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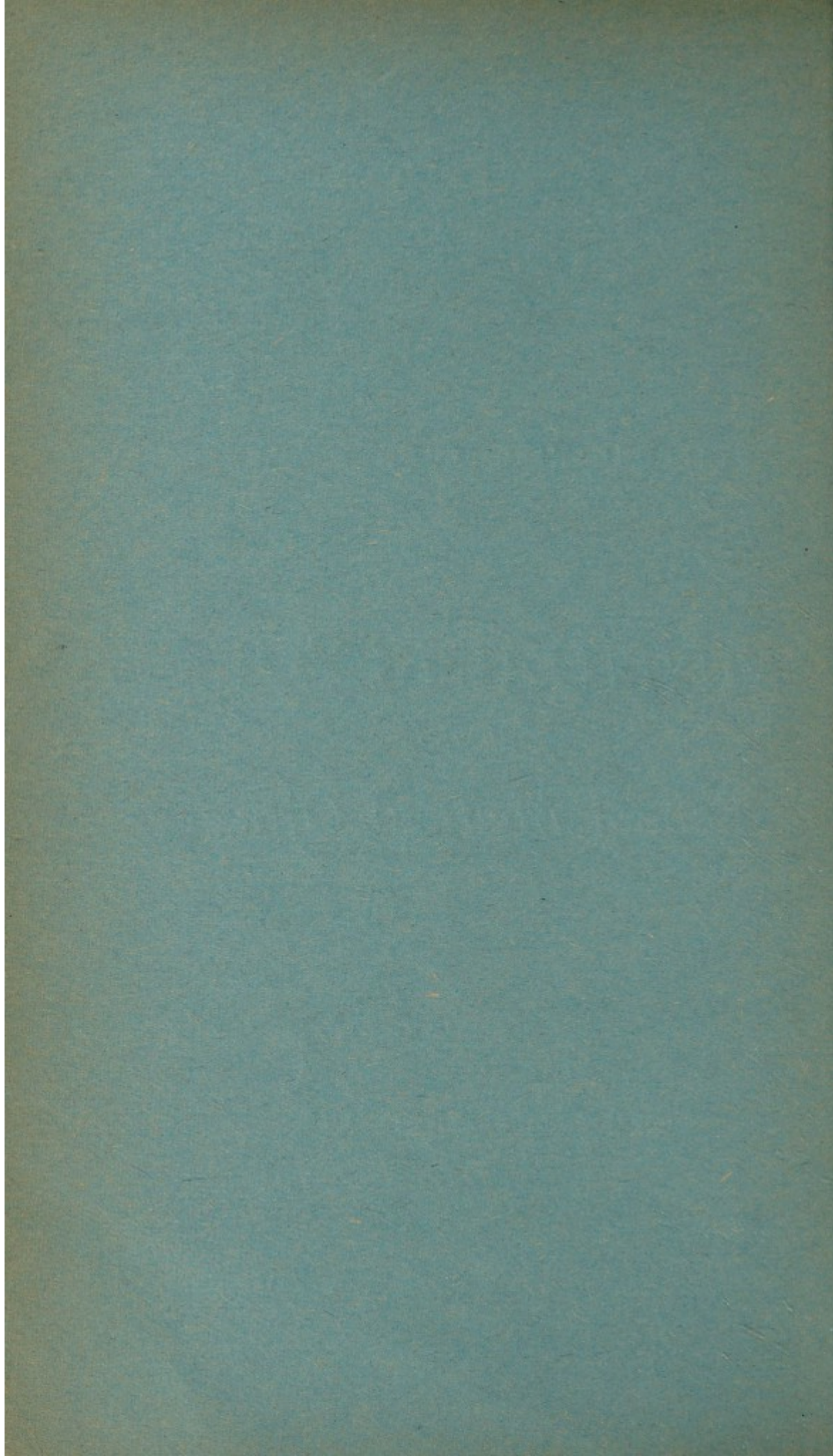


STAFFORDSHIRE COUNTY COUNCIL

*ANNUAL REPORT*  
*of the*  
*School Medical Officer*

FOR THE YEAR 1953








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## SCHOOL HEALTH SERVICE STAFF, 1953

### County School Medical Officer

G. RAMAGE, M.A. (Admin.), M.D., Ch.B., B.Sc., M.R.C.S.,  
L.R.C.P., D.P.H.

### Deputy County School Medical Officer

C. D. L. LYCETT, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.  
(Resigned 20.12.53)

### Senior Medical Officer and Assistant Medical Officer

C. S. SMITH, M.B., B.S., M.R.C.S., L.R.C.P.

### Whole-time Assistant County Medical Officers

(engaged in the School Health Service)

ELIZABETH O. ASTON, L.M.S.S.A.  
HAZEL B. BAKER, M.B., B.S., M.R.C.S., L.R.C.P.  
AGNES W. E. BLACK, M.B., B.Ch., B.A.O., D.P.H.  
MURIEL BLOOR, M.B., Ch.B.  
P. BRODBIN, L.L.M., L.R.C.P.I., L.R.C.S.I.  
SARAH CLARK, M.B., B.Ch., B.A.O., D.P.H.  
G. R. DAVIES, B.Sc., L.M.S.S.A.  
BESSIE W. GOODWILL, M.R.C.S., L.R.C.P.  
A. R. KENNEDY, M.B., Ch.B., B.Sc., M.R.C.S., L.R.C.P., D.P.H.  
(Transferred to Seisdon. Joint Appointment 1.4.53)  
ELEANOR M. PRENDIVILLE, L.R.C.P.I., L.R.C.S.I., L.M., D.P.H.  
JEAN R. M. JOHNSON, M.B., Ch.B., D.P.H., D.T.M.  
(Appointed 1.10.53. Resigned 13.12.53)  
HENRIETTA M. WILSON, B.A., B.Chir.  
(Transferred from Part-time 6.1.53)

### Assistant County Medical Officers holding Joint Appointments

(engaged in the School Health Service)

A. W. M. BATTERSBY, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.  
(Area Medical Officer and M.O.H. Uttoxeter U.D. and R.D.).  
S. C. J. FALKMAN, L.R.C.P., L.R.C.S., L.R.F.P.S., D.R.C.O.G.,  
D.P.H. (M.O.H. Sedgley U.D. and Tettenhall U.D.) (Appointed  
1.8.53)  
C. FLEMING, M.B., Ch.B., D.P.H., (M.O.H. Rugeley U.D. and  
Tutbury R.D.).  
J. T. A. GEORGE, M.B., Ch.B., D.P.H. (M.O.H. Coseley U.D.).  
R. C. GUBBINS, M.B., Ch.B., D.P.H., (M.O.H. Willenhall U.D.)  
A. R. KENNEDY, M.B., Ch.B., B.Sc., M.R.C.S., L.R.C.P., D.P.H.  
(M.O.H. Seisdon R.D.) (Appointed 1.4.53)  
ELSIE A. McWHIRTER, M.B., Ch.B., D.P.H., (M.O.H. Darlaston U.D.)  
A. F. MORGAN, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.,  
(M.O.H. Tamworth M.B.)  
F. J. MURRAY, L.R.C.P.I., L.R.C.S.I., L.M., D.P.H. (M.O.H. Stone  
R.D.)  
D. A. SMYTH, M.B., B.S., D.P.H. (M.O.H. Bilston M.B.)  
(Appointed 8.9.53)  
A. G. THOMSON, M.B., Ch.B., D.P.H. (M.O.H. Stafford R.D.)  
E. H. TOMLIN, M.D., Ch.B., D.P.H. (Area Medical Officer and  
M.O.H. Cheadle R.D.).  
R. WEBSTER, M.B., Ch.B., D.T.M., & H., D.P.H. (Area Medical  
Officer and M.O.H. Cannock U.D.).



## Part-time Assistant County Medical Officers

(engaged in the School Health Service)

MARGARET BAMBER, M.B., B.Ch., B.A.O.  
EILEEN N. COSGRAVE, M.B., B.Ch., B.A.O.  
IVY R. GIFFORD, M.B., Ch.B. (Dental Anaesthetist).  
BERTHA HENLY, M.B., Ch.B., M.R.C.S., L.R.C.P.  
ROSE MACAULIFFE, M.B., B.Ch., B.A.O.  
T. R. O'DEMPSEY, M.B., B.Ch.  
EDITH G. SHERWOOD, M.R.C.S., L.R.C.P. (Dental Anaesthetist).  
MARY M. SILLITO, M.B., B.S., M.R.C.S., L.R.C.P.  
MILLICENT TATE, M.R.C.S., L.R.C.P., D.P.H.  
R. D. WILLCOCK, M.B., B.S.  
HENRIETTA M. WILSON, B.A., B.Chir. (Transferred to whole-time 6.1.53)

## Specialists

(engaged in the School Health Service)

### COUNTY PSYCHIATRIST:

H. S. COULSTING, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.M.

### PART-TIME OPHTHALMIC SPECIALISTS:

A. N. CAMERON, M.B., Ch.B., F.R.C.S., D.O.M.S.

G. F. HAYCRAFT, M.R.C.S., L.R.C.P., D.O.M.S.

N. A. JEVONS, L.M.S.S.A. (Appointed 12.1.53)

B. U. KILLEN, M.B., B.Ch., B.O.A., D.O.M.S. (Appointed 6.1.53)

H. CAMPBELL ORR, M.B., Ch.B., F.R.F.P.S.

NINA WARWICK, M.B., Ch.B., D.O.M.S. (Appointed 7.1.53)

### PART-TIME ORTHOPAEDIC SPECIALIST:

\*N. HEATH, M.R.C.S., L.R.C.P., F.R.C.S.

### PART-TIME E.N.T. SPECIALIST:

W. D. PATERSON, M.B., Ch.B., F.R.C.S.

\*Attends County Clinics as Regional Hospital Board Officer.



## County Dental Officer

F. C. WINTER, L.D.S.

### Whole-Time Dental Surgeons

A. S. BROGDEN, L.D.S. (Appointed 1.5.53)  
J. BRYDONE, L.D.S., R.C.S.  
J. BUNCH, L.D.S., R.C.S.  
D. E. CHATER, L.D.S., R.F.P.S.  
E. COOPER, L.D.S.  
J. W. DAVIES, L.D.S.  
F. S. DUCK, L.D.S., R.C.S.  
S. FORD, L.D.S., R.C.S.  
F. INNES, L.D.S., R.C.S.  
J. L. JACQUES, L.D.S., R.C.S.  
M. C. LAUDER, L.D.S., R.C.S.  
G. P. MACINTOSH, B.D.S. (Resigned whole-time 30.9.53)  
J. D. NELSON, L.D.S.  
T. C. J. PRICE, B.D.S.  
L. H. THOMPSON, L.D.S.

### Part-time Dental Surgeons

A. M. BLANDFORD, L.D.S., R.C.S.  
MISS J. BUTLER, B.D.S. (Appointed 5.10.53)  
L. F. KELLY, L.D.S., R.F.P.S.  
G. P. MACINTOSH, B.D.S. (Appointed 1.10.53)  
P. SLANEY, L.D.S. (Appointed 9.9.53)  
E. WEDGEWOOD, L.D.S. (Appointed 7.9.53)

### Medical Auxiliaries

#### PHYSIOTHERAPIST:

MISS F. M. BARNES.

#### SPEECH THERAPISTS:

MISS S. M. Y. BAILEY, L.C.S.T. (Resigned 31.12.53)  
J. F. BARNARD, L.C.S.T. (Resigned 17.6.53)  
MISS H. M. BINKS, L.C.S.T.  
MISS D. BOWKETT, L.C.S.T.  
MISS C. M. COALES, L.C.S.T. Appointed 1.9.53)  
MISS J. M. MOON, L.C.S.T. (Appointed 1.9.53)

#### EDUCATIONAL PSYCHOLOGIST:

D. MNISZEK, B.A. (Hons.)

#### PSYCHIATRIC SOCIAL WORKER:

MISS M. WILLIAMS (Appointed 1.10.53)

## SUMMARY OF ASSISTANT STAFF

<i>Staff</i>	<i>Establishment.</i>	<i>No. Employed on 31.12.53</i>	<i>Equivalent in terms of Whole-time Staff</i>
Asst. School Medical Officers	22	34	14.59
Dental Surgeons ... ..	29	20	17.4
Physiotherapists ... ..	1	1	1
Speech Therapists ... ..	6	5	4.64
School Nurses ... ..	32.96	122	25.46
Clinic Nurses ... ..	6.85	10	6.85
Dental Attendants—Qualified	30	3	19.5
Unqualified		18	
Clerks ... ..	17	17	17

N.B.—Details of the staff in the Newcastle-under-Lyme Excepted District will be found on page 76.

## GENERAL INFORMATION

	<i>Urban Areas</i>	<i>Rural Areas</i>	<i>Admin. County</i>
Estimated civilian population of Administrative County (Mid 1952) ... ..	640,900	217,500	858,400
Acreage ... ..	99,960	585,543	685,503
Density of population per acre	6.41	0.37	1.25
Mean area per person in acres	0.16	2.69	0.79

Estimated School population of Administrative County (inc. Newcastle) ... ..	136,724
Estimated School population of Newcastle Excepted District ... ..	12,383
Average number on roll (incl. Newcastle) ... ..	132,441
Average Attendances (incl. Newcastle) ... ..	119,788

Number of schools and departments in the County (incl. Newcastle)—

Nursery Schools ... ..	17	} Total 648
County Primary Schools ... ..	270	
Voluntary Primary Schools ... ..	235	
County Secondary Modern Schools ... ..	85	
Voluntary Secondary Modern Schools ... ..	8	
County Secondary Grammar and High Schools	21	
Voluntary Secondary Grammar and High Schools	2	
County Secondary Technical Schools ... ..	4	
Special Schools—Residential ... ..	3	
—Day ... ..	1	
—Hospital ... ..	2	



# *Annual Report of the School Medical Officer*

1953

## **PREFACE**

During the year under review the steady improvement in the Service was continued, and with two exceptions, which are dealt with below, better results were secured. The improvement resulted from one factor, *i.e.*, a slight increase in staff, and in the "Summary of Assistant Staff" it will be seen that more doctors and nurses were at work. This, together with a reduction in the number of school clinics by dispensing with those which could not be fully justified, resulted in an increase in the number of school medical inspections carried out, and compared with three years ago, 10,000 more children were so examined. Furthermore, there was a big increase in the numbers of examinations for employment licences and of candidates for the teaching profession. It must be made clear, however, that the medical and nursing staffs are still far from complete.

The nurses' visits to the children's homes rose by 2,400 and the increase was largely accounted for by the number of eye defects. The more home visits that can be arranged the better, for they give the nurses, who are usually the Health Visitors also, the opportunity of assisting other members of the families, if necessary, at the same time as they ensure that the school children are receiving proper treatment.

The appointment of an additional Speech Therapist has enabled the need for this form of treatment to be more fully met. Further clinics were opened, and for the first time it was possible to arrange treatment for groups of educationally sub-normal children at the Standon Bowers and Walton Hall Residential Schools.

The addition of a whole-time Audiometrician and a part-time Ear, Nose and Throat Specialist to the Staff were important steps forward. During the year the hearing of children of the age selected (8 years) and some of other ages were examined and 685 defects found. The children concerned were referred to the Specialist but treatment could



be secured for a proportion only, for, unfortunately, the clinics were so over-burdened that a waiting list developed. Steps are being taken to reduce this by a re-arrangement of the work. However, the scheme has fully justified its introduction and has led to the discovery of important defects which otherwise would not have been found until later, if at all.

The Ear, Nose and Throat Specialist has also seen many cases referred by the School Medical Officers and, in particular, has assessed applications for places on the waiting list for the Needwood School for the Partially Deaf received from other Authorities.

This was the first full year of work by the part-time Ophthalmic Surgeons and it will be seen that they saw a larger number of children, viz., 8,180 as compared with the 1952 figure of 5,800. This was due to the possibility of holding more clinics than could be attended by one man, and, needless to say, the increased help to the children is most welcome.

The County Psychiatrist investigated twice as many school children with behaviour problems, and this increase represents the beginnings of the Child Guidance Service which the Committee have approved in an experimental form. Adaptations to premises and the need for additional staff still prevent the full operation of the scheme.

It was also possible during the year to institute further sessions and clinics for ultra-violet light treatment.

The unsatisfactory aspects were principally the continued high incidence of diphtheria in some parts of the County and the dental state of the children. As regards the former, 73 cases of diphtheria occurred with 6 deaths (2 in children of school age). Diphtheria is a preventable disease and should not now occur. Considerable efforts have been made to immunise all the children in the districts concerned, but, notwithstanding those endeavours, 26 per cent. remain unprotected owing to parental refusal. It may be that the infection is being transmitted more from the adult population. Though the continued presence of such cases is profoundly disturbing, they have demonstrated the value to the individual child of immunisation, for of 19 cases which were moderately severe or very severe, only 3 children who were over 5 years of age had been immunised, the immunity of the latter having waned with time.

Regarding the dental service, two unsatisfactory aspects present themselves; first, that the school entrants' teeth are continuing to deteriorate, and secondly, that the number of



Dental Surgeons available for appointment is insufficient to enable the staff to be brought to full strength and so maintain good teeth in the whole school population. The causes of the continuing deterioration of the teeth of the entrants are hard to define. In the first place one is apt to state that a factor is incorrect diet, including an increased consumption of sweets and starchy foods, yet the consumption of milk has never been higher, and it is likely that the children under 5 years of age will have shared this increase. Whatever the causes, increased attention is needed for preventive dental treatment of this age group, and this is a matter, difficult to resolve, which is outside the purview of the Education Committee.

In recent years there has been evidence of reluctance on the part of Dental Practitioners to treat children of school age and this, coupled with the shortage of Local Authority Dental Surgeons, has resulted in a very high proportion of decayed teeth in the school population. There are now signs that more children are being treated outside the School Dental Service and this tendency will relieve the Local Authority's service of some emergency work and allow more attention to be directed towards its primary duties of prevention and conservation. It is with this object in view that the County Council has maintained the scheme of treatment advocated by the Ministry of Education whereby a dental surgeon is given a population of such size that he can maintain the children's teeth in good condition. With the shortage of staff, this leads to parts of the County being without any any Dental Surgeons, which is deplorable, but less so than if the time of those available was spread over the whole area, because this could result in hurried work and undue tendency to extractions. The volume of the work would also oust any possibility of preventive action. There is more hope at present of recruiting staff and some parts of the Country have full establishments, but the shortage still continues in Staffordshire.

The mobile dental clinics continue to give excellent service and are ideal from the school point of view. An increase in general anaesthetics administered suggests that a larger number of cases are demanding extensive work and the method is increasingly popular with the children.

It will be noted from the Section dealing with handicapped pupils that the greatest need of accommodation is for educationally subnormal, delicate and partially deaf children. The first need was met to some extent by increasing the number of places at the William Baxter Day School for educationally sub-normal children at Cheslyn Hay from 30



to 60, and it is hoped that an additional residential school at Loxley will be opened in 1954. At the time of writing there is no waiting list for the placement of partially deaf children because of the opening of the Needwood School.

In previous years, reference has been made to the verminous condition of a proportion of school children and the figure recorded this year is again too high, viz., 11,000 out of a population of 124,341: roughly 1 child in 10 in the County has evidenced lack of cleanliness. Obviously this is a responsibility of the parents, and one wonders if the present generation will ever realise the need for, and the pleasantness of, cleanliness. Action must lie in educating children in cleanly habits, but, unfortunately, this is hampered by the present insanitary conditions at many schools. This has been caused by the difficulties of securing new buildings since 1940, but there is increasing hope that these conditions will be remedied more speedily than in the past.

The reader will gather that, in general, 1953 was a year of increased services and work, the benefits of which will slowly manifest themselves to the school children, and that with the exception of dentistry, arrears are being overtaken. Many difficulties remain to be solved and there is one principal remedy, i.e., more medical, dental, nursing and clerical staff. Given a full establishment, the health and happiness of Staffordshire children could be improved to a new high level.

Comments on the year's working would not be complete without an acknowledgment of the cordial and enthusiastic support of all members of the teaching and administrative staffs of the Education Department and the medical and nursing staff and clerical staff of the School Health Service. The latter have shouldered a big increase in work resulting from the new schemes and the extended activities in the clinics and schools; their heavy pressure of work has been recognised by the Committee, who have decided to increase the clerical staff.

G. RAMAGE,

*County Principal School Medical Officer.*



# Report

## PART I—

### INSPECTIONS AND OTHER EXAMINATIONS.

Table 1. Medical Inspection of pupils attending main-  
tained Primary and Secondary Schools (including  
Special Schools).

#### A.—Periodic Medical Inspections.

Number of Inspections in the prescribed Groups :

	1951	1952	1953
Entrants ...	9,177	15,360	16,431
Second Age Group	7,306	6,262	9,462
Third Age Group	6,476	4,613	5,569
Total ...	22,959	26,235	31,462

#### B.—Number of other Inspections

Special Inspections	199	55	57
Re-inspections	15,929	13,144	15,827
Total ...	16,128	13,199	15,884

#### C.—Pupils found to require treatment.

Number of individual pupils found at periodic medical  
inspections to require treatment (excluding dental  
diseases and infestation with vermin).

	<i>For defective vision (exclud- ing Squint)</i>	<i>Percentage of Pupils with Def. vision</i>	<i>For any of the other conditions recorded in Table 2</i>	<i>Percentage of Pupils with other defects</i>	<i>Total Individual Pupils</i>
Entrants	367	2.23	1,444	8.79	1,752
Second Age Group	480	5.07	701	7.41	1,114
Third Age Group	244	4.38	335	6.01	559
Total	1,091	3.47	2,480	7.88	3,425

Table 2. Return of Defects Found

DEFECT OR DISEASE	PERIODIC INSPECTIONS No. OF DEFECTS		SPECIAL INSPECTIONS No. OF DEFECTS	
	<i>Requiring treatment</i>	<i>Requiring to be kept under observation but not requiring treatment</i>	<i>Requiring treatment</i>	<i>Requiring to be kept under observation but not requiring treatment</i>
Skin ... ..	255	657	1	2
Eyes—				
(a) Vision	1,091	1,435	9	4
(b) Squint ...	172	493	—	2
(c) Other ...	137	291	3	—
Ears—				
(a) Hearing	64	327	1	2
(b) Otitis Media	110	542	—	1
(c) Other ...	63	194	1	—
Nose or throat ...	759	3,899	3	12
Speech ... ..	101	341	2	1
Cervical Glands ...	39	1,471	1	6
Heart and Circulation	26	626	1	2
Lungs ... ..	123	1,626	—	3
Developmental—				
(a) Hernia ...	37	145	—	—
(b) Other ...	32	520	—	—
Orthopaedic				
(a) Posture ...	80	558	—	2
(b) Flat foot ...	329	746	—	1
(c) Other ...	270	1,493	2	2
Nervous System				
(a) Epilepsy ...	4	58	—	—
(b) Other	23	330	—	2
Psychological				
(a) Development	17	191	2	—
(b) Stability ...	8	218	—	—
Other ... ..	165	759	2	9

There has been an overall increase in the numbers of children inspected during the year from 26,255 routines and 13,199 specials in 1952 to 31,462 routines and 15,834 specials in 1953, and this is due to the effect of the re-organisation of the Minor Ailment Clinic sessions which came into operation in September, 1952. The concentration on the examination of entrants continued, but owing to more time being available for medical inspection, the School Medical Officers were able to see 3,200 more children in the 11-year-old group and over 1,100 more "leavers." There is still a shortage of medical staff which prevents the examination of all the children who come within the "leavers" age group.



With the increasing number of inspections, there was also an increase of 454 visual defects and 449 other defects in 3,425 children needing treatment.

The main increases occurred in diseases of the skin and orthopaedic defects including flat foot.

Many more children are now being referred to the Ear, Nose and Throat Surgeon for operative treatment now that waiting lists are beginning to decline.

**Table 3. Parents attending Periodic Medical Inspections**

(1) <i>Age Group</i>	(2) <i>No. of Children Examined</i>			(3) <i>No. of Parents Attended</i>			(4) <i>Col. 3 as % of Col. 2</i>		
	1951	1952	1953	1951	1952	1953	1951	1952	1953
Entrants ...	9,177	15,360	16,431	8,191	13,599	14,600	89.26	88.54	88.86
2nd Age Group	7,306	6,262	9,462	3,278	3,361	6,008	44.87	53.67	63.50
3rd Age Group	6,476	4,613	5,569	497	390	733	7.64	8.45	13.16
TOTAL	22,959	26,235	31,462	11,966	17,350	21,341	52.12	66.13	67.83

The percentage of parents of entrants attending medical inspection remains constant, but it is pleasing to note that there have been appreciative increases in the percentages with regard to the 2nd and 3rd age groups. The figures in these groups are the highest for the last four years. When parents attend the routine inspection it gives a valuable opportunity for discussion of any defects found and for general health education.

**(b) Table 4. Ascertainment of Handicapped Pupils during 1953.**

<i>Category</i>	<i>Number of Children Ascertained</i>
Blind ...	4
Partially Sighted ...	3
Deaf ...	10
Partially Deaf ...	11
Delicate (incl. Convalescent) ...	113
Diabetic ...	2
Educationally Sub-Normal ...	206
Epileptic ...	35
Maladjusted ...	69
Physically Handicapped ...	83
Speech Defective ...	—

**(c) Notification of Handicapped Pupils leaving school to the Youth Employment Service.**

No. of reports issued for moderately handicapped children	383
No. of reports issued for severely handicapped children	28
<b>Total</b>	<b>411</b>



(d) Table 5. Miscellaneous Examinations

<i>Type of Examination</i>	<i>Number</i>		
	1951	1952	1953
Aircraft Apprentices ...	1	—	1
Employment Licences ...	1,293	1,247	1,289
Entrance to courses of training for teachers ...	—	117	242
Entrants to the Teaching Profession ...	—	47	98
Superannuation ...	133	151	213

The numbers for the examination of entrants to the teaching profession and to courses of training for teachers are double those of the previous year, but this represents work for the whole year. In 1952 the scheme operated only from the beginning of June.

All the candidates are now examined by School Medical Officers.

There were only 4 children found to be unfit of the 1,289 who were examined for employment licences; this is a satisfactory reduction as compared to 9 children rejected in 1952.

(e) Home Visiting

Table 6. Details of home visits made by Nursing Staff

<i>Reason for visit.</i>	<i>No. of visits</i>	
Cleanliness and verminous cases ...	...	2,841
Arising out of medical inspections ...	...	1,084
Arising out of attendances at clinics ...	...	661
Visual defects ...	...	4,060
Tonsils and adenoids cases ...	...	271
Orthopaedic defects ...	...	249
Scabies cases ...	...	22
Ringworm cases ...	...	27
Other skin diseases ...	...	110
Neglected children ...	...	581
Ineffectual visits ...	...	607
Total ...	...	10,513

There has been an increase of 2,425 visits carried out by the school nurses during the year. The bulk of the increase was in the increased number of visits required for children with visual defects, and other defects discovered at routine examinations. Such visits are an essential part of the school medical service and ensures that the child obtains the treatment recommended by the Medical Officer.



## PART II—TREATMENT

Table 7—Details of treatment given

### DISEASES OF THE SKIN

			<i>No. of cases treated or under treatment during the year</i>	
			<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
Ringworm—(i) Scalp	...	...	10	—
(ii) Body	...	...	34	1
Scabies	...	...	48	—
Impetigo	...	...	705	7
Other Skin diseases	...	...	4,673	158
Total			5,470	166

### EYE DISEASES, DEFECTIVE VISION AND SQUINT

			<i>No. of cases dealt with</i>	
			<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
External and other, excluding errors of refraction and squint			1,116	43
Errors of refraction (incl. squint)			3,088	118
Total			4,204	161

### Number of pupils for whom spectacles were

(a) Prescribed	...	...	3,890	56
(b) Obtained	...	...	3,865	39

### DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

			<i>Number of cases treated</i>	
			<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
Received operative treatment				
(a) for diseases of the ear	...	...	—	11
(b) for adenoids and chronic tonsillitis	...	...	—	1,911
(c) for other nose and throat conditions	...	...	—	1
Received other forms of treatment			1,592	411
Total			1,592	2,334

# ORTHOPAEDIC AND POSTURAL DEFECTS

		<i>Number of cases treated</i>	
		<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
Number treated as in-patients in hospitals			51
Number treated otherwise, <i>e.g.</i> in clinics or out-patient departments	... ..	467	37

## CHILD GUIDANCE TREATMENT

		<i>Number of cases treated</i>	
		<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
Number of pupils treated at Child Guidance Clinics	... ..	—	1

## SPEECH THERAPY

		<i>Number of cases treated</i>	
		<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
Number of pupils treated by Speech Therapists	... ..	790	57

## OTHER TREATMENT GIVEN

		<i>Number of cases treated</i>	
		<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
Miscellaneous minor ailments	... ..	1,678	291
Respiratory defects	... ..	511	97
Injuries	... ..	3,617	867
Debility and malnutrition	... ..	1,158	—
Infectious diseases	... ..	—	393
Other	... ..	—	479
Total		6,964	2,127



## (a) COUNTY CLINICS

Table 8

## SCHOOL HEALTH SERVICE CLINICS

(Less the Excepted District of the Borough of Newcastle)  
as at 31-12-53

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Aldridge	Assembly Rooms	9-0—10-30 Wed. weekly	—	—	—
Audley	District Council Office	1-30—2-0 Tues. weekly	—	9-30—12-30 Tues. every 6 to 8 weeks	—
Barton-under-Needwood	Central Hall	2-0—2-30 Tues. fortnightly	—	—	—
Biddulph	Church Hall	9-0—10-30 First Fri. in month	*	9-30—12-30 Fridays every third or fifth in month	—
Bilston	Centre Health Clinic	9-0—10-30 Daily including Sat.	*	1-30—4-0 Tues. weekly	9-30—4-30 Wed. & Thur. weekly 9-30—12-0 Tues. weekly
Brewood	Parish Room	9-0—10-30 Wed. fortnightly	*	9-30—12-30 Tues. every three months	—
Brierley Hill	Fairview, Church Hill	9-0—10-30 Tues. weekly	*	9-30—5-0 Mon. fortnightly	—
Brockmoor	St. John's School	—	*	—	—



<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Brownhills	Mount Zion Primitive Meth. School, High Street	9-0—10-30 Tues. weekly	—	—	—
Cannock	††(1) Health Department, Church Street	9-0—10-30 Mons. and Fri. weekly	—	2-0—4-0 Fri. weekly	—
	(2) Arthur Street, Chadsmoor	9-0—10-30 Mons. and Weds. weekly 1-30—2-30 Fri. weekly	* *	—	9-30—4-30 Thurs. weekly, except for fourth Thurs. p.m. every other month
	(3) St. John's Institute, Hednesford Rd., Heath Hayes	10-45—12-0 Mon. weekly	—	—	—
	(4) Cannock Rd., Hednesford	10-45—12-0 Wed. and Fri. weekly	*	—	—
Chasetown	Youth Centre, Sankey's Corner	9-0—10-30 Tues. weekly	—	—	—
Cheadle	Carlos Memorial Institute	9-0—10-30 Tues. weekly	*	9-30—5-0 Fri. every 6 to 8 weeks	—
Cheddleton	Parish Institute	1-30—2-0 Fri. fortnightly	*	—	—
Cheslyn Hay	Junior School	9-0—10-30 Tues. fortnightly	*	—	—
Cosceley	Bayer Hall	9-0—10-30 Mon., Wed. and Fri.	9-0—5-0 Daily	9-30—5-0 Mon. every 2 to 4 weeks	—
Darlaston	Slater Street	9-0—10-30 Mon. and Thurs. weekly	9-0—5-0 Daily	9-30—5-0 Fri. every 3 weeks	—



<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Eccleshall	Methodist School	9-0—9-30 Fri. weekly	—	—	—
Endon	Parish Hall	—	—	9-30—12-30 Tues. every 6 to 8 weeks	—
Featherstone	(1) United Methodist Chapel (2) Featherstone C. School	9-0—10-30 Fri. weekly —	—	— 9-30—12-30 Tues. every 6 to 8 weeks	—
Great Wyrley	(1) Landywood School (2) Great Wyrley Senior School	9-0—10-30 Mon. weekly 10-45—12-0 Tues. fortnightly	—	— 2-0—5-0 Tues. every 6 to 8 weeks	—
Halmerend	Primitive Methodist School, High Street	1-30—2-0 Wed. weekly	—	—	—
Harriseahead	Wesleyan Sunday School, High Street	9-0—10-30 Tues. fortnightly	—	—	—
Huntington	(1) County Secondary Modern— School (2) Junior County Primary— School	10-45—12-0 Thurs. weekly	—	—	—
Kidsgrove	(1) Central Methodist School, The Avenue	9-0—10-30 Mon. fortnightly	—	2-0—5-0 Thurs. every 2 weeks approximately	9-30—12-0 Fri. weekly



<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Kingswinford	(1) Wesleyan Methodist Sunday School, Moss Grove School, Moss Grove (2) One in all rooms, Oak Street	9-0—10-30 Tues. fortnightly Tues. fortnightly —	— * —	— — —	— — —
Kinver	Constitutional Club, High Street	9-0—10-30 Fri. fortnightly	—	—	—
Leek	(1) Cripples' Aid Society Clinic, Salisbury Street (2) Alsop Street	9-0—10-30 Daily except Wed. and Sat. —	— * —	9-30—5-0 Wed. every 2 to 3 weeks —	9-30—4-30 Tues. 1-30—4-30 Fri. weekly —
Lichfield	† Sandford Street	9-0—10-30 Wed. weekly	*	9-30—5-0 Fri. every 3 weeks, approximately	9-30—4-30 Tues. 9-30—12-0 Mon. weekly
Longnor	Market Hall	2-0—2-30 Wed. weekly	—	—	—
Lower Gornal	Zion Methodist School Room	9-0—10-30 Fri. fortnightly	—	—	—
Madeley	Village Hall	9-0—10-30 Thurs. fortnightly	—	9-30—12-30 Wed. every 3 months	—
Norton Canes	Trinity Methodist Church, Brownhills Road	10-45—12-0 Mon. weekly	—	—	—
Pelsall	Central Hall	9-0—10-30 Mon. weekly	—	—	—
Penkridge	Peace Memorial Hall	9-0—10-30 Thurs. fortnightly	*	—	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Pensett	St. James United Methodist Schools	—	*	—	—
Pheasey Estate	2, Crome Road	9-0—10-30 Tues. weekly	2-0—4-30 Tues. weekly	9-30—12-30 Wed. every 3 months	9-30—4-30 Thurs. weekly
Quarry Bank	Mount Pleasant	9-0—10-30 Wed. weekly	*	—	9-30—4-30 Tues. and Fri. weekly
Rowley Regis	‡ (1) Carlyle Road, Blackheath	9-0—10-30 Mon. fortnightly	9-0—5-0 Daily alternately as required at clinic	2-0—4-0 Second and fourth Tues. in month	9-30—12-0 Wed. weekly
	‡ (2) Mace Street, Old Hill	9-0—10-30 Tues. weekly except fifth in month	Do.	2-0—4-0 First and third Tues. in month	—
	‡ (3) Dudley Road, Tividale	9-0—10-30 Mon. fortnightly	Do.	—	—
	(4) School Room, Knowle Infants' School, Springfield	2-0—2-30 Thurs. weekly	—	—	—
Rugeley	‡ (1) Congregational Sunday School, Heron Court	9-0—10-30 Mon. weekly	*	—	—
	(2) Senior Girls' School	—	—	9-30—12-30 Wed. every 3 to 4 weeks	—
Sedgley	(1) Bleak House	9-0—10-30 Tues. weekly	—	9-30—5-0 Mon. every 4 to 6 weeks	—
	(2) Quadrant	9-0—10-30 Wed. fortnightly	*	—	9-30—4-30 Mon. and Fri. weekly



<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Shelfield	Lichfield Road	1-30—2-30 Tues. weekly	*	9-30—12-30 Wed. every 2 to 3 weeks	9-30—4-30 Fri. weekly
Short Heath	Old Short Heath Church Schools	9-0—10-30 Fri. weekly	*	—	—
Stafford	(1) Lammascote Road (2) North Walls	9-0—10-30 Daily including Sat.	9-0—5-0 Daily	9-30—5-0 Tues. fortnightly	—
Stone	(1) St. Michael's Hall (2) Kitchener Institute	9-0—10-30 Thurs. weekly	—	9-30—12-30 Thurs. every 4 to 6 weeks	1-30—4-30 Mon. 9-30—4-30 Fri weekly 1-30—4-30 Wed. weekly
Talke	New Road, Wesleyan School	9-0—10-30 Thurs. fortnightly	—	—	—
Tamworth	School of Industry, Marmion Street	9-0—10-30 Thurs. weekly	*	9-30—12-30 Mon. every 2 weeks	1-30—4-30 Mon. 9-30—12-0 Wed. weekly
Tettenhall	U.D.C. Offices, Upper Green	9-0—10-30 Thurs. fortnightly	*	9-30—12-30 Wed. every 6 to 8 weeks	1-30—4-30 Mon. weekly
Tipton	‡ (1) Central Clinic Horseley Road (2) Princes End Junior Mixed and Infants' School	9-0—10-30 daily including Sat. 9-0—10-30 Mon., Wed., and Sat. weekly	9-0—5-0 Daily	10-0—12-30 Tues. weekly	9-30—12-30 Mon. 9-30—4-30 Thurs. weekly
Tutbury	(1) Methodist Sunday School (2) Tutbury Senior School	1-0—2-0 Fri. weekly	—	—	—
Tyrley Hales	Village Institute	—	—	9-30—12-30 Wed. every 3 months 9-30—12-30 Wed. every 3 months	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Uttoxeter	Heath House	9-0—10-30 Fri. weekly	*	9-30—5-0 every 4 weeks approx.	9-30—4-30 Tues. weekly
Walsall Wood	Primitive Methodist School, Lichfield Road	9-0—10-30 Wed. weekly	*	—	—
Wednesbury	(1) Technical School, Albert Street (2) Kings Hill	9-0—10-30 Mon. weekly 9-0—10-30 Fri. weekly	— —	— —	— —
	‡ (3) Mesty Croft	10-30—12-0 Mon. and Thurs. weekly	—	—	1-30—4-30 Tues. weekly
Wednesfield	(1) Wesleyan Sunday School (2) Lichfield Road Senior School	9-0—10-30 Tues. weekly —	— *	— —	— —
Werrington	Village School Hall	2-0—2-30 Fri. fortnightly	*	—	—
Willenhall	(1) Nurses Home, Walsall Road (2) Albion Road	9-0—10-30 Mon. and Fri. weekly —	— *	9-30—12-30 Thurs. weekly —	— —
Wordsley	Primitive Methodist Sunday School	9-0—10-30 Mon. weekly	*	—	—

\*Dental Clinics are also held on these premises as and when necessary.

†An Orthopaedic and Physiotherapy Clinic is also held daily from 9-0—5-0 except Saturdays.

‡Ultra Violet Light Clinics held on these premises once or twice weekly.



(i) Minor Ailment Clinics

	1951	1952	1953
No. of Clinics ...	65	64	64
No. of first visits ...	20,813	21,438	17,604
No. of re-visits ...	34,026	34,518	34,047

The reduction in the frequency of the Minor Ailment Clinic sessions which came into effect in September last year continued throughout 1953. There have been fewer children attending the clinics for the first time, due to the tendency for children to be taken to their own doctors for treatment under the National Health Service. There has been however, only a small reduction in the number of "re-visits" to the Clinics. Advantage has been taken of the extra time available by arranging for the ascertainment of handicapped children and other miscellaneous examinations, *i.e.* entrants to the teaching profession and to colleges for training as teachers.

At the end of the year it was necessary to allocate more time to minor ailments at 4 clinics. At these particular clinics there was an increase in the attendances of children and in the number of special and miscellaneous examinations which had to be carried out.

The minor ailment clinics still play a useful part in treating some of the conditions of childhood for which the busy General Practitioner does not always have time to deal with adequately. More and more such clinics are taking on the treatment of functional conditions of childhood such as enuresis, and psychological problems which are not severe enough to need full scale investigation by the Child Guidance Clinic.

Table 9. Diseases and Defects found at Minor Ailment Clinics.

<i>Disease or Defect</i>	<i>No. of Cases</i>
Defective vision ...	1,887
Blepharitis ...	247
Conjunctivitis ...	223
Other eye defects ...	418
Otitis media ...	368
Enlarged tonsils and adenoids ...	640
Other ear, nose and throat defects ...	584
Coryza ...	150
Bronchitis ...	260
Asthma ...	101



Ringworm—Scalp	...	...	...	10
Body	...	...	...	34
Scabies	...	...	...	48
Impetigo	...	...	...	705
Boils	...	...	...	405
Septic sores	...	...	...	1,480
Warts	...	...	...	1,539
Other skin defects	...	...	...	1,249
Burns	...	...	...	239
Sprains and strains	...	...	...	393
Major injuries (incl. fractures)	...	...	...	96
Minor injuries	...	...	...	2,985
Heart conditions	...	...	...	63
Infectious diseases	...	...	...	66
Debility and malnutrition	...	...	...	1,158
Deformities	...	...	...	252
T.B. cervical glands	...	...	...	57
Fibrositis	...	...	...	51
Other defects	...	...	...	1,896
No abnormality detected	...	...	...	200
Total	...	...	...	17,804

## (ii) Ophthalmic Clinics

Table 10. Visual and External Eye Defects

	1951	1952	1953
No. of children examined	7,015	5,827	8,182
No. of children attending for the first time	3,920	3,429	3,484
No. of re-visits	3,095	2,398	4,698

Analysis of major defects found among new cases.

### *Errors of Refraction—*

Hypermetropia	...	...	...	352
Hypermetropic astigmatism	...	...	...	370
Compound hypermetropic astigmatism	...	...	...	172
Myopia	...	...	...	458
Myopic astigmatism	...	...	...	103
Compound myopic astigmatism	...	...	...	112
Mixed astigmatism	...	...	...	134
Anisometropia	...	...	...	327
Astigmatism	...	...	...	38

### *Diseases and abnormalities—*

#### *Lids and Conjunctiva—*

Blepharitis	...	...	...	47
Hordeoli	...	...	...	6
Phlyctenular conjunctivitis	...	...	...	9
Mucopurulent conjunctivitis	...	...	...	2



Conjunctivitis	...	...	...	...	4
Follicular conjunctivitis	...	...	...	...	2
Chalazion	...	...	...	...	1
Ptosis	...	...	...	...	2
Partial Ptosis	...	...	...	...	1
Epicanthus	...	...	...	...	38
Blocked tear duct	...	...	...	...	4
Amblyopia	...	...	...	...	34
Angular Conjunctivitis	...	...	...	...	1
Mucocele	...	...	...	...	2
Trichiasis	...	...	...	...	2
Lachrymal occlusion	...	...	...	...	1
Epiphora	...	...	...	...	4
Angioma cyst	...	...	...	...	1
<i>Cornea—</i>					
Megalocornea	...	...	...	...	1
Leucoma	...	...	...	...	1
Central abrasion of cornea	...	...	...	...	1
Nebulæ of cornea	...	...	...	...	4
Conical cornea	...	...	...	...	1
Ulcer of cornea	...	...	...	...	1
Opacity of cornea	...	...	...	...	2
Corneal scars	...	...	...	...	5
<i>Uvea—</i>					
Congenital coloboma of iris and choroid	...	...	...	...	2
Albinism—partial	...	...	...	...	2
Albinism	...	...	...	...	7
Anisocoria	...	...	...	...	1
<i>Lens—</i>					
Zonular cataract	...	...	...	...	4
Lamellar cataract	...	...	...	...	1
Bilateral Subluxation of lenses	...	...	...	...	1
<i>Retina—</i>					
Pigmentary Retinitis	...	...	...	...	1
Detached Retina	...	...	...	...	2
Macula oedema	...	...	...	...	2
Pigment of Macula	...	...	...	...	1
Choroidal Macula	...	...	...	...	1
Macula Degeneration	...	...	...	...	1
Choroiditis	...	...	...	...	3
Retinitis Pigmentosa	...	...	...	...	1
<i>Nerve—</i>					
Phthisis bulbi	...	...	...	...	1
Optic atrophy	...	...	...	...	2
Opaque nerve fibres	...	...	...	...	1
<i>Muscles—</i>					
Squint	...	...	...	...	256
Nystagmus	...	...	...	...	6
Exophoria	...	...	...	...	2
Ocular forticollis	...	...	...	...	2
Asthenopic	...	...	...	...	4
Accommodative asthenopia	...	...	...	...	2
<i>Globe—</i>					
Buphthalmos	...	...	...	...	1

More children were examined at the ophthalmic clinics during the year than ever before. This is no doubt due to the number of ophthalmologists who have been engaged. Since the beginning of the year 6 part-time specialists have been working an average of 16 sessions per week. It is the policy to keep cases under review when this is indicated and the result of this is shown in the number of children who have revisited the clinics.

### (iii) Cannock Orthopaedic Clinic

Table 11. Statistics for 1953.

No. on register at end of December, 1953	...	165
No. of new cases	...	92
No. of children discharged cured	...	54
No. of cases lost sight of, etc.	...	29
No. of attendances for physiotherapy	...	2,290
No. of attendances for ultra violet light treatment	...	1,932
No. of examinations by Orthopaedic Surgeon	...	483

Table 12. Defects treated during 1953

Anterior poliomyelitis	...	8
Erb's Palsy	...	1
Scoliosis	...	5
Kyphosis	...	6
Slack back	...	6
Genu valgus	...	47
Genu varum	...	4
Hallux valgus	...	4
Flat Feet	...	83
Pes cavus	...	4
Hammer toes	...	13
Talipes equino varus	...	14
Talipes calcaneo valgus	...	4
Dislocation of hip	...	1
Torticollis	...	4
Brevicollis	...	1
Congenital absence of right forearm	...	1
Cut tendon	...	1
Multiple exostosis	...	1
Exostosis os calcis	...	2
Osteomyelitis	...	—
Other conditions	...	9
Total		219



#### (iv) Ear, Nose and Throat Clinics

The consultant ear, nose and throat specialist was appointed part-time early in December, 1952. He has continued on this basis throughout the year, and the following tables give details of the work which he has carried out at the various clinics.

Children were in the main, referred to him by the Assistant School Medical Officers, but a small number of children were sent to him who had been tested by the Audiometrician in her visits to the schools and found to have a defect of hearing which merited investigation by an aural specialist. Reference is made to these cases later in the Audiometric Report.

68.2% of children referred for examination were found to be suffering from inflamed tonsils and/or adenoids. The majority of children referred to hospitals for further treatment and/or investigation suffered from these conditions.

Children were referred to their own doctors when non-operative treatment was needed.

The Surgeon also examined 38 children for whom application had been made for admission to Needwood Special School for the Partially Deaf which was opened on January 25th, 1954.

Table 13.

<i>Clinic</i>	<i>No. of sessions</i>	<i>No. of children referred for examination</i>	<i>No. of children who did not attend</i>	<i>No. of children found to have defects</i>	<i>No. of children referred to Hospital</i>	<i>No. of children not needing treatment or observation</i>
Biddulph ..	1	20	4	7	4	9
Bilston ..	7	156	23	109	95	24
Brierley Hill ..	2	22	1	15	14	6
Cannock ..	9	188	47	105	99	36
Kids Grove ..	1	25	4	14	10	7
Leek ..	3	63	16	19	15	28
Lichfield ..	4	43	17	26	11	—
Pheasey ..	3	72	21	38	24	13
Rowley Regis ..	14	329	88	198	156	43
Sedgeley ..	2	44	10	24	12	10
Shelfield ..	4	83	9	65	57	9
Stafford ..	5	63	10	34	22	19
Tamworth ..	2	45	7	21	15	17
Tipton ..	11	217	30	157	141	30
Tutbury ..	1	25	3	13	9	9
Uttoxeter ..	3	57	9	36	16	12
Wednesbury ..	11	232	61	132	83	39
Totals ..	83	1,684	360	1,013	783	311



Table 14. Analysis of defects found

Tonsils and/or Adenoids	...	...	...	691
Chronic Otitis Media	...	...	...	22
Deafness	...	...	...	77
Sinus Investigation	...	...	...	61
Chronic Suppurative Otitis Media	...	...	...	47
Mastoid	...	...	...	1
Epistaxis	...	...	...	1
Aural Granulations	...	...	...	1
Deflected Septum	...	...	...	1
Radical Mastoid	...	...	...	1
Eustachian Obstruction	...	...	...	1
Eustachian Catarrh	...	...	...	1
Suppurative Otitis Media	...	...	...	2
Tongue Tie	...	...	...	3
Wax	...	...	...	6
Malformation of Ear	...	...	...	1
Investigation of Naso-Pharynx	...	...	...	1
Mouth Breather	...	...	...	3
Miscellaneous (for observation)	...	...	...	92

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**(v) Audiometric Survey**

An Audiometrician and one clerk were appointed to the Staff in April and the work of testing children in the County in the 8 years old age group, i.e. born in 1945, began at once.

Each child's ears were tested separately, with the aid of a pure tone audiometer, at 500, 1,000, 2,000 and 4,000 cycles per second. Any child failing to reach the required standard which was taken to be a hearing loss of more than 15 decibels, in either ear at 4,000 cycles per second, or at more than one frequency, was treated as abnormal, and the Audiometrician carried out a full scale test. Unless the failure was very marked a full test was not made for a child who failed at only one frequency other than at 4,000 cycles per second.

By the end of the year 291 schools had been visited, and of the 7,399 children in the 8 years old age group normally attending, 6,839 were tested. Absence, at the time of the team's visit, accounted for the 560 children who were not tested. Of the number tested, 497 children's hearing fell below the above-mentioned standard.

The names of the 560 absentees have been noted so that when the team re-visits their school in 1954, advantage may be taken of the opportunity to test them then.

A total of 685 children with abnormal hearing (497 in the survey group plus 188 in other age groups) was referred



by the Audiometrician for further investigation by the Consultant Ear, Nose and Throat Specialist.

Appointments were offered to 283 children and, of this number, 43 failed to attend and 155 were found not to require any further action or treatment. Thus there were 445 children awaiting examination by the Specialist at the end of the year.

85 children were found to require further attention and an analysis of the defects is given below—

Chronic Tonsils	...	...	...	...	1
Enlarged Adenoids	...	...	...	...	4
Enlarged Tonsils and Adenoids	...	...	...	...	2
Catarrhal Otitis Media and Tonsils and Adenoids	...	...	...	...	14
Mild Catarrh and Otitis Media	...	...	...	...	15
Catarrhal Otitis Media	...	...	...	...	8
Chronic Suppurative Otitis Media	...	...	...	...	10
Acute Suppurative Otitis Media	...	...	...	...	1
Chronic Suppurative Otitis Media with Adenoids	...	...	...	...	2
Old Suppurative Otitis Media	...	...	...	...	3
Chronic Suppurative Otitis Media with Sinuses	...	...	...	...	3
Intermittent Chronic Otitis Media	...	...	...	...	7
Eustachian Catarrh	...	...	...	...	2
Wax	...	...	...	...	3
Mild Catarrh and Wax	...	...	...	...	1
Trauma Nerve Deafness	...	...	...	...	1
Nerve Deafness	...	...	...	...	3
Old Chronic Suppurative Otitis Media and Nerve Deafness	...	...	...	...	2
Chronic Suppurative Otitis Media sub-acute Mastoid	...	...	...	...	1
Radical Mastoid	...	...	...	...	1
Mal-developed Ear	...	...	...	...	1
Total					85

Head Teachers, taking advantage of the team's visit, referred 248 children, not in the 8 years old age group, for testing and of this number 188 were found to have abnormal hearing in one or both ears.

The following table is of interest for it reveals a difference in defective hearing as between the Urban and Rural population of schoolchildren.

	<i>Normal</i>	<i>Abnormal</i>	<i>Not seen</i>
Urban Districts	4,462	397	387
Rural Districts	1,880	100	173
Total Examined	6,342	497	560



This gives a comparative incidence ratio of 1:12.24 and 1:19.8 for Urban and Rural Districts respectively. Whilst this is of interest, owing to the limited numbers it would be unwise to draw conclusions.

#### (vi) Psychiatric Clinics

No. of children under observation by the County Psychiatrist and/or A.S.M.O's.	115
No. investigations by the County Psychiatrist	230
No. of children attending Child Guidance Clinics outside the Administrative County	1

A psychiatric social worker was appointed at the beginning of October to work at the Child Guidance Clinics which are being established at Bilston, Cannock and Tipton. It is hoped these will be ready for operation early next year. Her duties also include domiciliary visiting and during the holidays she calls at the homes of boys who are being educated at the Council's special school for maladjusted boys at Basford Hall.

#### (vii) Speech Therapy Clinics

Table 15. Summary of Statistics relating to children attending County and other Clinics during the year.

<i>County Clinics</i>	<i>No. of treatments given</i>	<i>No. of children under treatment at 31.12.53</i>	<i>No. of new cases during the year</i>	<i>No. of children discharged during the year</i>
Bilston ...	1,418	70	60	71
Blackheath	103	11	11	—
Chadsmoor	316	40	20	25
Kidsgrove	137	9	10	1
Leek ...	336	19	20	4
Lichfield ...	510	52	37	45
Pheasey ...	37	7	9	2
Quarry Bank	934	32	26	18
Sedgley ...	847	27	34	53
Shelfield ...	106	22	26	4
Stafford	1,012	90	42	47
Tamworth	167	26	29	3
Tettenhall	180	10	9	4
Tipton ...	746	33	47	35
Uttoxeter	98	19	19	—
Wednesbury	103	11	11	—
	<hr/> 7,050 <hr/>	<hr/> 478 <hr/>	<hr/> 410 <hr/>	<hr/> 312 <hr/>



<i>Hospital or Authority</i>	<i>No. of children under treatment at 31.12.53</i>
Birmingham Children's Hospital	21
Burton-on-Trent	2
Newcastle	6
Stoke-on-Trent Education Authority	11
Sutton Coldfield	2
Wolverhampton Royal Hospital	15

Table 16. Diagnosis of children attending County Clinics during the year.

Stammering	260
Stammering and dyslalia	32
Cluttering	3
Multiple dyslalia	221
Simple dyslalia	154
Dysenia	8
Cleft palate	32
Excessive nasality	10
Insufficient nasality	12
Dysphonia	5
Dysarthria	15
Psychological maladjustment	3
Dysphasia	1
No defect found	15
Alalia	1
Indistinct Speech and Dyslalia	8

One Speech Therapist resigned in June, but two were appointed in September. This brought the staff to a total of five and as a result it was possible to open clinics at the beginning of September at the following places:—

Kids Grove.  
Pheasey  
Rowley Regis (Blackheath)  
Shelfield  
Tamworth  
Uttoxeter  
Wednesbury

One Therapist devotes part of her time to work in the Excepted District of Newcastle-under-Lyme.

285 more children were treated this year than last and the increase in the number of treatments was 2,480.

In October a speech class was started at the Walton Hall Special School for Educationally Sub-normal Girls.



Early in November, boys at the Standon Bowers Special School for Educationally Subnormal Boys who had speech defects joined the class at Walton Hall. Separate classes are now being held at each school.

All new cases referred by non medical personnel are examined by the School Medical Officers before being recommended for treatment at the clinics.

Five children with severe speech defects are placed at Moor House Residential Special School and 1 child was on the waiting list for such treatment.

### Ultra Violet Light Clinics

Treatment has been given at the following clinics during the year. Children are referred by the School Medical Officers and the normal course consists of 12 treatments.

In special circumstances a shorter course may be recommended. The children are sent back to the Officer who made the recommendation when the course is completed.

	<i>No of Children treated</i>	<i>No. of treatments given</i>
Cannock ... ..	106	1,932
Lichfield ... ..	47	263
Rowley Regis :		
Blackheath, Carlyle Rd.	72	664
Old Hill, Mace Street	71	880
Tividale, Dudley Rd.	36	361
Rugeley ... ..	18	27
Tipton ... ..	11	161
Wednesbury ... ..	39	593
	<hr/> 400	<hr/> 4,881

The Clinic at Rugeley was opened on the 6th November. One opened at Bilston on January 6th, 1954 and others are to be established at Pheasey and Willenhall.

### Hospital Treatment

#### (i) TREATMENT OF TONSILS AND ADENOIDS

	1951	1952	1953
No. of children referred by A.S.M.O's ... ..	647	443	691
No. of children so referred who received operative treatment	144	144	326
Total number of children who received operative treatment	1,852	2,133	1,911
No. of children awaiting treatment ... ..	—	—	1,360



(ii) ORTHOPAEDIC TREATMENT	1951	1952	1953
No. of children referred to Hospitals ... ..	375	374	575

(iii) ORTHOPTIC TREATMENT

Hospital	<i>No. of children referred to hospitals</i>		
	1951	1952	1953
Dudley Guest Hospital ...	6	9	4
North Staffs. Royal Infirmary	—	1	2
Staffordshire General Infirmary	4	21	26
Walsall General Hospital ...	—	1	—
West Bromwich and District General Hospital ... ..	12	8	7
Wolverhampton Eye Infirmary	16	25	16
	<hr/> 38 <hr/>	<hr/> 65 <hr/>	<hr/> 55 <hr/>

## REPORT OF THE COUNTY DENTAL OFFICER

### Statistical Survey

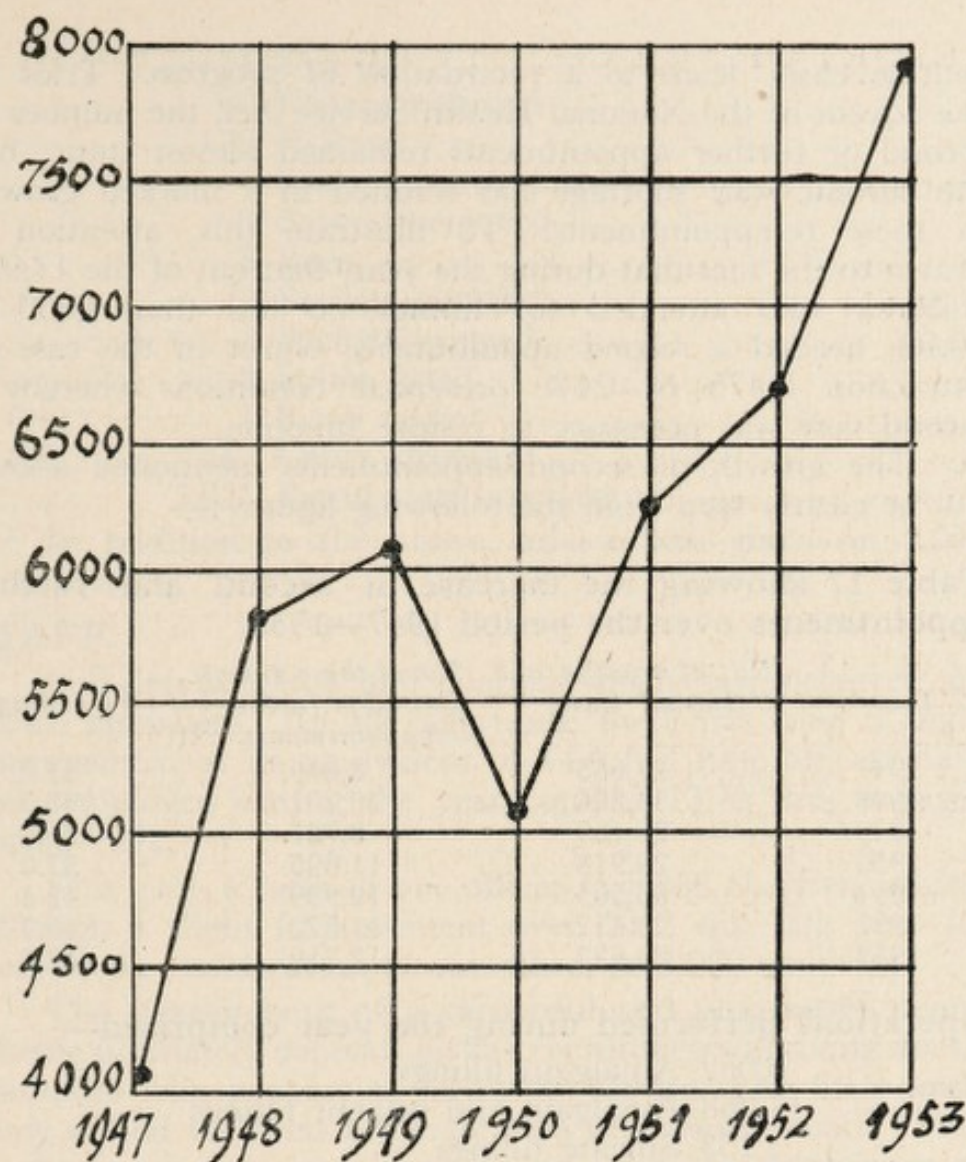
Out of an estimated school population of 124,341, a total of 56,514 children received the benefit of a dental inspection during the year. Of this number 48,627 were routine cases and 7,887 were special cases. The number of children who presented dental defects was 39,141. Of this number, 34,098 were actually referred for treatment and of these, 29,889 children received it. The number of attendances made by children at the Dental Clinics for all purposes was 42,341. Parents to the number of 12,704 accompanied their children at the time of treatment. The average number of fillings inserted per child attending for fillings was 1.5 which coincided with the figure for the previous year. The average number of extractions performed per visit for extraction cases was 1.9 compared with 1.8 for the previous year. At 272 Schools or Departments the treatment of the pupils therein was completed during the year, leaving a balance of 376 Schools or Departments deprived of this benefit.

Due to a suspension of treatment for a variety of unavoidable reasons, a total of 277 children whilst appearing in the overall figures are not shown in the completed treatment tables. •

### Special Cases

The number of Special Cases which came to light during the year was the highest ever recorded, namely 7,887 cases. This compares with 6,788 treated the previous year and is an increase of 16.1%. This yearly increase is a matter of grave concern and there is no evidence that the overall total has yet reached its peak. It must be admitted that a very large number of these cases (2,348) arose in areas which are devoid of a permanently stationed Dental Officer, but this number may possibly decrease due to the partial opening up of some areas previously without a Dental Officer. It must be pointed out, however, that the treatment of these Special Cases is already absorbing the energies of the equivalent of two full time Dental Officers with the resultant loss of time which would otherwise be devoted to the crucial element of School Dental work, namely routine cases. The graph shown overleaf illustrates only too well this continued increase in Special Cases.





### Treatment.

An analysis of the treatment carried out classified into types of treatment is appended herewith.

<i>Children treated for</i>	<i>Special cases</i>	<i>Routine cases</i>	<i>Further appointments</i>	<i>Total</i>
Fillings only	177	9,357	4,046	13,580
Fillings & Extractions	18	2,379	804	3,201
Extractions only	5,606	8,864	3,475	17,945
Orthodontics	110	—	3,233	3,343
Sundry operations	1,976	1,135	1,161	4,272
	<u>7,887</u>	<u>21,735</u>	<u>12,719</u>	<u>42,341</u>

Due to the increasing intervals between inspections, it has been found that a very considerable number of children present such gross dental defects that it is neither possible nor desirable to attempt to complete their treatment at one sitting. It is therefore necessary to offer them one or more further appointments, an action which by crowding out normal



routine cases, leads to a retardation of progress. Prior to the advent of the National Health Service Act, the number of second or further appointments remained almost static, but the chronic staff shortage has resulted in a marked growth of these re-appointments. To illustrate this, attention is drawn to the fact that during the year, that out of the 11,931 children who attended for fillings, no less than 4,850 or 40.6% needed a second appointment, whilst in the case of extraction 3,475 or 24% presented conditions whereby a second visit was necessary to restore function.

The growth of second appointments mentioned above, can be clearly seen from the following figures :—

Table 17 showing the increase in second and further appointments over the period 1947—1953.

<i>Year</i>	<i>No. of routine and Special Cases</i>	<i>No. of these given second or further Appointments.</i>	<i>Percentage</i>
1947	27,655	8,849	31.9
1948	33,376	10,201	30.5
1949	29,187	8,781	30.0
1950	29,918	11,095	37.0
1951	30,505	12,939	42.4
1952	28,412	11,572	40.7
1953	29,622	12,719	43.0

Operations performed during the year comprised—

8,052	Amalgam fillings
17,268	Amalgam and cement fillings
1,153	Silicate fillings
9	Root fillings
34,505	Temporary teeth extracted
6,012	Permanent teeth extracted
238	Scalings of teeth
782	Impressions
5	Arrest of haemorrhage
13	Trimmings of teeth
3	Crown preparation
255	Gum treatments
3	Lancings of gum
2	Devitalization
1	Ulcer treated
3	Socket sutured
568	Regulation appliances
2,051	Application of Silver Nitrate
103	Root dressings
146	Dentures fitted
6	Dentures repaired
2	Dentures relined
13	Dentures eased



11	Try ins
60	Fillings polished
176	X-Rays
1	Space retainer fitted
3	Sutures removed
3	Bites
2	Sockets plugged
2	Socket syringed
1	Splint fitted
1	Swab taken
541	Other dressings
3,051	Regulation supervision

In addition to the above, advice was given on 2,072 occasions.

### STAFF.

Full details of the staff changes which have occurred are shown elsewhere. In the aggregate there has been a slight improvement as an equivalent of 14.4 full time officers have been employed during the year, against 13.75 thus engaged during 1952.

This gives a ratio of one officer to 8,488 children, which, although a slight improvement over 1952 still falls very far short of the desideratum of one officer to 3,000 children.

The development of a successful and progressive dental scheme ultimately depends on the recruitment of young dental graduates who propose to make the service their life's work. They should be given a definite area and there remain. Thus in the course of years they would gain the confidence of both parents and children and this confidence, once given proves to be an invaluable factor in establishing conditions essential to the ideal development of the scheme within the area. Unfortunately such recruitment has not occurred, and the staff augmentation mentioned above has been of part-time personnel. As a temporary measure these officers serve a most useful purpose, but as their appointments are usually of short duration, the vital factor of continuity is lost. Usually they are recently-qualified and as such, naturally lack experience and operative speed.

### AREAS.

In four areas, namely, Tamworth, Leek, Wednesbury, and Darlaston, routine treatment has remained suspended during the whole year. The appointment of an officer to the Cannock No. 1 Area has allowed Cannock Clinic to be re-opened on a full-time basis since May. Shelfield Clinic was open and in full operation up to October, but subsequent to this date, owing to the resignation of the dental officer, has only been operating on a part-time basis.



Bilston, Stafford No. 2, and Wednesfield Clinics which had been closed for a considerable period were re-opened on a part-time basis in February, September, and October respectively. In all other areas routine treatment has continued along the lines outlined in previous reports. The average number of children in each area is 5,050 compared with 3,000 which is considered the optimum number. From this it can be seen that even the so-called fully operative areas are undermanned, but no attempt can be made to remedy this until the closed and partially closed areas are once again staffed.

### ACCEPTANCE RATE.

The percentage of children accepting and actually receiving treatment during the year under review was 87.7% compared with 85.5% during the previous year. This increase in the acceptance rate is more apparent than real, inasmuch as there was an exceptionally large carry-over of inspected but untreated children from the previous year which tends to enhance the acceptance rate. Against this must be placed the considerable number of children who have succeeded in obtaining treatment from private sources, and who from our point of view rank as refusals. Taking both these factors into consideration the acceptance rate may be considered as being more or less static.

The hitherto marked reluctance of private dental practitioners to undertake both emergency and comprehensive treatment of children appears to be on the wane.

A total of 41 schools obtained an acceptance rate of 100% and the acceptance rate of all the schools treated is tabulated below.

**Table 18.**  
**Showing acceptance rate for schools treated during 1953**

<i>Accept- ance rate obtained</i>	<i>No. of Schools</i>	<i>Accept- ance rate obtained</i>	<i>No. of Schools</i>	<i>Accept- ance rate obtained</i>	<i>No. of Schools</i>	<i>Accept- ance rate obtained</i>	<i>No. of Schools</i>
100%	41	87%	7	74%	—	61%	4
99%	2	86%	6	73%	4	60%	3
98%	9	85%	7	72%	6	59%	—
97%	8	84%	9	71%	5	58%	3
96%	11	83%	10	70%	4	57%	—
95%	9	82%	6	69%	4	56%	3
94%	4	81%	3	68%	1	55%	—
93%	9	80%	9	67%	4	54%	1
92%	7	79%	1	66%	3	53%	1
91%	3	78%	7	65%	3	52%	—
90%	9	77%	4	64%	2	51%	6
89%	8	76%	3	63%	3	and under	—
88%	4	75%	13	62%	3	—	—



## INCIDENCE OF DENTAL CARIES.

The survey of the 5-year age group commenced in 1947 has been continued and the findings are given in the table below. Since the commencement of this yearly survey it has been observed that there has been a progressive and persistent deterioration of the oral conditions of this group of children. As in previous reports this deterioration has been illustrated by yearly detailed figures. On this occasion, to save space, a comparison between the years 1947 and 1953 only is made.

Table 19

Showing the dental condition of the entrant class during the year 1953 compared with that of the year 1947

<i>Year</i>	<i>No. of children examined</i>	<i>No. with sound dentition</i>	<i>No. with one tooth decayed</i>	<i>No. with two teeth decayed</i>	<i>No. with three teeth decayed</i>	<i>No. with four or more teeth decayed</i>
1947	3,920	1,519	525	566	434	876
%	—	38.9%	13.4%	14.4%	11.0%	22.3%
1953	4,982	1,060	330	602	465	2,525
%	—	21.3%	6.6%	12.1%	9.4%	50.6%

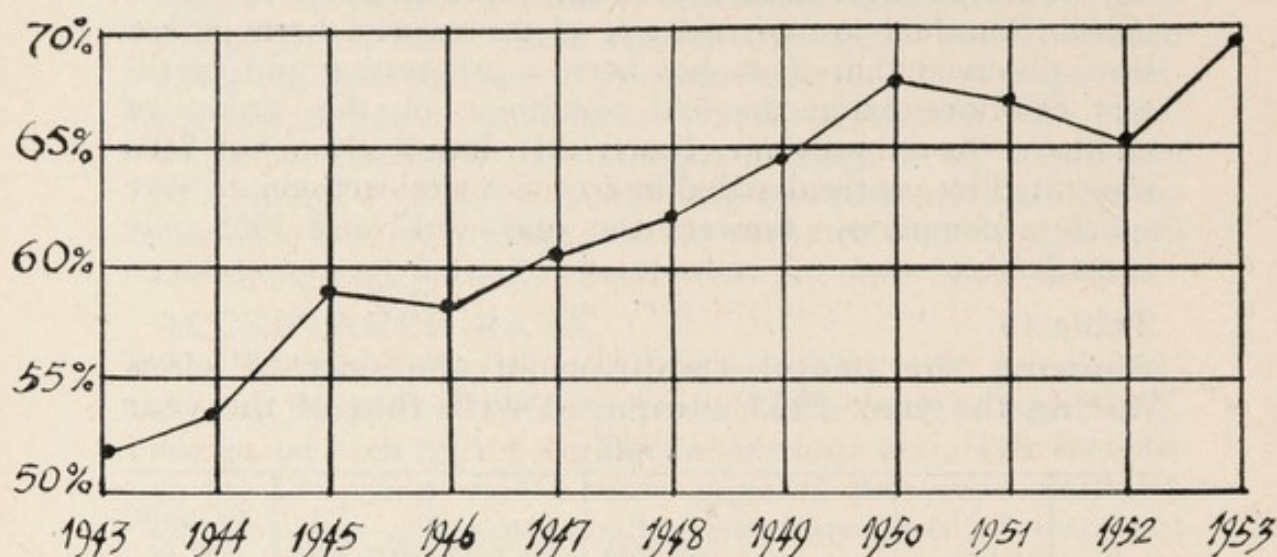
From this comparison it is evident there has been a marked decline in the number of "sounds" and near "sounds" with a corresponding calamitous increase in the number of children presenting gross defects. This deterioration can be attributed to faulty diet. Since 1947 highly refined and easily fermentable carbo-hydrates have become more available with the results illustrated in this table.

This deterioration could be halted if the children were fed on a more natural diet, but in view of the inherent conservatism of the British Public with regard to its dietary habits, such a change is unlikely. Thus it must be accepted that an entrant class with an average 4.1 defective teeth per child will be the normal intake. It is not even certain that the depths have been plumbed, and the possibility must be faced that even worse conditions will arise in the future.

Taking the County as a whole, the incidence of dental defects for all age groups is 69.2% compared with 65.5% found during the previous year. This increase is probably due to the opening and partial opening of some closed areas where one would expect to find a higher defect ratio than in areas which have remained operative.



The graph shows the incidence of dental defects for all age groups for the whole County.



The special investigation undertaken at the request of the Ministry of Education into the oral conditions of both the 5-year and 12-year age groups has been continued and the findings are entered in the following table—

Table 20. Special investigation of oral conditions of the 5 and 12 year age groups.

Age group	No. of children examined	No. of decayed, missing or filled teeth	No. of children showing no decayed, missing or filled teeth	% of children showing no decayed, missing or filled teeth	Average No. of decayed, missing or filled teeth per child
5	4,982	20,576	1,042	20.9	4.1
12	2,640	7,429	469	17.7	2.8

## ORTHODONTICS.

During the year under review a total of 1,263 children came under the purview of the orthodontic scheme. Of this number, 954 were simple cases which were capable of being treated by extractions only. Of the remainder 95 children were treated by extractions and appliances, whilst 214 were treated by appliances only. Of these children wearing appliances, the treatment of 130 was completed but the treatment of another 39 children was discontinued for various reasons.

Conditions relative to acceptance into the orthodontic scheme have been outlined in detail in previous reports and therefore need not be repeated. In spite of the screening imposed before acceptance into the scheme this wastage of 39 children mentioned above is a matter of grave concern.



In the main this wastage can be attributed to one or more of the following reasons :

- (a) Impatience at lack of rapid improvement .
- (b) Gradual loss of interest on the part of both parent and child.
- (c) Spoilt children.
- (d) Where appearance has greatly improved but still falls short of ideal aimed at by the dental surgeon.
- (e) Ridicule by other children and even by adults.
- (f) Accidental loss or fracture of appliances and children afraid to return to the clinic.

1,227 temporary teeth and 310 permanent were extracted during the year for the purpose of regulation.

Orthodontic appliances supplied during the year reached a total of 569 and these consisted of—

- 1 Fixed appliance .
- 531 Removable appliances.
- 28 Oral screens.
- 9 Monoblocks.

3,051 attendances were made by children for the purpose of supervision. In addition a total of 123 dentures were supplied as space retainers in cases where front teeth were lost through premature decay or accident. A further 23 dentures were fitted to restore function.

All regulation appliances and dentures were constructed in the County Dental Laboratory.

## X-RAYS.

During the year an additional X-Ray unit was installed at Cannock Clinic. By virtue of this acquisition adequate cover is now provided in the south, centre, and middle north of the County, leaving only the eastern and extreme north deprived of this valuable aid to diagnosis. Where facilities do not exist recourse has to be made to private dental practitioners, and preferably to those who work under the terms of the N.H.S.A.

Where already provided, these facilities are made available to patients other than children who are under the care of the County Council. During the year a total of 176 films were exposed.

## GENERAL ANAESTHETICS.

To conserve dental manpower, all administration, with a few exceptions, has been conducted by members of the medical staff, who have had special experience or who have been specially trained in this work. The growing popularity amongst the children of the benefits of a general anaesthetic



during extraction treatment has resulted in an increase of 19.2% in the number of administrations. The actual number of administrations was 5,833 compared with 4,900 during 1952. In the main nitrous oxide and oxygen anaesthesia was used, but in the case of young children or of patients otherwise unsuitable Vinesthene was used with very satisfactory results.

### SCHOOL MEALS.

A number of the area dental officers made a preliminary investigation into the relationship of dental caries and whether the child took or did not take school dinners.

Wherever possible the children at school inspections were divided into two groups, namely :—

- (a) Children who took school dinners.
- (b) Those who did not take school dinners.

Schools which partook packed sandwich lunches were not included.

Both groups were then inspected and sub-divided into those—

- (a) who needed dental treatment.
- (b) those who did not require dental treatment

The figures produced by this survey for the County as a whole are given below—

Number of children inspected who took school dinner .....	12,589
Number of these found to need treatment .....	6,387
	50.7%
Number of children inspected who did not take school dinners .....	22,455
Number of these found to need treatment ...	12,259
	54.6%

The small variation in the findings for both groups are such that there appears little justification for the institution of a time-consuming detailed investigation.

### MOBILE CLINICS.

There are now two mobile clinics in full operation. One of these has been in use during the whole of the year whilst the other was delivered in May and has been fully used since that date. One clinic operates in the Audley, Kidsgrove area, and the other in the Cheadle Biddulph district. The acquisition of these clinics now allows treatment to be carried out under ideal conditions where heretofore operations were conducted under conditions which can only be described as squalid. Working under ideal conditions with adequate warmth and light materially reduces the strain previously in-



flicted on the operator which favourably influences both output and quality of the work and acts to the general benefit of the child. Further general anaesthetic sessions can now be carried out where previously such were impossible.

These clinics are proving not expensive to operate. The propaganda value of the clinics has proved to be important and will ultimately result in an enhanced acceptance rate. The size of the vehicles has made necessary some adjustment to school gates and approaches, but once the first circuit of the area has been completed subsequent visits should not be attended by any difficulty.

Certain schools where treatment had been suspended for some years due to a total lack of suitable accommodation have now been visited by the clinics and routine treatment resumed.

**Table 21. Summary of Dental Statistics.**

(1) Number of children who were—				
(a) Inspected by dentist :				
Routine age groups	...	...	...	48,627
Specials	...	...	...	7,887
Total inspected	...	...	...	56,514
(b) Found to require treatment	...	...	...	39,141
(c) Referred for treatment	...	...	...	34,098
(d) Actually treated	...	...	...	29,899
(2) Half-days devoted to				
{ Inspection 459 Treatment, 5,316 }				Total 5,775
(3) Attendances made by children for treatment	...	...	...	42,338
(4) Fillings. Permanent teeth filled	...	23,943		
Total number of fillings in permanent teeth	...	26,100		
Temporary teeth filled	...	369		
Total number of fillings in temporary teeth	...	382		
Grand total of fillings	...	...	...	26,482
(5) Extractions				
{ Permanent teeth 6,012 Temporary teeth 34,505 }				Total 40,517
(6) Administration of General Anaesthetics for extractions	...	...	...	5,833
(7) Other operations				
{ Perm. teeth 5,996 Temp. teeth 2,051 }				Total 8,047



## PART IV—INFECTIOUS DISEASE.

### (a) Summary of Notifications from Head Teachers.

Table 22. Comparative Statistics 1948—1953

Suspected cases of infectious disease.

	1948	1949	1950	1951	1952	1953
Scarlet fever .. .. .	1,090	578	686	646	725	519
Scarlatina .. .. .	—	—	—	—	34	22
Diphtheria .. .. .	90	31	41	71	23	36
Measles .. .. .	2,457	2,674	3,142	5,097	2,313	4,680
German measles .. .. .	797	78	212	1,741	1,930	712
Whooping cough .. .. .	1,192	679	1,354	1,745	911	1,425
Mumps .. .. .	4,058	848	2,237	2,240	1,963	1,721
Chicken-pox .. .. .	3,322	1,613	2,276	4,088	4,762	3,544
Influenza .. .. .	37	101	109	2,288	80	285
Scabies .. .. .	124	19	5	9	4	4
Infantile paralysis .. .. .	7	16	87	3	7	8
Meningitis .. .. .	—	—	6	2	4	1
Impetigo .. .. .	3	9	6	4	9	21
Ringworm .. .. .	—	3	2	6	3	5
Jaundice .. .. .	—	24	66	23	10	37
Pink eye .. .. .	—	11	3	—	—	—
Conjunctivitis .. .. .	—	—	—	4	7	1
Dysentery .. .. .	—	—	—	97	18	1
Paratyphoid .. .. .	—	—	—	2	—	—
Cerebro Spinal fever .. .. .	—	—	—	—	—	1
Totals .. .. .	13,177	6,684	10,232	18,066	12,803	13,023

The notifications of infectious disease from head teachers are necessarily incomplete and based on reports from the home, which are not always reliable, but they do give a valuable indication of the relative prevalence of any particular disease from year to year.

As may be seen from the table, the number of cases of scarlet fever was the lowest for the past few years but, nevertheless, one school needed to be closed for a week owing to an outbreak.

There were 36 cases of diphtheria, which was two more than in the previous year, which resulted from a continuing endemic infection in the Coseley area. Since this disease is entirely preventable, it can only be counted a tragedy that any child should have been infected. The remedy lies in the hands of the parents who must agree that their children are immunised regularly every three years whenever there is any case of diphtheria in the district. Considerable attention has been given to this problem and attempts are being made to obtain 100% immunisation rates among school children in infected districts.



There was a large increase in the number of measles—4,680 cases were notified against 2,313 in the previous year. This disease is not at present susceptible to methods of active immunisation and control depends upon the early isolation of infectious cases.

There were 1,425 children said to have suffered from whooping cough which is about the average for the previous five years. Since a method of active immunisation is now coming into increasing use, it is hoped that in future years the disease will steadily decline in incidence and severity.

The low incidence of scabies has continued, so that four cases this year compare with 124 in 1948.

Table 23—Number of Suspected Cases of Infectious Diseases Notified by Head Teachers, 1953

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Scarlet Fever ..	102	68	44	23	43	51	63	—	35	39	37	14	519
Scarletina ..	5	1	—	1	1	1	—	—	1	3	4	5	22
Diphtheria ..	4	1	1	—	4	1	4	—	5	5	9	2	36
Measles ..	942	1,286	1,148	315	395	284	138	—	38	40	31	63	4,680
German Measles ..	30	45	123	78	151	182	65	—	7	7	18	6	712
Whooping Cough ..	139	135	100	28	62	153	200	—	144	210	195	59	1,425
Mumps ..	220	380	291	41	54	44	94	—	38	100	152	307	1,721
Chicken Pox ..	424	562	518	142	218	308	254	—	73	129	460	456	3,544
Influenza ..	84	191	7	—	—	—	—	—	—	1	1	1	285
Scabies ..	2	—	1	—	—	—	—	—	—	—	—	1	4
Infantile paralysis ..	—	—	—	—	1	—	2	—	3	—	2	—	8
Meningitis ..	—	—	—	—	—	—	—	—	—	—	1	—	1
Impetigo ..	4	2	1	1	—	—	7	—	—	1	3	2	21
Ringworm ..	1	2	—	—	—	—	—	—	—	—	—	2	5
Jaundice ..	1	5	5	1	3	—	3	—	—	—	19	—	37
Dysentery ..	1	—	—	—	—	—	—	—	—	—	—	—	1
Conjunctivitis ..	—	—	—	—	—	1	—	—	—	—	—	—	1
Cerebro-Spinal Fever ..	—	—	—	1	—	—	—	—	—	—	—	—	1
Totals ..	1,959	2,878	2,239	631	932	1,025	830	—	344	535	932	918	13,023



(b) Vaccination.

Table 24. Number of children found to have been vaccinated when examined at the periodic medical inspection.

Age Group	No. examined	No. vaccinated	No. unvaccinated	Percentage unvaccinated					
Entrants	16,431	4,522	11,909	1948	1949	1950	1951	1952	1953
2nd Age Group	9,462	3,419	6,043	66.4	66.1	67.6	70.3	69.3	72.5
3rd Age Group	5,569	1,972	3,597	66.3	65.3	66.1	70.8	62.7	63.9
				66.2	62.2	65.8	63.1	67.9	64.6

(c) Diphtheria Immunisation

Table 25. Number of children (5—14 years) immunised during the year.

Complete Immunisation	...	2,599
Re-inforcement doses	...	8,521

(d) Tuberculosis

Table 26. Summary of Reports received from Chest Physicians

Number of children on Dispensary registers at the end of 1953	...	377
Number of new cases during the year	...	86
Number of old cases during the year	...	343
Suspected cases (under observation) at the end of 1953	...	50
Cases found to be non-tubercular during 1953	...	768
Number of deaths (diagnosis not confirmed)	...	1
Number in Sanatoria at the end of 1953	...	30
Number in Orthopaedic Hospitals at the end of the year	...	5
Number discharged having recovered	...	18
Number discharged having left the district	...	9

Diagnosis of cases undergoing treatment at the end of the year :

Pulmonary

(including pleura and intrathoracic glands) 215

Non-pulmonary :	{	Bones and joints	...	57
		Glands	...	88
		Abdomen	...	12
		Miscellaneous	...	5



## PART V—GENERAL HEALTH

(a) Table 27. Classification of the General Condition of Pupils inspected during the year at periodic medical inspections

Age Groups (1)	No. of Pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	of col. 2 (4)	No. (5)	of col. 2 (6)	No. (7)	of col. 2 (8)
Entrants .. ..	16,431	8,007	48.73	8,086	49.21	338	2.06
Second Age Group	9,462	4,357	46.05	4,879	51.56	226	2.38
Third Age Group ..	5,569	2,484	44.60	2,973	53.39	112	2.01
Totals .. ..	31,462	14,848	47.19	15,938	50.66	676	2.15

There has been an increase in the percentage of children in Category "A" from 46.59 to 47.19 except in the case of the "Entrants" in which group the percentage fell from 52.09 to 48.73. This decrease however, was paralleled in a comparable increase in Category "B".

The averages, however, of the total number of children examined show a slight increase in Category "A" with a relative decrease in Categories "B" and "C" which may indicate that there has been a little improvement in the general condition of the pupils attending schools in the County.

(b) Table 28. Milk in Schools Scheme.

Type of Milk	No. of Suppliers	No. of Schools Supplied	No. of Children Supplied
T.T. ....	12	13	539
Pasteurised ...	59	539	93,394
Accredited	7	7	253
Undesignated	1	1	11
	79	560	94,197

(c) Table 29. Milk for Handicapped Pupils unable to attend School.

No. of old applications renewed	...	...	28
No. of new applications granted	...	...	20
Total number of children receiving cheap milk at home	...	...	48

(d) School Meals

The Director of Education has kindly supplied the information regarding School Meals and Physical Education.

The School Meals Service has maintained a steady level of work during the past year.

After the major concern of ensuring the attractiveness of the meals provided, adequacy of food values and the best possible conditions under which the meals are prepared and



eaten, the main work has been the improvement of existing premises, though the number of schemes of improvements which can be carried out is still limited due to continued restrictions upon Capital Expenditure.

In March, 1953 the cost of the meal to the children was increased from 7d. to 9d. and unfortunately this had the effect of reducing the number of meals taken in many schools.

The following table shows the number of meals served in June, 1952 and 1953 and the percentage of scholars taking meals.

**Table 30**

Area	June, 1952			June, 1953			Percent- age of decrease
	No. of Scholars present	No. of Meals served	Percent- age of Scholars taking Meals	No. of Scholars present	No. of Meals served	Percent- age of Scholars taking Meals	
County .. ..	41,604	20,569	49.43	44,268	18,768	42.44	6.99
S.W. Division ..	27,937	8,111	29.03	28,282	6,481	22.91	6.12
S.E. Division ..	21,469	6,332	29.49	22,269	5,314	23.86	5.63
Cannock Chase Division .. ..	15,873	5,161	32.51	16,896	4,415	26.13	6.38
Total .. ..	106,883	40,173	37.58	111,715	34,978	31.31	6.27

During the year three new kitchens have been opened in connection with new Schools, viz.

Yarnfield C.P. School.

Coseley Wallbrook C.P. School

Cheslyn Hay Special School

Darlaston, Bentley Road C.P. School, which has not previously been able to have meals supplied is now able to share the facilities provided at the new Bentley South School.

For some time, as an interim measure, schools in the Brierley Hill area have received meals supplied by a Central Kitchen in Walsall. In September, 1953, the Authority was able to take over a Central Kitchen in Dudley which is now being used for that purpose. The Central Kitchen in Walsall has thus become available for the supply of meals to other Schools and accordingly arrangements have been made for it to supply Schools within the Aldridge Area previously supplied from Aldridge Central Kitchen. This establishment has had to be closed down since the site, which is a requisitioned one, is now required for other building purposes.

Several schools, which in the past have had to share a Dining Centre now have dining centres of their own and several schools, which have hitherto been supplied with meals from Civic Restaurants are now receiving meals from the Committee's Kitchens.

During the year no cases of food poisoning arising out of meals served in school canteens have been notified.



*New Kitchen-Dining Rooms in New Schools*

Yarnfield C.P.  
Coseley Wallbrook C.P.  
Cheslyn Hay Special

*New Dining-Room in existing centres*

Landywood

*New or Improved Wash-up in existing centres*

Cheadle C.P.—in Zion Methodist Sunday School  
Cheadle R.C.—in R.C. Church Hall  
Tamworth R.C.—in R.C. Church Hall  
Shenstone Little Aston  
Cannock Hazel Slade  
Tipton County Secondary Grammar, Girls'  
Tipton Ocker Hill C.S.M.  
Mesty Croft

*New Wash-up to complete previous arrangements*

Biddulph North C.P.

*Change over from British Restaurant Meals*

From Stafford British Restaurant

Forton	}	Meals Service.
Norbury		Supplied from Newport School
Dartmouth Street—supplied from Flash Ley		Kitchen

*From Newcastle Civic Restaurant*

Butterton—supplied from Stone Central Kitchen

*Change in Central Kitchens*

Aldridge C.K., closed and meals transferred to  
Walsall, Penkridge Street.

Dudley Park taken over to supply meals in the  
Brierley Hill Area instead of Walsall, Penkridge  
Street.

**(e) Physical Education**

Progress has continued steadily throughout the year in all branches of physical education. The improved facilities especially of playgrounds, have played an important part, but the main reason is the increased interest shown by teachers who attended courses in 1952.

In Primary schools the provision of more fixed and portable apparatus has widened the scope of the Physical Education lesson and the experiment of supplying fixed gymnastic apparatus in halls of new and existing primary schools is proving very successful.



In Secondary schools, improvements were made to apparatus and in some schools where portable equipment only was previously supplied in halls, use has been made of hinged climbing apparatus which is folded flat against the wall when not in use.

The poor posture seen in many schools, especially secondary schools, continues to cause much concern. The amount of time devoted to Physical Education does not always appear to be sufficient to counteract these postural defects. Barefoot work is only possible in a small number of schools.

Swimming Baths were again used to full capacity and the total number of County awards was 5,442. In addition 292 Royal Life Saving Society awards were gained.

Camping again proved popular in spite of the inclement weather, and during the season May to August 560 girls with 45 mistresses, and 1,493 boys and 106 masters attended. Additional to those held in term time, two boys' camps were arranged during the summer holidays at sites in North Wales. Activities at one included mountain climbing, and canoeing and instruction in sailing was given at the other on the coast.

Clothing and plimsolls were again provided as previously and facilities for storage of all kinds were improved.

The provision of some hockey boots for girls has helped to give more continuity in winter games.

Courses for women teachers in Primary schools were held at Eccleshall, Burton-on-Trent, Newcastle and Stone, when approximately 200 teachers attended. In addition, a very successful residential course was held at the County of Stafford Training College when 40 women teachers from secondary schools attended in the August holiday.

A successful course for men teachers in Primary and Secondary schools was also held at the same college for one week during the Easter holidays. There was an attendance of 42. At Whitsuntide a course for masters at Secondary schools on Mobile Camping was conducted at various sites between base camps at Beaudesert and Coven and two other courses on sailing were held at Tixall. Two local courses on Primary physical education were held at Cheadle and the total attendance at all men's courses throughout the year was 168.

The vacancy on the organising staff which was reported in 1952, was not filled until September, 1953, when Miss H. Bentley joined the staff.

In schools, staffing remains the same and there are still many boys' and girls' secondary schools without a P. E.



specialist. Teachers unqualified for this work, are, however, doing their best but they need constant help if any benefit is to be derived from the lessons.

(f) **Children Neglected or Ill-treated in their Own Homes**

In the Report for 1951 detailed reference was made to the provisions of the Joint Circular, dated the 31st July, 1950, of the Home Office, Ministry of Health and Ministry of Education in the above-mentioned connection and the method of implementation which had been adopted in the Authority's area.

Often cases coming within the categories mentioned in the Circular are brought to notice when children are being dealt with from a medical aspect within the School Health Service and the reference of such cases to the Local Co-ordinating Officers for consideration by the Committees set up, with the subsequent advice, assistance, etc., wherever possible, is proving of considerable value.

During the year some 25 cases were brought to notice as a result of School Health Service activities and were referred appropriately.

## PART VI—UNCLEANLINESS

Table 31. Infestation with Vermin

(i) Total number of examinations in the schools by the School Nurses or other authorised persons	...	...	311,864
(ii) Total number of individual pupils found to be infested	...	...	11,688
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Sect. 54(2), Education Act, 1944)	...	...	66
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Sect. 54(3), Education Act, 1944)	...	...	20

Table 32. Analysis of Infestation

	<i>Body</i>	<i>Clothing</i>	<i>Head</i>	
No. of children ...	170	219	868	Nits 10,431

The number of Sacker combs sold to parents during the year was 192.

## PART VII—HYGIENE

Table 33. Inspection of School Premises.

No. of schools inspected	...	...	...	503
No. of defects found	...	...	...	258
No. of defects rectified	...	...	...	27



The discrepancy between the defects found and rectified is due to economic circumstances. Many of the defects are of a major character and require large schemes for correction.

It is not always possible to rectify defects during the year in which they are found.

## SCHOOL SANITATION

A Report on the Sanitation of 84 County Primary and 158 Voluntary Primary Schools was presented to the General Education Sub-Committee on the 18th April, 1953.

The 242 schools represented the great majority of rural schools in the County.

Arising out of the Report and the House of Commons : Select Committee on Estimates—Schools, the Director of Education was asked by the General Education Sub-Committee to prepare a Report on accommodation in all schools throughout the County. Presumably when this is prepared, some policy will be determined for the schools as a whole. Meanwhile, the attention of the Director is drawn to individual defects, and action on the more urgent matters is requested.

It must be admitted that in many cases—particularly in the case of Voluntary Schools—it is a long time before requirements are carried out.

Table 34.

Types of Closets in 238 Rural Schools in Staffordshire, 1951—52.

	<i>County Primary Schools</i>	<i>Voluntary Primary Schools</i>	<i>Total</i>
<b>WATER CLOSETS.</b>			
Individual basins and flushing cisterns ... ..	47	50	97
Individual basins with common flush automatically operated	1	2	3
Trough type with common flush	Nil	16	16
<b>CHEMICAL CLOSETS.</b>			
(i.e., ordinary pails with chemical fluid or proprietary closets ...	6	7	13
<b>"DRY" PAIL CLOSETS</b>	7	50	57
<b>OTHER PRIVIES.</b>			
Battery type with rear passage for removal of excreta ...	17	16	33
Privy vaults ... ..	2	12	14
Privy Middens ... ..	1	3	4



Unclassified	...	...	...	...	Nil	1	1
Earth closets	...	...	...	...	Nil	Nil	Nil
Total Schools	...	...	...	...	81	157	238
Number without water closets	...	33				89	122
Of these, sewer and main water available, but no sewer connection made	...	...	...	...	3	5	8
Main water available, but no cess-pool or treatment plant provided though technically practicable		25				68	93
Neither main water nor sewer available but earth or chemical closets not provided	...	...	...	...	1	15	16

SCHOOL WATER SUPPLIES continue to be closely watched and in this connection 158 samples were taken in 1953. Details of water supplies and action taken are set out below.

#### School Water Supplies, 1953.

(a) No of Schools at which samples were taken	...	58
(b) No. of Samples taken for bacteriological and chemical examination	...	158
(c) Results of (b)—(i) No. satisfactory	...	116
(ii) No. unsatisfactory	...	42
(d) Analysis of action taken regarding unsatisfactory supplies :—		
(i) Supply improved, boiling adopted in meantime	...	4
(ii) Defects in chlorination remedied	...	2
(iii) Mains supply available and being pressed for	...	2
(iv) Private sources investigated and supply improved	...	2
(v) Supplies resampled with satisfactory results	...	2
(vi) Supply via churns—cleanliness of churns at fault and investigated	...	2
(vii) Boiling adopted	...	14
(e) Piped water supplies laid on during 1953	...	4
(f) Schools without piped water supply at 31.12.53		38

During the year a Survey of school canteens and school kitchens was started. A comprehensive report on the Brierley Hill Schools was prepared and this is being followed by similar surveys covering other areas.



(s) Table 35. Position regarding handicapped pupils at 31st December, 1953.

Category	Total known ascertained Pupils		Numbers in Special Schools		Number placed in Special Schools in 1953		Number awaiting admission to Special Schools		Number having Special provision in Ordinary School		Number having Home Tuition or Tuition in Hospital		Under Consideration	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Blind .. ..	11	7	9	5	1	1	2	2	—	—	—	—	3	2
Partially Sighted	24	22	13	12	2	1	3	1	8	9	—	—	—	1
Deaf .. ..	50	42	37	37	3	1	13	5	—	—	—	—	—	—
Partially Deaf ..	35	23	6	7	1	—	8	5	21	11	—	—	1	1
Delicate .. ..	50	32	9	2	25	18	31	29	10	3	—	—	—	—
Educationally Sub-Normal ..	471	246	115	68	34	17	161	89	192	87	3	2	11	10
Epileptics .. ..	38	34	6	2	—	—	1	3	29	28	2	1	—	1
Maladjusted ..	105	38	25	3	9	1	8	8	72	33	—	—	—	—
Physically Handicapped ..	246	210	42	45	10	16	57	41	147	124	6	—	6	3
Speech Defects ..	5	1	4	1	—	—	1	—	—	—	—	—	—	—
Totals .. ..	1,035	655	266	182	85	55	279	175	479	295	11	3	21	18
Grand Totals	1,690		448		140		454		774		14		39	

N.B.—Pupils attending Hospital Special Schools are not included in this table.

Pupils in the excepted District of Newcastle-under-Lyme who are in or awaiting admission to residential special schools are included.



The children included in Table 35 do not all fall within the categories defined in the Handicapped Pupils and School Health Service Regulations, 1953, but suffer from the more mild types of handicap with which teachers cope in ordinary classes.

(b) Table 36. Visiting of Educationally Sub-Normal Children by Mental Welfare Visitors

Number of E.S.N. children on the visiting list at 31.12.52	...	...	...	...	30
Number of E.S.N. children referred during 1953	...	...	...	...	—
Number of Home Visits	...	...	...	...	21
Number of individual Progress Reports	...	...	...	...	11
Number of E.S.N. children on the visiting list at 31.12.53	...	...	...	...	23

(c) Table 37. Classification of children referred to the Mental Health Authority

<i>Class</i>	<i>No. of Children</i>
Ineducable (Sect. 57(3) Education Act, 1944)	67
Ineducable (Sect. 57(4) Education Act, 1944)	—
Requiring supervision after leaving school (Sect. 57(5), Education Act, 1944)	37
Total	104

(d) Further Education of Handicapped Persons  
*Subjects Taught*

Students fall into three groups, (1) those who are developing their formal education in the basic skills of English and Arithmetic; (2) those who are making a vocational or non-vocational study, and (3) those who are pursuing a specific course of training.

Trainees, 1  
Home Tuition, 12 (8 Basic Subjects  
2 Vocational Courses  
2 E.S.N.)  
Correspondence Courses, 10 (Vocational)  
Blind Trainees, 4  
Deaf Trainees, 1

(e) Staffordshire Special Schools

Basford Hall	Residential	Maladjusted	30 boys	10—16 years
Cheslyn Hay	Day	E.S.N.	60 girls & boys	10—16 years
Standon Bowers	Residential	E.S.N.	60 boys	10—16 years
Walton Hall	Residential	E.S.N.	48 girls	10—16 years



These residential schools are mainly for children living in the County, but a few children from the areas of other Authorities have been admitted.

The Cheslyn Hay Day School provides education for children living in the Cannock, Bilston, Wednesbury and Willenhall areas and transport is provided to take them to and from school. It was enlarged during the year and now accommodates 60 children instead of 30. It is expected that further extensions will be made in 1954.

At the end of the year, the Ministry of Education approved the name of the school being changed; it is to be known in future as William Baxter Day Special School.

The general health of the children in all the schools was good and there were very few cases of infectious disease. A School Medical Officer visits each school twice a term and particular attention was given to those who were about to leave.

Many improvements including the provision of a gymnasium have been carried out at Standon Bowers School during the year adding to the comfort and well-being of the school. Improvements have also been made in the facilities at the other schools.

### **Mass Radiography**

Examinations were carried out at various times during the year by the Mass Radiography Mobile Units of Stoke-on-Trent, Wolverhampton and Dudley. Children and teachers from some 57 schools were X-Rayed, but details of the numbers examined and the results have not yet been received.







## **PART IX. BOROUGH OF NEWCASTLE-UNDER- LYME. (EXCEPTED DISTRICT)**

Dr. John Warrack, School Medical Officer for the Borough of Newcastle has kindly supplied the information for the following remarks :—

### **Staff**

The arrangement for the medical staffing of the School Health Service in the Borough is similar to that appertaining in 1952. There were various changes in the personnel during the year.

The nursing staff for the School Health Service was as in 1952, there being engaged one full-time nurse and three full-time assistant school nurses and six health visitor/school nurses who devote 5/11ths of their time to this service, in accordance with the arrangements made by the County Council for a School Health Service in the Borough of Newcastle-under-Lyme. One change took place during the period under review.

Details of the Staff engaged in the School Health Service in the Borough are summarised in Table VI.1 which can be found towards the end of this report.

### **School Population**

The number of pupils on the registers of maintained schools (including Nursery Schools) at the end of the year was 12,195, which is an increase of 297 over the previous year's figure.

### **Arrangements made and methods adopted at Periodic Medical Inspections**

The groups of pupils examined at periodic medical inspections during the year were as in previous years, being as specified in Regulations 49(2) (a), (b) and (c) of the Handicapped Pupils and School Health Service Regulations, 1945.

2,810 parents availed themselves of the opportunity to be present at the examination of their children. This figure represents 74.35 per cent of the children examined, which shows an increase over last year's percentage of 68.67. This year's figure is most gratifying, but I consider that still more parents should attend when their children are medically examined.

### **Review of the facts disclosed by Medical Inspection and of the methods employed for the treatment of defects**

#### **A—CLOTHING AND FOOTWEAR**

Four children were found to have defective clothing or footgear, or both. In all such cases the homes are visited by



a school nurse with a view to rectifying the deficiencies found.

#### B—NUTRITION

The nutritional condition of the children examined at periodic medical inspections is shown in Table II.B in the statistical tables at the end of this report.

#### C—UNCLEANLINESS

Only 11 children were found to have verminous heads at routine school medical inspections. This number represents 0.29 per cent. of the total number of children examined, which again is a vast improvement on the previous year's figure of approximately four times this number. This improvement, in my opinion, is due to the constant cleanliness inspections carried out by the nurses and the efficient cleansing of the offenders by the assistant nurses.

#### D—TONSILS AND ADENOIDS

At periodical and special examinations, 105 children were found to be suffering from enlarged tonsils and/or adenoids of such severity as to warrant operation. During the year 180 cases received operative treatment. This number includes those who have been referred for treatment by their own doctors. In addition there were 349 cases which required only medical treatment and/or observation.

#### E—TUBERCULOSIS

During 1953, one school child, a girl, was referred to the Chest Physician and found to be suffering from active tuberculosis.

#### F—SKIN DISEASES

The number of cases of skin disease (dermatitis, impetigo, urticaria, etc.) discovered at medical inspection, requiring treatment were 36. Of this number 21 were referred to the Dermatological Clinic at the North Staffordshire Royal Infirmary.

#### G—EXTERNAL EYE DISEASE

10 cases suffering from external eye disease were referred for treatment during the year, either to a School Clinic or to the North Staffordshire Royal Infirmary.

#### H—DEFECTIVE VISION AND SQUINT

258 cases of defective vision and squint discovered at routine and special medical examinations were referred for treatment, being 240 cases of defective vision and 18 cases of squint. During the year 257 children with defective vision



were prescribed glasses after examination by the Ophthalmic Surgeon. By the end of the year, glasses had been obtained by 233 of these children.

#### I.—EAR DISEASE AND DEFECTIVE HEARING.

At routine medical inspections during 1953 there were 56 cases in this category found to be requiring treatment. 35 cases were treated at the school clinic and 21 at the North Staffordshire Royal Infirmary.

#### Additional Examinations

##### Medical Inspection prior to admission to Training Colleges

During 1953, 49 pupils attending schools within the Borough have had a special medical examination by the School Medical Officers before admission to colleges for training as teachers.

##### Medical Inspection of New Entrants to the teaching profession.

During 1953, 15 examinations were carried out on new entrants to the teaching profession within the Borough, as required by the Ministry of Education.

#### MASS X-RAY

During the year 1,216 senior children and a number of teachers and caretakers from 9 Secondary Modern and 3 Secondary Grammar Schools attended the Headquarters of the Mass X-Ray Unit, at Hartshill. 5 children were found to have conditions which warranted further investigation by the Tuberculosis Officer.

#### KITCHEN STAFF

A Mass X-Ray service was carried out also on the kitchen staff engaged in providing school meals. One member was suspended from duty following this examination.

#### DENTAL DEFECTS

The following report on the work of the Dental Service in the Borough has been submitted by the Borough School Dental Officer :—

Children in attendance at ten schools were dentally inspected during the year and treatment was offered where indicated. The total number of children inspected was 4,026 and these comprised 2,810 routine cases and 1,216 special cases. Of the number inspected 2,630 were found to have dental defects, and of this number 2,522 were referred for treatment.



Out of the 2,810 routine cases inspected 1,414 were found to need treatment, 1,306 were referred for treatment, whilst the number accepting treatment was 1,139. The acceptance rate for routine cases was 87.2 per cent. and that of specials 100 per cent.

A total of 772 children attended for treatment on more than one occasion and total attendances for all purposes was 2,964.

The following operations were performed during the year :—

- 885 Permanent teeth extracted.
- 2,852 Temporary teeth extracted.
- 83 Permanent teeth extracted for regulation.
- 32 Temporary teeth extracted for regulation.
- 1,247 Amalgam and cement fillings.
- 202 Silicate fillings.
- 1 Root filling.
- 1,128 General anaesthetics for extractions.
- 11 Orthodontic appliances
- 78 Orthodontic supervision.
- 1 Try-in.
- 20 Dentures fitted.
- 2 Alterations to dentures.
- 24 Applications of silver nitrate.
- 42 Dressings.
- 37 Scalings.
- 108 Impressions
- 6 Root treatments
- 24 Gum treatments.
- 3 Sockets syringed.
- 8 Arrest of haemorrhage.
- 99 X-rays.

Advice was given on 167 occasions, and 1,342 parents accompanied their children to the clinic.

It will be observed that only approximately one-third of the children attending schools within the Borough received dental inspection during the year. This I think is a most deplorable fact, but is unavoidable owing to the shortage of dentists. Another dentist is to be appointed, but so far no replies to the advertisement have been received. Attempts shall continue to fill the vacancy.

I consider that to provide an adequate and efficient school dental service for this Borough, at least three full-time dental officers and three dental assistants are required.



### **Treatment of Uncleanliness.**

The school nurses make periodic inspections of the children in school, to ascertain the condition of cleanliness of their heads and bodies. The number of examinations carried out were 52,926. 2,702 children were found to be infested and cleansing notices were issued in respect of each case. Of this number, 825 were dealt with at the cleansing sessions at school clinics.

### **Minor Ailment Clinics.**

There are five school minor ailment clinics in the area as follows—

#### **KNUTTON—High Street :**

Tuesday—10.30 a.m. to 12 noon.

Friday—9.30 a.m. to 10.30 a.m.

#### **SILVERDALE—Mill Street :**

Thursday—10.30 a.m. to 11.30 a.m.

#### **CHESTERTON—Broadmeadow :**

Monday—9.30 a.m. to 12 noon.

Friday—11 a.m. to 12 noon.

#### **WOLSTANTON—Lily Street :**

Monday—9 a.m. to 11 a.m.

Tuesday—9 a.m. to 11 a.m.

Wednesday—9 a.m. to 11 a.m.

Thursday—9 a.m. to 12 noon.

Friday—9 a.m. to 11 a.m.

#### **NEWCASTLE—Friarswood House :**

Monday—9.30 a.m. to 12 noon.

Tuesday—9.30 a.m. to 12 noon.

Wednesday—9.30 a.m. to 12 noon.

Thursday—9.30 a.m. to 12 noon.

Friday—9.30 a.m. to 12 noon .

All minor ailments are treated at school clinics and the cases dealt with are included in Table IV, Group 1 of the statistical tables at the end of this report. During the year the number of attendances at the various minor ailment clinics was 22,890. Parents and teachers send to the clinics any cases which they consider require attention and cases are also referred to the clinics for treatment of defects found at periodic inspections.

### **Ophthalmic Clinic.**

This clinic is held each Tuesday morning and afternoon in the Ophthalmic Room at Friarswood School Clinic. During the year 283 children had refractions carried out and in 257 cases spectacles were prescribed.



### **Sun-ray Clinic.**

The sun-ray clinic at Friarswood House, Priory Road, Newcastle, has continued on Wednesday afternoons from 1.30 p.m. to 3.30 p.m. and on Saturday mornings from 9 a.m. to 11 a.m. A qualified physiotherapist is in attendance at both sessions and a medical officer is also present during the Wednesday afternoon sessions. During 1953, 109 children received one or more courses of treatment, each course consisting of 13 attendances.

### **Breathing Exercises.**

The breathing exercise clinic for the treatment of children suffering from certain diseases of the nose, throat, and lungs was started on 7th January, 1953. The clinic is held once weekly on Wednesday afternoons from 3.30 p.m. to 4.30 p.m. and during the year 39 cases received treatment.

### **Speech Therapy.**

In January, 1953, we were very pleased to be able to commence speech therapy for the children within the Borough at Friarswood Clinic consequent upon the appointment of a speech therapist, whose services were shared between the County Council and the Council of the Excepted District.

During the year 19 cases have received treatment for speech defect.

### **Child Guidance.**

An arrangement exists between the Excepted District and the Stoke-on-Trent Education Authority whereby pupils attending schools within the Borough who are in need of child guidance treatment can be referred to and receive the necessary treatment from the Child Guidance Clinic at Shelton. During the year five cases were seen under this arrangement.

### **SCHOOL MEALS REPORT.**

I am grateful to the Borough school meals organiser who has supplied me with the following information for inclusion in this report.

The year January, 1953 to December, 1953 has seen a number of changes in the school meals service in the Borough of Newcastle-under-Lyme. Meals have been supplied to the children from three civic restaurants, namely, Chesterton, Knutton, and Silverdale; from the school kitchen dining rooms at Bradwell C.P. School, Ellison Street C.P. School, Hemp-



stalls C.P. School, and Silverdale C.P. School, the four Grammar Schools, and the four Nursery Schools.

Chesterton Civic Restaurant closed 14th March, 1953.

Silverdale Civic Restaurant closed 7th November, 1953.

Knutton Civic Restaurant closed 23rd December, 1953.

Hempstalls C.P. School Kitchen Dining Room opened 7th September, 1953.

Figures given below show the number of meals served during the year as compared with 1952—

1952	...	53,030
1953	...	50,569

### Holiday Feeding.

Arrangements for the provision of meals during school holidays were made so that any child could, on application, receive a school dinner. As reported for the year 1952, children on the free meals list form the greater part of those attending during holidays.

Throughout the year meals were supplied, on rota, from Bradwell C.P. School K.D.R., Ellison Street C.P. School K.D.R., Silverdale C.P. School K.D.R., and Hempstalls C.P. School K.D.R., and distributed to various school meals centres throughout the Borough.

Because of the irregular attendance of some of the children, the Committee considered the case of those entitled to free meals who fail to attend in spite of previously having declared their intention of doing so. It was decided that those children who acted in this manner, by staying away for more than half the total number of days in any holiday would not be permitted meals during the next holiday period, unless their parents gave a satisfactory written explanation as to the reason for their absence. This scheme is proving satisfactory.

### Increase in Price.

The cost of dinners to school children was increased from sevenpence per meal to ninepence per meal as from the 1st March, 1953. Nursery School costs remained at sixpence per day.

### Equipment

The policy of supplying additional equipment and replacing that which was old and obsolete, continued during the year.



## Medical Inspections

New school meals staff continue to be medically examined prior to their official appointment.

All present School Meals employees have visited the mass X-Ray centre at "The Ashlands", Hartshill, Stoke-on-Trent.

## Central Kitchen

With the closing of the last of the Civic Restaurants (Knutton) on the 23rd December, 1953, operations were put in hand to convert it into a Central Kitchen, to be ready for use on the 11th January, 1954.

# PHYSICAL TRAINING

## GENERAL SURVEY

Continued progress has been observed in all branches of Physical Education during the past year reflecting the efforts of both scholars and teachers and the influence of local courses in this subject.

All scholars in Secondary Schools are completely equipped with plimsolls, shorts and vests.

In Primary Junior and Primary Infants' Schools, all scholars are provided with plimsolls, whilst scholars in Primary Junior Schools, having indoor accommodation suitable for Physical Education, are also supplied with shorts and vests.

Further progress has been made during the year in the provision of storage accommodation for plimsolls, clothing and equipment for Physical Education.

Clothing still has to be laundered in scholars' homes and generally speaking this scheme works satisfactorily.

## PLAYING FIELDS AND GAMES

The 7½ acres of seeded ground at the Pool Dam Playing Fields is now being used by Secondary Modern and Primary Schools for field games throughout the year. The provision of this additional playing space has most certainly eased the problem for field games for scholars attending schools in the centre of the Borough, but the area provided in other parts of the Borough for playing games continues to be inadequate for the numbers using the playing fields.

## SWIMMING

All physically fit scholars in the first and second years of the Secondary Modern Schools have received thirty minutes swimming instruction weekly throughout the year.

Some 1,528 first and second year scholars were instructed in swimming and all but a very small percentage of this number learnt to swim, many with real proficiency.



## CAMPING.

During the Summer Term, 1953, upwards of 300 scholars of Secondary Modern Schools in the Borough attended camps of the Staffordshire Education Committee at Beaudesert, Coven and Cotwalton

Marked progress has been observed in the many aspects of camping, including campcraft, country activities, lightweight camping, canoeing, and sailing

Upwards of 60 scholars from four Secondary Schools attended Staffordshire Schools Holiday Camps at two sites established, one inland and one at the sea in North Wales.



**Table I**  
**Medical Inspection of pupils attending maintained**  
**Primary and Secondary Schools (including Special**  
**Schools). Year ended 31st December, 1953**

A — PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups :

Entrants .. .. .	1,106
Second Age Group .. .. .	1,381
Third Age Group .. .. .	873
Total	3,360
Number of other Periodic Inspections ..	—
Grand Total	3,360

B — OTHER INSPECTIONS

Number of Special Inspections .. ..	247
Number of Re-Inspections .. ..	195
Total	442

C — PUPILS FOUND TO REQUIRE TREATMENT

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

<i>Group</i> (1)	<i>For defective vision (excluding squint)</i> (2)	<i>For any of the other conditions recorded in Table IIA</i> (3)	<i>Total individual pupils</i> (4)
Entrants .. .. .	5	135	137
Second Age Group .. .. .	125	162	251
Third Age Group .. .. .	99	57	86
Total (prescribed groups)	229	354	474
Other Periodic Inspections .. .. .	—	—	—
Grand Total .. .. .	229	354	474



Table II

**A. Return of Defects found by Medical Inspection  
in the year ended 31st December, 1953**

Note.—All defects noted at medical inspection as requiring treatment should be included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	Defect or Disease	Periodic Inspections No. of Defects		Special Inspections No. of Defects	
		Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment	Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin .. ..	36	116	2	—
5	Eyes :				
	<i>a</i> Vision ..	*229	243	11	11
	<i>b</i> Squint ..	17	60	1	3
	<i>c</i> Other ..	9	29	1	—
6	Ears :				
	<i>a</i> Hearing ..	15	91	—	2
	<i>b</i> Otitis Media	15	40	—	3
	<i>c</i> Other ..	25	12	1	2
7	Nose or Throat ..	93	338	4	13
8	Speech .. ..	12	27	—	1
9	Cervical Glands ..	4	75	—	1
10	Heart and Circula- tion .. ..	7	63	4	50
11	Lungs .. ..	45	137	1	11
12	Developmental :				
	<i>a</i> Hernia ..	4	17	—	1
	<i>b</i> Other ..	8	61	2	1
13	Orthopaedic :				
	<i>a</i> Posture ..	4	60	—	4
	<i>b</i> Flat foot ..	23	61	2	1
	<i>c</i> Other ..	10	106	—	6
14	Nervous System :				
	<i>a</i> Epilepsy ..	—	8	1	4
	<i>b</i> Other ..	3	34	—	10
15	Psychological :				
	<i>a</i> Development	—	6	—	1
	<i>b</i> Stability ..	3	39	—	6
16	Other .. ..	21	121	3	12

Note.—\*This figure should normally be equal to that shown as the grand total of column (2) ("For defective vision (excluding squint") of Table I C.



**B. Classification of the General Condition of Pupils inspected during the year in the age groups**

<i>Age Groups</i> (1)	<i>No. of Pupils Inspected</i> (2)	<i>A</i> ( <i>Good</i> )		<i>B</i> ( <i>Fair</i> )		<i>C</i> ( <i>Poor</i> )	
		<i>No.</i> (3)	<i>% of Col. 2</i> (4)	<i>No.</i> (5)	<i>% of Col. 2</i> (6)	<i>No.</i> (7)	<i>% of Col. 2</i> (8)
Entrants .. ..	1,106	641	58.0	465	42.0	—	—
Second Age Group ..	1,381	577	41.8	795	57.6	9	0.6
Third Age Group ..	873	481	55.1	392	44.9	—	—
Other Periodic Inspections .. ..	—	—	—	—	—	—	—
Total .. ..	3,360	1699	50.6	1652	49.2	9	0.2

Note.—The figures in column (2) should normally equal those detailed under Table I A.

**Table III**  
**Infestation with Vermin**

Notes.—A statement as to the arrangements made by the Local Education Authority for the examination and cleansing of infested pupils should appear in the body of the School Medical Officer's Report.

All cases of infestation, however slight, should be recorded.

The return should relate to individual pupils and not to instances of infestation.

Total number of examinations in the schools by the school nurses or other authorized persons .. ..	52,926
--	--------

Total number of individual pupils found to be infested .. ..	2,702
--	-------

Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) ..	2,702
--	-------

Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) ..	825
---	-----



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

Notes.—(a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

N.B.—The information asked for in this table falls into these two divisions (a) and (b), except in Group 5 (Child Guidance Treatment).

**Group 1. DISEASE OF THE SKIN**  
(excluding uncleanliness, for which see Table III)

	<i>Number of cases treated or under treatment during the year</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
Ringworm : (i) Scalp .. ..	1	1
(ii) Body .. ..	1	—
Scabies .. ..	8	1
Impetigo .. ..	35	1
Other skin diseases .. ..	1,486	56
Total .. ..	1,531	59

**Group 2. EYE DISEASES,  
DEFECTIVE VISION AND SQUINT**

	<i>Number of cases dealt with</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
External and other, excluding errors of refraction and squint .. ..	177	4
Errors of Refraction (including squint) .. ..	*283	8
Total .. ..	460	12
Number of pupils for whom spectacles were : (a) prescribed .. ..	*257	—
(b) obtained .. ..	*233	—
Total .. ..	490	—



**Table IV — continued**

**Group 3. DISEASES AND DEFECTS OF  
EAR, NOSE AND THROAT**

	<i>Number of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
Received operative treatment :		
(a) for diseases of the ear ..	—	6
(b) for adenoids and chronic tonsillitis .. .. .	—	180
(c) for other nose and throat conditions .. .. .	—	9
Received other forms of treatment ..	583	—
Total .. .. .	583	195

\*Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

**Group 4. ORTHOPAEDIC AND POSTURAL DEFECTS**

(a) Number treated as inpatients in hospitals .. .. .	42	—
	<i>By the Authority</i>	<i>Otherwise</i>
(b) Number treated otherwise, e.g., in clinics or outpatient departments .. .. .	39	43

**Group 5. CHILD GUIDANCE TREATMENT**

	<i>Number of cases treated</i>	
	<i>In the Authority's Child Guidance Clinic</i>	<i>Elsewhere</i>
Number of pupils treated at Child Guidance Clinics .. .. .	Nil	5

**Group 6. SPEECH THERAPY**

	<i>Number of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
Number of pupils treated by Speech Therapists .. .. .	19	—



Group 7. OTHER TREATMENT GIVEN

	<i>Number of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
(a) Miscellaneous minor ailments ..	1,953	—
(b) Other than (a) above (specify) :		
1. Respiratory .. .. .	66	65
2. Injuries .. .. .	1,034	129
3. .. .. .	—	—
4. .. .. .	—	—
5. .. .. .	—	—
Total .. .. .	3,053	194

Table V.

**Dental Inspection and Treatment**

**For the year ended 31st December, 1953**

(1) Number of pupils inspected by the Authority's Dental Officers :		
(a) Periodic .. .. .	2,810	
(b) Specials .. .. .	1,216	
Total 1	4,026	
(2) Number found to require treatment .. ..	2,630	
(3) Number referred for treatment .. ..	2,522	
(4) Number actually treated .. ..	2,355	
(5) Attendances made by pupils for treatment ..	2,964	
(6) Half days devoted to : Inspection .. ..	16	
Treatment .. ..	352	
Total 6	368	
(7) Fillings : Permanent Teeth .. ..	1,416	
Temporary Teeth .. ..	34	
Total 7	1,450	
(8) Number of teeth filled : Permanent Teeth ..	1,229	
Temporary Teeth ..	34	
Total 8	1,263	
(9) Extractions : Permanent Teeth .. ..	885	
Temporary Teeth .. ..	2,852	
Total 9	3,737	
(10) Administration of general anaesthetics for extraction .. ..	1,128	
(11) Other operations : Permanent Teeth ..	411	
Temporary Teeth ..	30	
Total 11	441	



## School Health Service Staff and School Clinics

### 1. STAFF OF THE SCHOOL HEALTH SERVICE (excluding Child Guidance)

School Medical Officer : Dr. JOHN WARRACK (name)

Senior Dental Officer : Mr. J. A. CLUNAS (name)

	Number	Aggregate staff in terms of the equivalent number of wholetime officers
(a) Medical Officers* .. .. .	3	1.8
General Practitioners working part-time in School Health Service ..	2	.09
(b) Dental Officers .. .. .	1	1.0
(c) Physiotherapists, Speech Therapists etc. (specify) :		
Physiotherapist .. .. .	1	.27
Speech Therapist .. .. .	1	.36
Ophthalmic Surgeon .. .. .	1	.18
.....		
(d) School Nurses .. .. .	7	3.72
Number of above who hold a Health Visitor's Certificate .. .. .	6	—
(e) Nursing Assistants .. .. .	3	3.0
(f) Dental Attendants .. .. .	1	1.0

\*All Medical Officers of the School Health Service other than those employed part-time for specialist examination and treatment only.

### II. NUMBER OF SCHOOL CLINICS (i.e. **premises** at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics .. .. . 5



III. TYPE OF EXAMINATION AND/OR TREATMENT provided, at the school clinics returned in Section II, either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the Clinics.

<i>Examination and/or treatment</i>	<i>Number of School Clinics (i.e. premises) where such treatment is directly provided by the Authority</i>	<i>Number of School Clinics (i.e. premises) where such treatment is provided under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals</i>
(1)	(2)	(3)
A. Minor ailment and other non-specialist examination or treatment .. ..	5	—
B. Dental .. ..	1	—
C. Ophthalmic† .. ..	1	—
D. Ear, Nose and Throat ..	—	—
E. Orthopaedic .. ..	—	—
F. Rheumatic .. ..	—	—
G. Paediatric* .. ..	—	—
H. Speech Therapy .. ..	1	—
I. Other :		
Sunray .. ..	1	—
Breathing Exercises ..	1	—

†Arrangements made with the Supplementary Ophthalmic Service should be returned in column (2) and those made with the Hospital and Specialist Service in column (3).

\*Clinics for children referred to a specialist in children's diseases.

IV. CHILD GUIDANCE CENTRES

Guidance Centres provided by the Authority :

(a) Number of Centres .. .. Nil

(b) Staff :

<i>Number</i>	<i>Aggregate staff in terms of the equivalent number of whole-time officers</i>
Psychiatrists .. ..	NIL
Educational Psychologists ..	
Psychiatric Social Workers ..	

- (i) State whether the Psychiatrists are directly employed by the Authority or whether their services are made available by arrangement with the Regional Hospital Board or Board of Governors of a Teaching Hospital.



- (ii) Particulars of any arrangements made with Child Guidance Clinics provided by the Regional Hospital Board or Board of Governors of a Teaching Hospital :

### Year 1953

(1) <i>Blind</i>	(2) <i>Partially sighted</i>	(3) <i>Deaf</i>
(4) <i>Partially deaf</i>	(5) <i>Delicate</i>	(6) <i>Physically</i>
(7) <i>Educationally</i>	(8) <i>Maladjusted</i>	<i>Handicapped</i>
<i>sub-normal</i>		(9) <i>Epileptic</i>

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	Total
In the calendar year :										
A. Handicapped Pupils <i>newly placed</i> in Special Schools or Boarding Homes ..	-	-	-	-	1	3	2	1	-	7
B. Handicapped Pupils <i>newly ascertained</i> as requiring education at Special Schools or boarding in homes .. .. .	-	1	-	-	-	2	10	1	-	14

Number of children reported during the year :

- (a) Under Section 57 (3) (excluding any returned under (b) .. .. . 9
- (b) Under Section 57 (3) relying on Section 57(4) .. .. . —
- (c) Under Section 57 (5) .. .. . —  
of the Education Act, 1944

On December 1st, 1953 :

C. No. of Handicapped Pupils from the area .. .. .										
(I) Attending Special Schools as :										
(a) Day Pupils ..										Nil
(b) Boarding Pupils ..	1	-	-	1	-	-	3	5	-	10
(II) Attending Independent Schools under arrangements made by the Authority .. .. .										Nil
(III) Boarded in Homes and not already included under (I) or (II) ..										Nil
Total C. .. .. .	1	-	-	1	-	-	3	5	-	10



D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944										
(I) In hospitals ..										Nil
(II) Elsewhere ..										
Home Tuition ..	-	-	-	-	-	8	-	-	-	8
E. Number of Handicapped Pupils from the area requiring places in Special Schools including any such children ..										
(I) who are temporarily receiving Home Tuition ..	-	5	-	1	11	11	35	-	-	63
(II) whose parents have not yet consented to their attending a Special School ..	-	-	-	-	-	2	-	-	-	2
	-	-	-	-	7	8	11	-	-	26

AMOUNT spent on arrangements under **Section 56** of the Education Act, 1944, for the education of handicapped pupils otherwise than at school in the financial year ended 31st March, 1953 .. .. . £1,330



