[Report 1945] / School Medical Officer of Health, Wolverhampton County Borough.

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County Borough of Wolverhampton

Education Committee

Annual Report

of the

School Medical Officer

For the Year 1945

W. GIBBONS AND SONS LTD., WOLVERHAMPTON

County Borough of Wolverhampton

EDUCATION COMMITTEE

SCHOOL MEDICAL OFFICER :
R. H. H. JOLLY, M.D., B.S. (Lond.) D.P.H.

SENIOR ASSISTANT SCHOOL MEDICAL OFFICER :
B. SERGEANT, M.B., B.S. (Durham), B.Hy., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICERS :
(Miss) OLGA NUSSBAUM, M.D.
(Mrs.) H. M. WILSON, Nat. Sc., Tripos. (Camb.), B.Ch. (Resigned 25/8/45).
(Miss) A. M. DUFF, M.B., B.Ch. (Commenced duty 1 session weekly 28/9/45).

DENTAL SURGEONS :
D. WILSON BETT, L.D.S.
A. D. VINCENT JONES, L.D.S. (In H.M. Forces—Resigned 30/11/45).
W. G. CLARKSON, L.D.S.
A. E. THOMASON, L.D.S. (Part time).
E. L. SHEANE, L.D.S. (Resigned31/8/45).
W. BICKERDIKE, L.D.S. (Commenced duty 1/9/45).

SCHOOL NURSES :

Miss E. M. RAWES	*§†(In H.M.Forces)	Mrs.L.O.CARTWRIGHT	* (Resig'd 31/8/45).
Miss W.L.M.CRANE	*§	Mrs. B. M. S. BAYLEY	* (Resig'd 8/9/45).
Miss M. E. HALL	*	Miss V. L. TAYLOR	*§
Miss I. A. JACKS	*§(In H.M. Forces).	Miss M. M. FARRELL	*§ Com'nc'd 3/9/45.
Miss P. PRYCE	*	Miss D. COOPER	* Com'nc'd 10/9/45.
Miss L. ALLAN	*§‡	Mrs. N. E. BEECH	*

CLEANSING ATTENDANT :
Mrs. M. G. LAW (Resigned 31/8/45).
Mrs. D. KEITH (Commenced 1/9/45).

DENTAL ATTENDANTS :
Miss E. LOVATT
Mrs. I. WILLIES
Mrs. N. COTTERELL.

Consultant Ophthalmologist :
G. F. HAYCRAFT, M.R.C.S., L.R.C.P., D.O.M. & S.

Consultant Orthopaedic Surgeon :
E. A. FREEMAN, M.B., B.S., F.R.C.S. (Eng.)

Orthopaedic Nurses :
Miss E. M. RIORDAN, C.S.M.M.G., M.E., L.E.T.
Mrs. M. FULLERTON, C.S.M.M.G. (Commenced part time duty 9/11/45).

Orthopaedic Dept. (Clerks) :
Miss E. M. DOUGLAS (Part time—Resigned 31/3/45).
Mrs. M. STENSON (Part time—Commenced duty 10/3/45).

Consultant Aural Surgeon :
W. LESLIE THOMAS, F.R.C.S., D.L.O.

Speech Therapist :
Miss MURIEL JUDD, L.C.S.T. (Resigned 31/10/45).
Miss D. M. BRAITHWAITE, L.C.S.T. (Commenced duty 1/10/45).

CLERICAL STAFF :
B. W. WESTWOOD
Miss M. J. HIPKISS
Mrs. D. SIMPKIN (Resigned 31/7/45).
Miss D. M. JONES (Allocated to Dental Clinic part time).
Miss M. J. RICKHUSS (Commenced duty 1/8/45).

* State Registered Nurse. § State Certified Midwife.
‡ T.B. and Queen's Inst. Certs. †State Registered Children's Nurse.

EDUCATION OFFICES,
NORTH STREET,
WOLVERHAMPTON,

3rd JUNE, 1946.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report of the School Medical Officer for the year 1945.

Once again it is an abridged report from which several tables and much detail have been omitted on the recommendation of the Ministry of Education. Although hostilities ceased before the commencement of the Autumn school term, the particulars recorded relate to activities which have been restricted as a result of nearly six years of war.

None of the Medical or Nursing Staff on War Service had been released by the end of 1945, and the supply position in respect of drugs, appliances and other requisites was almost as restricted as ever. Although a great deal of planning had taken place in conformity with the new Education Act, actual operations had not begun, and it is probable that much that is necessary or desirable will have to be deferred still further.

There is no significant change in the nutritional state of the children examined in the routine age groups in 1945. The following are the percentages classified as suffering from malnutrition (category D) during that year and the four previous years :

1941 – 0.49%	1943 – 0.34%	1945 – 0.34%
1942 – 0.49%	1944 – 0.31%	

During the past twelve months there has been a slight improvement in the number of children taking school dinners, but the figure of 34% is still far below the goal aimed at. The period of rapid growth is one during which the body needs a high proportion of body-building foods—almost all of which are in short supply and rationed. By means of a school dinner a child can get a supplemental issue of these essential food stuffs (proteins) which are otherwise hardly obtainable. An intensive educational campaign on this subject is the obvious indication. Not only do parents need to have the facts brought home to them, but the children themselves should be given some explanation. If the latter realised the value of the school dinner one would not expect to find the big drop in the number of such meals taken during holiday periods.

One of the most important items in planning for the future is a closer co-ordination between the preventive and curative sections of Medicine in its relation to the school child. The school Doctor who examines the healthy child or who sees him in the early stages of some disease or disability should have access to the wards and out-patient departments of children's hospitals where the most modern forms of treatment are given and where illness in all its forms is carefully studied. In the same way the services of the expert—the Consulting Paediatrician—should be at the disposal of the Education Authority for those children who need them.

Again, the medical student and the newly qualified Doctor who is studying children's diseases can derive benefit from a consideration of the normal as well as the abnormal. In hospital he only sees abnormal and diseased persons, but at the schools coming under the jurisdiction of the Education Authority he could also make himself familiar with the signs of health as well as disease, the normal as well as the abnormal.

I would again like to express my thanks to Dr. B. Sergeant the Senior Assistant School Medical Officer for the able and efficient manner in which he has carried out the detailed administration of the School Medical Service during the year under review, and for the many helpful suggestions and comments I have received from him.

My thanks are also given to the Director of Education for his ready courtesy and willing co-operation in all matters affecting the health of the school child.

Once more I must inscribe my appreciation of the consideration and support always forthcoming from the Chairman and Members of the Education Committee.

I have the honour to be,

Your obedient servant,

R. H. H. JOLLY,

School Medical Officer.

1.—STAFF.

Dr. H. M. Wilson resigned in August and it was not found possible to replace her with a full time medical officer, but Dr. A. M. Duff was able to attend one session per week for refractions until the end of December when Dr. F. Fischer was appointed as a full time medical officer.

Mr. Vincent Jones, who joined H. M. Forces at the beginning of the war, and Mr. E. L. Sheane both resigned from the dental staff. Mr. A. E. Thomason continues to do part-time duty in place of the former, and Mr. W. Bickerdike was appointed in September in place of the latter.

Of the School Nurses, Mrs. Bayley and Mrs. Cartwright, after giving valuable service to the Authority, resigned to take up domestic work at home and in their place Nurses Farrell and Cooper were appointed. Both are temporary appointments pending the return of Nurses Rawes and Jacks from H.M. Forces.

Mrs. M. G. Law, whose work as cleansing attendant has been so much appreciated, resigned in August and Mrs. D. Keith was appointed in her place. She had already been acting in a voluntary capacity at the Bushbury Lane Clinic.

Mrs. D. Simpkin resigned from the clerical staff at the end of July and Miss M. J. Rickhuss was appointed in her place.

2.—CO-ORDINATION.

There has been no change in the arrangements.

3.—SCHOOL HYGIENE.

The sanitary defects present in the older schools in the borough, such as unsatisfactory water closets and absence of modern hygienic drinking fountains still exist and are likely to do so until building restrictions are removed. Nevertheless, the following alterations and improvements were carried out :—

A kitchen has been erected at Warstones Road School—with an output of 1,000 meals daily. At this same School a dining room was almost completed by the end of 1945 whilst a dining room at St. Andrew's School was completed about July, 1945.

Sculleries have also been provided during the year at Woden Road, Bushbury Lane, Bushbury Hill Junior and Oldfallings Infants' Schools. In addition, the rear portion of the Church Army Hut purchased for a dining room for St. Luke's School has been improved so as to form scullery provision.

Owing to the pressure on the accommodation at Warstones Road School, the Authority obtained the approval of the Ministry of Education to complete four of the classrooms which had re-

mained unfinished during the war. The work was completed and the classrooms brought into use as from September, 1945.

Towards the end of the year the Education Committee decided that telephones be installed in 25 Schools, and the first few were in course of installation by the end of the year.

4.—MEDICAL INSPECTIONS.

Routine medical inspection of three age groups has been carried out as in previous years and details are given in Table I. An analysis of Table IB for the last three years is given below. The absence of one medical officer from the staff for the latter part of the year has resulted in fewer children being inspected than usual.

Year	1943	1944	1945
Special examinations and Re-inspections in Schools	4,066	3,590	2,449
Examinations at School Clinics ..	5,250	4,419	4,089
Nutrition Survey in Schools ..	28,139	29,911	20,853
Examinations at Eye Clinic ..	1,478	1,180	879
Other Special Examinations at Clinics ..	2,379	1,559	1,265
	41,312	40,659	29,535

The percentage of children examined in the routine age groups who required treatment (excluding malnutrition, defective vision, dental disease and uncleanliness) was :—

Entrants 13.7% ; Intermediates 12.1% ; Leavers 7.7%.

The percentage found to require treatment for defective vision was :—

Entrants 0.67% ; Intermediates 4.0% ; Leavers 3.76%.

The " Entrants " are not usually given an eye sight test.

5.—FINDINGS OF MEDICAL INSPECTION.

(*a*) Malnutrition.

Table II gives the percentage of children classified according to their state of nutrition. There is no significant change in these percentages compared with previous years. These figures are based on a clinical examination of the child and noting the rate of growth on a chart. Sometimes it is difficult to decide whether a child's variation from " normal nutrition " is sufficient to classify him in another category or not. To this extent therefore the results depend upon the personal opinion of the examining medical officer. So far as the state of nutrition is indicated by height and weight there is no evidence of any deterioration in the nutrition of Wolverhampton school children.

There are some who say that although the rate of growth and the height and weight of school children are satisfactory yet there is nevertheless a deterioration in stamina and resistance to disease. But there has been no conclusive evidence brought forward in support of this contention. Resistance to disease depends to a large extent upon a sufficiency of certain Vitamins. With the present shortage of fats and fresh fruits it is possible that many children, and particularly those who have meals brought from kitchens a considerable distance away and kept hot, are going short of vitamins. But in an experiment on 1,620 school children where about half received supplementary vitamin capsules and the other half did not it was found that "the vitamin supplement had no consistent effect on growth, strength, endurance, fatigue, potential incidence or severity of clinical conditions, hearing and absenteeism from school."*

It would seem therefore that very small amounts of vitamins are sufficient to keep children in perfect health and that so far children are getting them.

(*b*) **Uncleanliness.**

The figures quoted in Table V show only a slight improvement on last year. Out of about 20,000 school children 2,958 were found verminous, practically all with head lice or nits ; it is rare to find body lice. Since nearly all were girls it follows that nearly 30% of them were verminous at at least one inspection. This is most unsatisfactory for although most of those children found verminous are quickly cleansed yet it is only because of frequent inspections by school nurses that they are kept reasonably clean. One shudders to think what their condition will be like when they leave school and no longer have the supervision of the school nurse.

The reluctance of parents to wash the hair of girls because of the fear of catching cold afterwards or because it will destroy a wave in the hair in the case of older girls is at the root of the trouble. Boys, having shorter hair are seldom verminous.

Three parents with grossly verminous and neglected children were convicted under the Children and Young Persons Act and sentenced to terms of imprisonment. This may have a deterrent effect on others but so far as the neglected children are concerned the results are disappointing. The homes are always filthy and the children soon become verminous again when they return. The parents are constantly in trouble for not keeping them clean. That such parents should not have the care of children seems obvious,

* Effect of a daily vitamin supplement on the health and development of children.— *British Medical Journal*, Feb. 9th, 1946.

but it is difficult to know how best to deal with the children. There is great reluctance to take a child permanently away from the parent and it is legally difficult. The position is complicated when the parents are of low mentality. Compulsory inspection of homes might help in some cases if this were legal.

(*c*) Minor Ailments and Diseases of the Skin.

Scabies, impetigo, otorrhoea and external eye disease continue to be the conditions for which treatment at the Minor Ailments Clinics is most often required. Some criticism of these clinics has appeared in medical journals recently alleging that the work done is trifling and a waste of time and money. There is no doubt, however, that when these conditions are treated at the clinic they are soon cleared up, whereas treatment at home is seldom satisfactory. Particularly valuable is the treatment of neglected children suffering from Scabies, Impetigo and Lice. The rapid improvement in these cases is remarkable. There are a few children who come with trifling cuts and bruises, but the majority are well worth treating.

(*d*) Visual Defects and External Eye Diseases.

640 children were examined at the Ophthalmic Clinic and spectacles were prescribed in 538 cases. The remaining 102 either had suitable glasses, did not require them or needed other forms of treatment for which they were referred to the School Clinic, their own doctor, or to the Eye Infirmary. Six more patients, considered suitable for the partially-sighted class, were referred to Mr. G. F. Haycraft, consulting ophthalmic surgeon, for examination, and 4 of them were put on the register for this Class.

Of the 26 children examined by him, 9 suffer from high myopia, 5 from nystagmus, 4 from optic atrophy, 5 from congenital cataract, 1 corneal opacity, 1 dislocation of lens, and 1 retinitis. Two of them suffering from congenital cataract and nystagmus were recommended for the Blind School.

(*e*) Nose and Throat Defects (See Appendix Table I, page 20).

279 children were referred for treatment on account of enlarged tonsils and adenoids. In 1944 there were 313.

(*f*) Ear Disease and Defective Hearing.

The Gramophone Audiometer was used in certain schools to find those children whose hearing was defective. Some schools are too noisy or are otherwise unsuitable for the use of this instrument.

It is not possible at present to deal with the numbers referred for examination at the Aural Clinic. Nevertheless 98 children were examined by Mr. Leslie Thomas, F.R.C.S., the consulting aural surgeon, with the following results :—

35 had no clinical deafness ;

22 were suffering from chronic catarrhal otitis media ;

18 from chronic suppurative otitis media ;

5 from eustachian catarrh ;

and the remainder from various other defects of the ear, nose and throat.

Two who were handicapped by congenital deafness were recommended for a special school. Those who could be treated as out patients were attended to at the clinic and arrangements were made for those requiring hospital treatment.

(*g*) **Dental Defects** (See report of Dental Officers below).

(*h*) **Orthopaedic and Postural Defects.**

(*i*) **Heart Disease and Rheumatism.**

(*j*) **Tuberculosis.**

There is nothing special to report with regard to these defects.

6.—FOLLOWING-UP.

The School Nurses made 1,648 visits to homes to follow up defects found at inspections.

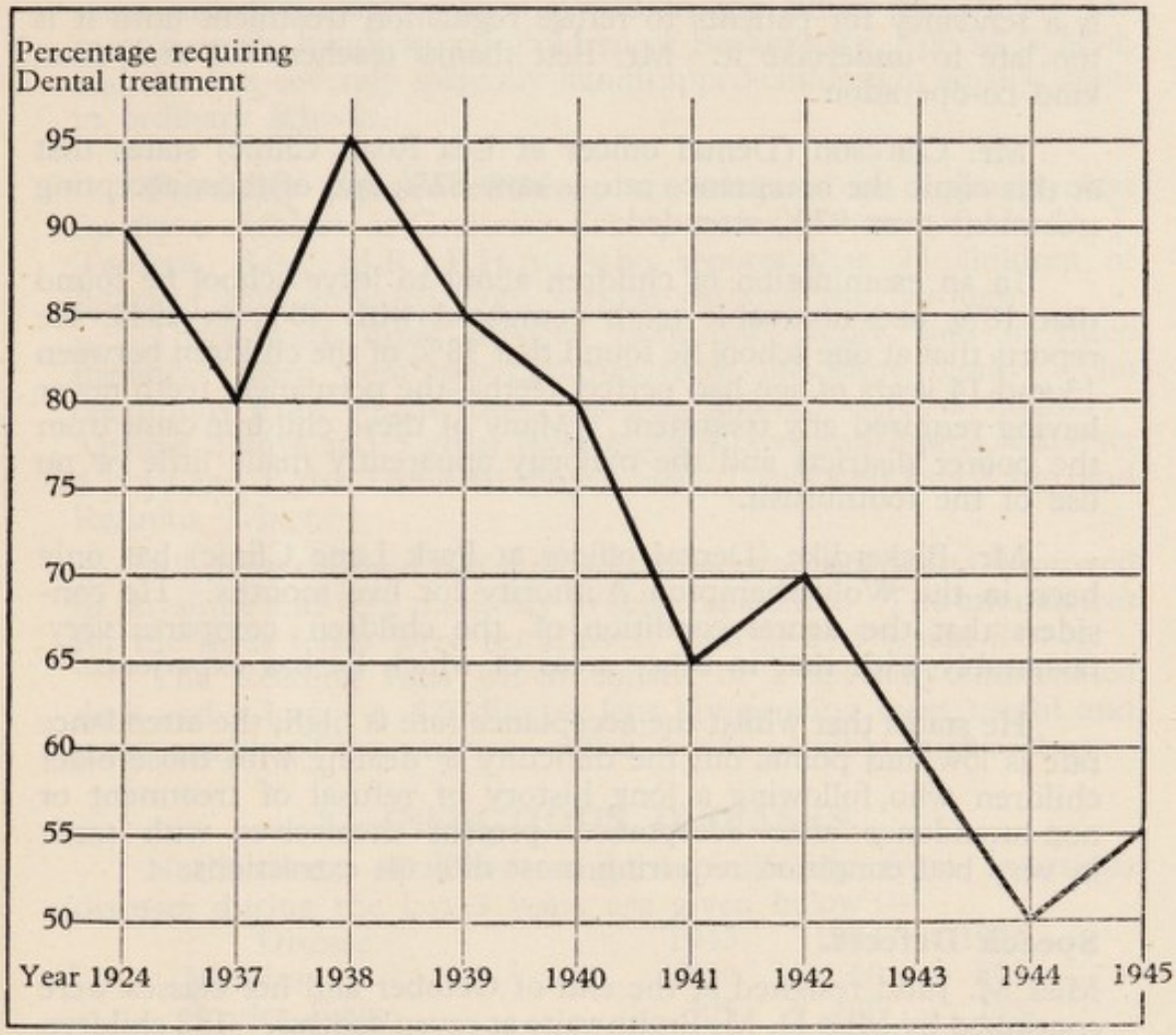
7.—ARRANGEMENTS FOR TREATMENT.

Minor Ailments are treated at clinics at North Street, Bushbury Lane and Willenhall Road School. There were 42,696 attendances in 1945.

New methods of treating Scabies and Impetigo have considerably shortened their duration. Patients with scabies are treated by the Cleansing Attendant and special appointments are made. Home treatment is seldom successful and is discouraged.

Orthopaedic Defects are treated at Clinics at Ward Street, Woodfield Avenue and Low Hill under the control of Mr. E. A. Freeman, F.R.C.S., consulting orthopaedic surgeon. Ultra Violet Ray treatment is given to children at Ward Street by Miss E. M. Riordan, C.S.M.M.G. 880 school children made 5,735 attendances in 1945.

Dental Treatment is given at North Street, Park Lane and at Lea Road Clinics, and Table IV gives details of the work done. There has been a significant fall in the percentage of children found to require dental treatment as will be seen on the accompanying graph :—



When the Wolverhampton School Dental Service commenced in 1924 it was found that 91% of the children examined by the dentist required dental treatment, and the figure remained between 80 and 90% right up to 1940. It was then that the remarkable improvement began. Now only 55% need treatment.

Such an improvement might be the result of an improved dental service and it is true that the Wolverhampton dental staff was increased from 3 to 4 dentists in 1940. But the true explanation is much more likely to be found in the change in diet during the war years. Many think it probable that the shortage of sugar has much to do with it. If this be so, an increase in the incidence of dental caries is to be expected when sugar again becomes plentiful.

Mr. Bett (Senior school dental officer) reporting on North Street Clinic comments that many parents still fail to keep their appointments. Many however are very appreciative and return again and again for treatment and there is rather less objection to conservative treatment than formerly. There is a large increase in the number of patients who ask for gas in preference to extraction by local anaesthetics. Gingivitis has not been prevalent. There

is a tendancy for patients to refuse regulation treatment until it is too late to undertake it. Mr. Bett thanks teachers for their most kind co-operation.

Mr. Clarkson (Dental officer at Lea Road Clinic) states that at this clinic the acceptance rate is now 82% and of those accepting treatment over 97% attended.

In an examination of children about to leave school he found that 18% had unsavable teeth compared with 40% in 1940. He reports that at one school he found that 38% of the children between 13 and 14 years of age had perfect teeth—the permanent teeth never having required any treatment. Many of these children came from the poorer districts and the majority apparently made little or no use of the toothbrush.

Mr. Bickerdike (Dental officer at Park Lane Clinic) has only been in the Wolverhampton Authority for five months. He considers that the dental condition of the children compares very favourably with that in other areas of which he has experience.

He states that whilst the acceptance rate is high, the attendance rate is low and points out the difficulty of dealing with those older children who, following a long history of refusal of treatment or non-attendance after acceptance, present themselves with teeth in very bad condition requiring most difficult extractions.

Speech Defects.

Miss M. Judd resigned at the end of October and her classes were continued by Miss D. M. Braithwaite at seven centres. 132 children attended these classes, 58 were dismissed, of whom 32 were cured. 6 of the children cured were stammerers.

Throat, Nose and Ear Defects.

There is still no special provision for the operative treatment of these defects, but a scheme is under consideration for the treatment of enlarged tonsils and adenoids at New Cross Hospital free of cost to the parent. At present these patients are treated at the Royal Hospital under their hospital's subscription scheme or at New Cross Hospital at an agreed fee payable by the parent.

Malajusted children.

It has not yet been found possible to commence a Child Guidance Clinic except on a very limited scale owing to the difficulty of obtaining the necessary staff. Dr. Cleugh, the educational phychologist investigated the incidence of mental handicap in school children in Wolverhampton. She calculates that at least 2,000 children in Wolverhampton are mentally handicapped and require special education, but the difficulties of dealing with them in these days of large classes, insufficient accommodation, a shortage of teachers and only one special school with an accommodation of about 150,

seem insurmountable. It is hoped in the future to educate the most severely handicapped children at Beckminster Special School, and the less severely mentally handicapped children in small Classes in ordinary schools.

Partially sighted children are educated in a special class for these children at Graiseley School under the care of Mr. D. J. Tredrea, B.A., M.R.I.P.H.A., who reports that 23 children of different ages attended from various parts of the borough.

There were three children from one family, and in three instances there were two children from the same family. The conditions from which these children suffered were as follows : : Myopia 2 boys and 5 girls, Nystagmus 3 boys and 2 girls, Cataract 4 boys and 1 girl, Optic atrophy 4 boys, Dislocated lens 1 boy and Retinitis 1 boy.

All these children had milk and dinners at school and improved in physique and very markedly in self confidence. The attendances for the three terms were respectively 78.6%, 84.5% and 84.7%.

The Reading Aids which consist of a specially illuminated desk and a large + 4.0 diopter lens are proving most useful and make teaching from ordinary school books possible in this class.

8.—INFECTIOUS DISEASES.

Notifications of school children suffering from infectious diseases during the last 3 years are given below :—

Disease.	1943	1944	1945
Measles	856	40	801
Scarlet Fever	305	108	113
Diphtheria	54	37	26
Other infectious disease ..	120	22	60

Death of School Children, 1945.

Cause.	Number
Tubercular Meningitis	3
Lobar Pneumonia	2
Peritonitis, Acute Appendicitis	2
Toxæmia following extensive burns	1
Encephalitis	1
Broncho Pneumonia, Status Epilepticus (at Mental Hospital)	1
Intestinal obstruction	1
Shock, Operation—transplantation ureters	1
Laryngeal Diphtheria	1
Multiple injuries received in street accidents with motor vehicles	4
Asphyxia due to drowning	1
Hepatitis	1
Heart failure under anaesthetic	1
Total	20

DIPHTHERIA IMMUNISATION, 1945.

It is now found that many children have already been immunised before they enter school, nevertheless a number of children were immunised either at school or at school clinics.

9.—OPEN AIR EDUCATION.

Delicate children are sent to Kingswood Open Air School which was commenced in June, 1942, and has remained open ever since. The difficulties mentioned in the last Annual Report continue. The most obvious need is for special open air class rooms which will open on all or any of three sides and allow the children to be in the sun yet sheltered from the wind.

In spite of its many shortcomings, however, and with the help of a most conscientious and enthusiastic staff under the control of the Teacher-in-charge (Mr. McMillan) excellent work was done.

The following Tables show the conditions from which the children were suffering, the admissions and dismissals during the year and the average gains in heights and weights compared with those of children in other schools ;—

TABLE A.

Boys.

DISEASES	Admitted 1st Term	Dismissals in 1st Term	Still on Register	New Admissions	Dismissals in 2nd Term	Still on Register	New Admissions	Dismissals in 3rd Term	On Register for 1946
Malnutrition ..	16	4	12	6	9	9	9	10	8
Debility ..	12	3	9	5	11	3	3	2	4
C'r'nic Bronchitis	8	–	8	3	7	4	4	1	7
Asthma ..	5	1	4	1	1	4	5	–	9
Anaemia ..	1	–	1	–	1	–	1	1	–
Heart Disease ..	2	–	2	–	–	2	1	1	2
Arrested T.B. ..	2	–	2	–	1	1	–	–	1
Enl. Glands ..	1	–	1	–	1	–	–	–	–
T.B.Contact ..	3	1	2	–	2	–	2	–	2
	50	9	41	15	33	23	25	15	33
				Girls					
Malnutrition ..	16	4	12	3	9	6	15	9	12
Debility ..	6	2	4	3	5	2	3	1	4
C'r'nic Bronchitis	9	1	8	2	5	5	5	6	4
Bronchiectasis ..	4	1	3	–	1	2	2	1	3
Anaemia ..	4	1	3	1	3	1	2	1	2
Heart Disease ..	4	–	4	–	–	4	–	–	4
Asthma ..	–	–	–	–	–	–	1	–	1
Enl. Glands ..	1	–	1	–	1	–	–	–	–
T.B. Contact ..	6	–	6	1	3	4	–	2	2
	50	9	41	10	27	24	28	20	32

TABLE B.

KINGSWOOD OPEN AIR SCHOOL.					Children in various other schools (20 in each age group	
Year born	Number examined	Average length of stay (weeks)	Average gain in Height per week per child	Average gain in Weight per week per child	Average gain in Height per week per child	Average gain in Weight per week per child
				BOYS		
			(Inches)	(lbs.)	(Inches)	(lbs.)
1931	4	21.25	.032	.2	—	—
1932	11	32.5	.04	.18	.03	.12
1933	9	19.2	.043	.3	.04	.16
1934	6	23.5	.035	.1	.033	.074
1935	11	21.7	.03	.16	.044	.15
1936	17	24.4	.04	.13	.046	.11
1937	16	27.5	.045	.1	.064	.14
1938	11	21.3	.036	.14	.14	.2
1939	4	18.25	.04	.13	.043	.065
1940	1	16	.06	.15	—	—
	90					
				GIRLS		
1931	2	38	.05	.2	—	—
1932	7	28	.04	.26	.032	.2
1933	9	31.4	.033	.2	.05	.2
1934	17	21.5	.038	.2	.03	.07
1935	10	23	.04	.24	.09	.23
1936	15	21.3	.036	.19	.043	.08
1937	11	25.5	.05	.12	.06	.105
1938	9	26.4	.042	.11	.056	.11
1939	8	25.1	.053	.15	.04	.06
	88					

29 delicate boys were sent to recuperate at Weston-Super-Mare holiday home through the generosity of local Rotarians, and 56 girls from Wolverhampton and district were maintained for varying periods at Southport by former pupils of the Girls' High School through their "Sunshine Fund."

10.—PHYSICAL TRAINING.

The report of the Physical Training Organisers is issued separately.

11.—PROVISION OF MEALS.

The last census showed that 6,670 children were having school dinners, *i.e.*, 34.02% of those present on the day of the census. 13,719 children were having school milk (69.97%). The school dinners are inspected at intervals by the School Medical Staff. They are generally excellent and any complaints received are of a minor character.

12.—CO-OPERATION OF TEACHERS, PARENTS, WELFARE OFFICERS AND VOLUNTARY BODIES.

Thanks are due to the Teachers, Welfare Officers, the N.S.P.C.C., the Medical Officers, the General Practitioners and Officers of various charitable organisations for their continued interest and help.

The attendance of parents when children are medically examined continues to be most satisfactory.

13.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN

(Handicapped Children).

The difficulty in getting mentally handicapped children into residential institutions is as great as ever.

Blind Children.

One boy who suffers from cerebral diplegia and is blind is attending the School for the Blind and Deaf,The Mount, Stoke-on-Trent. Two other children are awaiting admission.

Partially-sighted Children. (See page 11).

Deaf Children.

There are eight deaf children in institutions for the training of the deaf, and three more awaiting admission ; one refuses as admission is dependent upon consent to another operation which the parents will not agree to.

Epileptics.

Of the children suffering from epilepsy, only one is in a school for epileptics, two others are in hospital and two were notified to the Local Authority as not educable.

Mentally Handicapped Children.

149 children referred by teachers, welfare Officers and others were examined as to their mental condition. 107 of these had not been previously examined. 63 were considered suitable for education in Beckminster Special School and 26 were notified as not educable.

It is recognised that many mentally handicapped children are not brought to the notice of the Medical Officer and there is a tendency to bring forward those whose behaviour is worst rather than those who are most mentally retarded. Beckminster School is not able to cope with the number considered suitable for it, and in future will be reserved for the most mentally handicapped.

Tuberculosis Children.

There are 17 children on the register as suffering from pulmonary tuberculosis. The disease has been arrested in 10 of them. Of children suffering from non-pulmonary tuberculosis :—

10	had	tuberculosis	of	glands	(4	still	active)
10	„	„	„	joints	(7	„	„)
6	„	„	„	spine	(4	„	„)
5	„	„	„	abdomen	(1	„	„)

Crippled Children.

Of the 22 children on the register, 15 attend Maintained Primary or Modern Schools, two are in institutions, and five do not attend any school or institution.

Severe Heart Disease.

Nine children are considered to have heart disease sufficiently severe to make residential school desirable, five of them attend the Open Air School and the other four attend ordinary schools.

Multiple Defects.

Of 14 children with multiple defects, nine are not educable. Of the remaining five, one is in Beckminster Special School, one is in an ordinary school, one is in a school for blind children, and one is in a school for the deaf.

14.—FULL-TIME COURSES OF HIGHER EDUCATION FOR THE BLIND, DEAF AND EPILEPTIC.

There were six adults attending institutions for full-time training of the blind.

15.—NURSERY SCHOOLS.

Nursery classes are now established at 13 schools. School Nurses visit these classes once per fortnight and there are regular medical inspections.

16.—MISCELLANEOUS.

66 teachers and other employees of the Education Authority were examined by the Medical Officers as well as several youths for the Juvenile Service Organisations.

MINISTRY OF EDUCATION.

MEDICAL INSPECTION & TREATMENT RETURNS.

Year ended 31st December, 1945.

TABLE I.

MEDICAL INSPECTIONS OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A.—ROUTINE MEDICAL INSPECTIONS.

(1) Number of Inspections :		
Entrants	2,217	
Second Age Group	2,371	
Third Age Group (Age 12) ..	1,734	
(Age 15-16, examined since 1st April)	152	
Number of Inspections in Secondary Schools between 1st January and 31st March, 1945 ..	282	†
TOTAL ..	6,756	
(2) Number of other Routine Inspections :	300	
GRAND TOTAL	7,056	

† This figure is shown separately in accordance with Ministry of Education instructions on Form 8M.

B.—OTHER INSPECTIONS.

Number of Special Inspections and Re-inspections	29,535

TABLE II.

CLASSIFICATION OF THE NUTRITION OF PUPILS INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Number of Pupils Inspected.	A. (Excellent)		B. (Normal)		C. (Slightly Sub-Normal)		D. (Bad)	
	No.	%	No.	%	No.	%	No.	%
6,774	1,463	21.6	4,430	65.4	858	12.7	23	0.3

TABLE III.

GROUP I—TREATMENT OF MINOR AILMENTS.
(Excluding uncleanliness).

Total number of Defects treated or under treatment during the year under the Authority's scheme ..	2,529

GROUP II—TREATMENT OF DEFECTIVE VISION AND SQUINT UNDER THE AUTHORITY'S SCHEME.

Errors of Refraction—including squint	640
Other defect or disease of the eyes—excluding those recorded in Group I	13
Total ..	653
Number of pupils for whom spectacles were	
(*a*) Prescribed	538
(*b*) Obtained	495

GROUP III—TREATMENT OF DEFECTS OF THE NOSE AND THROAT.

Received Operative treatment	112
Received other forms of treatment	27
Total Number Treated	139

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Dentists :—	
(*a*) Routine Age Groups	16,722
(*b*) Specials	771
(*c*) Total—(Routine and Specials) ..	17,493
(2) Number found to require treatment	9,927
(3) Number actually treated	7,265
(4) Attendances made by pupils for treatment	10,761

(5) Half-days devoted to:		(6) Fillings :	
Inspection ..	99	Permanent teeth ..	3,928
Treatment ..	1,319	Temporary teeth	103
Administration of gas	284		
TOTAL	1,702	TOTAL ..	4,031

(7) Extractions :

Permanent teeth	2,105
Temporary teeth	13,812
TOTAL	15,917

(8) Administrations of general anaesthetics for extractions 3,050

(9) Other Operations :

Permanent teeth ..	862
Temporary teeth ..	755
	1,617

TABLE V.

VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses or other authorised persons 17.9*

(ii) Total number of examinations of pupils in the Schools by School Nurses or other authorised persons .. 73,250

(iii) Number of **individual** pupils found unclean .. 2,958

* This number represents special visits for cleanliness only and does not include visits for Routine Inspection and Nutrition Survey, where nevertheless evidence of uncleanliness is also looked for.

TABLE VI.

BLIND AND DEAF PUPILS.

Number of totally or almost totally blind and deaf pupils who are **not** at the present time being educated in a Special School. The return relates to all such pupils including evacuees resident in the Authority's area.

	1. At a Maintained Primary or Secondary School	2. At an Institution other than a Special School	3. At no School or Institution
Blind pupils ..	–	2	–
Deaf pupils ..	3	–	–

Statement shewing why each of the above pupils is not attending a Special School :—

BLIND.—

Hinds,	David	26 . 1 . 37	In Partially-Sighted Class and on "Waiting List" for admission to Blind Institution.
Hinds,	Roger	8 . 2 . 40	

DEAF.—

Halliwell,	Peter	3 . 11 . 39	Both of these children have been recommended for, and are awaiting admission to an Institution for the Deaf.
Lyon,	John	2 . 12 . 35	
Weston,	Betty	18 . 8 . 32	Aural Specialist recommends a mastoid operation before admission to Institution. Girl had similar operation to other ear and parents unwilling for second operation.

APPENDIX.

The Table overleaf is not included by the Ministry of Education in their Official Medical Inspection Returns for the year ending 31st December, 1945.

TABLE I.
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

DEFECT OR DISEASE	ROUTINE INSPECTIONS		SPECIAL INSPECTIONS	
	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
SKIN DISEASES	36	–	332	1
EYE				
Def. Vision (Ex-Squint) ..	163	7	33	–
Squint	15	–	2	–
External Eye diseases ..	26	–	157	2
EAR				
Defective Hearing	4	–	12	–
Otitis Media	27	1	90	–
Other Ear Disease	21	1	71	–
NOSE AND THROAT				
Chron. T. only	11	2	4	1
Adenoids only	23	4	9	–
Chron. T. & A.	245	78	108	7
Other conditions	20	3	359	4
EN. CERVICAL GLANDS (Non-T.)	2	1	45	3
DEFECTIVE SPEECH ..	–	–	–	–
HERAT & CIRCULATION				
Heart dis.—organic	4	17	6	7
„ „ —functional ..	–	4	6	–
Anaemia	16	–	17	1
LUNGS				
Bronchitis	67	7	136	–
Other non-Tubercular dis. ..	11	1	33	1
TUBERCULOSIS				
Pulm. definite	–	–	–	–
Suspected	–		5	4
Non-PULMONARY				
Glands	3	–	2	–
Bones & Joints	–	–	–	–
NERVOUS SYSTEM				
Epilepsy	–	–	8	1
Chorea	–	–	15	1
Other conditions	1	1	40	2
DEFORMITIES				
Rickets	–	–	–	–
Spinal Curvature	72	1	1	–
Other forms	172	4	64	2
OTHER DISEASES & DEFECTS (Excl. Nutrition; Uncleanliness and dental diseases) ..	26	1	769	31
TOTAL NUMBER OF DEFECTS	965	133	2,324	68