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WORCESTERSHIRE COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT

(Forty-Eighth)

on the

SCHOOL HEALTH SERVICE

FOR THE YEAR 1956

by

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

County and Principal School Medical Officer.

WILTSHIRE COUNTY COUNCIL

EDUCATION COMMITTEE

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FOR THE YEAR 1956

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

County and District School Medical Officer

EDUCATION CHILDREN'S CARE SUB-COMMITTEE

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Miss E. M. LYONS	-
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Mrs. J. E. TALBOT	-	Chairman of the School Meals Sub- Committee

*Annual Report (Forty Eighth) on the
School Health Service
for the Year ended December 31st 1956*

Mr. Chairman, Ladies and Gentlemen,

During the past year the health of the School children in Worcestershire has continued to be satisfactory.

The Chief Medical Officer of the Ministry of Education in his last Report draws attention in the epilogue to the approaching jubilee of the School Health Service :

" It was the Education (Administrative Provisions) Act of 1907 which first provided the statutory basis for our school health service. Before the next report in this series is issued, half a century will therefore have elapsed since the laying of the foundations of that service. It is right and proper that from time to time we should look back at what has been accomplished ; so may we gain encouragement from past successes, so may we humbly remind ourselves of the problems to which we have not yet found the answer. The forthcoming Jubilee is one of those times when it is specially appropriate that we should look back, and consider the conditions with which our predecessors had to deal. The reports which they submitted contain much which would be of interest to this generation, and I hope that principal school medical officers will use this material for a picture in their annual reports of the conditions existing in those pioneering days. An understanding of the difficulties which then had to be overcome should serve as a stimulus to us in our task of building on the foundations which were then so well and truly laid."

It is interesting to note that for almost the whole of this period there have been only two Chief Medical Officers for the School Health Service in this county, namely, Dr. G. H. Fosbroke and Dr. Wyndham Parker. Dr. Fosbroke was the first School Medical Officer in the County being appointed in May 1890. When he died in October 1925 he was succeeded by Dr. Wyndham Parker who retired on the 31st December 1951. Both were first class administrators blessed with vision and enthusiasm for the betterment and progress of the Service.

It is interesting to note that in Worcestershire last year only 160 out of the 23,240 children inspected were considered by the school medical officers not to be up to a satisfactory medical standard.

Perhaps the most important feature which will be remembered in years to come about the past year will be that it saw the commencement of a large scale test of a vaccine against poliomyelitis. Whilst the dangers and after effects of this disease have been greatly exaggerated it is hoped that this vaccine, or some similar preparation of dead or attenuated viruses, will succeed in providing a means of protecting the school child population, and indeed adults, against this disease and thus allay the anxiety which in the public mind is now so profound. I firmly believe that we shall be able to control this infection in the near future in the same successful way which has been done with diphtheria.

As in my Report last year I should like to draw the attention of parents again to the necessity for having their children efficiently protected against diphtheria in the very early years of life, and maintaining that protection by a booster dose during the first years of school life. Do not forget—Diphtheria is a killer.

The provision of school meals and school milk continue to play their part in the maintenance of the health of the school child though the improved standards of living tend to lessen the obvious benefits derived from this provision.

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

Thanks for co-operation in the past and good wishes on his retirement are extended to Mr. Logan. A sincere welcome is given to Mr. Brooke on his appointment as Chief Education Officer. He has been known for many years as a staunch supporter of the School Health Service.

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

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

Your obedient Servant,

J. W. PICKUP

County and Principal School Medical Officer

County Buildings,
Worcester.

June 1957

JUBILEE

The introduction to this report includes an extract from the Report of the Chief Medical Officer of the Ministry of Education for 1954-55 referring to the forthcoming Jubilee of the School Health Service.

It is therefore, appropriate to give in the following paragraphs a few comments on the conditions which existed 50 years ago compared with today.

"The Education County of Worcester is mainly agricultural: there are, however, important manufacturing districts—which form the fringe of the "Black Country"—on its Northern border," wrote Dr. G. H. Fosbroke in his First Annual Report of the School Medical Officer for the year ended 31st December 1908. And so it is today. Few of the present staff know that Yardley and Kings Norton were once in the County, or that there have been a number of alterations of the County boundary, including the elimination of small "islands" in Gloucestershire and Warwickshire. The change in area and population is not vast, 438,221 acres now against 473,328 then and an increase of 6,374 in population to 410,200.

My predecessor was faced with the problem of introducing school medical inspection in 250 schools with 47,363 children; today 61,576 children in 322 schools or separate departments are the concern of the school health service. If many of the original problems have been overcome the increasing range of services provided for the children at least keeps up the pressure of work.

Child Guidance, B.C.G. Vaccination against tuberculosis, Convalescence, Health Education in schools, Meals in schools, Milk in school, Poliomyelitis vaccination, School Dental Service, Mass Miniature Radiography have no place in the index to the first reports of the School Medical Officer except that in 1909 in the parish of Yardley the Education (Provision of Meals) Act 1906 was brought into force to provide breakfasts—at a contract price of 1½d per head inclusive—for 360 children in the schools there who "were not able to profit by the instruction, for want of proper food."

Dr. Fosbroke in 1908 said "after considering the question of Medical Inspection (as affected by the Education (Administrative Provision) Act 1907) it was decided to comply with the Board's requirements and to appoint me as 'School Medical Officer' to control and superintend the work and to elect four whole-time Assistant Medical Officers (two senior and two junior) to carry out the inspection." There were also two 'Pediculi Nurses.' Nowadays the number of officers concerned to a greater or lesser extent with the school health service of the County is 155.

In Worcestershire during 1908, 171,482 scholars days were lost for educational purposes owing to school closure on account of infectious diseases but rare indeed is school closure now, the last one having been in February, 1948.

Medical inspection of children had, to some extent, been carried out in Worcestershire prior to the passing of the 1907 Act as Dr. Fosbroke was appointed in March 1906, with Dr. Mary Williams as his assistant, "to undertake this work as opportunity offered."

Routine medical inspection began on the 10th August 1908 following a conference of Head Teachers presided over by the Chairman of the Education Committee which had secured the "hearty co-operation of the teachers.

"The Assistants reach the Schools at 10 a.m. and remain there until noon (assuming of course there are sufficient cases to occupy them), and resume their work (either at the same School or an adjacent one) at 1.30 p.m.

"As far as possible, efforts are made to secure for the inspection (1) a waiting place (under shelter) for parents, (2) a compartment screened from all possibility of being overlooked, in which children can arrange their clothing before and after examination, and (3) a similar compartment to number 2, in which the actual inspection takes place in the presence *only* of the Head Teacher and parent.

"The possibilities of obtaining these requirements vary greatly in different Schools. In the large Schools, especially those with a central hall, no difficulty is found; as one or two classes can be moved and the smaller room sub-divided by extemporising screens. There does not seem to be any reason for thinking that any questions of a private nature put by the Inspector are overheard by those in the contiguous division; but the possibility exists, and is an argument in favour of more ample space being provided in new Schools and when alterations or enlargements are made."

It appears that the Board of Education had been apprehensive that the medical officer might encounter opposition about "stripping" children when taking "chest measurements" but Dr. Fosbroke was able to report that "thanks to the care and tact of his officers" the apprehension had not been realised. At the same time he commended to the special notice of the Board the opinion of his officers that "in order that the examination we conduct shall be reasonably complete, and of practical use in attaining the object in view, the body should be bare and free from contact with clothing to the waist."

It was originally intended that children excluded from school (other than those excluded because of head-lice, scald-head and itch) would be re-admitted only when they could produce medical certificates of fitness but "the medical men throughout the County emphatically refused to give these certificates unless they were remunerated by the Education Committee at such rate as the medical men considered suitable." It seems that the medical men eventually settled for a half crown fee.

It is clear that even in those far off days the school caretaker was a force to be reckoned with and Dr. Fosbroke was of opinion that floor scrubbing should be carried out once a month at least instead of "four, five or six times annually." He found also that window cleaning was "too often neglected."

Some of the comments in these early reports make strange reading now :—

“ So far as could be ascertained the cases in which the clothing was the worst were not the result of genuine poverty as much as the drinking habits of one or other of the parents.”

“ . . . but actual cases of starvation were very few.”

“ the custom of children having to go, in some cases long distances, during the school interval with their father's dinner and returning to school in an exhausted state without having had sufficient food.”

“ If school nurses were available . . . ”

“ I would ask that, whenever we find many children sitting with wet feet, on a snowy day, we have authority to close the school.”

Some statistics from the 1908 Report :—

“ The total number of children excluded to December 31st 1908 out of the 7310 examined was 504 and the affections for which they were excluded were as follows :—

Phthisis (Pulmonary Tuberculosis)	..	..	126
Anaemia	..	..	13
Debility	..	..	19
Eye affections	..	..	11
Ringworm	..	..	50
Itch (Scabies)	..	..	44
Scaldhead (Impetigo)	..	..	48
Lice (Pediculosis)	..	..	114
Other general diseases	..	..	79
			504

“ The following table refers to the condition of the clothing and footwear on the days of examination :—

	Boys	Girls	Total
Good	2,404	2,243	4,647
Average	907	918	1,825
Bad	150	62	212
Insufficient	142	199	341
Unclean	10	18	28
Ragged	2	9	11
	3,615	3,449	7,064

" IN THE YEAR 1908 "

<i>Condition</i>	<i>No. examined</i>	<i>No. defective</i>	<i>Percentage defective</i>
Nutrition	7310	1015	13.8
Impetigo	7310	63	0.8
Ringworm	7310	53	0.7
Scabies	7310	46	0.6
Nose and Throat	7310	1247	17.0
External Eye Disease	7310	338	4.6
Defective vision	6584	614	9.3
Ear disease	7310	168	2.2
Hearing	7310	264	3.5
Speech	7310	102	1.3
Mental condition	7310	211	2.8
Heart and Circulation	7310	227	3.1
Disease of Lungs— non Tubercular	7310	180	2.4
Nervous disease	7310	100	1.3
Tuberculosis of the lungs (consumption)	7310	316	4.3
Tuberculosis (other than Phthisis)	7310	61	0.8
Rickets	7310	184	2.5
Deformities	7310	102	1.3
Infectious or Contagious Diseases	7310	14	0.1
Other Disease or Defect	7310	453	6.1

Have we in 50 years made worthwhile progress ?

From the Annual Report for 1955 :—

“ The notification of tuberculosis in school children of school age was 23. No deaths from tuberculosis amongst Worcestershire school children were recorded in the return of local registrars during the year 1955.”

“ The scheme for B.C.G. vaccination against tuberculosis for children in the 13 years of age group has been received favourably. The acceptance rate was 83.8%.”

“ 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.”

“ One child—a boy—suffering from rheumatic heart disease was ascertained during the year.”

“ I hope I may be correct in suggesting that ringworm and scabies will in a few years become clinical curiosities.”
(The annual report for 1910 included a diagram of the County showing the prevalence of Ringworm).

“ Number of handicapped pupils being educated in special schools—266. I am pleased to be able to report that with very few exceptions the needs of handicapped children are being met.”

“ All schools in the County receive a supply of milk.”

“ On a day in September 1955 :—

No. of departments having school meals ..	323
No. of departments not having school meals	1
No. of dinners free	1,776
No. of dinners on payment	30,551
No. of breakfasts	380
No. of teas	380 ”

“ Classification of the General Condition of Pupils inspected during the year in the age groups :—

“ Poor ” 170 out of 23,215 or 0.7%.”

“ Number of pupils found at Periodic Medical inspection to require Treatment—2992 out of 23,215.”

“ Number of pupils inspected by the Authority’s Dental Officers—38,550. Number actually treated 15,672.

And finally a comment by one of the School Medical Officers who do the field work :—

“ It has been a very happy school year in the — 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 encouragement given by the head teachers.

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

It has become almost standard to commence my Report of the School Health Service with the words " During the past year the health of the School children in Worcestershire has continued to be satisfactory."

No one would wish to suggest that the decline in the mortality of children, spectacular in some instances, for example diphtheria and respiratory tuberculosis, is alone due to the school health service but neither do I share the view sometimes expressed that with the coming into force of the National Health Service Act the school health service and medical inspection in particular became an anachronism. If the ultimate aim of the National Health Service is to produce greater mental and physical health in the nation, then the practice of medical inspection must continue and surely no-one with any knowledge of the School Health Service would doubt that it has done much towards building up and maintaining the health of children.

The following quotation, and the others marked with an asterisk in the body of the report, is from :—

" Domestic medicine : or a Treatise on the Prevention and Cure of Diseases."

By William Buchan, M.D., of the Royal College of Physicians, Edinburgh. 2nd edition 1772.

" No person ought to imagine that these things are unworthy of his attention. On the proper management of children depend not only their health and usefulness in life, but likewise the safety and prosperity of the State to which they belong."

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.

Deputy Divisional Area Medical Officer—Oldbury

D. M. Blomfield, M.R.C.S., L.R.C.P., M.B., B.S., 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.

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

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

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

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

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.

Educational Psychologist

R. S. Reid, M.A., Ed.B.

*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)
Mrs. I. D. Ball, 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)
D. B. Huggins, B.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.

SUMMARY OF STAFF

	Number of Officers	Number in terms of full-time officers employed in the School Health Service
(a) Medical Officers :—		
(i) whole-time School Health Service	—	—
(ii) whole-time School Health and Local Health Services	16	6.8
(iii) general practitioners working part-time in School Health Service	3	0.25
(b) Physiotherapists	1	0.5
Speech Therapists	2	2.0
Remedial Gymnast	1	0.5
(c) (i) (a) School Nurses	40	19.4
(i) (b) District Nurses	41	2.0
(ii) No. of the above who hold a Health Visitor's Certificate	59	—
(d) Nursing Assistants	2	1.5

(e) Dental Staff :—	Officers employed on a salary basis		Officers employed on a sessional basis	
	Number of Officers	Number in terms of full-time officers employed in the School Dental Service	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service
(i) Principal School Dental Officer ..	1	0.9	—	—
(ii) Dental Officers ..	9	8.1	3	1.1
(iii) Orthodontists (if not already included in (e) (i) or (e) (ii) above) ..			1	0.7
TOTAL ..	10	9	4	1.8
(iv) Dental Attendants			13	11.0

STATISTICS 1956

Area of Administrative County (acres)	..	..	..	438,221
Population Mid-1955	..	..	..	412,700
Value of Rd rate	..	..	..	£17,817
School Population	..	..	..	63,054

County of Worcester (less Borough of Oldbury)

				<i>Schools/Dept.</i>	<i>Boys</i>	<i>Girls</i>
Nursery	..	..	..	1	25	12
Primary	..	..	..	253	18702	17666
Secondary Modern	..	..	..	25	6244	6218
Secondary Grammar	..	..	..	10	2533	2332
Secondary Technical	..	..	..	4	507	142
				<hr/> 293	<hr/> 28011	<hr/> 26370

Borough of Oldbury

Nursery	..	..	..	—	—	—
Primary	..	..	..	21	2790	2750
Secondary Modern	..	..	..	6	1232	1157
Secondary Grammar	..	..	..	1	273	278
Secondary Technical	..	..	..	1	98	95
				<hr/> 29	<hr/> 4393	<hr/> 4280

The school population has increased by 1,478 this year.

				<i>School Population</i>	<i>Increase over previous year</i>
1956	..	..	..	63,054	1478
1955	..	..	..	61,576	1136
1954	..	..	..	60,440	1611
1953	..	..	..	58,829	1454
1952	..	..	..	57,375	—

Total increase over four years 5679.

It should be noted that this increased number of pupils receive a wider range of services than previously and that this is being provided with virtually no increase in medical staff.

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 26

Two mobile Dental Clinics are in full use in the County.

- (b) *Type of Examination and/or Treatment provided*, at the school clinics returned in Section (a), either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the clinic.

Examination and/or treatment (1)	Number of School Clinics (<i>i.e. premises</i>) where such treatment is provided.	
	directly by the Authority (2)	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals (3)
A. Minor ailment and other non-specialist examination or treatment	17	—
B. Dental	12	—
C. Ophthalmic	15	—
D. Ear, Nose and Throat ..	—	—
E. Orthopaedic	—	1
F. Paediatric	—	—
G. Speech Therapy	15	—
H. Others		
Orthoptic	—	1
U.V.L.	3	—
Investigation	1	—

List of Clinics :

Name	Address	Held on	Nurses Sessions	Medical Officer	Services	Remarks
Blackheath	Long Lane Chapel, Blackheath.	Mondays 9.30 a.m.		Dr. M. M. Meikle	E.M.	
Blackheath	Dental Clinic, Long Lane, Blackheath.	Wednesdays 9.30 a.m.—4.30 p.m.			D.	
Bromsgrove	Recreation Road, Bromsgrove.	Mondays and Wednesdays 9.30 a.m.		Dr. V. Pugh	C.G.D.E.M.S.	
Catshill	Baptist Chapel, Catshill.	Fridays 2 p.m.	Fridays 9.30 10.30 a.m.	Dr. V. Pugh	M.	This clinic is held in conjunction with the Infant Welfare Centre.
Cofton Common	Wootton Road, West Heath.	Occasional.			E.	
Cradley	Colley Lane, Cradley, Staffs.	Fridays 9.30 a.m.		Dr. M. M. Meikle	D.E.M.S.	
Droitwich	Baptist School Rooms, Droitwich.	Tuesdays 2 p.m.		Dr. L. S. Stephens	E.M.S.	This clinic is held in conjunction with the Infant Welfare Centre.
Evesham	The Clinic, Avonside Hospital, Evesham.	Fridays 9.30 a.m.			D.E.M.S.	
Halesowen	Tenter Street School, Halesowen.	Fridays 9.30 a.m.		Dr. E. M. Bulmer	D.M.S.	
Lye	Orchard Lane School, Lye, Stourbridge.	Fridays 11.30 a.m.	Mondays, Fridays, 9.30 a.m.	Dr. A. M. Nelson	D.E.M.	
Newtown	Sydenham Villa, Newtown Road, Malvern.	Fridays 9.30 a.m.	Mondays, Wednesdays, 9 a.m.	Dr. H. F. Green	E.M.S.	
Pershore	Women's Institute Hall, Pershore.	Thursday 9.30 a.m.			S.	
Redditch	The Old Vicarage, Redditch.	Thursdays 9.30 a.m.		Dr. E. Patterson	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 Room, Rubery.	1st & 3rd Thursdays 9.30 a.m.		Dr. G. S. Clark	M.	
Stourbridge	Hagley Road, Stourbridge.	Fridays 9.30 a.m.	Mondays 9.30 a.m.	Dr. A. M. Nelson	D.E.M.O.S.	
Upton-on-Severn	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 Child Guidance Clinics.	C.G.	A City of Worcester Clinic.
Worcester	Forecourt, Shirehall, Worcester.	Occasional Wednesdays 9.30 a.m.			E. S.	Dental clinic not at present in use.
Wythall	The Institute, Wythall.	Wednesdays 9.30 a.m.			S.E.	
<i>Kidderminster Area</i>						
Kidderminster	Coventry Street, Kidderminster.	Thursdays 9.30 a.m.	Daily 9—10 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.	
<i>Oldbury Area</i>						
Langley	"The Hollies," Joinings Bank, Langley, Oldbury.	Monday—Friday 9 a.m.		Dr. H. Tabbush	I.M.S.U.V.L.	
Oldbury	Tabernacle School, Talbot Street, Oldbury.	Monday—Friday 9 a.m.		Dr. D. M. Blomfield	D.M.U.V.L.	
Warley	Bleakhouse Road, Warley, Oldbury.	Monday—Friday 9 a.m.		Dr. D. M. Blomfield	C.G.D.E.M.Or.U.V.L.	

Index to Services :

C.G.	Child Guidance	E.N.T.	Ear, Nose and Throat.	Or.	Orthoptic
D.	Dental	I.	Investigation	S.	Speech
E.	Eye	M.	Minor Ailments	U.V.L.	Ultra Violet Light
		O.	Orthopaedic		

Year	Month	Day	Event
1870	Jan	1	...
1870	Jan	2	...
1870	Jan	3	...
1870	Jan	4	...
1870	Jan	5	...
1870	Jan	6	...
1870	Jan	7	...
1870	Jan	8	...
1870	Jan	9	...
1870	Jan	10	...
1870	Jan	11	...
1870	Jan	12	...
1870	Jan	13	...
1870	Jan	14	...
1870	Jan	15	...
1870	Jan	16	...
1870	Jan	17	...
1870	Jan	18	...
1870	Jan	19	...
1870	Jan	20	...
1870	Jan	21	...
1870	Jan	22	...
1870	Jan	23	...
1870	Jan	24	...
1870	Jan	25	...
1870	Jan	26	...
1870	Jan	27	...
1870	Jan	28	...
1870	Jan	29	...
1870	Jan	30	...
1870	Jan	31	...

CHILD GUIDANCE CENTRES

- (1) Number of Child Guidance Centres provided by the Authority, 4.
 (2) Staff of Centres :—

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

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

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

Worcester	56
Bromsgrove	21
Oldbury	25
Kidderminster	24
	126

166 school children were treated during 1956, compared with 201 for 1955.

Dr. John J. Graham, Medical Director, Worcestershire Child Guidance Clinics, submits the following report :—

“ During the year 1956 the work of the Child Guidance Clinics has functioned much as usual. Electro-encephalography (more familiar to the general public as the recording of “ brain waves ”), which is a useful diagnostic aid in some psychiatric conditions of children, has become more conveniently available to the patients in the southern half of the county by the courtesy of the medical superintendent of Powick Hospital ; a department of electro-encephalography was set up at this hospital a year ago. Hitherto, the nearest hospital providing this service was at Birmingham.

The long waiting period between the time a child is referred and the time when it is possible for it to be seen has continued to distress us. However, the County Council has speedily responded to the recommendation of the “ Report on the Care of Maladjusted Children ” (Ministry of Education, 1955) and has budgeted for the financial year 1957-58 for premises for a new central clinic at Worcester, an additional educational psychologist and two psychiatric social workers, and greatly increased clerical assistance. It is hoped that the clinic premises and the clerical staff will be made available during 1957 and that thereby the waiting period will be appreciably shortened at the Worcester clinic and, possibly, at the other clinics, also.”

CO-ORDINATION

The health service, like all Gaul, is divided in three parts. Co-ordination of the functioning of the parts is very much in the hands of the doctors providing the services and those administering the services.

I am pleased to be able to report a still further improvement in working relationships with statutory and voluntary organisations and individuals whose work has some bearing on the health of school children.

I make no apology for mentioning yet again the continued interest and co-operation of Heads of Schools. Much of the work of the School Health Service involves additional work and sometimes considerable temporary inconvenience in the schools, but this is almost universally accepted ungrudgingly in the interests of the children.

SCHOOL HYGIENE

*" All schools and seminaries of learning ought, if possible, to be so situated as to have fresh, dry, wholesome air, and should never be too much crowded."**

The following new schools were opened during the year 1956 :—

Perryfields County Secondary School	—Effective accommodation about 520 places.
Perryfields County Primary School	—350 places.
Comberton County Primary School	—350 places.

In addition the following major extensions were occupied :-

Tenbury County Secondary School	—Effective accommodation 100 places.
Longlands County Secondary School	—200 places.
Malvern Link County Primary School	—240 places.

Additional teaching accommodation was provided at 17 schools, sanitary and washing accommodation at 17 schools was improved and better lighting was provided at 12 schools. Schools were provided with new playing fields amounting in all to about 30 acres and 22 schools playgrounds were either re-surfaced or made up for the first time.

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 3000 of the children examined (23,240) required medical treatment of some kind. This represents a slight increase (compared with 1955) in the percentage found to be suffering from defects.

It is well known that many children who complain of nothing—and whose parents may notice nothing amiss—are, in fact, far from being as well as they might be.

Part of the responsibility of the school health service is to discover them and help them to attain a full realisation of health.

There is no adequate substitute for the periodic medical inspection.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1956

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 Pupils examined in each.

Entrants	..	..	..	..	..	..	6,034
Intermediates	..	..	..	..	..	..	6,058
Leavers	..	..	..	..	..	..	5,242
				Total	..	..	<u>17,334</u>
Additional Periodic Inspections	..	..	..	..	..	..	<u>5,906</u>
				Grand Total	..	..	<u>23,240</u>

B.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	..	..	9,442
Number of Re-inspections	..	..	..	..	..	..	<u>8,434</u>
				Total	..	..	<u>17,876</u>

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 (3)	Total individual pupils (4)
Entrants	48	637	660
Intermediates	393	583	918
Leavers	428	428	827
Total	869	1648,	2,405
Additional Periodic Inspections ..	273	546	770
Grand Total	1,142	2,194	3,175

Table II.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

A.—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requir- ing Treat- ment (7)	Requir- ing Observ- ation (8)
		Requir- ing Treat- ment (3)	Requir- ing Observ- ation (4)	Requir- ing Treat- ment (5)	Requir- ing Observ- ation (6)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	62	44	117	35	308	178
5	Eyes—						
	a. Vision ..	48	147	399	128	1142	894
	b. Squint ..	92	67	13	9	212	202
	c. Other ..	14	9	6	7	46	46
6	Ears—						
	a. Hearing ..	7	42	10	18	39	147
	b. Otitis Media	13	49	3	17	38	127
	c. Other ..	7	13	6	6	27	36
7	Nose and Throat	198	603	56	75	530	1253
8	Speech	24	110	7	12	73	155
9	Lymphatic Glands	12	154	2	9	23	254
10	Heart	6	46	4	17	18	153
11	Lungs	38	127	2	32	83	331
12	Developmental						
	a. Hernia ..	6	17	1	2	16	32
	b. Other ..	10	48	8	8	46	164
13	Orthopaedic—						
	a. Posture ..	6	20	24	34	68	149
	b. Feet ..	46	83	57	45	217	277
	c. Other ..	78	110	61	61	251	343
14	Nervous system—						
	a. Epilepsy ..	6	5	2	3	22	21
	b. Other ..	13	34	4	13	36	98
15	Psychological—						
	a. Developmental	—	28	3	49	29	239
	b. Stability ..	1	15	4	9	25	71
16	Abdomen ..	3	3	3	2	16	9
17	Other	36	81	38	39	180	247

B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	268	61
5	Eyes— a. Vision	580	379
	b. Squint	58	34
	c. Other	39	12
6	Ears— a. Hearing	43	88
	b. Otitis Media	21	26
	c. Other	10	6
7	Nose and Throat	256	416
8	Speech	97	56
9	Lymphatic Glands	12	27
10	Heart	5	64
11	Lungs	37	124
12	Developmental—		
	a. Hernia	2	9
	b. Other	13	50
13	Orthopaedic—		
	a. Posture	21	18
	b. Feet	77	91
	c. Other	59	64
14	Nervous system—		
	a. Epilepsy	13	13
	b. Other	39	24
15	Psychological—		
	a. Development	38	83
	b. Stability	17	16
16	Abdomen	14	18
17	Other	255	394

PHYSICAL CONDITION

CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of col. (2)	No.	% of col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	6034	5992	99.3	42	0.7
Intermediates	6058	6002	99.1	56	0.9
Leavers	5242	5218	99.6	24	0.4
Additional Periodic Inspections	5906	5868	99.4	38	0.6
TOTAL ..	23240	23080	99.3	160	0.7

These are very encouraging figures.

HEALTH EDUCATION IN SCHOOLS

"The generality of the people lay too much stress upon medicine, and trust too little to their own endeavours . . ."

*"The cure of diseases is doubtless a matter of great importance ; but the preservation of health is still greater. This is the concern of every man, and surely what relates to it ought to be rendered as plain and obvious to all as possible." **

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

"Preparation for Citizenship"

Many of the young people in our secondary modern schools are going to be married and parents within three years of leaving school. Much thought thus needs to be given to the substance of their curriculum during their last year at school. If the young people can be given some insight into the responsibilities of parenthood so that they leave school with a grasp of the art of home-making then their preparation for citizenship will be advancing in the right direction.

Where there is complete understanding between the head teacher, domestic science teacher and the school nurse, the latter's place in the team responsible for the training of these young people is appreciated. During this year there has been an increase in the amount of teaching undertaken by some of our school health visitors in the county. The response by the young people in the groups shows their gratitude that their need is understood and is being met.

The Field of Further Education

As described in last year's report, the young people of 15—18 years who work in factories near Bromsgrove are being given opportunities of further health education. This year has seen considerable developments in the scheme. The young people now leave their factory for one day per fortnight and attend the College of Further Education. Another teacher has been included to give full time teaching to the groups. All the instruction given is based on the art of home-making. The Health Education Organiser continues to be actively concerned with the project.

Parent -Teacher Associations

The staff of the Health Department have continued to give their services to these Associations. Talks have been given, discussions arranged and advice given concerning programmes of suitable films.

The filmstrip library continues to grow and limited use is being made of the material available. This could be greatly extended. As an example, on one of the "open days" at a secondary modern school, one section was devoted to "health." A large selection of posters, leaflets and other material was borrowed to help in this display. Another school organised a "Health and Beauty" week and suitable filmstrips were borrowed and greatly enjoyed. The Health Education Organiser is available to give service herself or for consultation and for the supply of any material to help in the whole field of health education in the schools."

VISUAL DEFECTS AND EXTERNAL EYE DISEASE

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	172	21
Errors of refraction (including squint)	2777	372
Total	2949	393
Number of pupils for whom spectacles were prescribed	2175	175

The Ophthalmic service of the Education Authority continues to work satisfactorily.

A still-growing majority of children are dealt with in this way rather than by the Supplementary Ophthalmic Service of the National Health Service.

There were 58 claims (totalling £60 8s 3d) by the Ophthalmic Services Committees of the Executive Councils during the year.

CLEANLINESS

“ No mother or nurse can have any excuse for allowing a child to be dirty. Poverty may oblige her to give it coarse clothes ; but if she does not keep them clean, it must be her own fault.

This is merely the effect of indolence and a dirty disposition.

*Frequent washing not only removes the filth and sordes which adhere to the skin, but likewise promotes the perspiration, braces the body, and enlivens the spirits. How refreshed, how cheerful, and agreeable does one feel on being shaved, washed, and shifted ; especially when these offices have been neglected longer than usual !”**

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	155,137
(ii) Total number of <i>individual</i> pupils found to be infested	3,736
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act 1944)	33
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(2), Education Act, 1944)	5

The number of pupils examined has been smaller this year because of the continuing shortage of staff and time available.

There has, however, been a reduction in the percentage of children inspected who are found infested.

This improvement is almost entirely attributable to the diligence of the nurses doing the work. Very effective pesticides are now readily available, easy to apply, and quite undetectable in use. There is no reason for anyone to be verminous once the condition is recognised.

The nurses are careful to avoid any embarrassment to the children concerned because they are seldom to blame—the fault is at home and is symptomatic of more serious problems there.

DISEASES OF THE SKIN

(excluding uncleanliness)

	Number of cases treated or under treatment during the year by the Authority
Ringworm— (i) Scalp	—
(ii) Body	2
Scabies	5
Impetigo	71
Other skin diseases	588
Total	666

Ringworm, scabies and impetigo are following vitamin deficiency diseases in school children to become of historical interest only.

Many school teachers remember the time, not so many years ago, when every class had specimens of all those unpleasant conditions.

EAR, NOSE AND THROAT DEFECTS

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear	—	3
(b) for adenoids and chronic tonsillitis	—	673
(c) for other nose and throat conditions ..	—	3
Received other forms of treatment	28	41
Total ..	28	720
Total number of pupils in schools who are known to have been provided with hearing aids		
(a) in 1956	—	10
(b) in previous years	—	20

Diseases of the ear, nose and throat are dealt with almost exclusively by consultants in this speciality.

Very close and cordial working arrangements exist between the consultants and the school health department.

The more important conditions are seen to with virtually no delay. Deaf and partially deaf children are closely supervised.

COUNTY SCHOOL DENTAL SERVICE

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR YEAR 1956.

The general pattern of the School Dental Service in the County remained substantially the same during the year. Again, illnesses among members of the Staff caused serious disruption of the Service and many days work were lost on that account. Two members of the Staff were absent for a considerable time suffering from the effects of coronary thrombosis and two other Dental Officers had their work severely interfered with owing to spinal injury—slipped discs. This form of injury seems to be fairly prevalent amongst dental surgeons and one may be forgiven for wondering if it may be classed as an occupational hazard.

Only one new Dental Officer was appointed during the year, Mr. D. G. Huggins who had earlier been appointed part-time Dental Officer in Oldbury. Major Donovan resigned his appointment in February, whilst among the part-time Staff those who resigned were replaced by others so that the staffing situation remained roughly the same. In spite of repeated advertising, it seems impossible to increase the Staff beyond the level reached in 1954. A salary award early in the year was more than offset by the restoration of the 10% cut to practitioners in the General Dental Services. In fact, during the whole year no application was received in response to advertisement.

The appointment of Mr. Huggins and a slight readjustment in other quarters enabled an extension of the Service to take place in the Kidderminster Division. Towards the end of the year, a second mobile dental unit was bought and put into service. Mr. Huggins moved to the dental clinic in Kidderminster and the Dental Officer already there, Mr. Jones, commenced work in the new mobile unit. For the whole of the winter months this unit was stationed in the grounds of the Coventry Street Clinic, Kidderminster but, with the coming of Spring, it will commence a tour of the rural schools surrounding Tenbury and Kidderminster, an area which has received no regular dental attention for some years. A preliminary survey of the area in the autumn showed that the lack of dental treatment had been felt very severely and the proposals were met with open arms everywhere.

Orthodonture, the correction of irregularities of the teeth, is playing an ever increasing part in the School Dental Service. The County Orthodontist, Mrs. M. A. Tibbatts, who first started work in 1954, originally concentrated her attention on children in the Stourbridge area. At first the demand for treatment was kept within bounds but as news of the successes obtained spread, the demand for treatment grew more and more. Dental Officers in other areas found that the demand spread to them too and during the year under review Mrs. Tibbatts visited clinics in Oldbury and in Redditch in an advisory capacity to assist the Dental Officers in their orthodontic problems. There seems little doubt that the old bogey, shortage of staff, means that children in the County are not getting comprehensive dental treatment early enough and consequently enormous numbers of deciduous teeth are extracted in the

first years of their school life. This period is a most important one developmentally. Children at this time are beginning to cut their permanent teeth and premature loss of the deciduous ones upsets the mouth to such an extent that the permanent teeth are all too often badly misplaced on eruption. So the vicious circle continues. The shortage of Dental Officers means that more time has to be spent on orthodonture and the already hard pressed Dental Officer has to spend more and more time correcting faults which have occurred because he was too inundated with work involving the removal of pain and sepsis to attend to the preservation of the deciduous dentition. To add to our troubles, there is an ever increasing consumption of sweets and sweet starchy foods by the younger members of the population militating against healthy mouths. It has been conclusively proved that dental caries is caused by the fermentation of carbohydrates (sugars and starches) in the mouth. The fermentation process attacks the enamel covering of the teeth causing it to become decalcified and to crumble away. Free access is then available to other types of bacteria which actually feed upon the ivory or dentine of the teeth. This fermentation process begins within one minute of eating carbohydrates and, unless the mouth is cleansed at once, the result may be disastrous. Young persons seem to be getting more and more pocket money as the years go by and this pocket money seems to be spent on buying sweetmeats. A recent survey showed that children entering school at the age of five had, on an average, five missing, decayed or filled teeth per child. There is no doubt that the upward trend of this figure will continue unless something is done to limit the consumption of harmful foods, to improve standards of oral hygiene or to render the teeth less susceptible to the onset of dental caries.

Though fewer sessions were given to routine inspections during the year, about 500 more children were inspected than during the previous year—a condition brought about by improvement in the clerical methods of preparing the children's record cards prior to inspection, thereby ensuring that the Dental Officer can concentrate his whole time on dental inspection during such sessions. This has meant that, though the total number of sessions worked for all purposes during the year fell slightly below the previous year's level, the number of sessions devoted to treatment was slightly more. Again, preservation of the teeth was the prime object and the number of permanent teeth filled and the total number of fillings done was higher than ever before. It is very sad to see the ever-increasing number of permanent teeth extracted. Though many of these teeth are extracted for reasons of orthodonture, the fact remains that the increase in the number of teeth filled and extracted only goes to add further emphasis to my remarks on over-consumption of carbohydrates.

B. D. BRITTEN,

Principal School Dental Officer.

April 1957.

**DENTAL INSPECTION AND TREATMENT CARRIED OUT BY
THE AUTHORITY**

(1)	Number of pupils inspected by the Authority's Dental Officers :—				
	(a) At Periodic Inspections	..	..	..	37,026
	(b) As Specials	..	..	..	2,459
	Total (1)	..	..		<u>39,485</u>
(2)	Number found to require treatment	..	..	..	30,442
(3)	Number offered treatment	..	..	..	24,602
(4)	Number actually treated	..	..	..	15,819
(5)	Number of attendances made by pupils for treatment including those recorded at heading 11(h)	..	..	..	28,523
(6)	Half days devoted to : Periodic (School) Inspection				251
	Treatment	..	..		<u>4,302</u>
	Total (6)	..	..		<u>4,553</u>
(7)	Fillings : Permanent Teeth	..	..	..	21,394
	Temporary Teeth	..	..	..	<u>1,031</u>
	Total (7)	..	..		<u>22,425</u>
(8)	Number of teeth filled : Permanent Teeth	..	..	..	18,714
	Temporary Teeth	..	..	..	<u>977</u>
	Total (8)	..	..		<u>19,691</u>
(9)	Extractions : Permanent Teeth	..	..	..	4,495
	Temporary Teeth	..	..	..	<u>15,842</u>
	Total (9)	..	..		<u>20,337</u>
(10)	Administration of general anaesthetics for extraction				<u>2,083</u>
(11)	Orthodontics :				
	(a) Cases commenced during the year	..	..	..	197
	(b) Cases carried forward from previous year	..	..	..	127
	(c) Cases completed during the year	..	..	..	90
	(d) Cases discontinued during the year	..	..	..	37
	(e) Pupils treated with appliances	..	..	..	353
	(f) Removable appliances fitted	..	..	..	256
	(g) Fixed Appliances fitted	..	..	..	21
	(h) Total attendances	..	..	..	<u>2,865</u>
(12)	Number of pupils supplied with artificial dentures..				<u>85</u>
(13)	Other operations :				
	Permanent Teeth	..	..	..	3,660
	Temporary Teeth	..	..	..	<u>754</u>
	Total (13)	..	..		<u>4,414</u>

ORTHOPAEDIC DEFECTS

The orthopaedic after care sisters have continued to work in close co-operation with the orthopaedic surgeons in the county.

In addition to the more obvious clinical and after-care work, a good deal of preventive work is done in the schools.

Breathing classes are held for asthmatic children at the Malvern Open Air School and other types of remedial classes are provided where they are required.

Year after year the orthopaedic sisters complain about the shoes worn by children—complaints well summarised by Dr. Buchan nearly 200 years ago :—

*“ The feet . . . often suffer by pressure. How a small foot came to be reckoned genteel, we shall not pretend to say ; but certain it is, that this notion has made many persons lame.” **

I suppose the boot and shoe manufacturing industry must be one of the most advanced and “ automated ” in the land but it is a sorry fact that there is no proper standardisation of shoe sizes for children.

A size of a given number produced by one manufacturer seldom bears more than a vague relationship to the “ same ” size by another manufacturer.

Add to this chaos, the vagaries of fashion with its current “ slip-on slip-off ” trend, the “ pointed toe ” fashion and it is no wonder that students of normal anatomy and physiology complain.

High fashion has nearly always been at pains to show that the wearer is too well-to-do, too elegant to work or even function normally—current shoe fashions are no exception.

We may soon need more chiropody for school-children—as well as the aged.

TUBERCULOSIS

B.C.G. Vaccination of School Children

The scheme for tuberculin testing and B.C.G. inoculation of 13 year old school children which was described in detail in my report for 1955 operated without change this year and the following table gives the results :—

B.C.G. Vaccination 1956

No. of Invitations issued	No. of consents received	Percentage acceptance	No. of children whose tests were read A	Result of test		Percentage of Positive reactors 100 B/A	Percentage of Negative reactors 100 C/A	No. of children vaccinated
				Positive Reaction B	Negative Reaction C			
8115	6694	82.5	6068	1070	4998	17.6	82.4	4998

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, 1956.

TABLE I.

Notifications of Tuberculosis in Children of School Age.

	Respiratory		Non-Respiratory		Both Forms	
	Number	Rate/1000	Number	Rate/1000	Number	Rate/1000
Average .. 1948-51 ..	18	0.34	19	0.34	37	0.68
Average .. 1952-55 ..	15	0.25	8	0.14	23	0.39
1956 ..	9	0.14	11	0.17	20	0.32

Table I shows the notifications of tuberculosis in School Children in 1956 compared with the numbers notified in the previous eight years. Certain fallacies with regard to notification rates have been mentioned in previous reports, but nevertheless there does appear to be a favourable trend. In addition, no School Children have been recorded by the local registrars as dying from tuberculosis in 1956.

TABLE II.

Comparison of Respiratory Notification Rates in School Children and Young Adults.

	Respiratory Notification Rates/1000		B/A
	A. Ages 5-14	B. Ages 15-24	
Average .. 1948-51 ..	0.34	1.54	4.5
Average .. 1952-55 ..	0.25	1.34	5.4

Table II. shows the respiratory notification rates for school children and young adults aged 15 to 24 years in Worcestershire in the same four-year periods as in Table I. Respiratory rates are chosen in order to limit the comparison to human infection. A diminishing proportion of non-respiratory cases is still likely to be due to milk.

It will be observed that, in the 1948-51 period, the 15-24 year group experienced a rate which was 4.5 times that of school children, while in the 1952-55 period the corresponding rate for young adults was 5.4 times that of the school children. The numbers involved

are small and subject to wide variation from year to year, so it may be that the change in this ratio is of no significance. The four-year averages have been taken, however, with the object of ironing out these variations, and, if the change in the ratio does indicate a genuine trend, it would seem to mean that the risk of the school child developing tuberculosis (always much less than the average for all age groups) is diminishing more rapidly than the risk to young adults. In other words the environment in homes and schools is improving more rapidly than in places of work as far as tuberculous infection is concerned. This, of course, lends further emphasis to the need for protecting susceptible children with B.C.G. before they leave school, and intensifying Mass Radiography in factories and other places of work to discover the unknown sources of infection. B.C.G. inoculation of thirteen-year-olds might, indeed, be regarded as a temporary measure until all the unknown sources of infection amongst adult workers are discovered and rendered innocuous. If Mass Radiography were universally accepted, this happy end might be achieved in quite a few years. For the time being, however, and probably for many years to come, B.C.G. must be strongly pressed as a counter to the apathy towards and even opposition to Mass Radiography of a large minority of the population. And after all, the value of this inoculation as a preventive measure far outweighs such slight inconvenience as it may cause from time to time.

The examination, tuberculin testing and preventive inoculation of child contacts of tuberculous patients continues as in former years. The Heaf test has largely replaced the Mantoux in the Chest Clinics as being easier to perform, less troublesome to the children and apparently equally reliable. It can conveniently be done by Health Visitors in the homes when the occasion requires, and in such circumstances has completely replaced the old jelly patch test which was difficult to read and gave less consistent results.

In addition to the above, the Chest Clinics investigate and arrange treatment for an increasing number of non-tuberculous respiratory conditions and for some years now have regarded this as an essential part of their functions."

SCHOOL CHILDREN AND ROAD ACCIDENTS

The following table has been supplied by the Chief Constable of Worcestershire :—

				Fatal	Serious	Slight	Total
1956	..	..	..	2	88	193	283
1955	..	..	..	3	88	227	318
1954	..	..	..	2	91	213	312
1953	..	..	..	1	88	190	279
1952	..	..	..	5	110	211	326
1951	..	..	..	7	83	173	263

It is difficult, year by year, to find some appropriate comment to make on these sad statistics except to draw some comfort from the fact that were it not for the work of parents, school teachers, police and traffic wardens the picture might be much worse.

COMMUNICABLE DISEASE

*"A single child has been often known to communicate the bloody-flux, the itch, or other diseases, to almost every individual in a numerous school." **

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

A revised edition of the Memorandum on the Closure of Schools and Exclusion from School on account of Infectious Illness, issued jointly by the Ministry of Education and the Ministry of Health was received in June. Advisory in character, it takes account of relevant new legislation and deals with the occurrence of communicable disease in its relation to attendance in the school and may be said to reflect modern medical opinion with regard to closure and exclusion.

Poliomyelitis Vaccination

In January 1956 the Ministry of Health issued a circular in which the Minister explained his proposals for the use of a vaccine against poliomyelitis as part of the National Health Service.

The Health Committee of the County Council having approved the introduction of poliomyelitis vaccine for children between two and nine years of age (the age groups selected by the Ministry of Health) the scheme was advertised in the local press and parental consents were received in respect of 689 children (342 boys, 347 girls). Of these, 89 children were eligible for vaccination on the basis of selection made by the Ministry of Health. 85 children (39 boys, 46 girls) were given two injections and 7 (3 boys, 4 girls) one injection of the vaccine.

Vaccination was suspended after the 30th June during the poliomyelitis season (July to November).

A further issue of vaccine received in December was sufficient to give second injection to the eight children (including an inward transfer) who had received a first injection earlier in the year, and to give a first injection to four other children who had been registered before the end of March 1956.

Skin infections of the feet

Communicable disease of the feet is becoming commoner among school children. This is because of the considerable increase in the risk of infection entailed by spending more time in various activities in bare feet.

The two main activities are learning to swim at swimming baths (usually public baths) and bare-foot gymnastics.

Although there may be some division of opinion about the value of bare-foot gymnastics, very few would be prepared to argue against swimming instruction for school children, and in my opinion the risk of contracting a foot infection must be accepted.

This is not to say that nothing can be done.

Arrangements are made for thorough frequent cleaning of the gymnasium floors, shower baths, changing rooms, and swimming pool surrounds ; and by regular inspections, those suffering from an infection are prohibited from taking part in bare-foot activities *in school time*.

The two infections concerned are tinea pedis (" Athlete's foot " or ringworm of the foot—due to a fungus) and plantar warts (Verruca) which are caused by a virus.

In spite of our efforts to control these infections, spread takes place in the home, at swimming baths, etc.

Communal towels, which play an important part in the spread of warts on the hands, are being done away with in favour of individual paper disposable towels.

Food Poisoning

A number of children were taken ill simultaneously at Halesowen C.E. School on a day early in June.

The outbreak of illness suggested an attack of food poisoning but this was not confirmed on investigation as a fair proportion of the children affected had taken neither the school meal nor the school milk.

In spite of intensive laboratory investigation the causative organism common to the majority of those affected was not discovered.

WEST MALVERN RESIDENTIAL OPEN-AIR SCHOOL

*" I do not remember one instance of a single child who continued healthy in a close confined situation ; but have often known the most obstinate diseases cured by removing them from such a situation to an open free air." **

The following report has been given by the Chief Education Officer :—

" Once again, the West Malvern Open Air School has completed a successful year's work in providing education for children who were most likely to benefit from a period of convalescence under open air conditions. Reports show that children suffering from chest complaints respond particularly well to this kind of treatment though admissions are by no means restricted to children suffering from any one particular type of illness. In fact, children whose health is in an unsatisfactory state for a great variety of reasons stand to benefit from living at West Malvern and it remains the Education Committee's policy to offer these opportunities to those who are considered to be in greatest need whatever the nature of their complaint or the reason why they fall short of good health. The school's function is to enable the children's education to continue in conditions which are specially favourable to their health. During the year, 240 boys and girls have each spent a term at the school under these conditions.

Owing to heavy building commitments elsewhere in the county, it has not yet been possible to carry out the extensive improvements to the premises which were being planned at the time of my last report. There are however good prospects of work starting in the near future and I hope that the school will soon be better housed.

As usual, thanks are due to the managers (Chairman: Miss E. M. Newth), who continue to play an active part in the general conduct of school affairs, and to the headmistress, Miss D. Stazicker and her staff under whose daily care the children thrive."

The success of the Malvern Open Air School amounts almost to magic in many cases of psychosomatic illness. The "cure" lies in the release from parental concern and a healthy, as distinct from a too careful, too protective, regime.

His mother is not always a boy's best friend.

Reasonable concern for a child can quite easily become obsessional, blinding the parents to their responsibilities to the other members of the family.

The following letter, written to me by a doctor, concerns a boy who was troubled to such an extent by severe asthma that he rarely attended school. Boarding school was advised.

" Dear Dr. Pickup,

You will remember that in August, 1950, I pressed very strongly for this boy to be admitted as a boarder on account of his recurring asthma. I therefore should like the Director of Education to know how well things have gone for this boy since that date. His school attendance is now 100%. He has not at any time in the past two years had an attack of asthma at school and he has been able to take full part in the athletic activities of the school. However, whenever he returns home his asthma returns with its original severity. On the face of it the family is united and the home appears to be one of the best, yet a sense of underlying strain is detected between the boy and the rest of the family, and I am sure that this is a great factor in the causation of his attacks of asthma. The Headmaster reports that the boy is regularly either top or second in the class and thinks that he will do very well in the academic line.

I therefore recommend most strongly that he should remain as a boarder for as long as possible in order to complete the good work already started.

Yours sincerely,

M.D.

PHYSICAL EDUCATION

" It is absolutely necessary to the health, the growth and the strength of children.

If these creatures were not permitted to frisk about, and take exercise, they would soon die or become diseased.

*Exercise, if not carried to excess, is of excellent service to young people. It cheers the spirits, promotes perspiration, strengthens the limbs, etc. I knew an eminent physician who used to say that he made his children dance instead of giving them physic. It were well if more people would follow his example.**

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

“ Teachers’ Courses

The policy of holding courses in different centres in order to cater for the maximum number of teachers has been continued, and teachers in both primary and secondary schools have had the opportunity to attend. Such courses, followed by visits to schools by Advisory Officers, have proved to be the most effective method of enabling teachers to keep abreast of recent educational development.

Clothing for Physical Education

Facilities for changing have steadily improved and it is now true to say that nearly all secondary school children change into suitable clothing for physical education. This practice is being encouraged in primary schools where changing and storage facilities are available. In other primary schools children continue to take off as much clothing as reasonable and to wear plimsolls.

In both secondary and primary schools bare foot work, under suitable conditions, is on the increase. It is felt that this practice should be encouraged. Movement with bare feet has a definite remedial value, assists the natural development of the feet and helps to establish movement sensitivity.

Showerbaths

The regular taking of showerbaths after physical education lessons has become more firmly established. This is due to the improved facilities for storage of clothing and towels and to the increased attention given to it by the teachers. In addition, there is undoubtedly a growing co-operation on the part of the parents with regard to the taking of showers.

Camping

A number of schools have camped during the school holidays. The benefits to the children are many and obvious and are some reward for the teachers who give willingly of their time and energy to make these camps possible. Much of the equipment for these camps is provided by the L.E.A.”

MILK IN SCHOOLS AND SCHOOL MEALS SERVICE

*" Long fasting is extremely hurtful to young people ; it vitiates their humours, and prevents their growth and strength." **

The following information has been supplied by the Chief Education Officer :—

" A day in September, 1956

Meals :

<i>Dinners</i>					
Free	..	..	..	..	1,678
On Payment	..	..	..	..	30,556
<i>Breakfasts</i>					
	..	..	..	..	377
<i>Teas</i>					
	..	..	..	..	377
Numbers of Department having meals	..				327

(All Schools in the County receive meals).

Milk

Number of children who receive $\frac{1}{2}$ pint	..	47,922
Number of children who receive $\frac{2}{3}$ pint	..	79

All schools in the County receive a supply of milk.

6210 children in 69 Independent Schools also receive $\frac{1}{3}$ rd pint milk daily under the milk-in-schools scheme.

Number of pupils in Primary and Secondary Schools	..	58,464
Number of pupils in Nursery Schools	.. .. .	35

(These figures are actual attendance figures for a day in September, 1956, but do not represent the full possible attendance roll).

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

HANDICAPPED PUPILS

" This is the only way to make amends for the defects of constitution ; and it will often go a great length.

*It proposes no rules that I know, but such as are perfectly consistent with the true enjoyment of life, and every way conducive to the real happiness of mankind." **

As can be seen from the statistical table, the great majority of handicapped pupils attend ordinary schools. Most headmasters and head mistresses have handicapped pupils in their schools and they appear to have developed great skill in dealing with both the educational and other special needs of the children.

As a general rule, children who can attend ordinary schools without any adverse effects on themselves or on their colleagues appear to thrive in the atmosphere of normality.

There is an increase in the number of educationally subnormal pupils requiring places in day special schools. This is due to the prospect of the new day school in Blackheath and a list of possible candidates has been prepared.

There were 49 pupils on waiting lists for admission to special schools at the end of the year. If from this number are deducted those children who are too near school-leaving age, and those with multiple handicaps for which no one school can cater, the number is considerably smaller and they are likely to be admitted without unreasonable delay.

The Youth Employment Service does a great deal to help handicapped children when they leave school. A special "follow-up" study of graduates from Rhydd Court was made during the year and showed very satisfactory results.

Increased rates of maintenance at special schools, due principally to increased salaries of teachers, involved the Committee in an additional annual expenditure of £2,000.

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

INDEPENDENT SCHOOLS USED BY THE LOCAL EDUCATION AUTHORITY UNDER SECTION 6 OF THE EDUCATION (Miscellaneous Provisions) ACT, 1953, IN RESPECT OF HANDICAPPED PUPILS DURING 1956

Full Name and Address of School (1)	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) (4)	Age range of pupils in col. (3) (5)	ANNUAL rate of payment by L.E.A. per pupil (6)
Wynstones School, Whaddon, Gloucester	Both	1	P/S.	16	£231
Dr. Barnados Home for P.H. Children, Warlies, Walton Abbey, Essex ..	Boys	1	P/H.	12	£312
Douglas House, Malvern	Girls	1	P/H.	14	£61 8s 6d
St. Mary's Bexhill-on-Sea	Both	1	P/H.	11	£252
Gardenhurst Manor House, Burnham on Sea	Girls	1	Epileptic	11	£294
Mulberry Bush, Stand Lake, Oxford ..	Boys	1	Maladjusted	14	£374 19s 4d
Ledston Hall, nr. Leeds ..	Boys	1	Maladjusted	15	£435
Shotton Hall, Harmer Hill, Bridgnorth, nr. Shrewsbury	Boys	3	Maladjusted	13-16	£360
Blaisdon Hall, Longhope, Gloucs. ..	Boys	1	Maladjusted	12	£216

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

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 home tuition)	No. awaiting admission to special schools
Blind	4	2	22	0.34	20	1	1	—
Partially sighted	6	4	32	0.51	15	15	2	4
Deaf	5	8	30	0.47	24	2	4	2
Partially Deaf	11	18	54	0.85	13	41	—	3
Delicate	10	14	48	0.76	7	36	5	6
Physically handicapped	37	32	207	3.28	29	130	48	14
Educationally sub-normal	83	101	557	8.83	145	410	2	241
Maladjusted	3	—	9	0.14	9	—	—	—
Epileptic	10	6	29	0.45	10	16	3	1
Total	169	185	988	1.6	272	651	65	271

RHYDD COURT RESIDENTIAL SPECIAL SCHOOL

The following report has been given by the Chief Education Officer :—

“ During 1956, the school has continued to build on the secure educational foundations laid during the first few years of its existence. The 78 educationally sub-normal boys (70 County : 8 City) who attend the school receive special teaching in the basic school subjects and in various crafts which afford opportunities for developing particular aptitudes. The curriculum is conceived on broad lines and any instructive activity, direct or incidental, which aids the learning process, is exploited. Special attention is paid to the boys' physical well-being and full advantage is taken of the school's lovely grounds for playing team games and developing the boys' skill and agility. In short, the school maintains its principal objective of helping the boys to make the most of their capabilities and of developing their sense of responsibility towards the community.

The year has seen no great changes but it is worth recording that a particularly successful Sports Day was held on June 30th. This was also the occasion for the official opening, by the Chairman of the County Council, of the Chapel, part of which had been adapted for use as a gymnasium and hall by the staff and boys.

Once again, thanks are due to the managers (Chairman : Lady Lechmere) and to the headmaster, Mr. A. E. Long and his staff, for their valuable work in this special field of education.”

CONVALESCENCE

The number of children who received convalescence was 70 compared with 73 in 1955.

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

St. Margaret's, Weston-Super-Mare	8
Fairfield House, Broadstairs	2
Ormerod Home, St. Anne's on Sea	4
Sheen Park Children's Hotel, Walmer	2
Harmony Home, Teignmouth	54
	<hr/>
	70
	<hr/>

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

2 weeks	5
3 weeks	61
4 weeks	2
11 weeks	2
	<hr/>
	70
	<hr/>

The average weekly maintenance rate was £4 3s 4d.

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.T., the Senior Speech Therapist, has submitted the following report :—

“ Clinics have continued to run satisfactorily throughout the year.

It was found that many of the children attending the Worcester Clinic came from the Droitwich area. In order to overcome the need to travel such a distance the clinic at Worcester was reduced to one session each week and the additional session was then held at Droitwich. This proved to be a much better arrangement.

Transport difficulties are a considerable handicap to children, who need treatment, attending clinic regularly. Many children in outlying districts have been seen and found to require speech therapy, but the absence of any regular bus service prevents them from attending the clinic each week. In many cases too, where the mother is at work, there is no one to bring the child in regularly to the clinic and progress is impeded.

Miss D. Dentith left the County in November to take up an appointment at a London hospital and once again during the latter months of the year many of the clinics had to be closed. As there is still a great shortage of qualified speech therapists it has not yet been possible to appoint anyone to take Miss Dentith's place. It is hoped, however, that an appointment may be made before long.

Co-operation with schools and the homes continues to be of great value in successful treatment and whenever time has allowed, visits have been made both to schools and where parents are anxious, to the children's homes.”

TYPES OF SPEECH DEFECT TREATED

	* Articulation <i>e.g.</i> lisp.	Communication <i>e.g.</i> stammering	Multiple <i>e.g.</i> Cleft Palate	TOTAL
Oldbury	18	17	4	39
Kidderminster	14	11	8	33
Bromsgrove	13	7	4	24
Malvern	8	1	2	11
Stourbridge	9	13	6	28
Evesham	14	12	1	27
Wythall	5	4	—	9
Rhydd Court	14	5	1	20
Redditch	16	13	3	32
Halesowen	8	6	1	15
Pershore	5	3	—	8
Worcester	8	3	—	11
Droitwich	5	3	—	8
Stourport	8	5	—	13
Tenbury	4	3	2	9

	Oldbury	Kidderminster	Bromsgrove	Malvern	Stourbridge	Evesham	Wythall	Rhydd Court	Redditch	Halesowen closed 1956 Nov.	Tenbury closed Nov. 1956	Stourport closed Nov. 1956	Droitwich closed Nov. 1956	Worcester closed Nov. 1956	Pershore closed Nov. 1956	TOTAL
Cases attending 31.12.56	19	17	16	5	16	19	7	10	21	9	7	8	8	4	4	170
Discharged after satisfactory progress	16	13	7	4	6	6	2	7	8	4	2	4	—	5	3	87
Discharged after some progress	—	—	1	1	4	—	—	—	—	—	—	—	—	—	—	6
Left school or area	1	1	—	—	2	1	—	3	7	—	—	—	—	2	—	17
Ceased attending	3	2	—	1	—	1	—	—	2	2	—	1	—	—	1	13
TOTAL	39	33	24	11	28	27	9	20	38	15	9	13	8	11	8	293
Waiting list	118	53	46	33	70	74	5	—	106	28	10	21	19	30	13	626
GRAND TOTAL	157	86	70	44	98	101	14	20	144	43	19	34	27	41	21	919
Total No. of treatments	621	675	412	146	433	428	191	319	565	288	103	191	114	164	116	4768

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

The existing schemes of Divisional Administration for the Borough of Oldbury and for the Kidderminster area which continued to work well have been renewed subject to periodic review.

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

“ . . . their breathing not only renders the place unwholesome, but, if any one of them happens to be diseased, the rest catch the infection . . . ”

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)	194
Employment as Teachers by the Worcestershire Education Com- mittee. (Form 28 R.Q.)	49
Total (including Kidderminster and Oldbury Divisional Areas)	— 243 —

The number of examinations in 1955 was 197.

**NOTES FROM ANNUAL REPORTS OF SCHOOL MEDICAL
OFFICERS**

Dr. L. S. Stephens (Martley and Droitwich)

The biggest step forward in the Droitwich area has been the provision of the new Droitwich Secondary Modern School. Children were moved from St. Peters School in September 1955, and during 1956 the transfer of all Secondary School Children in the Rural District (with the exception of the Hartlebury area) was effected. This has done much to relieve the overcrowding in the Rural Schools which are now more efficient Primary Units. School Health Inspections have gone smoothly at the new school and little ill-health has been found. An outbreak of Plantar Warts (12 cases) was discovered in November, and routine measures taken to prevent further spread. This was due to the use of communal showers and doing physical training barefoot, but the source appeared to be one or two long-standing cases who may have picked up the virus at the swimming baths. It only goes to show what may follow in the wake of modern hygiene and physical culture.

B.C.G. Vaccination was carried out successfully on all 13 year olds (including those at Hartlebury) and the Miniature Mass Radiography Unit examined all school leavers in July. No active cases were found. Earlier in the year, an active case of Pulmonary Tuberculosis was discovered in the School Meals Service and some 120 Primary School Children Mantoux Tested, positives being X-rayed at the Chest Clinic. Fortunately no active cases were found.

A weekly Speech Therapy Clinic was commenced in Droitwich during the year, and this was greatly needed.

Dr. E. Patterson (Redditch)

There is little of note to report this year. Work has gone on smoothly, the Head Teachers continue to be co-operative, and parents attend inspections well. The children are mostly in good general condition, adequately fed and suitably clothed. There are very few dirty or infested children in the area.

The first part of the report is devoted to a general survey of the situation in the country. It is followed by a detailed account of the work done during the year. The report concludes with a summary of the results and a list of recommendations.

REPORT OF THE DIRECTOR

The Director has the honor to acknowledge the receipt of the report of the Committee on the subject of the proposed changes in the curriculum of the school. The Committee's report is most interesting and contains many valuable suggestions.

The Director has considered the report carefully and has decided to accept the suggestions of the Committee.

The Director has also received many suggestions from the teachers and the students. These suggestions are also being considered and will be incorporated into the new curriculum as far as possible.

The Director has the honor to thank the Committee and the teachers and students for their valuable suggestions. It is hoped that the new curriculum will be a great improvement on the old one.

The Director has the honor to sign this report.

The Director has the honor to sign this report.

The Director has the honor to sign this report.

WORCESTERSHIRE COUNTY COUNCIL

KIDDERMINSTER DIVISIONAL AREA

SCHOOL HEALTH SERVICE

REPORT OF THE
DIVISIONAL SCHOOL
MEDICAL OFFICER

FOR THE YEAR 1956

COLIN STARKIE, M.D., M.R.C.S., L.R.C.P., D.P.H., B.Sc.,
(Divisional School Medical Officer).

R. W. MARKHAM, B.A., M.B., B.Ch., D.P.H.,
(Deputy Divisional School Medical Officer).

WORCESTERSHIRE COUNTY COUNCIL.
KIDDERMINSTER DIVISIONAL AREA.

ANNUAL REPORT OF THE DIVISIONAL MEDICAL OFFICER
FOR THE YEAR 1956.

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., J.P., D.L.
"	S. T. Melsom, O.B.E.
"	H. Parkes, J.P.
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.
"	W. P. Hill.
"	D. Samuel.

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. A. Knight.
Lady Lea.
Mrs. M. J. Starkie, M.A.

Clerk to the Committee :

Mr. J. L. Evans, M.A.

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

Madam Chairman, Ladies and Gentlemen,

I have the honour of presenting my eighth Annual Report upon the Kidderminster Divisional School Health Service.

In this changing world when we can see clearly how dependent upon each other we are, not only individually, but also nationally, it is well to glance back at some of the outstanding events of the year and note their significance, both on our present day life, and for the futures of our children.

Of outstanding significance was the opening at Calder Hall in Cumberland, of the first ever built, commercial atomic power station. For the first time we are using atomically produced electricity.

Other important *Scientific achievements* this year have been :—

Successful vertical jet flight.

Level jet propelled flight at 1,132 miles per hour.

First test of air dropped H Bomb exploded by U.S.A.

First trans-Atlantic Telephone was opened.

More new synthetic and plastic materials were evolved.

Medicine.

First time Anti-Poliomyelitis vaccine was given in U.K.

Social events in U.K.

There were several industrial strikes, including :—

London Printers.

B.B.C. Musicians.

Motor Manufacturers.

" Automation " has been much talked about and has made changes, especially in the motor car industry.

Other things talked about have been the high cost of living, rising prices, financial " crises " and " credit squeezes " and the international situation, particularly in the Middle East. The International situation dominated the scene in the last quarter of the year.

In Cyprus, intermittent terrorist activity continued.

Poland—revolted, apparently with some success, against the complete domination by U.S.S.R.

Hungary—revolted. There were massacres by U.S.S.R. forces, and U.S.S.R. appears to have retained full control of Hungary. This revolt caused thousands of Hungarians to leave their country, and become scattered over the world as refugees. Many are in the United Kingdom and United States of America.

The long standing Israel-Egyptian conflict flared up into full scale war a few weeks after Egypt had seized the Suez Canal. Britain and France intervened with arms, and stopped the war before it had chance of involving more nations.

At the request of the United Nations, Britain and France withdrew from the war area, leaving a newly formed United Nations Force to keep the peace.

During the hostilities, Egypt blocked the Suez Canal with sunken ships and Syria destroyed oil pumping installations. This caused severe curtailment of oil supplies to Europe, and oil and petrol were rationed. The basic petrol ration was equivalent to 200 miles per month per vehicle, and the price of petrol was raised from about 4/7d to 6/- per gallon.

Jordan broke off friendly relations with Britain.

Anxiety was felt over Russian arms being amassed in Syria.

As the year closed many countries were feeling aggrieved and suspicious of each other. The Suez Canal had not been cleared of block ships. The situation between Israel and Egypt was one of suspended antagonism.

The United Nations Assembly continued in its efforts to find some sort of working compromise whereby world peace would be preserved.

There was a general feeling that a world disaster had been narrowly averted, and that this was ultimately due to the great fear most thoughtful people have of atomic warfare, and the overwhelming destruction which would be caused by Megaton H. Bombs.

In the midst of these stirring times the Divisional School Health Service has continued to guard the health, and record the progress of our school children.

The first part of this report tries to answer some of the questions we ask about the Service.

The second part consists of the statistical tables collected for easy reference.

I gladly record our thanks for the invaluable help so graciously given by all teaching staffs, often when our visits must have seemed most inconvenient.

We also wholeheartedly give our thanks to the Divisional Sub-Committee and the County Education Committee for their support and encouragement during the year.

For their willing and efficient work on all occasions, I thank all my Staff, and those who have worked with me.

Yours obediently,

COLIN STARKIE,

Divisional Medical Officer.

Caldwall Hall,
Kidderminster.

HAS THE SCHOOL POPULATION ALTERED ?

Yes, there has been an increase of 247 pupils on the registers, to the figure of 11,431 children in divisional schools. There are about 2,200 more children in this division than there were eight years ago.

HOW ARE THE CHILDREN ?

Since the beginning of the year we have been asked to classify all children inspected into either 'Satisfactory' or 'Unsatisfactory' groups, in accordance with their general condition. This is not a scientific classification and leaves much to be desired, but on these terms it gives 99.6% as being 'Satisfactory'. This does not indicate that all these children are in the optimum state of health and development, but includes many who, although not quite 'Unsatisfactory,' are yet not as good as they could be.

The condition of the 'Unsatisfactory' 13 children has been treated where possible by residence in the Malvern Open Air School, or by a period of convalescence elsewhere.

WHAT ACTIVE MEASURES ARE USED TO PROTECT CHILDREN AGAINST DISEASE ?

The pre-school child is offered immunisation against Smallpox, Diphtheria, Whooping Cough, Tuberculosis in special circumstances, and this year for the first time in this Country, a limited number have been immunised against paralytic Poliomyelitis. The thirteen year old group are offered, for the second year, B.C.G. immunisation against Tuberculosis.

As a measure of the greatest importance there continues the excellent School Meals Service, giving well balanced nutritious meals, and the milk in schools service ensuring an adequate supply of the most important body building foods.

WHAT SPECIAL TEACHING SHOULD WE GIVE ?

The use of paper towels in all the progressive schools is a big step forward in the practical teaching of cleanliness. However, when we note that over 5% of all our school children showed some louse infestation in their hair, it is clear that a lot of health education remains to be done.

It is only by very hard work on the part of the school nurses and teachers, that the vermin infestation is kept down to this level. Lack of adequate home water supply and other facilities, certainly contribute to the continuance of the head louse nuisance, but the main cause is inability or indifference on the part of a relatively few mothers to keep their families clear of head lice.

WHAT SHOULD WE TEACH ABOUT SMOKING ?

The British Medical Journals of May and November, 1956, insist that we must inform the public of the possible dangers to health and life from smoking cigarettes. It is our obvious duty to warn school children of this real menace so that they may choose to take the serious risks or not, before their inclination is already overwhelmingly biased by cigarette addiction.

WHAT HEALTH EDUCATION HAS BEEN GIVEN ?

When vaccination against Poliomyelitis was introduced we were asked by Parents Association, Young Wives Groups, and our Nursing Colleagues to talk on this aspect of prevention.

The interest shown in many aspects of health was further indicated by doctors and nurses alike being asked to talk to all sorts of different groups on health matters. We all feel it is one of our privileges to be asked to discuss health subjects with any interested group.

The teachers have at all times been most helpful, especially with Parent Teachers Associations.

One scheme carried out at the Bewdley Secondary Modern School was so outstanding that I give the nurse's own account of it.

" A very brief course of mothercraft and sex instruction was given to school leaving girls during the final half of their last term at school.

The suggestion that such a course should be given was put to the Headmaster, who was helpful and enthusiastic. A letter was written to each parent asking :—

- (a) If they would like their daughter to receive mothercraft teaching.
- (b) If they would like them to receive sex teaching.

There was a unanimous affirmative response.

The course included two talks on the ' Normal Baby,' one on Breast Feeding, a talk about prophylaxis, the film strip ' How the family begins ' was used as a basis for actual sex instruction. The final talk, deliberately planned as an anti-climax was illustrated by the film ' Good Grooming.'

Each girl was given an envelope containing the Kotex booklet ' You're a Young Lady Now,' the Milton Leaflet on ' Care of Bottle and Teats ' and a letter to the parent inviting criticism (constructive or otherwise) and a suggested list of books and pamphlets for further reading should they be interested.

The girls were invited to write an essay called ' Home making by Parents,' for which a prize was given. The panel of judges—not local people, consisted of :—

- A Health Visitor, who does a lot of school work,
- An ex School teacher, who has 2 children, and
- A young man of 21.

Friendly co-operation seemed to be the hall mark of the course : the teaching staff concerned were helpful and enthusiastic, the parents willing to co-operate, the girls themselves were approachable.

The County Health Education Officer provided all the material needed—bath—dolls—posters—filmstrips, etc.”

The following subjects were discussed by various Groups during 1956.

Relaxation.	Family Circle.
Growing Pains.	Family Circle.
Rheumatism.	Family Circle.
Car Sickness.	Family Circle.
0—5 years old.	Family Circle.
Delinquent Children.	Family Circle.
Poliomyelitis Vaccination.	Wolverley W.I.
Poliomyelitis Vaccination.	Parent Teacher Association.
Poliomyelitis Vaccination.	Nursing Group.
Poliomyelitis Vaccination.	Young Wives Group.
General Health Talk.	Round Table.
Spastics.	Parents Circle.
Flies, Food, Vaccination.	Young Wives.
Any (Health) Questions.	Young Peoples Fellowship.
Child Education.	Family Circle.
Health Subjects.	Home Helps.
First Aid and Health.	Red Cross.
Mothercraft and Sex Instruction.	School leaving girls, Bewdley.

Are the Children's Teeth Good ?

I wish I could write ' Yes ' but unfortunately this would be far from the truth. The conditions are better than they were twenty years ago, but not until we alter our food habits, and take more care of our teeth, and probably raise the fluoride content of drinking water, can there be the great improvement which is so long overdue.

Our School Dental Officers are performing a very great and necessary service in looking after the children's teeth, but so often this is a removal or repair operation, which with proper food and care, should not have been necessary.

Apart from operative work, the dental service is in the forefront of health education, the results of which should be increasingly shown.

Are we looking after our Handicapped Children ?

Of 137 such children on the register, 42 are at special schools and 67 are on the waiting list, many for a day school for Educationally Subnormal children which is wanted in Kidderminster.

Details on page 66.

What about Problem Families ?

There are very few real problem families in the Area, but these families absorb a great deal of the time and energy of all the Social workers.

A Social Committee composed of all sections interested in problem families, meets at regular intervals, to pool knowledge and discuss how best to help these families. It is most serious that under the present conditions, in many cases the most that can be done is to prop up a tottering family, leaving their children to be dragged up in an unstable environment which is always just on the edge of criminal neglect and moral turpitude. Until we decide to be entirely responsible for these families, and ensure that their children are brought up in adequate surroundings, we are only helping to produce more problem families for the future.

In a few instances the children must be removed from the family and given a good foster home or residential school until they reach adult life.

Are all Children's Tonsils being removed ?

A survey in this Area showed that approximately 1/5th of all children leaving school in 1956 had had a tonsil operation. Thus there must be about 200 divisional children suffering removal of tonsils during their school life.

Since many cases of large tonsils without symptoms are normal in childhood it is only after prolonged observation and with very definite reasons that children should be submitted to this operation.

Details on page 63.

What is the Standard of the School Buildings ?

This varies considerably, but on the whole it is very good. There remain a few old, outdated premises lacking adequate sanitary and washing arrangements, but there has been an improvement in conditions during the year, as will be seen indicated on page 67.

There is need for a day school for Educationally Subnormal pupils in the Kidderminster district.

Details on page 66.

What about Refugees from Egypt ?

During the Christmas period about 500 refugees arrived at the re-opened Summerfield Hostel.

This entailed much extra work by the Medical Officer and Health Department of the Rural District, and by the Red Cross and other local voluntary services.

Among these families were 112 children of school age who must be absorbed into the education system at an early date.

Also there were a number of younger children who required supervision by the Health Visitor of the Area.

Are Routine Medical Inspections worth carrying out ?

All children in school are medically examined at the age of 5 years when they enter school ; again at age of 11 years ; and finally during the year before they leave school.

The object of these examinations is to detect any abnormality, however slight, which if not corrected, would prevent the child making full use of its education, or would lead to ill health and incapacity later in life.

The results of these inspections revealed 650 out of 3,332 children to require some form of treatment.

Most of these defects had not been recognised by the parents or pupil, and would possibly have progressed seriously without the treatment which was arranged through their own doctor, or otherwise as occasion demanded.

Is there any Special Service to Prevent or Alleviate Crippling Defects in Children.

This question is answered in the following way by Mrs. Johnson, the County Orthopaedic Sister.

“ During the past year, I have, as previously, worked in close co-operation with the Health Visitors and Teaching Staffs, which has enabled me to detect early minor defects and advise parents in regard to treatment.

Many children are wearing shoes which are too small for them. I feel it should be more widely known that there are no set standards of sizes for children's footwear, and therefore, shoes supposedly of the same size, but made by different manufacturers are often very different.

The vogue of 'Casual and Slip On' type shoes continues. They are being worn by many teenage girls and are likely to cause defects, and if worn continuously, they tend to cramp the feet, and do not allow room for growth.

I have continued the After Care of Children who have required a period of hospital treatment.

A total of 351 school children and 152 infants have attended the Orthopaedic Clinics at Kidderminster General Hospital. These figures however, do not include fractures and minor injuries.”

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 :—

District	Immunised for first time Age 5—14.	Booster Dose
Bewdley Borough	16	62
Tenbury Rural	8	48
Stourport Urban	17	121
Kidderminster Rural	22	123
Kidderminster Borough	135	303

PSYCHIATRIC CLINIC.

50 children attended for treatment during the year. (28 boys and 22 girls). The following table gives details of new children attending the Kidderminster Clinic during the year.

Cases Referred by	1—5 years.		5—11 years.		11 years and over		TOTAL
	M.	F.	M.	F.	M.	F.	
General Practitioners ..	—	—	—	—	2	—	2
Assistant School Medical Officers	—	—	1	—	—	—	1
Specialists ..	—	—	2	—	2	—	4
School Medical Officer	—	—	2	—	—	—	2
TOTAL ..	—	—	5	—	4	—	9

SPEECH THERAPY.

The work of the Speech Therapists is summarised in the following tables :—

Clinic.	Articulation, <i>e.g.</i> lisp.	Communication <i>e.g.</i> stammering.	Multiple <i>e.g.</i> Cleft Palate.	TOTAL
Kidderminster ..	14	11	8	33
Stourport	8	5	—	13
Tenbury	4	3	2	9

	Kidderminster	Stourport	Tenbury
Cases attending 31.12.56	17	8	7
Discharged after satisfactory progress ..	13	4	2
Discharged after some progress ..	—	—	—
Left school or area	1	—	—
Ceased attending	2	1	—
TOTAL	33	13	9
Waiting List	53	21	10
GRAND TOTAL	86	34	19
Total No. of Treatments	675	191	103

The following tables show the number of school children who undergo tonsillectomy.

		No. Examined	Had Operation	Percentage
<i>Entrants :</i>	Boys	596	22	3.69
	Girls	534	4	.75
	TOTAL	1130	26	2.3
<i>Intermediates :</i>	Boys	408	60	14.7
	Girls	395	72	18.2
	TOTAL	803	132	16.4
<i>Leavers :</i>	Boys	505	87	17.2
	Girls	507	110	21.69
	TOTAL	1012	197	19.46
<i>Others :</i>	Boys	188	37	19.68
	Girls	199	38	19.09
	TOTAL	387	75	19.37
GRAND TOTAL ..		3332	430	12.9

TUBERCULOSIS.

In the whole Division there were 26 children suffering from tuberculosis, and of these 11 were pulmonary tuberculosis and 15 were non-pulmonary cases.

Two new cases of pulmonary tuberculosis and four cases of non-pulmonary tuberculosis were discovered.

Preventive Measures.

The most active measure taken to prevent tuberculosis infection was B.C.G. Vaccination in the thirteen year old group of school children. The following table shows the position at 31st December, 1956.

Area	No. Offered B.C.G.	% Accepted	Of those Accepting % T.T. Positive	No. Vaccinated	Retests	Re-Vaccinated
Kidderminster Borough ..	705	63.2	16.8	349	158	2
Stourport Urban ..	191	66.0	20.8	92	41	—
Tenbury Rural	43	58.1	21.7	18	—	—
Bewdley Borough ..	63	77.7	12.2	43	—	—
WHOLE DIVISION ..	1002	64.4	17.8	502	199	2

MASS RADIOGRAPHY.

During Summer, the Mass Radiography Unit of the Birmingham Regional Hospital Board visited Tenbury, examining 48 children in their final year.

The Chest X-rays showed no tuberculosis.

VERRUCA PEDIS.

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

129 cases of contagious warts were discovered, of which 110 were treated by the School Health Officer, and 19 by private practitioners.

101 cases were found in the 7 senior schools, and 28 in 10 junior schools.

81 girls and 48 boys were affected.

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.

Following the plan reported last year, all Divisional School Nurses inspect children's feet at the same time that they make their routine hygiene inspections, the result shows an increase in ascertained cases of Verruca infection.

OPEN AIR SCHOOL, MALVERN.

During the year 29 names were added to the list for admission to the Open Air School on account of :—

Debility	..	..	..	..	25 cases
Chronic bronchitis and Asthma	..				3 cases
T.B. Contact	..	..	..		1 case.

28 children were admitted for one term and 6 stayed for two terms.

ROTARY BOYS' HOME, WESTON-SUPER-MARE.

The generosity of the Kidderminster Rotary Club was extended to 22 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.

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

135 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.

STUDENT TEACHERS, ETC.

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

SCHOOL MEALS HELPERS.

38 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.

1956—HANDICAPPED PUPILS—POSITION 31st JANUARY, 1957.

Category	New cases ascertained	Cases removed from register	Remaining on register at 31.12.56	Incidence per 1,000 school population	No. at special schools	No. at ordinary schools	No. at Grammar school (Boarding)	Not at school (under age, excluded or receiving home tuition)	No. awaiting admission to special schools or classes on 31.1.57
Blind			2	.17	2				—
Partially sighted	1		2	.17	2				—
Deaf	1		6	.52	5				1
Partially deaf		1	2	.17		2			—
Delicate			3	.26		3			—
Physically handicapped	1	1	29	2.63	6	13	1	9	3
With speech defects			2	.17		2			—
Educationally subnormal	18	6	85	7.43	22	63			63
Maladjusted		1	3	.26	3				—
Epileptic	1		3	.27	2	1			—
	22	9	137	11.9	42	84	1	9	67

SCHOOL BUILDINGS.

In addition to routine internal and external maintenance carried out at the schools, the following work has also been executed :—

SCHOOL.	IMPROVEMENTS.
Harry Cheshire Boys'	Two new classrooms now completed.
Harry Cheshire Girls'	Three new classrooms now completed.
Birchen Coppice Junior	Two new classrooms now completed.
Far Forest	Playground and grounds completed.
Upper Mitton	Repairs and improvements completed.
Wilden	New classroom completed.
Stoke Bliss & Kyre	Water borne sanitation installed.
Sladen Secondary	Additional classroom.
St. George's Infants'	Improvements to classrooms and cloak-room.
Stourport Primary	New classrooms and extension of cloak-room in process of building.
Areley Kings	New floors and heating. Minor improvements.
Comberton Infants	Infants' School opened. Section used by Sion Hill Secondary school temporarily.
Sion Hill Secondary	In course of erection.
Cookley	New cloakroom and lavatories.

SCHOOL CLINICS.

The School Clinics now established at Stourport and Kidderminster continue to function regularly. The Clinic at Bewdley was found to be unnecessary and therefore was discontinued.

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 Consultations	Special Consultations Psychiatric Clinic Speech Therapy	Special Consultations	Occasional Ophthalmic Clinic	Speech Therapy	Special Consultations
AFTER-NOON	AFTERNOON	AFTERNOON	AFTERNOON	AFTERNOON	AFTERNOON
Ante-Natal Clinic	Special Consultations Psychiatric Clinic	Sewing Class Family Planning Clinic	Infant Welfare Clinic	Ophthalmic Clinic Speech Therapy	

Dental Sessions are held mornings and afternoons daily.

The Clinic is also used occasionally on weekday evenings and Sunday afternoons by :

The Blood Transfusion Unit.

The Lip Reading Classes.

The Red Cross Society.

SCHOOLS IN THE KIDDERMINSTER DIVISIONAL AREA.

Number on Registers for the Quarter—December 1956.

BOROUGH OF KIDDERMINSTER.

Grammar Schools.

	<i>Number on Registers.</i>				
Kidderminster High	450
King Charles I.	339

Total ..	789
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County Modern Schools.

Harry Cheshire Boys'	693
Harry Cheshire Girls'	630
Sladen Secondary	491
Sion Hill Secondary	96

Total ..	1,910
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Primary Schools.

Lea Street Mixed	229
Lea Street Infants'	110
Bennett Street Junior	372
Foley Park .. .. .	..	..	..	..	378
St. Mary's Junior .. .. .	..	..	..	..	273
St. Mary's Infants' .. .. .	..	..	..	..	106
St. George's Mixed .. .. .	..	..	..	..	283
St. George's Infants' .. .. .	..	..	..	..	120
St. John's Boys' .. .. .	..	..	..	..	89
St. John's Girls' .. .. .	..	..	..	..	112
St. John's Infants' .. .. .	..	..	..	..	76
Broadwaters .. .. .	..	..	..	..	70
New Meeting .. .. .	..	..	..	..	209
Birchen Coppice Infants' .. .. .	..	..	..	..	277
Birchen Coppice Junior .. .. .	..	..	..	..	490
Franche C.E. .. .. .	..	..	..	..	59
Franche C.P. .. .. .	..	..	..	..	290
St. Ambrose's Mixed	441
St. Ambrose's Infants'	134
Comberton Infants'	52

Total ..	4,170
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KIDDERMINSTER RURAL DISTRICT.

Primary Schools.

	<i>Number on Registers.</i>				
Chaddesley Corbett Mixed	50
Chaddesley Corbett Infants'	31
Trimpley	30
Stone	64
Churchill	19
Upper Arley	67
Wolverley	237
Cookley	218
Blakedown	91
Far Forest	139
Heightington	16
Rock	16

Total ..	978
----------	-----

BOROUGH OF BEWDLEY.				<i>Number on Registers.</i>	
Bewdley County Modern	..	..	..	..	355
Bewdley Junior	..	..	..	..	196
Wribbenhall C.P.	..	..	..	..	167
Wribbenhall C.E. Infants'	..	..	..	..	82
				Total	800
<hr/>					
STOURPORT URBAN DISTRICT.					
Areley Kings	..	..	..	..	127
Stourport County Modern	..	..	..	..	874
Stourport Junior Mixed	..	..	..	..	638
Stourport Infants'	..	..	..	..	263
Upper Mitton	..	..	..	..	65
Wilden All Saints	..	..	..	..	120
				Total	2,087
<hr/>					
TENBURY RURAL DISTRICT.					
Bayton	..	..	..	..	52
Bockleton	..	..	..	..	24
Eastham and Hanley	..	..	..	..	47
Knighton-on-Teme	..	..	..	..	44
Lindridge	..	..	..	..	33
Pensax	..	..	..	..	31
Stoke Bliss & Kyre	..	..	..	..	42
Tenbury Infants'	..	..	..	..	62
Tenbury Junior	..	..	..	..	134
Tenbury Secondary	..	..	..	..	228
				Total	697
<hr/>					
SUMMARY.					
Kidderminster Borough	..	..	..	..	6,869
Kidderminster Rural District	..	..	..	..	978
Bewdley Borough	..	..	..	..	800
Stourport Urban District	..	..	..	..	2,087
Tenbury Rural District	..	..	..	..	697
				Total	11,431
<hr/>					

APPENDIX TO REPORT OF SCHOOL MEDICAL OFFICER

For Year Ended 31st December, 1956.

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	1,130
Second Age Group	803
Third Age Group	1,012
Total	2,945
Number of other Periodic Inspections ..	387
GRAND TOTAL ..	3,332

B. *Other Inspections.*

Number of Special Inspections	832
Number of Re-Inspections	1,011
TOTAL	1,843

Pupils found to require treatment.

Group (1)	For Defective Vision (Excluding Squint) (2)	For any of other conditions Table IIA. (3)	Total Individual Pupils (4)
Entrants	6	144	150
Second Age Group	71	100	161
Third Age Group	139	116	247
TOTAL (Prescribed Groups)	216	360	558
Other Periodic Inspections	38	58	92
GRAND TOTAL	254	418	650

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS
IN THE YEAR ENDED 31st DECEMBER, 1956.

DEFECT OR DISEASE.	PERIODIC INSPECTIONS						SPECIALS	
	ENTRANTS		LEAVERS		TOTAL including all other age age groups requiring			
	requiring		requiring		requiring		requiring	
	Treat.	Obs.	Treat.	Obs.	Treat.	Obs.	Treat.	Obs.
Skin	21	3	44	2	89	10	140	—
Eyes (a) Vision ..	6	23	140	7	254	58	41	—
(b) Squint ..	18	4	1	—	32	5	3	1
(c) Other ..	7	—	4	—	18	4	11	—
Ears (a) Hearing ..	4	2	2	—	9	4	7	—
(b) Otitis Media ..	5	3	1	1	10	6	6	2
(c) Other ..	1	1	—	—	2	4	—	—
Nose or Throat ..	28	64	9	2	50	81	6	6
Speech	2	19	1	1	10	22	27	2
Cervical Glands ..	10	40	2	—	16	43	10	3
Heart and Circulation	4	13	2	3	9	23	3	—
Lungs	10	14	1	1	20	24	5	—
Developmental								
(a) Hernia	1	3	—	—	1	3	—	—
(b) Other	1	7	5	1	19	13	4	—
Orthopaedic								
(a) Posture	2	3	8	3	25	10	14	4
(b) Flatfoot	6	4	1	—	13	4	6	—
(c) Other	35	20	30	6	97	50	28	2
Nervous System								
(a) Epilepsy	2	—	—	—	2	—	2	—
(b) Other	11	9	3	1	22	15	34	1
Psychological								
(a) Development ..	—	4	1	1	2	10	—	2
(b) Stability	—	1	—	—	—	6	1	—
Abdomen	2	—	1	—	7	—	7	—
Other	6	21	14	2	47	37	47	6

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

AGE GROUPS (1)	No. of Pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
Entrants	1130	1125	99.6	5	.4
Second Age Group ..	803	799	99.5	4	.5
Third Age Group	1012	1011	99.9	1	.1
Other Periodic Inspections	387	384	99.2	3	.8
TOTAL	3332	3319	99.6	13	.4

TABLE III.

INFESTATION WITH VERMIN.

- (i) Total number of examinations in the Schools by the School Nurses or other authorised persons 35,810
- (ii) Total number of individual pupils found to be infested 653
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) Nil
- (iv) Number of individual pupils in respect of whom cleansing orders were issued, (Section 54 (3) Education Act, 1944) Nil

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

DISEASES OF THE SKIN. (Excluding uncleanliness, for which see Table III.)

Disease	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Scabies	4	—
Impetigo	20	2
Other skin Diseases	132	51
TOTAL	156	53

EYE DISEASE, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	By the Authority	Otherwise
External and other excluding errors of refraction and squint	14	4
Errors of Refraction (Including Squint)	441	89
TOTAL	455	93
Number of Pupils for whom Spectacles were Prescribed	337	89

CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Clinic	Elsewhere
No. of pupils treated at Child Guidance Clinic	50	—

SPEECH THERAPY.

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapist	55	—

OTHER TREATMENT GIVEN.

	Number of cases treated the Authority
Miscellaneous minor ailments	559
Pupils who received convalescent treatment under School Health Service arrange- ments	5
Pupils who received B.C.G. Vaccination ..	504

TABLE V.

**DENTAL INSPECTION AND TREATMENT CARRIED OUT BY
THE AUTHORITY.**

(1) Number of Pupils inspected by the Authority's Dental Officers.					
(a) Periodic age groups	..	..	..	..	6,206
(b) Specials	..	..	..	..	742
				Total (1)	6,948
(2) Number found to require treatment	..	..			6,170
(3) Number referred for treatment	..	..			5,064
(4) Number actually treated	..	..	..	..	2,574
(5) Attendances made by pupils for treatment	..				4,634
(6) Half-days devoted to : Inspection	..	..			35
				Treatment	695
				Total (6)	730
(7) Fillings : Permanent Teeth	..	..	..	..	4,059
				Temporary Teeth	180
				Total (7)	4,239
(8) Number of teeth filled : Permanent Teeth	..				3,779
				Temporary Teeth	178
				Total (8)	3,957
(9) Extractions : Permanent Teeth	..	..	..	..	1,040
				Temporary Teeth	2,199
				Total (9)	3,239
(10) Administration of general anaesthetics for extractions	..	..	..	..	246
(11) Other operations : Permanent Teeth	..	..			530
				Temporary Teeth	251
				Total (11)	781



BOROUGH OF OLDBURY

ANNUAL REPORT

OF THE

Borough School Medical Officer

TO THE

Oldbury Committee for Education

FOR THE YEAR 1956

Borough School Medical Officer:

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



A REPORT
BY
HENRY TARRILL, M.B., D.S., D.P.H.

BOROUGH OF OLDHURST

ANNUAL REPORT

OF THE

Borough School Medical Officer

TO THE

Oldhurst Committee for Education

FOR THE YEAR ENDING 1925

Borough School Medical Officer
HENRY TARRILL, M.B., D.S., D.P.H.

BOROUGH OF OLDBURY

OLDBURY COMMITTEE FOR EDUCATION.

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

COUNCILLORS:

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W. CARTER.	N. A. MOORE.
MRS. M. E. GARRATT, J.P.	MRS. E. PINE.
F. GUEST.	G. H. PRICE.
A. GUNN, C.C.	MRS. R. STARKIE.
MRS. E. M. J. GUNN, J.P.	B. H. TARR.
W. HAYES, C.C.	F. W. THOMPSON, J.P.

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 MRS. E. M. GOODE, C.C.
 ALDERMAN J. F. GOODE, O.B.E., C.C.,
Vice-Chairman.

Appointed Members:

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 MR. G. H. MERCER, J.P.
 MR. A. E. GRINNELL.
 MR. F. WESTON.

SCHOOL ATTENDANCE AND CHILDREN'S CARE
SUB-COMMITTEE.

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MRS. M. E. GARRATT, J.P.	MRS. E. PINE.
F. GUEST.	G. H. PRICE.
A. GUNN, C.C.	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. A. E. GRINNELL.

STAFF:**School Medical Officer:**

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

Deputy School Medical Officer:

D. M. BLOMFIELD, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H.
(Commenced 1.8.56).

Ophthalmic Surgeon:

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

Dental Surgeons:

JAMES RODGERS, D.F.M., L.D.S., R.F.P.S. (G.),
ALMA M. FACER, L.D.S. (Part-time).
ROBIN EGGLESTON, L.D.S. (Part-time).
(Resigned 4.10.56).

Senior School Nurse:

MISS M. R. CLARKE (Commenced 1.5.56).

School Nurses:

MISS H. STANSFIELD.	MRS. M. BARRASS.
MISS E. M. L. FREESTONE.	MRS. F. MEIRING
MISS B. LAMB.	(Resigned 14.4.56).
	MISS G. N. DAWSON.

Chief Clerk:

S. ASTLEY.

Senior Clerk:

T. K. BOSTON.

Clerks:

MISS D. M. PLEAVIN.	MISS E. YORK
MISS P. ROBERTS.	MISS I. THOMAS
MISS S. PARTINGTON	

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 1956.

General Condition.

The health of the school children continues to be well maintained. The Ministry of Education now requires children to be classified as of satisfactory or unsatisfactory physical condition. This takes the place of the classification of the general condition of the children as good, fair or bad. The disadvantage of this new classification is that only those children having some specific physical defect are included as unsatisfactory. The large intermediate group of children, many of whom may be thin or pale, suffering from recurrent boils or not getting sufficient sleep, used to be classified as fair since they obviously did not enjoy good health. They are now included with the group of physically satisfactory children. The finding that over 98 per cent. of the children are physically satisfactory is a misleading one if it is taken to imply that there is no room for improvement in the health of these children. We have only to observe the great mental and physical improvement shown by children who have been re-housed from clearance areas to realise that good health is not just the absence of any specific physical defect. Nevertheless it is reassuring to note that only 1.75 per cent. of all the children examined were classified as being unsatisfactory.

The examination of the children's heads showed that the amount of infestation remained very small — only 429 individual children out of 25,000 children examined showed any infestation, and the majority of these were slight. In only 5 cases was it necessary to issue a compulsory cleansing order. When we compare these figures with those obtaining 10 years ago, 1,300 infested out of 18,000 children examined, parents, teachers, and school nurses have every reason for satisfaction.

Infectious Diseases.

Once again there were no cases of diphtheria among school children during the year. Indeed the occurrence of a case would nowadays be considered a subject for investigation and comment. But we must not allow ourselves to become complacent about this deadly disease. It is only by the rigorous maintenance of a high degree of immunisation in the majority of school children that the return of diphtheria is being prevented.

The incidence of measles showed a marked reduction—only 4 cases compared with 515 during 1955. Whooping cough was more prevalent than in the previous year.

While there were no large outbreaks of dysentery, minor outbreaks and sporadic cases occurred throughout the year—a total of 40 cases being confirmed. The number of cases would have been much larger if strict measures of control had not been maintained.

Of the 10 children notified to be suffering from Tuberculosis, one was not confirmed and two were inward transfers. In the remaining 7 children the disease was respiratory in 3 cases. B.C.G. inoculation of children in their fourteenth year has continued. In addition to the valuable protection these inoculations afford, the preliminary Mantoux testing is helping to detect children who have already been exposed to infection. All children reacting positively to this test subsequently have their chests X-rayed by the Mass Miniature Radiography Unit which now holds regular fortnightly sessions at the Health Department.

The efficacy of B.C.G. inoculation is now well established, and it is to be hoped that before long opportunity will be afforded to other age groups to benefit from this procedure.

Tonsils and Adenoids.

During the whole of 1956, medical officers carrying out school examinations have been recording whether or not a child has had its tonsils removed. The result of this investigation is shown in the table which appears in the body of this report. One or two interesting facts emerge — at all ages more boys than girls had undergone tonsillectomy, and by the time they had reached their fourteenth birthday, one in every four of Oldbury's school children was without his or her tonsils. It will be interesting to compare these results with those obtained in other areas to determine, if possible, what are the factors which influence the tonsillectomy rate.

Smoking and Cancer of the Lung.

It may seem out of place to discuss this subject in a School Medical Report, but in the light of present-day knowledge we should make every effort to discourage young people from taking up smoking and becoming addicts. We could do this by example, but since many adults who have smoked for years find the effort to give up this harmful habit too great, it is our duty to make the facts known to the adolescents for their own protection. Carefully controlled enquiries have shown that for those smoking more than 25 cigarettes per day the death-rate from lung cancer is about forty times that for non-smokers, and lest it be thought that this is in any case a rare disease, it has been shown that among life-

long heavy smokers, smoking about 25 cigarettes per day, 1 in 10 die of lung cancer before the age of seventy-five.

Dental Service.

As will be seen from the report of Mr. Rodgers, the Divisional Dental Officer, we have been able to obtain more assistance from dentists working on a part-time sessional basis and the work carried out during the year has shown a marked increase, and has also included Orthodontic treatment.

Educationally Sub-Normal Pupils.

No less than 7 of the 55 children appearing before the Juvenile Courts during the year had been ascertained as E.S.N. At the end of the year there were 67 children awaiting admission to a Special School for whom no places could be obtained. It is difficult enough for a child of normal intelligence to profit fully from the education in these days of large classes, but it is not surprising if these less well endowed children give up the unequal struggle and resort to delinquency. The completion of the new Day Special School which will serve this Borough, now in the course of erection, will be eagerly awaited.

Staff.

Regular medical inspections were maintained during the first two terms of the year with the assistance of Drs. B. Henly, J. L. Briant and J. Calder working on a sessional basis. Dr. D. M. Blomfield was appointed Deputy School Medical Officer and commenced duty in August.

Miss M. R. Clarke, Senior Health Visitor/School Nurse took up her appointment in May.

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 the Staff of the School Health Service — Medical, Dental, 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.

April, 1957.

SCHOOLS IN OLDBURY.

SCHOOL	Average No. on Roll 1956	No. on Roll at 31-12-56	Accom- modation in each Dept.
Oldbury Grammar	548	563	530
Oldbury Technical	188	195	120
Albright Secondary Modern Boys' ...	438	467	480
Albright Secondary Modern Girls' ...	438	460	480
Bristnall Hall Secondary Modern Boys'	508	502	520
Bristnall Hall Secondary Modern Girls'	510	510	480
Perryfields Secondary Mixed	308	312	480
St. Michael's C. of E. Secondary Modern	271	277	320
Bleakhouse Primary Junior Mixed ...	310	307	320
Brandhall Primary Infant and Junior	402	360	350
Castle Road Primary Infant & Junior	385	368	390
Causeway Green Junior Mixed	335	351	320
Causeway Green Infants'	181	161	240
Church of England Primary Infants'	91	81	120
Good Shepherd C. of E. Primary Junior Mixed	216	224	240
Moat Farm Primary Boys'	290	266	320
Moat Farm Primary Girls'	303	290	320
Moat Farm Primary Infants'	258	228	320
Perryfields Junior	276	278	320
Rood End Primary Junior Mixed ...	412	395	385
Rood End Primary Infants'	247	214	280
Rounds Green Primary Junior Mixed	386	360	480
Rounds Green Primary Infants' ...	165	135	270
St. Francis Xavier's R.C. Infant and Junior	190	195	200
St. Hubert's R.C. Infant and Junior	332	334	240
Titford Road Primary Boys'	244	201	280
Titford Road Primary Girls'	239	205	280
Titford Road Primary Infants' ...	262	208	320
Warley Primary Infants'	205	166	270
Totals	8,838	8,613	9,675

SCHOOL CLINICS.

CLINIC	OLDBURY Tabernacle School	LANGLEY "The Hollies," Joinings Bank	WARLEY 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.	—
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. 9-0—12-0 noon 1-30—4-30 p.m. Thurs., Fri. and Sat. 9-0—12-0 noon	—	Mon., Tues., Wed. and Fri. 9-0—12-0 noon 1-30—4-30 p.m.
Investigation *	—	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:—

	1956	1955	1954	1953	1952
1st Age Group—5 years ...	691	747	859	1,291	762
2nd „ „ —9 „ ...	869	811	810	859	832
3rd „ „ —11 „ ...	841	878	841	720	694
4th „ „ —14 „ ...	663	595	618	538	655
5th „ „ —15 „ ...	144	142	129	99	86
Other Periodic ...	279	378	288	467	305
Pre-School—3½ years ...	284	48	499	625	420
Totals	3,771	3,599	4,044	4,599	3,754

In addition 2,328 defects from previous inspections were re-examined and 177 were referred for treatment.

4,345 re-inspections were carried out as follows:—

	No. of Children Re-Inspected
Re-inspection of Defects	2,328
Attendances at Ear, Nose and Throat Clinics ...	150
Attendances at Investigation Clinics	144
Edgmond Hall Camp School (F.F.I. examinations)	693
Malvern Open-Air School	30
Weston-super-Mare Rotary Boys' House ...	46
Employment of Children	121
Mental Tests and Examinations	52
Re-inspections at Ophthalmic Clinics	645
Re-inspections at Minor Ailment Clinics ...	111
Re-inspections at Sunlight Clinics	25
Total	4,345

Of the 284 Pre-School children examined the following defects were referred for treatment:—

Skin defects	1
Eye defects	2
Ear defects	3
Nose and Throat	11
Speech	—
Cervical glands	—
Heart and circulation	1
Lungs	3
Developmental	3
Orthopædic	1
Nervous system	—
Psychological	—
Other defects	1

NUTRITION.

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

Through the courtesy of the Education Officer I am informed that a total of 675,332 meals were served in school during the year and of this number 45,298 meals were served free of charge. 45.0 per cent. of all children attending the schools in the Borough take their mid-day meal in school.

Similarly I understand 1,406,867 bottles of milk were supplied. All children now receive their school milk free of charge and this milk provides 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 534.

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

Clinic	No. of Children	No. of Attendances for treatment
Warley	332	1,246
Langley	136	464
Oldbury	85	447
Totals	553	2,157

Defects Treated	Oldbury	Langley	Warley	Total
Ringworm	1	1	—	2
Impetigo	2	2	23	27
Scabies	—	—	1	1
Other Skin Diseases	35	43	119	197
Blepharitis	1	1	—	2
Conjunctivitis	2	2	4	8
Other Eye Conditions	10	15	21	46
Otorrhœa	3	—	3	6
Other Ear Defects	2	2	8	12
Minor Injuries, Sores, etc.	21	25	116	162
Miscellaneous	8	45	37	90
Totals	85	136	332	553

TREATMENT OF DEFECTIVE VISION AND SQUINT.

During the year 62 sessions were held and 813 attendances were made. A summary of the defects found by the Ophthalmic Surgeon in the 168 new cases is set out below:—

Defects found in new cases:—

Errors of Refraction—

Simple Hypermetropia	...	...	...	8
Hypermetropic Astigmatism—				
Simple	...	...	...	8
Compound	...	...	...	11
Simple Myopia	...	...	...	34
Myopic Astigmatism—				
Simple	...	...	...	10
Compound	...	...	...	14
Mixed Astigmatism	...	...	...	10
Amblyopia	...	...	...	—
Anisometropia	...	...	...	23
Vitreous Mass	...	...	...	1

Squint—

Convergent	...	...	...	17
Divergent	...	...	...	—
Convergence insufficiency	...	...	...	1

Inflammatory conditions, etc.—

Blepharitis	...	...	...	2
Migraine	...	...	...	1
Injury	...	...	...	1
Nothing abnormal discovered	...	...	...	29

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

EAR, NOSE AND THROAT DEFECTS.

During the year 124 children were admitted to hospital for the removal of Tonsils and Adenoids and 3 children received operative treatment for other Ear, Nose and Throat conditions.

Children found at periodic medical inspection during the year to have had tonsillectomy:—

Age Group	Boys.			Girls.		
	Examined	Tonsillectomy	Per cent	Examined	Tonsillectomy	Per cent
5 years	348	11	3.16	343	7	2.04
9 "	436	61	13.99	433	51	11.77
11 "	426	96	22.53	415	84	20.24
14 "	347	86	24.78	316	75	23.73
15 "	75	34	45.33	69	22	31.88
Totals	1632	288	17.64	1576	239	15.16

ORTHOPÆDIC AND POSTURAL DEFECTS.

6 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 20 sessions were held. 119 children made 144 attendances.

SUN-RAY CLINIC.

Sun-Ray lamps are installed at each of the three Clinics, and 69 children made 563 attendances at 48 sessions.

UNCLEANLINESS.

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

The total number of examinations of children was 25,065 (12,060 boys and 13,005 girls), and 785 (124 boys and 661 girls) were found to have nits in the hair and 22 girls were found to have numerous nits or vermin.

HOME VISITING BY SCHOOL NURSES.

The School Nurses paid 175 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 55 children attending Oldbury Schools had to appear before the Courts as Juvenile Offenders. 7 of these children had been ascertained as Educationally Sub-normal.

INFECTIOUS DISEASES.

Notifications of Infectious Diseases 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	1956	1955	1956
Whooping Cough	32	71	—	—
Measles	515	4	2	—
Diphtheria	—	—	—	—
Scarlet Fever	51	11	3	—
Food Poisoning	7	6	—	—
Meningococcal Infection ...	1	2	1	2
Dysentery	2	40	—	1
Pneumonia	6	1	2	—
Acute Poliomyelitis—Paralytic ...	—	—	—	—
„ „ Non-Paralytic	—	1	—	1
Tuberculosis—Respiratory ...	4	6	—	—
„ Meninges and Central Nervous System	—	—	—	—
„ Other Forms ...	1	4	—	—

MEASLES.

4 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.

WHOOPING COUGH.

There was an increase from 32 to 71 in the number of cases occurring in school children.

DIPHTHERIA IMMUNISATION.

The number of school children immunised during the year was 104 and 1,090 school children received reinforcing injections. At the 31st December, 1956, 92.63 per cent. of the children on the roll had been immunised and of these 67.27 per cent. had had their last injections, either primary or reinforcing, during the last five years, that is, since 1st January, 1952.

TUBERCULOSIS.

There were 69 cases of tuberculosis among children of school age at the end of the year as compared with 62 cases at the end of 1955. Of these 69 cases 53 were respiratory and 16 non-respiratory. Of the 10 cases notified during the year, 2 were inward transfers. 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 group ...	...	...	782
Invitations issued ...	...	...	771
Acceptances ...	...	...	646 (83.8%)
Tests read ...	...	...	631
Tests positive ...	...	...	96 (15.21%)
Tests negative ...	...	...	535 (84.79%)
Inoculations ...	...	...	535

EXCLUSION OF CHILDREN.

The total number of exclusions issued by the School Medical Department was 121.

86 children were excluded as a result of having infectious disease, and 35 for verminous heads.

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 693.

OPEN-AIR SCHOOL.

In 1956 the County Education Committee was able to place at the disposal of Oldbury school children 30 places at the Open-Air School, Malvern. A total of 30 children were sent, 9 were girls and 21 boys. 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 Weston-super-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 19 entrants (Form 4 R.T.C.) to Teachers' Training Colleges and 16 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
1. Blind	4	—	4
2. Partially sighted	7	2	9
3. Deaf	2	1	3
4. Partially Deaf	2	3	5
5. Delicate	2	4	6
6. Physically handicapped	7	5	12
7. Educationally sub-normal	12	67	79
8. Maladjusted	1	—	1
9. Epileptics	—	—	—
Total	37	82	119

EDUCATIONALLY SUB-NORMAL CHILDREN.

52 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	... ..	3
Report to the Local Health Authority under Section 57(5) of the Education Act, 1944	... ..	3
Educate at Special Day/Boarding Schools for Educationally Sub-normal Pupils	... ..	24
Educate at ordinary schools with special educational treatment	... ..	—
Educate at ordinary schools in special classes	... ..	10
Educate at ordinary schools (children educationally sub-normal)	... ..	1
Educate at ordinary schools (children not educationally sub-normal)	... ..	11

SANITARY ACCOMMODATION.

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

1. Work completed—

- (a) **Church of England Primary Infants' School:**
Renovation of toilets and washing facilities.
- (b) **Rounds Green Primary School:**
Improvements to children's and staff lavatory accommodation and the provision of hot water.
- (c) **Titford Road Primary Boys' and Girls' Schools:**
Provision of new wash basins and hot water to same.

2. Work in progress—

- (a) **Technical School:**
Provision of hot water to cloakroom wash basins.
- (b) **Rood End Primary School:**
The construction of a new Junior Girls' cloakroom and sanitary accommodation block.

3. Work authorised—

Albright Secondary Modern School:
Provision of showers and improvements to sanitary accommodation. This work will be commenced before the 31st March, 1957.

4. Work planned—Provided for in the Financial Estimates for 1957-58—

Bristnall Hall Secondary Modern School:
Improvements to sanitary accommodation, involving the construction of a new toilet block.

**OLDBURY SCHOOL DENTAL SERVICE.
REPORT OF THE DIVISIONAL DENTAL OFFICER
FOR 1956.**

The year 1956 was one of intense activity for the Dental Department. In many ways it gave great cause for satisfaction, yet there remains so much to do and taking into account the nature of Dental caries, so little time to do it.

More Dentistry was done for the children of Oldbury than ever before. About 1,100 more fillings were inserted than in the previous year, which had itself been the highest total to date. These figures for conservation of teeth show an increase of several hundred per cent. on the war years and those immediately following, and there is no reason to doubt that there has been an astonishing increase of dental caries. The little citizen of 1956 was consuming sweets, biscuits and other articles with a deleterious effect on teeth at a greater rate than any predecessor had ever done, and the valuable food-free periods of comparative immunity from caries attack which the child had during school hours seem to have disappeared with the introduction of "Tuck Shops." The number of permanent teeth requiring extraction has also steadily increased, some of it due to the treatment of children who had previously refused treatment, but much of it due to the reasons already stated. The situation is a grave one.

In the very important field of Preventive Dentistry, talks to promote better hygiene and habits were given to 800 senior children, appropriate Dental Health films were shown and the lessons emphasised by poster and pamphlets where possible. The results of these talks are excellent but loss of surgery time is a limiting factor. The increasing incidence of dental decay will only be halted by a radical change in dietary habits.

The X-Ray Unit has been in constant use and has been a great aid in both diagnosis and treatment in all branches of Dentistry. The Orthodontic service has been well established. Some 43 patients were fitted with Orthodontic appliances. The continued supervision of these patients and adjustment of their appliances occupied a considerable amount of surgery time. It is heartening to see the newly developed confidence and pride in appearance which so often came with the correction of their abnormalities.

My thanks are due to the children who constantly helped us by their sweet reasonableness during treatment and their excellent appointment keeping, to the Head Teachers and Staffs of our schools for their help, to the Health Visitors for giving sound dental advice throughout the Borough, and to the dental attendants who shared no small part of our increased output. I would like to thank Mrs. A. Facer, Mr. R. Eggleston and Mr. D. Huggins for their good work at the Tabernacle Clinic and the County Orthodontist, Mrs. M. A. Tibbatts, for her generous help. Once more I am indebted to Dr. H. Tabbush for his services as Anæsthetist. Much of our success during general anæsthetic sessions is due to his kind and considerate manner with our young patients.

JAMES RODGERS, Divisional Dental Officer.

REPORT ON SPEECH THERAPY CLINIC AT OLDBURY

Cases attending at 31.12.56 ...	...	19
Discharged after satisfactory progress...		16
Discharged after some progress	...	—
Left school or area ...	...	1
Ceased attending ...	...	3
	Total	39
<hr/>		
Waiting list	...	118
<hr/>		
	Grand Total	157
<hr/>		
Total number of treatments ...	...	621
<hr/>		

Types of Speech Defects treated:—

Articulation, e.g. Lisp ...	...	18
Communication, e.g. Stammering	...	17
Multiple, e.g. Cleft Palate ...	...	4
<hr/>		
	Total	39
<hr/>		

Treatment at the Speech Clinic during the last year has been very much of a routine nature. With the overwhelming demand for speech therapy and the continued shortage of staff there is little time left for many of the measures which might help to alleviate the problem of the speech defective child. I think that much benefit would be gained if there were more time for school visiting as on the few occasions when we are able to get to the schools, the staff have always been very helpful and have often contributed a great deal by giving a clearer picture of the children attending the clinic. Similarly if there were time, more visits to the homes of the children would be advantageous. At present, however, it is impossible to expand the service.

I would like to express my thanks and appreciation to the members of both Education and Health Departments who have, as always, been most helpful.

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

Medical Inspection of Pupils attending maintained
Primary and Secondary Schools.

PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed groups:—

1st Age Group (5 years)	691
2nd ,, (9 ,,)	869
3rd ,, (11 ,,)	841
4th ,, (14 ,,)	663
5th ,, (15 ,,)	144
Total	3,208
Additional Periodic Inspections	279
Grand Total	3,487

OTHER INSPECTIONS.

Number of special inspections	1,050
Number of re-inspections	4,345
Total	5,395

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	21	97	110
2nd - 9 "	59	102	154
3rd - 11 "	92	127	196
4th - 14 "	110	53	152
5th - 15 "	30	11	41
TOTAL -	312	390	653
Additional perio- dic inspections	20	29	47
GRAND TOTAL	332	419	700

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease	Periodic Inspections				Total (Inc. all other age groups i.e. 9, 11, 15 years)		Special Inspections	
		Entrants (5 years)		Leavers (14 years)		T	O	T	O
		T	O	T	O				
4	Skin	5	13	12	10	42	55	73	1
5	Eyes—								
	a. Vision	21	30	110	16	332	139	307	234
	b. Squint	24	4	9	2	76	17	21	7
	c. Other	2	1	1	1	9	6	21	2
6	Ears—								
	a. Hearing	—	10	1	5	4	31	4	5
	b. Otitis Media	1	13	—	5	10	32	4	1
	c. Other	—	3	5	2	9	9	4	1
7	Nose or Throat	51	99	10	25	152	300	81	47
8	Speech ..	5	4	1	2	9	8	1	—
9	Lymphatic Glands ..	—	42	—	4	—	82	—	2
10	Heart	2	14	—	3	3	43	—	1
11	Lungs	3	30	—	9	16	80	6	2
12	Developmental—								
	a. Hernia	2	2	—	—	3	4	—	1
	b. Other	2	25	1	2	12	75	3	26
13	Orthopaedic—								
	a. Posture	1	7	—	13	7	68	1	—
	b. Flat foot	1	8	4	13	22	36	—	1
	c. Other	5	23	9	29	57	98	8	2
14	Nervous System—								
	a. Epilepsy	1	1	—	—	1	5	—	—
	b. Other	—	6	—	—	3	19	1	3
15	Psychological—								
	a. Development	—	6	—	2	7	26	2	3
	b. Stability	—	9	—	2	2	21	1	3
16	Abdomen ..	—	—	—	—	—	—	—	—
17	Other Defects	1	—	—	—	2	4	74	8

CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED.

Age Groups	No. of Pupils inspected	Satisfactory		Unsatisfactory	
		No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1st - 5 years	691	679	98.26	12	1.74
2nd - 9 "	869	849	97.70	20	2.30
3rd - 11 "	841	826	98.22	15	1.78
4th - 14 "	663	660	99.54	3	0.46
5th - 15 "	144	142	98.61	2	1.39
Additional P.M.I.	279	270	96.77	9	3.23
TOTAL	3487	3426	98.25	61	1.75

INFESTATION WITH VERMIN.

1.	Total number of examinations in the schools by the School Nurses or other authorised persons ...	25,065
2.	Number of individual pupils found infested ...	429
3.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) ...	33
4.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) ...	5

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (including Special Schools)

Group 1—Eye Diseases, Defective Vision and Squint	No. of cases known to have been dealt with:	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint ...	60	6
Errors of Refraction (including squint) ...	137	1
Total ...	197	7
Number of pupils for whom spectacles were prescribed ...	431	—
Group 2—Diseases and Defects of Ear, Nose and Throat		
Received operative treatment		
(a) for diseases of the ear ...	—	3
(b) for adenoids and chronic tonsillitis ...	—	124
(c) for other nose and throat conditions ...	—	3
Received other forms of treatment ...	18	—
Total ...	18	130
Total number of pupils in schools who are known to have been provided with hearing aids:—		
(a) in 1956 ...	—	1
(b) in previous years ...	—	5

	By the Authority	Otherwise
Group 3—Orthopædic & Postural Defects		
Number of pupils treated in clinics or out-patient depts.	—	46
Group 4—Diseases of the Skin		
	No. of cases treated or under treatment during the year by the Authority	
Ringworm— (i) Scalp	—	
(ii) Body	2	
Scabies	1	
Impetigo	27	
Other skin diseases	197	
Total	227	
Group 5—Child Guidance Treatment		
Number of pupils treated at Child Guidance Clinics...		62
Group 6—Speech Therapy		
Number of pupils treated by Speech Therapists ...		39
Group 7—Other Treatment given		
(a) Number of cases of miscellaneous minor ailments treated by the Authority		90
(b) Pupils who received convalescent treatment under School Health Service arrangements		13
(c) Pupils who received B.C.G. vaccination ...		535
(d) Other than (a), (b) and (c) above (specify):—		
1. Minor injuries		162
2. Sunlight		69
Totals (a)—(d)		869

DENTAL INSPECTION AND TREATMENT.

(I) Number of pupils inspected by the Authority's Dental Officers—		
(a) At Periodic inspections		4,641
(b) Specials		315
Total		4,956

(2)	Number found to require treatment	...	...	3,995
(3)	Number offered treatment	...	...	3,080
(4)	Number actually treated	...	...	2,814
(5)	Attendances made by children for treatment	...	...	5,677
(6)	Half-days devoted to—			
	Inspection—Periodic (School)	...	...	30
	Treatment	...	...	744
			Total	774
(7)	Fillings—			
	Permanent Teeth	...	...	4,676
	Temporary Teeth	...	...	81
			Total	4,757
(8)	Number of Teeth Filled—			
	Permanent Teeth	...	...	3,903
	Temporary Teeth	...	...	72
			Total	3,975
(9)	Extractions—			
	Permanent Teeth	...	...	1,025
	Temporary Teeth	...	...	2,746
			Total	3,771
(10)	Administration of general anæsthetics for extraction	...	...	701
(11)	Orthodontics—			
	(a) Cases commenced during the year...	...	...	43
	(b) Cases carried forward from previous year	...	...	13
	(c) Cases completed during the year	...	...	13
	(d) Cases discontinued during the year	...	...	—
	(e) Pupils treated with appliances	...	...	49
	(f) Removable appliances fitted	...	...	43
	(g) Fixed appliances fitted	...	...	—
	(h) Total attendances	...	...	234
(12)	Number of pupils supplied with artificial dentures			12
(13)	Other operations—			
	Permanent Teeth	...	...	1,081
	Temporary Teeth	...	...	171
			Total (13)	1,252