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**Contributors**

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# WORCESTERSHIRE COUNTY COUNCIL

COUNTY BUILDINGS.

WORCESTER

With the Compliments of the  
County Medical Officer

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## EDUCATION CHILDREN'S CARE SUB-COMMITTEE

### LIST OF MEMBERS

#### *Ex-officio members*

- |  |  |
|--|--|
| Mr. R. ALDINGTON,<br>Bennett's Hill Farm,<br>Offenham, Evesham | - Chairman of the School Management<br>Sub-Committee   |
| Sir Hugh CHANCE,<br>Cross Bank,<br>Clent, Stourbridge.         | - Vice-Chairman of the County Council<br>" " Further Education<br>Sub-Committee  |
| Mr. H. N. FROST,<br>Wyre Court, Bewdley.                       | - Chairman of the Education Committee  |
| Major M. F. S. JEWELL,<br>The Hill,<br>Upton-on-Severn.        | - Chairman of the Sites and Buildings,<br>Sub-Committee<br><br>Chairman of the Finance and General<br>Purposes Sub-Committee |
| Miss E. M. NEWTH,<br>70, Bromwich Road,<br>Worcester.          | - Chairman of the County Library Sub-<br>Committee   |
| Mr. J. H. WALKER,<br>Ankerdine, Worcester.                     | - Chairman of the Agricultural Education<br>Sub-Committee.   |
| Sir CHAD WOODWARD,<br>Arley Cottage,<br>Upper Arley, Bewdley.  | - Chairman of the County Council   |
| Mrs. J. E. TALBOT,<br>Apostle's Oak,<br>Abberley, Worcs.       | - Chairman of the School Meals Sub-Com-<br>mittee  |

#### *Appointed members*

- |  |   |
|--|---|
| Mr. C. TERRY,<br>Southcrest, Redditch.                       | - Chairman  |
| Mr. G. F. CHANCE,<br>Mr. E. J. COWARD,                       | - Puddle Wharf, Stoke Heath, Bromsgrove.<br>- The Hawthorns, 23, Comberton Road,<br>Kidderminster.                                  |
| Mr. H. W. CHESHIRE,<br>Dr. F. E. DAWES,<br>Mr. H. ECCLES,    | - Franche House, Kidderminster.<br>- Forest Green, Brook Lane, Blakedown.<br>- 41, St. Godwald's Road, Aston Fields,<br>Bromsgrove. |
| Mr. E. GITTUS,   | - The Gables, Shaw Lane, Stoke Prior,<br>Bromsgrove.  |
| Mr. J. F. GOODE,<br>Lady C. M. LECHMERE                      | - 1, Lenwade Road, Birmingham 32.<br>- Severn End, Hanley Castle, Worcester.  |
| Mr. H. J. PARAMORE   | - 344, Evesham Road, Astwood Bank,<br>Redditch.   |
| Mrs. H. C. M. PORTER   | - The Court House, Birlingham, Pershore.  |
| Mr. E. A. ROBINSON,<br>Mr. M. ROSS,                          | - Bleak House, Stourport-on-Severn.<br>- Southfield, Barnt Green,<br>Nr. Birmingham.  |
| Miss E. E. TALBOT,<br>Mrs. C. WILSON,<br>The Ven. Archdeacon | - Broughton, Victoria Road, Bromsgrove.<br>- Hill House, Wolverley, Kidderminster.  |
| T. B. WILSON,  | - Hartlebury Rectory.   |



*Annual Report (Forty-Fourth) on the  
School Health Service  
for the year ended December 31st 1952*

Mr. Chairman, Ladies and Gentlemen,

During the past year the health of the school children in Worcestershire has been satisfactory. There has been an increase of nearly 3.8% in the numbers of children attending school compared with 1951 and a record number of routine and special examinations has been carried out to cope with these new entrants.

The medical examinations have shown that there were more children whose general condition and nutrition were classified as "good" than ever before though it will be noted that there is not a corresponding improvement in the group classified as "poor."

There is a hard core of children, many of whom come from families with unsatisfactory home conditions which arise from various causes. Much care and attention is given to these children whose parents require constant visits to stimulate them to maintain even modest standards. Others suffer from congenital defects and whilst much can be done for some, there are others who will never escape from the lowest group. Fortunately the total number in this group comprises only 1.5% of the children examined.

The ascertainment of handicapped children has made satisfactory progress. Many are known to the school nurses and health visitors from birth or the early weeks of life and these cases are ascertained when they reach 2 years of age. This is a statutory responsibility of the Education Authority and if a handicapped pupil is in attendance at a day or residential special school he is not allowed to leave until he reaches 16 years of age.

Thus in some cases there is supervision from 2 years to 16 years of age. This has produced its own complementary problem of making provision for the special educational treatment required for these handicapped pupils.

Much has been done to meet this need and the opening of the well appointed Rhydd Court Special Residential School for educationally sub-normal boys has met in part the urgent need for this particular category of handicapped pupil.

Regional provision of special school accommodation for the various categories of handicapped pupils is the only solution to this problem.

The greatest difficulty is experienced at present in finding accommodation for children with multiple defects particularly if one defect is that of educational subnormality.

All teachers and student teachers are examined and their chests X-rayed before admission to the service. This is a wise precaution, as special care must be taken of our children of school leaving age who are bordering on that adolescent period when they seem to have the least resistance to infection by the tuberculosis germ. As more facilities become available it is hoped to increase the use of mass miniature radiography for the examination of school leavers.

Diphtheria immunisation is accepted by most parents, who arrange for their children to be immunised either by their own doctor or by the school medical officers.

It is essential that all babies on reaching the age of nine months should be so protected and that school children should receive a protective " booster " dose at 4 or 5 years of age and again at 10 years of age.

I regret to have to record the death of one child (who had not been immunised) during an outbreak of diphtheria at Redditch.

I am pleased to record that there appears to be a break in the dark clouds overhanging the school dental service, and that next year it may be possible to recruit additional dental surgeons to the staff. It is essential that this service should be complete and not limited to either certain parts of the county or merely to the extraction of teeth for children suffering from acute toothache due to the neglect of dental care for many years previously. It is one of the tragedies of the school health service that even with enlarged staffs it will take years to rectify the ravages of neglect caused by shortages of staff owing to the attractive high financial return of private practice which dental practitioners enjoyed after the introduction of the National Health Service Act.

I am grateful to Dr. Galloway, my Deputy, who has prepared the detailed information in this report and has undertaken the general supervision of the School Health Service.

I should like to express my sincere appreciation and grateful thanks to the professional and clerical staff of the department and to the Director of Education and his staff and the heads of schools for their willing help at all times.

I am again indebted to the Chairman and members of the Committee for their continued support.

Your obedient Servant,

J. W. PICKUP

County School Medical Officer

County Buildings,  
Worcester.

24th April 1953



## STAFF

*County Medical Officer of Health and School Medical Officer*

J. W. Pickup, M.D., D.P.H.

*Deputy County Medical Officer of Health and School Medical Officer*

T. McLaren Galloway, M.B., Ch.B., M.R.C.P., D.P.H.

*Senior Administrative Medical Officer, Maternity and Child Welfare Service*

Beatrice M. Thompson, M.D., L.R.C.P., M.R.C.S., M.B., B.S., D.P.H.

*Divisional Area Medical Officers**Kidderminster*

C. Starkie, B.Sc., M.D., M.B., Ch.B., D.P.H., M.R.C.S., L.R.C.P.

*Oldbury*

H. Tabbush, M.B., Ch.B., D.P.H.

*Chest Physicians*

R. B. Mayfield, B.A., M.D., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

E. N. Moyes, M.D., Ch.B., M.R.C.P.

R. C. Cronin, M.B., Ch.B., M.R.C.S., L.R.C.P.

R. R. Kershaw, M.B., Ch.B., M.R.C.P., M.R.C.S.

*Assistant County and School Medical Officers*

Eileen Bulmer, M.B., Ch.B.

Margaret C. Fell, M.B., Ch.B., D.P.H., D.C.H.

H. F. Green, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

R. W. Markham, B.A., M.B., B.Ch., D.P.H.

Margaret M. Meikle, M.B., Ch.B., D.P.H.

J. J. Murray, M.B., B.Ch., B.A.O., D.P.H.

A. M. Nelson, M.B., Ch.B., D.P.H.

Eleanor Patterson, M.B., B.S., D.P.H.

Vera Pugh, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P.

E. T. Shennan, M.B., Ch.B., D.P.H.

D. A. Smyth, M.B., B.S., D.P.H.

Margaret O. Will, M.B., Ch.B., M.M.S.A., D.P.H.

Carmel Dencer, M.B., B.Ch., B.A.O., (part-time).

Nancy M. Cosslett, M.B., Ch.B., D.P.H., (part-time).

*Oculists (Part-time)*

I. Lloyd Johnstone, M.C., M.D., D.O., (Oxon).

C. Martin Doyle, M.R.C.S., L.R.C.P., D.O. (Oxon.).

C. G. Sinclair, M.B., B.S., F.R.C.S. (Eng.).

G. F. G. Siggins, M.R.C.S., L.R.C.P., D.O.M.S.

*Medical Director—Worcestershire Child Guidance Clinics*

J. J. Graham, M.B., Ch.B., D.P.M.

*Psychiatric Social Workers*

I. Malcomson, B.A.(Econ.).

R. C. Wright

*Consultant Psychiatrist (Part-time)*

May Pearce, M.B., Ch.B., D.P.M.

*Chief Dental Officer*

B. D. Britten, L.D.S.

*Deputy Chief Dental Officer*

F. H. Pugh, L.D.S.

*Divisional Dental Officer*

B. N. Watkins, D.D.O., L.D.S.

*Assistant Dental Officers*

E. V. Stone-Wigg, L.D.S.

D. M. Badham, L.D.S.

Miss L. S. C. Wilson, B.D.S.

H. Nordan, L.D.S. (part-time)

Mrs. A. M. Facer, L.D.S. (part-time)

Mrs. B. J. Whitehead, L.D.S. (part-time)

*Oral Hygienist*

Vacant

*Chief Clerk*

G. P. Cooper

*Superintendent Health Visitor*

Miss E. Robinson, S.R.N., S.C.M., H.V. Cert.

*Deputy Superintendent Health Visitor*

Miss A. Kean, S.R.N., S.C.M., H.V.

*Superintendent, District Nurses and District Nurse Midwives*

Miss V. Meadway Russell, S.R.N., S.C.M., Q.S.

*Deputy Superintendent, District Nurses and District Nurse Midwives*

Miss E. Morain, R.R.N., S.C.M., Q.N.

*Health Visitors and School Nurses*

Miss E. Abbott, S.R.N., S.C.M., H.V.Cert.

Miss M. H. Allen, S.R.N., S.C.M., H.V.Cert.

Miss B. J. Elliott, S.R.N., S.R.F.N., S.C.M., H.V.Cert.

Miss E. R. Baird, S.R.N.

Miss L. M. Cartwright, S.R.N., C.M.B., H.V.

Miss E. M. Clarke, R.S.C.N., S.C.M.

Miss L. M. Coward, S.R.N., S.C.M., H.V.Cert.

Miss G. M. Dawson, S.R.N., S.C.M.

Miss R. M. de Ropp, S.R.N., S.C.M., H.V.

Miss D. M. Edwards, S.R.N., S.C.M., H.V.Cert.

Mrs. L. K. Flood, S.R.N., S.C.M.

Miss J. Francis, S.R.N., S.C.M., H.V.

Miss E. M. L. Freestone, S.R.N., S.C.M., H.V.Cert.

Mrs. M. Harthan, S.R.N., S.C.M., H.V. (part-time)

Miss M. Hill, S.R.N., S.C.M., H.V.Cert.

Miss M. Hopkins, S.R.N., S.C.M., H.V.Cert.

Miss J. Hudson, S.R.N., S.C.M., H.V.Cert.

Mrs. E. Jones, S.R.N., S.C.M., H.V.Cert.



*Health Visitors and School Nurses (cont).*

Miss B. M. Lamb, S.R.N., S.C.M., H.V.Cert.  
 Miss A. Lawson, S.R.N., S.C.M., H.V.Cert.  
 Miss M. Lowndes, S.R.N., S.C.M., H.V.Cert.  
 Miss M. M. McCarthy, S.R.N., S.C.M., H.V.Cert.  
 Mrs. M. McLeod, S.R.N., S.C.M., H.V.Cert.  
 Miss E. Nock, S.R.N., S.C.M., H.V.Cert. (part-time)  
 Miss M. J. O'Grady, S.R.N., S.C.M., H.V.Cert.  
 Miss M. I. Robson, S.R.N., S.C.M., H.V.Cert.  
 Miss M. I. Salt, S.R.N., S.C.M., H.V.Cert.  
 Miss H. Stansfield, S.R.N., S.C.M., H.V.Cert.  
 Miss M. J. Thomas, S.R.N., S.R.F.N., S.C.M., H.V.Cert.  
 Miss W. A. M. Tilt, S.R.N., S.C.M., H.V. (part-time)  
 Mrs. W. C. Wall, S.R.N., S.C.M., H.V.Cert.  
 Miss E. M. Webster, S.R.N., S.C.M., H.V.Cert.  
 Miss S. P. Wilcox, S.R.N., S.R.F.N., S.C.M., H.V.Cert.

*Dental Attendants*

Miss D. R. Bristow.  
 Miss A. Clissold.  
 Miss A. J. Dellow.  
 Miss V. A. Evans.  
 Miss L. M. Fox.  
 Mrs. G. Shepherd.  
 Mrs. E. W. Scrivens.  
 Miss A. Smith.  
 Mrs. M. H. Green (part-time).  
 Mrs. K. R. Hare (part-time)

*Orthopaedic After Care Staff*

Miss O. M. Woods.  
 Mrs. K. J. Johnson.

*Speech Therapists*

Miss D. M. Edwards, L.C.S.T.  
 Miss R. M. Bourke, L.C.S.T.

**SUMMARY OF STAFF**

	Number	Aggregate staff in terms of the equivalent number of whole time officers.
(a) <i>Medical Officers :</i>		
(i) whole-time School Health Service .. ..	—	—
(ii) whole-time School Health and Local Health Services	16	6.63
(iii) general practitioners wor- king part-time in the School Health Service ..	1	.50
(b) Dental Officers .. ..	9	7.5
(c) Physiotherapists, Speech Thera- pists, etc. :		
Remedial Gymnasts .. ..	2	1
Speech Therapists .. ..	2	2
(d) (i) School Nurses .. ..	37	10
(ii) District Nurses .. ..	27	3
(e) Nursing Assistants .. ..	2	2
(f) Dental Attendants .. ..	9	7.9

### STATISTICS 1952

Area of Administrative County (acres) .. .. .	437,521
Population Mid-1951 (Registrar-General's Estimate) ..	403,600
Value of Id. rate .. .. .	£8,133
School Population .. .. .	57,375

#### County of Worcester (less Borough of Oldbury)

	<i>Schools/Dept.</i>	<i>Boys</i>	<i>Girls</i>
Nursery .. .. .	1	21	19
Primary .. .. .	259	18,683	17,508
Secondary Modern .. .. .	22	4,020	3,605
Secondary Grammar .. .. .	11	2,879	1,777
Secondary Technical .. .. .	3	214	175
	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>
	296	25,817	23,084

#### Borough of Oldbury

Nursery .. .. .	—	—	—
Primary .. .. .	19	3,014	2,834
Secondary Modern .. .. .	5	979	956
Secondary Grammar .. .. .	1	262	288
Secondary Technical .. .. .	1	81	60
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	26	4,336	4,138

The school population has risen from 55,280 in 1951 to 57,375 in 1952. The post-war population "bulge" is now concentrated in the primary schools.

### SCHOOL CLINICS

- (a) Number of School Clinics provided for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools .. .. . 17
- (b) Type of examination and/or treatment provided at the School Clinics :—

Examination and/or treatment	Number of School Clinics (i.e. premises) where such treatment is provided :—	
	directly by the Authority.	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals.
(1)	(2)	(3)
(A) Minor ailment and other non-specialist examination or treatment .. .. .	17	—
(B) Dental .. .. .	13	—
(C) Ophthalmic .. .. .	12	—
(D) Ear, Nose and Throat .. .. .	—	—
(E) Orthopaedic .. .. .	—	2
(F) Paediatric .. .. .	—	—
(G) Speech Therapy .. .. .	6	—
(H) Others :—		
Ultra Violet Light .. .. .	3	



The Redditch Head Teachers' Association suggested that extra school clinics should be provided in that town. Arrangements were made for the clinic to be open on Wednesday and Friday mornings as well as on Thursday mornings.

The number of children attending do not justify this measure and it is likely that the extra sessions will be discontinued after a further trial period.

(c) List of School Clinics :—

Name	Address	Held on	Medical Officer	Remarks
Halesowen	Tenter Street School	Fridays at 10 a.m.	Dr. E. M. Bulmer	
Rubery	St. Chad's Church Room	1st and 3rd Thursdays at 9.30 a.m.	Dr. A. M. Nelson	This Clinic is held in conjunction with the Ante Natal Clinic
Newtown	Sydenham Villa, Newtown Rd., Malvern	Every Friday morning at 9 a.m. Mon. and Wed. mornings at 9 a.m.	Dr. H. F. Green	Nurses session only
Bromsgrove	Recreation Rd., Bromsgrove	Wednesday at 9.30 a.m.	Dr. V. Pugh	
Catshill	Baptist Chapel, Catshill	Friday at 2 p.m. Nurses session, Friday 9.30 to 10.30 a.m.	Dr. V. Pugh	This Clinic is held in conjunction with the Infant Welfare Centre
Redditch	The Old Vicarage, Redditch	Every Thursday at 11.30 a.m. Nurses session, Thursdays at 10 a.m.	Dr. E. Patterson	
Droitwich	Baptist School Rooms	Tuesdays at 2 p.m.	Dr. M. C. Fell	This Clinic is held in conjunction with the Infant Welfare Centre
Evesham	The Clinic Avonside Hospital, Evesham	Every Friday at 10 a.m.	Dr. J. J. Murray	
Blackheath	Long Lane Chapel, Blackheath	Monday at 10 a.m.	Dr. M. M. Meikle	
Cradley	Colley Lane, Cradley, Staffs.	Fridays at 10 a.m.	Dr. M. M. Meikle	
Lye	Orchard Lane School, Lye Stourbridge	Every Friday at 11.30 a.m. Nurses session Mondays, Wednesdays Fridays at 10 a.m.	Dr. D. A. Smyth	
Stourbridge	Back of No. 11, Hagley Road, Stourbridge	Every Friday at 9.30 a.m. Nurses session Mondays at 10 a.m.	Dr. D. A. Symth	

*Kidderminster Area*

Name	Address	Held on	Medical Officer	Remarks
Kidderminster	Coventry St., Kidderminster	Thursdays at 10 a.m. Nurses session daily at 9 a.m.	Dr. C. Starkie	
Stourport	Mitton St., Stourport	2nd and 4th Fridays 9 a.m. Nurses session. Mon., Wed. and Fri. 9—10 a.m.	Dr. R. W. Markham	

*Langley Area*

Langley	Bleak House Road	Monday-Friday at 9 a.m.	Dr. M. O. Will	
Langley Hollies	Joinings Bank, Langley	Monday-Friday at 9 a.m.	Dr. H. Tabbush	
Langley Tabernacle	Tabernacle Street	Monday-Friday at 9 a.m.	Dr. M. O. Will	

**CHILD GUIDANCE CENTRES**

- (a) Number of Child Guidance Centres .. .. . 4  
 (b) Staff of Centres :—

	Number	Aggregate in terms of the equivalent number of whole-time officers.
Psychiatrists* .. .. .	1	1
Educational Psychologists .. .. .	1	1
Psychiatric Social Workers .. .. .	2	1

\* The services of the Psychiatrist are made available by arrangement with the Regional Hospital Board.

**CO-ORDINATION**

Administrative arrangements have undergone no great change during 1952.

Working relationships between the County Council departments and with other statutory and voluntary bodies have continued to be close and effective.

There has been a further improvement in co-ordination with the hospitals largely due to the goodwill of the consultants and hospital almoners, and the continued efforts of the medical officers of the health department. Hospital discharge notices and reports are now usually received regularly and promptly.

There have, however, been one or two profoundly discouraging failures to co-ordinate service in the best interests of the children concerned. An example of such a failure occurred during the year when the management committee of an orthopaedic hospital unit, acting on the advice of its medical committee, ended a very satisfactory arrangement whereby two local handicapped children attended the hospital school daily to take lessons with similarly handicapped in-patient children.



The arrangement had worked very well for some time. The parents of the children were delighted with their progress and the cost to the community was much less than any other arrangement which could be made for the children.

The in-patient children enjoyed the company and the conversation of their out-patient classmates and no doubt benefited from them.

The out-patient children were considered by the medical committee to be an infection hazard to the in-patient children and the management committee acting on their advice stopped them coming to school.

### SCHOOL HYGIENE

Four completely new schools were opened during the year.

These are :—

1. Redditch Bridley Moor Secondary School for about 600 senior children.
2. Kidderminster Birchen Coppice Junior School for about 350 children.
3. Cofton Common Infants' School and
4. Oldbury Causeway Green Infants School each for about 250 children.

Considerable extensions, including 5 classrooms a hall and sanitary accommodation, at Stourport Tan Lane Infants' School were brought into use during the year.

Improvements to the sanitation were made at 14 schools and lighting improvements at 15.

An additional 30 acres of playing fields were constructed by the Education Committee's own staff and 30 playgrounds were completely resurfaced or newly laid.

The beneficial effect of these changes on the health and lives of the school children is incalculable.

### MEDICAL INSPECTION

#### *Periodic (Routine Medical) Inspection*

Statutory inspections of school entrants, primary school leavers, and school leavers have been continued as in former years.

Grammar school children, who usually remain at school well beyond statutory school leaving age, are now examined as near to their time of leaving school as can be arranged.

#### *Re-examination*

Children who are found, at routine medical inspection, to have defects requiring observation or treatment, are re-examined at appropriate intervals.

*Special examination*

A child may be seen as a 'special' at the request of the parent, teacher or school nurse. The child may be examined at home, at school, or at the school clinic.

Children are seen as 'specials' when they propose to enter employment out of school hours. They must be found fit to take up the work before being allowed to do so and conform to the by-laws approved by the Local Education Authority.

**MEDICAL INSPECTION RETURNS**

Year ended 31st December, 1952.

Medical Inspection of Pupils attending maintained Primary and Secondary Schools (including special schools)

Table I

**A.—PERIODIC MEDICAL INSPECTIONS**

Number of Inspections in the prescribed Groups

Entrants .. .. .	7590
Second Age Group .. .. .	5281
Third Age Group .. .. .	4937
Total .. .. .	17808

Number of other Periodic Inspections .. .. .	2376
Grand Total .. .. .	20184

**B.—OTHER INSPECTIONS**

Number of Special Inspections .. .. .	9976
Number of Re-inspections .. .. .	8973
Total .. .. .	18949

**C.—PUPILS FOUND TO REQUIRE TREATMENT**

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table II	Total individual pupils
(1)	(2)	(3)	(4)
Entrants .. .. .	43	952	926
Second Age Group .. .. .	302	549	813
Third Age Group .. .. .	284	485	720
Total (prescribed groups) .. .. .	629	1986	2459
Other Periodic Inspections .. .. .	159	237	377
Total .. .. .	788	2223	2836



Table II  
RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

Defect Code No.	Defect or Disease  (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Requiring treatment (2)	defects Requiring to be kept under observation but not requiring treatment (3)	No. of Requiring treatment (4)	defects Requiring to be kept under observation but not requiring treatment (5)
4.	Skin .. .. .	245	100	98	37
5.	Eyes—a. Vision ..	788	322	282	79
	b. Squint ..	183	94	46	13
	c. Other ..	50	41	39	19
6.	Ears—a. Hearing ..	44	164	39	50
	b. Otitis Media	49	97	16	32
	c. Other ..	25	34	12	14
7.	Nose or Throat ..	482	1214	338	461
8.	Speech .. .. .	82	105	47	46
9.	Cervical Glands ..	40	390	15	162
10.	Heart and Circulation	15	163	13	71
11.	Lungs .. .. .	66	265	52	114
12.	Developmental—				
	a. Hernia .. ..	19	38	7	4
	b. Other .. ..	22	107	13	27
13.	Orthopaedic—				
	a. Posture .. ..	99	75	30	23
	b. Flat foot ..	196	128	82	30
	c. Other .. ..	347	227	97	70
14.	Nervous system—				
	a. Epilepsy .. ..	15	15	8	15
	b. Other .. ..	17	68	21	28
15.	Psychological—				
	a. Development ..	42	162	44	130
	b. Stability .. ..	11	29	20	17
16.	Other .. .. .	254	458	295	512

A larger number of children were inspected than in any previous year. Most of the increase is to be found in connection with inspection of "entrants" although increased numbers of all groups were inspected.

This fact reflects great credit on the zeal of the doctors, nurses, and school staffs concerned.

There have been very few difficulties thanks largely to the splendid co-operation existing between the Education Department, the schools and the Health Department.

The effectiveness of a school medical inspection and the ease with which it is arranged and carried through depends largely on the enthusiasm of the head of the school concerned.

### GENERAL CONDITION

Age Groups	No. of Pupils Inspected	A—(Good)		B—(Fair)		C—(Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants .. ..	7590	3435	45.3	4030	53.1	125	1.6
Second Age Group	5281	2271	43.0	2928	55.4	82	1.6
Third Age Group ..	4937	2308	46.7	2586	52.4	43	0.9
Other Periodic Inspections ..	2376	1171	49.3	1161	48.9	44	1.8
Total ..	20184	9185	45.5	10705	53.0	294	1.5

The results shown on this table suggest that there are more children in the "good" group than ever before. This gain is entirely at the expense of the "Fair" group as the proportion of children considered to be in "Poor" general condition has remained stationary at 1.5%.

Many of the children in this last category are given the chance of a period at the Malvern Open Air School and those who are permitted by their parents to take advantage of this offer benefit greatly.

### Health Education in Schools

Most of the health education in schools is done by members of school staffs, and the school nurses.

A health tutor was appointed in March who devotes 6/11ths of her time to the work of the Education Department.

Nearly all of this time has so far been given to the preparation of a course of training for nursery students but it is hoped that more of her time will be given to health education in schools in future.

The medical officers have given occasional lectures to schools, parent-teacher groups, and associations of teachers.

It is hoped to develop this part of the school health service.



*Visual Defects and External Eye Disease*

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint .. .. .	271	34
Errors of refraction (including squint) ..	2614	335
	<hr/>	<hr/>
Total ..	2885	369
	<hr/>	<hr/>

## Number of pupils for whom spectacles were

(a) Prescribed .. .. .	1858	177
(b) Obtained .. .. .	1827	169

Children with defective vision are entitled to treatment either by the School Ophthalmic Service or by the Supplementary Ophthalmic Service of the National Health Service.

Arrangements were made during the year, to make certain that the parents of affected children are made aware of the possibility of choice of service.

As will be seen from the table, the great majority of children are dealt with by the School Ophthalmic Service.

**CLEANLINESS**

(i) Total number of examinations in the schools by the school nurses or other authorised persons .. ..	159483
(ii) Total number of individual pupils found to be infested .. .. .	3415
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) .. .. .	105
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) .. .. .	36

Fewer cleanliness inspections have been made this year but the figures given show a small but significant improvement on those of 1951.

There were very few cases of heavy infestation.

The figures show that there has been a fall from 6.7% in 1951 to 5.9% in 1952 in the proportion of the entire school population reported to be verminous.

This slight reduction gives little cause for satisfaction as the figures given are higher than those compiled from the national experience.

Were it not for the diligence of the school nurses and health visitors, the figures would be a great deal worse.

Some children may become infested from their school colleagues, but the great majority of verminous children come from verminous homes.

It is not just a matter of cleaning a child's head—that is easy enough. Too often, success can only be achieved by cleansing and re-educating a whole family—that is very often impossible.

#### DISEASES OF THE SKIN (Excluding Uncleanliness)

					Number of cases treated or under treatment during the year by the Authority otherwise	
Ringworm (i) Scalp	..	..	..	..	2	—
(ii) Body	..	..	..	..	6	6
Scabies	..	..	..	..	14	4
Impetigo	..	..	..	..	152	7
Other skin diseases	..	..	..	..	473	173
Total					647	190

There has been a considerable increase in the number of children diagnosed as suffering from impetigo.

The condition is no longer the menace that it used to be since it is now very easily controlled by modern antibiotics.

It is usually evidence of a poor standard of cleanliness.

Dr. Starkie reports a reduction in the number of cases of plantar warts affecting the feet of the school children in the Kidderminster division.

#### EAR, NOSE AND THROAT DEFECTS

				Number of cases treated by the Authority otherwise	
Received operative treatment					
(a) for diseases of the ear	..	..	..	—	5
(b) for adenoids and chronic tonsillitis	..	..	..	—	748
(c) for other nose and throat conditions	..	..	..	—	1
Received other forms of treatment	..	..	..	86	125
				86	879

This table shows that the number of cases "treated by the Authority" continues to fall. Waiting lists for removal of tonsils and adenoids are now within manageable proportions at most hospitals, and delays in receiving treatment are becoming shorter in most districts of the County.



## ORTHOPAEDIC DEFECTS

Miss O. M. Woods and Mrs. K. J. Johnson provide the orthopaedic after-care in the County, treatment of orthopaedic defects being the concern of the hospital authority.

Miss Woods paid 1,687 visits to children in South Worcestershire and Mrs. Johnson 1,206 visits in the Kidderminster area. Many of these visits were made to children in school, the co-operation of the teaching staffs being excellent.

Miss Woods visited the West Malvern Open Air School where all classes were seen three times during the year. Miss Jenkins again held classes for postural corrections at Malvern.

Both Miss Woods and Mrs. Johnson in their reports note an improvement in the standard of footwear for children, but emphasize the importance of obtaining a correct fitting. It is by no means uncommon to find children wearing shoes up to two sizes too small for them.

### REPORT OF THE CHIEF DENTAL OFFICER 1952.

The note of cautious optimism which I sounded at the end of my report last year appears to have been justified. Once more I am able to report that no dental officer has left the staff of the County Council during the year, though the oral hygienist, whose work in Stourbridge was undoubtedly beginning to show results, gave up her appointment in June on the occasion of her marriage. Miss Badham, who formerly undertook part-time work in the Bromsgrove area, was appointed whole-time dental officer in April and Miss L. Wilson, a newcomer, took up her duties at the beginning of December in Stourbridge. In addition, two further part-time officers started work in Lye, though one was only appointed for a period of three months.

Towards the end of the year, several enquiries were made by newly qualified dental surgeons with a view to taking up appointments as salaried dental officers. Since the introduction of the National Health Service in 1948 there has been an almost entire absence of young applicants and, indeed, most Local Authorities have found that the younger members of their staffs were leaving to take up private practice lured on by the glittering prospects laid before them. The result was that the staffs which remained consisted, in the main, of middle aged and elderly dental officers, and lack of young recruits to the service led to the fear that it would not be long before the service died out. The first step to counter this was to make public dentistry more attractive financially. The Whitley Agreement of 1951, whilst being short of the aspirations of the public dental officer, was certainly a step in the right direction. No great increase in the number of applicants for posts was observed, however, until further restrictions on the earning capacity of private practitioners came into force during the current year. The charge then laid on the patient not only to pay towards the cost of dentures provided under the National Health Scheme but also to pay up to £1 for all forms of dental treatment, appears to have resulted in a falling off in the number of patients attending practitioners for dental treatment. In consequence it seems that there are fewer well paid assistantships available to the newly qualified dental surgeon and setting up in private practice on one's own seems a much more hazardous affair than formerly.

In the autumn a suggestion was made that private dentists should undertake more work on behalf of the school dental service by seeing, in their own surgeries, children referred to them for treatment after inspection by a school dental officer. The response of the Minister of Education to this suggestion was discouraging. It is agreed, however, that there is certainly a space in the school dental service at the present time for dental surgeons to undertake part-time sessional work in local authorities' dental clinics. Indeed, in Worcestershire, no fewer than four part-time dental officers have been giving excellent and valuable help in the work at various periods in the year.

To turn to the actual results of the year's work as shown in the statistical table, a very distinct improvement has taken place. Only in one year in the history of the County dental service (1948) have the figures been exceeded as far as conservative treatment of the teeth is concerned. Whilst only about half the schoolchildren in the County were inspected in the year, the number of children seeking emergency treatment, although still high, shows a tendency to drop. Areas which have been necessarily neglected for several years have now been tackled. The clearing up process has resulted in a considerable increase in the extraction of teeth, but as these arrears of work are cleared up it is hoped that this trend will be reversed.

Once again I close on a note of optimism. Not only do I feel that the worst period of school dentistry in the County has been passed, but that we may look forward to a dental service whose aid in preserving the teeth of the future generation will be eagerly sought, not only by their parents but by the children themselves.

B. D. BRITTEN.

February 1953.

Chief Dental Officer.



## DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's  
Dental Officers—

(a) Periodic age groups .. .. .	25,202
(b) Specials .. .. .	1,697
Total (1)	<u>26,899</u>
(2) Number found to require treatment .. ..	19,579
(3) Number referred for treatment .. .. .	15,833
(4) Number actually treated .. .. .	11,213
(5) Attendances made by pupils for treatment ..	18,983
(6) Half-days devoted : to Inspection .. ..	168
Treatment .. .. .	2,693
Total (6)	<u>2,861</u>
(7) Fillings : Permanent Teeth .. .. .	13,679
Temporary Teeth .. .. .	357
Total (7)	<u>14,036</u>
(8) Number of teeth filled : Permanent teeth ..	12,226
Temporary teeth .. .. .	354
Total (8)	<u>12,580</u>
(9) Extractions : Permanent teeth .. .. .	2,931
Temporary teeth .. .. .	15,610
Total (9)	<u>18,541</u>
(10) Administration of general anaesthetics for ex- traction .. .. .	2,737
(11) Other operations : Permanent teeth .. ..	3,395
Temporary teeth .. .. .	281
Total (11)	<u>3,676</u>

## HEART DISEASE AND RHEUMATISM

Five children of school age were found to be suffering from rheumatic heart disease during the year and were recommended for special care in an appropriate boarding school.

Three of the children were suitably placed with very little delay, the parents of the fourth child refused the offer of special boarding school education, and the fifth is unlikely to be admitted since he is fourteen years of age. This is too old for most schools. An additional disqualification is that he is a difficult boy and is at present in an approved school.

Arrangements will be made for him to have continued supervision and his own doctor and the factory doctor will be notified when he leaves school.

## TUBERCULOSIS

Dr. R. B. Mayfield, Chest Physician to the Birmingham Regional Hospital and Tuberculosis Officer to the Local Authority has contributed the following summary:—

### *Tuberculosis in School Children 1952.*

Table I.

Notifications of Tuberculosis in children of school age.

	Respiratory	Non-Respiratory	All Forms
1952 .. .. .	13	10	23
Average for previous 5 years	17.4	17.8	35.2

### *School Children Notified Non-Respiratory tuberculosis 1952*

Age	Male			Female			Male and Female		
	Neck glands	Abd.	Menin- gitis	Neck glands	Abd.	Menin- gitis	Neck glands	Abd.	Menin- gitis
5	3	0	0	2	0	2	5	0	2
10	1	1	0	0	0	1	1	1	1
Totals ..	4	1	0	2	0	3	6	1	3
		5			5			10	

2 of the meningitis cases have died.

It will be noted that the rise in respiratory notifications which occurred in 1951 (when the number was 27) has not been sustained. The numbers, of course, are small, and even apparently striking variations in these figures are of little significance unless sustained over a period of years. The impression was gained in the chest clinics that tuberculosis seemed to be diminishing amongst school children, but consideration of the figures cannot be said to allow more than a very guarded optimism. Every endeavour is made to limit the infectivity of known cases, with at least a fair measure of success, but, so long as an unknown reservoir of infectious cases exists in the community, this disease will continue to perpetuate itself. Probably the best method of revealing these hidden sources of danger is mass radiography, and a wide and thorough extension of this potent means of case-finding in Worcestershire is long overdue.



Table II.

New cases examined at the chest clinics.

	Respiratory	Non-Respiratory	TOTAL
Tuberculous .. .. .	9	12	21
Observation cases .. .. .			49
Not tuberculous .. .. .			64
	Gross Total		134

It may be remarked that the numbers of cases shown in Table II differ from the figures in Table I. This is because all notified cases are not necessarily seen at the chest clinics.

Table II does not include several hundred school children examined as contacts of cases of tuberculosis. On one occasion, where the case was a teacher, it was necessary to examine her charges by tuberculin tests and radiography, but no case of active disease was discovered amongst the children.

#### *Treatment.*

The only change in arrangements for treatment since last year is the opening of Kyre Park Hospital School for the reception of cases of primary tuberculosis. This is likely to be a useful addition to existing facilities, though, up to the present, no children from this County have been admitted there.

#### *Prevention.*

It must be reported with regret that no extension of B.C.G. inoculation has taken place since last year, this procedure being still virtually limited to contacts, at any rate as far as children are concerned. So long as this official limitation is observed, B.C.G. can have no substantial effect on the incidence of tuberculosis in this country. In this connection, attention is drawn to the following facts :—

(1) A high proportion of child contacts have already been infected when they are first seen at the Clinics, and cannot therefore benefit from B.C.G.

(2) The majority of child deaths from tuberculosis in Worcestershire occur either in children who are not contacts of previously known cases or in contacts who are already developing the disease when the infecting case is discovered. Thus, most of those who die have no chance of receiving protective inoculation under the present system.

(3) If B.C.G. is not effective, why do we offer it to contacts? If it is effective, it should surely be offered freely to all children.

(4) There is no doubt that the balance of evidence is strongly in favour of B.C.G. being effective.

(5) The inoculation is safe.

Consequently it is felt very strongly that the present national scheme requires urgent revision.



## SCHOOL CHILDREN AND ROAD ACCIDENTS

Accident is the commonest cause of death among school children and road accidents account for half of the accidental deaths.

The Chief Constable has stated in his Road Accident Bulletin for 1952 that five children were killed on the roads of Worcestershire during the year. This is an improvement on 1951 when seven children were killed.

110 children were seriously injured, and 211 were slightly injured in road accidents. These melancholy figures have risen from 83 and 173 in 1951 and emphasise the continuing need for the teaching of safety measures to child bicyclists and pedestrians, and the necessity for all motorists to exercise extreme caution at all times when using the public highway.

## COMMUNICABLE DISEASES.

The diphtheria epidemic in Redditch which continued throughout 1951 was followed by a smaller number of cases in 1952.

One child who had not been immunised died of this disease. As I stated in last year's report—*Deaths from diphtheria will continue just as long as parents withhold permission to prevent them.*

Twelve children were notified as cases of acute anterior poliomyelitis during the year. The disease reached near-epidemic proportions in Malvern during the late summer months and one child died. Appropriate advice was given at the time in an effort to limit the outbreak. The way in which this disease spreads is still in doubt, but it seems likely that during a period of outbreak many people carry the virus without becoming ill.

This is one important reason why an epidemic is so difficult to control.

Two sharp outbreaks of food poisoning are described in Dr. Starkie's report on the Kidderminster divisional area.

## WEST MALVERN RESIDENTIAL OPEN-AIR SCHOOL

The following report has been given by the Director of Education :—

“During the year 180 boys and 180 girls were admitted to the Open Air School and spent at least one term there. Most of the children were drawn from the area of the administrative county though, as usual, a few places were found for boys and girls from Worcester City and Dudley. Great care was taken to select children who were most in need of the healthy open-air life and special educational treatment that this school could offer.

The health of the children showed remarkable improvement after their stay at the school. There was no serious illness during the year though there were a few cases of german measles and chicken pox. One case of infective jaundice was diagnosed in the boys' school and the child was removed to the Newtown Isolation Hospital. Those children who were admitted as T.B. contacts and who had not previously been X-rayed were examined at the Malvern Hospital, all results proving quite satisfactory. Children requiring dental treatment received it at the school.



Many letters of appreciation have been received from parents of children who have stayed at the school and there is no doubt that this school continues to render a most valuable special service to the children of the county."

### PHYSICAL EDUCATION

The Director of Education has supplied the following report prepared by his advisory officers Miss M. E. Hodgkinson and Mr. R. A. Young :—

" During the year it has been necessary to economise in expenditure on equipment for physical education. This has led to a good deal of improvisation which, though commendable in itself requires special safeguards to ensure durability and safety. In spite of these limitations there is much evidence of useful effort and steady progress.

#### *Playing areas*

The value of outdoor activities cannot be overestimated. It is gratifying to report that playground surfaces throughout the county are gradually being improved, and, with the opening of new schools, additional playing fields are becoming available. Many of these fields are serving not only the new schools but also those in the surrounding district. Small grass areas have been laid down for many infant schools and are proving to be a great asset.

#### *Swimming*

A programme similar to that arranged in 1951 was carried through during the year. Although no additional facilities have become available, the maximum use has been made of the existing swimming baths. Again, some 8,000 children attended the baths for instruction, but the lack of facilities in Halesowen and the Bromsgrove areas is regrettable.

#### *Teachers' Courses*

Courses for non-specialists were centred at Worcester, Pershore, Oldbury and Halesowen, and courses for specialist teachers were held on athletics, cricket and gymnastics. The excellent attendance at these courses is very encouraging and shows how interested the teachers are in the physical well-being of the children in their care.

#### *Schools' Camp*

Bredon Hill provided such an excellent site for local studies that it was decided to hold the schools' camp there again. Owing to the lateness of the Easter holiday it was only possible to run the camp for six weeks instead of eight. The number of children attending the camp was approximately 210, compared with 250 in 1951."

## MILK IN SCHOOLS AND SCHOOL MEALS SERVICE

The following information has been supplied by the Director of Education:—

*“ A day in October, 1952*

### *Meals*

<i>Dinners</i>			
Free	..	..	2,309
On payment	..	..	28,000
<i>Breakfasts</i>	..	..	188
<i>Teas</i>	..	..	188
Number of Departments having meals			319
Number of Departments not having meals			3

### *Milk*

Number of children who receive $\frac{1}{2}$ pint	..	..	42,986
Number of children who receive $\frac{2}{3}$ pint	..	..	35

All schools in County receive a supply of milk.

Number of pupils in Primary and Secondary Schools	..	52,747
Number of pupils in Nursery schools	..	35

(These figures are actual attendance figures for a day in October, 1952, but do not represent the full possible attendance roll).

*All the above figures include the Excepted District of Oldbury.”*

## HANDICAPPED PUPILS

These are children suffering from some form of physical or mental disability who need special educational treatment.

Fortunately, a large proportion of handicapped children can be provided with suitable education in the ordinary schools. Appropriate teaching for the others may be given in the child's home or in day or residential special schools.

Worcestershire County Council's special boarding school for educationally sub-normal boys was opened in 1952 and was well established with 64 scholars by the year's end. This school, known as Rhydd Court School, is a beautiful country house set in picturesque grounds. Educationally sub-normal boys are given special educational treatment in most favourable surroundings, and progress is already very encouraging.



The following report has been given by the Director of Education.

## “ RHYDD COURT RESIDENTIAL SPECIAL SCHOOL

### REPORT 1952-53

Rhydd Court residential special school for educationally sub-normal boys opened on 4th February 1952 with 22 boys. More were admitted in June and again in September when the full complement of 64 was reached. 59 boys are drawn from all parts of the county; the remaining 5 from Worcester City.

The boys have settled down remarkably well. They take a keen interest in the beautiful building and surroundings and there is no doubt that environment plays a big part in helping them to make the most of their capabilities.

Of the 64 admitted, 47 were totally illiterate and the other 17 were from four to six years retarded in their reading. Many of the illiterates are now reading and can even write their own personal letters home. The curriculum, which is based largely on practical work, draws most of its materials from the estate and local interests. On the academic side the school is divided into groups for the teaching of basic skills centred around the practical room. Each boy receives individual teaching and progresses at his own rate.

Some of the boys when first admitted lacked manners and clean habits, had little desire to help themselves and lacked self-control. With encouragement, however, a marked improvement all round has been quickly shown. A few of the children suffer from dual defects—three of them quite serious, others less noticeable. Boys suffering from poor posture are receiving remedial exercises through the Authority's adviser on physical education. In some cases, gains in height and weight are remarkable; a growth of 2—3½ inches and a gain in weight of 1—2 stones in just under twelve months is not unusual.

Throughout the year there was no serious illness. Several of the boys were found to have defective eyesight and others have attended the Worcester Royal Infirmary for treatment of various abnormalities.

Visitors to the school have been impressed by the bearing and behaviour of the boys both in school and in the villages and towns round about. The boys are deriving much benefit from the healthy life, care and special teaching which they are receiving at Rhydd Court.”

Generally speaking, the child with a single handicap *e.g.* deafness, can be found a place in a suitable school after a variable waiting period but serious delays still occur in placing certain types of handicapped child.

The earlier a child is “ ascertained ” to be handicapped the better is his chance of being given appropriate education when it is needed.

I appeal again to parents, doctors, teachers and nurses to bring those children to my notice as soon as possible.

Special schools are reluctant to admit children nearing school leaving age, and children who are first ascertained *e.g.* to be educationally subnormal at 13 or 14 years of age do not stand any chance of receiving the special educational treatment which should have been given four or five years before.

Children with more than one form of handicap are almost impossible to "place." This difficulty is encountered most frequently in regard to "spastic" children. Their muscular disabilities are often complicated by defects of speech and intelligence.

The only possible solution in several cases of this kind has been to provide speech therapy, physiotherapy, and teaching in the child's home. This is a very expensive way of achieving what is at best, partial success.

There is an urgent need for more special schools for physically handicapped children with additional defects.

The following tables show the present position of the handicapped pupils of Worcestershire.

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Mal-adjusted		(9) Epileptic	TOTAL (1)-(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st Dec. 1952 :—										
A. Handicapped Pupils <i>newly placed</i> in Special Schools or Boarding Homes ..	1	6	4	4	2	10	69	—	2	98
B. Handicapped Pupils <i>newly ascertained</i> as requiring education at Special Schools or boarding in Homes ..	4	5	4	5	1	16	85	1	4	125
On or about December 1st, 1952 :—										
C. Number of Handicapped Pupils from the area—										
(i) attending Special Schools as										
(a) Day Pupils ..	—	1	1	3	—	1	14	—	—	20
(b) Boarding Pupils	13	9	22	10	3	17	100	—	3	177
(ii) attending independent schools under arrangements made by the Authority ..	—	1	—	—	—	2	2	1	—	6
(iii) boarded in Homes and not already included under (i) or (ii) ..	—	—	—	—	—	—	—	—	—	—
TOTAL C .. ..	13	11	23	13	3	20	116	1	3	203



	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Mal-adjusted		(9) Epileptic	TOTAL (1)-(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i) in hospitals .. ..	—	—	—	—	—	—	—	—	—	—
(ii) elsewhere .. ..						12	2		1	15
E. Number of Handicapped Pupils from the area requiring places in Special Schools (including any such unplaced children who are temporarily receiving home tuition). ..	6	2	3	11	1	13	176	1	2	215

Number of children reported during the year—

(a) under Section 57(3) (excluding any returned under (b)) 60

(b) " " " relying on Section 57(4) —

(c) " " " 57(5) 38

of the Education Act, 1944.

**RETURN SHOWING INDEPENDENT SCHOOLS BEING ASSISTED BY THE LOCAL EDUCATION AUTHORITY UNDER SECTION 9(1) OF THE EDUCATION ACT, 1944, IN RESPECT OF HANDICAPPED PUPILS**

Name and Address of School	Whether for Boys, Girls or both	Number of pupils whose fees are being paid in whole or part by the L.E.A.	Category of handicap of each pupil in col. 3	Age range of pupils in Col. 3	Annual rate of payment by L.E.A. per pupil
(1)	(2)	(3)	(4)	(5)	(6)
<i>Note: Special Schools and Boarding Homes should Not be included</i>					
Wynstones, nr. Gloucester	Both	1	Partially sighted	12	£75
Puckle Hill House School, Shorne, nr. Gravesend	Both	1	Physically handicapped	14	£375
Seaford Court School, Malvern.	Boys	1	do	11	£21*
Wennington School, Weatherby, Yorks.	Both	1	Maladjusted	14	£243
Ledston Hall, Allerton Byewater, Leeds	Both	1	E.S.N.	15	£250
The Vineyard, Myton Crescent, nr. Warwick	Boys	1	E.S.N.	11	£220 10s 0d

\* Shortly to be amended to £70

## CONVALESCENCE

Recuperative convalescence is provided under Section 48(3) of the Education Act 1944 and this is of great benefit especially where home circumstances prejudice the rapid or complete recovery of a child after accident or illness.

Every application is carefully scrutinised, as this is a service which could become exceedingly expensive and altogether out of hand.

60 children were given a period of convalescence compared with 74 in 1951.

As the table shows, nearly all of the stays were of short duration as children requiring extended periods of care are selected for admission to the Malvern Open Air School whenever possible.

The children are taken and returned by car in groups, at week-ends by Mr. Nield of the County Health Department.

The economy and success of the scheme depend very largely on his interest in this work.

The under-mentioned Homes which are known to be satisfactory accommodated the children :—

The Home for Invalid Children, Hove	.. .. .	13
Hillaway Homes, Devon	.. .. .	16
Lloyd Kimpton Convalescent Home, Budleigh Salterton	.. .. .	8
The Ormerod Home, St. Annes-on-Sea	.. .. .	7
Brabazon House, Surrey	.. .. .	1
Roecliffe Manor, Woodhouse Eaves	.. .. .	1
Merchant Taylors, Bognor Regis	.. .. .	1
Nash Court, Near Tenbury	.. .. .	2
Meath Convalescent Home, Ottershaw	.. .. .	1
Burt Memorial Home, Bognor Regis	.. .. .	2
St. Margaret's, Weston-super-Mare	.. .. .	4
Westhill Children's Home, Blakedown	.. .. .	2
Belmont Home, Clevedon	.. .. .	1
St. Raphael's, Torquay	.. .. .	1
	60	

The following table shows the number of cases by the duration of stay :—

2 weeks	.. .. .	23
3 weeks	.. .. .	2
4 weeks	.. .. .	27
5 weeks	.. .. .	1
6 weeks	.. .. .	3
7 weeks	.. .. .	—
8 weeks	.. .. .	4
	60	

Some Homes found it necessary to increase their rates of maintenance but these increases were relatively small ones ; the average weekly maintenance rate is £4.



## SPEECH THERAPY

Miss M. Edwards, the Senior Speech Therapist, has submitted the following report:—

During the past year, one new speech therapy clinic has been opened. This is at Rhydd Court School. Many of the children now receiving treatment there formerly attended other speech clinics in the county. In some cases, treatment had not resulted in much success, mainly due to lack of co-operation at home. It is too early to estimate the success of speech therapy under the new conditions, but it appears that with one or two exceptions progress is favourable.

At Cradley and Kidderminster the clinics were closed in February 1952, owing to the resignation of Miss Allen, my assistant. The clinic at Oldbury was also reduced to a period of two 3-hour sessions each week.

In September 1952 Miss R. M. Bourke was appointed as Assistant Speech Therapist and Mrs. C. Richardson started sessional work at Cradley. As a result of these appointments it was possible to re-open the speech clinics which had been closed, and to extend the clinics at Redditch, Evesham and Cradley.

Despite the fact that more children are having speech therapy the waiting list remains very long and there are still children who have been waiting for treatment for some years. This is inevitable in view of the extremely slow rate of progress and the length of treatment necessary before normal speech can be established.

The co-operation shown by members of the teaching staffs and those concerned with the welfare of the children continues to be a great help in furthering the success of speech therapy.

MARGARET EDWARDS.

	Articulation <i>e.g.</i> lisp	Communication <i>e.g.</i> stammering	Multiple <i>e.g.</i> Cleft Palate	TOTAL
Oldbury .. ..	15	24	1	40
Kidderminster .. ..	13	12	11	36
Bromsgrove .. ..	9	10	3	22
Cradley .. ..	14	12	7	33
Evesham .. ..	9	10	—	19
Pershore .. ..	3	6	2	11
Rhydd Court .. ..	9	2	1	12
Redditch .. ..	6	6	—	12
Worcester .. ..	12	5	4	21
	—	—	—	—
	90	87	29	206
	—	—	—	—

	Oldbury	Kidderminster	Bromsgrove	Cradley	Evesham	Pershore	Rhydd Court October 1952	Redditch	Worcester	TOTAL
Cases attending at 31st December, 1952 .. ..	26	24	12	21	13	8	11	11	11	137
Discharged after satisfactory progress .. ..	7	4	6	4	3	3	1	1	7	36
Discharged after some progress .. ..	—	5	2	—	1	—	—	—	—	8
Left School or Area .. ..	4	1	2	6	2	—	—	—	2	17
Ceased attending .. ..	3	2	—	2	—	—	—	—	1	8
Total .. ..	40	36	22	33	19	11	12	12	21	206
Waiting list .. ..	84	117	81	115	42	11	—	31	37	518
Grand Total .. ..	—	—	—	—	—	—	—	—	—	724
Total No. Treatments ..	517	255	397	240	238	159	74	211	283	2374

### CHILD GUIDANCE SERVICE

Dr. J. J. Graham, Consultant Psychiatrist appointed by the Regional Hospital Board, has supplied the following report:—

“ We have been fortunate in securing the services of a second psychiatric social worker since October, and we welcome Mr. R. C. Wright to the Clinic team. The amount of psychiatric social work time devoted to child guidance will not be any more than hitherto because of the other calls of the mental health service. Mr. Wright's advent has made it possible to arrange the work more economically and efficiently. We now feel that the waiting lists at Warley, Kidderminster and Bromsgrove are reasonable and manageable; but the Worcester waiting list continues to be a problem. We have moved into our new premises at the Worcester City School Clinic, a year later than we had anticipated doing so. We have had to give up the one-time tuberculosis clinic premises at Bromsgrove which we have used for nearly two years and have moved back into the school clinic where there is no satisfactory play-room. The Architect's Department is preparing an estimate for converting one of the rooms into a play-room and we hope that this plan will be carried through. The Kidderminster School Clinic is unsatisfactory for our work, and here too, plans are afoot for the building of a play-room.”



## BROMSGROVE CLINIC.

Referred by	1 to 5 yrs.		5 to 11 yrs.		11 & over		Total
	M.	F.	M.	F.	M.	F.	
Parent .. .. .			1	1			2
Head Teacher .. .. .			2				2
Assistant School Medical Officer ..	1		1	2	2		6
Juvenile Court .. .. .				1	4	2	7
General Practitioner .. .. .		1	8	1	1	3	14
Specialists .. .. .					1	1	2
Children's Officer .. .. .	1				1	2	4
	2	1	12	5	9	8	37

## WORCESTER CLINIC.

Referred by	1 to 5 yrs.		5 to 11 yrs.		11 & over		Total
	M.	F.	M.	F.	M.	F.	
Head Teacher .. .. .			1		2	1	4
Parent .. .. .			2				2
Assistant School Medical Officers ..	1	2	6	3	4	—	16
Juvenile Courts .. .. .			1		14	3	18
Speech Therapist .. .. .			1	1			2
General Practitioner .. .. .			3	2	5	4	14
Director of Education .. .. .					2		2
Specialists .. .. .	2		9	4	2	5	22
Children's Officer .. .. .					1		1
City Medical Officer .. .. .			3		4		7
C.M.O. Hereford .. .. .			1				1
C.O. Burton-on-Trent .. .. .						2	2
Probation Officer .. .. .			1				1
	3	2	28	10	34	15	92

## KIDDERMINSTER CLINIC.

Referred by	1 to 5 yrs.		5 to 11 yrs.		11 & over		Total
	M.	F.	M.	F.	M.	F.	
Probation Officer .. .. .			2		4		6
General Practitioners .. .. .	1		2		4	2	9
Head Teacher .. .. .			1	1		2	4
Divisional Medical Officer .. .. .		2	6	2	3		13
Juvenile Courts .. .. .					3	1	4
Director of Education .. .. .						2	2
Specialists .. .. .	1	2			1	2	6
Children's Officer .. .. .					1		1
	2	4	11	3	16	9	45

## OLDBURY CLINIC.

Referred by	1 to 5 yrs.		5 to 11 yrs.		11 & over		Total
	M.	F.	M.	F.	M.	F.	
Head Teacher .. .. .					1		1
Divisional Medical Officer .. .. .			8	4	2		14
Juvenile Courts .. .. .					2		2
General Practitioners .. .. .				2			2
Dr. Ramage—Stafford .. .. .	1				1		2
Director of Education .. .. .					1		1
Dr. Lawson—Dudley .. .. .	1		4	3	5		13
Specialists .. .. .			1	3			4
Probation Officers .. .. .					2	1	3
	2	—	13	12	14	1	42

**SCHEME OF ADMINISTRATION—BOROUGH OF OLDBURY  
AND KIDDERMINSTER DIVISIONAL AREA**

The existing schemes of divisional administration for the Borough of Oldbury and for the Kidderminster area have been renewed for a further year.

The arrangements continue to work well.



## NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

For the last six years a Joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health, and the Population Investigation Committee have been following the health, growth and development of 6,000 children born in one week in March 1946 in various areas in the Country.

These children have now reached school age and are examined each term by the School nurse and each year by the School Medical Officer.

Their school attendance records and social histories have been studied along with their medical records.

The main aims of the enquiry are :—

- (i) to collect information on a national scale on accidents, illness, growth and development.
- (ii) to show in what ways the health and growth of young children are affected by the environment in which they live
- (iii) to trace the history of a large group of prematurely born children who have been individually matched with children born at term
- (iv) to observe the achievement of children against the background of their ability, health and opportunities.

Accurate information is essential in planning effective services and this national survey is likely to be of great value.

The medical and nursing staff of the health department have welcomed the opportunity to assist in this important research work.

### PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

Tuberculosis is an infectious disease and the protection of school children against it depends on

- (i) finding and treating infectious persons with whom the school children come in contact *e.g.* parents, teachers, school meals workers.
- (ii) finding and treating tuberculous school children.
- (iii) finding and eliminating milk which contains tubercle bacilli. This is a campaign which includes the veterinary examination of herds, the institution of "designated" areas in the country where only *safe* milk can be distributed, and the frequent sampling and bacteriological investigation of milk supplies.
- (iv) protecting individual children by some specific immunising procedure *i.e.* by B.C.G. inoculation. This technique is at present restricted to children who are exposed to some special risk of infection *e.g.* children with a tuberculous parent.

In March 1952 the Ministry of Education issued a circular which outlined the measures which should be taken to protect school children from infection from members of school staffs.

The main effect of the circular is to make a chest X-ray an essential part of the medical examination of all entrants to the teaching profession from April 1st 1953.

Thanks to most welcome co-operation by the Birmingham Regional Hospital Board, the practice was commenced in this county upon receipt of the circular.

Existing school staffs—teaching and non-teaching—have been or will be given opportunities for X-ray examination.

A mobile mass radiography unit visited Worcester for three days in September. 246 children of school leaving age and 758 teachers were among those examined.

One school teacher was found to be suffering from active pulmonary tuberculosis.

It is hoped to arrange further examinations when a mobile unit becomes available.

Following the discovery of a case of pulmonary tuberculosis in a Kidderminster school, arrangements were made for all of the 23 members of the school staff and 140 pupil contacts to be X-rayed in Birmingham.

Tuberculosis is high on the list of causes of death in children of school age, and is one of the most urgent public health problems of the present time.

#### **MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION**

The Ministry of Education issued a circular in March which made changes in the procedure for medical examinations of school teachers.

The effect is, briefly, to make medical inspections of student teachers and some newly appointed teachers the responsibility of the School Health Service.

Employment as Teacher by the Worcs. Education Committee	Form 28 R.Q.	19
Entrants to Training Colleges	Form 4 RTC	80
Total (including Kidderminster and Oldbury Divisional Areas)		99
		—



**NOTES FROM ANNUAL REPORTS OF ASSISTANT  
COUNTY MEDICAL OFFICERS.**

Dr. V. Pugh (Bromsgrove)

" During the year I noted a better response to parents accompanying their children to Medical Inspections. In many cases fathers attended where the mother was unable to do so. A medical inspection of a child with a parent is of much better value than a medical inspection of a child alone. A lot can be learnt from the parent and more help can be given to the child. The cramped space allotted to the medical officer in schools is much to be deplored. The notice to the parents states that the medical inspection is private but this is practically impossible in some schools where one small room is allotted for dressing, undressing and medical examination, sometimes the eye testing and weighing and measuring being carried out in the same cramped space, with staff rushing in and out to fetch things.

Inspections that can be held at the Bromsgrove Clinic are very satisfactory as there is plenty of room for private examinations and good waiting accommodation for parents.

The consent to " booster " doses of immunisation against diphtheria has increased in school entrants. The co-operation of the teaching staff in the Bromsgrove area has been a great help in this matter.

There has been very little impetigo during the year and practically no scabies.

The few problem families with the " dirty heads " still exist and in spite of hard work on the part of the nursing staff, keep recurring."

Dr. D. A. Smyth (Stourbridge)

" We were somewhat behind hand with routine medical examinations at the beginning of the year, but examination of special cases during the summer holidays and great deal of help from the medical officers in neighbouring areas have brought us up to date in several schools and I hope to have all arrears made up by the end of the 1952-53 academic year."

Dr. A. M. Nelson (Bromsgrove R.D.)

" The general health of the children has been good. When the heights and weights of the children are compared with a standard scale, taking all factors into consideration, one gets a favourable impression especially among the entrants.

In the older child, advice on the increased use of the tooth brush is always welcomed. Lastly, one feels that the wearing of rubber boots and plimsolls (except for physical training) in school is detrimental to foot hygiene."

Dr. E. Patterson (Redditch).

" Work has gone on steadily and quietly, with helpful co-operation from the Head Teachers and most parents. The latter attend school medical inspections well, especially the parents of the younger children. Parents of older children living in Redditch attend fairly well, but many scholars attending the County High School and the Technical School live out of the town and travelling is not always easy for the mothers.

The physique of the children generally is good, and that of the younger children is very good. The standard of cleanliness is high on the whole.

The school clinic is not well attended, but many children attend private practitioners in the town. More children could with advantage to their general health derive benefit from a stay at the Open Air School—but offers of this privilege are often refused.

Little of the much needed dental work has been done, but now (1953) a dental surgeon has begun full time work here, and the good results of her treatment will soon be apparent.

Oculist and orthopaedic sessions continue as before, and are well attended.

Lack of an adequate room for medical inspections in the older school buildings is often a trial, but head teachers without exception offer the best accommodation available.

A new County Modern School was opened in Redditch last September. Here a clean and attractively painted—but otherwise not very suitable—room is available for medical inspection.”



THE HISTORY OF THE  
CITY OF BOSTON  
FROM 1630 TO 1800

BY  
JOHN B. HENNING

VOLUME I  
1630-1700

BOSTON  
1880

THE HISTORY OF THE  
CITY OF BOSTON  
FROM 1630 TO 1800

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VOLUME II  
1700-1800

BOSTON  
1880

THE HISTORY OF THE  
CITY OF BOSTON  
FROM 1630 TO 1800

BY  
JOHN B. HENNING

WORCESTERSHIRE COUNTY COUNCIL.

**KIDDERMINSTER DIVISIONAL AREA**

SCHOOL HEALTH SERVICE

REPORT OF THE SCHOOL  
MEDICAL OFFICER

FOR THE YEAR 1952

COLIN STARKIE,  
Divisional Medical Officer.

R. W. MARKHAM,  
Deputy Divisional Medical Officer.

CALDWALL HALL,  
KIDDERMINSTER.



**STAFF.**

As at December, 1952.

*Divisional Medical Officer.*

COLIN STARKIE, M.D., Ch.B., M.R.C.S., L.R.C.P., B.Sc., D.P.H.

*Deputy Divisional Medical Officer.*

R. W. MARKHAM, B.A., M.B., B.Ch., D.P.H.

*Assistant School Medical Officer (Part-time).*

ALISTAIR M. NELSON, M.B., Ch.B., D.P.H.

**SCHOOL NURSES.**

Miss E. A. Baird .. ..	.. ..	School Nurse, Kidderminster Borough.
Miss M. M. McCarthy .. ..	.. ..	School Nurse and Health Visitor, Kidderminster Borough.
Miss M. J. Thomas .. ..	.. ..	School Nurse and Health Visitor, Kidderminster Borough.
Miss L. M. Coward .. ..	.. ..	School Nurse and Health Visitor, Stourport Urban District.
Miss L. M. Cartwright .. ..	.. ..	School Nurse and Health Visitor, Bewdley & Wribbenhall District.
Miss R. de Ropp .. ..	.. ..	School Nurse and Health Visitor, Kidderminster Borough.
Miss M. A. Buck .. ..	.. ..	School Nurse, Health Visiting, District Nurse and Midwife, Kidderminster Rural.
Mrs. A. M. Towers .. ..	.. ..	School Nurse, Health Visiting, District Nurse and Midwife, Kidderminster Rural.
Mrs. E. M. Cooper .. ..	.. ..	School Nurse, Health Visitor, District Nurse and Midwife, Kidderminster Rural.
Miss D. M. Strong .. ..	.. ..	School Nurse, Health Visitor, District Nurse and Midwife, Kidderminster Rural.
Mrs. F. A. Allen .. ..	.. ..	School Nurse, Health Visiting, District Nurse and Midwife, Tenbury Rural.
Mrs. G. Arnett .. ..	.. ..	School Nurse, Health Visiting, District Nurse and Midwife, Tenbury Rural.
(temporarily) .. ..	.. ..	
Miss E. Powell .. ..	.. ..	School Nurse, Health Visiting, District Nurse and Midwife, Tenbury Rural.
Miss U. M. Watson .. ..	.. ..	School Nurse and Health Visiting, District Nurse and Midwife, Tenbury Rural.

**CLINICAL ASSISTANT.**

Mrs. E. M. Roden,  
Kidderminster Borough.

**CLERICAL STAFF.**

Miss M. M. French	..	..	Chief Clerk.
Mrs. E. M. Walton	..	..	Assistant Clerk.
Miss J. M. Manson	..	..	Assistant Clerk.
Mrs. M. Q. Claridge	..	..	Assistant Clerk.
Miss L. M. Randle	..	..	Assistant Clerk.

*To the Chairman and Members of the Kidderminster Divisional Area Sub-Committee.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour of presenting my fourth Annual Report upon the health of the Divisional School Children.

A glance at the figures will show the school population to have increased from 9,820 to 10,277. To accommodate these additional pupils new premises and extensions have had to be built, as shown on page 48.

During the year there were two outbreaks of Food Poisoning in Kidderminster schools, both of which are described on later pages.

An innovation during the year has been the routine medical examination by the School Medical Officers of all teachers and student teachers before they are appointed, or commence studies at a Training College.

The action taken to prevent cases of Tuberculosis is described in connection with a case of Pulmonary Tuberculosis discovered in a school child.

Unfortunately, I cannot report much improvement in the School Dental Service, and not nearly enough improvement in the condition of a relatively small number of children suffering from head lice.

The many and varied activities of this Department, all with the object of giving our children the best chances of living a full, healthy, happy life, cannot be summarised here, but must be studied in detail to appreciate their full quality and extent.

I wish to record my full appreciation and thanks to the Members of the Divisional Committee for their continued interest and support, and to the Members of my Staff for their constant care and diligence, and to all who have helped to improve the conditions of the School Children in this Division.

• Yours obediently,

COLIN STARKIE.,

Divisional Medical Officer.

Caldwall Hall,  
Kidderminster.  
10th February, 1953.



## HEALTH EDUCATION.

This is one of the most important functions of the School Health Service and is shared by the Teaching and Medical Staffs which have worked in close co-operation, from the student teachers who have visited the Clinics to the teachers who have arranged for discussions in the Parents—Teachers Associations.

Discussions have taken place between the School Medical Officers and the following groups :—

Young Wives Group.  
Ladies Circle.  
Toc H. Ladies.  
Salvation Army Group.

Health talks have been given to Senior girls about to leave school, and individual talks are constantly being given to mothers all over the Division. The following subjects have received special attention :—

Footwear.  
Safety in the Homes.  
Safe Milk.  
Food Hygiene.  
Immunisation.  
Vermin and personal hygiene.  
Care of the Eyes.  
Care of the Teeth.

## GENERAL CONDITION OF SCHOOL CHILDREN.

The plain statistics show that of the 3,272 children inspected, approximately :

62% were classified as " Good."   
37% were classified as " Fair," and   
 $\frac{1}{2}$ % were classified as " Poor."

Thus, almost all the children were " Fair to Good " and only 16 required to be treated for their " Poor " condition.

## CHILDREN AND YOUNG PERSONS ACT. EMPLOYMENT OF CHILDREN.

12 girls were examined prior to their appearing in Pantomime.

180 children were examined prior to their employment in the delivery of newspapers.

## THE SCHOOL DENTAL SERVICE.

For over 10,000 children of the Division there were only 72 days spent in dental inspections and treatment during which 10 schools out of 57 were inspected, and 1,103 children were treated, the work having to be carried out by the Chief Dental Officer himself.

There were more children inspected and treated in 1952 than in the previous year, chiefly in the Stourport and Kidderminster Rural Areas, but many thousands of our school children have not had a dental inspection for the last five years.

The dearth of School Dental Officers continues, with the result that the condition of many children's teeth on leaving school is deplorable.

The once progressive Dental Service is now only a fading memory. The powers in control seem to have decided that it is better to pay heavily for patching up the results of dental neglect, in preference to paying adequately for the prevention of dental disease and malformations, by providing dental inspections and treatment for all children at ages when such measures will benefit most.

The rising cost of the National Health Service, of which the General Dental Service is a part, should be a sharp reminder that Prevention is much better than Cure, never more timely than in the case of dental defects in school children, where lack of timely *Prevention* necessitates excessive cost in *Cure*.

There are no private dental surgeons nor oral hygienists employed in the School Dental Service of the Division.

### INFESTATION WITH VERMIN.

The work of keeping the school population free from head lice has continued with unabated zeal, and as a result there have been 200 pupils less than last year found to be infested.

Even so, 589 of our children have been found to have evidence of louse infestation in their hair.

The School Medical Staff is very alive to the problem, and constantly carries out a campaign of inspections, notifications to parents, demonstrations to parents and actual cleansing of some children, who would otherwise be left in a verminous state.

It is only a relatively few families which are too lazy, or indifferent, or even incapable of making the effort to keep clean. These families act as a reservoir from which many carefully treated pupils are infested. Only by constant supervision, education and example can the head lice in our schools be kept at a low level.

### SKIN DISEASES.

In the whole Division only 211 cases requiring treatment for Skin Diseases were discovered. Ringworm, scabies and impetigo which were very prevalent twenty years ago accounted for only 51 cases in 1952. The increasing use of new easily washed non-irritating synthetic textiles like nylon and terylene, and the employment of the very efficient detergents now available, should lessen still further the chances of producing skin diseases.

However, it is only constant vigilance that prevents these few cases from becoming the starting points of a widespread infection.



### VERRUCAE PEDIS.

At all Hygiene and other Routine Inspections the feet as well as the children's hair are examined, and any cases of Verrucae Pedis are immediately referred for treatment and excluded from every barefoot activity including showers and swimming baths until cured.

There have been 48 cases of Verrucae discovered which is 45 less than last year. Almost all these cases have occurred in the Kidderminster schools, but the High School became virtually free, so the ban on barefoot work was lifted from September, on the understanding that the Physical Educational Instructor will examine the bare feet frequently and refer any suspected case for medical opinion.

Since then 7 cases have occurred at the High School and been referred for treatment.

### EYES.

During the growing period and long before they are mature, the eyes are used probably more than any other part of the body in acquiring knowledge. It is not surprising therefore, that 615 children required some treatment for their eyes.

Spectacles were prescribed in 458 cases and had been obtained for 456 children. Ophthalmic Clinics were held at Kidderminster, Stourport and Tenbury with an Oculist Consultant in attendance.

### INFECTIOUS DISEASES IN SCHOOLS.

Contrary to expectations a sharp outbreak of Measles occurred in December, and although the majority of children weathered the attack without undue discomfort, the attendances during that period were much affected.

On a routine examination for admission to the Rotary Club's Home at Weston-super-Mare, one boy was found to have diphtheria germs in his nose. He could not go to the holiday home and had to remain away from school for several weeks until he was free from diphtheria germs.

### IMMUNISATION AGAINST DIPHTHERIA.

The numbers of school children immunised for the first time or given re-inforcing doses are shown by the district in the table below.

	Immunised for first time Age 5—14.	Booster Doses.
<i>Bewdley.</i>		
Jan.—June .. .. .	6	15
July—Dec. .. .. .	11	28
<i>Tenbury R.D.</i>		
Jan.—June .. .. .	7	27
July—Dec. .. .. .	3	46
<i>Stourport U.D.</i>		
Jan.—June .. .. .	20	31
July—Dec. .. .. .	3	61
<i>Kidderminsyer R.D.</i>		
Jan.—June .. .. .	16	46
July—Dec. .. .. .	24	93
<i>Kidderminster B.</i>		
Jan.—June .. .. .	68	125
July—Dec. .. .. .	29	364

### ANTERIOR POLIOMYELITIS.

There was one case of Anterior Poliomyelitis notified in the School children of the Division.

### FOOD POISONING.

Two outbreaks of Food Poisoning occurred, both of them in Kidderminster Schools.

The first outbreak during the hot weather in May, was in the scholars of the Sladen Secondary school where 70 girls and 10 boys admitted to feeling ill at the time.

The symptoms were of sudden onset and consisted of nausea, headache, vomiting, shivering, abdominal discomfort, diarrhoea and rise of temperature, and were of a few days duration. The incubation period was about 24 hours.

Infected cream in doughnuts consumed at school was suspected of causing the illness. Laboratory investigation showed staphylococcus pyogenes in the nose of a cream filler at the bakery whence came the doughnuts, and the cream bag used for filling the doughnuts was shown to be heavily contaminated. The sale of doughnuts containing cream in the school has been discontinued, the cream filler has left the bakery, and a more satisfactory method of sterilising the cream bag is now employed.



The second outbreak of Food Poisoning which occurred in October was much more extensive than the earlier one, and involved at least 300 children, attending ten Kidderminster Schools.

The symptoms were abdominal discomfort culminating in sickness and diarrhoea. The onset was sudden and the disturbance lasted about 24 hours in the majority of cases.

Much investigation indicated that contaminated stock used in preparing a certain batch of dinners at one of the School Kitchens was the probable cause of this outbreak.

This is the first time that anything untoward has occurred during the 9 years this Kitchen has been in operation, and it is only due to a very unusual set of circumstances that this accident happened.

During both these outbreaks the Education Department, the Kidderminster Borough Health Department, and the Public Health Laboratory Service at Worcester gave every help in both elucidating the cause and preventing a recurrence of the trouble.

### TUBERCULOSIS.

There are 21 scholars in the Division suffering from Tuberculosis. Of these, 8 are cases of Pulmonary Tuberculosis, and 13 are Non-Pulmonary cases.

There have been 4 new cases notified during the year.

#### *Preventive Measures.*

Mass X-ray examination was available and strongly urged for all teaching staffs, the X-ray Unit being stationed at Worcester for a week in September. Many teachers were examined and all were shown to be free from Tuberculosis.

As a further precaution, all applicants for training as teachers, or for teaching posts must now have a satisfactory X-ray chest examination before they are accepted.

When a case was notified in a Senior school girl, arrangements were made with the Birmingham Mass X-ray Unit to have all possible school contacts examined.

All the 23 Staff and 140 pupil contacts were shown to be free from Pulmonary Tuberculosis.

#### *Milk in Schools.*

With the exception of one school, all the milk in schools is pasteurised. The school not receiving pasteurised milk has raw T.T. milk.

#### *Examination of Staff.*

21 teachers and student teachers were medically examined before taking new appointments, or entering training colleges.

53 school meal helpers were also examined before commencing to work in the School Meals Service.

## EARS, NOSE AND THROAT AND CERVICAL GLANDS.

Only a few years ago there were very many more children suffering from chronically discharging ears, grossly enlarged and unhealthy tonsils and persistently enlarged cervical glands than are seen to-day.

The great improvement has been brought about by better feeding, better hygiene and a milk supply free from Tuberculosis germs.

### OPEN AIR SCHOOL—MALVERN.

Very good work continues to be done at the Open Air School for debilitated children where 22, the number recommended, were admitted for a term or longer, on account of :—

Debility .. .. .	11 children.
Asthma .. .. .	1 child.
Bronchitis .. .. .	5 children.
Recommended by Chest Physician .. .. .	5 children.

### ROTARY BOYS' HOME, WESTON-SUPER-MARE.

The generosity of the Kidderminster Rotary was extended to 20 boys during the year, when they were given a fortnight's holiday at the Rotary Boys' Home, Weston-super-Mare.

These boys are from families which could not give them a holiday, and in some instances they have never seen the sea before this visit to Weston.

### HANDICAPPED PUPILS.

Twenty-six Educationally Sub-normal children have been found places in residential special schools and only 7 are awaiting vacancies.

However, there are 43 Educationally Sub-normal Children requiring special education in ordinary schools. Some attempt has been made in some schools to give these children the special attention they need, but so far there appears to have been no organised provision of classes for these children.



The position at the end of the year is shown in the table below :—

Defect.	No. of children on Handicapped Register.	Position—December 1952.
Educationally Subnormal.	79	26 in special schools. 7 requiring places in special schools 43 requiring special education in ordinary schools. 3 at home.
Mal-adjusted.	2	1 in special school. 1 attending ordinary school.
Partially Deaf.	7	3 in special schools. 1 requiring place in special school. 2 at ordinary schools. 1 requiring speech and auditory training.
Blind.	1	1 requiring place in special school.
Physically Handicapped.	15	3 in special schools. 1 attending independent school under special arrangements made by the Authority. 3 awaiting vacancies in special schools. 5 attending ordinary schools. 2 not recommended for special school. 1 being educated under special arrangements.
Epileptic.	1	1 to continue attending ordinary school.
Delicate Children	2	1 to continue attending ordinary school. 1 in special school.
Mental Defectives. Notified during 1952.	16	5 admitted to Lea Colony.

Mrs. Johnson (Orthopædic Sister) has supplied the following report on Orthopædic cases in the Division during 1952 :—

Spastic Paralysis	.. ..	10 cases.
Tubercular Bones and Joints		10 cases.
Poliomyelitis	.. ..	16 cases.
Congenital Deformities	..	13 cases.

Children in these groups are reviewed periodically by the Orthopædic Surgeon, Mr. T. S. Donovan, at the Kidderminster General Hospital, and are also visited at home and/or at School.

Five of the children suffering from Spastic Paralysis have undergone operations with marked success.

Children in the remaining groups, with the exception of a few, show little or no improvement.

Of 48 children attending Kidderminster Hospital for treatment of defective posture, one has been discharged, 9 remain unchanged, and the remainder show some improvement.

The majority of the 85 children attending for treatment of various conditions of the feet and knees show improvement.

The examination of children in Schools has continued, those requiring remedial exercises have been instructed and supervised, and where possible, the homes have also been visited.

The general standard of footwear has improved, but there are still far too many children wearing shoes which are too small, the possible excuses being :—

- (a) Economy.
- (b) Apathy on the part of the parents.
- (c) Failure on the part of the Shop Assistants to fit shoes correctly.

There is a good deal of "Sloppy" posture, which is more noticeable amongst the girls. Many children do not appear to have any idea how to stand correctly, and when taught, appear quite incapable of maintaining a good posture.

(Signed) K. J. JOHNSON.

### PSYCHIATRIC CLINIC.

The following table gives details of children attending the Kidderminster Clinic during the year, including children from outside the Divisional Area.

Cases referred by	1-5 years.		5-11 years.		11 and over.		Total
	M.	F.	M.	F.	M.	F.	
Probation Officer .. .. .	-	-	2	-	4	-	6
General Practitioners .. .. .	1	-	2	-	4	2	9
Head Teachers .. .. .	-	-	1	1	-	2	4
Divisional Medical Officers .. .. .	-	2	6	2	3	-	13
Juvenile Court .. .. .	-	-	-	-	3	1	4
Director of Education .. .. .	-	-	-	-	-	2	2
Specialists .. .. .	1	2	-	-	1	2	6
Children's Officer .. .. .	-	-	-	-	1	-	1
<b>TOTAL .. .. .</b>	<b>2</b>	<b>4</b>	<b>11</b>	<b>3</b>	<b>16</b>	<b>9</b>	<b>45</b>



### SPEECH THERAPY.

The Speech Therapist is holding 4 sessions weekly at Coventry Street Clinic, and her work is summarised in the following table:—

No. of cases attending, December, 1952	..	24
Discharged after satisfactory progress	..	4
Discharged after some progress	..	5
Left school or area	..	1
Ceased attending	..	2
<b>TOTAL</b>	..	<b>36</b>
Waiting List	..	117
<b>TOTAL NO. TREATMENTS</b>	..	<b>255</b>

#### *Types of Defects Treated at Clinics.*

Articulation	..	13
Communication ( <i>e.g.</i> stammering)	..	12
Multiple	..	11
<b>TOTAL</b>	..	<b>36</b>

The Speech Clinic at Kidderminster was closed from the middle of February, 1952, till the middle of September 1952. During this period no treatments were carried out.

### IMPROVEMENTS IN SCHOOL BUILDINGS.

The following list of work done on school premises includes the completion of a fine new junior mixed school at Birchen Coppice, Kidderminster, and many important additions and alterations to other schools in the Division.

School.	Nature of Improvement.
Birchen Coppice Junior	.. New School.
Kidderminster High	.. New changing room floor.
Harry Cheshire Boys	.. Two new classrooms completed.
Foley Park	.. Playing field completed.
St. Mary's Infants	.. Structural repairs and alterations.
St. Mary's Junior	.. Structural repairs and external decorations.
Broadwaters	.. Structural repairs, improved heating, new store room.
Hoobrook	.. Electric light installed.
Knighton on Teme	.. Structural repairs, new floors; Wired for electricity. Site extended.
Wilden	.. Kitchen completed. Layout of grounds, nearly completed.
Stourport Infants	.. Extension completed. New Sanitary Offices, cloakrooms and assembly hall. Site extended.
Stourport Girls	.. Acquired ground for playing space.
Bewdley	.. Head Master's room built.
Cookley	.. Playing space in course of preparation.
Pensax	.. Electric light installed.
Kyre	.. New sanitary arrangements completed. Wired for electricity.
Stourport County Modern	.. Structural repairs and new floor. Part of new school in process of erection.

### SCHOOL CLINIC—Stourport.

Dr. Markham has continued regular sessions for consultation at the Stourport Clinic throughout the year, where children who have been referred by parents or teacher, or where a special appointment has been made, were examined. This Clinic has been very useful for examining those cases where greater detail and more time is required than can be spent during the routine examination.

The Central Clinic in Kidderminster is used weekly as follows :—

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M. School Clinic 9—10	School Clinic 9—10	School Clinic 9—10	School Clinic 9—12	School Clinic. 9—10	School Clinic.
Occasional Dental Clinics.	Special Consulta- tions. Psychiatric Clinic. Speech Therapy.		Occasional Ophthalmic Clinic.	Speech Therapy.	Special Consulta- tions.
P.M. Ante- Natal Clinic.	Special Consulta- tions. Psychiatric Clinic. Speech Therapy.	Sewing Class.  Family Planning Assoc. Clinic.	Infant Welfare Clinic.	Ophthalmic Clinic.  Speech Therapy.	

The Clinic is also used occasionally by :—

The Blood Transfusion Unit.

The Lip Reading Classes.

The Red Cross Society

on week-day evenings or Sunday afternoons.



## SCHOOLS IN THE KIDDERMINSTER DIVISIONAL AREA.

Number on Books for the Quarter—December, 1952.

## BOROUGH.

<i>Grammar Schools.</i>						<i>Number on Books.</i>
Kidderminster High	..	..	..	..	..	438
King Charles I.	..	..	..	..	..	345
Total						783
 <i>County Modern Schools.</i>						
Harry Cheshire Boys'	..	..	..	..	..	617
Harry Cheshire Girls'	..	..	..	..	..	475
Sladen Secondary	..	..	..	..	..	474
Total						1,566
 <i>Primary Schools.</i>						
Lea Street Mixed	..	..	..	..	..	227
Lea Street Infants'	..	..	..	..	..	150
Bennett Street Junior	..	..	..	..	..	275
Bennett Street Infants'	..	..	..	..	..	146
Foley Park	..	..	..	..	..	414
St. Mary's Junior	..	..	..	..	..	260
St. Mary's Infants'	..	..	..	..	..	157
St. George's Mixed	..	..	..	..	..	238
St. George's Infants'	..	..	..	..	..	142
Hoobrook	..	..	..	..	..	12
St. John's Boys'	..	..	..	..	..	127
St. John's Girls'	..	..	..	..	..	142
St. John's Infants'	..	..	..	..	..	127
Broadwaters	..	..	..	..	..	44
New Meeting	..	..	..	..	..	208
Birchen Coppice Infants'	..	..	..	..	..	262
Birchen Coppice Junior	..	..	..	..	..	337
Franché	..	..	..	..	..	121
St. Ambrose's Mixed	..	..	..	..	..	329
St. Ambrose's Infants'	..	..	..	..	..	99
Total						3,817

## RURAL.

*Primary Schools.*

Chaddesley Corbett Mixed	..	..	..	..	46
Chaddesley Corbett Infants'	..	..	..	..	28
Trimpley	..	..	..	..	26
Stone	..	..	..	..	90
Churchill	..	..	..	..	27
Upper Arley	..	..	..	..	78
Wolverley	..	..	..	..	216
Cookley	..	..	..	..	171
Blakedown	..	..	..	..	65
Far Forest	..	..	..	..	137
Heightington	..	..	..	..	21
Rock	..	..	..	..	14
Areley Kings	..	..	..	..	187
Bayton	..	..	..	..	59
Bewdley C.E.	..	..	..	..	303
Bockleton	..	..	..	..	38
Eastham and Hanley	..	..	..	..	50
Knighton-on-Teme	..	..	..	..	38
Lindridge	..	..	..	..	44
Pensax	..	..	..	..	49
Stoke Bliss and Kyre	..	..	..	..	39
Stourport County Modern..	..	..	..	..	503
Stourport Junior Boys'	..	..	..	..	271
Stourport Junior Girls'	..	..	..	..	259
Stourport Infants'	..	..	..	..	232
Tenbury Junior	..	..	..	..	192
Tenbury Infants'	..	..	..	..	84
Tenbury Secondary	..	..	..	..	116
Upper Mitton	..	..	..	..	80
Wilden All Saints'	..	..	..	..	134
Wribbenhall C.P.	..	..	..	..	186
Wribbenhall C.E.	..	..	..	..	177
					<hr/>
			Total	..	3,041

## SUMMARY.

Kidderminster Borough	..	..	..	..	6,166
Kidderminster Rural	..	..	..	..	919
Other Districts	..	..	..	..	3,041
Hartlebury Grammar	..	..	..	..	151
					<hr/>
			Total	..	10,277



## APPENDIX TO REPORT OF SCHOOL MEDICAL OFFICER.

For Year Ended 31st December, 1952.

## STATISTICAL TABLES.

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS.A. *Periodic Medical Inspections.*

Number of inspections in the prescribed groups.

Entrants	..	..	..	..	..	1,141
Second Age Group	..	..	..	..	..	765
Third Age Group	..	..	..	..	..	989
				Total	..	2,895
				Number of other Periodic Inspections	..	377
				Grand Total	..	3,272

B. *Other Inspections.*

Number of Special Inspections	..	..	..	655	
Number of Re-Inspections	..	..	..	1,115	
			Total	..	1,770

*Pupils found to require Treatment.*

Group.	For Defective Vision (Excluding Squint).	For any of the other conditions Table IIA.	Total Individual Pupils.
(1)	(2)	(3)	(4)
Entrants .. ..	6	84	89
Second Age Group ..	49	64	107
Third age group ..	94	124	207
TOTAL (Prescribed Groups) ..	149	272	403
Other Periodic Inspections .. ..	35	37	69
GRAND TOTAL .. ..	184	309	472

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS  
IN THE YEAR ENDED 31st DECEMBER, 1952.

DEFECT OR DISEASE.	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment	Requiring to be kept under observation but not requiring treatment	Requiring Treatment	Requiring to be kept under observation but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
Skin .. .. .	85	20	51	3
Eyes. (a) Vision .. ..	184	46	23	2
(b) Squint .. ..	31	6	4	—
(c) Other .. ..	8	2	15	—
Ears. (a) Hearing .. ..	8	5	4	4
(b) Otitis .. ..	4	2	2	—
Media				
(c) Other .. ..	2	5	3	—
Nose or Throat .. ..	48	128	17	2
Speech .. .. .	6	18	2	1
Cervical Glands .. ..	20	69	—	—
Heart and Circulation ..	3	34	5	1
Lungs .. .. .	20	42	16	4
Developmental				
(a) Hernia .. .. .	3	2	—	—
(b) Other .. .. .	5	24	1	—
Orthopædic				
(a) Posture .. .. .	22	12	2	—
(b) Flat Foot .. ..	6	11	1	—
(c) Other .. .. .	48	64	12	1
Nervous System				
(a) Epilepsy .. .. .	4	1	—	—
(b) Other .. .. .	9	21	12	4
Psychological				
(a) Development .. ..	6	14	2	—
(b) Stability .. .. .	2	1	—	—
Other .. .. .	21	25	24	2



**B. CLASSIFICATION OF THE GENERAL CONDITION OF  
PUPILS INSPECTED DURING THE YEAR IN THE  
AGE GROUPS.**

Age Groups.	No. of Pupils Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col. 2.	No.	% of Col. 2.	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants .. ..	1,141	700	61.3	437	38.3	4	.4
Second Age Group ..	765	464	60.6	298	39.0	3	.4
Third Age Group ..	989	647	65.4	340	34.4	2	.2
Other Periodic Inspections .. ..	377	222	58.9	148	39.3	7	1.8
TOTAL ..	3,272	2,033	62.1	1,223	37.4	16	.5

TABLE III.

**INFESTATION WITH VERMIN.**

- (i) Total number of examinations in the Schools by the School Nurses or other authorised persons .. 36,011
- (ii) Total number of individual pupils found to be infested .. .. . 589
- (iii) Number of individual pupils in respect of whom cleansing notices were issued.  
(Section 54 (2), Education Act, 1944) .. .. Nil
- (iv) Number of individual pupils in respect of whom cleansing orders were issued.  
(Section 54 (3), Education Act, 1944) .. .. Nil

TABLE IV.

**TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY  
AND SECONDARY SCHOOLS.**

**Diseases of the Skin.** (*Excluding uncleanliness, for which see Table III*).

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm. (i) Scalp .. .. .	—	—
(ii) Body .. .. .	—	5
Scabies .. .. .	4	3
Impetigo .. .. .	36	3
Other skin diseases .. .. .	46	114
TOTAL .. .. .	86	125

**EYE DISEASES, DEFECTIVE VISION AND SQUINT.**

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint .. .. .	5	2
Errors of Refraction, (Including squint) .. .. .	529	79
TOTAL .. .. .	534	81
Number of pupils for whom spectacles were :—		
(a) prescribed .. .. .	379	79
(b) obtained .. .. .	377	79

**CHILD GUIDANCE TREATMENT.**

	Number of cases treated.	
	In the Authority's Child Guidance Clinics.	Elsewhere
No. of pupils treated at Child Guidance Clinics .. .. .	26	—



## SPEECH THERAPY.

	Number of cases treated.	
	By the Authority	Otherwise.
No. of pupils treated by Speech Therapists .. .. .	36	—

## OTHER TREATMENT GIVEN.

	Number of cases treated.	
	By the Authority.	Otherwise.
Miscellaneous minor ailments .. .. .	436	3



BOROUGH OF OLDBURY

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# ANNUAL REPORT

OF THE

Borough School Medical Officer

TO THE

Oldbury Committee for Education

FOR THE YEAR 1952.

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**Borough School Medical Officer:**

EUGENE V. CONNOLLY, M.B., B.Ch., B.A.O., D.P.H., L.M.,  
D.C.H.

(Resigned 30-4-52).

HENRY TABBUSH, M.B., Ch.B., D.P.H.

(Commenced 1-7-52).

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Midland Printing Co., Simpson Street, Oldbury.



## BOROUGH OF OLDBURY

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### OLDBURY COMMITTEE FOR EDUCATION.

#### Representative Members:

##### ALDERMEN:

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 J. F. GOODE, O.B.E., C.C., *Vice-Chairman.*  
 J. W. HOLLAND.  
 S. T. MELSOM, J.P., C.A.  
 G. W. ROSE, J.P.

##### COUNCILLORS:

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J. D. BEARD, M.B.E., C.C.	MRS. D. M. HOLLYOAKE.
L. W. CARTER	W. H. HUNTER.
F. COOPER.	MRS. E. PINE.
MRS. M. E. GARRATT, J.P.	MRS. R. STARKIE.
A. GUNN, C.C.	F. W. THOMPSON.
MRS. E. M. J. GUNN, J.P.	

#### Nominated Members:

DR. F. E. DAWES.  
 MR. J. H. DEARNE, C.C.  
 MRS. E. M. GOODE, C.C.  
 MR. F. H. GROVE, C.C.

#### Appointed Members:

MR. C. LESTER, B.A.  
 MR. G. H. MERCER, J.P.  
 MR. H. STUBBS.  
 MR. F. WESTON.

### SCHOOL ATTENDANCE AND CHILDREN'S CARE SUB-COMMITTEE.

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 ALDERMAN J. F. GOODE, O.B.E., C.C.  
 „ B. T. ROBBINS, J.P., C.C.

##### COUNCILLORS:

J. D. BEARD, M.B.E., C.C.	MRS. D. M. HOLLYOAKE.
L. W. CARTER.	W. H. HUNTER.
F. COOPER.	MRS. E. PINE.
A. GUNN, C.C.	MRS. R. STARKIE.
MRS. E. M. J. GUNN, J.P.	

**Nominated Members:**

MRS. E. M. GOODE, C.C.

MR. F. H. GROVE, C.C.

**Appointed Members:**

MR. C. LESTER, B.A.

MR. H. STUBBS.

**STAFF:****School Medical Officer:**EUGENE V. CONNOLLY, M.B., B.Ch., B.A.O., D.P.H., L.M.,  
D.C.H. (Resigned 30-4-52).

HENRY TABBUSH, M.B., Ch.B., D.P.H. (Commenced 1-7-52).

**Deputy School Medical Officer:**MARGARET O. WILL, M.B., Ch.B., M.M.S.A., D.P.H.,  
D.Obst.R.C.O.G.**Assistant School Medical Officer:****Ophthalmic Surgeon:**

GUY F. G. SIGGINS, M.R.C.S., L.R.C.P., D.O.M.S.

**Dental Surgeon:**HAROLD NORDAN, L.D.S., R.C.S. (Eng.), L.D.S. (U.Leeds).  
(Part-time)

ALMA M. FACER, L.D.S. (Part-time).

**Senior School Nurse:**

Miss D. H. EDWARDS.

**School Nurses:**

Miss H. STANSFIELD. Mrs. M. McLEOD.

Miss E. M. L. FREESTONE. Miss G. N. DAWSON.

Miss B. LAMB.

**Chief Clerk:**

S. ASTLEY.

**Senior Clerk:**

T. K. BOSTON.

**Clerks:**

Miss A. E. SMITH.

Miss M. CASTLE

Mrs. S. M. WESTWOOD

(Commenced 6-8-52)

(Part-time)

Miss P. ROBERTS

Miss D. M. PLEAVIN.

(Commenced 3-4-52)

Miss J. F. FIDOE

(Resigned 31-8-52)



## BOROUGH OF OLDBURY

### To the Chairman and Members of the Oldbury Committee for Education.

Mr. Chairman, Ladies and Gentlemen,

I have much pleasure in presenting my first report on the work of the School Health Service for the year 1952. My predecessor, Dr. Connolly, was responsible for the work carried out during the early months of the year and I would like to take this opportunity of paying a tribute to the efficiency and interest he has brought to the administration of the Service.

#### **Diphtheria.**

One case occurred during the year in a boy aged 11. He had been immunised seven years previously. Although the diagnosis was not confirmed bacteriologically the Hospital Medical Officer was satisfied that this was clinically a case of Diphtheria modified by immunisation. The immunity following inoculation lasts approximately five years. In order to ensure complete protection all children should be immunised before their first birthday and should receive "booster" injections on first entry into school and at the age of 9 or 10. The immunisation rate has been well maintained during the year but there are still many children, particularly those of pre-school age, who have not been protected. Diphtheria is an ever present danger. During 1951 in Coseley and the surrounding districts a total of 186 cases were notified, of which 108 were confirmed and there were 6 deaths. We cannot afford any relaxation in the continuous campaign to maintain a high degree of immunity among the children of the Borough.

#### **Tonsils and Adenoids.**

During the year 98 children were admitted to Hospital for removal of their tonsils and adenoids. There is still a long waiting list of children recommended for this operation but a large proportion do not require treatment urgently, and many of these will be found no longer to require operation in the course of time. As in the past, these children are all kept under constant review at school inspections and clinics and when it becomes apparent that early treatment is required every effort is made to expedite their admission to Hospital. But there is still considerable delay in obtaining

treatment for even the most urgent cases. In such circumstances, it is not surprising that many mothers feel aggrieved when they learn that treatment can be obtained almost immediately if they are prepared to pay the full cost of a private bed in Hospital, in addition to the Surgeon's consultation and operation fees and the anæsthetist's fee. It is questionable whether such diversion of the facilities of the National Health Service are justifiable in the presence of growing waiting lists. While the facilities remain insufficient to deal with all cases requiring treatment, priority on medical grounds should be the only criterion for selection.

### **Educationally Sub-normal Pupils.**

78 children were examined and mentally tested during the year. Of these 24 children, although below average in attainment, were considered capable of deriving benefit from education in an ordinary school if they received special attention. 3 children were found to be ineducable and were referred to the local Health Authority. 33 children have been recommended for education in a Special School. The problem of finding places for this type of child is an urgent one and common to many Education Authorities. In the past it has been possible to place some of these children in Special Schools in neighbouring County Boroughs, but the facilities have now been withdrawn. The educationally sub-normal child who is obliged to remain in an ordinary school is not receiving an education according to his age, ability and aptitude as envisaged by the 1944 Act. He makes little or no progress and as he falls further and further behind the boys of his own age in scholastic attainments, he becomes timid and apprehensive and is frequently a bed-wetter. On the other hand to make up for his scholastic failures he may try to enhance his prestige among his companions by misbehaving in school. From this it is a short step to Juvenile Delinquency and it is distressing to meet in Juvenile Courts boys who had been recommended for Special Schools and for whom it had been impossible to find a place. Local prejudice and antipathy to this type of Special School dies hard but will be overcome when the benefits of education specially suited to meet the needs of these children become apparent.



### **Dental Service.**

With the help given by the two part-time Dentists much useful work has been carried out during the year as will be seen from the report by Mr. B. D. Britten. But the arrears remain and will increase unless it is possible to obtain the services of one or more full-time Dental Officers. Every effort is being made in this direction.

### **Orthoptic Clinic.**

Preliminary negotiations have now been satisfactorily concluded with the Regional Hospital Board, and it is hoped that a clinic for fusion training for children suffering from squint will be available at the Warley Clinic in the near future. While the establishment of Consultation Clinics locally in the various specialities may not be economically justifiable, much time is lost in attending Hospital out-patient departments. Where treatment involves regular visits, as for fusion training, a local clinic will be of great benefit to the people of the Borough.

### **Health Education.**

Education in Hygiene is an essential part of every child's education and the assistance of the Department is freely available to Schools when requested by Head Teachers. Talks, illustrated by film strips, given by Medical Officers or Health Visitors to Parent-Teacher Associations or in the Schools, and visits to Clinics are arranged for groups of pupils and posters on Health subjects supplied for display in the schools.

In conclusion, I would like to take this opportunity of expressing my warm appreciation of the helpful co-operation and support I have received since taking up my appointment, from the Chairman and Members, from the Education Officer, Teachers and colleagues and from my Medical, Nursing and Clerical Staff.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

H. TABBUSH,

School Medical Officer.

Greenwood Avenue, Langley,  
Oldbury.

January, 1953.

## SCHOOLS IN OLDBURY.

SCHOOL	Average No. on Roll 1952	No. on Roll at 31-12-52	Accom- modation in each Dept.
Oldbury Grammar ... ..	548	555	530
Oldbury Technical ... ..	141	142	120
Albright Secondary Modern Boys' ...	418	440	480
Albright Secondary Modern Girls' ...	412	432	480
Bristnall Hall Secondary Modern Boys'	449	460	520
Bristnall Hall Secondary Modern Girls'	417	436	480
St. Michael's C. of E. Secondary Modern ... ..	298	319	320
Bleakhouse Primary Junior Mixed ...	337	344	320
Brandhall Primary Infant and Junior	379	389	350
Castle Road Primary Infant & Junior	400	413	390
Causeway Green Infants' ... ..	205	212	240
Church of England Primary Infants'	113	100	120
Good Shepherd C. of E. Primary Junior Mixed ... ..	235	211	240
Moat Farm Primary Boys' ... ..	316	336	320
Moat Farm Primary Girls' ... ..	322	325	320
Moat Farm Primary Infants' ... ..	324	332	320
Rood End Primary Junior Mixed ...	445	443	385
Rood End Primary Infants' ... ..	285	255	280
Rounds Green Primary Junior Mixed	487	485	480
Rounds Green Primary Infants' ...	248	223	270
St. Francis Xavier's R.C. Infant, Junior and Senior ... ..	235	245	200
St. Hubert's R.C. Infant and Junior	208	233	160
Titford Road Primary Boys' ... ..	293	309	280
Titford Road Primary Girls' ... ..	313	311	280
Titford Road Primary Infants' ... ..	282	201	320
Warley Primary Infants' ... ..	266	252	270
Totals ... ..	8,376	8,403	8,475



### PERIODIC MEDICAL INSPECTION.

The number of children examined was as follows:—

	1948	1949	1950	1951	1952
Entrants (5 years) ...	858	888	784	680	762
2nd Age Group (9 years)	731	726	674	707	832
3rd Age Group (13 years)	610	683	698	676	655
Other Periodic (11 years, 15 years)	644	844	822	791	780
Specials ...	173	145	217	396	305
Nursery Classes ...	130	94	72	—	—
Pre-School ...	551	617	486	631	420
	—	—	—	—	—
Totals	3,697	3,997	3,753	3,881	3,754
	—	—	—	—	—

Of the 420 Pre-School children examined the following defects were referred for treatment:—

Skin defects ...	...	...	...	9
Eye defects ...	...	...	...	11
Ear defects ...	...	...	...	6
Nose and Throat ...	...	...	...	7
Speech ...	...	...	...	—
Cervical glands ...	...	...	...	—
Heart and circulation ...	...	...	...	—
Lungs ...	...	...	...	1
Developmental ...	...	...	...	4
Orthopædic ...	...	...	...	55
Nervous system ...	...	...	...	—
Psychological ...	...	...	...	1
Other defects ...	...	...	...	—

In addition 1,894 defects from previous inspections were re-examined and 144 were referred for treatment.

4,046 re-inspections were carried out as follows:—

	No. of Children Re-Inspected
Re-inspection of Defects ... ..	1,894
Attendances at Ear, Nose and Throat Clinics ...	173
Attendances at Investigation Clinics ... ..	162
Edgmond Hall Camp School (F.F.I. examinations) ... ..	608
Malvern Open-Air School ... ..	42
Weston-super-Mare Rotary Boys' Home ... ..	44
Employment of Children ... ..	87
Mental Tests and Examinations ... ..	78
Re-inspections at Ophthalmic Clinics ... ..	554
Re-inspections at Minor Ailment Clinics ... ..	404
Total ... ..	4,046

### Nutrition.

Table II at the end of this report gives a classification of the nutritional state of children inspected at Periodic Medical Inspections during the year.

Through the courtesy of the Education Officer I am informed that a total of 624,081 meals were served in school during the year and of this number 41,877 meals were served free of charge. Almost one-half of all children attending the schools in the Borough take their mid-day meal in school.

Similarly I understand 1,354,049 bottles of milk were supplied. All children now receive their school milk free of charge and this milk adds an additional amount of first-class protein to the child's diet.

### MINOR AILMENTS AND DISEASES OF THE SKIN.

The total number of examinations at the Minor Ailment Clinics by the doctor during the year was 957.

The numbers of children treated for minor ailments at the three clinics are as follows:—

Clinic	No. of Children	No. of Attendances for treatment
Warley ... ..	636	1,615
Langley ... ..	267	709
Oldbury ... ..	220	1,071
	1,123	3,395



Defects Treated	Oldbury	Langley	Warley	Total
Ringworm ... ..	2	2	3	7
Impetigo ... ..	13	18	33	64
Scabies ... ..	—	4	—	4
Other Skin Diseases ...	81	52	132	265
Blepharitis ... ..	5	2	1	8
Conjunctivitis ... ..	4	1	9	14
Other Eye Conditions ...	8	14	45	67
Otorrhœa ... ..	5	1	12	18
Other Ear Defects ...	11	10	26	47
Minor Injuries, Sores, etc.	49	69	174	292
Miscellaneous ... ..	42	94	201	337
	—	—	—	—
Totals ... ..	220	267	636	1,123
	—	—	—	—

### Scabies.

It is pleasing to record the marked reduction in the number of cases of Scabies. This condition which, during the war and immediately after, was a major problem, is decreasing rapidly.

### TREATMENT OF DEFECTIVE VISION AND SQUINT.

During the year 718 attendances were made by 164 patients at the Clinic for examination by the Ophthalmic Consultant. A summary of the findings will be found on page 16.

19 cases were referred to the Birmingham Eye Hospital and West Bromwich and District General Hospital.

### EAR, NOSE AND THROAT DEFECTS.

98 children attended at the Hallam Hospital, West Bromwich, for the removal of Tonsils and Adenoids under the Committee's scheme. 6 children were referred to hospital for other forms of treatment.

### ORTHOPÆDIC AND POSTURAL DEFECTS.

13 cases received in-patient treatment at Hospitals during the year.

These figures do not include cases of bone Tuberculosis which are cared for under the County Council's Tuberculosis scheme.

### INVESTIGATION CLINIC.

This Clinic is held on Saturday mornings. Arrangements are made for special cases to attend by appointment at the Clinic, so that the Medical Officer shall have a better opportunity of investigating the case than he has at any other session during the week.

During the year 27 sessions were held. 104 children attended on 162 occasions.

### SUN-RAY CLINIC.

Sun-Ray lamps are installed at each of the three Clinics, and 227 children made 3,361 attendances at 119 sessions.

### UNCLEANLINESS.

On an average three visits were made to each school during the year.

The total number of examinations of children was 22,857, and 832 were found to have nits in the hair and 64 were found to have numerous nits or vermin.

It was not necessary to take proceedings against any family.

### HOME VISITING BY SCHOOL NURSES.

The School Nurses paid 194 visits to children's homes during the year. These visits were for the purpose of following up defects found at medical inspections, uncleanliness and infectious disease.

### JUVENILE OFFENDERS.

It was reported to the appropriate Sub-Committee during the year that 64 children attending Oldbury Schools had to appear before the Courts as Juvenile Offenders.



### INFECTIOUS DISEASES.

Notifications of Infectious Disease received during the year for children between the age of 5 and 15 years, together with the Comparison Figures for last year are given below:—

	Cases		Hospital	
	1951	1952	1951	1952
Whooping Cough ... ..	94	76	—	—
Measles ... ..	374	274	2	1
Diphtheria ... ..	—	1	—	—
Scarlet Fever ... ..	56	74	2	1
Food Poisoning ... ..	2	4	—	1
Para-Typhoid ... ..	1	—	—	—
Erysipelas ... ..	—	—	—	—
Dysentery ... ..	6	—	1	—
Pneumonia ... ..	5	3	1	—
Acute Poliomyelitis—Paralytic ...	1	2	—	1
„ „ Non-Paralytic ...	—	1	—	1
Pulmonary Tuberculosis ...	10	4	—	—
Non-Pulmonary Tuberculosis ...	—	1	—	—
Acute Encephalitis ... ..	1	—	1	—

### WHOOPING COUGH.

76 cases were notified during the year. The prevention or modification of the disease is now practicable and the simultaneous immunisation against whooping cough and diphtheria can be performed, though the results are not quite as certain as those in connection with diphtheria immunisation.

### MEASLES.

The number of cases notified shows a decrease of 100 on the previous year. The only certain way of avoiding infection is to avoid exposure to infection and that for the urban child is practically an impossibility.

### DIPHTHERIA IMMUNISATION.

The number of school-children immunised during the year was 108 and 649 children received re-inforcing injections. Of the school population in Oldbury 91.02% had been immunised at the 31st December, 1952. The value of immunisation is beyond doubt and it is to parents that we appeal for an even greater improvement in our immunisation figures.

### **TUBERCULOSIS.**

There were 52 cases of tuberculosis among the school population at the end of the year; of these 38 were pulmonary and 14 non-pulmonary. This is a high proportion of the school children and the need for preventive measures in the control of this disease cannot be sufficiently stressed. A step in this direction has been taken by the routine medical examination of all teachers before appointment and of student teachers before entry to training college. Regular X-ray examination of all teaching and other staff in close contact with the children should be aimed at and would greatly assist in the control of this disease.

### **EXCLUSION OF CHILDREN.**

The total number of exclusions issued by the School Medical Department was 194.

65 children were excluded as a result of having infectious disease, 119 for verminous heads and 10 for minor ailments.

### **CAMP SCHOOL.**

Full use continues to be made of the arrangements for senior children to attend for fortnightly periods at Edgmond Hall Camp School. The total number of children examined for admission to the school during the year was 608.

### **OPEN-AIR SCHOOL.**

In 1952 the County Education Committee was able to place at the disposal of Oldbury school children 42 places at the Open-Air School, Malvern. A total of 42 children were sent, 21 were girls and 21 boys. The waiting list for places in the Open-Air School justifies additional accommodation being made available.

### **ROTARY BOYS' HOME, WESTON-SUPER-MARE.**

By courtesy of the Rotary Club of Oldbury it has been possible to obtain accommodation in the Rotary Boys' Home at Weston-super-Mare for selected candidates to spend two weeks each by the seaside. In collaboration with the Heads of the Boys' Schools, 44 pupils went to the Home during the year.



### EDUCATIONALLY SUB-NORMAL CHILDREN.

78 Intelligence Tests were carried out during the year and recommendations were made as follow:—

Report to the Local Health Authority under Section 57(3) of the Education Act, 1944	... ..	3
Report to the Local Health Authority under Section 57(5) of the Education Act, 1944	... ..	5
Educate at Special Day/Boarding Schools for Educationally Sub-normal Pupils	... ..	33
Educate at ordinary schools with special educational treatment	... ..	5
Educate at ordinary schools in special classes	... ..	19
Educate at ordinary schools (children educationally sub-normal)	... ..	5
Educate at ordinary schools (children not educationally sub-normal)	... ..	8

### OLDBURY SCHOOL DENTAL SERVICE.

#### REPORT OF THE CHIEF DENTAL OFFICER FOR 1952.

It is a pleasure to be able to report a certain improvement in the Dental Service in Oldbury. The two part-time Dental Officers have really settled down to some hard work and the opening of the new Tabernacle Dental Clinic has meant that each has had their own clinic. Mr. Nordan has been doing four sessions weekly at Bleakhouse Clinic, and Mrs. Facer three sessions weekly at Tabernacle. Thus a section of the schools which has not received routine treatment for some time has now received a certain amount of such treatment. The returns for the year show that more sessions have been done, more children have had routine inspection and more have been treated than in the previous year. The actual treatment given shows an increase of about 65% on the previous year, which is a most gratifying accomplishment.

On the other hand it is quite obvious that, in spite of this good effort on the part of the dental staff, matters are far from satisfactory. The number of "specials" has mounted further and the figure now shows that over 10% of the children have attended during the year as "casuals," mostly with toothache. It has only been possible to give routine inspection to about a quarter of the schoolchildren in the Borough and it is therefore felt that while the present conditions exist, more emphasis must be laid on the extraction of badly decayed, septic and aching teeth before exten-

sive conservation of the teeth is undertaken. In this way it is hoped that the legacy of recent lean years may be strongly attacked and so leave room for less interrupted routine treatment in the future. A stumbling block to this progress has, however, been pointed out to me by the Dental Officers. In these times it seems strange that they should report that there is a considerable amount of apathy and, indeed, opposition to dental treatment for children by their parents, particularly in the field of conservative dentistry, in the mistaken belief that it is unbeneficial. It is suggested that this state of affairs may be attacked by enlisting the aid of the children themselves by having them taught oral hygiene at school and inculcating in them pride in the possession of a healthy mouth and an appreciation of the importance of preserving their teeth.

In spite of repeated advertising of the post of Divisional Dental Officer, latterly to include the further inducement of available living accommodation, I regret that no applicant for the post has yet been forthcoming.

The Dental Officers have asked me to include them in my thanks to Dr. Tabbush, School Medical Officer, Miss Smith, their Dental Attendant, and to the Head Teachers and Staffs of schools for their ungrudging co-operation and assistance during the year.

B. D. BRITTEN, L.D.S.,

Chief Dental Officer.



**SUMMARY OF THE FINDINGS OF THE OPHTHALMIC  
SURGEON FOR THE YEAR ENDED 31st DEC., 1952**

**Defects found in new cases:—**

**Errors of Refraction—**

Simple Hypermetropia	...	...	...	17
Hypermetropic Astigmatism—				
Simple	...	...	...	9
Compound	...	...	...	18
Simple Myopia	...	...	...	22
Myopic Astigmatism—				
Simple	...	...	...	6
Compound	...	...	...	14
Mixed Astigmatism	...	...	...	10
Amblyopia	...	...	...	2
Anisometropia	...	...	...	16

**Squint—**

Convergent	...	...	...	10
Divergent	...	...	...	—

**Inflammatory conditions, etc.—**

Optic Atrophy	...	...	...	1
Microphthalmia	...	...	...	1
Injury	...	...	...	1

Nothing abnormal discovered ... .. 37

Total cases ... 164

**REPORT ON SPEECH THERAPY CLINIC AT OLDBURY  
DECEMBER 1951—DECEMBER 1952**

Cases attending at 31.12.52 ... ..	26
Discharged after satisfactory progress...	7
Left school or district ... ..	4
Ceased attending ... ..	3
Waiting list ... ..	84
	124
Total ... ..	124
	517
	517
<b>Types of Speech Defects treated:—</b>	
Articulation, e.g. Lisp ... ..	15
Communication, e.g. Stammering ...	24
Multiple, e.g. Cleft Palate ... ..	1
	40
Total ... ..	40
	40

Treatment at the Speech Clinic in Oldbury has been adversely affected to a large extent during the past year as during February Miss Allen, the second speech therapist left, and consequently it was found necessary to abandon treatment temporarily for many of the children. It was not possible to appoint another speech therapist until September, when Miss Bourke started work. Since that date we have both been working for two three hour sessions each week at the clinic.

The waiting list has been reduced a little, though the number of children referred as compared with the previous year, remains about the same. This is explained by the fact that some of the speech defective children on the list previously have now left school—others were found not to be in need of treatment now, and one or two have refused appointments given to them.

The teaching and health department staff have been very co-operative and have helped considerably towards the satisfactory progress of the children attending the clinic. It is very much regretted that owing to pressure of work there is not the opportunity to visit schools more frequently, as it has been found that these meetings with the head teachers who know the children so well through seeing them every day, have proved of great value in planning treatments.

MARGARET EDWARDS, L.C.S.T.,

County Speech Therapist.



**TABLE I.**

Medical Inspection of Pupils attending maintained  
Primary and Secondary Schools.

**A. PERIODIC MEDICAL INSPECTIONS.**

Number of Inspections in the prescribed groups:—

Entrants ... ..	762
Second Age Group ... ..	832
Third Age Group ... ..	655
	—
Total ... ..	2,249
	—

Number of other periodic inspections ... .. 780

Grand Total ... .. 3,029

**B. OTHER INSPECTIONS.**

Number of special inspections ... .. 1,022

Number of re-inspections ... .. 4,046

Total ... .. 5,068

**C. PUPILS FOUND TO REQUIRE TREATMENT.**

GROUP (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants ... ..	5	120	124
2nd Age Group	42	104	143
3rd Age Group	37	66	100
Total ... ..	84	290	367
Other periodic Inspections ... ..	43	74	116
Grand Total ... ..	127	364	483

TABLE II.

## A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease  (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
4	Skin .. .. .	50	12	8	—
5	Eyes—a. Vision ..	127	121	14	16
	b. Squint ..	37	9	9	—
	c. Other ..	3	4	—	1
6	Ears—a. Hearing ..	9	29	2	2
	b. Otitis Media	18	12	—	1
	c. Other ..	7	3	2	—
7	Nose or Throat ..	59	85	11	14
8	Speech .. .. .	17	4	2	2
9	Cervical Glands ..	—	7	—	3
10	Heart and Circulation	—	23	—	3
11	Lungs .. .. .	15	23	—	5
12	Developmental—				
	a. Hernia ..	5	1	—	—
	b. Other ..	1	8	—	—
13	Orthopaedic—				
	a. Posture ..	10	8	3	—
	b. Flat foot	35	5	1	1
	c. Other ..	112	29	14	3
14	Nervous System—				
	a. Epilepsy ..	1	1	1	—
	b. Other ..	1	1	—	2
15	Psychological— ..				
	a. Development	9	14	2	6
	b. Stability ..	—	3	—	—
16	Other .. .. .	3	4	—	1

## B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED.

Age Groups	No. of Pupils inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ..	762	617	80.97	144	18.90	1	0.13
2nd Age Group	832	586	70.43	233	28.01	13	1.56
3rd Age Group	655	444	67.78	201	30.69	10	1.53
Other periodic inspections	780	492	63.08	277	35.51	11	1.41
TOTAL ..	3,029	2,139	70.61	855	28.23	35	1.16



**TABLE III.**  
**INFESTATION WITH VERMIN.**

1.	Total number of examinations in the schools by the School Nurses or other authorised persons	...	22,857
2.	Number of individual pupils found infested	...	299
3.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	... ..	105
4.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	... ..	36

**TABLE IV.**  
**TREATMENT OF PUPILS ATTENDING MAINTAINED**  
**PRIMARY AND SECONDARY SCHOOLS**  
**(including Special Schools)**

		Number of cases treated, under treatment or dealt with during the year	
		By the Authority	Otherwise
<b>Group 1—Diseases of the Skin</b>			
Ringworm—	(i) Scalp	...	2
	(ii) Body	...	5
Scabies	...	...	4
Impetigo	...	...	64
Other skin diseases	...	...	265
	Total	...	340
<b>Group 2—Eye Diseases, Defective Vision and Squint</b>			
External and other, excluding errors of refraction and squint		...	89
Errors of Refraction (including squint)		...	124
	Total	...	213
No. of pupils for whom spectacles were			
(a)	Prescribed	...	273
(b)	Obtained	...	268
<b>Group 3—Diseases and Defects of Ear, Nose and Throat</b>			
Received operative treatment			
(a)	for diseases of the ear	...	5
(b)	for adenoids and chronic tonsillitis	...	98
(c)	for other nose and throat conditions	...	1
Received other forms of treatment		...	65
	Total	...	104

**Group 4—Orthopædic & Postural Defects**

(a) No. treated as in-patients in hospitals	...	...	13	
				By the Authority    Otherwise
(b) No. treated otherwise, e.g., in clinics or out-patient depts.			—	20
				Number of cases treated
				By the Authority    Otherwise

**Group 5—Child Guidance Treatment**

Number of pupils treated at Child Guidance Clinics	...	...	17	Nil
--	-----	-----	----	-----

**Group 6—Speech Therapy**

Number of pupils treated by Speech Therapists	...	...	40	Nil
---	-----	-----	----	-----

**Group 7—Other Treatment given**

(a) Miscellaneous minor ailments	...	...	337	36
(b) Minor injuries	...	...	292	6
			—	—
Total	...	...	629	42
			—	—

TABLE V.

**DENTAL INSPECTION AND TREATMENT.**

(1) Number of children inspected by the Dentist—				
(a) Periodic age-groups	...	...	...	2,076
(b) Specials	...	...	...	886
(c) Total (Routine and Specials)	...	...	...	2,962
(2) Number found to require treatment	...	...	...	2,332
(3) Number referred for treatment	...	...	...	1,751
(4) Number actually treated	...	...	...	1,667
(5) Attendances made by children for treatment	...	...	...	2,789
(6) Half-days devoted to—				
Inspection	...	...	...	11
Treatment	...	...	...	326
				—
			Total	337
				—



(7)	Fillings—				
	Permanent Teeth ...	...	...	...	2,848
	Temporary Teeth ...	...	...	...	50
				Total ...	<u>2,898</u>
(8)	Number of Teeth Filled—				
	Permanent Teeth ...	...	...	...	2,087
	Temporary Teeth ...	...	...	...	50
				Total ...	<u>2,137</u>
(9)	Extractions—				
	Permanent Teeth ...	...	...	...	714
	Temporary Teeth ...	...	...	...	1,940
				Total ...	<u>2,654</u>
(10)	Administration of general anæsthetics for extractions				257
(11)	Other operations—				
	Permanent Teeth ...	...	...	...	197
	Temporary Teeth ...	...	...	...	24
				Total ...	<u>221</u>