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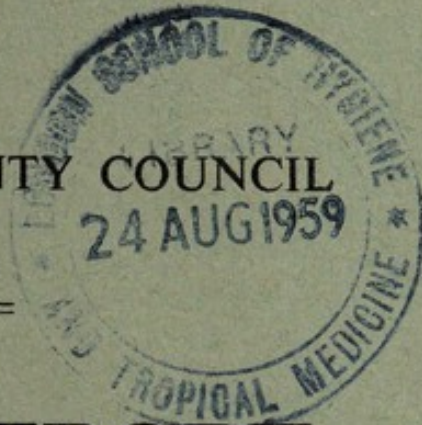
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STAFFORDSHIRE COUNTY COUNCIL

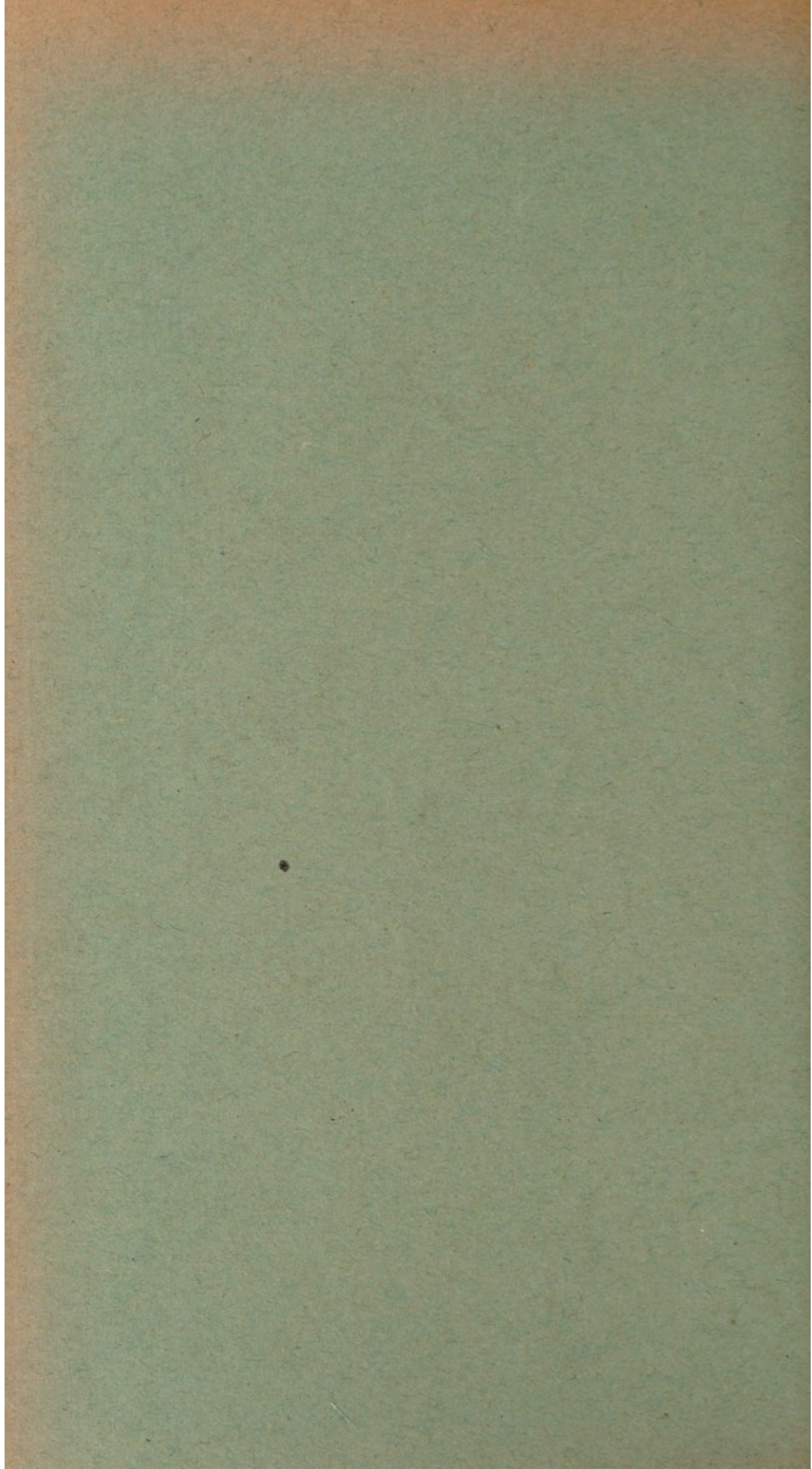


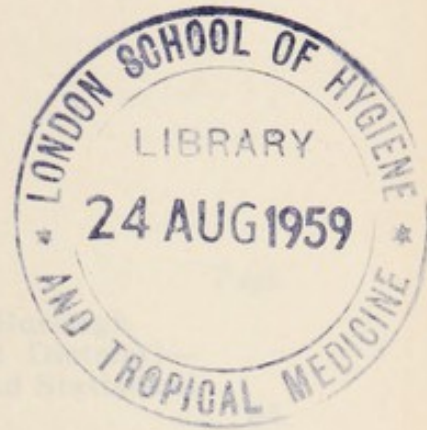
ANNUAL REPORT

OF THE

**County Principal
School Medical Officer**

For the year 1956





STAFFORDSHIRE COUNTY COUNCIL

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SCHOOL HEALTH SERVICE STAFF, 1956

County Principal 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 Principal County School Medical Officer

H. BINYSH, M.D., M.B., B.S., L.R.C.P.&S.(Ed.), L.R.F.P.S.(Glas.)
D.P.H., D.T.M. & H., Barrister-at-Law.

Senior Medical Officer and Assistant Medical Officer

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

Whole-time School 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.

A. BLENCH, L.R.C.P., L.R.C.S., L.R.F.P.S. (Appointed 1.2.56).

MARAGARET J. CASH, M.R.C.S., L.R.C.P.

SARAH CLARK, M.B., B.Ch., B.A.O., D.P.H.

NORAH M. CLARKE, M.B., Ch.B.

G. R. DAVIES, B.Sc., L.M.S.S.A.

PHYLLIS H. DUNCAN, M.B., Ch.B. (Appointed 3.7.56).

DOREEN E. GEORGE, M.B., Ch.B.

BESSIE W. GOODWILL, M.B., Ch.B., M.R.C.S., L.R.C.P.

MARGARET O. WILL, M.B., Ch.B., M.M.S.A., D.P.H., D.R.C.O.G.

H. E. WILSON, M.B., Ch.B.

HENRIETTA M. WILSON, B.A., B.Chir.

School 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.).

J. V. L. FARQUHAR, M.A., M.R.C.S., L.R.C.P., D.P.H. (M.O.H.
Coseley U.D.) (Appointed 23.1.56).

C. FLEMING, M.B., Ch.B., D.P.H. (M.O.H. Rugeley U.D. and Tutbury
R.D.).

R. C. GUBBINS, M.B., Ch.B., D.P.H. (M.O.H. Willenhall U.D.).
 J. HEAGNEY, M.B., B.Ch., D.P.H. (M.O.H. Darlaston U.D.) (Appointed 1.8.56).
 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.).
 A. LOFTUS, L.R.C.P., L.R.C.S., D.P.H. (M.O.H. Brownhills U.D.) (Appointed 2.1.56).
 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.).
 A. G. THOMSON, M.B., Ch.B., D.P.H. (M.O.H. Stafford R.D. and Cannock 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 School Medical Officers

(engaged in the School Health Service)

MARGARET BAMBER, M.B., B.Ch., B.A.O.
 A. B. CLARK, M.B., Ch.B., D.P.H. (Resigned 31.7.56).
 EILEEN N. COSGRAVE, M.B., B.Ch., B.A.O.
 IVY R. GIFFORD, M.B., Ch.B. (Dental Anaesthetist).
 ROSE MACAULIFFE, M.B., B.Ch., B.A.O.
 F. B. MACKENZIE, D.S.O., M.C., T.D., M.B., Ch.B., D.P.H.
 T. R. O'DEMPSEY, M.B., B.Ch.
 ELEANOR M. PRENDIVILLE, L.R.C.P.I., L.R.C.S.I., L.M., D.P.H.
 RUTH V. ROBSON, M.R.C.S., L.R.C.P., D.C.H.
 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.
 N. C. BERLIN, L.R.C.P. (Edin.), L.R.F.P.S. (Glas.) (Appointed 1.11.56)

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.
 (Resigned 14.1.56).
 CHRISTINA J. MCLEAY, M.B., Ch.B. (Appointed 16.2.56).

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. (Resigned 31.12.56).
 B. U. KILLEN, M.B., B.Ch., B.O.A., D.O.
 *H. CAMPBELL ORR, M.B., Ch.B., F.R.F.P.S.
 K. RUBINSTEIN, M.D., F.R.C.S.(Ed.), D.O.M.S.

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.

Principal County School Dental Officer

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

Whole-time School Dental Officers

A. S. BROGDEN, L.D.S.
J. BRYDONE, L.D.S., R.C.S.
J. BUNCH, L.D.S., R.C.S.
Miss D. E. CHATER, L.D.S., R.F.P.S.
E. COOPER, L.D.S. (Died 1.10.56).
J. W. DAVIES, L.D.S.
R. B. DEARNALEY, L.D.S. (Appointed 12.11.56).
F. S. DUCK, L.D.S., R.C.S.
S. FORD, L.D.S., R.C.S.
G. J. HAMMERSLEY, L.D.S., R.C.S. (Died 15.3.56).
J. HICKEY, B.D.S. (Appointed 1.10.56).
F. INNES, L.D.S., R.C.S. (Resigned 9.5.56).
J. L. JACQUES, L.D.S., R.C.S.
Miss M. C. LAUDER, L.D.S., R.C.S.
J. D. NELSON, L.D.S.
T. C. J. PRICE, B.D.S.
L. H. THOMPSON, L.D.S.

Part-time School Dental Officers

Mrs. E. M. CAULDWELL, B.D.S. (Resigned 13.1.56)
T. S. F. EDWARDS, L.D.S., R.C.S.
L. F. KELLY, L.D.S., R.F.P.S.
J. M. MCCARTHY, B.D.S. (Appointed 11.9.56).

Dental Hygienist

Mrs E. W. EVANS (Resigned 31.10.56).

Medical Auxiliaries

PHYSIOTHERAPISTS :

Miss F. M. BARNES, C.C.S.P.
Mrs. B. YEARSLEY, M.C.S.P.
Miss J. McLEAN, M.C.S.P. (Appointed 27.2.56).

SPEECH THERAPISTS :

Miss H. M. BINKS, L.C.S.T.
Mrs. D. STEWART L.C.S.T. (Resigned 31.1.56).
Mrs. D R MARCH, L.C.S.T. (Resigned 31.12.56).
Mrs. M MILLIGAN, L.C.S.T.
Miss J. M. MOON, L.C.S.T.
Mrs. M. H. SHELDON L.C.S.T. (Appointed 26.9.56).

EDUCATIONAL PSYCHOLOGIST :

D. MNISZEK, B.A. (Hons.) (Resigned 31.10.56).

PSYCHIATRIC SOCIAL WORKER :

Miss M. WILLIAMS.

AUDIOMETRICIAN :

Mrs. E. C. SPENCER, S.R.N.

SUMMARY OF ASSISTANT STAFF

<i>Staff</i>	<i>Establish- ment</i>	<i>No. Employed on 31.12.56</i>	<i>Equivalent in terms of Whole-time Staff</i>
School Medical Officers.....	22	40	19
School Dental Officers.....	29	18	16.91
Dental Hygienist.....	1	—	—
Physiotherapists.....	3	3	3
Speech Therapists.....	6	5	4.63
School Nurses.....	34.58	135	29.83
Clinic Nurses.....	5.75	8	5.75
Dental Attendants—Qualified	} 30	1	} 18.82
Unqualified		18	
Clerks.....	24	24	24
Audiometrician.....	1	1	1
Audiometric Clerk.....	1	1	1

GENERAL INFORMATION

	<i>Urban Areas</i>	<i>Rural Areas</i>	<i>Admin. County</i>
Estimated civilian population of Administrative County (Mid 1956).....	673,600	228,600	902,200
Acreage.....	99,696	585,543	685,239
Density of population per acre.....	6.76	0.39	1.32
Mean area per person in acres.....	0.15	2.56	0.76

Estimated School population of Administrative County (excl. Newcastle).....	132,220
Estimated School population of Newcastle Excepted District.....	13,340
Average number on roll (excl. Newcastle).....	130,787
Average number on roll (Newcastle only).....	13,144
Average Attendances (excl. Newcastle).....	117,708
Average Attendances (Newcastle only).....	11,829

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

Nursery Schools.....	17	} Total 679
County Primary Schools.....	291	
Voluntary Primary Schools.....	235	
County Secondary Modern Schools.....	89	
Voluntary Secondary Modern Schools.....	8	
County Secondary Grammar and High Schools.....	22	
Voluntary Secondary Grammar and High Schools.....	2	
County Secondary Technical Schools.....	3	
Comprehensive Schools.....	3	
Special Schools—Residential.....	6	
—Day.....	1	
—Hospital.....	2	

Average No. on Roll

School	County	Newcastle	Total
Primary	Area 88,863	7,786	96,649
Secondary Modern	33,246	3,049	36,295
Secondary Grammar and Comprehensive	6,965	2,140	9,105
Secondary Technical	726	—	726
Nursery	512	169	681
Special	475	—	475
	<u>130,787</u>	<u>13,144</u>	<u>143,931</u>

Annual Report of the County Principal School Medical Officer 1956

Preface

I am pleased to report that, bearing in mind the limited funds and staff available, the year under review was satisfactory in almost every way. The incidence of infectious disease was low, that for poliomyelitis being the most favourable since 1951, but, unfortunately, the illnesses caused by carelessness and uncleanness, i.e., dysentery and diarrhoea, continued at a high rate. Comment on this subject has been made in previous forewords and elsewhere, the basis of the prevention of the two conditions mentioned particularly lying in the proper training of the children, which, it must be admitted, cannot always include the best method of example because of the unhygienic conditions of many schools. At this point it is appropriate to mention the considerable work undertaken during 1956 in order to provide better sanitation where it is needed. In 1955, the County Council approved an expenditure of 1½ million pounds on works of minor improvements to bring their schools up to reasonable standards, and an order of priority was agreed with the Director of Education. It is hoped, therefore, that all the schools will be given the proper standards at an early date.

In 1957 the School Medical Service will have reached its Jubilee, but it is not proposed to make this an opportunity for reviewing its achievements, because this has frequently been done, the influence of the general improvement in the standard of living having been ignored on occasions. However, one is prompted to reflect on the trends of the work and future needs.

The most significant change, and one which appears likely to continue, is the increased attention given to the ascertainment of handicapped children, and the provision of special facilities for them. In the early days of school work,

routine medical inspection alone was sufficient to reveal those children suffering from gross conditions, and this led the Education Authorities to provide treatment on a wide scale between the Wars. The need for this treatment is now much reduced (this year 8.8% of all children examined as a routine were found to require medical treatment), and the Hospitals are very largely taking over the work. Since the second World War more and more of the time of the School Medical staff is being taken up with ascertainment of handicapped pupils, which is shown in the statistics presented in the body of the Report. There was an increase of 452 in the number of handicapped pupils known to the School Health Service, and 44 more children were accommodated in Special Schools. In addition, more children with defective hearing or vision were found by the combined Audiometric and Vision Testing Team. Then, in 1953 the Ministry issued revised School Health Service and Handicapped Pupils Regulations, together with a Circular saying that they would approve experimental arrangements for the examination of children not based on periodical medical inspections, and this made it possible to start an experiment which had long been in mind. The diminishing incidence of defects found in the 10 years age group, together with the fact that the majority of handicapped children present a sign or symptom which should be obvious to either the parent, teacher or school nurse, suggested that the abolition of an examination as a routine, and the substitution of more frequent special visits by the doctor and nurse, would have greater effect. As a result, the Committee have agreed a scheme whereby the inspection of 'entrants' and 'leavers' is continued, but, instead of the periodic inspection of children at the age of 10, a special examination is carried out between these ages when found to be necessary. The object of the trial was to provide a more efficient system, there being no suggestion that any economy in terms of cash would result, for, on the contrary, time might well prove such a scheme to be more expensive. This method of supervising the health of the middle age group is being carried out in three areas, representing a school population of 8,931, but because of initial difficulties no useful comparison with other areas is yet possible.

The routine entrant and leaver examinations continue on the usual lines, though much thought is being given to the effectiveness of the latter. In 1955, Dr. J. A. H. Lee published a report detailing the defects found on examination of recruits for the Forces and compared them with defects noted when these same boys had previously been examined as school leavers, which showed that many more were discovered on the later occasions than had been entered on the school medical examination record cards. The reason for this is not so obvious as appears at first sight, but there may well be arguments for increasing the amount of time available for the examination of each child, and for improving the conditions under which the examination takes place.

It is not sufficient, however, to concentrate on the discovery of handicaps, even though they are slight, and, as in the case of partial deafness, may be completely overcome by suitable medical and educational treatment, for increased attention must also be given to improving the standard of health of the children and thus, eventually, that of the adult population. Reference has already been made to the need for cleanliness, and an example of the need for further progress is clearly shown when the Principal School Dental Officer states that less than one-half of the school children possess a tooth-brush, many of which are never used. If this state of affairs exists in such an obvious direction, then one can only surmise that other adverse factors such as lack of ventilation, lack of sleep, and inadequate diet, must be common everywhere.

In the year under review, it will be noted that, for the first time, the Youth Employment Officer is now supplied with a separate report about the suitability for employment of every school leaver after the final examination by the School Health Service. The number of children having the benefit of remedial exercises rose from 177 in 1955 to 478 this year, and the audiometric team had a most effective year's work, having examined more children and found more defects for which care and treatment were provided. Of 1,494 children found to have defects, 576 were amenable to treatment and this type of early detection of disease is indeed satisfactory preventive work. The Wightwick School for physically handicapped pupils was opened at the end of the year, at which time 28 children were admitted, and the provision of this school fills a long felt need in the County. It has been most difficult in the past to find vacancies for this class of child in outside schools, and it is an enormous advantage to be able to provide

education in a County establishment. Speech therapy has now taken its place as a routine service in the Department and is doing very valuable work.

One unsatisfactory feature which must receive comment is the continued difficulty in providing a satisfactory dental service. Such a remark has appeared regularly in these Annual Reports, and the Principal County School Dental Officer shows in his most interesting and detailed Report that there is little hope for any improvement on traditional lines. Then, the arrangements for child guidance remain primitive and this is a field where considerable extension is indicated. It will also be seen that the number of children treated at hospitals for diseased tonsils and adenoids has again fallen, and the numbers waiting in some parts of the County are considerable. The position is variable over the County, but by now the argument that it is a good thing to let these cases wait, as a number will never require treatment, should no longer apply.

It is always a little difficult to prepare the foreword, because, of necessity, the Annual Report cannot be completed until rather a long time after the year to which it relates has ended, so that the observations are written when several months of the following year have passed, and the picture has to some extent changed. However, the School Health Service is a long term one and over the years yields very valuable benefits to the community. It is hard for the public to notice this for the improvement in the health of the population is so much less spectacular than, say, the performance of a dramatic heart operation, yet the latter does not, in fact, contribute anything measurable to the national health.

To this large undertaking each member of the staff has contributed, and I believe that everyone has satisfaction in carrying out his or her own work, and hope that they appreciate its increased value when it is co-ordinated with the labours of the remainder of the staffs in their allied fields. The continued co-operation of the Director of Education and his staff is most valuable, one particular instance having been the way in which teachers have contributed to the successful working of the scheme for the detection of partial deafness. Our best thanks are due to the Education Committee, and all others who have participated, for the understanding and eagerness to improve the health of school children in Staffordshire.

G. RAMAGE,
County Principal School Medical Officer.

REPORT

PART I.—INSPECTIONS AND OTHER EXAMINATIONS

Table I. Medical Inspection of pupils attending Maintained Primary and Secondary Schools (including Special Schools)

A. Periodic Medical Inspections.

Number of Inspections in the prescribed Groups :

	1954	1955	1956
Entrants	16,034	14,039	13,069
Second Age Group	11,165	11,412	9,233
Third Age Group	8,493	7,947	8,901
Total	35,692	33,398	31,203
Other Periodic Inspections	—	289	1,612
	35,692	33,687	32,815

B. Number of other Inspections :

Special Inspections	1,518	257	201
Re-inspections	20,221	24,098	26,285
Total	21,739	24,355	26,486

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 (excluding 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	177	1.35	933	7.14	1,102
Second Age Group	376	4.07	555	6.01	899
Third Age Group	371	4.17	302	3.4	659
TOTAL	924	2.96	1,790	5.74	2,660
Other Periodic Inspections	84	5.21	154	9.55	220
	1,008	3.07	1,944	5.92	2,880

Table 2. Return of Defects Found

Periodic Inspections

Defect or Disease	PERIODIC INSPECTIONS				TOTAL (inc. all other age groups insp'ted)	
	ENTRANTS		LEAVERS		Requir- ing Treat- ment	Requir- ing Observ- ation
	Requir- ing Treat- ment	Requir- ing Observ- ation	Requir- ing Treat- ment	Requir- ing Observ- ation		
Skin	71	365	56	164	214	796
Eyes—						
(a) Vision	177	309	371	514	1,008	1,658
(b) Squint	86	244	12	35	133	423
(c) Other	28	123	12	42	65	287
Ears—						
(a) Hearing	31	198	15	73	66	460
(b) Otitis Media	64	278	19	62	116	480
(c) Other	13	69	17	46	43	173
Nose and Throat	254	2,278	41	338	484	3,769
Speech	55	309	5	32	92	458
Lymphatic Glands	78	1,043	3	77	90	1,427
Heart	10	195	13	118	28	484
Lungs	66	995	16	194	106	1,631
Developmental—						
(a) Hernia	26	81	8	7	53	125
(b) Other	4	305	2	33	25	506
Orthopaedic—						
(a) Posture	20	316	12	175	67	841
(b) Feet	74	375	19	184	165	930
(c) Other	107	746	48	475	232	1,793
Nervous System—						
(a) Epilepsy	7	28	1	14	11	77
(b) Other	8	203	—	28	14	408
Psychological—						
(a) Development	7	53	5	21	18	168
(b) Stability	3	120	2	14	9	251
Abdomen	5	58	1	22	12	126
Other	36	203	27	190	115	674

Return of Defects Found (continued)

Special Examinations

Defect or Disease	SPECIAL INSPECTIONS	
	Requiring Treatment	Requiring Observation
Skin	3	5
Eyes—		
(a) Vision	21	18
(b) Squint	4	1
(c) Other	1	6
Ears—		
(a) Hearing	6	5
(b) Otitis Media	1	7
(c) Other	1	3
Nose and Throat	5	17
Speech	8	5
Lymphatic Glands	1	6
Heart	—	2
Lungs	1	12
Developmental—		
(a) Hernia	—	—
(b) Other	—	3
Orthopaedic—		
(a) Posture	2	3
(b) Feet	1	2
(c) Other	3	8
Nervous System—		
(a) Epilepsy	—	—
(b) Other	—	5
Psychological—		
(a) Development	5	6
(b) Stability	3	13
Abdomen	—	1
Other	10	32

There was a further slight decrease in the number of periodic medical inspections this year and this was due to changes of staff and to one officer, since April, devoting a part of his time to work at ophthalmic clinics. The number of special inspections and re-inspections, however, increased by 2,131, so that the total of children seen during this year was again slightly lower than the figure for the previous year.

The total numbers of individual children who were found to have defective vision and other defects requiring treatment were approximately the same as last year, and the percentages were also very similar.

Slight decreases which were probably not significant, were shown in the number of children suffering from squint, nose and throat and orthopaedic defects, but there were

small increases in the number of those who had lung troubles requiring treatment and observation.

There was a considerably larger number of children this year recorded as suffering from postural defects—probably due to the medical officers paying more attention to these in view of the increased remedial exercises facilities now available in the School Health Service.

The procedure initiated in a limited part of the county where children are seen for the intermediate examination after transfer to the secondary school is continuing. The benefits to date have not proved sufficient to warrant this modified scheme being extended universally.

The other scheme in which routine medical inspections of the 11 year old children is replaced by frequent visits to the schools by nurses and doctors has been revised following a full review during the year. This showed that for such a scheme to be effective the medical officer concerned must be easily available at local clinics, he should be allowed adequate time for visiting and that in the selected areas the medical officer should exclusively use the revised system. The Staff concerned have fully discussed the working of the scheme which is continuing in a limited number of areas.

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>		
	1954	1955	1956	1954	1955	1956	1954	1955	1956
Entrants	16,034	14,039	13,069	14,100	12,462	11,385	87.93	88.76	87.14
2nd Age Group	11,165	11,412	9,233	7,841	8,149	5,984	70.23	71.40	64.03
3rd Age Group	8,493	7,947	8,901	1,351	1,056	1,532	15.91	13.28	17.21
Other Periodic Inspections		289	1,612		204	1,032		70.58	64.02
TOTAL	35,692	33,687	32,815	23,292	21,871	19,933	65.26	64.92	60.74

There is, once again, a fall in the total percentage of parents attending at periodic medical inspections, due this year to the appreciable drop in their attendance at the examination of the second age group. The percentage for the attendance at the "entrants" examination is the lowest for five years but it is encouraging to note there is an increase for the third age group.

(b) **Table 4. Ascertainment of Handicapped Pupils during 1956**

<i>Category</i>	<i>Number of Children Ascertained</i>
Blind	4
Partially Sighted	8
Deaf	5
Partially Deaf	49
Delicate	65
Educationally Sub-Normal	366
Epileptic	71
Maladjusted	164
Physically Handicapped	136
	<hr/>
	868
	<hr/>

Table 4 includes children living in Newcastle Excepted District who require residential special schooling but excludes those from the same district who require education in day special schools.

It should be noted there has been an increase in the number of children ascertained as educationally sub-normal because of the instruction recently issued to head teachers to bring to the notice of the School Health Service all children in Junior Schools who are considered to be retarded more than two years.

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

No. of children who were advised not to take up certain types of employment	550
No. of children advised to register under the Disabled Persons (Employment) 1944, Act	13
	<hr/>
	563
	<hr/>

During the year it was decided that a report giving an indication of the type of work for which a child is suitable should be issued for each child examined in the "leaver" age group, for the information of the Youth Employment Officers. These reports are proving very helpful to place children in the type of employment for which they are best suited.

The arrangement for consultation of the School Medical Officers by the Area Youth Employment Committees prior to committee meetings still continues. In difficult cases the Medical Officer may attend the committee as an adviser.

(d) **Table 5. Miscellaneous Examinations**

<i>Type of Examination</i>	<i>Number</i>		
	1954	1955	1956
Employment Licences	1,339	1,492	1,903
Entrants to courses of training for Teachers	305	325	304
Entrants to the Teaching Pro- fession	113	166	165
Superannuation	331	342	341
Children boarded-out by the Children's Committee	—	—	377
Totals	2,088	2,325	3,090

The number of these examinations has again substantially increased, and this year has been added the responsibility for the annual examination of children boarded out by the Children's Committee. All of the examinations were carried out by School Medical Officers at the school clinics so that more time is steadily being devoted to this work.

There were only three children found to be unfit of the 1,903 children who were examined for employment licences as compared with two children rejected in 1955.

(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	3,592
Arising out of medical inspections	1,650
Arising out of attendances at clinics	1,219
Visual defects	6,848
Tonsils and adenoids cases	384
Orthopaedic defects	329
Scabies cases	99
Ringworm cases	15
Other skin diseases	132
Neglected children	1,083
Ineffectual visits	944
	<hr/>
	16,295
	<hr/>

The School Nurses made 4,357 more effectual visits to the homes as compared with 1955. There was, in fact, an increase in the number of visits of each type except in the case of skin diseases and "ineffectual visits" where slight decreases were shown. Unfortunately it was necessary to make nearly double the number of visits to the homes of neglected children.

Most of the visits made in respect of visual defects were for the purpose of the instillation of atropine into children's eyes immediately prior to examination at the ophthalmic clinics.

The visitation of children's homes is an important part of the School Nurses' work for by this means it is ensured that children obtain treatment which has been 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 .....	.....	3	—
(ii) Body .....	.....	13	—
Scabies .....	.....	7	—
Impetigo .....	.....	315	—
Other Skin Diseases .....	.....	2,764	23
Total		3,102	23

Eye Diseases, Defective Vision and Squint

		<i>Number of cases dealt with</i>	
		<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
External and other, excluding errors of refraction and squint		878	32
Errors of refraction (incl. squint)		2,698	719
Total		3,576	751

Number of pupils for whom spectacles were prescribed	4,830	387
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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 tonsilitis .....	.....	—	1,263
(c) for other nose and throat conditions .....	.....	—	22
Received other forms of treatment		775	104
Total		775	1,400

Total number of pupils in schools
who are known to have been
provided with hearing aids

(a) in 1956	—	46
(b) in previous years	—	15

Orthopaedic and Postural Defects

	<i>Number of cases treated</i> <i>By the Authority Otherwise</i> <i>(Hospital, etc.)</i>	
Number treated as in-patients in hospitals		90
Number treated otherwise, e.g. in clinics or out-patient depart- ments	467	7

Child Guidance Treatment

	<i>Number of cases treated</i> <i>By the Authority Otherwise</i> <i>(Hospital, etc.)</i>	
Number of pupils treated at Child Guidance Clinics	193	—

Speech Therapy

	<i>Number of cases treated</i> <i>By the Authority Otherwise</i> <i>(Hospital, etc.)</i>	
Number of pupils treated by Speech Therapists	711	22

Other Treatment Given

	<i>Number of cases treated</i> <i>By the Authority Otherwise</i> <i>(Hospital, etc.)</i>	
Miscellaneous minor ailments	726	169
Respiratory defects	380	119
Injuries	2,184	90
Debility and malnutrition	726	—
Infectious diseases	—	247
Other	—	475
Total	4,016	1,100

(a) COUNTY CLINICS

Table 8.

SCHOOL HEALTH SERVICE CLINICS

(Less the Excepted District of the Borough of Newcastle)
as at 31-12-56

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Aldridge	Assembly Rooms	9-0—10-30 Wed. weekly	—	—	—	—
Audley	District Council Office	2-0—2-30 Tues. weekly	—	9-30—12-30 Tues. every 6—8 weeks	—	—
Barton-under- Needwood	Central Hall	2-0—2-30 Tues. fortnightly	—	—	—	—
Biddulph	Church Hall	9-0—10-30 Fri. every 2nd and 4th in month	*	9-30—12-30 Fri. every 3rd and 5th in the month	—	—
Bilston	† Centre Health Clinic	9-0—10-30 Daily inc. Sat.	Daily 9-0—5-0	1-30—4-0 Tues. weekly	9-30—4-30 Mon. and Thurs. weekly 9-30—12-0 Fri. weekly	2-0—5-0 Wed. weekly
Brewood	Dr. Cheshire's Surgery Sandy Lane	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	—	—
Baddeley Green	Brotherhood Assembly Hall Baddeley Green Lane, Milton	—	—	9-30—12-30 Tues. every 6—8 weeks	—	—
Bilbrook	Lane Green C.P. School	—	—	—	—	2-0—5-0 Mon. week

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Brownhills	Mount Zion Primitive Meth. School, High St.	9-0—10-30 Tues, weekly	—	—	—	—
Cannock	† ‡ (1) Health Department, Church Street	9-0—10-30 Mon. and Fri. wkly.	*	2-0—4-0 Friday weekly	—	—
	(2) Arthur Street, Chadsmoor	9-0—10-30 Mon. and Wed. wkly. 2-0—4-0 Friday weekly	*	—	9-30—4-30 Thurs. wkly.	—
	(3) St. John's Institute, Hednesford Rd., Heath Hayes	10-45—12-0 Mon. weekly	—	—	—	—
Chasetown	(4) Cannock Rd., Hednesford	9-0—10-30 Wed. and Fri. weekly	*	—	—	—
	Youth Centre, Sankey's Corner	9-0—10-30 Tues, weekly	—	—	—	—
	Carlos Memorial Institute	9-0—10-30 Tues, weekly	*	9-30—5-0 Friday every 3 weeks	9-30—12-0 Wed. weekly	—
Cheddleton	Parish Institute	1-30—2-0 Fri. fortnightly	—	—	—	—
Cheslyn Hay	Junior School	9-0—10-30 Mon. fortnightly	—	—	—	—
Coseley	Bayer Hall	9-0—10-30 Mon., Wed. and Fri.	9-0—5-0 Daily	9-30—5-0 Mon. every 2—4 wks.	—	9-0—12-0 Thurs. weekly
Darlaston	Slater Street	9-0—10-30 Mon. and Thurs. weekly	9-0—5-0 Daily (closed temp.)	2-0—5-0 Fri. twice every 3 weeks	—	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Eccleshall	Methodist School	9-0—9-30 Fri. weekly	—	—	—	—
Essington	Methodist School	2—2-30 Wed. fortnightly	—	—	—	—
Featherstone	United Methodist Chapel	9-0—10-30 Fri. weekly	*	9-30—12-30 Tues. every 6 to 8 wks.	—	—
Great Wyrley	(1) Great Wyrley Junior School (2) Wesleyan School	9-0—10-30 Wed. fortnightly 9-0—10-30 Wed. fortnightly 10-30—12 Wed. fortnightly	—	—	—	—
Halmerend	Primitive Methodist School, High Street	1-30—2-0 Wed. fortnightly	—	—	—	—
Harriseahead	Wesleyan Sunday School High Street	9-0—10-30 Tues. fortnightly	—	—	—	—
Huntington	Cty. Sec. Mod. School, Huntington	9-0—10-30 Thurs. fortnightly	—	—	—	—
Kidsgrove	Day Nursery, Liverpool Road	9-0—10-30 Mon. fortnightly	—	9-30—4-30 Wed. every 2 weeks	9-30—4-30 Fri. weekly	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Kingswinford	Wesleyan Methodist Sunday School, Moss Grove	9-0—10-30 Tues. fortnightly	—	—	1-30—4-30 Wed. 9-30—4-30 Fri.	—
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 Mon., Thurs. and Fri. —	— Tues. 9-0—5-0 Sat. 9-0—12-0	9-30—5-0 Wednesday every 2—3 weeks —	9-30—4-30 Tues. weekly —	— — —
Lichfield	† Sandford Street	9-0—10-30 Wed. weekly	*	9-30—12-0 Fri. weekly	9-30—4-30 Tues. 2-0—4-30 Thurs. weekly	2-0—5-0 Mon. 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 Tues. every 3 mths.	—	—
Norton Canes	Trinity Methodist Church Brownhills Road	10-45—12-0 Mon. fortnightly	—	—	—	—
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 Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Pheasey Estate	(1) 2, Crome Road	9-0—10-30 Tues. weekly	2-0—4-30 Alt. Sats. 9-0—12-0	2-0—5-0 Weds., every 6 weeks	9-30—4-30 Wed. weekly	—
Quarry Bank	† (2) County Primary School Mount Pleasant	9-0—10-30 Mon. weekly	*	—	—	—
Rowley Regis	† (1) Carlyle Road, Blackheath	9-0—10-30 Mon. weekly	9-0—5-0 Daily alternately as required at clinic	2-0—4-0 2nd and 4th Tues. in month	9-30—12-0 Wed. weekly	—
Rugeley	† (2) Mace Street, Old Hill † (3) Dudley Road, Tividale (4) Methodist School Room, Springfield † (1) Congregational Sunday School, Heron Court	9-0—10-30 Tues. weekly 9-0—10-30 Mon. fortnightly 2-0—2-30 Thurs. fortnightly 9-0—10-30 Mon. weekly	Do. Do.	2-0—4-0 1st and 3rd Tues. in month — —	— — —	9-0—12-0 Tues. weekly —
Sedgley	(1) Bleak House (2) Quadrant	9-0—10-30 Tues. weekly 9-0—10-30 Wed. fortnightly	— *	9-30—5-0 Mon. every 4—6 wks. —	— 9-30—4-30 Tues. weekly	— 2-0—5-0 Fri. weekly
Shelfield	Coal Heath Lane, off Lichfield Road	9-0—10-30 Thurs. fortnightly	*	9-30—12-30 Wed.	9-30—4-30 Mon. weekly	9-0—5-0 Fri. weekly

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedia Exercises Clinic held</i>
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 inc. Sat. —	9-0—5-0 Daily —	9-30—5-0 Tues. fortnightly —	— 1-30—4-30 Mon 1-30—4-30 Wed. 9-30—4-30 Fri. weekly	9-0—5-0 Thurs. weekly 9-0—5-0 Tues. weekly
Stone	(1) St. Michael's Hall (2) Kitchener Institute	9-0—10-30 Thurs. weekly —	— * —	9-30—12-30 Tues. every 4—6 wks. —	— — —	— — —
Talke	Wesleyan School, New Road	9-0—10-30 Thurs. fortnightly	—	—	—	—
Tamworth	School of Industry Marnion Street	9-0—10-30 Thurs. weekly	*	9-30—12-30 Mon. every 2 weeks	9-30—4-30 Fri. weekly	—
Tettenhall	U.D.C. Offices, Upper Green	9-0—10-30 Thurs. fortnightly	*	2-0—5-0 Wed. every 4 wks.	1-30—4-30 Mon. weekly	9-0—12 Mon. 2-0—5-0 Tues. weekly
Tipton	† (1) Central Clinic, Horseley Rd. (2) Princes End Junior Mixed and Infants' School	9-0—10-30 daily incl. Sat. 9-0—10-30 Mon. and Thurs. weekly	9-0—5-0 Wed. —	10-0—12-30 Tues. weekly —	9-30—12-30 Mon. 9-30—4-30 Thurs. weekly	2-0y5-0 Thurs. 9-0—12-0 Fri. weekly
Tutbury	(1) Methodist Sunday School (2) Tutbury Institute	1-30—2-0 Fri. fortnightly —	— —	— 2-0—5-0 Tues. every 3 mths.	— —	— —

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Uttoxeter	Heath House	9-0—10-30 Fri. weekly	*	2-0—5-0 Wed. fortnightly	9-30—12-0 Tues. weekly	9-0—12-0 Wed. weekly
Walsall Wood	Prim. Methodist School, Lichfield Road	9-0—10-30 Wed. weekly	—	—	—	—
Wednesbury	(1) Technical School, Albert Street (2) King's Hill ‡ (3) Mesty Croft	9-0—10-30 Mon. and Fri. weekly 9-0—10-30 Tues. and Fri. weekly 9-0—10-30 Mon. and Thurs. wkly	— — — —	— — — —	— — — 9-30—4-30 Wed. weekly	— — — 9-0—12-0 Wed. weekly —
Wednesfield	(1) Wesleyan Sunday School (2) Lichfield Rd. Sec. Mod.	9-0—10-30 Tues. weekly —	— 9-0—5-0 Tues.	— —	— —	— —
Werrington	Village School Hall	2-0—2-30 Fri. fortnightly	—	—	—	—
Weston Coyney	Community Centre	2-0—2-30 Thurs. weekly	—	—	—	—
Willenhall	‡ (1) Nurses Home, Walsall Road. (2) Albion Road	9-0—10-30 Mon. and Fri. wkly. —	— *	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 Saturday.

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

(i) **Minor Ailment Clinics**

	1954	1955	1956
No. of Clinics	64	65	65
No. of first visits	15,322	12,098	11,354
No. of re-visits	34,526	29,810	27,190

It will be seen that there is a continuation of the fall of the number of first visits and re-visits to the clinics and there is a decrease in the number of diseases and defects found shown in the following table. There were 1,420 conditions less reported this year as compared with last, but in the case of defective vision, and other eye defects there were increases of 316 and 30, respectively.

The clinics, in spite of the decline in the numbers shewn above are used to the full for the ascertainment and "follow-up" examinations of handicapped children, and for the examinations enumerated in Table 5

Table 9. Diseases and Defects found at Minor Ailment Clinics

<i>Disease or Defect</i>	<i>No. of Cases</i>
Defective Vision	1,989
Blepharitis	210
Conjunctivitis	191
Other eye defects	313
Otitis Media	230
Enlarged Tonsils and/or Adenoids	231
Other ear, nose and throat defects	314
Coryza	117
Bronchitis	192
Asthma	71
Ringworm Scalp	3
Body	13
Scabies	7
Impetigo	315
Boils	294
Septic Sores	964
Warts	733
Other skin defects	773

Burns	173
Sprains and strains	402
Major Injuries (including fractures)	40
Minor Injuries	1,609
Deformities	155
Heart Conditions	30
Infectious Diseases	39
Debility and Malnutrition	726
T.B. Cervical glands	9
Fibrositis	13
Other defects	674
No abnormality detected	83
Total	10,913

(ii) Ophthalmic Clinics

Table 10. Visual and External Eye Defects

	1954	1955	1956
No. of children examined	8,000	7,546	8,727
No. of children attending for the first time	2,743	2,999	2,964
No. of re-visits	5,257	4,547	5,763

Analysis of major defects found among new cases :

Errors of Refraction :—

Hypermetropia	401
Hypermetropic astigmatism	328
Compound hypermetropic astigmatism	173
Myopia	583
Myopic astigmatism	136
Compound myopic astigmatism	195
Mixed astigmatism	113
Anisometropia	461

Diseases and abnormalities :—

Lids and Conjunctiva :—

Blepharitis	29
Conjunctivitis	4
Phlyctenular Conjunctivitis	1
Follicular Conjunctivitis	4
Mucopurulent Conjunctivitis	1
Ptosis	6
Partial Ptosis	3
Epicanthus	42
Amblyopia	29
Amblyopia ex Anopsia	1
Epiphora	3
Chalazion	1
Hordeoli	3
Adhesion of Conjunctiva	1

<i>Cornea :—</i>					
Nebulae of Cornea	.....	.....	.....	.....	1
Corneal Opacities	.....	.....	.....	.....	5
Vitreous Opacities	.....	.....	.....	.....	1
<i>Iris :—</i>					
Congenital Coloboma of Iris and Choroid	.....	.....	.....	.....	1
Congenital Coloboma of Choroid	.....	.....	.....	.....	3
Albinism	.....	.....	.....	.....	7
Central Choroidal Atrophy	.....	.....	.....	.....	1
Anomaly of Pupil	.....	.....	.....	.....	1
Ciliary Spasm	.....	.....	.....	.....	1
<i>Lens :—</i>					
Congenital Cataract	.....	.....	.....	.....	5
Bilateral Cataract	.....	.....	.....	.....	1
Lamellar Cataract	.....	.....	.....	.....	1
Aphakia (Post Congenital Cataract)	.....	.....	.....	.....	2
Central Lens Opacities	.....	.....	.....	.....	1
<i>Retina :—</i>					
Retino Choroidal Degeneration	.....	.....	.....	.....	1
Retinitis	.....	.....	.....	.....	1
Exudative Retinitis	.....	.....	.....	.....	1
Hole at Macular	.....	.....	.....	.....	1
Macular Coloboma	.....	.....	.....	.....	1
<i>Nerve :—</i>					
Optic Atrophy	.....	.....	.....	.....	2
Papillodoema	.....	.....	.....	.....	1
<i>Muscles :—</i>					
Squint	.....	.....	.....	.....	303
Nystagmus	.....	.....	.....	.....	7
Exophoria	.....	.....	.....	.....	1
Esophoria	.....	.....	.....	.....	1
Ocular Torticollis	.....	.....	.....	.....	5
Asthenopia	.....	.....	.....	.....	4
Superior Rectus Palsy and Ptosis	.....	.....	.....	.....	1
<i>Globe :—</i>					
Buphthalmos	.....	.....	.....	.....	1
Microphthalmos	.....	.....	.....	.....	2
<i>Others :—</i>					
Migraine	.....	.....	.....	.....	1
Cephalgia	.....	.....	.....	.....	1

The number of children examined this year at the ophthalmic clinics is the highest for four years. The increases over last year of the number examined and the number of revisits are 1,181 and 1,216, respectively.

Following the resignation of a specialist in November, 1955, it was not possible to find a successor. In these circumstances it was decided to second one of the school medical officers, who is a qualified refractionist, and he has since April devoted two sessions of his time weekly to this work.

The staff is fully occupied, and in spite of the increased amount of work carried out during the year, the waiting lists at some clinics are extending. It has not been possible to engage more staff and in some instances the number of

clinics cannot be increased because of premises not being available.

A school nurse is still engaged whole time in testing the vision of the 8 year age group, and this examination tends to increase the number of children who are awaiting examination by the ophthalmic surgeons.

314 children were found to be suffering from squint and a number of these were referred to various hospitals for orthoptic treatment or operation. Details of the orthoptic cases are given on page 47.

The number of children found to be suffering from myopia was 583, ten less than in 1955. Very few of these cases had the disease in a progressive state. Those with progressive myopia are kept under frequent supervision.

(iii) Cannock Orthopaedic Clinic

Table 11. Statistics for 1956

No. on register at end of December, 1956	209
No. of new cases	68
No. of children discharged cured	63
No. of cases lost sight of, etc.	30
No. of attendances for physiotherapy	2,793
No. of attendances for ultra violet light treatment	1,429
No. of examinations by Orthopaedic Surgeon	594

Table 12. Defects treated during 1956

Anterior poliomyelitis	14
Erb's Palsy	1
Scoliosis	3
Kyphosis	7
Lordosis	1
Slack back	14
Genu valgus.....	74
Genu varum	5
Hallux valgus	6
Flat feet	102
Pes cavus	—
Hammer toes	16
Talipes equino varus	13

Talipes calcaneo valgus	2
Dislocation of hip	1
Torticollis	3
Short leg	2
Brevicollis	1
Cut tendon	1
Fractures	—
Ganglion	—
Exostosis os calcis	—
Osteomyelitis	1
Semi-membraneous bursa	2
Other conditions	3

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(iv) Remedial Exercises Clinics

There are now two full time physiotherapists working in thirteen clinics. The second was appointed at the end of February to work in the south of the County and it was possible to establish new clinics at Bilbrook, Bilston, Coseley, Sedgley, Tettenhall, Tipton, Tividale and Wednesbury. In December clinics were also started at Shelfield and Uttoxeter.

There are no clinics in the north of the County but it is hoped that it will be possible to engage more staff to allow an extension of the service to this area.

The following table shows the work which has been carried out :—

<i>Clinic</i>	<i>No. of children referred</i>	<i>No. of children whose treatment was completed</i>	<i>No. of children discharged</i>	<i>No. of children under treatment 31.12.56</i>	<i>No. of treatments given</i>
Bilbrook	20	12	1	20	286
Bilston	118	2	12	21	500
Coseley	47	19	13	20	362
Lichfield	27	20	11	7	294
Rugeley	26	28	14	14	585
Sedgley	31	17	11	33	415
Shelfield	2	—	—	2	3
Stafford	138	68	60	29	1,157
Tettenhall	36	14	10	21	393
Tipton	72	21	20	34	592
Tividale	20	5	4	14	240
Uttoxeter	24	—	—	9	25
Wednesbury	38	12	3	17	296
	<hr/> 599	<hr/> 237	<hr/> 159	<hr/> 241	<hr/> 5,148

104 children were also discharged from the clinics because of unsatisfactory attendance. Their homes were visited by the school nurses with a view to persuading parents to agree to the resumption of treatment.

The following table shows the main defects which were being treated at the end of the year.

		<i>Posture</i>	<i>Breathing Exercises</i>	<i>Defects of Legs & Feet</i>	<i>Others</i>
Bilbrook	.....	6	10	4	—
Bilston	.....	2	9	9	1
Coseley	.....	7	2	11	—
Lichfield	.....	3	3	1	—
Rugeley	.....	4	5	5	—
Sedgley	.....	5	—	27	1
Shelfield	.....	—	1	1	—
Stafford	.....	7	14	7	1
Tettenhall	.....	2	5	14	—
Tipton	.....	8	7	17	2
Tividale	.....	5	6	3	—
Uttoxeter	.....	1	—	8	—
Wednesbury	.....	3	6	7	1
		—	—	—	—
		53	68	114	6
		—	—	—	—

(v) **Ear, Nose and Throat Clinics**

The Consultant Ear, Nose and Throat Specialist has continued to work on a part-time basis during the year and the following tables give details of the work which has been carried out at the various clinics.

The Specialist continued to see those children who had a hearing defect and 873 straight forward cases of enlarged tonsils and/or adenoids which were considered by the school medical officers to require treatment were referred direct to hospital.

Of the children examined by the consultant, 372 were referred to hospital. The majority of these children suffered from enlarged and infected tonsils and/or adenoids or required

investigation of sinus infection. Those who needed non-operative treatment were referred to their own doctors.

With regard to the children suffering from deafness, 14 were recommended for admission to special schools (6 for Needwood, 3 for Braidwood School, Birmingham, and 5 for schools for the totally deaf).

Ten children of pre-school age were referred to the Auditory Diagnostic and Training Clinic established by the Birmingham County Borough Council. The majority suffered from a less severe degree of deafness and arrangements were made for them to be given a favourable position in the front of the class in school. Twenty-two children were also examined for whom outside Education Authorities had applied for their admission to Needwood School.

The Specialist is also Consultant to Needwood School and he visited there regularly during the year.

Table 13.

Clinic	No. of Sessions	No. of children referred for examination	No. of children who did not attend	No. of children found to have defects	No. of children referred to Hospital	No. of children not needing treatment or observation
Biddulph	2	43	11	25	9	7
Bilston	21	417	91	155	62	171
Brierley Hill	10	201	37	86	32	78
Cannock	10	199	59	75	33	65
Cheadle	3	59	12	23	4	24
Kidsgrove	5	102	27	40	15	35
Leek	3	52	10	26	10	16
Lichfield	7	143	32	54	15	57
Pheasey	2	38	8	15	9	15
Rowley Regis	5	102	24	52	26	26
Sedgley	7	141	26	47	25	68
Shelfield	6	120	23	63	33	34
Stafford	17	209	46	72	25	91
Tamworth	4	73	11	40	18	22
Tipton	7	141	32	75	29	34
Tutbury	1	21	7	2	—	12
Uttoxeter	1	20	2	9	5	9
Wednesbury	6	120	22	59	22	39
	117	2,201	480	918	372	803

Table 14. Analysis of defects found

Tonsils and/or Adenoids	145
Catarrhal Otitis Media	188
Chronic Otitis Media	28
Chronic Suppurative Otitis Media	122
Recurrent Suppurative Otitis Media	21
Healed Suppurative Otitis Media	99
Suppurative Otitis Media	9

External Otitis	.....	.....	.....	.....	.....	8
Discharging ear	.....	.....	.....	.....	.....	3
Congenital deformity of ear	.....	.....	.....	.....	.....	1
Eustachian obstruction	.....	.....	.....	.....	.....	2
Aural polypi.....	.....	.....	.....	.....	.....	1
Deafness	.....	.....	.....	.....	.....	86
Sinus investigation	.....	.....	.....	.....	.....	46
Rhinitis	.....	.....	.....	.....	.....	1
Epistaxis	.....	.....	.....	.....	.....	1
Radical Mastoid	.....	.....	.....	.....	.....	3
Wax	.....	.....	.....	.....	.....	127
Dental Maloperation	.....	.....	.....	.....	.....	1
Speech defect	.....	.....	.....	.....	.....	3
Mouth Breather	.....	.....	.....	.....	.....	2
Mental retardation	.....	.....	.....	.....	.....	2
Observation	.....	.....	.....	.....	.....	19

918

TONSILLECTOMY

There has long been controversy about the indications for tonsillectomy in children and for many years the Ministry of Education have drawn attention to the wide variation in the "tonsillectomy rates" (including adenoidectomy) per thousand school children even in adjacent areas of broadly similar type, but the situation remains practically unchanged.

A further investigation of the evidence of tonsillectomy in children is to be made but before this can be started it is necessary to have accurate information about the number of children in different areas who have already undergone this operation.

The Ministry of Education have, therefore, suggested that commencing in 1956, a record should be made at the periodic medical inspections of each child as to whether

he/she has undergone tonsillectomy at any time previously.
The figures for the County for the year as follows :—

	<i>No.</i> <i>Examined</i>	<i>Had</i> <i>Tonsillectomy</i>	<i>Percentage</i>
Entrants	13,069	733	5.6
Second Age Group..... (10 plus)	9,233	1,847	20.0
Third Age Group	8,901	1,973	22.2
(14 plus)			
Other Periodic	1,612	317	19.7
	<hr/>	<hr/>	<hr/>
	32,815	4,870	14.8
	<hr/>	<hr/>	<hr/>

It will be noted that there is a considerable increase in the percentage of children who had tonsillectomy after the entrant examination by the time they had reached the age of 10 years, and that the figure remains fairly constant until school leaving age is reached.

The national figures will be awaited with considerable interest to see how far the Staffordshire experience has been typical of the larger Counties.

(vi) **Audiometric Survey**

The audiometric team continued to test the hearing of the children of 8 years of age, i.e., those born in 1948 and those of various ages who were presented by head teachers because of suspicion that their hearing was defective.

The following table shows the number of children examined during the year and the number whose hearing was found to be abnormal.

	<i>No.</i> <i>examined</i>	<i>No. with</i> <i>abnormal</i> <i>hearing</i>
Children of 8 years of age	11,884	1,215
Absentees in 1955	972	115
Children of various ages presented by teachers	168	164
	<hr/>	<hr/>
	13,024	1,494
	<hr/>	<hr/>

Number of schools visited 409.

926 more children were examined this year as compared with 1955 and 7 more schools were visited.

A considerably increased number of children in various age groups were presented by the teachers and the wisdom of this was again demonstrated for only 4 children out of this 168 were found to have normal hearing.

1,057 children were absent from school on the occasion of the team's visit and arrangements will be made for their examination during 1957.

All of those children, 1,494, who were found to have defective hearing were noted for examination by the County Ear, Nose and Throat Specialist. It was possible to make appointments for 1,471 at the various clinics, and of these 576 were found to require treatment.

The analysis of the defects found in these cases are given in the following table :

Analysis of the defects found in examinations

Nerve deafness.....	51	Deafness
Severe Deafness	.....	.....	5
High tone deafness	.....	.....	1
Mixed deafness	.....	.....	4
Congenital deafness	.....	.....	2
Grade IIa deafness	.....	.....	2
Congenital malformation of ear	1	
			<hr/> 66 <hr/>	

Catarrhal deafness	4	Infections
Catarrhal Otitis Media	20	
Catarrhal Otitis Media with enlarged tonsils and adenoids	137	
Enlarged tonsils and adenoids	53	
Chronic suppurative Otitis Media	40	
Recurrent suppurative Otitis Media	19	
Chronic suppurative Otitis Media with enlarged adenoids	28	
Chronic suppurative Otitis Media with infected sinuses	4	
Suppurative Otitis Media	3	
Acute suppurative Otitis Media	7	
Healed suppurative Otitis Media	35	
Recurrent acute Otitis Media	2	
External Otitis	7	
Rhinitis.....	1	
Sinus infection	28	
Sinus infection with enlarged tonsils and adenoids	5	
Quiescent Otitis Media	4	
Rhinolia Aperta	1	
Radical Mastoid	2	
Eustachian obstruction	2	
Aural Polypi	2	
<hr/>		
399		
<hr/>		
Wax	104	Others
Mouth Breather	1	
Speech Defects	2	
Epistaxis	2	
Unco-operative	2	
<hr/>		
111		
<hr/>		

The children of the first group were suffering from defects of hearing which could be assisted by provision of a hearing aid. Those included in the second group have

infective conditions—the vast majority of which can be cured or improved by early medical treatment but in the absence of this permanent loss of hearing might develop.

The 104 children suffering from wax in the ears had some degree of deafness which constituted a handicap until the wax was removed.

(vii) **Psychiatric Clinics**

No. of children on the register at the end of 1955.....	223
No. of children referred for examination during the year	180
No. of children discharged after treatment during the year	24
No. of children discharged after diagnosis only	60
No. of children discharged without being seen again during the year	22
No. of children seen by Psychiatric Social Worker and no other action required	22
	———— 128
No. of children on the register at the end of the year	275
No. of children attended	193

Sources of reference of the new cases for the year :—

School Medical Officers	104
General Practitioners	24
Hospitals	9
Schools	31
Children's Department	7
Probation Service	3
Other	2

The Child Guidance Service is still handicapped considerably by lack of staff and suitable premises. At present there are only two recognized clinics at which treatment is carried out regularly, but occasional diagnostic sessions are held at various other clinics in the County.

It is hoped that the service will be extended in the not too distant future in accordance with the recommendations of the report of the Committee on Maladjusted Children which was published during the year.

(viii) 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 31.12.56</i>	<i>No. of new cases during the year</i>	<i>No. of children discharged during the year</i>
Bilston	1,065	39	53	32
Blackheath	78	9	17	—
Chadsmoor	335	23	21	22
Cheadle	199	6	9	11
Kidsgrove	365	13	18	27
Kingswinford	223	20	15	8
Leek	445	12	19	21
Lichfield	581	18	47	54
Pheasey	240	6	19	19
Rugeley	153	11	26	21
Sedgley	340	11	34	10
Shelfield	509	19	48	38
Stafford	926	68	80	57
Tamworth	329	10	22	19
Tettenhall	77	8	8	1
Tipton	236	22	62	13
Uttoxeter	465	27	7	15
Wednesbury	398	15	32	6
	<u>6,964</u>	<u>337</u>	<u>537</u>	<u>374</u>

No. of children under treatment

<i>Hospital or Authority</i>	<i>at 31.12.56</i>
Birmingham Children's Hospital	2
Burton-on-Trent	3
Newcastle	2
Stoke-on-Trent Education Authority	6
Sutton Coldfield	1
Wolverhampton Royal Hospital	3
Buxton—Derbyshire Education Authority	1
Newport—Shropshire Education Authority	4

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

Alalia	2
Cleft Palate	40
Cluttering	—
Dysarthria	14
Dysenia	6
Dyslalia (Multiple)	511
Dyslalia (Simple)	112
Dyslalia with Nasality	2

Dysphasia	1
Dysphonia	10
Indistinct Speech	4
Insufficient Jaw Movement	—
Nasality (Excessive)	3
Nasality (Insufficient)	4
Retarded Speech	46
Sigmatism	45
Stammering	382
Stammering and Dyslalia	63
Stammering with Sigmatism	1
Under Observation	—
No defect found	—

A speech therapist working in the south of the County resigned at the end of January and it was not possible to appoint a successor until the end of September. It is not surprising therefore, that the number of treatments fell by 1,705 as compared with 1955. Simultaneously, however, there was an increase of 49 in the number of new cases referred during the year. Through the combination of these circumstances some clinics now have a long waiting list.

One therapist continues to devote part of her time to work in the Excepted District of Newcastle-under-Lyme, and classes are still held at the Council's three schools for educationally sub-normal children. Special training has also been given to selected children at the school for physically handicapped children at Wightwick Hall which was opened in September.

A new clinic was opened at Rugeley during the year.

One child is being maintained by the Council at Moor House Residential School for children with severe speech defects, at Oxted, Surrey.

(ix) Ultra-Violet Light Clinics

Treatment has been given at the various clinics as shown in the following table. The U.V.L. clinic at Stafford was opened during the year and the Tividale clinic, which was closed during 1955 owing to lack of staff was re-opened.

Compared with 1955, there were ten more children referred for treatment but 390 less treatments were given.

Table 17. No. of children referred to Ultra Violet Light Clinics and the number who completed treatment

CLINIC	Number of Cases referred					Number of Cases completed treatment					Total Number of treatments				
	Jan. to Mar.	Apr. to June	July to Sept.	Oct. to Dec.	Total	Jan. to Mar.	Apr. to June	July to Sept.	Oct. to Dec.	Total	Jan. to Mar.	Apr. to June	July to Sept.	Oct. to Dec.	Total
BILSTON	29	16	11	38	94	36	37	6	12	91	535	213	71	314	1133
CANNOCK	33	5	3	27	68	23	32	6	6	67	564	384	124	357	1429
LICHFIELD	13	11	10	17	51	9	15	7	10	41	174	128	111	160	573
PHEASEY	10	3	—	—	13	2	13	—	—	15	91	76	—	—	167
ROWLEY REGIS (Mace St., Old Hill) (Blackbeath)	14 12	6 1	— —	16 17	36 30	8 11	13 21	— —	7 11	28 43	112 48	109 70	— —	132 152	353 270
RUGELEY	15	6	16	16	53	—	4	10	13	27	93	149	183	143	568
STAFFORD	6	2	—	9	17	—	6	1	1	8	39	57	14	70	180
TIPTON (Central)	8	16	—	2	26	2	10	—	—	12	70	154	—	—	224
TIVIDALE	11	1	1	9	22	4	6	—	6	16	73	62	1	110	246
WEDNESBURY (Mesty Croft)	8	—	14	16	38	11	36	14	11	72	298	196	112	283	889
WILLENHALL	20	8	—	10	38	8	14	4	4	30	137	148	23	86	394
TOTALS	179	75	55	177	486	114	207	48	81	450	2234	1746	639	1807	6426

The following table shows a summary of the cases which have been treated and the improvement made in their condition.

TABLE 18

CLINIC	No. of children attended	No. of children who gained or lost weight			Change in Nutrition		Change in appetite after treatment			No. of children who did not complete treatment
		Gain	No Change	Loss	Impro'd	No Change	Much impro'd	Impro'd	No Change	
BILSTON	107	78	5	1	45	32	26	40	9	23
LICHFIELD	34	24	5	5	24	10	4	20	10	3
ROWLEY REGIS— Blackheath	28	15	3	2	15	5	3	12	5	3
Mace Street	33	24	—	—	24	—	7	16	1	5 continuing
RUGELEY	36	28	1	1	24	6	22	4	4	2 continuing
STAFFORD	17	8	—	—	6	2	—	6	2	7 continuing
TIPTON	24	8	3	3	11	3	2	12	—	9
TIVIDALE	23	12	4	3	13	6	2	11	6	10
WEDNESBURY— Mesty Croft	56	50	6	—	50	6	6	46	4	2 continuing
WILLENHALL	29	21	5	3	17	10	13	9	5	5 continuing
			2 failed	to attend	for "follow up"					—

The following are the recorded defects from which the children were suffering and which were remedied or improved as a result of treatment.

Benefited

General Debility	77
Colds and E.N.T. Defects	66
Chest Trouble	31
Orthopaedic	5
Anorexia	17
Gross Obesity	4
Mild Rickets	1
Cervical Adenitis.....	2
Skin Diseases	3
Other Defects	4

Hospital Treatment

(i) *Treatment of Tonsils and Adenoids*

	1954	1955	1956
No. of children referred by S.M.O's	968	940	873
No. of children so referred who received operative treatment	259	318	217
Total number of children notified by hospitals who received operative treatment	1,953	1,550	1,259
No. of children awaiting treatment	1,712	2,332	2,867

Full information is not received from all hospitals in regard to treatment of these cases.

(ii) *Orthopaedic Treatment*

	1954	1955	1956
No. of children referred to Hospitals	650	617	454

(iii) *Orthoptic Treatment*

	<i>No. of children referred to Hospitals</i>		
	1954	1955	1956
Dudley Guest Hospital	2	8	20
North Staffs. Royal Infirmary	6	37	97
Staffordshire General Infirmary	52	83	64
West Bromwich and District General Hospital	9	9	3
Wolverhampton Eye Infirmary	19	15	36
Lichfield Victoria Hospital	153	78	61
Birmingham Eye Hospital	—	1	—
Burton-on-Trent Hospital	—	4	3
Corbett Hospital	—	2	2
Walsall General Hospital	—	—	2
	—	—	—
	241	237	288
	—	—	—

REPORT OF THE PRINCIPAL COUNTY SCHOOL DENTAL OFFICER

Statistical Survey

The presentation of a series of figures unaccompanied by appropriate explanations does not emphasise their true significance; therefore, in this report explanations relative to their importance have been added. Staffordshire, excluding the Borough of Newcastle, has an estimated school population of 132,220. Of this number only 43,796 children or 33.12% received the benefit of a routine dental inspection during the period under review. Additionally 7,704 special cases who attended for treatment were also inspected thus giving a total of 51,500 pupils inspected during the year. Of the 51,500 children inspected 37,629 were found to have dental defects. Not all these were referred for treatment as some of the defects recorded were of such a minor nature that no immediate treatment was indicated. Additionally there were numerous children who were receiving or going to receive treatment from private sources. These also were not referred for treatment. As a result of these eliminations a total of 29,595 were issued with consent forms. Of this number, 26,314 children accepted and had their treatment completed within the year. This gives an acceptance rate of 88.9%, a figure that has remained more or less constant over a number of years. It may be regarded as a matter for satisfaction that such is the case in the light of the fact that year by year more children are receiving treatment from private practitioners. In consequence of this it is apparent that the overall acceptance rate of treatment must be considerably higher than the figure recorded above. The total number of attendances made by children for treatment was 39,557. Parents to the number of 13,243 accompanied their children at the time of treatment.

The average number of fillings inserted per visit for conservative work was 1.6 and this was similar to last year. On an average 1.6 teeth were extracted during each visit for extractions.

During the period under review the treatment of pupils in attendance at 246 schools was completed leaving a balance of 391 schools deprived of this benefit. In addition, a further 23 schools had been inspected but the treatment had not been completed by the end of the year.

General Observations

It seems most unlikely that during the next decade there will be available sufficient dental personnel, either officers or ancillaries to deal with the curative work that comes to light. Bearing in mind that children's teeth are being attacked with greater rapidity than they can be repaired, steps other than actual treatment should be considered. In other words, can the rampant existing onset of dental caries which cannot be remedied, be prevented. There is no doubt that the incidence of dental diseases can be materially reduced by the adoption of various preventative measures.

In the forefront of these can be placed fluoridation of water supplies. In the U.S.A. and Canada during the last decade a series of studies has been conducted by means of controlled addition of fluorine to the communal water supplies. From these studies has emerged certain conclusive data which encourages the hope that a marked diminution of the incidence of dental caries can be effected by this means. It has been found that the effectiveness of fluoridation is determined by the age of the child when the water supplies are so treated and the period of time the child is exposed to the action of the salt. It must be emphasised that the addition of fluorine to the water supplies has no effect upon the teeth already calcified. In view of the fact that the calcification of the teeth commences in early uterine life addition of fluorine to the water supplies would have but little effect upon children exceeding 8 years of age but its optimum result would be on the generation as yet unborn.

Secondly the adoption nationally of a diet so constituted that it contains sufficient roughage to promote removal of fermentable material could undoubtedly contribute its quota to the reduction of dental diseases. This contention has been

stressed to the general public ad infinitum but with little or no effect.

The apathy shown must not produce discouragement but education of the public along these lines should continue unabated. Upon the Local Authority must rest the main responsibility for dealing with this educational problem, but these efforts must be supplemented by parallel action by the central administration along national lines.

An immediate improvement in the dental condition of the children could be effected if they could be prevailed upon to observe the principles of oral hygiene. This again is an educational problem and is being dealt with in Staffordshire in the following manner. The Dental Hygienist in the course of her duties visits schools and gives instructive talks to groups of children on methods of oral cleanliness. During these talks she demonstrates how the teeth should be cleaned by rotary movements of the brush rather than perfunctory backward and forward brushing. These talks serve a useful purpose, but it must be emphasised that less than half the children possess a tooth brush and of these a considerable number never use it. Realising this the Hygienist instructs and encourages the children to swill the mouth with water after meals. This has the quality of simplicity and like most simple things is effective.

Until time places in our hands preventive weapons of an even broader spectrum the armature already at our disposal should be used unceasingly.

Special or Emergency Cases

It has rightly been postulated that the number of special cases arising in excess of a certain quota is indicative of the degree in which the Dental scheme is failing in its true function. In a fully manned and fully operative efficient School Dental Scheme, the number of special cases arising should not exceed 10% of the children treated. In the period under review special cases to the number of 7,704 were treated which is 29.3% of the total of the children who received dental care.

No comment offered could better illustrate the degree in which dental treatment for children has fallen below the ideal than a study of these percentages. Although compared with last year there is a drop of 903 in the number of special cases treated this decrease is more apparent than real inasmuch as there were less Dental Officers available to deal with them. There is no prospect of arresting the flood of special cases arising until such time as the intervals between inspections can be reduced to reasonable proportions. This is of course governed by the availability of dental manpower, and under the prevailing circumstances it would be foolish to encourage the hope that a material improvement in this respect is likely to happen within the foreseeable future. An aspect which is causing the gravest concern is that the treatment of this large number of special cases is reducing the time that Dental Officers can apply themselves to routine treatments. This is well illustrated in the following table—

Ratio between routine and special cases treated during the period 1948-1956

		<i>Routine cases</i>	<i>Special cases</i>
1948	.....	4.7	1
1949	.....	3.8	1
1950	.....	4.3	1
1951	.....	3.9	1
1952	.....	3.0	1
1953	.....	2.7	1
1954	.....	2.5	1
1955	.....	2.49	1
1956	.....	2.42	1

Treatment

An analysis of the treatment performed classified into the types of treatment is appended—

Table 19

<i>Children treated for</i>	<i>Special Cases</i>	<i>Routine Cases</i>	<i>Further Appointm'ts</i>	<i>Total</i>
Fillings only	228	7,806	4,392	12,426
Percentage	1.8	62.8	35.4	
Extractions and Fillings	38	1,485	614	2,137
Percentage	1.8	69.5	28.7	
Extractions only	5,018	7,513	4,353	16,884
Percentage	29.7	44.5	25.8	
Orthodontics	143	—	2,464	2,607
Percentage	5.5	—	94.5	
Sundry Operations	2,277	1,806	1,420	5,503
Percentage	41.4	32.8	25.8	
TOTAL	7,704	18,610	13,243	39,557

As has been discussed below due to a fall in the number of Officers available there has naturally been a diminution in the amount of work performed compared with last year. This fall would have been greater except for the fact that the individual productivity of the Officers has increased. A variety of reasons are responsible for this, the greatest being the more extensive use of mobile Dental Clinics.

Staff

It is with regret that it has to be recorded that two Dental Officers died during the period under review whilst another Dental Officer relinquished his appointment due to continued ill health. Details of other staff changes are shown in the preamble.

In the aggregate the Staff changes enumerated have resulted in the loss of the equivalent of $1\frac{1}{2}$ full time Officers. Additional to this 436 sessions or equivalent to the services

of one full time Dental Officer have been lost through sickness. Altogether 670 less sessions were applied to the work compared with the previous year.

In the light of the pending and fast developing national crisis in dental manpower it is highly problematical if the present strength of Dental Officers can be maintained let alone augmented. All indications point to the fact that the chronic Staff shortage that has existed for many years is likely to be permanent and policy must be adjusted accordingly. From a recent staff survey of the major Local Authorities it would appear that there are over 400 vacancies for Dental Officers with these Authorities, and that Staffordshire, apart from a few geographically favoured counties, has its fair proportion of the available dental manpower.

Areas

For the fourth year in succession routine dental treatment has remained suspended in both the Darlaston and Wednesbury areas. Stafford No. 2 area has remained in a state of suspension during the whole of the period under review. In the Leek area routine treatment went into abeyance subsequent to the death of the Dental Officer.

Further, the Chadsmoor area has remained in total suspension for the whole period, firstly due to the long illness of the Dental Officer and latterly due to his retirement.

The Tipton area was fully operative until October but was then closed down due to the transfer of the Dental Officer to Tamworth for personal reasons. As may be gathered from the foregoing the Tamworth area has been re-opened since October. In addition, the Stone area was closed for a short period, 1st October to mid November, due to the death of the Dental Officer and the time occupied in obtaining a replacement.

On the credit side the Bilston area has been opened on a full time basis and Wednesfield area for the treatment of emergency cases on a part time basis.

In all the other areas no changes of any significance have occurred.

Incidence of Dental Caries

The investigation into the dental condition of the Entrant group has been continued and the comparative table is given below—

Table 20 showing the deterioration in the dental condition of the Entrant Class (5 year age group) since 1947

<i>Year</i>	<i>No. of children examined</i>	<i>No. with sound dentitions</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 %	3920	1519 38.9	525 13.4	566 14.4	434 11.0	876 22.3
1948 %	5392	1710 31.7	603 11.2	858 15.9	581 10.8	1640 30.4
1949 %	4068	1333 32.8	508 12.5	552 13.6	354 8.7	1321 32.4
1950 %	4094	1218 30.0	431 11.0	653 16.0	360 9.0	1402 34.0
1951 %	3673	1017 27.7	400 10.9	546 14.8	426 11.6	1284 35.0
1952 %	4626	1070 23.2	426 9.2	607 13.1	508 10.9	1915 41.1
1953 %	4982	1060 21.3	330 6.6	602 12.1	465 9.4	2526 50.6
1954 %	4462	776 17.2	342 7.7	539 12.0	457 10.2	2358 52.9
1955 %	3246	609 18.7	245 7.5	392 12.1	313 9.7	1685 51.9
1956 %	3807	798 21.0	329 8.6	459 12.1	392 10.3	1829 48.0

A study of the figures contained therein shows elements that rather encourage the hope that the continuous climb in the incidence of caries in the five year age group has at last been halted. It may be that the peak has been reached and passed and that a flat plateau will stretch into the future. While this on the one hand may produce a certain sense of satisfaction this is more than counterbalanced by a realization of the deplorable dental condition that the yearly intake is likely to present. The entrant group may be regarded as the

raw material of the School Dental Service and with material that is already defective the chance that the school leaving group will end their school career with a complete and sound dentition is already jeopardised.

To ascertain if there were any difference in the caries incidence between the sexes and those living in dissimilar environments the investigation has been elaborated and the result is shown below.

Incidence of Caries

Entrant Class—5 year age

Sex	Locality	Number Inspected	No. with Sound dentitions	Number of teeth decayed			
				1	2	3	4 or more
Boys	Rural	335	86	21	39	19	170
	Percentage		25.7	6.3	11.6	5.7	50.7
	Urban	1,563	302	140	186	168	767
	Percentage		19.3	9	11.9	10.7	49.1
GIRLS	Rural	317	63	17	42	20	175
	Percentage		19.9	5.4	13.2	6.3	55.2
	Urban	1,592	347	151	192	185	717
	Percentage		21.8	9.5	12.1	11.6	45.0

With regard to the rural children these were drawn entirely from the farming community or associated rural industries. Contrary to the popular belief it would appear that the dental condition of the rural children is even slightly worse than those from the industrial districts. No longer do the rural children live on the garden and the pig but their diet, due to the implications of the internal combustion engine, now simulates that of the town children with the resulting dental destruction.

Orthodontic Treatment

During the year there has been a decline in the amount of orthodontic work performed. This may be attributed to two main reasons. Firstly, the Regional Hospital Board have

established Orthodontic Treatment centres at several Hospitals within the County and these have syphoned off numerous cases which would have previously come under the Committee's care. It is understood, however, that these centres are working to full capacity and that waiting lists have been established. Secondly, changes in our staff have eliminated Dental Officers who were keenly interested in orthodontics and their replacements have as yet not shown a marked interest in this speciality.

It must be understood that this decline in productivity does not indicate that there has been any lessening in demand, but rather that treatment of this nature is more or less in abeyance in some areas. The demand for orthodontic treatment appears to be created by a few spectacular successes. This is particularly true in respect of senior girls and High Schools. A correction of an abnormality which enhances the appearance of a girl will be followed by a large influx of adolescents all demanding to be provided with a Brace, etc., the same as Mary. This can prove to be embarrassing. Strangely enough the demand for orthodontic treatment appears to be restricted mainly to the Urban areas. The Rural child appears quite unconcerned and is quite prepared to happily proceed through life exhibiting most unsightly dental abnormalities.

Tabulated below is the work performed under this heading for the year in question—

Table 21 Details of work for Orthodontic cases

<i>New Cases</i>			<i>Extractions for the purpose of regulation</i>	
<i>No. treated by extraction only</i>	<i>No. treated by extractions & appliances</i>	<i>No. treated by appliances only</i>	<i>Temps.</i>	<i>Perms</i>
834	35	151	652	371

<i>Type of appliances supplied</i>				<i>Total attendances for all purposes</i>	<i>Attendances for supervision</i>
<i>Fixed</i>	<i>Plates</i>	<i>Oral screens</i>	<i>Mono blocks</i>		
—	292	22	1	3278	2246

Appliance Cases only

<i>No. of cases brought forward from the previous year</i>	<i>No. of cases completed during the year</i>	<i>Treatment suspended due to lack of co-operation</i>	<i>No. of cases completed</i>
181	186	26	125

Angle Classification of Cases treated by Appliances

<i>Class I</i>	<i>Class II</i>		<i>Class III</i>
	<i>Div. 1</i>	<i>Div. 2</i>	
137	37	7	5

General Anaesthetic Cases

The treatment of children from remote rural schools who have been recommended a general anaesthetic does present some difficulty especially so in areas not served by a Mobile Dental Clinic. It means that children in areas so described have to proceed to the main Clinic to obtain this treatment. Thus it often transpires that a child has a long bus journey often involving changing at intersection points with consequent waiting to reach the Clinic.

At general anaesthetic sessions the child must be accompanied by the parent. The bus journey described can prove to be expensive and a source of annoyance and to be productive of not unreasonable complaints. From a clinical aspect this long inward journey is not of much significance but the homeward journey following administration and extractions cannot be considered to be desirable. These

unfavourable circumstances can be eliminated by holding general anaesthetic sessions in suitable premises in the actual villages. Such sessions have been instituted and have proved successful but it has not been possible to deal with as many cases per session as could be undertaken at a main clinic. A total of 6,625 administrations were performed during 1956 compared with 7,321 for the previous year.

X-ray Examinations

In addition to the facilities available for X-ray examinations outlined in previous reports an apparatus has now been installed in the Lichfield Clinic to serve the Lichfield and Tamworth areas. This only became operative during the last month of the year.

Films to the number of 419 were exposed during the year compared with 295 for 1955.

Oral Hygienist

For personal reasons the one Oral Hygienist employed, terminated her engagement at the end of October and it has not been possible to replace her. During the period of her employment, her activities were directed along the lines described in previous reports.

The work she performed prior to her departure is as follows :

Treatment

A. Number of children who had teeth scaled	.....	581
B. Number of children who had gum treatment	.....	118
C. Number of children who had teeth polished	.....	581
D. Number of children who received chairside instruction in oral hygiene	.....	561
E. Total number of attendances for treatment	.....	581

Propaganda

A. Number of schools visited for propaganda purposes	.....	40
B. Number of group talks on school premises	.....	196
Half-days devoted to Treatment	.....	248
Half-days devoted to Propaganda	.....	59

Evening Treatment Sessions

In accordance with the recommendations of the Ministry of Health contained in their Circular 11/55 evening treatment sessions were started during the year on an experimental basis in two areas namely, Sedgley and Uttoxeter. It must be emphasised that these sessions were instituted primarily for the treatment of 'mothers.' In the light of experience it has been found that mothers do not come forward in sufficient numbers completely to fill the sessions and when this occurs the residue of the session is filled by children from the higher age groups. By and large the attendance of the children has been excellent and there have been but few broken appointments. In the main the treatment has been concentrated upon conservative work.

The clinical personnel for these evening sessions has been obtained upon a voluntary basis.

Not enough evening treatment sessions have been held to assess their true value, but such evidence that has been accrued indicates that they do serve a most useful purpose. For various reasons amongst which is that the cash reward after deduction of Income Tax is not sufficiently high to compensate for the extra work and inconvenience, has led to the two Dental Officers suspending these sessions.

Dental Attendants

A point of some importance is that the first person a child encounters on entering a Clinic is the Dental Attendant. The impression created by her upon the child, especially on its first visit, can and does influence its attitude towards dental treatment during its formative years. It is most important that the impression gained should be a favourable one that engenders both confidence and trust. In the light of this, it follows that the Dental Attendant should possess a tactful, calm yet confident manner, but at the same time be in complete command of the situation. Such attributes are not readily found in one person, and a wide selection of applicants is essential to ensure that the right type of person is forthcoming. In the past these conditions were generally fulfilled.

Within the last few years, a nationally observed salary scale for Dental Attendants has been introduced, which is relatively less favourable than existed hitherto. As a result, the posts are no longer attractive to the type of woman it was hoped to obtain. Whilst it must be confessed that the number of applicants for posts as they occur is still numerous, the standard has declined. This applies with special force to women in the higher age groups and as a consequence the selection is restricted to girls in their early twenties who naturally lack maturity so necessary when dealing with the Public.

Mobile Dental Clinics

The Committee's static Clinics are situated in the main centres of population and are available to children attending school within a reasonable distance of the Clinic. It has been, for many years, the Committee's policy that children should not be expected to travel unreasonable distances to obtain treatment, nor should they be expected to cross two or more traffic congested roads. This latter proviso is understandable when one considers that only two children out of seven are accompanied by an adult when they visit the Clinic. To implement this policy it is necessary to take the treatment to the children in cases where the schools are so situated that distance and roads contra indicate a visit to a Static Clinic. For reasons previously outlined this taking the treatment to the children is best accomplished by the use of mobile Dental Clinics. Additional to the two mobile clinics already operating in the north of the County, a further four mobile Dental Clinics have been delivered during the year. These have been posted to the East and South of the County and are serving a most useful purpose. All the six Clinics have been fully employed during the period under review.

The full use of these Clinics still leaves a residue of schools wherein the treatment is carried out by the use of mobile equipment. From a treatment aspect the conditions in the residue schools are not ideal and in the near future an extension of the Mobile Clinic service must be envisaged.

**Dental Inspection and Treatment carried out by the
Authority year ending 31st December, 1956.**

1.	Number of children who were inspected by the Dentist :—				
	(a) Routine age groups	.....	.....	.....	43,796
	(b) Specials	.....	.....	.....	7,704
	Total (1)	.....	.....	.....	51,500
2.	Number of children found to require treatment				37,629
3.	Number of children referred for treatment	.....			29,595
4.	Number of children actually treated	.....	.....		26,314
5.	Attendances made by children for treatment including those recorded under 11 (<i>h</i>)	.....			39,557
6.	Half-days devoted to (Inspection—401) (Treatment—4,951)				
	Total (6)	.....	.....		5,352
7.	Fillings—(Permanent teeth—23,272) (Temporary teeth—342)				
	Total (7)	.....	.....		23,614
8.	Number of teeth filled— (Permanent teeth—21,119) (Temporary teeth—310)				
	Total (8)	.....	.....		21,429
9.	Extractions—(Temporary teeth—30,409) (Permanent teeth—7,453)				
	Total (9)	.....	.....		37,862
10.	Administration of general anaesthetics for Extractions	.....	.....	.....	6,625

11. Orthodontics—

(a) Cases commenced during the year	186
(b) Cases carried forward from previous year	181
(c) Cases completed during the year	125
(d) Cases discontinued during the year	26
(e) Pupils treated with appliances	186
(f) Removable appliances fitted	315
(g) Fixed appliances fitted	—
(h) Total attendances	3,278

12. Number of pupils supplied with artificial dentures 221

13. Other operations—(Permanent teeth—5,483)

(Temporary teeth—6,152)

Total (13) 11,635

PART IV—INFECTIOUS DISEASE

(a) Summary of Notifications from Head Teachers

Table 22. Comparative Statistics 1950-56. Suspected cases of infectious disease.

	1950	1951	1952	1953	1954	1955	1956
Scarlet Fever	686	646	725	519	447	308	280
Scarlatina	—	—	34	22	—	—	—
Diphtheria	41	71	23	36	15	16	1
Measles	3,142	5,097	2,313	4,680	963	5,520	690
German Measles	212	1,741	1,930	712	820	333	915
Whooping Cough	1,354	1,745	911	1,425	773	519	1,175
Mumps	2,237	2,240	1,963	1,721	3,170	1,027	1,155
Chicken-pox	2,276	4,088	4,762	3,544	3,121	2,246	3,770
Influenza	109	2,288	80	285	988	283	110
Scabies	5	9	4	4	2	—	—
Infantile Paralysis	87	3	7	8	7	14	3
Meningitis	6	2	4	1	5	—	1
Impetigo	6	4	9	21	42	53	21
Ringworm	2	6	3	5	1	6	2
Jaundice	66	23	10	37	69	70	69
Pink Eye	3	—	—	—	—	—	—
Conjunctivitis	—	4	7	1	—	1	1
Dysentery	—	97	18	1	171	41	156
Sickness and Diarrhoea	—	—	—	—	—	7	13
Paratyphoid	—	2	—	—	—	—	—
Cerebro Spinal Fever	—	—	—	1	—	1	—
Tonsillitis	—	—	—	—	—	4	4
Glandular Fever	—	—	—	—	—	1	5
Skin Infection	—	—	—	—	—	—	2
TOTALS	10,232	18,066	12,803	13,023	10,594	10,450	8,373

On the whole 1956 was a very satisfactory year in respect of the incidence of infectious diseases reported by the Head Teachers in the Schools.

Falls were recorded in the number of cases of scarlet fever—which might be related to the rather cold, wet summer. Measles also declined in incidence, but this is due to the periodic incidence and such happy results must not be expected in the following year. The weather also may have played some part in the low incidence of poliomyelitis—3 cases being the lowest recorded since 1951. Immunisation against poliomyelitis in conformity with the scheme of the Ministry of Health was commenced on a limited scale during the year.

An equally happy record is presented by the incidence of diphtheria which is the lowest ever recorded in the County.

The skin conditions of impetigo, ringworm and scabies all showed a satisfactory trend.

Rises were seen in the numbers of children who suffered from German Measles—some medical opinion considers that this is not wholly unwelcome to get the disease over in childhood. Whooping cough is still very prevalent so that immunisation is being extended in scope, but the main danger remains to the children under 5.

The main disquieting factor is the continued high incidence of diarrhoea and dysentery.

Revised instructions were issued to Head Teachers during the year regarding action to be taken when cases of infectious diseases occur in schools, following the publication of a circular on this topic by the Ministries of Health and Education. The main modification was that it was no longer considered necessary to exclude contacts of scarlet fever, or of measles if over 5 years of age. All cases of poliomyelitis are now kept away from school for at least six weeks—no matter how mild the infection.

Amplified instructions were also issued to Head Teachers to suggest a line of action to be taken in schools on the occurrence of attacks of diarrhoea.

Outbreaks of dysentery in schools were recorded during the year at Stafford, Checkley and Tamworth.

There was an outbreak of mild food poisoning affecting several schools in Rugeley in April. 67 children were affected with mild diarrhoea—but the illness lasted only a few hours and did not cause serious upset. A full investigation was carried out in the local school meals kitchen but the source of the outbreak was not discovered.

The so called "Winter Vomiting" disease affected a school in Bilbrook for some months and 60 children were affected during this period. The disease again was of slight severity and lasted only up to 2 or 3 days.

Boys at a grammar school in Stafford were inspected following a report of plantar warts and 50 cases were discovered. A number of the children were already attending local practitioners for treatment and arrangements were made for the others to receive the appropriate attention.

Table 23. Number of Suspected Cases of Infectious Diseases Notified by Head Teachers, 1956

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Scarlet fever	28	42	31	37	19	24	19	—	13	21	31	15	280
Diphtheria	1	—	—	—	—	—	—	—	—	—	—	—	1
Measles	73	180	119	32	9	74	8	—	40	43	45	67	690
German measles	16	42	191	77	84	303	98	—	19	20	27	38	915
Whooping cough	90	69	95	75	36	143	160	—	81	67	233	135	1175
Mumps	23	40	76	12	29	168	213	—	18	122	323	131	1155
Chicken pox	369	450	697	161	173	772	340	—	48	90	431	239	3770
Influenza	18	54	21	—	—	—	—	—	—	—	14	3	110
Scabies	—	—	—	—	—	—	—	—	—	—	—	—	—
Infantile paralysis	—	—	—	—	—	—	—	—	2	—	1	—	3
Meningitis	—	1	—	—	—	—	—	—	—	—	—	—	1
Impetigo	—	3	2	4	—	—	2	—	2	3	5	—	21
Ringworm	—	—	—	—	—	—	—	—	1	1	—	—	2
Jaundice	6	6	2	20	10	5	8	—	1	8	3	—	69
Dysentery	40	9	12	24	14	6	14	—	3	12	11	11	156
Sickness and Diarrhoea	—	—	—	—	—	—	—	—	1	7	3	2	13
Conjunctivitis	—	—	—	—	—	—	—	—	—	—	—	1	1
Tonsillitis	—	1	1	—	—	—	—	—	—	—	2	—	4
Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Skin Infection	—	—	—	1	1	—	—	—	—	—	—	—	2
Glandular Fever	—	—	—	—	—	2	—	—	—	—	—	3	5

(b) Vaccination**Table 24. Number of children found to have been vaccinated when examined at the periodical medical inspection**

<i>Age Group</i>	<i>No. examined</i>	<i>No. vaccinated</i>	<i>No. unvaccinated</i>	<i>Percentage unvaccinated</i>					
				1951	1952	1953	1954	1955	1956
Entrants	13,069	2,527	10,542	70.3	69.3	72.5	69.8	79.97	80.66
2nd Age Group	9,233	2,818	6,415	70.8	62.7	63.9	65.4	64.34	69.48
3rd Age Group	8,901	3,069	5,832	63.1	67.9	64.6	64.8	67.14	65.52
Other Periodic Inspections	1,612	529	1,083	—	—	—	—	69.55	67.19

The percentage of unvaccinated children in the 'entrants' group continues to increase and there is an appreciable rise in the 2nd age group.

The large proportion of children who continue to be unprotected by vaccination remains a chronic source of disquiet, and it is only to be hoped that efforts to persuade parents to furnish their children with this form of protection are more successful in future years.

(c) Diphtheria Immunisation

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

	1954	1955	1956
Complete immunisation	3,973	2,669	3,958
Re-inforcement doses	14,872	9,714	13,673

The figures this year are comparable with those for 1954 after the fall in 1955 due to shortage of staff. There was a resignation of a medical officer also during this year and had it not been for this, the numbers would have been the highest for several years.

Even though the number of cases of diphtheria this year has fallen to a very low level, the disease can only be finally eradicated by maintaining a high level of immunity in the school population.

Children are now being offered immunisation on entering school if previously unprotected, and booster doses at eight and eleven years.

(d) Tuberculosis

Table 26. Summary of Reports received from Chest Physicians

Number of children on Dispensary registers at the end of 1955	428
Number of new cases during the year	60
Number of children on registers at end of year	439
Suspected cases (under observation) at the end of 1956	28
Cases found to be non-tubercular during 1956	1,502

Pulmonary—	
Number in Sanatoria at the end of 1956	36
Number being treated at home	204

Non-Pulmonary

Number in Orthopaedic Hospitals at the end of the year	17
Number being treated at home	57
Number discharged having recovered	18
Number discharged having left the district	2
Diagnosis of cases undergoing treatment at the end of the year :	

Pulmonary

(including pleura and intrathoracic glands)	270
---	-----

Non-pulmonary—

Bones and joints	29
Glands	42
Abdomen	21
Miscellaneous	5

It has been necessary during the year to carry out investigations at two schools as a result of children being found to be suffering from active pulmonary tuberculosis. In one school, a large one, two girls were found to have the disease immediately after leaving. All the children of 11 years and upwards and the staff in the school were examined at a Mass X-ray Unit. Although two boys and two girls were found with abnormalities no child was found to be suffering from tuberculosis.

At the second school one boy was reported to have active pulmonary tuberculosis. The boys in his class were subjected to a Mantoux Test and the positive 'reactors,' were X-rayed. Three of the boys were found to have some minor abnormality and arrangements were made for them to be kept under observation at the Chest Clinic for the next few months.

Tuberculin Testing

In September a scheme was initiated for tuberculin testing of "entrants" in infant schools at Bilston, Coseley and

Tipton at the time of the annual medical inspection and the following figures show the number tested :

No. of children tested	.....	.....	.....	258
No. Positive	.....	.....	.....	11

These three districts were chosen because the Registrar General's statistics showed a high incidence of notified cases of pulmonary tuberculosis.

The children who showed a strong positive reaction were referred with family contacts of 14 years of age and over to the Mass Radiography Units at Wolverhampton or Dudley for an x-ray of the chest. The private doctors concerned were informed of the names and addresses of the children so referred.

None of the children who were x-rayed as a result of the survey was found to be suffering from pulmonary tuberculosis.

One reason for this may have been that a number of children were already under observation as contacts of known cases.

(c) **Health Education**

It is considered important that the children in the schools should receive training in matters of health and teachers and the staff of the School Health Service are encouraged to give talks on a variety of subjects. Propaganda pamphlets and leaflets have been supplied to the head teachers whilst the medical and nursing staff keep a supply of leaflets to hand to parents and children when considered necessary during the course of medical inspections at the schools. A library of film strips has been formed so that the doctors may be able to give illustrated talks. A considerable number of talks were given during the year to interested groups such as Parent-Teacher organisations.

PART V—GENERAL HEALTH

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

Age Group	No. of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	13,069	12,797	97.92	272	2.08
Second Age Group	9,233	9,073	98.27	160	1.73
Third Age Group	8,901	8,712	97.88	189	2.12
Other Periodic Inspections	1,612	1,585	98.33	27	1.67
	32,815	32,167	98.03	648	1.97

This is the first year in which the new classifications "Satisfactory" and "Unsatisfactory" instituted by the Ministry of Education have been used. Hitherto these classifications have been three in number "Good," "Fair" and "Poor."

The percentage of children in each age group classified as "Satisfactory" are roughly comparable to the sum of the categories "A" and "B" in last year's report. There is, however, a very slight fall of those classed as satisfactory leading to a commensurate increase in the "Unsatisfactory" category which is comparable to the former category "C." Even so it is a source of satisfaction that this figure remains at less than 2%.

Where children are found to be in poor condition the Medical Officers carefully look into the matter so that in appropriate cases dietary supplements may be provided or convalescence offered if the condition warrants.

Apart from debility due to disease and malnutrition a good deal of subnormal health in school age children stems from lack of adequate sleep. The influence of television has again been mentioned by several members of the School Health Service staff as significant in this respect and the advent of increased "viewing hours" may in future years prove a very mixed blessing.

(b) **Table 28. Milk in Schools Scheme**

<i>Type of Milk</i>	<i>No. of Suppliers</i>	<i>No. of Schools supplied</i>	<i>No. of Pupils</i>
<i>Maintained Schools :</i>			
Pasteurised	40	612	101,176
Tuberculin Tested	13	14	323
Un-designated	3	3	55
	—	—	—
	56	629	101,554
	—	—	—

Non-Maintained Schools :

Pasteurised	23	39	2,900
Tuberculin Tested	1	1	71
Undesignated	—	—	—
	—	—	—
	24	40	2,971
	—	—	—

There is now only one school in the County which is not being supplied with milk. This school contains 41 pupils.

This is the first time that information relating to the supply of milk to non-maintained schools has been available, and the reason for this is that under Circular 302 (3rd May, 1956) of the Ministry of Education, local education authorities assumed the responsibility for supplying milk in these schools as well as at maintained schools.

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

No. of old applications renewed	22
No. of new applications granted	19
No. of children who ceased to receive milk during the year	13

(d) **School Meals**

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

This has been another year of steady progress. The number of children taking advantage of the mid-day hot meal is about the same as last year though the actual percentage is slightly lower. This is due largely to the fact that mothers are not going out to work as much as they were and so are at home to provide a meal for the children. A problem at present is trying to bring the worst premises up to the standard required by the Food Hygiene Regulations within the annual financial allocation allowed by the Ministry of Education for improvements. Nevertheless much has been done and this work is being steadily pursued. During the year a start has been made on improvements at 20 kitchens and dining centres.

Kitchens have been opened at six new schools and dining centres have been started in four new schools. Three new dining centres have been formed in existing schools.

At Darlaston, Bentley South a kitchen previously furnished as a wash-up only has now been equipped as a kitchen.

It has been possible during the year to terminate the supply of meals from Sedgley Civic Restaurant and to use meals from the Education Committee's own kitchens instead. Meals are no longer supplied from the Madeley, Leycett Colliery Canteen.

(e) Physical Education

In Primary Schools the influence of the further training of teachers and the value of the installation of climbing and agility apparatus is reflected in the progress which has been observed in the schools. The improvement in physique and standard of work is particularly apparent in schools which have equipped halls, and where progressive work is maintained throughout the year.

Eleven new halls and seven existing halls were supplied with a full range of climbing and agility apparatus during 1956.

Although there has been an improvement in the standard of play in minor games on playgrounds in areas where teachers' courses have been held, the playing of field games

is still handicapped due to the need for more pitches in certain areas.

In Secondary Schools the shortage of staff at some schools in the south of the County has affected the standard and restricted the scope of Physical Education. In other areas, however, progress has been maintained, particularly in schools where Heads give an adequate allocation of time to the subject.

The marked interest and keen participation in athletics was continued in all schools and performances generally have improved. Training and coaching in football and cricket was carried out regularly and a full programme of inter-school games completed. Hockey tournaments were arranged on a larger scale than in previous years, and the interest in tennis has continued to increase. During the year new gymnasias were equipped at two secondary, one technical, and one special school, and one teachers' training college, and gymnastic clothing and plimsolls have been issued to children unable to provide their own as in previous years.

Swimming instruction was given at 24 baths during the summer term, and each week 198 schools sent 649 classes with an average attendance of 19,470. In the autumn and spring terms 10 baths were used and 106 schools sent 308 classes with a total weekly average attendance of 9,240. These records do not include schools with their own baths. Children numbering 3,323 were taught to swim and the total number of awards gained was 5,912 County and 398 Royal Life Saving Society.

The large numbers of teachers attending courses during the year shows an enthusiasm and growing interest in physical education, and this augurs well for the development of the subject in the future years.

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

The local Committees which were set up in accordance with the provisions of the Joint Circular of the 31st July, 1950, of the Home Office, Ministry of Health and Ministry of

Education, are continuing to carry out valuable work in regard to these children and, during the year, 31 cases were referred to the Local Co-ordinating Officers.

PART VI—UNCLEANLINESS

Table 30. Infestation with Vermin

(i)	Total number of examinations in the schools by the School Nurses or other authorised persons	319,337
(ii)	Total number of individual pupils found to be infested	6,468
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Sect. 54(2), Education Act, 1944)	59
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Sect. 54(3), Education Act, 1944)	28

Table 31. Analysis of Infestation

	<i>Head</i>			
	<i>Body</i>	<i>Clothing</i>	<i>Lice</i>	<i>Nits</i>
No. of children.....	208	251	1,340	10,132

The number of Sacker combs sold to parents during the year was 182.

The percentage of children found infected at hygiene examinations shows a slight decline this year and is mainly limited to a known 'core of problem families.'

PART VII—HYGIENE

Table 32. Inspection of School Premises

No. of schools inspected	637
No of defects found	148
No. of defects rectified	53

The School Medical Officers continue to carry out an annual inspection of school premises and defects are notified to the Director of Education.

This year there has been a marked decrease in the number of defects found at inspections and a heartening increase in the defects rectified which as mentioned in the previous report stems from the comprehensive scheme approved by the Education Committee to bring the hygienic conditions of the schools to a modern standard. This scheme is being implemented as rapidly as financial considerations allow.

Nevertheless, the overcrowding in many schools remains a source of disquiet. Even in many of the new schools with the present "bulge" in numbers, cloakrooms and classrooms tend to be crowded—with desks too close together. This pressure on space often means that medical rooms—where provided—are utilised for other purposes, so that inspections still have to be carried out in unsatisfactory circumstances. Head Teachers are generally most co-operative in trying to accommodate medical staff—but the tendency to arrange medical inspections away from the schools continues where suitable alternatives are available.

Redecoration at many of the older schools with imaginative colour schemes has greatly improved the atmosphere, and encouraged the children to accept better standards of cleanliness.

SCHOOL WATER SUPPLIES

Work in this connection is carried out by the County Health Inspectors. A total of 191 samples were collected from schools during the year 1956. Of these, 25 were special samples collected for fluorine examination only, with the aim of ascertaining the fluorine content of the water consumed by children in various parts of the County. The remainder were taken for bacteriological or chemical examination.

It will be noted that the number of unsatisfactory samples has decreased considerably from the figure for 1955 (70). This is accounted for by the fact that in cases where supplies are known to be generally unsatisfactory and boiling has to be resorted to as a permanent safeguard, sampling was cut down in favour of more essential work.

Table 33.

(a)	No. of schools at which samples were taken	75
(b)	No. of samples collected for fluorine examination only	25
(c)	No. of samples collected for bacteriological or chemical examination	166
(d)	Results of examinations :—	
	(i) No. satisfactory	145
	(ii) No. unsatisfactory	21
(e)	Analysis of action taken regarding unsatisfactory samples :—	
	(i) Repeat samples satisfactory	4
	(ii) Defects in chlorination remedied	4
	(iii) Chlorination adopted	1
	(iv) Representations to water undertaking	1
	(v) Chlorination pressed for, boiling meanwhile continued	1
	(vi) Boiling adopted or continued	5
(f)	Main piped water supplies laid on during 1956	2
(g)	Schools without main piped water supply at 31/12/56	*44
(h)	Schools with main piped water available but not yet laid into school	3

*This figure includes all schools which are not supplied either by statutory water undertakings or by the water departments of local authorities, i.e. it includes not only individual supplies from boreholes, wells, springs, etc., or by churn, but also includes six small estate piped supplies and the like.

(a) Table 34 Position regarding handicapped pupils at 31st December, 1956

Category	Total known ascertained Pupils		Numbers in Special Schools		Number placed in Special Schools in 1956		Number awaiting admission to Special Schools		Number in or having Special provision at an Ordinary School		Number having Home Tuition including those for admission to Special Schools		At Home without Tuition	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Blind	21	12	12	10	2	1	3	1	—	—	—	—	6	1
Partially Sighted	23	29	11	13	3	4	2	2	9	11	—	—	1	3
Deaf	53	37	52	35	7	4	1	2	—	—	—	—	—	—
Partially Deaf	89	70	30	22	12	3	1	5	50	40	—	—	8	3
Delicate	95	51	40	19	33	23	9	3	42	28	5	5	—	—
Educationally Sub-Normal	714	350	195	102	42	34	237	111	271	127	9	7	7	4
Epileptics	105	122	2	1	—	—	2	—	93	116	2	3	6	2
Maladjusted	186	115	29	6	5	4	6	1	161	108	—	—	—	—
Physically Handicapped	384	281	53	28	28	13	24	15	272	222	38	24	7	3
Speech Defects	574	228	1	—	—	—	1	—	572	228	—	—	—	—
TOTALS	2,244	1,295	425	236	132	86	286	140	1,470	880	54	39	35	16
GRAND TOTALS	3,539		661		218		426		2,350		93		51	

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 only are included.

Table 34 includes children who do not come within the categories of handicapped children as defined in the Handicapped Pupils' School Health Service Regulations, 1953. These suffer from a milder type of handicap which does not prevent their attendance at the ordinary school. They are, however, kept under constant supervision to ensure they are properly placed and that the necessary action can be taken immediately some special educational provision is necessary.

There has been an increase of 452 in the total of known handicapped pupils. There were 44 more children in special schools at the end of the year and the number on the list awaiting admission had increased by 91. The increased number of children in special schools was accounted for largely by the establishment of an extra class in the William Baxter Day School for Educationally Sub-normal Children and the opening of the Council's Residential School for Physically Handicapped Children at Wightwick Hall.

There were also 13 more children having tuition at home as compared to the previous year.

Children suffering from debility and other defects which did not warrant their admission to open-air schools were sent to convalescent homes for short periods. Altogether 516 children were admitted during the year, being an increase of 113 over 1955.

The following shows the distribution of children among the various homes which have been used :—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
St. Mary's Home, Broadstairs	133	189	322
Sheen Park Hotel, Walmer	114	70	184
Children's Convalescent Home, West Kirby	—	4	4
Omerod Home for Children, St. Anne's-on-Sea	1	—	1
Tidwell House, Budleigh, Salterton	1	—	1
Broomhayes Home, Northam	1	3	4
	<hr/> 250	<hr/> 266	<hr/> 516

The tendency for increased use of convalescent facilities is accounted for by the co-operation received from various hospitals in the County as the facilities provided are becoming more widely known and the benefits appreciated. This service is much valued by parents and staff since a period of convalescence can assist the recovery of debilitated and under-nourished children in a variety of ways.

(b) Table 35. Visiting of Educationally Sub-Normal Children by Mental Welfare Officers

Number of E.S.N. children on the visiting list at	
31.12.55	9
Number of E.S.N. children referred during 1956	—
Number of Home Visits	4
Number of individual Progress Reports	3
Number of E.S.N. children on the visiting list at	
31.12.56	4

(c) Table 36. Classification of children referred to the Mental Health Authority

<i>Class</i>	<i>No. of Children</i>
Ineducable (Sect. 57(3) Education Act, 1944)	28
Ineducable (Sect. 57(4) Education Act, 1944)	—
Requiring supervision after leaving school (Sect. 57(5), Education Act, 1944)	38
	—
Total	66
	—

(d) Further Education of Handicapped Pupils

During 1956 the Authority provided home tuition in basic subjects to thirteen handicapped persons who were over the statutory school-leaving age.

In addition, three persons received tuition at home in subjects with a vocational bias, mainly craft subjects, and one person was provided with a correspondence course while convalescing at home.

Two received tuition in hospitals by visiting teachers and a further two were provided with correspondence courses

whilst at a sanatorium. The latter enabled the patients to continue with their vocational studies interrupted by their admission to the sanatorium.

(e) **Staffordshire Special Schools**

Basford Hall	Residential	Maladjusted	30 boys	10—16 years
William Baxter School	Day	E.S.N.	80 boys and girls	10—16 years
Standon Bowers School	Residential	E.S.N.	60 boys	10—16 years
Walton Hall	Residential	E.S.N.	48 girls	10—16 years
Loxley Hall	Residential	E.S.N.	80 boys	8—16 years
Needwood	Residential	Partially Deaf	160 boys and girls	5—16 years
Wightwick Hall	Residential	Physically Handicapped	65 boys and girls (Boarding) 15 boys and girls (Day pupils)	8—16 years

The work of all the schools has continued satisfactorily throughout the year, but the following points regarding particular schools are of interest :—

REPORT ON STAFFORDSHIRE SPECIAL SCHOOLS, 1956

Standon Bowers.

During the year school work has progressed satisfactorily, while on the recreational side several boys have taken up cross country running, one boy taking part in the County Cross Country Running Championship. The Scout Troop and Cub Pack have made good progress, and the District Commissioners for Scouts, Cubs, and Handicapped Scouts have visited the school. Other visitors have included students and officials from the Gold Coast, Mauritius, and Thailand. The health of the children has been good throughout the year. Various improvements have been made to the buildings, and new projects include an additional classroom, two staff houses, and a new entrance drive. Staff shortages have caused difficulty throughout the year but the position is now improved.

Walton Hall.

Steady work has continued throughout the year and approximately five out of every six children leaving the school have found employment. Staff difficulties here also have persisted throughout the year.

Basford Hall.

The school has been full during the year and good progress has been maintained both academically and in the formation of habits and character. All the leavers have been found suitable employment, and the general health of the boys has been excellent.

William Baxter School.

The completion of the new classroom during 1956 increased the accommodation and a further intake of children occurred in September, 1956, the total number on roll being 72. Suitable employment has been found for the leavers, many of whom continue to visit the school.

Loxley Hall.

The year has been one of consolidation and progress after the school had filled to capacity in 1956. Staff vacancies were filled, and the health of the children was good. The more settled conditions helped progress and two children were transferred to Secondary Modern Schools.

Needwood School.

In September the number on roll reached 151, and the maximum roll has now been estimated at 160. This cannot yet be reached because of lack of trained staff, but the training scheme for teachers is making good progress. One teacher has returned from Manchester University having completed the course of training for Teachers of the Deaf, and two other teachers are now at Manchester attending the course. After attending Tutbury County Secondary School for a trial period, three children have returned to normal schools and two others are on further trial. A number of children have been retained

beyond the age of 16 years to continue studies at Grammar School level. The playground, gymnasium, tennis court and hockey field have been completed during the year.

Wightwick Hall

Architectural work continued on the school throughout the year but the first twelve admissions took place on 10th October. A further eight followed on the 22nd October and another eight on the 29th October, there being 28 children on the roll at the end of the year. The Hall itself was completed before the end of the year, but work was still continuing on the classrooms. These have now been completed. Difficulty has been experienced in obtaining the necessary staff, but in spite of this the children have settled down happily. It is hoped to arrange further admissions in the new year.

Mass Radiography

The Mass Radiography Mobile Units of Birmingham, Dudley, Stoke-on-Trent and Wolverhampton continued to work during the year and more than 7,840 children examined from 52 schools were reported to have attended for x-ray. Pupils of 14 years or over were examined, except in one district where the minimum age was 11 years.

Teachers and other staff, including caretakers and canteen workers from these schools were examined, as were similar personnel from Junior schools in the same districts.

In a border district of the County where children from other authorities attended at the same time for examination it was not possible to accurately estimate the number of children from Staffordshire who were x-rayed because of staff at the Unit not having time to analyse the records.

Forty-two children were reported to have various abnormalities and, where necessary, were referred to their own doctors or to chest clinics. Many of the children were recalled for a large film to be taken, but only two were found to have active tuberculosis.

BOROUGH OF NEWCASTLE-UNDER-LYME
(EXCEPTED DISTRICT)

SCHOOL HEALTH SERVICE STAFF

Borough School Medical Officer :

JOHN WARRACK, M.B., Ch.B., D.P.H.

Deputy Borough School Medical Officer :

ISADORE ASH, M.D. Rome, D.P.H. (Resigned 13.2.56).

SHEILA M. DURKIN, M.B., Ch.B., D.P.H. (Appointed 1.4.56).

School Medical Officer :

JOYCE L. VASEY, M.B., B.S.

Part-time School Medical Officers :

DR. T. CRAIG.

DR. P. G. JOHNSON.

Part-time Physiotherapist :

MISS L. M. LOCKETT, M.C.S.P.

Part-time Speech Therapist :

MISS J. M. MOON, L.C.S.T.

Part-time Ophthalmic Surgeon :

P. J. M. KENT, M.R.C.S., L.R.C.P., D.O.M.S.

Borough School Dental Officers :

J. A. CLUNAS, L.D.S. (Resigned 31.3.56).

H. PEAKE, L.D.S., R.C.S. Eng. (Part-time).

H. P. DASH, L.D.S. (Part-time).

Part-time Dental Anaesthetist :

DR. E. M. P. LAW.

Dental Assistant :

MISS E. HITCHEN.

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

Numerous changes have taken place in the staff of the School Health Service in the Excepted District during the year under review.

In February Dr. I. Ash left to take up an appointment as a Medical Officer of Health in Essex, and on the 1st April his successor, Dr. Sheila Durkin commenced duty. Two Health Visitor/School Nurses resigned during the year, namely, Mrs. M. Adams and Mrs. S. Eatham and two new nurses were appointed—Mrs. D. Robinson and Miss A. Meek. Mrs. E. Pepper and Mrs. N. Gilligan were appointed also as part-time school nurses, commencing duties in January. The full-time Borough School Dental Officer, Mr. J. A. Clunas, resigned at the end of March and consequently from that date onwards no full-time school dental service operated. As a result also of the inability to fill this vacancy the usual report on the School Dental Service within the Borough has not been available. Statistical details of work carried out by the part-time dentists during the year has, however, been included in the body of this report.

On the 31st December, 1956, the nursing staff was as follows :—

Health Visitors/School Nurses

Four nurses gave 5 half days per week to the School Health Service. Two nurses gave 4 half days per week to the School Health Service. One nurse gave 3 half days per week to the School Health Service.

School Nurses

One full-time. One part-time—giving five half days per week to the School Health Service.

Assistant Nurses

Three full-time.

Details of all the Staff engaged in the School Health Service in the Borough are summarised in Table VI 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 13,368 which is an increase of 500 over the previous year's figure.

Arrangements made for periodic Medical Inspections

Periodic medical inspections of children take place within the schools in the Borough as follows : (1) During the first year of school life. (2) Between the ages of 9 and 10. (3) Between the ages of 14 and 15 and (4) In County Grammar schools between the ages of 17 and 18.

In addition all children have an eyesight test between their 7th and 8th birthday, special provision being made for those who do not know their letters.

2,498 parents were present at the examination of their children. This figure represents 68.20 per cent. of the children examined, which shows a slight decrease over last year's percentage of 68.89. In my opinion it is most unfortunate that such a small percentage of parents attend. One would have expected them to realise the unique opportunity that is afforded to get an up to date report on the condition of their children's health.

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

A.—Clothing and Footwear

Three children were found to have defective clothing or footwear, or both. In all such cases the homes are visited by a school nurse with a view to rectifying the deficiencies found.

B.—*Physical Condition*

The physical condition of the children examined at periodic medical inspections is shown in Table I.D. in the statistical tables at the end of this report.

C.—*Uncleanliness*

Only 15 children were found to be verminous at routine school medical inspections and this is a pleasing change from the previous year's figure of 49. This number does not include children found to be verminous during cleanliness surveys or at Clinics.

D.—*Tonsils and Adenoids*

At periodical and special examinations 107 children were found to be suffering from enlarged tonsils and/or adenoids and were referred for examination by a specialist. During the year 32 cases received operative treatment through arrangements made by the School Health Service. In addition there were 682 cases which required only medical treatment and/or observation.

E.—*Tuberculosis*

During 1956, 9 children were referred to the Chest Physician for examination. 5 children attending schools within the Borough have been notified as suffering from pulmonary tuberculosis.

F.—*Skin Diseases*

66 cases of skin disease (dermatitis, impetigo, urticaria, ringworm, etc.) were discovered at medical inspections and found to be requiring treatment. 16 of these were referred to the Dermatological Clinic at the North Staffordshire Royal Infirmary.

G.—*External Eye Disease*

7 cases suffering from external eye disease were referred for treatment during the year to the North Staffordshire Royal Infirmary.

H.—*Defective Vision and Squint*

147 cases of defective vision and squint discovered at routine and special medical examinations were referred for treatment, being 129 cases of defective vision and 18 cases of squint. In addition 23 cases of squint discovered at examinations at school Clinics were also referred for treatment. During the year 848 children with defective vision were prescribed glasses after examination by the Schools Ophthalmic Surgeon.

I.—*Ear Disease and Defective Hearing*

At routine medical inspections during 1956, 41 cases in this category were found to require treatment and of this number 9 were referred to the North Staffordshire Royal Infirmary, the remainder being treated at the School Clinics.

Additional Examinations

Medical Inspection prior to admission to Training Colleges

During 1956, 56 pupils have had a special medical examination by the School Medical Officers before admission to colleges for training for the teaching profession.

Medical Inspection of New Entrants to the Teaching Profession

During 1956, 13 medical examinations, with subsequent x-ray of chests as required by the Ministry of Education, were carried out on new entrants to the teaching profession within the Borough.

Children attending School Camps

Prior to children being allowed to take part in organized school camps it is necessary for them to be examined regarding their fitness to attend and also to prevent the introduction into the camp of any infection. For this purpose 328 children were examined during the year.

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 73,252. 2,877 children were found to be infested

and cleansing notices were issued in respect of each case. Of this number, 537 were dealt with at cleansing sessions at school clinics.

Minor Ailments Clinics

During the year the eight minor ailment clinics in the Borough continued to operate as follows :—

Knutton	Tuesday	10.30 a.m. to 12 noon
High Street	Friday	9.30 a.m. to 10.30 a.m.
Silverdale	Thursday	10.30 a.m. to 11.30 a.m.
Crown Street		
Chesterton	Monday	9.30 a.m. to 12 noon
Broadmeadow	Friday	11.00 a.m. to 12 noon
Red Street School—Closed 31.7.56		
Crackley Bank	Wednesday	10.00 a.m. to 11.00 a.m.
C.P. School—Opened 19.9.56		
Wolstanton	Monday	9.00 a.m. to 11.00 a.m.
Lily Street	Tuesday	9.00 a.m. to 11.00 a.m.
	Wednesday	9.00 a.m. to 11.00 a.m.
	Thursday	9.00 a.m. to 12 noon
	Friday	9.00 a.m. to 11.00 a.m.
Newcastle	Monday	9.30 a.m. to 12 noon
Friarswood	Tuesday	9.30 a.m. to 12 noon
House	Wednesday	9.30 a.m. to 12 noon
	Thursday	9.30 a.m. to 12 noon
	Friday	2.00 p.m. to 4.00 p.m.
Hempstalls	Wednesday	10.00 a.m. to 11.00 a.m.
School		
Bradwell C.S.M.	Monday	9.30 a.m. to 12 noon
School		

All minor ailments are treated at school clinics and the cases dealt with are included in Table IV at the end of this report. During the year the number of attendances at the various minor ailment clinics was 18,278. Parents and teachers send to the clinics any cases which they consider require attention and cases are also referred to the clinics for the treatment of defects found at periodic inspections.

Ophthalmic Clinic

This clinic is held each Friday morning in the Ophthalmic Room at Friarswood School Clinic. During the year 1,173 children had refractions carried out and in 848 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 Saturday mornings from 9 a.m. to 11 a.m. The physiotherapist, Miss L. Lockett, is in attendance at both sessions and a Medical Officer is also present during the Wednesday afternoon sessions. During 1956, 100 children, made a total of 1,477 attendances.

Breathing Exercises

During the year 71 cases attended the breathing exercise clinic established for the treatment of children suffering from certain diseases of the nose, throat and lungs. 368 attendances were made. The clinic is held once weekly on Wednesday afternoons from 3.30 p.m. to 4.30 p.m.

Remedial Exercises

A class for remedial exercises for children suffering from orthopaedic defects is held weekly with the Physiotherapist in charge. 60 children were dealt with, receiving 337 treatments.

Speech Therapy

Miss J. M. Moon the Speech Therapist continued to provide this very necessary service on Monday mornings and afternoons and Thursday mornings and afternoons. 70 children received treatment during the year. 36 completed their treatment and were discharged.

Child Guidance

The arrangements existing between the Excepted District and the Stoke-on-Trent Education Authority continued during the year. Pupils attending schools within the Borough who are in need of Child Guidance treatment can receive this treatment in the City. During 1956, 17 cases were dealt with in this way.

Mass X-ray

During the year 2,235 children and 117 teachers and other school personnel from schools within the Borough had miniature X-rays taken. Only one of the above persons was found to have a condition which warranted further investigation by the Tuberculosis Officer.

Mantoux Skin Testing of School Children

In September a scheme was put into operation for the skin testing of children in order to ascertain whether they had been in contact with tubercular infection. The most reliable information by this means is obtained in younger children and, consequently, the five-year group were those offered the test. The percentage of children presented for testing varied greatly from school to school, being between 31.4 per cent. and 80 per cent. Some parents may have been reluctant to submit their children to this comparatively new procedure but it is hoped that in time the value of the scheme will be recognised and that eventually at least 75 per cent. of those eligible will receive the test. In the table it will be seen that 15 children were found to be positive and, of this number, two were found to be actually suffering from pulmonary tuberculosis, three suffered from tubercular glands and the remainder are being kept under observation at the Chest Clinic. In addition, much valuable information was obtained by miniature X-ray of the other members of the households in which positive children live. Thus, not only can this scheme be useful in detecting early cases of tuberculosis in young children, but also, in many instances, in the tracing of the source of the infection in a wider circle of the populace.

The following is the statistical information regarding the above tests :—

<i>No. Eligible</i>	<i>No. Tested</i>	<i>% Tested</i>	<i>No. Positive</i>	<i>% Positive</i>
888	516	58	15	2.9

X-ray of Kitchen Staff

During 1956, 72 members of the school meals service kitchen staff were X-rayed at the Chest Clinic under the scheme whereby each applicant for a post in this service must be declared free from pulmonary infection radiographically before being appointed.

(1) SCHOOL MEALS SERVICE

During the year January, 1956 to December, 1956, school meals were supplied to the children in the Borough of Newcastle-under-Lyme from the following kitchens :—

Knutton Central Kitchen	Hempstalls C.P. School
Bradwell C.P. School	Langdale C.P. School
Bradwell C.S. School	Silverdale C.P. School
Crackley Bank C.P. School	Four Grammar Schools
Ellison St. C.P. School	Four Nursery Schools

Figures given below show the daily average number of meals served throughout the year, as compared with 1955—

1955—58,903

1956—62,457

Holiday Feeding

As in previous years, arrangements for the provision of school meals during holiday periods were made so that any child could on application, receive a school dinner. Children on the free meals list form the greater proportion of those attending during the holidays. Children who stayed away for more than half the total number of days in any one holiday period, unless the parents had given a satisfactory explanation as to the reason for their absence were denied meals the following holiday. In every case, letters were sent to the parents of the children concerned explaining why they could not have dinners.

Approximately 120 children require meals during the holiday periods.

Throughout the year, the holiday meals were supplied, on rota, from the following kitchens :—

Bradwell C.S. School	Hempstalls C.P. School
Crackley Bank C.P. School	Langdale C.P. School
Knutton Central Kitchen	

and distributed to various school meals centres within the Borough. Arrangements were made so that one meals centre was opened in each of the following areas: Chesterton, Knutton, Newcastle, Silverdale and Wolstanton.

Complaints

Complaints concerning the school meals were submitted to the Welfare Sub-Committee monthly. During the year there was a total of twenty.

Decorations and Improvements

Decorations were carried out during the year at five school kitchens and improvements at ten.

Labour saving equipment was installed in six kitchens.

School Meals Containers

During the Summer holidays all the school meals containers were overhauled and serviced if necessary. All obsolete types were withdrawn and replaced with the new aluminium type. These are much easier to handle and also to keep clean.

New Kitchen—Crackley Bank

The kitchen opened in April, 1956, supplying meals both to its own school and two others nearby. The kitchen itself is extremely light and airy, and is well equipped with up-to-date cooking appliances.

Several schools have changed from "counter service" to "family table service" and are finding it a great success. The children are able to help themselves to the food, and by doing this, wastage has been reduced to a minimum.

Nursery Schools

These schools continued to have an allowance of orange juice and cod liver oil in excess of that supplied through the Welfare Services to the parents.

The permitted quantities allowed for each child under five years are :

Orange juice—one 6oz. bottle every four weeks.

Cod liver oil—one 6oz. bottle every twelve weeks.

The children continued to have a mid-morning light meal, a mid-day dinner and “ tea ” after their afternoon rest period. The children enjoy their meals and even if reported by their mothers as “ not liking this or that ” quickly adapt themselves to the changed conditions and eat readily what is given to them, including cheese dishes, salads and other vegetables. As from the beginning of September, 1956, one third of a pint of milk only was allowed per child instead of two thirds previously supplied.

Medical Inspections

New school meals staff (both full time and part time) continued to be medically examined and X-rayed prior to their official appointment. After any length of absence school meals employees must produce a signed certificate from their own doctor to certify that they are fit to return to work and free from any disease which might make the preparation or handling of food by them harmful to others.

Uniform

School meals staff are now supplied with either white or coloured overalls, white aprons and caps. These are laundered weekly and failure to wear the uniform may mean dismissal.

Meetings

Several meetings were arranged during the year and many topics were discussed. During September the Midlands Gas Board organised a one-day course of demonstrations and lectures. This was attended by a number of Cook Supervisors, Cooks and Assistant Cooks.

On the whole, the School Meals Service has progressed steadily throughout the year helping to make it not only a necessary service, but one which takes its place in the total education of the school.

(2) PHYSICAL EDUCATION

General

Throughout the year progress has been maintained in all branches of Physical Education.

Upward of 100 men and women teachers of Physical Education attended a Course of training on the teaching of Physical Education in Primary Junior Schools, taken by the Organisers of Physical Education.

24 men teachers in Primary and Secondary Schools, within the Borough, attended a Course of training on the teaching of Association Football. The classes were taken by a Football Association Coach and the Organiser of Physical Education.

Primary Schools

Further supplies of climbing and agility apparatus have been installed in the playgrounds and in the halls of Primary Schools this year.

Playing Fields

Despite the opening of additional playing fields for schools during the year there remain areas in the Borough where the playing space provided for field games is inadequate, severely handicapping the development of field games within the schools.

Senior and Junior Football Leagues continue to provide excellent competitive inter-school games and constitute a most valuable contribution by teachers to the teaching of football.

Improved facilities for field games in the new Primary Schools have resulted in an expansion of the Junior Football Leagues.

Inter-school cricket matches for Secondary Schools have again been a feature of the summer games programme, though the absence of prepared cricket squares handicaps the development of the game.

Athletics

All Secondary Schools and many Primary Schools held their own Athletic Sports during the Summer Term, 1956.

A wider range of events was a feature of the very successful Fifth Athletic Sports Meeting for scholars of Secondary Schools, which was held on the Pool Dam Playing Fields in May, 1956.

Swimming

Some 2,000 scholars in the first and second years of the Secondary Modern Schools have received swimming instruction throughout the year.

72 scholars passed Royal Life Saving Society Examinations and 70 scholars passed swimming tests which entitle them to a free pass to attend the large Swimming Bath one evening per week for a year.

1,200 scholars passed swimming tests other than those recorded above.

Some 5,000 attendances were recorded by scholars of the third and fourth year of the Secondary Modern Schools, at the Swimming Clubs which are held weekly by the scholars own School from 4.0 p.m. to 5.30 p.m. and are supervised voluntarily by their teachers.

The Ninth Annual Swimming Gala since the war was held in July, 1956. It was an outstanding success and reflected great credit upon the swimming by scholars of Secondary schools within the Borough, and the teachers responsible for the teaching of swimming and the organisation of the event.

Camping

Some 366 scholars of Secondary Schools attended camps organised by the Staffordshire Education Committee at Teddesley Park, Coven, Cotwalton and Rhoscolyn, during the Summer of 1956.

A wide range of activities including Campcraft, Country Activities, Canoeing and Sailing, provided an attractive and profitable programme.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

(Including Special Schools)

YEAR ENDED 31st DECEMBER, 1956

TABLE I

A—Periodic Medical Inspections

Number of Inspections in the prescribed groups

5—6 years	1,238
9—10 years	494
14—15 years	1,002

Number of other periodic inspections	500
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Grand Total	3,234
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B—Other Inspections

Number of Special Inspections	235
Number of Re-Inspections	179

Total	414
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C—Pupils found to require treatment

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

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table 2 A (3)	Total Individual pupils (4)
5—6 years	8	150	151
9—10 years	19	59	69
14—15 years	69	173	227
Total (prescribed groups)	96	382	447
Other Periodic Inspections	24	66	73
Grand Total	120	448	520

**D—Classification of the General Condition of Pupils
inspected during the year in the age groups**

<i>Age Groups Inspected</i>	<i>Number of Pupils Inspected</i>	<i>Satisfactory</i>		<i>Unsatisfactory</i>	
		<i>No.</i>	<i>% of Col. (2)</i>	<i>No.</i>	<i>% of Col. (2)</i>
(1)	(2)	(3)	(4)	(5)	(6)
5—6 years	1,238	1,205	97.3	33	2.7
9—10 years	494	489	99.0	5	1.0
14—15 years	1,002	1,002	100.0	—	—
Additional Periodic Inspections	500	499	99.8	1	0.2
TOTAL	3,234	3,195	98.8	39	1.2

TABLE II
Infestation with Vermin

Total number of examinations in the schools by the school nurses or other authorized persons	73,252
Total number of individual pupils found to be in- fested	2,877
Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	2,877
Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	537

TABLE III
Return of Defects found by Medical Inspection in
the year ended 31st December, 1956

A.—Periodic Inspections

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (inc. all other age groups inspected)	
		ENTRANTS		LEAVERS		Requir- ing Treat- ment	Requir- ing Obser- vation
		Requir- ing Treat- ment	Requir- ing Obser- vation	Requir- ing Treat- ment	Requir- ing Obser- vation		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	21	72	25	65	65	207
5	Eyes—						
	(a) Vision	8	28	69	144	120	264
	(b) Squint	13	41	1	7	15	62
	(c) Other	4	20	3	13	12	47
6	Ears—						
	(a) Hearing	3	20	1	15	7	45
	(b) Otitis Media	2	70	3	5	5	106
	(c) Other	7	32	8	17	24	72
7	Nose and Throat	39	353	25	100	88	606
8	Speech	2	38	1	5	5	61
9	Lymphatic Glands	1	105	—	18	1	158
10	Heart	—	13	4	17	6	51
11	Lungs	23	133	6	51	37	229
12	Developmental—						
	(a) Hernia	5	21	1	—	6	26
	(b) Other	2	69	3	1	9	97
13	Orthopaedic—						
	(a) Posture	1	19	1	82	11	148
	(b) Feet	6	105	14	45	39	217
	(c) Other	6	83	2	25	18	152
14	Nervous system—						
	(a) Epilepsy	—	2	—	—	—	2
	(b) Other	—	5	—	—	—	6
15	Psychological—						
	(a) Development	—	21	—	4	2	33
	(b) Stability	1	51	—	4	1	79
16	Abdomen	1	16	—	10	2	37
17	Other	5	31	6	31	18	90

Group 3—Orthopaedic and Postural Defects

Number of people known to have been treated at
 clinics or out-patient departments

TABLE III—(continued)

B.—Special Inspections

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	1	3
5	Eyes —		
	(a) Vision	5	12
	(b) Squint	3	6
	(c) Other	—	3
6	Ears —		
	(a) Hearing	1	9
	(b) Otitis Media	1	6
	(c) Other	—	1
7	Nose and Throat	8	37
8	Speech	14	10
9	Lymphatic Glands	—	10
10	Heart	3	16
11	Lungs	5	15
12	Developmental—		
	(a) Hernia	—	—
	(b) Other	—	3
13	Orthopaedic —		
	(a) Posture	1	7
	(b) Feet	—	10
	(c) Other	—	12
14	Nervous system—		
	(a) Epilepsy	—	4
	(b) Other	3	12
15	Psychological—		
	(a) Development	8	29
	(b) Stability	7	12
16	Abdomen	2	2
17	Other	1	17

TABLE IV
TREATMENT OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY
SCHOOLS

(Including Special Schools)

Group 1—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	313	7
Errors of Refraction (including Squint)	1,173	100
Total	1,486	107
Number of pupils for whom spectacles were prescribed	848	—

Group 2— Diseases and Defects of Ear, Nose and Throat

	<i>No. of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
Received operative treatment—		
(a) for diseases of the ear	—	1
(b) for adenoids and chronic tonsillitis	—	32
(c) for other nose and throat conditions	—	—
Received other form of treatment	320	17
Total	320	50
Total number of pupils in schools who are known to have been provided with hearing aids		
(a) in 1956	—	1
(b) in previous years	—	1

Group 3—Orthopaedic and Postural Defects

	<i>By the Authority</i>	<i>Otherwise</i>
Number of pupils known to have been treated at clinics or out-patient departments	60	28

Group 4—Diseases of the Skin (Excluding uncleanness, for which see Table II)

	<i>Number of cases treated or under treatment during the year by the Authority</i>
Ringworm— (i) Scalp	1
(ii) Body	7
Scabies	6
Impetigo	136
Other skin diseases	3,089
TOTAL	3,239

Group 5—Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	17
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Group 6—Speech Therapy

Number of pupils treated by Speech Therapists under arrangements made by the Authority	70
--	----

Group 7—Other Treatment Given

(a) Number of cases of miscellaneous ailments treated by the Authority	1,407
(b) Pupils who received convalescent treatment under School Health Service arrangements	17
(c) Pupils who received the B.C.G. vaccination	—
(d) Other than (a), (b) and (c) above (specify)	
1. Respiratory	188
2. Injuries	1,535
3. Debility, etc.—Sun-ray	100
TOTAL (a)—(d)	3,247

TABLE V

Dental Inspection and Treatment

For the year ended 31st December, 1956.

(1)	Number of pupils inspected by the Authority's Dental Officers :—	
	(a) Periodic	2,441
	(b) Specials	422
	Total (1)	2,863
(2)	Number found to require treatment	1,779
(3)	Number offered treatment	1,432
(4)	Number actually treated	1,065
(5)	Attendances made by pupils for treatment (including 11(h) below)	2,168
(6)	Half days devoted to—	
	Inspection	34
	Treatment	275
	Total (6)	309
(7)	Fillings :	
	Permanent Teeth	727
	Temporary Teeth	7
	Total (7)	734
(8)	Number of teeth filled—	
	Permanent Teeth	581
	Temporary Teeth	6
	Total (8)	587
(9)	Extractions—	
	Permanent Teeth	1,245
	Temporary Teeth	2,193
	Total (9)	3,438
(10)	Administration of general anaesthetics for extraction	1,009
(11)	Orthodontics :	
	(a) Cases commenced during the year	2
	(b) Cases carried forward from previous year	1
	(c) Cases completed during the year	—
	(d) Cases discontinued during the year	—
	(e) Pupils treated with appliances	3
	(f) Removable appliances fitted	1
	(g) Fixed appliances fitted	2
	(h) Total attendances	15
(12)	No. of pupils supplied with artificial dentures	12
(13)	Other operations :	
	Permanent teeth	305
	Temporary teeth	4
	Total (13)	309

TABLE VI

Staff of the School Health Service

		Number of Officers	Numbers in terms of full-time officers employed in the School Health Service
(a)	Medical Officers*		
(i)	Whole-time School Health Service	1	1.0
(ii)	Whole-time School Health and Local Health Services	2	.8
(iii)	General practitioners working part-time in the School Health Service	2	.09
(b)	Physiotherapists, Speech Therapists, etc. (specify)		
	Physiotherapist	1	.18
	Speech Therapist	1	.37
	Ophthalmologist	1	.045
(c)	(i) School Nurses	8	3.82
	(ii) No. of the above who hold a Health Visitor's certificate	6	
(d)	Nursing Assistants	3	3.0

(e) Dental Staff :—	Officers employed on a salary basis		Officers employed on a sessional basis	
	No. of Officers	Numbers in terms of full-time officers employed in the school Dental Service	No. of Officers	Numbers in terms of full-time officers employed in the School Dental Service
(i) Principal School Dental Officer	—	—	—	—
(ii) Dental Officers	—	—	2	.55
(iii) Orthodontists (if not already included in (e) (i) or (ii) above)	—	—	—	—
TOTAL	—	—	2	.55
			No. of officers	Number in terms of full-time officers employed in the School Dental Service
(iv) Dental Attendants			1	1.0
(v) Other Staff (specify) : — Anaesthetist			1	.18

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

TABLE VII

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 8

I. TYPE OF EXAMINATION AND/OR TREATMENT provided, at the school clinics 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 clinic.

Examination and/or Treatment (1)	Number of School Clinics (i.e., 8 premises) where such treatment is provided :—	
	Directly by the Authority (2)	Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals. (3)
A. Minor ailment and other non-specialist examination or treatment	8	—
B. Dental	2	—
C. Ophthalmic	1	—
D. Ear, Nose and Throat	—	—
E. Orthopaedic	1	—
F. Paediatric	—	—
G. Speech Therapy	1	—
H. Others (specify) :—		
Sun-ray	1	—
Breathing Exercises	1	—

TABLE VIII

Handicapped Pupils requiring Education at Special Schools (other than Hospital Schools) or Boarding in Boarding Homes

	(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 handicapped</i>		(7) <i>Educationally sub-normal</i> (8) <i>Mal-adjusted</i>		(9) <i>Epileptic</i>	Total (1) — (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st December, 1956 :—										
A. Handicapped Pupils <i>newly placed</i> in Special Schools or Boarding Homes	—	1	1	—	3	2	1	—	—	8
B. were <i>newly assessed</i> as needing special educational treatment at Special Schools or in Boarding Homes	—	—	—	—	2	—	23	—	—	25
On or about 31st January, 1957 :—										
C. Number of Handicapped pupils from the area :—										
(i) attending Special schools as										
(a) Day Pupils	—	—	—	—	—	—	—	—	—	—
(b) Boarding pupils	4	3	1	—	5	3	14	2	—	32
(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.	4	3	1	—	5	3	14	2	—	32
D. Number of Handicapped pupils being educated under arrangements made under Section 56 of the Education Act, 1944. (i) in Hospitals										Nil
(ii) in other groups (e.g. units for spastics)	—	—	—	—	—	8	—	—	—	Nil
(iii) at home	—	—	—	—	—	—	—	—	—	8

TABLE VIII—(continued)

On or about 31st January, 1957, number of handicapped pupils from the area were—	(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 handicapped</i>		(7) <i>Educationally sub-normal</i> (8) <i>Mal-adjusted</i>		(9) <i>Epileptic</i>	Total (1) — (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
E. requiring places in special schools										
(i) TOTAL (a) Day	—	—	—	—	16	20	53	—	—	89
(b) Boarding	—	—	—	—	—	1	9	—	—	10
No. of pupils included in the totals above—										
(ii) who had not reached the age of 5 :—										
(a) day places										Nil
(b) boarding places										Nil
(iii) who had reached the age of 5 but whose parents had refused consent										
(a) day places										Nil
(b) boarding places										Nil

7. were on the registers of hospital special schools—NIL

8.—Number of children reported during the year :—

(a) Under Section 57 (3) (excluding any returned under (b))	8
(b) Under Section 57 (3) relying on Section 57 (4)	—
(c) Under Section 57 (5)	4

of the Education Act, 1944.

9.—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, 1956—£1,409 0s. 0d

