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County Borough of Smethwick

SCHOOL HEALTH

1961

The Annual Report of the
Principal School Medical Officer

COUNTY BOROUGH OF SMETHWICK
EDUCATION COMMITTEE

SCHOOL HEALTH
1961

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

THE
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1961/1962

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Councillor E. Rogers, J.P.
,, Mrs. E. Seager, J.P.
,, Mrs. F. L. Wheatley

Co-opted Members:

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Members nominated by Birmingham University:

Dr. A. H. Halsey

Members selected by the Council from persons recommended by Teachers:

Mr. W. E. Allbut — Mr. T. Greaves, B.A. — Mr. G. H. Williams, A.C.I.S.

Member nominated by the Smethwick Trades Council:

Mr. A. E. Davies

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Mr. W. E. Allbut
Mrs. G. R. Brittan

Chief Education Officer:

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:
V. A. LLOYD, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

School Medical Officers:
CONSTANCE MYATT, M.B., Ch.B., D.P.H., D.I.H.
CHRISTINA J. McLEAY, M.B., Ch.B.

School Oculist:
H. W. ARCHER-HALL, D.O. (Oxon.)
School Dental Service 31.12.61.

Principal School Dental Officer:
T. LUCAS, L.D.S., R.C.S. (Eng.)

School Dental Officers:
MISS M. E. JONES, B.D.S. MISS E. PETERS, L.D.S., R.C.S. (from 1.11.61)

Part Time School Dental Officers:
MR. H. P. A. JONES, L.D.S.
DR. L. B. LEWIS, B.Sc., B.D.S., M.B.Ch.B., M.R.C.S., L.R.C.P.
MISS M. C. ROE, L.D.S.
MR. R. WEBLEY, L.D.S.

Dental Surgery Assistants:
MISS S. CARPENTER (from 17.7.61)
MRS. S. G. HANCOX
MRS. L. M. TUSTIN

Part-time Dental Surgery Assistant:
MRS. E. BYRD (from 14.3.61)

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

School Nurses and Health Visitors:
MISS M. ADAMS, S.R.N., S.C.M., H.V.Cert.
MISS M. M. BAGNALL, S.R.N., S.C.M., H.V.Cert. (from 5.10.61)
MISS J. E. BARLOW, S.R.N., S.C.M., H.V.Cert.
MISS K. E. BIGGS, S.R.N., S.C.M., H.V.Cert.
MRS. I. COWELL, S.R.N., S.C.M., H.V.Cert.
MRS. D. H. DANIELS, R.F.N., S.R.N., S.C.M., H.V.Cert. (Part-time)
MRS. D. GRAINGER, S.R.N., S.C.M., H.V.Cert.
MRS. H. M. HOY, S.R.N., S.C.M., H.V.Cert.
MISS D. HUNT, S.R.N., S.C.M., H.V.Cert.
MISS M. E. TENCH, S.R.N., S.C.M., H.V.Cert.
MISS E. M. WILLIAMS, S.R.N., S.C.M., H.V.Cert.
MISS B. KAY, S.R.N. (to 15.12.61)
MRS. G. M. LITTLER, S.R.N. (part-time)
MRS. E. M. GIBBS, R.S.C.N.
MRS. H. M. WARNER, S.E.A.N.
MISS M. M. BAGNALL, S.R.N., S.C.M. (Student H.V. to 4.10.61)
MISS F. ZIERLER (Student H.V. from 2.10.61)

Clerical Staff:
MISS D. C. TIPPING (Clerk in Charge)
MRS. P. A. MYERS (to 12.8.61)
MRS. C. M. WALKER
MR. J. SEWARD (from 23.8.61)

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 at the Public Health Department for the work which they carry out for the School Health Service.

SCHOOL HEALTH 1961

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

CONTENTS

SCHOOL HEALTH 1961

PART ONE

MADAM CHAIRMAN, MR. MAYOR, LADIES AND GENTLEMEN,

I have pleasure in presenting my Seventh Annual Report as Principal School Medical Officer; the arrangement of the contents is the same as for last year.

The purpose of an annual report is to make known the activities of a service between January 1st and December 31st of a single year and in the ordinary way anything that happens in the following month or two is excluded. It is sometimes galling for the writer of the report to be short of material when there is hot news which has come too late for his strict chronological limits of reference. There is a temptation to appear prophetic in the circumstances by indulging in what might be described as a little far-seeing hindsight. In exceptional circumstances, however, it may be permissible to write about a matter of importance which did not occur till January or February of the New Year especially when the impact of the news would be lost if the item were filed away for twelve months to be dealt with the following year. In this 1961 report, as in its predecessors, I could not fail to comment on the topic of smoking and the school child and in so doing it would be absurd not to mention the Report of the Royal College of Physicians on "Smoking and Health" which was published early in 1962.

This report, perhaps rather contrary to expectations has become a best seller and has had a considerable impact on public opinion; there has even been a substantial and more than transient fall in cigarette sales. "Smoking and Health" does not present new evidence on the now generally accepted relationship between lung cancer and cigarette smoking; it rather brings together the previously published scientific work on the subject in a readable and graphic form. Its importance is twofold as it represents the concensus of opinion of practising consultant physicians and secondly because at last the powers-that-be appear to have accepted the fact that there is a causal link between heavy cigarette smoking and lung cancer and that they have at least some responsibility to do something about it. It should be said also that the Report lays some stress on the relationship between smoking and chronic bronchitis (widely known abroad as the English disease) and also coronary heart disease.

Most people now realise that heavy cigarette smoking is harmful and may lead to premature death from lung cancer but few comprehend the magnitude of the danger compared with other more widely publicised hazards. Is it known that while there are

15 deaths a day from road accidents there are 54 a day from lung cancer? Is it known that while the incidence of other forms of cancer (with the exception of leukaemia) has remained about stationary during the last ten years or so—and in some cases has declined, the incidence of lung cancer has continued to rise steeply until it is now the commonest form of cancer? Is it known that while the non-smoker has a 1 in 300 chance of dying from lung cancer, the heavy smoker stands a 1 in 8 risk of dying from the disease? Finally it cannot be concealed that the treatment of lung cancer, in spite of great advances in surgical and radio-therapeutic techniques since the war, remains, to say the least, most unsatisfactory, while the results of treatment of other cancers have shown distinct improvement particularly in early cases. This lack of progress results from the early symptoms of the disease being often confused with those of bronchitis—which indeed may be present as well, not infrequently due to the same cause—cigarette smoking.

I am not optimistic about the permanent conversion of substantial numbers of adult heavy smokers to non-smoking habits, short of taxing the cigarette out of existence which could hardly be done. As I have said elsewhere, Local Health Authorities with their limited health educational resources cannot compete with the advertising budgets of the tobacco firms who laid out £38 million in 1956-60 while Local Health Authorities spent only about £5,000 on anti-smoking posters and leaflets during the same period. However the long term danger to health and life remains and increases for our young people and something must be done about it; in fact the keynote of my comments which follow is the word "MUST."

A first step to take is to enforce existing legislation which prohibits the sale of cigarettes to those under 16 years of age; the removal of all slot machines from public places is an essential pre-requisite. Smoking in public places including transport, more widely tolerated here than in most other countries, must be reduced to a point where it no longer constitutes socially acceptable behaviour. At the present time many do not like to see a woman smoking in public. Why should this not come to apply to men as well?

If growing children see all the adults they like and admire smoking at every opportunity, then in most cases they will smoke too, when they get a chance. In my view a place must be found in the school curriculum on the dangers of smoking. After all it is not much use providing a comprehensive and otherwise admirable education for our school children if it does not prepare them for the hazards as well as for the opportunities of the adult world. If this contention is accepted then some preparation for training college students will be necessary as well as for established teachers. Students and teachers would thus be made aware of the facts and would find it easier to draw proper and unbiased con-

clusions—for it is well known that smoking clouds more than the atmosphere. With this additional information at their disposal it should be possible for the teachers to guide a proportion at least of their pupils in their earlier and more impressionable years away from smoking.

Schools cannot be expected to do much more than this, but parents can. I should like to finish with this sombre subject by appealing most earnestly to parents to do everything in their power to prevent or delay their children from starting to smoke. It is vitally important for our children's health in later life that a special effort of this kind should be made now. The most effective way to carry out such an important but delicate task must vary from family to family. The absolute prohibition as might have been expected from the Victorian *pater familias* provokes the opposite reaction in a proportion of children even where little inclination to smoke exists. At the other end of the scale one repeatedly hears of parents who appear to encourage their children to smoke, in the mistaken belief perhaps that their offspring should not be repressed in any way. Probably the best is the middle course—to appear not to consider the possibility of one's children smoking—on the principle that those who expect trouble often get it. This attitude becomes enormously more effective if the parents themselves do not smoke, as there is little doubt that children brought up in non-smoking households are less likely to smoke early or at all.

To those parents whom this message reaches I would say " Please make this effort for in doing so you may have your children's life in your hands."

A SCHOOL CENTENARY

An event of the educational year was the centenary of the St. Matthew's Church of England Schools commemorated by an exhibition illustrating some of the changes which have taken place between 1861 and 1961. A very interesting souvenir booklet was produced and I was fascinated to read the extracts therein from the headteachers' log books covering every decade of the century. Many of the headteachers' notes are most illuminating cross references on the state of the school health at various periods. In 1864 for example it was recorded on the 24th August " Some of children away with smallpox "—here is a public health problem not entirely overcome ! In 1875 there was reference to five children dying of scarlet fever, while in 1888 it was noted that one little girl died from typhus fever. On more than one occasion the Medical Officer of Health of the day closed the school because of measles and in 1918-19 influenza caused all schools in the borough to be closed for three separate periods.

A headteacher's log such as this is a most valuable contemporary record and even after a casual perusal no one can doubt

the great social and medical improvements which have occurred in the health of the school child.

SCHOOL HEALTH AND DISEASE

While I try to keep statistical matter to a minimum when introducing a report, figures must be used in making necessary comparisons between the day-to-day activities of the school health service in 1961 and in previous years. In the examples quoted the figures in brackets relate to 1960.

There was a reduction in the number of pupils examined—2,570 (3,076), this substantial drop was due to several causes, including the falling school population, the fact that a retiming of the third school examination to the pupil's fifteenth year in all cases had doubled the number of these examinations made in the first year of operation (1960), while in 1961 a heavy programme of poliomyelitis vaccination involving well over 4,000 injections affected the number of medical examinations carried out. The proportion of children who were found on examination to be unclean showed a further diminution from 2.4% to 2.1%. More children were vaccinated against tuberculosis and 7.4% of these 13 year olds were found to be mantoux positive (8%) when given their preliminary skin test, though none of these children were found to be suffering from active tuberculosis after x-ray examination. Of all other children who had to attend the Chest Clinic four were diagnosed as suffering from pulmonary tuberculosis (five last year) and nine children (19) were kept under observation. The notifications of acute infectious disease relating to school children do not show any unusual pattern. There were 543 notifications of measles, about the expected figure for a measles year. Only nine cases of whooping cough were reported, this was the lowest number for many years. One case of paralytic poliomyelitis was confirmed.

A larger number of children were seen by the eye specialist but a smaller proportion of eye defects were found—10.9% (14.8%). Fewer pupils were treated for orthopaedic and postural conditions. Treatment of speech defects came to a standstill at the end of July when our part-time speech therapist left, prior to going abroad. Unfortunately the vacancy created still has not been filled at the time of writing.

The Principal School Dental Officer's report makes very satisfactory reading; it is clear that an enhanced standard of care of our children's teeth is being provided and it is gratifying to note the very substantial increase in the acceptance rate for treatment.

In part two of this report Dr. Lloyd, in addition to providing a note on the Ministry of Education Circular on Special Educational Treatment for Educationally Subnormal Pupils, has contributed an interesting article on the delicate child and the Open Air School. The history of the Open Air School movement is traced over nearly sixty years from the early " fresh air at all costs " days to the present time when the accent is on individual care of the child in a regime which is as nearly as possible that of an ordinary school.

In past years frequent reference has been made to the selective examination of children in the intermediate age groups. Over a number of years slightly varying techniques of selective as opposed to routine periodic examinations have been tried out on a small scale. After considering a report on the subject the Education Committee resolved that this method of examining children should be extended to cover all junior schools as soon as the opportunity occurred. It is expected that selective examinations will have been introduced into all junior schools before the end of 1962. One of the aims which should be accomplished by this change will be to bring the school medical officer into closer contact with the school children and teaching staff as a visit will be made to each junior school every term. In this way more detailed attention will be paid to the children who need it most. This should more than compensate for the possible objection to the introduction of any form of selection, namely that those not selected will not be examined in the junior school by the medical officer.

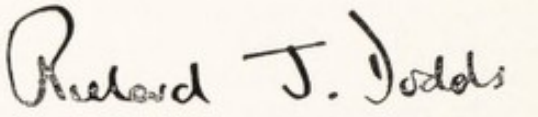
There were few staff changes during the year. The very welcome arrival of two full time Dental Officers in the same year must be a unique event in the history of the school dental service in Smethwick or indeed in any other local education authority of anything like comparable size. I join Mr. Lucas in expressing pleasure to have Miss M. E. Jones and Miss E. Peters working with us. We were sorry to lose the services of Miss B. Kay after several years as a School Nurse during which she specialised in audiometry. In the School Health Office Mrs. P. A. Myers left while Mr. J. Seward joined the section in August.

IN CONCLUSION

Once more I should like to express my thanks to you Madam Chairman, to the Chairman of the School Attendance and Hygiene Sub Committee and to all its members and officers for the sympathetic and very pleasant way all matters relating to the School Health Service have been handled during the year. The Chief Education Officer and his staff have been very helpful on all occasions and I would like to thank especially Dr. Lloyd for the excellent work he is continuing to do in dealing with day-to-day matters relating to the School Health Service and the care of Handicapped Pupils. My thanks are also due to Miss Tipping and the staff of the School Health Section for the good work done during the year.

I have the honour to be,

Your obedient servant,



Principal School Medical Officer.

PART TWO

THE DELICATE CHILD AND THE FIRS OPEN AIR SCHOOL

The Open Air School Movement began in Germany in 1904 when the first school was opened at Chartlottenberg for children who were "physically debilitated." The benefit of fresh air has never been seriously disputed but in the first schools—and the beginning of the movement in this country was initiated by the London County Council in 1907—the fresh air was often very cold air. The early spartan and often primitive conditions have been modified by a more enlightened approach so that now there is no longer a blind belief in the virtue of being out-of-doors in all weathers.

Following the opening ceremony at the Firs Open Air School on 1st May, 1929, it was noted in the School Log Book that "out of the first five school days three were very wet, windy and cold making the starting of the new open air treatment difficult." Since those days conditions have become less rigorous, classrooms and restrooms are no longer permanently open on one or more sides and some form of heating is provided. At the beginning of its life as a school there were 96 children on the roll, all described as delicate or physically defective children. The numbers have fluctuated over the years reaching 137 in 1952 until now the full complement is 75 children and there is a small waiting list.

The term "Open Air" is clearly a misnomer, now that ordinary schools are such bright and airy structures, so that perhaps the school should more properly be described as a Special School for Delicate Children. Admission to the school means the beginning of a new school life, geared more to the particular needs of each individual child. Requests for admission come from various sources including Hospital Authorities, Chest Physicians, School Medical Officers, General Practitioners and frequently parents themselves.

With the improvement in the health of the school child which has been noted since the early days of the School Health Service, there has been a change in the type of child admitted. Whereas in the early years, there was a predominance of children with debility, physical abnormalities (as a result of such diseases as rickets, tuberculosis of bones, osteomyelitis) or gross malnutrition. There has been a tendency, more recently, for psychological and respiratory tract conditions to be the most common reasons for referral to Open Air School treatment.

Children ascertained as "delicate" often do not fit into one of the other categories of children requiring Special Educational Treatment, as defined in the School Health Service and Handicapped Pupils Regulations. The majority are not handicapped in the sense in which that term is generally used. Many are in need

only temporarily of the modified school environment provided at the Open Air School. On the other hand there do actually exist children who are permanently substandard, constitutionally, for reasons which are not easy to define, but which must be largely genetically determined. Some children are admitted because they "get everything that's going" as far as illnesses are concerned and clearly have a low resistance to infection, coupled with poor recuperative powers, so that a succession of illnesses occur followed frequently by prolonged periods of convalescence. Many children at the School can most accurately be described as mildly maladjusted. This is the type of child who, though physically well, is nonetheless unable to cope with normal school life, frequently on account of some emotional condition which shows itself in mild anxiety symptoms, nocturnal enuresis, nervous tics or behaviour disorders. Some physically handicapped children are found there whose disability is not severe enough to require that they should be admitted to a residential special school . The regime at "The Firs" is eminently suitable for the "allergic child," who has asthma or eczema and those who are so unfortunate as to suffer from both these diseases. Many pupils may loosely be described as catarrhal and suffer from recurrent or chronic upper respiratory tract infections which may be accompanied by bronchitis. This category may include many who are also considered to be suffering from general debility. A place still has to be found, unfortunately, for the child who is neglected and undernourished, from a poor home in both the material and cultural sense, and whose parents are feckless and undemonstrative in their affection for their offspring. The worst of these cases, who may be actively rejected by their parents, need of course boarding school places because home may be such a detrimental influence upon their developing personalities as to induce signs of severe maladjustment.

At the time of writing, the children at the school can be classified into the following groups from the medical point of view:—

Debility	19	
Asthma	11	(5 with eczema)
Bronchial Conditions	8	
Post-Respiratory Tuberculosis ...	2	
Respiratory infections associated with enlarged tonsils ...	7	
Psychological States	11	
Osteomyelitis	2	
Epilepsy	2	
Spastics	2	
Congenital Heart Disease ...	2	
Psoriasis	1	
Perthe's Disease (with eczema) ...	1	
Children from "The Hollies" ...	7	

Every child is examined at least once every term, and this is accomplished by a fortnightly visit by the medical officer

attached to the school. This year a height and weight chart has been introduced which is the one in use at the Children's Hospital, Birmingham. It indicates at a glance whether the child is making satisfactory progress with adequate increase in height and weight commensurate with his general body configuration, and increase in chronological age.

The year saw the retirement of the Headteacher, Miss J. Bennett, and her Deputy, Miss M. A. Dickens, both of whom had served the school with devotion for many years, the former since 1934 and the latter since 1933. Such a long association with the school meant that these teachers achieved an intimate knowledge of both the children in their care and also their parents, many of whom had been pupils at the school during their own childhood. Such close association with whole families in this way, made them extremely helpful when the medical officer visited the school to examine the children and discuss their welfare and treatment. Sincere good wishes are extended to them both, for a long and happy retirement.

It was a pleasure to welcome Mrs. D. Davis as Miss Bennett's successor at the beginning of the Winter term. The school will clearly continue to serve the Borough under her able guidance, as she is keenly interested in the work of education and welfare for the Delicate Child.

In recent years there has been a tendency to modify the rest period in schools of this sort. It is difficult to accept that all children who attend an Open Air School, irrespective of age, temperament, physical state and home conditions, can require a uniform amount of rest. Many at this school, still do not have sufficient rest at home in the evening. Television viewing or some other pursuit to a late hour, means that insufficient time is spent in bed, free from external stimuli and physical activity. The rest period has now therefore become a time for relaxation, when the pupils can indulge in some quiet activity, listen to a story or—as some frequently do—fall asleep. A general elasticity in the organisation of the rest period induces a more contented and co-operative school. Boredom and restlessness are no longer evident in those children who do not require to go to sleep during this time.

Though the demand for Open Air School accommodation is not as great as it was in the early 1930's and indeed up to the early 1950's "The Firs" is still fulfilling a most important function. There are still children who, for health reasons, either physical or mental, need to be shielded from the educational strain and pressure that they would feel in a normal school. The great merit of the school is its small size. Every child is known to all the staff and can be given individual care which it is impossible to bestow in a large school, however well intentioned may be the efforts of the staff.

V. A. Lloyd.

SPECIAL EDUCATIONAL TREATMENT FOR EDUCATIONALLY SUBNORMAL PUPILS

During the year a circular received from the Ministry of Education on the above subject, indicated that the Minister welcomed the evidence that Local Education Authorities are carrying out their duty to ascertain which children require special educational treatment more widely, without recourse to the formal procedure set out in S.34 of the Education Act 1944. It is not always realised that in those cases where a parent is agreeable to transfer of a child to a Special School, it is not necessary to have a formal decision of the authority before arranging admission. Naturally, any offer of a place in a Special School will be notified to the authority as a matter of report. It is essential to ensure, however, that the parent knows that the minimum leaving age from a special school is sixteen. Not infreqently, parents of children at Highfield School are anxious to withdraw them from the school when they attain the normal statutory leaving age of 15.

In assessing the suitability for discharge of a child from a Special School or a special class, at whatever age, the same care and consideration must be given to this decision as was given when the child entered the school. Only by discussion and exchange of information on each individual case between headteacher, medical officer and parent, can the appropriate action be taken which is most beneficial to the child . The liaison between the school health service and Highfield School is of the highest order so that each child's future—whether it be re-admission to normal school or a decision to allow a pupil to leave before reaching the age of 16 years—is taken with the fullest consideration and respect for the views of all parties concerned.

More places are needed in Special Schools in order to make it possible to select children for them at an earlier age. Under present conditions where most Special Schools have waiting lists of pupils for admission, it is necessary to establish an arbitrary minimum age of selection. This means that older children must be given priority over the younger ones whose need may clearly be just as great, though Special Educational Treatment in the early years of school life may enable the child to take his place in an ordinary secondary school later.

A special need which has been felt in some areas is for hostels for pupils who have left boarding special schools and have no satisfactory home to which to return, or who have started work away from home. The advantages which an Education Committee has sought by sending pupils to such schools may be negatived to a large extent by return to an unsuitable home environment, which was one of the main reasons for recommending the child for boarding school education at the time of ascertainment. The provision of such hostels is not the responsibility of an Education Authority but Local Health Authorities have power to provide such hostels and to contribute towards the cost of their provision by other bodies, as part of their mental health services.

PART THREE

ANNUAL REPORT OF PRINCIPAL SCHOOL DENTAL OFFICER, 1961

It is my pleasure to present my second report as your Principal Dental Officer.

1961 has been a very encouraging year in the Smethwick School Dental Service. Miss M. E. Jones, B.D.S., joined us in January and Miss E. Peters, L.D.S., in November, both on full-time appointments. With our regular part-time staff, this brought our establishment of dental officers to four, slightly more than the minimum recommended by the Ministry of Education. We became one of the very few fully-established dental services in the country. I must also congratulate Dr. L. B. Lewis, B.Sc., B.D.S., M.B., Ch.B., M.R.C.S., L.R.C.P., one of our part-time dental officers, on obtaining his medical qualification.

What this means in terms of the service we have to offer, can be seen in the summary of treatment given elsewhere. We are now treating our own orthodontic cases instead of referring them to hospital where there is very often a twelve-month waiting list. The dentistry here is very comprehensive and is not over-shadowed by a long queue of "toothaches" in the waiting room which is the unhappy lot of dental officers in many areas. The number of children reporting as specials (emergency cases, nearly always with toothache) fell in 1961 by nearly 50%. This can only be the result of the large amount of conservation work (fillings, etc.) that is being done (35% more than last year) and because we are inspecting the schools more often. A school child, however, needs a dental inspection every four months and we would have to double our establishment to reach that figure.

There is no doubt that regular routine dental treatment does save the children a great deal of pain and trouble and there are indications that they are beginning to realise this. There has been a very welcome rise (from 38% last year to 66% in 1961) in the average consent rate from school inspections. The senior schools with an average of 50% spoilt the very good returns from the junior schools. Corbett Street Juniors must be given a special mention with a 97% acceptance. Some credit for this increase must go to the school teachers. A word from them after a school inspection does undoubtedly help the consent rate. I am very grateful to them for their co-operation in this and their courtesy in sending children from school, even though the child's absence from a lesson must cause some inconvenience. Nearly all our schools mention Dental Health in their curriculum, but not nearly as often as I would like.

This need for dental health education is one of the major problems occupying the attention of my profession at the present time. Dental disease is rampant in this country and increasing

every year. Until parents realise the harm they are doing by continually plying their children with sweet sugary substances, there is little hope of keeping this disease in check. It is an established fact that the longer these foodstuffs remain in the mouth, the more widespread will be the resultant decay. In the war years when confectionery was rationed, there was a very appreciable fall in the amount of dental decay. Eating between meals has become a quite unnecessary habit which is expensive, can be harmful, but which does the individual very little, if any, good. It is, however, beneficial to the manufacturers and so we have to watch large sums of money being spent on persuading children that it is necessary even glamorous, to be continually stuffing themselves with harmful, fattening, decay-producing substances. We see the resultant tears and misery. Unfortunately it is only when these tears upset the normal routine of life, that many parents think about dentistry. Dental health education is the answer.

Finally the fact that we are one of the very few fully-established authorities in the country, has provoked some curiosity. Viewed in its right perspective it is not so amazing as would at first appear. We are only a small authority (in size, not stature) and the loss or gain of even just one dental officer makes a tremendous difference. However, I am allowed to run the service as I think fit, with Dr. Dodds' blessing. We have the co-operation of the Education Department and the Council have given us adequate modern equipment to use. Had these conditions applied throughout the country fifteen years ago, the School Dental Service would not be so hopelessly understaffed in so many areas.

PART FOUR

NOTES AND NUMERICAL DETAILS OF THE WORK OF THE SCHOOL HEALTH SERVICE DURING 1961

SCHOOL ACCOMMODATION AND ATTENDANCE

Education for Smethwick children is provided in 20 primary schools and 10 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 school for educationally sub-normal children. There are nursery classes at Abbey Infant, 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:—

	Average No. on Roll 1961	Attendance Average as % of No. on Roll	No. on Roll at end of year
PRIMARY SCHOOLS			
Abbey Road Junior	317	94.8	295
Abbey Infant	187	87.2	180
Albion Junior	339	89.9	323
Annie Lennard Junior and Infant	155	85.6	181

	Average No. on Roll 1961	Attendance Average as % of No. on Roll	No. on Roll at end of year
Bearwood Road Junior and Infant	337	90.9	321
Brasshouse Lane Infant	186	86.8	171
Cape Junior	336	93.4	314
Cape Infant	153	86.8	142
Corbett Street Junior and Infant	279	91.1	227
Crocketts Lane Junior	219	91.5	253
Crocketts Lane Infant	204	86.8	195
Devonshire Road Junior ...	456	92.8	460
Devonshire Road Infant ...	231	87.2	217
George Betts Junior	252	92.3	250
Oldbury Road Infant	162	87.9	149
St. Matthew's Church of England Junior and Infant	218	85.6	228
St. Philip's Roman Catholic Junior and Infant	282	87.2	269
Uplands Junior	362	92.4	345
Uplands Infant	194	86.4	182
Waterloo Road Junior and Infant	238	90.7	239
SECONDARY SCHOOLS			
Sandwell Boys	362	88.9	395
Sandwell Girls	346	89.0	360
Shireland Girls	312	91.4	315
Smethwick Hall Boys	377	92.0	405
Smethwick Hall Girls	383	92.5	416
Uplands Boys	524	91.5	533
Uplands Girls	262	91.7	235
Holly Lodge Boys' Grammar ...	548	94.4	551
Holly Lodge Girls' Grammar ...	665	93.5	687
James Watt Secondary Technical School (Boys)	466	95.0	458
OTHERS			
Edith Sands Nursery	79	82.8	80
Firs Open Air	72	85.9	68
Highfield	124	87.1	124
	9,627	91.0	9,568

FINDINGS OF SCHOOL MEDICAL EXAMINATIONS

UNCLEANLINESS

School nurses made 18,457 cleanliness inspections of children in school during the year, 389 children (2.1%) were found to be unclean. This compared with 2.4% children who were found to be unclean last year. As in 1960 it was not necessary to serve a notice under Section 54 of the Education Act, 1944.

Seventy-one new cases were treated at the cleansing sessions which were held at the Firs Clinic during the year, a total of 701 treatments being given compared with 782 during 1960.

TONSILS AND ADENOIDS

During the year 29 children were found to have unhealthy tonsils and/or adenoids requiring treatment, and 15 had other abnormal conditions of the nose and throat requiring treatment. In addition, 338 children were found to have nose or throat defects requiring observation only.

SKIN DISEASES

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

	1961	1960	1959	1958	1957
Number inspected ...	2,570	3,076	3,184	2,666	3,237
Ringworm (all forms)	—	—	—	—	—
Scabies	—	1	—	—	—
Impetigo	—	—	—	—	—
Other Conditions ...	84	60	27	28	21
	84	61	27	28	21

DEFECTIVE VISION (INCLUDING SQUINT)

The number of children found to have defective vision was 450 of whom 201 were referred for refraction. In addition 20 cases of squint were referred for treatment. The percentage of defects under this heading was 10.9 as compared with 14.8 last year.

EAR DISEASES AND HEARING

The number of children found to be suffering from ear disease and defective hearing was 152 or 5.9% of the total number inspected. Of these 21 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 1961 and 1960.

	1961	1960
(a) Total children in 13 year age group	1,171	1,113
(b) No. of children whose parents accepted the offer of B.C.G. vaccination	893	855
	76.26% of (a)	77% of (a)
(c) No. of children skin tested after elimination of T.B. contacts ...	883	845
(d) No. of children who were positive to skin tests and therefore did not need vaccination	66	64
	7.47% of (c)	8% of (c)
(e) No. of children vaccinated with B.C.G.	816	777

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 141 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 ...	4	—
Number under observation ...	9	—
Number found non-tuberculous	128	—

The total attendance of school children at the Clinic was 509 compared with 702 during the previous year and 882 in 1959.

II.—ACUTE INFECTIOUS FEVERS.

PREVENTION

One hundred and thirty-one school children were given primary courses of injections against diphtheria and 492 received boosting or reinforcing injections. In addition, 901 pre-school children were protected against diphtheria at the various child welfare clinics, and by private medical practitioners during the year.

A total of 617 children of school age received primary courses of protection against poliomyelitis, 669 third injections and 3,013 fourth injections.

INCIDENCE.

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

	1961	1960	1959	1958	1957
Acute Poliomyelitis (Paralytic) ...	1	—	1	—	—
Acute Poliomyelitis (Non-Paralytic)	—	—	—	1	2
Acute Pneumonia	—	—	1	—	2
Meningococcal Infection	1	—	1	—	1
Diphtheria	—	—	—	—	—
Dysentery	2	8	10	1	7
Measles	543	7	491	14	563
Scarlet Fever	12	30	47	32	25
Whooping Cough	9	21	58	19	50
Food Poisoning	1	—	4	1	1
Erysipelas	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—
Malaria ((relapse)	—	—	—	1	—

WORK OF THE SCHOOL NURSES

	1961	1960	1959	1958	1957
Schools:					
Assisting at School Medical Officer Sessions	204	199	208	225	290
Examination of heads for nits, ringworm, etc.	18,457	17,904	22,509	24,641	21,997
School Clinics:					
Inspection Clinic Sessions ...	154	176	161	147	120
Treatment Clinic Sessions ...	762	769	570	517	500
Eye Clinic Sessions	184	179	136	125	131
Skin Clinic:					
Number of Sessions	4	4	6	3	1
Number of children treated ...	4	4	8	5	1
Number of baths given ...	4	4	8	5	1
Visits to Houses:					
Defects and "Following Up"	492	422	353	358	504

EXCLUSIONS FROM SCHOOL

Nineteen certificates were issued during the year excluding children from attendances for the following reasons:

Tonsilitis	1
Rheumatism	1
Scabies	3
Measles	1
Impetigo	2
Other conditions	11
	19

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 30, 31 and 32.

CLINICS AND TREATMENT CENTRES

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

Firs Clinic, Firs Lane:

Minor Ailments—
Medical Consultations: 9.30—12 noon, Tuesday.
Treatment: 9.30—11.0 a.m., 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.

Holly Lane Clinic, Holly Lane:

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 and Tuesdays.
2—4 p.m. Mondays and Thursdays.
Dental: Daily.
Enuresis: In conjunction with Consultation Clinic and by special arrangement.

Cape Clinic, Cape Hill:

Minor Ailments—
Medical Consultations: 9.30—12 noon, Friday.
Treatment: 9.30—11 a.m., Monday, Tuesday, Wednesday and Thursday.
Dental: Daily.
Enuresis: In conjunction with Consultation Clinic.

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 72 and 888 attendances were made, compared with 73 cases and 977 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, Ophthalmic Surgeon to the Smethwick Education Committee, has submitted the following details of children seen at the Holly Lane Clinic:

	1961	1960	1959
Total number of children examined ...	1,489	1,103	1,006
Total number of spectacles prescribed	765	562	630
Total number of spectacles obtained	756	560	628
Total number of treatments	27	34	4
New cases	398	304	425
Spectacles ordered	177	138	220
Referred to hospital	7	6	4
Re-examinations	1,091	743	581
Spectacles ordered	588	403	410
Referred to hospital	5	12	6
Treatments:			
New cases	18	18	3
Referred to hospital	7	6	4
Re-examinations	9	16	1
Referred to hospital	5	12	6
Toddlers examined	102	56	36
Spectacles prescribed	29	21	15
Spectacles obtained	29	21	15

ORTHOPAEDIC AND POSTURAL DEFECTS

The number of children attending the Smethwick Orthopaedic Clinic during the year was 137. 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	2 ...	4
Postural defects	7 ...	5
Developmental Abnormalities—		
(a) Knock Knees	7 ...	10
(b) Flat Feet	7 ...	33
(c) Deformed Toes	— ...	—
(d) Others	17 ...	14
Poliomyelitis	5 ...	3
Painful Joints	4 ...	2
Spastic Conditions	4 ...	3
Miscellaneous	4 ...	6
	57 ...	80

There were 11 children admitted to the Woodlands Hospital during the year.

SPEECH DEFECTS

The following is a summary of the work done at the Speech Clinic during 1961:—

	Total
1. Under treatment at beginning of year	21
2. Waiting list at beginning of year	115
3. Additions to waiting list during year	1
4. Received speech therapy during year	31
5. Removals from waiting list for various reasons ...	6
6. Discharges:	
(1) No further treatment required	21
(2) Other reasons	8
7. Under treatment at end of year	—
8. Waiting list at end of year	101

EDUCATION OF HANDICAPPED PUPILS

I.—NEW RECOMMENDATIONS DURING THE YEAR

Medical examinations of handicapped pupils carried out during the year 1961 resulted in recommendations being submitted as follows:

	Boys	Girls	Total
Blind—Residential School for Blind ...	—	—	—
Partially Sighted—Special School ...	—	1	1
Deaf—Special School	—	—	—
Partially Deaf—Special School ...	—	—	—
Ordinary School ...	—	—	—
Delicate—Firs Open Air School ...	20	4	24
"The Hollies"	3	—	3
Physically Handicapped:			
Residential Open Air	1	1	2
Educationally Subnormal:			
Referred to Psychiatrist	2	2	4
Transfer from Special to Ordinary School	3	2	5
Ordinary School with Special Education	7	5	12
Special School (Day)	20	8	28
Special School (Boarding) ...	1	—	1
Ineducable — Mental Deficiency Act Report, Section 57 (3) ...	4	3	7
Excluded Special School	3	1	4
Department of Child Study ...	1	1	2
Firs Open Air School	2	—	2
Remain in Special School ...	3	2	5
Training Centre	2	1	3

	Boys	Girls	Total
Maladjusted:			
Ordinary School with Special Education	1	—	1
Child Guidance Clinic	2	—	2
Residential School	1	—	1
Speech Defect:			
Residential School for Speech Defects	1	—	1

II.—AT THE END OF THE YEAR UNDER REVIEW THE LOCAL EDUCATION AUTHORITY WAS SUPPORTING HANDICAPPED CHILDREN AT THE FOLLOWING INSTITUTIONS AND SCHOOLS:

(*a*) PROVIDED BY OTHER AUTHORITIES AND VOLUNTARY AGENCIES

	Maintaining Authority	Boys	Girls	Total
Blind and Partially Sighted:				
Priestley Smith School, Perry Common Road, B'ham, 23	City of Birmingham	2	—	2
Lickey Grange, Bromsgrove ...	Voluntary	—	1	1
Condover Hall, Shrewsbury ...	Voluntary	1	—	1
Deaf and Partially Deaf:				
Royal School for Deaf, Edgbaston, Birmingham, 15	Voluntary	—	1	1
Braidwood School for the Deaf, Perry Common Rd., B'ham, 23	City of Birmingham	—	3	3
Bridge House School, Harewood	West Riding County Council	1	—	1
St. John's Roman Catholic Institution for the Deaf, Boston Spa, Yorkshire	Voluntary	—	1	1
Longwill School for the Deaf and Partially Deaf, Moseley Road, Birmingham, 12	City of Birmingham	—	1	1
Educationally Subnormal:				
Penylan Training School, Penylan, Cardiff	Independent	—	1	1
Besford Court Roman Catholic School, Worcester	Voluntary	2	—	2
Pitt House School, Torquay ...	Independent	2	—	2
Rhydd Court, Hanley Castle, Worcestershire	County of Worcester	1	—	1
High Close School, Wokingham, Berkshire	Voluntary	—	1	1
Delicate:				
Pilgrim's School, Seaford, Sussex	Voluntary	1	—	1
St. Catherine's Home, Ventnor, Isle of Wight	Voluntary	1	—	1
Uplands School, Folly Lane, Hereford	County of Hereford	1	—	1

	Maintaining Authority	Boys	Girls	Total
Epileptic:				
Colthurst House School (David Lewis Colony), Warford, Alderley Edge, Cheshire ...	Voluntary	1	—	1
Physically Handicapped:				
Carlson House School for Spastics, Harborne, Birmingham ...	Voluntary	—	1	1
Baskerville Residential School for Physically Handicapped, Birmingham	City of Birmingham	1	1	2
Exhall Grange School, Exhall, Coventry	County of Warwick	1	—	1
Maladjusted:				
St. Frances School, Hooke, Dorset	Voluntary	1	—	1
Speech Defect:				
Moor House Residential School for Children, Oxted, Surrey ...	Voluntary	1	—	1

(b) PROVIDED BY THE SMETHWICK LOCAL EDUCATION AUTHORITY
HIGHFIELD SCHOOL

	Boys	Girls	Total
Number on Register, 1st January, 1961	83	41	124
Admitted during year	10	10	20
Re-admitted during year	3	3	6
Discharged during year	24	10	34
Number on Register, 31st Dec., 1961	72	44	116
Pupils discharged:			
Reached the age limit	6	4	10
Discharged—no longer in need of special educational treatment	6	2	8
Left district	7	1	8
Transferred to Albert Bradford Centre	1	1	2
Committed to Approved School ...	3	—	3
Admitted to hospital	1	2	3

THE FIRS OPEN AIR SCHOOL

The Firs Open Air School has accommodation for 100 children. There were 67 children on the register on 31st December, 1961.

RESIDENTIAL HOMES

The Hollies, a residential home which was originally opened for the care of rheumatic and malnourished children, but which

is now used more especially as a convalescent home for children, admitted a total of 3 children of school age during the year. This number were maintained for a total of 834 days.

COSTS

The approximate cost of the School Health Service during the year 1960/61 was £26,103.

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 219 —189 for boys and 30 for girls. One certificate was refused on medical grounds.

Nature of proposed employment:—

	Boys	Girls
Delivering Newspapers	117 ...	5
Errands	45 ...	1
Counter Assistants	3 ...	20
Milk Delivery	2 ...	—
Women's Hairdressing	— ...	4
Others	22 ...	—
	189 ...	30

PART FIVE

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

A.—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	No. of pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1957 and later	137	137	100	—	—
1956	517	510	98.6	7	1.4
1955	161	159	98.8	2	1.2
1954	46	46	100	—	—
1953	50	50	100	—	—
1952	57	57	100	—	—
1951	691	689	99.7	2	0.3
1950	105	103	98.1	2	1.9
1949	44	44	100	—	—
1948	65	65	100	—	—
1947	333	333	100	—	—
1946 and earlier	364	363	99.7	1	0.3
Total	2,570	2,556	99.4	14	0.6

B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of Birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded on page 29. (3)	Total individual pupils (4)
1957 and later	1	15	16
1956	31	73	100
1955	6	24	28
1954	—	1	1
1953	2	5	7
1952	2	3	5
1951	36	73	104
1950	6	17	19
1949	4	5	9
1948	4	10	12
1947	8	17	24
1946 and earlier	13	37	48
Total	113	280	373

C.—OTHER INSPECTIONS

Number of Special Inspections	2,770
Number of re-inspections	3,741
Total ...	6,511

D.—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	18,457
(b) Total number of individual pupils found to be infested ...	389
(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 INSPECTION

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS								
		ENTRANTS		LEAVERS		OTHERS		TOTAL		
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	‡
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
4	Skin	11	40	26	31	33	43	70	114	
5	Eyes—*a*. Vision ...	32	110	19	56	63	106	114	272	
	b. Squint ...	6	21	1	17	8	28	15	66	
	c. Other ...	4	5	4	2	12	9	20	16	
6	Ears—*a*. Hearing ...	—	6	1	8	3	15	4	29	
	b. Otitis Media	5	14	4	23	4	28	13	65	
	c. Other ...	—	8	1	3	1	4	2	15	
7	Nose and Throat ...	15	133	4	23	16	118	35	274	
8	Speech	—	10	—	3	2	6	2	19	
9	Lymphatic Glands ...	3	205	—	15	2	123	5	343	
10	Heart	2	10	—	6	—	7	2	23	
11	Lungs	2	23	1	5	4	18	7	46	
12	Developmental—									
	a. Hernia ...	1	20	—	2	—	10	1	32	
	b. Other ...	—	57	1	6	1	45	2	108	
13	Orthopaedic—									
	a. Posture ...	1	4	3	7	7	25	11	36	
	b. Feet ...	19	40	1	16	27	50	47	106	
	c. Other ...	16	17	4	27	15	34	35	78	
14	—Nervous System—									
	a. Epilepsy ...	—	3	—	1	—	9	—	13	
	b. Other ...	—	1	—	7	—	2	—	10	
15	Psychological—									
	a. Development	—	33	—	2	1	25	1	60	
	b. Stability ...	—	39	—	3	—	33	—	75	
16	Abdomen	1	9	—	—	1	4	2	13	
17	Other	3	4	5	9	10	10	18	23	

‡ (O) = observation (T) = treatment.

B.—SPECIAL INSPECTIONS

Defect Code No.	Defects or Disease	SPECIAL INSPECTIONS	
		Pupils requiring Treatment	Pupils requiring Observation
(1)	(2)	(3)	(4)
4	Skin	174	24
5	Eyes—*a*. Vision	23	6
	b. Squint	1	1
	c. Other	34	2
6	Ears—*a*. Hearing	4	1
	b. Otitis Media	11	1
	c. Other	12	1
7	Nose and Throat	4	5
8	Speech	1	1
9	Lymphatic Glands	—	—
10	Heart	—	—
11	Lungs	3	6
12	Developmental—		
	a. Hernia	—	—
	b. Other	—	—
13	Orthopaedic—		
	a. Posture	—	—
	b. Feet	—	2
	c. Other	6	4
14	Nervous System—		
	a. Epilepsy	—	—
	b. Other	1	1
15	Psychological—		
	a. Development	—	1
	b. Stability	—	2
16	Abdomen	—	—
17	Other	410	111

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING 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	256
Errors of refraction (including squint) ...	1,499
Total ...	1,755
Number of pupils for whom spectacles were prescribed	765

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

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	7
(c) for adenoids and chronic tonsillitis	138
(c) for other nose and throat conditions	6
Received other forms of treatment	52
Total ...	203
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1961	—
(b) in previous years	10

C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	137
(b) Pupils treated at school for postural defects	—
Total ...	137

D.—DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table D of Part 1)

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	4
Impetigo	22
Other skin diseases	328
Total ...	354

E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	5

F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by Speech Therapists ...	31

G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	1,208
(b) Pupils who received convalescent treatment under School Health Service arrangements	3
(c) Pupils who received B.C.G. vaccination	816
(d) Other than (a), (b) and (c) above— Ultra Violet Ray	72
Total ...	2,099

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers:—			
	(a) At Periodic Inspections	6,664		
	(b) At Specials	929		
			Total (1)	7,593
(2)	Number found to require treatment			5,718
(3)	Number offered treatment			2,057
(4)	Number actually treated			2,954
(5)	Number of attendances made by pupils for treatment, including those recorded at 11(b) below			8,886
(6)	Half days devoted to:			
	(a) Periodic (School) Inspection ...	38		
	(b) Treatment	1,371		
			Total (6)	1,409
(7)	Fillings:			
	(a) Permanent Teeth	7,382		
	(b) Temporary Teeth	579		
			Total (7)	7,961
(8)	Number of Teeth filled:			
	(a) Permanent Teeth	5,841		
	(b) Temporary Teeth	476		
			Total (8)	6,317
(9)	Extractions:			
	(a) Permanent Teeth	984		
	(b) Temporary Teeth	1,658		
			Total (9)	2,642
(10)	Administration of general anaesthetics for extraction ...			1,021
(11)	Orthodontics:			
	(a) Cases commenced during the year			49
	(b) Cases carried forward from previous year			13
	(c) Cases completed during the year			30
	(d) Cases discontinued during the year			12
	(e) Pupils treated with appliances			45
	(f) Removable appliances fitted			67
	(g) Fixed appliances fitted			1
	(h) Total attendances			317
(12)	Number of pupils supplied with artificial teeth			31
(13)	Other operations:			
	(a) Permanent Teeth	3,872		
	(b) Temporary Teeth	88		
			Total (13)	3,960

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