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Contributors

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INDEX

						Page
Administration						5, 39
Area, Population, etc						9
Assistant County Medical Off						39-40
B.C.G. Vaccination					4	, 25-26
Child Guidance						13
Cleanliness						20
Clinics, School						10-11
Communicable Diseases						4, 28
Convalesence						36-37
Co-operation of parents and	teache	rs, etc.				, 15, 19
Co-ordination						13
Dental Defects					22	, 23, 24
Diseases of the Skin						21
Divisional Administration						39
Ear, Nose and Throat Defect	s					21
Ear, Nose and Throat Defect Education Children's Care Su	b-Com	mittee-	-List	of mem	bers	3
Eye Condition				-		19-20
Food Poisoning						4, 31
General Condition						0
Handicapped Pupils						-35, 30
Handicapped Pupils Health Education in Schools						18-19
Heart Disease						25
Meals in School						4, 30
Medical Examination of Ent						77 3
Teaching and to the Teach						39
Medical Inspection	-					, 14-15
		2.00				15-17
Medical Inspection Returns						15-17
Medical Inspection Returns Medical Treatment						10, 21
Medical Inspection Returns Medical Treatment Milk in School				::		10, 21
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects	••		••			10, 21 30 21
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects Open-Air School	 			::		10, 21 30 21 4, 29
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects Open-Air School Orthopaedic Defects	 .4			::		10, 21 30 21 4, 29 21-22
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects Open-Air School Orthopaedic Defects Physical Education	 			::		10, 21 30 21 4, 29 21-22 29-30
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects Open-Air School Orthopaedic Defects Physical Education Population						10, 21 30 21 4, 29 21-22 29-30 4, 9
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects Open-Air School Orthopaedic Defects Physical Education Population Protection of School Children	n agair	or trub	erculo			10, 21 30 21 4, 29 21-22 29-30 4, 9 , 25-28
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects Open-Air School Orthopaedic Defects Physical Education Population Protection of School Children Rheumatism	n agair	nst Tub	erculo	sis		10, 21 30 21 4, 29 21-22 29-30 4, 9 25-28 25
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects Open-Air School Orthopaedic Defects Physical Education Population Protection of School Children Rheumatism	n agair	nst Tub	erculo	sis		10, 21 30 21 4, 29 21-22 29-30 4, 9 25-28 25
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects Open-Air School Orthopaedic Defects Physical Education Population Protection of School Children Rheumatism Rhydd Court Residential Spe Road Accidents	n agair	nst Tub	erculo	sis	4	10, 21 30 21 4, 29 21-22 29-30 4, 9 25-28 25 36 28
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects Open-Air School Orthopaedic Defects Physical Education Population Protection of School Children Rheumatism Rhydd Court Residential Spe Road Accidents	n agair	nst Tub	erculo	sis	4	10, 21 30 21 4, 29 21-22 29-30 4, 9 25-28 25 36 28
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects Open-Air School Orthopaedic Defects Physical Education Population Protection of School Children Rheumatism Rhydd Court Residential Spe Road Accidents School Hygiene School Meals	n agair	nst Tub	erculo	sis	4	10, 21 30 21 4, 29 21-22 29-30 4, 9 25-28 25 36 28 4, 14 4, 30
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects Open-Air School Orthopaedic Defects Physical Education Population Protection of School Children Rheumatism Rhydd Court Residential Spe Road Accidents School Hygiene School Meals School Population	n agair	nst Tub	erculo	sis	4	10, 21 30 21 4, 29 21-22 29-30 4, 9 25-28 25 36 28 4, 14 4, 30 4, 9
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects Open-Air School Orthopaedic Defects Physical Education Population Protection of School Children Rheumatism Rhydd Court Residential Spe Road Accidents School Hygiene School Meals School Population Special Schools	n agair	nst Tub	erculo	sis	4	10, 21 30 21 4, 29 21-22 29-30 4, 9 25-28 25 36 28 4, 14 4, 30 4, 9 2-35, 36
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects Open-Air School Orthopaedic Defects Physical Education Population Protection of School Children Rheumatism Rhydd Court Residential Spe Road Accidents School Hygiene School Meals School Population Special Schools	n agair	nst Tub	erculo	sis	4	10, 21 30 21 4, 29 21-22 29-30 4, 9 25-28 25 36 28 4, 14 4, 30 4, 9 2-35, 36
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects Open-Air School Orthopaedic Defects Physical Education Population Protection of School Children Rheumatism Rhydd Court Residential Spe Road Accidents School Hygiene School Meals School Population Special Schools Speech Defects Staff	n agair	nst Tub	erculo	sis	4	10, 21 30 21 4, 29 21-22 29-30 4, 9 25-28 25 36 28 4, 14 4, 30 4, 9 2-35, 36 37-38 4, 6-8
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects Open-Air School Orthopaedic Defects Physical Education Population Protection of School Children Rheumatism Rhydd Court Residential Spe Road Accidents School Hygiene School Meals School Population Special Schools Speech Defects Staff	n agair	nst Tub	erculo	sis	4	10, 21 30 21 4, 29 21-22 29-30 4, 9 25-28 25 36 28 4, 14 4, 30 4, 9 2-35, 36 37-38 4, 6-8
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects Open-Air School Orthopaedic Defects Physical Education Population Protection of School Children Rheumatism Rhydd Court Residential Spe Road Accidents School Hygiene School Meals School Population Special Schools Speech Defects Staff Statistics Teachers: Medical Examina	n again	nst Tub	erculo	sis	4	10, 21 30 21 4, 29 21-22 29-30 4, 9 25-28 25 36 28 4, 14 4, 30 4, 9 2-35, 36 37-38 4, 6-8
Medical Inspection Returns Medical Treatment Milk in School Nose and Throat Defects Open-Air School Orthopaedic Defects Physical Education Population Protection of School Children Rheumatism Rhydd Court Residential Spe Road Accidents School Hygiene School Meals School Population Special Schools Speech Defects Staff	n again	nst Tub	erculo	sis	4	10, 21 30 21 4, 29 21-22 29-30 4, 9 25-28 25 36 28 4, 14 4, 30 4, 9 2-35, 36 37-38 4, 6-8

WORCESTERSHIRE COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT

(Forty-Seventh)

on the

SCHOOL HEALTH SERVICE

FOR THE YEAR 1955

by

J. W. PICKUP, M.D., D.P.H., County and Principal School Medical Officer. Digitized by the Internet Archive in 2018 with funding from Wellcome Library

EDUCATION CHILDREN'S CARE SUB-COMMITTEE

LIST OF MEMBERS

Appointed members:	
Mr. J. F. GOODE, O.B.E.,	Chairman
Mr. H. W. CHESHIRE -	
Dr. F. E. Dawes -	
Mr. H. Eccles	
Mr. E. GITTUS	
Mr. G. E. INCE -	
Lady C. M. LECHMERE -	
Mr. W. Perrins -	
Mrs. H. C. M. PORTER -	
Mr. W. Powell	
Мг. Н. Ј. Тоову –	
Mrs. C. Wilson -	
Sir Chad Woodward, D.L.	
Ex-officio members :	
Mr. R. R. Adam -	Chairman of the County Council
	Chairman of the County Finance Com- mittee
0	
Sir Hugh Chance, M.A., F.I.I.A.	Chairman of the Further Education Sub-Committee
Mr. H. N. Frost -	Chairman of the Education Committee
	General Purposes Sub-Committee
	Chairman of the School Management Sub-Committee
Major M. F. S. JEWELL,	Vice Chairman of the County Council
Ć.B.E., D.L.	,, ,, ,, Education Com- mittee
	mittee
	Chairman of the Sites and Buildings Sub-Committee
Miss E. M. Newth -	Chairman of the County Library Sub- Committee
Mr. J. H. Walker -	Chairman of the Agricultural Educa- tion Sub-Committee
Mrs. J. E. Talbot -	Chairman of the School Meals Sub-
J. C. Tanada	Committee
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Annual Report (Forty-Seventh) of the School Health Service for the year ended December 31st 1955

Mr. Chairman, Ladies and Gentlemen,

During the past year the health of the school children in Worcestershire has continued to be satisfactory. Since 1951 there has been an increase of over 6,000 in the school child population in Worcestershire and so far it has been possible by careful reorganisation to cope with this extra work by the addition of one part time officer to the staff. With the introduction of B.C.G. vaccination against tuberculosis, and the probable extension of full facilities for vaccination against poliomyelitis next year, it is anticipated that additions to the medical and nursing establishments will have to be placed before the Committee for their consideration.

The scheme for B.C.G. vaccination against tuberculosis for children in the 13 years of age group has been received favourably and from the Report it will be seen that the acceptances for those cases to be investigated was 83.8%, and of the children giving a negative re-action 100% were vaccinated.

Dr. Mayfield, the Chest Physician and Senior Tuberculosis Officer, is of the opinion that probably most, if not all, of the neck gland cases of tuberculosis were due to human infection. It is interesting to note that at the time this Report is going to the printers the whole of the county of Worcestershire will soon be a "specified area" and therefore only designated milks will be available for consumption throughout the county.

The appropriate Committees continue to give special attention to the problems of the inadequate washing and lavatory facilities at many of our rural schools, and in spite of the national financial stringency it is hoped to continue with an agreed scheme for the improvement of the sanitation in rural schools.

The Open Air School at Malvern continued its good work for those children who will benefit from a period of open air treatment and I am pleased to say that many structural improvements will be carried out in the immediate future.

The School Meals Sub-Committee and their staffs are to be complimented on the success of the school meals service; I am pleased to report that there has not been any serious outbreak of food poisoning. The effect of the Food Hygiene Regulations 1955 will probably necessitate certain basic structural alterations in some of the kitchens but many minor recommendations such as separate wash hand basins, towels, separate lavatory accommodation, etc. can be implemented forthwith. From a health point of view the frequent changes of staff in school kitchens give rise to anxiety because the introduction of one "carrier" might easily lead to a large epidemic within the school population. It is very difficult to ensure that food workers are free from infection without subjecting them to much personal inconvenience caused by the series of necessary tests.

I am grateful to Dr. Galloway, my Deputy, who has prepared the substance of this Report and who has undertaken on my behalf the general supervision of the School Health Service.

It is with much pleasure that I place on record the willing cooperation of the Director of Education and his staff, especially the head teachers, which together with the excellent work of the professional and clerical staffs of the Health Department have ensured the satisfactory completion of the work of the school health service for 1955.

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

Your obedient Servant,

J. W. PICKUP

County Medical Officer

County Buildings, Worcester.

April 1956

STAFF

County Medical Officer of Health and Principal School Medical Officer

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

Deputy County Medical Officer of Health and Principal School Medical Officer

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

Senior Administrative Medical Officer, Maternal and Child Welfare Mary 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. A. 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.

Gwen S. Clark, M.B., Ch.B., D.R.C.O.G., D.P.H. 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. I.R.

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.

L. S. Stephens, M.B., Ch.B., D.R.C.O.G., D.P.H.

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., D.P.M.

Psychiatric Social Workers

I. Malcolmson, B.A. (Econ.). Lilian F. W. Barnes. Consultant Psychiatrist (Part-time)
May Pearce, M.B., Ch.B., D.P.M.

Principal School Dental Officer B. D. Britten, L.D.S.

Deputy Principal School Dental Officer F. H. Pugh, L.D.S.

Divisional Dental Officers
V. L. L. Hall, L.D.S.
J. Rodgers, L.D.S.

Assistant Dental Officers
E. V. Stone-Wigg, L.D.S.
Miss D. M. Badham, L.D.S.

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

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

Miss I. D. Ball, L.D.S. R. Eggleston, L.D.S. P. B. Clarke, L.D.S. *P. Walsh, B.D.S.

Mrs. M. R. Tibbatts, L.D.S. (part-time)

G. C. Clark, L.D.S. (part-time) J. P. H. Donovan, L.D.S.

C. W. D. Jones, B.D.S.

T. Lucas, L.D.S.

*Doing Military Service.

Oral Hygienist Vacant

Administrative Assistant G. P. Cooper

Superintendent Health Visitor A. Kean, S.R.N., S.C.M., H.V.Cert.

Deputy Superintendent Health Visitor Miss L. Mee, S.R.N., S.C.M., H.V.

Health Tutor
Miss J. K. Pettit, S.R.N., R.F.N., 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, S.R.N., S.C.M., Q.N., H.V.

Orthopaedic After Care Staff Mrs. K. J. Johnson. Miss D. B. Jeavons

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

SUMMARY OF STAFF

(a) Medical Officers:— (i) whole-time School Health Service (ii) whole-time School Health and Local Health Services (iii) general practitioners working part-time the School Health Service (b) Physiotherapist	16	Numbers in terms of full-time officers employed in the School Health Ser- vice
(i) whole-time School Health Service (ii) whole-time School Health and Local Health Services (iii) general practitioners working part-time the School Health Service (b) Physiotherapist	16	-
Services	16	Haladay.
the School Health Service (b) Physiotherapist		6.6
Speech Therapists Remedial gymnast	9	0.75
(c) (i) (a) School Nurses	3	·5 3.0
(ii) No. of the above who hold a Health Visitor Certificate	37	.5 16.8 2.0
(e) Dental Staff :— Number of Officers (i) Principal School Dental Officer (ii) Dental Officers (iii) Orthodontists Officers employed on a salary basis Numbers in terms of full-time officers employed in the School Dental School Dental School Dental School Dental Officer (ii) Orthodontists	54	
(e) Dental Staff :— Number of Officers (i) Principal School Dental Officer (ii) Dental Officers (iii) Orthodontists a salary basis Numbers in terms of full-time officers employed in the School Dental Service	2	2
Number of Officers of Gull-time officers employed in the School Dental School Dental Officer (ii) Dental Officers 9 8.1	Office	ers employed on sessional basis
School Dental Officer I 0.9 (ii) Dental Officers 9 8.1 (iii) Orthodontists	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Ser- vice
(ii) Dental Officers 9 8.1 (iii) Orthodontists		
77		1.72
TOTAL 10 9.0		1./-
		0.64
(iv) Dental Attendants	1	0.64

STATISTICS 1955

Area of Administrative Population Mid-1954 Value of 1d rate School Population County of Worcester (less			hurv)		438,221 410,200 £8,855 61,576
coming of marticular (1000	20,0118	of other	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	Sc	hools De	ept. Boys	Girls	
Nursery		I	16	23	
Primary		258	18233	17452	
Secondary Modern		22	5920	5823	
Secondary Grammar		10	. 2520	2295	
Secondary Technical		4	498	183	
		295	27187	25776	52,963
Borough of Oldbury					
Nursery		_	and the same of th		
Primary		20	2834	2815	
Secondary Modern		5	1109	1125	
Secondary Grammar		I	274		
Secondary Technical		I	97	90	
		27	4314	4299	8,613

The School population of 61,576 compares with 60,440, in 1954, and although the numbers have increased by over 6,000 since 1951, it has been found necessary to employ only the equivalent of one additional medical officer for half time to deal with this added work.

It should be noted that not only is a much larger school population being dealt with, but an increasing range of services is being provided for them.

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

A mobile Dental Clinic is in full use in the Malvern area of the County. In other rural areas portable dental equipment is used in temporary accommodation.

26

(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 Teach- ing Hospitals			
(1)			(2)	(3)			
A. Minor ailment and specialistexamina			18				
ment			10				
B. Dental			12	-			
C. Ophthalmic			14	-			
D. Ear, Nose and Th	roat		_	-			
E. Orthopaedic			-	I			
F. Paediatric			-	-			
G. Speech Therapy			14	Take to the latest the			
H. Others Orthoptic U.V.L				<u> </u>			
Investigation			I	_			

Clinic arrangements remain unchanged except for an increase in the number of speech therapy clinics. This increase was made possible by a return to the full establishment of therapists and is commented on in greater detail later in this report.

Several of the clinics are conducted in inadequate premises and it is hoped to improve or replace those when this can be afforded.

List of	Scl	hool	CI	inics
---------	-----	------	----	-------

E. Eye

I. Investigation

O. Orthopaedic

M. Minor Ailments

S.

Speech

U.V.L. Ultra Violet Light

List o	f School Clinics :					
Name	Address	Held on	1			11
Blackheat	h Long Lane Chapel, Blackheath.	Mondays 9.30 a.m	Nurses Sessions	Medical Offi Dr. M. M. Meik		Remarks
Blackheat	h Dental Clinic, Long Lane, Blackheath.	Wednesdays 9-30 a.m.—430 p.r	m.	Dr. at. at. atel	D.	
Bromsgrov	ve Recreation Road, Bromsgrove.	Mondays and Wednesdays 9.30;	- m	Dr. V, Pugh	CCDEW	
Catshill	Baptist Chapel, Catshill.	Fridays 2 p.m.	Fridays 9.30 10 .30 a.m.	Dr. V. Pugh	C.G. D E. M.	This clinic is held
Cradley	Colley Lane, Cradley, Staffs.	Fridays 9.30 a.m.		Dr. M. M. Meikl		in conjunction with the Infant Welfare Centre.
Droitwich	Baptist School Room Droitwich.	is, Tuesdays 2 p.m.		Dr. L. S. Stephe		
Evesham	The Clinic, Avonside Hospital, Evesham.	Fridays 9.30 a.m.		Dr. J. J. Murray		This clinic is held in conjunction with the Infant Welfare Centre.
Halesowen	Tenter Street School, Halesowen.	Fridays 9.30 a.m.		Dr. E. M. Bulme	. D.W.s	
Lye	Orchard Lane School, Lye, Stourbridge.	Fridays 11.30 a.m.	Mondays, Wednesday	ys, Dr. A. M. Nelson		
Newtown	Sydenham Villa, Newtown Road, Malvern,	Fridays 9.30 a.m.	Fridays, 9.30 a.m. Mondays, Wednesday 9 a.m.		D.E. M. E. M. S.	
Pershore		ll, Thursday 9.30 a.m.				
Redditch	The Old Vicarage, Redditch.	Thursdays 11.30 a.m	. Thursdays 9.30 a.m.	Dr. E. Patterson	S, E. M. S.	
Redditch	Dental Clinic, "Old Crest," South Street, Redditch	Daily 9.30 a.m.— 4.30 p.m.			D.	
Rubery	St. Chad's Church Roon Rubery,			Dr. G. S. Clark	v	
Stourbridge	Back of No. 11 Hagley Road, Stourbridge.	Fridays 9.30 a.m.	Mondays 9.30 a.m.	Dr. A. M. Nelson	M. D. E. M. O. S.	
Upton-on-Ser	vern Memorial Hall, Old Street, Upton-on-Severn,	Occasional			E.	
Worcester	Tudor House, Friar Street, Worcester,	Wednesdays 9 a.m. & 2 p.m. Thursday 9.30 a.m. Saturdays 9.45 a.m.		Dr. J. J. Graham Medical Director— Worcestershire Chi Guidance Clinics.	C.G.	A City of Wor- cester Clinic.
Worcester	Forecourt, Shirehall, Worcester.	Occasional		Sardance Chines,	E.	Dental clinic not
Wythall	The Institute, Wythall,	Wednesdays 9.30 a.m. Wednesdays 9.30 a.m.			S.	at present in use.
Kiddermir					S.	
Kidderminster	Coventry Street, Kidderminster.	Thursdays 10 a.m.	Daily 9 a.m.	Dr. C. Starkie	C.G. D. E. M. S.	
Stourport-on- Severn	Mitton Street, Stourport.	2nd & 4th Fridays 9 a.m.	Mondays, Wednesdays and Fridays 9—10 a.m.	Dr. R. W. Markham	D. E. M. S.	
Tenbury	Parish Hall, Tenbury.	Thursdays 9.30 a.m.			S.	
Wribbenhall	Parish Room, Wribbenhall, Bewdley.		Thursdays 9—10 a.m.		М.	
Oldbury Are	ea					
Langley		donday—Friday a.m')		I. M. S. U.V.L.	
Oldbury		fonday—Friday a.m.	};	Dr. H. Tabbush pr Deputy.	D. M. U.V.L.	
Warley	Bleakhouse Road, M	londay—Friday a.m.			C.G. D. E. M. Or. U.	V.L.
Index to Seri						
	. Child Guidance	E.N.T. Ear, Nose and	Throat Or.	Orthoptic		
D.	Dental	I. Investigation	e	0. 1		

CHILD GUIDANCE CENTRES

(1) Number of Child Guidance Centres provided by the Authority, 4

1	2	Sta	ff of	f Cen	tres	:

	Number	Aggregate in terms of the equivalent number of whole-time officers
Psychiatrist	 I	1
Educational Psychologists	 I	.25
Psychiatric Social Workers	 2	I

The Services of the Psychiatrist are made available by arrangement with the Regional Hospital Board.

With the appointment on 1st June, 1955, of Mr. R. S. Reid, M.A. Ed.B., as educational psychologist, the child guidance team is again complete.

The numbers of cases referred by head teachers, general practitioners, juvenile courts, etc., were :—

Worcester	 69
Bromsgrove	 19
Oldbury	 21
Kidderminster	 32
	141

201 school children were treated during 1955 and this is the largest number of children dealt with by this service in one year since it was established.

The report of the Committee on Maladjusted Children was published towards the end of the year and a special sub-committee of the Education Children's Care Sub-Committee was set up to examine the report and consider what changes, if any, should be made in the child guidance service.

CO-ORDINATION

There have been no major changes in the administration of the service during the year.

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

The attitude of Heads of Schools towards the School Health Service is all important and their continued interest and enthusiasm are greatly appreciated.

SCHOOL HYGIENE

The following new schools were opened during the year 1955:-

Bewdley Secondary Modern School Effective accommodation about 400 places

Bromsgrove, Charford Infants' School Effective accommodation 240 places

Droitwich Secondary Modern School .. 400 places

Lodge Farm Secondary Modern School 520 places

Gig Mill Junior School.. .. 350 places

Additional teaching accommodation was provided at about eight schools, the sanitary and washing accommodation at nine schools was improved and better lighting was provided at six schools. Schools were provided with new playing fields amounting in all to about 30 acres, and at 25 schools playgrounds were either resurfaced or made up for the first time.

All of those achievements during another year of economy will have a beneficial effect on the health of the school children.

A tremendous amount of work still remains to be done and it is to be hoped that funds will be made available for improvements at schools where school hygiene and health education are almost meaningless.

Twentieth century lavatory and washing facilities remain the exception rather than the rule in the rural schools. Rural housing has improved so much during the last ten years that the schools appear more inadequate than ever and children, accustomed to water closets and proper hand-basins in their own homes, must be dismayed by the obsolete tackle provided at too many schools.

A detailed programme of improvements has been prepared by the Education, Health and Architect's Departments.

MEDICAL INSPECTION

Medical inspection of school children in the following age groups has continued:—

Entrants—all entrants attending a maintained school for the first time, who are inspected as soon as possible after admission.

Intermediates—all children of 10—11 years age group at primary schools.

Leavers—all children of 14 years age group and, at grammar schools, 15 years age group.

The number of medical inspections has kept pace with the increased school population.

Over a third of all the children were examined at some time during the year, and a proportion of those were seen several times.

Just under 3000 of the 23,215 children examined required medical treatment for some kind of abnormality. This represents a slight reduction (compared with 1954) in the percentage found to be suffering from defects.

Many of the defects discovered at medical inspections are of a minor nature, and are unsuspected until a systematic medical examination is made. It is often possible by quite simple means to rectify defects which have not had time to develop very far.

The periodic medical inspection, properly conducted, is a most important preventive measure.

Due to the crowding in the schools, medical inspections must frequently be done in unsatisfactory accommodation and I am grateful to the teachers, doctors, nurses, parents and pupils for managing under such circumstances.

MEDICAL INSPECTION RETURNS

Year ended 31st December 1955.

Table I

Medical Inspection of Pupils attending maintained Primary and Secondary Schools (including Special Schools).

A .- Periodic Medical Inspections

Age Groups inspected and Number of Children examined in each.

Age Groups inspect	cu and	11411	ibei oi	Cimarci	CAGI	iiiiica i	in cacii.
Entrants							6,424
Intermediates							6,508
Leavers							4,335
			Total				17,267
Additional Periodic	Inspec	tions					5,948
			Grand	Total			23,215
	В.—(Этнеі	R INSPE	CTIONS			
Number of Special							8,551
Number of Re-inspe	ections				• •		7,828
			Total				16,379

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).

Age Groups Inspected (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA	Total individual pupils. (4)	
Entrants	57	652	682	
Intermediates	408	608	973	
Leavers	246	348	566	
Total	711	1,608	2,221	
Additional Periodic Inspec- tions	279	539	771	
Grand Total	990	2,147	2,992	

Table II.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

		PERIODIC	Inspections	SPECIAL I	NSPECTIONS	
		No o	f defects	No of defects		
Defect Code No.	Defect or Disease	Requiring treatment	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment	Requiring to be kept under observation, but not requiring treatment (5)	
	Skin	270	112	216	41	
4						
5	Eyes—a. Vision b. Squint	990 189	971 153	469 54	239 28	
	c. Other	66	40	30	12	
6	Ears—a. Hearing	54	125	30	93	
	b. Otitis Media	51	91	17	26	
	c. Other	37	22	31	9	
. 7	Nose or Throat	471	1,159	258	380	
8	Speech	77	110	69	46	
9	Cervical Glands	20	280	13	46	
10	Heart and Circulation	15	170	4	66	
II	Lungs	89	324	35	98	
12	Developmental—					
	a. Hernia	24	38	2	5	
	b. Other	39	124	7	25	
13	Orthopaedic—					
	a. Posture	60	141	13	14	
	b. Flat Foot	198	249	45	35	
	c. Other	289	428	129	99	
14	Nervous system—					
	a, Epilepsy	24	23	10	18	
	b. Other	30	86	25	26	
15	Psychological—					
	a. Development	23	222	42	86	
	b. Stability	12	46	14	17	
16	Other	224	331	208	420	

GENERAL CONDITION

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

Age Groups	No. of	A (Good)			B. (Fair)		C. (Poor)	
Inspected	Pupils Inspected	No.	% of col. 2	No.	% of col. 2	No.	% of col. 2	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
Entrants	6424	3328	51.8	3036	47-3	60	0.9	
Intermediates	6508	3886	59.7	2585	39-7	37	0.6	
Leavers	4335	2519	58.1	1791	41.3	25	0.6	
Additional Periodic Inspections	5948	2827	47.5	3073	51.7	48	0.8	
Total	23215	12560	54.1	10485	45.2	170	0.7	

This is the last occasion on which this table will appear in its present form. The indefinable standards—good, fair and poor—are very difficult to apply in practice and problems of interpretation may easily account for small changes in the numbers from year to year.

Considered over the last few years, however, this table strongly supports the contention that the "general condition" of pupils continues to improve.

		umber of pupils aspected during the year	Number of pupils inspected and classified poor.
1953	 	 19,514	314
1954	 	 20,442	202
1955	 	 23,215	170

The trend is undoubtedly in the right direction.

HEALTH EDUCATION IN SCHOOLS

Miss J. K. Pettit, S.R.N., R.F.N., H.V., Health Education Organiser, submits the following report:—

"B.C.G. Vaccination of 13 year old school children.

B.C.G. vaccination was introduced in the county this year and forty-one visits were made to head teachers of the schools concerned. There was excellent co-operation and during the interviews offers were made to speak to the children concerned or their parents. As a result several groups of children had the scheme explained to them and their many questions showed their interest. Parents were sometimes included in these groups or they were addressed separately at their Parent-Teacher Associations.

Parent-Teacher Associations

The Health Education Organiser during her visits to the Head Teachers offered her help in the drawing up of programmes on any aspect of health and the supply of speakers for Parent-Teacher Associations. This offer was widely accepted and will be extended during 1956.

The School Nurse. Group teaching in the schools.

School nurses carry out most of their health teaching in the schools in conjunction with hygiene inspections. Group teaching on personal hygiene and parentcraft has been commenced at some schools. In one secondary modern school, girls in their last year attend and help in turn at their local child welfare centre. The health education organiser has arranged a syllabus and provides visual aids which add to the value and attractiveness of this type of instruction.

An experimental programme of sex instruction has begun at one large secondary modern school. This was introduced at the request of the Headmaster who thought, and I agreed, that lack of knowledge was causing difficulty among senior pupils.

The Field of Further Education

There is an arrangement at a small factory near Bromsgrove for further education of young people between the ages of 15—18 years. A teacher is seconded from the College of Further Education and at his request health education has been included in the syllabus. A series of group discussions under the title "Your Homes and Your Future" has been commenced.

Resources

Film strip projectors and growing stocks of suitable materials are available for loan to schools, school nurses and others on demand."

VISUAL DEFECTS AND EXTERNAL EYE DISEASE

	Number of cases dealt with		
and the contract of the contract of	by the Authority	otherwise	
External and other, excluding errors of refraction and squint	203	47	
Errors of refraction (including squint)	2,791	376	
Total	2,994	423	
Number of pupils for whom spectacles were			
(a) Prescribed	2,016	193	
(b) Obtained	2,009	108	

The ophthalmic service of the Education Authority has dealt successfully with the still growing demands made on it.

The proportion of school children whose parents elect to use the Supplementary Ophthalmic Service continues to shrink.

A careful watch has been kept for clients attempting to use both services at the same time and, thanks to co-operation by the officers of the Executive Council, control of this kind of abuse has been effective.

Replacement or repair of glasses of school children

If the Ophthalmic Services Committee of an Executive Council on investigation of the circumstances necessitating the replacement or repair of glasses of school children determine that they involved lack of care on the part of the pupil they are entitled to recover the cost of the service from the Local Education Authority.

There is no right of appeal against the decision of the Ophthalmic Services Committee.

The figures are of some interest-

Year	No. of Claims	Co	ost
		£	s. d.
1950	12	9	I 3
1951	10	3	2 3
1952	21	13 1	1
1953	22	18 1	0 3
1954	54	4I I	9 3
1955	68	58	5 2

CLEANLINESS

(i) Total number of examinations in the schools by the

school nurses or other authorised persons	
(ii) Total number of individual pupils found to be infested	6,007
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education	
Act, 1944)	49

The percentage of individual pupils examined found to be infested has risen slightly from 3.5% in 1954 to 3.8% this year.

This increase may be due to the fact that less "school nurse time" was available than last year and that it had to be spread over a larger number of children.

The situation might be worse but for the diligence of the nurses engaged on this work.

Fortunately the British louse is no longer the vector of dangerous communicable disease that it once was, but the fact that it appears to cause so little irritation to those who give it such ungrudging hospitality is regrettable.

DISEASES OF THE SKIN

(excluding uncleanliness)

			Number of cases treated or under treatment during the year		
			by the Authority	otherwise	
Ringworm— (i) Scalp	 	 	_	-	
(ii) Body	 	 	5	2	
Scabies	 	 	8	_	
Impetigo	 	 	121	_	
Other skin diseases	 	 	416	111	
	Total	 	550	113	

I hope I may be correct in suggesting that ringworm and scabies will, in a few years, become clinical curiosities.

Occasional cases still occur but modern methods of control succeed in controlling them before epidemic spread occurs.

EAR, NOSE AND THROAT DEFECTS

	Number of Cases Treated		
	by the Authority	otherwise	
Received operative treatment			
(a) for disease of the ear	 	2	
(b) for adenoids and chronic tonsillitis	 _	626	
(c) for other nose and throat conditions	 _	2	
Received other forms of treatment	 63	48	
Total	 63	678	

Mr. J. B. Cavenagh retired on the 18th October and was succeeded by Mr. T. S. Stewart.

I should like to record my sincere thanks to Mr. Cavenagh for his assistance and co-operation over many years, especially during the period before the introduction of the National Health Service in 1948.

ORTHOPAEDIC DEFECTS

Miss O. M. Woods retired on 20.11.55 after 28 years service with the county.

Much of Miss Woods' work, being preventive, was unspectacular, but many school children and adults benefited greatly from her skilful care.

She has been succeeded by Miss D. B. Jeavons.

The service concentrates on prevention, and the early treatment of minor orthopaedic defects. In this way, major deformities and disabilities must be frequently avoided.

The orthopaedic after care sisters work in close co-operation with the orthopaedic surgeons at the hospitals.

COUNTY SCHOOL DENTAL SERVICE

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER-1955

For many reasons the year 1955 has been a difficult one in the School Dental Service in Worcestershire. There have been several staff changes, but by the end of the year, the general situation had not been materially affected. Mr. Price, the Divisional Dental Officer in Oldbury, resigned his appointment in March, Miss Wilson in February on the occasion of her marriage, Mr. Zuck and Mr. Walsh in July, the former to emigrate to Canada and the latter to commence his two year term of National Service. Mr. Rogers was appointed Divisional Dental Officer in Oldbury in May in place of Mr. Price, Mr. Lucas in January to work in the Malvern area in place of Miss Wilson, Major Donovan and Mr. Jones later in the year to fill the other vacancies. In addition, two dental surgeons were engaged to undertake part time work in Oldbury and Kidderminster.

Mr. Walsh first joined the staff here as a whole time dental officer in March 1953. In March 1955 he was informed that, as he had been in continuous employment in England for two years, he being a native of Eire, had become liable to call up for military service and was instructed to present himself for medical inspection. In spite of representations a formal appeal for his deferment was refused.

In the letter to the County Council rejecting the appeal it is stated that the number of dentists becoming available for call up is far short of the needs of the Service departments.

School dental officers carry out extremely important and valuable work. They attend to the dental needs of school children during the formative years of their life. The importance of the work has been acknowledged in many ways but chiefly, from an official standpoint, by the Education Act 1944. This Act and the subsequent Regulations dealing with it make it obligatory for local authorities to maintain a dental service to provide for inspection and subsequent treatment of school children. If these dental services were fully staffed it would be possible to give comprehensive dental treatment to all these children, and young persons called up for military service would then be much more dentally fit than is the present case thus obviating the need for extensive dental treatment in the services.

To add to the difficulties in maintaining a reasonably satisfactory dental service, there has been a considerable amount of illness of members of the staff, both dental officers and dental attendants. Dental officers lost no fewer than 534 sessions through illness during the year. This figure is equivalent to the loss of one whole time dental officer for the whole of the year and is reflected in the gross figures shown in the statistical returns. It will be noted that nearly 10,000 fewer children were inspected during the year than in 1954 but that of these only about 3,800 fewer were referred for treatment. This increase in the percentage of children requiring treatment is probably accounted for by the fact that a great many were inspected during the year who had never been attended to before. The number of children treated during the year fell by about 800 but substantially the same number of attendances for treatment were made by these patients. Almost 200 fewer dental sessions were held, but in almost every respect the numbers of dental operations carried out show an increase on the previous year.

It was not found necessary to make so much use of general anaesthetics and the number of teeth extracted has fallen, though it is not welcome to notice that the reduction is in the extraction of milk teeth and not of permanent ones. Much more welcome is the continued increase in the number of teeth filled. This figure has been climbing for several years and the figure now shown is the highest ever recorded in the County.

The continued increase in the number of "other operations" is accounted for almost entirely by the work of the Orthodontist, which cannot be classified under any other heading. This work included 2,329 visits by children, the fitting of 273 appliances and the taking of 357 X-rays. Altogether, 50 children had their orthodontic work completed during the year and at the end of the year 220 were still receiving treatment.

B. D. BRITTEN

Principal School Dental Officer

April 1956.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers:—	
	(a) At periodic inspections	36,566
	(b) As Specials	1,984
	Total (I)	38,550
(2)	Number found to require treatment	28,378
(3)	Number offered treatment	23,222
(4)	Number actually treated	15,672
(5)	Attendances made by pupils for treatment	28,303
(6)	Half days devoted to: Periodic Inspection	268
	Treatment	4,296
	Total (6)	4,564
(7)	Fillings: Permanent Teeth	20,395
	Temporary Teeth	1,151
	Total (7)	21,546
(8)	Number of teeth filled: Permanent Teeth	17,735
	Temporary Teeth	1,094
	Total (8)	18,829
(9)	Extractions: Permanent Teeth	4,342
	Temporary Teeth	18,788
	Total (9)	23,130
(10)	Administration of general anaesthetics for extractions	2,666
(11)	Other operations: Permanent Teeth	4,859 575
	Total (II)	5,434
		-

The total of 4,859 other operations, permanent, includes the fitting of 243 removable and 30 fixed orthodontic appliances and the taking of 335 X-rays by the Orthodontist.

RHEUMATIC HEART DISEASE

One child—a boy—suffering from rheumatic heart disease, was ascertained during the year. This compares with three cases ascertained last year.

Happily, the condition is much less common than it was even quite recently.

TUBERCULOSIS

B.C.G. Vaccination of School children

In my last report I referred to the launching of the scheme for tuberculin testing and B.C.G. inoculation of 13 year old school children in 1955 and promised full details.

Invitations were issued to the parents of all children in the 13 year old group in the Authority's schools and the response to this new vaccination was encouraging, an acceptance rate of 83.8 per cent. being obtained.

The exacting programme could not have been carried out without the whole-hearted interest and co-operation of head teachers and their staffs which was readily forthcoming.

The scheme was explained to parents by letter, and the services of Miss J. K. Pettit, the County Health Education Organiser, were made available at all the schools concerned. The co-operation of the general practitioners was secured through the Local Medical Committee and every doctor practising in the county was supplied with a set of the forms to be used. The assistance given by family doctors is gratefully recorded; they had some quite formidable lists of children to go through but willingly supplied me with details of cases in which there was any contra-indication to tuberculin testing or B.C.G. vaccination.

The doctors were kept informed about the results of the procedures as they affected their own patients.

A number of requests were received from independent schools asking for arrangements to be made for them to be given the advantage of the B.C.G. scheme as it applies to the schools of the Education Authority. Existing commitments do not at present permit the extension of the scheme to private school-children but the Health Committee authorised inclusion of such children if possible, maintaining priority for Local Education Authority scholars and on the understanding that medical officers would deal with the children during holiday or other non-working periods. Only one private school was dealt with during the year.

This new programme of tuberculosis prevention, supplements, but does not replace, those measures which are already taken to control the spread of this disease.

Among those measures, I make special mention of Mass Miniature Radiography which was made available to all school leavers whenever the X-ray unit visited anywhere near the schools.

B.C.G. Vaccination 1955

vaccinated	3474
reactors roo C/A	77.4
reactors 100 B/A	22.6
Negative Reaction C	3474
Positive Reaction B	1015
whose tests were read A	4489
	83.8
received	4872
issued	5808
	whose tests Positive Negative reactors reactors reactors Were read Reaction 100 B/A 100 C/A A B C

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

Tuberculosis in School Children, 1955.

TABLE I.

Notifications of Tuberculosis in Children of School Age.

	Respiratory	Non- respiratory	Both Forms
1955	17	6	23
Average for the previous 6 years	16	11	27

The six non-respiratory cases were made up as follows:-

I bones of foot (Oldbury)

5 glands of neck (I Bromsgrove, 2 Malvern, I Kidderminster Rural, I Martley Rural)

No deaths from tuberculosis amongst Worcestershire School Children were recorded in the returns of local registrars during the year 1955.

TABLE II.

New Cases Examined at the Chest Clinics.

	Respiratory	Non- respiratory	Totals
Tuberculous	12	5	17
Others	-jakes	-	213
		Total	230

The total number of School Children on the Clinic Tuberculosis Registers at the end of 1955 was 135.

Comment.

It is pleasing to note a reduction in the number of non-respiratory cases, even though the number of respiratory cases remains about the same as usual. It is almost certain that all the latter were due to human infection, and probably most, if not all, of the neck-gland cases also. It can be assumed therefore that milk infection has been a negligible factor during the year.

On the other hand these figures emphasise the need to intensify the measures for controlling human infection. Well known as these measures are, they bear repetition, and are briefly as follows:—

(I) General hygiene. This includes housing, nutrition and the education of the known case in methods of avoiding communication of disease to others. The general standard of hygiene is probably at a higher level now than it has ever been since civilisation crept up on us, but much remains to be done.

- (2) Mass Radiography. The main difficulty in eliminating tuberculosis in the community lies in the discovery of the many unknown infecting agents who live and work among us. This difficulty would be reduced enormously, or even removed entirely, if everyone were willing to accept periodic chest radiography. Such, unfortunately, is far from being the case at present.
- (3) Treatment. Though distressingly prolonged, treatment is more effective today than it has ever been, and the discovery of unknown cases consequently all the more valuable for the welfare both of the individual and the community.
- (4) Preventive Inoculation. With the inoculation of older school children begun this year, B.C.G. really seems to be coming into its own. A logical extension would be the offer of this amenity to all susceptible adults. If the newborn were also included, a very fair degree of mass protection would be achieved.

TABLE II shows that the number of new cases referred to the Chest Clinics is about fifty per cent. higher than in 1954. This figure does not, of course, include some 400 odd school children examined as contacts of newly discovered cases. The contact service is an essential part of the preventive scheme, and is a most useful case-finding procedure. In addition, all who have so far escaped infection are offered B.C.G., and, as far as the limited experience in this County goes, such preventive inoculations have been effective.

SCHOOL CHILDREN AND ROAD ACCIDENTS

		Fatal	Serious	Slight	Total	
1955		 3	88	227	318	
1954		 2	91	213	312	
1953		 I	88	190	279	
1952		 5	110	211	326	
1951		 7	83	173	263	

Accidents are the most frequent cause of deaths among school children and approximately half of these deaths are due to motor vehicle accidents.

The prevention of accidents is everybody's business, and strenuous efforts are made in the schools to make children aware of the danger of carelessness or inattention on the roads.

COMMUNICABLE DISEASE

There was no undue incidence of any communicable disease among school children during the year.

WEST MALVERN RESIDENTIAL OPEN-AIR SCHOOL

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

"It is pleasing to report that West Malvern Open Air School has completed yet another year of good work in providing education for children in need of a few months' convalescence under open air conditions. Over the years, the school has earned a reputation for its success in producing remarkable improvements in the health of individual children and at the same time ensuring that their education continues on sound lines. It is sufficient to say that the 240 children who have each spent a term at this school during 1955, have returned to their own schools, fortified by life in the open air, plenty of good food and properly regulated periods of rest and activity.

Plans for extensive improvements to the premises are now reaching fruition and work will soon be starting. I hope to refer to this in some detail in my next report.

A newly constituted body of managers, named below, took office for the three year period commencing 1st October, 1955:—

Miss E. M. Newth (Chairman)
Miss C. F. Severn Burrow
Mrs. T. H. Charles
Mr. J. F. Goode
Mrs. R. E. Shakespeare
Mr. J. H. Wooldridge

Representing the
Education Committee

Mr. H. W. C. Eisel
Mr. B. Brotherton

Dudley L.E.A.
Worcester City L.E.A.
Co-opted

Their keen interest in the general conduct of school affairs is appreciated by the Education Committee and is a continual source of encouragement to the headmistress, Miss D. Stazicker, and her staff in their day to day work of running the school.

PHYSICAL EDUCATION

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

"Teachers' Courses

Courses held in various centres have been the chief means by which teachers have been able to keep abreast of the continual changes in method and approach in Physical Education. Courses for non-specialists were held in Stourbridge, Kidderminster and Malvern, and Specialist Courses in Worcester, Halesowen and Evesham.

Swimming

Although facilities for swimming instruction have not changed to any appreciable extent, full use has been made of all the time available and the standard of teaching continues to improve. This is partly due to the fact that many teachers attend courses on swimming instruction conducted by the Physical Education Advisory Officers. Such a course was held last year in Malvern.

Camping

The Schools Camp was not held this year as it was felt that, for the time being, a sufficient number of teachers had been introduced to camping as a school activity. As an experiment, a school was allowed to organise its own camp during term time.

Many schools continue to hold their own camps during the summer holiday. Some of these schools borrow equipment for this purpose from the Authority."

MILK IN SCHOOLS AND SCHOOL MEALS SERVICE

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

" A day in September, 1955

Meals .

M

eats:						
Din	nners					
Fre	е					1,776
On	paymer	nt				30,551
Bre	eakfasts					380
Tec	as					380
Number o	f depar	tment	s havin	g meals		323
Number o	f depar	tment	s not h	aving n	neals	: I
lilk						
Number o	it	46,303				
Number o	f childr	en wh	o receiv	ve 🖁 pir	it	33

All schools in County receive a supply of milk.

Number of pupils in Primary and Secondary Schools								
Number of pupils in Nursery schools				33				

(These figures are actual attendance figures for a day in September, 1955, but do not represent the full possible attendance roll).

All the above figures include the Excepted District of Oldbury."

FOOD POISONING

There was no outbreak of food poisoning among school children during the year.

This bare statement of fact can give little idea to the average reader of what it means in terms of study, planning and scrupulous attention to detail.

The Food Hygiene Regulations 1955 were received on December 27th 1955 and came into effect five days later.

This kind of law-making is becoming quite common nowadays.

Fortunately this authority has enjoyed remarkable freedom from the particular troubles the regulations are designed to obviate but a complete review of the school meals premises and practices is being carried out to see that the regulations are complied with.

HANDICAPPED PUPILS

Holidays for diabetic children. Four County children were sent to summer camps organised by the British Diabetic Association. These camps are approved by the Ministry of Education and the maintenance and transport expenses of the children were paid by the Education Committee.

Arrangements for the ascertainment and treatment of children with defective hearing who are not attending special schools for the deaf or partially deaf.

Children who are suspected of having defects of hearing are referred to the Ear, Nose and Throat Consultants at Worcester Royal Infirmary, Kidderminster and District General Hospital, The Corbett Hospital, Stourbridge, Birmingham and Midland Ear and Throat Hospital, Children's Hospital, Birmingham, Moseley Hall, Birmingham, Bromsgrove Cottage Hospital, Smallwood Hospital, Redditch and Cheltenham General Eye and Children's Hospital. Audiometric investigation is available at these Hospitals and the recommendations of the Ear, Nose and Throat Consultants are accepted for action.

The Consultants where appropriate complete forms 1 and 4 H.P.

No auditory training is available at the Hospitals and much of the advice and help to parents and children is supplied by the Worcestershire and Herefordshire Association for work amongst the Deaf to which the Authority makes a contribution. A missioner is employed whose duties include assistance to deaf and partially deaf school children and the Association provides classes for lip reading at convenient centres in the county as they are required. Pre school children who are suspected of being deaf are usually referred to the Birmingham City Audiology Clinic and arrangements are made for non-specialist Health Visitors to visit with them, in order to assist with their home care and treatment.

The Deputy Superintendent Health Visitor and the Health Visitor in charge of Health Education have recently attended a course in Manchester on the diagnosis and care of the young deaf child and they assist Health Visitors with the management of the partially deaf and deaf children.

No arrangements for mass audiometry of school children have so far been made and there are no immediate plans for the development of such a service.

The arrangements work satisfactorily and it is doubted whether a very much better service could be given without spending considerable sums of money, and in doing so inevitably duplicating services which are already available in Birmingham and from Hospitals named.

General

Whenever possible, handicapped children attend ordinary schools—the emphasis being, as far as possible, on the *abilities* rather than on the *disabilities* of the children.

The school teachers are always prepared to do everything within reason to help such children and I gladly express my thanks to them for that.

Special day schools can not solve many of the problems where distance is a factor and children who are unfit to attend ordinary schools must be given lessons at home, or a place in an appropriate boarding school.

I am pleased to be able to report that, with very few exceptions, the needs of handicapped children are being met.

The exceptions are those who are either too young or too old to be acceptable to the special schools, those few who have multiple handicaps—whose needs have not yet been provided for in any school, and that much larger number whose parents cannot be persuaded to allow their children to leave home.

The Ministry of Education are to be congratulated on the revised form of the following table. This makes it clear that there are 22 handicapped children requiring places in special boarding schools. If from this number is deducted those children who are too old to be accepted by boarding schools, and those with multiple handicaps for whom no special school can provide proper care, the number is even smaller, and they have all been accepted for future admission to appropriate schools.

The Youth Employment Service assumes responsibility for employable handicapped children when they leave school and there are many encouraging "success stories" on record.

The following tables show the position at the end of the year of the seriously handicapped children of the County:—

ring the calendar year led 31st December, 1955	(1) Blind (2) Par- tially sighted		(3) Deaf (4) Par- tially Deaf		(5) Delicate (6) Physi- cally Han- dicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total (1)-(9)
Handicapped pupils newly placed in Special Schools	(1)		(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
or Boarding Homes Handicapped pupils newly assessed as needing special educational treatment at Special Schools or in Boarding Homes	3	3	5	3	7	7	64	2	3	49
Number of Handicapped pupils from the area:— (i) on the registers of special schools as (a) day pupils (b) boarding pupils		5 8		I 16		2 20	3 141		7	12 243
(ii) on the registers of in- dependent schools un- der arrangements made by the Author- ity (iii) boarded in Homes and not already in-		1	-	_	_	4	_	6	_	11
cluded under (i) or (ii)		_	_	_	_	-	_	_	_	_
TOTAL C	17	14	26	17	8	26	144	7	- 7	266
being educated under arrangements made under Section 56 of the Education Act, 1944. (i) in hospitals (ii) in other groups (e.g., units for spastics) (iii) at home		_ 	- =		<u> </u>	_ 	1 1			
requiring places in special schools (i) Total (a) day (b) boarding				I 2	I 6		63 99	=	=	65 126
Pupils included in the totals above— (ii) who had not reached the age of 5:— (a) awaiting day places		_		-		- 4		_	_	
(iii) who had reached the age of 5 but whose parents had not consented to their admission to a special school:— (a) awaiting day										
places	-	-	-	1	I	-	4	-		- 6

umber of children reported during the year :-

⁽a) under Section 57 (3) (excluding any returned under (b) 44 (b) ,, ,, relying on Section 57(4) — (c) ,, ,, ,, 57(5) 32 of the Education Act, 1944.

INDEPENDENT SCHOOLS USED BY THE LOCAL EDUCATION AUTHORITY UNDER SECTION 6 OF THE EDUCATION (Miscellaneous Provisions) ACT, 1953, IN RESPECT OF HANDICAPPED PUPILS DURING 1955

Full Name and Address of School	Whether for Boys, Girls or both (2)	Number of pupils whose fees are being paid in whole or part by the L.E.A. (3)	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
St. Mary's, Bexhill on Sea	Both	I	P.H.	10	£252
Douglas House, Malvern	Girls	1	P.H.	13	£61 8s 6d
Seaford Court School, Malvern	Boys	I	P.H.	14	£60
Dr. Barnardos Home for P.H. Children, Warlies, Walton Abbey, Essex	Boys	ı	P.H.	11	£260
Wynstones School, Whad- don, Gloucester	Both	1	Partially sighted	15	£231
Mulberry Bush, Stand Lake, Oxford	Boys	1	Maladjusted	13	£374 198 4d
Ledston Hall, nr. Leeds	Boys	I	Maladjusted	14	£310
Shotton Hall, Harmer Hill, Bridgnorth, nr. Shrews- bury	Boys	4	Maladjusted	13-15	£360

The following table gives particulars of all handicapped pupils in the County :—

Handicapped pupils

Category		New cases ascertained	Cases removed from register	Remaining on register at end of year	Incidence per 1,000 school population	No. at special schools	No. at ordinary schools	Not at school (under age, excluded or receiving hometuition)	No. awaiting admission to special schools
Blind	1 :	60	3	20	0.32	91	61	64	I
Partially sighted	:	9	5	30	0.48	15	14	I	3
Deaf	:	5	9	33	0.53	26	4	3	3
Partially deaf	:	15	7	19	66.0	17	42	64	3
Delicate	:	26	5	52	0.84	00	41	3	7
Physically handicapped	:	57	27	202	3.28	26	130	46	. 12
Educational sub-normal	:	148	19	575	9.33	147	422	9	162
Maladjusted	:	61	1	9	60.0	9	1	1	1
Epileptic	:	IO	1	25	0.41	7	91	64	1
With speech defects	:	III	82	733	6.11	1	713	20	-
Total	:	383	193	1737	28.21	268	1384	85	161

RHYDD COURT RESIDENTIAL SPECIAL SCHOOL

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

"During 1955 the school, under the immediate direction of the headmaster, Mr. A. E. Long, continued its valuable work of providing special education for mentally retarded boys. As described in some detail in my previous reports, the kind of education provided goes far beyond mere classroom teaching of the basic subjects of the ordinary school curriculum. The boys also learn directly and indirectly through a variety of crafts and other instructive activities which help to co-ordinate hand and eye and which give the boys a satisfying sense of achievement. Most important of all, special attention is paid to developing in them a sense of loyalty and responsibility towards the community. One has only to visit Rhydd Court on any ordinary school day or on some special occasion such as an Open Day or the annual sports day, to judge how successful the headmaster and his staff have been in this respect. Further evidence is provided by favourable reports on boys who have left the school and have taken up employment.

Following the County Council elections, the board of managers was reconstituted and now consists of the following eight members:—

Lady Lechmere (Chairman)
Sir Hugh Chance
Mr. H. N. Frost
Mr. J. F. Goode
Mrs. H. C. M. Porter
Mr. W. Powell

Mrs. R. Ratcliffe
Mrs. R. Ratcliffe
Mrs. R. R. Adam

Representing the County
Education Committee

Representing Worcester City
Co-opted

Thanks are due to the managers for their co-operation with the Education Committee in providing the conditions in which these handicapped boys can fully develop their capabilities."

CONVALESCENCE

The number of children who received convalescence was 73, the same as that in 1954.

The undermentioned Homes which are known to be satisfactory, accommodated the children:—

Fairfield House, Broadstairs	2
Westwood Convalescent Home, Blackpool	2
The Home for Invalid Children, Hove	2
Seabright Home, St. Anne's on Sea	59
Nor-West, Sand Bay, Weston-Super-Mare	7
Steen Park Children's Hotel, Walmer	Í

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

I	week				I
2	weeks				6
	weeks				57
4	weeks				4
6	weeks				5
					73

The average weekly maintenance rate was £3 19s. 5d.

The arrangements continue to work very well and many letters of appreciation have been received from parents.

Mr. G. W. Nield, who is responsible for the office administration of the scheme, takes the children to and from the convalescent homes at weekends, as an unpaid service to the children.

SPEECH THERAPY

Miss D. M. Edwards, L.C.S.G., the Senior Speech Therapist, has

submitted the following report :-

"During the greater part of the year the speech therapy service was understaffed as it proved impossible to fill the existing vacancy until September 1955. Miss D. Dentith began work at the beginning of September and made it possible to rearrange the speech clinics. New clinics were started in Tenbury, Stourport and Wythall.

It will be seen from the accompanying tables that in nearly all areas the waiting lists remain considerable and the demand for speech therapy continues to exceed the present service provided.

As far as time would allow during the year, visits have been made to as many schools as possible to review children whose names are on waiting lists. Many of their parents have been given advice by the speech therapists to help to improve the defects during the waiting period."

TYPES OF SPEECH DEFECT TREATED

			icula g. li			omr				e.,	ultip g. Cl alat	eft		T	OTA	L		
Oldbury			23				20				3				46			
Kidderminster .		.,	11				20				5				36			
Bromsgrove			9				12				3				24			
Cradley			2				3				2				7			
Stourbridge			6				6				3				15			
Redditch			17				11				3				31			
Evesham			16				12				3				31			
Pershore			5				5				1				11			
Halesowen			10				4				_				14			
Worcester			6				4				_				10			
Stourport			6				2				_				8			
Tenbury			4				1				2				7			
Malvern			4				1				3				8			
Wythall			5				3				-				8			5
Rhydd Court			12				3				2				17			
			1				-			1							1	
				T.														
		hoo		inste	ove.		idge				en	er	rt				Court	
			ury	lerm	usgr	ley	rbric	litch	ham	hore		este	rpor	oury	ern	hall		7
			Oldbury	Kidderminster	Bromsgr	Cradley	Stourbri	Redditc	Evesham	Pershor	Halesow	Worcest	Stourpo	Tenbury	Malvern	Wythal	Rhydd	Total
Cases attending 31.12.55			29	24	14	5	12	25		5	9	7	7	7	6	-	13	191
Discharged after satisfact	ory	pro-																
gress			15	9	8	2	2	6	7	4	5	3	1		2		3	6;
Left School or area			-	2	1	-	-	-	1	1	-	-			-		I	(
Ceased attending			2	1	1	_	1	_	3	I	_	_			_		_	-
Тоты			46	36	24	7	15	31	31	11	14	10	8	7	- 8	8	17	273
Waiting list			86	65	38	10	56	53	60	10			_	13		_	_	544
GRAND TOTA	AL		132	-		17	_	_	91		-	-	-	-				815
Total No. of treatments			734	549	365	145	185	215	519	194	107	219	72	63	135	81	416	3999
	_					-			-					-		-	-	

SCHEME OF ADMINISTRATION OF HEALTH SERVICES— BOROUGH OF OLDBURY AND KIDDERMINSTER DIVISIONAL AREA

The existing scheme of divisional administration for the Borough of Oldbury and for the Kidderminster Area which continue to work well have been renewed for another year.

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

The following table shows the number of medical examinations of student school teachers and school teachers carried out during the year in accordance with Ministry of Education Circular 249:—

Entrants to Training Colleges (Form 4 RTC)	164
Employment as Teachers by the Worcestershire Education Com- mittee. (Form 28 R.Q.)	33
Total (including Kidderminster and Oldbury Divisional Areas)	197

The number of examinations in 1954 was 190.

NOTES FROM ANNUAL REPORTS OF SCHOOL MEDICAL OFFICERS.

Dr. V. Pugh (Bromsgrove)

"It has been a very happy school year in the Bromsgrove and Catshill areas. There is unanimous co-operation with the head teachers who have all been very helpful and interested in the health of their pupils. I have noticed that a greater proportion of parents attend the medical inspections and this I am sure is due to the encouragement given by the head teachers. The attendance of parents is very helpful to all concerned especially to the child. There was a good response to the invitation to B.C.G. vaccination in the 13 year olds. The cleanliness in the schools has improved and this is due mainly to the hard work of the School Nurses who follow up and cleanse when necessary.

The School service in my areas seems to be in a strong and healthy condition."

Dr. H. F. Green (Malvern)

"1955 has brought no real change from the previous year but it has been a year of development along the lines outlined in my comments last year. The vaccination of thirteen year old schoolchildren with B.C.G. against tuberculosis produced an excellent response and was carried out without any hitches. That it all worked out so well was in large measure due to the administrative staff and to the excellence of the apparatus supplied. A good deal of publicity of one sort and another has been "put across" in order that the vaccination of schoolchildren against tuberculosis should be accepted by the general population. I have been struck by the ability of the parents from all walks of life to appreciate the significance of the preliminary sensitivity test carried out and their understanding of the whole process.

As last year the Minor Ailments Clinics have had to deal with very few cases of impetigo, no cases of scabies and relatively few cases of skin sepsis following abrasion. Although this change may be due to the introduction of newer methods of treatment it should be remembered that different strains of the same organisms produce sepsis of differing severity. The organisms at present prevalent seem neither to produce severe skin sepsis, such as impetigo, nor severe cases of scarlet fever, yet every now and again one sees a classical severe impetigo to remind us of the possibility of a return to the conditions existing before 1939. The Minor Ailments Clinic established at the Chase School has proved invaluable in dealing with the thousand and one odd problems that arise in a school of more than nine hundred children. Two problems have arisen there. One is the control of fungus infection of the feet. For this purpose special treatment of the changing room and showers is undertaken at regular intervals, and quite a number of cases of plantar wart have also had to be referred for treatment. At the completion of each medical inspection I have discussed each child's health with the Head Teacher of the school and I hope that they have obtained some benefit from this. Certainly they have been both appreciative and co-operative. Furthermore, they can often provide details about a child and its family which are not obtainable from any other source and which may complete the picture of the child's health and background. It is possible to discuss the children in this way without betraying any confidential information on either side."

WORCESTERSHIRE COUNTY COUNCIL.

KIDDERMINSTER DIVISIONAL AREA

SCHOOL HEALTH SERVICE

REPORT OF THE DIVISIONAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1955

COLIN STARKIE,

Divisional Medical Officer.

R. W. MARKHAM,

Deputy Divisional Medical Officer.

CALDWALL HALL, KIDDERMINSTER. Worcestershire County Council. Kidderminster Divisional Area.

ANNUAL REPORT OF THE DIVISIONAL MEDICAL OFFICER FOR THE YEAR 1955.

Divisional Office:

CALDWALL HALL, CASTLE ROAD, KIDDERMINSTER.

DIVISIONAL COMMITTEE.

Mrs. E. R. Chadwick (Chairman)

County Council Representatives:

Alderman R. R. Adam.

M. F. S. Jewell, C.B.E., D.L.

S. T. Melsom, O.B.E.

H. Parkes

Councillor J. E. Blundell Williams, M.B., M.R.C.S.

J. H. S. Lemon, M.B.E.

J. G. Parker.

Kidderminster Borough:

Councillor Mrs. E. B. Beatty. ,, Mrs. R. Chamberlain. .. W. P. Hill.

Bewdley Borough:

Councillor A. J. Howell. ,, Mrs. D. L. Lawrence.

Stourport Urban District Council

Councillor Mrs. A. Pratt. ,, E. A. Robinson.

Kidderminster Rural District Council:

Councillor H. Doolittle
,, A. Pardoe.

Tenbury Rural District Council:

Councillor E. Evans. The Rev. Canon A. P. Randle.

Co-opted Members:

Mrs. T. H. Charles. Mrs. G. B. Evans. Mrs. E. M. Knight. Lady Lea. Mrs. M. J. Starkie, M.A.

Clerk to the Committee: Mr. J. L. Evans, M.A.

STAFF.

As at December, 1955.

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):
GWEN SMITHSON CLARK, M.B., Ch.B., D.O.R., R.C.O.G.,
D.P.H.

Ophthalmic Surgeons, (Part-time):

I. LLOYD JOHNSTONE, M.C., M.D., D.O. C. G. SINCLAIR, M.B., B.S., F.R.C.S.

Medical Director, Child Guidance Clinic, (Part-time)
J. J. GRAHAM, M.B., Ch.B., D.P.M.

Dental Surgeons:

C. JONES, B.D.S.
D. G. HUGGINS, B.D.S. (Part-time)

SCHOOL NURSES, etc.

Kidderminster Borough.

Miss M. Amos Dental Assistant.

Mrs. S. M. Askew ... School Nurse and Health Visitor.

Miss E. A. Baird. . . School Nurse.

Mrs. A. E. Hall . . . School Nurse and Health Visitor.
Miss M. Peacock . . School Nurse and Health Visitor.

Mrs. E. M. Roden .. Clinical Assistant.

Miss M. J. Thomas ... School Nurse and Health Visitor.

Stourport, Bewdley and Wribbenhall.

Miss L. M. Cartwright . . School Nurse and Health Visitor. Vacancy—Stourport . . School Nurse and Health Visitor.

Miss P. Walton . . . Dental Assistant.

Kidderminster Rural.

Miss M. A. Buck ... School Nurse, Health Visitor, District Nurse and Midwife.

Mrs. M. J. Moir School Nurse, Health Visitor, District Nurse and Midwife.

Miss D. M. Strong ... School Nurse, Health Visitor, District Nurse and Midwife.

Mrs. A. M. Towers ... School Nurse, Health Visiting, District Nurse and Midwife.

Tenbury Rural.

Mrs. F. A. Allan School Nurse, Health Visiting, District Nurse and Midwife.

Mrs. G. Arnett School Nurse, Health Visiting, District Nurse and Midwife.

Miss E. Powell School Nurse, Health Visiting, District Nurse and Midwife.

Miss U. M. Watson . . School Nurse, Health Visiting, District Nurse and Midwife.

ORTHOPAEDIC SISTER.

Mrs. K. J. Johnson.

TUBERCULOSIS HEALTH VISITOR.

Miss A. W. Gaffney'

SPEECH THERAPISTS (Part-Time).

Miss D. M. Edwards. Miss D. Dentith.

CLERICAL STAFF.

Miss M. M. French . . Chief Clerk.
Mrs. M. Q. Claridge . . Assistant Clerk.
Miss P. J. Purcell . . Assistant Clerk.
Miss V. L. Randle . . Assistant Clerk.
Mrs. E. M. Walton . . 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 seventh Annual Report upon the Kidderminster Divisional School Medical Service.

This report concerns work and conditions essentially within the Kidderminster Divisional Area, but some of the outside events which influenced either the conditions or imagination of all in this Area are worth a passing thought.

Social Movements.

There was prosperity in the country generally with full employment, but warnings of 'Inflation' were given by the Government.

Railway and dock strikes caused delay and dislocation of essential works and services.

Biological and Scientific Events.

Measles virus was identified after years of research. Poliomyelitis vaccine was brought into use for the first time in the United States of America.

The largest 'H' bomb ever made was successfully tested.

A successful voyage of the first atomically powered vessel (a submarine) was completed.

In only 15 hours, a double flight of the North Atlantic from London to New York and back was achieved.

Events Abroad.

Austria regained her national freedom after 17 years occupation by a foreign power.

Serious rioting broke out in French North Africa.

Terrorism in Cyprus caused much uneasiness.

'Incidents' between Israel and Egypt threatened the peace of the Middle East.

The Geneva Conference gave hopes of better relations between Nations, but finished up as a bitter disappointment.

Against this changing background, life in the Division has unfolded, bringing numerous opportunities and problems requiring day to day care by the School Health Service.

A detailed statistical account is given in the report, together with comments on subjects of special interest.

Once more, I gladly record our thanks for the very great help so kindly given by all teaching staffs, often when our visits must have caused great inconvenience.

Our thanks are also wholeheartedly given to the Divisional Subcommittee and the County Education Committee for their support and encouragement during the year.

For their very willing and painstaking effort on all occasions, I thank all my staff and those who worked with me.

Yours obediently,

COLIN STARKIE,

Divisional Medical Officer.

Caldwall Hall, Kidderminster.

SCHOOL POPULATION.

Although the Hartlebury Grammar School has reverted to the Droitwich area for School Health Services, there has still been a rise of 267 in the school population, to the figure of II, 184, which is about I,900 more than when the Division was formed seven years ago.

SCHOOL BUILDINGS

The most pressing problem is to find sufficient accommodation for the increasing number of scholars each year. To this end additional classrooms have been under construction as shown on page 16.

In the urban areas the standard of school accommodation is mostly very good, but unfortunately this is not so in several of the rural schools, where even the provision of a guaranteed adequate water supply has so far not been achieved. The schools at Eastham, Lindridge, Bayton and Arley are requiring urgent prior consideration in order to bring their sanitary and washing facilities up to a reasonable standard of hygiene.

GENERAL CONDITION OF DIVISIONAL SCHOOL CHILDREN.

Of the 3,043 children given Routine Inspections :-

73.3% were classified as being of 'Good' general condition.

26.0% were classified as being of 'Fair' general condition.

0.7% were classified as being of 'Poor' general condition.

Only 20 children required treatment for their 'Poor' general condition, and many of them were given a term's residence in the Malvern Open Air School

EYES.

A very close watch is kept on the eyes of our school children, particularly since so many parents allow their children to stay up watching television till late in the evening. The 'Entrants' are examined by means of the 'E' card during their first year at school, and thereafter at the Routine Inspections, or oftener as occasion merits. The School Health Officers' and the Ophthalmic Consultants' figures show no obvious general detrimental effect from excessive use of children's eyes, either at school or at home.

Where there has been 'eyestrain' the trouble was relieved when correct spectacles were worn.

HEALTH EDUCATION.

'No Darkness but Ignorance' applies to health subjects as much as to any other sphere, and it has been the duty and pleasure of the School Health Department to dispel the darkness of Ignorance as far as possible. To this end there has been a very close association between teaching and nursing staffs, and Parent Teachers Associations have been of considerable value.

Such subjects as:

B.C.G. Vaccination,
Infectious Disease Exclusion,
Child Hygiene,
Footwear,
Hours of Sleep,
Problem Children,
Food,
Homework,
Discipline, etc.

have been discussed with Members of:

A Family Circle,
Parent Teachers Associations,
Nurses,
Pupil Teachers,
Head Teachers Association,
Social Study Group,
Home Helps,
Young Wives' Guild.

and on numerous occasions with individual parents and teachers.

This constant discussion and health education is regarded as one of the most important aspects of the School Health Service.

THE SCHOOL DENTAL SERVICE.

The most obvious and most serious defect in our children's health is seen in the numerous cases of defective teeth found in all age groups.

There is every indication that the School Dental Service must be further augmented and strengthened by every means available if, speaking literally, we are going to 'stop the rot.'

Owing to military service requirements and otherwise, both Kidderminster and Stourport were without a School Dental Officer for a considerable part of the year, so that a great deal of leeway will have to be made up. Apart from altering food habits considerably, an extremely difficult thing to do, the only real preventive hope seems to be in 'Fluoridation' of water supplies. This matter cannot be shelved indefinitely, and sooner or later a decision must be made as to whether or not the benefits of increased fluorine in the drinking water are to be made available for everyone.

Details of Dental work will be found on page 26.

INFECTIOUS DISEASES IN SCHOOLS.

Apart from a sharp outbreak of Measles, there were few cases of notified infectious diseases.

Two cases of Anterior Poliomyelitis, both of mild type occurred.

INFESTATION WITH VERMIN.

Every child's hair is inspected at intervals by the School Nurses, and although the vast majority are very satisfactory, it is a matter of regret that 744 children showed some evidence of louse infestation. Many of these showed a few nits only, but in some cases, both lice and numerous nits were found.

All parents of infested children were advised as to the best methods of removing vermin, and preventing re-infestation, and in many instances the nurses gave out the appropriate lotion, and often helped to clean the children themselves.

It is only by the unceasing vigilance and work of the School Nurse, that relatively so few children become infested.

VERRUCA PEDIS.

Understaffing due to resignations and illness has made a comprehensive survey of the whole district impracticable, and so in many areas, it was not possible to examine the feet of every school child.

In Kidderminster Borough it has been possible to make a thorough survey of all the children's feet, with the following results:—

75 cases of contagious warts were discovered, of which 60 were treated by the School Health Officer, and 15 by private practitioners.

62 cases were found in the 6 senior schools, and 13 in 10 junior schools.

49 girls and 26 boys were affected.

From Stourport, 3 girls and 3 boys were reported to have Verrucae.

There were no cases reported from Tenbury.

Tenbury lacks the amenities of school showers and public baths, and the children do no barefoot work.

Possibly, this is the explanation of the apparent absence of contagious warts in the Tenbury Area.

Since we have not yet discovered a disinfectant for killing the Verruca Virus on floors, we can only hope to control the spread of contagious foot warts by insisting on changing room and shower floor cleanliness, and that children should have their feet protected by suitable footwear on all possible occasions.

It is hoped that there will be sufficient time available for all the Divisional School Nurses to inspect children's feet at the same time that they make their routine hygiene inspections.

OPEN AIR SCHOOL, MALVERN.

Divisional children were recommended for admission to the school on account of:

The school was able to accommodate 25 of the 30 children recommended, and in each case, there was a marked improvement in the child's condition.

Unfortunately, there is no open air school provision made for the very important 8—14 year old girls' group within the county.

The boys have additional help in the form of a two week Rotary Holiday at the invitation and expense of the Rotary Club, but the unfortunate girls are not normally catered for at all, after attaining 8 years of age.

ROTARY BOYS' HOME, WESTON-SUPER-MARE.

The generosity of the Kidderminster Rotary Club was extended to 24 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.

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 following table:—

		Immunised for first time Age 5—14.	Booster Dose
Bewdley Borough	 	5	53
Tenbury Rural	 	10	58
Stourport Urban	 	18	146
Kidderminster Rural	 	29	98
Kidderminster Borough	 	156	381

ORTHOPAEDIC CARE, 1955.

Mrs. Johnson, Orthopaedic Sister reports as follows:

Her remarks on shoes and socks are fully borne out by the findings of medical inspections.

"The main pattern of Orthopaedic work has followed that of previous years.

Close co-operation with Health Visitors, particularly in the Kidderminster Borough, has resulted in advice being given to mothers of toddlers, with regard to suitable footwear, and the treatment of minor defects.

Occasional visits have been paid to Infant Welfare Clinics. I hope to extend this preventive work throughout my area. I feel this should eventually lessen the number of children now attending Orthopaedic Clinics.

While the general standard of footwear is good, greater care could be exercised by parents to ensure correct fitting. A point frequently overlooked, by otherwise careful parents is that of shrunken socks, which can quickly lead to minor toe deformities.

Unsuitable footwear is mainly prevalent among teenage girls in the shape of 'Casuals' and 'Ballerina' type shoes. This type of shoe is totally unsuitable for growing feet.

A great many of our school children are now wearing school uniform. I should like to see this include a suitable shoe. Many mothers have told me that their daughters from the age of II years upwards rebel against wearing 'school shoes.'

A total of 394 school children and 181 infants have attended Orthopaedic Clinics at Kidderminster General Hospital. This figure includes approximately 100 children who attended with fractures and minor injuries.

One child with Spina Bifida and multiple deformities of the lower limbs has been provided with a special chair and is now attending normal school, and although in principle, it is excellent for handicapped children to attend normal school, yet they are a great responsibility. A good many are backward to some degree and need individual attention. The need for a Special School for these children within our County is very real.

The after care of Orthopaedic patients is for the most part, a long term one and not as spectacular as many other branches of the profession.

When I joined the Health Department staff nearly 9 years ago one of my first visits was to a little girl with a hip infection, which required years of treatment.

A short time ago, I had great pleasure in seeing this young lady take a very active part in an Amateur Dramatic Production.

I would like to record my appreciation for her help in the past to Miss O. M. Woods, who has retired after many years of service, particularly in the south of the County."

EAR, NOSE AND THROAT.

The infections of the ear, nose and throat, continue at a low incidence. The abundant good weather in the summer probably helped to increase resistance to upper respiratory infections generally.

SKIN DISEASES.

General skin diseases were even less prominent than last year, probably partly on account of the increased sunlight in the very dry summer.

CHILDREN AND YOUNG PERSONS ACT. EMPLOYMENT OF CHILDREN.

125 children were examined prior to their employment. Unless they were adequately clothed, and wore good shoes, and were generally clean, and had clean teeth, the certificate for employment was withheld.

PSYCHIATRIC CLINIC.

Maladjustment in childhood can lead to delinquency and much unhappiness in later life. The work done by the Child Guidance Supervisor and his staff is therefore, of the greatest importance in preventing misfits.

The following table gives details of children attending the Kidderminster Clinic during the year.

Cases referred by			yea M.	rs.	5-1 yea M.	ars.	and M.	over	Total
Probation Officer			-	1	I	_	ı	_	3
General Practitioners			_	-	3	_	I	-	4
Assistant School Medica	l Offic	ers	1	-	5	4	I	1	12
Head Teachers			_	_	_	-	-	-	-
Specialists			1	-	I	1	1	1	5
Children's Officer				1	-	-	-	-	1
Speech Therapist			_	2	-	_	-	_	2
School Medical Officer			-	-	_	_	2	-	2
Total			-2	4	10	5	6	2	29

HANDICAPPED PUPILS.

The following table shows the position at the end of the year, and it will be seen that although much has been done for many of these children, there still remain 61 children requiring special tuition.

Defect.	No. of children on Handicapped Register.	Position in December, 1955.
Educationally Subnormal	78	22 in special schools. 7 requiring places in special schools. 49 requiring special education in ordinary schools.
Maladjusted	4	4 in special schools.
Deaf and Partially Deaf	9	5 in special schools. 4 attending ordinary schools.
Blind	2	I in special school. I requiring place in special school.
Partially Sighted	1	1 requiring place in special school.
Physically Handicapped	22	5 in special schools. 3 awaiting vacancy in special school. 9 attending ordinary schools. 3 not recommended for special school. 2 being educated under special arrangements.
Epileptic	2	I in special school. I to continue attending ordinary school.
Delicate Children	3	1 attending special school. 2 to continue attending ordinary school.
Mental Defectives. Notified during 1955	11	3 admitted to Lea Colony.

Although notified Mental Defective Children do not come under the care of the School Health Service, I can report that many of these unfortunates are happily occupied at the Stourport Occupational Centre, which opened in September of this year.

TUBERCULOSIS.

In the whole Division there were 24 children suffering from tuberculosis, and of these, 9 were pulmonary tuberculosis and 15 were non pulmonary cases.

No new cases of pulmonary tuberculosis were discovered.

Preventive Measures.

The most active measure taken to prevent tuberculosis infection was the introduction of B.C.G. Vaccination in the thirteen year old group of school children.

The following table shows the position at 31st December, 1955.

Area.	No. Offered B.C.G.	% Accepted	Of those accepting % T.T. Positive.	No. Vacci- nated	% of all 13 years old Vaccinated	% of all 13 years old Vaccinated or proved T.T. Positive.
idderminster Borough	998	82.0	19.1	592	59-3	74-4
idderminster Rural	9	66.6	50.0	4	44-4	77-7
ourport Urban	413	78.2	18.2	254	61.5	75-3
enbury Rural	96	73.9	14.7	56	58.3	68.7
ewdley Borough	139	78.4	9.5	90	64.7	71.9
HOLE DIVISION	1655	80,2	18.8	996	60.1	74.1

MASS RADIOGRAPHY.

During the late Summer the Mass Radiography Unit of the Birmingham Regional Hospital Board visited Kidderminster and Stourport, examining 915 children in their final school year, with negative results.

SPEECH THERAPY.

The Speech Therapists are holding 6 sessions weekly, 4 at Coventry Street Clinic, 1 at Stourport and 1 at Tenbury.

Their work is summarised in the following table:-

Types of Defects Treated.

Clinic.	Articulation, e.g. lisp.	Communication, e.g. stammering.	Multiple e.g. Cleft Palate.	TOTAL
Kidderminster	 11	20	5	36
Stourport	 6	2	-	8
Tenbury	 4	I	2	7

			Kidderminster	Stourport	Tenbury
Cases attending 31.12.55			24	7	7
Discharged after satisfactory	progres	ss	9	1	-
Left School or Area			2	-	_
Ceased attending			. I	_	_
Total			36	8	7
Waiting List			65	12	13
GRAND TOTAL			101	20	20
Total No. of Treatments			549	72	63

No. of Sessions per week.

			Kidderminster	Stourport	Tenbury
Miss Edwards	 	 	2	_	_
Miss Dentith	 	 	2	1	I

STUDENT TEACHERS ETC.

23 teachers and student teachers were medically examined and X-rayed before taking up new appointments, or entering training colleges.

SCHOOL MEALS HELPERS.

36 School Meals Helpers were medically examined before being accepted in the School Meals Service.

At these examinations the basic principles of hygiene are discussed, and the main points in the causation and prevention of food poisoning are explained.

SCHOOL BUILDINGS.

In addition to routine internal and external work carried out in the schools, the following also have been carried out:—

School.		Improvements.
Harry Cheshire Boys'		Two classrooms in process of building.
Harry Cheshire Girls'		Three classrooms in process of building.
Birchen Coppice Junior		Two classrooms in process of building.
St. Ambroses' Mixed and fants.	In-	Two classrooms brought into use by adapting existing buildings.
Trimpley		Improvements to fabric, lighting and heating.
Stone		Playground resurfaced.
Upper Arley		Repairs and improvements.
Far Forest		New sanitary accommodation. Playground resurfaced, and ground being prepared.
Bewdley C.E		Playground resurfaced.
Upper Mitton		Repairs and improvements in process.
Wilden		New classroom commenced.
Eastham and Hanley		Repairs to fabric, improvements to heating. Lavatories changed to chemical from P.C.
Knighton on Teme		Improvements to cloakroom and washing facilities.
Pensax		Refloored.
Stoke Bliss and Kyre		Partition large classroom.

SCHOOL CLINICS.

The School Clinics now established at Bewdley, Stourport and Kidderminster continue to function regularly.

At Bewdley, minor ailments are attended to by the School Nurse every Thursday morning during the school terms. Where necessary, any cases are referred for further treatment to their own Doctor. The Stourport School Clinic has continued with Dr. Markham attending for consultation. Children referred by nurses, teachers, or by special appointment have been examined. Dental sessions are held at the Stourport Clinic as required.

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

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Morning
School Clinic 9—10	School Clinic. 9—10	School Clinic 9—10	School Clinic 9—12	School Clinic 9—10	School Clinic
	Special Consulta- tions.		Occasional Ophthalmic Clinic.	Speech Therapy.	Special Consulta- tions.
	Psychiatric Clinic.				age in
	Speech Therapy				
AFTER- NOON	AFTERNOON	AFTERNOON	AFTERNOON	AFTERNOON	AFTERNOON
Ante- Natal Clinic.	Special Consulta- tions.	Sewing Class.	Infant Welfare Clinic.	Ophthalmic Clinic.	
	Psychiatric Clinic Speech Therapy.	Family Planning Clinic.		Speech Therapy	

Dental Sessions are held mornings and afternoons daily.

The Clinic is also used occasionally by:

The Blood Transfusion Unit.
The Lip Reading Classes.
The Red Cross Society.

on weekday evenings and Sunday afternoons.

SCHOOLS IN THE KIDDERMINSTER DIVISIONAL AREA.

Number on Books for the Quarter-December, 1955.

Number on Books for		Quarter-	Dec	emoer,	1955.	
BOROUGH OF KIDDERMINSTEI	R.					
Grammar Schools.				Num	ber on Bo	ook
Kidderminster High					426	
King Charles I					345	
		Total			771	
County Modern Schools.						
Harry Cheshire Boys'					706	
Harry Cheshire Girls'					639	
Sladen Secondary					473	
		Total			1,818	
Primary Schools.						
Lea Street Mixed					219	
Lea Street Infants'					112	
Bennett Street Junior					259	
Bennett Street Infants'					110	
Foley Park					406	
St. Mary's Junior					280	
St. Mary's Infants'					108	
St. George's Mixed					273	
St. George's Infants'					129	
Hoobrook						
St. John's Boys'					83	
St. John's Girls'						
Ct John's Infants'					130	
Desadanatana					83	
N. M. C.					79	
					210	
Birchen Coppice Infants'				* *	292	
Birchen Coppice Junior Franche C.E					472	
Francha C D					46	
					264	
St. Ambrose's Mixed St. Ambrose's Infants'					425	
St. Ambrose's Infants					109	
		Total				
KIDDERMINSTER RURAL DIST	enter				4,098	
	RICI					
Primary Schools.						
Chaddesley Corbett Mixed					59	
Chaddesley Corbett Infants'					34	
Trimpley					32	
Stone					99	
Churchill					20	
Upper Arley					55	
Wolverley					258	
Cookley					211	
Blakedown					85	
Far Forest					135	
Heightington					21	
Rock					14	
		Total			1,023	
					-	

				37		n .
Borough of Bewdley				Num		Books.
Bewdley County Moder				 	316	
Bewdley Junior				 	206	
Wribbenhall C.P.	::			 	176	
Wribbenhall C.E. Infai	its			 	79	
			Total	 	777	
STOURPORT URBAN DIS	TRICT.					
Areley Kings				 	126	
Stourport County Mod				 	785	
Stourport Junior Mixed	1			 	567	
■				 	293	
Upper Mitton				 	63	
Wilden All Saints'				 	119	
			Total	 	1,953	
TENBURY RURAL DIST	RICT.					
Bayton				 	60	
Bockleton				 	26	
Eastham and Hanley				 	50	
Knighton-on-Teme				 	43	
Lindridge				 	43	
Pensax				 	38	
Stoke Bliss and Kyre				 	49	
Tenbury Infants'				 	74	
Tenbury Junior				 	144	
Tenbury Secondary				 	217	
			T-4-1			
			Total	 	744	
SUMMARY.						
Kidderminster I	Borough	1		 	6,687	
Kidderminster I	Rural I	District		 	1,023	
Bewdley Boroug	;h			 	777	
Stourport Urban	n Distri	ict		 	1,953	
Tenbury Rural	District			 	744	
				-		
			Total	 	11,184	

APPENDIX TO REPORT OF SCHOOL MEDICAL OFFICER.

For Year Ended 31st December, 1955.

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					1,212
Second Age Group				٠	915
Third Age Group					550
		Total			2,677
Number of other I	Periodic I	nspectio	ns		366
		Gran	d Tota	1	3,043
B. Other Inspections. Number of Special	l Inspectio	ons			564
Number of Re-Ins	pections				1,031
		Total	١		1,595

Pupils found to require Treatment.

Group.	For Defective Vision. (Excluding Squint). (2)	For any of the other conditions. Table IIA	Total Individual Pupils.
Entrants	14	148	159
Second Age Group	80	120	195
Third Age Group	68	67	128
Total (Prescribed Groups)	162	335	482
Other Periodic Inspections	17	63	78
GRAND TOTAL	179	398	560

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1955.

-		PERIODIC I	NSPECTIONS.	SPECIAL IN	SPECTIONS.
DEFECT		No. of I	Defects.	No. of	Defects.
DISEASE.		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		. 72	4	104	_
Eyes. (a) Vision (b) Squint (c) Other		. 40	71 6 —	3 ² 2 7	=
Ears. (a) Hearing			5	3	-
(b) Otitis Media (c) Other	:		2 I	3	_
Nose or Throat		. 57	82	14	2
Speech		. 11	18	2	-
Cervical Glands	;	. 14	59	4	-
Heart and Circulati	on .	. 8	23	I	3
Lungs		. 18	20	4	1
Developmental. (a) Hernia (b) Other		. I	2 8		
Orthopaedic. (a) Posture (b) Flat Foot (c) Other		23 12 79	12 5 48	<u>-</u> 8	
Nervous System. (a) Epilepsy (b) Other		. 5		20	=
Psychological. (a) Development (b) Stability		. 5	20	2 I	2
Other		. 44	52	16	ī

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

	No. of	(Go	ood)	(Fa	3. uir)	(Po	or)
Age Groups.	Pupils Inspec- ted.	No.	% of Col. 2.	No.	% of Col. 2.	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	 1,212	836	69.0	365	30.1	11	.9
Second Age Group	 915	669	73.1	241	26.4	5	-5
Third Age Group	 550	475	86.4	73	13.2	2	-4
Other Periodic Inspections	 366	251	68.6	113	30.9	2	.5
TOTAL	 3,043	2,231	73.3	792	26.0	20	.7

TABLE III.

INFESTATION WITH VERMIN.

(i)	Total nu by the	mber o School	f exan Nurse	ninatio	ns in to	he Sch	ools	
	persons	.,					3	6,301
(ii)	Total nu							
	infested							744
(iii)	Number					ct of w	hom	
	(Section					4)		Nil
(iv)	Number					ect of w	hom	
	(Section							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 tre treatment dur year.	
				By the Authority.	Otherwise.
Ringworm.	(i) Scalp (ii) Body			 ====	
Scabies				 6	- N
Impetigo				 26	-
Other skin	diseases			 100	30
		Т	OTAL	 132	32

EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of case	es dealt with
	By the Authority.	Otherwise,
External and other excluding errors of refraction and squint	12	20
Errors of Refraction. (Including squint)	467	77
TOTAL	479	97
Number of Pupils for whom spectacles were :—		
(a) Prescribed	335	75
(b) Obtained	334	75

CHILD GUIDANCE TREATMENT.

	Number of cases treated.	
	In the Authority's Child Guidance Clinic.	Elsewhere
No. of pupils treated at Child Guidance Clinic	29	_

SPEECH THERAPY.

A STATE OF THE PARTY OF THE PAR	Number of cases treated.	
	By the Authority.	Otherwise.
No. of pupils treated by Speech Therapist	 51	-

OTHER TREATMENT GIVEN.

		Number of cases treated.	
Ì		By the Authority.	Otherwise.
	Miscellaneous minor ailments	563	3

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BOROUGH OF OLDBURY

OLDBURY COMMITTEE FOR EDUCATION.

Representative Members:

ALDERMEN:

B. T. ROBBINS, J.P., C.C., Chairman.

J. W. HOLLAND.

S. T. MELSOM, O.B.E., J.P., C.A.

G. W. ROSE, J.P.

COUNCILLORS:

L. W. CARTER. W. CARTER.

F. GUEST.

A. GUNN, C.C.

Mrs. E. M. J. GUNN, J.P.

G. H. PRICE.

Mrs. R. STARKIE.

W. HAYES, C.C.

W. H. HUNTER. N. A. MOORE.

MRS. E. PINE.

B. H. TARR.

MRS. D. M. HOLLYOAKE. F. W. THOMPSON, J.P.

Nominated Members:

COUNCILLOR J. D. BEARD, M.B.E., C.C.

DR. F. E. DAWES.

Mrs. E. M. GOODE, C.C.

ALDERMAN J. F. GOODE, O.B.E., C.C.,

Vice-Chairman.

Appointed Members:

MISS E. L. JAMES.

Mr. G. H. MERCER, J.P.

MR. H. STUBBS.

MR. F. WESTON.

SCHOOL ATTENDANCE AND CHILDREN'S CARE SUB-COMMITTEE.

COUNCILLOR MRS. R. STARKIE, Chairman. ALDERMAN B. T. ROBBINS, J.P., C.C. ALDERMAN J. W. HOLLAND.

COUNCILLORS:

L. W. CARTER.

MRS. D. M. HOLLYOAKE.

W. CARTER. F. GUEST.

W. H. HUNTER. MRS. E. PINE.

A. GUNN, C.C.

G. H. PRICE.

Mrs. E. M. J. GUNN, J.P. B. H. TARR.

Nominated Members:

Mrs. E. M. GOODE, C.C. ALDERMAN J. F. GOODE, O.B.E., C.C.

Appointed Members:

MISS E. L. JAMES. MR. H. STUBBS.

STAFF:

School Medical Officer: HENRY TABBUSH, M.B., Ch.B., D.P.H.

Deputy School Medical Officer: STUART L. MORRISON, M.B., Ch.B., D.P.H. (Resigned 31-7-55).

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

Dental Surgeons:

Senior School Nurse:

MISS D. H. EDWARDS (Resigned 20-7-55).

School Nurses:

MISS H. STANSFIELD.
MISS E. M. L. FREESTONE.
MISS B. LAMB.
MRS. M. McLEOD.
MISS E. E. WILLIAMS
(Resigned 30-6-55).
MRS. M. BARRASS (Commenced 27-6-55).

Chief Clerk:

S. ASTLEY.

Senior Clerk: T. K. BOSTON.

Clerks:

MRS. R. SEWELL
(Resigned 13-8-55). MISS S. PARTINGTON
MISS D. M. PLEAVIN. MISS I. THOMAS
MISS P. ROBERTS.

Dental Attendants:

MISS A. E. SMITH. MRS. P. BONEHILL.

BOROUGH OF OLDBURY

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

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my report on the School Health Service for the year 1955.

General Condition.

The health of the children has been well maintained. Only 10 of 3,551 children examined were classified as C (poor).

The number of meals served to children in the schools showed a welcome increase, 15 per cent. more than in 1954. Approximately 2 out of every 5 children now take school meals.

Tonsils and Adenoids.

A list of children with unhealthy tonsils and adenoids is maintained and the children are seen each term by Medical Officers in the schools. In many cases it is found that the tonsils eventually subside and do not give rise to any symptoms and that no operative treatment is required. The remaining cases which require treatment are referred to Hospital and during the year 125 children underwent operation for the removal of their tonsils and adenoids.

Infectious Diseases.

There were no cases of Diphtheria or Poliomyelitis during the year, and no further outbreaks of Dysentery occurred. Measles, however, was very prevalent throughout the schools, a total of 515 cases being notified. Five children were found to be suffering from Tuberculosis, one of whom was known to have been infected at home. The source of infection of the other 4 children has not been discovered.

Diphtheria Immunisation.

Over 98 per cent. of children in the schools have been immunised and of these 68 per cent. have had their last injection within the last five years and can therefore be considered to be well protected. This is a very satisfactory state of immunity.

Over 200 children received their first immunising injection on entry into school. It cannot be too often stressed that parents should not put off immunisation until their children attend school. Babies should be fully protected before they reach their first birthday and then would only require a single boosting injection when they commence school.

Weston Boys' House.

The Oldbury Rotary Club have enabled 46 boys to enjoy a fortnight's holiday at Weston-super-Mare during the year. The boys selected are those who, because of family circumstances, would not otherwise have an opportunity of a sea-side holiday. These facilities are very much appreciated.

Sanitary Accommodation.

The need for improving sanitary facilities in schools was mentioned in my last report and it is gratifying to record that many improvements were carried out during the year and further improvements approved for 1956, details of which are shown in this report.

Staff.

- Dr. S. L. Morrison left to take up another appointment on 31st July, 1955, and his successor has not yet been appointed. Fortunately, the services of Drs. J. Calder and J. L. Briant on a regular sessional basis have enabled us to maintain the regular medical inspections in the schools. It has not been possible however to continue the examinations of the pre-school children and there has had to be some curtailment of minor ailment clinics.
- Mr. J. Rodgers took up his appointment of Divisional Dental Officer in May and, with the assistance of Mrs. A. Facer and Mr.

R. Eggleston working on a sessional basis at the Tabernacle Clinic, has considerably improved the dental service available to the children of Oldbury.

Once again I would like to express my appreciation of the helpful co-operation and support I have received from the Chairman and Members, from the Education Officer and his Staff, and from the Teachers. To my Staff—Medical, Nursing and Clerical—I would like to express my sincere gratitude.

I am,

Mr. Chairman, Ladies and Gentlemen, Your obedient servant,

> H. TABBUSH, Borough School Medical Officer.

Greenwood Avenue, Langley, Oldbury. March, 1956.

SCHOOLS IN OLDBURY.

SCHOOL	Average No. on Roll 1955	No. on Roll at 31-12-55	Accom- modation in each Dept.
Oldbury Grammar	545	551	530
Oldbury Technical	181	189	120
Albright Secondary Modern Boys'	448	483	480
Albright Secondary Modern Girls'	423	468	480
Bristnall Hall Secondary Modern Boys'	473	544	520
Bristnall Hall Secondary Modern Girls'	473	561	480
St. Michael's C. of E. Secondary			
Modern	288	303	320
Bleakhouse Primary Junior Mixed	333	315	320
Brandhall Primary Infant and Junior	412	410	350
Castle Road Primary Infant & Junior	402	376	390
Causeway Green Junior Mixed	342	340	320
Causeway Green Infants'	194	165	240
Church of England Primary Infants'	83	83	120
Good Shepherd C. of E. Primary Junior Mixed	102	100	240
M . F D' D /	192 320	190 306	240
Most Form Drimon Ciale'	316		320
Mark Dame Director Total Control	286	315	320
D. J. F. J. D T M J.		253	320
D ID ID! If !!	427	. 429	385 280
Rounds Green Primary Junior Mixed	255	234	
	426	402	480
Rounds Green Primary Infants' St. Francis Xavier's R.C. Infant,	192	160	270
Junior and Senior	189	187	200
St. Hubert's R.C. Infant and Junior		307	160
Titford Road Primary Boys'	260	275	280
Titford Road Primary Girls'	260		280
Titford Road Primary Infants'	277	248	320
Warley Primary Infants'	35.55	198	270
Totals	8,529	8,559	8,795

SCHOOL CLINICS.

	OLDBURY	LANGLEY	WARLEY
CLINIC	Tabernacle School	"The Hollies," Joinings Bank	Bleakhouse Rd.
Minor Ailment Clinic	Mon.—Fri. 9-0—9-30 a.m.	Mon.—Fri. 9-0—9-30 a.m.	Mon.—Fri. 9-0—9-30 a.m.
Ultra Violet Light*	Mon. 10-0 a.m.	Tues. 2-0 p.m.	Wed. 10-0 a.m.
Speech Therapy *	-	Mon. 9-0—12-0 noon 2-0— 4-0 p.m.	- 1
Ophthalmic *	-	-	Fri. 10-0—12-0 noon Alternate Wed. 1-30 p.m.
Orthoptic *			Fri. 9-0—12-30 p.m. 1-30—5-0 p.m.
Dental	Mon., Thurs. 9-0—12-0 noon 1-30—5-0 p.m. Tues. 1-30—4-30 p.m. Wed., Fri. and Sat. 9-0—12-0 noon		Mon., Wed. and Fri. 9-0—12-0 noon 1-30—4-30 p.m Sat. 9-0—12-0 noon
Investigation •	tate ()	Sat. 9-0—12-0 noon	_
Child Guidance *	-	_	Mon. 10-0-4-0 p.m.

^{*} Clinics—By appointment only.

PERIODIC MEDICAL INSPECTION.

The number of children examined was as follows:-

	1955	1954	1953	1952	1951
1st Age Group— 5 years	747	859	1,291	762	680
2nd ,, ,, — 9 ,,	811	810	859	832	707
3rd ,, ,, —II ,,	878	841	720	694	676
4th ,, ,, —14 ,,	595	618	538	655	676
5th ,, ,, —15 ,,	142	129	99	86	115
Other Periodic	378	288	467	305	396
Pre-School—3½ years	48	499	625	420	631
				-	
Totals	3,599	4,044	4,599	3,754	3,881

In addition 2,100 defects from previous inspections were reexamined and 201 were referred for treatment.

4,422 re-inspections were carried out as follows:-

		No. of Children Re-Inspected
Re-inspection of Defects		2,100
Attendances at Ear, Nose and Throat Clinics		167
Attendances at Investigation Clinics		162
Edgmond Hall Camp School (F.F.I. exami	na-	
tions)		627
Malvern Open-Air School		32
Weston-super-Mare Rotary Boys' House		46
Employment of Children		89
Mental Tests and Examinations		64
Re-inspections at Ophthalmic Clinics		578
Re-inspections at Minor Ailment Clinics		260
Re-inspections at Sunlight Clinics		97
Total		4,422

Of the 48 Pre-School children examined the following defects were referred for treatment:—

Skin defects		 	-
Eye defects		 	2
Ear defects		 	-
Nose and Throat		 	I
Speech		 	_
Cervical glands		 	
Heart and circulation	on	 	
Lungs		 	
Developmental		 	1
Orthopædic		 	2
Nervous system		 	
Psychological		 	_
Other defects		 	_

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 581,709 meals were served in school during the year and of this number 49,104 meals were served free of charge. 42.7 per cent. of all children attending the schools in the Borough take their mid-day meal in school.

Similarly I understand 1,399,567 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 692.

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

Clinic		No. of Children	o. of Attendances for treatment
Warley		 389	 996
Langley		 186	 691
Oldbury		 137	 686
To	otals	 712	 2,373

Defects Treated		Oldbury	Langley	Warley	Total
Ringworm			I	_	I
Impetigo		II	12	23	46
Scabies		_	_	_	_
Other Skin Diseases		45	51	138	234
Blepharitis		5	I	I	7
Conjunctivitis		5	I	7	13
Other Eye Conditions		7	6	32	45
Otorrhœa		3	2	3	8
Other Ear Defects		II	3	12	26
Minor Injuries, Sores,	etc.	23	35	73	131
Miscellaneous		27	74	100	201
Totals		137	186	389	712

TREATMENT OF DEFECTIVE VISION AND SQUINT.

During the year 73 sessions were held and 875 attendances were made. A summary of the defects found by the Ophthalmic Surgeon in the 297 new cases is set out below:—

Defects found in new cases:-

Errors of Refraction—				
Simple Hypermetropia				10
Hypermetropic Astigmatism	m—			
Simple				21
Compound				32
Simple Myopia			0.00	35
Myopic Astigmatism—				
Simple				16
Compound				18
Mixed Astigmatism		~		27
Amblyopia				3
Anisometropia				49
Squint—				
Convergent				II
Divergent				4
Convergence insufficiency				I
Inflammatory conditions, etc				
Ptosis				2
Migraine				3
Congenital Cataract				2
Macular Degeneration				I
Nothing abnormal discovered				66

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

EAR, NOSE AND THROAT DEFECTS.

During the year 125 children were admitted to hospital for the removal of Tonsils and Adenoids and 2 children received operative treatment for other Ear, Nose and Throat conditions.

ORTHOPÆDIC AND POSTURAL DEFECTS.

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

Arrangements have been made for children to be treated at the Smethwick Orthopædic Clinic.

INVESTIGATION CLINIC.

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

During the year 17 sessions were held. 100 children made 162 attendances.

SUN-RAY CLINIC.

Sun-Ray lamps are installed at each of the three Clinics, and 178 children made 1,440 attendances at 85 sessions.

UNCLEANLINESS.

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

The total number of examinations of children was 26,289 (12,575 boys and 13,714 girls), and 859 (163 boys and 696 girls) were found to have nits in the hair and 30 (3 boys and 27 girls) were found to have numerous nits or vermin.

HOME VISITING BY SCHOOL NURSES.

The School Nurses paid 278 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 40 children attending Oldbury Schools had to appear before the Courts as Juvenile Offenders. 3 of these children had been ascertained as Educationally Sub-normal.

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	
			1955	1954	1955	1954
Whooping Cough			32	39	-	-
Measles			515	16	2	_
Diphtheria			_	_	_	-
Scarlet Fever			51	56	3	3
Food Poisoning			7	-	-	-
Meningococcal Infect	ion		I	_	I	
Dysentery			2	91	-	2
Pneumonia			6	3	2	-
Acute Poliomyelitis-	Paralytic		-	I	-	I
,, ,,	Non-Para	lytic	_	I	_	I
Tuberculosis—Respira	itory		4	5	_	-
	ges and C ervous Sy		_	_	_	_
,, Other	Forms		I	_	-	-

MEASLES.

515 cases of Measles in school children were notified during the year. This reflects the well-known epidemiological pattern of this disease which tends to reach a peak of incidence every two years. The last peak was experienced in 1953.

WHOOPING COUGH.

There was a reduction from 39 to 32 in the number of cases occurring in school children.

DIPHTHERIA IMMUNISATION.

The number of school children immunised during the year was 223 and 1,130 school children received reinforcing injections. At the 31st December, 1955, 98.39 per cent. of the children on the roll had been immunised and of these 68.19 per cent. had had their last injections, either primary or reinforcing, during the last five years, that is, since 1st January, 1951.

TUBERCULOSIS.

There were 62 cases of tuberculosis among children of school age at the end of the year as compared with 54 cases at the end of 1954. Of these 62 cases 50 were respiratory and 12 non-respiratory. Of the 7 cases notified during the year, 2 were inward transfers from a neighbouring County Borough, and one acquired his infection at home. There was no evidence of any infection having been acquired in school.

A summary of the B.C.G. inoculations carried out during the year is set out below:—

Children in 13 year	age gro	up	 875	
Invitations issued			 873	
Acceptances			 679	(77.7%)
Tests read			 666	
Tests positive			 93	(13.96%)
Tests negative			 573	(86.04%)
Inoculations			 573	

EXCLUSION OF CHILDREN.

The total number of exclusions issued by the School Medical Department was 117.

61 children were excluded as a result of having infectious disease, 54 for verminous heads and 2 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 627.

OPEN-AIR SCHOOL.

In 1955 the County Education Committee was able to place at the disposal of Oldbury school children 35 places at the Open-Air School, Malvern. A total of 32 children were sent, 6 were girls and 26 boys. Three girls attended two terms. The waiting list for places in the Open-Air School justifies additional accommodation being made available.

ROTARY BOYS' HOUSE, WESTON-SUPER-MARE.

By courtesy of the Rotary Club of Oldbury it has been possible to obtain accommodation in the Rotary Boys' House at Westonsuper-Mare for selected candidates to spend two weeks each by the seaside. 46 pupils went to the House during the year.

MEDICAL EXAMINATION OF TEACHERS.

During the year 15 entrants (Form 4 R.T.C.) to Teachers' Training Colleges and 8 entrants (Form 28 R.Q.) to the Teaching Profession, were medically examined.

HANDICAPPED CHILDREN.

The following table shows the number of children, in the various categories, ascertained by the Department, and for whom education in the appropriate Special School has been recommended.

	Categories			In Special School	Awaiting admission to Special School	Total
I.	Blind			4	_	4
2.	Partially sighte	ed		4	4	8
3.	Deaf			3	I	4
4.	Partially Deaf			I	I	2
5.	Delicate			I	2	3
6.	Physically han	dicapped		5	9	14
7.	Educationally	sub-norm	al	. II	59	70
8.	Maladjusted			-	en DXF	_
9.	Epileptics			-	Marin Inch	-
	То	tal		29	76	105

EDUCATIONALLY SUB-NORMAL CHILDREN.

64 Intelligence Tests were carried out during the year and the following recommendations were made:-Report to the Local Health Authority under Section 57(3) of the Education Act, 1944 IO Report to the Local Health Authority under Section 57(5) of the Education Act, 1944 7 ... Educate at Special Day/Boarding Schools for Educattionally Sub-normal Pupils 21 Educate at Special Day/Boarding Schools for Physically Handicapped Pupils I Educate at ordinary schools with special educational treatment 2 Educate at ordinary schools in special classes... II Educate at ordinary schools (children educationally subnormal) 3 Educate at ordinary schools (children not educationally sub-normal) 9

SANITARY ACCOMMODATION.

During the year the following work was carried out in connection with the sanitary accommodation in the Oldbury Schools:—

- (a) Renovations to lavatories were carried out at:-
 - St. Michael's C. of E. Controlled Secondary Modern Mixed School.

Titford Road Primary Boys' School.

Titford Road Primary Infants' School.

- St. Francis R.C. Primary School (in conjunction with the Church Authorities).
- (b) Wash basins were replaced by new ones at:— Warley Primary Infants' School.
- (c) A new toilet block, including lavatories and washing facilities for boys was opened at Rood End Primary Junior School.

The following schemes were recommended or approved during the year and will be carried out in the near future:—

- (1) Rood End Primary Junior School—new toilet block for girls.
- (2) Rounds Green Primary School—improvements to sanitary accommodation for children and staff.
- (3) Titford Road Primary Girls' School—replacement of existing and provision of new wash basins.
- (4) Titford Road Primary Boys' School—replacement of existing wash basins.

OLDBURY SCHOOL DENTAL SERVICE. REPORT OF THE DIVISIONAL DENTAL OFFICER FOR 1955.

I commenced work at Oldbury as Divisional Dental Officer on May 18th, 1955, in succession to Mr. J. Price. The Borough had been without the services of a full-time Officer for a brief spell.

Throughout the year steady progress was made in our efforts

to promote Dental Health.

In Routine Inspections all children with septic mouths were given the offer of full treatment regardless of past refusals. A gratifying number carried on with conservative treatment and finished off both dentally fit and fully conditioned to the dental surgery. More fillings and extractions were done than in previous years. The number of permanent teeth lost continues to be a worrying factor but was, in part, due to the encouragement of the poorer type of patient to attend. The greatest benefits of our Dental Service undoubtedly go to those children whose parents accept treatment when proferred at routine examinations. A high percentage of children examined was found to require treatment.

In preventive dentistry progress was made. Dental Health talks with appropriate films were given to six hundred and fifty senior children and the lesson was driven home by poster and pamphlet wherever possible. These forms of encouragement helped to defeat apathy and lessen the "terrors" of dentistry for the children.

The offer of Dental treatment to expectant and nursing mothers and their growing awareness of the importance of Dental Health has indirectly aided the school programme.

The X-Ray unit installed at Bleakhouse Clinic in August has proved most beneficial in diagnosis and has rendered the surgical extraction of septic teeth and roots a safer and shorter operation. The new dental unit and chair with which the Tabernacle Clinic has been equipped has undoubtedly aided our part-time dental officers in the quality and quantity of the work accomplished.

In September we obtained the part-time aid of an Orthodontist and although at present, the amount of this work has to be limited, good progress was made in this most rewarding branch of dentistry.

I would like to thank the Head Teachers and Staffs of our schools for their aid, the Health Visitors for carrying the torch of Dental Education to the homes, the Dental Attendants for their efficiency and enthusiasm, Mrs. A. Facer and Mr. R. Eggleston for the solid work done at the Tabernacle Clinic and Mrs. M. A. Tibbatts for her aid in Orthodontics. My sincere thanks are due to Dr. H. Tabbush for his proficient services as anæsthetist and his unfailing aid and interest in our Dental Department.

JAMES RODGERS, Divisional Dental Officer.

January, 1956.

REPORT ON SPEECH THERAPY CLINIC AT OLDBURY

Cases attending at	31.12.55			29
Discharged after s	atisfactor	y prog	ress	15
Left school or dis	trict			_
Ceased attending				2
Waiting list				- 86
Total				132
Total number	er of trea	tments	given	734
Types of S	peech Del	ects tr	eated:—	
Articulation, e.g.	Lisp			23
Communication, e	.g. Stam	mering		20
Multiple, e.g. Cle	ft Palate			3
Total				46

During the year visits were made to nearly all the schools in the Oldbury area and a check was made of the children whose names were on the waiting list. In many cases it was found that the children had either left school or the district or that their speech had improved sufficiently so as to no longer require speech therapy. This accounts in part for the reduction in the number on the waiting list—86—as opposed to 102 in 1954.

It was noticeable that many of the children who no longer required therapy had been referred at the age of five and under. After a year at school they were found to have matured both emotionally and socially and their speech and language had accordingly become normal. This indicates that except in specific cases where there is a gross speech difficulty, advice to the parents is often sufficient to remedy the defect and direct treatment of the child is then contra-indicated at this stage. The difficulty, however, often lies in seeing the parents. In many of these cases the mother is out at work and unless there is anxiety about the child's speech at home, requests for the mother to attend the clinic are frequently ignored.

The staffs of all the schools have, as usual, been most helpful in every way and in some cases where children do not have sufficient help at home they have found time to help them with their home practice during school hours. This help is invaluable, and I am most grateful for it.

MARGARET EDWARDS, L.C.S.T., Senior Speech Therapist.

TABLE I.

Medical Inspection of Pupils attending maintained Primary and Secondary Schools.

A. PERIODIC MEDICAL INSPECTIONS.

Number of	Inspe	ections	in t	he p	rescribe	d groups:-	
ıst Ag	e Grou	ip (5	year	rs)			 747
2nd	,,	(9	,,)		***	 811
3rd	,,	(11	,,)			 878
4th	,,	(14	,,)			 595
5th	,,	(15	,,)			 142
						Total	 3,173
Additional	Perio	dic Ins	pect	ions			 378
					Gr	and Total	 3,551
		В. С	TH	ER	INSPE	CTIONS.	
Number of	f spec	ial insp	ecti	ons			 703
Number of	f re-in	spection	ns				 4,422
						Total	 5,125

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)
1st - 5 years 2nd - 9 ,, 3rd - 11 ,, 4th - 14 ,, 5th - 15 ,,	10 59 51 26 6	98 82 74 37 11	107 136 121 62 15
Total – Additional perio- dic inspections	152 19	302 48	441
GRAND TOTAL	171	350	507

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

		Periodic	Inspections	Special Inspections No. of defects		
		No. o	f defects			
Defect Code No.	Defect or Disease		Requiring to be kept under obser- vation, but not requiring treatment (3)	treatment	Requiring to be kept under obser- vation, but not requiring treatment (5)	
4	Skin	49	53	69	12	
5	Eyes—a. Vision	171	313	215	125	
	b. Squint	48	17	25	8	
6	c. Other Ears—a. Hearing	10	14 30	12	8 2 4	
0	b. Otitis Media	16	21	4	1	
	c. Other	7	12	8		
7	Nose or Throat	105	309	3 4 8 48	34	
8	Speech	20	8	4	1	
9	Cervical Glands	1	111	6	4	
10	Heart and Circulation	-	42	_	4 2	
11 12	Lungs	27	102	6	1	
12	Developmental— a. Hernia	4	11			
	b. Other	6	45	1	3	
13	Orthopaedic—		15			
	a. Posture	4	51	1	2	
	b. Flat foot	18	78	1	_	
	c. Other	44	175	10	3	
14	Nervous System—	2	2			
-	a. Epilepsy b. Other	2 2	3 3	3	1	
15	Psychological—	2	3	,		
10	a. Development	1	26	2	1	
	b. Stability	i	12	1	_	
16	Other	1	6	22	8	

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED.

Age Groups	No. of (Good)		(1	B. Fair)	C. (Poor)		
	Pupils inspected	No.	of col. 2	No.	of col. 2	No.	of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1st - 5 years	747	614	82.19	131	17.54	2	0.27
2nd - 9 ,,	811	654	80.64	154	18-99	2 3	0.37
3rd - 11 ,,	878	734	83-60	141	16.06	3	0.34
4th - 14 ,,	595	501	84-20	93	15.63	1	0.17
5th - 15 ,, Additional	142	129	90.85	13	9.15	-	-
P.M.I	378	284	75.14	93	24.60	. 1	0.26
TOTAL -	3551	2916	82-12	625	17-60	10	0.28

TABLE III. INFESTATION WITH VERMIN.

INFESTATIO	WIII	V ERIV	1114.	
I. Total number of examinat	tions in t	he scho	ols by the	
School Nurses or other			•	26,289
2. Number of individual pur				491
3. Number of individual pr				
cleansing notices were i				
cation Act, 1944)				49
4. Number of individual pu				.,
cleansing orders were is	sued (Se	ction 54	(3) Edu-	
cation Act, 1944)				3
T-1	D. F. 111			
	BLE IV.			
TREATMENT OF PUPIL				INED
PRIMARY AND S			HOOLS	
(including	•			
	Numbe	r of cases	s treated, un	der treat-
Group 1-Diseases of the Skin	ment c	By the	with during authority	Otherwise
		Dy the r	Lucilottey	O thei wise
Ringworm— (i) Scalp			-	
Scabies (ii) Body			I	
			.6	
Impetigo Other skin diseases	***		46	
Other skin diseases		2	34	
	Total		81	
	I Otal	2	.01	
Group 2—Eye Diseases, Defect and Squint	tive Visio	n		
External and other, exclu	ding erro	ors		
of refraction and squi			73	. 8.
Errors of Refraction (incl			13	
squint)		2	33	6
		_		
To	tal	3	06	14
Mark Control		_		
No. of pupils for whom sp	ectacles v	vere		
(a) Prescribed		4	50	-
(b) Obtained			47	-
Group 3—Diseases and Defects	of Ear.			
Nose and Throat	,			
Received operative treatm				
(a) for diseases of t			_	2
(b) for adenoids an	d chronic			
			-	125
(c) for other nose as				
conditions			_	2
Received other forms of tr	reatment		34	-
T	1-1	-		
Tot	tal		34	129

Group 4—Orthopædic & Postural Def	ects	
(a) No. treated as in-patients	s in	
hospitals	9	
	By the Authority	Otherwise
(b) No. treated otherwise, e.g.	., in	
clinics or out-patient de	epts. —	48
	Number of case	es treated:
	In the Authority's Child Guidance	Elsewhere
	Clinics	Lisewhere,
Group 5—Child Guidance Treatment		
Number of pupils treated at Chil		NT:1
Guidance Clinics	21	Nil
	Number of case By the Authority	
Group 6—Speech Therapy	by the Authority	Otherwise
Number of pupils treated by Spe	eech	
Therapists	46	Nil
Group 7—Other Treatment given		
(a) Miscellaneous minor ailment		I
(b) Other than (a) above (spec	eify)	
ı. Injuries	131	18
2. Respiratory Infections	—	2
3. Asthma	—	2
4. Pleural Effusion		I
5. Rheumatic Carditis	—	I
6. Chorea		I -0
7. Appendix		38
8. Hernia	—	3
9. Notifiable Infectious Disc	eases —	5
Io. Other Infections:— Abscess		I
Osteomyelitis		I
Cystitis		I
Nephritis		I
Mastitis of Puberty	- /	I
Eczema		I
Mastoiditis	–	I
II. Investigation		14
Total	332	94

TABLE V.

DENTAL INSPECTION AND TREATMENT.

	22.11.12 1.10.2011011				
(1)	Number of pupils inspected b Dental Officers—	y the	Authority's		
	(a) At Periodic inspections				5,456
	(b) Specials				310
	(c) Total				5,766
(2)	Number found to require tr	eatme	nt		3,926
(3)	Number offered treatment				3,235
(4)	Number actually treated				2,404
(5)	Attendances made by childr	en for	treatment		4,539
(6)	Half-days devoted to-				
	Inspection—Periodic				35
	Treatment				605
			Total	`	640
(7)	Fillings—				1
	Permanent Teeth				3,530
	Temporary Teeth				46
			Total		3,576
(8)	Number of Teeth Filled—				
(0)	Permanent Teeth				2 020
	Temporary Teeth				2,939
	rompounty reem				42
			Total		2,981
(9)	Extractions—				
	Permanent Teeth				833
	Temporary Teeth				2,502
			Total		3,335
()					
(10)	Administration of general an extraction	æsthet	ics for		666
(11)	Other operations—				
	Permanent Teeth				695
	Temporary Teeth				148
			Total		843
					-43