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Contributors

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STAFFORDSHIRE COUNTY COUNCIL

The 57th ANNUAL REPORT

OF THE

County Principal
School Medical Officer

For the year 1964





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Samura M. Danas M. D. Martin (1974) (

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SCHOOL HEALTH SERVICE STAFF, 1964

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

A. WITHNELL, B.Sc., M.D., Ch.B., D.P.H.

Senior Administrative Medical Officer for Schools

A. BLENCH, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

Whole-time School Medical Officers

(engaged in the School Health Service)

G. KATHERINE BIRCHENOUGH, M.R.C.S., L.R.C.P., D.P.H.

AGNES W. E. BLACK, M.B., B.Ch., B.A.O., D.P.H.

PEARL I. BLENCH, L.R.C.P., L.R.C.S., L.R.F.P.S.

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

MARY R. COOKE, L.R.C.P., S.I. and L.M. (Resigned 30.6.64). G. R. DAVIES, B.Sc., L.M.S.S.A. T. W. G. DONOHOE, M.B., Ch.B., D.R.C.O.G.

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

MATILDA DOROTHY GODWIN, M.B., B.Ch., B.A.O.

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

MARY M. MARKHAM, M.B., Ch.B., D.T.M. & H., D.P.H. E. K. MORRIS, M.B., Ch.B., M.R.C.S., L.R.C.P.

G. J. O'CONNOR, M.B., Ch.B., B.A.O.

M. M. L. Passi, M.B., B.S., D.P.H., D.T.M. & H., D.I.H. (Resigned 1.6.64).

J. A. Scully, M.B., Ch.B., B.A.O., M.A. PATRICIA V. TYLER. M.B., Ch.B. (Appointed 1.9.64).

R. WHARTON, M.B., Ch.B.

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

School Medical Officers holding Joint Appointments

(engaged in the School Health Service)

A. G. Bailey, M.B., Ch.B., D.P.H. (M.O.H. Coseley U.D.). (Resigned 20.3.64).

J. H. E. BAINES, M.B., Ch.B., D.P.H. (M.O.H. Wednesfield U.D.) (Resigned 30.6.64).

C. R. B. BAMFORD, M.B., B.S., D.P.H. (Appointed M.O.H. Stone U.D. and R.D. 1.11.64).

SHEILA M. DURKIN, M.B., B.Ch., D.P.H. (Area Medical Officer and M.O.H. Tutbury R.D. and Uttoxeter U.D. and R.D.).

R. C. Gubbins, M.B., Ch.B., D.P.H. (M.O.H. Willenhall U.D. AUG 1965 (Deceased 29.6.64). A. R. KENNEDY, M.B., Ch.B., B.Sc., M.R.C.S., L.R.C.P., P.H. (M.O.H. Amblecote U.D. and Seisdon R.D.).

I. D. McIntosh, M.A., M.B., B.Chir., D.P.H. (M.O.H. Tamworth M.B.) (Resigned 18.10.64)

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.) (Resigned 30.6.64).

B. Newton, M.B., Ch.B., D.Obst., B.C.O.G., D.P.H. (M.O.H. Wednesfield) (Appointed 1.8.64).

H. SHORE, M.D., D.T.M. & H. & D.P.H. (M.O.H. Aldridge and Brownhills U.D.).

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.

J. G. VACCARO, M.B., B.S., D.P.H. (M.O.H. Coseley U.D.) (Appointed 1.9.64)

H. E. WILSON, M.B., Ch.B., D.O., D.P.H. (M.O.H. Leek U.D.).

Part-time School Medical Officers

(engaged in the School Health Service)

MARGARET BAMBER, M.B., B.Ch., B.A.O. A. J. CHILDS, M.B., Ch.B., D.P.H. (Appointed 31.8.64) EILEEN N. COSGRAVE, M.B., B.Ch., B.A.O. (Resigned 31.1.64). JEANNETTE R. B. GIBSON, L.R.C.P., L.R.C.S., L.R.F.P.S. (Glas.). IVY R. GIFFORD, M.B., Ch.B. (Dental Anaesthetist). ROSE MACAULIFFE, M.B., B.Ch., B.A.O. MARGARET W. PETERS, M.B., Ch.B. (Dental Anaesthetist). ELEANOR M. PRENDIVILLE, L.R.C.P.I., L.R.C.S.I., L.M., D.P.H. SHIRLEY J. TOOGOOD, M.B., B.S. (Appointed 14.9.64). G. ISABEL VILLIERS, M.B., B.Ch., B.A.O. (Dental Anaesthetist). LUCY M. WILKIN, M.B., B.Ch., B.A.O.

Principal County School Dental Officer

J. C. TIMMIS, L.D.S., R.C.S.

Whole-time School Dental Officers

D. C. Butterworth, B.D.S. (from part time on 20.4.64).

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

MISS P. ENSUM, L.D.S. (Appointed 1.6.64).

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

B. M. Griffiths, B.D.S. (from part time 18.5.64).

J. HICKEY, B.D.S. MISS M. C. LAUDER, L.D.S., R.C.S.

J. D. NELSON, L.D.S.

D. R. OGDEN, B.D.S., L.D.S., R.C.S.

T. C. J. PRICE, B.D.S.

H. W. PRITCHARD, L.D.S.

L. H. THOMPSON, L.D.S. (To part time staff from 1.9.64). MISS A. P. WOOD, B.D.S.

Part-time School Dental Officers

Miss A. F. Birch, B.D.S. (Resigned 31.7.64).

D. C. BUTTERWORTH, B.D.S. (to whole time 20.4.64).

R. BOLTON, F.D.S., R.C.S.

S. Evans, L.D.S. (Appointed 1.4.64, resigned 31.8.64).

R. J. FOWLER, L.D.S., B.Ch.D., F.D.S., R.C.S. N. K. GREEN, B.D.S.

B. M. Griffiths, B.D.S. (Appointed 23.3.64, to whole time 18.5.64).

Mrs. C. E. Hughes, L.D.S.

J. L. JACQUES, L.D.S., R.C.S. A. C. MILES, L.D.S., R.C.S. L. F. KELLY, L.D.S., R.F.P.S.

C. L. B. LAVELLE, B.Sc., B.D.S. (Appointed 1.1.64).

A. N. PLACE, L.D.S.

D. M. SANDERSON, L.D.S., R.F.P.S. (Resigned 28.7.64)

L. H. THOMPSON, L.D.S., (from full time staff 1.9.64).

M. R. L. THORNTON, L.D.S., B.D.S.

R. WARNER, L.D.S. J. K. WILLIAMS, L.D.S.

Whole-time Dental Auxiliaries

MISS J. M. CLARKE (Appointed 14.9.64).

MISS M. J. CARR (Resigned 20.12.64).

MISS J. M. CHEESEMAN (Resigned 23.12.64).

MISS A. J. RAMAGE

Mrs. J. E. Harris (Appointed 14.9.64).

Miss J. Morrall (Appointed 7.9.64)

Dental Hygienist

MISS A. P. PRITCHARD (Part time from 1.1.64).

Specialists

(engaged in the School Health Service)

PART-TIME CONSULTANT IN CHILDREN'S DENTISTRY:

H. LEVISON, B.D.S., F.D.S., R.C.S., D.Orth.

PART-TIME OPHTHALMIC SPECIALISTS:

J. A. Cox, M.B., B.S., D.O.

G. F. HAYCRAFT, M.R.C.S., L.R.C.P., D.O.M.S. (Deceased Feb., 1964).

D. E. LYONS, M.B., Ch.B., D.O.

E. J. McCabe, M.B., Ch.B., D.O.

B. M. McOwan, M.R.C.S., L.R.C.P., M.B., B.S., D.O. (Ldn.). *D. F. WOODHOUSE, B.M., B.Ch., F.R.C.S., M.R.C.S., L.R.C.P., D.O.M.S.

PART-TIME ORTHOPAEDIC SPECIALISTS:

*J. HIRTENSTEIN, M.D., F.R.C.S. M. H. M. HARRISON, Ch.M., M.B., Ch.B., F.R.C.S.

PART-TIME E.N.T. SPECIALISTS:

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

PRINCIPAL MEDICAL OFFICER FOR MENTAL HEALTH:

W. JOHNSON, M.R.C.S., L.R.C.P.

CONSULTANT PSYCHIATRIST:

H. B. BAKER, M.B., B.S., M.R.C.S., L.R.C.P., D.P.M.

PART-TIME CONSULTANT PSYCHIATRISTS:

J. PEDLEY BAKER, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.M.

*Attends County Clinics as Regional Hospital Board Officer.

EDUCATIONAL PSYCHOLOGISTS:

D. COOKSON, B.A., Dip. Psych. Mrs. M. D. Cookson, B.A.

W. B. HANTON, M.A., Dip. Psych. (Resigned 30.9.64). Mrs. M. I. Christine Shepherd, B.A.

CASEWORK SUPERVISORS (Holding joint appointments)

K. E. JONES, A.A.P.S.W.

D. A. MACDONALD, A.A.P.S.W., Dip. Soc. Sc.

J. H. SPURR, A.A.P.S.W., R.M.N.D., Dip. Soc. Sc.

E. E. STEPHENSON, A.A.P.S.W.

PSYCHIATRIC SOCIAL WORKERS:

MISS M. P. COCKIN.

MRS. G. HENGSTENBERG, A.A.P.S.W., Dip. Soc. Sc.

PART-TIME PSYCHIATRIC SOCIAL WORKERS:

Mrs. B. L. Fenby, A.B., M.S.W. (Appointed 29.6.64).

MRS. E. GLASS, A.A.P.S.W.

Mrs. J. M. Spurr, A.A.P.S.W. (Resigned 11.10.64).

Mrs. L. Wood (Appointed 30.11.64)

Medical Auxiliaries

PHYSIOTHERAPISTS:

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

MRS. N. J. LAW, M.C.S.P.

MRS. M. LEWIS, M.C.S.P. (Part-time from 1.9.64).

SPEECH THERAPISTS:

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

MRS. S. EDWARDS, L.C.S.T. (Part-time) (Appointed 12.10.64). MRS. A. M. PRICE, L.C.S.T. (Full-time from 1.9.64).

MRS. S. R. RUMBLE, L.C.S.T.

MRS. G. M. STUFFINS, L.C.S.T. (Part-time) (Appointed 12.10.64).

MRS. P. A. VALENTINI, L.C.S.T. (Part-time) (Resigned 30.7.64).

MRS. J. L. WILSON, L.C.S.T. (Part-time)

AUDIOMETRICIANS:

Mrs. E. Goodwin, S.R.N. (Part-time)

Mrs. M. Moss (Appointed 3.2.64)

AUDIOLOGY CLINIC:

MISS M. L. GIBSON, S.R.N., C.M.B., H.V.

SUMMARY OF ASSISTANT STAFF

Staff	Establish ment	- No. Employed	Equivalent in terms of Whole-time
5.40		on 31.12.64	
School Medical Officers	22	39	16.4
School Dental Officers	29	27	19.6
Anaesthetists		4	1.5
- Principal - Prin		8 2 2 3	1.8
		2	0.4
		2	0.05
	5		2.5
	6	132	4.5
CILLY N	40	46	30.0 25.3
T TT	3	3	2.45
Dontal Company Assistants	30	33	23.6
Dental Taskafairas	4	3	2.3
Dontal Tashnisian Aummentices	2		
Dontal Auxiliarias	8	4	3.6
Dantal Hygianists	2	1	0.5
Claules	24	24	24
Audiamatriaiana	1.2	2	1.2
Vision Testing Survey Nurse .	1	1	1
New Cross Diagnostic Clinic			
Nurse	1	1	1
Chiropodists	3	22	2.36
GENERAL	INFORM	1ATION	
	Urban	Rural	Admin.
	Areas	Areas	County
Estimated civilian population of	of		
Administrative County (Mic			
	779,150	269,450	1,048,600
	100,012	585,227	685,239
Density of population per acre.		0.46	1.53
Mean area per person in acres .	0.13	2.17	
		2.17	0.65
Jecally (an der	10 10 10 10 10 10 10 10 10 10 10 10 10 1	2.17	0.65
Estimated School Populatio	90-10 TO 100-30		nty
(excluding Newcastle) .	n of Admi	nistrative Cou	nty 150,918
(excluding Newcastle) . 2. Average attendances (excludi	n of Admi	nistrative Cou tle)	nty 150,918 135,448
 (excluding Newcastle) Average attendances (excludi School Population of Newca 	n of Admi 	nistrative Cou tle)	nty 150,918 135,448 13,503
 (excluding Newcastle) Average attendances (excludi School Population of Newca Average attendances (Newca 	n of Admi 	nistrative Cou tle) ed District	nty 150,918 135,448 13,503 12,064
 (excluding Newcastle) Average attendances (excluding 3) School Population of Newcard Average attendances (Newcard Number of schools and depart 	n of Admi 	nistrative Cou tle) ed District e County (excl.	nty 150,918 135,448 13,503 12,064 . Newcastle):—
 (excluding Newcastle) Average attendances (excluding a school Population of Newcastle) Average attendances (Newcastle) Number of schools and depart Nursery Schools 	n of Admi ng Newcasi stle Excepte stle only) tments in th	nistrative Cou tle) ed District e County (excl.	nty 150,918 135,448 13,503 12,064 . Newcastle):— 12
 (excluding Newcastle) Average attendances (excluding a school Population of Newcastle) Average attendances (Newcastle) Number of schools and depart and Nursery Schools County Primary Schools 	n of Admi ng Newcasi stle Excepte stle only) tments in th	nistrative Cou tle) ed District e County (excl.	nty 150,918 135,448 13,503 12,064 . Newcastle):— 12 309
 (excluding Newcastle) Average attendances (excluding a school Population of Newcastle) Average attendances (Newcastle) Number of schools and depart and Nursery Schools County Primary Schools Voluntary Primary Schools 	n of Admi ng Newcasi stle Excepte stle only) tments in th	nistrative Cou tle) ed District e County (excl.	nty 150,918 135,448 13,503 12,064 . Newcastle):— 12 309 207
 (excluding Newcastle) Average attendances (excluding a school Population of Newcastle) School Population of Newcastle Average attendances (Newcastle Number of schools and depart and Nursery Schools and depart and Nursery Schools and depart and Nursery Schools and School and S	n of Admi ng Newcasi stle Excepte stle only) tments in th Schools	nistrative Countle) ed District e County (excl.	nty 150,918 135,448 13,503 12,064 .Newcastle):— 12 309 207 89
 (excluding Newcastle) Average attendances (excluding School Population of Newcastle) Average attendances (Newcastle) Number of schools and depart Nursery Schools County Primary Schools Voluntary Primary Schools County Secondary Modern Structure Voluntary Secondary Modern Structure 	n of Admi ng Newcasi stle Excepte stle only) tments in th Schools n Schools	nistrative Cou	nty 150,918 135,448 13,503 12,064 .Newcastle):— 12 309 207 89 89
 (excluding Newcastle) Average attendances (excluding a school Population of Newcastle) School Population of Newcastle Average attendances (Newcastle) Number of schools and depart and Nursery Schools and Department and Department and Nursery Schools and Department and Depart	n of Admi ng Newcast stle Excepte stle only) tments in th Schools n Schools and High	nistrative Countle) ed District e County (excl.	nty 150,918 135,448 13,503 12,064 .Newcastle):— 12 309 207 89 8 27
 (excluding Newcastle) Average attendances (excluding a school Population of Newcastle) School Population of Newcastle Average attendances (Newcastle) Number of schools and depart and Nursery Schools and Department and Department	n of Admi	nistrative Cou	nty 150,918 135,448 13,503 12,064 .Newcastle):— 12 309 207 89 8 27
 (excluding Newcastle) Average attendances (excluding a school Population of Newcastle) School Population of Newcastle Average attendances (Newcastle Number of schools and depart and a school schoo	n of Admi	nistrative Cou	nty 150,918 135,448 13,503 12,064 .Newcastle):— 12 309 207 89 8 27
 (excluding Newcastle) Average attendances (excluding according to the secondary of the secondary of	n of Admi	nistrative Countle) ed District e County (excl.	nty 150,918 135,448 13,503 12,064 . Newcastle):— 12 309 207 89 8 27 9 7 9
 (excluding Newcastle) Average attendances (excluding School Population of Newcastle) School Population of Newcastle Average attendances (Newcastle) Number of schools and depart Nursery Schools County Primary Schools Voluntary Primary Schools County Secondary Modern Structure Voluntary Secondary Grammar Comprehensive Schools Special Schools—Residential Day 	n of Admi	nistrative Cou	nty 150,918 135,448 13,503 12,064 .Newcastle):— 12 309 207 89 8 27 9 7
 (excluding Newcastle) Average attendances (excluding according to the secondary of the secondary of	n of Admi	nistrative Countle) ed District e County (excl.	nty 150,918 135,448 13,503 12,064 . Newcastle):— 12 309 207 89 8 27 9 7 9

Annual Report of the County Principal School Medical Officer for 1964

While from time to time new advances in treatment, or prevention, form a striking subject for the annual foreword, this year's report is a routine one. This is, in its own way, very satisfactory for there are no unwelcome incidents on which to comment either.

A year ago it was necessary to report an outbreak of tuberculosis in a school in the County and, while there has been no repetition, it is interesting in this connection to note the increase this year in the number of children given B.C.G. injections (page 23). This is largely due to the lowering of the age of administration from the 13-year-old age group to the entrants to the secondary schools at 11 years of age. This is a step in the right direction and the authority has discretion in the giving of B.C.G. to children at an earlier age, if there are special indications. These do exist, particularly in the south of the County where the influx of coloured families brings problems in connection with tuberculosis. The children of these families require the protection given by B.C.G. at an earlier age, 6—7 years old, and this has been arranged.

The County is fortunate to have Dr. Griffiths working and advising on B.C.G. She has been concerned with a number of investigations, under the auspices of the Research Committee of the British Tuberculosis Association, into the efficacy of different methods of giving B.C.G. and is developing a rapid and painless method of administration. Also research on dosage is being carried out which will form an important factor in the elimination of tuberculosis from the population.

Investigations are proceeding on the Keystone method of testing vision and during the current year it should be possible to report on its advantages and disadvantages. The hope is that it will reveal muscle imbalance, not amounting to a squint, but causing a reluctance to read and possibly headaches.

While staff shortages in the dental service remain a serious problem, the year's statistics show heartening features. The numbers of children dentally inspected and treated rose considerably and the orthodontic scheme was working efficiently.

At the moment of writing this foreword the number of dental surgeons on the staff has increased but for the year under review the number remained stationary. However, as there were no great fluctuations this helped to increase the work done and the effect of new equipment such as air rotors was undoubtedly a helpful factor. Four dental auxiliaries were employed and their work was also a valuable contribution to the year's results. The experience in this County suggests that these officers should form a permanent feature of the County Dental Service and that the "experimental" period is, as far as this department is concerned, at an end. However, we must await a national decision on the scheme, but the delay is unfortunate for the planning for future staff and their accommodation.

The appointment, part-time, of the Consultant Orthodontist, Mr. Levison, has also proved of great value to the County Dental Service. As a result of his consultations with the County dental surgeons more children with mouth and teeth deformities have been treated in County clinics than formerly. Besides adding to the interest of the work of the surgeons, the inconvenience of longer journeys to hospitals are saved for parents and children and also the work and congestion at hospitals is reduced. There remain a proportion of cases where the correct treatment is best given in hospital and these children are referred there. In the Stafford area some children are treated at hospital by Mr. Levison in his capacity as a regional hospital board consultant in children's dentistry and this continuity of care is another advantage in the scheme.

In his report the Principal School Dental Officer mentions the slight improvement in the teeth of the school entrants but those of the leavers shows no improvement, and possibly a deterioration. This does not indicate any new factors at work, but emphasises the importance of dental health education in the schools. Fortunately, the staff available for this educational work was increased during the year and also one day per week of the time of the dental auxiliaries is allocated for this purpose. The County Health Education Officer is now in post and he has more staff available. Health Education is

uphill work and can only bear fruit over a long period. In respect of dental disease it needs, unfortunately, to be directed at some of the adult population as well, to enlist their help and to secure the approval of the addition of fluorine to drinking water.

Comment was made last year on the hygiene failings of some of the school buildings. Some defects are still present, though mostly of a minor character, but there is one building deficiency which forms a definite handicap to the service, namely the rooms available for the carrying out of health inspections. It is accepted that accommodation in small County schools can, at best, be simple, but in larger schools it is not asking too much for good lighting, warmth and quietness. The regulations require the provision of a room for medical and dental inspections and treatment and it is a waste of effort, and public money, for this provision to be inadequate, as is the instance in some schools in the County.

It is a pleasure to record and acknowledge the help received by the Department from the associated departments and officials, including the teaching staff. An effective example of the co-operation of the latter is illustrated on page 41 where the findings of the tests for possible deafness are recorded. It will be seen that the results of testing children specially brought forward by the teachers showed defects in 69% of the cases whereas the mass examination showed only 9%. The same co-operation exists in respect of mental subnormality and behaviour disorders and is equally valuable here and in other directions.

In all, the year's work has been valuable to the health and well-being of the pupils and made easy by the good work of the staff and the ready help and encouragement of the Committee for which we are very appreciative.

G. RAMAGE,

County Prinicpal School Medical Officer.

School Health Service, County Buildings, Stafford.

Annual Report for 1964

PART I.—INSPECTIONS AND OTHER EXAMINATIONS

Table 1. 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)

1960 and later	326)
1959	4,276 Entrants
1958	6,627
1957	1,368
1956	225
1955	138
1954	118
1953.	3,762) 2nd Ass Crown
1952	${3,762 \atop 4,569}$ 2nd Age Group.
1951	1,304
1950	3,877 5,797 3rd Age Group
1949 and earlier	5,797 3rd Age Group
Total	32,387

B. Number of Other Inspections:

No.	Special Inspections of Re-inspections	190 17,681
	Total	17,871

Children in the "Intermediate" age group are examined in their first year of secondary education. Consequently, in secondary schools, School Medical Officers combine, in one group of visits, the examination of both the "Leaver" and "Intermediate" age groups.

"Entrant" children are medically examined routinely during the summer Term.

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

Age groups By year of		For defective vision (excl. Squint)	For any of the other conditions recorded in Pt. II	Total Individual Pupils
1960 and later		 8	42	47
1959		 120	700	802
1958		 248	1,025	1,265
1957		 62	240	285
1956		 17	48	60
1955		 13	25	32
1954		 9	22	29
1953		 442	502	925
1952		 535	620	1,126
1951		 180	198	367
1950		 435	378	798
1949 and earlie	г	 698	730	1,413
Total		 2,767	4,530	7,149

The total of individual pupils found to require treatment increased from 3,866 in 1963 by 3,283 to 7,149 in 1964.

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

Defect	Defect		Periodic Inspections				
Code No.	Defect or disease		Entrants	Leavers	Others	Total	
4	Skin	. T	176	244	254	674	
5	Eyes—(a) Vision	. T	238 356 364	248 1,141 516	202 1,238 496	688 2,735 1,376	
	(b) Squint	. T	211	41 21	145	397 142	
		. T	31 42	27 94	53 94	1 11 230	
6		. T	107 212	30 86	67 87	204 385	
	(b) Otitis Media	. T O T	94 204 30	52 77 22	43 148 10	189 429 62	
7	Nose and Throat	. O	45	109	44 178	98	
8	Speech	. O	1,298 85	359 23	743 63	2,400 171	
9	Lymphatic Glands	T	44	30 4 49	10	336 58 555	
10	Heart	T	51	38 58	149 40 92	129 275	
11	Lungs	T	162 474	83 140	106 271	351 885	
12	Development—(a) Hernia	T	37	8 9	15	70	
13	(b) Other Orthopaedic—(a) Posture	T	253	28 30 51	67 163 58	125 446 132	
13	(b) Feet	. O	65	141	160	366	
	(c) Other	O	302 108	182 97	275 74	759	
14	Nervous System—(a) Epilepsy	T	22	164	168 32 26	499 60 53	
	(b) Other	T	13	11 13 13	25 24	5 7	
15	Psychological—(a) Developmen	nt T	33 91	39 49	30 138	10:	
16	(b) Stability	T	177	132	185	494	
16 17	Abdomen Other	T	50	17 20 119	39 55 236	12: 50:	
	3.60	0	755	264	382	1,40	
OTAL N ING TR	UMBER OF DEFECTS REQUEATMENT	JIRE-	2,292	2,322	3,029	7,64	
OTAL N TO BE	UMBER OF DEFECTS NEED KEPT UNDER OBSERVATIO	DING	5,589	2,702	4,075	12,30	
OTAL D	EFECTS		7,881	5,024	7,104	20,00	

Defects requiring treatment found at routine medical examination increased and a total of 7,643 defects was found to require treatment as compared to 5,524 in the previous year. Defects requiring continued observation, although treatment was not immediately required, fell by 829 to 12,366.

Compared with 1963 the total number of defects requiring observation or treatment increased by 1,290.

The greater numbers of children requiring treatment were the main feature of the findings. The principal increases were eye defects (714), nose and throat (267), orthopaedic conditions (233), lung conditions (187), and skin conditions (179).

Table (2b). Defects found by Medical Inspection

Special Inspections

	m	SPECIAL IN	SPECTIONS
Defect or Disease	100	Defects requiring Treatment	Defects requiring Observation
Skin		13	2
Eyes—(a) Vision		19	2 8 2
(b) Squint		1	2
(c) Other		_	_
Ears—(a) Hearing		7	4
(b) Otitis Media		7	4
(c) Other		2	2
Nose and Throat		. 5	6
Speech		7 7 2 5 8 — 4 5	4 4 2 6 4 3 2 7
Lymphatic Glands		_	3
Heart		4	2
Lungs		5	7
Developmental—			
(a) Hernia		_	1
(b) Other		_	8
Orthopaedic-			
(a) Posture		1	1
(b) Feet		6	5 2
(c) Other		8	2
Nervous System—			
(a) Epilepsy		1	
(b) Other		2	_
Psychological—			
(a) Development		8	3
(b) Stability		8 2 1	3 7
Abdomen			4
Other		11	11
TOTALS		111	86

The comparable figures for the previous year were 62 defects requiring treatment and 108 defects requiring to be kept under observation.

Routine Medical Inspections

The following information has been extracted from reports received from School Medical Officers regarding routine medical inspections in schools during the year.

"The great majority of the children in the schools were found to be in most satisfactory general condition. They are taller and heavier on the whole than their counterparts of a few years ago. Parental attendance at inspections of Entrant children was satisfactory, but attendance drops markedly at the Intermediate and Leaver stage inspections. The Head Teachers of the various schools co-operated most satisfactorily and I pay tribute to their helpfulness. The teacher's knowledge of children and their homes can sometimes be invaluable."

"Co-operation with head teachers continues to be satisfactory and helpful but they do complain about the long spread out programmes especially as a room has to be specially prepared and vacated for routine medical inspections in some schools. Because of lack of space it is sometimes difficult to ensure that there is sufficient privacy and waiting spaces for all concerned."

Table 3. Parents attending Periodic Medical Inspections

E SORVE E	T ME CHECK COLLEGIA	The state of the s	TITE WILLIAM T	and present and
		No. of Children Examined	No. of Parents Attended	Percentage of Pa- rents who Attended
	1960 and later	326	302	92.64
Entrants	1959	4,276	3,825	89.45
	1958	6,627	5,843	88.17
	1957	1,368	1,119	81.8
	1956	225	159	70.67
	1955	138	87	63.04
	1954	118	69	58.47
Inter-	r 1953	3,762	1,847	49.1
mediates	11952	4,569	2,173	47.56
	1951	1,304	517	39.65
Y	r1950	3,877	736	18.98
Leavers	1949 and earl		977	16.85
	Total	32,387	17,654	54.51

Whilst the number of children examined rose by only 441, compared with 1963, 2,954 more parents attended and the percentage of parents attending rose from 46% in 1963 to 54%

в 17

Table 4. Ascertainment of Handicapped Children

	Catego	ory		No. of Children Ascertained 1964
Blind				 1
Partially	Sighted			 2
Deaf				 Daniel miles of Mile
Partially	Hearing			 26
Delicate				 31
Educatio	nally Sub	-Norn	nal	 297
Epileptic				 37
Maladjus	ted			 13
Physicall	y Handic	apped		 146
				553

The table above does not include children living in the Excepted District of Newcastle. Almost all the children were examined at the school clinics.

Table 5. Notification of Handicapped Pupils leaving school to the Youth Employment Service

No of children who were advised not to take	
up certain types of employment	1,179
No. of children advised to register under the	
Disabled Persons (Employment) Act 1944	52
	1,231

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" group for the information of the Youth Employment Service and in addition to the figures in table 5 above reports were issued in respect of 7,073 leavers whose condition was found to be normal.

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

It is pleasing to note that certain Youth Employment Officers have stated they have found the medical reports submitted to be most helpful in the correct placing of children. It is regrettable that so many children on leaving school have some type of handicap—albeit a minor one, but they are given effective help in making their way in life. The number of children referred this year shows a decrease of 321 compared with 1963.

Table 6. Miscellaneous Examinations at School Clinics

Type of Exam	ination				1964
Employment Licence	es				1,711
Entrants to courses	of train	ing fo	r Tead	chers	
(4 R.T.C.)					352
Entrants to the Teach	hing Pro	ofessio	on (28	R.Q.)	217
Children boarded					
Committee					388
Adventure Courses					114
					2,782
					2,702

All of the examinations were carried out by School Medical Officers at the school clinics and have taken up a good proportion of the time devoted to attendance at the clinics.

The number of employment licence examinations includes only four children who were found to be unfit to undertake part time employment.

Home Visiting

Table 7. Details of home visits made by Nursing Staff

	ln,oo	nebumu.	No. of
Reason for Visit			Visits
Uncleanliness and verminous cases			3,442
Arising out of medical inspections			719
Arising out of inspection at clinics			533
All skin diseases			332
Aural:-Ears			361
Nose and throat condition	S		888
Ophthalmic defects			2,549
Orthopaedic defects		55. TV	253
Educationally subnormal children			386
37 1 1 1 1 1 1 1 1		T	738
Infectious diseases			205
Heaf testing			93
National Survey (Health & Develop	ment)		107
Holiday visits to children home	ana a		
from special schools			247
3.61 11		10bs	3,339
Ineffectual visits			1,987
7.7			
			16,179

There was an increase of 147 in the number of home visits made by the nurses as compared with last year.

The main increase (672) appears under the heading miscellaneous and was largely due to work concerning enuresis alarms. Much useful work was also done with home visiting of neglected children. 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.

The number of ineffectual visits made unfortunately increased by 318 more than in the previous year.

Table 8. Details of visits to schools made by Nursing Staff

Reasons for Visit		No. of Visits 1964
Ophthalmic Cases:—		
General	 	1,174
To administer atropine	 1	365
Vision testing prior to:—		
Medical inspection	 	821
Attendance at Ophthalmic Clinic	 	96
Infectious Diseases	 	60
Hygiene inspections (excluding feet)	 	3,077
Foot Inspections (half days)	 	1,791
Miscellaneous	 	534
		7,918

It will be seen from these figures that the nurses are required to devote a considerable amount of time to work in schools. The majority of the visits were in connection with general hygiene inspections of heads, hands and feet. The nurses make routine visits to schools each term to supervise the cleanliness of the children, further details of which are to be found on page 71.

In addition the nurses attend with the School Medical Officers to assist at routine medical inspections.

The number of visits to schools, when compared with the previous year, shows an increase of 63 visits.

PART II—TREATMENT

Table 9. Details of treatment given

Diseases of the Skin

			No. of cases treatment a	treated or under luring the year
			By the Authority	Otherwise (Hospital, etc.)
Ringworm—(i)			14	Lovin-
(ii)	Body			
Scabies		 	27	2
Impetigo		 	40	
Other Skin Disea	ases .	 	2,971	146
Total	1135 4.	 	3,052	148
			-	

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 Errors of refraction (incl. squint)	466 2,608	69 118
Total	3,074	187
Number of pupils for whom spectacles were prescribed	4,664	n/k

Diseases and Defects of Ear, Nose and Throat

	No. of cases known to have been dealt with
Received operative treatment (a) for diseases of the ear (b) for adenaids and chronic	5
(b) for adenoids and chronic tonsilitis (c) for other nose and throat	1,520
conditions Received other forms of treat-	127
ment	361
Total	2,013
Total number of pupils in schools who are known to have been provided with hearing aids	Years Start
(a) in 1964 (b) in previous years	11 117
	128
Orthopaedic and Postural Defects	
Number treated as in-patients in hospitals Number treated otherwise, e.g.	218
in clinics or out-patients de- partments Number treated at school for post-	946
ural defects	35
	1,199
Child Guidance Treatment	
Number of pupils treated at Staffordshire Child Guidance	206
Clinics Number of pupils treated by other LEA's	306
Number of pupils treated at Hospitals	the School-Jes
Total number of pupils who had Child Guidance	315

Speech Therapy

No. of cases known to have been dealt with

Number of pupils treated Speech Therapists at Staffor	rd-
shire Clinics	800
Number of pupils treated at oth	ner
LEA's clinics	4
Number of pupils treated	
N.H.S. Hospitals	39
	843
	043
Other Treatment Given	
Miscellaneous minor ailments	749
Respiratory defects	567
Injuries	1,293
Debility and malnutrition	252
Infectious diseases	176
Abdominal defects	797
Heart conditions	109
Other	804
	B 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Total	4,747
Pupils who had a period of co	n-
valescence under School Heal	th
Service arrangements	188
Pupils who received B.C.G.	12.500
Vaccination	13,569

Table 10.

SCHOOL HEALTH SERVICE CLINICS

(Less the Excepted District of the Borough of Newcastle)

as at 31-12-64

Remedial Exercises Clinic held	(N.P.)	9-0-12-30 Fri. fortnightly	+	r	1	1	(N.P.)	1	1	1-45-4-45 Mons, weekly	1
Speech Therapy Clinic held	1	9-30—4-30 Mons. 1-30—4-30 Thurs.	1	9-30_4-30 Fridays	1	1	1-30—4-30 Thursdays	1	1	9-30—12-30 Wednesday	ı
Ophthalmic Clinic held	9-30-12-30 Mon. weekly	9-30—5-0 monthly	1-30—4-30 Friday weckly	ris.	1	1		1	1	9-30-12-30 Weds. monthly	9-30—12-30 Mons. & Tues. monthly
Dental Clinic held		Daily 9-0—5-0 (Not Sats.)	ı	Mons. Tues. & Fris. 9-05-0 Weds. & Thurs. 9-012-0	1	1	1	1		1	2-0-5-0 Mon. & Thurs. 9-0-12-0 Tues. & Fri.
Minor Ailments Clinic held	9-0-10-30 Tues. weekly	9-0-10-30 Tues. fortnightly	9-0-10-30 Mon and Thurs. wkly.	9-0-10-30 Weds. fortnightly	9-0-10-30 Wed. weekly	9-0-10-30 Tues. weekly	9-0-10-30 Tues. fortnightly	1-30—2-0 Fri. fortnightly	9-0-10-30 Mon. fortnightly	9-0-10-30 Tues, fortnightly	9-0—10-30 Mon., Wed. and Fri.
Address	Cottage Street	36 Pier Street (Tel. Brownhills 2219)	Health Department Church Street (Tel. Cannock 2096)	Arthur Street, Chadsmoor (Tel. Cannock 2347)	Cannock Rd., Hednesford (Tel. Hednesford 228)	Group Practice Centre Sankey's Corner	Well Street (Tel. Cheadle 2006)	Parish Institute	Junior School Hatherton Street (Tel. Cheslyn Hay 398)	Elliotts Lane (Tel. Birches Bridge 738)	Bayer Hall (Tel. Sedgley 2306)
Name of Clinic	Brierley Hill	Brownhills	Cannock ‡ (I)	(2)	(9)	Chasetown (D.N.)	Cheadle	Cheddleton	Cheslyn Hay	Codsall	Coseley

Remedial Exercises Clinic held	9-0—12-30 Wednesday	1	1 1	; 1	1	1	1	I	1-45-4-45 Thursday	1
n a	93									
Speech Theraps Clinic held	1	1		1 1	1	1	1	1	П п	Ī
Ophthalmic Clinic Sheld	1-30—4-30 Tuesday weekly 9-30—12-30 Wednesday monthly	1	1-30-4-30 Thurs. once a term	9-30—12-30 Thurs.		1		9-30—12-30 Wed. fortnightly (approx.)	I-30—4-30 Mons. once a month	
Dental Clinic held	1	1 1	1 1	1 1	1 1 1 1 1		1			
Minor Ailments Clinic held	9-0—10-30 Mon. and Thurs. weekly	9-0-9-30 Fri. fortnightly	Wed. fortnightly 9-0-10-30 Fri. weekly	9-0—10-30 Wed. fortnightly 10-30—12-0 Wed. fortnightly	1-30-2-0 Wed. fortnightly	2-0-2-30 Tues, fortnightly	9-0-10-30 Thurs. formightly	9-0—10-30 Mon. fortnightly	9-30-10-30 Tues. fortnightly	9-0-10-30 2nd Fri. in month
Address	Bilston Street (Tel. James Bridge 2923)	Methodist School Methodist Sunday School	Essington Wood United Methodist Chapel	Great Wyrley Junior School The Hutments No. 1, Walsall Road	Primitive Methodist School High Street	Methodist Memorial Chapel High Street	Co. Sec. Mod. School Huntington (Tel. Cannock 2075)	† Day Nursery Liverpool Road (Tel. Kidsgrove 2289)	Standhills Road (Tel. Kingswinford 4940)	Constitutional Club High Street
				(3)						
Name of Clinic	Darlaston	Eccleshall	Featherstone	Great Wyrley	Halmerend	Harriseahead	Huntington	Kidsgrove	Kingswinford	Kinver
				26						

Name of Clinic	Leek	Lichfield (I)	(2)	Lower Gornal	Madeley	Norton Canes	Pelsall (D.N.)	Penkridge S	Pheasey # 1	Quarry Bank	Rolleston
Address	Cripples' Aid Society Clinic, Salisbury Street (Tel. Leek 1313)	Sandford Street (Tel. Lichfield 2246)	Red Court House Tamworth Street (Tel. Lichfield 3656)	Bull Street (Tel. Dudley 53175)	Village Hall	Community Centre Brownhills Road	High Street (Tel. Pelsall 2781)	Dr. McCullum's Surgery St. Michaels Road (Tel. Penkridge 300)	Beacon Road Pheasey Estate Birmingham 22a (Tel. Gt. Barr 2663)	Mount Pleasant	Commemoration Hall
Minor Ailments Clinic held	9-0-10-30 Mon., Thurs.	1	9-0-10-30 Wed. fortnightly	9-0—10-30 Fri. fortnightly	9-0-10-30 Thurs. fortnightly	10-45—12-0 Mon. fortnightly	9-0—10-30 Mon. fortnightly	9-0-10-30 Thurs. fortnightly	9-0—10-30 Tues. weekly	9-0-10-30 Mon. fortnightly	1-30—2-0 Wednesdays 1st and 3rd in month
Dental Clinic (9-0-5-0 daily	Daily 9-0—5-0 (Not Sats.)	Į.	1	L	1	1	1	1		1 5
Ophthalmic Clinic held	9-30—5-0 Wed. monthly	1	9-30—12-30 Fri. weekly and Weds. occasionally		9-30-12-30 Weds. monthly	1	1	1	1-30—4-30 Weds. monthly Fri. occasionally	1	1
Speech Therapy Clinic held	1-30 4-30 Tues, weekly	9-30—12-30 Tuesdays		9-30—12-30 Wednesday	1	-1	1-30—4-30 Wednesday	1	1	1	1
 Remedial Exercises Clinic held	‡ Mons., Weds., Fris. (R.H.B. Clinic)		1	9-0-12-30 weekly	Tuesday	1	ı	1	ı	1	1

Remedial Exercises Clinic held	1.45—4.45 Mons. weekly	9-0—12-30 Mons. & Thurs. weekly	1-45—4-45 Wednesday	ı	1	1	1-45-4-45 Fri. weekly	1	1	9-0-12-30 Thurs. weekly	1-45 4-45 Tues, weekly	9-0—12-30 Tues, weekly
Speech Therapy Clinic held	1	1		1	9-30—12-30 Thursday	1	9-30-4-30 Tues. weekly	9-30—12-30 Wednesday	1	1	1-30—4-30 Mons. 9-30—12-30 Tues. 9-30—4-30 Weds.	9-30—12-30 Mons. 9-30—12-30 Weds.
Ophthalmic Clinic held	2-0-4-0 2nd and 4th Tues. in month	2-0-4-0 1st and 3rd Tues. in month	I-30-4-30 Mons. once a month	t	1-45—4-45 Thurs. weekly	9-30—12-30 Tues. 3 times monthly	1	9-30-12-30 Mons. & Fris. alternately	Ī	9-30—12-30 Tues. 1-30—4-30 Wed. altenate weeks	1	1-30—4-30 Weds, fortnightly
Dental Clinic 0 held	•			1	ı	1		1	9-0-5-0 Tues., Wed., Thurs	9-0-5-0 Daily except Sats.	One of Long	9-0—5-0 Mons. Tues, and Weds. 9-30 to 12—30
Minor Ailments Clinic held	9-0-10-30 Mon. fortnightly	9-0—10-30 Tues. weekly	9-0—10-30 Mon. fortnightly	2-0-2-30 Thurs. fortnightly	9-0-10-30 Mon. weekly	9-0-10-30 Tues. fortnightly	9-0-10-30 Wed. fortnightly	9-0-10-30 Thurs, fortnightly	9-0-10-30 Fri. weekly	9-0—10-30 Daily inc. Sat. except Tues.		9-0—10-30 Thurs, weekly
Address	‡ (1) Carlyle Road, Blackheath (Tel. Blackheath 1334)	(2) Mace Street, Old Hill (Tel. Crad. Heath 66806)	(3) Elm Terrace Tividale Hall Estate, Nr. Dudley (Tel. Dudley 54979)	(4) Harvest Road Brickhouse Farm Estate Springfield (Tel. Blackheath 2274)	Congregational Sunday School, Heron Court	(1) Bleak House, 81 Dudley Road (Tel. Sedgley 2192)	(2) Quadrant (Tel. Sedgley 3048)	Coal Heath Lane off Lichfield Road (Tel. Pelsall 2279)	Pools Lane (Tel. Bloxwich 76146)	† (1) Lammascote Road (Tel. Stafford 3950)	(2) North Walls (Tel. Stafford 2301)	(3) Rising Brook off John Amery Drive (Tel. Stafford 3372)
Name of Clinic	Rowley Regis				Rugeley	Sedgeley		Shelfield	Short Heath	Stafford		

Remedial Exercises Clinic held	1 1	1		9-0-12-30 Mon. ekly		1	1	9-0-12-30 Wed. weekly	1	1	1
Speech Therapy Clinic held	9-30—12-30 Friday	1	9-30—12-30 Friday	1-30-4-30 Tues. & Wed. weekly	9-30—4-30 Friday	1	1	9-30—12-30 Thursday	1	1 1	1
Ophthalmic Clinic held	1-30—4-30 Mons. monthly approx.	1	9-30—12-30 Tues, fortnightly	9-30—12-30 Wed. formightly	9-30—12-30 Weds, weekly	1	9-30-12-30 Thurs. termly approx.	9-30-12-30 Thurs, fortnightly	1	1 1	-
Dental Clinic C	9-0-5-0 Daily except Sats.	I	*	1	1 1	1	1	*	1	1 1	1
Minor Ailments Clinic held	9-0-10-30 Thurs, weekly	9-0—10-30 Thurs, weekly	9-0-10-30 Thurs, weekly	9-0—10-30 Thurs, fortnightly	9-0—10-30 daily incl. Sat. 9-0—10-30 Tues. weekly	1-30-2-0	rn. torringany	9-0-10-30 Fri. weekly	9-0-10-30 3rd Wed. each month	9-0—10-30 Mon. & Fri. (N) weekly 9-0—10-30 Tues. (N) & Fri. weekly	9-0-10-30 Mon. & Thurs. weekly
Aidress	(1) St. Michael's Hall (2) Kitchener Institute (Tel. Stone 419)	Cross House (Tel. Kidsgrove 2998)	School of Industry Marmion Street (Tel. Tamworth 2197)	U.D.C. Offices, Upper Green (Tel. W'ton 51536)	† (1) Central Clinic, Horseley Road (Tel. Tipton 1949) (2) Birch Street (Tel. Tipton 2907)	(I) Methodist Sunday School	(2) Tutbury Institute	Heath House (Tel. Uttoxeter 2555)	Primitive Methodist School, Lichfield Road	(1) Technical School, Albert Street (Tel. Wednesbury 0215) (2) School Street, King's Hill (Tel. James Bridge 2987)	‡ (3) Mesty Croft (Tel. Wednesbury 0020)
Name of Clinic	Stone	Talke	Tamworth	Tettenhall	Tipton	Tutbury		Uttoxeter	Walsall Wood	Wednesbury	

	Name of Clinic	Address	Minor Ailments Clinic held	Dental Clinic held	Ophthalmic Clinic held	Speech Therapy Clinic held	Remedial Exercises Clinic held
	Wednesfield	(I) Alfred Squire Road (Tel. W'ton 32381)	9-0-10-30 Tues, weekly	9-0-5-0 Mons. & Fri.	1	9-30—12-30 Wednesday	1
		(N) (2) Wards Bridge Sec. Mixed School (Tel. W'ton 32408)	9-0-10-30 Mons. weekly	Tues, weekly	- 1	1	1
		(3) 49 Olinthus Avenue	1	1	9-30-12-30 Tues. weekly	1	1
	Werrington	Village School Hall	9-0-10-30 Wed. monthly	1	1	1	1
	Weston Coyney	(1) Community Centre	1-30-2-0 Thurs weekly	1		1	1
30		(2) The Eye Clinic Weston Coyney J.M. School Weston Coyney, Longton (Tel. Stoke 32112)		1	9-30—4-30 Thursday once a term when possible	1	1
	Willenhall	‡ Nurses Home, 32 Walsall Street (Tel. Willenhall 65638)	9-0-19-30 Mon. weekly	-	I-30—4-30 Mon. twice a month	l 4	1
	Wombourn	Mill Lane (Tel. Wombourn 2495)	9-0-10-30 Tues, fortnightly	1	1	9-30-4-30 Friday	1
	Wordsley	Primitive Methodist Sunday School. New Street	9-0-10-30 Mon. fortnightly	I de la constante de la consta	1		1

^{*} Clinics are also held on these premises as and when necessary.

[†] An Orthopaedic and Physiotherapy Clinic is also held daily from 9-0-5-0 except Saturday.

[#] Ultra Violet Light Clinics held on these premises once or twice weekly.

⁽N) No Doctor. Nurse only in attendance at M.A.C.

⁽D.I.N.) Doctor's Clinic alternating with Nurses' Clinic.

For details of Child Guidance Clinics please see page 44.

⁽N.P.) Remedial Exercise Clinic staffed by a nurse who is not a qualified physiotherapist.

Table 11. Summary of Clinics

Kind of Clinic		I	Number of Premises used by Authority	No. of premises used under R.H.B. arrange- ments
Minor Ailment			70	_
Ophthalmic			37	1
E.N.T			25	-
Orthopaedic			1	1
Speech Therapy			23	_
Physiotherapy			15	_
U.V.L			12	_
Chiropody			53	_
Breathing Exercises			4	_
Audiology			_	1
Diagnostic Units—(a)	Partiall	y		
	hear	ing	1	
(b)	Mental	ly		
	handic	appe	d 1	-

Table 12. Minor Ailments Clinics

		1964	1963
No. of Clinics	 	70	71
No. of first visits	 	6,536	5,957
No. of re-visits	 	12,428	12,146

The children, attending minor ailment clinics for the first time, were found to have 6,585 conditions requiring treatment compared to 6,296 conditions in the previous year.

The School Medical Officers also carried out the examinations detailed in Tables 4 and 6 on pages 18 and 19 at School Clinics generally after the minor ailment clinic had been held.

Table 13. Diseases and Defects found at Minor Ailment Clinics

	L	isease or	Defe	ect	
Defective vision	1				651
Squint					17
Blepharitis					39
Conjunctivitis					57
					89
Other eye defec					71
Enlarged tonsils	anc	l/or aden	oids	***	109

Other defects of nose	and th	nroat		58
Defective hearing				86
Otitis media				41
Other defects of ears				75
Speech defects				115
Cough or catarrh				81
Bronchitis				58
Asthma				42
Ringworm—Body				14
Scalp				
Scabies				27
Impetigo				40
Septic sores				280
Warts-General				270
Plantar				1,543
Boils				95
Other skin defects				392
Major injuries (includ	ding fra	actures)	15
Burns				49
Sprains or strains				193
Other minor injuries				692
Heart conditions				10
Rheumatic condition	S			9
Debility and malnutr	ition			252
T.B. Glands—Cervice	al			5
Abdor	ninal			15
Posture				19
Flat feet				138
Other orthopaedic de	fects			189
Other defects				749
				6,585
				11,000

Table 14. Bilston Foot Clinic

No. of new cases of plantar wa	rts treated 38	5
No. of treatments	2,62	5
No. of sessions	13	7
No. of children on waiting list	4	3

The number of new cases of plantar warts rose by 23 and the number of clinic sessions was reduced by 1, whilst the number of treatments rose by 546. The number of names on the waiting list at the end of the year was increased by 15.

Table 15. Ophthalmic Clinics

Visual and External Eye I	efec	ts					
No. of children exam	ined					9,4	77
			+1-0	G-at		,,,	,,
No. of children atter	Idili	3 101	the	mst			
time						2,7	38
No. of re-visits						6,5	82
No. of children for	who	m sr	ectac	les v	were		
prescribed	1110.	III OF	collic	103		4.6	61
prescribed			20 0	**		4,0	04
Analysis of major de	fects	four	nd an	nong	new	cases:	-
Errors of Refraction:—							
Hypermetropia						199	
Hypermetropic astigma Compound hypermetro		iomati	sm			299 90	
Myopia						664	
Myopic astigmatism						224	
Compound myopic asti Mixed astigmatism	gmatis	m				91 118	
Anisometropia		22			13.	319	
Diseases and abnormalities:—							
Lids and conjunctiva:-							
Blepharitis						2	
Ptosis						2	
Epicanthus Amblyopia						18 64	
Blocked tear duct						1	
Cornea:—							
Nebulae of cornea						2	
Trouble of collies						-	
Hara (alamata and tata)							
Urea (choroid and iris)	-01-1						
Congenital colomboma Congenital colomboma	of ch	s and c	noroid	100	111	4	
		01010					
Lens:—							
Posterior Polar catarac						2	
Lamellar cataract						3	
Hole at Macula						1	
Retina:							
Central choroidal atro	phy					1	
Ruptured choroid						1	
Muscles:—							
Nystagmus			١	1200		1	
Strabismus		. 9				102	
Exorphoria						14	
Convergent deficiency Squint						7	
	270.00	1000	3355	100	100000		

The staff has worked continuously throughout the year but there are still one or two clinics which have waiting lists.

The total number of children examined was 508 less than in the previous year and the number of re-visits decreased by 525.

33

C

The system has continued whereby a school nurse is engaged whole time in testing the vision of the 8 year age group, 8,802 children were examined, 1,225 were found to have defective vision of whom 351 were already under treatment and supervision. Nearly all the 874 newly found cases were offered examination at School Eye Clinics.

The School Medical Officers are also encouraged to perform vision tests at the routine examinations of those school

entrants who are able to co-operate.

A Keystone Visual Survey machine (type no. 46) is being used experimentally when testing the 8 year age group, but no conclusions as to its value have yet been drawn. It is clear however that backward children find difficulty with some of the tests.

To the 442 old cases of squint were added 162 children newly found to be suffering from squint and a number were referred to various hospitals for orthoptic treatment or operation.

Chiropody

The School Health Service continued to utilise the Chiropody Service during the year; the Education Committee bearing 20% of the cost. Four full-time and eighteen part-time Chiropodists are employed at 52 clinics throughout the County.

The names of 402 children were newly referred during the year for treatment and 1,704 treatments were given. By the end of the year there were 667 children's names on the clinic

registers.

Table 16. Analysis of the conditions of newly referred children

	 	 318
	 	 4
	 	 12
	 	 37
	 	 2
	 	 3
	 	 5
	 	 1
	 	 2
	 	 13
	 	 2
	 	 1
	 	 1
heads	 	 1

Table 17.

Cannock Orthopaedic Clinic

No. on register at end of December, 1964	111
No. of new cases	44
No. of children discharged cured	26
No. of cases lost sight of, etc	25
No. of attendances for physiotherapy	2,233
No. of attendances for ultra violet light	-
treatment	608
No. of examinations by Orthopaedic	
Surgeon	160

Table 18. Defects under observation and treatment at Cannock Clinic

Anterior poliomyel	itis	 	 9
Hemiplegia		 	 1
Scoliosis		 	 4
Kyphosis		 	 8
Poor posture		 	 3
Spina Bifida		 	 1
Knock knees		 	 16
Flat feet		 	 40
Hallux Valgus		 	 9
Hallux Rigidus		 	 1
Hammer toes		 	 7
Club foot		 	 8
Pes Cavus		 	 8
Wry neck		 	 1
Short leg		 	 1
Spastic		 	 3
Exostosis os calcis		 	 5
Ganglion		 	 4
Supernumerary digi	its	 	 2
Other conditions		 	 6
			137

Remedial Exercise Clinics

During the year one whole-time physiotherapist began to work part-time, so that by the end of the year the work of the three physiotherapists employed, against an establishment of 6 whole time staff, was equal to 2.5 whole-time staff.

Table 19. Treatment at Remedial Exercise Clinics

Clinic	No. of children referred	No. of children whose treat- ment was completed	No. of children discharged	No. of children under treat- ment 31.12.64	No. of treatments given
Aldridge	 13	12	3	5	203
Bilston	 33	22	8	9	463
Blackheath	 23	17	4	13	366
Brownhills	 12	14	4	7	273
Codsall	 5	7	4	11111/2-1111	103
Darlaston	 17	6	9	2	86
Kingswinford	 15	7	2	9	141
Lower Gornal	 9	5	2	4	177
Old Hill	 25	27	6	18	358
Sedgley	 15	9	5	10	206
Stafford	 55	49	21	16	948
Tettenhall	 31	17	5	9	259
Tividale	 12	7	2	7	152
Uttoxeter	 40	27	6	12	532
	305	226	86	121	4,267
			-	S. S. Dilli	mara_

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

Table 20.

				Posture	Breathing Exercises	Defects of Legs & feet	Other
Aldridge			 	e empli	3	1	1
Bilston			 	-	6	2	1
Blackheath		4.4	 	_	1	12	_
Brownhills			 	_	5	2	
Codsall			 			- Indeed	
Darlaston			 	1	1	CINCENTE	-
Kingswinfo	rd		 	2	1	6	-
Lower Gor	nal		 	1	2	1	-
Old Hill			 	1	_	16	1
Sedgley			 	2	3	3	2
Stafford			 	5	2	7	2
Tettenhall			 	_	3	6	_
Tividale			 	_	2	3	2
Uttoxeter			 	2	5	3	2
				mit-stod	W SILD IE	ing the ye	TUC
				14	34	62	11
				berein	ma ettinin	physicalne	omite o

Ear, Nose and Throat

2,384 children were referred for examination at 132 clinic sessions compared with 2,504 in the previous year. 1,791 children were examined by one of the two part-time Ear, Nose and Throat Consultants and of these 885 were found to have significant defects. (Table 23 gives the analysis of defects found). Out of this number 402 (456 in 1963) were subsequently referred to hospital for treatment. The majority were suffering from enlarged tonsils and/or adenoids or required investigations of sinus infection. Those who needed non-operative treatment were referred to their own doctor.

There were 157 children found to be suffering from some degree of deafness, of whom 19 were recommended for a special school and of this number 16 were admitted and the remaining 3 were on the waiting list at the end of the year. Eighteen children were referred to the peripatetic teaching service. Eleven children were provided with hearing aids and the remaining 109 children were given the benefit of a place near to the teacher during oral instruction and given as much additional help as possible at the ordinary day schools.

In addition, 130 children with enlarged tonsils and adenoids, were considered by the School Medical Officers to require treatment and were referred to hospital after notification had been sent to the private practitioner.

A total of 532 children was referred to hospital.

New Cross Audiology Clinic

This clinic was established in 1962 as a joint unit by the Staffordshire County Council, Wolverhampton County Borough and the Wolverhampton Hospital Management Committee.

It is under the control of Mr. G. O. Clark, one of the part-time County Ear, Nose and Throat Consultants, who is also a Consultant to the Hospital Management Committee. The staff consists of an audiometrician seconded from the hospital as part of her duties; a whole-time health visitor and a teacher of the deaf who is attached to the Needwood Partial Hearing School for administrative and teaching guidance purposes. When required the Senior Medical Officers for Schools for Staffordshire and Wolverhampton attend joint sessions to discuss outstanding problems with Mr. Clark and the staff. Other consultants can be called on as required. The aim of the clinic is to diagnose hearing loss in infants at the earliest possible age; to fit hearing aids where necessary; and to educate the child and the parents to overcome the disability.

Table 21.

Number of Staffordshire children seen during 1964 at the New Cross Audiology Clinic:

Age Range of N	Vew C	ases	Numb	er of ch	iildren
		r elia	Boys	Girls	Total
Under 1 year			b1	/ Zewerd	0 =1-0
1 0			1	120	1
2—3 years			3	-	3
			2	3	5
			2	2	4
Over 5 years			1	m -1271	1
Tot	al		9	5	14

Of the fourteen children seen six were fitted with hearing aids by the end of the year.

Admissions to Needwood School

Partially hearing children, potentially suitable for admission to Needwood Special School from Staffordshire and other Local Education Authorities, were examined during the year by the Diagnostic Team which consists of one of the County E.N.T. Consultants and the Headmaster of Needwood School and the Senior Medical Officer for Schools.

The Team held 5 diagnostic sessions at Needwood School and saw 23 children as a result of which 2 Staffordshire children and 10 children from other areas were recommended for special schooling.

The E.N.T. Consultant made 7 routine visits to advise

and supervise treatment of children at Needwood.

Of the more severe cases of deafness 22 children were recommended for admission to special schools and 10 were children from Staffordshire. The recommendations were as follows:—

For Needwood Special School for the Partially Hearing. 10 children including 2 from Staffordshire. For the Mount School, Stoke-on-Trent, 5.

For Dockray Nursery Unit in Manchester, 3.

For Royal School for Deaf, Martley, 2.

The following tables give details of the work which has been carried out at the various ear, nose and throat clinics during the year.

The second second								
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 childr.m not needing treatment or observation
Biddulph Bilston			21282128482121-812988-1441	320 320 521 522 533 544 557 558 568 573 573 573 573 573 573 574 575 575 575 575 575 575 575 575 575	\$25.55-1-25.0-88.88-2-15.4-2.7-2.8	2008£8£72£4443£4588855£884	-49885500 5850 0 2884044 8 28	54525252554555555555555555555555555555
Wednesfield	: : :	:::	44	77	20	27	10	36
		-	1					

Table 23. Analysis of defects found at Ear, Nose and Throat Consultant Clinics

Tonsils and/or adend	oids		 	405
Catarrhal otitis med			 	120
Chronic otitis media			 	20
Radical mastoid			 	6
Healed suppurative	otitis m	edia	 	20
External otitis and a	ural po	lypi	 	13
Deafness			 	157
Sinus investigation			 	57
Rhinitis			 	6
Epistaxis			 	1
Wax			 	53
Speech defect			 	4
Mouth breather			 	5
Cleft palate			 	1
Dental defects			 	1
Deflected nasal septu	ım		 	5
Observation			 	3
Eustachian obstructi	on		 	8
				885

A report on the Peripatetic Service for Partially Hearing Children in the County of Stafford

Information for this report has been supplied by one of the peripatetic teachers.

As work has progressed the emphasis has changed and the highest priority was given during 1964 to children in the following groups:—

- a. The very young child.
- b. Any child when first issued with a hearing aid.
- c. Any child in a Primary school.
- d. Any child transferred from primary to secondary education.

There are now six pre-school children being visited regularly in their homes and altogether by the end of the year, the Service was dealing with 58 children of whom 43 were being visited weekly.

Audiometric Survey

The Audiometric teams continued to test the hearing of children of 6 years of age, i.e. those born in 1958. Children of various ages, who were presented by head teachers because of a suspicion that hearing was defective, continued to be seen.

The results continue to show the need of examination by an Ear, Nose and Throat Surgeon.

The County Council, in co-operation with Newcastle Excepted District, continued to employ a part time audiometrician for two sessions per week in the north of the County.

Table 24.	No. examined	No. with abnormal hearing	% with abnormal hearing
Absentees in 1963	2,009	288	14.3%
Children of 6 years of age	9,706	902	9.3%
Children of various ages presented by teachers	111	77	69.0%
	11,826	1,267	
	-	-	

Number of schools visisted ...359 in 1964, as against 318 (1963)

In addition, there has been a re-test of 189 children whom it has been considered advisable to keep under supervision. Of these 136 were still found to have a loss of hearing and arrangements will be made for them to be examined by one of the County Ear, Nose and Throat Consultants.

Teachers presented 111 children, whose hearing ability was suspect in their opinion, to the visiting audiometricians. They were children of all ages outside the 6 year age group being tested. No less than 77, or 69%, were found to have a hearing loss requiring further investigation which was arranged.

There were 1,312 children absent from school at the time of the audiometrician's visit and arrangements will be made for them to be tested during 1965.

The 1,267 children found by the audiometrician to have defective hearing were referred for examination to the County Ear, Nose and Throat Consultants and during the year it was possible to make appointments for 1,244 of them at the various clinics. 714 of that number were found to require treatment and an analysis of the conditions found are given in table 25.

Table 25. Analysis of Cases of Suspected Deafness referred to County Ear, Nose and Throat Consultants from Audiometric Survey.

		Sur	vey.			
Dec	Ifness Confirmed					
A.	Remediable:					10
	Deafness due to wa					65
	Catarrhal deafness	tollowi	ng intec	ction		29
						0.4
						94
						177
B.	Probably Permanent	:				
	Congenital malforn					2
	Deafness due to					
	mixed causatio	on (of	varyın	g de	grees	120
	of severity)	310				120
						122
-	1:.: 1 1 D	C				
	ditions other than D	eafness				
A.	Infective:					124
	Tonsils and/or ader Catarrhal otitis med			***		134
	Chronic otitis medi					192 88
	Healed suppurative		nedia			11
	Acute supparative					16
	External otitis and					3
	Radical mastoid					6
	Sinus infection					20
						-
						470
						313W V:
B.	Non-Infective:					
	Mouth breather					10
	Speech defects					5
	Epistaxis					1
	Rhinitis					6
	Foreign body					1
	Cleft palate	•••				1
	Unco-operative			•••		4
						28
						20
		Grand	d Total			714
						32

The children in the "Probably Permanent Deafness" group were suffering from defects most of which could be assisted by the provision of a hearing aid. In the group of "Infective Conditions," the vast majority can be cured or improved by early medical treatment but, in the absence of this, permanent loss of hearing might develop.

The 65 children with wax in their ears had some degree of deafness which constituted a handicap until the wax was

removed.

Hearing Aids

It is known there are 128 children in this County who have been fitted with hearing aids and of this number 11 were newly supplied during the year.

Child Guidance

Dr. W. Johnson, the Principal Medical Officer for Mental Health has continued seeing children at Stafford on two sessions each week, Dr. Pedley Baker holding clinics there on a further three sessions per week. Dr. Hazel Baker, a full-time psychiatrist, held clinics at Coseley, Lichfield and Newcastle.

At the end of 1964 there were three educational psychologists and five psychiatric social workers working a total of thirty-nine sessions, with the addition of four full-time casework supervisors (also qualified P.S.Ws.). A full Child Guidance Service was provided at Stafford, Newcastle, Lichfield and Coseley. There is no psychiatrist available permanently at Kingswinford and Wombourn although the Principal Medical Officer for Mental Health held occasional clinics at Kingswinford during the year.

The total number of clinic sessions held by the psychiatrists during the year was 638. There is at present no psychiatrist provided by the Birmingham Regional Hospital Board. The number of children treated was 315, of whom 9 were treated by other L.E.As. and 22 children were seen at Lichfield Clinic for the Burton-on-Trent Authority, and 17 Newcastle Borough cases were seen at Newcastle Child Guidance Clinic.

Cases referred to the service during the year totalled 384, and new cases seen for the first time by the psychiatrists amounted to 216, of whom 15 were under five years of age. This tendency to early referral is a desirable development as it permits treatment at an early stage when maladjustment is more amenable to treatment.

Table 26. Child Guidance Clinics as at 31st December, 1964

Stafford	13 Lichfield Road (Tel. 52318)	Tuesday all day	Dr. W. Johnson
Stafford	13 Lichfield Road (Tel. 52318)	Wednesday all day Friday a.m.	Dr. Pedley Baker
Newcastle	Brampton Trees Hanover Street (Tel. 65743)	Wednesday all day	Dr. Hazel Baker
Lichfield	Sandford Street (Tel. 2246)	Monday all day Thursday all day	Dr. Hazel Baker
Coseley	Brierley Lane (Tel. Bilston 41396)	Tuesday all day Friday all day	Dr. Hazel Baker
Kingswinford	Standhills Road (Tel. 4940)	Wednesday all day	No Psychiatrist
Wombourn	Mill Lane Wombourn (Tel. 2495)	Thursday all day	No Psychiatrist

Table 27. Speech Therapy Clinics
Summary of Statistics relating to children attending County and other Clinics during the year

County Clinics	No. of treatments given	No. of children under treatment at 31.12.64	No. of children awaiting treatment at 31.12.64	No. of new cases during the year	No. of children discharged during the year
Aldridge	137	31	7	23	2
Biddulph	148	8	1	6	6
Bilston	1,254	27	29	55	34
Blackheath	370	44	40	42	-
Brownhills Chadsmoor	563	50	16 18	42 26	21 20
Chandle	118	. 5	10	19	8
Codsall	293	12	i	21	12
Darlaston		729 -2	30	Veloca)	100
Kidsgrove	127	-	10	5	6
Kingswinford	583	17	24	27	22
Leek	169	8 7	2	25	21
Lichfield	53	7	15	41	5
Lower Gornal	123	19		4	-
Old Hill Pheasey		to read on	16 20	mun Into	DILL _
Dalas II	271	15	4	8	9
Rising Brook	220	10	11	33	6
Rugeley	33	5	22	42	5 39
Sedgley	259	8		23	39
Shelfield	215	19	4	8	15
Short Heath	1	bablita Li	15	-	
Stafford	465	18	1	55	128
Stone	43	7	8 21	17	12
Totton holl	543	14	15	17	17
Tipton	70	11	40	47	14
Tividale	-	-	13	730 0	-
Uttoxeter	257	11	5	20	24
Wednesbury		-	52	ALC:	1.00
Wednesfield	40	6	18	27	3
Willenhall Wombourn	212	11	6 3	19	8
	6,566	363	468	610	437

Hospital or Authori	itv		100	
Birmingham Children's		ital		6
Wolverhampton Royal				17
North Staffordshire Ro	yal In	firmary	2	16
Burton-on-Trent C.B.	101	1011.119		2
Shropshire C.C				1
Stoke-on-Trent City				1
				43

Tabel 29. Diagnosis of children attending County Speech Therapy Clinics during the year

		1964
Cleft palate	 	 60
Cluttering	 	 1
Dysarthria	 	 5
Dysenia	 	 3
Dyslalia (multiple)	 	 531
Dyslalia (simple)	 	 70
Dysphasia	 	 8
Dysphonia	 	 4
Indistinct speech	 	 23
Micrognathia	 	 1
Nasality (excessive)	 	 17
Nasality (insufficient)	 	 3
Retarded language	 	 5
Retarded speech	 	 130
Sigmatism	 	 15
Stammering	 	 278
Stammering and dyslalia	 	 42
		1,196

One part time speech therapist resigned and one joined the full time staff and, together with two part time appointments, by the end of the year, six speech therapists were working for the County. Their time was equivalent to 4.5 full-time therapists, which left the establishment short of 1.5 whole time staff.

One therapist devoted two days a week to visiting Wightwick Hall special school for the physically handicapped and one visit a week was paid to the educationally sub-normal child at High Arcal day special school.

Ultra Violet Light Clinics

There was a rise in the number of children referred for treatment, 268 compared to 259 in 1963, but a fall in the number of treatments given, viz., 3,462 this year as compared with 3,533 in 1963.

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

Ta	1 1		~	n	
1 0	n	CA	•	83	
1 44	8.23			3.7	٠,

Table 30.				No.	Treatment
		В	enefit	Benefit	
Anaemia			1	_	2
Anorexia			4	-	7
Asthma			2	-398	10
Acne			3	- 17	8
Boils			1	_	3
Bronchitis			8	India Trans	12
Cervicaladenitis			2	almus (S	- 1
Chronic T's and	A's		3	1	13
Catarrh			6		11
Chronic bronchit	is &	asthma	8		8
Chronic respirate	ory ir	nfection	12	2	1
Constipation			2	a later -	- N
General debility			62	9	45
General debility	& ble	ephariti	s —	1	2
General debility	& br	onchitis	1	_	17
General debility	follo	wing			
pneumonia			_	_	4
General debility					/
colds			17	3	29
Nervous debility			3	70-	8
Psoriasis			4	The state of	6
Recurrent coughs	& c	olds	26	3	30
Recurrent styes			I ITT do	de trigle	4
Tonsillitis and Br	onch	nitis	2		2
Mole on forehead	i		10	1	marita-0
			166	19	222

Table 31.

Hospital Treatment

(i)	Treatment of Tonsils and Adenoids	
	No. of children referred by School	
	Medical Officers and County ENT	
	Consultants	532
	No. of children so referred who	
	received operative treatment	247
	Total number of children notified by	
	hospitals who received operative	
	treatment	1,520
	No. who had treatment for other ear,	
	nose and throat conditions	440
	No. of children awaiting treatment	591

Full information is not received from all hospitals in regard to treatment of these cases. 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. The School Health Service helps by continuously reviewing the children on the waiting lists. 248 of the children were treated as out-patients.

(ii) Orthopaedic Treatment
No. of Children referred to Hospitals 194

(iii) Orthoptic Treatment

Table 32.

14010 32.	No	of chil	dren new	vly referred
		and the second		g the year
Birmingham & Midland Eye I	Hosp	oital		3
Burton-on-Trent Hospital				1
Corbett Hospital				5
Derby Royal Hospital				1
Dudley Guest Hospital				12
Lichfield Victoria Hospital				42
North Staffs. Royal Infirmary				47
Staffordshire General Infirmat	гу			54
Sutton Coldfield, Good Hope	Hos	spital		19
Tamworth St. Editha's Hospit	tal			15
Walsall General Hospital				15
West Bromwich and District C	Gene	ral Hos	pital	1
Wolverhampton Eye Infirmary	у			66
				281

REPORT OF THE PRINCIPAL COUNTY SCHOOL DENTAL OFFICER

Staff

Rather disappointingly, the strength of the staffing position was only just maintained during the year, there being the equivalent of 19.4 whole-time officers in post at 31st December, 1964, as compared to 19.5 at 31st December, 1963. One whole-time officer resigned to enter practice and another retired from whole-time employment continuing, however, on a part-time basis. Two part-time dental officers also resigned during the year.

These losses were nearly balanced by the addition to the staff of one whole-time dental officer, one part-time officer and an increase of two sessions per week by the part-time

consultant in children's dentistry.

On a brighter note, interviews were held towards the end of the year resulting in the appointment of the equivalent of 3.6 whole-time officers who will take up duty early in 1965.

As has been emphasised in previous reports, the number of dental officers is quite insufficient to provide a comprehensive dental service in every part of the County, the Staffordshire ratio of 1 dental officer to 7,500 school children being well above the recommended ratio considered satisfactory for a reasonable service. Whilst many school children take advantage of treatment under the National Health Service, there are too few general dental practitioners in Staffordshire for them to be able to make a great contribution to the problem of providing preventive treatment for school children.

Mr. T. C. J. Price, who has been a whole-time school dental officer at Lichfield for the last 13 years, was successful in gaining a Leverhulme Fellowship to study for the Diploma in Public Dentistry at the University of St. Andrews and was granted leave of absence with pay for the academic year starting October, 1964. He will return to Lichfield in July, 1965, when it is felt the extra experience and knowledge he has gained should prove of great benefit to the County dental

services in the area.

"The duty of the school dental service is to make available dental treatment for all children attending maintained schools or otherwise the responsibility of the local education authority. The aim of the service is that, as far as possible, through dental health education and a high standard of dental care, children shall leave school free from dental disease and irregularity, with an understanding of the importance of good natural teeth and zealous in looking after them." So runs the opening paragraph of "A Draft Model Scheme for the

School Dental Service" published in the Health of the School Child for 1962 and 1963. It is against this yardstick that present progress must be measured and put into perspective. It is immediately apparent that the staffing position in the Staffordshire dental services, improved though it has over the last five years, is still numerically inadequate to provide full dental care for all children attending maintained schools. The ever present dilemma is to provide a high standard of treatment to some children together with an emergency-only service for all.

Dental Ancillary Workers

Three more dental auxiliaries joined the staff during October making a total of six in post. The newcomers took up duty at Brownhills, Stafford Rising Brook and Stafford Lammascote Road clinics. Unfortunately the two auxiliaries working at Lichfield and Aldridge clinics resigned during December leaving the number in post to four. Experience is showing that auxiliaries whose home ties are out of Staffordshire tend to leave whenever a vacancy occurs nearer their homes. Whilst this is quite understandable, one would like to hear of more student dental auxiliaries being selected for training from the West Midland area as a local girl will probably settle down more readily for a longer time. In order to employ dental auxiliaries, this authority spends a not inconsiderable amount of money to provide and equip additional surgeries and it is obviously uneconomic to do so unless there is some likelihood of a dental auxiliary staying for a reasonable period of time.

There is no doubt that dental auxiliaries can give great help in the dental service and their work is of a high standard. Their value is particularly noticeable in the treatment of the younger children. Consequently the authorised establishment of dental auxiliaries has been raised to 8 and there is every

hope of recruiting to this figure during 1965.

Most of the dental auxiliaries devote approximately two half days per week to dental health education, usually by giving talks on the care of the teeth to children in schools. This preventive aspect of their duties is important since the amount of dental ill health occurring in children is so great as to be beyond the capacity of the dental profession to treat. The organisation and direction of the dental health side of the auxiliaries duties is carried out by the County Health Education Officer in close collaboration with the Principal School Dental Officer, so that it is integrated with the scheme of health education as a whole.

D 49

The dental hygienist, who continued to work in a parttime capacity instead of her previous whole-time service, has, during the year, spent most of her time on clinical duties, working at a different clinic during each of her sessions. Her work is highly valued by those dental officers fortunate enough to be able to share her time.

Clinics and Equipment

It was possible during March to staff the newly built Brierley Hill clinic but unfortunately it was necessary to close Cheadle clinic owing to the resignation of the dental officer in September. Additional surgeries for dental auxiliaries were provided at Lammascote Road (making two auxiliaries surgeries at this clinic), Rising Brook, Stafford, Brownhills and Codsall clinics.

At long last it was possible, in December, to transfer the Leek dental clinic from Alsop Street premises to a suite in the Orthopaedic clinic in Salisbury Street leased from the Regional Hospital Board.

The following clinics remained closed owing to staff

shortages:-

Bentley and Bilston Street, Darlaston. Central and Birch Street, Tipton.

Shelfield and Lower Gornal.

The arrangement with Wolverhampton County Borough whereby children resident in the Wednesfield and Tettenhall areas can receive emergency dental treatment at the Red Hill Street clinic, Wolverhampton, was continued during the year.

The following is a list of dental clinics where treatment

has been provided:-

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Wednesf	ield						Part-time
Bilston							Whole-time
Sedgley							Part-time
Coseley							Part-time
Brierley				t (open	ed Mar	rch)	Whole-time
Brierley							Part-time
Tividale,							Part-time
Blackhea	ith, I	Rowley	Regis				Part-time
Old Hill,	, Roy	wley Reg	gis				Part-time

Voluntary evening sessions were worked during the year at Brownhills, Aldridge, Pheasey, Brierley Hill, Codsall and Coseley clinics, such sessions accounting for the equivalent of 0.8 whole time officers.

The six mobile dental clinics were employed in the following areas:—

Mobile No. 1—Knypersley/Biddulph.

No. 2—Barlaston/Weston Coyney. No. 3—Bromley/Pensnett/Sedgley.

No. 4-Kidsgrove/Endon.

No. 5—Quarry Bank/Amblecote/Kingswinford.

No. 6—Tamworth Rural District.

Mobile clinics No. 3 and No. 6, both delivered new in 1956, were returned to the makers, for extensive overhaul and it is hoped thereby that their useful life will be extended for

several more years.

The general standard of clinic premises, furnished with up-to-date and comprehensive dental equipment, will stand favourable comparison with any local authority clinic in the country. Airotor drills and X-ray apparatus, amongst other items, ensure that all branches of dental treatment can be carried out in optimum conditions benefitting alike both patient and dental officer. A complete set of equipment has been kept in store ready for installation in any clinic for which additional staff could be recruited.

Inspection and Treatment

The totals of dental inspection and treatment for the year appear on page 58 and attention may perhaps be drawn to the satisfactory increase in the number of children routinely inspected at schools from 28,652 in 1963 to 45,380. Despite this increase, only one-third of all the children in the County's schools were inspected, the limiting factor being the ability to offer treatment subsequently, this in turn depending on the number of dental staff available. "Special" inspections rose from 7,248 in 1963 to 9,699 but, as has been pointed out in previous annual reports, these are not by any means all

children suffering from tooth-ache but those attending voluntarily at the clinics for regular checks.

18,476 individual children made 51,354 attendances for treatment, an average of 2.7 visits per child, the corresponding figure for the previous year being 2.6.

The total number of fillings rose from 32,085 in 1963 to 41,155 made up of 6,172 fillings in deciduous teeth and 34,983 in permanent teeth. This trend of increasing conservative treatment, though deplorable in demonstrating the poor state of children's teeth requiring such work, is very encouraging, since the success of a School Dental Service stands, or falls, clinically on its conservation programme, in other words, how many teeth are being saved compared with how many are being extracted.

The number of extractions has risen, from 20,247 in the previous year, to 24,657 owing to the greater number of children inspected and offered treatment. Similarly the number of general anaesthetics has risen from 5,572 to 6,848. In this respect, it is interesting to note that the County Council has approved the administration of intravenous general anaesthetics, by specialist anaesthetists, in cases where this is considered desirable.

The ratio of permanent teeth extracted (6,220) to permanent teeth conserved (30,441) is 1:4.8 which is commendable.

208 school children were supplied with partial dentures, the majority of which replaced one or two teeth, necessitated by accidental loss of incisor teeth. Two children were fitted with complete dentures.

The acceptance rate varied from 100% to 47%, an average

being approximately 66%.

The dental staff continued to devote approximately 5% of their time to the treatment of pre-school children and of

expectant and nursing mothers.

A further 5% of their time is devoted to orthodontic treatment and there were 2,482 attendances compared with 2,013 in 1963 by school children for orthodontic treatment and 402 appliances were fitted which shows a considerable rise from 246 in 1963. A great many of these orthodontic cases were seen by the dental officers with the Consultant in Children's Dentistry, who also himself treats cases at Stafford and Lichfield clinics. As the Consultant attends various clinics by arrangement, a great deal of time is saved by the patients who would otherwise have to travel considerable distances if referred to hospital consultants. The dental officers have the advantage of skilled orthodontic training and treatment planning being available in their own clinics.

The Consultant is also able to advise Dental Officers on the whole range of children's dentistry and difficulties, some of which would previously have been referred to hospital, are resolved locally.

Special Investigations

After a break of a year, sample inspections were repeated in widely separated parts of the County to find out the number of D.(decayed), M.(missing), and F.(filled) teeth in 5 year old school entrants and 15 year old school leavers. Concentration of effort on routine inspection and treatment precluded spending a lot of time on this investigation and the numbers of children concerned in this survey are not large enough for firm conclusions to be drawn from the statistics. The figures

appear in tables on pages 56 and 57.

There would seem to be some improvement in the teeth of the 5 year old children, although the figure of 4.27 teeth per child affected by dental disease can give rise to no satisfaction. It is of interest that in The Health of the School Child 1962 and 1963, the Report of the Chief Medical Officer of the Department of Education and Science, the fourth of the quinquennial surveys carried out by seven local education authorities in the autumn of 1963 on behalf of the Department showed an average of 5.1DMF teeth per 5 year old child. This figure showed an improvement from 5.7 in 1958 and it would appear that the Staffordshire statistics are reflecting a similar slight improvement.

The Department's quinquennial survey also showed that in 1963 the percentage of 5 year old children with no DMF teeth improved to 17.5 from 13.0 in 1958. The corresponding percentage in Staffordshire is 18.7, again showing a fairly close agreement with the figure for other parts of the country.

The figures show that at the age of 5, girls have very slightly less dental disease than boys and that in both sexes the lower teeth are slightly worse than the upper teeth.

By the age of 15, however, girls have slightly more teeth affected by decay than boys, but again the lower teeth are more affected than the upper. The average (for both sexes) DMF of 9.68 per child is slightly worse than the figures for 1961 (9.19) and 1962 (9.01) but with the small number of children involved, this may be due to chance. It would appear however, that no improvement in the state of the teeth has occurred in this age group and the fact that the average 15 year old has or has had more than 9 teeth affected by decay spotlights the need for dental health education to preserve the teeth from the ravages of dental disease.

Whilst the decision whether or not to fluoride the water supply must lie with the elected representatives of the citizens of this County, it has been clearly established in many parts of the world that a reduction of from 50% to 60% in dental decay in children aged 5 years, can be expected after a minimum of 5 years of water fluoridation. Assured of the complete safety of water fluoridation as regards general health, this would undoubtedly seem to be the greatest single measure which could be taken to reduce this very expensive and often very painful and widespread disease.

General Remarks

The sudden death, in July, of a dental technician on the staff of the County Dental Laboratory created a great deal more work for the remaining technicians who are to be congratulated on the way they managed. However, it was not possible to fill the vacancy until 1st January, 1965, and, in order to return work to dental officers in a reasonable time, some mechanical work had to be sent to an outside commercial dental laboratory.

After five years training in the Dental Laboratory and passing an examination, the two Trainee Dental Technicians

were regraded Dental Technicians in May.

Dental surgery assistants are encouraged to work for the Certificate of the Examining Board for Dental Nurses and Assistants and it is pleasing to report that three assistants were successful during the year in obtaining a Certificate. One, Mrs. Prengel of the Leek Clinic, gained distinction and was awarded the Claudius Ash prize for the outstanding national candidate.

Two whole-time dental officers attended a two-day post-graduate study course in Children's Dentistry arranged by the British Dental Association in London in November. The Principal School Dental Officer was invited to act as chairman of the symposium on Endodontics held on the last day of the course. The Principal School Dental Officer and one other dental officer attended the annual conference of the British Dental Association held in London in July. It is considered important as a matter of policy that whole-time dental officers should attend post-graduate courses at approximately five yearly intervals in order that they may keep up-to-date with modern developments in treatment and theraupeutics.

Dental staff meetings were held in Stafford in the spring and autumn at the first of which demonstrations and instructions in mouth to mouth resuscitation and external cardiac massage were given. The new documentation of daily and monthly records or work required by the Department of Education and Science was explained. Staff meetings provide opportunities for discussing problems and methods of improving the dental service.

The Consultant in Children's Dentistry has, apart from his clinical duties, given lectures on fluoridation to various bodies and talks to school leavers on dentistry as a career.

Table 33. Caries Incidence Investigation

Dental Inspection of School Leavers (aged 15 years)-Summer Term 1964

end of the Summer Term, samples being drawn from all parts of the County viz.: Knypersley, Leek, Madeley, Endon, Codsall, Aldridge, Bilston, Brierley Hill and Rowley Regis. Careful DMF counts were carried out in the mouths of children aged 15 years and leaving school at the

320 735 1,907	363 938 1,963
320	363
852	672
1,500	1,592
530	718
366	423
604	451
360	356
	604 366

Average DMF Count per child

	Lowe	Lower Jaw			Uppe	Upper Jaw		,	In Both Jaws		
Number of Decayed Teeth	umber of Number of N Decayed Missing Teeth Teeth	Number of Filled Teeth	Total DMF	Number of Decayed Teeth	Number of Missing Teeth	Number of Filled Teeth	Total DMF	Number of Decayed Teeth	Number of Missing Teeth	Number of Filled Teeth	DMF DMF Teeth per Child
1.67	1.01	1.47	4.16	2.36	0.88	2.04	5.29	4.03	1.74	3.68	9.46
1.27	1.18	2.01	4.47	1.88	10.1	2.63	5.51	3.15	2.2	4.65	6.6

Average for both Sexes

1.47	1.09	1.74	4.31	2.12	0.94	2.33	5.4	3.59	1.97	4.16	89.6
						Previou	s surveys of	DMF in 15	vious surveys of DMF in 15 year old children:	ildren:	
rcentag	ercentage of Boys with no I	ith no DMF	1.38							1961	9.19

Table 34. Caries Incidence Investigation

Dental Inspection of School Entrants (aged 5 years)-Winter Term 1964.

			Lower Jaw		Total		Upper Jaw		Total	Number of	Total DME
	Inspected	Decayed	Missing	Filled	DMF DMF	Decayed	Missing	Filled	DMF	No DMF Teeth	(Both Jaws)
BOYS	145	265	50	11	326	772	33	4	314	26	640
GIRLS	163	281	51	10	342	283	50	1	334	35	919

Average DMF Count per Child

	Lower Jaw	· Jaw			Oppe	Upper Jaw		7	In Both Jaws		Total
	umber of Number of Decayed Missing Teeth Teeth	Number of Filled Teeth	Total DMF	Number of Decayed Teeth	Number of Missing Teeth	Number of Filled Teeth	Total DMF	Number of Decayed Teeth	Number of Missing Teeth	Number of Filled Teeth	DMF Teeth per child
-	0.34	0.07	2.25	1.9	0.22	0.02	2.1	3.7	0.56	60.0	4.4
1	0.3	90.0	2.1	1.7	0.3	900.0	2.05	3.4	9.0	990'0	4.15

Average for both Sexes

4.27	5.68
80.0	old children: 1961 1962
0.58	in 5 year
3.5	of DMF
2.07	vious surveys
0.013	Pre
0.26	
1.8	
2.17	18 19.5
0.65	no DMF
0.32	f Boys with no
1.75	Percentage of F

Table 35. Dental Inspection and Treatment carried out by the Authority year ended 31st December, 1964.

	radiority jour onder order processors, 250 in	
(a)	Dental and Orthodontic Work	
	Number of pupils inspected by the Author Dental Officers:—	ority's
	(a) At periodic inspections (b) As Specials	45,380 9,699
	Total (1)	55,079
2.	Number found to require treatment	* 36,516
3.	Number offered treatment	29,795
4.	Number actually treated	18,476
(b)	Dental work other than Orthodontic	
5.		
	for treatment excluding those recorded at	
	heading 14(a) below	51,354
6.	Half-days devoted to	
	(a) Periodic (School) Inspection	397
	(b) Treatment	9,071
	Total (6)	9,468
7.	Fillings—	THE W
	(a) Permanent teeth	34,983
	(b) Temporary teeth	6,172
	Total (7)	41,155
8.	Number of teeth filled—	1
	(a) Permanent teeth	30,441
	(b) Temporary teeth	5,412
	Total (8)	35,853
9.	Extractions—	
,	(a) Permanent teeth	6,220
	(b) Temporary teeth	18,437
	Total (9)	24,657
		The same of the sa

10.		ministration of general anaesthetics for	6.040
11		actions	6,840
11.		mber of half days devoted to the ninistration of general anaesthetics by:	
			7
		Dentists	
	(0)	Medical Practitioners	582
		Total (11)	589
12.	Nur	mber of pupils supplied with artificial	
	teetl		210
13.	Oth	er operations:	
		Crowns 32	
		Inlays 6	11.611
		Other treatment 11,573	
		ego error 10st a univolta mantante da	
14.		hodontics	
	(a)	Number of attendances made by pupils for orthodontic treatment	2,482
	(b)	Half days devoted to orthodontic	
		treatment	372
	(c)	Cases commenced during the year	526
	(d)	Cases brought forward from the pre-	
		vious year	297
	(e)	Cases completed during the year	183
	(<i>f</i>)	Cases discontinued during the year	20
	(g)	Number of pupils treated by means of	
		appliances	380
	(1.)	Number of removable appliances	
	(h)	Number of removable appliances fitted	402
		fitted	402
	(i)	fitted Number of fixed appliances fitted	
		fitted	

*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, various 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.

INFECTIOUS AND CONTAGIOUS DISEASES

The total number of cases of infectious diseases in schools notified by Head Teachers during the year fell from 14,798 to 12,746. Numerically speaking the major infectious diseases were mumps (4,022 cases), chicken pox (3,501 cases), rubella (2,104 cases) and measles (2,088 cases).

The number of children with mumps again rose from 3,364 to 4,022.

Ringworm (5) and scabies (6) decreased a little over the previous years figures but impetigo increased from 16 to 19.

The most notable change during the year was the decrease in the number of cases of measles from 6,575 to 2,088 whilst German measles rose from 514 to 2,104.

Other conditions showing a fall were dysentery from 207 to 20, hepatitis from 122 to 50 and whooping cough from 749 to 436.

Immediately after the schools had closed in July information was received that a boy who had attended a hospital out-patient department had developed a palatal palsy following a tonsillar infection a month earlier.

As it seemed possible the boy had had a mild attack of diphtheria, modified by immunisation, despite the school holidays, the names of all contacts were obtained. Subsequently an appropriate communication was sent to the family doctors of all the 40 "contacts". Although no further case was discovered it was learned that there had been "a lot of very nasty throats about" in the previous month.

Table 36. Number of suspected cases of Infectious and Contagious Diseases notified by Head Teachers in 1964

	se graphant trained to	
Totals	2,2,2,4, 8, 9,20,4, 8, 9,20,4, 8, 9,20,4, 8, 9,20,4, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9, 9,	12,746
Dec.	23.3 20.5 20.5 20.5 20.5 20.5 20.5 20.5 20.5	1,051
Nov.	888 788 888 878 878 878 878 878 878 878	969
Oct.	23022	619
Sept.	25,23,00 2,00,00 3,00,0	991
Aug.		1
July	28136	629
June	230 199 199 388 388 386 387 1 1 1 1 1 1 1 1 1 1	1,474
May	20103 20103 30103	1,244
April	=446884	533
Mar.	2332 3852 3852 3852 3852 473 473 473 473 473 473 473 473 473 473	2,187
Feb.	0144 0150 0770 0444 0470 0770 0770 0770 0770 07	2,565
Jan.	8E144 22 23 23 23 25 25 25 25 25 25 25 25 25 25 25 25 25	1,682
	:::::::::::::::::::::::::::::::::::::::	:
Disease	Scarlet Fever	Totals

Vaccination Against Smallpox

Table 37. No. of children found to have been vaccinated when examined at the periodical medical inspection.

Age Group	No. No. examined vaccinated		No. unvac- cinated	Percei unvacc	
			cinatea	1963	1964
Entrants	11,229	5,391	5,838	57.0	51.9
2nd Age Group	8,331	3,440	4,891	60.9	58.7
3rd Age Group	9,674	3,491	6,183	65.0	63.9
Other Periodic Inspections	3,153	1,369	1,784	57.5	56.6
Totals	32,387	13,691	18,696	61.0	57.7

Diphtheria Immunisation

Table 38. No. of children (5-14 years) immunised during the vear:—

		1964	1963
Complete immunisation	 	4,573	2,634
Re-inforcement doses	 	19,017	11,195
		23,590	13,829

The figures show a considerable improvement on the previous year.

Tuberculosis

Table 39. Summary of Reports received from Chest Physicians

Number of children (aged 5	5-15 yes	ars) on	Disper	isary	
registers at the end of					218
Number of new cases during	ng the	year			24
Becoming 5 years old					5
Number of deaths					_
Number discharged having	left th	e distr	ict		1
Number discharged having	recove	ered			10
Number becoming 15 years	s old				43
Number of children on regis	sters at	end of	the year	ar 1964	193

under Treatment during the year (i.e. at some time during the year)

(a)	Pu	lmonary	um mg m		
	1.	Primary Hilar less	ions		
		(a) Simple			71
		(b) Complicated			24
	2.	Primary Pleural E	ffusion		6
	3.	Miliary			4
	4.	Adult Type			8
(b)	No	on-Pulmonary			
	1.	Lymph Glands			
		(a) Cervical			5
		(b) Others			_
	2.	Bones and Joints			2

HEALTH EDUCATION SECTION

Meningitis ...

Abdomen

In July the Health Education Officer commenced duty following successful completion of a full-time one year course for the Diploma in Content and Method of Health Education at the University of London. The staffing position continued to be unsatisfactory and was further depleted by the resignation in October of a Health Visitor/Lecturer. Some vacancies have not been filled pending a committee decision, on re-designating the lecturing staff as Assistant Health Education Officers.

However, progress has been made by the three lecturers and the Health Education Officer was able to concentrate and plan a programme for health education in schools which will be implemented in 1965. An experiment was carried out in one Secondary School where the boy leavers were given a series of three lectures on "Growing up" and "Personal Relationships". By the use of a questionnaire it was possible to evaluate the course and as it proved quite successful it is proposed to develop this in as many schools as possible.

Table 40. Number of Lectures given

Subject		No. of Schools	No. of Children
Dental Health	 	35	5,720
Personal hygiene	 	40	3,631
Parentcraft	 	14	605
Growing up	 	3	154
Dangers of Smoking	 	10	1,163
Rules for Good Health	 	2	60
Home Safety	 	2	95
Totals	 	106	11,428

PART V-GENERAL HEALTH

Table 41. Classification of the Physical Condition of Pupils inspected during the year at periodical medical inspections

Age Groups	No. of		Physical Co Pupils In		
Inspected (By years of birth)	Pupils Inspected	Satis	factory	Unsatis	sfactory
(1)	(2)	No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1959 and later	326 4,276 6,627 1,368 225 138 118 3,762 4,569 1,304 3,877 5,797	318 4,200 6,495 1,335 217 127 116 3,720 4,489 1,279 3,834 5,751	97.54 98.22 98.0 97.58 96.44 92.02 98.3 98.88 98.25 98.08 98.89 99.2	8 76 132 33 8 11 2 42 80 25 43 46	2.45 1.77 1.99 2.41 3.55 7.97 1.69 1.11 1.75 1.91
TOTALS	32,387	31,881	98.43	506	1.56

This year the number of children classified at Routine Medical Inspections as being in an unsatisfactory state of health increased from 318 to 506 or 0.99% to 1.56%. The lowest figure of this nature ever recorded was 23 in 1959 or 0.07%. A classification of this nature is naturally subject to the opinions of the individual medical officers but the position throughout the County is, in general, satisfactory.

Table 42. Milk in Schools Scheme

Type of Milk	No. of Suppliers	No. of Schools supplied	No. of pupils
Maintained Schools:			
Pasteurised	 25	656	116,004
Tuberculin Tested .	 6	12	251
	31	668	116,255
Non-Maintained Schools:	Market 1		
Pasteurised	 10	31	3,560
Tuberculin Tested .	 1	1	86
	11	32	3,646

There has been an increase of 6,368 children taking milk in schools and three more schools were supplied as compared with 1963.

The number of suppliers decreased by one compared with the previous year.

Table 43. Milk for Handicapped Pupils unable to attend school

No. of old applications renewed					37
No. of new applications granted					25
No. of children who	ceased	to	receive	milk	
during the year					10

SCHOOL MEALS SERVICE

The Director of Education has kindly supplied the following information:—

"Expansion of the Service

The continued expansion of the service has been the outstanding feature of 1964. In part this has been due to the opening of new kitchens in new schools and existing ones, but there has also been a massive increase in the demand for meals from established kitchens and the overloading which has resulted has become a serious problem. The average number of meals produced during the Summer Term 1964, in the Administrative County, excluding Newcastle, was 82,169. The corresponding figure for the previous year was 75,683.

The Authority has done its best to alleviate overloading by re-organising transported meals where possible and has planned to extend certain kitchens, but in spite of this, the problem of providing sufficient kitchen accommodation to meet the ever-growing demand is acute.

New Kitchens in New Schools

Twenty-four new kitchens and two replacement kitchens were opened during the year, details of these are given below:

Area Name of School

County Area Tettenhall, Smestow Comprehensive

Tamworth, Comberford Road

Blythe Bridge Secondary

Cheadle, The Painsley R.C. Secondary

Stafford, Oakridge Primary

Lichfield, Scotch Orchard Primary Lichfield, Nether Stowe Secondary

Cannock Chase Aldridge, Doe Bank Primary

Aldridge, St. Mary of the Angels R.C.

Primary

Great Wyrley Infants

South East Division Ashmore Park C.E.

Wednesbury, Friars Park

Willenhall, Pool Hayes Comprehensive

Willenhall, Pool Hayes Primary

South West Division Sedgley, The Straits

New Kitchens in Existing or Replacement Schools

Area Name of School

County Area Eccleshall, The Lonsdale Primary

School

Kidsgrove, Clough Hall Comprehen-

sive

Mucklestone, St. Mary's C.E. (A)

Swynnerton R.C.

Tamworth, Moorgate Infants Weeford, St. Mary's C.E.

Cannock Chase Pelsall Secondary

South East Division Darlaston, St. Joseph's R.C. Bilston, Holy Trinity R.C.

Replacement Kitchens in Existing or Replacement Schools

Area Name of School

County Area Longnor, St. Bartholomew's C.E. (C)

Marchington, St. Peter's C.E. (C)

Extensions and Improvements to Kitchens

The kitchen and dining premises at Kidsgrove, Maryhill Comprehensive School were extended as part of general additions to the school. Kitchens at Kinver, Edgecliff Secondary School and Stafford, Riverway Secondary Girls' School, were modernized during the year.

Extension of School Meals Service to Schools not previously supplied

Arrangements were made during the year for the provision of transported meals to three small rural schools, namely:—

Oakamoor, The Faber R.C. Primary Stanton, The Gilbert Sheldon C.E. Knighton, The Chetwode Primary

Kitchen Shells at Existing or Replacement Schools

General projects at two schools included the provision of kitchen shells, the schools concerned were:—

Hoar Cross, The Meynell C.E. (A) Primary Brierley Hill, St. Mary's (S.W. Div.)

It is hoped that these will be equipped as working kitchens in the near future.

Meals on Wheels

In co-operation with the W.V.S. and the appropriate local Health Authorities meals have been supplied to old people from several kitchens and the average number of meals per week is 280 County Area plus 166 S.E. Div., making a total of 446. These meals are supplied from the following schools:—

County Area
Codsall Secondary
Halmerend Secondary
Kinver Secondary
Pattingham Secondary
Wombourn V.P.

S.E. Division

Darlaston, King Charles

Willenhall Comprehensive

Wednesfield, Wood End J.M.

Wednesfield, Moat House J.M.

Holyhead Road C.K.

(Wednesbury)

The Committee is very glad to be able to give some assistance to the aged and regrets that it has not been possible to extend this facility against all requests.

Menus and Food Supplies

There were special problems during the year about meat supplies and there was a sharp rise in the cost of meat per meal. Increases in the price of beef resulted in greater use of lamb, mutton and pork in the school meal. Price trends were also responsible for a greater use of fish, eggs, ham, etc., served and efforts to find a wider range of alternatives resulted in a greater range of foods and recipes being used in the menus, including some chicken dishes.

Staffing

Problems of recruiting staff for kitchens and retaining their services after appointment were acute in some areas and were given serious consideration by the Education Committee. Certain kitchens have had to be closed and transported meals provided temporarily because it has not been possible to appoint a Cook-in-Charge.

There has been difficulty, too, about organising staff. The Establishment for Assistant Organisers is nine. Throughout 1964 there has been a shortage of not less than two Assistant Organisers and there has also been a rapid turnover

of organising staff.

Staff Training

The purpose built training kitchen attached to the Stafford Girls' High School which was opened in 1963 has been in full use throughout the year and its principal function has been to train newly appointed Cooks-in-Charge and Supervisors.

A second permanent training centre was opened during the year at Willenhall, Pool Hayes Comprehensive School for the convenience of staff in the South of the County who

would find it difficult to travel to Stafford.

Courses at rural centres for Cooks and Assistant Cooks have been less frequent during the year because of staffing

problems at a senior level.

A number of talks and demonstrations to dining centre staff have been held in various parts of the county and these have helped towards transported meals being served more attractively, with due regard to system and order and the latest hygiene principles.

The usual refresher courses were held during the school holidays at the Farm Institute, Rodbaston (Easter) and Leek,

Westwood Hall High School (July).

Many fish friers were installed during the year, as part of a programme to provide a bigger range of cookery equipment at kitchens serving less than 500 meals daily and special courses, designed to see that the best use is made of this equipment and to add to the variety of the meal, have been arranged for the kitchens concerned.

Statistics

Statistics as submitted to the Department of Education & Science relating to the number of meals served during the Summer Term 1964, and October 1964, and information regarding the number of kitchens is given below, together with the figures for the previous year for comparison purposes.

Table 44.	1964	1963
No. of Children present	140,146	137,316
No. of Meals served to Children daily	80,506	72,137
No. of Meals served to Adults and		
Children daily	82,169	75,683
Total No. of Schools	663	653
No. of Schools not provided	5	7
No. of Kitchens	336	324

Future Prospects

It is expected that there will be a further period of expansion of the School Meals Service during 1965 and many new kitchens in new schools are being planned. Standards of cooking, kitchen organisation and hygiene have risen steadily over the past few years, due, in part, to staff training, in part to the vigour and enthusiams of the School Meals staff. It is hoped that standards will continue to be maintained or improved, but for this hope to materialize greater stability in staffing is essential."

PHYSICAL EDUCATION

The Director of Education has kindly supplied the following information:—

"Activities, on school playgrounds, playing fields and on the camping grounds were possible for a longer period than usual, due to the fine weather in the summer and autumn terms and have been helped further by the increased number of playing fields which became available during the year. In primary schools the standard of work varies considerably depending on the facilities available. In the small country school Physical Education is still a fine weather subject. The construction of halls under the minor and major building schemes has been one of the major reasons for the improvement in the standard of the primary work. The introduction of educational gymnastics in certain areas of the County has given a boost to the overall level of attainment and the use of a wide range of climbing apparatus and the extension of swimming facilities has contributed to an improvement in the posture and physique of the children. The lack of men teachers in some primary schools, particularly in rural areas, has tended to retard the teaching of major games and skills to boys.

Women teachers, particularly the married ones, appear to stay in any one school for a comparatively short time. This has a harmful effect on the standard and continuity of the work. On the other hand, those who remain, are doing

commendable work.

In secondary schools generally, the staffing position has improved although in certain parts of the County there are some teachers without full qualifications. A number of these has been seconded from teaching duties to enable them to undertake a third year of training in Physical Education.

The scope of work is ever broadening and making increasing demands on the staff to maintain standards in any particular subject. This difficulty is frequently met by the formation of clubs which meet out of normal school hours. These provide for such sports as trampolining, olympic gymnastics, progressive resistance training, basket ball, dancing, fencing and boxing.

In the work for older age groups more attention was paid to the individual's choice of recreative activity. To encourage a high standard of gymnastics the Education Committee has agreed to pay the cost of the awards of the

Amateur Gymnastics' Association.

During the year gymnasia apparatus was installed in 15 new and 2 old primary school halls and 4 new secondary school gymnasia swimming baths were constructed at 5 schools.

Swimming instruction for boys and girls was given at 33 public and 15 school baths during the summer and at 24 public and 15 school baths in the winter term.

During the year—

7,725 children learned to swim.

572 obtained Royal Life Saving Society Awards 1,229 obtained Survival Awards of the Amateur Swimming Association.

Camping and allied outdoor activities continued to increase in popularity. The camps at Coven, Teddesley Park, Cotwalton and Chasewater were fully booked throughout the summer term, and the Adventure Courses at Coven and Cotwalton were well attended. The number of campers was—

Summer term camps	 4,043
Autumn term camps	 370
Dinorwic (summer)	 140
	4,553

Local courses were held at Stafford, Cheadle and Rugeley in Educational Gymnastics for 147 teachers in primary schools, swimming demonstration and lectures were held at Coseley and Uttoxeter and these were attended by 56 teachers. 54 women teachers attended residential and local courses in modern educational dance held at Madeley College of Education and The Regis School, Tettenhall. 74 men and women teachers took part in camping and sailing courses at Chasewater and Cotwalton during the Easter holidays.

It is more important than ever that Physical Education, with its many and varied activities, should play its full part in the development of the young so they will know how to recreate for their enjoyment and physical and mental well-being, in the increased leisure hours of modern times."

Children Neglected or Ill-treated in their own Homes

The Local Committees which were set up in accordance with the provision 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 fourteen cases were referred from the School Health Service to the Local Coordinating Officers.

UNCLEANLINESS

Table 45. Infestation with Vermin

a composition and the artists and the agree of	1964	1963
Number of individual examinations of pupils in schools by nurses and authorised persons	312,539	299,743
Number of pupils found to be infested	6,863	5,783
Number of pupils for whom cleansing notices were issued. S.54(2) Education Act 1944	16	13
Number of pupils for whom cleansing orders were issued. S.54(3) Education Act, 1944	1	
Number of Sacker Combs sold	179	115

Table 46. Analysis of Infestation

Number	of chi	ildren w	ith infe	estation	of:	1964	1963
Body						 5	7
Head Lice						 576	405
Head Nits						 6,282	5,371
Total num	ber of	childre	en			 6,863	5,783

Each term hygiene inspections are carried out in schools when the children's hair is examined by the school nurses. In 1964 there was an increase of 1,080 in the number of children infested, almost all of whom were dealt with by the school nurses at the school clinics. Usually excellent co-operation is given by the parents who sometimes request that cleansing should be carried out. Unfortunately there are still some children who present a recurring problem of repeated infestation of their heads and need to be kept under continual surveillance by the school nurses.

When parents fail to keep their child's hair in a satisfactory state the Local Education Authority is empowered, after examination by an authorised person, to serve notice upon the parent or guardian of the infested child, requiring cleansing to be carried out. This is to be followed by attendance at a cleansing centre so that an examination may be made. If, despite the notice to the parents the state of the child's hair is still unsatisfactory the school nurse cleanses it and a school medical officer issues a certificate afterwards to the effect that the child's hair is clean.

Should reinfestation quickly recur the Local Education Authority may issue a compulsory cleansing order under which an authorised person is empowered to remove an infested child to a suitable place for cleansing to be carried out. The parent or guardian receives a copy of the order and the authorised person is informed that cleansing is necessary. After compulsory cleansing a certificate is issued by a school medical officer to show that cleansing has been satisfactorily carried out.

Foot Inspections

Foot inspections have always been a regular feature of the work of the nurses in the School Health Service and it is estimated that 1,791 half day sessions were devoted to the work during this period.

Table 47.						TYP	TYPE OF SCHOOL	CHOOL						To	Total
		Nursery	ery	Inf	Infant	Junior	ior	Secondary	lary	Grammar	mar	Compre	Comprehensive	Sch	schools
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Number of children with Unsatisfactory Footwear Too Small Too Large Requiring repair Unsatisfactory style Otherwise inadequate	-4640	1122	40-	105 67 249 325 117	83 76 167 542 99	579 244 1,113 2,303 496	634 249 847 3,775 589	143 56 1,778 123	316 184 460 2,225 154	8 6 1 8 8	6 9 18 451 2	63 165 10	2 42 22	898 376 1,973 4,666 748	1,093 518 1,520 7,186 870
Total of lines 1-5	9	20	14	863	196	4,735	6,094	2,649	3,339	1117	486	277	287	8,661	11,187
Number of children with satisfactory footwear	7	246	197	10,173	9,722	35,875	39,112	16,555	12,964	862	713	2,596	2,022	66,307	64,730
Total number of children seen by School Nurse	00	266	211	11,036	10,689	40,610	45,206	19,204	16,303	979	1,199	2,873	2,309	74,968	715,917
Number of children with Unclean feet Clean feet	10	245	18	897 10,139	10,098	3,703	2,107	1,586	1,087	61 696	1,192	184 2,689	2,250	6,410 68,558	3,869
Number of children with unsatisfactory socks	=	7	10	312	344	1,861	1,052	199	348	6	61	22	7	2,878	1,780
Foot Deformities Hallux Valgus Everted Ankles Overlapping toes Callouses Others	55.45.5	- 9 7	- 4	24 101 50 57	36 31 58 58 58	138 121 585 348 287	210 118 591 404 242	104 277 227 227 227	318 65 226 304 41	6 10 10	¥ 4	4-222	22 113 100 5	292 260 1.006 664 443	621 214 977 830 353
Total of lines 12-16	17	6	5	266	245	1,479	1,565	794	954	62	176	55	50	2,665	2,995
Number of children with corns	18	6	5	88	148	464	937	629	837	48	86	23	37	1,291	2,062
Foot Infections Athletes foot Warts Others	2021	7	6	20 116 13	16 27 8	93 402 295	119 344 323	221 294 121	119 442 102	21 7	28.8	98°°	30 43 11	387 783 44 1	301 884 444
Total of lines 19-21	22	7	6	49	51	790	786	636	699	34	36	95	84	1,611	1,629
Number of children referred to S.M.Os.	23	1	1	17	41	268	208	296	335	10	7	1	1	165	564
					-		-		-		-	-	-	-	

Table No. 48

	Nursery	sery	Infant	ını	Junior	ior	Secondary	dary	Grammar	mar	Comprehensive	hensive	Tot	Totals
Showing the percentage of children with:—	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Unsatisfactory footwear	7.5	9.9	7.8	9.0	11.7	13.5	13.8	20.5	12.0	40.5	9.6	12.4	11.6	14.7
Satisfactory footwear	92.5	93.4	92.2	91.0	88.3	86.5	86.2	79.5	88.0	59.5	90.4	87.6	88.4	85.3
Unsatisfactory socks	2.6	4.7	2.8	3.2	4.6	2.3	3.5	2.1	1.1	1.6	8.0	0.3	3.8	2.3
Unclean Feet	7.9	8.5	8.1	5.5	9.1	4.7	8.3	6.7	1.9	9.0	6.4	2.6	9.8	5.1
Clean feet	92.1	91.5	91.9	94.5	6.06	95.3	91.7	93.3	98.1	99.4	93.6	97.4	91.4	94.9
Foot Deformities	3.4	2.4	2.4	2.3	3.6	3.5	4.1	5.9	6.3	14.7	1.9	2.2	3.6	3.9
Corns	3.4	2.4	8.5	1.4	1.2	2.1	3.3	5.1	4.9	8.2	8.0	1.6	1.7	2.7
Foot Infections	2.6	4.3	0.4	0.5	1.9	1.7	3.3	4.1	3.5	3.0	3.3	3.6	2.1	2.1

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, 1946 and since then there has been a regular demand for these. A report is also included in the annual report of the County Medical Officer of Health, but a brief summary of results is appended in respect of the children of school age who received the treatment during 1964:

Table 49.

No. of alarms in use as at 31st Dec	2	12
	Boys	Girls
Waiting list at 31st December	36	22
No. of children cured in 1963	61	41
No. of children improved in 1963	19	15
No. of children relapsed after treatment and then cured	1	2
No. of children relapsed after treatment but much improved	2	1
No. of children relapsed after treatment and awaiting further trial	8	4
Failures		
Too nervous	3	1
Heavy sleeper	4	2
Unco-operative mother	5	1

The proportion of cases assisted by this device gives grounds for satisfaction, for treatment in the past has often proved prolonged and difficult.

It is routine procedure to follow up cases twelve months after the trial period with an alarm ended and the criterion of cure is 12 months free from relapse.

Four special schools, Ashley, Needwood, Standon Bowers and Walton Hall have alarms and excellent results have been reported.

PART VII. SCHOOL PREMISES

Inspection of School Premises

The following table shows the kinds of defects reported by School Medical Officers following their visits to schools during the year. Adverse reports were made upon 158 of the 478 schools which were visited. Some of the defects were corrected in the same calendar year and of course other defects, reported prior to 1964, were also rectified.

Although School Medical Officers are required to inspect school premises and to report the defects found, unless health is endangered, the Architect does not necessarily arrange even for all major matters to be rectified especially when it is known that alternatives, such as the building of a new school, or extension block, will remove the problems.

Table 50.

Defective	Condi	tions		4"	Defects 1964	reported in 1963
Sanitary					58	35
Kitchens					34	25
Heating					16	15
Drinking V	Vater S	upplies	;		8	13
Lighting					17	10
Cloakroom	is				10	17
Dining Ro	oms				13	13
Ventilation					6	12
Washing F	acilities				9	9
Kitchen W	ash-ups				2	5
Playground	ls				16	15
General En	vironm	ental			13	10
Medical Ro	ooms				7	5
Miscellaneo	ous				8	11
Total Defe	cts repo	orted			217	195

Although 69 fewer schools were visited than in the previous year 22 more defects were reported and there were 41 schools with more than one defect.

SCHOOL WATER SUPPLIES

During the year the County Health Inspectorate continued to sample for the purity of water supplies and/or efficiency of chlorination treatment.

A total of 17 samples were taken for chemical examination, all of which proved satisfactory.

A total of 55 samples were taken for bacteriological examination, of which

42 were satisfactory

13 were unsatisfactory.

At the end of the year-

- 4 schools have been connected to new mains supplies, all in the Leek Rural District area.
- 8 schools were treating the water with chlorine tablets, filters or chlorination plants.
- 4 schools were receiving private mains water.
- 3 schools were receiving untreated water from their own boreholes.

No school had mains water delivered in churns.

SWIMMING BATHS

During the year 5 new school swimming baths have been opened, bringing the total number of swimming baths to 24—23 school and 1 training college.

4 are open air (heated) baths fitted with purification plants.

2 are fill and empty type which are hard-chlorinated.

18 are covered baths fitted with purification and filtration plants.

The baths have been regularly inspected and tested by the County Health Inspectors. Tests are carried out on the spot to check the chlorine and pH content of the water and samples taken for bacteriological tests.

Of the 41 bacteriological samples taken 2 were unsatisfactory.

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Category Boys	Pupils in Dec. 64	Numbers in Special Schools (as recorded on form 21M)	Schools rded on 21M)	Number placed in Special Schools in 1964	placed ecial in 1964	awaiting admission to Special Schools (as recorded on form 21M)	ting ion to Schools 'ded on 21M)	Number in or kaying special provision at an Ordinary School	Number in or kaying special provision at an Ordinary School	Number having Home Tuition including those for admission to Special Schools	having Tuition g those ission to Schools	At Home without Tuition	Ome
:	vs Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
	15 13	13	=	2	1	2	1	1	1	1	-	1	-
Partially Sighted 2	26 19	18	13	3	-	1	-	9	5	-	1	1	1
Deaf 5	53 35	53	. 35	4	3	1	1	1	1	1	1	1	T
Partially Hearing 12	126 93	39	35	00	1	2	-	85	99	1	-	1	1
Delicate 12	122 74	49	22	91	2	1	2	70	46	2	4	1	1
Educationally Sub-Normal	444	376	186	93	47	139	72	315	180	16	9	1	1
Epileptics 119	123	3	1	7	-	7	-	113	120	1	1	1	1
Maladjusted 132	32 54	22	2	6	1	14	-	92	50	4	1	1	T
Physically Handicapped 507	7 431	72	42	9	4	00	00	401	357	26	24	1	1
Speech Defects 733	305	T	-	-	1	1	-	733	305	T	1	1	1
TOTALS 2,679	1,591	645	347	143	62	169	98	1,815	1,120	50	37	1	1
GRAND TOTALS	4,270	6	992	205	15	2	255	2,935	35		87		-

Only pupils from the Excepted District of Newcastle-under-Lyme who are in, or awaiting admission to residential special schools, are included. N.B.—Pupils attending Hospital Special Schools are only included in this table in the first column.

Table 49 includes children who do not come within the categories of handicapped children as defined in the Handicapped Pupils and Special School Regulations, 1959. 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 so that the necessary action can be taken immediately some special educational provision is necessary.

The total number of known handicapped pupils increased

by 190 as compared with 1963.

The medical records for handicapped children are sent to the child's General Practitioner on leaving school whenever it is felt that the handicap is substantial and is likely to continue into adult life.

CONVALESCENCE AND DEBILITATED CHILDREN

Over 1,280 children suffering from debility and other defects which did not warrant their admission to open-air schools were kept under clinical observation and 188 children were admitted to convalescent homes for short periods during the year, this being a decrease of 2 admissions compared to 1963.

Parents value this service, for a period of convalescence has often substantially assisted their children to recover after illness or operation. Liaison is maintained with each child's family doctor before the child is sent for convalescence.

The following shows the distribution of children among

the various homes which have been used:-

Table 52.	B.	G.	Total
St. Mary's Home, Broadstairs	. 8	59	67
Broomhayes Home, Northam		4	4
Lanthorne Convalescent Home,			
Broadstairs	. 77	34	111
West Kirby Children's Convalesce	nt		
Home	. 1	5	6
		_	
	86	102	188

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 an ordinary school whilst a vacancy is being sought for them in a special school. This form of education is decided upon after examination by a School Medical Officer.

99 children were receiving tuition at the end of the year

as compared with 103 in 1963.

For 92 of these children tuition at home was the best possible provision at the end of the year but the other 7 children were having home tuition as a temporary measure whilst awaiting a vancancy at a special school.

HOSPITAL SPECIAL SCHOOLS Table 53.

At the end of the year there were 42 Staffordshire children

in Hospital Special Schools.

The Limes, Himley, Stourbridge	1
Standon Hall Orthopaedic Hospital, Nr.	
Stafford	11
Queen Mary's Hospital School, Carshalton,	
Surrey	1
Robert Jones and Agnes Hunt Orthopaedic	
Hospital, Oswestry	4
Biddulph Grange Orthopaedic Hospital	
Special School	25
of the part of the	42

Table 54. Classification of children referred to the Mental Health Authority

Classification No. of Children

Section 57(4) Education Act, 1944 ... 39

One boy was dealt with under Section 57A(2) during the year. Twenty-one boys and eighteen girls were referred under section 57(4).

Further Education of Handicapped Young Persons

The Director of Education has kindly supplied the follow-

ing information:-

"During the year nine handicapped persons, who were over statutory school leaving age, received tuition in their own homes. The home teachers have received whole-hearted co-operation from the parents of the persons concerned. The tuition given was in reading, writing and arithmetic with some topics of general social interest. In addition arrangements were made, as in previous years, for tuition to be given to children in hospitals.

Ten persons have been maintained by the Authority in recognised colleges providing vocational courses for blind,

deaf and spastic persons.

Evening classes were conducted at St. Margaret's, Great Barr, as part of the Authority's Evening Institute Programme and fulfilled a very useful function."

STAFFORDSHIRE'S SPECIAL SCHOOLS

FOR EDUCATIONALLY SUB-NORMAL PUPILS.

Residential Accommodation

Boys: Loxley Hall 80 boys

Age Range 8—16 years.

Standon Bowers 60 boys

Age Range $10\frac{1}{2}$ —16 years.

Girls: Walton Hall 48 girls

Age Range 8—16 years.

Day.

Mixed: William Baxter, Cheslyn Hay 110 boys

Age Range 8—16 years.
High Arcal, Sedgley
Age Range 8—16 years.
The Fitzwarren, Tipton

Age Range 8—16 years.
120 boys
120 boys

Age Range 8-16 years. and girls

MALADJUSTED BOYS

Ashley Residential School 30 boys Age Range 10½—16 years.

FOR THE PHYSICALLY HANDICAPPED.

Mixed: Wightwick Hall 65 Boarding Residential and Day. 65 Boarding boys & girls

Age Range 5—16 years. 25 day places

FOR THE DELICATE AND PHYSICALLY HANDICAPPED.

Mixed: Blackfriars, Newcastle 80 boys (Joint School). Day. and girls

Age Range 5—16 years.

FOR THE PARTIALLY HEARING.

Mixed: Needwood. Residential. 145 boys Age Range 5—16 years. and girls

REPORTS ON SPECIAL SCHOOLS IN STAFFORDSHIRE

The Director of Education has kindly supplied the following information:—

"(a) Ashley Residential School for Maladjusted Boys

During the last twelve months this school has continued to function in a satisfactory manner, despite shortage of teaching staff. Plans have already been passed for the erection of two staff houses within the grounds and it is hoped that this will provide a solution to staffing problems.

The general health of the boys has remained excellent and the improvement in their physical condition gives cause for satisfaction. Whenever necessary boys have received

dental and medical treatment.

F 81

In the field of sport and recreation it has been quite a successful year. A number of inter-school games have been played with reasonable success, considering the small number on roll. The whole school spent a week's camp at Coven in May and the minibus has proved extremely useful enabling the boys to visit many places of interest.

(b) Blackfriars Day School for Physically-Handicapped and Delicate Children.

There were ninety children on the school roll. This figure included thirty-three physically handicapped, fifty delicate, five epileptic, one partially-sighted, and one speech defect. Three children were transferred to ordinary schools and there were seven school leavers of whom four entered clerical work, one entered the retail trade and two went on to Colleges of Further Education. Eight children were entered for the Newcastle School Leaving Examination and obtained a total of twenty-eight credits and five distinctions.

The appointment of a part-time man P.E. specialist, in addition to the woman P.E. specialist, has increased and widened the range of P.E. in the school. Trampolining and archery were added to the curriculum and a great deal more time has been available for small groups of severely handicapped children. We look forward to the opening of the swimming pool in September, 1965, when swimming for therapy and recreation will form an integral part of the

curriculum.

The Brownie Pack and Guide Company were very active, not only in extension activities but also joining with other Packs and Companies in the district. A Youth Club, which was formed on an experimental basis, has proved so successful that a paid youth leader has been appointed. The Club organised a 'beat barbecue' as their contribution to the Town's youth activities.

Three holidays were organised for the children. One group of asthmatic children carried out a field study in the Lake District, a party of twenty-five seniors had a holiday in the Isle of Wight and a small group of badly handicapped

children enjoyed a week's holiday at Llandudno.

(c) The Fitzwarren Day School for Educationally Sub-Normal Children

This new special school for educationally sub-normal children, which opened in June, 1963, has continued to develop.

There are now ninety-one children, aged 8—15 years, in the school (sixty-one boys and thirty girls) and expansion will continue until 120 children, aged 8—16 years, are in attendance. The children in the school are drawn from Tipton. Darlaston, Brierley Hill (part), Quarry Bank, Cradley Heath, Old Hill and Rowley Regis. The intelligence quotients of the children at present in the school range from 45 to 84. Twenty-

two children have intelligence quotients above 75.

The curriculum includes woodwork, gardening, pottery, domestic subjects and needlework. Developments in these activities and in all other aspects of the curriculum are taking place as the number of children in the school increases. The background to all work in the school is the intention to help the children to achieve social competence and increasing opportunities to fulfill this major aim of the school are becoming available as the school grows.

(d) High Arcal Day School for Educationally Sub-Normal Children

The School continues to have its full complement of 120 pupils, though the proportion of boys to girls tends to increase each year. At present there are seventy-three boys and forty-eight girls on roll and of the children known to be awaiting entry boys outnumber the girls in the proportion of two to one. The average attendance for 1964 was 92.1%. The present I.Q. range is as follows:—

unde	r 50	50	54	60	65	70	75	80	85	
		to	to	to	to	to	to	to	and	
		54	59	64	69	74	79	84	over	
DIE	2	2	8	21	20	31	22	11	4	
Th	e pres	sent a	ge ran	ge is a	as foll	ows:				
7-8	8-	9-	10-	11-	12-	13-	14-	15-	over	
yrs.	9	10	11	12	13	14	15	16	16	
1	11	17	16	17	17	11	11	12	8	

The school had regular twice-weekly visits from a physiotherapist and a speech therapist and dental treatment continued to be given promptly.

(e) Loxley Hall Residential School for Educationally Sub-Normal Boys

This year was a period of continued progress and planning. The number on roll was maintained at eighty throughout the year and the staff dealing directly with the boys remained unchanged. On the domestic side, staffing caused some anxiety and for most of the year the kitchen has been undermanned. Working hours, outside day school times and particularly at weekends are difficult to fill and most of the year makeshift arrangements have prevailed.

The health of the boys and staff has been good and absences few.

The range of activities available to the boys has been extended and more than sixty of them had regular swimming instruction in school time and half the school were able to go to the Uttoxeter baths in their own time at weekends. Apart from organised visits, made possible by the use of the minibus, the senior boys have made more use of the opportunities to go out at weekends for shopping and exploration of the surrounding country. Camping activities continued and a one-week camp at Teddesley Park was very successful.

Planning of the re-organisation, which will be necessary when the rebuilding programme starts, is already in hand for activities such as gardening and evening clubs which will be

affected next year.

Co-operation with parents and old boys has continued to be very encouraging. The Annual Fete in July and Christmas Carol Service had excellent support and could not have taken place without the work done by parents.

(f) Needwood School for Partially-Hearing Children.

Because of a shortage of suitably qualified teachers the number on roll has had to be limited this year to 125, though there is every indication that the staffing position will shortly improve and that all children on the waiting list will then be admitted.

Mr. R. G. Barrett, B.Sc., the Headmaster of the school since its opening in 1954 has left the school this year and tribute has been paid to his excellent work in building up the school. Mr. E. Brown B.Sc., at present the Headmaster of the Heston School for the Deaf, has been appointed to succeed Mr. Barrett and will take up his duties in April 1965.

The adaptation of the old laundry to provide an indoor swimming bath was completed in November and is proving a very valuable extension to the facilities available at the

school.

(g) Standon Bowers Residential School for Educationally Sub-Normal Boys.

The general health of the boys has been good and there were no outbreaks of infectious diseases. In spite of reorganisation, due to staffing problems, the life of the school has followed the general pattern and a full programme of activities has been maintained.

Several boys have gone home regularly for weekends and other senior boys have taken advantage of day passes. Educational, recreational and social activities have continued and there has been close liaison with other schools and Youth Clubs. Several organisations are interested and visit the school. Swimming instruction has been given throughout the year and forty-five boys have earned County proficiency awards. Inter-house and individual competitions, including swimming, football, cricket, athletics, cross country and indoor games have been organised and during the winter months regular evening clubs for stamp collecting, dancing, pottery, keeping fit, records and films have been popular.

Ten boys were confirmed by the Bishop of Lichfield. Regular visiting days and competitive games between parents and boys have done much towards maintaining the happy relationships which have a marked effect on the life of the school. Many former pupils have visited or communicated

by letter and telephone.

(h) Walton Hall Residential School for Educationally Sub-Normal Girls

There have been forty-eight girls on roll throughout the year which is the maximum for the accommodation available,

and the staffing position was very much improved.

The interior of the premises has been redecorated and pictures provided in dormitories. A club room is now available and is used extensively for pottery. Pottery and cookery classes have been organised for the girls during out-of-school periods. Outside interests have been maintained and some of the girls take a full part in the activities of Youth Organisations in the district.

(i) Wightwick Hall Residential School for Physically-Handicapped Children.

The children's general health throughout the year has been remarkably good and there have been no emergency admissions to hospital. The pattern of regular medical supervision of the children's needs has continued uneventfully—clinics at school and in hospitals, and admissions to hospital for necessary orthopaedic attention. Similarly, dental, audio and eye clinics have been regularly attended.

A new building extension was commenced in May. The unit is being built adjoining the existing dining room and comprises a hall, library, three classrooms, physiotherapy department and swimming pool. The classrooms and physiotherapy rooms replace old army huts and the completed project will make a great impact on the life of the school. The work has created a number of interim problems, not least of which involved the physiotherapists working in inconvenient temporary accommodation.

The annual camp was again held at Arthog, Merionethshire, at the beginning of the summer holiday, the twenty children being cared for by ten staff. A fifteen foot dinghy made at the school was an added attraction and a number of boys were able to enjoy fishing in the estuary. Boys who are unsteady or who have manipulative problems were thus able to try their hand at a sport previously denied them.

(j) The William Baxter Day School for Educationally Sub-Normal Children

The large intake which came in with the building of the new classrooms left school during the last year. As a result of the alteration in leaving dates almost all the boys and girls in the top class spent twelve months together before mid-summer 1964 and they were able to mature and set a

good tone in the school.

The benefits of regular swimming instruction have been most marked and many certificates and badges have been gained. The school Fashion Show was held at Easter, 1964, and the girls made and displayed their own outfits, costumes, dresses and hats. They gained in poise and confidence by putting on the show before an invited audience and the colour film taken of the occasion has been very useful.

The school was invited by the local Council to submit work connected with the "Best-Kept Village" competition. The pupils were awarded prizes, and mounted an exhibition, which was well received and used at the village carnival.

(k) The Diagnostic Unit

The Diagnostic Unit, sited at Northfields County Primary School, Stafford, has now been functioning for almost eighteen months. During this time forty-three children have been admitted, twenty-three of whom are still attending. The average length of attendance at the Unit has been about four months and has ranged from six weeks to just over twelve months.

Of those children who have been discharged, 25% have been integrated (or re-integrated) into normal primary schools. Several children have been admitted to schools for the educationally sub-normal and for maladjusted children; one child is awaiting admission, at the beginning of the summer term (1965), to a school for partially-hearing children. Others have been admitted to training centres in the county, whilst two children have been found to need hospital care."

BOROUGH OF NEWCASTLE-UNDER-LYME

(EXCEPTED DISTRICT: STAFFORDSHIRE COUNTY COUNCIL)

SCHOOL HEALTH SERVICE REPORT

for 1964

BY THE

Borough School Medical Officer

BOROUGH OF NEWCASTLE-UNDER-LYME (Excepted District)

SCHOOL HEALTH SERVICE STAFF

Borough School Medical Officer:

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

Deputy Borough School Medical Officer:
Peter M. Green, M.B., Ch.B., D.P.H.

School Medical Officers:

MARGARET A. LUGG, M.B., B.S., L.R.C.P., M.R.C.S.
(Resigned 30.11.64)
EDITH PARRY-EVANS, M.B., B.S.(Lond.), M.R.C.S.,
L.R.C.P.
Dr. T. Craig (Part-time)

Physiotherapist (part-time):
Mrs. T. J. Bladen, M.C.S.P.
Mrs. B. Wain, M.C.S.P.

Speech Therapist (part-time):
Mrs. P. A. VALENTINI, L.C.S.T. (Resigned 30.7.64)

Ophthalmic Surgeon (part-time):
P. J. M. KENT, M.R.C.S., L.R.C.P., D.O.M.S.

Borough School Dental Officers:

Area Dental Officer-

D. DATT, O.B.E., M.B., Ch.B., L.D.S. (Appointed 12.10.64) (Resigned 6.11.64)

School Dental Officer (part-time)—
Mrs. J. Plumb, L.D.S., R.C.S. (Appointed 2.11.64)

Dental Anaethetist (part-time):

Dr. Z. S. MILEWSKI Dr. J. F. THOMPSON

Dental Attendant
Mrs. J. Leese (Appointed 2.11.64)

SCHOOL POPULATION

The number of pupils on the registers of maintained schools (including Nursery Schools) at the end of the year was 13,914, an increase of 42 compared with an increase of 328 in 1963/64, and a decrease of 72 in the previous year.

Number of Schools or departm	nents-		
Nursery Schools			4
Infant departments			12
Infant & Junior departments			7
Junior departments			11
C.E. Mixed (Infs. Jnr. & Sec.	Moder	n)	1
Secondary Modern Schools			9.
Secondary Grammar Schools			4
Blackfriars School			1
The Coppice School			1

REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION AND OF THE METHODS EMPLOYED FOR THE TREATMENT OF DEFECTS

Physical Condition

The physical condition of the children examined at periodic medical inspections is shown in Table 1.A. in the statistical tables at the end of this report.

Uncleanliness

Twenty-six 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 55 children were found to be suffering from enlarged tonsils and/or adenoids and were referred for examination by a specialist. During the year 270 cases received operative treatment through arrangements made by the School Health Service. In addition there were 860 cases which required only medical treatment and/or observation. Both these figures showed a small increase over the 1963 levels which were 258 and 841 respectively.

Skin Diseases

Twenty-four cases of skin disease (dermatitis, impetigo, urticaria, ringworm, etc.) were discovered at medical inspections and found to require treatment. Two were referred to the Dermatological Clinic at the North Staffs. Royal Infirmary for investigation and treatment.

External Eye Diseases

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

Defective Vision and Squint

One hundred and sixty-two cases of defective vision and 20 cases of squint were discovered at routine and special medical examinations and were referred for treatment. After examination by the Schools Ophthalmic Surgeon, glasses were prescribed for 113 children with defective vision.

Ear Diseases and Defective Hearing

At routine medical inspections during 1964, 19 cases in these categories were found to require treatment and all were referred to Consultants at local hospitals.

ADDITIONAL EXAMINATIONS

Medical Inspection prior to admission to Training Colleges

Seventy-three pupils had a special medical examination before admission to colleges for training for the teaching profession.

Medical Inspection of new Entrants to the Teaching Profession

During 1964, 28 medical examinations, including a chest X-ray, were carried out on new entrants to the teaching profession.

Children attending School Camps

During the year 23 children were medically examined 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. A total of 47,227 examinations was made and 948 individual pupils were found to be infested. Cleansing notices were issued in 593 cases. These numbers showed an increase on the 1963 figures which was 899 infested and 308 cleansing notices issued.

Fifty children were cleansed at special sessions at school clinics.

OPHTHALMIC CLINIC

This clinic is held each Monday morning in the Ophthalmic Room at Friarswood School Clinic. During the year 861 children had refractions carried out and in 113 new and three old cases spectacles were prescribed.

PHYSIOTHERAPY

The Physiotherapists' time-table for attendance at the Clinic at Friarswood House, Priory Road, Newcastle and at the Blackfriars School, is given below:—

FRIARSWOOD CLINIC	BLACKFRIARS SCHOOL
Tuesday 1.30 to 3.30 p.m. *Breathing, Remedial Exercises and Sun-Ray	Monday 9.15 a.m. to 12 noon Remedial Exercises
Thursday 10.0 a.m. to 12 noon Breathing Exercises, Remedial and Sun-Ray treatment	Monday 1.30 to 3.30 p.m. Remedial Exercises
Thursday 1.30 to 3.30 p.m. Breathing and Remedial Exercises and Sun-Ray	Tuesday 9.15 a.m. to 12 noon Breathing and Remedial Exercises
THEOR O'ST' O' THE BEAUT	Thursday 9.15 a.m. to 12 noon Breathing and Remedial Exercises and Sun-Ray treatment
*A Medical Officer attends this Clinic once in four weeks, or as required.	Valley .

Attendances at these various sessions during the year were as follows:—

	Breathing	Remedial	Sun-Ray
	Exercises	Exercises	Treatment
Blackfriars School	22 children	28 children	11 children
	788 attendances	800 attendances	75 attendances
Friarswood Clinic	62 children	65 children	35 children
	707 attendances	387 attendances	437 attendances

CHILD GUIDANCE

In 1964 five children were referred for Child Guidance to "Brampton Trees", Hanover Street, Newcastle, the County Council Mental Health Centre.

MINOR AILMENT CLINICS

During the year nine minor ailment clinics in the Borough continued to operate as follows:-

Bradwell C.S.M.

School Tuesday

9.30 a.m. to 11.0 a.m.

Chesterton-

Loomer Road Monday 9.30 a.m. to 12.0 noon

(Dr. attends 10.30 to 12.0 noon)

Clayton—

Kingsbridge Avenue

Wednesday 9.30 a.m. to 10.30 a.m.

Crackley Bank

C.P. School

Wednesday 10.0 a.m. to 11.0 a.m.

Hempstalls

C.P. School

Wednesday 10.0 a.m. to 11.0 a.m.

Knutton—

Knutton Lane Tuesday

10.30 a.m. to 12.0 noon

(Dr. attends 11.0 to 11.30 a.m.)

Friday

9.30 a.m. to 10.30 a.m.

Newcastle—

Friarswood

Monday

2.0 p.m. to 4.0 p.m.

(Doctor attends)

Wednesday

9.30 a.m. to 12.0 noon

(Dr. attends 10.30 to 12.0 noon)

Friday

9.30 a.m. to 12.0 noon

(Dr. attends 10.30 to 12.0 noon)

Silverdale—

Crown Street

Tuesday

9.30 a.m. to 11.0 a.m.

(Dr. attends 10.0 to 10.30 a.m.)

Porthill—

Inglewood

Drive

Thursday 9.0 a.m. to 12.0 noon

(Dr. attends 10.30 to 12.0 noon)

Minor Ailments are treated at school clinics and the cases dealt with are included in Table III at the end of this report. During the year the number of attendances at the various minor ailment clinics was 8,472 which is an increase of 1,697 over the figure for 1963.

SCHOOL DENTAL SERVICE

Statistics regarding children inspected and treated from the 12th October to the end of the year are given in Table IV at the end of this report.

SCHOOL SWIMMING BATHS

Samples of water from the under-mentioned baths were submitted for examination during 1964. Particulars are as follows:—

Date	Bacteriological	Chlorine Test
Newcastle High School 20.2.64	Satisfactory	Satisfactory
14.5.64	**	,,
10.6.64	**	,,
10.9.64	**	Slightly below standard
30.9.64	**	Satisfactory
24.11.64	,,	,,
Hempstalls School Swimming I	Bath	In the late and the late of th
20. 2.64	Satisfactory	Satisfactory
14. 5.64	,,	.,
10, 6,64	,,	,,
10. 9.64	**	Slightly below standard
30. 9.64	,,	Satisfactory
24.11.64	,,	Unsatisfactory
2.12.64	,,	Satisfactory

HEARING TEST SURVEY

In 1964 Infant Departments were visited by the Audiometrist and the results of the survey and the follow-up of cases are tabulated below.

Survey Results

No. Examined	No. showing some hearing loss	Percentage with some hearing loss
1,185	99	8.4%

Follow Up-

Ninety-nine children were referred for specialist opinion and treatment, as shown below:—

	Obser	vation	Treatmen	nt Advised			Reports of Pending app	No
No. Referred	Re-Exam by Spec'list after 3-6 months	Hearing Test	T's & A's Operation	Myring- otomy	General Medical Super- vision	No Treat- ment Advised		consents returned or appts. not kept
99	1	1	26	1	7	38	7	18

DISINFECTION OF PLIMSOLLS

Plimsolls used in the schools are regularly disinfected by a special process at the Froghall Disinfection Centre in an endeavour to control the incidence and spread of foot infections.

INSPECTION OF SCHOOL MEALS PREMISES

The Public Health Inspectors of the Borough pay periodic inspections to premises connected with the preparation and serving of school meals. Defects which are found on such visits are reported to the Borough Education Officer. Eighty-eight visits were paid to these premises during 1964.

MILK IN SCHOOLS

The milk supplied to schools is sampled from time to time by the Public Health Inspection Staff. During the year eight samples were submitted for examination at the Public Health Laboratory and all were found to be satisfactory, both in cleanliness and degree of pasteurisation.

X-RAY OF KITCHEN STAFF

During 1964, 80 members of the school meals service kitchen staff were X-rayed at the Chest Clinic under the scheme whereby each applicant for a post in this service must be declared free from pulmonary infection radiographically before being appointed.

SCHOOL MEALS—REPORT

The following information about the School Meals Service has kindly been supplied by the School Meals Organizer.

"During the year school meals were supplied to the children and staff in the Borough of Newcastle-under-Lyme from the following kitchens:—

Knutton Central Kitchen Langdale C.P. School Bradwell C.P. School Seabridge C.S. School Bradwell C.S. School Silverdale C.P. School Bursley C.P. School St. Michael's C.E. V.C. Cherry Hill C.P. School School Crackley Bank C.P. School St. Wulstan's R.C. School Eagle & Child Annexe Blackfriars School Ellison Street C.P. School Four Grammar Schools Hempstalls C.P. School Four Nursery Schools

Red Street School kitchen and the Coppice kitchen opened January, 1965.

Figures given below show the daily average number of meals served each month throughout the year as compared with January, 1963 to December, 1963.

Month	1963	1964	Month	1963	1964
January	7,117	7,720	July	6,440	7,108
February	7,139	7,574	August	Holiday	Period
March	7,098	7,453	September	7,645	8,224
April	7,111	7,806	October	7,654	8,225
May	7,046	7,636	November	7,361	8,096
June	6,770	7,247	December	7,449	8,115

Holiday Feeding

Throughout the year arrangements for the provision of 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 reason for their absence, were denied meals the following holiday. In every case letters were sent to the parents of the children concerned explaining the reason why they could not have dinners.

Approximately 140 children applied for meals during each holiday period.

The holiday meals were supplied on rota from the following kitchens:—

Bradwell C.P. School Ellison Street C.P. School Bursley C.P. School Langdale C.P. School

Cherry Hill C.P. School St. Wulstan's R.C. School and distributed to various meals centres throughout the Borough.

Arrangements were made to open one meals centre in each of the following areas:—

Chesterton Knutton Newcastle

Maintenance of Equipment

All electrical equipment, e.g. mixing machines, potato peeling machines, gravity feed slicing machines, food preparing machines and extractor fans, was serviced three times during the year. All insulated food containers used for the transport of school meals were serviced twice during the year to ensure that there was a minimum amount of loss of heat during the time the meals were being transported from the various kitchens to the dining centres at the schools concerned.

A certain number of new rectangular insulated ovens and insulated one and three gallon circular containers were purchased towards the end of the year.

Nursery Schools

Cod liver oil was supplied to children only on the recommendation of the Medical Officer of Health. Orange juice was supplied daily to all children.

Blackfriars School

On the recommendation of the Medical Officer of Health, individual diets continued to be prepared and served to all the children requiring them—at least seven different types of meal are served each day.

Each child continues to have two one-third pint bottles of milk per day—during the winter months this is made into

a suitable hot drink, e.g., cocoa, Ovaltine.

Cod liver oil and orange juice are given when necessary.

Meals-on-Wheels Service

The meals continued to be prepared at Langdale C.P. School K.D.R. and distributed by members of the Women's Voluntary Service to those people requiring them throughout the Borough. During the holiday periods the meals were prepared at the kitchen open for holiday feeding.

All containers used were sterilized daily when they were returned to the kitchen. As from Monday, 13th July, 1964, a second W.V.S. delivery van came into operation, and the number of meals required daily rose to approximately a

hundred a day.

A "turkey" Christmas dinner was served to over two hundred people on the 17th December, 1964.

Clayton Hall Grammar School K.D.R.

The new kitchen at the above school commences producing meals at the beginning of February, 1964. Two dining rooms are in use, one operating the "family service method" and the other the "cafeteria method".

Eagle and Child Annexe K.D.R.

This kitchen remained open to produce meals for Chesterton C.S. Girls' School and the Crackley Bank C.P. School Annexe children.

Hygiene

As in previous years, visits were made to the kitchens and wash-ups by some of the Borough Council's Health Inspectors.

Specific undesirable features were dealt with as and when

money became available and the opportunity arose.

School meals staff continued to be medically examined and had a chest X-ray prior to their official appointment. It was still necessary for staff 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.

A full specimen meal was retained in the refrigerator at each kitchen every day and kept for twenty-four hours.

No reheated dishes were served and any left-over food was disposed of daily.

Dish cloths, teacloths, floor cloths and aprons were

boiled daily.

Uniform was laundered weekly and replaced whenever

necessary.

First aid supplies, cleaning materials and grease-proof paper were issued to the kitchens and schools at the beginning of each term.

Meetings and Courses

Meetings of Cook Supervisors and Cooks-in-Charge were arranged as and when necessary. Fourteen Cook Supervisors or Cooks-in-Charge attended a non-residential course

held at Rodbaston Farm Institute, Penkridge, Staffs.

Thirteen Cook Supervisors and seven Cooks-in-Charge attended a one-day conference held at Flash Ley C.P. School, Stafford, on Saturday, 17th October, 1964. The theme of the lecture in the morning was "Cheese in the School Meal" and in the afternoon "Cold Sweets".

G 97

Eight members of the School Meals Service attended City and Guilds classes at the North Staffordshire College of Technology and one Cook-in-Charge attended the City and Guilds Course at the Elms Technical College in Stoke.

All staff attending classes were successful in passing

the examinations.

The diet was planned and varied so as to secure nutritionally balanced meals according to the age of the children concerned.

The school meal provides a sound diet for growing children and takes into account the possibility of deficiencies in the child's home diet."

PHYSICAL EDUCATION

The Physical Education Organizer has kindly supplied the following report:—

"GENERAL SURVEY

The standard of physical education has been more than maintained over the past twelve months even though difficulty in staffing girls' departments has at times caused concern. The problem of staffing the Special Schools with specialist staff has been solved this year by appointing a man and a woman to serve both schools.

Clothing and plimsolls are still provided in the Secondary Modern and Primary Schools, though the cost of this service increases yearly and the question of adequate laundering raises many problems.

Disinfection of plimsolls, to combat foot infection, is

carried out at the end of each term.

Cleanliness of changing areas and shower units is of the highest standard possible. Swabbing out and disinfection is part of the daily routine.

The inspection and repair of apparatus has been extended to the Nursery Schools during this year. This will now be

carried out annually as in all other Departments.

FACILITIES

All the secondary departments now have the use of indoor facilities for physical education and, with the exception of two schools, they have special facilities for changing.

There is still a lack of showering facilities. Four Modern Schools still have no showers, but this should be partially rectified during 1965 when two of these schools will have new facilities.

All Junior departments now have indoor facilities for P.E. and all the Infants' Schools with the exception of one, which will be rectified during 1965.

Summary of Facilities

econdary		Gym/Halls			
Schools	Gyms	with fixed apparatus	Halls	Changing Rooms	Showers
13	5	5	3	11	9

Infant	Halls	Fixed	No Indoor
Schools		Equi p ment	Facilities
12	11	6	1
Junior	Halls	Fixed	Changing
Schools		Equipment	Facilities
18	18	13	9

All junior schools with suitable accommodation have now been equipped with fixed apparatus. Of the five schools without fixed apparatus, two use halls which are not the property of the L.E.A. and the other three use halls the fabric of which would not stand the stress of fixed apparatus. It is hoped, depending on the architect's report, to equip a further two infant halls during the coming year.

STAFFING

Primary

The semi-specialisation in physical education noted in some schools last year has continued. Members of staff with a knowledge of the subject are taking classes other than their own for P.E. This in the main has been an advantage.

Secondary

The ideal staffing position would have been	n as follow	/s:
Specialist Teachers (Diploma of Physical		
Education)	Men	14
	Women	14
Teachers with advanced training in P.E.	Men	5
	Women	5
Actual staffing position was:—		
Diploma of Physical Education	Men	10
	Women	8
Advanced Training	Men	4
	Women	4

The difference in staffing figures is made up by general teachers assisting in the teaching of physical education.

PLAYING FIELDS, GAMES AND ATHLETICS

There is still a marked lack of playing fields in the Borough but by the full use of all-weather areas at Porthill Playing Field and Bradwell School the position has been relieved a little. Two new fields have been opened—Clayton Hall Grammar School Phase 2 and Wolstanton C. of E.

The playing fields available, however, have been worked to and above their maximum loading, in catering for a wide variety of games and sports. Concern is felt about outside pressure in attempting to open these fields to general use. This could only have a serious effect on the Physical Education teaching done by the schools. It must be remembered that a playing field is a teaching space and not an area set aside for general recreation.

Inter-school games and matches have been continued, the Newcastle Schools Sports Association have entered representative teams in a wide variety of competitions. Two new sections have joined the Sports Council, namely the Girls' Games Association and the Basketball Association.

SWIMMING

Primary Schools

The teaching bath at Hempstalls School is now showing its full worth. Every child in the Borough in its last year in the Primary School has the opportunity of attending, only those producing doctors' certificates have been excluded. Some third year children also attend. The tuition is done by swimming instructors aided by members of staff.

This project has been most worthwhile as the results for the year have shown. The Water Proficiency Test shows that 88.4% of children attending this bath learned to swim during the past year and a further 197 have passed the Red Braid Award.

Secondary Schools

Attendances and Awards

Tea	lass ching idances	Swimming Club			Yellow Braid		Blue Braid	RLSS	ASA	Survival
Girls	40,114	4 4,829	505	323	132	95	408	87	33	113
Boys	52,078	8 5,132	403	224	77	54	457	241	13	146
								To the state of		13

CAMPING

Pupils attended camps at Cotwalton, Teddesley, Coven and Chasewater during the Summer Term, as follows:—

328 boys from 7 Departments

249 girls from 7 Departments

At these camps hiking, canoeing, sailing and rock

climbing were taught, as well as basic camp craft.

During the Autumn Term 34 boys and 31 girls attended Adventure Courses. These are only a small section of the children who applied, for the number of places available is comparatively small.

Schools continue to make use of camping equipment

on loan from the Education Office.

The Sailing Centre for Borough Schools established at Stanley Pool in 1962 had a most successful season last year. The camp was occupied every week-end from Whitsuntide to the end of October. Several schools also arranged full week camps at the site. A regatta was held by the Schools Sailing Association.

TEACHERS' REFRESHER COURSES

Teachers from the Borough attended various courses in Physical Education both locally and also at centres organised by outside bodies.

CONCLUSION

No report of this nature would be complete without a tribute to the number of teachers who willingly give of their own time to supervise children undertaking various physical activities. Without their unstinting help much of the physical education programme would be curtailed."

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools). Year ended 31st December, 1964.

TABLE I.

PART A—PERIODIC MEDICAL INSPECTIONS

			Physical Condition	of Pupils Inspected
Age Groups Inspected (By year of Birth) (1)		No. of	Satisfactory	Unsatisfactory
		Pupils Inspected (2)	No. (3)	No. (4)
1960 and later		10	10	_
1959 .		228	228	J1001 -001 1
1958 .		989	989	-
1957 .		575	573	2
1956		122	121	1
1955		606	605	1
1954		572	572	
1953		142	141	1
1952		125	125	
1951	1000	51	51	_
1950		1,103	1,102	1
1949 and earlier		241	241	Here I was
TOTAL		4,764	4,758	6

Column (3) total as a percentage of Column (2)=99.87% Column (4) total as a percentage of Column (2)= 0.13%

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 Table II	Total Individual Pupils	
1960 and later			3000 <u>3</u> 000 3		
1959			14	14	
1958		3	54	57	
1957		2	24	26	
1956		2	17	19	
1955		12	49	61	
1954		33	54	87	
1953		5	49 54 25 22	30	
1952		4	22	26	
1951		4	5	9	
1950		69	56	125	
1949 and earlier		23	12	35	
TOTAL		157	332	489	

PART C-OTHER INSPECTIONS

Number of Special Inspections	 	 	 	 219
Number of Re-Inspections				
				-
Total	 	 	 	 724

PART D-INFESTATION WITH VERMIN

School Nurses or other authorised persons	47,227 examinations
Total number of individual pupils found to be infested	948
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944)	593
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act 1944)	50

TABLE II.

Return of Defects found by Medical Inspection during the year ended 31st December, 1964 PART A—PERIODIC INSPECTIONS

			ENTRANTS	ANTS	LEAVERS	VERS	Оть	OTHERS	To	TOTAL
Code No.	Defect or Disease	R	Requiring Treat- ment	Requiring Observa- tion	Requiring Treat- ment	Requiring Observa- tion	Requiring Treat- ment	Requiring Observa- tion	Requiring Treat- ment	Requiring Observa- tion
4 4	Skin		-	54	10	97	13	18	24	232
0	::		es (c)	27	064	308	45	115	157	450
9	:		4	20	_	81	-	21	9	59
	a) Hearing		971	53		25.	N40	35	21-	693
7	::		22	388	10	136	217	299	53	823
% 0	Speech Lymphatic Glands		4-	23	12	r 0	s -	36	0.4	105
91	: : :		4 4	221	00	54	25	968	12.	186
7	ment—		,	C						
	(a) Hernia (b) Other		750	118	- 8	52	21	122	31.0	292
13	edic—		-	34		198	14	140	17	27.
	Feet		15	127	4	112	31	129	09	368
,	Other		9	40	6	73	10	89	61	181
<u>+</u>	Epilepsy		1	2	-	00 ;	2	7	2	18
4			1	70	1	23	4	09	4	153
2	(a) Development		1	18	-	4	-	16	2	38
	(b) Stability		1	193	1	143	-	187	2	523
91	Abdomen		1,	25	10	133	- 4	131	- 0	320
//	Other ranno		7	11		771	+	171	0	076

PART B—SPECIAL INSPECTIONS

Defect Code			, SPECIAL INSPECTIONS					
No.	Defect or Disease		Pupils requiring Treatment	Pupils requiring Observation				
4 5	Skin			12				
5	Eyes—(a) Vision		5	_				
	(b) Squint		1	11				
	(c) Other		1	_				
6	Ears—(a) Hearing		_	_				
	(b) Otitis Media		-	4				
	(c) Other			2				
7 8 9	Nose and Throat		2	4 2 37 10 7				
8	Speech		7	10				
	Lymphatic Glands		1	7				
10	Heart		1	17				
11	Lungs		15	25				
12	Development-			200000				
	(a) Hernia		_	1				
	(b) Other		_	7				
13	Orthopaedic-							
	(a) Posture		2	12				
	(b) Feet		2 5 5	14				
	(c) Other		5	15				
14	Nervous System—	1000						
	(a) Epilepsy		-	3				
100	(b) Other		4	12				
15	Psychological—							
	(a) Development		1	25				
000	(b) Stability			26				
16	Abdomen		-	3				
17	Other		1	16				

TABLE III.

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery Schools)

Part A-Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint Errors of refraction (including squint)	112 861
Total	973
Number of pupils for whom spectacles were prescribed	116

Part B-Diseases and Defects of Ear, Nose & Throat

				or la	Number of cases known to have been dealt with
Received operative treatmen					20
(a) for diseases of the	ear				28
(b) for adenoids and ch	ronic tonsillitis				270
(c) for other nose and	throat condition	15			18
Received other forms of trea					246
	Total				562
Total number of pupils in s been provided wi	chools who are	kno	wn to	have	Drugos A
(a) in 1964					1
(b) in previous years					6

Part C-Orthopaedic and Postural Defects

		Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments (b) Pupils treated at school for postural defects	::	34 96
Total		130

Part D-Diseases of the Skin

(Excluding uncleanliness, for which see Part D of Table I)

						Number of cases known to have been treated
	Scalp	 				
	Body	 		2.0	111	 3
Scabies		 				 2
Impetigo		 				 43
Other skin disea	ases	 				 2,775
			Total			 2,823

Part E-Child Guidance Treatment

		Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	 	 5

Part F-Speech Therapy

		Number of cases known to have been treated
Pupils treated by Speech Therapists	 	105

Part G-Other Treatment Given

					Number of cases known to have been dealt with
a) Pupils with minor ailments b) Pupils who received convalesce	ot treatm	ent u	nder S	lood	2,368
Health Service arrangement	s		inder se		6
c) Pupils who received B.C.G. va					_
d) Other than (a), (b) and (c) abo Respiratory	ve	::			3
Injuries					689
	Total				3,066

TABLE IV

Dental Inspection and Treatment carried out by the Authority during 1964

1.	Numbe	er of pupils inspected	d by th	e Autho	ority's	Dental	Office	rs		
	(a)	At Periodic Inspec	ctions							196
	(b)	As Specials								-
						Tota	1 (1)			196
2.	Numbe	er found to require t	reatme	ent						131
3.		er offered treatment								131
4.	Numbe	r actually treated								104
5.		or of attendances morded at 11 (h)	ade by	y pupils	for	treatme	nt incl	uding t	hose	143
6.	Half da	nys devoted to:-								
		Periodic (School)	Inspect	tion						2
	(b)	Treatment								13
						Tota	1 (6)			15
7.	Fillings	:					0.00			
	(a)	Permanent Teeth								19
	(b)	Temporary Teeth								6
10		A DESCRIPTION OF THE PERSON OF				Tota	1 (7)			25
8	Numbe	r of Teeth Filled:-								
٠.	(a)	Permanent Teeth								14
		Temporary Teeth								6
	(0)	,		7.7		Total	1 (0)			
						Tota	1 (8)			20
9.	Extract	ions:—								
	(a)	Permanent Teeth								8
	(b)	Temporary Teeth								28
						Total	1 (9)			36
0.	Admini	stration of general a	naesth	etics for	r extra	action				8
1.	Orthode	ontics:								
		Cases commenced	during	the year	ar					-
	(b)	Cases carried forw	ard fro	m prev	ious y	ear				_
	(c)	Cases completed d	uring t	the year						_
	(d)	Cases discontinued	durin	g the ye	ear					-
	(e)	Pupils treated with	applia	ances						
	(f)	Removable appliar	nces fit	ted						-
	(g)	Fixed appliances fi	tted							-
	(h)	Total attendances								_
2.	Number	r of pupils supplied	with a	rtificial	teeth					-
3.	Other o	perations:-								
	(a)	Permanent Teeth								-
	(b)	Temporary Teeth								-
						Total	(13)			-

TABLE V
Staff of the School Health Service

	Number of Officers	Office.	in terms or rs employe ol Health		
*(a) Medical Officers (including the Principal School Medical Officer):— (i) Whole-time School Health Service (ii) Whole-time School Health and Local Health Services (iii) General practitioners working part-time in the School Health Service (b) Physiotherapists, Speech Therapists, etc. (Specify):— Physiotherapists Ophthalmologist Audiometrician	2 1 1 1 1 16				
Health Visitor's Certificate	16				
		employed on lary basis			
(d) Dental Staff:—	Number of Officers	Nos. in terms of full-time Officers em- ployed in the School Den- tal Service	Number of Officers	Nos, in terms of full-time Officers em- ployed in the School Den- tal Service	
(i) Principal School Dental Officer (ii) Dental Officers (iii) Orthodontists (if not already included in (d) (i) or (d) (ii) above)	=			0.27	
(iv) Dental Surgery Assistants (v) Other Staff (specify):— Dental Anaesthetist			1	0.36	

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

TABLE VI

- (a) 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 . . 11 (including one Mobile Dental Clinic)

 (b) 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.

		Number of School Clinics (i.e. premises) where such treatment is provided				
Examination and/or treatment	Directly by the Authority	Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals				
Minor Ailment and other non-speciali	st					
avamination or treatment	. 9	_				
Dental	. 2	_				
mhthalmia	. 1	_				
or Nose and Throat		_				
hethomandia .						
andiatric		_				
neach Therany	. 1	_				
hysiotherany	. 2					
let hont is						
nn Day (IIVI)		_				
hiropody	2					
haumatiem & Heart						
at home		_				
emedial Evereises	. 2					
Laggination & Immunication						
addiology						

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

				0							
During the calendar year ended 31st December 1964, how many handi- capped pupils—	(1) Blind (2) Partic	(1) Blind (2) Partially sighted	(3) Deaf (4) Partia	(3) Deaf (4) Partially hearing	(5) Physical capped (6) Delicate	(5) Physically handicapped (6) Delicate	(7) Maladjusted (8) E.S.N.	justed	(9) Epileptic (10) Speech Defects	otic h Defects	Total
	(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)
were newly assessed as needing special educational treatment	. 1	1	2	-	7	9	1	25	1	1	41 Day
at special schools or in boarding homes	1	1	1	-	1	-		-	1	1	2 Res.
newly placed in special schools (other than hospital special	1	1	2	-	.6	80		1	1		11 Day
schools) or boarding homes (ii) children assessed	ı	1	1	-	1	-	1	1	1	1	1 Res.
ny newly pl pecial Scho han hosp	ı	1	1	1	-	-1	1	1	1	1	1 Day
special schools) or boarding homes	1	1	1	1	1	1	1	3	1	1	3 Res.
and her						,	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	5			constant in
(a) Day (b) Boarding (b) Boarding (ii) included at (i) had not reached the age of 5 and were awaiting	11	11	11	11	4-	7	р Г	7	11	14	\$=
(a) Day places (b) Boarding	11	11	11	11	11	11	11	11	11	11	11
				-				-			

TABLE VII—continued

Total	(11)	717	25	47	-	п	1
tic 1 Defects	(10)	11	1	1	11	1	1
(9) Epileptic (10) Speech Defects	(6)	11	1	1	11	ı	1
justed	(8)	1-	1:	4	1-	-	1
(7) Maladjusted (8) E.S.N.	(7)	11	1	m	11	1	1
(5) Physically handicapped (6) Delicate	(9)	2	38	2	11	-	1
(5) Physicall capped (6) Delicate	(5)	1-	33	_	11	1	1
l hearing	(4)	11	-	1	11	-1	-
(3) Deaf (4) Partial hearing	(3)		7	2		1	1
(1) Blind (2) Partially sighted	(2)	11	1	_	11	1	1
(1) Blind (2) Partia	(3)	11	1	-	11	1	1
During the calendar year ended 31st December 1964, how many handi- capped pupils—		C. (iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, were awaiting (a) Day places (b) Boarding places	D. (i) were on the registers of (1) Maintained special schools as (a) Day pupils	(b) Boarding pupils (2) Non-maintained schools as	(a) Day pupils (b) Boarding pupils (ii) were on the reg-	schools under arrange- ments made by the Authority (iii) were boarded in homes and not already	(ii) above

TABLE VII—continued

Total	(11)	110
tic r Defects	(10)	111
(9) Epileptic (10) Speech Defects	(6)	111
justed	(8)	110
(7) Maladjusted (8) E.S.N.	(2)	111
(5) Physically handi- capped (6) Delicate	(9)	114
(5) Physicall, capped (6) Delicate	(5)	- 111
l hearing	(4)	111
(3) Deaf (4) Partial hearing	(3)	111
(1) Blind (2) Partially sighted	(2)	111
(1) Blind (2) Partia	(1)	0 111
During the calendar year ended 31st December 1964, how many handi- capped pupils—		E. On or about 21st Jan., 1965, how many handicapped pupils (irrespective of the areas to which they belong) were being e d u c a t e d u n d e r arrangements made by the Authority in accordance with Sect. 56 of the Education Act, 1944 (i) in hospitals (ii) at home

CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL

During the calendar year ended 31st December, 1964

(i) Number of children who were the subject of new decisions recorded under Section 57(4) of the Education Act, 1944

(ii) Number of case reviews carried out under the provision of 57(A) of the Education Act, 1944

(iii) Number of decisions cancelled under Section 57A(2) of the Education Act, 1944