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STAFFORDSHIRE COUNTY COUNCIL

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# ANNUAL REPORT

OF THE

**County Principal  
School Medical Officer**

**For the year 1958**







STAFFORDSHIRE COUNTY COUNCIL

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## SCHOOL HEALTH SERVICE STAFF, 1958

### 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 for Schools

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.  
NORAH M. CLARKE, M.B., Ch.B.  
G. R. DAVIES, B.Sc., L.M.S.S.A.  
PHYLLIS H. DUNCAN, M.B., Ch.B. (Resigned 31.12.58).  
DOREEN E. GEORGE, M.B., Ch.B.  
BESSIE W. GOODWILL, M.B., Ch.B., M.R.C.S., L.R.C.P.  
P. M. GREEN, M.B., Ch.B. (Appointed 22.12.58).  
F. G. E. HILL, M.B., Ch.B., D.P.H., (Appointed 1.10.58).  
ELIZABETH D. MELVILLE, M.B., B.Ch., B.Sc.  
G. S. PHILLIPS, M.B., Ch.B., D.T.M. & H.  
P. J. C. WALKER, M.B., Ch.B., M.R.C.S., L.R.C.P.  
MARGARET O. WILL, M.B., Ch.B., M.M.S.A., D.P.H., D.R.C.O.G.  
(Resigned 13.12.58)  
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)

C. BURNS, M.B., Ch.B., D.P.H., D.C.H. (M.O.H. Brownhills U.D.).  
P. G. CANNON, M.B., Ch.B., D.P.H. (M.O.H. Biddulph U.D. and Leek U.D.).  
SHEILA M. DURKIN, M.B., B.Ch., D.P.H. (Area Medical Officer and M.O.H. Uttoxeter U.D. and R.D.), (Appointed 24.2.58).  
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.), (Died 4.8.58).  
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. 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., D.C.H. (M.O.H. Bilston M.B.).  
 A. G. THOMSON, M.B., Ch.B., D.P.H. (M.O.H. Stafford R.D. and Cannock R.D.).  
 E. H. TOMLIN, M.D., Ch.B., D.P.H. (Area Medical Officer and M.O.H. Cheadle R.D.).  
 R. WEBSTER, M.B., Ch.B., D.T.M. & H., D.P.H. (Area Medical Officer and M.O.H. Cannock U.D.).

### Part-time School Medical Officers

(engaged in the School Health Service)

MARGARET BAMBER, M.B., B.Ch., B.A.O.  
 EILEEN N. COSGRAVE, M.B., B.Ch., B.A.O.  
 JEANNETTE R. B. GIBSON, L.R.C.P., L.R.C.S., L.R.F.P.S. (Glas.)  
 (Appointed 30.9.58).  
 IVY R. GIFFORD, M.B., Ch.B. (Dental Anaesthetist).  
 ROSE MACAULIFFE, M.B., B.Ch., B.A.O.  
 ELEANOR M. PRENDIVILLE, L.R.C.P.I., L.R.C.S.I., L.M., D.P.H.  
 EDITH G. SHERWOOD, M.R.C.S., L.R.C.P. (Dental Anaesthetist).

### Specialists

(engaged in the School Health Service)

#### COUNTY PSYCHIATRIST :

D. L. FOX, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.M. (Died 26.5.58).

#### 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.  
 \*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.  
 J. HIRTENSTEIN, M.D., F.R.C.S. (Appointed 1.10.58).  
 M. H. M. HARRISON, Ch.M., M.B., Ch.B., F.R.C.S. (Appointed 7.10.58).

#### PART-TIME ORTHOPAEDIC SPECIALISTS :

G. O. CLARK, M.B., Ch.B., F.R.C.S. (Appointed 20.9.58).  
 N. HEATH, M.R.C.S., L.R.C.P., F.R.C.S. (Resigned 30.9.58).  
 W. H. SCRASE, M.Ch., F.R.C.S.E. (Resigned 30.9.58).

#### 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. (Retired 11.5.58).  
D. DAVIES, M.B., Ch.B., B.D.S., L.D.S. (Appointed 1.11.58).

## **Whole-time School Dental Officers**

A. S. BROGDEN, L.D.S. (Resigned 28.2.58).  
J. BRYDONE, L.D.S., R.C.S.  
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.  
MRS. E. M. CAULDWELL, B.D.S.  
B. C. R. FOSTER, L.D.S., R.C.S.  
MRS. E. HUGHES, L.D.S. (Appointed 4.7.58, Resigned 5.12.58).  
L. F. KELLY, L.D.S., R.F.P.S.  
MISS A. P. RUANE, B.D.S. (Appointed 17.12.58).  
J. SADLER, L.D.S., R.C.S. (Appointed 7.10.58, Resigned 17.12.58).  
F. C. WINTER, L.D.S. (Appointed 12.5.58).

## **Medical Auxiliaries**

### **PHYSIOTHERAPISTS :**

MISS F. M. BARNES, C.C.S.P.  
MISS J. McLEAN, M.C.S.P.  
MRS. M. LEWIS, M.C.S.P.

### **SPEECH THERAPISTS :**

MISS H. M. BINKS, L.C.S.T.  
MRS. BARBARA J. COOPER, L.C.S.T. (Appointed 10.9.58).  
MRS. M. MILLIGAN, L.C.S.T. (Resigned 28.2.58).  
MRS. M. H. SHELDON, L.C.S.T.  
MRS. BARBARA A. WEAVER, L.C.S.T. (Appointed 23.4.58).

### **EDUCATIONAL PSYCHOLOGISTS :**

H. W. DONALDSON, M.A.  
MRS. M. I. CHRISTINE SHEPHERD (Appointed 8.9.58).

### **PSYCHIATRIC SOCIAL WORKER :**

MISS M. WILLIAMS.

### **AUDIOMETRICIAN :**

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

## SUMMARY OF ASSISTANT STAFF

<i>Staff</i>	<i>Establish- ment</i>	<i>No. Employed on 31.12.58</i>	<i>Equivalent in terms of Whole-time Staff</i>
School Medical Officers ... ..	22	38*	18.5
School Dental Officers ... ..	29	18	13.6
Physiotherapists ... ..	3	3	3
Speech Therapists ... ..	6	4†	2.5
School Nurses ... ..	39.78	140	33.2
Clinic Nurses ... ..	5.5	10	5.5
Lay Hygiene Assistants ... ..	3.29	4	3.29
Dental Attendants—Qualified	} 30	19	} 15.3
Unqualified			
Clerks ... ..	24	24	24
Audiometrician ... ..	1	1	1
Audiometric Clerk ... ..	1	1	1

\*Includes two at present undertaking full-time D.P.H. Course.

†Includes one on Special Leave.

## GENERAL INFORMATION

	<i>Urban Areas</i>	<i>Rural Areas</i>	<i>Admin. County</i>
Estimated civilian population of Administrative County (Mid. 1958) ... ..	698,600	234,200	932,800
Acreage ... ..	100,012	585,227	685,239
Density of population per acre ...	6.98	0.40	1.36
Mean area per person in acres ...	0.14	2.50	0.73

1. Estimated School Population of Administrative County (excluding Newcastle) ... ..	138,913
2. Estimated School Population of Newcastle Excepted District	13,996
3. Average number of pupils on roll (excluding Newcastle)	135,683
4. Average number of pupils on roll (Newcastle only) ...	13,526
5. Average attendances (excluding Newcastle) ... ..	121,112
6. Average attendances (Newcastle only) ... ..	12,203
7. Number of schools and departments in the County (incl. Newcastle):—	
Nursery Schools ... ..	17
County Primary Schools ... ..	302
Voluntary Primary Schools ... ..	229
County Secondary Modern Schools ... ..	99
Voluntary Secondary Modern Schools ... ..	8
County Secondary Grammar and High Schools ...	25
Voluntary Secondary Grammar and High Schools ...	2
County Secondary Technical Schools ... ..	2
Comprehensive Schools ... ..	4
Special Schools—Residential ... ..	6
Day ... ..	2
Hospital ... ..	2
Total ... ..	694



				Average No. on Roll		
				County	Newcastle	Total
				Area		
Primary ... ..	...	...	...	89,478	7,852	97,330
Secondary Modern ... ..	...	...	...	35,296	3,317	38,613
Secondary Grammar ... ..	...	...	...	7,322	2,190	9,512
Comprehensive ... ..	...	...	...	2,074	—	2,074
Secondary Technical ... ..	...	...	...	516	—	516
Nursery ... ..	...	...	...	451	167	618
Special ... ..	...	...	...	546	—	546
				<u>135,683</u>	<u>13,526</u>	<u>149,209</u>

# GENERAL INFORMATION

1. Estimated School Population of Newcastle	138,012
2. Estimated School Population of Newcastle Excluding District	13,992
3. Average number of pupils on roll (Newcastle only)	142,820
4. Average number of pupils on roll (Newcastle only)	14,125
5. Average attendance (excluding Newcastle)	142,112
6. Average attendance (Newcastle only)	14,300
7. Number of schools and departments in the County (incl. Newcastle)	
Nursery Schools	75
County Primary Schools	1,200
Voluntary Primary Schools	1,200
County Secondary Modern Schools	1,200
Voluntary Secondary Modern Schools	1,200
County Secondary Grammar and High Schools	1,200
Voluntary Secondary Grammar and High Schools	1,200
County Secondary Technical Schools	1,200
Voluntary Secondary Technical Schools	1,200
Special Schools—Residential	1,200
Day	1,200
Hospital	1,200
Total	1,200

# **Annual Report of the County Principal School Medical Officer 1958**

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In the past, the state of health of the school population has been commonly judged by the presence or absence of infectious diseases and the classification of physical condition and, this year, the figures showing the incidence of infectious diseases and the percentage of children estimated to have unsatisfactory general health, are very satisfactory. For the second consecutive year no case of diphtheria was recorded, whooping cough was much less prevalent and the epidemic of influenza of the previous year was not repeated, but these facts tell only a part of the story. While the 0.66% of children noted to have unsatisfactory general health shows an improvement on the figure for 1957 (0.82%), it is an indication of opinion in a general way only, and no information is available about the number of children attaining vigour and physique above the average, the latter not implying that size and stature are paramount factors. Some years ago School Medical Officers were asked to classify the children's general condition into A B C & D groups, but this was discontinued because disparity of judgement over the country as a whole rendered comparisons between areas impossible. There are no statistics at all available now indicating the proportion of children in first class condition of health.

While many factors affect the development of children into vigorous adults, it is certain that abundant physical exercise (followed by long sleep at night) is of primary importance. The full account of physical education given on page 86 of the report shows what care and expenditure have been allotted to providing all manner of games for both boys and girls and this is admirable for those who take part, but the question arises as to how many do so and if so, how often. When children attend day school it is not easy to ensure that they take daily exercise, and an important proportion of them dislike organised games. School 'buses provide a passive



means of reaching school for many of the County's scholars, and parents who have lost the habit—or never had it— of taking exercise themselves do not encourage their children to walk, run or cycle. So the development of less formal types of exercise, such as the experimental ten day adventure courses and canoe courses, are particularly welcome as a means of arousing an interest and desire for physical exertion which can more easily continue into adult life. When the time comes that every normal adult retires to bed at night tired from bodily movement during the day which has been sufficient to make him or her out of breath for a short while, we shall see less ill-health, particularly heart trouble, and a lowering of the number of cases of neurosis.

The promotion of vigour in the school children is the first task and is necessary for all pupils, but the removal of physical obstacles is also imperative. This preventive work for the year under review is detailed on page 14 table 1 and a study of the figures shows its great value. Over 30,000 children were examined at routine medical sessions and 2,600 were found with defects requiring treatment. The largest group of medical defects were visual (1,077 excluding squints), followed by ear, nose and throat abnormalities and then by orthopaedic defects. These troubles were largely unknown to the parents, and were it not for this system of routine examination no treatment would have otherwise been secured for the children, or, at least, it would have been deferred until a later stage when the defect had become very obvious.

In view of the importance of the eyes it is indeed fortunate that the Committee's Scheme for the detection and treatment of visual defects is so effective. Every child has convenient access to a consultant's services without long inconvenient journeys; the same remarks applying to the detection of ear, nose and throat defects. In the latter connection, it is satisfactory to note the improvement in the hospital operative facilities.

Unfortunately, it is necessary to point out the unsatisfactory states of the dental and child guidance services and while those who have read previous annual reports may be wearied of seeing accounts of difficulties in providing proper



dental care and child guidance, the importance of these subjects demands that they shall be discussed and the best solution sought for the latter as suggested in the Ministry of Education Circular 347 (March 1959).

Reading the excellent, though depressing, summary of the position and prospects of the staffing of the school dental service, it is clear that there is no immediate solution available for

“.....a standing agreement by a local education authority providing for the transfer of a substantial part of the school population from the school dental service to the general dental service for treatment would not adequately meet the authority's responsibility for providing dental treatment, and the Minister would not be able to regard such an arrangement as providing a satisfactory school dental scheme.”

(The foregoing is an extract from Report of the Chief Medical Officer of the Ministry of Education for 1951).

Indeed, there are insufficient dental surgeons in private practice in the County to provide treatment quite apart from preventive inspections. The well recognised failure of many parents to remember to seek preventive treatment for their children requires the organisation of routine school dental inspections, but they cannot be arranged in all parts of the area. The lack of sufficient dental surgeons is plain throughout the country as a whole, and the position cannot be altered in the near future but every endeavour must be made to attract to Staffordshire its share of those available.

In previous forewords the view has been expressed that an improvement in the dental health of the population at large can be obtained by the adoption of fluoridation of water supplies, proper care of the teeth, a reduction in sweet and chocolate consumption, and the training of more dental surgeons and dental auxiliaries. The method of extracting the first molar, as advocated by the County Principal School Dental Officer in his interesting proposal (detailed on page 66), involves technical considerations, but in my view, would form a valuable step in coping with the problem. Mr. Winter has continued his interesting record of the rising rate



of caries in school children which, along with the rising school population presents an addition to the present difficulties.

It seems that it was the heads of the scholars which caused most dissatisfaction this year—a remark which may arouse a sigh of agreement by the teachers in another direction! Teeth have just been mentioned but the outside of the head as well as the inside also presents unsatisfactory features for 5,565 children were found to have infestation of the hair during the year. Although the incidence of dirty heads is diminishing, it should have disappeared by now. Modern treatment is so effective and pleasant that the continuation of infestation must be the result of infection outside the schools, which really means the homes. This being so the real problem of eradicating head infestation lies with the District Medical Officer of Health who is limited in taking effective action since the repeal of the Scabies Order, 1941.

Previous reference has frequently been made to the complete inadequacy of the child guidance service to deal with the “insides” of the heads of those unfortunate children who have not attained the normal mental adjustment to life. It is true that here again, there is a shortage of the necessary staff in England and Wales, but the decision to limit the present provision of the child guidance service to half one team, as defined by the “Committee on Maladjusted Children” in 1955, without the provision of any suitable premises, has been largely responsible for the non-existence of staff at the moment of writing. As was expected, the Ministry of Education has now fully supported the recommendations of the above-mentioned Committee which means that the County must start from scratch in building up a service.

Although it is necessary to point out those parts of the School Health Service where, in my opinion, improvements are required, in other directions the provisions made and the results obtained are matters in which the County can justly be proud. The detection and remedying of defects, and the provisions made for handicapped pupils are admirable. The detection of visual and hearing defects have already been mentioned above, and the provision of remedial exercises, speech therapy and convalescence have all secured good



results. The range and scope of the special schools is above the standard attained in most parts of the Country, and the additions made to the William Baxter School are a very useful addition to this successful day school. It is to be regretted that staffing shortages limited full use being made of the Needwood and the Wightwick Schools. Properly equipped buildings and fittings are most helpful in making good work possible but they do not ensure it, for the results are obtained by the staff and the statistics of the report, together with the remarks made, are not very obvious appreciations of their work and skill. The professional staff have carried out their duties skillfully and diligently during the year, and a tribute must also be paid to the co-operation and patience of the head teachers. We are indeed sorry so often to disturb their own important teaching tasks, but know of no remedy, especially in these days of "polio". injections'.

The School Health Clerical Staff have had additional burdens put on them in view of the immunisation work in schools this year, and have met the demands effectively by working long hours to do so.

I should like to thank the Director of Education, Mr. Oxspring, and his staff for their unfailing help and enthusiasm for the School Health Service, and to the Committee for its desire constantly to promote the good health of the school children.

G. RAMAGE,  
County Principal School Medical Officer.



# Annual Report

## PART I.—INSPECTIONS AND OTHER

### EXAMINATIONS

This year the Ministry of Education has called for the statistics for medical inspections to be given according to the year of birth instead of age groups as hitherto.

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

#### A. Periodic Medical Inspections:

##### Age Groups Inspected

(by year of birth)

1954 and later	398	} Entrants.
1953	5,381	
1952	4,054	
1951	597	
1950	149	
1949	149	} 2nd Age Group.
1948	3,031	
1947	4,118	
1946	1,652	
1945	325	
1944	2,829	} 3rd Age Group.
1943 and earlier	7,972	
Total	30,655	

#### B. Number of Other Inspections:

Special Inspections	121
No. of Re-inspections	20,849
Total	20,970

C. Pupils found to require treatment at Periodic Medical Inspections (excluding Dental Diseases and Infestation with Vermin).

<i>Age groups Inspected By year of birth</i>			<i>For defective vision (excl. Squint)</i>	<i>For any of the other conditions recorded in Pt. II</i>	<i>Total Individual Pupils</i>
1954 and later	...	...	7	22	27
1953	...	...	93	366	404
1952	...	...	98	331	379
1951	...	...	22	45	59
1950	...	...	10	15	21
1949	...	...	4	6	9
1948	...	...	124	151	259
1947	...	...	174	210	358
1946	...	...	78	110	173
1945	...	...	12	24	35
1944	...	...	110	126	239
1943 and earlier	...	...	345	377	666
Total	...	...	1,077	1,783	2,629



Table 2(a). Defects found by Medical Inspection  
Periodic Inspections

Defect or Disease	ENTRANTS		LEAVERS		OTHERS		TOTAL	
	Requir- ing Treat- ment	Requir- ing Obser- vation	Requir- ing Treat- ment	Requir- ing Obser- vation	Requir- ing Treat- ment	Requir- ing Obser- vation	Requir- ing Treat- ment	Requir- ing Obser- vation
Skin	90	321	142	303	60	316	292	940
Eyes—(a) Vision	198	420	455	959	429	850	1,077	2,229
(b) Squint	74	210	8	91	24	137	106	438
(c) Other...	15	68	20	90	19	106	54	264
Ears—(a) Hearing	8	127	13	124	13	283	34	534
(b) Otitis Media...	24	271	33	133	17	222	74	626
(c) Other...	14	82	19	83	19	58	52	223
Nose and Throat...	193	1,485	39	383	88	734	320	2,602
Speech	35	266	4	61	19	110	58	437
Lymphatic Glands	26	808	2	92	6	241	34	1,141
Heart	6	122	28	154	7	113	41	389
Lungs	53	645	21	185	36	287	110	1,117
Developmental—								
(a) Hernia	18	55	10	19	10	28	38	102
(b) Other...	9	184	10	73	21	119	40	376
Orthopaedic—								
(a) Posture	14	192	15	251	33	255	62	698
(b) Feet	73	403	49	271	50	286	172	960
(c) Other...	35	413	55	493	60	598	150	1,504
Nervous System—								
(a) Epilepsy	—	23	7	22	5	33	12	78
(b) Other...	3	97	—	93	5	133	8	323
Psychological—								
(a) Development	5	84	—	91	7	205	12	380
(b) Stability	2	131	—	113	5	131	7	371
Abdomen	5	71	3	18	3	32	11	121
Other	32	182	39	212	64	268	135	662

**Table 2(b). Defects found by Medical Inspection**

**Special Inspections**

<i>Defect or Disease</i>	SPECIAL INSPECTIONS	
	<i>Pupils requiring Treatment</i>	<i>Pupils requiring Observation</i>
Skin ... ..	3	1
Eyes—(a) Vision ... ..	12	8
(b) Squint ... ..	2	4
(c) Other... ..	—	1
Ears—(a) Hearing ... ..	3	1
(b) Otitis Media... ..	—	2
(c) Other... ..	1	—
Nose and Throat... ..	2	7
Speech ... ..	2	3
Lymphatic Glands ... ..	—	3
Heart ... ..	—	1
Lungs ... ..	—	4
Developmental—		
(a) Hernia ... ..	—	1
(b) Other... ..	—	—
Orthopaedic—		
(a) Posture ... ..	—	3
(b) Feet ... ..	—	5
(c) Other... ..	—	9
Nervous System—		
(a) Epilepsy ... ..	—	1
(b) Other... ..	—	5
Psychological—		
(a) Development ... ..	9	5
(b) Stability ... ..	—	3
Abdomen ... ..	—	2
Other ... ..	5	2

During the year there was a decrease of 4,473 in the number of periodic medical inspections performed and of 3,107 in the number of special inspections and re-inspections as compared with 1957. This was due to priority being given, when supplies of vaccine became freely available in the early part of the year, to the vaccination of children against poliomyelitis and to there being a vacancy in the medical staff throughout the whole of the year which it was not possible to fill.

In view of the smaller number of children who were examined it is not surprising that the number of defects which were found to require treatment were less than in 1957. The only increases were in respect of skin (223–292), lymphatic



glands (32-34), lungs (86-110), and hernia (26-38). Children requiring to be kept under observation on account of psychological difficulties—lymphatic glands and lung conditions were also slightly larger in number than last year, the increases being 156, 141 and 12 respectively.

There was a significant decrease in the number of cases of Nose and Throat conditions needing either observation (57) or treatment (178). Several of the medical officers have commented on this point and of the consequent welcome diminution in the waiting list for operation.

During 1958 the Scheme whereby the intermediate medical inspection at a number of schools has been replaced by regular visits of the School Medical Officer has worked much more effectively than in previous years. It has become clear that for successful operation of a Scheme of this nature certain principles should be followed viz:—

1. School Medical Officers who take part in the Scheme should be expected to work one system only, *i.e.* all the schools which they attend in their area should participate in the Scheme. This avoids confusion when visiting any particular school.

2. The School Medical Officer who attends the minor ailment Clinic should also visit the local schools. This is generally a desirable feature but becomes essential in this type of Scheme because the School Medical Officer must be aware of the medical background of the children at each school, and as to which children are under periodic review.

3. It is necessary for the Medical Officer to inspect each school once per term. These visits are best laid down in the School Medical Officer's time-table so that there will be adequate time whilst at the school to see each child requiring attention. It is not, in general, enough to ask the Medical Officer to drop in while passing.

4. The Head Teacher should be informed of the impending visit to the school by the Medical Officer to allow opportunity to consult with the Staff regarding the names of the children who require a special medical examination.



5. When the School Medical Officer visits the school he is asked to discuss with the Head Teacher the general health of the children and to see any child who appears to be ailing, backward or whom the teacher considers not to be making satisfactory progress. In addition, the School Medical Officer should inspect the attendance registers and review any child who has been absent with undue frequency. The School Medical Officer should walk around to see each child in class preferably during the physical education period and have a short chat with each teacher on the same lines as the talk with the Head Teacher. The School Medical Officer should pick out any child for examination who does not appear to be in normal health.

6. The parents should be kept fully informed of the Scheme and encouraged to bring forward for a special examination children with whom they have any difficulties. To this end trials have been carried out using a medical questionnaire sent to parents before the medical examination asking whether the child has had any symptoms of note and whether any medical care is already being received. School Medical Officers have found this questionnaire to be helpful and it is hoped to extend the questionnaire system to cover further areas of the County. With these modifications it is considered that the Scheme can successfully replace the intermediate routine medical inspections. A table is appended showing the results of the scheme during 1958. The school population of the schools taking part in the Scheme were 9,208.



## Findings of Medical Inspections of Children examined under the experimental Scheme.

	<i>For Treatment</i>	<i>For Observation</i>	<i>Total</i>
Skin ... ..	1	13	14
Eyes :			
Defective Vision ...	21	20	41
Squint ... ..	—	6	6
Other Conditions ...	1	6	7
Ears :			
Hearing ... ..	—	12	12
Otitis Media R. ...	—	2	2
Otitis Media L. ...	—	1	1
Other Conditions ...	1	1	2
Nose and Throat ...	2	39	41
Speech... ..	3	3	6
Glands ... ..	—	17	17
Heart ... ..	—	4	4
Lungs ... ..	—	17	17
Development :			
Other ... ..	—	3	3
Orthopaedic :			
Posture ... ..	—	4	4
Feet ... ..	—	2	2
Other Conditions ...	2	7	9
Nervous System :			
Epilepsy ... ..	—	3	3
Other Conditions ...	—	13	13
Psychological :			
Development ... ..	—	3	3
Stability ... ..	—	5	5
Abdomen ... ..	—	2	2
Miscellaneous ... ..	3	14	17
	<hr/> 34	<hr/> 197	<hr/> 231

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

(1) Age Group	(2) No. of children Examined			(3) No. of Parents Attended			(4) Col. 3 as % of Col. 2		
	1956	1957	1958	1956	1957	1958	1956	1957	1958
Entrants	13,069	11,354	9,833	11,385	9,804	8,809	87.14	86.35	89.59
2nd Age Group	9,233	9,971	7,149	5,984	6,840	5,222	64.03	68.60	73.04
3rd Age Group	8,901	12,237	10,801	1,532	2,616	2,289	17.21	21.38	21.19
Other Periodic Inspections	1,612	1,566	2,872	1,032	897	1,765	64.02	57.28	61.45
<b>TOTAL ...</b>	<b>32,815</b>	<b>35,128</b>	<b>30,655</b>	<b>19,933</b>	<b>20,157</b>	<b>18,085</b>	<b>60.74</b>	<b>57.38</b>	<b>60.00</b>
1954 and later		398		357			89.7		
1953		5,381		4,878			90.65		
1952		4,054		3,574			88.16		
1951		597		468			78.39		
1950		149		102			68.46		
1949		149		61			40.94		
1948		3,031		2,194			72.38		
1947		4,118		3,028			73.53		
1946		1,652		1,042			63.07		
1945		325		92			28.31		
1944		2,829		619			21.88		
1943 and earlier		7,972		1,670			20.95		
<b>Total ...</b>		<b>30,655</b>		<b>18,085</b>			<b>60.00</b>		

It is pleasing to note that the percentage of parents attending periodic medical inspections has increased in each age group except that for the third age group ('leavers'). This was unfortunate, for this examination gives parents a valuable opportunity to discuss with the school medical officer as to the best type of employment suited to the child's physical and mental capacities. It is known that in a number of cases children have actively tried to dissuade parents from attending at the "leavers" routine medical inspections.

This year the Ministry of Education has called for the statistics for medical inspection to be given in one year groups and the second group of figures given above shows the percentage of parents attending on this basis.



**(b) Table 4. Ascertainment of Handicapped Pupils during 1958**

<i>Category</i>							<i>No. of Children Ascertained</i>
Blind	...	...	...	...	...	...	—
Partially Sighted	...	...	...	...	...	...	1
Deaf	...	...	...	...	...	...	5
Partially Deaf	...	...	...	...	...	...	15
Delicate	...	...	...	...	...	...	52
Educationally Sub-Normal	...	...	...	...	...	...	326
Epileptic	...	...	...	...	...	...	41
Maladjusted	...	...	...	...	...	...	78
Physically Handicapped	...	...	...	...	...	...	133
							—
							651
							—

The table above includes only those children categorised as handicapped in accordance with the definitions 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.

The total number of children ascertained was slightly above that for 1957 and there were increases of 70, 7 and 20 respectively in respect of educationally sub-normal, epileptic and maladjusted children. The figures for the other categories were a little below those for the previous year.

**(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	...	...	975
No. of children advised to register under the Disabled Persons (Employment) 1944, Act			33
			—
			1,008
			—

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>		
	1956	1957	1958
Employment Licences ... ..	1,903	1,761	1,631
Entrants to courses of training for Teachers ... ..	304	311	183
Entrants to the Teaching Pro- fession ... ..	165	218	251
Superannuation ... ..	341	391	457
Children boarded out by the Children's Committee ...	377	507	379
	<hr/> 3,090 <hr/>	<hr/> 3,188 <hr/>	<hr/> 2,901 <hr/>

The number of these examinations has decreased by 287 as compared with 1957 but it is nearly 600 more than three years ago. All of the examinations were carried out by School Medical Officers at the school clinics and they take up a good proportion of the time devoted to attendance at the clinics.

There were four children found to be unfit of the 1,631 children who were examined for employment licences as compared with eight children for whom licences were refused in 1957.



(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	...	...	...	...	...	3,379
Arising out of medical inspections	...	...	...	...	...	935
Arising out of inspection at clinics	...	...	...	...	...	705
All skin diseases	...	...	...	...	...	272
Aural:—Ears	...	...	...	...	...	301
Nose and throat conditions	...	...	...	...	...	1,059
Ophthalmic defects	...	...	...	...	...	5,939
Orthopaedic defects	...	...	...	...	...	294
Educationally subnormal children	...	...	...	...	...	499
Neglected children	...	...	...	...	...	689
Infectious diseases	...	...	...	...	...	164
Heat testing	...	...	...	...	...	181
Holiday visits to children home from special schools	...	...	...	...	...	621
Miscellaneous	...	...	...	...	...	1,130
Ineffectual visits	...	...	...	...	...	261
						<hr/> 16,429 <hr/>

There was an increase of 113 in the number of home visits made by the nurses as compared with last year, but as there was a marked decrease of 834 in the number of ineffectual visits, the number of effective visits was increased by 947. Marked decreases were shown in the visits following examinations at school and at clinics and also in regard to ophthalmic defects as compared with 1957 but this may be due to a revision of the form of return which has been required and to the extension of the analysis of the reasons for which the visits were made. Last year no visits for miscellaneous reasons were recorded but this year the return shows that 1,130 such visits were made.

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

The visitation of children 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.

**(f) Details of visits made by Nursing Staff to schools**

<i>Reason for Visit</i>	<i>No. of Visits</i>
Ophthalmic Cases:—	
General ... ..	1,460
Atropinisation ... ..	5,034
Vision testing prior to	
Medical inspection ... ..	799
Attendance at Ophthalmic Clinic ... ..	291
Infectious Diseases ... ..	82
Hygiene Inspections ... ..	3,967
Miscellaneous ... ..	281
	<hr/>
	11,914
	<hr/>

This is the first year that the above information has been collected and it will be seen that the nurses are required to devote a considerable amount of time to work at the schools. These visits are in addition to their attendances with the school medical officers at routine medical inspections.

## 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	...	...	...	4	—
(ii) Body	...	...	...	17	—
Scabies	...	...	...	24	—
Impetigo	...	...	...	133	2
Other Skin Diseases	...	...	...	2,301	83
				<hr/>	<hr/>
Total	...	...	...	2,479	85
				<hr/>	<hr/>



## 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		625	33
Errors of refraction (incl. squint)		2,757	536
Total ... ..		3,382	569
Number of pupils for whom spectacles were prescribed ...		5,313	231

## 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 ...		—	2
(b) for adenoids and chronic tonsillitis ... ..		—	1,718
(c) for other nose and throat conditions ... ..		—	77
Received other forms of treatment ... ..		440	129
Total ... ..		440	1,926

		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 ... ..			15
(b) in previous years ...			73

## Orthopaedic and Postural Defects

		Number of cases treated	
		By the Authority	Otherwise (Hospital, etc.)
Number treated as in-patient in hospitals ... ..		—	191
Number treated otherwise, e.g. in clinics or out-patient departments ... ..		733	23

## *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 ...	118	9

## *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 ...	557	29

## *Other Treatment Given*

	<i>Number of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
Miscellaneous minor ailments...	365	271
Respiratory defects ...	314	215
Injuries ...	1,838	189
Debility and malnutrition ...	431	—
Infectious diseases ...	—	241
Other ...	42	575
Total ...	2,990	1,491

Pupils who received convalescent treatment under School Health Service arrangements	378	—
Pupils who received B.C.G. Vaccination ...	3,957	—
	7,325	1,491



(a) COUNTY CLINICS

Table 9.

SCHOOL HEALTH SERVICE CLINICS

(Less the Excepted District of the Borough of Newcastle)  
as at 31-12-58

<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 Baddeley Green Lane, Milton	—	—	9-30—12-30 Tues. every 6—8 weeks	—	—
Barton-under- Needwood	Central Hall	2-0—2-30 Tues. fortnightly	—	—	—	—
Biddulph	Church Hall	9-0—10-30 Fri. every 2nd and 4th in month	—	9-30—12-30 Fri. every 3rd and 5th in the month	—	—
Bilston	†Central 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. weekly	—	—
Bilbrook	Lane Green C.P. School	9-0—10-30 Tues. fortnightly	—	—	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>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Brownhills	Mount Zion Primitive Methodist School, High St.	9-0—10-30 Tues. weekly	—	—	—	—
Cannock	† ‡ (1)	9-0—10-30	—	2-0—4-0	—	—
	(1)	Mon. and Fri. wkly. 9-0—10-30	—	Friday weekly	—	—
	(3)	Mon. and Thurs. wkly. 2-0—4-0	—	—	9-30—4-30 Thurs. wkly.	—
(4)	St. John's Institute, Hednesford Rd., Heath Hayes	Friday weekly 10-45—12-0	—	—	—	—
	Cannock Rd., Hednesford	Mon. weekly 9-0—10-30 Wed. and Fri. weekly	—	—	—	—
Chasetown	Youth Centre, Sankey's Corner	9-0—10-30 Tues. weekly	—	—	—	—
Cheadle	Carlos Memorial Institute	9-0—10-30 Tues. weekly	—	9-30—5-0 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	—	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. fortnightly	—	—	—	—
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	9-0—10-30 Wed. fortnightly	—	—	—	—
	(2) The Hutments Cannock Road	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	—	—
Kingswinford	Wesleyan Methodist Sunday School, Moss Grove	9-0—10-30 Tues. fortnightly	—	—	2-0—4-30 Fri. weekly	—
Kinver	Constitutional Club, High Street	9-0—10-30 Fri. fortnightly	—	—	—	—
Leek	(1) Cripples' Aid Society Clinic, Salisbury Street	9-0—10-30 Mon., Thurs. and Fri.	—	9-30—5-0 Wednesday every 2—3 weeks	—	—
Lichfield	(2) Alsop Street	—	Sat. 9-0—12-0 *	—	—	—
	† 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	—	—	—	—

<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>
Madeley	Village Hall	9-0—10-30 Thurs. fortnightly	—	9-30—12-30 Tues. every 3 months.	—	—
Norton Canes	Trinity Methodist Church Brownhills Road Central Hall	10-45—12-0 Mon. fortnightly	—	—	—	—
Pelsall		9-0—10-30 Mon. weekly	—	—	—	—
Penkridge	(1) Dr. McCollum's Surgery St Michaels Road	9-0—10-30 Thurs. fortnightly	—	—	—	—
Pheasey Estate	(1) 2, Crome Road	9-10-30 Tues. weekly	—	2-0—5-0 Wed., 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	*	2-0—4-0 2nd and 4th Tues. in month	9-30—12-0 Wed. weekly 9-30—12-0 Fri. weekly	—
Rugeley	† (2) Mace Street, Old Hill	9-0—10-30 Tues. weekly	*	2-0—4-0 1st and 3rd Tues. in month	—	9-0—12-0 Tues. weekly
Sedgley	† (3) Dudley Road, Tividale	9-0—10-30 Mon. fortnightly	*	—	—	—
	(4) Methodist School Room Springfield	2-0—2-30 Thurs. fortnightly	—	—	—	—
	† 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
	(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	—	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
Short Heath	12, Coltham Road	9-0—10-30 Fri. weekly	—	—	—	—



<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Stafford	‡ (1) Lammascote Road (2) North Walls	9-0—10-30 Daily inc. Sat. —	9-0—5-0 Daily except Sat., —	9-30—5-0 Tues. fortnightly —	—	9-0—5-0 Thurs. weekly 2-0—5-0 Tues. weekly
Stone	(3) Rising Brook (1) St. Michael's Hall	9-0—10-30 Thurs. weekly 9-0—10-30 Thurs. weekly	— — —	— — 9-30—12-30 Tues. every 4—6 wks.	— — 9-30—12-30 Fri. weekly	— — 9-0—12-0 Tues. weekly
Talke	(2) Kitchener Institute Wesleyan School, New Road	9-0—10-30 Thurs. fortnightly 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	— — —
Tamworth	School of Industry Marmion Street	—	*	2-0—5-0 Wed. every 4 wks.	1-30—4-30 Mon. weekly	9-0—12 Mon. 2-0—5-0 Tues. weekly
Tettenhall	U.D.C. Offices, Upper Green	9-0—10-30 Thurs. fortnightly	—	10-0—12-30 Tues. weekly	9-30—12-30 Mon. 9-30—4-30 Thurs. weekly	—
Tipton	‡ (1) Central Clinic, Horseley Rd.	9-0—10-30 daily incl. Sat.	9-0—5-0 Wed., Thurs. and Fri.	—	—	—
Tutbury	(2) Princes End Junior Mixed and Infants' School (1) Methodist Sunday School (2) Tutbury Institute	9-0—10-30 Mon. and Thurs. weekly 1-30—2-0 Fri. fortnightly —	— — — —	— — 2-0—5-0 Tues. every 3 mths. 2-0—5-0 Wed. fortnightly	— — — closed temp.	— — — 9-0—5-0 Wed. weekly
Uttoxeter	Heath House	9-0—10-30 Fri. weekly	*	—	—	—
Walsall Wood	Primitive 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 —





(i) Minor Ailment Clinics

		1956	1957	1958
No. of Clinics	...	65	66	67
No. of first visits	...	11,354	9,405	8,090
No. of re-visits	...	27,190	27,118	20,394

The number of visits and re-visits made by children to the clinics has again fallen and there is a decrease of 1,201 in the number of defects and diseases found, shown in the following table.

Although there was a decline in the number of visits of children to the clinics for treatment of minor ailments, the time of the medical officers was usefully employed in the ascertainment and "follow-up" examinations of handicapped children and by the examinations shown in Table 6.

**Table 10. Diseases and Defects found at Minor Ailment Clinics**

<i>Disease or Defect</i>					<i>No. of Cases</i>
Defective Vision	...	...	...	...	1,177
Squint	...	...	...	...	26
Blepharitis	...	...	...	...	133
Conjunctivitis...	...	...	...	...	128
Styes	...	...	...	...	191
Other eye defects	...	...	...	...	155
Enlarged tonsils and/or adenoids	...	...	...	...	166
Other defects of nose and throat	...	...	...	...	98
Defective hearing	...	...	...	...	67
Otitis Media	...	...	...	...	143
Other defects of ears...	...	...	...	...	199
Speech defects	...	...	...	...	106
Cough or catarrh	...	...	...	...	147
Bronchitis	...	...	...	...	124
Asthma	...	...	...	...	43
Ringworm—Scalp	...	...	...	...	4
Body	...	...	...	...	17
Scabies	...	...	...	...	24
Impetigo	...	...	...	...	133

Septic sores ... ..	664
Warts—General ... ..	387
Plantar ... ..	441
Boils ... ..	255
Other skin defects ... ..	554
Major injuries (including fractures) ...	18
Burns ... ..	122
Sprains or strains ... ..	346
Other minor injuries ... ..	1,370
Heart conditions ... ..	10
Rheumatic affections ... ..	22
Debility and malnutrition ... ..	431
T.B. Glands—Cervical ... ..	8
Abdominal ... ..	2
Posture ... ..	27
Flat feet ... ..	97
Other orthopaedic defects ... ..	46
Other defects ... ..	323
	<hr/> 8,204 <hr/>

### Bilston Foot Clinic

No. of new cases of plantar warts ... ..	188
No. of treatments ... ..	936
No. of sessions ... ..	41

### (ii) Ophthalmic Clinics

**Table 11. Visual and External Eye Defects**

	1956	1957	1958
No. of children examined ...	8,727	9,412	9,840
No. of children attending for the first time ... ..	2,964	3,200	2,525
No. of re-visits ... ..	5,763	6,212	7,315

Analysis of major defects found among new cases:—

#### *Errors of Refraction :—*

Hypermetropia ... ..	307
Hypermetropic astigmatism ... ..	375
Compound hypermetropic astigmatism ... ..	218
Myopia ... ..	568
Myopic astigmatism ... ..	139
Compound myopic astigmatism ... ..	112
Mixed astigmatism ... ..	102
Anisometropia ... ..	474



*Diseases and abnormalities :—*

*Lids and conjunctiva :—*

Blepharitis ... ..	18
Phlyctenular conjunctivitis ... ..	2
Follicular conjunctivitis ... ..	3
Conjunctivitis ... ..	3
Epicanthus ... ..	15
Hordeoli ... ..	2
Ptosis ... ..	7
Mucocele ... ..	1
Meibomian cyst ... ..	1
Amblyopia ... ..	54
Amblyopia anopsia ... ..	2
Hysterical amblyopia ... ..	1
Epiphora ... ..	1

*Cornea :—*

Ulcer of cornea ... ..	1
Corneal scars ... ..	2

*Uvea :—*

Central choroid atrophy ... ..	1
Congenital coloboma of iris ... ..	2
Congenital coloboma of choroid ... ..	1
Albinism ... ..	1
Deformity of iris ... ..	1
Heterochromia irides ... ..	1
Ciliary spasm ... ..	3
Choroidal tear (traumatic) ... ..	1
Indocyclitis ... ..	1

*Lens :—*

Traumatic cataract ... ..	1
Aphakia (post-congenital cataract) ... ..	1

*Retina :—*

Hole at Macula ... ..	1
Central retinal atrophy ... ..	1
Coloboma of disc ... ..	2
Congenital anomaly ... ..	1
Central choroidal retinopathy ... ..	1
Detached retina ... ..	1
Macular choroiditis ... ..	2

*Nerve :—*

Optic atrophy ... ..	3
Opaque nerve fibres ... ..	1
Pseudo papilloedema ... ..	2

*Muscles :—*

Nystagmus ... ..	4
Congenital idiopathic nystagmus ... ..	1
Exophoria ... ..	6
Ocular torticollis ... ..	4
Strabismus ... ..	303
Esophoria ... ..	2
Superior oblique palsy ... ..	2
Asthenopia ... ..	1
Medial rectus paresis ... ..	1
Hyperphoria ... ..	1
Exotropia ... ..	1
Diplopia ... ..	1
Epiphora dacrocystitis ... ..	1

*Others :—*

Congenital toxoplasmosis ... ..	1
Migraine ... ..	4
Allergic rhinitis ... ..	2
Facial palsy ... ..	1
Petit mal ... ..	1
Intra ocular foreign body... ..	1

There was an increase of 428 in the total number of children examined as compared with last year, but there was a decrease of 675 in the number of first examinations, whilst the number of re-examinations was increased by 1,103.

The staff has worked continually throughout the year but there are still some clinics which have considerable waiting lists.

The system has continued whereby a school nurse is engaged whole-time in testing the vision of the 8 year age group, and school medical officers are encouraged to perform vision tests at the routine examinations of those school entrants who are able to co-operate.

During the year one of the school medical officers submitted for trial a lantern device for determination of visual acuity. This device was tested by 2 other school medical officers comparing the results of the tests with the results obtained using Snellens type, Number Cards, E Cards and Sjögren Cards.

As a result it was found that the last method appeared to be the most useful for testing the vision of school entrants and sets of cards have been issued to all the school medical officers. The Chief Medical Officer to the Ministry of Education in his report 1956-57 refers to trials in other Counties which led to a similar result. The Sjögren card method is that recommended by the Faculty of Ophthalmologists.

303 children were found to be suffering from squint and a number were referred to various hospitals for orthoptic treatment or operation. Details of the orthoptic cases are given on Page 53.

The number of children found to be suffering from myopia was 568, 121 less than in 1957. Very few of these cases had the disease in the progressive state. Those with progressive myopia are kept under frequent supervision.



(iii) Cannock Orthopaedic Clinic

**Table 12. Statistics for 1958**

No. on register at end of December, 1958	...	137
No. of new cases	... ..	54
No. of children discharged cured	... ..	44
No. of cases lost sight of, etc.	... ..	24
No. of attendances for physiotherapy	... ..	2,869
No. of attendances for ultra violet light treatment	...	1,203
No. of examinations by Orthopaedic Surgeon	...	386

**Table 13. Defects treated during 1958**

Anterior poliomyelitis	...	...	...	...	11
Erb's Palsy	...	...	...	...	1
Scoliosis	...	...	...	...	2
Kyphosis	...	...	...	...	2
Lordosis	...	...	...	...	1
Slack back	...	...	...	...	10
Genu valgus	...	...	...	...	39
Genu varum	...	...	...	...	5
Hallux valgus	...	...	...	...	3
Flat feet	...	...	...	...	69
Pes cavus	...	...	...	...	1
Hammer toes	...	...	...	...	11
Talipes equino varus...	...	...	...	...	9
Talipes calcaneo valgus	...	...	...	...	2
Dislocation of hip	...	...	...	...	1
Torticollis	...	...	...	...	2
Short leg	...	...	...	...	1
Spastic...	...	...	...	...	1
Cut tendon	...	...	...	...	1
Sprain	...	...	...	...	1
Exostosis os calcis	...	...	...	...	2
Osteomyelitis	...	...	...	...	1
Other conditions	...	...	...	...	4

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#### (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 51 greater than in 1957.

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 treatment was completed</i>	<i>No. of children discharged</i>	<i>No. of children under treatment</i> 31.12.58	<i>No. of treatments given</i>
Bilbrook ...	2	11	4	17	436
Bilston ...	16	28	11	34	535
Coseley ...	3	18	—	12	418
Lichfield ...	25	18	8	8	263
Rugeley ...	23	12	17	9	272
Sedgley ...	18	18	4	30	469
Shelfield ...	17	13	8	9	337
Stafford ...	83	78	61	26	1,152
Tettenhall ...	10	22	3	33	615
Tipton ...	17	18	4	41	654
Tividale ...	18	11	2	20	252
Uttoxeter ...	27	21	11	13	419
Wednesbury ...	22	17	3	15	348
	<u>281</u>	<u>285</u>	<u>136</u>	<u>267</u>	<u>6,170</u>

One hundred and nine 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 &amp; Feet</i>	<i>Others</i>
Bilbrook ...	...	5	2	10	—
Bilston ...	...	3	4	27	—
Coseley ...	...	5	5	2	—
Lichfield ...	...	1	4	2	1
Rugeley ...	...	1	5	1	2
Sedgley ...	...	2	5	23	—
Shelfield ...	...	2	4	2	1
Stafford ...	...	10	9	7	—
Tettenhall ...	...	2	13	18	—
Tipton ...	...	11	10	15	5



Tividale	...	4	11	5	—
Uttoxeter	...	1	6	4	2
Wednesbury	...	6	6	3	—
		—	—	—	—
		53	84	119	11
		—	—	—	—

#### (v) Ear, Nose and Throat

The County Ear, Nose and Throat Specialist continued to work on a part-time basis during the year, but as from the beginning of the Autumn Term, he had, owing to new commitments, to reduce his sessions from three to two per week. Fortunately it was possible to obtain the services of another Specialist for one session per week from the end of September.

The Specialists continued to see those children who had a hearing defect and 469 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 had been sent to the general practitioner.

There was a slight fall in the number of sessions held during the year; 104 sessions as compared with 114 in 1957 with a proportionate fall in the number of cases referred for examination; 1,958 against 2,138 in the previous year. Owing, however, to a small number of non-attendances the number of cases examined was approximately the same in the two years.

Of the 1,533 children examined 681 were found to have significant defects, and of those 303 were referred to hospital for treatment. The majority of the 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, but in the majority of cases the deafness did not call for education in a special school. Arrangements were made in appropriate cases for the provision of hearing aids and/or a seat in a favourable position in the front of the class at school.

Of the more severe cases of deafness, nine were recommended for admission to special schools—(three for Needwood one for the Braidwood School, Birmingham, two for The Mount, Stoke-on-Trent and three for other schools for the totally deaf).

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

Mr. Paterson has continued to examine children referred by outside education authorities for placement at Needwood Special School in those cases where doubt existed as to the children's suitability for the school. Sixteen such examinations were carried out during the year.

He has also in his capacity of Consultant to the school visited there regularly during the year.

The following tables give details of the work which has been carried out at the various ear, nose and throat clinics 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	1	7	4	12
Bilston ...	18	344	75	113	54	156
Brierley Hill ...	7	129	29	45	20	55
Cannock ...	7	138	25	55	23	58
Cheadle ...	3	54	15	22	8	17
Kidsgrove ...	2	36	4	11	2	21
Leek ...	3	52	9	22	5	21
Lichfield ...	5	96	24	38	16	34
Pheasey ...	1	20	1	4	1	15
Rowley Regis ...	9	179	42	50	29	87
Sedgley ...	5	101	20	17	8	64
Shelfield ...	9	168	52	62	30	54
Stafford ...	9	152	34	52	14	66
Tamworth ...	3	60	15	23	12	22
Tettenhall ...	1	20	5	2	1	13
Tipton ...	7	127	24	40	13	63
Uttoxeter ...	3	52	11	22	5	19
Wednesbury ...	11	210	39	96	58	75
	104	1,958	425	681	303	852

**Table 16. Analysis of defects found at Ear, Nose and Throat  
Consultant Clinics**

Tonsils and/or Adenoids ...	...	...	...	140
Catarrhal Otitis Media ...	...	...	...	101
Chronic Otitis Media ...	...	...	...	38
Chronic Suppurative Otitis Media	...	...	...	84
Recurrent Suppurative Otitis Media	...	...	...	12
Healed Suppurative Otitis Media	...	...	...	42
Suppurative Otitis Media...	...	...	...	4
External Otitis ...	...	...	...	8
Discharging ear ...	...	...	...	3
Congenital deformity of ear	...	...	...	1
Eustachian obstruction ...	...	...	...	2
Aural polypi ...	...	...	...	1
Deafness ...	...	...	...	96
Sinus investigation ...	...	...	...	30
Rhinitis ...	...	...	...	1
Epistaxis ...	...	...	...	1
Radical Mastoid ...	...	...	...	5
Wax ...	...	...	...	96
Speech defect ...	...	...	...	1
Mouth Breather ...	...	...	...	2
Mental retardation ...	...	...	...	3
Observation ...	...	...	...	10
				<hr/> 681 <hr/>

## 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. Examined</i>	<i>Had Tonsillectomy</i>	<i>%</i>
Entrants ...	9,833	742	7.5
Second Age Group ...	7,149	1,384	19.4
Third Age Group ...	10,801	2,782	25.8
Other Periodic ...	2,872	569	19.8
<b>TOTAL</b> ...	<hr/> 30,655 <hr/>	<hr/> 5,477 <hr/>	<hr/> 17.9 <hr/>



The percentage of children found to have had tonsillectomy has increased this year, except in the second age group, as compared with 1957. The total percentage increase for all of the children examined was 2·9, the figures for the two years 1957 and 1958 being 15·0 and 17·9 respectively.

The Ministry has decided that the survey shall be discontinued for the time being but will ask for similar information every 5 years or so.

#### (vi) Audiometric Survey

The Audiometric team continued to test the hearing of children of 8 years of age, *i.e.* those born in 1950, and of those of various ages who were presented by head teachers because of a suspicion that hearing was defective.

The following table shows the number of children who were examined 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	...	9,531	1,004
Absentees in 1957	... ..	1,738	156
Children of various ages presented by teachers	... ..	247	100
		<hr/> 11,516	<hr/> 1,260
Number of schools visited	... ..	...	373

In addition, there has been a re-test of 294 children who it has been considered advisable to keep under supervision. Of these, 194 were still found to have a loss of hearing and arrangements will be made for them to be examined by the County Ear, Nose and Throat Consultant.

There were 918 children absent from school at the time of the audiometrician's visit, and arrangements will be made for them to be tested during 1959.

The children found by the audiometrician to have defective hearing, 1,260 in number, were recorded for examination by the County Ear, Nose and Throat Consultant, and during the year it was possible to make appointments for 1,175 of them at the various clinics. 470 of that number were found to require treatment.

**Table 17.**

**Analysis of the defects found by Consultant Ear, Nose and  
Throat Surgeon**

**Deafness—**

Nerve deafness	...	...	...	...	...	42
Severe deafness	...	...	...	...	...	7
Slight deafness	...	...	...	...	...	5
High tone deafness	...	...	...	...	...	2
Mixed deafness	...	...	...	...	...	3
Congenital deafness	...	...	...	...	...	2
Grade IIa deafness	...	...	...	...	...	5
Congenital malformation of ear	...	...	...	...	...	1
						67

**Infections—**

Catarrhal deafness	...	...	...	...	...	2
Catarrhal otitis media	...	...	...	...	...	19
Catarrhal otitis media with enlarged tonsils and adenoids	...	...	...	...	...	91
Enlarged tonsils and adenoids	...	...	...	...	...	53
Chronic suppurative otitis media	...	...	...	...	...	22
Recurrent suppurative otitis media	...	...	...	...	...	28
Recurrent suppurative otitis media with en- larged adenoids	...	...	...	...	...	11
Chronic suppurative otitis media, with infected sinuses	...	...	...	...	...	8
Suppurative otitis media	...	...	...	...	...	4
Acute suppurative otitis media	...	...	...	...	...	4
Healed suppurative otitis media	...	...	...	...	...	30



Recurrent acute otitis media	...	...	...	...	2
External otitis	...	...	...	...	4
Sinus infection	...	...	...	...	21
Sinus infection with enlarged tonsils and adenoids	...	...	...	...	2
Quiescent otitis media	...	...	...	...	8
Radical mastoid	...	...	...	...	3
Eustachian obstruction	...	...	...	...	1
Aural polypi	...	...	...	...	2
					315

Others—

Wax	...	...	...	...	80
Mouth breather	...	...	...	...	4
Speech defects	...	...	...	...	1
Unco-operative	...	...	...	...	2
Epistaxis	...	...	...	...	1
					88

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

**(vii) Child Guidance Clinics**

No. of children on the register at the end of 1957	...	278
No. of children referred for examination during the year	...	127
No. of children discharged after treatment during the year	...	23
No. of children discharged after diagnosis only	...	44

No. of children discharged without being seen again during the year	...	...	...	...	...	29
No. of children seen by the Psychiatric Social Worker and no other action required	...	...	...	...	...	70
						— 166
No. of children on the register at the end of the year						239
No. of children attended	...	...	...	...	...	118

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

School Medical Officers	...	88
General Practitioners	...	12
Hospitals	...	4
Schools	...	4
Children's Department	...	10
Probation Service	...	5
Medical Auxiliaries	...	1
Other	...	3

The Child Guidance Service is still handicapped considerably by lack of staff and suitable premises. The County Psychiatrist died in May and it has not been possible to find a successor. Since then the work carried out at the clinics has been in the nature of remedial teaching, and cases which have been referred since have been added to the waiting list except where it was considered the maladjustment was severe. These were referred to clinics set up by other local authorities or to hospital clinics.

#### (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 children under treatment at 31.12.58</i>	<i>No. of new cases during the year</i>	<i>No. of children discharged during the year</i>
		<i>No. of treatments given</i>			
Bilston	...	—	—	7	—
Blackheath	...	314	15	6	21
Chadsmoor	...	400	20	25	35
Cheadle	...	—	—	1	—
Kidsgrove	...	—	—	4	—
Kingswinford	...	380	10	23	19
Leek	...	—	—	8	—
Lichfield	...	651	24	31	28
Pheasey	...	136	6	18	13
Rugeley	...	170	7	9	9



Sedgley	...	...	430	13	21	34
Sheffield	...	...	480	21	38	39
Stafford	...	...	784	37	44	46
Tamworth	...	...	306	13	21	20
Tettenhall	...	...	521	20	24	14
Tipton	...	...	668	26	19	60
Uttoxeter	...	...	232	—	1	7
Wednesbury	...	...	—	—	12	—
			<u>5,472</u>	<u>212</u>	<u>312</u>	<u>345</u>

<i>Hospital or Authority</i>	<i>No. of children under treatment at 31.12.58</i>
Birmingham Children's Hospital ...	—
Burton-on-Trent ...	3
Stoke-on-Trent Education Authority ...	3
Wolverhampton Royal Hospital ...	16
Newport—Shropshire Education Authority	3
North Staffordshire Royal Infirmary ...	4

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

Alalia	...	...	...	...	—
Cleft Palate	...	...	...	...	19
Cluttering	...	...	...	...	4
Dysarthria	...	...	...	...	5
Dysenia	...	...	...	...	14
Dyslalia (Multiple)	...	...	...	...	383
Dyslalia (Simple)	...	...	...	...	91
Dyslalia with Nasality	...	...	...	...	—
Dysphasia	...	...	...	...	4
Dysphonia	...	...	...	...	8
Indistinct Speech	...	...	...	...	4
Nasality (Excessive)	...	...	...	...	7
Nasality (Insufficient)	...	...	...	...	2
Retarded Speech	...	...	...	...	56
Sigmatism	...	...	...	...	40
Stammering	...	...	...	...	223
Stammering and Dyslalia	...	...	...	...	47
Stammering with Sigmatism	...	...	...	...	—
No defect found	...	...	...	...	32

There is a further drop of 278 in the number of treatments carried out by the speech therapists this year so that the diminution since the year 1956 when the speech therapy staff was at full strength is 1,492. There are still two vacancies for speech therapists but in spite of repeated advertising it has not been possible to fill them. The position worsened from the end of June when a therapist was granted twelve months special leave but a slight improvement was made by a part-time appointment which operated from the beginning of September.

The clinics at Bilston and Wednesbury have been closed since the end of 1956 and those at Cheadle, Kids Grove and Leek since April 1st 1957. Uttoxeter clinic ceased to function at the beginning of July 1958 but this clinic will re-open when the speech therapist, who is on special leave at present, returns to duty in 1959.

A number of cases have been treated at the North Staffordshire Royal Infirmary but this had to cease because the hospital had resignations from their speech therapy staff.

It has been possible to send more cases to the Royal Hospital, Wolverhampton and the number of children treated there during 1958 was doubled as compared with the previous year.

Speech therapy classes at the Council's three residential schools for educationally subnormal children had to cease as from the beginning of July 1958.

Wightwick Hall School for Handicapped Children has been without a speech therapist for the whole of the year.

#### **(ix) Ultra-Violet Light Clinics**

Treatment has been given at the various clinics as shown in the following table. Compared with 1957 there has been a fall of 111, 76 and 1,467 in the number of children referred, completed treatment and the number of treatments respectively. The three clinics at Rowley Regis (Mace St., Blackheath and Tividale) however, showed slight increases in the number of children referred for treatment, and except at Blackheath more treatments were given.



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	7	5	—	13	25	7	5	4	3	19	79	70	24	117	290
CANNOCK	13	4	4	17	38	8	9	6	7	30	411	334	158	310	1,213
LICHFIELD	3	—	—	—	3	—	2	—	—	2	22	11	—	—	33
PHEASEY	—	4	—	5	9	—	—	—	—	—	—	23	—	24	47
ROWLEY REGIS (Mace St., Old Hill)	6	5	5	5	21	6	7	—	7	20	66	73	14	106	259
(Blackheath)	23	—	—	14	37	20	—	—	6	26	239	—	—	125	364
(Tividale)	9	4	—	19	32	7	8	—	10	25	90	61	—	166	317
RUGELEY	2	3	1	1	7	3	—	—	3	6	35	23	19	22	99
STAFFORD	5	1	4	2	12	—	3	3	1	7	18	48	36	34	136
TIPTON (Central)	6	—	—	9	15	2	3	—	3	8	37	10	—	60	107
WEDNESBURY (Mesty Croft)	51	23	17	35	126	67	33	18	17	135	516	425	242	395	1,578
WILLENHALL	18	1	—	11	30	15	11	—	4	30	214	81	—	101	396
TOTALS	143	50	31	131	355	135	81	31	61	308	1,727	1,159	493	1,460	4,839

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	18	15	—	—	13	2	13	1	—	4
CANNOCK	60	No	Information	—	27	3	28	2	—	8
LICHFIELD	3	3	—	—	3	—	3	—	—	—
ROWLEY REGIS—										
Blackheath	28	22	2	5	22	7	21	8	—	9
Mace Street	24	14	3	6	20	3	22	1	—	2
Tivdale	28	21	2	2	20	5	17	8	—	3
RUGELEY	22	15	7	—	17	5	18	4	—	11
STAFFORD	12	5	3	—	4	4	3	5	—	4
TIPTON	17	14	—	—	14	—	14	—	—	3
WEDNESBURY—										
Mesty Croft	114	107	6	1	107	7	107	7	—	7
WILLENHALL	31	22	2	5	25	4	26	3	—	2
TOTAL	367	238	25	19	272	40	272	39	—	53



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

It will be noted that 74·1 % of children are considered to have improved in nutrition and 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>
Anorexia	...	...	...	...	12	—
Psoriasis ...	...	...	...	...	2	—
Ichthyosis	...	...	...	...	1	—
Alopecia	...	...	...	...	1	—
Acne and irritability	...	...	...	...	1	—
Bronchitis	...	...	...	...	53	14
Bronchiectasis	...	...	...	...	4	—
Asthma and bronchitis	...	...	...	...	9	6
General debility	...	...	...	...	76	5
General debility and asthma	...	...	...	...	1	—
General debility and bronchial catarrh	...	...	...	...	3	—
General debility and flat feet following pneumonia	...	...	...	...	1	—
General debility following tonsillectomy	...	...	...	...	5	1
Chronic T's and A's	...	...	...	...	12	2
Tonsillitis	...	...	...	...	2	—
Cervical adenitis	...	...	...	...	4	1
Catarrh ...	...	...	...	...	33	2
Anaemia	...	...	...	...	1	—
Malnutrition	...	...	...	...	13	3
Frequent colds	...	...	...	...	15	1
Knock knee	...	...	...	...	1	—
Boils	...	...	...	...	1	—

## Hospital Treatment

### (i) *Treatment of Tonsils and Adenoids*

	1956	1957	1958
No. of children referred by School Medical Officers ... ..	873	656	469
No. of children so referred who received operative treatment ...	217	244	211
Total number of children notified by hospitals who received operative treatment ... ..	1,259	1,182	1,718
No. of children awaiting treatment	2,867	2,643	1,131

Full information is not received from all hospitals in regard to treatment of these cases. The number of children who are awaiting operations according to our records still remains high, but a survey begun recently has revealed so far that 1,122 children have either received treatment or treatment was considered to be no longer required. This survey has, therefore, led to a decrease of 1,512 in the apparent list of children awaiting treatment and an increase of 536 in the number of children known to have been treated during the year.

Hospitals endeavour to co-operate by giving priority to urgent cases but there is often a substantial period of waiting involved before the operative treatment can be obtained.

### (ii) *Orthopaedic Treatment*

	1956	1957	1958
No. of children referred to Hospitals ... ..	454	352	289

### (iii) *Orthoptic Treatment*

	<i>No. of children referred to Hospitals</i>		
	1956	1957	1958
Burton-upon-Trent Hospital ... ..	3	1	6
Corbett Hospital ... ..	2	1	1
Derby Infirmary ... ..	—	—	1
Dudley Guest Hospital ... ..	20	3	21



Lichfield Victoria Hospital ...	61	47	68
North Staffs. Royal Infirmary ...	97	76	94
Staffordshire General Infirmary...	64	59	60
Walsall General Hospital... ..	2	2	1
West Bromwich and District General Hospital ... ..	3	3	6
Wolverhampton Eye Infirmary ...	36	39	53
	<hr/> 288	<hr/> 231	<hr/> 311

## REPORT OF THE PRINCIPAL COUNTY SCHOOL DENTAL OFFICER

### Staff

Staffing of the School Dental Service during the year remained the difficult problem it has become in recent times. For the second year in succession no full-time appointment was made in spite of repeated advertisements, and a further increase in the remuneration of dental surgeons in the National Health Service again reduced the likelihood of recruits being attracted to the Local Authority Service. In February a full-time officer resigned to take up a similar appointment with another Authority. Four part-time appointments were made during the year, three of these resigned within six months of taking up duties, the fourth being made on 17th December. In addition the Principal County School Dental Officer retired in May having had one extension of duty of a year, and assumed part-time duties as a School Dental Officer, being replaced in November.

The present authorised establishment of dental officers is 29 though the Ministry of Education recommend a ratio of one officer to every 3,000 children which would require Staffordshire to have an establishment of 44 dental officers. This number, the Ministry points out, is a minimum staffing requirement for an adequate dental service. At the end of the year there were in employment 12 full-time dental officers including the Principal County School Dental Officer and six



part-time officers, giving to the School Dental Service in all the arithmetical equivalent of approximately 14 full-time officers, which means a deficiency on the desirable minimum staff of no less than 30 full-time dental surgeons and a deficiency on the existing establishment of 15. Approximately one-eleventh of sessions worked during the year was devoted to the Maternity and Child Welfare Service administered by the Health Committee.

### Areas

It is obvious that with a grossly inadequate staff, many areas are deprived of a dental service altogether, others have a breakdown casualty service only, while a few maintain an orderly system of reasonably frequent inspection and treatment which should be the basis of a purposive school dental service.

For the Stafford Borough and Rural areas with a school population of 8,000 no full-time dental officer was available though at the end of the year 10 half days each week were being worked at the Lammascote Road Clinic by part-time personnel. No attempt was made to furnish the dental suite at the new Rising Brook Clinic with dental equipment as the prospect of staffing it was remote.

No routine dental service was available throughout the year in the Wednesbury (school population 6,500), Shelfield (8,000), Darlaston (4,600) and the Kidsgrove (5,700) areas. It is now more than ten years since a dental officer was employed in the Wednesbury area, and seven years since the Darlaston Clinic was staffed. From both the equipment has been dispersed to other clinics or sold when obsolete. The Leek clinic serving a school population of 6,100 was visited one morning per week for the purpose of treating 'emergency' cases only, while the full-time officer at Bilston clinic was compelled almost to suspend routine school inspections in order to give adequate treatment to emergency 'casual' patients who attend not only from the Bilston area but also from surrounding areas which are either unstaffed or staffed only part-time.



Cannock clinic was worked full time till the end of February and then, owing to a resignation, only one morning a week. In December even this ceased and no service was available at the end of the year. The Chadsmoor Clinic was maintained on a part-time basis as also were the clinics at Tipton and Wednesfield.

A reasonable service was provided in the following areas by part-time officers though as can be seen from the school population figures none approaches a ideal officer patient ratio. Stone (4,000), Lichfield (6,600), Coseley (5,600), Rowley Regis (8,400), Brierley Hill and Tettenhall (6,000), Quarry Bank (5,000), Willenhall (5,600), Sedgley (4,700), Uttoxeter (5,500) and Tamworth (6,400).

The six mobile dental clinics were in use throughout the year. One in the Biddulph-Cheadle area was used full-time, the others being operated part-time from static clinics to inspect and treat children at schools in outlying districts. These were in the Lichfield, Tettenhall, Sedgley, Tamworth and Quarry Bank areas.

### **Inspection and Treatment**

Four factors influence the statistical returns. These are the number of school children eligible for treatment and their dental condition, the professional staff available and the age of the dental staff. In recent years there has been an increase in the number of children in County schools. In 1947 there were approximately 112,000, in 1958 approximately 139,000. In the same period there has been a marked increase in the number of decayed teeth per child. In 1947 the percentage of children aged 5 with no bad teeth was 38.9 and those with 4 or more bad teeth was 22.3. On the other hand in 1958 these figures were 21.0 and 48.0 respectively. These figures indicate the increased amount of work which faces the School Dental Service compared with that of ten years ago. In the same period the number of full-time dental officers has dropped from 17 to 11. Shortage of staff has already been discussed but the age factor needs also to be mentioned. It is a recognised fact the work performed by a dental surgeon decreases with age, a point that was stressed by the McNair



Committee reporting on recruitment to the profession. The Committee showed that a dental surgeon's peak years were between 35 and 45. It should be noted therefore that of the 13 salaried officers in Staffordshire only one is below 45 years of age, whereas 6 are 60 years of age or over. These factors are all relevant when the statistical returns are considered.

Loss of staff is reflected in the decreased number of attendances of children at the clinics from 41,552 in 1957 to 40,395 in 1958. The much greater drop in the number of children actually treated from 26,373 to 21,841 indicates not only loss of staff but deterioration of the dental condition of the children which necessitates their making more than one visit each to the clinic. This deterioration is due not only to natural causes but also to the fact that dental officers are so overloaded that they cannot re-inspect within a reasonable time children treated, and thereby maintain the conservative treatment done previously.

The number of special inspections (children attending the clinics not as a result of school inspections) was virtually the same as last year. 8,576 compared with 8,563, but the balance of time available to the dental officer made it possible to inspect in the schools only 29,460 children compared with 38,893 in 1957, a very serious decline. This figure of children routinely inspected in school is deplorable in a County with a school population of 139,000 when it is remembered that an annual inspection of each child with subsequent treatment of all who need it is the recognised minimum for a service whose purpose is to correct disease and abnormality in the early stages. The number of school-children provided with dentures, 212, compared with 160 in 1957 provides a further commentary, although this figure includes replacement of teeth lost by accident and also replacement of outgrown dentures.

Once more there has been an increase in the number of graded anaesthetics, 6,824 compared with 6,380 in 1957. This is an increasingly popular mode of treatment when multiple extractions are required but is difficult to provide in mobile clinics.



The orthodontic service has been maintained and indeed somewhat increased, approximately one-twelfth of dental officers' time, on an average, being devoted to this work. This branch of the service is also very popular, but as it is very time consuming it is necessary to limit it to the more desperate cases so as not to interfere with the more fundamental treatment to relieve pain and to conserve the teeth. It would seem a misuse of limited services to correct minor instances of irregularity when teeth naturally aligned are allowed to decay for lack of attention.

### **General Remarks**

It is obvious that the present state of the School Dental Service must give rise to serious concern if not yet to alarm and despondency. It has already been pointed out that in many areas of the County more children are receiving treatment through the National Health Service than through the School Dental Service, and in many areas of Staffordshire no School Service exists. In no area does the service provide its minimum requirement of annual inspection and treatment. For over two years recruitment has been limited to transient part-time employment while the retirement of some 50% of the full-time staff draws to within a very few years. If recruitment does not improve and of this there is no sign, the present staff will be halved in 5 years time, and in 10 years will have virtually disappeared.

It appears that insufficient dental surgeons are qualifying to meet the Country's needs and these are rejecting the School Dental Service as a career. The reason can only be that the salary, conditions and prospects in the school service are not attractive compared with those available in other branches of the profession. If these are not improved the service will not obtain its share of available dental personnel.

It must be noted that the training of the operating dental ancillaries for the experiment in their use envisaged in the Dentists Act of 1956 has not yet commenced, and as it appears that at least five years will pass before ancillaries will be available, and then only in very limited numbers, it seems

doubtful as far as Staffordshire is concerned that the School Dental Service will exist in any recognisable form at the time this much needed re-inforcement is forthcoming.

### **Survey of the Dental Condition of Children aged 14 and over**

Following the detailed survey of the dental conditions of children entering school published in the annual report of 1957, a similar review was carried out on children in their last year at school.

This survey was designed and organised by my predecessor Mr. F. C. Winter whose report is appended.



## **SURVEY OF THE DENTAL CONDITION OF THE SCHOOL LEAVERS. AGE 14 AND OVER**

### **Introduction**

It is a statutory duty of a Local Authority to take all proper and reasonable steps to ensure that each child leaving school does so with a sound permanent dentition, and is well versed in the principles of oral hygiene. This of course is the ideal and would only be possible if Dental Officers were available in sufficient numbers to fill all vacancies. Unhappily, such is not the case. This survey was therefore undertaken to ascertain to what degree the County Council's Dental Scheme, as at present, falls short of this ideal.

A further aspect is that there is very little information available regarding the dental condition of the adult population. Although the present survey by its very nature is concerned with an age group on the verge of adult life it will at least fill a gap in the available information and give a picture of a cross section of the adolescent population in Staffordshire.

### **Method**

The statistical information embodied in the survey was gathered during the normal dental inspection of Senior Modern Schools. Dental Surgeons to the number of 17 participated in the survey. The actual examination of each child was made with a mouth mirror and probe, and the findings were recorded in detail on the child's dental record card. It was not possible, although it was highly desirable, to take bite wing X-Rays of each child. This would have been much too time-consuming with the man power available. It is agreed of course, that if such an examination had been carried out, it would have materially influenced the figures with regard to "sound teeth", and would have shown that the findings were even worse than those obtained by macroscopic examination.

### **Findings**

A total of 1,062 children were examined, of this number 56 or 5.3% were found to have complete and sound permanent



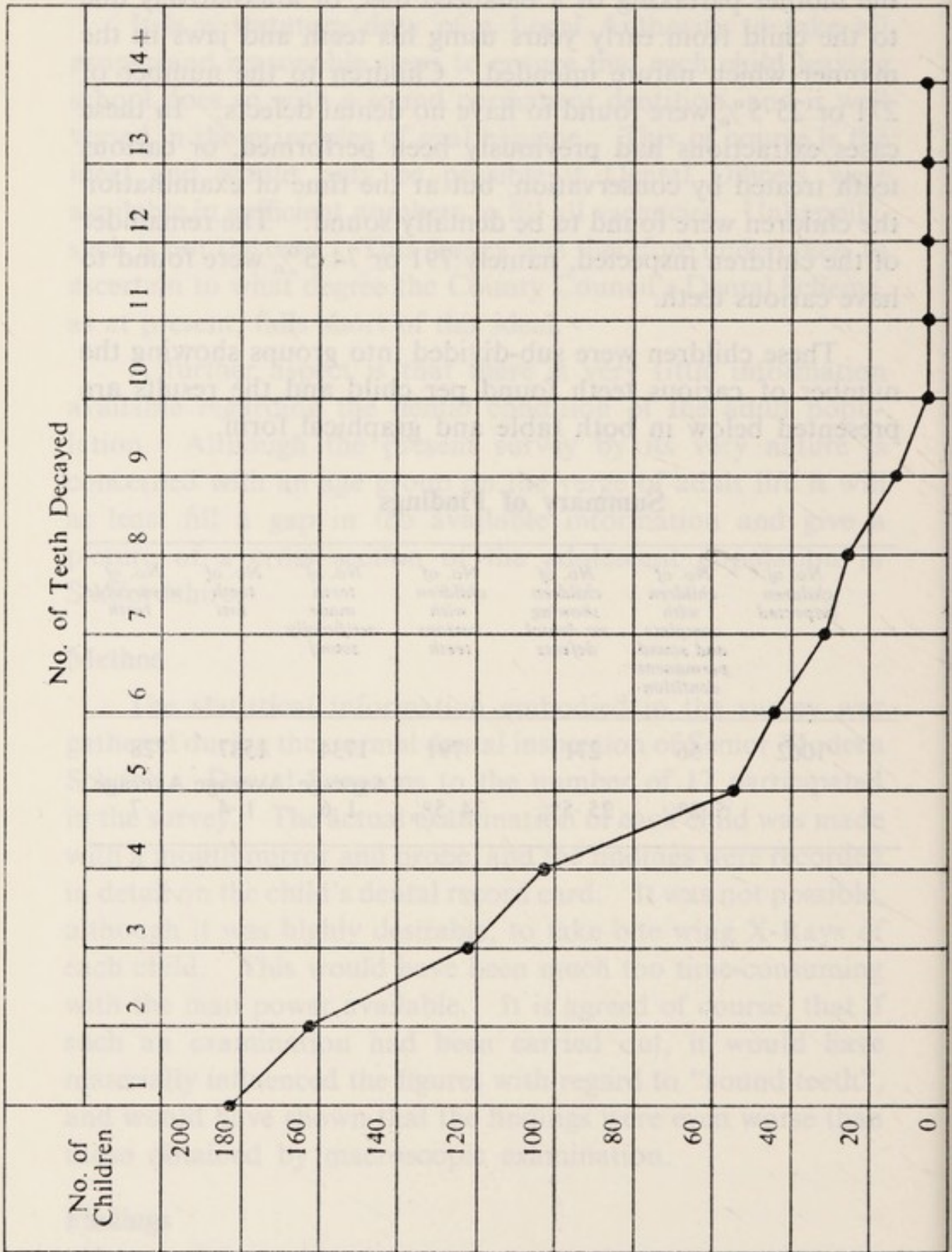
dentitions. These may be regarded as persons who possess a natural immunity towards dental caries. It was possible that this immunity was acquired during ante natal life due to the mother partaking of a balanced diet, or alternatively due to the child from early years using his teeth and jaws in the manner which nature intended. Children to the number of 271 or 25·5% were found to have no dental defects. In these cases extractions had previously been performed, or carious teeth treated by conservation, but at the time of examination the children were found to be dentally sound. The remainder of the children inspected, namely 791 or 74·5% were found to have carious teeth.

These children were sub-divided into groups showing the number of carious teeth found per child and the results are presented below in both table and graphical form.

### Summary of Findings

<i>No. of children inspected</i>	<i>No. of children with complete and sound permanent dentition</i>	<i>No. of children showing no dental defects</i>	<i>No. of children with carious teeth</i>	<i>No. of teeth made artificially sound</i>	<i>No. of teeth lost</i>	<i>No. of unserviceable teeth</i>
1062	56	271	791	1734	1537	728
	5·3%	25·5%	74·5%	Average 1·6	Average 1·4	Average ·7





Of the children examined (1,062) it was found that a total of 1,527 permanent teeth had already been lost, which gives an average of 1.4 per child. In addition a further 728 teeth were found to be beyond remedial treatment and needed extraction. Thus a total of 2,565 teeth can be regarded as lost which gives an average of 2.1 permanent teeth lost per child.

## **DENTITION AS A WHOLE**

### **Lower Incisors and Canines**

Apart from teeth which are structurally unsound, together with children who present rampant caries, the lower incisors and canines are practically immune to caries at the age of 14+. This is well illustrated by the following figures.

Lower Canines	...	...	97.7 % sound
Lower Laterals	...	...	99.2 % sound
Lower Centrals	...	...	99.3 % sound

### **Upper Incisors and Canines**

Although these teeth do not appear to possess the high degree of resistance to caries as their opposite numbers, at the same time they are not particularly susceptible to the onslaught of decay as is shown in the following table.

		<i>Sound</i>	<i>Lost</i>	<i>Filled</i>	<i>Carious</i>
Upper Canine	...	97.6 %	.6 %	.5 %	1.3 %
Upper Lateral	...	90.3 %	2.7 %	3.9 %	3.1 %
Upper Central	...	90.4 %	3.2 %	4.5 %	1.9 %

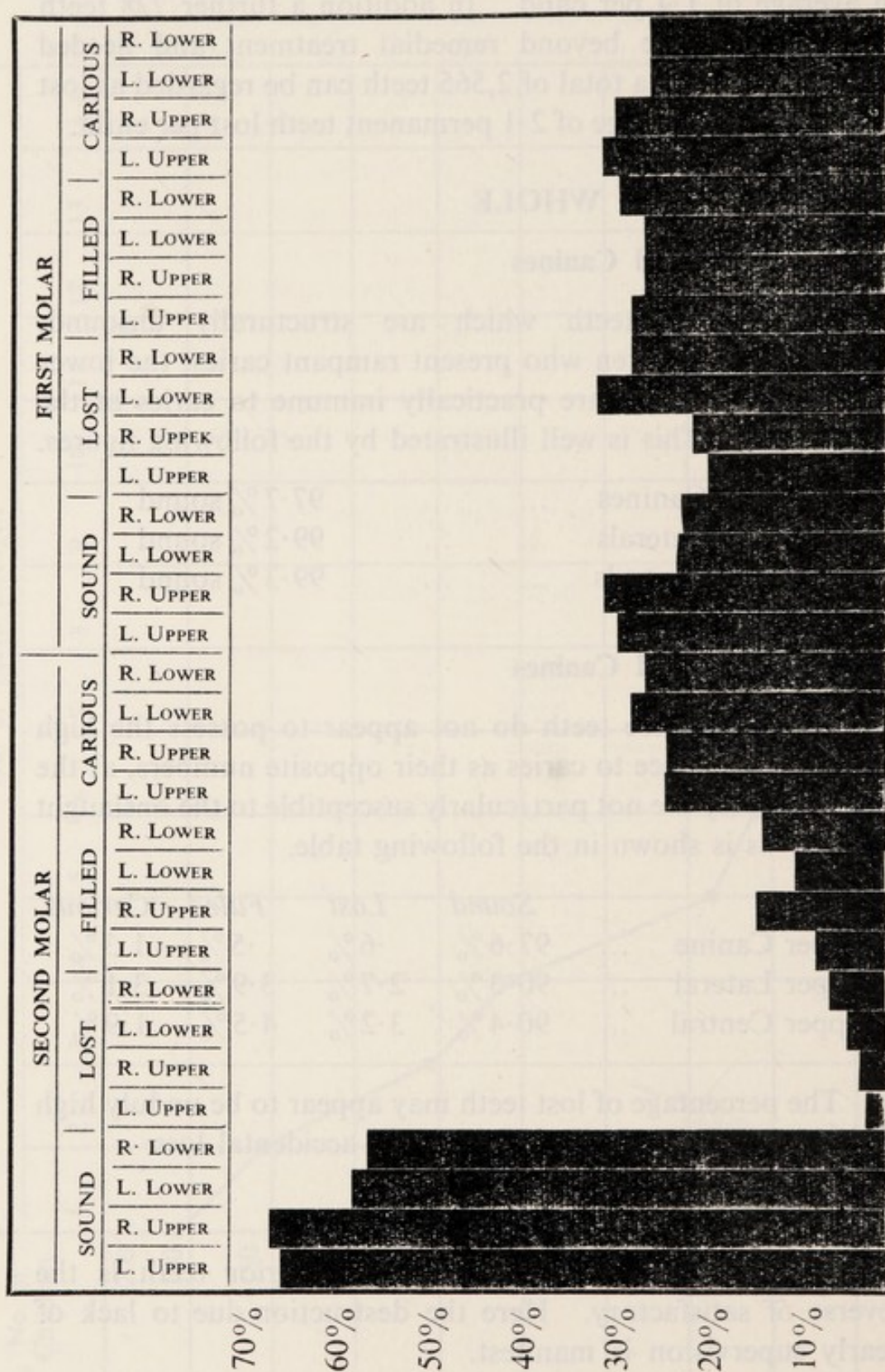
The percentage of lost teeth may appear to be unduly high but in the main this wastage is due to accidental loss.

### **Cheek Teeth**

The picture with regard to the posterior teeth is the reverse of satisfactory. Here the destruction due to lack of yearly supervision is manifest.

The findings with regard to these teeth are shown in the following tables.





No. of children examined 1,062.

Tooth	Locality and Jaw	Tooth sound	Tooth Filled	Tooth Lost	Tooth Carious					
					Surface Attacked					
					Occlusal	Mesial	Distal	Buccal	Lingual	Compound
2nd Molar	L. Upper	702	77	16	202	17	5	—	1	3
	%	66.1	7.2	1.5	19.0	1.6	0.4	—	0.1	0.3
	R. Upper	718	78	19	205	11	1	1	—	6
	%	67.6	7.3	1.8	19.3	1.0	0.1	0.1	—	0.5
	L. Lower	614	101	44	212	11	2	10	—	10
	%	57.9	9.5	4.0	20.0	1.0	0.2	0.9	—	0.9
	R. Lower	585	130	57	235	3	1	3	3	13
	%	55.1	12.2	5.3	22.1	0.3	0.1	0.3	0.3	1.2
1st Molar	L. Upper	289	270	192	171	10	7	4	1	10
	%	27.2	26.3	18.1	16.1	0.9	0.6	0.3	0.1	0.9
	R. Upper	304	260	191	181	10	2	3	—	16
	%	28.6	24.3	18.9	17.0	0.9	0.2	0.3	—	1.5
	L. Lower	228	273	313	135	4	9	8	—	8
	%	21.4	24.6	29.3	12.6	0.3	0.8	0.7	—	0.7
	R. Lower	225	298	279	145	5	—	5	1	16
	%	21.2	28.1	26.1	13.6	0.4	—	0.4	0.1	1.5
2nd Bicuspid	L. Upper	875	31	46	53	7	8	—	—	8
	%	80.9	2.9	4.3	5.0	0.6	0.7	—	—	0.7
	R. Upper	884	27	45	57	4	11	—	—	2
	%	83.2	2.5	4.2	5.3	0.3	1.0	—	—	0.2
	L. Lower	924	29	52	28	2	2	—	—	5
	%	87.0	2.7	4.7	2.6	0.2	0.2	—	—	0.4
	R. Lower	929	12	56	26	9	4	—	—	5
	%	87.3	1.1	5.2	2.4	0.8	0.4	—	—	0.4
1st Bicuspid	L. Upper	890	19	64	52	6	5	—	—	5
	%	83.8	1.8	6.0	4.9	0.5	0.4	—	—	0.4
	R. Upper	902	22	52	48	8	2	—	—	7
	%	84.9	2.1	4.9	4.5	0.7	0.2	—	—	0.6
	L. Lower	1,023	5	11	12	3	3	—	—	—
	%	96.3	0.4	1.0	1.1	0.3	0.3	—	—	—
	R. Lower	1,029	5	13	9	1	—	—	—	—
	%	96.9	0.4	1.2	0.8	0.1	—	—	—	—



### 1st Permanent Molars

The tooth has been likened to the keystone of the dental arch, as upon its retention is thought to depend the normal development of the jaws and alignment of the teeth. Under normal circumstances its retention therefore is of paramount importance. Unfortunately circumstances are not normal. The tooth itself is the first permanent cheek tooth to erupt, and is longest in an environment conducive to decay. Structurally it is often faulty in the fissure region and is the tooth most prone to decay. In the light of these factors it follows that it is a tooth which should be examined at comparatively short intervals as otherwise its loss is inevitable.

As this condition of frequent inspection is not possible under prevailing conditions the destruction of this tooth must follow. This is well illustrated in the following table.

### 1st Permanent Molar

<i>Sound</i>	<i>Lost</i>	<i>Filled</i>	<i>Carious</i>	<i>Beyond Conservation</i>
24.6%	23.1%	25.9%	26.4%	8.8%

It has been computed that a Dental Officer spends at least 75% of his time filling these teeth. Unless the conditions outlined above are fulfilled this is a mere waste of energy, and is uneconomic. With the "lost" and "beyond repair" a total of 31.9% of these teeth are already lost and the remainder doomed to destruction unless constantly supervised. The children in this survey will soon be no longer the responsibility of the School Health Service and any subsequent treatment must be obtained from other sources. It is most unlikely that all but a few will so avail themselves with the result that the vast majority of these teeth will be lost before the child reaches maturity. Giving full weight to the disadvantages associated with the premature loss of this tooth it is worthy of consideration of with-holding conservative treatment in connection with this tooth.

Admittedly such an action would result in a marked increase in extractions of this tooth but if these were performed the following advantages would ensure.

1. Reduced overcrowding.
2. Reduced amount of orthodontic work.
3. Freedom from difficulties associated with the eruption of "wisdoms".
4. Mouth self-cleansing and reduced incidence of caries.

If such a system was adopted it would allow each Dental Officer to see many more children and lead to a reduction of hardship.

The full findings of the survey are appended below.



L.U. 2nd Molar		L.U. 1st Molar		L.U. 2nd Bicuspid		L.U. 1st Bicuspid		L.U. Canine		L.U. Lateral	
Sound	702	Sound	289	Sound	875	Sound	890	Sound	1,038	Sound	964
Lost	16	Lost	192	Lost	46	Lost	64	Lost	8	Lost	12
Filled	77	Filled	270	Filled	31	Filled	19	Filled	2	Filled	20
Uns.	21	Uns.	105	Uns.	32	Uns.	21	Uns.	4	Uns.	12
O	202	O	171	O	53	O	52	O	—	O	1
M	17	M	7	M	7	M	6	M	4	M	28
D	5	D	10	D	8	D	5	D	3	D	4
B	—	B	4	B	—	B	—	B	—	B	5
L	1	L	1	L	—	L	—	L	1	L	12
Compound	3	Compound	10	Compound	8	Compound	5	Compound	2	Compound	4

L.U. Central		R.U. Central		R.U. Lateral		R.U. Canine		R.U. 1st Bicuspid		R.U. 2nd Bicuspid	
Sound	962	Sound	959	Sound	966	Sound	1,036	Sound	902	Sound	884
Lost	17	Lost	26	Lost	17	Lost	7	Lost	52	Lost	45
Filled	22	Filled	17	Filled	22	Filled	4	Filled	22	Filled	27
Uns.	18	Uns.	1	Uns.	15	Uns.	1	Uns.	21	Uns.	32
O	—	O	16	O	—	O	—	O	48	O	57
M	22	M	11	M	25	M	10	M	8	M	4
D	15	D	11	D	3	D	3	D	2	D	11
B	1	B	—	B	1	B	—	B	—	B	—
L	2	L	1	L	9	L	—	L	—	L	—
Compound	3	Compound	4	Compound	4	Compound	1	Compound	7	Compound	2

R.U. 1st Molar		L.L. 2nd Molar		L.L. 1st Molar		L.L. 2nd Bicuspid		L.L. 1st Bicuspid	
Sound	304	Sound	614	Sound	228	Sound	924	Sound	1,023
Lost	191	Lost	44	Lost	313	Lost	52	Lost	11
Filled	260	Filled	101	Filled	273	Filled	29	Filled	5
Uns.	95	Uns.	39	Uns.	86	Uns.	20	Uns.	5
O	181	O	212	O	135	O	28	O	12
M	10	M	11	M	4	M	2	M	3
D	2	D	2	D	9	D	2	D	3
B	3	B	10	B	8	B	—	B	—
L	—	L	—	L	—	L	—	L	—
Compound	16	Compound	10	Compound	8	Compound	5	Compound	—

L.L. Canine		L.L. Lateral		L.L. Central		L.R. Central		L.R. Lateral		L.R. Canine	
Sound	... 1,059	Sound	... 1,053	Sound	... 1,057	Sound	... 1,053	Sound	... 1,056	Sound	... 1,060
Lost	...	Lost	...	Lost	...	Lost	...	Lost	...	Lost	...
Filled	... 3	Filled	... 3	Filled	...	Filled	...	Filled	...	Filled	... 2
Uns.	...	Uns.	...	Uns.	...	Uns.	...	Uns.	...	Uns.	...
O	...	O	... 3	O	...	O	...	O	...	O	...
M	...	M	...	M	...	M	...	M	...	M	...
D	...	D	... 1	D	...	D	...	D	...	D	...
B	...	B	...	B	...	B	...	B	...	B	...
L	...	L	...	L	...	L	...	L	...	L	...
Compound	...	Compound	...	Compound	... 1	Compound	...	Compound	...	Compound	...

L.R., 2nd Bicuspid		L.R., 1st Molar		L.R., 2nd Molar	
Sound	... 929	Sound	... 225	Sound	... 585
Lost	... 56	Lost	... 279	Lost	... 57
Filled	... 12	Filled	... 298	Filled	... 130
Uns.	... 21	Uns.	... 88	Uns.	... 32
O	... 26	O	... 145	O	... 235
M	... 9	M	... 5	M	... 3
D	... 4	D	—	D	... 1
B	—	B	... 5	B	... 3
L	—	L	... 1	L	... 3
Compound	... 5	Compound	... 16	Compound	... 13



**Dental Inspection and Treatment carried out by the Authority**  
**year ending 31st December, 1958**

1.	Number of pupils inspected by the Authority's Dental Officers:—				
	(a) At periodic inspections...	...	...	29,460	
	(b) As Specials	...	...	8,576	
	Total (1)	...	...	<u>38,036</u>	
2.	Number found to require treatment	...		*30,234	
3.	Number offered treatment	...	...	25,302	
4.	Number actually treated	...	...	21,841	
5.	Attendances made by pupils for treatment including those recorded at heading 11 (1) below	...	...	40,395	
6.	Half-days devoted to Periodic (School)				
	Inspection	...		295	
	Treatment	...	...	4,797	
	Total (6)	...	...	<u>5,092</u>	
7.	Fillings—Permanent teeth	...	...	22,212	
	Temporary teeth	...	...	556	
	Total (7)	...	...	<u>22,768</u>	
8.	Number of teeth filled—				
	Permanent teeth	...		20,225	
	Temporary teeth	...		511	
	Total (8)	...	...	<u>20,736</u>	
9.	Extractions—Permanent teeth	...	...	7,006	
	Temporary teeth	...	...	24,196	
	Total (9)	...	...	<u>31,202</u>	
10.	Administration of general anaesthetics for extractions	...	...	6,824	

# 11. Orthodontics—

(a)	Cases commenced during the year	...	220
(b)	Cases carried forward from previous year	... ..	197
(c)	Cases completed during the year	...	168
(d)	Cases discontinued during the year	...	40
(e)	Pupils treated with appliances	...	220
(f)	Removable appliances fitted	... ..	410
(g)	Fixed appliances fitted	... ..	3
(h)	Total attendances for orthodontics only	... ..	3,245

12.	Number of pupils fitted with artificial dentures	... ..	212
-----	--	--------	-----

13.	Other operations—Permanent teeth	...	6,179
	Temporary teeth	...	4,236
	Total (13)	... ..	<u>10,415</u>

\* The difference between the number of children found to require treatment (heading 2) and the number referred for treatment (heading 3) represents the extent to which dental officers concentrate on the more pressing forms of treatment. For example, carious temporary teeth are not referred for consideration, except for special reasons, particularly where they are shortly to be shed. Children who have persistently refused offers of treatment in the past and children who have clear evidence of receiving treatment from a general dental practitioner are similarly not referred.



# PART IV—INFECTIOUS DISEASE

Table 23. (a) Summary of Notifications from Head Teachers Comprehensive Statistics 1952-58

	1952	1953	1954	1955	1956	1957	1958
Scarlet Fever	725	519	447	308	280	306	783
Diphtheria	23	36	15	16	1	—	—
Measles	2,313	4,680	963	5,520	690	4,900	2,221
Rubella	1,930	712	820	333	915	473	936
Mumps	1,963	1,721	3,170	1,027	1,155	2,315	2,790
Whooping Cough	911	1,425	773	519	1,175	1,246	342
Chicken Pox	4,762	3,544	3,121	2,246	3,770	1,482	3,555
Influenza	80	285	988	283	110	7,551	159
Dysentery	18	1	171	41	156	108	318
Diarrhoea	—	—	—	7	13	101	139
Diarrhoea and Sickness	—	—	—	—	—	133	158
Vomiting (Epidemic)	—	—	—	—	—	—	50
Enteritis	—	—	—	—	—	—	2
Food Poisoning	10	37	69	70	69	81	7
Hepatitis	—	—	—	—	—	5	—
Paratyphoid	—	—	—	4	4	10	13
Tonsillitis	—	—	—	—	—	—	21
Sore Throat	—	—	—	1	5	—	6
Glandular Fever	—	—	—	—	—	—	45
Impetigo	9	21	42	53	21	78	11
Ringworm	3	5	1	6	2	13	14
Scabies	4	4	2	—	2	6	8
Skin Infection	—	—	—	—	—	13	1
Conjunctivitis	7	1	—	1	1	11	120
Verruca	—	—	—	—	—	—	25
Athletes Foot	—	—	—	—	—	—	6
Meningitis	4	1	5	—	1	1	4
Poliomyelitis	7	8	7	14	3	8	—
Cerebral Spinal Fever	—	1	—	1	—	—	—
TOTALS	12,769	13,001	10,594	10,450	8,373	18,708	11,867

## Infectious Diseases

The total number of cases of infectious diseases in 1958 was some 6,841 below that of the previous year and this decline was due entirely to the absence of Asian Influenza which was such a feature in 1957. There were increases in the number of cases of Rubella, Mumps, Chicken-pox and Scarlet Fever which are now generally among the milder diseases of childhood. However, the more serious diseases—Measles, Whooping Cough and Poliomyelitis declined in numbers and for the second year in succession there was no recorded case of diphtheria.

For several years past there have been recurrent small outbreaks of Hepatitis among school children, but the number of cases this year was reduced substantially from 81 to 7.

A source of concern remains—the diarrhoeal diseases, (Dysentery, Enteritis and Food Poisoning), usually spread by contaminated food and water and these conditions appear to be increasing in frequency. It might be hoped that with better hygiene in schools this trend might be reversed, but the organisms are widely diffused in the community and young children are one of the most susceptible groups.

Scabies almost at one time disappeared but seems to be returning and 14 cases were recorded during 1958. An inspection at a Secondary School in Stafford showed a considerable number of children with infective foot conditions, so that this year 25 cases of athlete's foot are recorded and 120 cases of verrucae. The children were all receiving treatment by the end of the year and arrangements were made by the Director of Education for antiseptic foot baths to be provided in new Schools as a routine measure.

For the first time this year a heading is included for "Epidemic Vomiting" and 158 cases are listed. The cause of the condition is usually thought to be a virus, but as yet this has not been finally isolated. The main importance of the condition is that at the outset it raises grave suspicion that an outbreak of food poisoning is in progress but negative response to tests revealed the true diagnosis. Some notable outbreaks



of epidemic vomiting which occurred during the year were at Whiston School (22 cases) Draycott-in-the-Clay, in March, Hilderstone C.P. School, in April (31 cases), and Rushton School, in July. The onset of the condition was almost invariably a sudden uncontrolled vomiting sometimes accompanied by severe pain. Occasionally there is diarrhoea but the children soon recovered and were back at school within 3 days. Family outbreaks of vomiting were common.

Needwood Residential School for Partially Deaf children was affected in October by an outbreak of 30 cases and at this school it was noted that the infection appeared to spread around one dormitory at a time. The interval between cases appeared to be eight days generally.

TABLE 24. Number of suspected cases of Infectious Diseases notified by Head Teachers, 1958

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Scarlet Fever	67	71	45	29	85	50	63	—	63	107	123	80	783
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	350	68	35	23	88	171	197	—	92	247	418	532	2,221
Rubella	52	69	258	40	98	143	117	—	40	23	36	60	936
Mumps	343	210	505	219	259	305	258	—	77	73	294	247	2,790
Whooping Cough	55	11	37	25	27	57	37	—	44	15	26	8	342
Chicken Pox	324	359	364	262	345	493	470	—	252	198	281	207	3,555
Influenza	38	19	64	—	—	2	—	—	33	1	2	—	159
Dysentery	13	9	44	7	65	22	54	—	1	16	38	49	318
Diarrhoea	1	8	79	—	8	—	—	—	—	8	18	17	139
Diarrhoea and Sickness	—	—	31	—	—	1	—	—	—	17	61	23	133
Vomiting (Epidemic)	—	5	54	—	21	35	15	—	—	7	21	—	158
Enteritis	—	1	12	—	11	1	1	—	2	2	12	8	50
Food Poisoning	—	—	1	—	1	1	—	—	—	—	—	—	2
Hepatitis	—	—	3	—	2	—	—	—	—	—	—	—	7
Paratyphoid	—	—	—	—	—	—	—	—	—	—	—	—	—
Tonsillitis	—	—	5	—	1	4	—	—	2	—	—	1	13
Sore Throat	1	17	—	—	—	—	—	—	—	1	2	—	21
Glandular Fever	—	—	1	1	—	2	1	—	1	—	—	—	6
Impetigo	3	2	4	1	3	10	1	—	13	—	4	4	45
Ringworm	1	1	2	—	—	2	—	—	2	—	1	—	11
Scabies	—	—	—	—	—	—	—	—	4	1	9	—	14
Skin Infection	—	—	—	—	—	—	—	—	8	—	—	—	8
Conjunctivitis	—	—	—	1	—	—	—	—	—	—	—	—	1
Verruca	1	—	—	—	—	1	—	—	—	5	113	—	120
Athletes Foot	—	—	—	—	—	—	—	—	—	6	19	—	25
Meningitis	—	—	1	—	1	—	—	—	1	—	3	—	6
Poliomylitis	—	—	—	—	—	2	—	—	—	—	—	—	4
Cerebral Spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	1,249	850	1,545	609	1,015	1,302	1,218	—	635	727	1,481	1,236	11,867



(b) Vaccination

Table 24. No. of childrens found to have been vaccinated when examined at the periodical medical inspection

Age Group	No. examined	No. vaccinated	No. unvaccinated	Percentage unvaccinated					
				1953	1954	1955	1956	1957	1958
Entrants	9,833	2,220	7,613	72.5	69.8	79.97	80.66	81.22	77.42
2nd Age Group	7,149	2,066	5,083	63.9	65.4	64.34	69.48	68.29	71.10
3rd Age Group	10,801	3,585	7,216	64.6	64.8	67.14	65.52	69.36	66.81
Other Periodic Inspections	2,872	881	1,991	—	—	69.55	67.19	71.07	69.32

The table shows an appreciable diminution in the percentage of children who were found to be unvaccinated, the only increase being shown in the second age group. This is reflected in the total percentage of unvaccinated children which for the year is 71·45% as compared with 72·97% for 1957.

Continued efforts are being made at the school clinics and at infant welfare centres to persuade parents to take their children to general practitioners to receive this form of protection and it is hoped that the improvement shown this year will be maintained.

### Diphtheria Immunisation

**Table 25. No. of children (5-14 years) immunised during the year:—**

		1956	1957	1958
Complete immunisation	...	3,958	2,592	1,549
Re-inforcement doses	...	13,673	12,753	6,546

It will be observed that there is a considerable drop in the figures of children immunised during the year as compared with 1957. This is due to the priority which has been given during the whole of the year to the vaccination of children against poliomyelitis. More teams of doctor and nurse have been appointed recently in view of the extension of the scheme to include third doses for these children who completed the course of two injections not less than seven months previously and the inclusion in the scheme of young persons aged 15-25 years.

Again no case of diphtheria was reported in the County during the year.

Parents are offered immunisation of their children against diphtheria on entering school, if previously unprotected, and reinforcement doses at eight and eleven years.



(d) Tuberculosis

**Table 26. Summary of Reports received from Chest Physicians**

Number of children (aged 5-15 years) on Dispensary registers at the end of 1957	...	...	...	333
Number of new cases during the year	...	...	...	53
Number of deaths	...	...	...	2
Number discharged having left the district	...	...	...	5
Number discharged having recovered	...	...	...	40
Number discharged for other reasons	...	...	...	4
Number becoming 15 years old	...	...	...	32
Number of children on registers at end of the year 1958	...	...	...	303
Summary of cases undergoing treatment at the end of the year 1958:—				
Pulmonary (including pleura and intrathoracic glands)				199
Non-Pulmonary—				
Bones and joints	...	...	...	12
Glands	...	...	...	25
Abdomen	...	...	...	6
Skin	...	...	...	1
Miscellaneous	...	...	...	7
Analysis of Treatment:—				
Pulmonary—				
In Sanatoria	...	...	...	14
At home	...	...	...	185
Non-Pulmonary—				
In Orthopaedic Hospitals	...	...	...	—
In other hospitals	...	...	...	1
At home	...	...	...	50
Cases under observation:—				
Number of suspected cases at the end of the year 1958	...	...	...	16
Number of cases found to be non-tuberculous during the year	...	...	...	953

It was necessary to carry out investigations at four schools during the year. At two schools a teacher in each was found to be suffering from tuberculosis and at the other two there had been a large number of children who gave positive reactions when tested prior to B.C.G. vaccination.



At one of the first two schools 163 children were skin tested of whom 6 gave a positive reaction. On further examination by X-ray, however, all proved to be in normal health. Three teachers and a clerical assistant who had been contacts of the affected teacher were also X-rayed and no abnormality of the lungs was revealed.

245 children at the other school were also skin tested. 46 of them were positive reactors but on further screening no significant abnormality was discovered. 20 teachers were also screened and they were all found to be clear.

At the two schools where the large number of positive reactors prior to B.C.G. vaccination were found, the children and staff were X-rayed. There were 326 from one school and 574 from the other examined, but only one child who was in the second school was referred to a chest clinic for further investigation because of suspected primary pulmonary tuberculosis.

### **Tuberculin Testing**

The scheme for tuberculin testing of "entrants" in infant schools at Bilston, Coseley, Tipton and Rowley Regis, at the time of the annual medical inspection has been continued, and the children in the Aldridge, Brierley Hill, Darlaston, Sedgley, Tettenhall, Wednesbury, Wednesfield and Willenhall areas were brought into the scheme as from the summer term. The following figures show the number tested: —

No. of children tested	...	...	...	1,979
No. positive	...	...	...	41

The children who showed a positive reaction were referred with the family contacts of 14 years of age and over to the Mass Radiography Unit at Wolverhampton, Dudley, Langley or Tipton (which operated from September) for an X-ray of the chest. The private doctors concerned were informed of the names and addresses of the children so referred. X-ray reports were received in respect of 28 cases, but no child was found to be suffering from pulmonary tuberculosis. However, in one case it was found, on investigation of the family that



the child's mother had tuberculosis and in some of the other cases it was found that the positive reactions were due to old healed tuberculosis usually of bones and joints.

## HEALTH EDUCATION

It is considered important that the children in the schools should 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 a leaflet in humorous style pointing out some of the elementary rules of health is distributed to each school leaver.

During the month of November a considerable number of talks were given in the schools in connection with the 'Guard that Fire' Campaign and there was close liaison between the School Medical Officers and Staff of the County Fire Service to make the best use of available staff.



## PART V—GENERAL HEALTH

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

Age Groups Inspected (By years of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later ... ..	398	396	99.05	2	0.05
1953... ..	5,381	5,345	99.33	36	0.07
1952... ..	4,054	4,018	99.11	36	0.89
1951... ..	597	589	98.65	8	1.34
1950... ..	149	146	97.98	3	2.02
1949... ..	149	145	97.32	4	2.68
1948... ..	3,031	3,012	99.37	19	0.63
1947... ..	4,118	4,095	99.44	23	0.56
1946... ..	1,652	1,636	99.03	16	0.97
1945... ..	325	323	99.38	2	0.62
1944... ..	2,829	2,813	99.44	16	0.56
1943 and earlier ... ..	7,972	7,935	99.54	37	0.46
Total ... ..	30,655	30,453	99.34	202	0.66

### General Health

Taking the school population as a whole there has been a decrease this year from .82% to .66% in the children examined, where general condition was thought to be unsatisfactory by the School Medical Officers. However, there was an increase in the percentage of children examined in the "entrants" and other periodic age groups found to be in an unsatisfactory condition, which was balanced against a substantial decrease in the second and third age groups—particularly the latter. One of the School Medical Officers reports that while the general health of the children may be said, in the main, to be satisfactory the number of children of really first class physique and general fitness now met with seems to be lessening while there are many more children who are undersized, although reasonably well-nourished. The present large number of children who no longer have a cooked dinner (as at school) may perhaps be a factor for this. In contrast, the number of children with obesity still seems to be on the increase and it is found in both sexes and at all ages from 2 to 15 years. It is commonly due to over-eating and a



wrong diet, though this is nearly always denied or glossed over by the parents.

There is little doubt that children are viewing television less than they did (many now assert boredom with much of it) but in the summer months, at any rate in one area, this had an adverse rather than a beneficial effect on the children's sleeping habits since they then were allowed to play outside every night until a very late hour.

**Table 28. Milk in Schools Scheme**

<i>Type of Milk</i>	<i>No. of Suppliers</i>	<i>No. of Schools supplied</i>	<i>No. of Pupils</i>
<i>Maintained Schools:</i>			
Pasteurised ...	45	627	104,272
Tuberculin Tested	12	17	344
Undesignated ...	1	1	6
	—	—	—
	58	645	104,622
	—	—	—
<i>Non-Maintained Schools:</i>			
Pasteurised ...	21	43	4,136
Tuberculin Tested	2	2	115
Undesignated ...	—	—	—
	—	—	—
	23	45	4,251
	—	—	—

There has been an increase of 5,576 children taking milk in maintained schools as compared with 1957 and 19 more schools are being supplied, all of which are having pasteurised milk.

The number of non-maintained schools being supplied is the same as last year but there was an increase of 146 in the number of pupils taking milk.

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

No. of old applications renewed ... 38

No. of new applications granted	...	...	29
No. of children who ceased to receive milk during the year	...	...	12

**(d) School Meals**

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

**EXPANSION**

During the year new kitchens were opened at a number of new schools as follows:—

**County Area—**

Hixon C.S.M. School  
 Ashley C.S.M. School  
 Kidsgrove, Galleys Bank C.P. School  
 Rocester C.S.M. School  
 Warslow C.S.M. School  
 Lichfield Kings Hill C.S.M. School  
 Stafford, Stockton Lane C.P. School

**Cannock Chase Division—**

Aldridge, Streetly Blackwood Rd. C.P. School  
 Aldridge, Streetly Barr Beacon C.S.M. School  
 Aldridge, Redhouse Lane C.P. School  
 Aldridge, Quicksands Lane C.S.M. School

**South-East Division—**

Wednesfield, Ashmore Park C.P. School  
 Wednesbury, Hydes Road Grammar School

**South-West Division—**

Brierley Hill, Wall Heath C.P. School

New kitchens were opened at the following existing schools in the County area:—

Butterton County Primary School  
 Dunston C.E. School (no previous provision)  
 Elford County Primary School  
 Gnosall Parochial School  
 Rolleston County Primary School (no previous provision)  
 Kidsgrove Talke St. Martin's C.E. (no previous provision)



Stafford King Edward VI Grammar School (replacement kitchen)

Maer Aston School (replacement school—no previous provision)

Weston-under-Lizard C.E. School

Transported meals have also been supplied to the following schools where previously no meals were available:—

Great Haywood C.E. School

Great Haywood R.C. School

Calton C.E. School

Cauldon C.E. School.

Kitchen shells to be equipped as kitchens at a later date and used in the mean time as sculleries were provided at the following schools:—

Cheadle St. Giles R.C. School

Checkley Tean C.P. School

Checkley Hutchinson Memorial C.E. School.

The number of meals served has increased during the year. The number of meals provided on a specimen day during October was 51,644 as against a specimen number on a day in October 1957 of 49,051.

### **Food Hygiene Regulations, 1955**

A consistent policy has been followed of improving premises and equipment to comply with the food hygiene regulations and to raise the standard of hygiene generally.

Washing up in cloakrooms, an aftermath of wartime conditions was discontinued in a large number of schools and new sculleries were provided, or existing arrangements radically improved, at the following schools having transported meals:—

#### **County Area—**

Tamworth St. John's R.C. School

Alrewas C.E. School

Rugeley C.E. Infants' School

Brereton C.E., V.P. School

Brereton Methodist V.P. School

Stafford Tenterbanks C.P. School  
 Salt C.E. School  
 Penkridge Gailey C.E. School  
 Stone, St. Michael's C.E. School  
 Caverswall R.C. School  
 Wall C.E. School  
 Cannock Chase Division—  
     Walsall Wood C.E. School (rented dining premises)  
 South-East Division—  
     Willenhall, Walsall Road C.P. School  
 South-West Division—  
     Coseley Hurst Hill School  
     Rowley Regis, Old Hill School  
     Tipton Ocker Hill Junior School  
     Tipton Ocker Hill Infants School  
     Coseley Mount Pleasant C.S.M. School  
     Coseley Mount Pleasant C.P. School  
     Tipton Princes End School  
     Sedgley Queen Victoria Infants' School  
 Kitchens were modernised in the County area at:—  
     Colwich C.E., V.P. School  
     Milwich Coton School  
 Additional stores, a staff cloakroom, and a servery were  
 provided in the South West Division at:—  
     Park Lane Central Kitchen

### **Coseley, Parkfield C.P. School**

It became necessary, because of unsuitable premises, to close the kitchen at Coseley Parkfield County Primary School and the kitchen has been converted into a scullery.

### **Sandwich meals and meals prepared in hired premises**

The year 1958 saw the end of arrangements, made during the war, for sandwich meals to be supplied and meals prepared in private houses.

The schools concerned, listed below are now provided with hot meals sent in containers:—

Anslow C.P. School (sandwich meals previously  
     supplied)



Onecote C.P. School (sandwich meals previously supplied)

Madeley Onneley C.E. School (meals cooked in private house)

Heaton Swythamley C.P. School (meals cooked in private house).

### **Provision of wash hand basins**

From 1st April 1958 to 31st December, 1958, orders were placed for the fixing of 96 wash hand basins. It is estimated that orders for 40 hand basins were placed during the first three months of the year.

### **Provision of clothes lockers and broom cupboards**

Wherever possible, clothes lockers have been supplied to school meals staff at schools where no suitable accommodation existed. In the interests of hygiene, broom cupboards have also been supplied.

### **Staff Training**

The year 1958 saw the establishment of the first permanent training scheme for the staff of school canteens at the Tipton County Secondary Modern School. Both the response and the results from this course have been most encouraging. A number of one and half day staff meetings have been arranged in various parts of the county, and a county staff meeting for Cook Supervisors and Cooks-in-Charge was held in Stafford.

### **(e) Physical Education**

The opening of four secondary schools in rural areas in the north of the county has provided better physical education facilities for children during the day and youth and adults in the evenings. Three secondary schools with gymnasia and shower rooms have also been opened in the Divisions.

There are still many primary schools without halls and the inclement weather during the year has adversely affected the standard of work.

Work in many schools does not reach a high standard owing to the shortage of fully trained teachers of physical education but praise must be given to the enthusiastic work of the non-specialists.



Gymnastics as a sport in its own right, developing later into inter-house competitions, has been encouraged in boys work with good results. Circuit and weight lifting too have remained popular and there are signs of strength and agility being produced to a satisfactory standard.

Winter games with an increasing interest in Rugby Football continued. Cross Country and Road running have increased in popularity and a keen interest in athletics remains. Pole vaulting has been introduced in some schools. Cricket was still hampered by lack of pitches in some areas but schools with reasonable facilities made good progress. An indoor cricket coaching school was held during the Spring Term at Stourbridge Baths Halls and 7 schools in the area took part after school hours. During the Summer Term, in conjunction with the County Cricket Club, 5 coaching centres were established in different areas for outstanding cricketers. Classes were held after school hours and there was a good response from schools in the areas concerned.

Athletics is considered now as part of girls' training and there are opportunities for the outstanding athletes to enter events at school, county, and national level.

Swimming instruction was provided at 25 baths during the Summer Term. As in previous years all available periods were used. Additional baths were also used at Abbots Bromley and Ashbourne. During the Autumn and Spring terms swimming instruction continued at 7 baths.

Camping is now regarded as a valuable part of education in Staffordshire. The sites at Coven, Teddesley Park, Chasewater and Cotwalton were fully booked throughout the Summer and 2,415 boys and girls from 96 schools took part in a variety of courses, including campcraft, lightweight camping, canoe camping and sailing. The new site at Chasewater was opened for the first time in May, 1958. As a new venture lightweight camping expeditions based on Teddesley, Coven and Cotwalton camps were made into the Peak District or North Staffordshire by both boys and girls. During August a camp for boys was established at Bryn Crug in Merioneth and they took part in expeditions involving climbing, sailing,



and canoeing. The adventure Courses, each of 10 days duration, were held again at Coven Camp and 168 senior boys from 39 schools took part.

Local courses in physical education for men and women teachers in primary schools were held at 7 centres with an attendance of 305. A residential course in games and swimming coaching for men teachers in secondary schools was held at Nelson Hall in April and there was an attendance of 23.

Instructional film shows on the teaching of swimming were arranged in 5 different areas during the Autumn Term.

The scope of Physical Education work in schools has widened in recent years and much more is demanded of the teacher during the after school hours. That the work has reached an encouraging level is due to the co-operation and hard work of Head Teachers and Staff concerned.

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

Meetings of the Co-ordinating Committees are held periodically and during the quarter ended 31st December 1958 alone there were 8 meetings at which 149 cases were discussed.

### **PART VI—UNCLEANLINESS**

**Table 30. Infestation with Vermin**

(i)	Total number of individual examinations in the Schools by the School Nurses or other authorised persons ...	362,225
(ii)	Total number of individual children examined ... ..	115,035
(iii)	Total number of individual pupils found to be infested ... ..	5,565



- (iv) Number of individual pupils in respect of whom cleansing notices were issued.  
(Sect. 54(2) Education Act, 1944) ... 236
- (v) Number of individual pupils in respect of whom cleansing orders were issued  
(Sect. 54(3) Education Act, 1944) ... 137

**Table 31. Analysis of Infestation**

				<i>Head</i>	
				<i>Lice</i>	<i>Nits</i>
				<i>Body</i>	<i>Clothing</i>
No. of children ...	...	9	5	984	8,164

The number of Sacker Combs sold to parents during the year was 167.

The percentage of children found infected at hygiene examinations again shows a decline this year and infestation now is mainly limited to a known 'core of problem families'. It has been found that in some cases a shampoo is more readily acceptable to families than a medicated lotion. In cases, therefore, where there has been repeated infestation supplies of medicated shampoos are issued by the school nurses and it is thought that this measure has had considerable success particularly among the teenage girls to whom fashion and beauty consciousness plays such an important role.

During the year two posters on this topic were designed for seniors and for juniors in conjunction with the Central Council for Health Education and copies were sent to the schools for display.

### **Enuresis Alarms**

Towards the end of 1957 it was decided to provide a number of Nocturnal Enuresis Alarms under the Nursing Comfort provisions of Section 28 of the National Health Service Act. These alarms are useful for children who are bed wetters and consist of an electric bell system which sounds as soon as the child commences to void urine. A full report is included in the Annual Report of the County Medical Officer of Health, but a brief summary of results is appended since children of school age are principally benefited:—



No. of alarms in use	...	...	...	18
Children on waiting list	...	...	...	22
No. of children cured	...	...	...	30
? self cured...	...	...	...	1
Much improved	...	...	...	5
No improvement	...	...	...	4
Relapsed after treatment	...	...	...	3
Unco-operative	...	...	...	3
Nervous and frightened	...	...	...	2
Unco-operative mother's attitude	...	...	...	1
Child perspired too freely	...	...	...	1

The Scheme is continuing and several different types of equipment are being tried to discover which type appears most economical and suitable for the purpose.

## PART VII—HYGIENE

**Table 32. Inspection of School Premises**

No. of schools inspected	...	...	...	526
No. of school premises reported as having various defects	...	...	...	216
No. of school premises where defects have been rectified	...	...	...	70

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 were fewer schools visited than last due as previously mentioned to the priority given to poliomyelitis vaccination and a lesser number of defects in school premises was reported. The number of defects rectified also fell by 21 as compared with last year. The Education Committee has approved a comprehensive scheme for bringing the hygienic conditions of the schools to a modern standard and with the increased amount allowed for minor projects by the Ministry of Education and the general easing of the 'credit squeeze', this work will no doubt be expedited.

There is still overcrowding in many schools, even in many of the new schools, so that frequently the medical room has to be used for teaching purposes and medical inspections have to be carried out in unsatisfactory circumstances.

Head Teachers are very co-operative in providing accommodation whenever possible in the schools, but at times it is necessary 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 during the year.

Of the 117 samples taken, 34 were unsatisfactory, and appropriate action was taken where necessary.

One new school (Warslow C.S.M. School) has been opened without a main water supply, and is supplied by a bore.

Six schools were connected to main supplies, and main supplies are now available to a further five schools which are not yet connected.

**Table 33.**

(a)	No. of schools at which samples were taken	...	58
(b)	No. of samples collected for bacteriological or chemical examination	... ..	117
(c)	Results of examinations:—		
	(i) No. satisfactory	... ..	83
	(ii) No. unsatisfactory	... ..	34
(d)	Main piped water supplies laid on during 1958	...	6
(e)	Schools without main piped water supply at 31.12.58	... ..	*37
(f)	Schools with main piped water available, but not yet laid into schools	... ..	5

\*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 34 Position regarding handicapped pupils at 31st December 1958

Category	Total known ascertained Pupils		Numbers in Special Schools		Number placed in Special Schools in 1958		Number awaiting admission to Special Schools		Number in or having special provision at an Ordinary Schools		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 ... ..	17	17	14	11	1	—	3	4	—	—	—	—	2	2
Partially Sighted ... ..	33	25	15	12	1	1	1	1	15	10	1	—	1	1
Deaf ... ..	49	39	47	39	4	5	2	—	—	—	—	—	—	—
Partially Deaf ... ..	113	74	31	20	5	4	5	2	76	52	—	—	1	—
Delicate ... ..	98	57	48	37	32	21	8	9	43	16	4	5	—	—
Educationally Sub-Normal ... ..	856	420	278	160	64	44	169	79	397	171	15	12	—	—
Epileptics ... ..	99	114	11	—	5	—	—	—	83	111	1	1	4	3
Maladjusted ... ..	163	88	29	7	8	2	—	1	134	80	—	—	—	—
Physically Handicapped ... ..	412	336	60	34	25	7	16	15	238	241	28	25	—	—
Speech Defects ... ..	537	229	—	—	—	—	—	—	537	228	—	—	—	—
TOTALS ... ..	2,377	1,399	533	320	145	84	204	111	1,523	909	49	43	8	6
GRAND TOTALS...	3,776		853		229		315		2,432		92		14	

N.B.—Pupils attending Hospital Special Schools are not included in this table. (See page 94.)

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

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

The total number of known handicapped pupils increased by 386 as compared with 1957 and the number of pupils in special schools was larger by 57. There were 19 children fewer at the end of the year awaiting admission to special schools. The number having home tuition was almost the same.

The increase in the total number of handicapped pupils was accounted for largely by the larger numbers of educationally subnormal and delicate children. The increases in these categories were 200 and 158 respectively.

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. 378 children were admitted during the year, this being a decrease.

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... ..	52	150	202
Sheen Park Hotel, Walmer ... ..	98	27	125
Broomhayes Home, Northam ... ..	1	2	3
Metropolitan Convalescent Home, Broadstairs ... ..	22	18	40
Heathercombe Brake, Newton Abbot	7	—	7
Gods Mead Recovery Centre, Isle of Wight ... ..	1	—	1
	<hr/> 181	<hr/> 197	<hr/> 378

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.

During the year, arrangements were made for routine transmission of case papers regarding handicapped children to the child's General Practitioner on leaving school. This is now carried out whenever it is felt that a child's handicap is substantial and is likely to continue into adult life.

### **Home Tuition**

Tuition is provided at home in accordance with Section 56 of the Education Act, 1944, for those children who are so severely handicapped that they cannot attend at either an ordinary or special school, and also for those who cannot attend the ordinary school whilst a vacancy is being sought for them at a special school. This form of education is decided upon after examination of the children by one of the School Medical Officers.

92 children were receiving tuition at the end of the year as compared with 91 in 1957.

In cases where children are convalescing after hospital treatment, tuition is sometimes provided on a short-term basis until the children are fit to resume attendance at school.

### **HOSPITAL SPECIAL SCHOOLS**

At the end of the year there were 68 children in Hospital Special Schools. Their numbers are not included in table 34 page 93 which shows the position regarding handicapped pupils. Details are given below.

#### **(a) Physically Handicapped**

Biddulph Grange Orthopaedic, Stoke-on-Trent	12
Heritage Craft School Hospital, Chailey, Sussex	3
Leasowe Children's Hospital, Moreton, Cheshire	1
Queen Mary's Hospital, Carshalton, Surrey ...	4
Robert Jones and Agnes Hunt Orthopaedic, Oswestry ... ..	8
St. Gerrards Orthopaedic Hospital, Coleshill...	7
St. Vincent's Orthopaedic Hospital, Eastcote ...	1
Standon Hall Orthopaedic Hospital, Staffs. ...	19
Woodlands Open Air Hospital, Northfield ...	7

Warwick Hospital Special School	...	...	1
Forelands Hospital Special School	...	...	2
			—
			65
			—

(b) **Delicate**

Whitehouse Sanatorium Hospital School, Milford-on-Sea	...	...	...	...	1
Black Notley, Essex	...	...	...	...	1
The Limes, Himley	...	...	...	...	1
					—
					3
					—

(c) **Table 35. Classification of children referred to the Mental Health Authority**

<i>Class</i>	<i>No. of Children</i>
Ineducable (Section 57(3) Education Act, 1944) ...	44
Ineducable (Section 57(4) Education Act, 1944) ...	—
Requiring supervision after leaving school (Section 57(5) Education Act, 1944) ... ..	51
	—
Total ... ..	95

**Further Education of Handicapped Pupils**

During the year the further education of handicapped persons over the age of sixteen continued to be provided in two principal ways. Home Tuition is still used substantially to assist those who needing further education, are for various reasons unable to attend a course of training at a recognised Institution for the instruction of handicapped people. Those who are able to attend such Institutions form a second group for whom the Education Committee provide tuition fees, maintenance, clothing and travelling expenses according to need.



Of the total number of thirty-three Home Tuition cases, twenty-one are receiving instruction in basic educational subjects. Most of these are young people whose disabilities seriously interrupted or prevented normal schooling so that when they reached the age of sixteen they had not yet achieved the standard of education which their mental abilities would have allowed had they attended the Secondary School in the normal way. There are also a number of adults receiving this type of instruction and these are often people who for health reasons had little or no normal school education and who now feel the handicap of illiteracy both socially and from the point of view of employment.

The remaining Home Tuition cases are concerned with vocational instruction designed to fit the pupils for subsequent employment. Of these, the majority are following commercial courses with a view to subsequent clerical appointments but there are also some following G.C.E. courses in various subjects and two receiving instruction for National Certificates in Mechanical Engineering. In this type of case the Authority works in close co-operation with the Preparatory Training Bureau for the Midlands which notifies cases requiring assistance and, in some instances, is able to arrange correspondence courses for which the Authority pays the full cost plus a fifteen per cent administration fee.

The number of pupils receiving further education of a vocational type at approved institutions for the training of handicapped persons during the past year is eighteen. Most of these are blind people between the ages of sixteen and twenty-one for whom technical, commercial or professional training is provided. Amongst the others are deaf, spastic, semi-paralysed, epileptic and cripples who, despite their disabilities, are capable of training for subsequent open or sheltered employment.

### (e) Staffordshire Special Schools

Basford Hall ...	Residential	Maladjusted	30 boys	10—16 years
William Baxter	Day	E.S.N.	80 boys and girls	10—16 years
High Arcal ...	Day	E.S.N.	120 boys and girls	8—16 years
Loxley Hall ...	Residential	E.S.N.	80 boys	8—16 years
Standon Bowers	Residential	E.S.N.	60 boys	10—16 years
Walton Hall ...	Residential	E.S.N.	48 girls	10—16 years
Needwood ...	Residential	Partially Deaf	160 boys and girls	5—16 years
Wightwick Hall	Residential and Day	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.

This school now has its full complement of children and staff with 120 pupils. The progress of the pupils is satisfactory and the curriculum includes poetry, needlework, handicrafts, cooking, housework and gardening. Parents continue to take a great interest in the school and visitors have included teachers from Canada, America, New Zealand and Germany.

Loxley Hall Residential School for E.S.N. boys. The school has remained full throughout the year with its complement of 80 boys. Seven boys have left of whom four are to have been placed in employment. Two have been transferred to High Arcal Day School and one has been transferred to a secondary modern school. Proposals are being submitted for a major building project to replace the existing temporary teaching accommodation and living quarters.

Standon Bowers Residential School for E.S.N. boys.

Wightwick Hall has progressed satisfactorily at the school and the full complement of 60 boys has been maintained. The health of the pupils has been good and all have recently had an arithmetic test. The new staff houses have been completed and are now occupied by teachers. There has been one



## REPORT ON STAFFORDSHIRE SPECIAL SCHOOLS, 1958

### *William Baxter Day School for E.S.N. Children*

The number on roll at the school during the year has been 73. Two new classrooms are being erected and will be ready for occupation by April 1959. There will then be accommodation at the school for 120 pupils. The progress of the children has been satisfactory and all leavers have been successfully placed in employment. Improvements are being carried out to the boiler room, and land has been purchased for a playing field which will be fenced and developed during 1959.

### *High Arcal Day School for E.S.N. Children*

This school now has its full complement of children and staff, with 120 pupils. The progress of the pupils is satisfactory, and the curriculum includes pottery, needlework, handicrafts, cookery, housewifery and gardening. Parents continue to take a great interest in the school, and visitors have included teachers from Canada, America, New Zealand and Germany.

### *Loxley Hall Residential School for E.S.N. Boys*

The school has remained full throughout the year with its complement of 80 boys. Seven boys have left of whom four aged 16 have been placed in employment, two have been transferred to High Arcal Day Special School, and one has been transferred to a secondary modern school. Proposals are being submitted for a major building project to replace the existing temporary teaching accommodation and living quarters.

### *Standon Bowers Residential School for E.S.N. Boys*

Work has progressed satisfactorily at the school and the full complement of 60 boys has been maintained. The health of the pupils has been good and all have recently had an audiometric test. The new staff houses have been completed and are now occupied by teachers. There has been one



appointment of teaching staff during the year, and the full complement of teaching staff has been maintained although there has been some difficulty on the domestic side because of illness.

#### *Walton Hall Residential School for E.S.N. Girls*

There have been 48 girls on roll throughout the year, which is the maximum the school will accommodate. Steady progress has been made and the health of the girls has been good. With the permission of parents some children are now allowed to take walks and make visits unaccompanied and this is proving a successful experiment.

#### *Basford Hall Residential School for Maladjusted Boys*

Work progressed satisfactorily during the year, the school maintaining its complement of 30 children. A youth club has been formed at the school which is taking part successfully in Youth Service competitions. Proposals have been put forward for the building of a replacement school and application made to the Ministry of Education for its early inclusion in a Building Programme.

#### *Needwood Residential School for Partially-Deaf Children*

Work has progressed satisfactorily at the school and there have been 113 children on roll, of whom 86 are out-county children. For the first time 5 children took subjects in the General Certificate of Education and two were successful in three subjects, two in two subjects and one in one subject. Two appointments of teaching staff were made during the year, and the staffing situation is now satisfactory. Some children are being sent daily to the new Secondary Modern School at Barton-under-Needwood. The school had its first general inspection by representatives of the Ministry of Education in November this year.

#### *Wightwick Hall Residential School for Physically Handicapped Children*

The number of pupils on roll at the school is now 65, of whom 43 are boarders. Difficulties in recruiting suitable staff have persisted and prevented the school from taking its full



complement of children. The pupils are making satisfactory progress in their school work and enjoying many social activities out of school hours. A successful Garden Fete was held this year for the first time. Four staff houses are being erected and will be ready for occupation by February 1959.

### **Mass Radiography**

3,686 children from 38 schools were examined at the Dudley, Stoke-on-Trent and Wolverhampton Mass Radiography Mobile Units during the year. As from September the Dudley Unit held two sessions a month at Tipton and advantage was taken of having the children from the Tipton schools examined there.

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.

Twenty-two 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. One child had a plural effusion and was admitted to a sanatorium.

## BOROUGH OF NEWCASTLE-UNDER-LYME

(Excepted District)

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### 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. (Resigned  
20.2.58)

HUGH R. MORRISON, M.B., Ch.B. (Appointed 10.6.58).

*School Medical Officer:*

JOYCE L. VASEY, M.B., B.S. (Resigned 14.10.58).

*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:*

Vacant.

*Part-time Ophthalmic Surgeon:*

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

*Borough School Dental Officers:*

MR. J. BUNCH, L.D.S. (Resigned 30.9.58).

MR. G. LEES, L.D.S.

MR. H. PEAKE, L.D.S., R.C.S., Eng., (Part-time)  
(Resigned 28.2.58)

MR. R. G. C. DEMPSTER, L.D.S., R.F.P.S. (Glas.)  
(Appointed 1.12.58)

*Part-time Dental Anaesthetist:*

DR. E. M. P. LAW (Resigned 5.7.58).

DR. Z. S. MILEWSKI } (Appointed 15.7.58).  
DR. H. B. DEAS }



## 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, 1958, the nursing staff was as follows:—

### Nursing Establishment

The equivalent of 4·3/11ths full-time duties is given by the nursing staff as follows:—

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. One nurse gave full-time to the School Health Service. In addition three assistant nurses gave full-time service to the School Health Service.

### School Population

The number of pupils on the registers of maintained schools (including Nursery Schools) at the end of the year was 13,615 which is an increase of 116, compared with an increase of 131 in 1957/58, and an increase of 500 in the previous year. This seems to indicate that the school entrant "bulge" is now passed.

Number of Schools or departments:—

Nursery Schools	...	...	...	...	4
Infant departments	...	...	...	...	11
Infant and Junior departments	...	...	...	...	7
Junior departments	...	...	...	...	10
C.E. Mixed (Junior & Secondary Modern)	...	...	...	...	1
Secondary Modern Schools	...	...	...	...	8
Secondary Grammar Schools	...	...	...	...	4



## **Arrangements made for Periodic Medical Inspections**

As in previous years periodic medical inspections of children attending schools within the Borough were carried out as follows:—

(1) during the first year of school life; (2) between the ages of 9 and 10; (3) between the ages of 14 and 15; and (4) in County Grammar Schools between the ages of 17 and 18.

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

2,817 parents were present at the examination of their children. This figure represents 74.9 per cent of the children examined. It is gratifying to note that this shows a marked increase on the number of parents attending from the previous year's figures and it is to be hoped that parents will continue to avail themselves of this opportunity of gaining up-to-date information on the physical condition of their offspring.

## **Review of the facts disclosed by Medical Inspection and of the Methods employed for the Treatment of Defects**

### *Clothing and Footwear*

No child was found at medical inspection to have defective clothing or footwear but, of course, this must not be taken to mean that such cases do not occur at any time within the schools.

### *Physical Condition*

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

### *Uncleanliness*

Only 3 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 147 children were found to be suffering from enlarged tonsils and/or adenoids and were referred for examination by a specialist. During the year 29 cases received operative treatment through arrangements made by the School Health Service. In addition there were 789 cases which required only medical treatment and/or observation.

### *Tuberculosis*

During 1958, 6 children were referred to the Chest Physician for examination. Three cases (2 pulmonary and 1 non-pulmonary) of children attending schools within the Borough have been notified.

### *Skin Diseases*

175 cases of skin disease (dermatitis, impetigo, urticaria, ringworm, etc.) were discovered at medical inspections and found to require treatment. This year more than doubles the corresponding cases found in 1957 and the increase was made up mainly of children suffering from plantar and other warts of which there appears to be a minor epidemic in certain parts of the Borough. Eleven of the cases of skin disease were referred to the Dermatological Clinic at the North Staffs Royal Infirmary.

### *External Eye Disease*

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

### *Defective Vision and Squint*

571 cases of defective vision and squint were discovered at routine and special medical examinations and were referred for treatment, being 474 cases of defective vision and 97 cases of squint. In addition 3 cases of squint discovered at examinations at school clinics were also referred for treatment. During the year 308 children with defective vision were prescribed glasses after examination by the Schools Ophthalmic Surgeon.



### *Ear Disease and Defective Hearing*

At routine medical inspections during 1958, 70 cases in this category were found to require treatment and of this number 7 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 1958, 37 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 1958, 32 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 395 children were subjected to the necessary medical examination before attending organised School Camps.

### **Treatment of Uncleanliness**

Periodic inspection of children, to ascertain the condition of cleanliness of their heads and bodies, was carried out on 11,175 children during the year, giving a total of 63,422 examinations. 1,691 individual pupils were found to be infested and cleansing notices were issued in each case. This showed a marked decrease from the previous year's figure of 3,785.

175 children were cleansed at special sessions at school clinics.



### Minor Ailment Clinics

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

Knutton	Tuesday	10.30 a.m. to 12 noon
High Street	Friday	9.30 a.m. to 10.30 a.m.
Silverdale	Thursday	10.30 a.m. to 11.30 a.m.
Crown Street		
Chesterton	Monday	9.30 a.m. to 12 noon
Broadmeadow	Friday	11.00 a.m. to 12 noon
Crackley Bank	Wednesday	10.00 a.m. to 11.00 a.m.
C.P. School		
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
	Wednesday	9.30 a.m. to 12 noon
	Thursday	9.30 a.m. to 12 noon
	Friday	2.00 p.m. to 4.00 p.m.
Hempstalls	Wednesday	10.00 a.m. to 11.00 a.m.
School		
Bradwell C.S.M.	Monday	9.30 a.m. to 11.00 a.m.
School		

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 15,028 which is a decrease of 6,664 over the figure for 1957.

### Ophthalmic Clinic

This clinic is held each Friday morning in the Ophthalmic Room at Friarswood School Clinic. During the year 808 children had refractions carried out and in 308 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 9.0 a.m. to



11.0 a.m. The physiotherapist, Miss L. Lockett, is in attendance at both sessions and a Medical Officer is also present during the Wednesday afternoon and Saturday morning sessions. During 1958, 147 children made a total of 1,845 attendances.

### **Breathing Exercises**

During the year 104 cases attended the breathing exercise clinic established for treatment of children suffering from certain diseases of the nose, throat and lungs. 494 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. 116 children were dealt with, receiving 405 treatments.

### **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 1958, 4 cases were dealt with in this way.

### **Mass X-ray**

During the year, 1,084 children, teachers and other personnel from the Borough had miniature X-ray examinations. None of these persons was found to have a condition which warranted further investigation by the Chest Physician. Dr. E. Posner, the Medical Director, and his staff of the Mass Radiography Unit at Hartshill, continued to afford ready advice and assistance during the year, for which I tender my thanks.

### **Mantoux Skin Testing of School Children**

The fact that less than 50% of those eligible actually afforded themselves of the opportunity of the test is most unsatisfactory. Perhaps the increasing number of "jabs" to which school children are now subjected may in some way



have a bearing on the matter, but in my opinion Mantoux Skin Testing is an important addition to modern medical preventive measures, and one which can be recommended to all parents.

<i>No. Eligible</i>	<i>No. Tested</i>	<i>% Tested</i>	<i>No. Positive</i>	<i>% Positive</i>
1,108	418	37.7	7	1.6

### **X-ray of Kitchen Staff**

During 1958, 298 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.

## **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 Mr. Kirkby, the Physical Education Organiser.

### **(1) SCHOOL MEALS SERVICE**

Figures given below show the daily average number of meals served throughout the year as compared with 1957.

1957—4,870

1958—5,162

### **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 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 150 to 200 children applied for meals during the holidays.

### **Price of Meals**

The price of dinners to school children, including Nursery School children, remained at one shilling per meal. Staff meals were increased from one shilling and tenpence to two shillings each as from the 1st January, 1958.

### **Complaints**

Complaints concerning the school meals were submitted to the Welfare Sub-Committee each month. During the year there was a total of seventeen complaints, three of which concerned late delivery of the meals themselves. The greatest number of complaints are from schools which receive their meals in containers.

### **New Kitchens**

During the year two new kitchens were opened namely:—

St. Wulstan's R.C. School	...	24.2.58
---------------------------	-----	---------

Cherry Hill C.P. School	...	21.4.58
-------------------------	-----	---------

In both kitchens the walls and floors have been tiled and all working surfaces are of a non-absorbent material to prevent contamination of the food.

The equipment is modern and very easy to clean. Gas ranges have a 'grill' thus allowing a greater variety of dishes to be prepared and served.

### **Dining Arrangements**

The "family service" method is in operation and it is a great success. Individual dishes are cooked for each table and the children help themselves, thus wastage of food is reduced to a minimum.

During the year several schools receiving transported meals have also turned to the "family service" method.

No preparation of meat or vegetables takes place on the day before the meal is consumed. Meat is roasted, carved and eaten on the same day unless it is to be served cold.



A full specimen meal is kept at the kitchens daily; it is put into the refrigerator and left for twenty-four hours.

### **Nursery Schools**

Cod liver oil has been supplied to the children daily. The children enjoy their meals and even if reported by their mothers as 'not liking this or that' quickly adapt themselves to the changed conditions and eat readily what is given them, including salads, vegetables, cheese and fish dishes.

### **Hygiene**

As in previous years visits were made to all the kitchens by some of the Council's Sanitary Officers, and any specific undesirable features dealt with as the opportunity arose.

Kitchen helpers and staff were all X-rayed, and as usual new school meals staff continued to be medically examined and X-rayed prior to their official appointment. Staff continued to produce after any period of absence 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.

Uniform was supplied to all school meals employees and their overalls laundered weekly. Caps, white aprons, tea-cloths, dishcloths, etc., are boiled daily in each kitchen.

The supply of first-aid equipment was dealt with at the end of each term and every school received a first-aid kit for the exclusive use of the School Meals Staff.

### **Meetings**

Several meetings of Cook Supervisors took place and at the beginning of the year a Course for School Meals Supervisors, Cooks and Assistant Cooks was well attended. Several topics were discussed and many new dishes introduced. Eight persons from the School Meals Service attended a one-day Conference in Stafford.

Throughout the year the meals appear to have been enjoyed both by the teachers and the children, and the amount of waste has been negligible.



## (2) PHYSICAL EDUCATION

Throughout the past year a steady rate of progress has been observed in all branches of Physical Education. This advance, however, is not so marked as one might hope owing to a continued deficiency of special facilities that are required for the harmonious running of a comprehensive Physical Education Scheme.

The provision of clothing and plimsolls in both Secondary Modern and Primary Schools is up to requisite standard and the accommodation for the storage of these items has now been completed.

It is general policy for all the plimsolls supplied for use in the Borough schools to be disinfected once a term. This is done efficiently with the minimum loss in teaching time.

There has been a considerable increase in competitive sport during 1958, especially at school level, whilst the high standard of competition at town and country level has been maintained.

### **Secondary Schools**

Progress in Physical Education has been maintained in the Modern Schools despite the difficulties experienced in most of these departments resulting from lack of suitable indoor accommodation.

There is still a deficiency of changing and shower accommodation.

Credit is due to the members of the teaching staff who achieved such a high standard of performance from their pupils under these adverse conditions.

The facilities for Physical Education in the Grammar Schools are good and next year, when the replacement of fixed apparatus is completed, all four Grammar Schools will be up to the required standard.

### **Primary Schools**

This year has seen the installation of indoor apparatus in three Infant School halls.

The lack of suitable indoor accommodation still retards progress in some Primary Departments. Six schools are without entirely satisfactory conditions.



## **Playing Fields**

The standard of changing facilities at Pool Dam and Knutton playing fields has been raised by the opening of new pavilions. At the former the new pavilion includes showers, toilets and washing facilities.

A lack of playing field space is still evident in the Borough, especially in some local areas, and this at times throws a very heavy load on Pool Dam.

This past year has seen the further construction of field event areas at all playing fields that cater for Secondary Schools. Facilities are now provided for high-jump, long-jump, hop, skip and jump, and pole vault. Further facilities are also being provided for throwing events.

It is to be regretted that there are insufficient laid and prepared cricket squares. This point is one of the most serious handicaps to the development of cricket in schools.

## **Minor Games**

It is pleasing to see the introduction of many minor games such as basket ball, volley ball, soft ball and badminton into the Physical Education curriculum in our schools.

## **Athletics**

All Secondary Schools and many Primary Schools held their own Athletic Sports during the summer term of 1958. At the Seventh Annual Athletic Sports Meeting for Secondary Schools held at Pool Dam there was featured a wide range of events.

This year also saw the re-introduction of the Junior Schools Athletic Sports. This venture was most satisfactory and credit must be given to these teachers concerned with the organisation of these sports.

## **Swimming**

Owing to the lack of facilities regular swimming instruction can only be given to first and second year scholars of Secondary Schools. It is to be regretted that this instruction cannot be given to Junior School children as well.

The facilities to hand are used to the fullest extent, instruction being carried out even during lunch time and also



after school when swimming clubs composed of third and fourth year pupils, are in operation where instruction is given in swimming and life saving.

During the year some 48,600 attendances were recorded by scholars of the first and second years in Secondary Modern Schools who attended the baths for instruction.

Some 5,500 attendances were recorded by scholars of the third and fourth years of the Secondary Modern Schools at the swimming clubs held weekly from 4.0 to 5.0 p.m. These clubs are supervised voluntarily by the teachers under the guidance of the swimming coaches.

Progress in swimming can be judged by the awards gained by scholars attending the baths. This past year has seen the attainment of 1,360 braid tests and 43 awards of the Royal Life Saving Society and Amateur Swimming Association.

### **Camping**

Some 426 scholars—representing 9 boys' departments and 5 girls' departments—attended camps organised by the Staffordshire Education Committee at Teddesley Park, Coven, Chasewater, Cotwalton and Bryn Crug during the Summer of 1958. A wide range of activities including camp-craft, country activities, map work, canoeing, sailing and trek camping, provided an attractive and profitable programme.

During the Autumn Term eleven boys attended an adventure camping course. This course was designed as a challenge to the boys, requiring a high standard of initiative, determination, and courage to see that the tasks they were given were completed.

Much interest was shown in the new venture of a camp, held at Chasewater, that was purely for sailing instruction. Some schools in the Borough have made or are making yachts and canoes of their own to follow up the training they have received. Credit must be given to the handicraft teachers who have helped so much in this field.



At the conclusion of this report I would like to say that much credit is due to the large number of teachers who are willing to devote many hours outside their normal school time to further the development of physical education in the Borough. It is largely through their devotion to this work that so much progress is made in the competitive field of sport.

TABLE I

## PART A—PERIODIC MEDICAL INSPECTIONS

Medical Inspection of pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools). Year ended 31st December 1958.

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later ...	111	107	96.4	4	3.6
1953 ...	616	604	98.0	12	2.0
1952 ...	240	230	95.8	10	4.2
1951 ...	45	44	97.8	1	2.2
1950 ...	53	50	94.0	3	6.0
1949 ...	220	216	98.2	4	1.8
1948 ...	1,142	1,134	99.3	8	0.7
1947 ...	215	209	97.2	6	2.8
1946 ...	93	90	96.8	3	3.2
1945 ...	80	79	98.8	1	1.2
1944 ...	110	107	97.3	3	2.7
1943 and earlier ...	1,392	1,378	99.0	14	1.0
Total ...	4,317	4,248	98.4	69	1.6

PART B—PUPILS FOUND TO REQUIRE TREATMENT  
AT PERIODIC MEDICAL INSPECTIONS  
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of Birth)	For Defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total Individual Pupils
(1)	(2)	(3)	(4)
1954 and later...	2	30	26
1953 ...	2	160	153
1952 ...	1	30	28
1951 ...	1	31	26
1950 ...	5	27	25
1949 ...	17	61	65
1948 ...	89	355	392
1947 ...	12	62	55
1946 ...	12	41	40
1945 ...	17	19	27
1944 ...	21	45	53
1943 and earlier ...	239	416	570
Total ...	418	1,285	1,460



## PART C—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	...	132
Number of Re-inspections	...	...	...	...	...	...	469
Total	...	...	...	...	...	...	601

## PART D—INFESTATION WITH VERMIN

Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	63,422 examinations
Total number of individual pupils found to be infested	...	...	11,175 pupils
Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	1,691
Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	175

**TABLE II.**  
**PART A—PERIODIC INSPECTIONS**  
**Return of Defects found by Medical Inspection during the year ended**  
**31st December, 1958**

Defect Code No.	Defect or Disease (2)	ENTRANTS		LEAVERS		OTHERS		TOTAL	
		Requir- ing Treat- ment (3)	Requir- ing Obser- vation (4)	Requir- ing Treat- ment (5)	Requir- ing Obser- vation (6)	Requir- ing Treat- ment (7)	Requir- ing Obser- vation (8)	Requir- ing Treat- ment (9)	Requir- ing Obser- vation (10)
(1)	(2)								
4	Skin	13	33	77	150	68	111	158	294
5	Eyes— (a) Vision (b) Squint (c) Other	7 14 2	2 26 6	244 24 5	42 3 30	167 40 8	71 16 30	418 78 15	115 45 56
6	Ears— (a) Hearing (b) Otitis Media (c) Other	4 5 4	5 28 1	— 1 7	12 27 17	5 14 17	27 29 67	9 20 28	44 84 127
7	Nose and Throat	41	241	15	149	60	303	116	693
8	Speech	5	21	2	7	6	30	13	58
9	Lymphatic Glands	3	98	—	16	3	63	6	177
10	Heart	2	25	8	19	10	26	20	70
11	Lungs	14	52	10	31	21	64	45	147
12	Development— (a) Hernia (b) Other	3 —	2 22	2 4	1 8	1 10	6 92	6 14	9 122
13	Orthopaedic— (a) Posture (b) Feet (c) Other	2 22 7	183 82 24	8 22 15	8 85 60	10 38 36	46 110 83	20 82 58	237 277 167
14	Nervous System— (a) Epilepsy (b) Other	— —	3 5	1 —	3 1	1 —	2 13	2 —	8 19
15	Psychological— (a) Development (b) Stability	2 1 2	14 43 10	— 2 1	7 24 7	— 7 5	18 71 16	2 10 8	39 138 33
16	Abdomen	7	23	18	34	29	125	54	182
17	Other	...	...	...	...	...	...	...	...



## PART B—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin ... ..	3	3
5	Eyes—		
	(a) Vision ... ..	6	4
	(b) Squint ... ..	3	1
	(c) Other ... ..	1	3
6	Ears—		
	(a) Hearing... ..	3	4
	(b) Otitis Media ... ..	1	1
	(c) Other ... ..	1	2
7	Nose and Throat ... ..	7	19
8	Speech ... ..	4	13
9	Lymphatic Glands ... ..	—	4
10	Heart... ..	1	20
11	Lungs ... ..	5	5
12	Development—		
	(a) Hernia ... ..	—	3
	(b) Other ... ..	—	6
13	Orthopaedic—		
	(a) Posture ... ..	1	—
	(b) Feet ... ..	3	4
	(c) Other ... ..	4	13
14	Nervous System—		
	(a) Epilepsy ... ..	—	3
	(b) Other ... ..	—	7
15	Psychological—		
	(a) Development ... ..	11	7
	(b) Stability ... ..	7	13
16	Abdomen ... ..	1	2
17	Other... ..	7	8

**TABLE III.**

### Part A—Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint ... ..	279
Errors of Refraction (including Squint) ... ..	847
Total ... ..	1,126
Number of pupils for whom spectacles were prescribed	308

## Part B—Diseases and Defects of Ear, Nose and Throat

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear ... ..	1
(b) for adenoids and chronic tonsillitis ... ..	29
(c) for other nose and throat conditions ... ..	1
Received other forms of treatment ... ..	334
Total ... ..	365
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1958 ... ..	Nil
(b) in previous years ... ..	4

## Part C—Orthopaedic and Postural Defects.

	<i>Number of cases known to have been dealt with</i>
(a) Pupils treated at clinics or out-patients departments ... ..	129
(b) Pupils treated at school for postural defects ... ..	—
Total ... ..	129

## Part D—Diseases of the Skin (Excluding uncleanliness, for which see Part D of Table I.)

	<i>Number of cases known to have been treated</i>
Ringworm—(a) Scalp ... ..	—
(b) Body ... ..	3
Scabies ... ..	6
Impetigo ... ..	60
Other skin diseases ... ..	2,602
Total ... ..	2,671

## Part E—Child Guidance Treatment

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics ... ..	4

## Part F—Speech Therapy

	<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists ... ..	Number treated at N.S.R.I.—unknown



## Part G—Other Treatment Given

					Number of cases known to have been treated
(a)	Pupils with minor ailments	...	...	...	245
(b)	Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	18
(c)	Pupils who received B.C.G. vaccination	...	...	...	Not known
(d)	Other than (a), (b) and (c) above				
	Respiratory	...	...	...	109
	Injuries	...	...	...	1,795
	Debility...	...	...	...	148
	Total	...	...	...	2,315

TABLE IV.

### Dental Inspection and Treatment carried out by the Authority during 1958

(1) Number of pupils inspected by the Authority's Dental Officers :—									
(a) At Periodic Inspections	...	...	...	...	...	...	...	3,484	
(b) At Special Inspections	...	...	...	...	...	...	...	998	
Total (1)	...	...	...	...	...	...	...	4,482	
(2) Number found to require treatment	...	...	...	...	...	...	...	2,361	
(3) Number offered treatment	...	...	...	...	...	...	...	2,355	
(4) Number actually treated	...	...	...	...	...	...	...	2,192	
(5) Number of attendances made by pupils for treatment including those recorded at 11 (h)	...	...	...	...	...	...	...	2,692	
(6) Half days devoted to—									
(a) Periodic (School) Inspection	...	...	...	...	...	...	...	19	
(b) Treatment	...	...	...	...	...	...	...	649	
Total (6)	...	...	...	...	...	...	...	668	
(7) Fillings—									
(a) Permanent Teeth	...	...	...	...	...	...	...	3,193	
(b) Temporary Teeth	...	...	...	...	...	...	...	97	
Total (7)	...	...	...	...	...	...	...	3,290	
(8) Number of Teeth Filled—									
(a) Permanent Teeth	...	...	...	...	...	...	...	2,555	
(b) Temporary Teeth	...	...	...	...	...	...	...	84	
Total (8)	...	...	...	...	...	...	...	2,639	
(9) Extractions—									
(a) Permanent Teeth	...	...	...	...	...	...	...	1,161	
(b) Temporary Teeth	...	...	...	...	...	...	...	2,008	
Total (9)	...	...	...	...	...	...	...	3,169	
(10) Administration of general anaesthetics for extraction	...	...	...	...	...	...	...	545	
(11) Orthodontics—									
(a) Cases commenced during the year	...	...	...	...	...	...	...	26	
(b) Cases carried forward from previous year	...	...	...	...	...	...	...	14	
(c) Cases completed during the year	...	...	...	...	...	...	...	16	
(d) Cases discontinued during the year	...	...	...	...	...	...	...	—	
(e) Pupils treated with appliances	...	...	...	...	...	...	...	40	
(f) Removable appliances fitted	...	...	...	...	...	...	...	46	
(g) Fixed appliances fitted	...	...	...	...	...	...	...	1	
(h) Total attendances	...	...	...	...	...	...	...	281	
(12) Number of pupils supplied with artificial teeth	...	...	...	...	...	...	...	27	
(13) Other operations—									
(a) Permanent Teeth	...	...	...	...	...	...	...	198	
(b) Temporary Teeth	...	...	...	...	...	...	...	1	
Total (13)	...	...	...	...	...	...	...	199	



TABLE V.

## I.—Staff of the School Health Service

		<i>Number of Officers</i>	<i>Number in terms of full-time Officers employed in the School Health Service</i>
(a)	*Medical Officers (including the Principal School Medical Officer):—		
	(i) Whole-time School Health Service...	None	
	(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
(b)	Physiotherapists, Speech Therapists, etc. (specify):—		
	Physiotherapist ...	1	0.18
	Ophthalmologist ...	1	0.045
(c)	(i) School Nurses ...	9	4.27
	(ii) No. of the above who hold a Health Visitors Certificate...	8	—
(d)	Nursing Assistants ...	3	3.0

		<i>Officers employed on a salary basis</i>		<i>Officers employed on a sessional basis</i>	
		<i>No. of Officers</i>	<i>Numbers in terms of full-time officers employed in the School Dental Service</i>	<i>No. of Officers</i>	<i>Numbers in terms of full-time officers employed in the School Dental Service</i>
(e)	Dental Staff:—				
	(i) Principal School Dental Officer ...	—	—	—	—
	(ii) Dental Officers ...	2	2.0	None	None
	(iii) Orthodontists (if not already included in (e) (i) or (e) (ii) above) ...	—	—	—	—
	TOTAL ...	2	2.0	—	—
				<i>No. of Officers</i>	<i>Numbers in terms of full-time officers employed in the School Dental Service</i>
(iv)	Dental Attendants ...			2	2
(v)	Other Staff (specify):—				
	Dental Anaesthetist ...			1	0.18

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

# TABLE VI.

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 ... 10 (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 VII.

Handicapped Pupils requiring Education at Special Schools approved under Section 9(5) of the Education Act, 1944, or Boarding in Boarding Homes

During the Calendar year ended 31st December 1958, how many handicapped pupils—	(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)
A. were newly placed in special schools (other than hospital special schools) or boarding homes ... ..	—	—	2	—	—	1	3	1	1
B. were newly assessed as needing special educational treatment at special schools or in boarding homes ... ..	—	—	2	—	4	2	12	—	1
On or about 31st January 1959, how many handicapped pupils from the Authority's area:—									
C. (i) were on the registers of special schools as—									
(a) day pupils ... ..	—	—	—	—	—	—	—	—	—
(b) boarding pupils ... ..	3	3	3	—	2	6	12	1	1
(ii) were on the registers of independent schools under arrangements made by the Authority ... ..	—	—	—	—	—	—	—	—	—
(iii) were boarded in homes and not already included under (i) or (ii) ... ..	—	—	—	—	—	—	—	—	—
TOTAL C. ... ..	3	3	3	—	2	6	12	1	1
D. were being educated under arrangements made under Section 56 of the Education Act, 1944									
(i) in hospitals ... ..	—	—	—	—	—	—	—	—	—
(ii) in other groups ... .. (e.g., units for spastics, convalescent homes)	—	—	—	—	3	—	—	—	—
(iii) at home ... ..	—	—	—	—	—	5	—	—	—
E. were requiring places in special schools.									
(i) TOTAL (a) day... ..	—	—	—	—	15	13	45	—	—
(b) boarding ... ..	—	—	—	—	3	2	16	—	—
No. of pupils included in 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.	—	—	—	—	2	—	2	—	—

# TABLE VII—(continued)

F.	Number of pupils on the registers of hospital special schools ...	—
G.	Number of children reported to the local health authority during the calendar year ended 31st December, 1958—	
(a)	Under Section 57 (3) (excluding any returned under (b)) ...	3
(b)	Under Section 57 (3) relying on Section 57 (4) ...	—
(c)	Under Section 57 (5) ... of the Education Act, 1944.	2

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H.—Amount spent on arrangements under SECTION 56 of the Education Act, 1944, for the education of handicapped pupils otherwise than at schools in the financial year ended 31st March, 1958 ... £1,857 16s. 7d.



# TABLE IV (Continued)

Number of people on the ground at the time of the attack on Pearl Harbor, December 7, 1941. The number of people on the ground at the time of the attack on Pearl Harbor, December 7, 1941, is shown in the following table. The number of people on the ground at the time of the attack on Pearl Harbor, December 7, 1941, is shown in the following table.

Location	Total	Men	Women	Children	Total	Men	Women	Children	Total
Pearl Harbor	1,200	800	300	100	1,200	800	300	100	1,200
Hickam Field	1,000	700	200	100	1,000	700	200	100	1,000
Ford Island	500	300	100	100	500	300	100	100	500
Mitsubishi	1,500	1,000	300	200	1,500	1,000	300	200	1,500
Kure	1,000	700	200	100	1,000	700	200	100	1,000
Sasebo	1,000	700	200	100	1,000	700	200	100	1,000
Yokosuka	1,000	700	200	100	1,000	700	200	100	1,000
Utsunomiya	1,000	700	200	100	1,000	700	200	100	1,000
Machida	1,000	700	200	100	1,000	700	200	100	1,000