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Contributors

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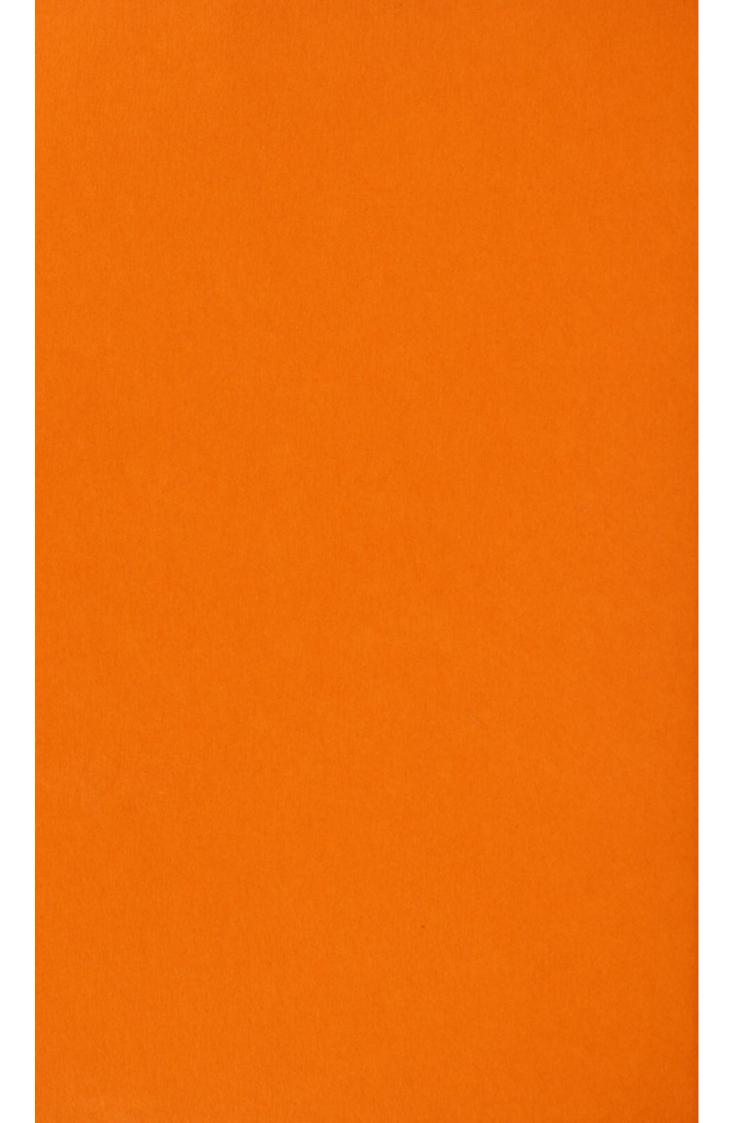
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County Borough of Smethwick

SCHOOL HEALTH 1959

The Annual Report of the Principal School Medical Officer



COUNTY BOROUGH OF SMETHWICK EDUCATION COMMITTEE

SCHOOL HEALTH 1959

The Annual Report of the Principal School Medical Officer, Richard J. Dodds, M.B., D.P.H.

HOLLY LANE SCHOOL CLINIC,

THE

EDUCATION COMMITTEE

1959 / 1960

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MRS. F. L. WHEATLEY

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C. E. ROBIN, M.A., Barrister-at-Law.

SCHOOL HEALTH SERVICE STAFF

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

Deputy Principal School Medical Officer: MARGARET E. MCLAREN, M.B., CH.B., D.P.H.

School Medical Officers:
CONSTANCE MYATT, M.B., CH.B., D.P.H., D.I.H.
R. T. PAGAN, M.B., B.S., M.R.C.S., L.R.-C.P., D.P.H.

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

Principal School Dental Officer: T B. HAMILTON, L.D.S., R.F.P.S. (to 31.1.59)

Part Time School Dental Officers at 31.12.59:

MR. G. H. DUNCAN, L.D.S. MR. G. T. FACER, B.D.S. MR. H. P. A. JONES, L.D.S. MR. L. B. LEWIS, B.SC., B.D.S. MR. J. M. RUDDLE, L.D.S., R.C.S. MISS J. SARGENT, L.D.S.

Superintendent Nursing Officer: MISS M. WAINWRIGHT, S.R.N., S.C.M., H.V.Cert.

School Nurses and Health Visitors:

NURSE M. ADAMS, S.R.N., S.C.M., NURSE H. M. HOY, S.R.N., S.C.M., H.V. Cert. H.V.Cert. J. E. BARLOW, S.R.N., S.C.M., D. HUNT, S.R.N., S.C.M., H.V. Cert. H.V.Cert. K. E. BIGGS, S.R.N., S.C.M., H.V. Cert. M. P. O'KEEFE, S.R.N., S.C.M., H.V.Cert. (to 13.4.59). M. E. TENCH, S.R.N., S.C.M., I. COWELL, S.R.N., S.C.M., H.V. Cert. H.V.Cert. D. H. DANIELS, R.F.N., S.R.N. E. M. WILLIAMS, S.R.N. S.C.M., H.V.Cert. S.C.M., H.V.Cert. M. S. Fletcher, S.R.N., B. KAY, S.R.N. S.C.M., H.V.Cert. G. M. LITTLER, S.R.N., D. GRAINGER, S.R.N., (Part Time). S.C.M., H.V.Cert. E. M. GIBBS, R.S.C.N. H. M. WARNER, S.E.A.N.

Clerical Staff:

MISS D. C. TIPPING (Clerk in Charge) MRS. C. M. WALKER
MR. J. SMALLWOOD (to 30.8.59) MRS. J. LETTS (from 21.9.59)

In addition, the Education Committee is responsible for the payment of small proportions of the salaries of some other members of the administrative and clerical staff of the Public Health Department for the work which they carry out for the School Health Service.

SCHOOL HEALTH 1959

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

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SCHOOL HEALTH 1959

PART ONE

MADAM CHAIRMAN, MR. MAYOR, LADIES AND GENTLEMEN,

I have pleasure in presenting my Fifth Annual Report as Principal School Medical Officer to the Smethwick Education Authority. The arrangement of the contents of the report has been simplified because of a certain dearth of contributions owing to staff changes and shortages. It has for example not been possible to include a note from the Principal School Dental Officer because for the last eleven months of the year the authority was without the services of such an officer and had indeed no full time dentist at all. That the school dental service has been able to continue is due entirely to the good work done by the part-time dental officers and by the dental attendants who in addition to their other duties undertake the clerical work related to the service. The Report of the Organiser of Physical Education is not included this year as it is felt to be somewhat outside the scope of the School Health Service. For these reasons therefore, PART TWO of the report is entirely devoted to a note from Mrs. E. Baker who has been taking lip reading classes for our school children during the last four years. Mrs. Baker surveys the very useful work done in the classes over these years but is, I think, a little modest in appraising the success of her efforts. In any event I would like to place on record my appreciation for her achievements to date.

NEW DEVELOPMENTS

On the first of April, 1959 (hardly an auspicious date) the School Health Service Regulations 1959 came into force. These Regulations affect the conduct of school health service in that they remove the previous and long standing requirements about the timing of periodic medical inspections. The number and spacing of these examinations is now left to the discretion of the Local Education Authority. Smethwick, of course, has been one of the pioneers in experimental variations on the theme of three periodic medical inspections during the career of each school child. Our alternative method of conducting the intermediate examination has been used in a few schools over a number of years and has been dealt with at length in my previous reports. Last year Dr. Margaret McLaren wrote a comprehensive article about the present phase in the development of the Smethwick variation, which has continued in operation during the year and will not be examined further at present. It must be said that as our system has developed it has tended to become more detailed and thorough and in its present form certainly does not offer any saving of medical and nursing time, though we are satisfied that it produces good results. If an increase in the medical establishment is to be avoided then it may be that some further modifications in our selective technique will be necessary if and when the time comes to introduce selective intermediate examinations to all schools.

I might mention here that Dr. McLaren's other contribution in the last Report on "Shoes and the Schoolchild" attracted considerable notice and was made the subject of a special television interview in the B.B.C. programme "Tonight" on 10th November, 1959; Dr. McLaren emerged from the interview with flying colours and indeed as something of a television personality!

Looking back over the year, the most noteworthy local event occurred on 30th October when Dr. Edith Summerskill opened the Holly Lane Clinic. The new building is a combined school and maternal and child welfare clinic and facilities are provided for the treatment of minor ailments each morning and a school medical officer holds a consultation clinic on Thursday mornings so that children referred from the schools or from the minor ailments clinic can be examined in more detail than is possible in school. A small but well-equipped room is set aside for the examination of eyes by the Ophthalmologist, Mr. Archer Hall, who visits the clinic two or three times a week for this purpose. The eye specialists sessions hitherto held at the Firs Clinic have now been discontinued, thus relieving the pressure on doubly-used accommodation in the older building. At Holly Lane a comprehensive dental wing at the rear of the building provides a waiting room, surgery, recovery room together with office, dark room, workshop, plaster room, with lavatory and storage accommodation. The whole clinic is designed to serve the schools in the western part of Smethwick including the Holly Lodge Grammar and Smethwick Hall Secondary Modern Schools. The frontispiece of this report shows the main waiting hall of the clinic looking towards the minor ailments room.

Another new building closely affecting the working of the school health service was opened in November. This was the Highfield School, a day school for educationally sub-normal pupils which provides splendid accommodation and replaces the Corbett Street Day E.S.N. School. The Education Authority deserves every congratulation on having provided two such fine buildings almost simultaneously.

FURTHER DECAY.

A glance at the statistical table at the end of this report shows a further decline in the amount of dental work done during the year and in particular to the marked reduction in the number of children receiving orthodontic treatment. This is a most regrettable but inevitable result of the parlous dental staffing position, to which reference has already been made. The effects of the situation are becoming apparent in the noticeable deterioration in the teeth of the school children who are in any case being brought up in an environment unfavourable in one important respect to the formation of good sound teeth. I refer to the absence of fluoride in the water supply. As I have mentioned in previous years a trace of fluoride in the drinking water is essential during the tooth-forming years if children are to grow strong and healthy teeth covered with enamel of proper hardness. A potent everyday cause of dental decay is the fermentation of refined starches and sugars in the mouth with the production of acid substances. This process occurs within minutes of food being eaten and any food stuff which leaves granules of refined starches in the crevices

between the teeth is particularly dangerous from this respect. The practice of eating biscuits between meals is especially harmful and efforts were made during the year to discourage their consumption in schools—without I fear any marked success. One very obvious home truth must be hammered home to the rising generation if their teeth are in any way to be preserved; this truism is that out of the twenty-four hours in the day meal times are set aside for eating—at other times the mouth should be empty. So many children nowadays regard meal times as a tiresome interruption in the day—long round of eating sweets and biscuits. Such a misguided routine is but a short cut to dentures.

Little progress can be reported in the campaign to discourage children from smoking. Each year that passes sees a further increase in the number of people who die from lung cancer and each year sees the strengthening of the case against heavy cigarette smoking as the probable cause of this increase. The evidence must be regarded as overwhelming; nevertheless, great ingenuity and much money is being expended to investigate alternative explanations for the very strong statistical association between cigarette smoking and lung cancer. One theory is that "both smoking and lung cancer are symptoms of one and the same underlying factor, related to genotypic differences between smokers and non-smokers." In other words according to this theory there are two different kinds of people—those who smoke their heads off and are unduly liable to die from lung cancer, and those who do not and are not. A recent paper published in the medical press—the quotation above is from the summary of this paper—establishes to the author's satisfaction that there is another difference between the sheep and goats namely that the cancer-suffering smokers are more extroverted than the other group. I am not certain what this proves. It is unsatisfactory however, to have to report little progress-especially as a number of investigations in other parts of the country have suggested that furtive smoking is prevalent among quite young school children.

CHILD GUIDANCE.

Two years ago in my Report I commented on the absence of directly provided facilities for child guidance in Smethwick. The passage of time has confirmed the view that a full scale child guidance service can be invaluable to a minority of the more difficult maladjusted children and beneficial to a larger number of such children. I am, however, unchanged in my opinion that the experienced school medical officer can and does provide a great deal of practical and down to earth help for the emotional problems of the maladjusted child. Apart from this, we are dependent for our child guidance on psychiatric advice provided by the Regional Hospital Board, a very limited amount of help from the Child Guidance Service in a neighbouring borough as well as a considerable amount of assistance with children who present special educational problems from the Department of Child Studies in Birmingham University-which is, of course, a teaching institution and not at all a child guidance centre in this context.

A Child Guidance Centre cannot be established on a proper basis unless three elements of specialist staffing are available—A Child Psychiatrist—who would be a part time appointment provided by the Regional Hospital Board, an Educational Psychologist and a Psychiatric Social Worker. In addition a School Medical Officer should undertake sessions at the clinic so that every child referred should have a thorough medical examination to exclude physical causes for the disturbances exhibited *before* the child is subjected to the full battery of psychological investigations. This is important.

The whole question of the provision of child guidance facilities will undoubtedly have to be brought to the Committee's notice during the coming year.

INFECTIOUS DISEASES

An infant school child's life is punctuated by a series of feverish exclamation marks caused by one acute infectious disease after another, it is, therefore, proper that special mention should be made of the incidence of infectious disease during the year.

There was a small reduction in the number of children who were classified by the Chest Physician as suffering from pulmonary tuberculosis, the number being eleven compared with thirteen in 1958 and twenty in 1957. The anti-tuberculosis B.C.G. vaccination programme was continued; six hundred and ninety-three 13 year old children were skin tested of whom 9% were found to be mantoux positive which showed they had had previous experience of the infection—these children were referred to the chest clinic for examination and in nearly all cases they were found to be perfectly well—having previously built up a resistance to the disease. The remaining 627 received B.C.G. vaccination to stimulate the production of a useful immunity against tuberculosis.

Turning to the more acute infectious diseases, as expected 1959 was a measles year with an outbreak of the usual magnitude, there being 491 notifications. There were small reductions in the numbers of children suffering from scarlet fever and whooping cough. These three diseases have in recent years been much milder than formerly. Finally it might be mentioned there was only one case of poliomyelitis. There have been only three cases of the disease among school children during the last six years—we have indeed been fortunate.

MATTERS OF MEDICAL ROUTINE.

Last year in discussing the increase in the number of children referred to the eye clinics I mentioned that it was the opthalmologist's opinion that excessive indulgence in televiewing might be an associated factor. Lest I should be accused of repetitions I shall this year merely place on record that this upward trend has continued. More than a thousand children were seen by the ophthalmologist and spectacles were prescribed for 630 children compared with 532 in 1958. Among the children seen were 425 new cases—288 last year.

There was an increase in the number of periodic medical inspections made—3,184 children being examined—over 500 more than in the pre-

vious year. Considerable stress is laid on the importance of the school leavers examination and a scheme was worked out with the Chief Education Officer to improve the co-ordination between the School Health Service and the Youth Employment Officer in respect of these examinations. It is obviously better for the medical examination to precede the leaver's interview with the Youth Employment Officer. To ensure that this will take place automatically the final medical examination has been brought forward into the penultimate term which unfortunately detracts a little from its value though it does mean that defects found can be dealt with at leisure before the young person leaves school. Another change which was thought advisable was the retiming of third medical examination in the selective secondary schools so that it takes place in the fourteen year old age group. In this way the stray premature leaver is not missed. Arrangements have however, been made for significant defects in teenagers who stay on in these schools to be followed up until the actual school leaving date.

IN CONCLUSION.

It might be noted that there was a reduction in the cost of our School Health Service from £23,458 in 1957/8 to £21,142 in 1958/9. This reduction is of course almost entirely due to the shortage of essential staff notably a Principal School Dental Officer from February to December inclusive and a Speech Therapist for the whole year—an unsatisfactory state of affairs indeed.

Mr. Hamilton's departure into private dental practice at the end of January, 1959 was forecast and indeed dealt with in a somewhat farsighted way in the 1958 Report, it therefore need not be dwelt upon further. We were sorry to lose the services of Miss M. P. O'Keeffe on 13th April, 1959, she had worked as a school nurse for 28 years, latterly at the Firs Clinic—she carries with her all our best wishes for a long and happy retirement. Another departure of a different kind was made by Mr. G. Smallwood who after several years in the Public Health and School Health Departments (broken by National Service) was appointed a Committee Clerk in a neighbouring borough; he also has our best wishes.

Once more I have pleasure in expressing my thanks to you Madam Chairman, to the Chairman of the School Attendance and Hygiene Sub-Committee as well as to all members and officers for the customarily helpful and courteous way that all matters relating to the School Health Service have been dealt with during the year. I should like to thank Dr. McLaren particularly for her excellent work during the year; the good relationships between the Chief Education Officer and myself and our respective staffs have continued. My thanks are due to Miss Tipping and her staff for their work during another busy year.

I have the honour to be,

Your obedient servant,

Principal School Medical Officer.

PART TWO

Lip Reading Classes held at the Firs Clinic on Saturday mornings for hard-of-hearing children in Smethwick Schools.

I am indebted to Mrs. E. Baker for the following note: -

On Saturday, 21st April, 1956, the first lip reading class was held, with ten children enrolled. Of these ten, two are still attending classes.

Altogether, during the four year period, thirty-four children have had instruction of varying lengths of time. Some have been withdrawn due to improved hearing following treatment, a few have been struck off due to very irregular attendance, and several have left school, and automatically cease to attend.

The children were of varying ages and degrees of intelligence and very soon it was decided to divide them into two groups accordingly. On the whole the children have worked hard, and have given up more normal Saturday morning activities with good grace.

It is very difficult for me to assess how much benefit the instruction may have been, that can be judged by school progress, social development and so on, but the older children say that they find the ability to lip read extremely useful in class lessons with some teachers, but not with those who do not move their lips sufficiently!

One of the girls said that she did not like going to church very much, because she could not "see" what was being said. Obviously she relies on lipreading to some extent.

A few weeks ago one of the earliest pupils, who left school two years ago, came into the clinic to see me, he said he was very grateful for the instruction he received, as it was of immense value to him at work, to be able to lipread.

Although most of the children acquire some ability to lipread, there are one or two near failures. Lipreading is an art which some people can never develop. I have found that the children who have had speech therapy at some time in their lives are very quick to learn lipreading. Some children have greater difficulties to surmount than others. In particular one of the recently enrolled girls has Italian parents—the mother having very little English. In spite of this and in addition to the girl's having a hearing loss of 50/70 d.b. on both ears, she manages very well.

It may be of interest to record that last November I helped to examine adult hard-of-hearing and partially deaf for the Warwickshire County Lip Reading Championships. Later I gave the same tests to my "senior" class, and they all did very well indeed. It would not be correct to compare the results with the adults because I was a stranger to them, and not to my class. Later on I hope to arrange for a complete stranger to give a similar test to my class.

E. BAKER.

PART THREE

NOTES AND NUMERICAL DETAILS ON THE YEAR'S WORK.

SCHOOL ACCOMMODATION AND ATTENDANCE

Education for our children is provided in 21 primary schools and 11 secondary schools, the latter including one grammar school for boys, one grammar school for girls and one secondary technical school for boys. In addition there is a nursery school, an open air school and a day school for educationally sub-normal children. There are nursery classes at Abbey Infants, Crocketts Lane, Corbett Street, Oldbury Road and the Uplands Schools. Details of average attendances during the year, together with the number on roll at the end of the year are set out below:—

out below.				
		erage No. on Roll 1959	Average as % of No. on	No. on Roll at end end of
PRIMARY SCHOOLS			Roll	year
Abbey Road Junior		381	95	352
Abbey Infant		 210	88	203
Albion Junior		 401	91	378
Annie Lennard		129	87	111
Bearwood Road Junior		256	91	244
Bearwood Road Infant		 128	88	120
Brasshouse Lane Infant		 208	86	179
Cape Junior		 401	91	382
0		 191	86	158
Cape Infant Corbett Street Junior and	Infant	 279	99	276
Crocketts Lane Junior		 240	91	227
Crocketts Lane Infant		 159	83	154
Devonshire Road Junior	* *	 467	93	455
Devonshire Road Infant		 269	86	249
C D		 286	93	275
OLUL D. J		 143	87	155
St. Matthew's C. of E.		 185	87	174
	lia.	 277	88	250
St. Philip's Roman Cathol		 407	92	385
Uplands Junior	* *	 186	84	170
Uplands Infant				
Waterloo Road		 270	89	254
SECONDARY SCHOOL	LS			
Sandwell Boys		 291	88	344
Sandwell Girls		 373	90	405
Shireland Boys		 353	93	351
Shireland Girls		 360	91	374
Smethwick Hall Boys		 387	92	400
Smethwick Hall Girls		 358	93	385
Uplands Boys		 337	92	326
		 298	92	300

Holly Lodge Boys' G Holly Lodge Girls' C James Watt Seconda	iramn	nar		524 637	95 94	549 674
0.1.1.00				469	95	493
OTHERS						
Edith Sands Nursery				80	81	80
Firs Open Air				91	83	86
Highfield				107	89	115
					_	
			10	0,137	91	10,033
			-			

FINDINGS OF SCHOOL MEDICAL EXAMINATIONS

UNCLEANLINESS

School nurses made 22,509 cleanliness inspections of children in school during the year. 587 children (2.6%) were found to be unclean. This compared with 3.2% children who were found to be unclean last year. As in 1958, it was not necessary to serve a notice under Section 54 of the Education Act, 1944.

100 new cases were treated at the cleansing sessions which were held at the Firs Clinic during the year, a total of 820 treatments being given compared with 669 during 1958.

TONSILS AND ADENOIDS

During the year 13 children were found to have unhealthy tonsils and/or adenoids requiring treatment, and 14 had other abnormal conditions of the nose and throat requiring treatment. In addition, 296 children were found to have nose or throat defects requiring observation only.

SKIN DISEASES

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

Number inspected Ringworm (all forms)	 1959 3,184	1958 2,666	1957 3,237	1956 2,856	1955 2,812
Scabies	 _	_	_	_	_
Impetigo Other Conditions	 27	28	21	31	68
	27	28	21	32	68

DEFECTIVE VISION (INCLUDING SQUINT)

The number of children found to have defective vision was 486 of whom 190 were referred for refraction. In addition 10 cases of squint were referred for treatment. The percentage of defects under this heading was 15.6 as compared with 17.5 last year.

EAR DISEASES AND HEARING

The number of children found to be suffering from ear disease and defective hearing was 242 or 7.6 per cent. of the total number inspected. Of these 33 were referred for treatment.

DENTAL DEFECTS

All school children are as far as possible submitted for periodic examination by the dental officers and details of findings and treatment provided are given at the end of this Report. At periodic medical examinations in school, teeth are inspected by Medical Officers, but only the most urgent cases are referred to the dentists for treatment. It would therefore be misleading to quote figures purporting to represent the findings of the doctors.

INFECTIOUS DISEASES

1.—TUBERCULOSIS

PREVENTION

At the beginning of the year the parents of all 13 year-old school children were offered the opportunity of having their children in this age group protected if necessary against tuberculosis by use of B.C.G. vaccine.

The following table shows details of B.C.G. vaccination in 1959 and 1958.

		1959	1958
(a)	Total children in 13 year age group	971	1,144
(b)	No. of children whose parents accepted the offer of B.C.G. vaccination	710 73% of (a)	788 69% of (a)
(c)	No. of children skin tested after elimination of T.B. contacts	693	770
(d)	No. of children who were positive to skin tests and therefore did not need vaccination	66 9% of (c)	91 12% of (c)
(e)	No. of children vaccinated with B.C.G	627	679

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

During the year 205 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	11 —	
Number under observation	22 —	
Number found non-tuberculou	s 172 —	

The total attendance of school children at the Clinic was 882 compared with 848 during the previous year and 1,233 in 1957.

II.—ACUTE INFECTIOUS FEVERS.

PREVENTION.

Seventy-five school children were given primary courses of injections against diphtheria and 465 received boosting or reinforcing injections. In addition, 760 pre-school children were protected against diphtheria at the various child welfare clinics, and by private medical practitioners during the year.

A total of 2,009 children of school age received primary courses of protection against poliomyelitis.

INCIDENCE.

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

***************************************					NO	TIONS		
				1959	1958	1957	1956	1955
Acute Poliomyelitis	s (Para	alytic)		1	_	_	1	1
Acute Poliomyelitis	(Non	-Para	lytic)	_	1	2	_	_
Acute Pneumonia				1	_	2	3	1
Meningococcal Info	ection			1	-	1	_	1
Diphtheria				-	_	_	-	-
Dysentery				10	1	7	94	2
Measles				191	14	563	5	445
Scarlet Fever				47	32	25	15	29
Whooping Cough				58	19	50	72	63
Food Poisoning				4	1	1	16	3
Erysipelas				-	_	_	1	-
Acute Encephalitis				-	-	-	2	_
Malaria (relapse)					1	_	_	_

WORK OF THE SCHOOL NURSES.

C .	- 7-				
S	C #1	63	10	18.4	ε

	1959	1958	1957	1956	1955
Assisting at School Medical Office	r				
Sessions	. 208	225	290	248	245
Examination of heads for nits					
ringworm, etc	. 22,509	24,641	21,997	28,585	30,234
School Clinics					
Inspection Clinic Sessions	. 161	147	120	100	103
Treatment Clinic Sessions	. 570	517	500	516	512
Eye Clinic Sessions	. 136	125	131	95	80
Skin Clinic					
Number of Sessions	. 6	3	1	4	_
	. 8	5	1	5	_
Number of baths given	. 8	5	1	5	_
Visits to Houses					
Defects and "Following Up" .	. 353	358	504	407	838

EXCLUSIONS FROM SCHOOL.

Twenty-five certificates were issued during the year excluding children from attendances for the following reasons:

	 	 3
	 	 4
	 	 2
	 	 3
	 	 1
	 	 1
	 	 1
ons	 	 10
		25

MINOR AILMENTS.

Minor ailments are treated by the School Nurses under medical guidance at treatment clinics, held at The Firs, Holly Lane, and at Cape Hill Clinics. Full details of defects treated at these clinics during the year are provided in the Tables on pages 25, 26 and 27.

CLINICS AND TREATMENT CENTRES.

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

FIRS CLINIC:

Minor Ailments—Medical Consultations: 9.30—12 noon, Tuesday.

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

Dental: Daily.

Cleansing: 9.30-12.30 p.m. Monday to Friday.

Chest: 10-12 noon, Tuesday.

Enuresis: In conjunction with Consultation Clinic and in school holidays by arrangement.

HOLLY LANE CLINIC:

Minor Ailments—Medical Consultations: 9.30—12 noon Thursday. Treatment: 9.30—11 a.m. daily.

Ultra Violet Ray: 9.30-11 a.m. Tuesday and Friday.

Eye: 9.30-12 noon Mondays;

2.30-4 Mondays and Thursdays.

CAPE CLINIC:

Minor Ailments-Medical Consultations: 9.30-12 noon Monday.

9.30-12 noon Friday.

Treatment: 9.30-12 noon Monday, Tuesday,

Wednesday and Thursday.

Dental: Daily.

Enuresis: In conjunction with Consultation Clinic and in school

holidays by arrangement.

ULTRA-VIOLET RAY 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 41 and 478 attendances were made, compared with 48 cases and 574 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.

At the end of the year the Ultra-Violet Ray Clinic was transferred to the newly opened Holly Lane Clinic.

DEFECTIVE VISION.

Mr. H. W. Archer-Hall, Ophthalmic Surgeon to the Birmingham and Midland Eye Hospital and the Smethwick Education Committee, has submitted the following details of children seen at the Firs Clinic:

Total number of children examined	1959	1958	1957
	1,006	934	953
Total number of spectacles prescribed	630	532	586
Total number of spectacles obtained	628	530	578
Total number of treatments	4	21	6
New cases	425	288	397
	220	142	232
	4	6	8
Re-examinations	581	608	556
	410	390	343
	6	6	8

Treatments:

New cases	 	3	16	8
Referred to hospital	 	4	6	8
Re-examinations	 	1	5	12
Referred to hospital	 	6	6	8
Toddlers examined	 	36	38	22
Spectacles prescribed	 	15	14	11
Spectacles obtained	 	15	14	11

ORTHOPAEDIC AND POSTURAL DEFECTS.

The number of children attending the Smethwick Orthopaedic Clinic during the year was 178. This was a slightly smaller number than the previous year.

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
Congenital defects			 17	 13
Postural defects			 10	 8
Developmental Abnorma	lities-	_		
(a) Knock Knees			 5	 14
(b) Valgoid Ankles			 17	 30
(c) Deformed Toes			 _	 _
(d) Others			 8	 6
Poliomyelitis			 9	 6
Painful Joints			 9	 10
Spastic Conditions			 2	 _
Miscellaneous			 5	 9
			82	 96

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

SPEECH DEFECTS.

The Authority was without the services of a Speech Therapist during most of the year. Unhappily, therefore, the only figures which can be given are those relating to the nominal waiting list of 108 children awaiting treatment throughout the year. A part-time Speech Therapist was appointed at the end of the year.

EDUCATION OF HANDICAPPED PUPILS.

I.—New Recommendations.

Medical	examinations of	handicapped	pupils	carried	out during
the year 1959	resulted in recon	nmendations l	being su	bmitted	as follows:

the year 1959 resulted in recomme	ndati	ions bei	ng submit	ted as fo	llows:
			Boys	Girls	Total
Blind-Residential School for Blin	ıd		_	_	-
Partially Sighted-Special School			_	_	_
Deaf-Special School			_	_	_
Partially Deaf-Special School			1	_	1
Delicate-Firs Open Air School			26	20	46
"The Hollies"			8	8	16
Physically Handicapped:					
Remain in Day Special			_	1	1
Occupation Centre			_	1	1
Residential Open Air			1	_	1
Educationally Subnormal: Transfer from Special to	Ord	inary			
School			1	1	2
Ordinary School with Special E			15	6	21
Special School (Day)			30	14	44
Special School (Boarding)			_	2	2
Ineducable—Mental Deficien		Act		-	_
Report, Section 57 (3)			4	1	5
Excluded Special School			2	4	6
Remedial Education Centre			6	2	8
Firs Open Air School			1	_	1
Remain in Special School			3	2	5
Maladjusted:					
Ordinary School with Special E	duca	ation	2	_	2
Child Guidance Clinic			1	_	1
Residential School			_	_	_
Firs Open Air School			_		_
Remedial Education Centre			-	-	_
Speech Defect:					
Speech Centre			-	-	_

II. At the end of the year under review the Education Authority was supporting handicapped children at the following Institutions and Schools:

(a) Provided by other Authorities and Voluntary Agencies

Blind and	Partiall	v Sighted		Maintaining Authority	Boys	Girls	Total
Priestley	Smith	School,	Perry	City of Birmingham	3	1	4

Royal School for Deaf, Edgbaston, Birmingham, 15 Voluntary — 1 Braidwood School for the Deaf, City of Perry Common Rd., B'ham, 23 Birmingham — 6 St. John's Institution for the Deaf, Voluntary Boston Spa, Yorkshire (R.C.) — 1 Educationally Subnormal:— Littleton House School, Girton, Royal Eastern Cambridge Counties 1 — St. Francis Residential School, City of Kings Heath, Birmingham, 14 Birmingham 1 — Besford Court, Worcester Voluntary (R.C.) 2 — Pitt House School, Torquay Independent 1 — St. John's School, Kemp Town Brighton Voluntary 1 —	1 6 1 1
Birmingham, 15 Voluntary — 1 Braidwood School for the Deaf, City of Perry Common Rd., B'ham, 23 Birmingham — 6 St. John's Institution for the Deaf, Voluntary Boston Spa, Yorkshire (R.C.) — 1 Educationally Subnormal:— Littleton House School, Girton, Royal Eastern Cambridge Counties 1 — St. Francis Residential School, City of Kings Heath, Birmingham, 14 Birmingham 1 — Besford Court, Worcester Voluntary (R.C.) 2 — Pitt House School, Torquay Independent 1 — St. John's School, Kemp Town	1 6 1 1
Braidwood School for the Deaf, City of Perry Common Rd., B'ham, 23 Birmingham — 6 St. John's Institution for the Deaf, Voluntary Boston Spa, Yorkshire (R.C.) — 1 Educationally Subnormal:— Littleton House School, Girton, Royal Eastern Cambridge Counties 1 — St. Francis Residential School, City of Kings Heath, Birmingham, 14 Birmingham 1 — Besford Court, Worcester Voluntary (R.C.) 2 — Pitt House School, Torquay Independent 1 — St. John's School, Kemp Town	1 6 1 1
Perry Common Rd., B'ham, 23 Birmingham — 6 St. John's Institution for the Deaf, Voluntary Boston Spa, Yorkshire (R.C.) — 1 Educationally Subnormal:— Littleton House School, Girton, Royal Eastern Cambridge Counties 1 — St. Francis Residential School, City of Kings Heath, Birmingham, 14 Birmingham 1 — Besford Court, Worcester Voluntary (R.C.) 2 — Pitt House School, Torquay Independent 1 — St. John's School, Kemp Town	6 1 1
St. John's Institution for the Deaf, Voluntary Boston Spa, Yorkshire (R.C.) — 1 Educationally Subnormal:— Littleton House School, Girton, Royal Eastern Cambridge Counties 1 — St. Francis Residential School, City of Kings Heath, Birmingham, 14 Birmingham 1 — Besford Court, Worcester Voluntary (R.C.) 2 — Pitt House School, Torquay Independent 1 — St. John's School, Kemp Town	1 1
Boston Spa, Yorkshire (R.C.) — 1 Educationally Subnormal:— Littleton House School, Girton, Royal Eastern Cambridge Counties 1 — St. Francis Residential School, City of Kings Heath, Birmingham, 14 Birmingham 1 — Besford Court, Worcester Voluntary (R.C.) 2 — Pitt House School, Torquay Independent 1 — St. John's School, Kemp Town	1 1
Educationally Subnormal:— Littleton House School, Girton, Royal Eastern Cambridge Counties 1 — St. Francis Residential School, City of Kings Heath, Birmingham, 14 Birmingham 1 — Besford Court, Worcester Voluntary (R.C.) 2 — Pitt House School, Torquay Independent 1 — St. John's School, Kemp Town	1 1
Littleton House School, Girton, Royal Eastern Cambridge Counties 1 — St. Francis Residential School, City of Kings Heath, Birmingham, 14 Birmingham 1 — Besford Court, Worcester Voluntary (R.C.) 2 — Pitt House School, Torquay Independent 1 — St. John's School, Kemp Town	1
Littleton House School, Girton, Royal Eastern Cambridge Counties 1 — St. Francis Residential School, City of Kings Heath, Birmingham, 14 Birmingham 1 — Besford Court, Worcester Voluntary (R.C.) 2 — Pitt House School, Torquay Independent 1 — St. John's School, Kemp Town	1
Cambridge Counties 1 — St. Francis Residential School, City of Kings Heath, Birmingham, 14 Birmingham 1 — Besford Court, Worcester Voluntary (R.C.) 2 — Pitt House School, Torquay Independent 1 — St. John's School, Kemp Town	1
Kings Heath, Birmingham, 14 Birmingham 1 — Besford Court, Worcester Voluntary (R.C.) 2 — Pitt House School, Torquay Independent 1 — St. John's School, Kemp Town	1
Besford Court, Worcester Voluntary (R.C.) 2 — Pitt House School, Torquay Independent 1 — St. John's School, Kemp Town	1
Pitt House School, Torquay Independent 1 — St. John's School, Kemp Town	
Pitt House School, Torquay Independent 1 — St. John's School, Kemp Town	
St. John's School, Kemp Town	2
	1
Brighton Voluntary I —	
	1
Rhydd Court, Hanley Castle, Wor- County of cestershire Worcester 1 —	1
	1
High Close School, Wokingham, Berkshire Voluntary — 1	1
Bridge House School, Harewood, West Riding County	
Leeds Council 1 —	1
Maladjusted: —	
Bodenham Manor School, Here-	
ford Voluntary 1 —	1
St. Francis School, Hooke, Dorset Voluntary 1 —	1
Physically Handicapped:—	
Exhall Grange School, Exhall, County of	
Coventry Warwick 1 —	1
Wilson Stuart School, Perry Com- City of	
mon Road, Birmingham, 23 Birmingham 1 —	1
Others:	
Carlson House School for Spastics,	
Harborne, Birmingham Voluntary 1 1	2
Lingfield Hospital School, Ling-	
field, Surrey Voluntary — 1	1
Colthurst House School, Warford,	
Alderley Edge, Cheshire Voluntary 1 —	1
Meath School for Physically Han-	
dicapped, Ottershaw, Surrey Voluntary 1 —	1
Baskerville School for Physically City of	1
Handicapped, Birmingham Birmingham — 1	

(b) Provided by the Smethwick Local Education Authority Corbett Street Special School

Boys	Girls	Total
62	35	97
23	13	36
1	_	1
16	7	23
70	41	111
2	2	4
4	3	7
3	2	5
2	_	2
4	_	4
1	_	1
	62 23 1 16	62 35 23 13 1 — 16 7

THE FIRS OPEN AIR SCHOOL.

The Firs Open Air School has accommodation for 100 children. There were 86 children on the register on 31st December, 1959.

RESIDENTIAL HOMES.

The Hollies, a residential home which was originally opened for the care of rheumatic and malnourished children, but which has recently been used more especially as a convalescent home for children, admitted a total of 16 children of school age during the year. This number were maintained for a total of 1,895 days.

COSTS.

The approximate cost of the School Health Service during the year 1958/59 was £21,142.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

The Bye-laws 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 229—206 for boys and 23 for girls. One certificate was refused on medical grounds.

Nature of proposed employment: -

				Boys	Girls
Deliverin	g News	papers	 	 150	 12
Errands			 	 29	 -
Counter	Assista	nts	 	 8	 7
Others			 	 19	 4
				206	 23

PART FOUR

MEDICAL INSPECTION OF PUPILS ATTENDING MAIN-TAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

A.—PERIODIC MEDICAL INSPECTIONS

		Physic	al Condition	of Pupils I	nspected	
Age Groups Inspected	No. of pupils	SATISF	ACTORY	UNSATISFACTORY		
(By years of Birth)	Inspected	No.	% of Col. 2	No.	% of Col. 2	
(1)	(2)	(3)	(4)	(5)	(6)	
1955 and later	171	171	100	_	_	
1954	361	352	97.5	9	2.5	
1953	164	159	97	5	3	
1952	25	25	100	-	-	
1951	54	53	98.1	1	1.9	
1950	45	43	95.5	2	4.5	
1949	478	473	98.9	5	1.1	
1948	74	68	91.9	6	8.1	
1947	23	22	95.6	1	4.4	
1946	58	56	96.5	2	3.5	
1945	183	182	99.4	1	0.6	
1944 and earlier	1548	1539	99.4	9	0.6	
TOTAL	3184	3143	98.7	41	1.3	

B.—Pupils Found to Require Treatment at Periodic Medical Inspections.

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of Birth)	For defective vision (excluding squint)	For any of the other conditions recorded on page	Total individual pupils
(1)	(2)	(3)	(4)
1955 and later	2	9	8
1954	7	26	29
1953	15	14	25
1952	1	1	1
1951	4	3	7
1950	1	1	2
1949	30	30	58
1948	1	7	9
1947	3	_	3
1946	4	3	7
1945	14	9	22
1944 and earlier	109	57	153
Total	191	160	324

C.—OTHER INSPECTIONS.

Number of	Special Inspection	18	 	 		 2.804
Number of	re-inspections		 	 		 4,092
					Fotal	 6,896

D.—INFESTATION WITH VERMIN.

	D.—INFESTATION WITH VERMIN,	
(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	22.509
(b)	Total number of individual pupils found to be infested	587
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act. 1944)	_
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act. 1944)	_

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

A.—PERIODIC INSPECTIONS.

Defe			1	PERIO	DIC II	NSPEC	TION	S		
No			RANTS	LEAV	ERS	OTH	ERS	TO		
(1)	(2)	(T) (3)		(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)	*
4	Skin	–	32	17	104	10	57	27	193	
5	Eyes—a. Vision .	9	61	121	146	60	89	190	296	
	1 6	6	29	_	42	4	26	10	97	
	c. Other .	2	4	4	18	2	13	8	35	
6	Ears—a. Hearing .		14	2	21	1	22	3	57	
	b. Otitis Med	ia 6	17	11	58	2	43	19	118	
	c. Other .	1	10	5	13	5	11	11	34	
7	Nose and Throat .	9	89	8	69	10	138	27	296	
8	Speech	1	2	_	4	4	15	5	21	
9	Lymphatic Glands .	–	133	_	34	_	134	_	301	
10	Heart	–	9	1	27	_	14	1	50	
11	Lungs	1	17	1	11	2	29	4	57	
12	Developmental-									
		4	- 11	2	2	6	5	12	18	
	b. Other		31	5	17	_	40	5	88	
13	Orthopaedic—									
	a. Posture		4	4	97	1	35	5	136	
	b. Feet	—	20	5	45	3	59	8	124	
	c. Other	1	18	3	272	_	67	4	357	
14	Nervous System—									
	a. Epilepsy		- 6	-	6	-	8	_	20	
	b. Other		- 9	-	16	-	28	-	53	
15	Psychological—									
	a. Developme	nt —	- 18	-	11	-	41	-	70	1
	b. Stability		- 27	_	9		27	_	63	
16	Abdomen		- 10	-	3	2	5	2	18	,
17	Other	3	3 19	2	21	4	41	9	81	

^{‡ (}O)=observation

(T)=treatment.

B.—Special Inspections.

Def		isease		SPECIAL INSPECTIONS				
Co No (1)				Pupils requiring Treatment (3)	Pupils requiring Observation (4)			
_		_			3.7%			
4	Skin	***	 	124	15			
5	Eyes—a. Vision		 	49	15			
	b. Squint		 	15	3			
	c. Other		 	25	3			
6	Ears—a. Hearing		 	15	3			
	b. Otitis Med	lia	 	17	4			
	c. Other		 	21	5			
7	Nose and Throat		 	4	17			
8	Speech		 	-	_			
9	Lymphatic Glands		 	1	3			
0	Heart		 	-	_			
11	Lungs		 	1	2			
12	Developmental-							
	a. Hernia		 	_	_			
	b. Other		 ,	3	11			
13	Orthopaedic—							
	a. Posture		 	_	-			
	b. Feet		 	2	-			
	c. Other		 	17	12			
14	Nervous System—							
	a. Epilepsy		 	_	_			
	b. Other		 	1	1			
15	Psychological—							
	a. Developme	nt	 	_	2			
	b. Stability		 	10	.7			
16	Abdomen		 		2			
17	Other		 	224	115			

ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUD-ING NURSERY AND SPECIAL SCHOOLS)

A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	200
Errors of refraction (including squint)	1.011
Total	1,211
Number of pupils for whom spectacles were prescribed	630

B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	1
(b) for adenoids and chronic tonsillitis	21
(c) for other nose and throat conditions	2
Received other forms of treatment	61
Total	85
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1959	1
(b) in previous years	9

C.—ORTHOPAEDIC AND POSTURAL DEFECTS

		Number of cases known to have been treated
(a) Pupils treated at patients department	clinics or out-	178
(b) Pupils treated at s defects	chool for postural	58
	Total	236

D.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table D of Part I)

_
_
3
16
263
282

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	 3

F.—Speech Therapy

	Number of cases known to have been treated		
Pupils treated by Speech Therapists	 Nil		

G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
a) Pupils with minor ailments	944
b) Pupils who received convalescent treat- ment under School Health Service arrange- ments	14
c) Pupils who received B.C.G. vaccination	626
d) Other than (a), (b) and (c) above Please specify	
Ultra Violet Ray	41
Total	1,625

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1)	Number of pupi	ls inspect	ted by	the A	uthorit	y's D	ental Of	ficers :-	-	
	(a) At Periodic		ions	* *			3,545			
	(b) At Specials						1.314	Total	(1)	4.85
(2)	Number found	to requir	e trea	tment						3.96
(3)	Number offered									3,85
(4)	Number actuall	y treated								2,17
(5)	Number of atte	ndances	made	by pup	ils for	treat	ment.			
	including those									7,78
(6)	Half days devo	ted to:								
	(a) Periodic (S	chool) In	nspect	ion			17			
	(b) Treatment		**				926	Total	(6)	94
(7)	Fillings:									
	(a) Permanent	Teeth					5.230			
	(b) Temporary	Teeth	1.				345	Total	(7)	5.57
								Total	(7)	0.01
(8)	Number of Tec		:				4016			
	(a) Permanent						4,016			
	(b) Temporary	Teeth	77				307	Total	(8)	4,3
(9)	Extractions:									
	(a) Permanent	Teeth					921			
	(b) Temporary	Teeth					1.910			
								Total	(9)	2,83
(0)	Administration	of gener	ral an	aesthet	ics fo	r ext	raction			1,1
(1)	Orthodontics:									
	(a) Cases com	menced o	during	the y	ear					
	(b) Cases carr			- 0.0						
	(c) Cases comp			200						
	(d) Cases disco					**	**			
	(e) Pupils trea							1.1		
	(f) Removable			ted					* *	
	(g) Fixed appl									
	(b) Total atter	idances					2.2			10
2)	Number of pur	pils supp	lied w	vith ar	tificial	teeth		10.7		-
3.00	Other operation	ns:								
13)	(a) Permanent	Teeth					3,410			
13)	(88)									
13)	(b) Temporary	Teeth					152			

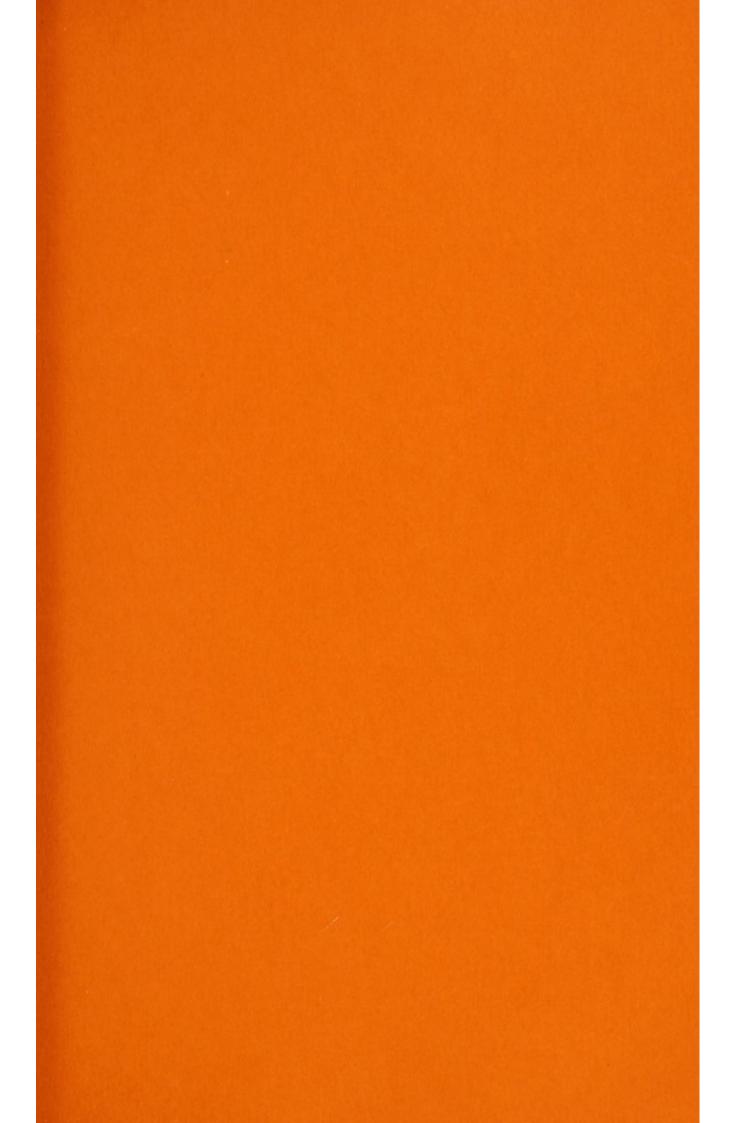
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H. PARKES LIMITED PROFITED PRO