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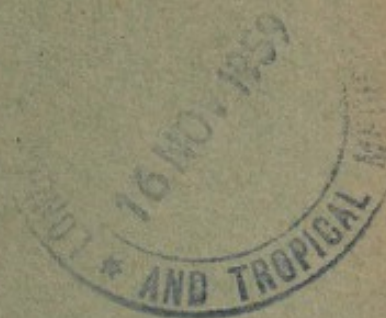
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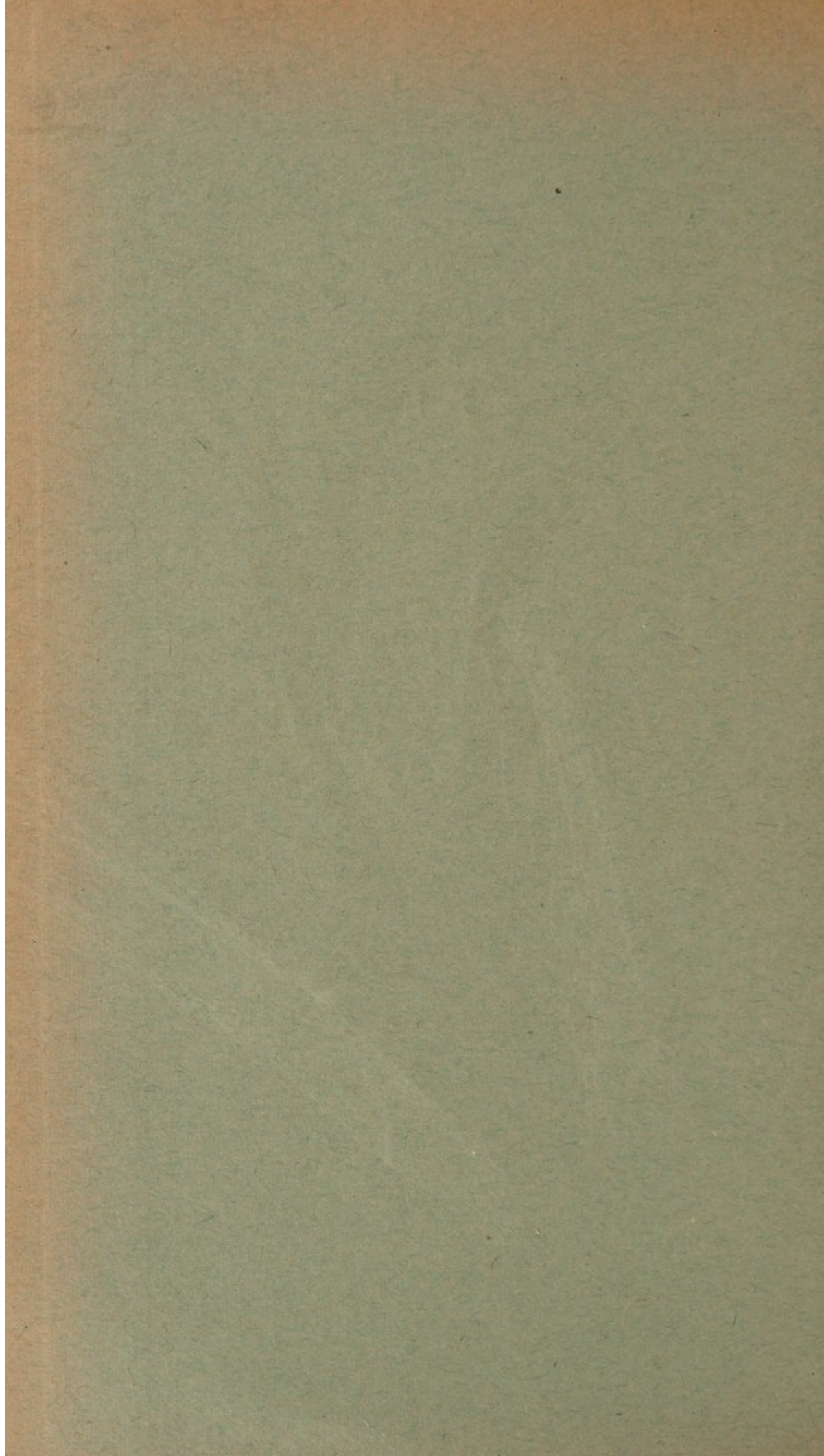
STAFFORDSHIRE COUNTY COUNCIL

ANNUAL REPORT

OF THE

**County Principal
School Medical Officer**

For the year 1957



ackd by P.C.
2/12/58 mB




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SCHOOL HEALTH SERVICE STAFF, 1957

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.
MARGARET J. CASH, M.R.C.S., L.R.C.P.
SARAH CLARK, M.B., B.Ch., B.A.O., D.P.H. (Resigned 28.2.57).
NORAH M. CLARKE, M.B., Ch.B.
G. R. DAVIES, B.Sc., L.M.S.S.A.
PHYLLIS H. DUNCAN, M.B., Ch.B.
DOREEN E. GEORGE, M.B., Ch.B.
BESSIE W. GOODWILL, M.B., Ch.B., M.R.C.S., L.R.C.P.
ELIZABETH D. MELVILLE, M.B., B.Ch., B.Sc. (Appointed 2.12.57).
P. J. C. WALKER, M.B., Ch.B., M.R.C.S., L.R.C.P. (Appointed 21.2.57).
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.) (Died
23.9.57).
C. BURNS, M.B., Ch.B., D.C.H., D.P.H. (M.O.H. Brownhills U.D.).
(Appointed 2.12.57).
P. G. CANNON, M.B., Ch.B., D.P.H. (M.O.H. Biddulph U.D. and Leek
U.D.) (Appointed 1.2.57).
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.).
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.).
 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.) (Resigned 19.8.57).
 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 U.D. and R.D.).
 J. P. NEYLON, M.B., B.Ch., B.A.O., D.P.H. (M.O.H. Bilston M.B.) (Appointed 19.11.57).
 D. A. SMYTH, M.B., B.S., D.P.H. (M.O.H. Bilston M.B.) (Resigned 13.8.57).
 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.
 N. C. BERLIN, L.R.C.P. (Edin.), L.R.F.P.S. (Glas.)
 EILEEN N. COSGRAVE, M.B., B.Ch., B.A.O.
 ELIZABETH J. FINDLAY, M.B., Ch.B., D.P.H. (Appointed 1.9.57).
 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. (Resigned 18.4.57).
 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. (Resigned 31.12.57).

Specialists

(engaged in the School Health Service)

COUNTY PSYCHIATRIST :

CHRISTINA J. MCLEAY, M.B., Ch.B. (Resigned 30.9.57).
 D. L. FOX, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.M. (Appointed 21.10.57).

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.
 B.U. KILLEN, M.B., B.Ch., B.O.A., D.O.
 E. J. MCCABE, M.B., Ch.B., D.O. (Appointed 27.8.57).
 *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 SPECIALISTS :

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

W. H. SCRASE, M.Ch., F.R.C.S.E.

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. (Resigned 28.2.57).

MISS D. E. CHATER, L.D.S., R.F.P.S. (Resigned 5.5.57).

J. W. DAVIES, L.D.S.

R. B. DEARNALEY, L.D.S.

F. S. DUCK, L.D.S., R.C.S.

S. FORD, L.D.S., R.C.S.

J. HICKEY, B.D.S.

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

P. CAULDWELL, L.D.S. (Appointed 10.1.57).

MRS. F. M. CAULDWELL, B.D.S. (Appointed 11.1.57).

T. S. F. EDWARDS, L.D.S., R.C.S. (Resigned 8.11.57).

L. F. KELLY, L.D.S., R.F.P.S.

J. M. MCCARTHY, B.D.S. (Resigned 23.7.57).

B. C. R. FOSTER, L.D.S., R.C.S. (Appointed 19.9.57).

Medical Auxiliaries

PHYSIOTHERAPISTS :

MISS F. M. BARNES, C.C.S.P.

MRS. B. YEARSLEY, M.C.S.P. (Resigned 1.11.57).

MISS J. McLEAN, M.C.S.P.

MRS. M. LEWIS, M.C.S.P. (Appointed 18.11.57).

SPEECH THERAPISTS :

MISS H. M. BINKS, L.C.S.T.

MRS. M. MILLIGAN, L.C.S.T.

MISS J. M. MOON, L.C.S.T. (Resigned 31.3.57).

MRS. M. H. SHELDON, L.C.S.T.

EDUCATIONAL PSYCHOLOGISTS :

H. W. DONALDSON, M.A. (Appointed 23.9.57).

A. McHALE, M.A., Dip.Ed., Dip.Ed.Psych. (Appointed 1.1.57,
Resigned 30.6.57).

PSYCHIATRIC SOCIAL WORKER :

MISS M. WILLIAMS.

AUDIOMETRICIAN :

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

SUMMARY OF ASSISTANT STAFF

<i>Staff</i>	<i>Establishment</i>	<i>No. Employed on 31.12.57</i>	<i>Equivalent in terms of Whole-time Staff</i>
School Medical Officers	22	42	19.25
School Dental Officers	29	16	12.84
Dental Hygienist	1	—	—
Physiotherapists	3	3	3
Speech Therapists	6	3	3
School Nurses	34.58	135	31.65
Clinic Nurses	5.75	9	4.95
Lay Hygiene Assistants	3.29	4	3.29
Dental Attendants—Qualified	} 30	—	} 14.75
Unqualified		16	
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 1957)	686,100	232,600	918,700
Acreage	100,012	585,227	685,239
Density of population per acre	6.86	0.40	1.34
Mean area per person in acres	0.15	2.52	0.75

Estimated School population of Administrative County (excl. Newcastle)	134,700
Estimated School population of Newcastle Excepted District	13,500
Average number on roll (excl. Newcastle)	133,876
Average number on roll (Newcastle only)	13,412
Average Attendances (excl. Newcastle)	119,883
Average Attendances (Newcastle only)	12,181

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

Nursery Schools	17	} Total 684
County Primary Schools	292	
Voluntary Primary Schools	230	
County Secondary Modern Schools	96	
Voluntary Secondary Modern Schools	8	
County Secondary Grammar and High Schools	24	
Voluntary Secondary Grammar and High Schools	2	
County Secondary Technical Schools	2	
Comprehensive Schools	3	
Special Schools—Residential	6	
—Day	2	
—Hospital	2	

Average No. on Roll

School	County Area	Newcastle	Total
Primary	89,628	7,896	97,524
Secondary Modern	34,377	3,219	37,596
Secondary Grammar	7,085	2,131	9,216
Comprehensive	1,253	—	1,253
Secondary Technical	485	—	485
Nursery	513	166	679
Special	535	—	535
	<u>133,876</u>	<u>13,412</u>	<u>147,288</u>

Annual Report of the County Principal Medical School Officer 1957

The report of the work performed by the School Health Service is set out in the following pages, largely in statistical form in order to conform with the requirements of the Ministry of Education, and while statistics do not provide attractive reading, they are necessary to gauge the achievements and future needs of the service. Furthermore, their assembly provides the occasion to comment annually on the service.

While the medical staff is at full strength, and there has been an increase in the number of school nurses employed, shortages of other staffs are preventing the provision of valuable services for school children within the county. The most serious deficiency is that of dental surgeons. The report of the Principal School Dental Officer is, as usual, of great interest and presents two broad aspects. The first is an account of the work and research being done by a service equipped with every modern device and material reserve, and the second a tale of an ever-dwindling and ageing staff. Considered together, these two aspects are indeed deplorable, i.e., that the full necessary and effective treatment is now limited to 59 per cent of the school population, and the fact that there is danger of further deterioration is calamitous. Even if dental surgeons in private practice were willing and able to treat all the school population, routine inspections to ensure preventive dentistry would still be necessary. It has been said that in the last few years the number of dental surgeons in the country has increased, and that, as regards those who qualified during the last year or so, Local Authority service received a higher proportion than did private practice, but, so far, the latter trend has not reached Staffordshire. Furthermore, there is no sign of dental hygienists becoming available.

The shortage of Child Guidance staff, and its effect in stultifying this important branch, has been noted in previous reports, but this year a new difficulty in maintaining the establishment of speech therapists has occurred. Perhaps in

recent years this authority has been unusually successful in recruiting the latter type of staff, but now the number of therapists has dropped to three, and, consequently, the number of children benefiting from this form of treatment has fallen.

The above remarks relate to the unsatisfactory features of the service which can be remedied by the appearance of suitable candidates for appointment. Happily, however, there are many sections which are doing excellent work, and of which the committee can be proud. One of these is the ophthalmic section which does not always receive the prominence it deserves. 9,400 children were examined and of these 5,309 had their sight rectified or brought up to the best vision possible. Each child was seen by a medical practitioner with special qualifications in this field, and the number of medically unsatisfactory eye conditions first treated during the year totalled 3,200.

The work of the audiometric team and the County Aural Surgeon is producing very gratifying results. The defects found are listed on page 40, and amongst them will be seen 109 cases of catarrhal deafness associated with enlarged tonsils and adenoids. Cases of this nature present a very fruitful field for the prevention of deafness, and this result alone would have justified the scheme, whereas, in fact, many other curable conditions were found and dealt with. The present scheme provides that each child's hearing is tested during its eighth year and at the same time vision is tested, whereas the Ministry of Education has recommended that testing of hearing should be done on the scholar's entrance to school. In this connection, an account of an examination of a small number of entrants' hearing is given on page 42. where it will be noted that abnormalities were found in 7 per cent of them as compared with 12.9 per cent of the children tested in their eighth year, and that only two thirds as many could be tested during one session. In addition, a small proportion of the younger children did not co-operate in the test. While, ideally, children should be tested on entry to school and again later, the difficulties in organising such examinations make such a scheme impossible for the time being.

In recent years there has been considerable discussion about the best manner of, and time for, medically inspecting

school children, and mention has been made in previous annual reports of pilot alternative schemes in this county. In particular, attention has been given to the entrants and leavers, and an increased number of the latter were examined during the year, it being especially satisfactory to note that the number of parents present at the examinations has again increased, and was 21 per cent. The value of this final inspection can be judged from the fact that 1,262 leavers out of the 12,300 examined were found to be unsuited for certain employment. In addition to this aspect being discussed with the parents who were present, the information was communicated to the Area Youth Employment Officers for use in assisting with the placing of the young people in suitable jobs. The school doctors are available for personal consultation by either the Area Officer or the Area Youth Employment Committee if desired, and this completes a very useful scheme.

The general health of the school population was satisfactory over the year. With the exception of the onset of the influenza epidemic in the Autumn, a trouble which affected the whole community and indeed the whole population of the world, and the biennial increase in measles cases, the infectious diseases which occurred were unimportant. Indeed, it can be recorded with satisfaction that, for the first time, no cases of diphtheria occurred in the schools. There was a decline in the number of entrants who had been vaccinated against smallpox and, though there was a slight rise in the second age group, an average of under one-third vaccinated is disquieting. The number of children suffering from tuberculosis in one of its forms is far from satisfactory, for it is still too high, although, in fact, it represents a great improvement on, say 20 years ago. It is now possible to tackle the occurrence of a case of tuberculosis—particularly pulmonary infection—like any other infectious disease and two such investigations are mentioned in the body of the report.

It is disappointing to observe that some children's health is suffering from lack of observation on the part of their parents of elementary rules of health. Too many children have nits and/or lice in their hair, dysentery still occurs and lack of sleep is too frequent, so that the need continually to press these points is emphasised. Though one could have reasonably

hoped that, by now, proper habits would have become universal, much progress has still to be made despite past improvements.

The special schools continue to perform excellent work and Loxley Hall discharged its first two pupils at the age of 16, both starting work. The report of the successes of Standon Bowers School in placing and maintaining contact with their pupils is also very pleasing. It will be noted that the waiting list of educationally sub-normal pupils, at 262, is by far the largest category in the table on page 86, while that for physically handicapped children follows at 44. Additional classes were provided at the William Baxter Special Day School for educationally sub-normal children, and a new similar school at High Arcal, Sedgley, will help to meet this need.

These notes commenced with some observations on the staff and they conclude in like manner. Though not occurring during the year under review, Mr. Winter, the County Principal School Dental Officer, retired at the time these notes were written. On his appointment to the post he had the duty of modernising the dental equipment and premises, and did this work admirably, so that it is not shortage of equipment or poor working conditions which are responsible for the shortage of dental staff in the county. Mr. Winter started the orthodontic work after the war, and, himself, carried out much of the clinical work. Although after 28 years with the county and 13 years as head of the dental section he has arrived, and passed, the usual age of retirement, he will be much missed by his colleagues and the Staffordshire pupils.

The clerical staff have worked well during the year in recording and organising the work, and the outside staff in each section have contributed their best. The success of the school health service department's activities is largely dependent on the willing co-operation of the Director of Education and his staff; the teaching staff helping unstintingly in spite of ever increasing visits to the schools. Our warmest thanks are due to the Education Committee for its continued enthusiasm to maintain and expand the service, and, because of this, the inability to attract staff is all the more deplorable.

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 :

	1955	1956	1957
Entrants	14,039	13,069	11,354
Second Age Group	11,412	9,233	9,971
Third Age Group	7,947	8,901	12,337
Total	33,398	31,203	33,562
Other Periodic Inspections	289	1,612	1,566
	33,687	32,815	35,128

B. Number of other Inspections :

Special Inspections	257	201	145
Re-inspections	24,098	26,285	23,932
Total	24,355	26,486	24,077

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	192	1.69	650	5.71	802
Second Age Group	462	4.63	553	5.55	958
Third Age Group	469	3.81	495	4.01	896
TOTAL	1,123	3.35	1,698	5.06	2,656
Other Periodic Inspections	48	3.07	83	5.30	121
	1,171	3.33	1,781	5.07	2,777

Table 2(a). Return of Defects Found

Periodic Inspections

<i>Defect or Disease</i>	PERIODIC INSPECTIONS				TOTAL (inc. all other age groups insp'ted)	
	ENTRANTS		LEAVERS		<i>Requir- ing Treat- ment</i>	<i>Requir- ing Obser- vation</i>
	<i>Requir- ing Treat- ment</i>	<i>Requir- ing Obser- vation</i>	<i>Requir- ing Treat- ment</i>	<i>Requir- ing Obser- vation</i>		
Skin	59	362	100	257	223	963
Eyes—						
(a) Vision	192	326	469	797	1,171	2,029
(b) Squint	63	210	21	94	108	471
(c) Other	27	101	13	68	59	292
Ears—						
(a) Hearing	24	155	24	113	68	521
(b) Otitis Media	31	240	39	126	100	551
(c) Other	21	56	10	51	53	171
Nose and Throat	199	1,610	101	457	468	3,059
Speech	47	233	10	53	78	423
Lymphatic Glands	24	656	3	83	32	1,000
Heart	10	161	12	147	42	461
Lungs	36	682	25	91	86	1,105
Developmental—						
(a) Hernia	8	88	5	11	26	137
(b) Other	9	218	7	55	38	432
Orthopaedic—						
(a) Posture	16	171	17	242	66	752
(b) Feet	76	358	55	286	208	1,003
(c) Other	59	492	97	509	235	1,691
Nervous System—						
(a) Epilepsy	2	25	6	22	12	88
(b) Other	3	133	8	57	20	392
Psychological—						
(a) Development	6	59	7	34	24	224
(b) Stability	1	174	3	38	6	394
Abdomen	6	65	6	27	26	153
Other	30	164	25	194	101	666

**Table 2(b). Return of Defects Found
Special Examinations**

<i>Defect or Disease</i>	SPECIAL INSPECTIONS	
	<i>Requiring Treatment</i>	<i>Requiring Observation</i>
Skin	2	2
Eyes—		
(a) Vision	7	9
(b) Squint	1	4
(c) Other	—	2
Ears—		
(a) Hearing	2	5
(b) Otitis Media	—	2
(c) Other	—	3
Nose and Throat	—	9
Speech	2	10
Lymphatic Glands	—	4
Heart	2	3
Lungs	2	8
Developmental—		
(a) Hernia	—	1
(b) Other	2	—
Orthopaedic—		
(a) Posture	2	3
(b) Feet	—	—
(c) Other	—	4
Nervous System—		
(a) Epilepsy	1	5
(b) Other	—	1
Psychological—		
(a) Development	10	9
(b) Stability	1	7
Abdomen	1	1
Other	9	21

During the year there was an increase of 2,313 in the number of periodic medical inspections performed and although there was a larger drop in the number of special inspections and re-inspections the total number of medical inspections is only 96 less than in 1956. This is an achievement for the school medical officers were engaged this year for part of their time in carrying out the vaccination of nearly 22,000 children against poliomyelitis, and in addition, the number of officers working during the year was one less than in the previous year.

There were 163 more individual children found suffering from defective vision than last year, but 137 fewer with other defects requiring treatment.

Slight decreases were also shown in the number of children requiring treatment for squint, defects of the nose

and throat and lung troubles. Children requiring to be left under observation for these defects were slightly larger in number for squint, but appreciably less for the last two. There was a substantial decrease in the number of children requiring observation (from 1,427 to 1,000) or treatment (90 to 32) on account of enlarged lymphatic glands. This may be partly due to the steady expansion of the specified areas of the county in which only designated milk may be supplied—so removing the risk of milk-borne tuberculosis.

During the year the scheme was continued in a limited area of the County whereby children are seen for the intermediate medical examination after entry to the secondary school. The reason for delaying the examination was to give the Head Teachers at the secondary schools an opportunity to consult with the parent and school medical officer regarding each child's health shortly after school entry. In the selected areas there have been several changes of medical staff so that useful comparisons have been made difficult.

The scheme whereby routine medical inspections of the 11-year-old children in some parts of the County was replaced by frequent visits to the schools by nurses and doctors has continued.

For efficient working the doctor must visit each school at least once per term so that the scheme does not economise in medical time. With the growing commitments of the medical staff with the introduction of a number of new schemes the time factor has presented difficulty on occasion—but the doctors are being encouraged to continue the scheme.

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>		
	1955	1956	1957	1955	1956	1957	1955	1956	1957
Entrants	14,039	13,069	11,354	12,462	11,385	9,804	88.76	87.14	86.35
2nd Age Group	11,412	9,233	9,971	8,149	5,984	6,840	71.40	64.03	68.60
3rd Age Group	7,947	8,901	12,237	1,056	1,532	2,616	13.28	17.21	21.38
Other Periodic Inspections	289	1,612	1,566	204	1,032	897	70.58	64.02	57.28
TOTAL	33,687	32,815	35,128	21,871	19,933	20,157	64.92	60.74	57.38

The total percentage of parents attending at periodic medical inspections continues to fall although there has been an increase of over four per cent in their attendance at the examination of the second and third age groups.

Attendances of parents at the leaver examinations has improved from 13.3% in 1955 to 21.4% in 1957, and this is a very desirable feature in view of the importance of the opportunity given to the parent to discuss at the examination the child's future prospects of employment in relation to health.

The appreciable drop in the percentage of attendances of parents at the other periodic inspections has reduced the overall figure from 60.74% to 57.38%.

(b) **Table 4. Ascertainment of Handicapped Pupils during 1957**

<i>Category</i>	<i>Number of Children Ascertained</i>
Blind	5
Partially Sighted	1
Deaf	9
Partially Deaf	34
Delicate	83
Educationally Sub-Normal	256
Epileptic	34
Maladjusted	58
Physically Handicapped	166
	<hr/> 646 <hr/>

The table above includes only those children categorised as handicapped in accordance with the definition of handicapped children given in the Handicapped Pupils School Health Service Regulations, 1953, and does not include children living in the Excepted District of Newcastle. All the children with few exceptions were examined at the school clinics.

There has been a substantial reduction this year in the number of children ascertained as being maladjusted and this is probably due to the restricted child guidance work possible on account of shortage of staff.

(c) **Table 5. 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	1,262
No. of children advised to register under the Disabled Persons (Employment) 1944, Act	34
	<hr/>
	1,296
	<hr/>

A report giving an indication of the type of work for which a child is suitable is 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 6. Miscellaneous Examinations**

<i>Type of Examination</i>	<i>Number</i>		
	1955	1956	1957
Employment Licences	1,492	1,903	1,761
Entrants to courses of training for Teachers	325	304	311
Entrants to the Teaching Profession	166	165	218

Superannuation	342	341	391
Children boarded-out by the Children's Committee	—	377	507
	<hr/>	<hr/>	<hr/>
Totals	2,325	3,090	3,188
	<hr/>	<hr/>	<hr/>

The number of these examinations has again been substantial, and has shown a marked increase in the number of the annual examinations 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 eight children found to be unfit of the 1,761 children who were examined for employment licences as compared with three children rejected in 1956.

(e) **Home Visiting**

Table 7. Details of home visits made by Nursing Staff

<i>Reason for Visit</i>	<i>No. of visits</i>
Cleanliness and verminous cases	3,423
Arising out of medical inspections	2,173
Arising out of attendances at clinics	979
Visual defects	7,371
Tonsils and adenoids cases	486
Orthopaedic defects	180
All skin diseases	219
Neglected children	390
Ineffectual visits	1,095
	<hr/>
	16,316
	<hr/>

The school nurses made approximately the same number of visits to the homes as compared with 1956, but the number of ineffectual visits was slightly larger, reducing the number of effective visits by 130. Increases were shown in the visits arising from medical inspections for visual defects, tonsils and adenoids and skin diseases. The greatest number of visits was on account of visual defects, and this year's increase is related to the larger number of children who were seen at the ophthalmic clinics during the year.

Most of the visits in these cases 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 in their homes is an important part of the school nurse's work, for by this it is ensured that children obtain treatment which has been recommended by the medical officer.

PART II—TREATMENT

Table 8. 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	.....	1	—
	(ii)	Body	.....	16	—
Scabies	.....	.....	.....	14	1
Impetigo	.....	.....	.....	227	2
Other Skin Diseases	.....	.....	.....	2,714	29
				—	—
Total				2,972	32
				—	—

Eye Diseases, Defective Vision and Squint

		Number of cases dealt with	
		By the Authority	Otherwise (Hospital, etc.)
External and other, excluding errors of refraction and squint	647	21	
Errors of refraction (incl. squint)	3,107	687	
Total		3,754	708
Number of pupils for whom spectacles were prescribed		5,309	348

Diseases and Defects of Ear, Nose and Throat

		Number of cases treated	
		By the Authority	Otherwise (Hospital, etc.)
Received operative treatment			
(a) for diseases of the ear	—	11	
(b) for adenoids and chronic tonsillitis	—	1,182	
(c) for other nose and throat conditions	—	20	
Received other forms of treatment	624	186	
Total		624	1,399

		Number of cases treated	
		By the Authority	Otherwise (Hospital, etc.)
Total number of pupils in schools who are known to have been provided with hearing aids			
(a) in 1957	16	12	
(b) in previous years	—	—	

Orthopaedic and Postural Defects

	<i>Number of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
Number treated as in-patients in hospitals —		164
Number treated otherwise, <i>e.g.</i> in clinics or out-patient departments	463	11

Child Guidance Treatment

	<i>Number of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
Number of pupils treated at Child Guidance Clinics	163	—

Speech Therapy

	<i>Number of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
Number of pupils treated by Speech Therapists	644	21

Other Treatment Given

	<i>Number of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
Miscellaneous minor ailments	410	261
Respiratory defects	348	195
Injuries	2,156	134
Debility and malnutrition	465	—
Infectious diseases	—	214
Other	—	446
	<hr/>	<hr/>
Total	3,379	1,250
	<hr/>	<hr/>
Pupils who received convalescent treatment under School Health Service arrangements	425	—
Pupils who received B.C.G. Vaccination	3,857	—
	<hr/>	<hr/>
	7,661	1,250
	<hr/>	<hr/>

(a) COUNTY CLINICS
Table 9.

SCHOOL HEALTH SERVICE CLINICS

(Less the Excepted District of the Borough of Newcastle)
as at 31-12-57

<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	—	—
Baddeley Green	Brotherhood Assembly Hall	—	—	9-30—12-30 Tues. every 6—8 weeks	—	—
Barton-under- Needwood	Baddeley Green Lane, Milton 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	—	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	—	—
Bilbrook	Lane Green C.P. School	—	—	—	1-30—4-30 Wed. Weekly	2-0—5-0 Mon. weekly

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmn. 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)	9-0—10-30 Mon. and Fri. wkly.	*	2-0—4-0 Friday weekly	—	—
	(2)	9-0—10-30 Mon. and Thurs. wkly. 2-0—4-0 Friday weekly	*	—	9-30—4-30 Thurs. wkly,	—
	(3)	10-45—12-0 Mon. weekly	—	—	—	—
Chasetown	(4)	9-0—10-30 Wed. and Fri. weekly	(closed temp.)	—	—	—
	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	—	—
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 wks.	—	9-0—12-0 Thurs. weekly
Darlaston	Slater Street	9-0—10-30 Mon. and Thurs. weekly	(closed temp.)	9-30—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	2-0—2-30 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	—	—

<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	Weslevan Methodist Sunday School, Moss Grove	9-0—10-30 Tues. fortnightly	—	—	9-30—4-30 Fri. weekly	—
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 —	— —	— —
Lichfield	† Sandford Street	9-0—10-30 Wed. weekly	*	9-30—12-0 Fri. fortnightly and 9-30—5-0 Fri. fortnightly	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	Alt. Sats. 9-0—12-0	2-0—5-0 Weds., every 6 weeks	9-30—12-0 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	—
	† (2) Mace Street, Old Hill	9-0—10-30 Tues. weekly	Do.	2-0—4-0 1st and 3rd Tues. in month	—	—
	† (3) Dudley Road, Tividale	9-0—10-30 Mon. fortnightly	Do.	—	—	9-0—12-0 Tues. weekly
	(4) Methodist School Room, Springfield	2-0—2-30 Thurs. fortnightly	—	—	—	—
Rugeley	† (1) Congregational Sunday School, Heron Court	9-0—10-30 Mon. weekly	*	9-30—5-0 Wed. every 2—3 weeks	9-30—12-0 Thurs. weekly	9-0—12-0 Mon. weekly
Sedgley	(1) Bleak House	9-0—10-30 Tues. weekly	—	9-30—5-0 Mon. every 4 wks.	—	—
	(2) Quadrant	9-0—10-30 Wed. fortnightly	*	—	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	Mon. 9-0—5-0	9-30—12-30 Fri. fortnightly and 1-30—4-0 Fri. fortnightly	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>Remedial Exercises Clinic held</i>
Short Heath	12, Coltham Roan	9-0—10-30 Fri. weekly	—	—	—	—
Stafford	‡ (1) Lammascote Road (2) North Walls	9-0—10-30 Daily inc. Sat. —	Tues. 9-0—5-0 Thurs. 2-0—5-0 —	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 Marmion Street	9-0—10-30 Thurs. weekly	*	9-30—12-30 Mon. weekly and 9-30—12-30 Fri. fortnightly	9-30—4-30 Fri. weekly	—
Tettenhall	U.D.C. Offices, Upper Green	9-0—10-30 Thurs. fortnightly	Every 3rd Fri. 2-0—5-0	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	2-0—5-0 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—5-0 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	— — — —	— — — —	— — — —	— — 9-0—12-0 Wed. weekly —
Wednesfield	(1) Wesleyan Sunday School (2) Lichfield Rd. Sec. Mod.	9-0—10-30 Tues. weekly —	— Thur. and Fri. 9-0—5-0 Sat. 9-0—12-0 weekly	— —	— —	— —
Werrington	Village School Hall	2-0—2-30 Fri. fortnightly	—	—	—	—
Weston Coyney	Community Centre	2-0—3-30 Thurs. fortnightly	—	—	—	—
Willenhall	‡ (1) Nurses Home, Walsall Road. (2) Albion Road	9-0—10-30 Mon. and Fri. wkly. —	— *	9-30—12-30 Thurs. weekly —	— —	— —
Wombourn	Congregational Church Hall	9-0—10-30 Mon. every 4 weeks	—	—	—	—
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**

	1955	1956	1957
No. of Clinics	65	65	66
No. of first visits	12,098	11,354	9,405
No. of re-visits	29,810	27,190	27,118

The number of first visits made by children to the clinics has again fallen and there is a decrease of 1,508 in the number of defects and diseases found, shown in the following table. There were small increases in scabies, boils, burns and sprains and strains, but they were of little significance.

Although there was a decline in the numbers of visits of children to the clinics for treatment of minor ailments, the time of the medical officers was usefully taken up by the ascertainment and "follow-up" examinations of handicapped children and by the examinations shown in Table 5.

Table 10. Diseases and Defects found at Minor Ailment Clinics

<i>Disease or Defect</i>	<i>No. of Cases</i>
Defective Vision	1,617
Blepharitis	200
Conjunctivitis	165
Other eye defects	256
Otitis Media	164
Enlarged Tonsils and/or Adenoids	160
Other ear, nose and throat defects	300
Coryza	118
Bronchitis	168
Asthma	62
Ringworm Scalp	1
Body	16
Scabies	14
Impetigo	227
Boils	314
Septic Sores	841
Warts	814
Other skin defects	745

Burns	199
Sprains and strains	440
Major Injuries (including fractures)	49
Minor Injuries	1,517
Deformities	126
Heart Conditions	20
Infectious Diseases	17
Debility and Malnutrition	465
T.B. Cervical glands	6
Fibrositis	7
Other defects	377
Total	9,405

Bilston Foot Clinic

No. of new cases of plantar warts	205
No. of treatments	1,136
No. of sessions	47

(ii) Ophthalmic Clinics

Table 11. Visual and External Eye Defects

	1955	1956	1957
No. of children examined	7,546	8,727	9,412
No. of children attending for the first time	2,999	2,964	3,200
No. of re-visits	4,547	5,763	6,212

Analysis of major defects found among new cases :

Errors of Refraction :—

Hypermetropia	487
Hypermetropic astigmatism	424
Compound hypermetropic astigmatism	219
Myopia	689
Myopic astigmatism	177
Compound myopic astigmatism	160
Mixed astigmatism	120
Anisometropia	487

Diseases and abnormalities :—

Lids and conjunctiva :—

Blepharitis	12
Conjunctivitis	9
Follicular Conjunctivitis	2
Ptosis	6
Ptosis with ocular muscle palsy	1
Partial ptosis	2
Epicanthus	41
Amblyopia	34
Amblyopia ex anopsia	2
Epiphora	3
Hordeoli	2
Chalazion	1

Cornea :—

Nebulae of Cornea	5
Ulcer of cornea	1
L. Carcinoma	1
Traumatic keratitis	1

Uvea :—

Central choroidal atrophy	2
Congenital coloboma of iris	2
Congenital coloboma of choroid	1
Albinism	3
Albinism partial	1
Ciliary spasm	5
Synechiae and post pupillary membrane	1

Lens :—

Congenital cataract	4
Traumatic cataract	1
Posterior polar cataract	3
Lamellar cataract	1
Post centricular opacity	1
Congenital peripheral lens opacities	1

Retina :—

Macula coloboma	1
Central retinal atrophy	1
Retinal changes	1
Macular degeneration	1
Congenital retinal abnormality	1
Anomaly of retina	1

Nerve :—

Optic atrophy	1
Opaque nerve fibres	1
Pseudo papillodoema	1

Muscles :—

Nystagmus	3
Exophoria	6
Ocular torticollis	1
Strabismus	317
Paralysis external rectus	1
Convergence deficiency	3
Esophoria	1
Asthenopia	1

Globe :—

Anophthalmos	1
Microphthalmos	1

Others :—

Lachrymal obstruction	1
Migraine	1
Totally colour blind	1
Dacryocystitis	1
Microcephaly	1
Toxoplasmosis	3

The number of children examined at the Ophthalmic Clinics in 1957 was the highest for many years. There have been further increases this year both in the number of first examinations and total examinations—236 and 685 respectively.

These increases would have been greater had it been possible to appoint before the end of August a successor to a specialist who resigned at the end of 1956. The school medical officer, who was seconded to do ophthalmic work in April, 1956, is still so engaged and he has for some time devoted four sessions of his time weekly to this work.

Some clinics still have long waiting lists.

The system has continued whereby a school nurse is engaged whole-time in testing the vision of the 8-year age group. This examination, by early detection of visual defects, tends to increase the number of children who are awaiting examination by the ophthalmic surgeons. School Medical Officers are encouraged to perform vision tests at the routine examinations, of those school entrants who are able to co-operate.

Three hundred and seventeen 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 50.

The number of children found to be suffering from myopia was 689, 106 more than in 1956. 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 12. Statistics for 1957

No. on register at end of December, 1957	.....	151
No. of new cases	.....	40
No. of children discharged cured	.....	70
No. of cases lost sight of, etc.	.....	28
No. of attendances for physiotherapy	.....	2,869
No. of attendances for ultra violet light treatment	.....	1,210
No. of examinations by Orthopaedic Surgeon	.....	413

Table 13. Defects treated during 1957

Anterior poliomyelitis	.....	.....	.....	.....	.....	15
Erb's Palsy	.....	.....	.....	.....	.....	1
Scoliosis	.....	.....	.....	.....	.....	2
Kyphosis	.....	.....	.....	.....	.....	3
Lordosis	.....	.....	.....	.....	.....	1
Slack back	.....	.....	.....	.....	.....	15
Genu valgus	.....	.....	.....	.....	.....	55
Genu varum	.....	.....	.....	.....	.....	7
Hallux valgus	.....	.....	.....	.....	.....	5
Flat feet	.....	.....	.....	.....	.....	72
Pes cavus	.....	.....	.....	.....	.....	3
Hammer toes	.....	.....	.....	.....	.....	12
Talipes equino varus	.....	.....	.....	.....	.....	13
Talipes calcaneo valgus	.....	.....	.....	.....	.....	2
Dislocation of hip	.....	.....	.....	.....	.....	1
Torticollis	.....	.....	.....	.....	.....	3
Short leg	.....	.....	.....	.....	.....	2
Cut tendon	.....	.....	.....	.....	.....	1
Exostosis os calcis	.....	.....	.....	.....	.....	2
Osteomyelitis	.....	.....	.....	.....	.....	1
Congenital absence of forearm	.....	.....	.....	.....	.....	1
Other conditions	.....	.....	.....	.....	.....	4

221

(iv) Remedial Exercises Clinics

Two full time physiotherapists have worked during the whole year in thirteen clinics, and the number of treatments given at the clinics were 97 greater than in 1956.

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

Table 14. Treatment at Remedial Exercises Clinics

<i>Clinic</i>	<i>No. of children referred</i>	<i>No. of children whose treat- ment was completed</i>	<i>No. of children discharged</i>	<i>No. of children under treat- ment 31.12.57</i>	<i>No. of treatments given</i>
Bilbrook	30	17	3	17	400
Bilston	28	26	11	35	611
Coseley	13	18	9	20	416
Lichfield	22	10	11	9	187
Rugeley	26	20	6	15	419
Sedgley	12	27	13	38	421
Shelfield	45	17	15	11	350
Stafford	121	63	60	50	1,052
Tettenhall	52	31	10	32	592
Tipton	32	32	20	37	714
Tividale	13	12	2	12	232
Uttoxeter	20	15	13	18	346
Wednesbury	19	15	3	21	379
	<u>433</u>	<u>303</u>	<u>176</u>	<u>315</u>	<u>6,119</u>

One hundred and fourteen children were 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	9	2	6	—
Bilston	7	8	20	—
Coseley	2	3	15	—
Lichfield	2	4	3	—
Rugeley	4	8	2	1
Sedgley	1	2	35	—
Shelfield	2	4	5	—
Stafford	11	25	12	2
Tettenhall	2	13	17	—
Tipton	14	7	15	1

Tividale	.....	3	9	—	—
Utttoxeter	.....	4	5	8	1
Wednesbury	.....	6	7	8	—
		—	—	—	—
		67	97	146	5
		—	—	—	—

(v) Ear, Nose and Throat

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 657 straight forward cases of enlarged tonsils and/or adenoids, which were considered by the school medical officers to require treatment, were referred to hospital after notification to the General Practitioner.

The number of children referred for examination was approximately the same as in 1956, but the number who attended the clinics was 1,587 as against 1,721 in the previous year, the number of non-attenders having increased from 480 to 601.

Of the 1,587 children examined, 722 were found to have significant defects, and of these 331 were referred to hospital for treatment. 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.

There were 96 children found to be suffering from deafness as compared with 86 last year. In the majority of cases the deafness did not call for education in a special school, but arrangements were made for the provision of hearing aids and/or a seat in a favourable position in the front of the class at school.

Of the severe cases of deafness eleven were recommended for admission to special schools—(one for Needwood, six for the Braidwood School, Birmingham, and four for schools for the totally deaf).

Six children of pre-school age were referred to the Auditory Diagnostic and Training Clinic established by the Birmingham County Borough Council.

The Specialist has continued to examine children referred by outside education authorities for placement at Needwood Special School in those cases where doubt existed. Seven such examinations being carried out during the year.

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

Table 15. Summary of Statistics relating to Ear, Nose and Throat Clinics.

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	1	20	3	8	1	9
Bilston	18	356	67	122	54	167
Brierley Hill	8	159	24	56	25	79
Cannock	10	199	71	67	27	61
Cheadle	2	28	13	6	2	9
Kidsgrove	5	98	41	20	5	37
Leek	2	40	10	9	2	21
Lichfield	7	142	63	32	14	47
Pheasey	1	20	4	5	3	11
Rowley Regis	8	157	37	56	32	64
Sedgley	4	80	27	22	11	31
Shelfield	8	161	41	46	28	74
Stafford	13	208	63	79	25	66
Tamworth	3	59	18	21	10	20
Tipton	9	177	44	63	24	70
Tutbury	1	14	8	—	—	6
Uttoxeter	4	70	25	25	12	20
Wednesbury	10	200	42	85	56	73
	114	2,188	601	722	331	865

Table 16. Analysis of defects found

Tonsils and/or Adenoids	101
Catarrhal Otitis Media	128
Chronic Otitis Media	54
Chronic Suppurative Otitis Media	110
Recurrent Suppurative Otitis Media	15
Healed Suppurative Otitis Media	51
Suppurative Otitis Media	1
External Otitis	1
Discharging ear	1
Congenital deformity of ear	2
Eustachian obstruction	1
Aural polypi.....	—
Deafness	96
Sinus investigation	29
Rhinitis	2
Epistaxis	3
Radical Mastoid	2
Wax	104
Dental Maloperation	1
Speech defect	4
Mouth Breather	4
Mental retardation	2
Observation	10
	<hr/>
	722

TONSILLECTOMY

The recording as to whether children examined at periodic medical inspections had undergone tonsillectomy during their lifetime, was continued at the request of the Ministry of Education during the year, and the following are the figures for the County.

	<i>No.</i> <i>Examined</i>	<i>Had</i> <i>Tonsillectomy</i>	<i>%</i>	<i>Other</i> <i>English counties</i> <i>1956</i>
Entrants	11,354	549	4.8	7.1 %
Second Age Group	9,971	1,993	20.0	20.1 %
Third Age Group	12,237	2,485	20.3	21.1 %
Other Periodic	1,566	230	14.7	
TOTAL	<hr/> 35,128	<hr/> 5,257	<hr/> 15.0	

The figures for the County are extremely similar to the results of the survey, carried out last year, when the percentage of children who had had their tonsils removed was 14.8%. Staffordshire rates were seen to be almost typical of English counties for the intermediate and leaver group—and slightly below the average in the entrant group.

The survey is to continue, at the request of the Ministry, for a further period.

(vi) Audiometric Survey

During most of the year the audiometric team tested the hearing of the children of 8 years of age, i.e., those born in 1949, and of children of various ages who were presented by head teachers because of a suspicion that their hearing was defective. The usual procedure was suspended for four weeks to carry out as an experiment a survey of children in one area born in the year 1952.

The following table shows the number of children of 8 years of age examined during the year and the number whose hearing was found to be abnormal.

	<i>No. examined</i>	<i>No. with abnormal hearing</i>
Children of 8 years of age	9,128	1,179
Absentees in 1956	773	87
Children of various ages presented by teachers	285	103
	<hr/> 10,186	<hr/> 1,369
Number of schools visited .....	.....	360

Owing to the effect of the experimental survey, there was a drop of 2,838 in the number of children examined.

There were 884 children absent from school at the time of the team's visit, and arrangements will be made as hitherto for their examination during 1958.

The children found to have defective hearing during the year, 1,369 in number, were recorded for examination by the County Ear, Nose and Throat Consultant and it was possible to make appointments for 1,275 of them at the various clinics. 509 of that number were found to require treatment.

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

Table 17.

Analysis of the defects found in examinations

Deafness—

Nerve Deafness	35
Severe deafness	6
High tone deafness	2
Mixed deafness	1
Congenital deafness	1
Grade IIa deafness	4
Congenital malformation of ear	1
	<hr/>
	50
	<hr/>

Infections—

Catarrhal deafness	1
Catarrhal otitis media	28
Catarrhal otitis media with enlarged tonsils and adenoids	109
Enlarged tonsils and adenoids	42
Chronic suppurative otitis media	36
Recurrent suppurative otitis media	26
Recurrent suppurative otitis media with enlarged adenoids	19
Chronic suppurative otitis media, with infected sinuses	3
Suppurative otitis media	1
Acute suppurative otitis media	4
Healed suppurative otitis media	35

Recurrent acute otitis media	.....	.....	.....	3
External otitis	.....	.....	.....	3
Sinus infection	.....	.....	.....	23
Sinus infection with enlarged tonsils and adenoids	.....	.....	.....	4
Quiescent otitis media	.....	.....	.....	7
Radical mastoid	.....	.....	.....	2
Eustachian obstruction	.....	.....	.....	3
Aural polypi	.....	.....	.....	1
				<hr/>
				350
				<hr/>

Others—

Wax	.....	.....	.....	98
Mouth breather	.....	.....	.....	6
Speech defects	.....	.....	.....	2
Unco-operative	.....	.....	.....	3
				<hr/>
				109
				<hr/>

The children of the first group were suffering from defects, almost all of 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 98 children suffering from wax in the ears had some degree of deafness which constituted a handicap until the wax was removed.

Experimental Survey

The Report of the Chief Medical Officer to the Ministry of Education has suggested that children's hearing should be tested as soon as possible after entry to school. This suggestion has been kept prominently in mind, but it was considered that an examination of 5-year-old-children would present certain

difficulties. However, it was decided to give the procedure a trial and for four weeks a team devoted their time to testing children of 5 years of age. It was found that one third fewer children of this age could be tested per session as compared to the 8-year-old children. The approximate numbers in a month's work are 800—5-years-old as against 1,200—8-years-old. The team found 7 per cent of abnormalities in the 5-year-olds as compared with 12.9 per cent in the 8-year-olds. It seems likely that the onset of deafness of infective origin not uncommonly occurs after 5 years.

In addition, there is an appreciable percentage (4.2) of 5-year-old children who do not co-operate with the testing team—a feature not found with 8-year-olds. For the present, therefore, it has been decided to continue with the examination of the older children.

The following details show the results of the experiment :

	<i>No. examined</i>	<i>No. with abnormal hearing</i>
Children of 5 years of age	758	53
Children of various ages presented by head teachers	23	10
	<hr/>	<hr/>
	781	63
	<hr/>	<hr/>
Number of schools visited	49.	

Up to the end of the year 15 of the 63 children found to have defective hearing had been examined by the County Ear, Nose and Throat Consultant, but only 3 were found to have some abnormality requiring treatment or supervision.

Thirty-two children were unco-operative and although further attempts were made to examine them, it was only possible to test one.

Unfortunately during the survey, there was an outbreak of influenza in the schools and many had to be visited twice.

(vii) Psychiatric Clinics

No. of children on the register at the end of 1956.....	275
No. of children referred for examination during the year	109
No. of children discharged after treatment during the year	18
No. of children discharged after diagnosis only	25
No. of children discharged without being seen again during the year	13
No. of children seen by Psychiatric Social Worker and no other action required	50
	———— 106
No. of children on the register at the end of the year	278
No. of children attended	163

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

School Medical Officers	61
General Practitioners	14
Hospitals	7
Schools	14
Children's Department	3
Probation Service	—
Medical Auxiliaries	6
Other	4

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

The school medical officers are aware of the limited facilities and staff of the service so that they have referred 43 fewer cases as compared to 1956.

The treatment given is necessarily restricted and the main function of the clinics is diagnostic and giving of general advice in respect of handling of difficult children to parents and teachers.

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 1956.

(viii) Speech Therapy Clinics

Table 18. 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 31.12.57</i>	<i>No. of new cases during the year</i>	<i>No. of children discharged during the year</i>
Bilston	—	—	42	—
Blackheath	244	8	24	16
Chadsmoor	303	20	25	23
Cheadle	50	3	1	3
Kidsgrove	133	16	5	2
Kingswinford	502	14	27	25
Leek	107	10	8	3
Lichfield	494	19	41	34
Pheasey	195	7	16	16
Rugeley	270	20	19	18
Sedgley	110	16	13	19
Shelfield	580	25	41	27
Stafford	932	46	65	74
Tamworth	299	12	17	19
Tettenhall	370	18	25	14
Tipton	701	22	49	52
Uttoxeter	460	32	19	11
Wednesbury	—	—	24	—
	<hr/> 5,750 <hr/>	<hr/> 288 <hr/>	<hr/> 461 <hr/>	<hr/> 356 <hr/>

<i>Hospital or Authority</i>	<i>No. of children under treatment at 31.12.57</i>
Birmingham Children's Hospital	—
Burton-on-Trent	4
Newcastle	—
Stoke-on-Trent Education Authority	6
Sutton Coldfield	2
Wolverhampton Royal Hospital	8
Buxton—Derbyshire Education Authority	1
Newport—Shropshire Education Authority	7

Table 19. Diagnosis of children attending County Clinics during the year

Alalia	2
Cleft Palate	15
Dysarthria	14
Dysenia	5
Dyslalia (Multiple)	445
Dyslalia (Simple)	50
Dyslalia with Nasality	1
Dysphasia	8
Dysphonia	10
Indistinct Speech	5
Nasality (Excessive)	4
Nasality (Insufficient)	8
Retarded Speech	38
Sigmatism	24
Stammering	312
Stammering and Dyslalia	45
Stammering with Sigmatism	1
No defect found	33

There is a drop of 1,214 in the number of treatments carried out by the speech therapists as compared with 1956, but this is accounted for by the resignation of a speech therapist at the beginning of the year and of another at the end of March. As a result, the clinics at Bilston and Wednesbury have been closed for the whole of the year and those at Cheadle, Kidsgrove and Leek, since the beginning of April. Although every effort has been made to fill these vacancies, it has been impossible to obtain replacements. New cases for these clinics have continued to be referred, but they are not so numerous as would have been the case if the clinics were functioning normally.

Classes at the Council's three schools for educationally sub-normal children have been held regularly, but the clinic at the school for physically handicapped children at Wightwick Hall has had to be closed. A therapist was working there for two sessions a week until she met with an accident and had to cease attendance.

(ix) Ultra-Violet Light Clinics

Treatment has been given at the various clinics as shown in the following table. Compared with the year 1956, 20 fewer children were referred for treatment and the number of treatments given were less by 120. There was a fall in the number of children referred to each clinic except those at Pheasey, Blackheath, Wednesbury and Willenhall. The increased numbers were small with the exception of Wednesbury, where 113 more children were referred.

Table 20. 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	31	10	5	10	56	27	28	9	9	73	371	224	42	115	752
CANNOCK	18	4	6	15	43	8	15	8	5	36	388	370	167	289	1214
LICHFIELD	19	7	—	—	26	22	16	—	—	38	297	112	—	—	409
PHEASEY	9	13	—	—	22	—	9	—	—	9	64	140	—	—	204
ROWLEY REGIS (Mace St., Old Hill) (Blackheath)	8 17	1 6	— —	6 9	15 32	11 13	3 9	— —	— 16	14 38	137 115	21 66	— —	44 232	202 413
KUGELEY	12	12	—	11	35	5	10	—	1	16	192	169	—	45	406
STAFFORD	9	1	2	1	13	7	2	5	2	16	83	57	23	8	171
TIPTON (Central)	15	2	—	—	17	5	11	—	—	16	60	144	1	—	205
TIVIDALE	—	—	—	10	10	4	—	—	5	9	23	—	—	86	109
WEDNESBURY (Mesty Croft)	66	31	9	45	151	6	47	15	12	80	623	428	24	394	1669
WILLENHALL	21	7	—	18	46	10	20	3	6	39	194	180	12	166	552
TOTALS	225	94	22	125	466	118	170	40	56	384	2547	1911	469	1379	6306

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

TABLE 21

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	Impro'd	No Change	Worse	
BILSTON	81	57	4	2	57	6	55	8	—	8
CANNOCK	72	No Information			35	1	34	2	—	4
LICHFIELD	18	12	3	3	12	6	12	6	—	3
ROWLEY REGIS— Blackheath	40	21	3	—	21	3	20	4	—	6
Mace Street	21	13	1	1	13	2	13	2	—	6
RUGELEY	49	37	11	1	36	13	37	12	—	—
STAFFORD	24	9	14	1	9	15	11	13	—	10
TIPTON	19	12	6	1	12	7	8	8	3	3
TIVIDALE	18	9	2	—	9	2	9	2	—	3
WEDNESBURY— Mesty Croft	94	84	10	—	84	10	84	10	—	17
WILLENHALL	40	31	4	4	35	4	33	6	—	1
TOTAL	476	285	58	13	323	69	316	73	3	81

Table 21 shows a summary of the cases which have been treated and the improvement made in their condition.

It will be noted that 67.9% of children are considered to have improved in nutrition and 66.4% improved in appetite following the treatment. One cannot rule out the psychological element from these results, but nevertheless the parents are generally enthusiastic as to the benefits derived.

The following analysis shows the conditions from which the children were suffering together with the results of treatment.

	<i>Benefit</i>	<i>No. Benefit</i>
Chr. urticaria	5	2
Pallor and anorexia	19	5
Psoriasis	1	—
Chr. bronchitis	—	4
Recurrent bronchitis	14	2
Bronchitis	3	1
Asthma	3	1
Asthma and/or bronchitis	5	1
General debility	88	16
General debility and recurrent bron- chitis	10	1
General debility and rheumatism	1	—
General debility and asthma	1	—
General debility and bronchiectasis	1	—
Colds and E.N.T.	3	—
Nasal catarrh	52	1
Nose and Throat	20	4
Chr. T's and A's	2	4
Adenitis	3	—
Chest trouble	9	3
Losing weight	17	4
Malnutrition	3	1
Poor muscle tone	2	—
Anaemia	3	—
Skin disease	3	—
Others	6	1

It will be seen that the commonest causes of referral are general debility, catarrh, nose and throat conditions and chest infections. With the exception of cases of chronic bronchitis, the majority of these conditions appeared to improve while receiving treatment.

Hospital Treatment

(i) Treatment of Tonsils and Adenoids

	1955	1956	1957
No. of children referred by S.M.O's	940	873	656
No. of children so referred who received operative treatment	318	217	244
Total number of children notified by hospitals who received operative treatment	1,550	1,259	1,182
No. of children awaiting treatment	2,332	2,867	2,643

Full information is not received from all hospitals in regard to treatment of these cases. The number of children awaiting operation still remains high and while the hospitals endeavour to co-operate by giving priority to urgent cases there is often a substantial period of waiting involved before the operative treatment can be obtained.

(ii) Orthopaedic Treatment

	1955	1956	1957
No. of children referred to Hospitals	617	454	352

(iii) Orthoptic Treatment

	<i>No. of children referred to Hospitals</i>		
	1955	1956	1957
Dudley Guest Hospital	8	20	3
North Staffs. Royal Infirmary	37	97	76
Staffordshire General Infirmary	83	64	59

West Bromwich and District			
General Hospital	9	3	3
Wolverhampton Eye Infirmary	15	36	39
Lichfield Victoria Hospital	78	61	47
Birmingham Eye Hospital	1	—	—
Burton-on-Trent Hospital	4	3	1
Corbett Hospital	2	2	1
Walsall General Hospital	—	2	2
	<hr/>	<hr/>	<hr/>
	237	288	231
	<hr/>	<hr/>	<hr/>

REPORT OF THE PRINCIPAL COUNTY SCHOOL DENTAL OFFICER

Statistical Survey

The school population of Staffordshire is 134,700, and of this number a total of 47,456 children received the benefit of dental inspection (and the offer of treatment if this was necessary) during the period under review. The number inspected is but 35.23% of the school population, a result that falls lamentably short of the ideal which is that each child should be annually inspected and treated if required. Of the 47,456 children inspected 38,893 were routine cases and 8,563 were special cases. Resulting from these inspections a total of 35,564 children were found to have dental defects. Some of these defects were of such a minor character that no immediate treatment was necessary. It was also further found that a considerable number of children were in the process of receiving treatment from private sources. Neither of the above groups were offered treatment. In the light of these eliminations a total of 30,162 were issued with consent forms. Of this number, 26,373 children accepted the treatment offered. This is an acceptance rate of 87.4% compared with 88.9 for the previous year. The stability of the acceptance rate over the years may be regarded with quiet satisfaction especially so in view of the fact that year by year more children appear to be receiving treatment from private sources. This trend is well illustrated in the report of the Chief Medical Officer to the Ministry of Health in which it is stated that during 1956, 30% of the time of Dental Surgeons employed in the National Dental Services was devoted to the treatment of persons of 15 and under. It would appear nationally that there is a tendency for the treatment aspect of children to be siphoned off from the clinics to the private practitioner, but so far in Staffordshire there is little evidence of such a transfer of allegiance.

The number of attendances made by children for treatment was 41,552 and of these 15,225 were accompanied by their parents.

The average number of fillings inserted per visit for conservative work was 1.6, which is similar to the previous year.

With regard to extractions the average number of teeth extracted per visit for extractions was 1.9 compared with 1.6 for the previous year.

During the period under review the treatment of children in attendance at 179 schools was completed. In addition, a further nine schools were inspected but the treatment was not completed.

General observations

Amongst the provisions of the Dentist's Act, 1956, is one which empowers the initiation of an experiment whereby specially trained Ancillaries will undertake certain treatment. The function of these Ancillaries will be to extract temporary teeth and do certain of the more simple conservative operations. It is laid down that these Ancillaries must work under the supervision of a Dental Officer and will only be allowed to work in a Hospital or a Local Authority Clinic. Undoubtedly their activities along the lines mentioned would relieve the Dental Officer of a very considerable portion of his more simple duties and allow him to concentrate upon the more advanced techniques. The advent of these Ancillaries in sufficient numbers would be the answer to the problem which has troubled Local Authorities since the war, that is, how to provide yearly dental treatment for children under its care. Unfortunately, whilst the statutory powers exist, the personnel do not. Within half a decade of the commencement of the training of these ancillaries the School Dental Service should start to receive the blood transfusion it so desperately needs. Whilst prospects for the future can be viewed with hope and optimism the present position remains grim. It is officially computed that one Dental Officer whose time is completely devoted to the treatment of children should be capable of dealing with a maximum of 3,000 children in any one year. On this basis, which is admittedly ideal, Staffordshire with its school population of 134,700 would need 44 officers. Against this, during 1957, seventeen Dental Officers were employed. Some of these were part-time and others had duties other than the treatment of children and this coupled with the loss of time through sickness resulted that the available manpower

applied to the treatment of children was approximately the equivalent of 12 full-time Dental Officers. Thus the discrepancy between the ideal and the actual is so large that preconceived developments and extensions must be abandoned and energies directed as far as possible to maintain the status quo. The children of today are the citizens of tomorrow and it would appear that by reason of our inability to ensure that the future nation has had an opportunity of acquiring dental fitness we are failing posterity. From every aspect, physically, economically and socially it would be far better if there was a first charge upon the energies of the dental manpower of the country to ensure that on maturity the rising generation would be dentally fit and well versed in the principles of oral hygiene.

During the period under review the treatment of children in attendance at 179 schools was complete. In addition a further nine schools were inspected, but the treatment was not completed.

Treatment

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

Table 22

<i>Children treated for</i>	<i>Special Cases</i>	<i>Routine Cases</i>	<i>Further Appointm'ts</i>	<i>Total</i>
Fillings only	291	7,653	5,482	13,426
Percentage	2.1	57.1	40.7	
Extractions and Fillings	30	1,075	497	1,602
Percentage	1.8	67.1	31.0	
Extractions only.....	5,536	6,821	5,094	17,451
Percentage	31.7	39.8	28.6	
Orthodontics	120	—	2,287	2,407
Percentage	5.0	—	95	
Sundry Operations	2,586	2,261	1,819	6,666
Percentage	38.9	34.0	27.1	
TOTAL	8,563	17,810	15,179	41,552

In consequence of the forced departure, by reason of continual and progressive staff shortage, from the concept of systematic yearly treatments, the number of re-appointments is growing year by year. This, of course, is only to be expected as with the ever widening intervals between treatments the amount of work needed to make a child dentally fit naturally becomes greater. With patients of tender years there is an easily reached limit as to the amount of work which can be performed at any one sitting. With nearly a third of the children the amount of treatment needed is beyond that which can reasonably be done at one sitting and this entails the making of second or further appointments. During 1947 when the staff position was reasonable and the intervals between treatment not excessive the number of re-appointments was 21% of the total attendances whilst for 1957 the comparable figure is 36%. Second appointments naturally eat into the time which should be devoted to routine treatments and this is one of the unavoidable penalties associated with lack of dental manpower. Although there has been, during the period under review, a slight decrease in the number of half-days devoted to school work, there has been no corresponding diminution of output.

Special or emergency cases

The ratio of dental officers to children in Staffordshire is 1 : 10,000 against an optimum ratio of 1 : 3,000. Whilst such a state of affairs exists, bringing in its train increasing intervals between inspections, the fact that emergency cases come to light in ever increasing numbers should occasion no surprise; it is inevitable. During the year, 8,563 special cases presented themselves for treatment which is one of the highest ever recorded, being 32.5% of the total number of children treated. In the aggregate, the treatment of these 8,563 special cases would absorb at least the energies of at least $2\frac{1}{2}$ dental officers, a factor which is making most serious inroads into the time which would otherwise be available for routine treatments.

During 1948 the ratio between routine and special cases was 4.7 to 1 but since that date the climb in the number of

special cases has reached the stage that in the year under review the ratio between routine and special had fallen to 2.08 to 1.

These ratios illustrate most clearly the adverse effect this rising incidence of special cases is having upon the time available for routine treatments.

Staff

Details of the staff changes which occurred during the year are shown elsewhere. As there appears little or no difficulty in obtaining the services of Dental Attendants any reference to staff shortage in this report should be read to refer to Dental Surgeons only. During the period under review the wastage through resignations was 4, but as two of these were part-time the loss had a full-time equivalent of $3\frac{1}{11}$ dental officers. On the other hand three part-time officers were appointed and these had a full-time equivalent of $1\frac{3}{11}$. Therefore, on balance the nett loss was $1\frac{9}{11}$ officers. In addition to this 148 half days were lost through sickness, making an extra loss of about the equivalent of $\frac{1}{4}$ officer.

The average age of full-time dental officers employed on the 31st December, 1957 was 56.4 years. These officers fall into the following categories :—

Under 30 years	.....	.....	.....	.....	Nil
Between 30-39 years	.....	.....	.....	.....	1
Between 40-49 years	.....	.....	.....	.....	2
Between 50-59 years	.....	.....	.....	.....	6
60 years and over	.....	.....	.....	.....	4

Even if the part-time officers are included, and these are mostly in the lower age groups, the average age is only reduced to 49.9 years.

There is no doubt that from an age point of view the staff is badly unbalanced. The ideal would be, of course, that the numbers of the staff would be equally spaced over the age groups. There should be a continual intake of officers within the lower age brackets so that the energies of youth would counterbalance the infirmities associated with the experience of age.

For reasons, primarily financial, young Dental Surgeons are not entering the School Dental Service so the age unbalance of the staff as a whole is likely to continue and even progressively worsen.

Areas

During the whole year routine treatment has remained in a state of suspension in the Leek, Stafford No. 2, Darlaston and Wednesbury areas. In addition, routine treatment was suspended in the Kidsgrove area in March, in the Stafford No. 1 area in April and the Shelfield area in November due to the resignation of the Dental Officers concerned. Against these closures the Chadsmoor and Wednesfield Clinics have reopened on a part-time basis whilst Coseley and Tipton have reverted to a like opening.

There are 21 areas within the County and the average school population of each is 6,233 children. Thus each area has double the number of children that a Dental Surgeon can reasonably be expected to be able to deal with in twelve months. The need to break down these areas into smaller units is borne constantly in mind, but no action along these lines can be contemplated until there is a material improvement in staff strength.

The Entrant or 5 year age group

This group has been likened to the raw material of the School Dental Service, a description which is remarkably apt. Putting it another way these children are the foundation upon which is built the dental fitness of the school population and to carry the analogy to its conclusion, if the foundations are poor the edifice erected upon them must be insecure and short-lived.

It has been observed nationally that during the last decade there has been a marked and progressive deterioration in each successive "entrant" group. How far this deterioration had gone is not known but the general impression gained was that the oral condition of these children was deplorable.

How deplorable was a matter for conjecture but it has been estimated that each child had an average of five decayed teeth on entry to school. It was felt that more precise information would be an advantage so that the Committee would be in possession of information that would enable them to evaluate the magnitude of the problem confronting them. In this connection, it was decided to conduct a detailed examination of this age group to ascertain if the caries incidence rate varied between the sexes or with environment, between the upper and lower jaws, between individual teeth and between the different surfaces of the teeth.

It was arranged that this detailed examination should be carried out during normal school inspections and dental officers to the number of 17 participated. These examinations were carried out on school premises where conditions for the inspection varied from ideal to poor in the extreme. The actual examination of the children was carried out with mouth mirror and probe. In view of the fact that these examinations had to be carried out with a minimum disruption of normal inspection procedure, X-rays were not taken.

It will be noted that the number of rural children appears to be small but this is due to the fact that this term was strictly applied to those children whose parents gained their living from agriculture or associated rural industries. With the spread of light industries into the countryside, the localities that are primary dependent upon the soil for their livelihood are far from numerous.

By the examination the "entrant" class were divided into three main groups.

- (a) Children who had complete and sound temporary dentitions ;
- (b) Children who had lost some temporary teeth by natural shedding but who were otherwise caries free;
- (c) Children found to have carious teeth and these subdivided into numerical groups.

The findings of this classification are shown in the following table :—

TABLE 23.

SEX	Locality from which Children are Drawn	No. of Children Examined	With Sound and Complete Temp. Dentitions	Temp. Teeth Lost	Perm. Teeth Erupted	With No Dental Defects	Analysis of Children showing Caries with No. of Temporary Teeth Decayed																
							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
BOYS	Urban	886	127	995	502	155	66	108	92	113	73	70	60	48	27	23	13	16	9	5	1	1	6
	%		14.3			17.5	7.4	12.2	10.4	12.7	8.2	7.9	6.9	5.4	3.0	2.7	1.3	1.8			2.3		
	Rural	125	21	178	79	25	10	12	12	12	12	10	8	7	4	4	1	3	1	2	1	—	1
	%		16.8			20.0	8.0	9.6	9.6	9.6	9.6	8.0	6.4	5.6	3.2	3.2	0.8	2.4			4.0		
GIRLS	Urban	815	118	878	587	140	73	109	81	90	74	64	49	56	24	19	11	16	2	4	3	—	—
	%		14.5			17.2	8.9	12.1	10.0	10.1	9.1	7.8	6.0	6.8	2.9	2.3	1.3	1.9			1.1		
	Rural	131	21	133	91	26	6	14	11	11	10	14	7	8	10	7	4	—	1	—	1	1	—
	%		16.0			20.0	6.0	10.7	8.4	8.4	8.0	10.7	5.3	6.1	8.0	5.3	3.0	—			2.3		

From this table it would appear that the rural children present a slightly better condition than the urban children, but as the numbers of the former are so small it would not be safe to dogmatise. It is quickly apparent from a study of this table that the existing general impression that the teeth of the "entrant" group are deplorable is most amply confirmed. Variation between the sexes is of quite a minor character as regards the caries rate, but the more early development potentialities of the female are becoming evident.

A more detailed survey is given below which shows which teeth and which teeth surfaces are more prone to decay as well as teeth that are sound and those which have been lost.

TOOTH		No. of Teeth	BOYS																	
			UPPER JAW					LOWER JAW												
			TOOTH SURFACE ATTACKED							TOOTH SURFACE ATTACKED										
			Sound	Lost	Occlusal	Mesial	Distal	Labial or Buccal	Palatal or Lingual	Incisal	Two or more Surfaces	Sound	Lost	Occlusal	Mesial	Distal	Labial or Buccal	Palatal or Lingual	Incisal	Two or more Surfaces
LEFT	2nd Molar %	1011	529 52.3	44 4.3	218 21.5	91 9.0	28 2.7	1 0.09	—	—	100 9.8	433 42.7	116 11.3	213 21.0	72 7.2	13 1.2	4 0.39	2 0.19	—	158 15.6
	1st Molar %	1011	635 62.8	53 5.2	91 9.0	27 2.6	113 17.1	1 0.09	—	—	91 9.0	436 43.1	126 12.4	113 11.1	26 2.5	169 16.7	1 0.09	—	140 13.8	
	Canine %	1011	955 94.5	6 0.5	—	8 0.79	21 2.0	3 0.9	—	—	7 0.69	972 96.1	1 0.09	—	10 0.99	8 0.79	6 0.5	—	13 1.2	
	Lateral %	1011	858 84.8	27 2.6	—	58 5.7	8 0.79	7 0.69	3 0.29	11 1.9	39 3.8	962 95.1	22 2.1	—	8 0.79	6 0.5	1 0.09	—	8 0.79	
	Central %	1011	738 72.9	68 6.7	—	99 9.7	24 2.3	4 0.39	6 0.5	9 0.89	63 6.2	885 87.5	101 9.9	—	8 0.79	4 0.39	1 0.09	1 0.09	9 0.89	
RIGHT	Central %	1011	731 72.2	65 6.4	—	101 9.9	17 1.6	13 1.2	6 0.5	8 0.79	70 6.9	884 87.4	99 9.7	—	8 0.79	5 0.49	1 0.09	1 0.09	10 0.99	
	Lateral %	1011	866 85.6	31 3.0	—	55 5.4	6 0.5	6 0.5	—	7 0.69	40 3.9	960 94.9	19 1.8	—	11 0.39	5 0.49	2 1.9	3 0.29	10 0.99	
	Canine %	1011	946 93.5	6 0.5	—	10 0.99	19 1.8	4 0.39	2 0.18	8 0.79	16 1.5	974 96.3	2 0.19	—	10 0.99	14 1.3	2 1.9	—	7 0.69	
	1st Molar %	1011	630 62.9	60 5.9	100 9.8	38 3.7	93 9.1	1 —	4 0.39	—	85 8.4	422 41.7	127 12.5	121 11.9	42 4.1	169 16.7	—	2 0.19	128 11.0	
	2nd Molar %	1011	520 51.3	60 5.9	205 20.2	81 8.08	22 2.1	4 0.39	4 0.39	—	115 11.2	413 40.8	140 13.8	218 21.6	76 7.5	21 2.0	4 0.39	2 0.19	137 13.5	

TABLE 24(b).

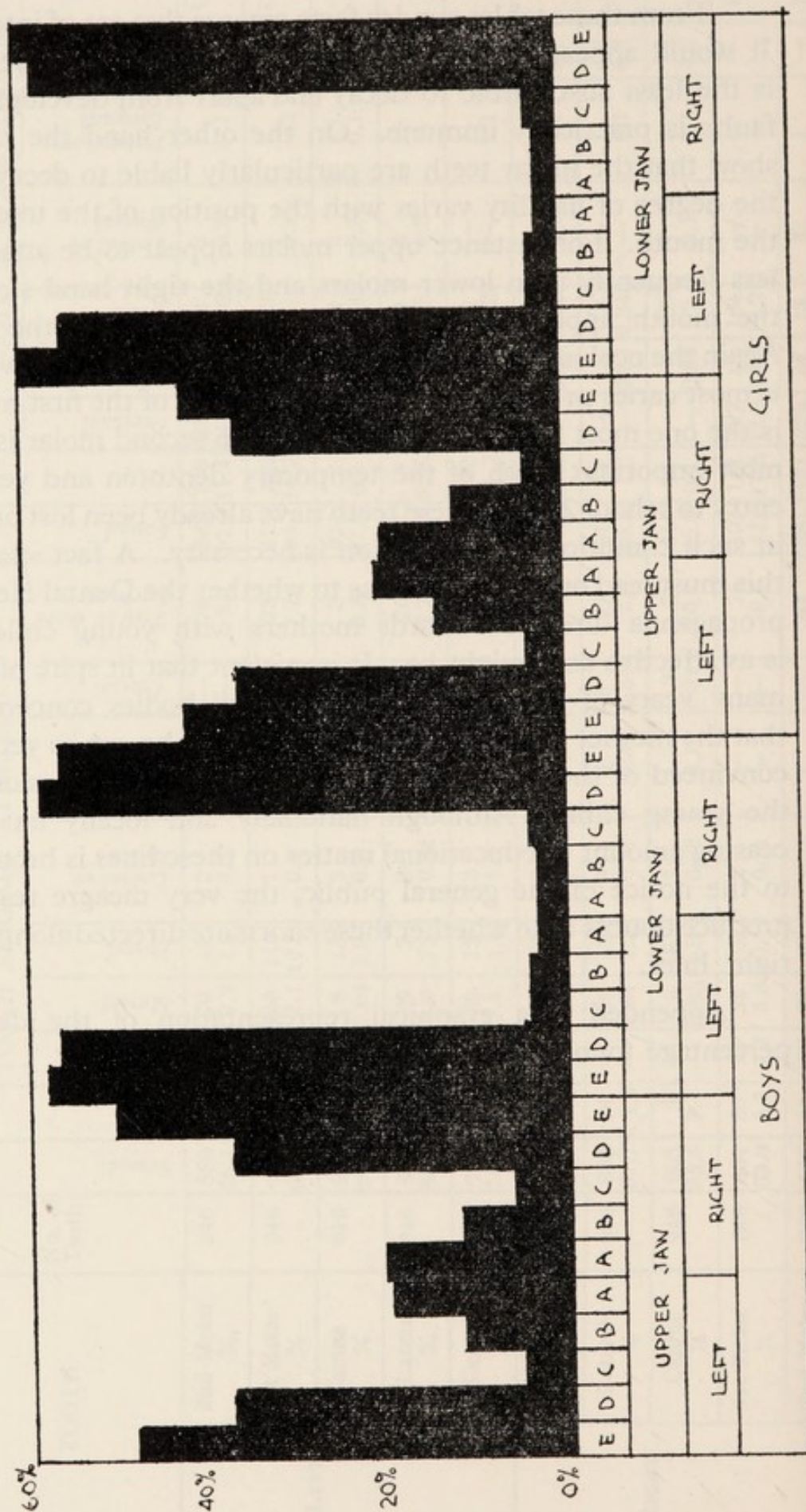
TOOTH		GIRLS																		
		UPPER JAW							LOWER JAW											
		TOOTH SURFACE ATTACKED							TOOTH SURFACE ATTACKED											
		Sound	Lost	Occlusal	Mesial	Distal	Labial or Buccal	Palatal or Lingual	Incisal	Two or more Surfaces	Sound	Lost	Occlusal	Mesial	Distal	Labial or Buccal	Palatal or Lingual	Incisal	Two or more Surfaces	
LEFT	No. of Teeth	946	550 58.1	27 2.8	203 21.5	70 7.3	13 1.3	2 0.2	1 0.1	—	78 8.2	382 40.3	118 11.4	232 24.5	68 7.1	10 1.0	2 0.2	1 0.1	—	133 14.0
	2nd Molar %	946	609 64.3	47 4.9	84 8.9	20 2.1	110 10.5	1 0.1	2 0.2	—	73 7.7	427 45.1	102 10.7	131 13.8	18 1.9	143 15.1	1 0.1	2 0.2	—	122 12.8
	1st Molar %	946	909 96.3	1 0.1	—	8 0.84	13 1.3	3 0.3	3 0.3	6 0.63	3 0.3	921 97.4	2 0.2	—	6 0.63	8 0.84	3 0.31	1 0.1	2 0.2	3 0.31
	Canine %	946	812 85.8	14 1.4	—	69 7.9	7 0.73	8 0.84	3 0.3	7 0.7	26 2.7	911 96.5	9 0.85	—	9 0.85	10 1.05	2 0.2	—	1 0.1	4 0.42
	Lateral %	946	701 74.1	50 5.2	—	68 7.1	15 1.5	13 1.3	6 0.6	8 0.84	85 9.0	815 86.1	112 11.7	—	9 0.85	4 0.42	—	1 0.1	1 0.1	4 0.42
	Central %	946	708 74.9	55 5.9	—	74 7.8	18 1.9	8 0.84	5 0.52	9 0.85	69 7.2	824 87.1	106 11.2	—	6 0.63	4 0.42	1 0.1	1 0.1	1 0.1	3 0.31
RIGHT	Central %	946	830 87.7	14 1.4	—	48 5.07	13 1.3	3 0.31	3 0.31	8 0.84	27 2.8	911 96.5	13 1.3	—	8 0.84	8 0.84	—	1 0.1	3 0.3	2 0.2
	Lateral %	946	903 95.6	3 3.1	—	9 0.85	18 1.9	7 0.73	1 0.1	3 0.31	2 0.2	915 96.9	2 0.2	—	9 0.85	12 1.2	1 0.1	3 0.3	3 0.3	1 0.1
	Canine %	946	604 63.8	50 5.2	73 7.7	35 3.6	106 10.1	2 0.21	—	—	76 8.0	403 42.6	111 11.6	127 12.3	10 1.05	164 17.2	—	—	—	131 13.8
	1st Molar %	946	545 57.6	44 4.6	172 18.1	79 8.3	19 2.0	1 0.1	2 0.2	—	84 8.9	381 40.2	131 13.8	226 23.8	54 5.7	18 1.9	3 0.3	1 0.1	—	132 13.9
	2nd Molar %	946																		

From these tables sundry facts emerge that are of interest. It would appear that the lower canine tooth is the one that is the least susceptible to decay and apart from development faults is practically immune. On the other hand the tables show that the molar teeth are particularly liable to decay but the degree of liability varies with the position of the tooth in the mouth. For instance upper molars appear to be attacked less frequently than lower molars and the right hand side of the mouth appears to be more caries prone than the left. Again the occlusal surface of the second molar is the one which is most caries prone, whilst the distal surface of the first molar is the one most frequently attacked. The second molar is the most important tooth of the temporary dentition and yet on entry to school 21% of these teeth have already been lost or are in such condition that extraction is necessary. A fact such as this must lead one to question as to whether the Dental Health propaganda directed towards mothers with young children is as effective as it might be. It is evident that in spite of the many years of educational efforts by all bodies concerned, that the mother that is, and mother that is to be, are as yet not convinced of the importance of regular dental supervision of the young child. Although nationally and locally an unceasing amount of educational matter on these lines is brought to the notice of the general public, the very meagre results produce doubts as to whether these efforts are directed along the right lines.

Appended is a graphical representation of the decay percentage found in this investigation.

5 YEAR AGE GROUP. Girls and Boys Combined.

Showing decay percentage for each individual tooth of that dentition.



KEY. E = 2nd Molar. D = 1st Molar. C = Canine. B = Lateral. A = Central.

Orthodontic treatment

The previously reported increased demand for this time consuming and highly specialised type of treatment has continued unabated. With a badly depleted staff the restrictions already operating regarding the selection of patients for this type of treatment have had to be more strictly enforced. This should have stemmed the intake but the increased demand has obliterated the saving made by these restrictions and the end result is similar to that of previous years.

The actual work performed is shown in the following tables :—

Table 25 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>
525	68	70	623	318

<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>		
1	343	26	3	2932	2169

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 carried forward</i>
216	135	30	189

The appliances were all designed and produced in the County Dental Laboratory. In addition, 160 children were supplied with dentures to restore function or improve

appearance or retain space. These also were made in the County Dental Laboratory.

General Anaesthetic cases

Although the number of Dental Surgeons available has declined the number of general anaesthetic cases has remained more or less similar to that for the previous year. There is, no doubt, in cases where numerous extractions are indicated, that both parents and child appreciated the possibility of having all the offending teeth removed at one sitting. If in cases such as this a local anaesthetic were used, it would be necessary for the child to attend on more than one occasion for extraction purposes. These subsequent visits from a behaviour point of view are liable to be less happy, thus increasing the strain imposed on the operator.

The general anaesthetics (with very few exceptions), are administered by members of the medical staff to the satisfaction of all concerned.

As far as possible, it is arranged that the same doctor and dentist work together, so that by experience they become a team.

A total of 6,380 administrations were performed during the year compared with 6,625 for 1956.

X-Ray examinations

Although the County Council has X-Ray units at Clinics which serve localities with large populations, there are districts from which a journey to such a Clinic can prove most inconvenient and perhaps expensive from a transport aspect. Fortunately, most of these districts are in the vicinity of Birmingham, and we can rely on the good offices of the Birmingham Dental Hospital. It is a matter of satisfaction to have to report that the co-operation extended by this Hospital could not be improved. There has been a reduction in the number of X-ray examinations during 1957, which can be attributed to the fact that there were less Dental Surgeons available.

1957	No. of films exposed	327
1956	No. of films exposed	419

Evening treatment sessions

The only locality where evening treatment sessions were continued during the year was in the Uttoxeter area. Only a few such sessions (11) were held, but even from this small number it becomes apparent that they could serve a most useful purpose. The fact that not more of these sessions are held throughout the County is probably due to the age of the staff. There is no doubt that the dental treatment of children does impose a severe strain upon the operator, so that at the conclusion of a normal day's work the more elderly officer has no wish or desire to continue his activities into the evening. Undoubtedly, evening treatment sessions are the province of the younger man, and, as far as Staffordshire is concerned, there is little hope that these evening treatment sessions will develop into a substantial aid.

It was hoped that evening treatment sessions would act as a stimulus to recruitment, but experience has proved that this is not the case.

Mobile Dental Clinics

The six mobile dental clinics owned and operated by the County Council have been fully employed during the period under review. There are sundry disadvantages associated with their use, such as heat in Summer and danger of a freeze-up in Winter, but these disadvantages are far out-weighed by the advantages. The fact that these clinics operate on the school premises, where the children are immediately available following registration, leads to the elimination of much of the former waste of time. This saving is probably the reason why the work output has not declined, in spite of the fact that fewer Dental Officers have been available.

Dental Inspection and Treatment carried out by the Authority year ending 31st December, 1957.

1. Number of pupils inspected by the Authority's Dental Officers :—

(a) At Periodic inspections	.....	.....	38,893
(b) As Specials	.....	.....	8,563
Total (1)	.....	.....	47,456

2.	Number found to require treatment	.....	.....	35,564
3.	Number offered treatment	.....	.....	30,162
4.	Number actually treated	.....	.....	26,373
5.	Attendances made by pupils for treatment including those recorded at heading 11 (<i>h</i>) below.	.....	.....	41,552
6.	Half-days devoted to : Periodic (School)			
	Inspection	.....	.....	349
	Treatment	.....	.....	4,896
	Total (6)	.....	.....	5,245
7.	Fillings—Permanent teeth	.....	.....	23,370
	Temporary teeth	.....	.....	1,175
	Total (7)	.....	.....	24,545
8.	Number of teeth filled—			
	Permanent teeth	.....	.....	21,023
	Temporary teeth	.....	.....	1,107
	Total (8)	.....	.....	22,130
9.	Extractions—Permanent teeth	.....	.....	7,914
	Temporary teeth	.....	.....	28,231
	Total (9)	.....	.....	36,145
10.	Administration of general anaesthetics for Extractions	.....	.....	6,380
11.	Orthodontics—			
	(a) Cases commenced during the year	.....	.....	146
	(b) Cases carried forward from previous year	.....	.....	216
	(c) Cases completed during the year	.....	.....	135

(d) Cases discontinued during the year	30
(e) Pupils treated with appliances	138
(f) Removable appliances fitted	372
(g) Fixed appliances fitted	1
(h) Total attendances	2,932
12. Number of pupils supplied with artificial dentures	160
13. Other operations—Permanent teeth	6,248
Temporary teeth	4,182
Total (13)	10,430

PART IV—INFECTIOUS DISEASE

(a) Summary of Notifications from Head Teachers

Table 26. Comparative Statistics 1951-57. Suspected cases of infectious disease.

	1951	1952	1953	1954	1955	1956	1957
Scarlet Fever	646	725	519	447	308	280	306
Diphtheria	71	23	36	15	16	1	—
Measles	5,097	2,313	4,680	963	5,520	690	4,900
German Measles	1,741	1,930	712	820	333	915	473
Whooping Cough	1,745	911	1,425	773	519	1,175	1,246
Mumps	2,240	1,963	1,721	3,170	1,027	1,155	2,315
Chicken-pox	4,088	4,762	3,544	3,121	2,246	3,770	1,482
Influenza	2,288	80	285	988	283	110	7,551
Scabies	9	4	4	2	—	—	6
Infantile Paralysis	3	7	8	7	14	3	8
Meningitis	2	4	1	5	—	1	1
Impetigo	4	9	21	42	53	21	78
Ringworm	6	3	5	1	6	2	13
Jaundice	23	10	37	69	70	69	81
Conjunctivitis	4	7	1	—	1	1	11
Dysentery	97	18	1	171	41	156	108
Sickness and Diarrhoea	—	—	—	—	7	13	101
Paratyphoid	2	—	—	—	—	—	5
Cerebro Spinal Fever	—	—	1	—	1	—	—
Tonsillitis	—	—	—	—	4	4	10
Glandular Fever	—	—	—	—	1	5	—
Skin Infection	—	—	—	—	—	2	13
TOTALS	18,066	12,803	13,023	10,594	10,450	8,373	18,708

The chief features of 1957 from the point of view of the incidence of infectious disease in the schools was the large outbreak of 'Asian' flu' in the Autumn, the biennial outbreak of measles, increases in mumps, skin diseases (scabies, impetigo, and ringworm) and sickness and diarrhoea. More encouraging features were the total disappearance of diphtheria—for the first time ever; a substantial decline in the two minor conditions of Rubella and chicken pox; and a smaller decline in the amount of dysentery.

The influenza outbreak reached the schools at the commencement of the Autumn term and in the months of September and October, 7,510 cases were notified. In many of the junior schools up to 25% of children were affected—and in one of the residential schools a sickness figure of 70% was recorded. The disease appeared to be highly infectious—particularly among children—but the condition was usually mild with only rare cases going on to bronchitis and pneumonia.

Over the past few years measles in the county has been displaying a classic biennial periodicity—while 1957 was an epidemic year it is likely that 1958 will show some improvement.

Outbreaks of infectious jaundice occurred in schools in Sedgley and Rowley Regis. The latter outbreak lasted six months and affected 30 children. Although all the seven classes of the school were affected ten cases occurred in one classroom which was over-crowded. However, it seems likely that out of school contact was even more important for almost all the children affected came from one area. Fifteen cases occurred in the Easter term—three in the Easter holidays and 12 in the Summer term. The outbreak died out in the Summer holidays. The teachers gave full co-operation in taking measures to prevent the spread of the disease.

Table 27. Number of Suspected Cases of Infectious Diseases Notified by Head Teachers, 1957

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Scarlet fever.....	45	58	38	18	30	22	15	—	9	20	39	12	306
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	386	918	905	578	965	630	291	—	53	40	71	63	4900
German measles	52	69	89	41	60	41	40	—	9	7	57	8	473
Whooping cough	413	314	257	58	79	20	33	—	18	12	35	7	1246
Mumps	89	112	430	182	263	315	353	—	62	120	253	136	2315
Chicken pox	83	105	260	141	166	221	151	—	51	74	102	128	1482
Influenza	5	1	2	—	2	—	1	—	5951	1559	25	5	7551
Scabies	2	1	1	—	—	—	—	—	—	—	1	1	6
Infantile paralysis	—	—	—	—	—	5	—	—	1	—	1	1	8
Meningitis	—	—	—	—	—	—	1	—	—	—	—	—	1
Impetigo	23	12	2	4	13	3	10	—	3	4	4	—	78
Ringworm	5	2	—	—	—	3	—	—	—	—	3	—	13
Jaundice	15	18	6	3	25	3	5	—	1	1	4	—	81
Dysentery	34	16	15	13	2	—	1	—	—	3	12	12	108
Sickness and Diarrhoea	4	15	23	—	26	—	145	—	1	—	12	1	101
Conjunctivitis	—	4	4	—	1	—	1	—	1	—	—	—	11
Tonsillitis	3	1	4	—	—	—	—	—	1	1	—	—	10
Paratyphoid	—	3	—	—	—	—	—	—	1	1	—	—	5
Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Skin Infection	5	—	—	—	—	—	—	—	—	—	8	—	13

(b) Vaccination**Table 28. Number of children found to have been vaccinated when examined at the periodical medical inspection**

Age Group	No. examined	No. vaccinated	No. unvaccinated	Percentage unvaccinated					
				1952	1953	1954	1955	1956	1957
Entrants	11,354	2,132	9,222	69.3	72.5	69.8	79.97	80.66	81.22
2nd Age Group	9,971	3,162	6,809	62.7	63.9	65.4	64.34	69.48	68.29
3rd Age Group	12,237	3,749	8,488	67.9	64.6	64.8	67.14	65.52	69.36
Other Periodic Inspections	1,566	453	1,113	—	—	—	69.55	67.19	71.07

The percentage of unvaccinated children in the 'entrants' group continues to increase and there is an appreciable rise in the numbers unvaccinated in the 3rd age group.

There is no doubt that owing to there having been very limited outbreaks of smallpox in the country during recent years parents lack urgency when considering the question of having their children vaccinated. Continued efforts are made at the school clinics and at infant welfare clinics to persuade parents to take their children to general practitioners to receive this form of protection and it is hoped that the rather more encouraging trend as regard infant vaccinations will continue.

(c) Diphtheria Immunisation

Table 29. Number of children (5-14 years) immunised during the year

	1955	1956	1957
Complete immunisation	2,669	3,958	2,592
Re-inforcement doses	9,714	13,673	12,753

There has been a drop in the figures of children immunised against diphtheria this year as compared with 1956. This is due to the resignation of one of the medical officers undertaking the work and to the concentration at one period during the year, on the vaccination of children against poliomyelitis.

It should not go unrecorded that for the first time no case of diphtheria was reported during 1957 in the county, but this satisfactory position can only be maintained by continuing to press for the immunisation of the greatest possible number of children.

Parents are now offered immunisation of their children on entering school, if previously unprotected, and booster doses at eight and eleven years

(d) **Tuberculosis**

Table 30. Summary of Reports received from Chest Physicians

Number of children (aged 5-15 years) on Dispensary registers at the end of 1956	.....	.....	.....	388
Number of new cases during the year	.....	.....	.....	67
Number of deaths	.....	.....	.....	2
Number discharged having left the district	.....	.....	.....	4
Number discharged having recovered	.....	.....	.....	16
Number becoming 15 years old	.....	.....	.....	32
Number of children on registers at end of the year 1957	.....	.....	.....	401
Summary of cases undergoing treatment at the end of the year 1957 :—				
Pulmonary (including pleura and intrathoracic glands)				269
Non-Pulmonary—				
Bones and joints	.....	.....	.....	23
Glands	.....	.....	.....	38
Abdomen	.....	.....	.....	15
Skin	.....	.....	.....	3
Miscellaneous	.....	.....	.....	4
Analysis of Treatment :—				
Pulmonary—				
In Sanatoria	.....	.....	.....	27
At home	.....	.....	.....	157
Non Pulmonary—				
In Orthopaedic Hospitals	.....	.....	.....	10
In other hospitals	.....	.....	.....	2
At home	.....	.....	.....	64
Cases under observation :—				
Number of suspected cases at the end of the year 1957	.....	.....	.....	14
Number of cases found to be non-tuberculous during the year	.....	.....	.....	1,776

It has been necessary during the year to carry out investigations at two schools because a teacher at one school and two children at the other, were found to be suffering from tuberculosis.

One hundred and thirty-five children, who were likely to have been in contact with the teacher, were subjected to a skin test and 14 of them gave a positive reaction. These children attended a Mass Radiography Mobile Unit for X-ray of the chest and all were found to be normal. One child was recalled for a large film to be taken but no abnormality was found.

In the second school, the two affected children were in the Infants Department. 201 children in the department were skin tested and 14 had positive results. Two children were found to be suffering from primary tuberculosis and admitted to hospital. The 12 remaining children are being kept under supervision at the chest clinic.

It was also considered advisable to skin test the children in the Junior Department. Altogether 297 were tested and 36 were positive. None of these children were found to have tuberculosis.

Tuberculin Testing

The scheme for tuberculin testing of "entrants" in infant schools at Bilston, Coseley and Tipton at the time of the annual medical inspection has been continued, and the children in the Rowley Regis schools were brought into the scheme as from the Summer term. The following figures show the number tested :

No. of children tested	.....	.....	.....	983
No. positive	.....	.....	.....	24

The children who showed a positive reaction were referred, with the family contacts of 14 years of age and over, to the Mass Radiography Units at Wolverhampton, Dudley or Langley 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 were 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.

(e) Health Education

It is considered important that the children in the schools receive training in matters of health, and teachers and the staff in 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 and the medical and nursing staff keep a supply of leaflets to hand to parents and children when considered necessary during the course of medical inspection at the schools. A library of film strips has been formed so that doctors may be able to give illustrated talks. A number of talks were given during the year to interested groups such as Parent-Teacher organisations.

A letter is sent to the parents of each school entrant giving a brief outline of the facilities provided by the School Health Service, and at the end of the year a leaflet in humorous style was in preparation for eventual distribution to the school leavers—to point out some elementary rules of health.

PART V—GENERAL HEALTH

(a) Table 31. Classification of the Physical Condition of Pupils inspected during the year at periodical medical inspections.

<i>Age Group</i>	<i>No. 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)
Entrants	11,354	11,294	99.47	60	0.53
Second Age Group	9,971	9,891	99.20	80	0.80
Third Age Group	12,237	12,100	98.88	137	1.12
Other Periodic Inspections	1,566	1,554	99.23	12	0.77
	35,128	34,839	99.18	289	0.82

This year there was a very substantial decrease in the percentage of children examined in each age group found to be in an "unsatisfactory" condition as compared with 1956. The improvement included all three categories of children examined so that the percentage of children in a satisfactory

condition has risen to 99.18% as compared to 98.03% in the previous year. The assessment is a subjective one on the part of the medical officers but nevertheless denotes a welcome trend.

Where children are found to be in a 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.

Once again several of the school medical officers have commented that lack of sleep is becoming more widespread among children. This is often related to the children staying up until late hours to watch television. Two head teachers have stated that there are an increasing number of children entering school with unintelligible speech, which is attributed to lack of normal conversation in the home with the coming of television. In many areas malnutrition has virtually disappeared and the medical problem now to be treated is that of obesity.

(b) Table 32. 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	608	98,641
Tuberculin Tested	14	17	398
Undesignated	1	1	7
	<hr/> 55 <hr/>	<hr/> 626 <hr/>	<hr/> 99,046 <hr/>
<i>Non-Maintained Schools :</i>			
Pasteurised	23	44	4,023
Tuberculin Tested	1	1	82
Undesignated	—	—	—
	<hr/> 24 <hr/>	<hr/> 45 <hr/>	<hr/> 4,105 <hr/>

There is now only one maintained school in the county which is not being supplied with milk. This school contains 29 pupils.

The number of pupils taking milk was 2,508 less than in 1956.

This is the first full year that the Education Committee has carried out its responsibility under Circular 302 (3rd May, 1956) of the Ministry of Education of supplying milk to non-maintained schools. Since 1956, the number of schools being supplied has increased from 40 to 45 and the number of pupils taking milk from 2,971 to 4,105.

(c) Table 33. Milk for Handicapped Pupils unable to attend school.

No. of old applications renewed	.....	.....	40
No. of new applications granted	.....	.....	24
No. of children who ceased to receive milk during the year	.....	.....	26

(d) School Meals

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

There was a sharp decline in the demand for meals during the Summer Term as a result of the increase in price on the 1st April from 10d. to 1/-. The influenza epidemic during October also caused a sharp temporary drop in the number of meals supplied.

New kitchens were opened during the year at a number of new school as follows :—

Waterhouses County Secondary Modern School
 Wednesfield, Ward's Bridge Secondary School
 Rugeley Pear Tree Estate County Primary School
 Tettenhall, Bhyll's Lane County Primary School
 Madeley County Secondary Modern School
 Gnosall County Secondary Modern School
 Barton-under-Needwood County Secondary Modern School

Penkridge County Secondary Modern School
Sedgley, High Arcal Special School

Three new kitchens were opened at existing schools as follows :—

Ellastone C.E. Primary School
Envile Parochial School
Stafford Holmcroft County Primary School

A kitchen at Chapel Chorlton C.E. (Controlled) School from which sandwich meals were supplied was closed because the premises were unsatisfactory and because of the small demand for meals.

A new dining room at Stone County Secondary Modern School came into use during the course of the year. Several new sculleries to replace existing unsatisfactory arrangements were opened, and rented premises were acquired in two cases to improve the standard of dining accommodation.

(c) Physical Education

During the year there has been a significant development in the provision of facilities for physical education in secondary schools. Well equipped gymnasias with changing rooms and shower baths, and hard surface courts and pitches have come into use in twelve schools, and when fully qualified staffs are available for all there will be no hindrance to the attainment of a high standard of achievement and the development of lasting interest in all branches of physical recreation. Playing fields with adequate pitches and athletic facilities are under construction for the new schools and these will help to satisfy a much needed requirement, particularly in the industrial areas.

The introduction of circuit training into the gymnastic work of some secondary schools has shown interesting results in the development of strength and stamina in the older boys. Cross country running and road running are gaining in popularity in boys' schools and many are beginning to appreciate the value of more time and training for cricket. An indoor cricket coaching school was held during the Spring term at Stourbridge Baths Hall and five schools took part. A number

of schools too are providing opportunities for both rugby football and Soccer.

Girls' gymnastic work in secondary schools is changing in that it is now based on Laban's Principles of Movement instead of the Swedish Principles previously used. Gymnastics so taught ensure the development of mobility, strength, agility, stamina, balance and poise, and demands variety and versatility of thought and action. Area Hockey Tournaments for girls were arranged last season and the winning teams took part in a Hockey Rally at Dunstall Park, Wolverhampton. The standard of play was encouraging. Girls' tennis is improving and it is hoped that with increased facilities in the new schools tennis will eventually become the major summer game. Netball is still a popular winter game, and a high standard is attained particularly where there are no facilities for field games.

The great interest in athletics continues and some outstanding performers proceeded through school and area competitions to the County Team which took part in the All England County Championship Meeting.

The halls of three new, and six existing, schools have been equipped with climbing and agility apparatus, and the children at these and many other schools so provided have developed mentally and physically beyond the stage which would have been possible without these indoor facilities.

Swimming instruction was given at 22 baths during the Summer term and each week 110 schools sent 736 classes, with an average attendance of 22,080. In the Autumn and Spring terms 10 baths were used and 106 schools sent 310 classes, with a total average attendance of 9,300. These records do not include schools with their own baths. A total of 3,391 children were taught to swim, and 6,859 County awards were gained in addition to 340 Royal Life Saving Society awards.

The County camps were well booked and schools were as enthusiastic as ever to take part in this open air training. Increased interest was shown by the girls in light weight camping, canoeing and boat work, while the boys took part in light weight camping, canoeing expeditions and sailing on the

lake. Experimental Ten Day Adventure Courses for boys over the age of 13 years were held at Coven Camp during the Autumn term. These provided opportunities for outdoor activity of an arduous and testing character, often in the hills of Wales and Derbyshire, beyond the scope of the normal camps. There was an attendance of 2,496 at Summer camps and 164 took part in Adventure Courses.

Courses for teachers in primary schools were held at five centres with a total attendance of 136. The annual residential courses for primary and secondary men and women teachers were held at Lilleshall Hall National Recreation Centre. There was an attendance of 52 at both courses.

A week-end camping course for 26 women youth leaders was conducted at Teddesley Park in April, and two canoe cruises for male youth club members, each of seven days duration, were conducted on the rivers Wye and Welsh Dee.

Throughout the year head teachers and staffs have striven, often under difficult conditions and with staff shortage, to provide a wide range of physical activities in all types of schools, and have continued to foster a love of games and outdoor pursuits which is our national heritage and characteristic of the the British way of life.

(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 39 cases were referred to the Local Co-ordinating Officers.

PART VI—UNCLEANLINESS

Table 34. Infestation with Vermin

(i)	Total number of examinations in the schools by the School Nurses or other authorised persons	342,966
(ii)	Total number of individual pupils found to be infested	5,654

(iii) Number of individual pupils in respect of whom cleansing notices were issued (Sect. 54(2), Education Act, 1944)	87
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Sect. 54(3), Education Act, 1944)	39

Table 35. Analysis of Infestation

				<i>Head</i>	
		<i>Body</i>	<i>Clothing</i>	<i>Lice</i>	<i>Nits</i>
No. of children.....	.....	230	213	1,044	8,901

The number of Sacker combs sold to parents during the year was 375.

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

PART VII—HYGIENE

Table 36. Inspection of School Premises

No. of schools inspected	602
No of school premises reported as having various defects	310
No. of school premises where defects have been rectified	91

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 large increase in the number of school premises reported to have defects, but also more schools had their defects rectified. The increases are 162 and 38 respectively. The Education Committee has approved a comprehensive scheme for bringing the hygienic conditions of the schools to a modern standard, and this is being implemented as rapidly as financial considerations allow.

There is, however, still overcrowding in many schools, and even in many of the new schools, the present "bulge" in numbers has tended to cause cloakrooms and class rooms to be crowded. Owing to lack of space, the medical room has often had to be used for teaching purposes, so that medical inspections have had to be carried out in unsatisfactory circumstances. Head Teachers generally do their best to provide suitable accommodation, but it is necessary at times to arrange for medical inspections to be carried out on premises away from the school.

SCHOOL WATER SUPPLIES

The County Health Inspectors continued to take samples of school and canteen water supplies. The total number taken shows a large decrease on the previous year due to there being no Assistant County Health Inspector from 30th April, 1957 to 12th August, 1957, when a new Assistant took up his appointment.

Of the 19 schools sampled, 28 samples were found to be satisfactory and 7 unsatisfactory.

Appropriate action was taken in all cases of unsatisfactory results.

Two schools were connected to mains supplies, leaving only one school (Ilam) not yet connected and where a main supply is available.

Table 37.

(a)	No. of schools at which samples were taken	.....	19
(b)	No. of samples collected for fluorine examination only	.....	2
(c)	No. of samples collected for bacteriological or chemical examination	.....	35
(d)	Results of examinations :—		
	(i) No. satisfactory	.....	28
	(ii) No. unsatisfactory	.....	7

(e)	Main piped water supplies laid on during 1957	2
(f)	Schools without main piped water supply at 31/12/57	*37
(g)	Schools with main piped water available but not yet laid into school	1

*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 small estate piped supplies and the like.

(a) Table 38 Position regarding handicapped pupils at 31st December, 1957

Category	Total known ascertained Pupils		Numbers in Special Schools		Number placed in Special Schools in 1957		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	13	20	8	4	3	—	3	—	—	—	—	1	2
Partially Sighted	29	30	14	14	—	—	3	1	11	12	—	—	1	3
Deaf	53	42	52	41	8	5	1	1	—	—	—	—	—	—
Partially Deaf	90	67	30	20	2	2	1	3	54	45	—	—	4	1
Delicate	73	25	50	18	32	20	7	1	9	3	6	3	1	—
Educationally Sub-Normal	691	385	259	149	87	64	193	69	228	158	11	7	—	2
Epileptics	103	123	6	—	4	—	3	—	88	116	2	2	—	1
Maladjusted	179	103	31	6	7	1	3	—	145	97	—	—	—	—
Physically Handicapped	398	306	49	29	19	8	24	20	262	226	34	26	—	—
Speech Defects	447	161	—	—	—	—	—	1	447	160	—	—	—	—
TOTALS	2,084	1,255	511	285	163	103	235	99	1,244	817	53	38	7	9
GRAND TOTALS	3,339		796		266		334		2,061		91		16	

N.B.—Pupils attending Hospital Special Schools are not included in this table. (See page 88.)

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

Table 38 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.

As compared with the year 1956, there is a fall of 200 in the total of known handicapped pupils. There were, however, increases in the numbers of children in special schools and placed there during the year of 135 and 48 respectively. The number receiving tuition at home was practically the same but there were only 16 at home without tuition as compared with 51 in 1956.

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. 425 children were admitted during the year, being a decrease of 91 compared with 1956.

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	80	119	199
Sheen Park Hotel, Walmer	107	81	188
Children's Convalescent Home, West Kirby	—	2	2
Broomhayes Home, Northam	1	2	3
Metropolitan Convalescent Home, Broadstairs	22	4	26
Heathercombe Brake, Newton Abbott	4	1	5
John Horniman's Home, Worthing	—	1	1
St. Luke's Convalescent Home, Exmouth	—	1	1
	<hr/> 214	<hr/> 211	<hr/> 425

Various hospitals in the county continue to co-operate in referring children for convalescent treatment. Parents much value this service, for a period of convalescence has often substantially assisted their children to recover after illness or operation.

Home Tuition

Under Section 56 of the Education Act, 1944, tuition is provided at home not only for those children whose handicap is so severe as to prevent their attendance at either an ordinary or a special school, but also for those who cannot attend an ordinary school whilst a vacancy is being sought for them at a special school.

The number receiving this tuition at the end of 1957 was 91 and further details of these children showing numbers and category of handicap appear in Table No. 38 on page 86.

Before this type of education is arranged each child is seen by one of the School Medical Officers either at a school clinic or, in cases having a very severe handicap, in the child's own home. The School Medical Officer examines the child and advises as to the necessity for home tuition.

Sometimes tuition is provided on a short term basis where, for example, a child has left hospital but is convalescing at home until attendance at an ordinary school can be resumed.

In most cases these children benefit educationally very considerably because the home tutor provides personal attention which can seldom be equalled in the large classes in schools at the present time.

HOSPITAL SPECIAL SCHOOLS

At the end of the year there were 64 children in Hospital Special Schools, but as their numbers are not included in the table which shows the position regarding handicapped pupils (Table 38, page 86), details are given below.

Physically Handicapped

	<i>Boys</i>	<i>Girls</i>
(a) Biddulph Grange Orthopaedic, Stoke-on-Trent	8	5
(b) Heritage Craft School and Hospital, Chailey	4	—

(c) Queen Mary's Hospital, Carshalton	3	—
(d) Robert Jones and Agnes Hunt Orthopaedic, Oswestry	3	—
(e) St. Gerard's Orthopaedic Hospital, Coleshill	4	4
(f) St. Vincent's Orthopaedic Hospital, Eastcote	1	—
(g) Standon Hall Orthopaedic Hospital	9	4
(h) Woodlands Open Air Hospital, Northfield	1	—

Delicate

(a) The Limes Sanatorium, Himley	6	11
(b) Standish House Sanatorium, Stonehouse	—	1
	—	—
	39	25
	—	—

(b) Table 39. Visiting of Educationally Sub-Normal Children by Mental Welfare Officers

Number of E.S.N. children on the visiting list at 31.12.56	4
Number of E.S.N. children referred during 1957	—
Number of Home Visits	2
Number of individual Progress Reports	1
Number of E.S.N. children on the visiting list at 31.12.57	2

(c) Table 40. Classification of children referred to the Mental Health Authority

<i>Class</i>	<i>No. of Children</i>
Ineducable (Sect. 57(3) Education Act, 1944)	60
Ineducable (Sect. 57(4) Education Act, 1944)	—
Requiring supervision after leaving school (Sect. 57(5), Education Act, 1944)	45
	—
Total	105
	—

Further Education of Handicapped Persons

During 1957 the Authority provided Home Tuition in basic subjects for eighteen handicapped persons who were over the statutory school-leaving age. The tuition was mainly concerned with Reading, Writing and Arithmetic, and particular emphasis was placed on topics of social, political and economic interest. Furthermore, three persons received tuition during their sojourn in hospitals, and one pursued a correspondence course during a period of convalescence at home. Two persons received tuition in typewriting in their own homes. Five handicapped persons who were able to travel received tuition in basic subjects in one of the Authority's Evening Institutes.

The Authority has also been responsible for the Further Education of Blind, Deaf and Spastic persons in recognised Colleges providing vocational courses for such people. Courses of training have provided wirework, bedding and upholstery, machine knitting and handicrafts, brushmaking, bakery, piano tuning and repairing, pig and poultry keeping, and General Certificates of Education. A total of eleven students maintained by the Authority have been following such courses as these during 1957.

(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, 1957

William Baxter Day Special School

During 1957 an extra classroom was erected so that the maximum accommodation is now 80 pupils. Proposals are in hand for the erection of two further classrooms so that the accommodation can be increased to 120 children and the age range altered to cover boys and girls from 8-16 years. A proposal for a playing field is also in hand.

Loxley Hall Residential School

The School was full throughout the year which was a period of continued progress. Staff shortages on the household side again caused difficulties, but these were partially resolved by the end of the year. The health of the boys was good; influenza in October affected 55 boys but all cases were mild and of short duration. The first two boys to attain the age of 16 left at the end of the year, one to work in a factory and the other to take up training for farm work.

Walton Hall Residential School

During the year work has gone on steadily. There have been two changes in the teaching staff, and an Assistant Matron was appointed in April.

The building has been re-decorated inside but this has been prolonged because of the incidence of dry-rot.

Except for the epidemic of influenza in the middle of October the health of the girls has been good although several have been in hospital for minor operations.

High Arcal Day Special School

The school opened on 28th October, 1957. Accommodation at the opening consisted of four classrooms, Head's room, Staff room, Assembly Hall, Showers and Kitchen. Eighty children had been given places for the opening, and during the first week seventy-eight was the highest daily attendance, all absences being due to illness.

The teaching staff consisted of a Head, Deputy Head, and three Assistant Teachers. A secretary, caretaker, cleaner and kitchen staff were also appointed. Family Service was adopted immediately at meal times, all the teaching staff and the secretary taking their meals at different tables with the children.

Parental co-operation with the school was extremely pleasing, about 60% of all parents paying at least one visit, while all contributed generously towards the Christmas Party.

It is hoped to build the school up to its full complement of 120 children during 1958.

Standon Bowers Special School

Two hundred and four boys have been admitted to the school since it opened in November, 1947, and with sixty of these now in residence, 144 boys have passed through the school. All boys are interviewed by the Stafford Youth Employment Officer before leaving, and most are successfully placed in suitable employment. Many of the boys visit the school frequently after leaving, and many others communicate by letter and telephone.

Satisfactory academic progress has been made generally throughout the year in spite of some teaching staff shortages and changes.

The provision of a new classroom has improved the facilities and improvements have also been made to the Handicraft Room.

The provision of two new houses for teaching staff will undoubtedly assist in keeping the teaching staff up to full strength. Other architectural improvements have included a Quiet Room, additional playing room and a new entrance drive. The sewage disposal works drainage system has been overhauled and improved, and routine painting and decoration of the school has been done.

The general health of the boys has been quite good except for an epidemic of influenza which extended over three or four weeks from mid-September to mid-October, affecting

more than fifty boys and approximately three quarters of the staff. Many boys have benefited by attention received through the School Health Service. Several boys have had, or are due to have, operative treatment for correction of squint.

Out of school activities have continued satisfactorily. The scout troop and cub pack have held regular meetings and have joined in local scouting activities including visits to other troops, parties, rallies and jamborettes. Some boys attended the Service of Youth at Lichfield, and other activities run by the Youth Service. Other activities out of school have included cross country running with Stone and District Athletic Club, swimming and athletics for which twelve medals were awarded, and the usual out of door games.

Visitors to the school have included many students from Training Colleges and Universities.

The school has once again suffered intermittent staff shortages, but the situation has improved recently.

Basford Hall Special School

Work progressed satisfactorily during the year, the school maintaining its complement of 30 children. Negotiations for the renewal of the lease were satisfactorily completed, and proposals are now in hand for the erection of two temporary classrooms in the grounds to relieve the accommodation in the Hall. The Headmaster and Matron retired at the end of the year and a new Headmaster and Matron were appointed.

Wightwick Hall School

The numbers of children were gradually built up during the year but staff shortages still persist which prevent the full complement of children being accommodated. Plans are well ahead for the erection of houses in the grounds in order to relieve the accommodation in the Hall and to attract the necessary staff. The teaching side of the school has progressed satisfactorily.

Needwood School

Shortage of teaching staff has persisted during the year and it has been impossible to maintain a full complement of children. A number of children have, however, been transferred to the Mount School, Stoke-on-Trent, under an arrangement with that school and with the consent of the parents. Work has progressed satisfactorily.

Mass Radiography

The Mass Radiography Mobile Units of Birmingham, Dudley, Stoke-on-Trent and Wolverhampton continued to work during the year and more than 4,089 children from 46 schools were reported to have been examined.

Teachers and other staff, including caretakers and canteen workers from these schools were invited to attend for examination, as were similar personnel from Junior Schools in the same districts.

In the 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 the Unit not having time to analyse the records.

Twenty-five children were reported to have various abnormalities and, where necessary, were referred to their own doctors or to chest clinics. Only one child was found to be suffering from 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 :

SHEILA M. DURKIN, M.B., Ch.B., D.P.H.

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. (Resigned 31.3.57).

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. BUNCH, L.D.S., (Appointed 1.3.57).

G. LEES, L.D.S., (Appointed 1.4.57).

H. P. DASH, L.D.S. (Part-time — Resigned 16.12.57).

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

Part-time Dental Anaesthetist :

DR. E. M. P. LAW.

Dental Attendants :

MISS E. HITCHEN.

MRS. P. BATTISON, (Appointed 29.4.57).

MRS. M. FOWELL, (Part-time — Appointed 5.3.57).

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 :—

As already mentioned, numerous changes have taken place in the staff of the School Health Service in the Excepted District during the year under review.

On the 31st December, 1957, the nursing staff was as follows :—

Health Visitors/School Nurses

Five 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.

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 13,499 which is an increase of 131, compared with an increase of 500 in 1956/57

Number of Schools or departments :—

Nursery Schools	4
Infant departments	19
Junior departments	16
Secondary Modern Schools	9
Secondary Grammar Schools	4

Arrangements made for periodic Medical Inspections

Periodic medical inspection of children continues to 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.

Two thousand seven hundred and fifty-four parents were present at the examination of their children. This figure represents 65.9 per cent of the children examined, which again shows a decrease of parents attending. It is most unfortunate that this decline should continue as one would have expected parents to avail themselves of 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

Clothing and Footwear

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

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.

Uncleanliness

Only 10 children were found to be verminous at routine school medical inspections. This number does not include children found to be verminous during cleanliness surveys or at Clinics.

Tonsils and Adenoids

At periodical and special examinations 93 children were found to be suffering from enlarged tonsils and/or adenoids and were referred for examination by a specialist. During the year 16 cases received operative treatment through arrangements made by the School Health Service. In addition there were 863 cases which required only medical treatment and/or observation.

Tuberculosis

During 1957, 9 children were referred to the Chest Physician for examination. Two cases (1 Pulmonary and 1 non-Pulmonary) of children attending schools within the Borough have been notified.

Skin Diseases

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

External Eye Disease

One case suffering from external eye disease was referred for treatment during the year to the North Staffordshire Royal Infirmary.

Defective Vision and Squint

One hundred and seventy-four cases of defective vision and squint were discovered at routine and special medical examinations and were referred for treatment, being 157 cases of defective vision and 17 cases of squint. In addition 52 cases of squint discovered at examinations at school Clinics were also referred for treatment. During the year 645 children with defective vision were prescribed glasses after examination by the Schools Ophthalmic Surgeon.

Ear Disease and Defective Hearing

At routine medical inspections during 1957, 39 cases in this category were found to require treatment and of this number four 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 1957, 61 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 1957, 21 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

During the year 415 children were subjected to the necessary medical examination before attending organised School Camps.

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 was 72,582. Three thousand seven hundred and eighty-five children were found to be infested and cleansing notices were issued in respect of each case. Of this number, 346 were dealt with at cleansing sessions at school clinics.

Minor Ailment 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 Crown Street	Thursday	10.30 a.m. to 11.30 a.m.
Chesterton	Monday	9.30 a.m. to 12 noon
Broadmeadow	Friday	11.00 a.m. to 12 noon
Crackley Bank C.P. School	Wednesday	10.00 a.m. to 11.00 a.m.
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 School	Wednesday	10.00 a.m. to 11.00 a.m.
Bradwell C.S.M. School	Monday	9.30 a.m. to 11.00 a.m.

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 21,692, which is an increase of 3,414 over the figure for 1956.

Ophthalmic Clinic

This clinic is held each Friday morning in the Ophthalmic Room at Friarswood School Clinic. During the year 707 children had refractions carried out and in 284 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 is in attendance at both

sessions and a Medical Officer is also present during the Wednesday afternoon and Saturday morning sessions. During 1957, 74 children made a total of 940 attendances.

Breathing Exercises

During the year 66 cases attended the breathing exercise clinic established for the treatment of children suffering from certain diseases of the nose, throat and lungs. 320 attendances were made. The clinic is held 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 once weekly. Sixty-four children were dealt with, receiving 256 treatments.

Speech Therapy

From the beginning of the year until the 9th of March, on which date the speech therapist resigned, 30 children received treatment.

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 1957, seven cases were dealt with in this way.

Mass X-ray

During the year, 1,951 children, 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 Chest Physician. Thanks are due to Dr. E. Posner, Medical Director, and the staff of the Mass Radiography Unit at Hartshill, for the continued and ready advice and assistance which they afforded during the year.

Mantoux Skin Testing of School Children

The testing of the entrant group of school children to ascertain whether they had been in contact with Tubercular infection continued during 1957. By means of these tests it is often possible not only to find children who have either developed some immunity to tuberculosis or are in the early stages of the disease, but to actually trace the source of infection—usually in the family circle.

The following is the statistical information regarding these tests :—

<i>No. Eligible</i>	<i>No. Tested</i>	<i>% Tested</i>	<i>No. Positive</i>	<i>% Positive</i>
1,063	583	54.8	8	1.3

X-ray of Kitchen Staff

During 1957, 29 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.

School Hygiene

The Borough Education Officer reports as follows :—

Church Street Infants'	Provision of hot water supply to wash basins.
Hempstalls C.P.	A small urinal range installed in Infants' Lavatories.
Knutton C.S.	Skylights provided in two classrooms.
Westlands C.S. Girls'	Lighting of Needlework and Art Rooms improved by the installation of fluorescent fittings.
Wolstanton County Grammar	Lighting of Gymnasium improved by the installation of fluorescent fittings.

Knutton C.E. Automatic flushing cistern provided in Boys' Lavatories.
Two Air Raid shelters have been demolished.

ALLIED SERVICES

The following reports, which deal with services intimately connected with the physical welfare of the school child, have kindly been supplied in respect of (1) the School Meals Service by Miss M. P. Barnes, School Meals Organiser and (2) Physical Education by the Borough Education Officer, in the absence of a Physical Education Organiser

(1) SCHOOL MEALS SERVICE

During the year January, 1957 to December, 1957, 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 Street C.P. School	Four Nursery Schools

Figures given below show the daily average number of meals served throughout the year, as compared with 1956.

1956—62,455

1957—58,444

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 still 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 140 children apply for meals during the holiday periods.

Increase in Price

The cost of dinners to school children, including Nursery School children, was increased to one shilling per meal as from the 1st April, 1957. Staff meals were increased to one shilling and tenpence as from the 1st January, 1957.

Complaints

Complaints concerning the school meals were submitted to the Welfare Sub-Committee each month. During the year there was a total of twenty-five. Most of the complaints are from schools which receive their meals in containers.

Decorations and Improvements

Decorations were carried out during the year in the kitchens, etc. at ten schools and improvements at eight.

The following heavy equipment was installed :—

Wolstanton C.E. School.....	Sterilizing sink.
Clayton Hall School	(a) Sterilizing sink in second dining hall.
	(b) Veg. preparing machine.
Crackley Bank School	Mixing machine
Knutton Central Kitchen	Fish frying range

Replacements of equipment were also made in various schools.

Light Equipment

Light equipment both for replacement and additional purposes was supplied to the schools throughout the year.

School Meals Containers were serviced twice during the year and any found to be unsatisfactory were replaced.

New Kitchens

Although no new kitchens were opened during the year, great progress was made on both Knutton C.P. Junior School kitchen and Wolstanton R.C. School kitchen, both of which it is hoped to open early in 1958. Both kitchens are modern and well equipped with up-to-date cooking appliances.

During the year a few more schools changed from "counter-service" to "family-table service" and are

finding it a great improvement. The food served is usually hotter and there is considerably less waste.

The majority of schools now use table mats and plastic plates are being replaced with patterned china plates.

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, from January to November. As from the beginning of November instructions were received to finish supplying the orange juice.

No subsidiary meals were supplied during the year, only the on-third pint bottles of milk and the school dinner, which, in most cases, is thoroughly enjoyed by the children.

Hygiene of School Premises

During the year, visits were made to all the kitchens by some of the Council's Sanitary Officers, and any specific undesirable features were dealt with as the opportunity arose. There was a continual general improvement in the School Meals Service as far as buildings and equipment were concerned.

Kitchen helpers and staff are becoming increasingly aware of the need for cleanliness in the preparation and handling of food. New school meals staff (both full-time and part-time) continued to be medically examined and X-rayed prior to their official appointment. Staff continued to produce a medical certificate stating that they were free from any disease which might make the preparation or handling of food by them harmful to others, after any period of absence.

Uniform was supplied to all school meals employees requiring it and laundered weekly. Tea cloths and dish-cloths used in the kitchens were boiled daily.

First aid equipment was kept in better condition and stocks were replaced each term.

Meetings

One or two meetings were arranged during the year. A Course of six lectures on School Meals was attended by Cook Supervisors, Cooks and Assistant Cooks.

The menus are planned and varied so as to secure nutritionally balanced meals according to the ages of the children. In doing this, the school dinner provides a sound diet for them and takes into account the possibility of deficiencies in the home diet.

(2) PHYSICAL EDUCATION

General

It may be fairly claimed that steady and continuous progress has been maintained in all branches during 1957.

Primary Schools

The installation of climbing and agility apparatus in playgrounds and halls of Primary Schools continued and few schools remain which are not so equipped.

Playing Fields

Two more playing fields for schools came into use during the year but there is still a general shortage of playing space.

The Senior and Junior Football Leagues have again provided keen competition.

Athletics

Athletics have continued to increase in popularity with consequent improved competition and performance. There is no comparison between the athletics programme today and that of a few years ago. Field Events increase in popularity and a fair standard is now attained. We are fortunate to have excellent facilities at Pool Dam where first-class sports can be staged.

Swimming

Again about 2,000 scholars from the First and Second Years of the Secondary Modern Schools received swimming instruction throughout the year and these numbers test the capacity of the Municipal Baths to their limit.

About 4,000 attendances were made by 3rd and 4th year Secondary Modern School children at swimming held weekly between 4 p.m. and 5-30 p.m. The high standards reached reflect great credit on the teachers responsible for swimming instruction.

Camping

This activity continues to grow in popularity and enterprise.

The usual County Camps were attended at Teddesley Park, Coven and Cotwalton. Lightweight Camping and Endurance Camps proved popular, whilst Canoeing and Sailing attracted a large number of adherents.

Total Individuals (A)	For each of the years 1950-51 (B)	For each of the years 1951-52 (C)	Group (D)
140	40	40	2nd year
120	30	30	3rd year
100	20	20	4th year
200	50	50	Total (unclassified groups)
30	10	10	Other (unclassified groups)
410	110	110	Grand Total

TABLE I
MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY
SCHOOLS

(Including Special Schools)

YEAR ENDED 31st DECEMBER, 1957

A—Periodic Medical Inspections

Number of Inspections in the prescribed groups

5—6 years	.....	.....	.....	.....	.....	.....	1,171
9—10 years	.....	.....	.....	.....	.....	.....	771
14—15 years	.....	.....	.....	.....	.....	.....	1,137
							<hr/> 3,079
Number of other periodic inspections	.....	.....	.....	.....	.....	.....	569
							<hr/> Grand Total
							3,648

B—Other Inspections

Number of Special Inspections	.....	.....	.....	.....	.....	.....	171
Number of Re-Inspections	.....	.....	.....	.....	.....	.....	360
							<hr/> Total
							531

C—Pupils found to require treatment

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

<i>Group</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Table 2 A</i>	<i>Total Individual pupils</i>
(1)	(2)	(3)	(4)
5—6 years	3	154	149
9—10 years	42	102	124
14—15 years	64	132	180
Total (prescribed groups)	109	388	453
Other Periodic Inspections	31	57	64
Grand Total	140	445	517

**D. Classification of the Physical Condition of Pupils
inspected in the age groups recorded in table 1.A.**

<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	1,171	1,130	96.5	41	3.5
9—10 years	771	758	98.3	13	1.7
14—15 years	1,137	1,125	99.0	12	1.0
Additional Periodic Inspections	569	559	98.2	10	1.8
TOTAL	3,648	3,572	98.0	76	2.0

TABLE II

Infestation with Vermin

Total number of examinations in the schools by the school nurses or other authorized persons	72,582
Total number of individual pupils found to be in- fested	3,785
Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	3,785
Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	346

TABLE III

**Return of Defects found by Medical Inspection in
the year ended 31st December, 1957**

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	15	82	31	131	78	97
5	Eyes—						
	(a) Vision	3	22	64	177	140	161
	(b) Squint	12	28	1	22	15	35
	(c) Other	5	28	4	22	12	27
6	Ears—						
	(a) Hearing	—	21	2	15	6	16
	(b) Otitis Media	4	109	—	70	9	73
	(c) Other	3	43	7	31	15	48
7	Nose and Throat	45	378	12	120	77	222
8	Speech	1	35	1	8	4	22
9	Lymphatic Glands	—	156	1	21	1	50
10	Heart	—	23	1	28	24	29
11	Lungs	38	108	5	33	54	57
12	Developmental—						
	(a) Hernia	1	24	1	—	5	6
	(b) Other	3	86	3	5	9	60
13	Orthopaedic—						
	(a) Posture	—	15	8	128	9	95
	(b) Feet	7	104	39	99	82	126
	(c) Other	5	87	8	107	28	99
14	Nervous system—						
	(a) Epilepsy	—	—	—	2	—	—
	(b) Other	1	13	—	4	1	5
15	Psychological—						
	(a) Development	—	37	—	4	2	22
	(b) Stability	4	65	2	12	14	68
16	Abdomen	1	14	1	9	2	9
17	Other	9	32	5	45	20	74

TABLE III—(continued)

B.—Special Inspections

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	3	10
5	Eyes —		
	(a) Vision	4	24
	(b) Squint	1	11
	(c) Other	—	3
6	Ears —		
	(a) Hearing	4	7
	(b) Otitis Media	—	13
	(c) Other	—	4
7	Nose and Throat	8	32
8	Speech	13	19
9	Lymphatic Glands	—	12
10	Heart	2	11
11	Lungs	7	17
12	Developmental —		
	(a) Hernia	—	1
	(b) Other	2	7
13	Orthopaedic —		
	(a) Posture	—	9
	(b) Feet	—	6
	(c) Other	—	21
14	Nervous system—		
	(a) Epilepsy	1	2
	(b) Other	1	10
15	Psychological—		
	(a) Development	6	34
	(b) Stability	13	33
16	Abdomen	1	2
17	Other	6	12

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	330	4
Errors of Refraction (including Squint)	707	45
Total	1,037	49
Number of pupils for whom spectacles were prescribed	284	—

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	—	86
(c) for other nose and throat conditions	—	1
Received other form of treatment	260	4
Total	260	92
Total number of pupils in schools who are known to have been provided with hearing aids		
(a) in 1957	—	2
(b) in previous years	—	2

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	64	37

TABLE IV (continued)

**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	.....	.....	.....	.....	.....	—
(ii) Body	.....	.....	.....	.....	.....	2
Scabies	.....	.....	.....	.....	.....	1
Impetigo	.....	.....	.....	.....	.....	56
Other skin diseases	.....	.....	.....	.....	.....	2,686
						<hr/>
TOTAL	.....	.....	.....	.....	.....	2,745

Group 5—Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	7
---	---

Group 6—Speech Therapy

Number of pupils treated by Speech Thera- pists under arrangements made by the Authority	30
--	----

Group 7—Other Treatment Given

(a) Number of cases of miscellaneous minor ailments treated by the Authority	263
(b) Pupils who received convalescent treat- ment under School Health Service arrange- ments	18
(c) Pupils who received the B.C.G. vaccina- tion	Not known
(d) Other than (a), (b) and (c) above (specify)	
1. Respiratory	66
2. Injuries	2,729
3. Debility	74
	<hr/>
TOTAL (a)—(d)	3,150

TABLE V

Dental Inspection and Treatment carried out by the Authority during 1957.

(1)	Number of pupils inspected by the Authority's Dental Officers :—				
	(a) At Periodic Inspections				4,445
	(b) At Special Inspections				730
	Total (1)				5,175
(2)	Number found to require treatment				3,563
(3)	Number offered treatment				3,387
(4)	Number actually treated				2,236
(5)	Number of attendances made by pupils for treatment				3,947
(6)	Half days devoted to—				
	Periodic (School) Inspection				38
	Treatment				620
	Total (6)				658
(7)	Fillings :				
	Permanent Teeth				2,717
	Temporary Teeth				94
	Total (7)				2,811
(8)	Number of teeth filled—				
	Permanent Teeth				2,111
	Temporary Teeth				75
	Total (8)				2,186
(9)	Extractions—				
	Permanent Teeth				1,233
	Temporary Teeth				2,701
	Total (9)				3,934
(10)	Administration of general anaesthetics for extraction				740
(11)	Orthodontics :				
	(a) Cases commenced during the year				18
	(b) Cases carried forward from previous year				—
	(c) Cases completed during the year				6
	(d) Cases discontinued during the year				—
	(e) Pupils treated with appliances				18
	(f) Removable appliances fitted				25
	(g) Fixed appliances fitted				1
	(h) Total attendances				136
(12)	No. of pupils supplied with artificial dentures				16
(13)	Other operations :				
	Permanent teeth				194
	Temporary teeth				11
	Total (13)				205

TABLE VI

Staff of the School Health Service

	Number of Officers	Numbers in terms of full-time officers employed in the School Health Service
Medical Officers*		
(i) Whole-time School Health Service	1	1.0
(ii) Whole-time School Health and Local Health Services	2	0.8
(iii) General practitioners working part-time in the School Health Service	2	0.9
Physiotherapists, Speech Therapists, etc. (specify)		
Physiotherapist	1	0.18
Ophthalmologist	1	0.045
(i) School Nurses	9	4.27
(ii) No. of the above who hold a Health Visitor's certificate	8	
Nursing Assistants	3	3.0

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
(ii) Dental Officers	2	2.0	1	0.18
(iii) Orthodontists (if not already included in (e) (ii) above)	—	—	—	—
TOTAL	2	2.0	1	0.18
			No. of officers	Numbers in terms of full-time officers employed in the School Dental Service
(iv) Dental Attendants			3	2.18
(v) Other Staff (specify) : — Anaesthetist			1	0.18

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

TABLE VII

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

Number of School Clinics 9 (Including one Mobile Dental Clinic)

- III. 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., 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	—	—
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)
For the calendar year ended 31st December, 1957 :—										
Handicapped Pupils newly placed in Special Schools or Boarding Homes	—	—	—	—	1	1	1	—	—	3
Of these, Pupils who were newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	—	—	—	1	3	2	17	1	1	25
For or about 31st January, 1958 :—										
Number of Handicapped Pupils from the area :—										
(i) attending Special schools as										
(a) Day Pupils										Nil
(b) Boarding pupils	4	3	1	—	3	4	18	—	—	33
(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	—	3	4	18	—	—	33
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, convalescent homes)						2				2
(iii) at home	—	—	—	—	—	7	—	—	—	7

TABLE VIII—(continued)

On or about 31st January, 1958, 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>
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
E. No. of Handicapped Pupils requiring places in special schools									
(i) TOTAL (a) Day	—	—	—	—	16	14	55	—	—
(b) Boarding	—	—	—	1	1	2	18	1	1
No. of pupils included in the totals above—									
(ii) who had not reached the age of 5 :—									
(a) awaiting day places									
(b) awaiting boarding places									
(iii) who had reached the age of 5 but whose parents had refused consent to their admission to a special school									
(a) awaiting day places									
(b) awaiting boarding places	—	—	—	1	—	—	—	—	1

F. Number of pupils on the registers of hospital special schools ———— 3

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

(a) Under Section 57 (3) (excluding any returned under (b)) ———— 6
 (b) Under Section 57 (3) relying on Section 57 (4) ———— Nil
 (c) Under Section 57 (5) ———— 1
 of the Education Act, 1944.

H.—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, 1957—£1,559