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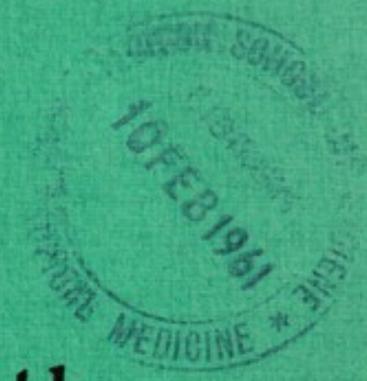
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COUNTY BOROUGH OF SMETHWICK

EDUCATION COMMITTEE



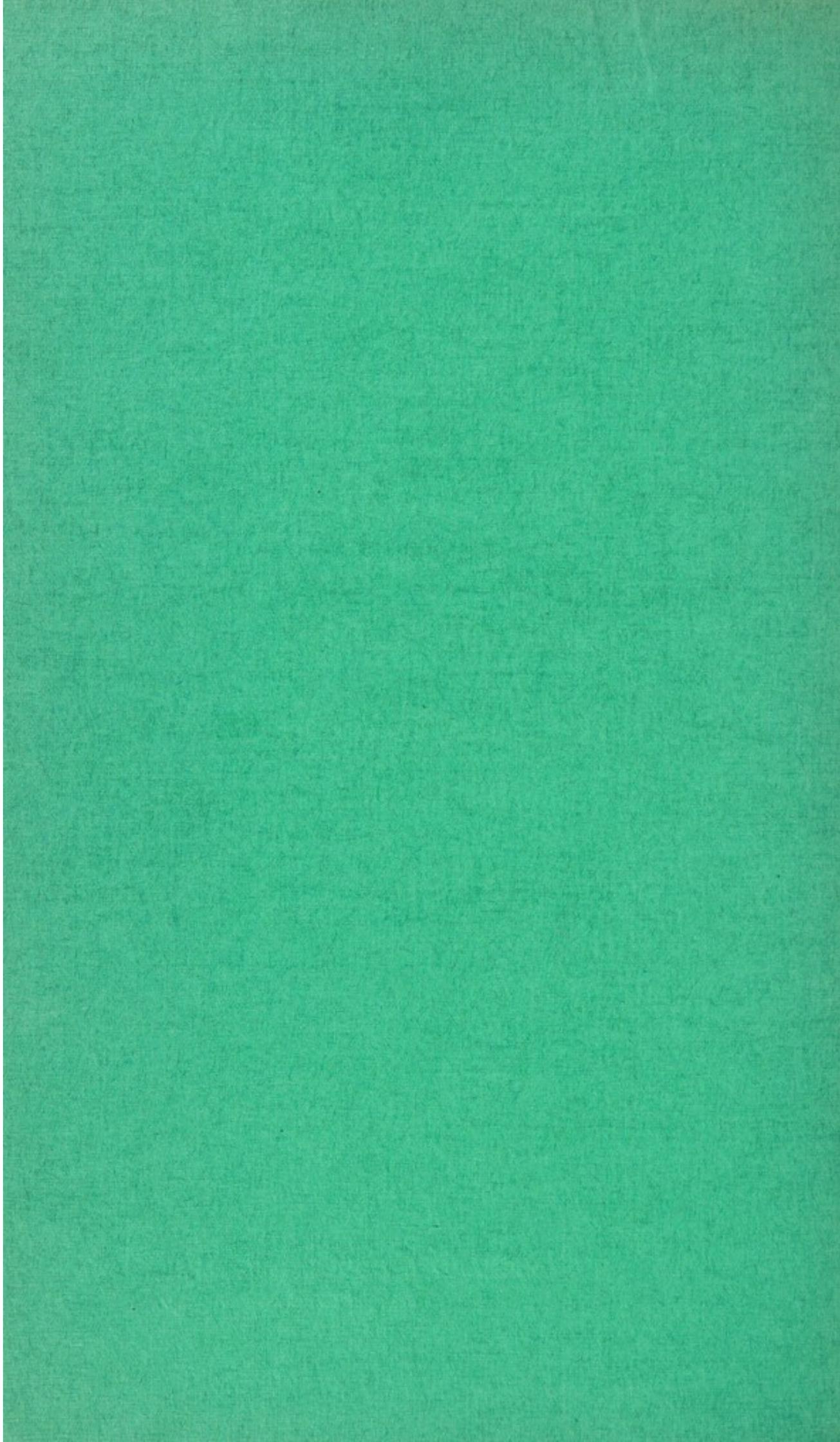
The Health
OF THE
School Child
in Smethwick

DURING THE YEAR

1955

RICHARD J. DODDS, M.B., D.P.H.,
Principal School Medical Officer.





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THE EDUCATION COMMITTEE

1955-56

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.. MRS. A. E. LENNARD, J.P.	..	D. SHUKER (to 27.5.55).
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.. P. H. S. GRIFFITHS		(from 30.11.55)
.. L. G. KENDRICK (to 10.6.55)	..	L. E. YATES

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Representative of Birmingham University:

MR. H. W. COULTAS, M.Sc.

Teachers' Representatives:

MR. H. B. HAWKINS, A.I.B. MR. H. O. HUGHES, M.A., B.Sc.
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Chief Education Officer:

H. R. BENNETT, M.B.E., B.Sc.

SCHOOL MEDICAL AND DENTAL STAFF.*Principal School Medical Officer:*

HUGH PAUL, M.D., B.Ch., D.P.H. (to 15.10.55)
 RICHARD J. DODDS, M.B., B.S., D.P.H. (from 3.10.55)

School Medical Officers:

MARGARET E. MCLAREN, M.B., Ch.B., D.P.H. (to 31.10.55).
 (Appointed Deputy Principal School Medical Officer from 1.11.55).
 JOHN S. OWEN, M.B., Ch.B., D.P.H. (to 30.9.55).
 SHEILA M. DURKIN, M.B., Ch.B., D.P.H.

School Oculist: H. W. ARCHER-HALL, D.O. (Oxon).

Principal School Dental Officer:

D. HALEY-GOOSE, B.D.S., B.Sc.

School Dental Officers:

MRS. E. C. LINLEY, L.D.S.
 MR. G. H. DUNCAN, L.D.S. (Part-time).
 MR. W. WATERHOUSE, L.D.S. (Part-time).
 MR. H. P. A. JONES, L.D.S. (Part-time).
 MR. K. L. M. PIGGOTT, B.D.S. (Part-time) (to 4.3.55).
 MR. T. G. N. WILLIAMS, L.D.S. (Part-time) (from 18.1.55 to 20.8.55).
 MR. G. D. C. STEWART, L.D.S. (Part-time) (from 10.1.55).
 MR. J. S. SHIPWAY, L.D.S., R.C.S. (Part-time) (from 5.4.55 to 25.9.55).
 MR. S. H. I. BASSETT, L.D.S., R.F.P.S. (Part-time) (from 23.6.55).
 MR. J. M. RUDDLE, L.D.S., R.C.S. (Part-time) (from 25.3.55).
 MR. S. D. NEALE, L.D.S. (Part-time) (from 22.2.55 to 25.4.55).
 MR. R. E. EAGLESTONE, L.D.S. (Part-time) (from 18.1.55).

Speech Therapist:

MISS S. MASON, L.C.S.T.

Superintendent Nursing Officer:

A MISS M. WAINWRIGHT.

School Nurses and Health Visitors:

A	NURSE M. B. ALDERTON	A	NURSE V. I. JONES
A	" M. ADAMS	B	" G. M. LITTLER
A	" I. COWELL (to 31.10.55)	A	" M. P. O'KEEFE
A	" E. L. FARMER	A	" M. ROSIER (to 20.8.55)
A	" D. GRAINGER	B	" H. M. WARNER
A	" H. M. HOY	A	" M. MORLE
A	" D. HUNT	A	" K. E. BIGGS

Student Health Visitor: M. E. TENCH (from 1.9.55).

A—S.R.N., S.C.M., H.V.Cert.

B—S.R.N.



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COUNTY BOROUGH OF SMETHWICK
EDUCATION COMMITTEE

ANNUAL REPORT
OF THE
Principal School Medical Officer

Principal School Medical Officer. It is my duty to produce this Report, being in office for the last three months of 1955, though of course my distinguished predecessor, Dr. Hugh Paul, was Principal School Medical Officer for the major part of the year. I should like to pay my sincere tribute to Dr. Paul's inspiring work for school children, which has played no small part in the production of an efficient and smoothly running School Health Service, which in its scope and resources would be difficult to equal in any other County Borough of comparable size. It is not my intention to make any innovations in this Report after only three months in the saddle, or office chair, which is its modern equivalent, nor do I feel able at this stage to give more than a relatively brief commentary on the School Health Service of Smethwick as I found it on assuming my responsibility, and on the developments which occurred during 1955.

INFECTIOUS DISEASES.

Turning over the pages of the Report, and I hope that readers of this introduction will do likewise, and not be deterred by the tables of figures and other statistical matter which have to be included, one sees with pleasure that the level of school attendance during 1955 was

very satisfactory, which in itself is more than a pointer to the state of school health. There was very little infectious disease among our children with the exception of measles—and 1955 was a measles year. The periodical explosion of measles epidemics has for a very long time been a feature of life in our infants schools, and it has come to be accepted almost as an Act of God, at least by the Treasurer, who has to set aside quite a large sum of money every second year to pay for measles notifications. The mechanism of the spread of an epidemic still presents many unsolved problems, but its onset is most probably caused when the proportion of children who are likely to catch the disease reaches such a level that the micro-organism causing the disease can readily pass from one susceptible person to another, producing clinical symptoms in all or most people invaded. When the epidemic is burning itself out the proportion of children who have been attacked and are therefore immune rises steadily until the effective transmission of the micro-organism, whether it be bacteria or virus, is interfered with and the epidemic then dies out, though the disease manages to survive in a mysterious way during inter-epidemic periods until conditions are again favourable for a further rapid spread.

ROUTINE MEDICAL EXAMINATIONS.

In the section on findings of medical inspections it will be noted that fewer children were examined than during the previous year. This was due to the fact that we were one medical officer below establishment for three months of the year.

Last year an alternative method of supervising the health of our school children was introduced experimentally on a small scale. By this method a school medical officer and a school nurse visited the schools concerned in the experiment three or four times each term and discussed with teaching staff which children might benefit from a special medical examination. It was thought that in this way the intermediate periodic medical examination of school children might eventually be abandoned in favour of a selective scheme of this type. These surveys were carried out by Dr. Owen and unfortunately lapsed for some months after he left, owing to shortage of medical staff. It is still too early to give a final verdict on the results of this interesting experiment though there are obvious drawbacks in giving up one of the only three occasions on which every school child is medically

examined, for it is at such examinations that the unsuspected defects are often brought to light. In the ordinary way every child is seen by the doctor as soon as possible after admission to school. This is, of course, a most valuable examination and brings to light many remediable conditions. The child's vision and hearing, however, cannot accurately be assessed at the age of five. I am pleased to forecast, however, that steps are being taken in this direction to enable a more accurate appraisal of these two special senses to be made at an earlier age. Further references will be made to this in next year's Annual Report. The intermediate examination therefore is the first occasion when a really comprehensive assessment can be made of the child and his capabilities while the final or school leaving examination is also of great importance in determining the adolescent's fitness to go out into the work-a-day world.

THE TONSIL QUESTION.

It will be noticed that quite a small number of children have been found to have unhealthy tonsils or adenoids. The number may in fact come as a surprise to members of the Committee as they have known for years of the length of the waiting list for tonsil and adenoid operations at the local hospitals. The reduction is partly due to a change in attitude of the medical profession following recent research work ; it has become increasingly accepted that in the past far too many children were submitted to what has been described as the sacrificial ritual of tonsillectomy. The tonsils, unlike the appendix, do not exist merely to line the surgeon's pockets. They have a function to help fight infection and they are especially active and therefore large in childhood. Statistical evidence suggests that removal of the tonsils may mean the removal of one of the lines of defence against poliomyelitis, for a child without tonsils appears somewhat more liable to contract poliomyelitis than one with intact throat defences. There are, however, a number of clear indications why the tonsils should be removed, usually because of ear trouble, and it is the adenoids, which are generally taken out at the same time, rather than the tonsils, which are the culprits in this connection. The tonsils become progressively smaller with bodily growth and many children who have in the past appeared to need tonsillectomy at the age of five, when seen again ten years later are found to have comparatively normal tonsils. There is need therefore to keep these waiting lists under constant review and there seems little justification for maintaining a routine, as distinct from urgent, tonsil waiting list at all. A rational course might be to

children who need the operation

CLEANLINESS.

It is gratifying to be able to comment on the reduction in the amount of uncleanliness found at school examinations, though a good deal more remains to be done in this field. It may be that the shorter hair styles which are now fashionable, and I am open to correction here, have had a favourable effect on the amount of head infestation on the older girls, which was a topic that gave rise to some anxiety throughout the country during the last war and immediately afterwards.

I note that at periodic inspections no children were found to be suffering from ringworm, scabies or impetigo for yet another year. This is very satisfactory, though it should not be taken to mean that impetigo never occurs among children in the Borough but it rather points to the very efficient forms of treatment which are now available and which serve to clear up this infectious and unsightly condition within a matter of a day or two. Our Health Visitors, who also act as School Nurses, again did excellent work during the year. It will be seen that over 30,000 heads were examined for infestation or ringworm and that the number of home visits because of specific defects found which required some follow up increased substantially. This is especially creditable in view of the fact that the Health Visiting Staff was only at about half strength throughout the year. Should the shortage of health visitors persist consideration may have to be given to the use of less highly qualified staff to undertake certain duties in this connection.

SPECIAL CLINICS.

Mr. Archer-Hall has continued his invaluable work as ophthalmologist to the Education Committee; it will be seen that there has been an increase in the number of examinations done in his clinic when compared with the previous year. As before the staff at the Smethwick Orthopaedic Clinic have looked after our children where necessary and have alleviated physical handicaps other than those of the special senses. Our Speech Therapist, Miss Mason, has, as ever, done very good work in her clinic in the Devonshire Road School; this Unit is quite the best that I have seen.

HANDICAPPED PUPILS.

Year by year the work of the School Health Service is increasingly focussed on the handicapped pupil and the measures necessary to ensure that each such child's disability is minimised and that the best possible education is received.

possible be educated in ordinary schools where competition with their intellectual equals is most likely to develop their natural abilities to the full. Only where this is impossible, as for example when their handicaps would be adversely affected, should other forms of schooling be considered for these pupils. The backward child presents special problems but here again it is probable that increasing use will be made of the special class in ordinary schools, especially when staffing conditions permit. There is in my view a danger in the too rigid application of the system by which children are expected to have reached certain levels of educational attainment at different ages, failing which they are considered as backward and probably dull. The backward child does not inevitably become the dull adult; notable exceptions come to mind, even though they may be relatively few in number.

It should not be thought from the preceding remarks that I am in any way decrying the value of the special school, which is a subject of special interest to me. Certainly in Smethwick the Corbett Street Day E.S.N. School does excellent work and turns out a school leaver who is nearly always a credit to Mr. Adair and his staff, and to the special teaching methods used. At the Firs Open Air School a wide range of delicate children as well as those with orthopaedic and other physical handicaps are well looked after by Miss Bennett and her staff.

CARE OF CHILDREN FROM PROBLEM FAMILIES.

The Children's Welfare Committee is made up of officers drawn from local government departments, central government agencies and from voluntary sources. All the members are interested in child care in its more comprehensive sense. This Committee has continued to meet every other month to discuss how best to help problem and near problem families. In this way duplication of visiting is eliminated and

DENTAL CARE.

I would commend to everyone's attention the interesting report of the Principal School Dental Officer. We were comparatively fortunate in our staffing position and a good service was maintained throughout the year, though Mr. Haley-Goose rightly points out certain deficiencies—in the low acceptance rate of treatment, in the fact that the number of teeth extracted is well in excess of the number filled and finally that if the orthodontic side of school dental work is to develop as it should, an increase in the dental establishment would be more than justified. This raises the question of where all the dentists

are coming from. Ever since the Dentists Act of 1921 established the training of dental students on a basis comparable with that of medical students, recruitment to the dental profession has been consistently below replacement level. Now that 35 years have passed since the Act came into force the dentists who were practising at the time the Act was passed are now all approaching retiring age and there is indeed a crisis in dental man-power. The solution will not be easy and must inevitably involve some form of dilution possibly on similar lines to that operated in New Zealand where an ancillary worker, the dental nurse, is entrusted with a number of the simpler procedures at present being done by dentists in this country. It should be made clear that the term dental nurse used in this connection does not mean a dental attendant to assist the dentist, or even a dental hygienist, but someone with wider responsibilities who works only under the general supervision of a qualified dentist. Whatever may be the eventual solution of this problem it is clear that for very many years dentists will be in very short supply. It is up to the local authorities to do what they can to attract a fair proportion of the limited dental man and woman-power to preventive dentistry. In addition all measures of dental health education and where appropriate treatment of the water by fluoridation to delay the onset of dental decay should be pressed forward.

PHYSICAL ACTIVITY.

It is pleasing to note from the report of the Physical Education Organiser that swimming continues to play such an important part in the physical activities of our children, though one is sorry to see that the facilities for outdoor games are still regarded as very poor. The activities of such bodies as the National Playing Fields Association are warmly to be commended in that they press for a larger proportion of playing fields and running tracks to be made available out of the

STAFF.

Apart from the change in Principal School Medical Officer, there were only two major staff changes during the year. Immediately after Dr. Paul left Mr. G. H. Roe, the Secretary of the Public Health Department, retired; the range of his administrative duties included the School Health Service and his unrivalled experience of the development of Smethwick and its health services made him difficult to replace. I have every confidence, however, in Mr. A. D. H. Ridpath, who was

appointed Chief Administrative Assistant on Mr. Roe's retirement. Though Mr. Ridpath has not been very long in Smethwick he has had very many years experience of school health administration in a County Council. In the medical field we were sorry to lose Dr. John S. Owen who for a number of years was very closely connected with the day to day workings of the School Health Service with particular reference to the handicapped pupils. He did most valuable work in Smethwick and carries our best wishes into his new field of activities. His work has been carried on by Dr. Margaret McLaren who first came to Smethwick about the same time as Dr. Paul, and who has now been appointed Deputy Principal School Medical Officer.

Finally and on a personal note, I would wish to express my thanks to the Chairman and members of the School Attendance and Hygiene Sub-Committee for the very kind way in which they received me on my arrival in Smethwick and for the way in which they did everything to make my early Committees with them easy and pleasant. Mr. Bennett, too, was very friendly and helpful to his new colleague, and I cannot close this introductory note without a reference to the shock and grief which we all felt on hearing of Mr. Bennett's sudden and untimely death at the beginning of 1956. Mr. Robin has been closely associated with the workings of the School Health Service for some years and the happy relations that exist between the two Departments owe much to him. I have found him most helpful and easy to work with and a tower of strength on education law and procedure. In conclusion I should like to thank the members of my own staff for the very nice way that they welcomed a new Chief Officer and for the friendly and co-operative manner in which they have put in a great deal of hard work. A special word of thanks is due to Mr. Ridpath, Miss Tipping and the staff of the School Health Office for the preparation of the statistical and other matter in the body of the report.

I have the honour to be,

Your obedient servant,

RICHARD J. DODDS, M.B., D.P.H.,

Principal School Medical Officer.

ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE YEAR 1955.

SCHOOL ACCOMMODATION.

There are 21 primary schools and 10 secondary schools in the Borough, the latter including 2 grammar schools and a technical school. In addition there is a nursery school, an open air school and a special school for educationally sub-normal children.

The average attendance during the year and the number on the registers at the end of the year was as under :—

Primary Schools.

	Attendance Average	No. on Register at end of year
Abbey Road Junior	484.3	494
Abbey Infants	228.5	213
Annie Lennard	159.3	162
Bearwood Road Junior	346.4	393
Bearwood Road Infants	151.3	152
Albion Junior	457.0	510
Brasshouse Lane Infants	263.0	263
Cape Junior	452.5	484
Cape Infants	254.1	252
Corbett Street Junior and Infants	238.6	243
Crocketts Lane Junior	304.4	329
Crocketts Lane Infants	200.3	178
Devonshire Road Junior	531.6	528
Devonshire Road Infants	305.0	273
George Betts	204.9	262
Oldbury Road Junior and Infants	355.9	341
St. Matthew's Junior and Infants	240.1	242
St. Philip's Junior Mixed and Infants	279.9	318
Uplands Junior	495.3	550
Uplands Infants	221.3	214
Waterloo Road Junior and Infants	347.9	343

Secondary Schools.

	Attendance Average	No. on Register at end of year
Park Girls' Modern	320.9	390
Shireland Boys' Modern	361.4	440
Shireland Girls' Modern	335.7	401
Smethwick Hall Boys' Modern	405.5	483
Smethwick Hall Girls' Modern	323.7	389
Uplands Boys' Modern	360.5	440
Uplands Girls Modern	331.7	412
Holly Lodge Boys' Grammar	405.8	444
Holly Lodge Girls' Grammar	358.0	408
James Watt Technical	365.4	406

Others.

Edith Sands' Nursery	79.0	122
Firs Open Air	114.4	120
Corbett Street Special	88.5	98
Total ..	10,372.1	11,297

NURSERY CLASSES.

Nursery Classes are held at Abbey Infants, Cape, Crocketts Lane, Oldbury Road and the Uplands Schools, with accommodation for 30 children in each case.

FINDINGS OF MEDICAL INSPECTION.**UNCLEANLINESS.**

During the year the school nurses made 30,234 inspections of children in the schools and of these 789 individual children were found unclean. This is a decrease in the number of new cases. It was not necessary to serve any notices under Section 54 of the Education Act, 1944.

Cleansing sessions were held at the Firs Clinic only during the year. The new cases numbered 129 compared with 103 last year and the number of treatments given was 1,133 as against 960 last year.

TONSILS AND ADENOIDS.

The number of children found to have unhealthy tonsils and/or adenoids requiring treatment was 19. In addition 12 children were found to have other abnormal conditions of the nose or throat requiring treatment and 427 children were found to have nose or throat defects requiring observation only.

SKIN DISEASES.

Sixty-eight children found to be suffering from skin diseases were referred for treatment. Comparison with findings of the previous four years is as follows:—

	1955	1954	1953	1952	1951
Number Inspected ..	2,812	4,116	4,311	3,500	3,409
Ringworm (all forms) ..	—	—	—	—	—
Scabies	—	—	1	—	11
Impetigo	—	—	—	1	—
Other conditions ..	68	99	98	58	48
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	68	99	99	59	59
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Percentages	2.4	2.1	2.3	1.6	1.7

DEFECTIVE VISION, INCLUDING SQUINT.

The number of children found to have defective vision was 214 of whom 90 were referred for refraction. In addition 10 cases of squint were referred for treatment. The percentage of defects under this heading was 8.0.

EAR DISEASES AND HEARING.

The number of children found with defects under this heading was 217 or 7.7 per cent. of the total number inspected. Of these, 11 were referred for treatment.

<i>Partially Deaf Register.</i>	1955	1954
Number put on register	21	23
Removed from Register—Hearing improved ..	5	3
For other reasons	7	3
No on Register at end of year	47	38

DENTAL DEFECTS.

All school children are submitted for periodic examination by the Dental Officers and details of findings and treatment provided are given in the appendix to this Report, Table V. At the periodic examinations in school, teeth are inspected by the Medical Officers, but only the most urgent cases are referred to the Dentists for treatment. Thus to quote figures purporting to represent the findings of the Doctors would be misleading.

INFECTIOUS DISEASES.

During the year 45 school children were immunised against diphtheria and 1,132 received boosting or re-inforcing injections. In addition 825 pre-school children were protected at the various child welfare clinics and by private practitioners during the year.

The following table gives comparative details of infectious disease (other than Tuberculosis) amongst school children during the last five years.

	NOTIFICATIONS				
	1955	1954	1953	1952	1951
Acute Poliomyelitis	1	2	—	1	—
Acute Pneumonia	1	3	8	4	—
Meningococcal Infection	1	2	1	—	—
Diphtheria	—	1	—	—	1
Dysentery	2	6	1	—	—
Measles	445	206	481	155	588
Paratyphoid Fever	—	—	—	—	—
Scarlet Fever	29	69	153	94	66
Whooping Cough	63	74	177	129	61
Food Poisoning	3	5	2	—	1
Erysipelas	—	1	—	—	1
Acute Encephalitis	—	1	—	—	—

WORK OF THE SCHOOL NURSES.

<i>Schools</i>	1955	1954	1953	1952
Assisting School Medical Officer	245	292	273	242 sessions
Examination of heads for nits, ringworm, etc.	30,234	30,423	14,595	26,521 exams.
<i>School Clinics</i>				
Inspection Clinics	103	103	102	101 sessions
Treatment Clinics	512	519	503	487 sessions
Eye Clinics	80	77	77	80 sessions
<i>Skin Clinic</i>				
Number of Sessions	—	2	4	4
Number of children treated	—	4	6	3
Number of baths given	—	5	6	4
<i>Visits to Houses</i>				
Defects and "Following up"	838	746	366	165

EXCLUSIONS FROM SCHOOL.

Thirty-two certificates were issued during the year excluding children from attendance at school for the following reasons:—

Impetigo	6
Pediculosis	7
Conjunctivitis	2
Tonsillitis	5
Gastro Enteritis	2
Rheumatism	1
Other conditions	9
	—
	32
	—

MEDICAL TREATMENT.

No change has been made in the methods available and employed for the treatment of defects from those described in previous reports. Particulars of treatment received are given in the tables appended to this Report.

MINOR AILMENTS.

All Minor Ailments are treated by the School Nurses at treatment clinics, held at "The Firs," Firs Lane, and at Cape Hill. Full details of defects treated at these clinics during the year are provided in Table IV appended to this Report.

Attendances at the Clinics (excluding Inspection Clinics, Eye Clinics and Baths) were as follows :—

1955	1954	1953	1952	1951
9,728	11,336	12,318	12,465	12,427

CLINICS AND TREATMENT CENTRES.

The following tables show the number of sessions held weekly at the various clinics.

Firs Clinic :—

Minor Ailments—Inspection : 9.30—12 noon, Tuesday

Treatment : 9.30—12 noon,
Monday, Wednesday, Thursday and Friday.

Dental : 2—4 p.m., Monday and Thursday.

Cleansing : 9.30—12.30 p.m., Monday to Friday.

Ultra Violet Light : 9—12 noon, Monday and Thursday.

Ear : 2—5 p.m., Wednesday (alternate weeks).

Chest : 10—12 noon, Tuesday.

Cape Clinics :—

Minor Ailments—Inspection : 9.30—12 noon, Friday.

Treatment : 9.30—12 noon,
Monday, Tuesday and Thursday.

2.0 p.m.—4.0 p.m.,
Wednesday and Friday.

Dental : 9.15—12 noon and 2—5 p.m., Monday to Friday.

Enuresis : 9.30—12.30 p.m., Monday (every four weeks).

TUBERCULOSIS.

Cases of Tuberculosis are referred for diagnosis and treatment to the Chest Clinic, and are kept under prolonged observation. X-ray examination and Mantoux Tests are made where indicated as an aid to diagnosis.

During the year 111 children of school age, including "contacts" of known patients, came under the observation of the Chest Clinic for the first time. The findings in these cases were as follows:—

	Pulmonary	Other forms
Number found Tuberculous	12	—
Number under observation	3	—
Number found non-tuberculous ..	96	—

The total attendance of school children at the Clinic was 1,557 compared with 1,725 during the previous year.

ULTRA VIOLET LIGHT TREATMENT.

The Ultra Violet Ray Clinic was open during the winter months, special cases being treated also during the summer. The number of children treated during the year was 101 and 1,370 attendances were made, compared with 98 cases and 1,214 attendances during the previous year.

The chief conditions referred for light treatment were adenitis, bronchitis, frequent "colds" and catarrh, post-whooping cough, debility and tuberculosis contacts.

DEFECTIVE VISION.

Mr. H. W. Archer Hall, D.O. (Oxon.), Ophthalmic Surgeon to the Birmingham and Midland Eye Hospital and the Smethwick Education Committee, reports as follows:—

Total number of children examined	572
Total number of spectacles prescribed	400
Total number of spectacles obtained	394
Total number of treatments	22
New cases	230
Spectacles ordered	144
Referred to Hospital	5
Re-examinations	342
Spectacles ordered	256
Referred to hospital	7
Treatments:—	
New cases	12
Referred to Hospital	5
Re-examinations	10
Referred to Hospital	7
Toddlers examined	25
Spectacles prescribed	16
Spectacles obtained	16

ORTHOPAEDIC AND POSTURAL DEFECTS.

The number of school children attending the Smethwick Orthopaedic Clinic during the year was 444. This was a smaller number than last year but the general pattern of conditions treated was very much the same. The Secretary of the Clinic has kindly let me have the information on which the following summary of defects is based :

Type of Defect	Girls	Boys
1. Congenital Defects	13	20
2. Postural Defects	23	12
3. Developmental Abnormalities :		
(a) Knock Knees	32	44
(b) Valgoid Ankles	46	89
(c) Deformed Toes	21	8
(d) Others	4	5
4. Poliomyelitis	10	14
5. Spastic conditions	4	3
6. Miscellaneous	50	46
	203	241

There were 21 children admitted to the Woodlands Hospital and 4 to the Forelands Hospital during the year.

SPEECH DEFECTS.

Summary of work done at Speech Therapy Clinic :—

	Stammer- ing.	Dyslalia	Cleft Palate	Others	Total
1. On treatment at beginning of year	10	50	1	3	64
2. Waiting list at beginning of year	—	—	—	—	45
3. Additions to waiting list during year	—	—	—	—	79
4. Received speech therapy during year	23	90	5	—	118
5. Removals from waiting list for various reasons ..	—	—	—	—	39
6. Discharges :					
(1) No further treatment required	10	25	1	—	36
(2) Other reasons	1	21	1	—	23
7. On treatment at end of year	9	46	1	3	59
8. Waiting list at end of year	—	—	—	—	31

HANDICAPPED PUPILS.

Handicapped pupils are sent to Special Schools where a report from the Principal School Medical Officer to the Chief Education Officer states that such action is desirable. The examinations carried out during the year 1955 resulted in recommendations being submitted as follows :—

	Boys	Girls	Total
<i>Blind</i> —Residential School for Blind	—	—	—
<i>Partially sighted</i> —Special School	1	—	1
<i>Deaf</i> —Special School	1	—	1
<i>Partially Deaf</i> —Special School	1	—	1
<i>Delicate</i> —Firs Open Air School	22	18	40
“ The Hollies ”	19	9	28
<i>Physically Handicapped</i> —Residential School	—	—	—
Ordinary School	—	—	—
<i>Educationally Subnormal</i> —			
Transfer from special to ordinary school	1	3	4
Ordinary School with Special Education	16	3	19
Special School (Day)	16	8	24
Special School (Boarding)	4	—	4
Ineducable—Mental Deficiency Acts Report Section 57(3)	3	4	7
Excluded Special School	3	1	4
<i>Maladjusted</i> —			
Ordinary School with Special Education	1	1	2
Child Guidance Clinic	2	—	2
Residential School	1	—	1
Firs Open Air School	—	1	1
Remedial Education Centre	3	—	3
<i>Speech Defect</i> —Speech Centre	—	—	—

At the present time the Education Authority has children at the following Institutions and Schools:—

<i>Blind and Partially Sighted—</i>	Boys	Girls	Total
Whitehead Road School for Partially Sighted Children (Birmingham)	2	—	2
Exhall Grange School for Partially Sighted Children (Coventry)	1	—	1
 <i>Deaf—</i>			
Royal School for Deaf Children (Birmingham)	1	1	2
Gem Street School for the Deaf (Birmingham)	2	2	4
St. John's Residential School for the Deaf (Boston Spa, Yorks.)	—	1	1
Needwood Residential School for Partially Deaf Children (Burton-on-Trent)	1	—	1
 <i>Educationally Subnormal—</i>			
St. Christopher School (Bristol) (Independent School)	—	1	1
Petton Hall School (Shrewsbury)	1	—	1
Beacon School (Lichfield)	2	—	2
St. Francis Residential Special School (Kings Heath, Birmingham)	1	1	2
East Hill School (Colchester, Essex)	2	—	2
Greenwood School (Halstead, Essex)	—	1	1
Littleton House School (Girton, Cambs.)	1	—	1
Besford Court (Worcester)	2	—	2
St. Joseph's School (Cranleigh, Surrey)	1	—	1
 <i>Maladjusted—</i>			
Bodenham Manor School (near Hereford)	1	—	1
Swalcliffe Park School (near Banbury)	1	—	1
Riverhouse Special School (Henley-in-Arden)	1	—	1

	Boys	Girls	Total
<i>Other—</i>			
Carlson House School for Spastics (Harborne, Birmingham)	1	2	3
Hinwick Hall School (Wellingborough) ..	1	—	1
Lingfield Epileptic Colony (Lingfield, Surrey)	—	1	1

Corbett Street Special School.

Number on Register 1st January, 1955 ..	48	45	93
Admitted during year	16	8	24
Discharged during year	9	15	24
Number on Register 31st December, 1955	55	38	93

Of those who left:—

Reached the age limit	4	8	12
Discharged by Medical Officer	1	3	4
Excluded as ineducable	—	3	3
Transferred to Approved School ..	1	—	1
Transferred to Residential School ..	1	—	1
Admitted to Hospital	—	1	1
Left District	2	—	2

Other Special Schools.

The Firs Open Air School has accommodation for 150 children. There were 120 children on the register on 31st December, 1955.

“The Hollies,” a Residential Home for rheumatic and physically subnormal children (30 beds) admitted a total of 23 children of school age during the year, who were maintained for a total of 2,408 days.

SCHOOL MEALS SERVICE.

Meals have been provided throughout the year at the under-mentioned canteens :—

	Paid	Free	Total
Abbey Road	45,839	3,340	49,179
Albion	23,977	2,695	26,672
Brasshouse Lane	12,877	2,324	15,201
Bearwood Road	24,716	2,776	27,492
Cape Hill	31,738	2,077	33,815
St. Matthew's	7,562	1,149	8,711
St. Philip's	14,536	688	15,224
Church Lane	14,833	4,714	19,547
Crocketts Lane	9,665	937	10,602
Corbett Street	19,355	3,194	22,549
Devonshire Road	44,499	2,135	46,634
George Betts	17,073	286	17,359
Oldbury Road	17,782	1,925	19,707
Annie Lennard	10,130	1,568	11,698
Smethwick Hall	38,172	4,422	42,594
Uplands	72,394	16,139	88,533
Waterloo Road	40,738	5,134	45,872
Firs Open Air	18,363	1,778	20,141
Edith Sands	13,568	208	14,776
Holly Lodge Boys'	35,365	1,385	36,750
Holly Lodge Girls'	31,831	1,479	33,310
James Watt Technical	16,927	1,689	18,616
Totals	561,940	62,042	623,982

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The Byelaws under the Children and Young Persons' Act of 1933 as amended by the Education Act of 1944 are in force in the Borough.

The number of certificates granted during the year was 197, 182 for boys and 15 for girls. Certificates were refused in 6 instances on medical grounds. The view of your medical officers is that education is a whole-time occupation and that only exceptional circumstances should subject a child to the strain of carrying out additional duties.

<i>Nature of proposed employment—</i>	Boys	Girls
Delivering Newspapers	138	1
Errands	35	2
Delivering Milk, Grocery, etc.	6	—
Counter Assistants	3	12
	182	15

COSTS.

The approximate cost of the School Health Service and Associated Services during the year 1954/55 was as follows :—

	Amount
	£
School Health Service	19,743
School Camp	10,029
Corbett Street Special School	5,990
Firs Open Air School	6,547
Nursery School	4,602
Provision of Meals and Milk	46,739
	<hr/>
	£93,650
	<hr/>

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER.

There have been a great number of staff changes this year, the details of which are presented earlier in the report. Seven part-time dental officers were appointed during 1955 and four resigned, there being no changes with respect to full-time staff.

At the end of the year there was an equivalent of approximately three full-time officers and slightly more sessions were performed during the year (1,293) than in 1954 (1,165).

We have, on the whole, been fortunate in our staffing position although it would be better to have more full-time officers since only with these can a really sound dental scheme be administered.

It appears superficially that the School Dental Service in Smethwick is satisfactory; however, it is necessary to point out certain deficiencies that exist at present. Firstly, although most of the school population was inspected during the year, only 3,843 were treated. This is partly due to the low rate of acceptance at present (46%) which means some children are receiving no treatment at all, although others may be visiting their family dentist. In addition some fail to complete their treatment after attending once or twice.

Secondly, the number of teeth extracted is still in excess of the number filled, the ratio of teeth filled to teeth extracted being 0.87, and although this is better than last year it still indicates that a considerable number of teeth are being extracted which could be saved if seen in time, i.e. by six-monthly inspections.

Thirdly, the Ministry of Education Circular 288 draws attention to the fact that there is a need to develop the orthodontic side of the School Dental Service and this will mean quite a considerable amount of time devoted to this work since it is lengthier than other forms of dental treatment.

Clearly then there is a need for more dental staff to cope with these problems and initially the equivalent of four full-time dental officers would be required. The difficulties in recruiting staff have already been mentioned in the 1954 report and the situation unfortunately is no better now. To allow for the possible increase more accommodation will be needed since, although the Firs Dental Clinic has been very pleasantly re-equipped and decorated, it is not adequate for two dental officers. There is only a small dividing screen between the two chairs and it is quite easy for the patient in one chair to upset the one on the other side. It is to be hoped the necessary accommodation will be available soon in the proposed clinic at Holly Lane.

In conclusion I would like to give my thanks to the medical, nursing and clerical staffs of the School Health Service and the Head Teachers in addition to my own for their considerable help and co-operation during the year.

TABLE I.

	Teeth Filled.	Teeth Extracted.	Ratio filled to extracted.
1954	4,744	6,243	0.76
1955	5,463	6,265	0.87

D. H. GOOSE,
Principal School Dental Officer.

REPORT OF THE ORGANISER OF PHYSICAL EDUCATION.

PLAYING FIELDS.

Despite the support of the Parks Department, together with the few areas available to schools, the facilities for outdoor games are still very poor. This, in addition to having an effect for the worse upon the standard of play, does not allow the children of this urban area to take full advantage of organised games on school timetables. This matter is being given close attention and it is hoped that some improvements can be made in the future.

With the exception that a Smethwick boy played for the South of England in a schoolboys trial match, no great honour came to Smethwick in 1955, although teams were entered for National, County and Area Competitions. This may be due to the lack of good practice facilities.

SWIMMING.

Once again swimming proved itself the forte of Smethwick Schools sport, culminating in eight children from the Borough representing the Midland Schools in the National Championships in London.

77,179 attendances were made by children to the Baths, an increase of 11,858 over 1954. A proportion of this increase is due to the opening of two baths at Rolfe Street during the winter, itself an indication of the standard of swimming in the Borough. 475 life saving awards were gained by school children, and Smethwick Hall Boys' School, for the eleventh successive year, gained the Midland R.L.S.S. Trophy.

An "Advanced Swimming Course" was again held during August, under Mr. A. H. Owen and proved the most successful to date, great promise being shown for future years.

GYMNASIA.

The fully-equipped gymnasias together with the heaving apparatus in Primary Schools are now proving their value in the noticeable increase of strength of the children, particularly of the shoulder girdle. The teachers of the Borough are doing valuable work for the natural development of the children's physique during normal physical training lessons.

With the consideration shown by the Education Committee and the support of the Estates Department, a worthwhile physical education programme was maintained throughout the year, and I offer my thanks to both, for their efforts on behalf of the children of Smethwick.

S. H. WOOLLAM,
Physical Education Organiser.

SCHOOL MEDICAL INSPECTION STATISTICS

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections:			
Entrants	....	....	1,024
Second Age Group	....	....	765
Third Age Group	....	....	728
		Total	2,517
Number of other Periodic Inspections			
			295
Grand Total			
			2,812

B.—OTHER INSPECTIONS

Number of Special Inspections	....	2,878
Number of Re-Inspections	....	3,346
		6,624

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 II A	Total Individual Pupils
Entrants	3	75	75
Second Age Group	39	39	74
Third Age Group	36	43	74
Total ..	78	157	223
Other Periodic Inspections ..	12	15	27
Grand Total ..	90	172	250

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

DEFECT OR DISEASE	PERIODIC		SPECIAL	
	No. of Defects		No. of Defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin	68	136	45	7
Eyes—(a) Vision	90	124	20	4
(b) Squint	10	55	8	1
(c) Other	7	38	14	7
Ears—(a) Hearing	2	34	11	3
(b) Otitis Media	7	153	15	4
(c) Other	2	19	14	—
Nose or Throat	16	423	15	4
Speech	2	34	—	—
Cervical Glands	—	155	—	—
Heart and Circulation	4	45	2	2
Lungs	6	120	1	1
Developmental—				
(a) Hernia	3	22	—	—
(b) Other	—	96	—	—
Orthopaedic—				
(a) Posture	5	179	—	—
(b) Flat Foot	7	141	2	—
(c) Other	27	627	14	13
Nervous System—				
(a) Epilepsy	1	3	—	—
(b) Other	—	70	1	—
Psychological—				
(a) Developmental	—	47	2	—
(b) Stability	—	30	3	—
Other	7	105	327	85

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

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Entrants	1024	444	43.3	566	55.3	14	1.4
Second Age Group	765	339	44.3	419	54.8	7	0.9
Third Age Group	728	389	53.4	336	46.2	3	0.4
Other Periodic Inspections	295	114	38.6	181	61.4	—	—
Total	2812	1286	45.7	1502	53.4	24	0.9

TABLE III

INFESTATION WITH VERMIN

(i) Total number of examinations in the Schools by School Nurses or other authorised persons	30,234
(ii) Total number of individual pupils found to be infested ..	789
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) ..	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	—

TABLE IV

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

GROUP 1. DISEASES OF THE SKIN

(Excluding uncleanliness, for which see Table III)

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm (i) Scalp	—	—
(ii) Body	—	—
Scabies	1	—
Impetigo	26	—
Other Skin Diseases	217	—
Total ..	244	—

GROUP 2. EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of Cases dealt with	
	By the Authority	Otherwise
External and other, excluding Errors of Refraction and Squint	325	5
Errors of Refraction (including Squint) ..	572	9
Total ..	897	14
Number of Pupils for whom spectacles were:		
(a) Prescribed	400	—
(b) Obtained	—	394

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LONDON COLLEGE OF
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10 FEB 1961
DENTAL MEDICINE

