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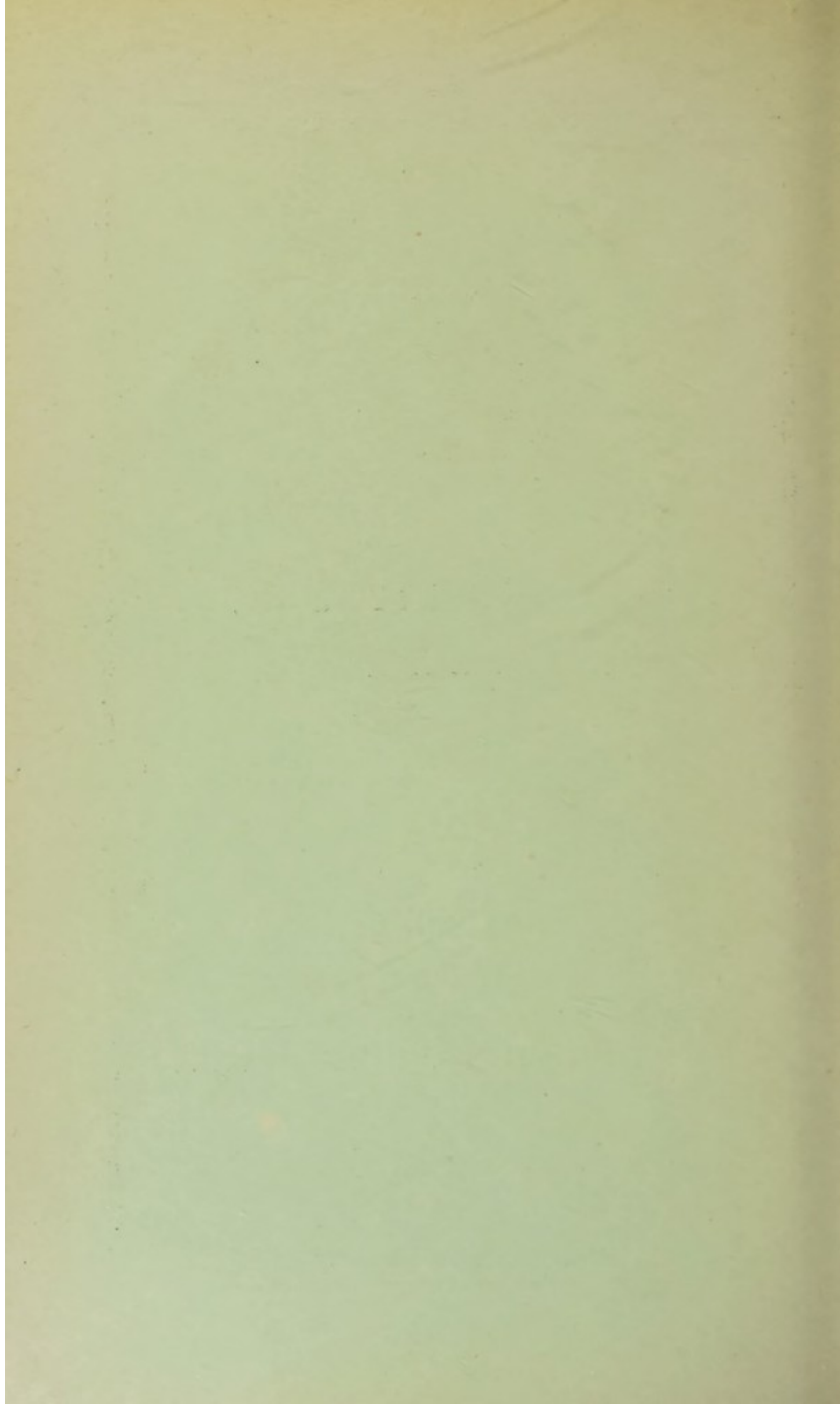
REPORT

FOR THE YEAR

1950

BY THE

Chief School Medical Officer



STAFF

Chief School Medical Officer:

ARNOLD BROWN, M.B., Ch.B., D.P.H.

Deputy School Medical Officer:

B. G. GRETTON-WATSON, M.A., M.B., B.Ch., D.P.H.

Senior Assistant School Medical Officer:

H. CRAIG, L.R.C.P. & S., L.R.F.P.S.

Assistant County Medical Officers:

J. G. BENNETT, M.D., Ch.B.
R. A. BLYTH, M.B., Ch.B., M.R.C.S., L.R.C.P.
ENA CANT, M.B., Ch.B.
R. CARGILL, M.B., Ch.B.
R. J. CLARK, M.B., Ch.B., D.P.H.
JENNY CRAIG, M.B., Ch.B., D.P.H.
AITOLIA ENGLISH, M.R.C.S., L.R.C.P., M.B., B.S., D.C.H.
J. S. B. FORDE, M.R.C.S., L.R.C.P.
CHRISTINA LAING, M.B., Ch.B.
ALTA STOUT, M.B., Ch.B.
JESSIE TOUGH, M.B., Ch.B., D.P.H.
GLADYS WILKINSON, M.R.C.S., L.R.C.P.

Divisional School Medical Officers:

Altrincham—

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

Bebington—

D. O. MACDONALD, M.B., Ch.B., D.P.H.

Cheadle and Wilmslow—

D. G. ANDERSON, M.B., Ch.B., D.P.H.

Crewe—

D. G. CRAWSHAW, M.B., Ch.B., M.R.C.S., D.P.H.

Deeside—

J. HATTON, M.D., D.P.H.

Ellesmere Port—

W. J. BIRCHALL, M.B., M.R.C.S., L.R.C.P., D.P.H.

Hyde—

F. W. C. BROWN, M.D., D.P.H.

Macclesfield—

H. R. DUGDALE, M.B., Ch.B., D.P.H.

Mid-Cheshire—

W. S. SLATER, M.B., M.R.C.S., D.P.H.

Nantwich—

(Vacant).

N.E. Cheshire—

T. W. BRINDLE, M.B., Ch.B.

Runcorn—

E. N. H. GRAY, L.R.C.P. & S., L.M., D.P.H.

Sale and Lymm—

A. T. BURN, M.B., B.S., D.P.H.

S.E. Cheshire—

L. RICH, M.B., B.Ch., D.P.H.

Stalybridge and Dukinfield—

T. HOLME, M.B., Ch.B., D.P.H.

Paediatricians (Part-time):

J. D. ALLAN, M.D., F.R.C.P.
T. E. D. BEAVAN, M.B., Ch.B., M.R.C.P., D.C.H., L.D.S.

Ophthalmic Surgeons (Part-time):

P. J. DEVLIN, M.B., Ch.B., D.O.M.S.
A. HOLMES-SMITH, M.A., M.B., B.Chir., D.O.M.S.
C. JACOBS, M.D., M.B., B.S.
E. RILEY, M.B., Ch.B., D.O.M.S.
L. R. C. ROSE, L.M.S.S.A., D.O.
D. OSWALD TAYLOR, M.B., Ch.B.

Orthopaedic Surgeons (Part-Time):

T. JACKSON, M.R.C.S., L.R.C.P.
J. L. MANGAN, F.R.C.S.I.
H. POSTON, M.B., B.Ch., B.A.O.
R. ROAF, M.A., F.R.C.S.
HUGH WILLIAMS, M.Ch., F.R.C.S.
M. E. WINSTON, F.R.C.S.

Ear, Nose and Throat Surgeons (Part-time):

E. M. INNES, B.Sc., M.B., Ch.B., F.R.C.S.
A. W. McCAY, F.R.C.S.

School Dental Surgeons:

H. R. PARRY, L.D.S. (Senior)
EDITH ANDREW, L.D.S.
J. B. ANDREW, B.D.S., R.C.S.
E. J. BIRMINGHAM, L.D.S.
E. BRADLEY, L.D.S.
H. FOULKES, L.D.S., R.C.S. (Eng.).
E. C. GRIFFIN, L.D.S.
A. F. HELY, L.D.S.
R. H. HURST, L.D.S.
H. JACKSON, L.D.S.
LISBETH KIPPEN, L.D.S., D.P.D.
A. N. LEICESTER, B.D.S.
F. C. LITTLETON, L.D.S.
F. E. LOCKWOOD, L.D.S.
MURIEL MANWOOD, L.D.S. (part-time).
H. P. MEEK, L.D.S.
J. S. O'BRIEN, L.D.S.
E. S. POULTER, L.D.S.
ISABEL SAUNSBURY, L.D.S. (Part-time).
H. W. S. SHEASBY, L.D.S.
DOROTHY WALKER, L.D.S. (Part-time).

Health Visitors and School Nurses: 94.

Dental Nurses and Attendants: 21.

Clerk-Attendants: 9.

Speech Therapists.

RAYLEEN EATON, L.C.S.T.
KATHLEEN JONES, L.C.S.T.
MELBA LOWES, L.C.S.T.
MOYNA MANSFIELD, L.C.S.T.

Chief Administrative Assistant: B. O'CONNOR, M.A.

ANNUAL REPORT

OF THE

CHIEF SCHOOL MEDICAL OFFICER

FOR 1950

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

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my annual report on the Schools Health Service dealing with the work done during the year 1950.

It is pleasing to report that a full staff of Assistant Medical Officers has been maintained throughout the year. The appointment of Clerk-Attendants to the Medical Officers has proved successful and these Attendants have been appreciated by the Head Teachers of the schools as well as by Medical Officers.

It has not been possible to fill the vacant posts for School Dentists in five areas in the eastern half of the county. As a result it was necessary to make a reorganisation of the Dentists' work to cover these areas for essential treatment. The unfortunate results of vacancies in the School Dental Services have been stressed before in these reports, and in particular it has been emphasised that any lapse of time in routine inspection and treatment causes an accumulation of work, the effects of which last for years before the arrears can be made good.

Enquiries are often received as to the availability of orthodontic treatment through the School Dental Service. It is an unfortunate fact that the waiting time at the Dental Hospitals at Manchester and Liverpool for this work is so long that it is of little use referring children there. With the present staffing difficulties in the School Dental Service, the only possible action which can be taken is to concentrate on the essential dental work of extractions and fillings, though certain School Dentists are both anxious and willing to do orthodontic work if their time permits.

The preliminary work in connection with the new Clinic Centres at Cheadle, Heswall, Neston, Weaverham, Marple, and Stalybridge (Millbrook), has now been completed and it is hoped to commence building operations at an early date. In none of these areas is there at the time of writing an adequate building for the work of the School Health Service, and it is expected that when the new Centres are ready there will be a considerable improvement in the standard of the services provided. The principle has been adopted of concentrating all the clinical health services of the county, including the work of the Local Health Authority, in one building, so that all the residents in

the districts know where to go for the various services. In addition to the Clinic Centres already referred to, adaptations are about to be commenced to existing buildings at Runcorn and Hoylake so as to secure adequate Clinic Centres for these towns.

The Hospital Schools set up by the Education Committee at Clatterbridge and West Park (Macclesfield) Hospitals are proving most useful additions to the County Education Scheme. Work has not yet commenced on the adaptation of Baycliffe (Lymm) as a residential school for physically handicapped children.

Much time has been spent in the department on the investigation of school children for whom special education in boarding establishments has been suggested. The examination of these children has been a particular care of the Senior Assistant School Medical Officer so that uniformity in the criteria for the recommendation of admissions can be established. There is an outstanding need for the establishment of one or more hostels for maladjusted children; at the present time it is virtually impossible to secure places in such hostels as have been established in other parts of the country. A great deal of the time of the Senior Assistant School Medical Officer is taken up in investigating maladjusted children, and it is considered that little progress will be made in their rehabilitation until some kind of residential provision is made. The Child Guidance Clinics in the Manchester and Liverpool areas have been used as far as possible but there is a serious lack of facilities in the Manchester area.

As an effort to keep handicapped school children within the Day School system, careful consideration has been given by the Schools Health Department to a scheme for the diagnosis and educational treatment of partially deaf pupils.

The work carried out by the Speech Therapists is increasing as will be seen from the figures given in the report. It is hoped that an additional Speech Therapist will soon be available for the north-eastern area of the county. It is not possible at the present time to provide Speech Therapy for persons who are not pupils within the County Education system.

It is pleasing to report a slight increase in the children whose general condition is classified as good (category A) and a corresponding decrease in the figures for those who are classified as poor (Category C).

I acknowledge with gratitude the help and co-operation which I have received from members of the Education Committee, the Director of Education, the County Architect, the Teachers of the various schools, and all the Staff of the Schools Health Department.

I beg to remain,

Your obedient Servant,

ARNOLD BROWN,

Chief School Medical Officer.

7th December, 1951.

General Statistics

The Administrative County of Cheshire comprises 43 County Districts, namely 9 Municipal Boroughs, 24 Urban Districts and 10 Rural Districts.

The population estimated by the Registrar-General at mid-1950 was 819,720.

The total number of Schools in the educational area at 31-3-50, with their enrolments, was as follows:—

Primary	—	—	—	—	—	454	66394
Secondary	(Grammar)	—	—	—	—	18	8826
„	(Modern)	—	—	—	—	54	16478

At the end of 1950, there were 75,200 children receiving school milk, and 50,000 receiving school meals.

One school was closed by the Chief School Medical Officer in 1950, on account of infectious disease as compared with 2 in 1949.

The School Dental Service in 1950

Mr. H. R. Parry, Senior Dental Surgeon, reports:—
Staff—17½ Dental Officers.

The normal routine inspections and treatment have been carried out during the year.

In the five areas where there was no school dentist, arrangements were made for one of the neighbouring dentists to carry out emergency treatment for one session per week. This did not prove very satisfactory, as in some areas 30 to 40 patients would attend each session, while in other areas only 2 or 3 would attend.

At the beginning of October, some of the dental areas were re-organised, so that by carrying out only the most essential treatment, a very large percentage of the schools in the five areas could be inspected and treated in the normal way.

Of the 73,700 children inspected, 40,530 or 55% were selected for treatment and 32,451 or 80% actually treated

Number of specials treated 8,051.

27,457 temporary and 3,812 permanent teeth were extracted and 3,913 temporary and 27,809 permanent fillings inserted.

Other work included:—

Root fillings, 23;

Crowns fitted, 18;

Partial Dentures, 86;

X-Rays, 63;

Orthodontic Cases completed, 201.

The work carried out during the year is very satisfactory. 80% of the children requiring treatment accepted and were actually treated and the number of fillings exceeded the number of teeth extracted

by 500, a very pleasing performance, especially in comparison with last year (1949), when the extractions exceeded the fillings by 7,000.

This, in my opinion, goes to prove the keen and conscientious way in which the Dental Staff approach and carry out their work, and the happy relationship which exists between them and the Head Teachers, parents and children.

I should again like to offer our sincere thanks and appreciation to all the Head Teachers for their very willing help and co-operation.

Two grade 1 Clinics have been equipped and opened during the year.

School Buildings

New School Buildings in course of erection:—

Bramhall Neville Road Primary School.
Bromborough Acre Lane Secondary School.
Cheadle Brookhead Primary School.
Cheadle Hulme Thorn Grove Primary School.
Ellesmere Port Stanney Estate Primary School.
Irby Primary School.
Knutsford Secondary School.
Lower Bredbury Primary School.
Marple Rose Hill Primary School.
Pensby Secondary Schools
Rudheath Primary School.
Sale Dunollie Road Primary School.
Stockton Heath Secondary School.
Timperley Heyes Lane Primary School.
Upton-by-Chester Primary School.
Weaverham Primary School.
Wilmslow Lacey Green Primary School.

Alterations completed:—

Bebington Stanton Road Primary School—Additional Class-rooms.
Greasby Primary School—Additional Classrooms.
Hyde Grammar School—Extensions.
Macclesfield Park Royal Secondary School—Additional Classrooms.

Major Alterations in progress:—

Crewe Totty's Hall Estate Technical College—Extensions.
Eastham Carlett Park Technical College—Alterations.
Nantwich and Acton Grammar School—Extensions.
Sale Ashton-on-Mersey Secondary Schools—Completion.
Sale Grammar School for Boys—Extensions (Stage III).
Winsford Verdin Grammar School—Extensions (Stage I).

In addition numerous minor alterations and improvements have been carried out to school buildings during the past year.

SPECIAL SERVICES REPORTS

Ear, Nose and Throat Service

Mr. E. M. Innes, County Ear, Nose and Throat Surgeon, reports that the operative work in the E.N.T. Service was again interrupted by the poliomyelitis epidemic.

The waiting list for tonsil and adenoid operations, unfortunately, continues to grow. Efforts to reduce this growing list are being hindered by the shortage of hospital beds. Everything has been done however to give priority of admission to the urgent cases.

There has been increasing co-operation with the general practitioners.

The regular attendance at the clinics of chronic ear cases is of the utmost importance in one's efforts to effect an early cure. This is being realised more and more by the parents of these children.

There has been close co-operation between the E.N.T. and Paediatric Service.

ATTENDANCES AT E.N.T. CLINICS, 1950

Alsager	—	—	70	Hazel Grove	—	—	18
Altrincham	—	—	53	Macclesfield	—	—	113
Bollington	—	—	14	Middlewich	—	—	17
Cheadle	—	—	54	Northwich	—	—	23
Congleton	—	—	65	Poynton	—	—	19
Crewe	—	—	60	Sale	—	—	18
Dukinfield	—	—	60	Sandbach	—	—	74
Ellesmere Port	—	—	173	Stockton Heath	—	—	20
Frodsham	—	—	15	Wilmslow	—	—	5
				Winsford	—	—	36

Ophthalmic Service

Mr. A. Holmes-Smith, County Ophthalmic Surgeon, reports that work in the School Ophthalmic Service has progressed smoothly during 1950. The Clinics have now received the apparatus required for routine examination, enabling the surgeon to work with greater accuracy and comfort.

There has been an increasing use of the neighbouring orthoptic departments in the County, and a word on their use will not be out of place.

Orthoptic treatment will rarely 'cure' a squint although it may greatly assist in the cure by developing a satisfactory co-ordination of the two eyes—in this it is also valuable in those cases of weak convergence where troublesome symptoms arise from close work and are quickly relieved by such treatment. There is a widespread notion that eye exercises will improve any eye condition, but this is not the case. The cases of squint and weak convergence are those which benefit.

The operative treatment of cases of squint has proceeded during the year, but delays have arisen due to the difficulties at the present time in providing nursing staff competent to deal with ophthalmic work in addition to the great pressure on all types of hospital in-patient accommodation. It is hoped that these conditions will steadily improve.

ATTENDANCES AT EYE CLINICS, 1950.

Alsager	---	---	158	Lymm	---	---	55
Altrincham	---	---	159	Macclesfield	---	---	724
Bollington	---	---	67	Marple	---	---	37
Bredbury	---	---	48	Middlewich	---	---	168
Cheadle	---	---	114	Nantwich	---	---	368
Cheadle Hulme	---	---	24	New Ferry	---	---	632
Congleton	---	---	229	Northwich	---	---	381
Disley	---	---	7	Poynton	---	---	10
Dukinfield	---	---	700	Romiley	---	---	17
Ellesmere Port	---	---	526	Runcorn	---	---	455
Frodsham	---	---	156	Sale	---	---	297
Hazel Grove	---	---	201	Sandbach	---	---	436
Heswall	---	---	215	Stalybridge	---	---	515
Hoole	---	---	183	Stockton Heath	---	---	133
Hoylake	---	---	127	Tarporley	---	---	94
Hyde	---	---	266	Wilmslow	---	---	151
				Winsford	---	---	336

Paediatric Service

Dr. J. D. Allan, County Paediatrician, reports that the past year has been one of re-adjustment consequent on the change from a full-time paediatric service to a basis of two sessions per week.

Nevertheless, it has still been possible to keep a surprising degree of control over the service on a whole, and, as pointed out in earlier reports, records of disease by type and incidence are still maintained.

The chief advantages of this modified service is the liaison maintained between the preventative aspect and the school medical service on the one hand, and the hospital service on the other. In particular, any case referred via the school medical service in need of hospital investigation is able to receive the necessary investigation and treatment forthwith.

The follow up clinics for chests, hearts and endocrines have been maintained.

An aerosol service is now available.

The biggest defect and that requiring most urgent measures to remedy is the lack of a child psychiatric service. About one in five of all cases seen are wholly or partially psychological. Accommodation for the mentally defective child and physically handicapped child is still inadequate.

ATTENDANCES AT PAEDIATRIC CLINICS, 1950.

Altrincham	—	—	27	*Hyde—Bayley Hall	—	—	18
*Cheadle	—	—	7	Hyde, Parsonage Street	—	—	33
*Congleton	—	—	14	*Northwich	—	—	15
Crewe, Ludford Street	—	—	82	Sale	—	—	55
Crewe, Stalbridge Road	—	—	42	Stalybridge	—	—	34
Dukinfield	—	—	15	*Wilmslow	—	—	5
Hazel Grove	—	—	23	*Winsford	—	—	10

* These Clinics were closed in June, 1950, owing to the Paediatrician taking additional hospital work.

Orthopaedic Service

Since 5th July, 1948, the orthopaedic service has been the financial responsibility of Regional Hospital Boards under the National Health Service Act. The County Council has been able to arrange for the existing clinics—the longest established of the specialist services—to continue unaltered, the specialist surgeons and the physiotherapists attending as before. The methods of ascertainment remain the same, children being referred to the surgeons by private doctors, or (with the approval of the private doctor) by School Medical Officers after medical inspection at schools or minor ailment clinics.

ATTENDANCES AT ORTHOPAEDIC CLINICS

Congleton	—	—	204	Macclesfield	—	—	1778
Crewe	—	—	902	Bebington	—	—	939
Dukinfield	—	—	3928	Northwich	—	—	194
Ellesmere Port	—	—	502	Runcorn	—	—	361
Hoylake	—	—	324	Sale	—	—	30
Hyde	—	—	1289	Stalybridge	—	—	1584
				Stockton Heath	—	—	202

Children attending for sunlight treatment are the responsibility of the local authority unless referred for it by the specialist. The following were the attendances during 1950 by school children at the clinics specified:—

Dukinfield	—	2928
Hyde	—	937
New Ferry	—	894
Sale	—	833
Stalybridge	—	2596

HANDICAPPED CHILDREN
Numbers Resident in Special Schools, 1950

PHYSICALLY HANDICAPPED

	Boys	Girls	Total
<i>Crippled (non-tuberculous)</i>			
Carshalton, Queen Mary's Hospital	—	1	1
Croydon, St. Margaret's	—	1	1
Hartshill, Orthopaedic Hospital (3-16 years)	4	3	7
Heswall, Royal Liverpool Children's Hospital (3-16 yrs.)	7	1	8
Leasowe, Liverpool Open Air Hospital (2-19 years)	16	15	31
Manchester, Bethesda Children's Home	2	1	3
Marple, Children's Orthopaedic Hospital (2-16 years)	5	6	11
Oswestry, Orthopaedic Hospital (3-16 years)	19	18	37
Thingwall, Royal Liverpool Children's Hospital (3-16 yrs.)	2	—	2
<i>Delicate and Various</i>			
Frankby, Torpenhow (7-13 years)	138	98	236
Heswall, Royal Liverpool Children's Hospital (3-16 yrs.)	13	8	21
Leasowe, Liverpool Open Air Hospital (2-19 years)	3	2	5
West Kirby Convalescent Home (3-14 years)	—	1	1
<i>Diabetic Hostel</i>			
Deal, Kingsdown	—	1	1
Frodsham, Firbank Hostel	—	1	1
<i>Heart</i>			
Leasowe, Liverpool Open Air Hospital (2-19 years)	3	1	4
Rainhill, St. Joseph's	—	1	1
Southport, Bradstock Lockett School	—	1	1
<i>Tuberculous</i>			
Hartshill, Orthopaedic Hospital (3-16 years)	1	5	6
Heswall, Royal Liverpool Children's Hospital (3-16 yrs.)	1	—	1
Leasowe, Liverpool Open Air Hospital (2-19 years)	13	10	23
Marple, Children's Orthopaedic Hospital (2-16 years)	3	4	7
Oswestry, Orthopaedic Hospital (3-16 years)	3	7	10
Thingwall, Royal Liverpool Children's Hospital (3-16 yrs)	2	—	2
<i>Blind</i>			
Hamilton Secondary School for the Partially Sighted, Birkenhead	1	—	1
Henshaw's Institution for the Blind, Manchester	4	3	7
Liverpool School for the Blind	3	2	5
Preston School for the Partially-Sighted	4	2	6
Chorleywood College, Herts.	—	1	1
Chalfont Colony, Bucks.	1	—	1
St. Vincent School for the Catholic Blind	1	—	1
Worcester College for the Blind	2	—	2
<i>Deaf</i>			
Royal Residential Schools for the Deaf	34	21	55
Liverpool School for the Deaf	4	1	5
Liverpool School for the Partially Deaf, Birkdale	3	3	6
North Staffs. Deaf School, The Mount, Staffs.	3	1	4
Boston Spa, Lincs.	1	—	1
Donnington Lodge School for the Deaf, Newbury	1	—	1
<i>Epileptic</i>			
Soss Moss Epileptic Home, Alderley Edge	1	—	1
Maghull Epileptic Home, Liverpool	1	—	1
Colthurst House School, Alderley Edge	4	4	8
EDUCATIONALLY SUB-NORMAL			
Mary Dendy, Alderley Edge	58	36	94
Vineyard School, Warwickshire	2	—	2
Besford Court, Worcester	1	—	1
Allerton Priory R.C. School, Liverpool	—	2	2
Rudolf Steiner School, Camphill	—	1	1
St. Thomas More's School, Stroud	2	—	2

Physical Education.

The Director of Education reports as follows for the year ended 31st July, 1951:—

The comprehensive nature of a really satisfactory scheme of Physical Education is now more fully realised than ever before. It is recognised that a balanced, complete and effective education must include liberally conceived physical education, and that satisfactory conditions, skilful teachers and adequate time are needed. Although conditions in some schools are far from satisfactory, especially in the older buildings, there is an ever growing improvement in conditions generally. New schools now enjoy the best of facilities with excellent playgrounds, good central halls and well laid-out playing fields. Each succeeding year sees more improvements to playgrounds not previously surfaced, but there are still many voluntary school playgrounds which need repair. Schools which have been granted 'Controlled' status are now enjoying much better facilities for physical education, which have been provided by the Authority. School playing fields are now receiving attention which has been long overdue, and although work on playing fields is restricted by the need for economy there has been considerable improvement during the past year in a number of large schools, which will soon have really excellent and well-maintained facilities for organised games.

The fact that during the past year 580 women and 328 men attended courses on physical education for teachers in Primary Schools, conducted by the Authority's Organisers of Physical Education, is proof of the desire of teachers to keep up to date with modern methods of teaching. Many skilful teachers of Physical Education are now to be found in our schools.

Adequate time is given to the subject in most schools—a daily period of physical activity should be aim of all schools—and in addition many schools arrange out-of-school activities referred to later in this report.

PHYSICAL EXERCISE.

During the past year special emphasis has been laid on the teaching of physical education in Primary Schools. Eight special Evening Courses for women teachers and eight for men were held during the year, and were well attended. Other courses are being arranged to give all teachers opportunities for observing and practising modern methods of teaching, in which movement training, initiative and individual practice, play a most important part. These courses also entailed careful preparation and keen observation by the teachers. One effect of the training received by Primary School teachers attending these courses has been the infusion of a really happy spirit into the lessons.

Schools have done good work by producing much very useful improvised apparatus, much of which can be used very effectively and quite safely, and they are gradually building up satisfactory supplies of small equipment, and what is equally important, are attending to its proper maintenance and storage, often under difficult conditions.

It is most desirable that all children should change into suitable clothing for physical exercises and games. In many schools this is the practice, but owing to the increased prices of suitable footwear, vests, shorts, knickers, blouses, etc., pupils are finding it difficult to provide their own clothing.

ORGANISED GAMES.

Reference has already been made to the improvement of school playing fields. While some games, such as football can be played on roughish land, others such as hockey, cricket and tennis, require pitches with a true surface and really satisfactory standards of performance cannot be hoped for in schools where these conditions do not exist. Much attention is now being given by teachers to good coaching.

Association football is played in almost all schools. The introduction of men teachers into the Primary Schools has done much to improve the play of younger boys. Rugby football is mainly confined to some of the Grammar Schools, but it may be introduced into some Secondary Modern Schools in the near future.

Many schools are handicapped in playing cricket by the lack of satisfactory pitches. Last season a number of schools were provided with double concrete practice wickets, and they have testified to the great value of such wickets, which give a true surface for both bowling and batting practice. It is hoped to comment more fully on the value of concrete cricket pitches after perhaps another year of experience of them.

Hockey has been introduced into a few more schools and enthusiasm runs high. Teachers have attended courses in hockey coaching organised by the Cheshire Women's Hockey Association, and a number of schools have arranged showings of the instructional film prepared by the All England Women's Hockey Association,

More tennis is being introduced into Cheshire schools, due chiefly to the provision of new courts, repair of old ones, and the further hiring of public courts. Of all games played in schools, tennis has probably the greatest "carry-over" value for girls, and for this reason advantage should be taken by schools of any facilities which can be obtained locally.

Rounders and netball continue to be played in almost all schools, including the top classes in the Primary Schools.

ATHLETICS.

In no branch of physical education has there been such increased interest as in athletics for boys and girls. Throughout the County girls as well as boys are being more and more effectively coached in various athletic events, and standards of performance have improved considerably. There is now every opportunity for the best boy and girl athletes to make their way from individual School Sports Meetings, through district and County Meetings, to National Meetings.

During Easter week a residential course in athletics was organised for men and women teachers at Reaseheath. This course was arranged in co-operation with the Amateur Athletics Association, which supplied one of its National coaches as chief coach for the Course. He was assisted by the Organisers of Physical Education. This was the first course of its kind to be organised by an L.E.A. and it was undoubtedly very successful. The sixteen men and ten women who attended the Course gained much practical and theoretical knowledge of athletics, and they have done much to increase the interest and enthusiasm for the subject in their schools.

Now that teachers are gaining experience in the use of proper athletics equipment, increased supplies are being obtained for the use of senior boys and girls.

SWIMMING.

The standard of swimming in the County schools remains high and there is every evidence of good basic teaching, especially among the learners. While general stroke work is good, diving remains weak and the standard of life-saving could be improved in some schools.

During the year, 24,986 boys and girls attended various baths for swimming instruction, making a total of 230,822 attendances. Of 15,036 non-swimmers at the beginning of the season, 4,566 learned to swim.

As a result of the tests carried out by the Organisers of Physical Education, the following certificates were awarded:—Advanced 316; 1st Grade 1,681, 2nd Grade 3,134. This is a considerable increase in the number reported last year. Boys and Girls who entered for awards of the Royal Life-saving Society gained 355 awards, which included 135 Bronze Medallions, 100 Intermediate and 50 Elementary Certificates.

DANCING.

A wide variety of dancing is taught throughout the County, with Natural Movement, Greek, Modern Educational, and National Dancing in some Grammar Schools; Modern, Natural and Folk Dancing in the Secondary Modern Schools, and Folk Dancing in the Primary Schools.

The standard varies but the dancing is none the less enjoyed by all who take part. Boys are dancing in increasing numbers in both Secondary Modern and Primary Schools.

OUT-OF-SCHOOL ACTIVITIES.

The increase in, and success of, out-of-school activities mentioned in last year's report have been fully maintained during the past year. These activities, which play a very important part in physical education in its widest sense, are many and varied. They have their beginnings with individual school teams and parties. In games, swimming, athletics, and similar activities, successful performers graduate as representatives of area, county or even national teams. Throughout the county there are many schools Sports Associations which organise competitions at school, area and county level, whilst other associations arrange activities on a purely friendly basis. All these activities entail a great deal of organisation, and tribute is paid to the many very willing teachers, both men and women, who give their free time voluntarily to the coaching and care of many school and district teams, and who organise the many competitions which take place. There is no doubt that standards are improved by competition.

Schoolboy football caters for many hundred of boys every week in the season, chiefly on Saturdays. There are inter-school and inter-district competitions which engage large numbers of boys, and later in the season County and International matches are arranged.

In athletics, much prominence has been given to inter-district sports meetings, organised by district schools athletics associations and a county meeting was held at Crewe at which representatives of district associations took part. A county team of approximately 60 boys and girls was chosen to represent Cheshire schools in the National Inter-Counties Athletics Festival held at Southampton. In the final placings Cheshire was tenth out of thirty-five Counties competing—a very satisfactory result, considering that it was only the second time Cheshire schools had entered the National Festival.

Cricket is not so highly organised as football or athletics, but many inter-school games are played during the summer.

Swimming continues to receive much attention as an out-of-school activity. In addition to individual school and district galas in many areas, the County Schools Swimming Association held its annual gala at Crewe.

Games for girls such as hockey, tennis, rounders and netball are arranged in the main on a friendly basis, without any leagues or inter-district competitions, but a large number of girls take part in these games, especially in Grammar and Secondary Modern Schools.

There are voluntary clubs for educational dancing, and social clubs for community dancing. Quite a number of schools send teams to the Folk Dance Festivals organised by the Festival Committee of the English Folk Dance Society at such centres as Chester and Alderley Edge; South East Cheshire included Folk Dancing in their Schools' Musical Festival and the standard reached was exceedingly encouraging.

Other out-of-school activities include Rugby football (grammar schools only), camping, youth hostelling, canoeing, rambling, etc., all of which create a love of the open air; besides helping to maintain physical fitness, they encourage qualities of endurance, good behaviour, and respect for the countryside.

These many out-of-school activities play a very important part in the life of schools, and their true worth is now becoming more fully recognised.

4. MEDICAL INSPECTIONS

Year	Number of children inspected	Number of children found to be defective	Number of children referred to medical officers
1947	1,200	150	150
1948	1,300	160	160
1949	1,400	170	170
1950	1,500	180	180
1951	1,600	190	190
1952	1,700	200	200
1953	1,800	210	210
1954	1,900	220	220
1955	2,000	230	230
1956	2,100	240	240
1957	2,200	250	250
1958	2,300	260	260
1959	2,400	270	270
1960	2,500	280	280
1961	2,600	290	290
1962	2,700	300	300
1963	2,800	310	310
1964	2,900	320	320
1965	3,000	330	330
1966	3,100	340	340
1967	3,200	350	350
1968	3,300	360	360
1969	3,400	370	370
1970	3,500	380	380
1971	3,600	390	390
1972	3,700	400	400
1973	3,800	410	410
1974	3,900	420	420
1975	4,000	430	430
1976	4,100	440	440
1977	4,200	450	450
1978	4,300	460	460
1979	4,400	470	470
1980	4,500	480	480
1981	4,600	490	490
1982	4,700	500	500
1983	4,800	510	510
1984	4,900	520	520
1985	5,000	530	530
1986	5,100	540	540
1987	5,200	550	550
1988	5,300	560	560
1989	5,400	570	570
1990	5,500	580	580
1991	5,600	590	590
1992	5,700	600	600
1993	5,800	610	610
1994	5,900	620	620
1995	6,000	630	630
1996	6,100	640	640
1997	6,200	650	650
1998	6,300	660	660
1999	6,400	670	670
2000	6,500	680	680
2001	6,600	690	690
2002	6,700	700	700
2003	6,800	710	710
2004	6,900	720	720
2005	7,000	730	730
2006	7,100	740	740
2007	7,200	750	750
2008	7,300	760	760
2009	7,400	770	770
2010	7,500	780	780
2011	7,600	790	790
2012	7,700	800	800
2013	7,800	810	810
2014	7,900	820	820
2015	8,000	830	830
2016	8,100	840	840
2017	8,200	850	850
2018	8,300	860	860
2019	8,400	870	870
2020	8,500	880	880
2021	8,600	890	890
2022	8,700	900	900
2023	8,800	910	910
2024	8,900	920	920
2025	9,000	930	930

5. OTHER INSPECTIONS

Year	Number of children inspected	Number of children found to be defective	Number of children referred to medical officers
1947	1,200	150	150
1948	1,300	160	160
1949	1,400	170	170
1950	1,500	180	180
1951	1,600	190	190
1952	1,700	200	200
1953	1,800	210	210
1954	1,900	220	220
1955	2,000	230	230
1956	2,100	240	240
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1970	3,500	380	380
1971	3,600	390	390
1972	3,700	400	400
1973	3,800	410	410
1974	3,900	420	420
1975	4,000	430	430
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2013	7,800	810	810
2014	7,900	820	820
2015	8,000	830	830
2016	8,100	840	840
2017	8,200	850	850
2018	8,300	860	860
2019	8,400	870	870
2020	8,500	880	880
2021	8,600	890	890
2022	8,700	900	900
2023	8,800	910	910
2024	8,900	920	920
2025	9,000	930	930

6. RESULTS FOUND IN MEDICAL TREATMENT

Number of children found to be defective in Medical Inspections

Year	Number of children found to be defective	Number of children referred to medical officers
1947	1,200	150
1948	1,300	160
1949	1,400	170
1950	1,500	180
1951	1,600	190
1952	1,700	200
1953	1,800	210
1954	1,900	220
1955	2,000	230
1956	2,100	240
1957	2,200	250
1958	2,300	260
1959	2,400	270
1960	2,500	280
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1983	4,800	510
1984	4,900	520
1985	5,000	530
1986	5,100	540
1987	5,200	550
1988	5,300	560
1989	5,400	570
1990	5,500	580
1991	5,600	590
1992	5,700	600
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2003	6,800	710
2004	6,900	720
2005	7,000	730
2006	7,100	740
2007	7,200	750
2008	7,300	760
2009	7,400	770
2010	7,500	780
2011	7,600	790
2012	7,700	800
2013	7,800	810
2014	7,900	820
2015	8,000	830
2016	8,100	840
2017	8,200	850
2018	8,300	860
2019	8,400	870
2020	8,500	880
2021	8,600	890
2022	8,700	900
2023	8,800	910
2024	8,900	920
2025	9,000	930

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1950

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups—						
Entrants	—	—	—	—	—	12153
Second Age Group	—	—	—	—	—	7483
Third Age Group	—	—	—	—	—	6270
				Total	—	25906
Number of other Periodic Inspections						1052
Grand Total						26958

B.—OTHER INSPECTIONS

Number of Special Inspections	—	—	—	—	5067
Number of Re-Inspections—	—	—	—	—	7996
				Total	13063

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin)

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	150	2308	2422
Second Age Group	547	1051	1547
Third Age Group	552	622	1155
Total (prescribed groups)	1249	3981	5124
Other Periodic Inspections—	95	145	233
Grand Total	1344	4126	5357

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31ST DECEMBER, 1950

Defect Code No.	Defect or Disease (1)	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring treatment (2)	Requiring to be kept under ob- servation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under ob- servation, but not requiring treatment (5)
4	Skin — — —	240	152	49	20
5	Eyes—				
	(a) Vision — —	1344	752	504	475
	(b) Squint — —	258	188	76	20
	(c) Other — —	102	71	28	11
6	Ears—				
	(a) Hearing — —	82	209	22	38
	(b) Otitis Media — —	73	130	17	22
	(c) Other — —	110	141	8	1
7	Nose or Throat — —	1534	2195	348	258
8	Speech — —	108	194	61	37
9	Cervical Glands — —	76	825	12	78
10	Heart and Circulation — —	108	423	25	74
11	Lungs — —	217	534	59	92
12	Developmental—				
	(a) Hernia — —	33	66	6	3
	(b) Other — —	41	81	3	6
13	Orthopaedic—				
	(a) Posture — —	268	163	28	28
	(b) Flat Foot — —	235	414	54	23
	(c) Other — —	214	253	36	30
14	Nervous System—				
	(a) Epilepsy — —	10	30	6	17
	(b) Other — —	18	53	11	11
15	Psychological—				
	(a) Development — —	16	123	54	113
	(b) Stability — —	11	78	13	32
16	Other— — —	362	466	118	130

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN AGE GROUPS

Age Groups	No. of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	12153	4621	38.0	6906	56.8	626	5.2
Second Age Group	7483	2849	38.1	4168	55.7	466	6.2
Third Age Group	6270	3031	48.3	2990	47.7	249	4.0
Other Periodic Inspections	1052	526	50.0	492	46.8	34	3.2
Total	26958	11027	40.9	14556	54.0	1375	5.1

TABLE III
Infestation with Vermin

(i) Total number of examinations in the schools by the school nurses or other authorized persons — —	208908
(ii) Total number of <i>individual</i> pupils found to be infested	4128
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) — — — — —	48
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) — — — — —	25

TABLE IV.

Treatment of Pupils attending Maintained Primary and Secondary Schools.

GROUP I.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year.
Ringworm—(i) Scalp	14
(ii) Body	53
Scabies	55
Impetigo	871
Other skin diseases	1503
	—
Total ...	2496
	—

GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with
External and other, excluding errors of refraction and squint	1464
Errors of Refraction (including squint)	5662
	—
Total ...	7126
	—
Number of pupils for whom spectacles were	
(a) Prescribed	2493
(b) Obtained	1979

GROUP III.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated
Received operative treatment	
(a) for diseases of the ear	24
(b) for adenoids and chronic tonsillitis ...	1143
(c) for other nose and throat conditions ...	64
Received other forms of treatment	1577
	—
Total ...	2808
	—

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) No. treated as in-patients in hospitals	—	—	213
(b) No. treated otherwise <i>e.g.</i> in clinics or out-patient departments	—	—	1774

GROUP V—CHILD GUIDANCE TREATMENT.

No. of pupils treated at Child Guidance Clinics — — 171

GROUP VI—SPEECH THERAPY.

No. of pupils treated by Speech Therapists — — 410

GROUP VII—OTHER TREATMENT GIVEN.

Miscellaneous Minor Ailments — — — — 14178

TABLE V

Dental Inspection and Treatment

(1) Number of pupils inspected by the Authority's Dental Officers—				
(a) Periodic Age groups	—	—	—	65649
(b) Specials	—	—	—	8051
(c) TOTAL (Periodic and Specials)	—	—	—	<u>73700</u>
(2) Number found to require treatment	—	—	—	40530
(3) Number referred for treatment	—	—	—	40530
(4) Number actually treated	—	—	—	32451
(5) Attendances made by pupils for treatment—	—	—	—	43234
(6) Half-days devoted to :	(a) Inspection	—	—	657
	(b) Treatment	—	—	6080
	Total (a) and (b)	—	—	<u>6737</u>
(7) Fillings	Permanent Teeth	—	—	27809
	Temporary Teeth	—	—	3913
	Total	—	—	<u>31722</u>
(8) Number of teeth filled :	Permanent Teeth	—	—	23638
	Temporary Teeth	—	—	3522
	Total	—	—	<u>27160</u>
(9) Extractions :	Permanent Teeth	—	—	3812
	Temporary Teeth	—	—	27457
	Total	—	—	<u>31269</u>
(10) Administration of general anaesthetics for extraction—				<u>5170</u>
(11) Other Operations :	(a) Permanent Teeth	—	—	5672
	(b) Temporary Teeth	—	—	1056
	Total (a) and (b)	—	—	<u>6728</u>

