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MEDICINE
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OXFORD



Annual Report of the
Medical Officer, 1950.

WARWICKSHIRE COUNTY COUNCIL.

Education Committee.

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ANNUAL REPORT

OF THE

County School Medical Officer.

FOR THE YEAR

1950.

Annual Report of the County School Medical Officer, 1950.

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WARWICKSHIRE COUNTY COUNCIL.



*With the Compliments of the
County Medical Officer of Health
and School Medical Officer.*

SHIRE HALL, WARWICK.



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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Mr. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the School Medical Service in Warwickshire for the year ended 31st December, 1950.

The most significant developments now taking place in the School Medical Service are the ascertainment of and arrangements for the special education of the handicapped child. With the exception of educationally subnormal children ascertainment is reasonably complete and provision is fast becoming adequate, but the size of the educationally subnormal problem is even now not accurately measured and the provision needed for the numbers already ascertained can only be partially supplied at the present time.

On the question of prevention of the chronic conditions from which these handicapped pupils suffer, there is much to be done, although the modern advances of medicine and surgery are already producing very satisfactory results in some cases, for instance—bronchiectasis; the number of pupils who would become handicapped because of this condition is approximately halved owing to early surgical treatment.

The child guidance clinics and centres should ultimately reduce the number of maladjusted children requiring residential accommodation.

From the point of view not only of ascertainment and educational provision, but also of prevention, the educationally subnormal problem is still the largest, and in many ways the most serious.

School Medical Examinations.

Medical inspection of all entrants, 10 year olds and school leavers has been carried out in 1950 as in previous years, with a vision test of 8 year olds, and special inspections and re-inspections of any children referred. In all 39,686 children were examined; this means that of the children in maintained primary and secondary schools, one third were seen during the year at periodic medical examinations, and in addition, nearly one-third were seen at special inspections or re-inspections. The numbers examined in each age group and the numbers of defects found are given in Table 2, with corresponding figures for 1949. There has been a reduction in the percentage found at periodic inspections to have defects, particularly in the age group 14 years and over.

In addition to the medical inspections in primary, secondary modern and grammar schools, medical officers have carried out inspections at Tower Lodge Private School, Rugby, and at Occupation Centres in the County. Of the 450 children examined in these schools and centres, only 27 were found to have defects requiring treatment.

Defects of Vision.

Last year, I drew attention to the large number of children with defective vision. This year, the number of children seen at eye clinics and the number on the ophthalmic register has increased still further and spectacles were prescribed for 2,809 pupils, an increase of 10% on the 1949 figure. Details for individual clinics are given in Table 4. At present it is not possible to say whether this means a real increase in the numbers of children with defective eyesight or whether it simply indicates that more parents are making use of the school ophthalmic services, but the trend must be watched closely in future years. 1947 is the latest year for which comparable figures for England and Wales are available, and in that year spectacles were prescribed for 3.7% of the total school population. The percentage for Warwickshire in 1950 was 4.4%.

485 children attended orthoptic clinics in 1950, compared with 414 in 1949, and 69 children had operations for the correction of squint, and other eye operations. In Area 3 there is a marked increase in the number of children who received orthoptic treatment; this is partly due to the inclusion in the 1950 figure of cases referred by private ophthalmic surgeons.

Ear, Nose and Throat Treatment.

Table 6 shows the numbers of children treated for ear, nose and throat conditions. 1,004 received operative treatment for adenoids and chronic tonsillitis, in spite of the fact that no tonsillectomy operations were performed in hospitals of the Birmingham region between 11th July and 1st November, when poliomyelitis was prevalent. The waiting list increased considerably during this temporary suspension of operations; a letter of 3rd January, 1951, from the Special Services Branch of the Ministry of Education recommended that the situation should be eased by referring to hospitals only those cases which appear in urgent need of treatment, by keeping all other cases under observation for at least three months before referring to a surgeon, and by reviewing periodically the hospital waiting list for operation. These methods have been adopted, and will help to ensure that children in urgent need of treatment receive it with the minimum of delay.

Orthopaedic Service.

Negotiations with the Regional Hospital Board have so far proved abortive and it has not been possible to reach agreement to combine the County Orthopaedic Service with that of the Regional Hospital Board. It was found necessary to employ a special part-time physiotherapist in Sutton Coldfield, not for after-care work, but for physical treatment, because the Regional Hospital Board Service was considered inadequate.

Speech Therapy.

344 children received Speech Therapy treatment during 1950, a slight increase in each area on the 1949 figures. Detailed figures are given in Tables 8 and 9. At the end of the year, 74 cases were awaiting treatment. Many of these were from Areas 1 and 2, each of which has only one clinic. The establishment of three speech therapists has been approved by Committee, but as yet it has only been possible to obtain two. Some part-time assistance has been provided at Sutton Coldfield, and this has somewhat eased the situation in that area.

There is a need for further sessions in the Special Schools and more time should be given to school visiting, for the benefit of patients, teachers and therapists. Speech therapists would welcome the possibility of more co-operation between allied specialist services such as the Child Guidance teams, E.N.T. and child specialists, and educational psychologists, as there is the usual difficulty of contact experienced by one therapist covering too large an area.

Paediatrics.

The Regional Hospital Board now have three paediatricians conducting clinics within the county and this service for school children has proved invaluable. Assistant school medical officers referred 195 children to these clinics in 1950, for the following conditions:—

<i>Condition.</i>	<i>% of cases referred.</i>
Nervous system	31
Heart	10
Lungs	6
Other	22
Examined, but nothing abnormal detected	31*
	—
	100
	—

*This % appears rather high, but the majority of these cases have been referred because there was reason to believe that they had been in contact with tuberculosis.

Child Guidance.

This year 170 cases have been referred to officers of the Regional Hospital Board and a total of 1,437 attendances has been made at the various child guidance clinics. Discussions at case level are held from time to time with members of the child guidance teams.

As indicated in last year's report, there is a need for Child Guidance Centres where a medical officer, the educational psychologist and a social worker could examine both mal-adjusted and subnormal children. Such centres would serve a dual purpose; they would enable cases to be sifted so that only those children needing psychiatric treatment would be referred to the Regional Hospital Board, and they would also help the Educational Psychologist who is at present carrying a heavy burden in examining large numbers of children dispersed throughout the county. It is hoped that such a centre will be started in one area of the county and if this proves successful, the scheme will be extended to other areas.

Convalescence at Westhill.

As stated in last year's report, the Red Cross offered us facilities for delicate and convalescent children at Westhill. Table 7 relates to children admitted to this Convalescent Home from the 12th July to the end of the year. It will be noted that 25 children were there as delicate pupils. These had stays of anything over 3 months. Had Westhill not been available, accommodation would have had to be found for all these children in open air schools, which are usually located at such seaside places as Hayling Island, West Kirby, Exmouth, etc. 62 children were admitted for convalescence with a minimum stay of one month and a maximum stay of 3 months.

The fact that this Convalescent Home is located in the County means that the children can be kept under close observation, and enables our own officers to maintain control of admissions. We also have the advantage of being able to call on the Consulting Paediatrician in any cases which present difficult problems. The accommodation is proving very satisfactory, and children placed in this Convalescent Home can be kept under periodic observation. The close liaison between the Home and my department makes it possible for children to be sent there in some instances sooner than would be possible with Homes at a distance.

Visit of Schoolchildren to Switzerland.

In my report for last year I referred to four tuberculous children who had been sent to Switzerland for sanatorium treatment through the generosity of the Warwickshire Branch of the British Red Cross. These children have now returned to their respective homes, much benefited by their sojourn in Switzerland.

Diphtheria Immunisation.

I have to report that of the 68,420 children of school age in the county, there are at least 20,000 who are either unprotected or inadequately protected against diphtheria. In view of this grave situation, very careful consideration must in future be given to withholding immunisation even at times when there are epidemics of poliomyelitis. It is highly probable that if the bulk of the school population is not immunised, diphtheria will return with such marked virulence that the fatalities from this infectious disease will exceed the number of children who have even the mildest attack of poliomyelitis.

Report of the Senior Dental Officer for the year 1950.

The School Dental Service is ebbing slowly away. Out of an established staff of 1 Senior Dental Officer and 18 dental surgeons, we had only a Senior Dental Officer, and the equivalent of 6½ full-time officers during 1950, that is, one less than in 1949.

The most significant items in the tables, as compared with previous years, are a larger number of children seen for emergency treatment in proportion to routine work, more temporary teeth extracted, more anaesthetics administered and more dentures supplied to school children.

The Ministry of Education now require us to differentiate between the number of children found to require treatment and those to whom it is offered, the inference being that it is recognised to be impracticable at present to offer comprehensive treatment to every child, although this is a requirement of the Education Act. In the county 73% of the children examined were found to require treatment and this was offered to 64%. The average amount of treatment given to each patient was less in the year under review than in the previous year, but this must not be taken as indicating that the need is less. It is more than probable

that the amount of treatment required to render each patient dentally fit is increasing, but the dental officers, being faced with constantly growing numbers of children in their respective areas and insistent demands from parents for their children to be seen, are carrying out less complete treatment in order to offer some treatment to more children.

In spite of conscientious work by a very depleted staff we are fighting a losing battle in the effort to secure a dentally fit school population.

The Ministries of Health and Education and the dental profession, together with representatives of local authorities, have been investigating the possibility of using trained auxiliary dental nurses with dentists for the School Service. Such auxiliaries have been employed in New Zealand, but it has been found difficult to estimate their success. They are expensive to train and it was found that a high proportion of them left the service within five years to get married and in consequence no permanent solution was provided. There is no doubt that such auxiliaries, working side by side with qualified dentists, could give very valuable service, but with such a rapid turnover of personnel continuity is likely to be lost and the expensive training would not be justified.

Our first mobile dental clinic was brought into operation at the end of September, 1950. As this was the first time such a vehicle had been used in the County and as it is the largest of its type in the country, the first few months were necessarily in the nature of a trial period and a few minor alterations had to be made as a result of practical experience. The major difficulty encountered has been to gain access to some of the schools. These difficulties are, however, being overcome and there is no doubt whatever that the facilities provided by bringing a modern dental surgery to the school are a great advance. The continuity of the school work in village schools is no longer broken, and instead of the whole or part of the school being sent home whilst the dentist is at work, the children leave their classes in 2's and 3's to attend at the surgery; this is a great improvement and is welcomed by the teachers and parents.

Comments on the provision of such excellent equipment for the care of the children's teeth are frequent, and it may well be that this will increase the importance of children's dentistry in the eyes of the present generation of parents and teachers. Most of the child patients are willing and anxious to come along and see what goes on inside this rather unusual van which has appeared in their playground.

From the point of view of the operating staff the provision of a proper dental chair, hitherto impossible with portable equipment, does much to relieve the daily backache. In addition, the knowledge that material and instruments can be placed where most needed without regard to the peculiarities of the shape of the room and of the furniture, and the reasonable control of lighting and temperature do much to compensate for the discomforts of getting into position and connecting up the services on a cold wet day.

Louse Infestation.

Table 17 indicates that the pediculus capitis is still a problem amongst school children. With modern forms of treatment and hygienic routine, it can be completely eradicated. A number of parents complain that their child has acquired the condition from a neighbouring pupil, but if the hair is regularly brushed, combed and washed, the louse will find the head far too uncomfortable for a breeding ground. With the staff available, every effort is being made to correct the position, but it is found that in certain districts of the county, improvement is short lived, for after the first wave of enthusiasm has disappeared the mothers do not keep up the hygienic routine, and the children quickly become re-infested.

Poliomyelitis.

Below is set out a table with an attempt to indicate the extent of the problem with which the Education Committee may be faced in the provision of residential accommodation for children infected by poliomyelitis. It will be seen that in the years 1949/50 the number requiring residential accommodation is very small. For 1950 a figure of 9 is quoted, whereas for 1949 it is none. Careful consideration shews that in all probability half of these will improve under treatment to an extent which will enable them to attend an ordinary school.

Thus, of a total of 120 cases occurring in Warwickshire in 2 years, 5 or 6 children will come on the Handicapped Pupils Register and require special residential schooling.

Ultimate educational needs of Poliomyelitis cases, 1949 and 1950.

Children under 15 years of age.

	<i>No. of children.</i>	
	1949.	1950.
No residual paralysis	19	49
Slight residual paralysis, but able to attend ordinary school	13	24
Still undergoing treatment, and may require special residential education	—	9*
Died	3	3
	—	—
	35	85
	—	—

*of these, 5 are under 5 years of age.

4 are 5-10 years of age.

HANDICAPPED PUPILS.

Blind and Partially Sighted.

In referring to Table 13, it should be noted that there is no problem regarding accommodation for blind or partially sighted. The 8 partially sighted children indicated in the column headed "Waiting List," have been dealt with since the end of 1950. The Warwickshire Education Committee fulfilled its obligation to the West Midlands Standing Conference on Special Schools by opening a large section at Exhall for the partially sighted child. This has accommodated all the children in Warwickshire and has relieved the blind schools of a number of children who were partially sighted, thereby making places available for totally blind children at an earlier age. The rest of the accommodation provided in Exhall for partially sighted pupils is gradually being taken up by Education Authorities throughout the country and is fulfilling a very urgent need.

Deaf and Partially Deaf.

There is at present a definite problem in the placing of deaf children. Of the 14 children on the waiting list, 10 are 6 years of age and under, and provided that places fall due at the same rate as in the past, these will be admitted before the age of 8, but this is not entirely satisfactory, as ideally a totally deaf child should receive special instruction from the age of 2. It is anticipated, however, that when neighbouring Counties fulfil their obligations to the West Midlands Standing Conference on Special Schools and a new partially deaf school is opened, certain children now in deaf schools will be placed properly, leaving more vacancies at an earlier age for totally deaf children.

Delicate.

The waiting list for delicate children shows a total of 19. There is really no problem here, as most of these 19 will be admitted to schools within a period of 2 months and will, in all probability, be returned to day schools after a spell of less than a year in an open air school. This is a great improvement on the position indicated last year and is due to better facilities, made available by the 12 places in Westhill Convalescent Home which are used for delicate children. As a general rule the children admitted in such circumstances to Westhill stay for a period of 3 to 6 months. They live under favourable conditions, are subject to a controlled home life, and attend local schools. As a working arrangement this has proved satisfactory and there is some economy, in that there is no long distance transport or escorting of children to sea-side and open air schools outside the County.

Bronchiectasic Cases.

I would draw special attention to a certain class of child which has benefited by the recent advances in chest surgery. There are 29 children in whom the diagnosis of bronch-

iectasis has been made and who would, prior to the recent war, have required residential accommodation in an open air school for 10 years. Of this number, 9 have been successfully operated on and 8 of these have been able to return to an ordinary school; 8 are now under observation but considered operable and will in all probability be able to return to a day school. 12 are considered inoperable and require residential schooling.

In consequence, it will be seen that instead of 29 places being required in an open air special school for approximately 10 years, only 12 places are now required. Consideration of advances of this kind should be borne in mind when planning Special School accommodation.

Educationally Subnormal Pupils.

1950 has shown a marked increase in the provision of residential accommodation for educationally sub-normal children. Packwood Special School is now open and accommodates 60 boys, and a further 30 day places have been added to Tyntesfield. Both schools are working exceedingly well. The future policy is that both Packwood and Tyntesfield shall cater for children of 10+ and that reciprocal arrangements with Oxfordshire will provide for junior children of this class.

The value of these schools is increased by using them as training grounds for teachers who have an interest in the educationally subnormal child, and head teachers are being encouraged to form special classes with the teachers so trained. Special classes can be set up, but it has not always been possible to reduce them to their appropriate size, namely, 20, and in consequence, the special educational treatment is less effective. Nevertheless, a large number of subnormal pupils shown on the waiting list are at present in these special day classes.

The block diagram on page 21 gives a comparison of the distribution of the ages of educationally subnormal children when ascertained, in 1949 and 1950. It will be seen that this year there has been an improvement in that a smaller proportion of children were ascertained at ages over 10. But there is still a distinct rise at 11 and 12 years; this is due to children being referred by head teachers of secondary modern schools shortly after transfer from primary schools. Ideally, it should be possible to have all children ascertained and placed by the age of 8.

It must be remembered that ascertainment is not yet complete in this category. The actual number of educationally subnormal children in the schools is considerably greater than the number on the register; the problem is so large, and the difficulty of placing so great, that only the most severe or the most difficult cases have been ascertained and as we cater for these, we must expect that others, probably less backward, will take their places on the waiting list.

Epileptics.

The waiting list for epileptics has increased. Accommodation for this class of pupil is exceedingly difficult, but the West Midlands Standing Conference is aware of the need and has invited the Birmingham Authority to accept responsibility for a regional school. Owing to the major attacks which are often precipitated in such children by their being in schools with the ordinary child, a number of them have to be excluded whilst waiting for accommodation in special colonies designed to give appropriate treatment and educational facilities.

Maladjusted Pupils.

It is hoped that by the end of 1951 the major problem of dealing with the maladjusted child will be solved by the opening of River House, Henley-in-Arden, and that all the 14 boys quoted on the waiting list will be accommodated. Reciprocal arrangements are being made with other Counties for the girls and junior boys, and by this time next year it may be possible to reduce this waiting list to nil.

Physically Handicapped Pupils.

The waiting list for physically handicapped children shews that there is a need for the further accommodation, which Exhall will provide. It is hoped that before the end of the year, stage II of the development of this school will be completed and that the majority of senior pupils included in this waiting list will be accommodated.

15 of the 75 children on the waiting list will be admitted to Exhall when it is fully opened, and a further 5 who are on waiting lists for other schools will also, in all probability, be included in Exhall. Some of the older children at Tudor Grange will be transferred to Exhall, thereby making more places available in Tudor Grange; this will relieve the situation for juniors, 9 of whom are at present awaiting admission to Tudor Grange.

The waiting list for the physically handicapped also includes 10 children for whom no appropriate accommodation can be found owing to their serious physical condition and their nursing requirements. These have been dealt with by the provision of home teachers. The remainder of the 75 are either in hospital or, subsequent to 1st January, have been admitted to a school.

It will be noted from the last column of Table 13 that there are 19 children whose parents have refused accommodation which has been offered to them. Once a child is seriously handicapped, more affection is lavished by the parents and there is a great reluctance on their part to allow such a child to go away from home to a boarding school, and in this way, the child's educational development is seriously retarded. A special welfare officer is doing her best to persuade parents, but on the whole it is considered inadvisable to ask the Committee to bring pressure to bear in such cases. Some of these children are attending local schools and getting some education.

In summing up the whole position, I am of the opinion that a considerable advance has been made in the provision for the handicapped child, and that if this advance is continued for another 2 or 3 years, the urgency of the problem will be greatly reduced.

Physical Education.

There is a great need for physical education in the special schools. Children who are handicapped have, as a general rule, been discouraged from taking part in the normal play. In the schools for physically handicapped children the orthopaedic sisters are visiting regularly and instructing the staff in appropriate exercises and movements. The ordinary type of P.T. class is not to be encouraged amongst this type of child, as their physical attainments vary so much. Certain recognised obstacles have been left in the school and garden at Tudor Grange, and the children have been encouraged, under supervision, to cope with them. It is surprising how a spastic child, who on arrival at this school can scarcely walk, is after a few months walking quite well holding on to the parapet close to the house.

There is, however, an urgent need for the development of physical training classes in the other special schools. Children who are maladjusted and subnormal require more encouragement than the average child in the playing of games, and to help them in their general physical development, as they are inclined to lack confidence, and find great difficulty in acquiring ball-sense. A start has been made, but I think this work should receive high priority now that we have accepted responsibility for the education of this class of child.

I have placed before you a concise picture of what is being done for the handicapped child, and the stress placed on this work may have distracted attention from the other problems which have to be faced. The specialist services relating to children are still inadequate and the development of close liaison between the Regional Hospital Board and local authorities has not yet been achieved.

As indicated in the section on diphtheria immunisation, it is quite clear that in order to protect the school population against a given disease, an effective propaganda policy must be continuous through each generation and a false sense of security must not be allowed to creep in. This important attitude to community life should have its proper place in the health education of senior pupils.

In concluding this report on the School Medical Service, I should like to express my thanks to the staff of the Health Department for their work during the year ; in particular I am grateful to the Deputy County Medical Officer and the Statistical Officer for their help at central administrative level, to the Area Medical Officers for their day to day supervision of the service, and to the Assistant School Medical Officers and school nurses who carry out the work in the schools. I should also like to thank the County Education Officer and his staff for their continued friendly co-operation.

S. W. SAVAGE, M.A., M.D. (Camb.), D.P.H.,
County School Medical Officer.

Shire Hall,
Warwick.

STAFF OF THE SCHOOL HEALTH SERVICE

(on 31/12/50, except where otherwise stated).

County School Medical Officer ... Dr. S. W. SAVAGE.			
Deputy School Medical Officer ... Dr. G. H. TAYLOR.			
	<i>Area.</i>	<i>Medical Officer.</i>	<i>Assistant School Medical Officers.</i>
1	Sutton Coldfield	Dr. J. R. PRESTON.	Dr. M. E. LEMIN (resigned 24/1/51)
2	North Eastern.	Dr. G. R. KERSHAW.	Dr. GWENDOLEN COOTE. Dr. M. J. KELLY. Dr. L. S. STEPHENS. Dr. D. SUTCLIFFE WILLIAMS. (from 12/3/51).
3	Eastern.	Dr. D. J. JONES.	Dr. H. A. H. SUMMERS. Dr. AGNES YOUNG.
4	North Western.	Dr. N. C. MACLEOD.	Dr. W. D. H. MCFARLAND. Dr. MATILDA THOMSON.
5	Solihull.	Dr. I. M. MCLACHLAN.	Dr. J. HENDERSON. Dr. ELIZABETH THOMPSON.
6	Central.	Dr. H. GIBBONS WARD. (resigned 28/2/51). Dr. F. D. M. LIVINGSTONE (from 1/3/51).	Dr. JOSEPHINE HAMILTON WOOD. Dr. KATHERINE SCOTT. Dr. E. H. GORDON.
7	Southern.	Dr. J. B. BRAMWELL.	Dr. ELIZABETH THOMAS. Dr. W. M. WALKER.

Senior Dental Officer.

Mr. J. C. CROSSLEY (resigned 28/2/51).

Assistant Dental Officers.

Mr. H. J. BASTOW.
Mr. W. DOUGLAS.
Mr. V. L. L. HALL.
Mrs. BARBARA REUTT.
Mr. G. R. SMITH.

Part-time Dental Officers.

Mr. N. G. EVANS.
Mr. W. G. GRIFFITH-WILLIAMS.
Mrs. LORNA KNOX.

Nursing Staff.

Superintendent Nursing Officer.

Miss B. SHENTON.

There are 7 Area Nursing Officers. School nursing is carried out by 4 whole-time school nurses and 47 health visitors who combine school nursing with other duties.

Speech Therapists.

Miss D. E. HALL.

Miss B. WORRALL.

Part-time Speech Therapists.

Mrs. R. M. SENIOR.

Miss E. SPRAYSON (From 31/1/51).

Physiotherapists.

Miss B. A. BAILEY.

Miss H. M. PULLAN.

Part-time Physiotherapist.

Mrs. FORSTER.

TABLE 1. NUMBER OF SCHOOLS AND SCHOOL CHILDREN, 1950.

AREAS.	Nursery Schools.		Primary.		Secondary Modern.		Secondary Grammar.		Total Schools	Total Children
	Schools	Children	Schools	Children	Schools	Children	Schools	Children		
1. Sutton Coldfield.	—	—	14	3517	3	884	2	1032	19	5433
2. North Eastern.	5	215	57	13952	7	2544	3	1047	72	17758
3. Eastern.	—	—	40	6205	5	1084	2	930	47	8215
4. North Western.	—	—	39	4550	4	930	1	90	44	5570
5. Solihull.	—	—	24	5687	3	1764	1	559	28	8010
6. Central.	3	137	71	8727	4	1259	3	1077	81	11200
7. Southern.	—	—	63	5050	3	898	2	718	68	6660
TOTALS	8	352	308	47688	29	9363	14	5453	359	62850

TABLE 2. NUMBER OF EXAMINATIONS AND DEFECTS REQUIRING TREATMENT.

Age Group.	Examinations.	Vision Defects (excluding squint)				Other Defects.			Pupils with defects.		
		No.	% of those examined		No.	% of those examined		No.	% of those examined		
			1950	1949		1950	1949		1950	1949	
Entrants	8,583	97	1.1	1.4	951	11.1	16.3	962	11.2	15.2	
8 + years	3,588	213	5.9	6.2	50	1.4	2.3	244	6.8	8.0	
10 + years	5,453	226	4.1	4.9	406	7.4	10.2	574	10.5	13.5	
14 + years	4,604	171	3.7	5.2	243	5.3	8.4	391	8.5	12.4	
Total— Periodic Medical Examinations	22,238	707	3.2	4.0	1,650	7.4	10.4	2,171	9.8	12.8	
Special Examinations	7,351	221	3.0	—	3,437	46.7	—	—	—	—	
Re-examinations	10,097										

Children examined at routine medical inspection are classified according to their general condition. 51.4% were recorded in Class A (good), 47.2% in Class B (fair) and 1.4% in Class C (poor).

OPHTHALMIC SERVICES.
OPHTHALMIC PART-TIME STAFF.

AREA.	OPHTHALMIC STAFF.	NO. OF SESSIONS.
1. Sutton Coldfield ...	Dr. J. HENDERSON (Assistant School Medical Officer).	1 per week and every 4th Monday in the m'th from June, '50.
2. North-Eastern	Dr. C. E. CLARK.	3 per week.
3. Eastern	Mr. T. J. P. KERWICK. Dr. H. RILEY (from 14/4/50).	2 per week. 1 " "
4. North-Western ...	Dr. FRANCIS JONES.	3 per week.
5. Solihull	Dr. J. HENDERSON. Dr. S. R. LEIGHTON.	45 during 1950. 79 during 1950
6. Central	Mr. HOWELL JONES. Mr. M. W. SMITH.	2 per month. 3 per week.
7. Southern	Mr. HOWELL JONES. Mr. M. W. SMITH.	2 per month 1 per week.

**TABLE 3. ANALYSIS OF OPHTHALMIC CASES ACCORDING TO DEFECT—
SOLIHULL AND SOUTHERN AREAS.**

(Vision register as at 1st May, 1951).

	<i>Area.</i>	<i>Hypermetropia (the major defect).</i>	<i>Myopia (the major defect).</i>	<i>Astigmatism (the major defect).</i>	<i>Other Conditions.</i>	<i>Totals.</i>
New Cases 1950.	Solihull	110	108	26	27	271
	Southern	61	75	28	24	188
	TOTALS	171	183	54	51	459
Total cases on Register.	Solihull	364	253	167	67	851
	Southern	210	171	112	46	539
	TOTALS	574	424	279	113	1,390
Spectacles prescribed in 1950.	Solihull	135	178	71	1	385
	Southern	116	112	27	3	258
	TOTALS	251	290	98	4	643

TABLE 4. NUMBER OF CHILDREN REFERRED TO EYE CLINICS.

<i>AREA.</i>	<i>CLINIC.</i>	<i>No. of children referred in 1950 (new cases and re-examinations).</i>	<i>No. of children prescribed Spectacles in 1950.</i>	<i>No. of children referred for Orthoptic Treatment.</i>	<i>Total cases on Register at 31st December, 1950.</i>
SUTTON COLDFIELD	Sutton Coldfield	397	312	21	595
NORTH EASTERN	Atherstone ...	110	553	8	222
	Bedworth ...	107		9	547
	Hartshill ...	51		5	95
	Nuneaton ...	428		34	574
	Polesworth ...	42		9	139
	TOTAL ...	738	553	65	1,577
EASTERN ...	Rugby ...	989	554	40	1,044
NORTH WESTERN	Arley ...	147	44	—	117
	Coleshill ...	356	120	—	324
	Meriden ...	141	45	—	105
	Wilnecote ...	343	112	—	362
	TOTAL ...	987	321	—	908
SOLIHULL ...	Haslucks Green	198	59	5	223
	Knowle ...	67	38	—	70
	Olton ...	159	67	2	207
	Sharmans Cross	192	87	1	152
	Solihull ...	249	153	7	229
	TOTAL ...	865	404	15	881
CENTRAL ...	Leamington ...	546	200	51	550
	Warwick ...	617	176	44	620
	Southam ...	41	20	6	52
	Warmington ...	9	5	—	16
	Northend ...	7	1	—	10
	TOTAL ...	1,220	402	101	1,248
SOUTHERN ...	Alcester ...	89	35	8	70
	Shipston-on-Stour	22	4	—	40
	Stratford-on-Avon	609	191	39	439
	Studley ...	65	23	2	54
	TOTAL ...	785	263	49	603
	GRAND TOTALS	5,981	2,809	291	6,856
	1949 Figures ...	5,193	2,556	290	5,914

TABLE 5. NUMBER OF CHILDREN WHO ATTENDED ORTHOPTIC CLINICS IN 1950.

Area.	Number of children who attended.	
	1950.	1949.
Sutton Coldfield	19	8
North Eastern	65	65
Eastern	131	32
North Western	—	—
Solihull	5	10
Central	190	209
Southern	75	90
TOTAL	485	414

TABLE 6. EAR, NOSE AND THROAT TREATMENT.

Treatment of all serious ear, nose and throat conditions is given in the hospitals of the Regional Hospital Board, and the following cases were treated during 1950:—

	Number of children.
Operative treatment :	
(a) for diseases of the ear	117
(b) for adenoids and chronic tonsillitis	1,004
(c) for other nose and throat conditions	27
Other forms of treatment	269
	1,417

In addition, 106 children were treated for minor defects of the ear at school clinics.

TABLE 7. WESTHILL CONVALESCENT HOME.

	No. of admissions.			No. of patient days.		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Handicapped Pupils (delicate)	16	9	25	1,071	1,024	2,095
Convalescent cases	36	26	62	1,399	1,139	2,538
TOTAL	52	35	87	2,470	2,163	4,633

ORTHOPAEDIC SERVICE.
TREATMENT CLINICS.

<i>Area.</i>	<i>Address of Clinic.</i>	<i>Surgeon.</i>	<i>Physiotherapists.</i>
1 SUTTON COLDFIELD.	Sutton Coldfield Hospital.	Mr. J. F. SHEPHERD.	R.H.B.
2 NORTH- EASTERN.	Riversley Park Clinic, NUNEATON. Manor Hospital, Nuneaton	Mr. PENROSE Mr. E. J. GALLAGHER.	Sisters from Warwickshire Orthopaedic Hospital. R.H.B.
3 EASTERN ...	Hospital of St. Cross, RUGBY.	Mr. ROWAN MITCHELL	R.H.B.
4 NORTH- WESTERN	Warwickshire Orthopaedic Hospital, COLESHILL. College Lane School Rooms, TAMWORTH.	Mr. F. G. ALLAN Mr. F. G. ALLAN	Sisters from Warwickshire Orthopaedic Hospital. " " "
5 SOLIHULL ...	Solihull Hospital. Red Cross House, Blossom- field Road, SOLIHULL.	Mr. WILSON STUART. Mr. WILSON STUART.	R.H.B. Miss B. A. BAILEY and Miss H. PULLAN
6 CENTRAL	Warneford Hospital, LEAMINGTON SPA. Warwick Hospital.	Mr. WILSON STUART. Mr. E. J. GALLAGHER.	Miss B. A. BAILEY and Miss H. PULLAN. R.H.B.
7 SOUTHERN	C. W. C. Tyler Street, STRATFORD-ON-AVON.	Mr. F. G. ALLAN	Sisters from Warwickshire Orthopaedic Hospital.
BIRMINGHAM	Royal Orthopaedic Hos- pital, 80, Broad Street, BIRMINGHAM.	Various.	R.H.B.
COVENTRY ...	55, Holyhead Road, COVENTRY.	Mr. WILSON STUART.	R.H.B.
REDDITCH ...	The Old Vicarage, nr. Station Road, REDDITCH	Mr. F. G. ALLAN	R.H.B.

All surgeons are employed by the Regional Hospital Board.

AFTER-CARE CLINICS.

<i>Area.</i>	<i>Address of Clinic.</i>	<i>Physiotherapists.</i>
2 NORTH-EASTERN	Saunders Avenue, BEDWORTH.	R.H.B.
6 CENTRAL ...	First Aid Post, Lakin Road, WARWICK The Parochial Hall, KENILWORTH. The Infant Welfare Centre, SOUTHAM	Miss H. PULLAN. Miss H. PULLAN. Miss H. PULLAN.

**SPEECH THERAPY.
CLINICS.**

<i>Area.</i>	<i>Clinic.</i>	<i>Address.</i>	<i>When held.</i>
1. Sutton Coldfield	Sutton Coldfield.	49, Holland Street.	Wednesday 9 a.m.—12 noon. 2 p.m.—5 p.m.
2. North Eastern.	Nuneaton.	Riversley Park.	Monday 9 a.m.—12 noon. 1-30 p.m.—3-30 p.m. Wednesday 9-30 a.m.—12 noon.
	Atherstone.	North Jun. School.	Wednesday, 2-0 p.m.—4-30 p.m.
3. Eastern ...	Rugby.	F.A.P., Temple Street. Tyntesfield Special School.	Thursday 9 a.m.—12 noon. 1-30 p.m.—2-15 p.m. Thursday, 2-45 p.m.—4 p.m.
4. North Western.	Arley.	Tithe Barn, The Rectory, Arley	Closed July, 1950.
	Coleshill.	Parish Room, High Street.	Tuesday 9-15 a.m.—12 noon. 1-30 p.m.—3 p.m.
	Keresley.	C. W. C. Hut, Lower Keresley.	Wednesday 1-30 p.m.—4-30 p.m.
5. Solihull. ...	Olton.	Chapel Fields School	Wednesday 9-30 a.m.—12 noon.
	Solihull.	British Red Cross House, Blossomfield Road.	Friday 9-15 a.m.—12 noon. 2 p.m.—4 p.m.
6. Central. ...	Leamington.	4, Holly Walk, Leamington.	Monday 9-30 a.m.—12 noon. 1-30 p.m.—4-30 p.m. Saturday 9-30 a.m.—11-30 a.m.
	Southam. Warwick.	C.W. C. Premises. F.A.P., Lakin Road.	Thursday 9-30 a.m.—12 noon. Thursday 1-30 p.m.—4-30 p.m.
7 Southern ...	Alcester. Stratford-on-Avon.	21, Priory Road. Trinity Hall, Tyler Street.	Tuesday 1-30 p.m.—4-30 p.m. Tuesday 9 a.m.—12-30 p.m. Friday 1-30 p.m.—4 p.m.

TABLE 8. NUMBER OF CHILDREN ATTENDING SPEECH THERAPY CLINICS.

	<i>AREA.</i>							<i>ALL AREAS.</i>
	<i>Sutton Coldfield.</i>	<i>North-Eastern</i>	<i>Eastern.</i>	<i>North-Western.</i>	<i>Solihull.</i>	<i>Central.</i>	<i>Southern.</i>	
Number of clinics ...	1	1	1	3	2	3	2	13
Cases receiving treatment at 1/1/50	17	27	27	28	31	32	21	183
Cases admitted during 1950	15	23	24	22	25	33	19	161
Total cases treated during 1950 ...	32	50	51	50	56	65	40	344
Cases discharged during 1950 ...	22	18	25	20	27	27	14	153
Cases receiving treatment at 31/12/50	10	32	26	30	29	38	26	191
Cases awaiting treatment ...	19	23	4	7	5	8	8	74
Charges (a) cured ...	12	13	14	11	10	14	8	82
(b) ceased attendance	9	4	11	7	12	9	4	56
(c) left district ...	1	1	—	2	5	4	2	15
Total number of sessions ...	63	125	86	92	107	127	98	698
Total number of attendances ...	369	695	468	635	655	650	565	4,037

TABLE 9. CLINICAL ANALYSIS OF SPEECH DEFECTS TREATED DURING 1950.

DEFECT.	AREA.							All Areas.
	Sutton Coldfield.	North-Eastern.	Eastern.	North-Western.	Solihull.	Central.	Southern.	
Dyslalia (Disorder of Articulation)	10	13	23	22	29	31	22	150
Sigmatism (Defective "S" sound)	—	6	7	4	5	7	2	31
Late development of Speech ...	2	2	4	—	2	1	5	16
Dysarthria } (Nervous	—	—	—	1	—	—	—	1
Spastic Speech } Defect)	1	2	1	—	—	2	—	6
Stammer	14	20	11	20	18	22	9	114
Dysphonia (Disorder of Voice Production)	—	1	—	—	1	1	—	3
Hyperrhinophonia (Over Nasalised Tone)	2	2	3	1	1	—	—	9
Cleft Palate	1	4	2	1	—	—	—	8
Hyporhinophonia (Under Nasalised Tone)	1	—	—	—	—	—	—	1
Chronic Mouth Breather ...	1	—	—	1	—	1	—	3
Idioglossia (Use of language evolved by the individual) ...	—	—	—	—	—	—	2	2
TOTAL ...	32	50	51	50	56	65	40	344

CHILD GUIDANCE.

TABLE 10. NUMBER OF CHILDREN REFERRED TO CLINICS.

Clinic.	Number of New Cases.				Total number of attendances.
	Maladjustment I.Q. 85 and over.	Maladjustment with retardation I.Q. 70—85.	Subnormality with maladjustment I.Q. under 70.	No maladjustment found.	
Nuneaton, Riversley Park ...	34	9	3	—	504
Coventry and Warwickshire Hospital	3	3	1	2	54
Warneford Hospital	21	5	5	7	174
Solihull Hospital	28	7	7	7	335
Hospital of St. Cross, Rugby	16	3	3	4	367
Nuneaton, Manor Hospital ...	1	1	—	—	3
	103	28	19	20	1,437

SCHOOL DENTAL SERVICE.

TABLE 11. NUMBER OF INSPECTIONS AND CHILDREN TREATED.

Area.	SESSIONS.		ROUTINE CASES.					Emergency Cases treated.
	Inspection.	Treatment.	Inspected.	Found to require treatment.	Referred for treatment.	New cases treated.	Cases completed.	
Sutton Coldfield	8	286	613	438	293	264	317	710
North Eastern ...	24	681	1,159	646	646	727	690	2,442
Eastern	40	190	2,196	1,205	1,090	905	721	232
North Western	27	362	1,695	1,191	963	718	692	2
Solihull	44	397	1,731	1,385	1,115	608	558	395
Central	42	783	2,730	2,284	2,090	1,512	1,449	1,011
Southern	41	421	2,535	2,035	1,902	1,514	1,494	79
COUNTY TOTAL	226	3,120	12,659	9,184	8,099	6,248	5,921	4,871
COUNTY TOTAL, 1949	241	3,206	13,858	9,273	—	7,330	6,784	3,518

TABLE 12. DETAILS OF TREATMENT GIVEN.

Area.	FILLINGS. in temporary teeth.		EXTRACTIONS. of permanent teeth.		General Anesthetics.	APPLIANCES.		Temporary teeth.	OTHER WORK. Permanent Teeth.		
	in temporary teeth.	in permanent teeth.	of temporary teeth.	of permanent teeth.		Dentures.	Orthodontic.		Scalings.	Dressings.	Other.
Sutton Coldfield	149	411	1,033	254	590	5	—	51	58	81	
North-Eastern	102	1,138	3,327	389	438	3	13	447	96	852	
Eastern	152	508	1,324	136	483	2	—	93	255	117	
North-Western	74	1,075	674	224	314	—	—	12	106	42	
Solihull	229	1,318	383	8	4	1	9	—	25	56	
Central	128	2,570	3,280	827	991	21	16	896	1,321	655	
Southern	214	1,776	1,725	256	45	8	—	1,164	39	712	
TOTAL	1,048	8,796	11,746	2,094	2,865	40	38	2,663	2,102	2,515	
1949 Figures	1,386	8,503	11,561	2,139	2,641	27	38	2,731	2,016	2,435	
Total per 100 treated 1950	9	79	105	19							
Total per 100 treated 1949	13	79	107	20							

TABLE 13. DETAILS OF CHILDREN ON THE HANDICAPPED PUPILS REGISTER AT 31/12/50

CATEGORY.	YEAR OF ASCERTAINMENT.				RECOMMENDATION.				DISPOSAL.							
	Before 1950.		During 1950.		Special School.		Special Class in Ordinary School.		In special School at 31-12-50.		On Waiting List. †		Home Tuition while awaiting admission.		Parents refused consent.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
A. Blind	5	5*	—	—	5	4	—	—	4	4	1	—	—	—	—	—
B. Partially Sighted ...	13	9	1	4	14	13	—	—	10	8	3	5	—	1	1	—
C. Deaf	21	21	8	—	29	21	—	—	20	15	8	6	—	—	1	—
D. Partially Deaf	3	4	7	1	10	5	—	—	4	2	6	2	—	—	—	1
E. Delicate	25	8	12	5	37	13	—	—	18	7	15	4	—	—	4	2
F. Diabetic	—	—	—	2	—	2	—	—	—	—	—	2	—	—	—	—
G. E.S.N.	231	124	65	38	219	106	77	56	35	42	169	58	—	—	17	4
H. Epileptic	4	6	2	5	6	11	—	—	2	5	4	3	—	—	—	3
I. Maladjusted	13	3	9	2	22	5	—	—	8	2	14	2	—	—	—	1
J. Physically handicapped	40	35*	37	33	77	67	—	—	31	19	40	35	—	10	5	14

* One child has been recommended to stay at home for the present.

† including cases having home tuition.

TABLE 14. ADMISSIONS TO AND DISCHARGES FROM SPECIAL SCHOOLS DURING 1950.

Category.	In S.S. at 1/1/50.		Admitted during 1950.		Discharged during 1950.		In S.S. at 31/12/50.	
	M	F	M	F	M	F	M	F
A. Blind	4	3	—	1	—	—	4	4
B. Partially sighted ...	11	6	1	2	2	—	10	8
C. Deaf	17	15	3	—	—	—	20	15
D. Partially Deaf ...	3	2	1	1	—	1	4	2
E. Delicate	9	7	27	17	18	17	18	7
F. Diabetic	—	—	—	—	—	—	—	—
G. E.S.N.	18	24	25	22	8	4	35	42
H. Epileptic	4	2	—	3	2	—	2	5
I. Maladjusted ...	6	2	5	2	3	2	8	2
J. Physically Handicapped	18	9	25	23	12	13	31	19
TOTAL	90	70	87	71	45	37	132	104

TABLE 15. DETAILS OF DELICATE PUPILS.

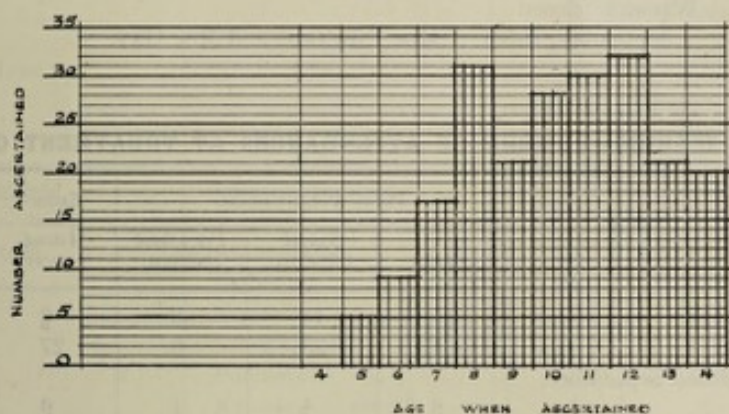
Diagnosis.	No. of cases.	
	Ascertained during 1950.	On register at 31/12/50 and recommended for Special School.
Asthma	9	18
Asthma and bronchitis	11	14
Sinusitis	—	2
Chest infection	—	1
Debility	6	9
Post-operative debility	1	2
Chronic rheumatism	1	1
Choreform movements	1	—
Malnutrition	—	1
Hysteria	—	1
Nervous vomiting	—	1
	29	50

TABLE 16.
NUMBER OF HANDICAPPED PUPILS IN EACH AREA.
at 31st December, 1950.

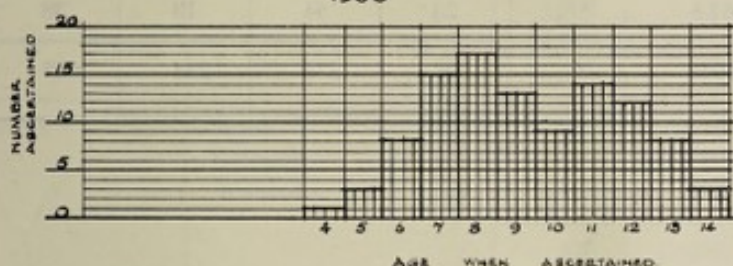
Area.	Sutton Coldfield.		North Eastern.		Eastern.		North Western.		Solihull.		Central.		Southern.		All Areas.	
	1950	Total	1950	Total	1950	Total	1950	Total	1950	Total	1950	Total	1950	Total	1950	Total
Number of schoolchildren	5433	17,543	8219	5570	8010	11,063	6666	62,504								
CATEGORY.																
Educationally Sub-normal	15	45	12	83	36	96	14	72	7	43	17	85	2	34	103	458
Physically Handicapped	6	10	14	30	7	18	12	20	19	33	8	21	4	13	70	145
Delicate	4	11	5	10	1	4	3	9	3	7	—	4	1	5	17	50
Deaf	1	3	—	8	—	3	1	9	3	13	2	9	1	5	8	50
Partially Deaf	1	2	4	5	1	2	—	—	—	1	2	5	—	—	8	15
Blind	—	1	—	4	—	—	—	2	—	1	—	1	—	—	—	10
Partially Sighted	—	2	1	3	1	6	1	5	—	2	1	4	1	5	5	27
Maladjusted	3	5	—	2	2	6	1	2	3	6	2	6	—	—	11	27
Epileptic	—	—	3	5	—	1	—	2	2	4	1	3	1	2	7	*17
Diabetic	—	—	1	1	—	—	—	—	1	1	—	—	—	—	2	2
TOTAL	30	79	40	151	48	136	32	121	38	111	33	138	10	65	231	801
Ineducable—Referred to Mental Health Officer (57 (3) only)	2	13	14	42	2	22	4	29	3	25	13	51	5	21	43	203

AGE DISTRIBUTION OF
EDUCATIONALLY SUB-NORMAL CHILDREN
ASCERTAINED IN 1949-1950

1949



1950



LOUSE INFESTATION.

TABLE 17. NUMBER OF CHILDREN INFESTED WITH *PEDICULUS CAPITIS*.

AREA.	<i>No. of children in primary and secondary modern schools.</i>	<i>No. of examinations of children.</i>	<i>No. of individual pupils found infested.</i>	<i>% of children infested.</i>
SUTTON COLDFIELD ...	4,401	9,376	84	1.9
NORTH-EASTERN ...	16,496	37,349	1,048	6.4
EASTERN	7,289	17,354	219	3.0
NORTH-WESTERN ...	5,480	10,724	122	2.2
SOLIHULL	7,451	18,168	114	1.5
CENTRAL	9,986	24,955	400	4.0
SOUTHERN	5,948	16,829	373	6.3
TOTAL, 1950 ...	57,051	134,755	2,360	4.1
TOTAL, 1949 ...	55,016	137,031	—	4.3

TREATMENT CENTRES FOR SCABIES AND PEDICULUS CAPITIS.

The County treatment centres are as follows :—

<i>Centre.</i>	<i>Staff.</i>
Bedworth	Mrs. ILETT.
Rugby	Mrs. A. PLUMMERS.
Warwick (closed September, 1950)	Mrs. EDWARDS and Mrs. GAY.

TABLE 18. SCABIES—NUMBER OF ATTENDANCES AT TREATMENT CENTRES.

TREATMENT CENTRE.	FIRST ATTENDANCE.			Subsequent Attendances.	Total Treatments.
	Adults.	School Children.	Pre-school children.		
BEDWORTH	11	14	6	2	33
RUGBY	4	35	6	27	72
WARWICK (closed September, 1950)	8	5	1	9	23
TOTALS	23	54	13	38	128
Figures for 1949	306	238	234	625	1,403

TABLE 19. PEDICULUS CAPITIS—NUMBER OF ATTENDANCES AT TREATMENT CENTRES.

TREATMENT CENTRE.	FIRST ATTENDANCE.			Subsequent Attendances.	Total Treatments.
	Adults.	School Children.	Pre-school Children.		
BEDWORTH	—	36	19	5	60
RUGBY	1	56	4	5	66
WARWICK (closed September, 1950)	—	15	—	6	21
TOTALS	1	107	23	16	147
Figures for 1949	18	154	34	57	263

TABLE 20. — NUMBER OF ATTENDANCES AT MINOR AILMENT CLINICS.

Area.	Clinic.	Attendances.		
		First.	Subse- quent.	Total.
Sutton Coldfield ...	Sutton Coldfield ...	—	—	—
North Eastern ...	Atherstone ...	222	534	756
	Bedworth ...	681	693	1,374
	Nuneaton ...	1,263	283	1,546
	Stockingford ...	1,645	489	2,134
	Polesworth ...	86	415	501
	Keresley Newlands ...	99	45	144
		3,996	2,459	6,455
Eastern ...	Rugby ...	92	93	185
North Western ...	Arley ...	304	119	423
	Coleshill ...	70	37	107
	Wilnecote ...	102	102	204
		476	258	734
Solihull ...	Sharmans Cross ...	86	9	95
	Lode Lane ...	51	20	71
	Lode Heath ...	106	—	106
	Chapel Fields ...	144	—	144
	Shirley ...	110	8	118
		497	37	534
Central ...	Kenilworth ...	47	1	48
	Leamington ...	736	1,421	2,157
	Warwick ...	255	62	317
		1,038	1,484	2,522
Southern ...	Stratford-on-Avon ...	149	240	389
GRAND TOTALS ...		6,248	4,571	10,819
GRAND TOTALS FOR 1949 ...		5,835	10,730	16,565

TABLE 21. CHILDREN AND YOUNG PERSONS ACT, 1933.
NO. OF CHILDREN EXAMINED UNDER EMPLOYMENT OF
CHILDREN BYELAWS.

<i>Area.</i>	<i>Number of Children Examined.</i>	<i>Number granted Certificates.</i>	<i>Number refused Certificates.</i>
Sutton Coldfield ...	75	73	2
North Eastern ...	168	167	1
Eastern ...	61	61	—
North Western ...	53	53	—
Solihull ...	77	77	—
Central ...	187	183	4
Southern ...	102	102	—
TOTAL ...	723	716	7
1949 Figures ...	674	670	4

SCHOOL MEALS SERVICE.

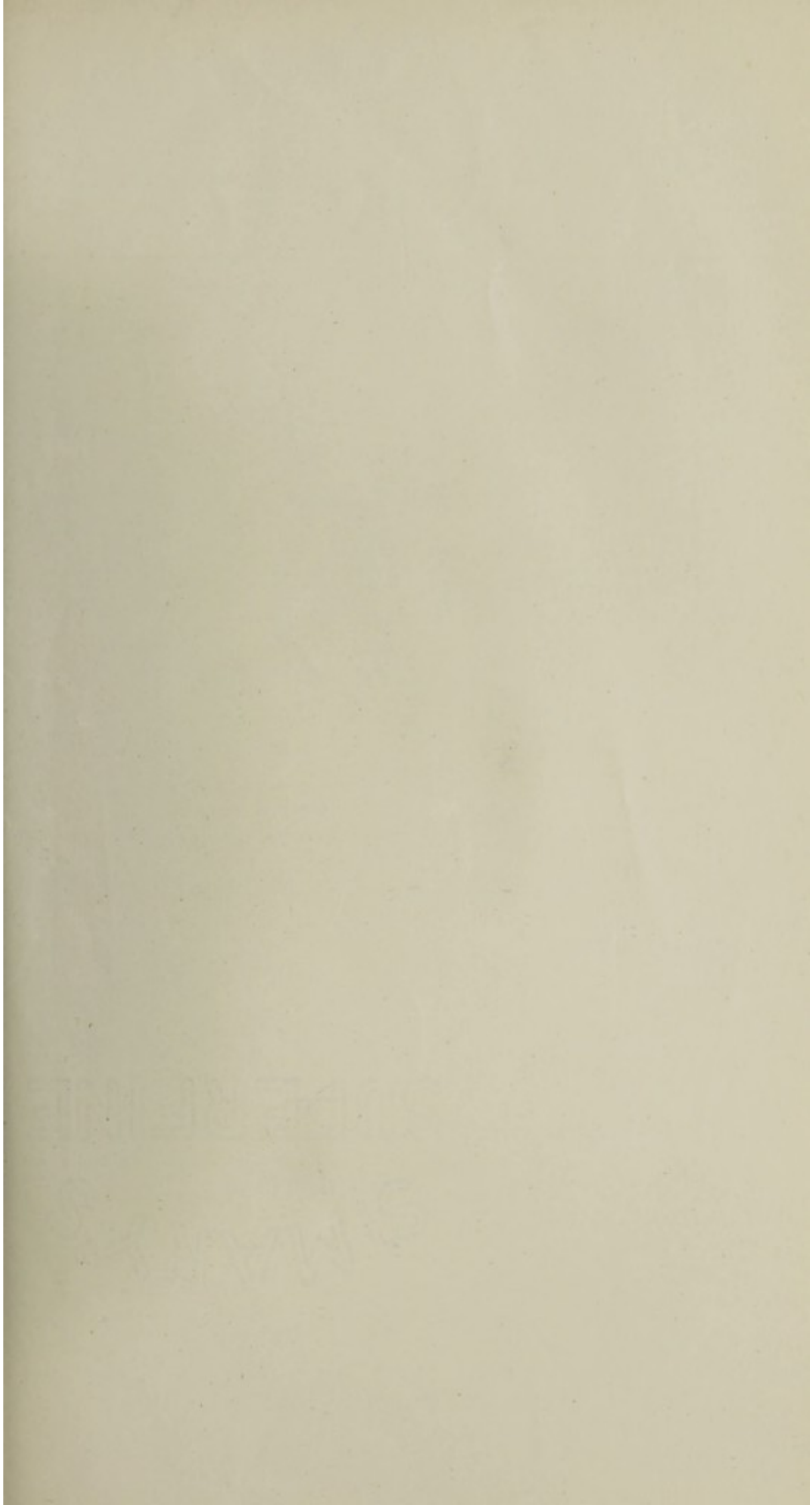
The average number of meals provided daily in the schools in 1950 was 24,691. Comparison with previous years is given below:—

<i>Year.</i>	<i>Average no. of meals provided daily in schools.</i>
1942 ...	3,576
1943 ...	5,737
1944 ...	8,366
1945 ...	15,680
1946 ...	19,309
1947 ...	22,943
1948 ...	24,420
1949 ...	25,235
1950 ...	24,691

The figure for 1950 represents nearly 44% of the children in attendance.

24 more canteens were established in schools during 1950, bringing the total to 278 at the end of the year.

An average of 47,434 children received milk in schools; this represents 84% of the children in attendance.



RECORDS AND TIME RECORDS ACT, 1981

CHAPTER 11 - RECORDS AND TIME RECORDS ACT, 1981

Section	Description	Section	Description
11.1	Records and Time Records Act, 1981	11.1	Records and Time Records Act, 1981
11.2	Records and Time Records Act, 1981	11.2	Records and Time Records Act, 1981
11.3	Records and Time Records Act, 1981	11.3	Records and Time Records Act, 1981
11.4	Records and Time Records Act, 1981	11.4	Records and Time Records Act, 1981
11.5	Records and Time Records Act, 1981	11.5	Records and Time Records Act, 1981
11.6	Records and Time Records Act, 1981	11.6	Records and Time Records Act, 1981
11.7	Records and Time Records Act, 1981	11.7	Records and Time Records Act, 1981
11.8	Records and Time Records Act, 1981	11.8	Records and Time Records Act, 1981
11.9	Records and Time Records Act, 1981	11.9	Records and Time Records Act, 1981
11.10	Records and Time Records Act, 1981	11.10	Records and Time Records Act, 1981

CHAPTER 12 - RECORDS AND TIME RECORDS ACT, 1981

Section	Description	Section	Description
12.1	Records and Time Records Act, 1981	12.1	Records and Time Records Act, 1981
12.2	Records and Time Records Act, 1981	12.2	Records and Time Records Act, 1981
12.3	Records and Time Records Act, 1981	12.3	Records and Time Records Act, 1981
12.4	Records and Time Records Act, 1981	12.4	Records and Time Records Act, 1981
12.5	Records and Time Records Act, 1981	12.5	Records and Time Records Act, 1981
12.6	Records and Time Records Act, 1981	12.6	Records and Time Records Act, 1981
12.7	Records and Time Records Act, 1981	12.7	Records and Time Records Act, 1981
12.8	Records and Time Records Act, 1981	12.8	Records and Time Records Act, 1981
12.9	Records and Time Records Act, 1981	12.9	Records and Time Records Act, 1981
12.10	Records and Time Records Act, 1981	12.10	Records and Time Records Act, 1981