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STAFFORDSHIRE COUNTY COUNCIL

The 64th
ANNUAL REPORT

OF THE

County Principal
School Medical Officer

For the year 1971






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ANNUAL REPORT OF THE COUNTY PRINCIPAL SCHOOL MEDICAL OFFICER FOR 1961

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ANNUAL REPORT OF THE COUNTY PRINCIPAL SCHOOL MEDICAL OFFICER FOR 1971

FOREWORD

The principal feature concerning the School Health Service during the year was the transfer of the former Junior Training Centres for severely mentally subnormal children from the control of the Health Committee to that of the Education Committee. Thus they became special schools and this caused the increase shown in the number of handicapped pupils (table 45) and the provisions for them. In fact the same premises were used; all being recently-built units of high standard.

One of the reasons for the transfer was the resentment felt by parents when one or more of their children was removed from the school system having been declared unsuitable for education at school. The effect of the transfer of the pupils (formerly called trainees) cannot be measured until a school generation has passed through to school leaving age. Then it may be possible to compare the number of trainees capable of maintaining themselves in the community with those of former years. However, with the tendency to treat people as much as possible in their homes there can be no straight comparison. Certainly there should be no deleterious effect, yet on the other hand it is not certain that an improvement will be noted. For many years trainees who were judged capable of benefiting from more academic training were taught by teachers from the Education Department who visited the Centres for this purpose. Thus, the possibility of improvement depends upon other factors. For instance, can the new generation teachers benefit the pupils on the next lower echelon of intelligence? The theoretical possibility that a great concentration of training will bring into use nerve centres which would otherwise have remained dormant has been given prominence recently.

Another aspect of the change is that the service will be more expensive, for the new generation of qualified teachers of handicapped children now have the longer three year teacher training. However, as indicated in the preceding paragraph, the permanent value of more specialised education has yet to be established for those who are severely subnormal.

The main services continued their work without notable change. However, it is satisfying to be able to draw attention to the improvement in the staffing in the speech therapy section though all the sections were far from providing a full service.

The increase in dental work, particularly conservation work in permanent teeth, was very welcome, though the increased number of dentures made was a comment on the dental health of the pupils. It must constantly be borne in mind that the need for treatment should be secondary to the prevention of decay and it is becoming tedious to repeat that about half of this is easily preventable without any disadvantages to the rest of the community by fluoridation. Because of an organised and vocal opposition by a minority who believe (in spite of the facts) that fluoridation is damaging to the public, the vast majority who wish decay to be prevented by this effective method are put to the trouble of using pills and pastes. Why is the majority wish not carried out and the opposing minority required to remove it themselves from the water, which is easily done at a trifling cost? As is happening in other spheres nowadays, the majority suffers silently because of the clamourings of a small minority.

The year under consideration was the first full year of the operation of rubella (German measles) immunisation. This excellent scheme is intended to protect young women against contracting rubella during pregnancy at which time the effect on the developing child can be disastrous, leading to deformities. Vaccination is at present being offered to girls of 13 years of age and four and a half thousand girls received the vaccine.

It has rightly been said that if the knowledge about health and its maintenance now known could be fully used there would be a dramatic improvement in the health of the public and this emphasises the great importance of health education. This is the only means of improving the habits of the public to their own benefit and the very best time to do this is at school age. The impressive achievements in this direction by the Health Education Section during the year are very much welcomed. Particularly notable is the link with the Madeley College of Education described on page 54. The success of the section in talking to parent-teacher associations is also important for so much progress in health education in schools is negated by practices in the home.

During the year a regulation was issued limiting the issue of free milk by the Authority to all pupils under seven and those between the ages of 7 and 11 years old who showed a medical need for extra nutrition. Such children were found by asking

school nurses in conjunction with the teachers to bring for medical examination any child who was not obviously full of energy and health. These children were medically examined and most of them allowed free milk.

The subject aroused much ill-formed controversy, for a minority—again vocal—would not recognise the established fact that the plump, not the thin, child is the worse off. Indeed malnutrition must be gross to have any effect other than increasing the expectation of life of the child.

In 1934, the then Board of Education required the nutrition of children to be classified into groups of excellent, normal, slightly subnormal and bad nutrition and this was continued until 1947. The percentage of children found within the latter category fell to 0.3 and even with this small number doubt existed whether poor nutrition was the only factor. From 1956 two general groups of satisfactory and unsatisfactory have been used but concern now is about the number of fat children.

In the recent discussions and reports on the future of the Health Service, the word 'monitoring' appears with fashionable frequency. Whether it is required within the clinical field or the general organisation of the hospital or general practitioner fields can be debated, but within the local government health services, including the school health service, monitoring was the original conception of the service and yearly the efficiency and new needs were reviewed in surveying the annual statistics. The criticism of achievements and shortcomings by the Ministry and the County Council Committees has resulted in better progress than would have otherwise been possible.

At longer intervals—usually prompted by a retirement—comment is made over a large number of years and besides its intrinsic interest some remarks emerge which may have a value. Somewhat to my surprise I find myself in the same position of retiring in 1972 as were my two predecessors, Dr. Carruthers in 1946 and Dr. Reid in 1922.

The Act which initiated the school medical inspection service was passed in 1907, which happened to be the year of my birth. The latter is far from being an important matter in itself, but aptly indicates that the changes have occurred within the life span of one individual—or more accurately within the work span.

The picture which can be deduced from the first annual report was of a relatively small school population showing a high incidence of abnormalities, unclean and verminous, accommodated in inadequate and insanitary buildings. Places for 38,000 children were provided at 93 schools. In the first annual report the first item dealt with the sanitary condition of the schools. The second heading referred to the organisation of the inspection service and the third, which is the first reference to the pupils, was headed 'Weighing and measuring'.

Dr. Reid wrote "it would have been most convenient to have a machine in each school, but the expense would have been very considerable—£600—£700". Instead of this "very considerable" expense (about half the cost of one child at a special school for a year nowadays), the attendance officers used a portable suspendable machine with a hook and when a school was completed, the machine was passed to the next attendance officer, of whom there were 25. The machine and height rule "all packed into a case strapped to the horizontal bar of a man's bicycle. Total weight 14 lbs. and cost £4. 9s. 0d."

Of the total of children examined 16.5% "were so ailing as to need medical or other assistance urgently. I say urgently advisedly. Nothing would so soon have brought ridicule on medical inspection as the wholesale notification of trifling pathological conditions. It was necessary to draw the line somewhere and we drew it so high up that many cases possible deserving of treatment may have been passed over for this year. Thus dental caries calling for treatment was exceedingly prevalent. To tell half the children of a village to go to a dentist, who as yet is not there, would have been futile or worse. Only the very bad cases were notified, where, possibly, extraction might do good."

16% of children were classified as of subnormal nutrition and bad nutrition and in one school only 10% of the children had stockings which were "whole or mendable" while 90% had merely "bits of stocking legs".

These conditions represented the worst schools and children and often an exaggerated picture is painted of conditions at that period. Nevertheless, one could not today find a single school with conditions even approaching the factors mentioned.

The story of the gradual development of the school health service to its present sophisticated state is well known—instead of noting gross defects as much as 12 months' attendance at a special diagnostic centre may be needed to ensure a diagnosis!

Some of these developments have taken place during my term of office, such as the development of special schools, the introduction of speech therapy, audiometric work, mobile dental units, selective medical examination, chiropody and health education.

Reminiscing may be a gratifying occupation for the individual but is profitless unless related to the future. The rate of improvement in any service inevitably slows down as time passes, but it must continue to move forward if only to maintain the present service. New staff will not join a waning service.

There are clouds on the administrative horizon at the time of writing. Although the new Area Boards will be responsible for providing the school health service, the detail of how it shall be done and what order of priority it will receive (e.g. in times of staff shortages) remains to be settled.

Experience within every education authority in the country has shown that in a high proportion of families parents do not ensure that their children are examined to see if they have defects, or even remedy them when they are pointed out. Although it has changed its emphasis the school health service is an essential preventive service which makes a handsome return by the increased fitness of children and in enabling them to make the best use of their faculties.

If its future depended upon the present staff and elected representatives there would be no cause for disquiet for their enthusiasms and steady work have created the present scheme. It has been a privilege to play a part in this development and I shall carry away thoughts of gratitude to the staff and committee and pleasant recollections of friendly contacts over many years.

G. RAMAGE,

County Principal School Medical Officer.

School Health Service,
1 Mount Street,
STAFFORD.

SCHOOL HEALTH SERVICE STAFF, 1971

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 County Principal School Medical Officer

H. H. JOHN, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.C.H., D.Obst.,
R.C.O.G., 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.

Senior Medical Officer

H. E. WILSON, M.B., Ch.B., D.O., D.P.H. (M.O.H. Leek U.D. and R.D.)
(Part-time Ophthalmic Specialist).

MEDICAL OFFICERS IN DEPARTMENTS

Whole-Time Staff

AGNES W. E. BLACK, M.B., B.Ch., B.A.O., D.P.H. (Senior Clinical Medical Officer)

CYNTHIA J. BLADON, M.B., Ch.B., D.P.H.

PEARL I. BLENCH, L.R.C.P., L.R.C.S., L.R.F.P.S. (Senior Clinical Medical Officer)

BESSIE W. GOODWILL, M.B., Ch.B., M.R.C.S., L.R.C.P. (Senior Clinical Medical Officer)

HAZEL R. MEACOCK, M.B., Ch.B., D.C.H., D.P.H. (Senior Clinical Medical Officer)

DIANE F. MILLAR, M.B., Ch.B. (Appointed 19/7/71).

R. WHARTON, M.B., Ch.B. (Senior Clinical Medical Officer)

HENRIETTA M. WILSON, B.A., M.B., B.Chir. (Senior Clinical Medical Officer)

Whole-Time Staff holding Joint Appointments

- C. M. DAVID M.B. Ch.B. D.P.H. (M.O.H. Tamworth M.B. and Temp. M.O.H. Uttoxeter Urban and Rural Districts).
- 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.) (Resigned 31/5/71).
- A. G. THOMSON, M.B., Ch.B., D.P.H. (M.O.H. Cannock R.D. and Stafford R.D.)

Part-time Staff

- M. ALLAN, M.B., Ch.B., D.P.H.
- MARGARET BAMBER, M.B., B.Ch., B.A.O., D.P.H.
- PATRICIA E. BASS, L.R.C.P., L.R.C.S., D.Obst. R.C.O.G.
- A. H. CHESHIRE, M.B., B.S., M.R.C.S., L.R.C.P.
- ISOBEL B. CRAIGHEAD, M.B., Ch.B., D.P.H. (Joint R.H.B. appointment).
- E. P. DABROWICKI, M.B. Ch.B.
- ANNIE A. GAMBLE, M.D., B.Ch. B.A.O. D.P.H.
- DOROTHY J. HEATHCOTE M.R.C.S. L.R.C.P. (Appointed 12/11/71).
- ROSE MACAULIFFE, M.B., B.Ch., B.A.O.
- HELEN MOSS, M.B., Ch.B.
- T. R. O'DEMPSEY, M.B., B.Ch., B.A.O.
- MARGARET OSBOURNE, M.B., Ch.B.
- ELEANOR M. PRENDIVILLE, L.R.C.P.I., L.R.C.S.I., L.M., D.P.H.
- ZOE RICHARDSON, M.B., B.Ch., B.A.O.
- E. SMITH, M.B., B.Ch.
- PATRICIA V. TYLER, M.B., Ch.B.
- K. WATWOOD, M.B., Ch.B., L.R.C.P., L.R.C.S.
- LUCY M. WILKIN, M.B., B.Ch., B.A.O.
- CHRISTINE H. WILLCOX, M.B., B.S., M.R.C.S., L.R.C.P.

County Principal School Dental Officer

W. McKAY, L.D.S. R.C.S. (Edin.)

Area Dental Officers

A. G. BAKER, L.D.S. (Appointed 2/8/71).

A. J. DOYLE, B.D.S. (Appointed 27/9/71)

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

M. WOOD, B.D.S., (Appointed 2/8/71)

Senior Dental Officers

A. G. BAKER, L.D.S. (To 1/8/71)

A. P. WHITE, B.D.S. (Appointed 1/11/71)

Dental Officers (Whole-Time)

CAROLE HICKS, B.D.S. (Resigned 30/9/71)

H. D. LUNN, B.D.S. (Appointed 1/1/71)

S. NEWALL, L.D.S.

J. W. PRICE, M.B., Ch.B., L.D.S.

M. WOOD, B.D.S. (To 1/8/71)

Consultant in Oral Surgery (Part-Time)

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

Consultant in Children's Dentistry (Part-Time)

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

Dental Anaesthetists (Part-time)

G. ISABLE VILLIERS M.B. B.Ch., B.A.O. (Dental Anaesthetist) (Resigned 30/9/71).

CATHERINE WOODYARD, M.B., Ch.B., D.A. (Appointed 1/2/71).

Dental Officers (Part-Time)

F. L. ATKINS, B.D.S.

B. M. GRIFFITHS, B.D.S.

CHARLOTTE E. HUGHES, L.D.S. (Resigned 30/6/71)

L. F. KELLY, L.D.S. (Resigned 31/8/71)

MADELEINE C. MERCER, B.D.S.

R. W. MILLS, B.D.S.

D. W. PRICE, L.D.S.

LESLEY E. M. SALISBURY, B.D.S.

D. S. SCHNEIDER, B.D.S.

W. H. WALTERS, L.D.S.

Dental Auxiliaries (Whole-Time)

MISS E. E. BURBURY

MISS J. C. MORRALL

Dental Hygienist

MRS. A. P. JONES (Part-time) (Resigned 11/2/71)

Supervisor of Dental Surgery Assistants

MRS. N. J. CUMBERLIDGE

Specialists

OPHTHALMIC SPECIALISTS (PART-TIME):

A. N. CAMERON, F.R.C.S.

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

CHARMIAN H. LONGMORE, M.B., Ch.B., M.R.C.S., L.R.C.P.,
D.O.M.S.

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

B. M. McOWAN, M.B., B.S., M.R.C.S., L.R.C.P., D.O. (Ldn.)

B. U. KILLEN, M.B., B.C.H., B.O.A., D.O. (Appointed 14/7/71)

ORTHOPAEDIC SPECIALISTS (PART-TIME):

M. H. M. HARRISON, Ch.M., M.B., Ch.B., F.R.C.S.

E.N.T. SPECIALIST (PART-TIME):

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:

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

CONSULTANT PSYCHIATRIST (PART-TIME):

*KATHLEEN KEANE, M.B., Ch.B., D.C.H., D.R.C.O.G., D.P.M., D.P.H.

SENIOR EDUCATIONAL PSYCHOLOGIST:

MRS. P. E. BRAIN, M.A., D.C.P.

EDUCATIONAL PSYCHOLOGISTS:

D. COOKSON, B.A., Dip. Psych.

MRS. M. I. CHRISTINE SHEPHERD, B.A.

PSYCHOTHERAPIST (PART-TIME):

Y. LEJEUNE, B.A., Ph.D. (Rand)

* Attends a County Clinic as Regional Hospital Board Officer.

PSYCHIATRIC SOCIAL WORKERS:

MRS. M. B. DENTON, Dip. Soc. Studies
MRS. B. J. PARKER, C.S.W. (Appointed 9/12/71)

PSYCHIATRIC SOCIAL WORKERS (PART-TIME):

MRS. S. COOKE, B.A., A.A.P.S.W.
MRS. J. M. GIBBS, B.A. (Hon. Soc.)
MRS. E. GLASS, A.A.P.S.W.
MRS. A. M. LICHTAROWICZ, DipSoc.Admin., Dip.App. Soc. Studies
(Appointed 15/11/71)

AUDIOMETRICIANS:

MRS. E. GOODWIN, S.R.N. Part-time
MRS. M. MOSS

HEALTH VISITOR TO THE DEAF AND PARTIALLY HEARING CHILDREN:

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

PERIPATETIC TEACHERS OF CHILDREN WITH HEARING DEFECTS:

MISS M. KENNERLY
T. LONSBROUGH (Senior Teacher)
MRS. E. LOVERIDGE

VISION TESTING SURVEY:

MRS. E. HORTON, S.R.N. (Retired 31/12/71)

HEALTH EDUCATION OFFICER:

M. J. HEAD, Dip.Phy.Ed.

Medical Auxiliaries

PHYSIOTHERAPISTS (Part-time):

MRS. M. LEWIS, M.C.S.P.
MRS. G. E. MALLETT, M.C.S.P.
MRS. A. C. MARKER, M.C.S.P. (Resigned 1/8/71)

SENIOR SPEECH THERAPIST:

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

SPEECH THERAPISTS:

MRS. S. R. ALLEN, L.C.S.T., Part-time (Appointed 8/9/71)
MRS. S. ANDERSON, L.C.S.T.
MRS. R. A. CARLTON, L.C.S.T., Part-time (Appointed 6/1/71)
MRS. B. J. COOPER, L.C.S.T., Part-time
MRS. M. C. DOBSON L.C.S.T. (Appointed 4/10/71)
MRS. A. E. M. DONOHUE, L.C.S.T.
MRS. S. RUMBLE, L.C.S.T. Part-time (Appointed 6/9/71)
MRS. P. A. VALENTINI, L.C.S.T. Part-time
MRS. E. WILLIAMS, L.C.S.T. Part-time (Appointed 20/9/71)

SUMMARY OF (ASSISTANT) STAFF

<i>Staff</i>	<i>Establishment</i>	<i>No. Employed on 31/12/71</i>	<i>Equivalent in terms of Whole-time Staff</i>
School Medical Officers	15.5	27	10.13
Ophthalmic Specialists	—	7	1.30
E.N.T. Specialists	0.2	1	0.2
Orthopaedic Specialists	0.07	1	0.023
P.S.W's.	7	6	4.1
Audiometricians	1.4	2	1.4
Physiotherapists	4.7	2	1.1
Speech Therapists	6	10	5.35
School Nurses	29.50	103	23.7
Clinic Nurses	—	18	3.3
Vision Testing Survey Nurse	1	1	1
School Dental Officers	21	19	12.9
Anaesthetists (Dental)	—	1	0.1
Dental Auxiliaries	14	2	2.0
Dental Surgery Assistants	34	26	21.1
Clerks	19.4	20	19.4
Chiropodists	5.6	22	4.4

GENERAL INFORMATION

	<i>Urban Areas</i>	<i>Rural Areas</i>	<i>Admin. County</i>
Estimated civilian population of Administrative County (mid-1971) ..	440,610	300,730	741,340
Acreage	72,761	584,439	657,200
Density of population per acre	6.01	0.55	1.13
Mean area per person in acres	0.17	1.94	0.88

1. Number of pupils on roll in the Administrative County (excluding Newcastle and Aldridge-Brownhills) ..	101,973
2. School Population of Newcastle Excepted District ..	15,064
3. School Population Aldridge-Brownhills Excepted District ..	18,255
4. Number of schools and departments in the County (excluding Aldridge-Brownhills and Newcastle):—	
Nursery Schools	8
Primary Schools	346
County Secondary Modern Schools	31
County Secondary Grammar and High Schools	8
County Comprehensive Schools	23
Special Schools	13*
Hospital Special School	1
Total	430

* Includes The Mount School which is jointly maintained by Staffordshire and the City of Stoke-on-Trent.

Annual Report for 1971

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)	Number Examined	
1967 and later	339	Entrants (9,244)
1966	3,678	
1965	5,227	
1964	750	
1963	195	2nd Age Group (1,394)
1962	112	
1961	211	
1960	507	
1959	887	
1958	337	3rd Age Group (6,281)
1957	1,571	
1956 and earlier	4,710	
Total	18,524	

B. Number of Other Inspections:

Special Inspections	177
No. of Re-inspections	15,651
Total	15,828

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 in the autumn and spring terms.

"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).

<i>Age groups Inspected by year of birth</i>	<i>For defective vision (excl. Squint)</i>	<i>For any other conditions</i>	<i>Total of Individual Pupils</i>
1967 and later	8	45	33
1966	128	593	638
1965	234	966	983
1964	31	156	161
1963	37	63	74
1962	30	32	57
1961	53	51	92
1960	108	129	194
1959	129	125	219
1958	46	48	79
1957	176	189	331
1956 and earlier	664	572	1,097
Totals	1,644	2,969	3,958

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

Defect Code No.	Defect or Disease	Periodic Inspections			
		Entrants	Leavers	Others	Total
4	Skin	T 132	110	62	314
		O 124	78	52	254
5	Eyes—(a) Vision	T 177	718	306	1,201
		O 397	268	142	807
	(b) Squint	T 125	25	40	190
		O 81	29	13	123
	(c) Other	T 16	12	4	32
		O 17	20	10	47
6	Ears—(a) Hearing	T 81	29	28	138
		O 270	42	68	380
	(b) Otitis Media	T 40	10	8	58
		O 531	29	23	583
	(c) Other	T 11	10	5	26
		O 45	9	7	61
7	Nose and Throat	T 198	73	42	313
		O 597	88	113	798
8	Speech	T 54	9	12	75
		O 177	15	39	231
9	Lymphatic Glands	T 27	30	25	82
		O 124	14	17	155
10	Heart.. .. .	T 25	14	9	48
		O 94	29	28	151
11	Lungs	T 99	54	50	203
		O 156	63	26	245
12	Development—(a) Hernia.. .. .	T 12	3	—	15
		O 39	2	2	43
	(b) Other	T 11	5	5	21
		O 134	7	23	164
13	Orthopaedic—(a) Posture	T 7	15	5	27
		O 55	27	8	90
	(b) Feet	T 60	48	21	129
		O 332	56	77	465
	(c) Other	T 30	26	23	79
		O 85	39	22	146
14	Nervous System—(a) Epilepsy	T 22	17	9	48
		O 20	5	11	36
	(b) Other	T 13	5	4	22
		O 82	13	8	103
15	Psychological—(a) Development	T 10	12	18	40
		O 67	16	40	123
	(b) Stability	T 10	5	2	17
		O 113	12	26	151
16	Abdomen	T 15	10	4	29
		O 53	22	8	83
17	Other.. .. .	T 17	21	29	67
		O 269	42	74	385
TOTAL NO. OF DEFECTS REQUIRING TREATMENT		1,192	1,261	711	3,164
TOTAL NO. OF DEFECTS TO BE KEPT UNDER OBSERVATION		3,862	925	837	5,624
TOTAL DEFECTS		5,054	2,186	1,548	8,788

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

					SPECIAL INSPECTIONS	
<i>Defect or Disease</i>					<i>Defects requiring Treatment</i>	<i>Defects requiring Observation</i>
Skin					1	4
Eyes—(a) Vision					—	10
(b) Squint					—	2
(c) Other					—	1
Ears—(a) Hearing					—	1
(b) Otitis Media					—	8
(c) Other					—	1
Nose and Throat					—	18
Speech					—	—
Lymphatic Glands					—	1
Heart					—	3
Lungs					1	4
Development—						
(a) Hernia					—	—
(b) Other					—	3
Orthopaedic—						
(a) Posture					—	2
(b) Feet					—	3
(c) Other					—	3
Nervous System—						
(a) Epilepsy					—	1
(b) Other					—	—
Psychological—						
(a) Development					—	4
(b) Stability					—	4
Abdomen					—	1
Other					—	2
TOTALS					2	76

Table 3. Parents attending Periodic Medical Inspections

<i>Age Groups Inspected</i>				<i>No. of Pupils Examined</i>	<i>No. of Parents Attended</i>	<i>% of Parents who attended</i>
Entrants	{ 1967 and later			339	321	94.7
	1966			3,678	3,388	92.1
	1965			3,227	4,826	92.3
	1964			750	595	79.3
	1963			195	130	66.6
	1962			112	69	61.6
	1961			211	109	51.7
2nd Age Group	{ 1960			507	295	58.2
	1959			887	465	52.4
	1958			337	155	45.9
3rd Age Group	{ 1957			1,571	263	16.7
	1956 and earlier			4,710	685	14.3
TOTALS				18,524	11,301	60.5

The number of children examined fell by 4,088 and 1,340 fewer parents attended. The percentage of parents attending however increased from 55.9% in 1970 to 60.5% in 1971.

Table 4. Handicapped Children

<i>Category</i>	<i>No. of Children newly found during the year</i>
Blind	4
Partially Sighted	—
Deaf	8
Partially Hearing	6
Educationally Sub-normal	135
Epileptic	2
Maladjusted	231
Physically Handicapped	91
Speech Defects	858
Delicate	7
	<hr/> 1,342 <hr/>

The table above does not include children living in the Excepted Districts of Newcastle and Aldridge/Brownhills. Almost all the children were examined at the school clinics.

ASSESSMENT CENTRES

The Assessment Centre in Stafford has now been open for 9 years and has proved of great value in assessing the medical and educational needs of young children with a variety of handicaps. The children are admitted on a sessional basis from about the age of 4 years to 9 years of age and the length of stay may be as little as one month to over one year in some cases. The average length of stay is about 3 months.

The main concern is to ensure correct placement of children when they reach school age. To that end the services of Educational Psychologists, Welfare Assistants, School Medical Officers, Hearing and Vision Testing Auxiliaries and Speech Therapists are available for those in need of these services. Local hospital consultants and the staff of Child Guidance clinics are also involved in some cases. During the year a purpose built Assessment Centre has been completed in Lichfield. It will take in the first children in January 1972.

An Assessment Centre run on similar lines by Newcastle Borough Council is also in operation. It provides for children from the North of the County as well as for the children who live within the Newcastle Excepted District.

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	682
No. of children advised to register under the Disabled Persons (Employment) Act 1944	3
	<hr/> 685 <hr/>

A report giving an indication of the type of work for which a child is suitable is issued for each child examined in the "leaver" 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 4,685 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 advisor.

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.

Table 6. Miscellaneous Examinations at School Clinics

Type of Examination

Entrants to courses of training for Teachers (4 R.T.C.)	371
Entrants to the Teaching Profession (28 R.Q.)	50
Children boarded out by the Children's Committee	111
	<hr/> 532 <hr/>

All of the examinations were carried out by School Medical Officers at the school clinics.

Children, going on Adventure courses, were asked to complete a medical questionnaire and of the 340 completed questionnaires only two children were found to require special supervision.

Employment Licences

Children wishing to undertake part-time employment were asked to complete a medical questionnaire as a preliminary to the issue of an employment licence and 564 questionnaires were completed during the year. In no case did any child have to be subsequently medically examined.

Home Visiting

Table 7. Details of home visits made by Nursing Staff

<i>Reason for Visit</i>	<i>No. of Visits</i>
Uncleanliness and verminous cases	1,469
Arising out of medical inspections	699
Arising out of inspection at clinics	217
All skin diseases	428
Aural conditions	274
Nose and Throat Conditions	502
Ophthalmic defects	1,568
Orthopaedic defects	171
Educationally subnormal children	110
Neglected children	237
Infectious diseases	230
Heaf testing	10
Holiday visits to children home from special schools	84
Miscellaneous	2,289
Ineffectual visits	1,078
	<hr/>
	9,366

The visitation of children in their homes is an important part of the school nurses' work, for by this it is ensured that children obtain treatment which has been recommended.

Children Neglected or Ill-treated in their own Homes.

During the year, the names of eight children of two families were referred from the School Health Service to the local Co-ordinating Officers whose appointments were made in accordance with the provision of the Joint Circular of 31st July, 1950, of the Home Office and the Ministries of Health and Education.

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

<i>Reasons for Visit</i>	<i>No. of Visits</i>
Ophthalmic Cases:—	
General	529
To administer atropine	130
Vision testing prior to :—	
Medical inspection	721
Attendance at ophthalmic clinics	39
Infectious diseases	122
Hygiene inspections (excluding feet)	1,469
Miscellaneous	564
	<hr/> 3,574 <hr/>

It will be seen from these figures that the nurses are required to spend a considerable amount of time working in schools and no less than 434 half-days were devoted to foot inspections when 44,782 children were examined. 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 pages 19 to 22.

Nurses also attended with the School Medical Officers to assist at routine medical inspections in schools at 1,529 sessions.

UNCLEANLINESS

Table 9. Infestation with Vermin

Number of individual examinations of pupils in schools by nurses and authorised persons	145,765
Number of pupils found to be infested	2,057
Number of pupils for whom cleansing notices were issued. S.54(2) Education Act, 1944.. ..	—
Number of pupils for whom cleansing orders were issued. S.54(3) Education Act, 1944.. ..	—
Number of Sacker Combs sold	6

Although the number of individual examinations, compared to the figures for 1970 fell by 11,104 the number of children found to be infested rose by 343. The percentage infested was 1.4 which was 0.5% lower than in the previous year.

Table 10. Analysis of Infestation

Number of children with infestation of:

Lice	} Body	.. ..	19
		} Head	220
Nits	} Head	.. ..	1,769
		} Clothing	178

Each term hygiene inspections are carried out in schools when the children's hair is examined by the school nurses. 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 434 half-day sessions were devoted to the work during the year, though the numbers seen fell by 12,030 compared to the figures for 1970.

Further information under this heading is to be found on pages 21 and 22 and tables 11 and 12.

The figures in table 11 show a slight but general improvement in feet. The number of children with unsatisfactory socks fell from 507 in 1970 to 214 in 1971. At the same time the number of children with corns decreased by 141 compared with the previous year.

Despite the smaller number of children seen there was an increase of 51 in the number found to be wearing unsatisfactory footwear.

Table 11. Foot Inspections	TYPE OF SCHOOL			Total in all Schools
	Infant	Junior	Comp./Sec./Gram.	
Number of children with Unsatisfactory Footwear	157	513	258	928
Number of children with Satisfactory Footwear	7,942	29,255	6,658	43,855
Total number of children seen by School Nurse	8,099	29,768	6,916	44,783
Number of children with unclean feet ..	99	665	133	897
Number of children with Unsatisfactory Socks	36	146	32	214
Foot Deformities	46	128	8	182
Number of children with corns	39	287	44	370
Foot Infections	46	380	199	625
Number of children referred to S.M.O.s	31	110	43	184

Table No. 12

Showing the percentage of children with:—

	Infant	Junior	Comp./Sec./Gram.	Totals
Unsatisfactory footwear	1.9	1.7	3.7	2.1
Satisfactory footwear	91.3	95.3	96.3	97.9
Unclean feet	1.3	2.2	1.9	2.0
Unsatisfactory socks	0.4	0.5	0.5	0.5
Foot deformities	0.6	0.4	0.1	0.4
Corns	0.8	1.0	0.6	0.8
Foot infections	0.6	1.3	2.9	1.4

TREATMENT

Table 13. Details of treatment given

Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	306
Errors of refraction (incl. squint) ..	1,040
	<hr/>
Total	1,346
	<hr/>
Number of pupils for whom spec- tacles were prescribed	1,907

Diseases and Defects of Ear, Nose and Throat

	<i>No. of cases known to have been dealt with</i>
Received operative treatment	
(a) for diseases of the ear ..	—
(b) for adenoids and chronic tonsillitis	324
(c) for other nose and throat conditions	—
Received other forms of treatment	578
	<hr/>
Total	902
	<hr/>

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

(a) in 1971	24
(b) in previous years	150
	<hr/>
	174
	<hr/>

Orthopaedic and Postural Defects

Number treated in clinics or out-
patients' departments 110

Total 110

Diseases of the Skin

Ringworm—(i) Scalp -

(ii) Body 5

Scabies 6

Impetigo 18

Other Skin Diseases 287

Total 316

Child Guidance Treatment

Number of pupils treated at Staf-
fordshire Child Guidance Clinics 638

Number of pupils treated by other
LEAs 4

Total number of pupils who had
Child Guidance 642

No. of cases known
to have been dealt with

Speech Therapy

Number of pupils treated by Speech Therapists at Staffordshire Clinics	1,083
Number of pupils treated at other LEAs' clinics	7
Number of pupils treated at N.H.S. Hospitals	26
	<hr/>
Total	1,116
	<hr/>

Other Treatment Given

Abdominal defects	196
Chiropody	1,380
Debility and malnutrition	33
Heart conditions	46
Infectious diseases	16
Injuries	253
Respiratory defects	64
Other	386
	<hr/>
Total	2,874
	<hr/>

Pupils who had a period of con- valescence under School Health Service arrangements	23
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Pupils who received B.C.G. Vaccination	6,273
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Table 14.

SCHOOL HEALTH SERVICE CLINICS

(less the Excepted Districts of Aldridge/Brownhills and the Borough of Newcastle)

as at 31/12/71

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Ashley	C The Clinic, Old School Lane (Tel. Ashley 2770)	1-30—2-0 p.m. Tues. fortnightly	—	—	—	—
Audley	C District Council Office (Tel. Stoke-on-Trent 720343)	1-30—2-0 p.m. Tues. weekly	—	2-0—5-0 p.m. Fri. once or twice termly	—	—
Barton-und er- Needwo od	(1) Central Hall	1-30—2-0 p.m. Tues. fortnightly	—	—	—	—
	C (2) Dr. Taylor's Surgery	—	—	—	—	—
Biddulph	Δ Princess Street (Tel. Stoke 512040)	9-0—10-30 Fri. weekly	M.D.U. (by appointment)	Wed. 6-0— 9-0 p.m. monthly	S	9-0—12-30 Fridays
Brewood	C Δ Dr. Cheshire's Surgery Sandy Lane (Tel. Brewood 206)	1-30—2-0 p.m. Wed. every four weeks	—	1-30—4-0 Mons. twice a term	—	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Cannock	C Δ ‡ (1) Beecroft Road (Tel. Cannock 3715)	9-0—10-30 Mon. & Thurs. weekly	Daily 9-0—12-30 (not Sats.)	1-45—4-45 Fris. 9-15—12-15 occasionally	1-30—4-30 Mons. and Tues. & Weds. 9-0—4-30	9-30—12-30 Weds. weekly and Fris. fortnightly
	C (2) Arthur Street, Chadsmoor (Tel. Cannock 2347)	9-0—10-30 Weds. fortnightly	—	—	9-0—12-30 Thurs.	—
	Δ C (3) Eskrett St., Hednesford (Tel. Hednesford 2247)	9-0—10-30 Wed. weekly	Mon., Wed. 1-30—5-0 p.m.	1-45—4-45 Weds. monthly	9-0—12-30 Mon.	—
	(D.N.) (4) Clarion Way off Pye Green Road, West Chadsmoor.	1-0—2-0 Mons.	—	—	—	—
Chase Terrace	(D.N.) (5) Salters Meadow C Group Practice Centre Sankey's Corner (Tel. Burntwood 2611)	9-0—10-30 Tues. weekly	—	—	—	—
Cheadle	C Δ Well Street (Tel. Cheadle 3306)	9-0—10-30 Tues. fortnightly	Daily 9-0—5-0 (not Sats.)	6-30—9-30 Weds. evenings fortnightly	S	9-0—10-0 Tues. fortnightly (N.P.)
Cheddleton	Methodist Church Room Ostlers Lane, off Hollow Lane, Cheddleton	1-30—2-0 Fri. fortnightly	—	—	—	—
Cheslyn Hay	Junior School Hatherton Street (Tel. Cheslyn Hay 414596)	9-0—10-30 Mon. fortnightly	—	—	—	—
Codsall	C Δ Elliotts Lane (Tel. Codsall 3738)	9-0—10-30 Tues. fortnightly	Daily 9-0—5-0 (not Fris. or Sats.)	9-30—12-30 Weds. monthly	9-0—12-30 Thursday	9-30—12-30 Mons. fortnightly
Derrington	C Village Hall	—	—	—	—	—
Eccleshall	C Methodist School Stone Road	9-0—9-30 Fri. fortnightly	—	—	9-0—12-00 Mon	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Endon	C Parish Hall	—	—	—	—	—
Essington	C Methodist Sunday School Essington Wood	1-30—2-0 p.m. Wed. weekly	—	—	—	—
Fazeley	C 6, Victoria Drive	—	—	—	—	—
Featherstone	United Methodist Chapel Cannock Road	9-0—10-30 Fri. weekly	—	—	—	—
Gnosall	C Memorial Institute	—	—	—	—	—
Great Wyrley	Great Wyrley Health Centre Wardles Lane (Tel. Cheslyn Hay 415515)	9-0—12-00 Wed. fortnightly	—	—	—	—
Halmerend	Central Methodist Chapel High Street (Tel. Stoke 720343)	1-30—2-0 Wed. fortnightly	—	—	—	—
Harriseahead	Long Lane, Harriseahead (Tel. Stoke 512667)	1-30—2-0 Tues. fortnightly	—	—	—	—
Hixon	C Church Hall	—	—	—	—	—
Huntington	St. Thomas' Church Institute Stafford Road, Huntington	9-0—10-30 Thurs. fortnightly	—	—	—	—
Kidsgrove	C Δ † Child Health Clinic Liverpool Road (Tel. Kidsgrove 2289)	9-0—10-30 Mon. fortnightly	M.D.U. (by appointment)	2-0—5-0 p.m. Fri. fortnightly 6-0—9-0 p.m. Weds. monthly	S	9-0—12-30 Thurs.
Kinver	Δ High Street Tel. Kinver 2999	9-0—10-30 2nd Fri. in month	(by appointment)	—	—	9-0—12-30 Tues. weekly

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Leek	C (1) Cripples Aid Society Clinic Salisbury Street ST13 5EE (Tel. Leek 3313)	9-0—10-30 Mons. weekly	Daily 9-0—5-0 (not Sats.) (Tel. Leek 2110)	6-0—9-0 p.m. Thurs. Fri. 2—5 occasionally	S	† Mons., Fris. 9-0—4-0 (R.H.B. Clinic)
	C Δ (2) Haregate Road (Tel. Leek 2886)	—	—	—	—	—
Lichfield	(1) Sandford Street (Tel. Lichfield 51212)	—	Daily 9-0—5-0 (not Sats.) (Tel. 51214)	—	9-0—4-30 Fris.	—
	C Δ (2) Red Court House Tamworth Street (Tel. Lichfield 3656)	9-0—10-30 Wed. fortnightly	—	9-30—12-30 Thurs. 9-30—12-30 Fri. 9-30—12-30 Mon. fortnightly	—	—
Longnor	C Sheffield House Cottage	—	—	—	—	—
Madeley	C Village Hall, Furnace Lane	9-0—10-30 Thurs. fortnightly	—	2-0—5-0 p.m. Fri. twice termly	—	—
Mayfield	C Village Hall	—	—	—	—	—
Norton Canes	Community Centre Brownhills Road (Tel. Heath Hayes 79495)	10-45—12-0 Mon. fortnightly	—	—	—	—
Pattingham	C Community Centre	—	—	—	—	—
Penkridge	C Health Centre St. Michael's Road (Tel. Penkridge 300)	9-0—10-30 Thurs. fortnightly	—	—	—	—
Rolleston	Δ C Commemoration Hall	1-30—2-0 Weds. 1st and 3rd in month	—	—	—	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinic held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>	<i>Remedial Exercises Clinic held</i>
Rugeley C Δ (D.N.)	Health Centre, Horsefair (Tel. Rugeley 3291)	9-0—10-30 Mon. weekly	Mon. & Tues. 9-0—5-0 Wed. 1-30—5-0 Thurs. and Fri. 9-0—12-30	1-45—4-45 Fri. fortnightly	9-0—4-30 Weds.	9-0—12-30 Mons. fortnightly
Stafford C Δ † (1)	Lammascote Road (Tel. Stafford 3950)	9-0—10-30 Daily except Tues. and Sat.	Daily 9-0—5-0 (not Sats.)	1-30—4-45 Weds. 9-15—12-15 Fri. fortnightly	—	9-0—4-30 Thurs. weekly
	C (2) North Walls (Tel. Stafford 2301)	—	—	9-30—12-30 alternate Mons. 1-30—4-30 Mons. 9-0—4-30 Tues. & Weds. 9-0—1-30 Fri.	—	—
	Δ C (3) Rising Brook off John Amery Drive (Tel. Stafford 3372)	9-0—10-30 Thurs. weekly	Mon. 9-0—5-0 p.m. Tues. 9-0—12-30 Wed. & Thurs. 9-0—5-0 p.m.	Mon. p.m. occ- asionally 1-45— 4-45. Wed. a.m. fortnightly 9.15— 12-15	9-0—12-30 Daily	9-0—12-30 Tues. weekly
Stone C Δ (1) †	St. Michael's Hall Lichfield Road (Tel. Stone 2433)	9-0—10-30 Thurs. weekly	—	1-30—4-30 Mons. monthly	9-00—12-30 Tuesday	—
	(2) Kitchenor Institute Victor Street (Tel. Stone 3909)	—	Daily 9-0—5-0 (not Sats.)	—	—	—
	(3) Community Centre, White Mill Lane, Walton	—	—	—	—	9-00—12-30 as required Mon.
Talke C Δ	Cross House, Swann Bank (Tel. Kidsgrove 2998)	9-0—10-30 Thurs. weekly	—	—	—	—

Name of Clinic	Address	Minor Ailments Clinic held	Dental Clinic held	Ophthalmic Clinic held	Speech Therapy Clinic held	Remedial Exercises Clinic held
Tamworth	C Δ Health Centre Upper Gungate (Tel. Tamworth 66821)	9-0—10-30 Thurs. weekly	Mon. 1-30—5-0 Tues. 9-0—12-0 Wed. 9-0—12-0 Thurs. 9-0—5-0 Fri. 9-0—12-0	1-45—4-45 Tues. fortnightly	S	—
Tutbury	C Δ (1) St. Mary's Church Hall	1-30—2-0 Fri. fortnightly	—	2-0—5-0 Fri. termly	—	—
Uttoxeter	C Δ Heath House Cheadle Road (Tel. Uttoxeter 2555)	9-0—10-30 Fri. weekly	9-0—5-0 —Daily (not Saturdays) (Tel. Uttoxeter 2377)	6-0—9-0 p.m. Mons. fortnightly	9-0—12-30 Thursdays and Mons. fortnightly	9-0—12-30 Wed. weekly
Werrington	Village School Hall Ash Bank Road	9-0—10-30 Wed. monthly	—	—	—	—
Wetley Rocks	C Village Hall	—	—	—	—	—
Wheaten Aston	C Village Hall	—	—	—	—	—
Wilnecote	C Community Centre	—	—	9-30—12 noon 1st & 3rd Thurs. monthly	—	—
Wombourne	C Δ Mill Lane (Tel. Wombourne 2495)	9-0—10-30 Tues. fortnightly	M.D.U. (by appointment)	9-30—12-30 Weds. monthly	S	—

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

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

(D.N.) Doctor's Clinic alternating with Nurse's Clinic.

For details of Child Guidance Clinics please see page 45.

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

S Speech Therapy Clinic which will be manned as and when the staffing situation allows.

Δ E.N.T. Clinics held as and when required.

C Chiropody Clinics—by appointment.

Table 15. Summary of Clinics

<i>Kind of Clinic</i>	<i>Number of premises used</i>
Dental	*20
Minor Ailment	41
Ophthalmic	21
E.N.T.	20
Chiropody	47
Speech Therapy	21
Physiotherapy	8

* includes six mobile clinics.

Table 16. Minor Ailments Clinics

No. of Clinics	41
No. of Clinic Sessions	938
No. of first visits	712
No. of re-visits.. .. .	1,943

The children, attending minor ailment clinics for the first time, were found to have 1,405 conditions requiring treatment.

The School Medical Officers also carried out the examinations detailed in Tables 4 and 6 on pages 15 and 16 at School Clinics generally after the minor ailment clinic had been held.

Table 17. Diseases and Defects found at Minor Ailment Clinics

<i>Disease or Defect</i>	
Defective vision	171
Squint	6
Blepharitis	1
Conjunctivitis	8
Styes	22
Other eye defects	30

Enlarged tonsils and/or adenoids	.. ..	89
Other defects of nose and throat	.. ..	52
Defective hearing	.. ..	98
Otitis media	.. ..	5
Other defects of ears	.. ..	23
Speech defects	.. ..	37
Cough or catarrh	.. ..	43
Bronchitis	.. ..	6
Asthma	.. ..	33
Ringworm—Body	.. ..	5
Scabies	.. ..	6
Impetigo	.. ..	17
Septic sores	.. ..	31
Warts—General	.. ..	45
Plantar	.. ..	154
Boils	.. ..	14
Other skin defects	.. ..	28
Major injuries (including fractures)	.. ..	8
Burns	.. ..	4
Sprains or strains	.. ..	24
Other minor injuries	.. ..	37
Heart conditions	.. ..	8
Rheumatic conditions	.. ..	3
Debility and malnutrition	.. ..	33
Posture	.. ..	6
Flat Feet	.. ..	28
Other orthopaedic defects	.. ..	35
Other defects	.. ..	295
		<hr/>
		1,405

Table 18. Ophthalmic Clinics
Visual and External Eye Defects

Number of individual examinations ..	4,745
No. of children attending for the first time	1,762
No. of re-visits	2,983
No. of children for whom spectacles were prescribed	1,907
No. of ophthalmic clinic sessions ..	436

Analysis of major defects found among new cases:—

Errors of Refraction:—

Hypermetropia	155
Hypermetropic astigmatism	92
Compound hypermetropic astigmatism	74
Myopia	348
Myopic astigmatism	57
Compound myopic astigmatism	43
Mixed astigmatism	54
	<hr/> 823

Diseases and other Abnormalities:—

Amblyopia	28
Anisometropia	172
Colomboma of choroid	1
Central choroidal atrophy	1
Microphthalmos	1
	<hr/> 203

Lids and conjunctiva:—

Blepharitis	6
Ptosis	2
Epicanthus	54
Angula conjunctivitis	1
Blocked tear duct	1
	<hr/> 63

Lens:—

Lamellar cataract	1
	<hr/> 1

Muscles:—

Nystagmus	3
Strabismus	149
Exophoria	7
	<hr/> 159

Retina:—

Optic Atrophy	1
Detachment of retina	2
Optic neuritis	1
	<hr/> 4

Since 1969 vision testing of all children in their odd-numbered age group, starting at 5 years, has been carried out by the nursing staff.

The total number of children examined was 898 less than in the previous year and the number of re-visits decreased by 650.

The system has continued whereby a school nurse is engaged whole time in testing the vision of the 7-year age group. 8,869 children were examined, 943 were found to have

defective vision of whom 481 were already under treatment and supervision. All the 462 newly found cases were offered examination at School Eye Clinics except of course for those who preferred to make their own arrangements.

To the 166 old cases of squint were added 149 children newly found to be suffering from squint and a number were referred to various hospitals for orthoptic treatment or operation.

Altogether 6,638 clinical appointments with an eye specialist were offered. Of 1,893 children who did not attend, 1,090 were stated by their parents to be attending, or making their own arrangements to attend, opticians, and hospitals, and private consultants. The parents of most of the remainder requested, and were given, further appointments. Those who appeared to be doing nothing about their child's vision were visited by school nurses to determine the reason for failure to obtain treatment.

Since it is part of the duty of the School Health Service to ensure that all children get appropriate treatment, every known case was followed up until a satisfactory conclusion was reached.

Chiropody

A limited but intensive programme of school inspections was carried out by the chiropodists, sometimes in conjunction with the nursing staff. The results of the inspections were, however, disquieting in as much as they revealed a very high incidence of minor foot deformities which were in need of urgent treatment. In general the demand for chiropody for school children was far in excess of the resources of the service and sporadically this produced areas of difficulty as the staff moved from one area to another to deal with alleged 'epidemics'.

Verrucae are a problem which, as the service endeavours to contain the incidence, is seemingly never-ending. Only a sustained health education programme, coupled with intensive treatment and preventive measures are likely to change the position.

During the year increasing use of the appliance laboratory made it possible to extend a wider range of treatments to school children. The successes achieved indicate the potential of this field of work and what can be done to prevent many of the minor structural deformities that plague adults in later life.

There were 1,380 new referrals and 12,422 treatments compared with 1,060 and 12,531 respectively in the previous year.

Table 19. Physiotherapy Clinics.

<i>Clinic</i>	<i>No. of children referred</i>	<i>No. of children whose treatment was completed</i>	<i>No. of children discharged</i>	<i>No. on Register at 31/12/71</i>	<i>No. of treatments given</i>
Biddulph	19	8	5	14	172
Cannock	27	29	30	20	480
Codsall	10	7	3	5	114
Kidsgrove	23	8	10	14	185
†Kinver	5	6	1	—	99
Rugeley	9	5	9	4	88
Stafford	45	28	29	25	617
Uttoxeter	13	9	5	8	188
Walton Hall	1	—	—	8	87
	<u>152</u>	<u>100</u>	<u>92</u>	<u>98</u>	<u>2,030</u>

The number of treatments given was 370 less than in the previous year and the number discharged was 64 less.

The following table shows the main defects which were having or awaiting treatment at the end of the year.

Table 20.

<i>Clinic</i>	<i>Posture</i>	TREATED DURING THE YEAR			<i>Awaiting Treatment at 31/12/71</i>
		<i>Breathing exercises</i>	<i>Defects of legs & feet</i>	<i>Other</i>	
Biddulph	—	58	23	12	—
Cannock	14	58	134	39	—
Codsall	4	10	24	20	—
Kidsgrove	7	50	29	18	—
†Kinver	—	5	18	—	—
Rugeley	3	1	35	14	—
Stafford	27	42	133	18	—
Uttoxeter	2	16	32	6	—
Walton Hall	9	—	3	8	—
	<u>66</u>	<u>240</u>	<u>431</u>	<u>135</u>	<u>—</u>

† Closed 30.6.71.

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

Table 21.

<i>Diagnosis</i>	<i>No. of Treatments</i>	<i>Benefit</i>	<i>No Benefit</i>	<i>Treatment Incomplete</i>
Chronic Respiratory				
Infection	30	2	1	1
General Debility and				
Frequent Colds	—	1	—	1
	—	—	—	—
	30	3	1	2
	—	—	—	—

Ear, Nose and Throat

1,402 children were referred for examination at 75 clinic sessions compared with 1,512 in the previous year. 1,102 children were examined by the part-time County Ear, Nose and Throat Consultant and of these 654 were found to have significant defects. (Table 23 gives the analysis of defects found.) Out of this number 290 (348 in 1970) were subsequently referred to hospital for treatment. The majority were suffering from enlarged tonsils and/or adenoids or required investigation of sinus infection. Those who needed non-operative treatment were referred to their own doctor.

There were 90 children found to be suffering from some degree of deafness, of whom 26 were recommended for a special school and of this number 18 were admitted and the remaining 8 children were on the waiting list at the end of the year. Twenty-six children were referred to the peripatetic teaching service. Twenty-four children were provided with hearing aids and the remaining 14 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, 324 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 family doctor.

A total of 572 children was referred to hospital.

Twenty-eight children attended the Stoke-on-Trent Authority's audiology clinic at Shelton. This was a great help in assessing their hearing abilities and educational requirements and in giving guidance to parents.

In addition, day units for pre-school children with hearing defects are situated at Stafford and Tamworth.

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 the County E.N.T. Consultant and the Headmaster of Needwood School and the Senior Medical Officer for Schools.

The Team held 3 diagnostic sessions at Needwood School and saw 21 children as a result of which 6 Staffordshire children and 12 children from other areas were recommended for special schooling.

The E.N.T. Consultant made 3 routine visits to advise and supervise treatment of children at Needwood.

Of the more severe cases of deafness 26 children were recommended for admission to special schools and 14 were children from Staffordshire. The recommendations were as follows:—

	<i>children</i>
for Needwood Special School for the Partially Hearing (including 6 from Staffordshire) ..	18
for the Mount School, Stoke-on-Trent ..	4
for the Braidwood Day School, Birmingham ..	3
for the Royal School for the Deaf, Derby ..	1
	—
	26
	—

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

Table 22. Summary of Statistics relating to Ear, Nose and Throat Clinics 1971

Clinic	No. of Sessions	No. of children referred for examination	No. of children who did not attend	No. of children found to have defects	No. of children referred to Hospital	No. of children not needing treatment or observation
Biddulph	1	20	3	10	1	7
Brewood	1	20	2	8	2	10
Cannock	13	226	44	122	56	60
Cheadle	2	41	5	21	6	15
Hednesford	1	20	6	9	6	5
Kids Grove	2	39	4	18	2	17
Leek	1	16	5	7	3	4
Lichfield	11	214	54	91	41	69
Penkridge	1	15	2	8	5	5
Rugeley	13	241	52	113	46	76
Stafford	16	293	78	116	55	99
Tamworth	11	216	37	110	58	69
Uttoxeter	2	41	8	21	9	12
	75	1,402	300	654	290	448

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

Tonsils and/or adenoids	221
Catarrhal otitis media	189
Chronic otitis media	5
Radical mastoid	2
Healed suppurative otitis media	31
External otitis and aural polypi	14
Deafness	90
Sinus investigation	36
Rhinitis	2
Epistaxis	1
Wax	51
Speech defect	4
Mouth breather	2
Dental defects	2
Eustachian obstruction	2
Cleft Palate	2
	<hr/>
	654
	<hr/>

Peripatetic Service for Partially Hearing Children

This report has been prepared from information supplied by three peripatetic teachers who are specially qualified to teach children with hearing defects and the table below shows the numbers of boys and girls, in the various age groups, who were receiving the benefit of this service at the end of the year.

Table 24

<i>Years</i>	0-1	1-2	2-3	3-4	4-5	<i>Over 5</i>	<i>Total</i>
	2	5	3	12	14	143	179

At the same time, there were 18 other children whose names were on the waiting list for visiting.

Many of the children, especially those in the pre-school age groups, were visited weekly for the purpose of auditory training and parental guidance. Where necessary, to assist the children and to check their progress, speech training units are in use.

In addition to the domiciliary visits made by the peripatetic teachers, they also visited schools to give help, not only to the children, but also to their class teachers to enable the latter better to understand the problems of the child with partial hearing.

The degree of hearing impairment and extent of the disability varies widely with each age group. In the case of children suffering from conductive deafness, there is hope of improving their hearing by remedial treatment, although in some cases recurring infection proves to be a considerable handicap to a child's normal educational progress.

Audiometric Survey

The audiometricians continued to test the hearing of children of 6 years of age, *i.e.* those born in 1965. 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 Consultant.

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 25.

	<i>No. examined</i>	<i>No. with hearing abnormal</i>	<i>% with hearing abnormal</i>
Absentees in 1970	1,251	211	16%
Children of 6 years of age . .	7,602	863	11%
Children of various ages pre- sented by teachers	93	45	48%
	<hr/> 8,946 <hr/>	<hr/> 1,119 <hr/>	

Number of schools visited: 285 compared to 323 in 1970.

In addition, there has been a re-test of 469 children whom it has been considered advisable to keep under supervision. Of these 275 were still found to have a loss of hearing and arrangements were made for them to be examined by the County Ear, Nose and Throat Consultant and A.C.M.O.s.

Teachers presented 93 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 45, or 48%, were found to have a hearing loss requiring further investigation which was arranged.

There were 920 children absent from school at the time of the audiometricians' visits and arrangements will be made for them to be tested during 1972.

The 1,119 children found by the audiometricians to have defective hearing were referred for examination to the County Ear, Nose and Throat Consultant and during the year it was possible to make appointments for 955 of them at the various clinics. Of that number 490 were found to require treatment and an analysis of the conditions found is given in the following table.

Table 26. Analysis of Cases of Suspected Deafness referred to County Ear, Nose and Throat Consultant from Audiometric Survey

Significant Deafness

A. Remediable:

Deafness due to wax	35
Catarrhal deafness following infection ..	20
	—
	55
	—

B. Probably Permanent:

Congenital malformation of ear	1
Deafness due to congenital, nerve and mixed causation (of varying degrees of severity) ..	48
	—
	49
	—

Conditions other than Deafness

A. Infective:

Tonsils and/or adenoids	185
Catarrhal otitis media	74
Chronic otitis media	58
Healed suppurative otitis media	18
Acute suppurative otitis media	2
External otitis and aural polypi	7
Radical mastoid	2
Sinus infection	21
	—
	367
	—

B. Non-infective:

Mouth breather	3
Speech defects	3
Epistaxis	4
Rhinitis	1
Cleft Palate	2
Deviated septum	1
Dental defects	4
Unco-operative	1
	<hr/>
	19
	<hr/>
Grand Total	490
	<hr/>

The children in the "Probably Permanent" 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 35 children with wax in their ears had some degree of deafness which only constituted a handicap until the wax was removed.

Hearing Aids

It is known there are 174 children in this County who have been fitted with hearing aids and of this number, 24 were newly supplied during the year.

Child Guidance

The operation of the Social Services Act 1970 has had considerable repercussions on the Child Guidance Service because of the close liaison that hitherto existed between the Child Guidance Service and the Mental Health Service. The Child Guidance Service was formerly housed in Mental Health Centres where, together with the Mental Welfare Officer services, it was under the overall supervision of the Case Work Supervisor for the area. During the year the Mental Welfare staff has been withdrawn, leaving the Child Guidance Service in isolation. The passing of this close link has created some regrets but the close liaison between former Children's Officers and the Child Guidance Service has continued and it is hoped, during the forthcoming years, to strengthen the links on an ever wider basis.

The Child Guidance Service consists of Child Guidance Clinics directed by the Principal Medical Officer for Mental Health and the School Psychological Service under the control of the Senior Educational Psychologist based at the County Education Offices.

The changes have not been without repercussions on the staff of the Child Guidance Service as the more advantageous salary scales available to Social Workers in the Social Services Department has exacerbated long standing difficulties.

Owing to recruitment difficulties there was a great shortage of P.S.W. time and only a really limited amount of time for home visiting.

At the end of the year there were psychiatric social workers working a total of 32 sessions per week. Nevertheless a full Child Guidance team has been maintained at each of the four clinics. The total number of clinic sessions, with a psychiatrist in attendance, was 641 and the number of children treated was 638.

Four Staffordshire children were treated by other L.E.A.s. Thirty-eight children were seen at Lichfield Clinic for the Burton-on-Trent Authority.

Children referred during the year totalled 368 and new cases, *i.e.* seen by the psychiatrist for the first time, amounted to 334. Of these 26 were under five years of age.

The pressure of work continues greatest in the Newcastle area where the clinic serves the needs of the Excepted District as well as the surrounding County area, and the absence of a child psychiatrist working in the hospital service results in cases which would normally have been referred to the hospital service being referred to the Newcastle or Stoke Child Guidance clinics. Thus pressure of work has necessitated a somewhat different policy in that part of the County where the aim has been to provide as extensive a diagnostic service as possible. Actual treatment of individual children by the psychiatrist has been limited, but the aim has been to provide guidance for other social workers such as Child Care Officers, Probation Officers, and others involved in helping the child and its family.

The occasional evening clinic at Lichfield, introduced in 1968, has continued providing improved facilities for adolescents and enabling working parents to attend more easily. Details of the clinics are given in the table following.

Table 27. Child Guidance Clinics

Stafford	13 Lichfield Road (Tel. 52318)	Tuesdays and Fridays all day	Dr. Hazel Baker
Newcastle	Brampton Trees Hanover Street (Tel. 610896)	Tues., Thurs. a.m. and alternate Tues. and Thurs. p.m.	Dr. W. Johnson
Lichfield	Sandford Street (Tel. 51212)	Mondays, Wednesdays and Thursdays all day with occasional evening clinics in lieu of Thursday mornings	Dr. Hazel Baker
Wombourne ..	Mill Lane Wombourne (Tel. 2495)	Thursday a.m.	Dr. K. Keane

Table 28. Speech Therapy Clinics

**Summary of Statistics relating to children attending Speech
Therapy Clinics during the year**

<i>County Clinics</i>	<i>No. of Children having periodic observation at 31/12/71</i>	<i>No. of Treatments given during year</i>	<i>No. of Children under Treatment at 31/12/71</i>	<i>No. of Children awaiting Treatment at 31/12/71</i>	<i>No. of New Cases during the year</i>	<i>No. of Children discharged during the year</i>
Audley*	—	31	21	—	21	12
Biddulph*	20	99	20	4	27	16
Cannock ..	72	1,047	40	19	109	125
Chadsmoor ..	12	314	16	6	35	55
Cheadle ..	7	214	10	7	22	28
Codsall ..	30	314	5	5	24	36
Eccleshall ..	9	90	3	1	10	9
Gt. Wyrley ..	16	100	13	1	40	21
Hednesford ..	27	287	14	3	47	41
Kids Grove*	19	80	19	2	25	19
Kinver ..	17	83	9	3	30	1
Leek*	33	210	32	3	26	25
Lichfield*	34	449	18	16	54	16
Rising Brook**	30	319	21	14	40	60
Rugeley ..	34	354	13	22	62	34
Stafford ..	31	612	45	21	107	141
Tamworth*	46	72	—	48	38	31
Uttoxeter ..	26	386	22	8	53	46
Gnosall ..	—	64	—	—	3	10
Walton (Stone) ..	6	163	5	5	14	12
Wombourne*	23	171	13	12	71	23
GRAND TOTAL ..	492	5,459	339	200	858	761

*Clinics re-opened wef. 1/10/71.

**Clinics re-opened wef. 15/6/71.

× Clinic closed as from 1/4/71.

Table 29.

<i>Hospital or Authority's Clinic</i>	<i>No. of Children having speech therapy at 31/12/71</i>
Burton-on-Trent C.B.	3
North Staffordshire Royal Infirmary	26
Stoke-on-Trent City	4
	<hr/> 33 <hr/>

Table 30. Conditions found at County Speech Therapy Clinics during the year

<i>Diagnosis</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Cleft palate	20	2	22
Dysarthria	4	10	14
Dysenia	18	3	21
Dyslalia (multiple)	304	104	408
Dyslalia (simple)	92	43	135
Dysphasia	6	4	10
Dysphonia	2	2	4
Idioglossia	—	1	1
Indistinct speech	2	—	2
Nasality (excessive)	—	—	—
Nasality (insufficient)	1	2	3
Retarded language	101	43	144
Retarded speech	139	59	198
Stammering	71	31	102
Stammering and Dyslalia	17	2	19
Totals	<hr/> 777 <hr/>	<hr/> 306 <hr/>	<hr/> 1,083 <hr/>

One whole time and four part time speech therapists joined the staff. As no one resigned by the end of the year, ten speech therapists were working for the County. Their time was equivalent to 5.35 full-time therapists, which left the establishment short of 0.65 whole-time staff.

One therapist devoted two half days a week to visiting Wightwick Hall special school for the physically handicapped and one session a week was devoted to visiting the William Baxter day special school and Walton Hall residential special schools for educationally sub-normal children.

Hospital Treatment

Table 31.

(i) *Treatment of Tonsils and Adenoids:*

No. of children referred by School Medical Officers and County E.N.T. Consultant ..	462
No. of children so referred who received operative treatment	225
Total number of children notified by hospitals who received operative treatment	324
No. who had treatment for other ear, nose and throat conditions	578
No. of children awaiting treatment ..	540

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.

(ii) *Orthopaedic Treatment:*

No. of Children referred to orthopaedic clinics ..	54
--	----

Table 32.

	<i>No. of children newly referred to Hospitals during the year</i>
(iii) <i>Orthoptic Treatment:</i>	
Birmingham & Midland Eye Hospital	7
Burton-on-Trent Hospital	19
Derby Royal Hospital	8
Lichfield Victoria Hospital	86
North Staffs. Hospital Centre ..	66
Staffordshire General Infirmary ..	144
Sutton Coldfield, Good Hope Hospital	1
Tamworth, St. Editha's Hospital ..	81
Walsall General Hospital	35
Wolverhampton Eye Infirmary ..	79
	<hr/>
	526

REPORT OF THE COUNTY PRINCIPAL SCHOOL DENTAL OFFICER

On 31st December, 1971 the school population was 101,973 (compared with 97,222 the previous year). There was a slight decrease in the dental officer strength to 12.9 (13.5). The average number of children per whole-time dental officer was 7,900 (7,200). While the small decrease in dental officer strength does not appear significant at first sight, the steady increase in the school population makes it essential to build up a much larger staff.

Dental Inspection

During the year 20,650 or only 20% as last year of the school population, had a routine dental inspection at school and 173 dental officer sessions were devoted to this work. An additional 8,806 or 8% of the school population were seen at special or casual inspections—2,050 of those, because of pain or sepsis. A total of 29,456 or 29% of the school population therefore were inspected, of whom 1,553 were re-inspected in the course of the year.

Of the number inspected 18,535 required treatment.

Treatment was offered to 16,379 children.

Dental Treatment

A summary of dental treatment provided is given on pages 49 and 50 and this shows that 5,408 sessions were devoted to treatment. The increase in the number of sessions compared with 1970 is reflected in an increase in the amount of dentistry done during the year. Total visits for treatment went up from 26,815 to 32,653: Courses of treatment completed from 11,289 to 12,030: Fillings from 22,169 to 30,733: Extractions from 12,222 to 13,405 as compared with 1970. More dentistry was done in 1971 than in 1970 but too few County school children are being given the opportunity to receive dental treatment.

Some preventive work was carried out by the small dental staff and 93 sessions were devoted to dental health education during the year.

Table 33.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING 1971

1. *Attendances and Treatment:*

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	6,069	5,268	907	12,244
Subsequent visits ..	7,356	10,960	2,093	20,409
Total visits	13,425	16,228	3,000	32,653
Additional courses of treatment commenced	243	261	68	572
Total Courses commenced	6,312	5,529	975	12,816
Courses of treatment completed	..	..	..	12,030
Fillings in permanent teeth	5,652	14,812	3,406	23,870
Fillings in deciduous teeth	6,353	510	—	6,863
Permanent teeth filled..	4,511	12,519	3,023	20,053
Deciduous teeth filled..	5,868	430	—	6,298
Permanent teeth ex- tracted	591	2,328	530	3,449
Deciduous teeth ex- tracted	7,712	2,244	—	9,956
General anaesthetics ..	2,198	1,002	82	3,282
Emergencies	1,244	711	95	2,050
Number of Pupils X-rayed ..	..	..	..	1,007
Prophylaxis .. ..	..	..	..	3,146
Teeth otherwise conserved	..	..	..	452
Number of teeth root filled ..	..	..	..	84
Inlays .. ..	..	..	..	2
Crowns .. ..	..	..	..	71

2. *Orthodontics:*

New cases commenced during year	..	..	206
Cases completed during year	..	..	102
Cases discontinued during year	..	..	27
No. of removable appliances fitted	..	..	274
No. of fixed appliances fitted	..	..	33
Pupils referred to Hospital Consultant	..	..	23

3. *Dentures*

Number of Pupils Fitted with Dentures for the First Time	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
(a) with full Denture ..	1	—	3	.. 4
(b) with other dentures	5	47	23	75
Total (a) and (b) ..	6	47	26	79
Number of dentures supplied (first or subsequent time) ..	8	55	30	93

4. *Anaesthetics:*

General Anaesthetics administered by Dental Officers	238
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5. *Inspections:*

(a) First Inspection at school. Number of Pupils	20,650
(b) First Inspection at clinic. Number of Pupils	8,806
Number of (a) + (b) found to require treatment	18,535
Number of (a) + (b) offered treatment ..	16,379
(c) Pupils re-inspected at school or clinic ..	1,553
Number of (c) found to require treatment ..	977
Number of (c) offered treatment	977

6. *Sessions:*

Sessions devoted to treatment	5,664
Sessions devoted to inspection	173
Sessions devoted to Dental Health Education ..	102

Table 34. Number of suspected cases of Infectious and Contagious Diseases notified by Head Teachers

Disease	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Scarlet Fever	6	10	31	10	8	2	3	—	9	9	12	9	109
Measles	201	202	257	92	47	86	57	—	7	28	35	44	1,056
Rubella	164	112	193	87	131	89	128	—	10	15	22	34	985
Whooping Cough ..	35	25	45	27	31	3	21	—	2	4	15	7	215
Mumps	155	76	123	56	66	42	62	—	6	37	52	80	755
Chicken Pox	111	96	145	39	97	80	202	—	12	51	82	134	1,049
Influenza	14	9	52	2	—	—	—	—	—	—	9	3	89
Impetigo	3	1	—	2	15	4	13	—	7	7	3	4	59
Scabies	14	6	6	2	—	—	—	—	4	28	5	11	76
Ringworm	—	—	—	—	—	—	—	—	—	2	—	1	3
Conjunctivitis	—	2	—	—	1	1	1	—	—	—	—	—	5
Tonsillitis	2	—	7	1	3	—	1	—	—	—	7	2	23
Glandular Fever ..	—	—	—	1	2	—	1	—	—	—	2	—	6
Enteritis	—	—	—	1	—	—	1	—	—	—	—	2	4
Hepatitis	4	2	13	5	8	6	4	—	3	1	1	2	49
Dysentery	4	1	—	2	—	—	2	—	—	—	—	—	9
Diarrhoea and Sickness	46	—	27	—	—	—	6	—	8	—	—	20	107
Food Poisoning ..	—	—	—	—	—	—	—	—	—	—	1	1	2
Skin Infections ..	—	—	1	2	—	—	—	—	—	—	1	—	4
Cerebro Spinal Fever ..	—	—	—	—	—	—	—	—	—	—	1	—	1
TOTALS ..	759	542	900	329	409	313	502	—	68	182	248	354	4,606

INFECTIOUS AND CONTAGIOUS DISEASES

During the year the number of cases of actual or suspected infectious and contagious diseases notified by Heads in the County decreased from 6,070 to 4,606.

This is largely accounted for by decreases in the number of cases in scarlet fever, measles and mumps although rubella showed an almost threefold increase.

Scabies cases again increased—from 49 to 76.

Infective hepatitis (jaundice), although usually a mild infection, can in a small percentage of cases cause permanent liver damage. Because of this danger immunisation with gamma globulin was given, parental permission having been obtained, to school contacts in three schools as soon as possible after the first case was notified. Such immunisation only gives protection for a few weeks but it is thought that this is long enough to prevent further spread of the infection, and so far there have been no repeat cases following its use.

During the year 348 children and 36 adult contacts of infective hepatitis received injections of gamma globulin and for this the co-operation of the Public Health Laboratory Service which provided the material at short notice is much appreciated. The results are being evaluated.

Vaccination against Smallpox

Table 35. No. of children found to have been vaccinated when examined at the periodical medical inspection

<i>Age Group</i>	<i>No. examined</i>	<i>No. vaccinated</i>	<i>No. unvaccinated</i>	<i>Percentage unvaccinated</i>	
				1971	1970
Entrants ..	9,244	4,693	4,551	47	46
2nd Age Group	1,394	1,041	353	25	54
3rd Age Group	6,281	2,054	4,227	67	58
Other Periodic Inspections	1,605	797	808	50	44
Totals ..	18,524	8,585	9,939	52	51

Immunisation

Table 36. No. of children immunised during 1971

Type of Vaccine	Children aged between 5 and 16 years
Quadruple D.T.P.P.	Nil
Triple D.T.P.	286
Pertussis	Nil
Diphtheria/Pertussis	Nil
Diphtheria/Tetanus	1,166
Diphtheria	72
Measles	1,158
Rubella	4,527
Tetanus	469
Smallpox (Details no longer recorded)	—
Poliomyelitis (Oral)	798

Table 37.

No. of Children who had re-inforcing doses during 1971

Quadruple D.T.P.P.	2
Triple D.T.P.	1,479
Diphtheria/Pertussis	3
Diphtheria/Tetanus	10,691
Diphtheria	172
Tetanus	3,500
Smallpox (Details no longer recorded)	—
Poliomyelitis (Oral)	14,251

Table 38. Summary of Reports received from Chest Physicians

Number of children (aged 5-15 years) on registers at the end of 1970	23
Number of new cases during the year	4
Number of deaths	—
Number transferred to other Authorities	1
Number discharged having recovered	3
Number becoming 15 years old	1
Number of children on registers at end of the year 1971	21

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

(a) Pulmonary

1. Primary Hilar lesions:

(a) Simple	9
(b) Complicated	—

2. Primary Pleural Effusion 2

3. Miliary —

4. Adult Type —

(b) Non-Pulmonary

1. Lymph Glands:

(a) Cervical	—
(b) Others	—

2. Bones and Joints 1

3. Meningitis —

4. Other —

Health Education

The main aim of health education is to encourage a positive attitude in which good health is valued for its own sake and not merely desired when lost. The work in schools and youth organisations is carried out with this very much in mind and though a change of attitude cannot be expected immediately it is hoped that in time behaviour may be modified to safeguard personal health.

Schools Programmes

It continues to be policy to devote a considerable proportion of time and effort to county schools as in this way a complete cross section of the future adult population is involved. The value of the school work is further enhanced by the generally agreed observation that young people are more receptive to new ideas regarding matters of personal health behaviour.

At all times the endeavour is to liaise closely with the teaching staff so that subsequently the work may be continued between pupils and teachers. Ideally, the health education programmes should supplement activities in this field already being provided in the school curriculum, as is quite often the case.

College Work

The close link with Madeley College of Education has been maintained and developed further to reach the present arrangement in which an overall plan has been designed for the entire college containing specialised health education courses for particular students. In this way it is hoped to encourage a greater number of teachers in future to feel more able and therefore more prepared to accept responsibility for the subject.

Parent-Teacher Associations

One extremely encouraging feature in recent months has been the increasing number of invitations for members of staff to visit Parent-Teacher Associations to discuss activities in schools. Though such requests have often been stimulated by publicity concerning sex education, an opportunity is none-the-less provided for a general explanation of aims and techniques.

Health Weeks

Some schools continue to request assistance in arranging a week's programme of activities based upon healthy living in its widest sense. Representatives of various organisations, including Health Education staff are invited to give talks and lead

discussion groups afterwards. Such projects are usually well received by all concerned as they break the normal school routine and provide stimulus for further conversation by highlighting the subject of health for a short time.

Youth Organisations

Another major function of the section has been to visit the various youth organisations upon request to lead informal group discussion of health topics. The club members themselves usually find these sessions most rewarding as the setting is very conducive to free discussion. Youth leaders have been made aware of this service and frequently ask for assistance.

As can be seen from the following details of talks given, the section continues to flourish and provide an extremely useful service. On many occasions, other organisations are incorporated in the schemes of work. Therefore the list of talks does not cover all the sessions arranged in local establishments.

Table 39.

<i>Lecture Details</i>	<i>No. of Lectures</i>	<i>Attendance</i>
Junior Schools—146 programmes	825	.. 5,007
Secondary Schools—157	795	.. 4,710
College of Education	51	.. 2,515
Parent Teacher Associations ..	18	.. 1,082
Accident Prevention	4	.. 185
County Health Services	1	.. 50
Drug Dependence	7	.. 305
Family Planning	1	.. 12
Parentcraft	4	.. 46
Personal Hygiene	2	.. 58
Personal Relationships	16	.. 501
Resuscitation	3	.. 80
Smoking	9	.. 504
V.D.	3	.. 104

PART V—GENERAL HEALTH

Table 40. Classification of the Physical Condition of Pupils inspected during the year at periodical medical inspections

Age Groups Inspected (By years of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected.	
		Satisfactory	Unsatisfactory
(1)	(2)	No. (3)	No. (4)
1967 and later	339	336	3
1966	3,678	3,639	39
1965	5,227	5,166	61
1964	750	744	6
1963	195	193	2
1962	112	112	—
1961	211	211	—
1960	507	504	3
1959	887	885	2
1958	337	337	—
1957	1,571	1,570	1
1956 and earlier	4,710	4,660	50
TOTALS	18,524	18,357	167

This year the percentage of children classified at Routine Medical Inspections as being in an unsatisfactory state of health decreased from 1.4% to 0.7%. 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.

Milk in Schools Scheme

As a result of the Education Milk Act which received Royal Assent in August 1971, as well as the Provision of Milk and Meals (Amendment No.2) 1971, L.E.A.s were required as from the 1st September 1971, to provide free milk to children in the 7 to 11 year age group only on health grounds.

Each school was visited by a health visitor and after consultation with the head teachers, 693 children were referred for examination by a school medical officer. Subsequently milk was supplied to 615 children. Seventy-eight children whose physical condition was found to be satisfactory were refused milk.

Arrangements are in hand to keep the situation under continuous review.

Long life milk is being served in nine schools as it has not been possible to obtain supplies of pasteurised milk.

Table 41.

<i>Type of Milk</i>	<i>No. of Suppliers</i>	<i>No. of Schools supplied</i>	<i>No. of pupils</i>
<i>Maintained Schools:</i>			
Ultra Heat Treated ..	1	9	90
Pasteurised	32	333	23,036
	<hr/> 33	<hr/> 342	<hr/> 23,126
<i>Non-Maintained Schools:</i>			
Pasteurised	5	8	344

Table 42. Milk for Handicapped Pupils unable to attend school

No. of old applications renewed	24
No. of new applications granted	22
No. of children who ceased to receive milk during the year	10

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 the year.

Table 43.

No. of alarms in use as at 31st Dec. ..	89	
	<i>Boys</i>	<i>Girls</i>
Waiting list as at 31st December	87	52
No. of children cured during year	26	26
No. of children improved during year ..	28	24
No. of children relapsed after treatment but much improved	—	—
No. of children relapsed after treatment and awaiting further trial	3	1
<i>Failures</i>		
Heavy sleepers	—	—
Unco-operative mother	1	2

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 for cure is 12 months free from relapse.

Three special schools, Ashley, Needwood, and Walton Hall have alarms and excellent results have been reported.

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 104 of the 269 schools which were visited. There were 23 schools with more than one defect. Some of the defects were corrected in the same calendar year and of course other defects, reported prior to 1971, were also rectified.

Although School Medical Officers are required to inspect school premises and to report defects found, unless health is endangered, it does not necessarily follow that it is possible in all cases to have such defects rectified.

Table 44.

<i>Defective Conditions</i>	<i>No. of defects reported</i>		
	<i>Major</i>	<i>Minor</i>	<i>Total</i>
Sanitary	14	12	26
Kitchens	1	24	25
Heating	5	4	9
Supply of Drinking Water ..	—	14	14
Lighting	1	3	4
Cloakrooms	3	8	11
Dining Rooms	1	3	4
Ventilation	—	11	11
Washing Facilities	1	2	3
Playgrounds	3	2	5
General Environment	7	8	15
Miscellaneous	8	15	23
Total Defects reported ..	44	106	150

WATER SUPPLIES

During the year the County Health Inspectorate regularly sampled rural school water supplies for purity and, where applicable, the efficiency of the chlorination equipment and technique.

Four samples were taken for chemical analysis, all of which proved satisfactory.

A total of 21 samples was taken for bacteriological examination, of which 17 were satisfactory and 4 were unsatisfactory.*

(* This figure includes samples taken from known or suspected polluted supplies as a check against the efficiency of sterilisation measures.)

The number of rural schools receiving non-public mains supplies continues to diminish.

The situation at the end of the year was as follows:—

3 schools were sterilising their own local supply.

2 schools were receiving private mains water.

1 school camp was receiving untreated water from its own borehole.

SWIMMING BATHS

All school swimming baths were inspected by the County Health Inspectorate at least once per term as a matter of routine and tests were carried out on the spot to determine both the chlorine and pH content of the water. Advice on the operation of the bath was given to caretakers as and when necessary and special attention was paid to new baths or in cases where difficulties were experienced.

A total of 19 samples was taken for bacteriological examination all of which were satisfactory.

A total of 40 samples was taken for chemical analysis of which 38 were taken from one particular pool which experienced water pollution problems during much of the period under review.

Table 45. Handicapped Children

Category	Total known handicapped Children		Numbers in Special Schools (as recorded on form 21M)		Number placed in Special Schools in 1971		Number awaiting admission to Special Schools (as recorded on form 21M)		Number in or having special provision at an Ordinary School		Number having Home Tuition including those for admission to Special Schools		At Home without Tuition Pre School Age	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Blind	14	11	10	8	3	1	4	3	—	—	—	—	2	2
Partially Sighted ..	17	16	8	8	2	1	—	2	9	5	—	1	—	—
Deaf	30	20	28	18	4	1	2	2	—	—	—	—	2	2
Partially Hearing ..	99	77	46	26	5	6	—	—	46	44	—	—	7	7
Delicate	276	182	21	12	7	1	—	1	241	157	9	9	5	3
Educationally Group A	724	495	317	210	78	65	63	40	333	233	19	17	16	2
Sub-normal Group B	246	185	183	133	46	27	32	27	—	2	5	2	11	8
Epileptic	48	62	3	5	—	—	—	—	42	52	2	4	1	1
Maladjusted	578	260	51	7	5	3	6	4	509	232	12	18	—	—
Physically handicapped	375	289	60	46	10	8	2	8	246	193	44	18	25	24
Speech Defects ..	690	343	2	—	1	—	—	—	688	343	—	—	—	—
TOTALS	3,097	1,940	729	473	161	113	109	87	2,114	1,261	91	69	69	49
GRAND TOTALS ..	5,037		1,202		274		196		3,375		160		118	

N.B.—Pupils attending Hospital Special Schools are only included in this table in the first column.

Only pupils from the Excepted Districts of Aldridge/Brownhills and Newcastle-under-Lyme who are in, or awaiting admission to residential special schools, are included.

The total number of swimming pools had declined at the year end in comparison with the previous year. This was principally due to the 'hand over' of supervision of 7 pools to the Health Dept. of Aldridge-Brownhills U.D. on 1.4.71 consequent upon their becoming an Excepted District.

12 schools had open air (heated) baths equipped with purification plants.

14 schools had covered baths equipped with purification plants.

3 private pools are used by special arrangement.

The schools which have their own swimming baths comprise the following:—

16 Secondary Schools.

4 Primary Schools.

5 Special Schools.

1 Training College.

HANDICAPPED CHILDREN

A major change in 1971 came as the result of the Education (Handicapped Children) Act 1970. This Act transferred responsibility for the education of mentally handicapped children from the L.H.A. to the L.E.A. with effect from 1st April, 1971. By abolishing the use of Section 57 of the Education Act 1944 it has resulted in the children formerly classified as ineducable becoming part of the educationally subnormal group and this is reflected in the categories as shown in Table 45.

In the Table the children formerly shown as E.S.N. are now shown as E.S.N. Group A and those transferred from L.H.A. care are introduced as Group B.

The transfer of the Service has been a relatively simple and smooth operation because, throughout the County, there was already adequate provision of buildings of a standard comparable with other special schools and School Health Services were already provided. In certain areas of the County special care facilities were provided for those children who, by reason of the extreme severity of their handicap required such facilities. It is hoped that this facility will be extended throughout the County in due course, as these children are indeed a heavy burden on their parents.

Table 45 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.

Convalescence and Debilitated Children

425 children suffering from debility and other defects which did not warrant their admission to open-air schools were kept under clinical observation and 23 children (10 boys and 13 girls) were admitted to the convalescent homes for short periods during the year.

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.

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.

One hundred and sixty children were receiving tuition at the end of the year.

For 138 of these children tuition at home was the best possible provision at the end of the year but the other 22 children were having home tuition as a temporary measure whilst awaiting a vacancy at a special school. At the end of the year there were 4 other Staffordshire children having tuition in hospital.

Further Education of Handicapped Young Persons

The following report is based upon information which the Chief Education Officer has kindly supplied:—

Further Education for handicapped pupils was provided in the following manner during 1971:—

(a) Maintenance of pupils at recognised specialist Colleges.

Fourteen disabled students attended courses at Colleges providing further education and vocational training, e.g. Royal Normal College for the Blind.

(b) *Home Tuition*

four severely handicapped persons were provided with tuition in their own homes, in subjects ranging from basic literacy to G.C.E. 'O' Levels.

(c) *Grants to British Council for the Rehabilitation of the Disabled*

The Authority continued to give financial assistance to persons in hospital or on convalescence following accidents resulting in disablement. The financial assistance was generally to cover the cost of correspondence courses in academic and vocational subjects such as shorthand and typewriting.

(d) *Classes provided in establishments maintained and assisted by the Authority.*

Classes to meet deficiencies in literacy continued to be held at Stafford College of Further Education and Cannock Chase Technical College and over 400 students attended classes at St. Margaret's Hospital, Great Barr, as part of the Authority's Evening Institute programme.

Classes were held for mentally handicapped persons at St. George's Hospital, Stafford and St. Matthew's Hospital Burntwood. Local clubs for the physically handicapped also had several classes organised by the Authority's evening institutes.

(e) *Transport*

A taxi was provided to enable a handicapped person to travel to a vocational course at the Walsall and Staffordshire Technical College.

SCHOOL MEALS SERVICE

The following report is based upon information which the Chief Education Officer has kindly supplied:—

The School Meals Service was seriously affected when the charge for the meal was increased at the beginning of the Summer Term. There was a sharp decline in the number of meals served and a corresponding increase in the request for facilities for children bringing sandwiches. As far as possible facilities were provided so that they could be eaten, under supervision, under clean conditions.

The demand for meals increased at the beginning of the Autumn Term and continued to show a steady rise throughout the whole term but the total number staying for lunch was still considerably lower than the previous year. The senior schools were mainly affected. This was in some measure due to relaxing

the rules concerning pupils leaving school premises during the lunch break. The daily payment for meals also made it difficult to keep a check on the pupils who attend.

There was also an increase in the number of free meals claimed.

From April 1971 the Education Committee took over responsibility for the former Junior Training Centres which are now Day Special Schools for the severely sub-normal and suitable meals provision was made at these schools.

Nutritional Standards

It is still necessary for a meal to comply with the nutritional requirements set out in the Department of Education and Science circular 3/66. Choice of menu has proved very popular and efforts are being made to overcome service space limitations by the introduction of mobile service counters. Chicken and turkey are now offered as regular items on the menu. Care is taken to offer meals with as much variety as possible within the unit cost and with the correct nutritional requirements.

Staffing

The quality of staff recruited in the School Meals Service remains high and only in isolated instances was there any difficulty in finding suitable staffs.

Training

Training was carried out throughout the year in the training kitchens at Stafford Girls' High School and Leek Westwood Primary School. The Training Supervisors successfully completed a residential course at Coventry, organised by the Hotel and Catering Industrial Training Board.

All grades of employees are now benefitting from training courses and refresher courses for senior staff have also been introduced.

In the past it was only obligatory for staff in charge of kitchens to attend courses but it has now been made a condition of employment for all School Meals Staff to attend courses.

Some difficulty was experienced in getting staff to Leek as public transport is somewhat limited, but in February, a van, used for transporting staff and for the delivery of meals, was brought into use to take staff to Leek from a wider area.

The Excepted Districts of Newcastle-under-Lyme, and Aldridge-Brownhills continued to take part in the Training Schemes.

Table 46.

Statistics, as submitted to the Department of Education and Science, relating to the number of meals served on a day during the Autumn.

	1971	1970
No. of children present	92,778	103,695
No. of meals served to children and adults daily	54,030	70,298
No. of schools provided	428	482
No. of schools not provided	1	1
No. of kitchens	326	354

In April the following Day Special Schools were provided with School Meals.

County Area: Stafford, North Walls—Own Kitchen.
Lichfield—Own Kitchen.
Wombourne—Provided from School Meals kitchen.
Leek—Provided by Social Services Hostel.

Cannock Area: Cannock, The Beecroft Hill School—Provided by Social Services Hostel.

New Kitchens Opened in New Schools

County Area: Kinver Edgecliff Comprehensive No. 2 Kitchen.
Fradley, St. Stephen's Primary School.
Stafford, Tillington Primary School
Brereton, Hob Hill Primary School.
Tamworth, Dumulos Lane Primary School.
Eccleshall, Walton Hall Special School.
Rugley, Etching Hill C.E.(C) Junior School
Blythe Bridge, The Marsh Infants' School
Glascote, Woodhouse Comprehensive.
Tamworth, St. Gabriel's R.C.(A) Primary School.

Cannock Area: Cannock, Longford Road Junior School.
Great Wyrley, Landywood Infants' School

In Existing Schools

County Area: Barton-under-Needwood, John Taylor Comprehensive School.

Replacement Kitchens

County Area: Cheadle, Mackenzie Comprehensive School

Cannock Area: Hednesford, William Baxter Special School
Cheslyn Hay Primary School.

Major Extensions to Existing Kitchens

County Area: Stafford Blessed William Howard R.C.(A)
Comprehensive School.

Cannock Area: Hednesford, Westhill Junior School.

New Scullery: Kidsgrove, St. John's R.C. Replacement
School.

Meals on Wheels

A weekly average of 483 meals has been supplied from the following kitchens in the County Area.

Ashley, Hugo Meynell C. of E.

Audley, Halmerend Secondary School

Betley C. of E. Primary

Biddulph Central Kitchen

Codsall Comprehensive

Enville, Countess of Stamford & Warrington C.E.
(C) Primary School

Kinver, Edgecliff Comprehensive School

Pattingham, St. Chad's C.E. (C) Primary School

Penkridge, Wolgarston Secondary School

Werrington, Moorside Comprehensive

Schools where there is no School Meals Provision

County Area: Hopas, The Thomas Barnes Primary
School.

PHYSICAL EDUCATION

The following report is based upon information which the Chief Education Officer has kindly supplied.

General

Co-operation between Local Authorities to provide shared physical education and recreation facilities continued and sports halls and swimming bath projects were developed in Tamworth, Kidsgrove and Kinver. The need to take part in some form of enjoyable physical activity by people over a wide age range is gradually being realised in some parts of the County.

Primary Schools

The number of schools without suitable indoor and outdoor facilities for physical education has been reduced as additional or replacement schools have been built during the year. However, due to the increased school population some school halls have had to serve as temporary classrooms.

A number of Infant schools, often with the assistance of parents and friends, have established adventure playgrounds. In districts where there are school or public baths more classes from Infant and Junior schools had instruction in swimming and many children learned to swim and some gained county and national awards. Parent/Teachers Associations have shewn a continued interest in swimming for primary school children and have raised funds to help to provide small outdoor baths at some schools. Baths at Shareshill Primary and Knypersley Primary Schools were opened during the Summer term.

The standard of work in primary schools varied but there was an improvement in Educational Gymnastics and Games in the areas where teachers' courses have been held. The participation of girls in Netball and Hockey has increased. Boys played Association Football and some reached a high standard of team and individual attainment. In the Summer term schools played the normal field games and raised their level of achievement by participating in the Five Star Award Scheme of the Amateur Athletic Association with good results.

Frequent changes of staff had an adverse effect on the standard of work in some schools and there was a high proportion of new teachers, particularly women.

Day Special Schools which came under the care of the Education Department in April, have been visited and helped. Swimming instruction has been provided or extended at some schools. A number of the halls are already equipped with gymnasia apparatus.

Secondary Schools

The supply of specialist trained men teachers was adequate but there was a shortage of women suitably qualified to undertake posts of responsibility. There is still need for additional teaching staff in some large comprehensive schools and ancillary helpers to assist teachers with the issue, storage and maintenance of equipment and the day to day preparation and marking of pitches.

The secondary schools included the teaching and coaching of a wide range of activities including educational and olympic gymnastics, educational dance, netball, basket ball, volley ball,

badminton, athletics, association and rugby union football, lacrosse and tennis. Optional activities undertaken by older boys and girls in areas where facilities were suitable included horse riding and rock climbing; cross country running was popular with both boys and girls.

Schools held their own athletic meetings and the athletes chosen for county and national championships performed creditably.

Facilities

County standard gymnasium equipment was installed at thirteen new primary schools, and in 5 existing halls.

Four Sports halls or gymnasiums were equipped and two outdoor swimming pools were provided.

Playing Fields

There has been increased use of rented public playing fields, in the Aldridge and Brownhills area and Chasetown, due to the delayed development of new school playing fields. If athletics and cricket are to develop in primary schools there is need to provide jumping pits and cricket pitches.

The practice of siting school extensions on existing playing fields and providing new playing fields often without changing facilities distant from the school may have an adverse effect on the standard of games played and reduce the amount of time devoted to them.

Transport

A number of secondary schools have purchased motor coaches and these have proved most useful in providing transport for school teams, swimming classes and outdoor activities generally. A school coach provided and maintained by the authority might well be part of the essential equipment of all large secondary schools and would help to offset the present shortage of public transport in some areas.

Swimming Instruction

Twenty-one public and twenty-six school baths were used during the Summer term and sixteen public and thirteen school baths during the Autumn and Spring. Swimming pools are urgently needed to serve schools in Aldridge and Brownhills. The present lack of swimming facilities in Kidsgrove and Biddulph will be removed when baths now planned or under construction come into use. Two indoor pools were opened at

Tamworth in the Autumn. In Stafford, the bath at the R.A.F. establishment was used more extensively than in 1970. Indoor school baths are being built at Glascote, Penkridge and Great Wyrley.

The following County and National Awards were gained by boys and girls in primary and secondary schools:—

Beginners' Badges	10,374
Cloth Badges and 1st & 2nd Class Certificates	1,979
Amateur Swimming Association Survival	2,044
Royal Life Saving Society	278

To extend the knowledge and practice of artificial resuscitation more sets of Cheshire Wilson Training Apparatus were distributed for use in schools.

Camping and Outdoor Activities

Camps at Shugborough Park, Cotwalton, Hales Hall, Coven, Chasewater and Port Dinorwic were fully used during the Summer term for seven-day courses in campcraft, pedestrian and canoeing, lightweight camping and climbing.

During the Summer holidays, cruises for boys and girls were conducted by the Camp Wardens along the East Coast and on the Norfolk Broads. The County Sailing Team won the Midland inter-county sailing series again and took part creditably in the National Schools' Regatta.

Adventure courses of ten or fifteen days' duration were held at Cotwalton, Shugborough Park, Hales Hall and Port Dinorwic. Similar courses were held at Hales Hall and Cotwalton during the Spring term and six, week-long courses in skiing were held at Aviemore and Braemar in Scotland. Three hundred and seventy-two boys and girls took part in skiing courses and some gained the skiing proficiency award. A total of 6,899 attended one week or longer outdoor activity courses, approximately one seventh of the secondary school population.

Teachers' Courses

Twenty-two local courses for men and women teachers were held including those in Netball, Hockey, Association Football, Gymnastics, Swimming, Table Tennis and Dance. Residential courses in various branches of physical education were held at Madeley College of Education as part of the County Summer School and in sailing at Port Dinorwic and Chasetown. A total of 927 took part in courses during the year.

Clothing and Footwear

Clothing and footwear for physical education were provided for use by pupils unable to provide their own regularly. More parents have supplied their children with appropriate clothing, plimsolls and games boots.

No children have undergone special remedial exercises for minor postural defects at schools.

The voluntary work of teachers out of school hours to organise, supervise and referee games competitions, sports meetings, swimming galas, sailing regattas, outdoor activities and skiing parties abroad continued and contributed greatly to the recreation and general education of the children. Many county sports associations have been conducted successfully and their work has been helped financially by the Staffordshire School's Sports Council.

STAFFORDSHIRE'S SPECIAL SCHOOLS

FOR EDUCATIONALLY SUB-NORMAL PUPILS

GROUP A (Schools for the E.S.N.)

Residential

Boys: Loxley Hall
Age Range 8-16 years.

Accommodation

80 boys

Mixed: Walton Hall
Age Range 8-16 years.

39 Boarding
39 day places

Day

Mixed: William Baxter, Cheslyn Hay
Age Range 8-16 years.
The Meadows, Biddulph
Age Range 5-16 years.

Accommodation

110 boys
and girls
130 boys
and girls

GROUP B (Former Junior Training Centres)

Day (Age Range 5-16 years)

Accommodation

Mixed: Beecroft Hill Day Special
School, Brunswick Road,
Cannock.

70

Cherry Trees Day Special
School, Giggetty Lane,
Wombourne.

50

Stafford Day Special School,
North Walls, Stafford.

40

Springfield Day Special
School, Springfield Road,
Leek.

40

Rocklands Day Special
School, Wissage Road
Lane, Lichfield.

70

MALADJUSTED BOYS

Ashley Residential School	30 boys
Age Range 11-16 years.	

FOR THE PHYSICALLY HANDICAPPED

<i>Mixed:</i> Wightwick Hall	68 Boarding
Residential and Day	boys and girls
Age Range 5-16 years.	32 day places

FOR THE PARTIALLY HEARING

<i>Mixed:</i> Needwood. Residential	145 boys
Age Range 5-16 years.	and girls

DEAF

<i>Mixed:</i> The Mount, Stoke-on-Trent	76 Boarding
(jointly maintained with	36 day places
Stoke City)	12 nursery
Day and Residential.	places
Age Range 2-16 years.	

STAFFORDSHIRE COUNTY COUNCIL

URBAN DISTRICT OF

ALDRIDGE—BROWNHILLS

(EXCEPTED DISTRICT)

SCHOOL HEALTH SERVICE REPORT

for 1971

BY THE

District School Medical Officer

ALDRIDGE-BROWNHILLS URBAN DISTRICT
(Excepted District)

SCHOOL HEALTH SERVICE STAFF

District School Medical Officer:

H. SHORE, M.D. D.T.M. & H., D.P.H.

Deputy District School Medical Officer:

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

Medical Officers in Departments:

MARGARET BAMBER, M.B., B.Ch., B.A.O., D.P.H.
(Part-time)

MONICA GRANT, M.R.C.S., L.R.C.P., D.P.H.
(Appointed 1/10/71)

ELSIE MAY, M.B., B.S., (Sydney), D.C.H., (Lond.)
(Left June, 1971)

A. MEIN, M.R.C.S., L.R.C.P. (Part-time)

G. O'CONNOR, M.B., B.Ch., B.A.O., N.U.I. (Part-time)

Ophthalmic Specialists (Part-time):

CHARMAIN H. LONGMORE, M.B., Ch.B., M.R.C.S.,
L.R.C.P., D.O.M.S. (Appointed October, 1971)

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

B. M. McOWAN, M.B., B.S., M.R.C.S., L.R.C.P.,
D.O. (Ldn)

E.N.T. Specialist (Part-time):

V. C. DALAL, M.B., F.R.C.S., D.L.O.
(Appointed August, 1971)

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

R. M. SIMONS, M.A., F.R.C.S. (Appointed July, 1971)

Physiotherapists (Part-time):

MRS. M. LEWIS, M.C.S.P. (Left February, 1971)

MRS. G. E. MALLET, M.C.S.P. (Left February, 1971)

MRS. M. J. BELT, M.C.S.P. (Appointed March, 1971)

Speech Therapist Part-time:

Mrs. S. Anderson, L.C.S.T.

Vision Testing Survey:

MRS. E. HORTON, S.R.N. (Part-time) (Retired 31/12/71)

Area Dental Officer:

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

District School Dental Officers:

K. J. BASIL, B.Sc., B.D.S., M.D.S. (India)
(Appointed June, 1971)

MRS. S. GLOVER, L.D.S.

MRS. M. HAYES, B.D.S. (Resigned 30/9/70)

H. J. VILLIERS, B.D.S. (Part-time)

Consultant in Children's Dentistry:

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

Dental Anaesthetists (Part-time):

R. I. Gifford, M.B., Ch.B.

G. I. VILLIERS, M.B., B.Ch., B.A.O. (Resigned Aug., 1971)

Audiometrician:

MRS. M. MOSS (Part-time)

Peripatetic Teacher of Children with hearing defects:

T. LONBOROUGH (Part-time)

SCHOOL POPULATION

The number of pupils on the registers of maintained schools (including nursery schools) at the end of the year was 18,159.

Nursery Schools	1
Infant departments	13
Infant and Junior departments	16
Junior Departments	10
Secondary Modern Schools	4
Comprehensive Schools	5
Grammar Schools	1
Special Schools	2
	—
Total Number of Schools	52
	—

INFORMATION OBTAINED BY MEDICAL INSPECTIONS

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

At periodic cleanliness inspections of children 31,547 examinations were made and 115 individual pupils were found to be infested. There were 80 cleansing notices issued.

Tonsils and Adenoids

At periodical and special examinations 38 children were found to be suffering from enlarged tonsils and/or adenoids and were referred for examination by a specialist. During the period 82 children received operative treatment through arrangements made by the School Health Service. In addition, there were 53 children who required only medical treatment and/or observation.

Skin Diseases

Twenty new cases of skin disease (dermatitis, impetigo, urticaria, ringworm, etc.) requiring treatment were discovered at medical inspections.

Defective Vision and Squint

One hundred and forty-six cases of defective vision, including 13 squints, were discovered at routine and special medical examinations and were referred for treatment.

An Ophthalmic Clinic was held three times per month at the Aldridge Clinic, Leighswood Road, Aldridge. Dr. McCabe attended the clinic once a month on a Wednesday afternoon. Dr. Longmore attended the clinic on the second and fourth Thursday morning in the month. At Pheasey Clinic, Beacon Road, Great Barr, Dr. McCabe attended once a month on a Wednesday afternoon. There is also an Ophthalmic Clinic held on alternate Monday afternoons at the Shelfield Clinic, Coalheath Lane, Shelfield.

During the year 1,038 appointments were given, 771 children were examined. Of the 267 children who did not keep appointments, 39 were stated by parents to be attending an optician. Spectacles were prescribed for 318 children. The parents of children who did not attend the appointments and who did not appear to be doing anything about their child's vision were visited by a school nurse to determine the reason for failure to attend and obtain treatment. Every case was followed up until a satisfactory conclusion was reached.

Ophthalmic Clinics

Visual and External Eye Defects:

No. of children examined	771
No. of children attending for the first time	327
No. of re-visits	444
No. of children for whom spectacles were prescribed	318
No. of children discharged	66

Analysis of major defects found among new cases:—

Errors of Refraction:

Hypermetropia	21
Hypermetropic Astigmatism	12
Compound Hypermetropic Astigmatism	13
Myopia	57
Myopic Astigmatism	19
Compound Myopic Astigmatism	15
Mixed Astigmatism	13
	— 150

Diseases and other abnormalities:

Amblyopia	3
Anisometropia	39
	— 42

Lids and Conjunctiva:

Blepharitis	2
Epicanthus	7
	— 9

Muscles:

Strabismus	42
	— 42

Retina:

Optic Atrophy	2
	— 2

Referrals to Hospital for Squint 35

Referrals to Hospital other than Squint 6

Operative treatment (from discharge slips) 8

Vision Survey

The vision testing nurse, who comes to the Aldridge-Brownhills District once a year, tested the children in the 7-year age group. Of 1,801 children examined, 219 were found to have defective vision, 108 of whom were under their own optician. All of the newly found cases were offered appointments at the School Ophthalmic Clinics, except those who preferred to make their own arrangements.

Ear Diseases and Defective Hearing

At routine medical inspections during the period, 27 cases in this category were found to require treatment and all were referred to the E.N.T. Specialist, 6 children were referred to hospital for treatment.

ADDITIONAL EXAMINATIONS

Medical Inspection prior to admission to Training Colleges

During the year, 75 pupils had a special medical examination before admission to colleges for training for the teaching profession, as required by the Department of Education and Science. All the pupils were declared medically fit.

Medical Inspection of new Entrants to the Teaching Profession

Thirteen medical examinations, including chest X-rays, as required by the Department of Education and Science, were carried out on new entrants, all of whom were found to be fit.

Children attending School Camps

During the period 66 children filled in medical questionnaire forms regarding their fitness to attend organised School Camps and only one was found to be temporarily unfit.

Employment Licences for School Children

All the 124 school children who filled in medical questionnaires regarding their fitness to undertake part-time employment were found to be fit and were issued with employment licences by the Education Department.

Education Department Employees

During the year, 218 questionnaires were completed by prospective employees for the Education Department. Of that number 41 had full medical examinations carried out and all were found fit for employment. Of 78 who were sent for a chest X-ray, all but one were found to be satisfactory.

During the year, 137 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. All were examined by a Medical Officer to ensure freedom from infection.

PHYSIOTHERAPY

Treatment was provided at the clinics shown below:—

Pier Street, Brownhills	Fridays	9.30–12.00
Leighswood Road, Aldridge	Thursdays	9.30–12.00
Blackwood Road, Streetly	Alternate Tuesdays	9.30–12.00
Beacon Road, Pheasey	„ „	9.30–12.00

Attendances were as follows:—

	<i>Brownhills</i>	<i>Aldridge</i>	<i>Streetly</i>	<i>Pheasey</i>
Children having breathing exercises	11	46	2	5
Children having remedial exercises	64	28	74	41
Total attendances during the year	146	209	84	80

SPEECH THERAPY

During the period, 406 children attended Speech Therapy sessions at:—

			<i>Children seen</i>
Aldridge	Fridays	9.00 – 12.00	135
Brownhills	Mondays	2.00 – 4.30	126
	Thursdays	9.00 – 12.00	
Pelsall	Tuesdays	2.00 – 4.30	54
Shelfield	Tuesdays	9.00 – 12.00	74
High Heath School ..	Fridays	2.00 – 4.30	17

CHIROPODY SERVICE

Foot inspections were carried out at all schools by the School Chiropodist. Those requiring further treatment were referred to the school clinics.

CHILD GUIDANCE

Thirty-nine children were referred to the Lichfield Child Guidance Clinic. At the end of the year there were 18 children awaiting appointments with the Psychiatrist.

MINOR AILMENT CLINICS

During the year minor ailment clinics operated as follows:—

Aldridge	Wednesdays	9.30 – 12.00 (Dr. attends 2nd Wednesday in month)
Brownhills	Mondays	9.30 – 12.00 (Dr. attends alternate weeks)
Pelsall	Mondays	9.30 – 12.00 (Dr. attends 2nd Monday in month)
Pheasey	Wednesdays	9.30 – 12.00 (Dr. attends 1st Wednesday in month)
Shelfield	Thursdays	9.30 – 12.00 (Dr. attends 1st Thursday in month)
Streetly	Fridays	9.30 – 12.00 (Dr. attends 1st Friday in month)
Walsall Wood	Thursdays	9.30 – 12.00 (Dr. attends 3rd Thursday in month)

The cases dealt with are included in Table III on page 85 of this report. During the period the number of attendances at the various minor ailment clinics was 3,558.

SCHOOL DENTAL SERVICE

Statistics regarding children inspected and treated during the year are given at the end of this report in table IV, on page 87.

INSPECTION OF SCHOOL PREMISES

Inspections of school premises are carried out by the departmental medical officers when visiting the schools for the medical inspection of pupils. For the convenience of the medical and teaching staffs these inspections are usually carried out on the last day of the visit.

During the period, 39 inspections of school premises were carried out.

A total of 8 defects in 5 schools was reported to the Divisional Education Officer for information and appropriate action. Twelve defects were rectified during the year.

Enuresis Alarms

Number of alarms in use at 31st December	29		
	<i>Boys</i>	<i>Girls</i>	
Waiting list as at 31st December	Nil	Nil	
No. of children cured during the year	16	10	
No. of children improved during the year	-	-	
No. of children relapsed after treatment but much improved	1	1	
No. of children relapsed after treatment and awaiting further trial	4	-	

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

HEARING TEST SURVEY

All Infant Departments were visited by an Audiometrician and the hearing of children in the 6+ age group was tested. The results are shown below:—

<i>No. Examined</i>	<i>No. showing some hearing loss</i>	<i>Percentage showing some hearing loss</i>
2,882	438	15.5%

Follow-up

214 children were referred for treatment and specialist opinion, as shown below:—

<i>No. Referred</i>	<i>Re-exam. by Specialist after 3-6 months</i>	<i>Further Hearing Test after 12 months</i>	<i>T's and A's Operation</i>	<i>Other treatment</i>	<i>General Medical Super- vision</i>	<i>Already under Specialist</i>	<i>No Action</i>
214	5	43	54	24	16	9	63

Peripatetic Teaching Service for Hearing Impaired Children

Under supervision at 31st December, 1971:—

<i>Years</i>	0-1	1-2	2-3	3-4	4-5	<i>Over 5</i>	<i>Total</i>
Boys ..	—	1	—	—	—	16	17
Girls ..	—	—	—	—	1	7	8
Totals	—	1	—	—	1	23	25

On the list for re-visiting at 31st December, 1971, there were six children, plus 25 to be visited in 3, 4 and 6 months' time.

During 1971 and not included on the list of those under supervision at 31st December, 1971, were 9 boys and 5 girls whose names were taken off the list for supervision for various reasons, such as left school, hearing improved following treatment, or left district, etc.

One child was issued with a hearing aid during the year bringing the total number of children having aids to five.

HOME TUITION

Sixteen children received Home Tuition during 1971. At the end of the year only eight were still being taught at home.

FOOT INSPECTIONS

It is estimated that 57 half-day sessions were devoted to foot inspections during the year:—

<i>Foot Inspections</i>	<i>Type of School</i>				<i>Total in all Schools</i>
	<i>Infant</i>	<i>Junior</i>	<i>Senior</i>	<i>Special</i>	
Number of children with unsatisfactory footwear	94	267	117	21	499
Number of children with satisfactory footwear	4,130	7,883	3,340	200	15,553
Total No. of children seen by School Nurse	4,224	8,150	3,457	221	16,052
No. with unclean feet	88	230	91	16	425
No. with unsatisfactory socks	30	129	22	10	191
Foot deformities	26	76	16	3	121
No. of children with corns	13	64	31	5	113
No. with foot infections	76	285	207	3	571

**Medical Inspection of Pupils attending Maintained Primary
and Secondary Schools (including Special Schools)**

TABLE I.

PART A—PERIODIC MEDICAL INSPECTIONS

<i>Age Groups Inspected (By year of Birth)</i> (1)	<i>Number of Pupils Inspected</i> (2)	<i>Physical Condition of Pupils Inspected</i>	
		<i>Satisfactory</i> (3)	<i>Unsatisfactory</i> (4)
1967 and later	15	15	—
1966	588	587	1
1965	1,343	1,341	2
1964	911	911	—
1963	530	530	—
1962	390	390	—
1961	359	359	—
1960	401	401	—
1959	349	349	—
1958	261	261	—
1957	724	724	—
1956 and earlier	1,319	1,319	—
TOTAL	7,190	7,187	3

Column 3 total as a percentage of Column 2 = 99.96%

Column 4 total as a percentage of Column 2 = .04%

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

<i>Age Groups Inspected (By year of Birth)</i>	<i>For Defective Vision (excluding squint)</i>	<i>For any of the other conditions recorded in Table II</i>	<i>Total Individual Pupils</i>
1967 and later	—	1	1
1966	25	89	110
1965	85	238	318
1964	19	141	159
1963	11	52	60
1962	3	1	4
1961	2	8	9
1960	8	4	12
1959	8	44	49
1958	7	43	48
1957	64	76	135
1956 and earlier	212	108	315
TOTAL	444	805	1,220

PART C—OTHER INSPECTIONS

Number of Special Inspections	62
Number of Re-Inspections	3,316
Total	3,378

PART D—INFESTATION WITH VERMIN

Total number of individual examinations of pupils in schools by School Nurses or other authorised persons	31,547
Total number of individual pupils found to be infested ..	80
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ..	—
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ..	—

TABLE II

Return of Defects found by Medical Inspections during 1971
 PART A—PERIODIC AND SPECIAL INSPECTIONS
 (Cases already under treatment included)

Defect or Disease	ENTRANTS		OTHERS		LEAVERS		TOTALS	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
Skin	65	37	3	1	68	19	136	57
Eyes: (a) Vision ..	123	78	78	21	278	45	479	144
(b) Squint ..	58	2	10	1	18	20	86	23
(c) Other ..	5	-	1	1	1	23	7	24
Ears: (a) Hearing ..	25	31	11	7	10	16	46	54
(b) Otitis Media (R)	6	25	4	15	4	3	14	43
(c) Otitis Media (L)	2	21	-	8	2	2	6	31
(d) Others ..	7	4	2	1	6	-	15	5
Nose and Throat ..	64	382	36	76	22	87	122	545
Speech ..	20	30	2	4	-	3	22	37
Lymphatic Glands ..	-	27	-	4	1	3	1	34
Heart ..	5	22	1	7	4	10	10	39
Lungs ..	26	100	8	30	16	31	50	161
Development: (a) Hernia ..	15	13	1	1	-	-	16	14
(b) Other ..	4	40	4	8	3	3	11	51
Orthopaedic: (a) Posture ..	5	12	1	5	5	13	11	30
(b) Feet ..	27	41	10	11	21	32	58	84
(c) Other ..	8	41	1	3	12	17	22	61
Nervous System: (a) Epilepsy ..	1	1	1	1	3	-	5	2
(b) Other ..	2	2	6	-	7	1	15	3
Psychological: (a) Development ..	1	12	4	11	1	17	6	40
(b) Stability ..	25	154	6	43	2	40	33	237
Abdomen ..	10	5	5	2	10	6	25	13
Other ..	17	16	5	6	20	35	42	57

TABLE III.

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

PART A—Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	56
Errors of refraction (including squint)	185
Total	241
Number of pupils for whom spectacles were prescribed ..	318

PART B—Diseases and Defects of Ear, Nose and Throat

	<i>Number of cases known to have been dealt with</i>
Received operative treatment for—	
diseases of the ear	13
adenoids and chronic tonsillitis	62
other nose and throat conditions	8
Received other forms of treatment	53
Total	136
Total number of pupils in schools who are known to have been provided with hearing aids—	
In 1970	1
In previous years	5

PART C—Orthopaedic and Postural Defects

	<i>Number of cases known to have been dealt with</i>
Pupils treated at school clinics or out-patients departments ..	—
Pupils treated at school or physiotherapist clinics for postural defects	271
Total	271

PART D—Diseases of the Skin

(excluding uncleanness, for which see part D, Table I)

	<i>Number of cases known to have been dealt with</i>
Ringworm (a) Scalp	—
(b) Body	—
Scabies	17
Impetigo	2
Other Skin Diseases	1,931
Total	1,950

PART E—Child Guidance Treatment

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics	47

PART F—Speech Therapy

	<i>Number of cases known to have been treated</i>
Pupils treated by Speech Therapists	406

PART G—Other Treatment given

	<i>Number of cases known to have been dealt with</i>
Pupils with minor ailments	604
Pupils who received convalescence treatment under School Health Service arrangements	
Total	604

TABLE IV.

**Dental Inspection and Treatment carried out by the Authority
during 1971**

The dental Officers devoted 932 sessions to treatment and 23 sessions to inspections.

Inspections	<i>Pupils</i>
(a) First inspection at school	2,764
(b) First inspection at clinic	2,040
(c) Number found to require treatment ($a+b$) ..	3,704
(d) Number offered treatment ($a+b$)	2,582
(e) Re-inspections at school clinic	246
(f) Number of these found to require treatment ..	214

Attendances and Treatment

First visit	2,041
Subsequent visits	2,713
Total visits	<u>4,754</u>
Additional courses of treatment	55
Fillings in permanent teeth	3,994
Fillings in deciduous teeth	976
Permanent teeth filled	3,378
Deciduous teeth filled	902
Permanent teeth extracted	909
Deciduous teeth extracted	2,153
General anaesthetics	930
Emergencies	364
Number of pupils X-rayed	200
Prophylaxis	220
Teeth otherwise conserved	403
Number of teeth root filled	14
Inlays	1
Crowns	31
Course of treatment completed	1,183

Orthodontics

New cases commenced during the year	25
Cases completed during the year	29
Cases discontinued during the year	10
Number of removable appliances fitted	22
Number of fixed appliances fitted	16
Number of pupils referred to hospital consultants	13

TABLE V.

Staff of the School Health Service

	Number of Officers	Number in terms of full-time Officers employed in the School Health Service
(a) Medical Officers, including District School Medical Officer	6	2.05
(i) Whole-time School Health Service	—	—
(ii) Whole-time School Health and Local Health Service	5	2.05
(b) Speech Therapists	1	0.65
Physiotherapist	1	0.30
Audiometrician	1	0.14
Chiropodist	1	0.40
Ophthalmologists	3	0.15
Vision Testing Nurse	1	0.14
(c) (i) School Nurses	17	3.60
(ii) No. of the above who hold a Health Visitor's Certificate	9	2.25

	Officers employed on a Salary basis		Officers employed on a sessional basis	
	Number of Officers	Whole- time Equivalent	Number of Officers	Whole- time Equivalent
(d) Dental Staff				
(i) Area School Dental Officer	1	1	1	0.2
(ii) Dental Officers	1	1.0	3	0.6
(iii) Consultant Dental Surgeon	1	0.1	—	—
(iv) Dental Surgery Assistants	4	3.2	—	—
(v) Dental Anaesthetist	—	—	1	0.2

TABLE VI.

- (i) **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 dental examination and treatment of pupils attending maintained primary and secondary schools:—7
- (ii) **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.

<i>Examination and/or treatment</i>	<i>Number of clinics provided Directly by the Authority</i>
Minor Ailment and other non-specialist examination or treatment	7
Chiropody	7
Ear, Nose and Throat	2
Ophthalmic	3
Physiotherapy & Remedial Exercises ..	4
Speech Therapy	4
School Medical Officers Special Examinations	7
Vaccination and Immunisation	7

TABLE VII
RETURN OF HANDICAPPED CHILDREN

<i>During the calendar year ended 31st December, 1971</i>		Blind (1)	P.S. (2)	Deaf (3)	Pt. Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Def. (10)	Total (11)
A	How many handicapped children were newly assessed as needing special educational treatment at special schools or in boarding homes?	B 1	1	—	2	—	—	—	6	—	—	10
		G 1	2	—	—	1	—	—	17	—	—	21
B	{	(1) of those included at A above	B 1	—	—	1	—	—	3	—	—	6
			G —	—	—	—	—	—	4	—	—	4
	{	(2) of those assessed prior to January, 1971	B —	—	—	1	1	—	5	—	—	7
			G —	—	—	—	—	—	4	—	—	4
	{	(3) TOTAL newly placed—B (i) and (ii)	B 1	1	—	2	1	—	8	—	—	13
			G —	—	—	—	—	—	8	—	—	8

Number of children, previously regarded as unsuitable for education at school, for whom the L.E.A. became responsible on 1/4/71:—

Boys	15	}	Total
Girls	15		30

TABLE VIII
HANDICAPPED CHILDREN AWAITING PLACES OR RECEIVING EDUCATION
IN SPECIAL SCHOOLS ON 31st DECEMBER, 1971

As at 20th January, 1972		Blind (1)		P.S. (2)		Deaf (3)		Pt. Hg. (4)		P.H. (5)		Del. (6)		Mal. (7)		E.S.N. (8)		Epil. (9)		Sp. Def. (10)		Total (11)	
		B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
Children awaiting places in special schools other than hospital special schools:—																							
Under 5 years of age		—	—	—	1	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	1
Aged 5 years and over:																							
(i) waiting before 1st January, 1971		—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	3	—
(ii) newly assessed since 1st January, 1971		—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
Others		—	1	—	1	—	—	—	—	1	1	—	—	2	—	5	9	—	—	—	—	8	12
Total number of children awaiting admission to special schools other than hospital special schools:																							
{ (a) day places		—	—	—	—	—	—	—	—	1	1	—	—	—	—	2	9	—	—	—	—	12	10
{ (b) boarding places		—	1	—	2	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	2	3
Pupils on the registers of:—																							
(i) Maintained special schools (other than hospital special schools and special classes and units not forming part of a special school) regardless by what authority they are maintained																							
{ (a) day		—	—	3	1	—	—	—	1	7	4	1	—	—	—	43	39	—	—	—	—	54	45
{ (b) boarding		—	—	—	1	2	2	—	3	2	—	—	9	2	4	—	—	—	—	—	—	20	6
(ii) Non-maintained special schools (other than hospital special schools and special classes and units not forming part of a special school) wherever situated																							
{ (a) day		—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	2	1
{ (b) boarding		2	2	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	3	3
(iii) Independent schools under arrangements made by the Authority																							
day and boarding		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(iv) Special classes and units not forming part of a special school																							
Children boarded in homes and not already included above		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pupils (irrespective of the area to which they belong) being educated under arrangements made in accordance with Section 56 of the Education Act, 1944:																							
{ (i) in hospitals		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
{ (ii) in other groups e.g. units for spastics		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
{ (iii) at home		—	—	—	—	—	—	—	—	1	3	—	—	2	—	2	1	—	—	—	—	5	4
Total number of handicapped children requiring places in special schools: receiving education in special schools: independent schools: special classes and units: under Section 56 of the Education Act, 1944: and boarded in homes		2	4	3	5	1	2	3	1	16	12	1	—	15	3	72	58	—	—	—	—	113	85

STAFFORDSHIRE COUNTY COUNCIL

BOROUGH OF

NEWCASTLE-UNDER-LYME

(EXCEPTED DISTRICT)

SCHOOL HEALTH SERVICE REPORT

for 1971

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. (Retired 30/9/71)

JOHN A. SCULLY, M.A., M.B., B.Ch., B.A.O., D.P.H.,
M.F.C.M., F.R.S.H. (Appointed 1/10/71)

Departmental Medical Officers:

HENRIETTA PROCTOR, M.B., B.S., M.D. Lond.

MARY ISOBEL COOPER, M.B., B.S.

DOUGLAS G. GARVIE, M.B., Ch.B., (Part time)

Physiotherapists:

Mrs. M. Bowcock, M.C.S.P.

Mrs. T. J. Bladen, M.C.S.P. (Part-time)

MRS. B. WAIN, M.C.S.P. (Part-time)

Speech Therapists (Part-time):

MRS. J. E. JONES, L.C.S.T. (Appointed 7/9/71)

Ophthalmic Surgeon (Part-time):

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

Area Dental Officer:

R. B. GELDEARD, L.D.S.

School Dental Officers (Part-time):

MRS. ANNE GELDEARD, B.D.S. (Appointed 5/5/71)

LESLIE J. MYATT, B.D.S., L.D.S., R.C.S.

L. GILLIBRAND, B.D.S. (Appointed 31/3/71)

MRS. D. J. GILLIBRAND, B.D.S. (Appointed 31/3/71)

Dental Anaesthetists (Part-time):

J. LEWIS, M.B., B.Ch., F.F.A.R.C.S., D.A.

Nursing Establishment

For the first time since 1965 the full establishment of health visitor/school nurses was achieved. During these years the deficiency of health visitor trained staff was made up by temporary school nurses who gave valued service to the Borough.

School Population

The number of pupils on the registers of maintained schools (including nursery schools) at the end of the year was 15,147. This represents an increase of 129 over 1970.

Number of schools or departments:—

Nursery Schools	..	..	..	4
Infant Departments	..	..	..	12
Infant & Junior Departments			..	11
Junior Departments	..	..	..	11
Secondary Modern Schools	..	..		9
Secondary Grammar Schools			..	4
Blackfriars	..	..	..	1
The Coppice School	..	..	..	1
The Wilmot School	..	..	..	1
Assessment Centre	..	..	..	1

INFORMATION OBTAINED BY MEDICAL INSPECTIONS

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

Seven children were found to be verminous at routine school medical inspections.

At periodic cleanliness inspections of children a total of 20,938 examinations were made and 627 individual pupils were found to be infested. 453 cleansing notices were issued under Section 54(2) of the Education Act, 1944.

Three children were compulsory cleaned at school clinics under Section 54(3) of the Education Act, 1944.

Sixty-four children were referred to the school clinic for treatment.

Tonsils and Adenoids

At periodical and special examinations 20 children were found to be suffering from enlarged tonsils and/or adenoids and were referred for examination by a specialist. During the year 101 cases received operative treatment through arrangements made by the School Health Service. In addition there were 230 cases which required only medical treatment and/or observation.

Skin Diseases

Seven cases of skin disease (dermatitis, impetigo, urticaria, ringworm, etc.,) were discovered, at medical inspections, to require treatment.

Defective Vision and Squint

Sixty-one cases (defective vision, 53 and squint, 8) were discovered at routine and special medical examination and were referred for treatment.

The Ophthalmic Clinic was held each Wednesday morning at Friarswood School Clinic. During the year 776 children had refractions carried out and in 107 cases spectacles were prescribed by the Schools Ophthalmic Consultant.

Ear Diseases and Defective Hearing

At routine medical inspections, 5 cases in this category were found to require treatment and all were referred to Consultants at local hospitals.

ADDITIONAL EXAMINATIONS.

Medical Inspection prior to admission to Training Colleges

During 1971, 112 pupils had a special medical examination by the School Medical Officers before admission to colleges for training for the teaching profession, as required by the Department of Education and Science. All the pupils were declared medically fit.

Medical Inspection of new Entrants to the Teaching Profession

Ten medical examinations, with subsequent X-ray of chests, as required by the Department of Education and Science, were carried out on new entrants to the teaching profession within the Borough. All the new entrants successfully passed this medical examination.

Children attending School Camps

During the year, 218 medical questionnaires which were introduced in 1970 for children attending school camps were completed where appropriate. The completed forms were scrutinised by a medical officer but it was only necessary to medically examine 5 children.

Education Department Employees

During 1971, 159 medical questionnaires were completed by prospective employees in the Education Department. Ten of this number had full medical examinations and all were found fit for employment.

SELECTIVE MEDICAL EXAMINATIONS

The parents of 1,715 children in the 9+ age group at 22 junior Schools, were invited to complete a medical questionnaire giving details of their children's health. Only 3 parents refused to do so but completed questionnaires were not received back from another 128 parents.

Eventually 724 children were selected for medical examination and of that number, 365 children were found to have defects, or suspected defects, requiring either observation or treatment.

PHYSIOTHERAPY

Friarswood Clinic

Statistics show that at the present time the majority of children are referred to the clinic for remedial exercises, and many of these are suffering from some degree of pes planus. Although a percentage are in need of constant supervision, it is felt that more of the time available could be given with advantage to the treatment of children with postural difficulties or those suffering from upper respiratory infections. In the second half of the Autumn term, one session at Friarswood Clinic was discontinued, in order that work might be started with patients at the Wilmot School.

Wilmot School

The staff there had already made splendid progress with some of the severely handicapped children and are to be congratulated on their efforts. It is hoped that with time and more apparatus and aids, when funds are available, even better results may be achieved.

Blackfriars School

Breathing Exercises, Remedial Exercises and Sun-Ray Clinics held on—
Mondays, Tuesdays and Thursdays .. 9.15 a.m. – 12 noon
1.30 p.m. – 3.30 p.m.

Hydrotherapy Sessions held—

Wednesdays and Fridays 9.15 a.m. – 12 noon
1.30 p.m. – 3.30 p.m.

Attendances were as follows:—

	<i>Breathing Exercises</i>	<i>Remedial Exercises (Including Hydrotherapy)</i>	<i>Sun-Ray Treatment</i>
Children	14	75	19
Attendances	478	3,152	322

Friarswood Clinic

Breathing and Remedial Exercises and Sun-Ray Treatment Sessions held—
Tuesday and Thursdays .. 10.00 a.m. – 12 noon
1.30 p.m. – 3.30 p.m.

Attendances were as follows:—

	<i>Breathing Exercises</i>	<i>Remedial Exercises</i>	<i>Sun-Ray Treatment</i>
Children	22	65	10
Attendances	473	1,138	337

Speech Therapy

A part-time therapist was engaged for two sessions per week from September after the School Health Service had been without a speech therapist since June, 1970. As speech therapy was most needed in the Coppice and Blackfriars Special Schools her time was equally divided between these schools.

The Paediatricians and E.N.T. Consultants at the Hospital Centre have been most co-operative and have arranged for Borough children who were urgently in need of speech therapy to receive treatment at the hospital.

The speech therapist has made the following comments:—

- “(a) working on school premises in close co-operation with the teachers, I am getting nearer the kind of liaison necessary to make a success of speech therapy;
- (b) the children are more co-operative in the school situation;
- (c) both schools have willing helpers who carry out daily speech exercises with children under treatment;
- (d) at Blackfriars I work in co-operation with the physiotherapist;
- (e) no time is wasted waiting for failed appointments, as in clinics.”

Chiropody Service

One child found to require chiropody treatment through the School Health Service was treated by the chiropodist at the King Street Clinic.

Child Guidance

Twenty-four children were referred to the Child Guidance Clinic in the Mental Health Centre, Newcastle. At the end of the year, 9 children were under treatment and there were 24 children waiting to be seen.

The following report is based upon information supplied by the Principal Medical Officer for the Mental Health Service:—

A Child Guidance Service for the Borough is provided at a clinic held within the Borough and provided by the County to serve not only the Borough but also the northern part of the County. 1971 has been a difficult year within the clinic because the coming into operation of the Social Services Act has necessitated a re-arrangement of the service. It is no longer associated with the former Mental Health Service which has now been transferred to the Social Services Department. Recruitment of social workers for the Child Guidance Service has, in general, been adversely affected because of better financial and promotion prospects within the Social Services Department.

Throughout the year, approximately three sessions of psychiatrist time have been provided. Towards the end of the year it proved possible to recruit another social worker to provide an additional four sessions of social work time and the Education Department provided another Educational Psychologist to work part-time within the clinic. Nevertheless, the total available manpower is still considerably under what is necessary to serve the population of the area and it remains the policy of the clinic to provide mainly an assessment and emergency treatment service.

MINOR AILMENT CLINICS

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

Bradwell C.S.M. School	Tuesday	9.30 a.m. — 10.15 a.m.
Chesterton — Loomer Road	Monday	10.30 a.m. — 12 noon (Dr. attends 10.30 — 11 a.m.)
Clayton — Kingsbridge Ave.	Wednesday	9.30 a.m. — 10.15 a.m.
Crackley Bank C.P. School	Wednesday	10.30 a.m. — 11.30 a.m.

Hempstalls C.P. School	Wednesday	10.00 a.m. — 11.00 a.m.
Knutton — Knutton Lane	Tuesday	10.30 a.m. — 12 noon (Dr. attends 11.00 — 11.30 a.m.)
	Friday	9.30 a.m. — 10.30 a.m.
Newcastle — Friarswood	Monday	10.30 a.m. — 12 noon (Dr. attends 11.15 — 12 noon)
	Friday	10.30 a.m. — 12 noon (Dr. attends)
Silverdale — Crown Street	Tuesday	9.30 a.m. — 10.15 a.m. (Dr. attends when required)
Porthill — Inglewood Drive	Thursday	10.30 a.m. — 12 noon (Dr. attends 10.45 — 11.30 a.m.)

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 6,698 which is a decrease of 764 on the figure for 1970.

School Dental Service

Statistics regarding children inspected and treated during the year are given later in the report in Table IV.

The Area Dental Officer has provided information for the following report:—

The past year has been one of expansion and modernization in the Borough Dental Service. After several years of reliance on a succession of part-time Officers, the service, with an establishment of three full-time Officers, was reduced to one Officer working two sessions a week.

In May, three further part-time Officers were appointed and a full-time Dental Surgery Assistant.

By the end of the year the Borough had a staff of five Dental Surgeons, the equivalent of 2.3 full-time officers, and two full-time Dental Surgery Assistants. A Consultant Anaesthetist was also appointed for 1 session per week for the administration of general anaesthetics.

To keep pace with the increase in staff the surgery accommodation in the Borough was expanded and modernized. A surgery at Friarswood House was re-equipped to present-day standards, making it possible for all modern dental techniques to be carried out. Hygiene has been improved by the removal of all the old wall cupboards and fittings and their replacement with modern equipment.

To offer an adequate service to all schools, another surgery was badly needed in the Chesterton, Crackley Bank area, to save children having to travel awkward and long distances. The problem has been solved with the Dental Caravan which had been used occasionally as a mobile surgery. It was refitted with the old equipment from Friarswood House as a temporary measure and parked in the grounds of Crackley Junior School.

The aims of the Borough Dental Service in Newcastle are threefold:—

- A. To provide an emergency service where patients can receive immediate treatment for dental pain and/or trauma which is perhaps the most important service in an area where parents allegedly find great difficulty in obtaining such treatment for their children. Every week-day morning a period was set aside at two clinics for children in pain to be seen immediately without prior arrangements, and even outside that period, every effort is made to see such patients with as little delay as possible.
- B. An inspection each year of all new pupils at primary and nursery schools. Each child found to require treatment is offered an appointment with a School Dental Officer. In this way, over the years all parents should be introduced to the service and given opportunity to have their children treated.
- C. To offer a comprehensive dental service and by means of a Dental Health Education programme, to show parents and children the value of a clean and healthy mouth.

Inspection of School Premises

Inspections of school premises are carried out by the departmental medical officers when visiting the schools to conduct medical inspections of pupils. For the mutual convenience of the medical and teaching staffs these inspections are usually carried out on the last day of the medical inspection.

During the year, 40 inspections were made and a total of 73 defects in 30 schools were reported to the Borough Education Officer for his information and appropriate action.

Inspections of school premises are carried out under the Standards for School Premises Regulations, 1959, which lay down standards for accommodation, washing facilities, toilets, water supply (both hot and cold), lighting, ventilation, temperature, condition of playgrounds, cleanliness, etc.

School Swimming Baths

Information under this heading has been taken from a report made by the Chief Public Health Inspector for the Borough:—

The number of water samples from school swimming baths submitted for examination during the year were as follows:—

School	Number of Samples	
	Bacteriological	Chemical
Blackfriars	10	10
Clayton Hall Grammar	11	12
The Edward Orme	11	10
Hempstalls C.P.	11	11
Newcastle High	10	10
Total	53	53

All the bacteriological samples were reported as satisfactory except for the following:—

Blackfriars School	1
Clayton Hall Grammar	1
The Edward Orme	1

These were slightly below standard and remedial action was taken immediately.

The chemical samples were generally satisfactory but from time to time comments were made as follows:—

Alkalinity (pH value)

Many samples were slightly outside the rigid limits set for alkalinity which appear somewhat difficult to maintain.

Free Chlorine Content

All the school baths produced one or more samples in which the free chlorine content was considered to be a little too high or too low. These were reported and the follow-up samples showed an improvement. Only one sample which was taken from Hempstalls bath demanded immediate action and revealed an extremely high free chlorine content which would render the water most unpleasant to use.

Organic Matter

A high total residual chlorine content is usually indicative of a build-up of organic matter and generally arises from prolonged or heavy usage. This was reported on several occasions from the baths at Blackfriars and Hempstalls C.P. school and corrective action recommended to the schools.

HEARING

The following details have been taken from a report by the Peripatetic Teacher of the Deaf:—

The peripatetic service for children with impaired hearing continued and pre-school children were visited at home and children of school age visited at home and at school. Teachers with partially hearing children in their classes attended a meeting in October where practical advice was given in relation to classroom situations with special reference to particular types and degrees of hearing difficulties. Meetings were held in the evenings for the parents of pre-school children with hearing difficulties and this allowed parents with common problems to discuss the wider aspects of their difficulties and ways of helping the children.

One child was admitted to the nursery section of the Mount School for the Deaf and two children attended the unit for partially hearing children at Hilltop School, Burslem. Two pre-school children were seen at home through weekly visits whilst others attend the Mount Nursery periodically. Twelve children with significant hearing loss who attend normal schools were visited regularly and two other children in the Wilmot School were afforded regular visits and guidance.

HEARING TEST SURVEY

The Audiometrist visited the Infant Departments as usual and the results of the survey were as follows:—

<i>No. Examined (1)</i>	<i>No. showing some hearing loss (2)</i>	<i>Percentage of (1) (3)</i>
1,508	187	12.4

Disinfection of Plimsolls

As has been the practice for a number of years, the plimsolls used in the schools are regularly disinfected at the disinfection centre in Knutton Lane. This is done 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 visits 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. 63 visits were paid during 1971.

Milk in Schools

The milk supplied to schools is sampled from time to time by the Public Health Inspection Staff. During the year, 16 such 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

Sixty-one 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. All were examined by a Medical Officer to ensure freedom from infection.

Health Education

The following report is based upon information submitted by the Health Education Officer:—

School Programmes

A programme of seven lectures was carried out with a group of fourth year leavers at Knutton C.S.M. It included the use of films and filmstrips and was followed by visits to the school from a midwife, public health inspector and make-up expert.

Films on smoking have been shown and lectures given for pupils at two secondary schools and at Barlaston Memorial College, on Smoking and Alcohol and Home Safety.

A talk on Home Safety was given to the parent/teacher association of Crackley Bank C.P. School and a Duke of Edinburgh's Award Child Care Course was carried out.

Programmes have been carried out in five secondary modern schools which included lectures to mixed groups on personal hygiene, nutrition, dental health, development during puberty and menstruation and its hygiene for the girls only.

Firework Safety

Lectures were given to all junior school children and some infant school children on the safe use of fireworks.

Pollution

Films on pollution were shown at several secondary modern and grammar schools and the College of Further Education.

THE SPECIAL SCHOOLS

The following reports are based on information supplied by the Heads of the schools:—

Blackfriars School

The following report is based on information submitted by the Headmaster of the Blackfriars School:—

The speech therapy service has been allocated a small corridor room and provided with a rug, mirror, cupboard and a bench so that relaxation exercises can be carried out before the children attend for speech therapy. The therapist also works in the classroom where a good standard was reached with the help and co-ordination of the teaching staff.

The arrival of the Area Dental Officer at the Friarswood Clinic has been most welcome and he has gone to great lengths to understand the problems of the children and has visited to participate in the showing of dental treatment on television.

The Coppice School

The main medical provisions and examinations were satisfactory and help, guidance and co-operation freely available at all times. The additional services, e.g., examination of pupils prior to attendance at school camps, are useful, and the efficiency of the school should increase with the addition of speech therapy and physiotherapy on the premises.

The Wilmot School

The help and advice of the physiotherapist every Thursday afternoon has proved very useful in guiding staff in performing exercises with a number of cerebral palsied children. Two or three of the pupils benefitted from the voluntary evening aquatherapy at Horton Lodge but unfortunately the restrictions imposed by distance and accommodation meant that many of the children who might have benefitted were not able to participate.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools). Year ended 31st December, 1971.

TABLE I.
PART A—PERIODIC MEDICAL INSPECTIONS

<i>Age Groups Inspected (By year of Birth)</i>	<i>No. of Pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>	
		<i>Satisfactory</i>	<i>Unsatisfactory</i>
(1)	(2)	(3)	(4)
1967 and later	123	123	—
1966	88	85	3
1965	1,015	1,008	7
1964	223	221	2
1963	99	98	1
1962	457	455	2
1961	275	270	5
1960	58	58	—
1959	86	86	—
1958	96	96	—
1957	816	814	2
1956 and earlier	101	100	1
TOTAL	3,437	3,414	23

Column 3 total as a percentage of Column 2 = 99.33 %

Column 4 total as a percentage of Column 2 = 0.67 %

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

<i>Age Groups Inspected (By year of birth)</i>	<i>For Defective Vision (excluding squint)</i>	<i>For any of the other conditions recorded Table II</i>	<i>Total Individual Pupils</i>
1967 and later	—	3	3
1966	1	4	5
1965	3	22	25
1964	5	9	14
1963	4	9	13
1962	8	21	29
1961	12	8	20
1960	2	2	4
1959	—	—	—
1958	2	—	2
1957	15	1	16
1956 and earlier	1	—	1
TOTAL	53	79	132

PART C—OTHER INSPECTIONS

Number of Special Inspections	144
Number of Re-Inspections	124
Total	268

PART D—INFESTATION WITH VERMIN

Total number of individual examinations of pupils in schools by School Nurses or other authorised persons	20,938
Total number of individual pupils found to be infested	627
Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	453
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	3

TABLE II.

Return of Defects found by Medical Inspection during the year ended 31st December, 1971
PART A—PERIODIC INSPECTIONS

Defect or Disease	ENTRANTS		LEAVERS		OTHERS		TOTAL	
	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
Skin	2	62	—	76	5	70	1	208
Eyes	8	20	17	42	28	83	53	145
(a) Vision ..	5	31	1	12	2	47	8	90
(b) Squint ..	1	4	—	4	—	9	1	17
(c) Other ..	—	—	—	—	—	—	—	—
Ears	1	18	—	5	—	23	1	46
(a) Hearing ..	4	35	—	1	—	11	4	47
(b) Otitis Media ..	—	7	—	1	—	7	—	15
(c) Other ..	10	130	—	21	10	74	20	225
Nose and Throat ..	4	47	—	16	—	27	4	90
Speech	—	4	—	1	—	1	—	6
Lymphatic Glands ..	1	14	—	3	—	19	1	36
Heart	—	31	—	6	—	21	—	58
Lungs	—	—	—	—	—	—	—	—
Development—	6	7	—	—	2	2	8	9
(a) Hernia ..	1	25	—	8	5	25	6	58
(b) Other ..	—	—	—	—	—	—	—	—
Orthopaedic—	—	3	—	16	—	9	—	28
(a) Posture ..	4	22	—	22	2	25	6	69
(b) Feet ..	3	28	—	22	9	34	12	84
(c) Other ..	—	—	—	—	—	—	—	—
Nervous System—	—	3	—	7	—	11	—	21
(a) Epilepsy ..	—	11	—	4	—	15	—	30
(b) Other ..	—	—	—	—	—	—	—	—
Psychological—	—	48	—	38	3	89	3	175
(a) Development ..	—	7	—	23	1	25	1	55
(b) Stability ..	2	6	—	10	1	13	3	29
Abdomen	1	36	—	39	5	53	6	128
Other	—	—	—	—	—	—	—	—

PART B—SPECIAL INSPECTIONS

<i>Defect or Disease</i>	SPECIAL INSPECTIONS	
	<i>Pupils requiring Treatment</i>	<i>Pupils requiring Observation</i>
Skin	—	—
Eyes—(a) Vision	—	—
(b) Squint	—	—
(c) Other	—	—
Ears—(a) Hearing	—	12
(b) Otitis Media	—	—
(c) Other	—	—
Nose and Throat	—	5
Speech	—	4
Lymphatic Glands	—	8
Heart	—	7
Lungs	—	15
Development—		
(a) Hernia	—	—
(b) Other	—	—
Orthopaedic—		
(a) Posture	—	—
(b) Feet	—	—
(c) Other	—	9
Nervous System—		
(a) Epilepsy	—	—
(b) Other	—	1
Psychological—		
(a) Development	—	66
(b) Stability	—	5
Abdomen	—	2
Other	—	1

TABLE III.

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

Part A—Eye Diseases, Defective Vision and Squint

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	36
Errors of refraction (including squint)	776
Total	812
Number of pupils for whom spectacles were prescribed	107

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

	<i>Number of cases known to have been dealt with</i>
Received operative treatment for	
diseases of the ear	4
adenoids and chronic tonsillitis	109
other nose and throat conditions	14
Received other forms of treatment	31
Total	158
Total number of pupils in schools who are known to have been provided with hearing aids—	
in 1971	1
in previous years	11

Part C—Orthopaedic and Postural Defects

					<i>Number of cases known to have been treated</i>
Pupils treated at:—					
School clinics or out-patient departments					97
School or physiotherapy clinics for postural defects					108
Total					205

Part D—Diseases of the Skin

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

					<i>Number of cases known to have been treated</i>
Ringworm—(a) Scalp					—
(b) Body					1
Scabies					22
Impetigo					28
Other skin diseases					1,232
Total					1,283

Part E—Child Guidance Treatment

					<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinics					20

Part F—Speech Therapy

					<i>Number of cases known to have been treated</i>
Pupils treated by Speech Therapists					53

Part G—Other Treatment Given

					<i>Number of cases known to have been dealt with</i>
Pupils with minor ailments					1,671
Pupils who received convalescence treatment under School Health Service arrangements					5
Pupils who received B.C.G. vaccination					1,460
Other than above					
Respiratory					6
Injuries					207
Total					3,349

TABLE IV.

Dental Inspection and Treatment carried out by the Authority during 1971

The dental officers devoted 686 sessions to treatment and 30 to inspection.

Inspections	<i>Pupils</i>
(a) First inspection at School	1467
(b) First inspection at clinic	767
Number found to require treatment	1814
Number offered treatment	1783
(c) Re-inspections at school clinics	83
Number of these found to require treatment	55

Attendances and Treatment

First visit	1078
Subsequent visits	1781
Total visits	2859
Additional courses of treatment commenced	367
Fillings in permanent teeth	1926
Fillings in deciduous teeth	1488
Permanent teeth filled	1387
Deciduous teeth filled	1138
Permanent teeth extracted	197
Deciduous teeth extracted	637
General Anaesthetics	131
Emergencies	162
Number of Pupils X-rayed	111
Prophylaxis	771
Teeth otherwise conserved	403
Number of teeth root filled	11
Inlays	—
Crowns	6
Courses of treatment completed	779

Orthodontics

New cases commenced during year	2
No. of removable appliances fitted	3
Pupils referred to Hospital Consultant	—
Pupils with other dentures	3
No. of dentures	3

TABLE V.

Staff of the School Health Service

	<i>Number of Officers</i>	<i>Number in terms of full-time Officers employed in the School Health Service</i>
* (a) Medical Officers (including the Principal School Medical Officer)		
(i) Whole-time School Health Service	—	—
(ii) Whole-time School Health and Local Health Services	3	1.60
(iii) General Practitioners working part-time in the School Health Service	1	0.10
(b) Speech Therapists,	1	0.20
Physiotherapists	3	1.70
Ophthalmologist	1	1.10
Audiometrician	1	—
Chiropodist	1	0.06
(c) (i) School Nurses	18	7.20
(ii) No. of the above who hold a Health Visitor's Certificate	18	—

	<i>Officers employed on a Salary basis</i>		<i>Officers employed on a sessional basis</i>	
	<i>Number of Officers</i>	<i>Nos. in terms of full-time Officers em- ployed in the School Den- tal Service</i>	<i>Number of Officers</i>	<i>Nos. in terms of full-time Officers em- ployed in the School Den- tal Service</i>
(d) Dental Staff—				
(i) Principal School Dental Officer	—	—	—	—
(ii) Dental Officers	1	1	4	1.20
(iii) Orthodontists (if not already included in (d)(i) or (d)(ii) above	—	—	—	—
(iv) Dental Surgery Assistants	2	2	—	—
(v) Dental Anaesthetist	—	—	1	0.10

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

TABLE VI.

- (i) **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.

11 (including one Mobile Dental Clinic)

- (ii) **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.

<i>Examination and/or treatment</i>	<i>Number of School Clinics (i.e. premises) where such treatment is provided</i>	
	<i>Directly by the Authority</i>	<i>Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals</i>
Minor Ailment and other non-specialist examination or treatment	9	—
Asthma	—	—
Audiology	—	—
Audiometry	—	—
Chiropody	1	—
Ear, Nose and Throat	—	—
Enuretic	—	—
Ophthalmic	1	—
Orthoptic	—	—
Orthopaedic	—	—
Paediatric	—	—
Physiotherapy & Remedial Exercises	2	—
Speech Therapy	2	—
School Medical Officers Special Examinations	1	—
Sun Ray (U.V.L.)	2	—
Vaccination and Immunisation	6	—



