

[Report 1963] / School Medical Officer of Health, Smethwick County Borough.

Contributors

Smethwick (Worcestershire, England). County Borough Council.

Publication/Creation

1963

Persistent URL

<https://wellcomecollection.org/works/k5xgdfup>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

Ac 44990

30. JUL. 1964

County Borough of Smethwick

SCHOOL HEALTH
1963

Annual Report of the
Principal School Medical Officer



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30091639>

COUNTY BOROUGH OF SMETHWICK
EDUCATION COMMITTEE

*

SCHOOL HEALTH

1963

*

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

THE
EDUCATION COMMITTEE
1963/1964

Chairman	...	...	...	...	...	Alderman Mrs. E.M. Farley O.B.E., J.P.
Vice-Chairman	...	...	...	...	...	Alderman L.L. Morris J.P.
His Worship the Mayor	...	...	...	...	...	Councillor H. Bone, J.P.
Aldermen	G.H. Aldridge				"	Mrs. M. Kimberley
"	F.W. Perry				"	Mrs. E.M. Kontowska
"	R.L. Pritchard				"	D.K. Newman
"	C.G. Spargg, O.B.E., J.P.				"	N.C. Niven
Councillor	Mrs. L.V. Adams				"	R. Starling
"	R. Badham				"	F.W. Thornton
"	E. Gould				"	Mrs. F.L. Wheatley
"	P.H.S. Griffiths, B.Sc., M.Ed.					
"	T. H. Halfpenny					
"	E.V. Jackson					

Co-opted Members

Mrs. E.M. Badham	Mr. J.F. Rachel	Mrs. M. Richards
Member nominated by Birmingham University		
Mr. S. Morris, B.A.		

Members selected by the Council from persons recommended by teachers:

Mr. W.E. Allbut	Mr. T. Greaves, B.A.	Mr. S.L. Putnam, B.Sc.
-----------------	----------------------	---------------------------

Member nominated by the Smethwick Trades Council:

Mr. N. Wass

SCHOOL ATTENDANCE AND HYGIENE SUB-COMMITTEE

Chairman	...	...	...	...	Councillor R. Badham
Vice-Chairman	...	...	...	...	Councillor D.K. Newman
Alderman	Mrs. E.M. Farley, O.B.E., J.P.			"	R. Starling
				"	F.W. Thornton
Councillor	E. Gould			"	Mrs. F.L. Wheatley
"	P.H.S. Griffiths, B.Sc., M.Ed.			Mr. W.E. Allbut	
"	T.H. Halfpenny			Mrs. E.M. Badham	
"	Mrs. E.M. Kontowska			Mr. J.F. Rachel	

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. (to 31.5.63)
Romola I. Wootton, M.B., Ch.B., (from 1.7.63)

School Oculist:
H.W. Archer-Hall, D.O. (Oxon.)

School Dental Service:

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

School Dental Officers:
Mrs. M.E. Hiscock, B.D.S. (to 31.10.63)
Mrs. E. Sampson, L.D.S., R.C.S.

Part-Time Dental Officers:
H. P. A. Jones, L.D.S.
L. B. Lewis, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., B.D.S.
A. P. D. Robinson, B.D.S., (to 27.5.63)

Dental Surgery Assistants:
Mrs. L. M. Tustin
Mrs. S. G. Hancox
Miss S. C. Carpenter

Part-Time Dental Surgery Assistants:
Mrs. E. Byrd
Mrs. W. J. Higgins

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. E. Tench, S.R.N., S.C.M., H.V.Cert.
Miss J.E. Barlow S.R.N., S.C.M., H.V. Cert. Miss E.M.M. Williams, S.R.N., S.C.M., H.V.Cert.
Miss K.E.C. Biggs, S.R.N., S.C.M., H.V.Cert. Miss F. Zierler, S.R.N., S.C.M., H.V.Cert.
Mrs. I. Cowell, S.R.N., S.C.M., H.V.Cert. Mrs. E.M. Gibbs, R.S.C.N.
Mrs. D.H. Daniels, R.F.N., S.R.N., S.C.M., H.V.Cert. Mrs. H.M. Warner, S.E.N.
(part-time) Mrs. R.A. McInerney, S.R.N., R.F.N., (nee Cassidy) (to 30.11.63)
Mrs. D. Grainger, S.R.N., S.C.M., H.V.Cert. (to 1.10.63) Mrs. G.A. Child, S.R.N., S.C.M., Miss L.E. Webb, S.E.N. (to 31.1.63)
Mrs. H.M. Hoy, S.R.N., S.C.M., H.V.Cert. Mrs. C.M. Broad, S.R.N. (from 28.10.63)
Miss D. Hunt, S.R.N., S.C.M. H.V. Cert. Mrs. P.A. Griffin, S.R.N., S.C.M. (from 3.12.63)
Mrs. M. Stark, S.R.N., S.C.M., H.V. Cert.

Clerical Staff:
Miss D.C. Tipping ... Clerk in charge of School Health Section.
Mrs. C.M. Walker J. Seward (to 31.10.63)
Miss S.M. Davies (from 1.11.63)

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 they carry out for the School Health Service.

SCHOOL HEALTH 1963

ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER

CONTENTS

	Page
PART ONE	
The Principal School Medical Officer's Introductory Letter	5
PART TWO	
The Educationally Subnormal Pupil	9
PART THREE	
The Principal School Dental Officer's Report ..	13
PART FOUR	
Facts and figures about the work of the School	14
Health Service	

PART ONE

Madam Chairman, Mr. Mayor, Ladies and Gentlemen.

I have pleasure in presenting my ninth Annual Report as Principal School Medical Officer to the Smethwick Local Education Authority. When introducing my Report for 1962 I expressed the view that it might be the last but one account of the School Health of Smethwick. However the mills of Local Government Reorganisation also grind slow and as far as can be seen at the moment the present document may in fact be the penultimate report in the series which began in 1908.

THE FITNESS OF SCHOOL CHILDREN

It is customary to open a report of this nature by referring briefly to the statistics which are presented in later pages in greater detail on the work of the school health service. From these figures a picture of the fitness of the children in our schools should emerge. Only 10 children out of the 2,250 examined at periodic medical inspections were classed by the doctor as being in an unsatisfactory physical condition; it is clear that this figure must be near to the minimum which can be expected. A somewhat less satisfactory figure relates to uncleanliness. The nurses carried out more inspections during the year and judged 3.6% of school children to be unclean; last year the corresponding percentage was 1.7. This increase naturally enough has caused some concern in the School Attendance and Hygiene Sub Committee from time to time. No one likes to subject senior pupils to the presumed indignity of head inspections but experience still shows that in a number of schools including some secondary girls' schools, these inspections could only be omitted at the risk of the spread of infestation. In these days of long teenage hair in both sexes and of permanent waves and beehive hairstyles among the girls, would it be too much to ask our health educationists to try to encourage a trend to shorter and straighter hair?

Special examinations were made as in previous years to detect children with defective eyesight. Five year old children have their eyes tested, and the process is repeated in the junior school and annually in the senior school. Children with apparent defects are referred to the Authority's Consultant Ophthalmologist who prescribes spectacles or other treatment where necessary. The figures for such referrals and their results do not show any major variations when compared with those of last year. The hearing of school children is checked soon after their admission to the junior school by a specially trained school nurse using a pure tone audiometer. Some 5% of children given this preliminary test had some apparent abnormality of hearing, these were referred to the audiology clinic run by the Deputy Principal School Medical Officer. At

Chairman, Mr. Mayor, Ladies and Gentlemen.

I have pleasure in presenting my ninth Annual Report as Principal School Medical Officer to the Eastwick Local Education Authority. When introducing my Report for 1962 I expressed the view that it might be the last but one account of the School Health Service. However the title of Local Government Reorganisation Bill gives us and as far as can be seen at the moment the present account may in fact be the penultimate report in the series which began in 1908.

THE FITNESS OF SCHOOL CHILDREN

It is customary to open a report of this nature by referring briefly to the statistics which are presented in later pages in greater detail on the work of the school health service. These figures give a picture of the fitness of the children in our schools and of the work of the service. Only 10 children out of the 2,500 examined in periodic medical inspections were classed by the doctor as being in an unsatisfactory physical condition; it is clear that this figure must be near to the minimum which can be expected. A somewhat less satisfactory figure relates to uncleanliness. The figures carried out more inspections during the year and judged 5.6% of school children to be unclean; last year the corresponding percentage was 1.7%. This increase naturally enough has caused some concern in the School Attendance and Hygiene Sub-Committee for the time being. It is clear to subject matter pupils to the returned findings of head inspectors but experience still shows that in a number of schools including some secondary girls' schools, these inspections could only be omitted at the risk of the spread of infestation. In these days of long teenage hair in both sexes and of permanent waves and positive hairdries among the girls, it would be too much to ask our health educationists to try to

discourage a trend to shorter and straighter hair? Special examinations were made as in previous years to detect children with defective eyesight. Five year old children have their eyes tested, and the procedure is repeated in the Junior school and annually in the senior school. Children with apparent defects are referred to the Authority's Consultant Ophthalmologist who describes spectacles or other treatment where necessary. The figures for such referrals and their results do not show any major variations when compared with those of last year. The hearing of school children is checked soon after their admission to the Junior school by a specially trained school nurse using a pure tone audiometer. Some 25 of children given this preliminary test had some apparent abnormality of hearing, these were referred to the audiology clinic run by the Deputy Principal School Medical Officer. At

the clinic the children were given a more detailed retest and a clinical examination and after consultation with the general medical practitioner concerned it was found necessary to refer only 19 children to the hospital Ear, Nose and Throat Consultant for further advice and treatment.

OUT OF THE MOUTHS -

Every year when writing this Report I try to think of a new and more striking way to bring to public notice the dangers of cigarette smoking. In spite of the ever mounting weight of evidence linking heavy cigarette smoking with lung cancer - the Report of the Advisory Committee to the Surgeon General of the United States Public Health Service, is the latest and weightiest example, and in spite of the fact that the number of people dying from lung cancer increases by nearly a thousand in England and Wales alone every year, the sales of cigarettes continue at astronomical levels. It is with pleasure therefore that I can record a ray of hope through the tobacco smoke. The following is a true story which is of such importance that it is set out in this introductory letter in the words of the Superintendent Nursing Officer:-

"On November 13th, 1963, a small (and I mean small) boy aged 13 years walked into the Firs Clinic and asked for any literature we might have on Smoking and Lung Cancer. He stated that he had been smoking since he was ten years old and that he and three of his classroom friends had been "trying to pack smoking in for five weeks". He was given a copy of every leaflet we had on the subject and after sitting down to read them he asked if sufficient copies could be spared for the whole of his class. These were supplied, he then volunteered the information that the boys in his school were encouraged to give talks to the class on varying subjects. A boy had given a talk the previous week on fishing, he wished to start an anti-smoking campaign. He was very excited when he was shown a film strip, he was asked if he would care to borrow it and he did. The talk was duly given by the boy and the film strip shown with such good effect that the Headmaster asked for copies of the leaflets for all the boys in the school and for permission to extend the borrowing of the film strip by himself so that each class could be shown the strip by a volunteer. The Medical Officer of Health and I were invited to the final classroom showing on Thursday, 13th February 1964, when the boys showed a very lively interest in the subject and asked many questions.

M. Wainwright"

If one school can do this, why cannot more? I have received reports of School Anti-Smoking Societies (whose members promise not to smoke till they are 21) being formed in one or two areas, can Smothwick schools afford to lag behind?

the clinic the children were given a more detailed report and a
clinical examination and after consultation with the general medical
officer concerned it was found necessary to refer only 19
children to the hospital for, Home and Hospital Consultant for further
advice and treatment.

END OF THE REPORT -

Every year when writing this report I try to think of a new
and more striking way to bring to public notice the dangers of
cigarette smoking. In spite of the ever mounting weight of evidence
linking heavy cigarette smoking with lung cancer - the Report of
the Advisory Committee to the Surgeon General of the United States
Public Health Service, in the latest and weightiest example, and in
spite of the fact that the number of people dying from lung cancer
increased by nearly a thousand in England and Wales alone every year
the rates of cigarette smoking at national levels. It is
with pleasure therefore that I can record a ray of hope through the
cigarette smoke. The following is a true story which is of such
importance that it is set out in this introductory letter in the
words of the Superintendent Nursing Officer:-

"On November 15th, 1965, a mail (and I mean mail) boy aged

15 years walked into the Mrs. Clark and asked for my
assistance we might have on Smoking and Lung Cancer. He
stated that he had been smoking since he was ten years
old and that he and three of his cigarette friends had
been "trying to pack smoking in for five weeks". He
was given a copy of every leaflet we had on the subject
and after sitting down to read them he asked if additional
copies could be spared for the whole of his class. These
were supplied, he then volunteered the information that
the boys in his school were encouraged to give talks to
the class on varying subjects. A boy had given a talk
the previous week on smoking, he wished to start an anti-
smoking campaign. He was very excited when he was shown
a film strip, he was asked if he would care to borrow it
and he did. The talk was duly given by the boy and the
film strip shown with such good effect that the Headmaster
asked for copies of the leaflets for all the boys in the
school and for permission to extend the borrowing of the
film strip by himself so that each class could be shown
the strip by a volunteer. The Medical Officer of Health
and I were invited to the final classroom showing on
Thursday, 15th February 1965, when the boys showed a very
lively interest in the subject and asked many questions.

M. Wainwright

If one school can do this, why cannot every? I have received
reports of School Anti-Smoking Societies (whose members promise
not to smoke till they are 21) being formed in one or two areas,
can we do more to help schools all over the country?

INFECTIOUS DISEASE AND ITS PREVENTION

Even though 1963 was a year in which measles was prevalent the total of 303 cases among school children was smaller than the usual biennial peak. There was a welcome reduction in the notified cases of dysentery from 17 to 2. There was no case of poliomyelitis, the virtual absence of which disease contrasts with the prominence that seriously disabled cases of poliomyelitis receive in the television programme "Emergency Ward 10". The programme is however doing a service in keeping the importance of polio vaccination before the public for there is no doubt that the demand for vaccination has slumped now that the disease has been so much better controlled and public anxiety allayed.

The campaign for the prevention of tuberculosis continued, the parents of children aged 13 or thereabouts being offered vaccination against tuberculosis for their off-spring in this age group. As a preliminary to this B.C.G. vaccination, a Mantoux skin test is done to ascertain whether the child has ever been in contact with tuberculosis infection - which gives a positive reaction. Only a very small proportion of these positive reactors have ever suffered from tuberculosis however. In 1963 there was a further rise in the proportion of Mantoux positive children - 11.7% compared with 10.9% last year. Of the 41 children of Indian or Pakistani parentage 24 showed positive skin tests; the Mantoux positive rate among children other than those of Asiatic origin being 8.9% which is nearer to the expected level in this country.

DENTAL CARE

As this letter is being written we have received the news with great regret that the Principal School Dental Officer, Mr. T. Lucas, has been appointed to a similar position with the Oxfordshire Local Education Authority. His report which forms Part Three of the main Report is in the nature of a valedictory address and has solid achievement on which to look back. His work has been materially assisted by the high standard of dental staffing he was able to attract. Until the departure of Mrs. Hiscock, one of our full time dental officers, Smethwick had for a period a higher dental staffing ratio than any other Local Education Authority in England and Wales. It is natural therefore that Mr. Lucas should be more than keen to restore the favourable position. In any profession in which the demand for staff far exceeds the supply and national salary scales are in operation, inducements are likely to be offered by some authorities in the shape of 'fringe benefits' for example above the minimum leave entitlement.

Before concluding this section it must be said that increasing emphasis is being placed on dental health education which is especially important in an area where the water supply is so deficient in fluoride content as to impair the formation of strong healthy teeth which are resistant to decay.

Even though 1965 was a year in which measles was prevalent a total of 305 cases among school children was smaller than the usual seasonal peak. There was a welcome reduction in the total cases of diphtheria from 17 to 5. There was no case of diphtheria, the virtual absence of which disease contrasts with the prominence that seriously disabled cases of poliomyelitis receive in the television programme "Emergency Ward 10". The programme is however doing a service in keeping the importance of the vaccination before the public for there is no doubt that the demand for vaccination has slipped now that the disease has been so much better controlled and public anxiety allayed.

The campaign for the prevention of tuberculosis continued, the parents of children aged 13 or thereabouts being offered vaccination against tuberculosis for their off-spring in this age group. As a preliminary to this B.C.G. vaccination, a Mantoux skin test is done to ascertain whether the child has ever been in contact with tuberculous infection - which gives a positive reaction. Only a very small proportion of these positive reactors have ever suffered from tuberculosis however. In 1965 there was a further rise in the proportion of Mantoux positive children - 11.7% compared with 9.2% last year. Of the 41 children who showed positive tests, 4 were of Indian or Pakistani parentage; the Mantoux positive rate among children other than those of Asiatic origin being 8.3% which is nearer to the expected level in this country.

DENTAL CARE

As this letter is being written we have received the news with great regret that the Principal School Dental Officer, Mr. T. Lucas, has been appointed to a similar position with the Oxfordshire Local Education Authority. His report which forms Part Three of the Annual Report is in the nature of a valedictory address and has solid achievement on which to look back. His work has been materially assisted by the high standard of dental staffing he was able to attract. Until the departure of Mrs. Hiscock, one of our full time dental officers, Southwick had for a period a higher dental staffing ratio than any other Local Education Authority in England and Wales. It is natural therefore that Mr. Lucas should be more than keen to restore the favourable position. In any profession in which the demand for staff far exceeds the supply and national salary scales are in operation, inducements are likely to be offered by some authorities in the shape of 'fringe benefits' for people above the minimum leave entitlement.

Before concluding this section it must be said that increasing emphasis is being placed on dental health education which is especially important in an area where the water supply is so deficient in fluoride content as to impair the formation of strong enamel teeth which are resistant to decay.

CHILDREN WITH HANDICAPS

It has been my custom for some years to ask the Deputy Principal School Medical Officer to contribute an article on some aspect of School Health work. This year Dr. Lloyd has written about the Educationally Subnormal pupil and I am sure that members of the Committee will find much of interest therein.

MEDICAL EXAMINATION OF JUNIOR SCHOOL CHILDREN

This matter was discussed in my Report last year when it was indicated that the selective method of examining school children had been decided upon for the medical supervision of children in junior schools. Initially experience had shown rather unexpectedly that this method of examination was proving more time consuming than the traditional intermediate periodic medical examination. At the end of last year certain changes were made in the routine in order to speed up the process. These alterations have had their effect but unfortunately it has again not been possible to complete the programme for the medical survey of the age group, the examination where necessary of selected children and for the subsequent follow up visits to the schools. A contributory factor has been the absence due to illness of a member of our medical staff. However changes are being made in an endeavour to meet this situation.

IN CONCLUSION -

There were few staff changes during the year but we were all sorry when Dr. Christina McLeay decided to retire on 31.5.63. Dr. McLeay, who had not been in the best of health for some time had worked in Smethwick for two periods from 1.10.34 to 31.1.50 and 28.3.60 to 31.5.63. She was well known to many parents and school children in the town and carries with her all our best wishes for a long and happy retirement.

Finally, 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 way matters relating to the School Health Service were dealt with during 1963. The Chief Education Officer and his staff have been of great assistance at all times and once more I should like to thank Dr. Lloyd for his excellent work in connection with the School Health Service. My thanks are due also to Miss Tipping and the staff of the School Health Section for their good work throughout the year.

I have the honour to be,

Your obedient servant,

Richard J. Dodds
Principal School Medical Officer.

It has been my pleasure for some years to ask the Deputy Principal School Medical Officer to contribute an article on some aspect of School Health work. This year Dr. Lloyd has written about the occasionally Sparsely populated pupil and I am sure that members of the staff will find much of interest therein.

SPECIAL EXAMINATION OF JUNIOR SCHOOL CHILDREN

This matter was discussed in my Report last year when it was stated that the selective method of examining school children had been decided upon for the medical supervision of children in Junior Schools. Initially experience had shown rather unexpectedly that the method of examination was proving more time consuming than the additional intermediate periodic medical examination. At the end of last year certain changes were made in the routine in order to speed up the process. These alterations have had their effect but unfortunately it has again not been possible to complete the programme for the medical survey of the age group, the examination of necessary of selected children and for the subsequent follow visits to the schools. A contributory factor has been the absence due to illness of a member of our medical staff. However changes are being made in an endeavour to meet this situation.

CONCLUSION

There were few staff changes during the year but we were all very happy when Dr. Christiana Nelson decided to retire on 31.5.55. Dr. Nelson, who had not been in the best of health for some time had worked in Searswick for two periods from 1.10.52 to 31.1.53 and from 31.5.53 to 31.5.55. She was well known to many parents and school children in the town and carries with her all our best wishes for a long and happy retirement.

Finally, I should like to express my thanks to your Madam, Misses, to the Chairman of the School Attendance and Hygiene Sub-committee and to all the members and officers for the way matters relating to the School Health Service were dealt with during 1955. Misses, the School Medical Officer and his staff have been of great assistance at all times and once more I should like to thank Dr. [Name] for his excellent work in connection with the School Health Service. My thanks are due also to Miss Tipping and the staff of the School Health Section for their good work throughout the year.

I have the honour to be,

Your obedient servant,

Richard J. Dodds
Principal School Medical Officer.

THE EDUCATIONALLY SUBNORMAL PUPILTHE STATUTORY DUTY OF THE LOCAL EDUCATION AUTHORITY.

Educationally subnormal pupils are defined by The Handicapped Pupils and Special Schools Regulations, 1959, as those "who, by reason of limited ability or other conditions resulting in educational retardation, required some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools".

It is clear therefore that the definition does not include only those children who have some disability of mind which produces educational backwardness, but also others who by reason of lack of schooling due to prolonged illness or some emotional difficulty are temporarily unable to benefit from the kind of education normally available in ordinary schools.

In accordance with Section 34(1) of the Education Act, 1944, it is the duty of every local education authority to ascertain what children in their area require special educational treatment and for the purpose of fulfilling that duty any officer of a local education authority may require the parent of any child who has attained the age of two years to present him for examination by a medical Officer of the authority for advice as to whether the child is suffering from any disability of mind or body, and as to the nature and extent of any such disability. This statutory duty has given rise to a degree of formality to the procedure of ascertainment which has often been to the detriment of the pupil and sometimes caused distress to the parent. For some years now, however, this authority in common with many others throughout the country has endeavoured to make the procedure less of a formal undertaking. Though there is, in fact, no legal obligation to arrange a medical examination of a child, before admitting him to a special school, if the parent agrees, such an examination is highly desirable in order to exclude any physical or sensory defect as a cause of educational backwardness. In the earlier days before the 1944 Act, the educationally subnormal were officially described as "mentally defective" and were at times apt to be treated as outcasts from the educational system. They are now more properly recognised as a large group of about 5 - 10 per cent of the school population who need special help if they are to succeed at school and become useful members of the community. Most of this group are in fact taught in ordinary schools usually with the help of specially trained remedial teachers, but the remainder, between one and two per cent, need accommodation and teaching in special schools.

FACTORS IN ASCERTAINMENT

In "Health of the School Child 1946-47" (The Report of the Chief Medical Officer, Ministry of Education), the importance of

THE EDUCATIONALLY SUBNORMAL PUPIL

STATUTORY DUTY OF THE LOCAL EDUCATION AUTHORITY.

Educationally subnormal pupils are defined by the Regulations under the Special Schools Regulations, 1953, as those "who, by reason of limited ability or other conditions resulting in educational retardation, require more specialised forms of education wholly or partly in substitution for the education usually given in ordinary schools".

It is clear therefore that the definition does not include only those children who have some disability of mind which produces educational backwardness, but also others who by reason of lack of schooling due to prolonged illness or some emotional difficulty are temporarily unable to benefit from the kind of education usually available in ordinary schools.

In accordance with Section 5(1) of the Education Act, 1944, it is the duty of every local education authority to ascertain what children in their area require special educational treatment and for the purpose of fulfilling that duty any officer of a local education authority may require the parent of any child who has attained the age of two years to present his for examination by a Medical Officer of the authority for advice as to whether the child is suffering from any disability of mind or body, and as to the nature and extent of any such disability. This statutory duty has given rise to a degree of formality to the procedure of ascertaining which has often been to the detriment of the pupil and sometimes caused distress to the parent. For some years now, however, this authority in common with many others throughout the country has endeavoured to make the procedure less of a formal undertaking. Though there is, in fact, no legal obligation to arrange a medical examination of a child, before admitting him to a special school, if the parent agrees, such an examination is highly desirable in order to exclude any physical or sensory defect as a cause of educational backwardness. In the earlier days before the 1944 Act, the educationally subnormal were officially described as "mentally defective" and were at times apt to be treated as outcasts from the educational system. They are now more properly recognised as a large group of about 5 - 10 per cent of the school population who need special help if they are to succeed at school and become useful members of the community. Most of this group are in fact taught in ordinary schools usually with the help of specially trained remedial teachers, but the remainder, between one and two per cent, need accommodation and teaching in special schools.

FACTORS IN SEGREGATION

In "Health of the School Child 1946-50" (The Report of the Chief Medical Officer, Ministry of Education), the importance of

selecting suitable school doctors for ascertainment examinations is referred to in the following terms: "Ascertainment is of such importance that proper selection of medical officers for this work is imperative. It is work which calls for judgement founded on deep understanding and knowledge, re-inforced by extensive experience of children, both normal and abnormal". In effect, any good school medical officer would possess these qualities which are necessary for the work of ascertainment of all handicapped children.

In determining whether the child needs special educational treatment on account of educational subnormality, some measure of mental development is necessary, and for this purpose the ratio of the child's mental age, as determined by a series of standardised tests, to his chronological age is utilised and expressed as the Intelligence Quotient or I.Q. The figure so obtained is a genuine and valid assessment of a child's intellectual capacity in the majority of cases, but in a small minority the I.Q. may be in advance of the attainments which the child has managed to achieve at school. In these cases there can usually be demonstrated an emotional difficulty which is the cause of the disparity between the child's actual performance and that which can be expected from the I.Q. level. For children of school age, the initiation of the procedure of ascertainment depends to a great extent upon both the class teachers and the headteachers being sufficiently experienced and in sympathy with the objects of special school education to bring children forward for examination. There are still teachers who are reluctant to bring the children forward, perhaps believing that they are just as capable as the staff of special schools of teaching backward children to read and write, or fearing the social consequences for the pupils of segregation in special schools.

A child is said to be of normal intelligence if his I.Q. falls within the range 90 to 110. Those within the range 86-90 are borderline E.S.N./normal and may in fact be found either at a school for E.S.N. Children or in a normal school, dependent upon their associated qualities of emotional stability and socialisation. In 1956 the Ministry of Education asked for records from each Local Education Authority, of the I.Q. ranges of children attending special schools. The Return submitted for Smethwick is shown below together with the I.Q. range of children at the school in 1963.

... feeling suitable school factors for appropriate assignments referred to in the following terms: "Assignments in such a manner that proper attention of medical officers for this work is imperative. It is work which calls for judgment founded on deep understanding and knowledge, re-inforced by extensive experience of children, both normal and abnormal." In effect, by good school medical officers would possess these qualities which are necessary for the work of assessment of all handicapped children.

In determining whether the child needs special educational treatment on account of educational subnormality, some measure of mental development is necessary, and for this purpose the ratio of the child's mental age, as determined by a series of standardized tests, to his chronological age is written and expressed as the Intelligence Quotient or I.Q. The figure so obtained is a measure and valid assessment of a child's intellectual capacity in the majority of cases, but in a small minority the I.Q. may be in violation of the standards which the child has managed to achieve at school. In these cases there can usually be demonstrated an educational difficulty which is the cause of the discrepancy between the child's actual performance and that which can be expected from the I.Q. level. For children of school age, the initiation of the procedure of assessment depends to a great extent upon both the class teacher and the headmaster being sufficiently experienced and in sympathy with the objects of special school education to bring children forward for examination. There are still teachers who are reluctant to bring the children forward, perhaps believing that they are just as capable as the staff of special schools of teaching backward children to read and write, or feeling the social consequences for the pupils of segregation in special schools.

A child is said to be of normal intelligence if his I.Q. falls within the range 90 to 110. Those within the range 85-90 are designated E.S.N. (normal) and may in fact be found either at a school for E.S.N. children or in a normal school, dependent upon their associated qualities of emotional stability and motivation. In 1950 the Ministry of Education asked for records from each Local Education Authority, of the I.Q. ranges of children attending special schools. The return submitted for Haverwick is shown below together with the I.Q. range of children at the school in 1955.

I.Q. RANGE OF CHILDREN ATTENDING HIGHTFIELD SCHOOL

		<u>1956</u>	<u>1963</u>
I.Q. below	50	1	6
	50 - 55	-	4
	56 - 60	6	9
	61 - 65	10	10
	66 - 70	24	22
	71 - 75	27	23
	76 - 80	20	26
	81 - 85	10	16
	86 - 90	1	6
	91 - 95	1	-
	96 - 100	-	-
	100 -	-	-
		<u>100</u>	<u>122</u>

It will be noted from this that there is a greater spread of I.Q. range in children attending the school this year and that a higher proportion of children are found at both ends of the scale. It might be questioned why children in the I.Q. range 86 -90 are educated in a special school when it might be possible to keep them in a normal school in a suitable "C" stream. The borderline case is always difficult and needs special care when an assessment with regard to future education is being made. In all cases, therefore, not only is the I.Q. figure considered along with scholastic attainment, but also the degree of emotional stability and socialisation which the child has achieved. A child with a stable emotional background and a high degree of socialisation will probably be very able to take his place in an ordinary school, but another with a history of emotional instability and poor social competence will be more appropriately placed in a special school where the more sheltered environment and more favourable staff-pupil ratio will be a considerable asset to him,enable him to gain the greatest benefit and utilise such potential that he has to its fullest extent. Those children with I.Q.'s at the lower end of the scale also have their problems and can be so emotionally labile that they may eventually have to be declared unsuitable for education at school. Those in the lowest range, below 50, are admitted to the school very much on a trial basis and given every chance to prove their ability to benefit from

TABLE OF CHILDREN ATTENDING HOSPITAL SCHOOLS

1932	1933	1934	1935
1	1	30	I.Q. below 50
-	-	30	- 50 - 59
2	6	60	59 - 60
10	10	60	61 - 69
20	20	90	69 - 70
23	27	75	71 - 75
26	20	80	75 - 80
18	10	85	81 - 85
5	1	90	85 - 90
-	1	95	91 - 95
-	-	100	95 - 100
-	-	-	100 -
122	100		

It will be noted from this that there is a greater spread of I.Q. range in children attending the school this year and that a larger proportion of children are found at both ends of the scale. It might be questioned why children in the I.Q. range 80-90 are located in a special school when it might be possible to keep them in a normal school in a suitable "O" stream. The answer is that in a normal school it is always difficult and needs special care when a child with a mental age below 10 is placed in the stream. In a normal school with regard to future education is being made. In all cases, therefore, not only in the I.Q. figures considered since the school's inception, but also the degree of emotional stability and socialization which the child has achieved. A child with a mental age below 10 and a high degree of socialization will probably be very able to take his place in an ordinary school, but another with a history of emotional instability and poor social competencies will be more appropriately placed in a special school where the more skilled environment and more favourable staff-pupil ratio will be a considerable asset to him. It is to be noted that the greatest benefit and utility such a child can derive is to be placed in the special school. Those children with an I.Q. at the lower end of the scale also have their problems and are so emotionally fragile that they are eventually have to be placed in a special school for education at school. Those in the lower range, below 50, are admitted to the school very much on a trial basis and given every chance to prove their ability to benefit from

from/

education at school, but frequently they are found suitable only for training and are subsequently transferred to the Albert Bradford Training Centre for severely subnormal children.

Educational subnormality is in effect an administrative concept - merely a grouping together of children who have failed to make progress at ordinary school. In this connection it is well to remember that success and failure are arbitrary concepts applied in relation to generally recognised forms of attainment and behaviour at specific chronological ages and that a child who is E.S.N. at school will not necessarily and inevitably become a subnormal adult. The percentage of leavers from E.S.N. schools who do not require special services after leaving school may be as high as 70%. After school leaving those who require supervision are helped more frequently by interest, kindness and friendship rather than advice.

location of school, but frequently they are found outside only
trained and are subsequently transferred to the Albert Bradford
Living Centre for severely subnormal children.
Educational subnormality is in effect an administrative concept -
only a grouping together of children who have failed to make progress
in ordinary school. In this connection it is well to remember that
concepts and terms are arbitrary concepts applied in relation to
merely recognized forms of attainment and behaviour at specific
psychological ages and that a child who is E.S.N. at school will not
necessarily and inevitably become a subnormal adult. The
percentage of leavers from E.S.N. schools who do not require special
services after leaving school may be as high as 70%. After school
leaving those who require supervision are helped more frequently by
patience, kindness and friendship rather than advice.

ANNUAL REPORT OF PRINCIPAL SCHOOL DENTAL OFFICER, 1963.

It is my pleasure to present my fourth Annual Report as your Principal School Dental Officer.

In October we lost the services of a full time Dental Officer (and 25% of our staff) Mrs. M.E. Hiscock. This necessitated the partial closure of Stanhope Road Clinic. Mrs. Hiscock had been doing very valuable work during her three year stay with us and she will be greatly missed. By regular inspections we were just beginning to get things under control. More parents were consenting to treatment, routine conservation work was keeping more children dentally fit and the number of children reporting with toothache was drastically reduced.

We have not been able to appoint a replacement. It is not surprising that the small flow of dentists coming into the school service recently, should choose to go to our larger neighbours, who can offer "extras" above the minimum standard conditions of service that we offer here. In a memorandum on the recruitment and retention of staff, introduced to the School Attendance and Hygiene Sub-Committee in November, I did stress the importance of continuity of treatment, to the children of this Authority. I was gratified that my suggestions, designed to attract staff and bring us more into line with some of our neighbours, will be acted upon. However, when authorities offer the same conditions of service we shall not be in our present invidious position whereby we are interviewed by prospective dental officers and found wanting.

The administrative charge of removing the Dental Department from the care of Education and depositing it with the Public Health Department seems to have been effected quite painlessly and correctly. I am very grateful for the support given me by Dr. Dodds and his staff, by our full time dental officer Mrs. E. Sampson and by our part time dental officers one of whom Dr.L.B. Lewis has added a D.A. to his already formidable list of qualifications. Dr. Keen our anaesthetist has continued to be amazingly punctual and efficient. I have not mentioned our Dental Surgery Assistants for some years, but the Service could not function without them. This authority owes a great deal to the loyalty and devotion to duty shown by our two Senior Dental Surgery Assistants, Mrs. Tustin and Mrs. Hancox over very many years.

ANNUAL REPORT OF THE DENTAL DEPARTMENT, 1941

It is my pleasure to present my fourth Annual Report as your Dental School Dental Officer.

In October we had the services of a full time Dental Officer and 25% of our staff Mrs. M.E. Hanson. This necessitated the trial closure of Eschwege Road Clinic. Mrs. Hanson had been doing very valuable work during her three year stay with us and will be greatly missed. By regular inspections we were just enabled to get things under control. How patients were handling the treatment, routine conversation with us keeping more things dental in and the number of patients reporting with symptoms was drastically reduced.

We have not been able to appoint a replacement. It is our regret that the small flow of dentists coming into the school twice recently, about those to go to our larger neighbors, who in other "outlets" above the minimum standard conditions of service as we offer here. In a memorandum on the recruitment and retention staff, forwarded to the School Attendance and Hygiene Sub-committee in November, I did stress the importance of continuity of contact, to the children of this locality. I was gratified by my suggestions, assigned to typewrite staff and being as near the line with some of our neighbors, will be noted upon. However, an authority after the same conditions of service we shall see in our present facilities position whereby we are interviewed by respective dental officers and found wanting.

The administrative charge of moving the Dental Department to the care of Education and Department is with the Public Health Department seems to have been effected quite painlessly and correctly. An very grateful for the support given me by Dr. Bodde and his staff, by our full time dental officer Mrs. E. Gerson and by our first dental clinic one of whom Dr. B.E. Lewis has added a A. to his already formidable list of qualifications. Dr. Keen's assistance has continued to be most helpful and I have not mentioned our Dental Surgery Assistant for the year, but the Service could not function without them.

His authority was a great deal to the loyalty and devotion to his shown by our two Senior Dental Surgery Assistants, Mrs. Justice and Mrs. Boncz over very many years.

PART FOUR

Notes and Numerical Details of the Work of the School Health Service during 1963.

SCHOOL ACCOMMODATION AND POPULATION.

Education for Smethwick children is provided in 20 primary schools and 9 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, and two special schools - an open air school and a school for educationally subnormal children. There are nursery classes at Abbey Infant, Crocketts Lane, Corbett Street, Oldbury Road and the Uplands Schools.

Details of the number of children on roll are set out below :-

PRIMARY SCHOOLS	No. on Roll (shown on Form 7M January 1964)
Abbey Road Junior	284
Abbey Infant	212
Albion Junior	279
Annie Lennard Junior and Infant ..	238
Bearwood Road Junior and Infant ..	307
Brasshouse Lane Infant	184
Cape Junior	299
Cape Infant	173
Corbett Street Junior and Infant ..	180
Crocketts Lane Junior	325
Crocketts Lane Infant	225
Devonshire Road Junior	444
Devonshire Road Infant	293
George Betts Junior	227
Oldbury Road Infant	167
St. Matthews Church of England Junior and Infant	246
St. Philip's Roman Catholic Junior and Infant	325
Uplands Junior	309
Uplands Infant	244
Waterloo Road Junior and Infant . ..	223
 SECONDARY SCHOOLS	
Sandwell Boys	351
Sandwell Girls	297
Shireland Girls	362
Smethwick Hall Boys	387
Smethwick Hall Girls	425
Uplands Boys	394
Holly Lodge Boys' Grammar	552
Holly Lodge Girls' Grammar	665
James Watt Secondary Technical School Boys	374
 SPECIAL	
Firs Open Air	98
Highfield	120
 OTHER	
Edith Sands Nursery	80

	9,289

FINDINGS OF SCHOOL MEDICAL EXAMINATIONS

UNCLEANLINESS

School nurses made 19,223 cleanliness inspections of children in school during the year, 684 children (3.6%) were found to be unclean. This compared with 1.66% children who were found to be unclean last year. As in 1962 it was not necessary to serve a notice under Section 54 of the Education Act, 1944.

Forty-eight new cases were treated at the cleansing sessions which were held at the First Clinic during the year; a total of 653 treatments being given compared with 589 during 1962.

TONSILS AND ADENOIDS

During the year 23 children were found to have unhealthy tonsils and/or adenoids requiring treatment, and 10 had other abnormal conditions of the nose and throat requiring treatment. In addition 269 children were found to have nose or throat defects requiring observation only.

SKIN DISEASES

There were no cases of infectious skin diseases (ringworm, scabies and impetigo) during the year and out of 2,250 children examined, 51 were found to be suffering from conditions of the skin which required treatment.

DEFECTIVE VISION (INCLUDING SQUINT)

The number of children found to have defective vision was 372 of whom 100 were referred by school doctors as new cases for refraction. The former figure includes all those children seen at school medical examinations whose visual defect had been ascertained previously and who were already receiving treatment. In addition 15 cases of squint were referred to an Ophthalmic Surgeon for treatment. The percentage of defects under this heading was 17.2% of the total number of children examined as compared with 16.4% last year.

EAR DISEASES AND HEARING

The number of children found to be suffering from ear diseases and defective hearing was 113 or 5% of the total number inspected. Of these 19 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

I. 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 tables show details of B.C.G. vaccination in 1963, 1962 and 1961. It is very gratifying to report a further increase in the acceptance rate to 81.1%.

	1963	1962	1961
(a) Total children in 13 year age group	921	1,037	1,171
(b) No. of children whose parents accepted the offer of B.C.G. Vaccination	747 (81.1%)	816 (78.6%)	893 (76.26%)
(c) No. of children skin tested after elimination of T.B. contacts	733	802	883
(d) No. of children who were positive to skin tests and therefore did not need vaccination	85 (11.66%)	88 (10.9%)	66 (7.47%)
(e) No. of children vaccinated with B.C.G.	644	712	816

Of the total children tested, 41 were Indian or Pakistani in origin, and 24 of these were Mantoux positive though 6 were only mild positive reactions. Of all children tested 29 gave only mild positive reactions to the skin test.

The rate of positive reactions to the Mantoux test among children other than those of Asiatic origin, was 8.9%. All positive reactions indicate that the children concerned have been in contact with the disease and that the reservoir of infection within the community is still very much present. One active case of ~~pulmonary~~ tuberculosis was found following x-ray examination of these children. This was of non-pulmonary type and the patient, an Indian child, was admitted to the Limes Children's Sanatorium.

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 120 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 non-tuberculous	97	-
Number found tuberculous ...	4	2
Number under observation ...	17	-

The total attendance of school children at the Clinic was 708 compared with 618 during the previous year and 509 in 1961.

INFECTION DISEASES

1. TUBERCULOSIS
REVISION

At the beginning of the year the parents of all 15 year old school children were advised the opportunity of having their children in this age group vaccinated if necessary against tuberculosis by use of B.C.G. vaccine.

The following tables show details of B.C.G. vaccination in 1962, 1963 and 1964. It is very gratifying to report a further increase in the acceptance rate to 81.1%.

Year	(a) Total children in 15 year age group	(b) No. of children whose parents accepted the offer of B.C.G. vaccination	(c) No. of children who were vaccinated with B.C.G.	(d) No. of children who were positive to skin tests and therefore did not need vaccination	(e) No. of children who were tested after vaccination of T.B. contacts	(f) No. of children who were positive to skin tests and therefore did not need vaccination
1961	1,171	897	853	68	553	68
1962	1,037	816	812	28	512	28
1963	781	707	707	27	544	27
		(81.1%)	(90.8%)	(11.0%)		(7.7%)

Of the total children tested, 41 were Indian or Pakistani in origin, and 14 of these were known positive though 6 were only mild positive reactions. Of all children tested 29 gave only mild positive reactions to the skin test.

The rate of positive reactions to the Mantoux test among children other than those of Asian origin, was 5.8%. All positive reactions indicate that the children concerned have been in contact with the disease and that the reservoir of infection within the community is still very much present. The active case of pulmonary tuberculosis was found following x-ray examination of these children. This was of non-primary type and the patient, an Indian child, was admitted to the Queen Elizabeth's Hospital.

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 done where indicated as an aid to diagnosis.

During the year 150 children of school age, including contacts of known patients, underwent the observation of the Chest Clinic for the first time. The findings in these cases were as follows:-

Number under observation	Number found non-tuberculous	Number found tuberculous	Other forms
150	147	3	-

The total attendance of school children at the Clinic was 708 compared with 618 during the previous year and 509 in 1961.

**ii. ACUTE INFECTIOUS FEVERS
PREVENTION**

Twenty-one school children were given primary courses of injections against diphtheria 1495 received boosting or reinforcing injections. In addition 968 pre-school children were protected against diphtheria at the various child welfare clinics, and by private medical practitioners during the year.

The following table shows the protection given to school children during 1963 against poliomyelitis.

	Oral	Salk
Full course	31	7
3rd. doses	40	11
4th. doses	237	57

INCIDENCE

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

	1963	1962	1961	1960	1959
Acute Poliomyelitis (Paralytic)	-	-	1	-	1
Acute Poliomyelitis (Non-Paralytic) ...	-	-	-	-	-
Acute Pneumonia	1	-	-	-	1
Meningococcal Infection ...	-	1	1	-	1
Diphtheria	-	-	-	-	-
Dysentery	2	17	2	8	10
Measles	308	46	543	7	491
Scarlet Fever	19	18	12	30	47
Whooping Cough	20	19	9	21	58
Food Poisoning	-	1	1	-	4
Erysipelas	-	1	-	-	-
Acute Encephalitis	-	-	-	-	-
Malaria (relapse)	-	-	-	-	-

WORK OF THE SCHOOL NURSES

	1963	1962	1961	1960	1959
Schools:					
Assisting at School Medical Officer Sessions including preparation	330	258	204	199	208
Examination of heads for nits, ringworm etc.	19,223	18,251	18,457	17,904	22,509
School Clinics:					
Inspection Clinic Sessions	171	149	154	176	161
Treatment Clinic Sessions	103	904	762	769	570
Eye Clinic Sessions ...	179	183	184	179	136
Skin Clinic:					
Number of sessions ...	-	-	4	4	6
Number of children treated	-	-	4	4	8
Number of baths given ...	-	-	4	4	8
Visits to Houses:					
Defects and "Following up"	400	376	492	422	353

ACUTE INFECTIONS

PREVENTION

Twenty-one school children were given primary courses of injections against diphtheria in 1955 received boosting or retaining injections. In addition 208 pre-school children were protected against diphtheria at the various child welfare clinics, and by private medical practitioners during the year.

The following table shows the protection given to school children during 1955 against poliomyelitis.

	Oral	Both
Full course	31	7
1st. dose	40	11
2nd. dose	537	37

INCIDENCE

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

1955	1950	1951	1952	1953	
1	-	1	-	-	Acute Poliomyelitis (Paralytic)
-	-	-	-	-	Acute Poliomyelitis (Non-Paralytic)
1	-	-	-	1	Scarlet Fever
1	-	1	1	-	Bacterial Infection
10	1	1	12	10	Diphtheria
21	1	1	25	20	Measles
27	21	20	18	10	Croup
28	21	19	19	20	Whooping Cough
4	1	1	1	1	Food Poisoning
1	1	1	1	1	Styptic
1	1	1	1	1	Acute Rheumatism
1	1	1	1	1	Scarlet (Swaps)

WORK OF THE SCHOOL NURSES

1955	1950	1951	1952	1953	
508	199	204	258	330	Examinations at School Medical Officer Sessions including preparation
19,555	18,457	18,557	18,557	19,555	Examination of books for nits, ringworm etc.
161	176	194	149	171	School Clinics:
250	269	265	304	103	Inspection Clinic Sessions
156	159	184	183	179	Treatment Clinic Sessions
					Eye Clinic Sessions
6	4	4	-	-	Skin Clinic
8	4	4	-	-	Number of sessions
8	4	4	-	-	Number of children treated
8	4	4	-	-	Number of books given
352	452	492	378	400	Visits to Homes:
					Defects and "Following up"

EXCLUSIONS FROM SCHOOL

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

Impetigo	...	...	...	...	1
Chicken Pox	...	...	...	...	2
Scabies	...	...	...	...	2
Bronchitis	..	...	...	...	1
Other conditions	...	...	...	...	2
					<hr/>
					8
					<hr/>

MINOR AILMENTS

Minor ailments are treated by the School Nurses under medical guidance at treatment clinics, held at The Firs, Holly Lane, Cape Hill and Stanhope Road Clinics. Full details of defects treated at these clinics during the year are provided in the tables given on pages 23 to 27

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. daily.

Dental: Daily

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

Chest: 10 a.m. - 12 noon, Tuesday.

Enuresis: In conjunction with Consultation Clinic

Holly Lane Clinic, Holly Lane:

Minor Ailments -

Medical Consultations: 9.30 a.m. - 12 noon, Thursday

Treatment: 9.30 a.m. - 11 a.m. daily.

Ultra-Violet Ray: 9.30 a.m. - 11 a.m. Friday
2.0 p.m. - 4.0 p.m. Tuesday.

Eye: 9.30 a.m. - 12 noon, Mondays and Tuesdays.

2.0 p.m. - 4.0 p.m. Mondays and Thursdays.

Dental: Daily

Enuresis: In conjunction with Consultation Clinic.

Cape Clinic, Cape Hill:

Minor Ailments -

Medical Consultations: 9.30 a.m. - 12 noon, Friday

Treatment: 9.30 a.m. - 11 a.m., Daily.

Dental: Daily

Enuresis: In conjunction with Consultation Clinic.

Stanhope Road Clinic, Stanhope Road:

Minor Ailments -

Medical Consultations: 9.30 a.m. - 12 noon Monday

Treatment: 9.30 a.m. - 11.0 a.m. daily.

Dental: Daily

Enuresis: In conjunction with Consultation Clinic

Nine certificates were issued during the year excluding children from attendance for the following reasons:

Epistaxis	...	...	...
Cholera	...	...	...
Scabies	...	...	...
Protrusion	...	...	...
Other conditions	...	...	...
			5

MINOR AILMENTS

Minor ailments are treated by the School Nurses under medical assistance at treatment clinics, held at the Vitz, Holly Lane, Cape Hill and Stanhope Head Clinics. Full details of dates treated at these clinics during the year are provided in the tables given on pages 23 to 25.

CLINICS AND TREATMENT CENTRES

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

Vitz Clinic, Cape Hill:

Minor Ailments -
Medical Consultations: 9.30 - 12 noon Tuesday
Treatment: 9.30 - 11.0 a.m. daily.
Dental: Daily

Clinic: 9.30 a.m. - 12.30 p.m. Monday to Friday
Dental: 10 a.m. - 12 noon, Tuesday.

Protrusion: In conjunction with Consultation Clinic
Holly Lane Clinic, Holly Lane:

Minor Ailments -
Medical Consultations: 9.30 a.m. - 12 noon, Thursday
Treatment: 9.30 a.m. - 11 a.m. daily.
Ulcers-Vitiligo: 9.30 a.m. - 11 a.m. Friday
Dental: 2.0 p.m. - 4.0 p.m. Tuesday.

Eyes: 9.30 a.m. - 12 noon, Mondays and Tuesdays.
Dental: 5.0 p.m. - 8.0 p.m. Mondays and Thursdays.
Dental: Daily

Protrusion: In conjunction with Consultation Clinic.
Cape Hill Clinic, Cape Hill:

Minor Ailments -
Medical Consultations: 9.30 a.m. - 12 noon, Friday
Treatment: 9.30 a.m. - 11 a.m. daily.
Dental: Daily

Protrusion: In conjunction with Consultation Clinic.
Stanhope Head Clinic, Stanhope Head:

Minor Ailments -
Medical Consultations: 9.30 a.m. - 12 noon Monday
Treatment: 9.30 a.m. - 11.0 a.m. daily.
Dental: Daily

Protrusion: 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 83 and 991 attendances were made, compared with 72 cases and 888 attendances during the previous year.

The chief conditions referred for light treatment were adenitis bronchitis, frequent cold 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.

	1963	1962	1961
Total number of children examined	1,468	1,409	1,489
Total number of spectacles prescribed	781	677	765
Total number of spectacles obtained	778	675	756
Total number of treatments	18	34	27
New cases	284	422	398
Spectacles ordered	131	165	177
Referred to hospital	4	5	7
Re-examinations	1,039	987	1,091
Spectacles ordered	600	512	588
Referred to hospital	7	7	5
Treatments:			
New cases	11	18	18
Referred to hospital	4	5	7
Re-examinations	7	16	9
Referred to hospital	7	7	5
Toddlers examined	145	86	102
Spectacles prescribed	50	17	29
Spectacles obtained	50	17	29

ORTHOPAEDIC AND POSTURAL DEFECTS

The number of children attending the Smethwick Orthopaedic Clinic during the year was 73. This was a 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	-
Postural defects	1	3
Development Abnormalities		
(a) Knock Knees	5	6
(b) Flat Feet	10	7
(c) Deformed Toes	7	2
(d) Others	7	1
Poliomyelitis	3	1
Painful joints	7	1
Spastic Conditions	2	3
Miscellaneous	2	3
	<hr/> 46	<hr/> 27

There were 5 children admitted to the Woodlands Hospital during the year.

EDUCATION OF HANDICAPPED PUPILS

I. - NEW RECOMMENDATIONS DURING THE YEAR

Examinations of handicapped pupils carried out during the year 1963 resulted in recommendations being submitted as follows :

	Boys	Girls	Total
Partially Sighted - Special School ..	-	1	1
Delicate - Firs Open Air School ..	23	13	36
"The Hollies"	4	3	7
Residential School	11	1	12
Physically Handicapped:			
Carlson House	-	1	1
Educationally Subnormal:			
Transfer from Special to Ordinary School	3	2	5
Ordinary School with Special Education ..	3	1	4
Special School (Day)	7	5	12
Excluded as ineducable (Section 57/3)	1	1	2
Excluded Special School (reached age limit)	6	8	14
Department of Child Study	2	2	4
Firs Open Air School ...	4	-	4
Residential School Speech Defect	1	-	1
Maladjusted:			
Child Guidance Clinic	1	1	2
Department of Child Study	1	-	1
Observation at Consultation Clinic	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
<u>Blind and Partially-Sighted:</u>				
Priestley Smith School, Perry Common Road, Birmingham ..	City of Birmingham	3	-	3
Condover Hall, Shrewsbury ...	Voluntary	1	-	1
<u>Deaf and Partially Deaf:</u>				
Braidwood School for the Deaf, Perry Common Road, B'ham, 23.	City of Birmingham	-	4	4
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

<u>Educationally Subnormal:</u>				Maintaining	Boys	Girls	Total.
Besford Court Roman Catholic School, Worcester	...	...	...	Authority Voluntary	1	-	1
Pitt House School, Torquay	...	...	...	Independent	2	-	2
<u>Epileptic:</u>							
Colthurst House School (David Lewis Colony), Warford, Alderley Edge, Cheshire	...	...	...	Voluntary	1	-	1
<u>Delicate:</u>							
St. Catherine's Home, Ventnor	...	...	...	Voluntary	1	-	1
Meath School, Ottershaw	...	...	...	Voluntary	1	-	1
Hapstead, Buckfastleigh, Devon	...	...	...	Voluntary	-	1	1
Lord Mayor Treloar, Froyle Alton, Hants	...	...	...	Voluntary	1	-	1
<u>Physically Handicapped:</u>							
Carlson House School for Spastics, Harborne, B'ham	...	...	...	Voluntary	1	1	2
Baskerville, Residential School for Physically Handicapped, Birmingham	...	...	...	City of Birmingham	1	-	1
<u>Maladjusted:</u>							
St. Francis School, Hooke, Dorset	...	...	...	Voluntary	1	-	1
Swalcliffe Park, Banbury	...	...	...	Voluntary	1	-	1

(b) Maintained by the Smethwick Local Education Authority.

HIGHFIELD SCHOOL				Boys	Girls	Total.
Number on register, 1st. Jan. 1963.	...	...	...	76	41	117
Admitted during year	...	...	...	16	8	24
Discharged during year	...	...	...	11	11	22
Number on register, 31st. Dec. 1963	...	...	...	81	38	119
<u>Pupils Discharged:</u>						
Reached the age limit	...	...	...	6	8	14
Discharged - no longer in need of special educational treatment	...	...	...	3	2	5
Left district	...	...	...	-	1	1
Transferred to Residential School	...	...	...	1	-	1
Committed to approved school	...	...	...	1	-	1

THE FIRS OPEN AIR SCHOOL

The Firs Open Air School has accommodation for 100 children. There were 99 children on the register on 31st. December, 1963.

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 seven children of school age during the year. These, together with those already in residence, were maintained for 1,166 days.

COSTS

The approximate cost of the School Health Service during the year 1962/63 was £32,064.

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 154 - 137 for boys and 17 for girls. One certificate was refused on medical grounds.

Nature of proposed employment -

	Boys	Girls
Delivering Newspapers ...	87	3
Errands	20	-
Counter Assistants ...	5	9
Milk Delivery	2	-
Women's Hairdressing ...	-	5
Others	23	-
	<hr/>	<hr/>
	137	17
	<hr/>	<hr/>

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				(6)	(7)	(8)	(9)
		Satisfactory		Unsatisfactory					
		No.	% of Col. 2	No.	% of Col. 2				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
1959 & later	86	84	97.7	2	2.3	3	21	18	
1958	352	350	99.4	2	0.6	13	49	53	
1957	171	171	100	-	-	11	27	30	
1956	25	25	100	-	-	2	3	3	
1955	38	38	100	-	-	2	7	6	
1954	47	47	100	-	-	1	19	14	
1953	338	337	99.7	1	0.3	25	48	64	
1952	73	73	100	-	-	13	16	26	
1951	20	20	100	-	-	-	5	5	
1950	16	16	100	-	-	1	1	1	
1949	302	300	99.3	2	0.7	11	7	18	
1948 & Earlier	782	779	99.4	3	0.4	18	45	60	
TOTAL	2250	2240	99.5	10	0.5	100	248	298	

B. OTHER INSPECTIONS

Number of special inspections	...	...	...	2,283
Number of Re-inspections	...	...	...	3,112
TOTAL	...	...	...	<u>5,395</u>

C. INFESTATION WITH VERMIN

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 19,223
- (b) Total number of individual pupils found to be infested 315

- (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) -

SCREENING TESTS OF VISION AND HEARING.

The vision of all school entrants is tested as soon as possible after entry at the first school medical examination. Subsequent vision tests are arranged in the Junior School and every year in the Senior School. Colour vision testing is undertaken by school nurses in all Senior Schools including both Grammar and Technical schools at the final leavers examination.

Testing of hearing on the pure tone audiometer is carried out by school nurses on all children, soon after their admission to the Junior School. Any child who shows a hearing loss is referred to the audiometer clinic, where the audiogram is checked and any appropriate treatment arranged.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

A. PERIODIC INSPECTION

Defect Code No. (1)	Defect or Disease (2)	Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin	6	16	30	70	15	50	51	136
5	Eyes - a.Vision	16	30	29	156	55	86	100	272
	b.Squint	6	12	1	20	8	36	15	68
	c.Others	-	1	2	21	9	12	11	34
6	Ears - a.Hearing	-	2	-	8	7	23	7	33
	b.Otitis Media	6	20	3	18	2	30	11	68
	c.Other	-	-	1	4	-	7	1	11
7	Nose and Throat	17	90	1	52	15	127	33	269
8	Speech	4	8	-	12	3	16	7	36
9	Lymphatic Glands	3	96	-	8	3	200	6	304
10	Heart	1	8	-	3	-	11	1	22
11	Lungs	1	11	-	14	4	34	5	59
12	Developmental -								
	a.Hernia	4	9	-	-	3	10	7	19
	b.Other	-	26	1	3	2	76	3	105
13	Orthopaedic -								
	a.Posture	-	8	2	29	4	17	6	54
	b.Feet	15	31	1	46	18	39	34	116
	c.Other	4	13	3	61	10	16	17	90
14	Nervous System-								
	a.Epilepsy	2	-	-	1	6	2	8	3
	b.Other	-	2	-	7	2	8	2	17
15	Psychological -								
	a.Development	1	15	-	22	-	28	1	65
	b.Stability	-	26	-	12	1	69	1	107
16	Abdomen	1	3	1	1	3	3	5	7
17	Other	-	18	6	59	12	16	18	93

(O) Observation (T) Treatment.

- (a) Number of individual pupils in respect of whom clearing notices were issued (Section 24 (2), Education Act, 1944)
- (b) Number of individual pupils in respect of whom clearing orders were issued (Section 24 (3), Education Act, 1944)

HEARING TESTS OF VISION AND HEARING

The vision of all school entrants is tested as soon as possible after entry at the first school medical examination. Subsequent vision tests are arranged in the Junior School and every year in the Senior School. Colour vision testing is undertaken by school nurses in all Senior Schools including both Grammar and Technical Schools at the final leaving examination.

Testing of hearing on the pure tone audiometer is carried out by school nurses on all children, soon after their admission to the Senior School. Any child who shows a hearing loss is referred to an audiology clinic, where the audiogram is checked and any appropriate treatment arranged.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR
A. PERIODIC INSPECTION

Defect or Disease	Boys		Girls		Total	
	(1)	(2)	(3)	(4)	(5)	(6)
Other	-	16	20	12	36	32
Abdomen	1	3	1	3	2	7
Stability	-	30	13	1	14	107
Development	1	15	23	-	28	63
Psychological	-	2	2	2	4	17
Other	-	2	1	1	2	7
Stiffness	-	-	1	1	2	2
Nervous System	4	15	1	6	7	27
Other	4	13	61	10	78	90
Foot	15	21	18	30	34	116
Posture	1	8	3	4	7	24
Orthopaedic	-	20	3	3	6	105
Other	-	20	3	3	6	105
Herms	4	2	1	3	4	19
Developmental	-	1	1	1	2	19
Lungs	1	11	14	4	19	39
Heart	1	2	2	4	6	39
Lymphatic Glands	2	36	1	300	1	337
Speech	4	2	1	16	2	36
Nose and Throat	17	30	1	157	17	289
Other	-	1	1	7	1	11
d.Otitis Media	6	30	15	2	11	68
Ear - e.Hearing	-	2	2	2	11	68
Other	-	1	1	1	1	11
Eye - e.Vision	16	30	1	8	15	100
Other	-	1	1	1	1	15
Eye - e.Sight	6	12	1	1	1	15
Other	-	1	1	1	1	15
Eye - e.Hearing	-	2	2	2	2	15
Other	-	1	1	1	1	15
Eye - e.Vision	16	30	1	8	15	100
Other	-	1	1	1	1	15
Eye - e.Sight	6	12	1	1	1	15
Other	-	1	1	1	1	15
Eye - e.Hearing	-	2	2	2	2	15
Other	-	1	1	1	1	15
Eye - e.Vision	16	30	1	8	15	100
Other	-	1	1	1	1	15
Eye - e.Sight	6	12	1	1	1	15
Other	-	1	1	1	1	15
Eye - e.Hearing	-	2	2	2	2	15
Other	-	1	1	1	1	15
Eye - e.Vision	16	30	1	8	15	100
Other	-	1	1	1	1	15
Eye - e.Sight	6	12	1	1	1	15
Other	-	1	1	1	1	15
Eye - e.Hearing	-	2	2	2	2	15
Other	-	1	1	1	1	15

(1) Construction (2) Treatment

B. SPECIAL INSPECTIONS

Defect Code No	Defect or Disease	SPECIAL INSPECTIONS	
		Pupils requiring Treatment	Pupils requiring Observation
(1)	(2)	(3)	(4)
4	Skin	100	-
5	Eyes - a. Vision	16	4
	b. Squint	1	1
	c. Other	11	2
6	Ears - a. Hearing	8	1
	b. Otitis Media	3	-
	c. Other	7	7
7	Nose and Throat	1	2
8	Speech	-	-
9	Lymphatic Glands	-	2
10	Heart	-	-
11	Lungs	6	1
12	Development -		
	a. Hernia	-	-
	b. Other	5	1
13	Orthopaedic -		
	a. Posture	-	2
	b. Feet	-	1
	c. Other	17	-
14	Nervous System -		
	a. Epilepsy	-	-
	b. Other	8	3
15	Psychological -		
	a. Development	14	3
	b. Stability	3	6
16	Abdomen	-	-
17	Other	339	31

TREATMENT OF PUPILS ATTENDING MAINTAINED 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	88
Errors of refraction (including squint)	1326
Total	1414
Number of pupils for whom spectacles were prescribed	781

B. SPECIAL INSPECTIONS

(1)	(2)	(3)	(4)
Organ	Defect or Disease	Special Inspections	Observation
Eye	Defect or Disease	Special Inspections	Observation
Ear	Defect or Disease	Special Inspections	Observation
Nose and Throat	Defect or Disease	Special Inspections	Observation
Speech	Defect or Disease	Special Inspections	Observation
Lymphatic Glands	Defect or Disease	Special Inspections	Observation
Heart	Defect or Disease	Special Inspections	Observation
Lungs	Defect or Disease	Special Inspections	Observation
Development	Defect or Disease	Special Inspections	Observation
Genitalia	Defect or Disease	Special Inspections	Observation
Nervous System	Defect or Disease	Special Inspections	Observation
Psychological	Defect or Disease	Special Inspections	Observation
Abdomen	Defect or Disease	Special Inspections	Observation
Other	Defect or Disease	Special Inspections	Observation

A. THE HISTORY, DESCRIPTIVE VISIOR AND SUBJECT
 TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY
 SCHOOLS (INCLUDING HISTORY AND SPECIAL SCHOOLS)

Number of cases known to
 have been dealt with.

Number of pupils for whom spectacles were prescribed	781
Total	1414
Errors of refraction (including equal)	1338
Errors of refraction and equal, excluding errors of refraction and equal	88

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	8
(b) for adenoids and chronic tonsillitis	68
(c) for other nose and throat conditions	1
Received other forms of treatment	68
Total	145
Total number of pupils in school who are known to have been provided with hearing aids:-	
(a) in 1963	-
(b) in previous years	10

C. ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or outpatients' departments.	73
(b) Pupils treated at school for postural defects	-
Total	73

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

	Number of cases known to have been treated
Ringworm - a) Scalp	-
b) Body	-
Scabies	-
Impetigo	4
Other skin diseases	270
Total	274

E. CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics	2

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	1,119
b) Pupils who received convalescent treatment under School Health Service arrangements ..	7
c) Pupils who received B.C.G. vaccination ...	644
d) Other than (a), (b) and (c) above	64
Total	<u>1,834</u>

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(A). Dental and Orthodontic work.	
I. Number of pupils inspected by the Authority's Dental Officers:-	Totals
At Periodic Inspections 7036)	7,842
As Specials 806)	
II. Number found to require treatment	4,829
III. Number offered treatment	3,949
IV. Number actually treated	3,113
(B). Dental work (other than orthodontics).	
I. Number of attendances made by pupils for treatment excluding those recorded at (c) below	8,781
II. Half days devoted to:	
Periodic (School) Inspection 36)	
Treatment 1,372)	1,408
III. Fillings:	
Permanent Teeth 8,129)	
Temporary Teeth 943)	9,072
IV. Number of teeth filled:	
Permanent Teeth 6,987)	
Temporary Teeth 866)	7,853
V. Extractions:	
Permanent Teeth 789)	
Temporary Teeth 1,466)	2,255
VI. (i) Administration of general anaesthetics for extraction	947
(ii) No. of days and half days devoted to the administration of general anaesthetics by:	
a) Dentists	-
b) Medical Practitioners	85
VII. Number of Pupils supplied with dentures	24
VIII. Other Operations:	
i) Crowns 10)	
ii) Inlays 2)	
iii) Other treatment .. ...1,908)	1,920
(C). Orthodontics.	
Number of attendances made by pupils for orthodontic treatment	524
*Half days devoted to orthodontic treatment ...	50
Cases commenced during the year	54
Cases brought forward from the previous year ...	19
Cases completed during the year	47
Cases discontinued during the year	15
Number of pupils treated by means of appliances .	95
Number of removable appliances fitted	100
Number of fixed appliances fitted	-
Cases referred to and treated by Hospital Orthodontists -	-
* Estimated figure as no special sessions are devoted to orthodontics because of the small numbers involved.	

G. OTHER TREATMENT GIVEN

Number of cases known to have been dealt with

1,139	Pupils with minor ailments
7	Pupils who received convalescent treatment under School Health Service arrangements
64	Pupils who received B.O.G. vaccination
64	Other than (a), (b) and (c) above
1,274	Total

DENTAL INSPECTION AND TREATMENT OBTAINED OUT BY THE AUTHORITY

1,408	Half days devoted for: (i) Dental (School) Inspections
1,408	Treatment
9,032	Fillings
9,032	Permanent Teeth
9,032	Temporary Teeth
7,822	Number of teeth fitted
7,822	Permanent Teeth
7,822	Temporary Teeth
2,252	Extraction
2,252	Treatment Teeth
2,252	Temporary Teeth
947	(1) Administration of general anaesthetics for extraction
947	(ii) No. of days and half days devoted to the administration of general anaesthetics by: (a) Dentists
82	(b) Medical Practitioners
24	Number of Pupils supplied with dentures
1,930	Other Operations: (i) Crown
1,930	(ii) Inlays
1,930	(iii) Other treatment
2,842	(G) Orthodontics: Number of appliances made by pupil for: Half days devoted to orthodontic treatment
2,842	Cases commenced during the year
2,842	Cases brought forward from the previous year
2,842	Cases completed during the year
2,842	Cases discontinued during the year
100	Number of pupils treated by means of appliances
100	Number of removable appliances fitted
100	Number of fixed appliances fitted
100	Cases referred to and treated by Hospital Orthodontists
100	* Estimated figure as no special provision was devoted to orthodontics because of the small numbers involved.



