

[Report 1959] / School Medical Officer of Health, Worcestershire / County of Worcester County Council.

Contributors

Worcestershire (England). County Council.

Publication/Creation

1959

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WORCESTERSHIRE COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT

(Fifty-first)

on the


SCHOOL HEALTH SERVICE

FOR THE YEAR 1959

by

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

County and Principal School Medical Officer.



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EDUCATION CHILDREN'S CARE SUB-COMMITTEE

LIST OF MEMBERS

Mr. J. F. GOODE, O.B.E. Chairman

Ex-officio members :

- | | | |
|--|----|--|
| Mr. J. M. C. HIGGS | .. | Chairman of the County Council. |
| Major M. F. S. JEWELL,
D.L., C.B.E. | | Vice-Chairman of the County Council and
Chairman of the Sites and Buildings
Sub-Committee. |
| Sir HUGH CHANCE | .. | Chairman of the Education Committee
and of the Further Education Sub-
Committee. |
| Mrs. J. E. TALBOT | .. | Vice-Chairman of the Education Com-
mittee and Chairman of the School
Management Sub-Committee. |
| Miss E. M. NEWTH | .. | Chairman of the County Library Sub-
Committee. |
| Mr. F. L. ROSE | .. | Chairman of the County Finance Com-
mittee. |
| Brigadier J. SCOTT,
D.S.O., O.B.E. | .. | Chairman of the School Meals Sub-
Committee. |
| Mr. J. H. WALKER | .. | Chairman of the Finance and General
Purposes Sub-Committee and Agricul-
tural Education Sub-Committee. |

Appointed members :

Dr. F. E. DAWES
 Mr. H. ECCLES
 Mr. G. E. INCE
 Mr. A. GUNN
 Rev. Dr. E. K. H. JORDAN, M.A.
 Lady C. M. LECHMERE
 Miss E. M. LYONS
 Mr. W. POWELL
 Mrs. P. J. E. SALMON
 Mr. H. J. TOOBY, M.B.E.
 Mrs. CHRISTOPHER WILSON
 Mr. J. H. WOOLDRIDGE

*Annual Report (Fifty-first) on the
School Health Service
for the Year ended December 31st, 1959.*

Mr. Chairman, Ladies and Gentlemen,

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

During the last three months of the year it has been possible for school medical officers to devote their full time directly to school medical inspections which had fallen behind schedule, owing to the priority which was given to the work of immunisation against poliomyelitis.

Haylesbury School for Educationally Sub-normal Children has fully justified the early confidence which was placed in this project and the Headmaster and his staff are to be congratulated on the excellent work which is being done for our handicapped pupils.

Occasionally it is well worth while to remember the great good that is derived from some of our services which are now accepted without further question or thought and within the report will be seen references to the Milk in Schools Scheme and also the School Meals Service. Whilst the financial position of many homes has improved during recent years, there has been a marked tendency for mothers to go out to work wherever possible and this has made the above two schemes all the more important.

The absence of the mother from home owing to a desire to try to maintain a so-called higher standard of life for the family sometimes may lead to a less settled and happy household although the family material wants have been more adequately satisfied. Wherever possible, I am certain that greater benefit is derived by the household if the mother can remain at home and look after the multitudinous needs of the family. I think that much of the mental stress and in some cases, actual mental illness, might well be due to the stresses and strains caused by the absence of the mother at work and the resultant rush and stress when she returns home in an endeavour to cope with all the household chores and the inevitable needs of a family.

We have seen many changes in the staff during this past year ; Dr. Terrell has been appointed as Deputy County Medical Officer to Cumberland and Dr. Blomfield as a District Medical Officer of Health whilst Dr. Pugh and Dr. Patterson, after many years of faithful service, are now enjoying their well earned retirement.

I am grateful to Dr. Galloway, my Deputy, and Mr. Carter, the Chief Clerk, who have prepared the detailed information of this report and who have undertaken the general supervision of the school health service.

As this report goes to press, I am pleased to say that Dr. Galloway has been appointed as County Medical Officer of Health and Principal School Medical Officer to the West Sussex County Council and whilst I shall miss his valued help, I rejoice in his success.

This report provides an appropriate opportunity to acknowledge, with thanks, the co-operation and assistance received from the County Education Officer and his staff, together with the continued support and encouragement received from the Chairman, Ald. J. F. Goode, O.B.E., and members of the Education Child Care Committee.

Your obedient Servant,

J. W. PICKUP

County and Principal School Medical Officer

County Health Department,
Love's Grove,
Castle Street,
Worcester.

April 1960.

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., F.R.C.P., D.P.H., Dr.P.H.

Senior Assistant Medical Officer, Maternal and Child Welfare

Kathleen Keane, M.B., B.Ch., D.Obst.R.C.O.G., D.C.H., 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

G. R. Thorpe, M.B., Ch.B., D.P.H.

Chest Physicians

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

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

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

S. Z. Kalinowski, M.D.

Assistant County and School Medical Officers

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

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

W. Drawneek, M.B., B.S., 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.

C. W. J. Hingston, L.R.C.P., M.R.C.S., D.T.M., 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.

C. H. Phillips, M.R.C.S., L.R.C.P., D.P.H.

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

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

P. B. Williams, M.B., B.S.

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 Psychologists

R. S. Reid, M.A., B.Ed.
Mrs. H. Richardson, M.A., B.Ed.

Psychiatric Social Workers

Mrs. J. E. Harrison, S.S.D.
I. Malcomson, B.A. (Econ.).
Mrs. M. Branch, B.Sc.(Econ.) (part-time)

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., R.C.S., Eng.
J. Rodgers, D.F.M., L.D.S., R.F.P.S., Glas.

Assistant Dental Officers

Mrs. I. D. Ball, L.D.S.
C. W. D. Jones, B.D.S.
T. Lucas, L.D.S., R.C.S., Eng.
Mrs. M. J. O'Neill, B.D.S.
Miss R. J. H. Sammons, L.D.S., R.C.S., Eng.
E. V. Stone-Wigg, L.D.S., R.C.S., Eng.
L. A. Trace, L.D.S., R.C.S., Eng.
Mrs. A. M. Facer, L.D.S. (part-time)
G. T. Facer, B.D.S. (part-time)
Mrs. B. J. Whitehead, L.D.S. (part-time)

Orthodontist

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

Administrative Assistant

H. A. Rock

Chief Nursing Officer

Miss S. Keeler, S.R.N., S.C.M., Q.N.S., H.V.

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

Vacant

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.

Mrs. J. Taylor, L.C.S.T.

Miss H. Wright, 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	17	7.55
(iii) general practitioners working part-time in School Health Service	2	0.25
(b) Physiotherapists	1	0.5
Speech Therapists	4	4.0
Remedial Gymnast	1	0.5
(c) (i) (a) School Nurses	47	22.04
(b) District Nurses	39	1.95
(ii) No. of the above who hold a Health Visitor's Certificate	67	—
(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	Number in terms of full-time officers employed in the School Dental Service
(i) Principal School Dental Officer	1	0.9	—	—
(ii) Dental Officers ..	10	9.0	3	1.8
(iii) Orthodontists (if not already included in (e) (i) or (e) (ii) above) ..	1	0.7	—	—
TOTAL ..	12	10.6	3	1.8
			Number of Officers	Number in terms of full-time officers employed in the School Dental Service
(iv) Dental Attendants			14	12.2

STATISTICS 1959

Area of Administrative County (acres)	..	..	..	437,460
Population Mid-1959	..	..	..	431,500
Value of 1d. rate	..	..	..	£21,113
School Population	..	..	..	64,258

County of Worcester (less Borough of Oldbury)

			<i>Schools/Dept.</i>	<i>Boys</i>	<i>Girls</i>
Nursery	..	..	1	24	16
Primary	..	..	240	17,239	16,429
Secondary Modern	..	..	33	8,234	7,977
Secondary Grammar	..	..	10	2,951	2,596
Secondary Technical	..	..	3	545	173
			287	28,993	27,191

Borough of Oldbury

Nursery	..	..	—	—	—
Primary	..	..	21	2,487	2,436
Secondary Modern	..	..	6	1,182	1,206
Secondary Grammar	..	..	1	283	288
Secondary Technical	..	..	1	99	93
			29	4,051	4,023

For the first time since the war, there has been no increase in the number of children at school.

There was actually a very small fall (247) compared with 1958 and this heralds the emergence of the "post-war babies" at the end of their secondary education.

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 22

Three 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	16	—
B. Dental	12	—
C. Ophthalmic	15	—
D. Ear, Nose and Throat ..	—	—
E. Orthopaedic	—	1
F. Paediatric	—	—
G. Speech Therapy	14	—
H. Others		
Orthoptic	—	1
U.V.L.	3	—
Investigation	1	—

Due to the increase in the number of therapists, from three to four, speech training is now provided at two additional clinics.

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. G. S. Clark Dr. C. H. Phillips	C.G.D.E.M.S.	
Catshill	Baptist Chapel, Catshill.	1st, 3rd & 5th Fridays, 2 p.m.		Dr. C. H. Phillips	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.	This clinic is held in conjunction with the Infant Welfare Centre.
Evesham	The Clinic, Avonside Hospital, Evesham.	Fridays 9.30 a.m.		Dr. E. T. Shennan	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. C. W. J. Hingston	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.	Tuesdays 9.30 a.m.			S.E.	
Redditch	The Old Vicarage, Redditch.	Daily 9.30 a.m.—4.30 p.m.		Dr. E. Patterson	E.M.S.D.	
Stourbridge	Hagley Road, Stourbridge.	Fridays 9.30 a.m.	Mondays 9.30 a.m.	Dr. C. W. J. Hingston	D.E.M.O.S.	
Worcester	1, Love's Grove, Castle Street, Worcester.	Wednesdays 9 a.m. & 2 p.m. Thursdays 9.30 a.m. Saturdays 9.45 a.m.		Dr. J. J. Graham Medical Director— Worcestershire Child Guidance Clinics.	C.G.	
Worcester	Forecourt, Shirehall, Worcester.	Occasional			E'	Dental clinic not at present in use.
Wythall	The Institute, Wythall.	Wednesdays 9.30 a.m. Wednesdays 9.30 a.m.			S. S.	
Kidderminster Area						
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. by appointment and	Mondays Wednesdays 9—10 a.m.	Dr. R. W. Markham	D.E.M.S.	
Oldbury Area						
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. G. R. Thorpe	D.M.U.V.L.	
Warley	Bleakhouse Road, Warley, Oldbury.	Monday—Friday 9 a.m.		Dr. G. R. Thorpe	C.G.D.E.M.Or.U.V.L.S.	

Index to Services :

C.G. Child Guidance
D. Dental
E. Eye

E.N.T. Ear, Nose and Throat.
I. Investigation
M. Minor Ailments
O. Orthopaedic

Or. Orthoptic
S. Speech
U.V.L. Ultra Violet Light

The long term programme of development to which I referred in my last report was agreed to by the Education Authority during the year.

The new clinic at Feldon Lane, Halesowen, should be working in 1960 and the rest of the proposals are shown in the following schedule.

CLINICS

List of Clinics/Addresses	Proposal	Phasing :
		(a) 1960/61 (b) 1962/64 (c) Subsequently
BLACKHEATH—Long Lane Chapel, Blackheath	To be replaced by a new clinic—Feldon Lane	Included in programme for 1958/59
BROMSGROVE—Recreation Road, Bromsgrove	Retain	—
CATSHILL—Baptist Chapel, Catshill	Replace with new clinic to serve growing (Marlbrook) population	(c)
CRADLEY—Colley Lane, Cradley, Staffs.	Replace with new clinic	(c)
DROITWICH—Baptist School Room, Droitwich	Replace with new clinic	(b)
EVEHAM—The Clinic, Avonside Hospital, Evesham	Replace with new clinic	(b)
HALESOWEN—Tenter Street School, Halesowen	Replace with new clinic at Bundle Hill	(a)
LYE—Orchard Lane, Lye	Retain	—
MALVERN—Sydenham Villa, Newtown Road, Malvern	Replace with new clinic nearer town centre	(c)
PERSHORE—W.I. Hall, Pershore	Retain	—
REDDITCH—The Old Vicarage, Redditch	To be replaced by Day Nursery which will be modified (Health Committee) almost immediately	
RUBERY—St. Chad's Church Room, Rubery	New clinic needed urgently	(a)
STOURBRIDGE—Hagley Road, Stourbridge	Retain	—
UPTON-ON-SEVERN—Memorial Hall, Old Street, Upton-on-Severn	Retain	—
WORCESTER—Love's Grove Clinic, Forecourt Clinic, Shirehall	Retain Retain	— —
WYTHALL/HOLLYWOOD	New Clinic	(a)
KIDDERMINSTER—Coventry Street, Kidderminster	Major alterations	(c)
STOURPORT-ON-SEVERN—Mitton Street, Stourport	Replace with new clinic	(c)
TENBURY—Parish Hall, Tenbury	Retain	—
OLDBURY AREA :		
LANGLEY—"The Hollies," Joinings Bank, Langley	Replace with new clinic	(c)
OLDEURY—Tabernacle School, Talbot Street	Replace with new clinic at Inkerman Street	(a)
WARLEY—Bleakhouse Road, Warley	Retain	—
BRANDHALL—Development Area	New clinic	(b)
WHITEHEATH—Development Area	New clinic	(c)

CHILD GUIDANCE

(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
Psychiatrists	2	1.09
Educational Psychologists	2	0.5
Psychiatric Social Workers	3	1.9

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

282 school children were treated during 1959 compared with 324 for 1958.

Due to a re-organisation of their psychiatric services, the Birmingham Regional Hospital Board now provide a psychiatrist for the Oldbury area, leaving Dr. Graham with the rest of the county.

Nearly three hundred new cases were seen during the year and there is a considerable waiting list.

The passing of the Mental Health Act 1959 focussed public attention on the problems of mental illness and deficiency, and all of the mental health services of the County were the subject of detailed appraisal in 1959.

CO-ORDINATION

Family doctors, hospital doctors, and the School Health Service share the medical responsibility for the health of school children.

Some effort is needed from all parties sharing a joint responsibility of this kind and I am happy to report that excellent working relationships are the rule.

I commend once again the continued interest and co-operation of Headmasters, Headmistresses and teachers in 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

During 1959, lighting improvements were carried out at two schools and new playgrounds and playground improvements provided at thirteen schools. During the year two new primary schools were brought into use and major extensions at one school were completed.

Now that the huge redevelopment and school building schemes are nearing completion it is proving possible to devote a larger proportion of effort and money towards improving some of the existing less-satisfactory schools.

The transformations of dingy, high windowed, insanitary and badly furnished old schools which can be wrought are as encouraging as new schools.

In many rural areas, schools have failed sadly to keep up with improved housing, and it is not unusual for children to return home rather than make use of out-of-date inconveniences at school.

This is not just a question of aesthetics ; those old schools are a source of real anxiety and trouble in times of epidemic. There is now a general acceptance of the importance of a good working environment, but some schoolchildren and their teachers are still on the waiting list.

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.

It is necessary to inspect about one third of the school population each year, if each school child is to be seen on three or four well spaced occasions during life at school.

The number of pupils inspected in 1959 is about right for Worcestershire and just under 10% of them needed medical treatment for something.

About one in two hundred children (apart from known handicapped children who are not dealt with in the following table) are physically “unsatisfactory.”

MEDICAL INSPECTION AND TREATMENT RETURNS

Year ended 31st December, 1959.

PART I

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

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1955 and later	18	18	100.00	—	—
1954	4,144	4,113	99.25	31	.75
1953	1,838	1,826	99.35	12	.65
1952	331	324	97.89	7	2.11
1951	3,418	3,396	99.36	22	.54
1950	509	507	99.61	2	.39
1949	1,114	1,110	99.64	4	.36
1948	5,004	4,977	99.46	27	.54
1947	1,121	1,109	98.93	12	1.07
1946	383	381	99.48	2	.52
1945	3,500	3,489	99.69	11	.31
1944 and earlier	1,919	1,914	99.75	5	.25
TOTAL ..	23,299	23,164	99.42	135	.58

Table B.—Pupils found to require treatment at periodic medical inspections (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1955 and later	—	3	3
1954	54	276	282
1953	25	170	163
1952	15	28	40
1951	84	157	227
1950	26	24	50
1949	87	76	151
1948	256	228	452
1947	96	88	173
1946	46	32	66
1945	196	153	338
1944 and earlier	179	131	286
TOTAL ..	1,064	1,366	2,231

TABLE C—OTHER INSPECTIONS

Number of Special Inspections	8,390
Number of Re-inspections	5,381
Total	<u>13,771</u>

PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
(1)	(2)								
4	Skin	38	63	86	77	74	127	198	267
5	Eyes—a. Vision ..	64	196	331	326	636	796	1031	1318
	b. Squint ..	53	86	10	33	57	112	120	231
	c. Other ..	11	16	13	7	19	32	43	55
6	Ears—a. Hearing	7	53	4	24	22	93	33	170
	b. Otitis								
	Media ..	11	55	9	33	6	111	26	199
	c. Other ..	6	17	4	6	14	32	24	55
7	Nose and Throat ..	82	638	9	124	127	800	218	1562
8	Speech	24	69	5	6	27	59	56	134
9	Lymphatic Glands	24	225	2	15	10	199	36	439
10	Heart	4	34	5	29	3	59	12	122
11	Lungs	25	151	5	44	18	197	48	392
12	Developmental—								
	a. Hernia ..	5	30	2	6	8	31	15	67
	b. Other ..	9	50	2	30	28	178	39	258
13	Orthopaedic—								
	a. Posture ..	8	28	21	35	33	215	62	278
	b. Feet ..	64	150	36	47	88	248	188	445
	c. Other ..	43	88	26	114	87	257	156	459
14	Nervous system—								
	a. Epilepsy ..	1	4	—	4	3	20	4	28
	b. Other ..	7	22	2	14	18	41	27	77
15	Psychological—								
	a. Development	2	24	—	16	9	26	11	66
	b. Stability ..	—	12	—	15	11	37	11	64
16	Abdomen	4	19	1	11	4	58	9	88
17	Other	14	31	12	23	34	56	60	110

TABLE B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils Requiring Treatment (3)	Pupils Requiring Observation (4)
4	Skin	236	32
5	Eyes— <i>a.</i> Vision	444	375
	<i>b.</i> Squint	109	87
	<i>c.</i> Other	25	18
6	Ears— <i>a.</i> Hearing	28	43
	<i>b.</i> Otitis Media	13	17
	<i>c.</i> Other	21	3
7	Nose and Throat	110	216
8	Speech	70	32
9	Lymphatic Glands	7	23
10	Heart	3	28
11	Lungs	14	83
12	Developmental		
	<i>a.</i> Hernia	3	3
	<i>b.</i> Other	11	41
13	Orthopaedic—		
	<i>a.</i> Posture	12	15
	<i>b.</i> Feet	68	60
	<i>c.</i> Other	60	52
14	Nervous system—		
	<i>a.</i> Epilepsy	2	12
	<i>b.</i> Other	22	28
15	Psychological—		
	<i>a.</i> Development	20	53
	<i>b.</i> Stability	5	17
16	Abdomen	2	5
17	Other	156	134

HEALTH EDUCATION IN SCHOOLS

Education for health is part of the curriculum of nearly all schools and is becoming increasingly significant in the secondary schools.

Methods vary from school to school and the health department staff are always prepared to advise and participate whenever asked.

Miss Mee has introduced courses for senior girls which have been sponsored by the National Association for Maternal and Child Welfare and certificates of merit have been awarded to the girls who passed the tests at the end of the course.

Dr. Phillips and others have aroused keen interest in the Bromsgrove area, in schoolchildren's feet and their shoes. He has produced a series of photographs of school girls' feet which show very clearly what ugly and disabling deformities attend the wearing of unsuitable shoes. Lively and most useful meetings have been held with school staffs, schoolchildren and their parents and a good deal of success has been achieved in getting the girls to wear sensible shoes.

No-one in his senses would deny growing school girls the perfectly healthy pleasure of occasionally trying to emulate film stars, both in their dress and decor. But film stars do not have to walk considerable distances, often in inclement weather, to school, to do a good deal of walking when they get there and then walk home.

I am convinced that for this reason if not for any other, all secondary schools should prescribe a choice of uniform shoes of good functional design. No education authority should permit the present state of affairs to continue—after all, the education authority is the local health authority which has just set up a chiropody scheme !

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	185
Errors of refraction (including squint) ..	3,115
Total ..	3,300
Number of pupils for whom spectacles were prescribed	2,490

There were 68 claims (totalling £73 4s 6d) by Executive Councils on the Education Committee for the repair or replacement of school children's spectacles.

CLEANLINESS

- (a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons 157,154
- (b) Total number of individual pupils found to be infested .. 2,329
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) 101
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944).. 4

It is a sad fact that the problem of children infested with vermin still persists, although our efforts to deal with this are reflected in the greatly increased number of cases which have had to be dealt with formally. The threat of court action and public shame is the only weapon effective against some forms of parental indifference. Great care is taken to avoid causing undeserved distress to the affected children.

DISEASES OF THE SKIN

(excluding uncleanness)

	Number of cases known to have been treated.
Ringworm—(a) Scalp	—
(b) Body	1
Scabies	4
Impetigo	21
Other skin diseases	685
Total	711

Modern treatments are so effective in dealing with skin diseases that, apart from allergies, we see little of them.

Many of our school teachers can recall children who suffered the crusts, the discharges and the humiliation of impetigo for months on end, but those distressing evidences of skin contagion are gone, and it is hoped will never return.

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	7
(b) for adenoids and chronic tonsillitis	478
(c) for other nose and throat conditions	—
Received other forms of treatment	39
Total	524
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1959	13
(b) in previous years	38

There is no delay in securing consultant advice on E.N.T. cases.

Many partially deaf children are able to benefit from teaching in ordinary schools and their progress is checked regularly.

A revised "Schedule of advice for school teachers dealing with hard-of-hearing children" was produced and distributed during 1959.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR THE YEAR 1959

For most of 1959 there were slightly fewer dental officers working in the clinics than in the previous year. This was mainly caused by the resignation in February of Mr. Walsh, who returned to his native Eire and whose post was not filled until October, with the appointment of Mrs. O'Neill. In the meantime, the work in the Kidderminster Clinic had come virtually to a standstill and it was only possible to deal with the most urgent cases. This was done by other dental officers sacrificing time from their already over-large areas.

With monotonous regularity, my annual reports refer to the shortage of dental officers. This is a chronic situation and as things are at present, seems incapable of solution. The implications of this shortage deserve to be understood thoroughly. Primarily, of course, the effect is felt amongst the patients. The fewer the dental officers, the more patients each one has to attend to. In consequence, he must either limit in some way the amount of work he does for each patient, or else more time must elapse between the school dental inspections. The choice is a very difficult one. If the amount of work done per child is limited, then what is to become of the teeth which are in need of attention but which would, in such circumstances, be left alone? On the other hand, if all the work which needs doing is actually done, the patient's next routine inspection may be delayed so long that dental disease may have gained a strong foot-hold and all or some of the work done on a previous occasion may be undermined and even entirely wasted. It is an acknowledged fact that, if children's teeth are to be maintained in a healthy condition, not only must strict attention be paid to oral hygiene, but also the child must be dentally inspected at least twice and preferably three times per year and any necessary treatment carried out at once. In this County, very few children indeed are examined by a dental officer in under one year from the previous inspection, only a small proportion are examined at regular twelve monthly inspections and the majority at intervals ranging between eighteen months and two and a half years.

The other serious effect of this chronic shortage of staff is the effect of such working conditions on the dental officer himself. Always pressed for time, working to capacity and fighting what he feels must be a losing battle. Thousands of teeth are extracted each year by dental officers who know that they could have been saved if only there had been time to do the work, but saving teeth is a very time-consuming job. On the average, it takes about three times as long to fill a tooth as it does to extract one and with the present number of pupils under the care of each dental officer (somewhat in excess of 5,600) it is just not possible to carry out all the necessary filling work. Any attempt to do so would result in an ever increasing time-lag between school inspections and the eventual complete breakdown of the system. The enormous temptation is for the dental Officer to endeavour to increase his speed by lowering his standards and this battle between exigencies and professional standards is one which is ever present.

One very interesting fact emerges from the table of statistics for the year. For the first time for many years, there was an appreciable drop in the number of permanent teeth extracted. Admittedly there were fewer working sessions carried out and almost all the figures show a decline compared with the previous year, but the percentage decline in this particular case is outstanding. Whilst there may be several factors contributing to this, I feel that the enormous amount of conservation work carried out by the dental officers in the preceding years could well be the main one. If this is, indeed, the case, it is sincerely to be hoped that the falling off in the number of dental officers on the Staff is only temporary, so that the good work may continue and even be improved upon.

B. D. BRITTEN.

Principal School Dental Officer.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers :—			
(a) At Periodic Inspections	..	46,242	
(b) As Specials	.. .. .	2,533	
			Total (1) 48,775
(2) Number found to require treatment	.. .. .		36,821
(3) Number offered treatment	..		29,435
(4) Number actually treated	..		18,251
(5) Number of attendances made by pupils for treatment, including those recorded at 11(h)	..		32,003
(6) Half days devoted to :			
(a) Periodic (School) Inspection		305	
(b) Treatment	.. .. .	4,883	
			Total (6) 5,188
(7) Fillings			
(a) Permanent Teeth	.. .. .	26,046	
(b) Temporary Teeth	.. .. .	2,177	
			Total (7) 28,223
(8) Number of Teeth filled			
(a) Permanent Teeth	.. .. .	22,456	
(b) Temporary Teeth	.. .. .	2,046	
			Total (8) 24,502
(9) Extractions :			
(a) Permanent Teeth	.. .. .	4,575	
(b) Temporary Teeth	.. .. .	16,027	
			Total (9) 20,602
(10) Administration of general anaesthetics for extraction			2,357
(11) Orthodontics :			
(a) Cases commenced during the year	.. .. .	200	
(b) Cases carried forward from previous year	.. .. .	216	
(c) Cases completed during the year	.. .. .	188	
(d) Cases discontinued during the year	.. .. .	27	
(e) Pupils treated with appliances	.. .. .	416	
(f) Removable appliances fitted	.. .. .	359	
(g) Fixed appliances fitted	.. .. .	0	
(h) Total attendances	.. .. .	2,661	
(12) Number of pupils supplied with artificial teeth	.. .. .		113
(13) Other operations :			
(a) Permanent Teeth	..	4,485	
(b) Temporary Teeth	..	927	
			Total (13) 5,412

ORTHOPAEDIC DEFECTS

The orthopaedic after-care sisters report as follows :—

Miss D. B. Jeavons

"The pattern of previous years has been followed with routine check-ups on children wearing splints, special footwear, or alterations to their ordinary shoes. Remedial exercises have been given to children referred for these either by the orthopaedic surgeon or the School Medical Officers.

During 1959, 71 children were recommended for postural exercises, but in most cases the defect was slight, being a postural defect of bad habit more than lack of muscle tone or bony abnormality.

In addition, I had quite a number of children referred for breathing exercises mainly for asthma. In addition to these, I visited the Open Air School, Malvern to take Asthma Classes.

On the subject of children's footwear, up to the age of eleven or twelve, they are very well fitted out on the whole, but the shoes of the teenage girls remain deplorable. I cannot see any answer to this problem unless a uniform shoe is introduced. The fact that many of these youngsters are developing bunions deters them not at all. As these are generally pain free in a young foot, I think these girls think there is a lot of fuss about nothing and that we are just "old fashioned!" Several children with bunions have required operation on them during the past year. However, in all fairness I do not think these are entirely due to ill fitting shoes, as I believe there is quite a strong hereditary tendency to Hallux Valgus and other minor foot deformities.

General inspection of school children for postural and foot defects has been carried out as before."

Mrs. K. J. Johnson

"During the year a great deal of attention has been focussed on foot deformities in children and subsequently on footwear.

A number of Authorities have carried out comprehensive surveys on foot defects during 1959.

On comparing the findings of one of the surveys with that undertaken by myself in 1950, I was interested to note, that in spite of altering fashions in footwear, in the main the results were similar.

This would lead one to suggest that the most important factor is the education of parents, particularly of very young children in the correct fitting of all foot wear.

Close co-operation with School Medical Officers and Health Visitors has resulted in many visits being made to advise mothers on this point and other minor defects.

The after care of children with congenital deformities and other orthopaedic defects, together with the examination of school children has continued throughout the year."

TUBERCULOSIS

B.C.G. Vaccination of school children

The scheme for tuberculin testing and B.C.G. inoculation of 13 year old school children continued through the year.

The percentage of negative reactors rose again this year being 88.2% compared with 86.4% in 1958 and 84% in 1957.

The Minister of Health has approved an extension of the arrangements to include children of 14 years of age and upwards, who are still at school and also students attending universities, teacher training colleges or other establishments of further education. Vaccination may also be offered to whole school classes when this would be convenient even though a few of the children are under 13 years of age.

This programme of testing and inoculating when indicated, coupled with surveillance of the health of school teachers and a safe milk supply, is continuing the excellent progress towards virtual eradication of tuberculosis.

B.C.G. Vaccination 1959

No. of Invitations issued	No. of consents received	Percentage acceptance	No. of children tested	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
6,459	5,496	85.1	4,977	4,693	Positive Reaction B	Negative Reaction C	11.8	88.2	4,140
					553	4,140			

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 :—

Notifications of Tuberculosis in Children of School Age

	Respiratory		Non-Respiratory		Both Forms	
	Number	Rate/1000	Number	Rate/1000	Number	Rate/1000
Average 1949-53 ..	16	0.29	13	0.22	39	0.51
Average 1954-58 ..	14	0.23	7	0.12	22	0.35
1959	14	0.20	1	0.01	15	0.21

It will be noted that total notifications of tuberculosis in this group of children have been falling steadily during the past decade. This decline is chiefly due to the diminishing numbers of non-respiratory notifications for which the increasing safety of milk supply must take at least some of the credit. Respiratory notifications are expected to follow this trend within the next few years, in line with the fall in the rate of adult notifications which is already occurring.

The time is opportune for a brief review of the results of B.C.G. inoculation of School Children which began in 1955, and the following table shows the totals of children who were offered such protection and who actually received it.

B.C.G. Inoculation of School Children

Period	Invited	Accepted	Tuberculin negative reactors	B.C.G. inoculated
1955 to 1958	25,437	21,537	16,327	16,327

The next table compares the notification of tuberculosis in certain age groups in the years 1954 and 1955 with those recorded in 1958 and 1959.

Notification of Tuberculosis

	10-13 yrs.	14-17 yrs.	18-19 yrs.	10-13 yrs. + 18-19 yrs.
1954 and 1955	20	56	43	63
1958 and 1959	14	24	23	37
Fall	6 (30%)	32 (57%)	20 (47%)	26 (41%)

1954 and 1955 were the last two pre-protection years and in 1958 and 1959 the great majority of persons aged 14 to 17 years had had the chance of B.C.G. inoculation when they were 13 years old. Most of those who were suitable for such inoculations had taken advantage of this offer. The fall of notifications from 56 to 24 in this age group during the 4—5 years under examination cannot be entirely ascribed to B.C.G. because notifications in other age groups also decreased over this period of time. This age group can, however, be compared with those immediately before and after it, which did not receive such mass protection. It will be observed that in the unprotected age groups (10—13 years and 18—19 years) notifications fell from 63 to 37 (41%), while in the protected group (14—17 years) notifications fell from 56 to 24 (57%). Firm conclusions cannot safely be drawn from such small numbers, but at least it can be said that the inoculated group show an advantage compared with neighbouring age groups who were not so protected.

Furthermore it is satisfactory to record that, so far as a careful search has revealed, only one of the 16,327 children inoculated has so far developed tuberculosis. No one claims that B.C.G. is 100% effective, but the measure of protection does appear to be substantial."

SCHOOL CHILDREN AND ROAD ACCIDENTS

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

				Fatal	Serious	Slight	Total
1959	..	..	..	3	62	175	240
1958	..	..	..	3	90	235	328
1957	..	..	..	3	108	208	319
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

Unless the present state of affairs is changed in some unexpected fashion, every fourth or fifth child born in Great Britain is destined to be killed or injured in a road accident.

Statistics may be convincing, but they are never as compelling as remembered scenes—those pathetic roadside groups, the homes broken by unnecessary tragedy.

The problems of road deaths and destruction will have to be tackled in earnest before long—and real lessons on survival must be taught in schools.

COMMUNICABLE DISEASE

Poliomyelitis Vaccination

I mentioned in my last report that the intensive publicity programme undertaken by the department, when young persons aged 15—25 years were included in the Minister's scheme, produced very poor results and in fact only some 6% of those eligible made application.

The death from poliomyelitis of a Birmingham footballer early in the year brought about a dramatic change and the number of applications for vaccination rose steeply. This impetus was followed up by the Ministry of Health at national level when they wrote to youth organisations, sports associations, both sides of industry and government departments asking them to encourage their members to take full advantage of the local facilities for inoculation.

Eventually in this county nearly 40% of this age group were vaccinated.

At the time, many open clinics were held to cope with the demand and one such clinic was started at Bromsgrove but in April 1959 the Ministry wrote to local health authorities deprecating the use of such clinics and advising that new applicants should be required to register in the normal way for early vaccination in their turn.

By the end of the year registration in all age groups was low but steady and much work was done during the year in giving third injections as and when they became due.

Virtually all schoolchildren in the county have been done and there is good reason to believe that any cases would be few in number and mild in nature.

The following table shows the position at the end of the year :—

Class	Estimated population	No. of acceptances	Percentage	Had 1st only	Had 1st and 2nd only	Had 3	Failed Invitation
CHILDREN born 1943—1959 ..	107,000	92,865	86.7	441	10,488	79,924	2,012
YOUNG PERSONS born 1933—42 ..	58,560	23,026	39.3	130	18,044	4,726	126
OTHER GROUPS (Expectant mothers, Ambulance staffs, Hospital staff, medical students and their families ; General practitioners and their families) ..		5,638		60	3,663	1,876	39
TOTAL		121,529		631	32,195	86,526	2,177

There were outbreaks of sonne dysentery in several parts of the county during the year.

The most serious outbreak was in the vale of Evesham and the condition spread rapidly in the children.

Investigations of this and similar outbreaks showed that the infection was widespread, often carried symptomlessly, and that the germ could be found in some children, in nearly all schools, if a sufficiently keen search is made at practically any time.

WEST MALVERN RESIDENTIAL OPEN-AIR SCHOOL

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

“The substantial improvements carried out last year to the premises, together with an unusually long and lovely summer have made 1959 a memorable year for this open-air school. The children have been able to spend much time out of doors, and the excellent conditions have been reflected in a considerable improvement generally in their health.

On the educational side, steady progress has been maintained. In particular, Her Majesty's Inspector has been favourably impressed with the work being carried out by the junior boys in their special study of transport through the ages and by the senior boys in their special study of the history of Worcestershire. Favourable comment has also been made on the efficient grouping of children in the infants' department.

There can again be no doubt that this school continues to serve a very useful purpose in enabling delicate children to pursue their education in conditions particularly favourable to their health.

Thanks are due to the managers (Chairman : Miss E. M. Newth) and to the headmistress (Miss D. Stazicker) and her staff for their contribution towards this very worth-while end.”

PHYSICAL EDUCATION

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

“In recent years there has been a steady improvement in the facilities available for physical education. All new primary schools have been provided with a suitable hall fitted with climbing apparatus. In addition, in some older schools, increased accommodation including a hall has been provided in which climbing apparatus has been installed. This provision of indoor accommodation is extremely important, as opportunities for physical activities are so limited by weather conditions during the winter months.

The near completion of re-organisation has meant that children of secondary school age are now able to participate in a varied programme of physical education in satisfactory conditions, which include a fully equipped gymnasium.

It is gratifying to report that since 1958 the Committee has agreed in principle to the provision of a number of "Learner" swimming baths for primary school children. These baths will be so situated that almost all children in primary schools will be able to receive swimming instruction. Not only will they provide facilities for children in primary schools not already catered for, but the pressure will be relieved on existing public swimming baths, so that more time will be available for the secondary schools."

MILK IN SCHOOLS AND SCHOOL MEALS SERVICE

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

"A day in October 1959.

Meals :

Dinners

Free	1,517
------	----	----	----	----	----	-------

On payment	32,008
------------	----	----	----	----	----	--------

<i>Breakfasts</i>	290
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<i>Teas</i>	290
-------------	----	----	----	----	----	-----

Numbers of Departments having meals (All schools in the county receive meals)	..	323
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Milk

Number of children who receive $\frac{1}{2}$ pint	..	49,536
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Number of children who receive $\frac{2}{3}$ pint	..	80
---	----	----

All schools in the County receive a supply of milk.

7,039 children in 58 Independent Schools also receive $\frac{1}{2}$ pint milk daily under the milk-in-schools scheme

Number of pupils in Primary and Secondary Schools	60,258
--	----	----	----	----	----	--------

Number of pupils in Nursery Schools	35
-------------------------------------	----	----	----

(These figures are actual attendance figures for a day in October 1959, but do not represent the full possible attendance roll).

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

HANDICAPPED PUPILS

The work involved in discovering and then making appropriate medical and educational arrangements for handicapped pupils has continued.

Children, with disabilities, who can benefit from ordinary schooling do so and it is only when handicaps are so severe as to preclude this that special schooling is considered.

Although residential special schooling is expensive, the benefits to the boy or girl concerned, and to the community are in the great majority of cases well worth while. One cannot express human happiness in terms of pounds, shillings and pence.

The Ministry of Education have approved the inclusion of a new day special school for the Stourbridge/Kidderminster/Stourport area in the Building Programme for 1961/62. The school will be sited on the north-east side of the main Bromsgrove/Kidderminster road, about 300 yards to the south of Berrington Lane.

This school will cater for about 100 educationally subnormal boys and girls and will provide facilities comparable with those already provided at Halesbury for children living in Halesowen and Oldbury.

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

[illegible]

INDEPENDENT SCHOOLS USED BY THE LOCAL EDUCATION AUTHORITY UNDER SECTION 6 OF THE EDUCATION (Miscellaneous Provisions) ACT, 1953, IN RESPECT OF HANDICAPPED PUPILS DURING 1959

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 L.E.A. (3)	Category of handicap of each pupil in col. (3) (4)	Age range of pupils in col. (3) (5)
St. Joseph's, 61 East End Road, East Finchley, London, N.2	Girls	1	Maladjusted	14 years
Dr. Barnardo's Homes, Warlies, Waltham Abbey, Essex	Boys	1	Physically Handicapped	15 years
Gardenhurst Manor, Burnham on Sea	Girls	1	Physically Handicapped	14 years
Douglas House, Malvern ..	Girls	1	Physically Handicapped	17 years
Wychbury House Private School, Stourbridge, Worcs.	Both	1	Delicate	5 years
Summerfield Residential School for Deaf Children, Malvern	Both	1	Deaf	12 years
Blaisdon Hall, Longhope, Gloucester	Boys	1	Maladjusted	14 years
Shotton Hall, Harmer Hill, Shrewsbury	Boys	1	Maladjusted	14 years
Chaigley School, Thelwell, nr. Warrington	Boys	1	Maladjusted	12 years.
Bodenham Manor, nr. Hereford	Both	1	Maladjusted	13 years
Myrtle, Aberdeenshire ..	Both	2	Maladjusted	8-13 years

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	2	5	20	0.31	16	2	2	2
Partially sighted ..	10	2	40	0.62	18	20	2	3
Deaf	3	2	29	0.45	27	1	1	—
Partially Deaf ..	14	12	68	1.05	13	55	—	2
Delicate	12	9	46	0.71	5	38	3	3
Physically handicapped ..	44	34	211	3.28	41	150	20	5
Educationally sub-normal	89	109	517	8.04	232	282	3	135
Maladjusted	6	3	11	0.17	11	—	—	—
Epileptic	14	5	39	0.60	8	29	2	—
Total ..	194	181	981	15.26	371	577	33	150

RHYDD COURT RESIDENTIAL SPECIAL SCHOOL

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

“ The school continues to achieve remarkable results in academic and practical subjects. The year has, however, been particularly noteworthy for the very high standards of achievement in games, notably in cricket. It is also encouraging to hear that good reports continue to come in on boys who have left the school for employment.

So many of the older boys have left during the past year that the school has assumed a much more “ junior ” look. This has not, however prevented the school’s successful completion of the biggest “ self-help ” project it has ever undertaken, *i.e.* the building of the swimming pool, and great credit is due to the headmaster, his staff and the boys for this fine achievement.

The year has also seen an improvement of the staffing situation on the completion of the two new teaching staff houses. These houses have been very favourably reported on both as regards the accommodation they offer and the high standard of workmanship in their construction. There can be no doubt that they will continue to prove a very valuable aid in the recruitment of staff.

Once again, thanks are due to the managers (Chairman : Lady Lechmere) and to the headmaster (Mr. A. E. Long) and his staff for their continued energy and enthusiasm in promoting the interests of this school.”

HALESBURY (Halesowen) DAY SPECIAL SCHOOL

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

“ Already this new school, opened in September, 1958, has established itself as an important and valuable addition to the Authority’s provision for educationally sub-normal children. Indeed, perhaps the most encouraging feature of its first full year’s work has been the rapidity with which it has earned the respect and affection of parents whose children have been admitted. This was clearly apparent in the attitude of parents at the official opening of the school by the Chairman of the Children’s Care Sub-Committee (Alderman J. F. Goode, O.B.E.), and at the excellent Christmas Festival held on 7th December, 1959.

The official opening of the school was a memorable event, blessed with perfect weather, and so well attended that it over-flowed the assembly hall into the grounds immediately outside, where extra seats had been arranged.

The process of ascertainment of educational sub-normality among children in the boroughs of Oldbury and Halesowen has gone steadily forward and the number of pupils has now risen from 49 at the opening of the school to 82 in December, 1959, 45 of whom are from Oldbury (24 boys and 21 girls) and 37 from Halesowen (27 boys and 10 girls). A further selection meeting to be held early in 1960 should bring the school up to about its full complement of 100 boys and girls.

The progress made during the first year has been remarkable and every credit is due to the headmaster (Mr. N. A. Moore) and his staff for the success they have achieved in spite of staffing shortages. Thanks are also due to the managers (Chairman—Alderman J. F. Goode, O.B.E.), who have given freely and unselfishly of their time and energy in the interests of the school."

CONVALESCENCE

The number of children who received convalescence was 49 compared with 32 in 1958.

All the children went to Harmony Home, Teignmouth and stayed for the following periods :—

45 children	..	3 weeks
2 children	..	6 weeks
1 child	..	9 weeks
1 child	..	21 weeks

The weekly maintenance rate remained at £4 17s. 0d.

Both of the children who had the extended periods of convalescence were handicapped children who continued at school while they were convalescing.

Many remarkable letters of appreciation have been received from the parents of the children who were sent to Teignmouth and a "follow-up" of young convalescents was made during the year. This study gave convincing evidence of the value of this service and I am grateful to the proprietors of the Hillaway Homes for the splendid care which they devote to the children from this county.

The children are taken to and from Devon, at the week-ends, by Mr. G. W. Nield, who does this work voluntarily and in his own time.

SPEECH THERAPY

Miss D. M. Edwards, L.C.S.T., the Senior Speech Therapist, has submitted the following report :—

"This year has seen a consolidation of the Speech Therapy Service. Miss H. Wright was appointed as an additional Speech Therapist in April. It was decided that this extra help could best be utilised by increasing the scope of the established Clinics. With the exception of a whole day session at Halesbury and a half-day session at Cradley, the number of clinics remains constant. Additional time has been allocated to areas where there is an increasing demand for Speech Therapy—namely in Evesham, Oldbury and Stourbridge.

The remaining clinics have continued to function smoothly. This fact is due in large measure to the co-operation of Staffs of Schools and Health Visitors, to whom we are indebted for their help and interest."

Summary

	Bromsgrove	Cradley	Evesham	Halesowen	Kidderminster	Malvern	Oldbury	Pershore	Redditch	Stourbridge	Stourport	Worcester	Wythall	Halesbury Special School	Rhydd Court Special School	TOTAL
Attending at 31.12.59 ..	20	8	17	11	20	7	36	7	22	28	7	6	6	15	13	223
Discharged after satisfactory progress ..	12	1	10	4	10	4	15	5	12	14	1	3	1	—	3	95
Discharged after some progress ..	2	—	4	1	3	—	6	—	5	5	1	1	—	1	1	30
Left School or Area ..	2	—	—	3	2	—	—	—	3	4	—	—	—	—	1	15
Ceased attending	—	1	6	3	1	—	5	1	5	2	2	2	—	—	1	29
Total ..	36	10	37	22	36	11	62	13	47	53	11	12	7	16	19	392
Waiting List ..	71	18	63	21	65	37	60	12	24	48	15	50	6	—	3	493
Grand Total ..	107	28	100	43	101	48	122	25	71	101	26	62	13	16	22	885
Total No. Treatments ..	455	153	390	253	481	153	760	205	416	697	117	157	140	286	210	4873

In spite of an increase in the establishment of speech therapists from 3—4 it will be seen that there are more than twice as many children waiting for treatment as are receiving it and the committee are expected to consider this difficulty early in 1960.

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 the Kidderminster Area continued to work well.

The Minister of Health has approved of Oldbury Borough Council making a delegation scheme under Section 46 of the Local Government Act, 1958.

Consideration has been given to the future of Kidderminster Area Health Sub-Committee and it has been decided that it be continued in being until the 31st March, 1961 by which time the scheme for delegation under the Local Government Act 1958 at Oldbury will no doubt have come into effect and the only other Area Sub-Committee (*i.e.* that at Oldbury) will have ceased to exist.

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

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

Entrants to Training Colleges (Form 4RTC)	182
Employment as Teachers by the Worcestershire Education Committee (Form 28 R.Q.)	82
Total (including Kidderminster and Oldbury Divisional Areas)	264
The number of examinations in 1958 was	170

NOTES FROM ANNUAL REPORTS OF SCHOOL MEDICAL OFFICERS

Dr. L. S. Stephens (Droitwich)

"Small outbreaks of Sonne Dysentery occurred during the months of April and May in three Primary Schools around Droitwich (St. Peter's, Rashwood and Upton Warren) but one school in the Borough remained unaffected. Later a few sporadic cases occurred in Droitwich County Secondary School, but the disease did not spread.

This is a most difficult disease to control and there is some controversy as to the value of exclusion of school children until they are declared to be free from infection by the laboratory. I believe that this is most important in the early stages when the first one or two cases are diagnosed, but that later infection is so widespread that one may allow the children to return as soon as they are clinically fit. It is most important to improve hygienic standards in the school and training in toilet habits for the five to seven age groups is most important. As we are likely to have this condition with us at regular intervals in the future, it is wise to consider carefully all possible measures of control."

THE MEDICAL EXAMINATION OF EVIDENCE IN THE TRIAL OF A CASE OF POISONING

The following is a summary of the evidence in the case of a woman who had been found dead in her room, and who was found to have been poisoned with strychnine.

The evidence in this case is of a very unusual character, and it is therefore of great interest to the medical examiner.

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WORCESTERSHIRE COUNTY COUNCIL

KIDDERMINSTER DIVISIONAL AREA

SCHOOL HEALTH SERVICE

REPORT OF THE
DIVISIONAL SCHOOL
MEDICAL OFFICER

FOR THE YEAR 1959

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 1959

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. C. Blundell Williams, M.B., M.R.C.S.
„	S. Goodwin.
„	Mrs. B. E. Hibberd.

Kidderminster Borough :

Councillor	Mrs. M. W. Adams.
„	Mrs. E. B. Beatty.
„	D. Samuel.

Bewdley Borough :

Councillor	R. Fellows.
Alderman	Mrs. D. L. Lawrence.

Stourport Urban District Council :

Councillor	Mrs. A. Pratt.
„	Mrs. A. J. Millington.

Kidderminster Rural District Council :

Councillor	H. Doolittle.
„	A. Pardoe, J.P.

Tenbury Rural District Council :

Councillor	H. Bentham.
„	E. Evans.

Co-opted Members :

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

Clerk to the Committee :

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

STAFF

As at December, 1959.

Divisional Medical Officer :

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

Deputy Divisional Medical Officer :

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

Assistant School Medical Officer (Part-time) :

PATRICK B. WILLIAMS, M.B., B.S.

Ophthalmic Surgeons (Part-time) :

I. LLOYD JOHNSTONE, M.C., M.D., D.O.

C. G. SINCLAIR, M.B., B.S., F.R.C.S.

Medical Director, Child Guidance Clinic (Part-time) :

J. J. GRAHAM, M.B., Ch.B., D.P.H.

Dental Surgeons :

C. W. D. JONES, B.D.S.

MARY J. O'NEILL, B.D.S.

L. A. TRACE, L.D.S. (Part-time).

SCHOOL NURSES, Etc.

Kidderminster Borough.

Mrs. S. M. Askew	..	..	School Nurse and Health Visitor.
Mrs. H. R. Carter	..	..	Dental Attendant.
Miss G. M. Christopher	..	..	School Nurse and Health Visitor.
Miss A. W. Gaffney	..	..	School Nurse and Health Visitor. (Part-time).
Mrs. A. E. Hall	..	..	School Nurse and Health Visitor.
Mrs. E. M. Roden	..	..	Clinical Assistant.
Miss M. Steward	..	..	School Nurse and Health Visitor.
Miss M. J. Thomas	..	..	School Nurse and Health Visitor.

Stourport, Bewdley and Wribbenhall.

Miss L. M. Cartwright	..	..	School Nurse and Health Visitor.
Mrs. L. Frank	..	..	Dental Attendant.
Miss K. Keith	..	..	School Nurse and Health Visitor.
Mrs. J. E. Parkes	..	..	School Nurse and Health Visitor.

Kidderminster Rural.

Miss M. A. Buck	..	..	School Nurse Health Visitor, District Nurse and Midwife.
Mrs. J. D. Deeming	..	..	School Nurse, Health Visitor, Dis- trict Nurse and Midwife.
Miss F. Lewis	..	..	Dental Attendant.
Miss D. M. Strong	..	..	School Nurse, Health Visitor, Dis- trict Nurse and Midwife.
Mrs. A. M. Towers	..	..	School Nurse, Health Visiting, District Nurse and Midwife.

Tenbury Rural.

Mrs. F. A. Allen	..	..	School Nurse, Health Visiting, District Nurse and Midwife.
Mrs. M. C. Easson	..	..	School Nurse, Health Visitor, Dis- trict Nurse and Midwife.
Mrs. A. J. Tyman	..	..	School Nurse, Health Visiting, District Nurse and Midwife.
Miss U. M. Watson	..	..	School Nurse, Health Visiting, District Nurse and Midwife.

ORTHOPAEDIC SISTER

Mrs. K. J. Johnson.

TUBERCULOSIS HEALTH VISITOR (Part-time) :

Miss A. W. Gaffney.

SPEECH THERAPISTS (Part-Time) :

Miss D. M. Edwards.

Mrs. J. Taylor.

CLERICAL STAFF

Miss M. M. French	..	..	Chief Clerk.
Miss V. J. Hunt	..	..	Assistant Clerk.
Miss P. J. Purcell	..	..	Assistant Clerk.
Miss V. J. Salmon	..	..	Assistant Clerk.
Mrs. E. M. Walton	..	..	Assistant Clerk.

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

Madam Chairman, Ladies and Gentlemen,

It is my pleasure to present the eleventh Annual Report upon the Kidderminster Divisional School Health Service.

This year is the last of the nineteen fifties and brings to a close a period in which the world has tried to settle down after the Second World War. It is a period which has seen the removal of many controls in foods and other goods, imposed during the war years.

In the Midlands, there has been almost a social revolution, brought about by the opening of television stations, which are now broadcasting to schools also.

The first atomic power station in the world has been operating since 1956.

The first atomic propelled vessels have been produced.

For the first time, satellites have been projected into space, some of which are now encircling the sun.

The H. Bomb has been invented and exploded, and the danger of world wide increase in radiation has been realised.

The Measles Virus has been identified and the Poliomyelitis Vaccine made and used for the first time.

The first Vertical jet flight has been achieved.

The dangerous effects of heavy cigarette smoking have been proved, and recognised by all the leading medical authorities.

Road deaths have increased alarmingly and the cold virus has been discovered and grown outside the body.

There has been a very great increase in the use of detergents, and in the use of synthetic fibres for many purposes. "Automation" has become a factor which may well alter our social pattern.

In fact the last ten years have given us so much technical progress, that a full list would need a book to recount it.

With this background of ever new discoveries, efforts have been made to improve the School Health Service in as many ways as possible.

There were large gaps in the ascertainment and treatment of handicapped pupils which we have tried to fill, and the dental service has been almost devoid of staff on several occasions.

The cessation of building during and just after the war, together with the compulsory leaving age being increased to fifteen, made proper and even reasonable accommodation very difficult to find.

Extensive building programmes carried out by the Worcestershire County Council in the last ten years have relieved the worst congestion in the schools so that gross overcrowding, and the lack of good sanitation seem well on the way to being overcome in this area.

The continuation a little longer of the County Council's good efforts would give all the Divisional children and teaching staffs the good premises the public should be able to expect in this era of plenty.

In 1959, the work of the School Health Service has continued and is described in the following pages.

During all our contacts with teaching staffs everywhere, we always receive great help and friendliness, for which we are most grateful, and for which we thank them.

There has been a move to disband the Divisional Area Sub-Committee. Many of us would feel real regret if this occurred. We have come to look upon our Sub-Committee as a friendly, understanding group of people, interested alike in the day-to-day work in their individual areas, and in the whole Division. We should be sorry to lose this personal contact with so many interested and interesting people.

Our thanks are readily given to the Divisional Area Sub-Committee and the County Education Committee for their constant understanding, encouragement and support.

I thank all my Staff, and those who have worked with me for their cheerful and willing co-operation throughout a very busy year.

Yours obediently,

COLIN STARKIE,

Divisional Medical Officer.

Caldwall Hall,
Kidderminster.

ARE THERE ANY INTERESTING COMPARISONS BETWEEN 1950 AND 1959 ?

In 1950, there were 9,479 children on the Area school registers. In 1959, the number had risen to 11,651.

4,000 children were examined in 1950, whereas, in 1959 the number rose to 5,800.

In 1950, there were 478 pupils found to require treatment, and in 1959, the number reached 785.

One quarter of the children had defective footwear in 1950, but this fell to 13% in 1959.

Louse infestation fell from 6.7% in 1950, to 6.1% in 1959—not a satisfactory drop !

Verruca pedis numbered 120 cases in 1950 and fell to 111 in 1959.

There were 45 Educationally Subnormal children on the register in 1950 and now we have 90.

During these ten years, vaccination by B.C.G. against Tuberculosis in the 13 year old group has become established.

Poliomyelitis vaccination commenced only 3 years ago.

Speech Therapy commenced in the nineteen fifties.

The Child Guidance clinic has become established.

The Mobile Mass X-ray Unit has come into operation.

The Home Help Service is now operating.

The Coventry Street Welfare Centre and the Stourport Clinic have opened and continue to supply much needed services.

The Stourport School Dental clinic has opened and a Mobile Dental Unit has been functioning for several years.

THE SCHOOL POPULATION

The number of children on the registers during the year was 11,651, which, due to transfer of St. Ambrose senior pupils to Hagley, is 159 less than last year, but is over 2,400 more than it was 10 years ago.

The large number of poliomyelitis vaccinations carried out at the beginning of the anti-poliomyelitis campaign in 1958 has diminished considerably, and so more time could be spent in examining school children.

The total number of inspections is about 2,200 more than in 1958, which probably accounts for the much larger number of defects found to require treatment, or be placed under observation.

HEALTH EDUCATION

During the year, the Medical Officers, Health Visitors and School Nurses have given talks on almost every aspect of school health to numerous and varied discussion groups. In many cases this has supplemented the formal instruction now so usefully given by school teachers.

The controversial subject of Sex Education has received the same care as reported last year.

From the number of divorces and broken marriages occurring annually, it appears that even more guidance is required. What seems to be happening is that girls are taught from quite an early age how to be good mothers and wives, but very little official teaching seems to be given to boys on how to be good husbands and fathers.

Admittedly this knowledge should be imparted by parents through example and precept, but in default of this, where are the youngsters going to learn ?

CIGARETTE SMOKING

What is to be done about this ?

We know that many school children all over the country do smoke cigarettes, and that some of them are almost addicts by the time they leave school.

If you are a non-smoker you are accused of prejudice.

If you are a smoker there is no doubt about your bias. It seems there are "no neutrals," so who is going to comment on this serious matter ? Should this subject be discussed at all, or, as many would like, should a discrete silence be maintained even by those informed of the facts ?

And grim those facts are !

The latest figures show that in England and Wales during 1959, 18,181 men and 2,882 women died of cancer of the lung, a total of over 21,000, or 57 **EVERY DAY**.

At the beginning of the 1950's, there were 12,241 annual deaths from lung cancer, a number which has now risen to 21,000 in 1959, and from the trend, will continue to increase each year !

The Medical Authorities in this country and abroad recognise, and state very plainly, the close association between heavy cigarette smoking and cancer of the lung. The Ministry of Health and Education have clearly indicated the urgency of informing the general public, and particularly the school children of the dangers of cigarette smoking.

A very superficial enquiry reveals the almost complete dearth of any such teaching. In fact, every encouragement is being given to smoke by clever advertising on hoardings, television screens, and in periodicals, where we are informed by the cigarette makers of the great pleasures derived from their special brand of cigarette.

But the sobering question is still there for responsible people, Are we still to continue, by our example and silence, condemning thousands of our own sons and daughters to a premature death from cancer of the lung ?

CHILDREN'S TEETH

It is almost useless giving advice on good habits of feeding in face of all the delectable starchy sugary foods so easily available. A suggestion has been made to try and persuade schools to sell fruit instead of confectionery at break, but the demand for the latter is so great, that such a change would almost surely fail.

Additional fluorine in the drinking water would help, but we must wait for the Ministry of Health's consent before the advantage of water with sufficient fluorine can be realised.

In the meantime, our children's teeth and consequently their health must suffer.

The static dental surgeries at Kidderminster and Stourport always have full sessions and the mobile dental unit is stretched to its full capacity.

PROBLEM FAMILIES

Children from these families are frequently brought to the notice of the School Health Service.

In many anti-social families the children show a tendency to be better than their parents, probably due to the influence of the schools, television, public opinion and literature of all kinds.

When they marry, these children want to set up a better standard of home than that of their parents. But there is an almost insuperable difficulty. Because of a chronic shortage of houses to rent, the young couple have to live with their parents, and soon they come to accept the slovenly, careless ways of the rest of the household. Quarrels inevitably occur, and to make such a home life even tolerable, addiction to excessive smoking and alcohol is quite often resorted to.

When these children marry they require houses essentially separate from their "problem parents" If they apply to a local authority they are at the bottom of a long waiting list, because no priority is given to childless couples.

By the time they have children and become eligible for a house, their habits of home care under overcrowded, and often extremely sordid conditions, have become permanently debased. It would therefore, seem a good insurance to start young married couples off in a house of their own.

The impossibility of doing this in so many cases brings us back to the crux of the matter—the urgency to provide many more houses.

Until we have sufficient houses, children from problem families will find it very hard not to become problems in their turn.

There are at least 112 children of problem families in this area.

In many cases the only immediate real help for these families would be a Special Family Visitor of the "Family Service Unit" type, making frequent visits over a period of years.

REMOVAL OF TONSILS

352 of the 4,145 children examined have had their tonsils removed, *i.e.* 8.5%.

See table on page 55.

TUBERCULOSIS

This disease was notified in 7 children during the year.

There are now 9 children known to be suffering from tuberculosis, 5 have chest infections and 4 have tuberculosis in other parts of the body.

It is hoped that together with all other hygiene measures, B.C.G. will help to stamp out tuberculosis entirely.

In this connection, 1,074 thirteen year olds in maintained schools were offered Tuberculin testing, and if necessary B.C.G. inoculations. 83.8% accepted the Tuberculin Test and of these 7.6% gave a reaction; showing that they already had encountered the tuberculosis germ and had acquired some immunity.

Those not reacting to the Tuberculin Test were inoculated with B.C.G.

See Table, page 55.

INFESTATION WITH VERMIN

All the children in the Division, *i.e.* 11,651 were inspected and 717 were found to be infested with head lice. Most of these were light infestations only, but it is still far from ideal to find 6.1% children's heads to be lousy.

Work will continue ceaselessly till there are no verminous heads, but so long as we have slums, feckless parents and ignorance, there will be the hardest fight to achieve this result.

FEET AND SHOES

All children examined at routine inspections have had their feet measured in relation to the shoes they were wearing.

In 13.3% the shoes were unsatisfactory, chiefly being too short.

On the whole the footwear for the younger age groups is of good quality, style and shape, but many parents are still caught out by the rate at which children outgrow their shoes.

The modern fashion of very pointed toes and high stiletto heels is reflected only too faithfully in much of the teenage footwear, and there are in consequence many feet showing marked deformity even by the time the girls are ready to leave school.

Adult fashion, no matter how abnormal or crippling will be followed slavishly by adolescents, in some cases much to the detriment of comfort and health.

See table page 57.

Mrs. Johnson, the Orthopaedic Sister reports :—

“ During the year a great deal of attention has been focussed on foot deformities in children and subsequently on footwear.

A number of Authorities have carried out comprehensive surveys on foot defects during 1959.

On comparing the findings of one of these surveys with that undertaken by myself in 1950, I was interested to note that in spite of altering fashions in footwear, in the main the findings were similar.

This would lead one to suggest that the most important fact is the education of Parents particularly of very young children in the correct fitting of all footwear.

Co-operation with School Medical Officers and Health Visitors has resulted in many visits being paid to advise parents on this point.

The After-Care of children with congenital deformities and other Orthopaedic defects, together with the examination of school children has continued throughout the year.”

CHILDREN'S TEETH

The Dental Officers inspected 6,841 children and reported 5,679 as requiring treatment, i.e. 82%.

1,013 permanent teeth had to be extracted.

4,323 permanent teeth required filling, but with the present Staff all the work could not be carried out.

Dental disease is still the outstanding defect in our children.

VERRUCA PEDIS

In the Division, during the hygiene inspections the feet as well as the hair have been examined with the following results :—

111 new cases of contagious wart were discovered of which 96 were treated by the School Medical Officers, and 15 by private practitioners.

87 cases were found in 9 senior schools, and

24 cases in the junior schools.

78 girls and 33 boys were affected.

The care of these minor but painful afflictions is prolonged and time consuming, both for the children and medical staff. It is, therefore, of great importance to prevent the spread of these contagious warts as much as possible.

This we can only hope to do by insisting on changing room and shower floor cleanliness, and by making sure that pupils do no barefoot physical education on infected surfaces.

ROTARY BOYS' HOME, WESTON-SUPER-MARE

The generosity of the Kidderminster Rotary Club was extended to 24 boys during the year, when they were given a fortnight's holiday at the Rotary Boys' Home, Weston-Super-Mare.

These boys are from families who could not give them a holiday.

CHILDREN AND YOUNG PERSONS ACT. EMPLOYMENT OF CHILDREN

136 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.

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

SCHOOL MEALS HELPERS

57 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.

PSYCHIATRIC CLINIC

61 new cases attended during the year.

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—15	Booster Dose
Bewdley Borough	2	34
Tenbury Rural	9	31
Stourport Urban	18	122
Kidderminster Rural	34	116
Kidderminster Borough	205	509

SPEECH THERAPY

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

	Kidderminster	Stourport
Cases attending 31.12.1959	20	7
Discharged after satisfactory progress	10	1
Discharged after some progress ..	3	1
Left school or Area	2	—
Ceased attending	1	2
TOTAL	36	11
Waiting List	65	15
GRAND TOTAL ..	101	26
Total No. of Treatments	481	117

TONSILLECTOMY

During the year 4,145 children of all age groups were examined, and 352 were found to have had tonsillectomy. *i.e.* 8.5%.

TUBERCULOSIS—Preventative Measures

Area	No. Offered B.C.G.	% Accepted	Of those Accepting % T.T. Positive.	No. Vaccinated.
Kidderminster Borough	588	80.9	7.3	413
Stourport Urban	219	90.4	9.8	174
Tenbury Rural	46	86.9	11.4	31
Bewdley Borough	92	83.7	3.9	74
Kidderminster Rural	129	84.5	4.6	102
WHOLE DIVISION	1,074	83.8	7.6	794

HANDICAPPED PUPILS—POSITION 31st JANUARY, 1960

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	—	—	2	.17	2	—	—	—
Partially Sighted ..	—	1	—	—	—	—	—	—
Deaf	1	1	5	.43	5	—	—	—
Partially Deaf ..	5	—	17	1.46	2	15	—	—
Delicate	—	—	4	.34	1	3	—	—
Physically Handicapped	4	1	35	3.0	7	23	5	1
Educationally Sub-normal ..	15	14	90	7.7	28	62	—	62
Maladjusted ..	—	3	—	—	—	—	—	—
Epileptic	3	—	6	.51	2	4	—	—
TOTAL ..	28	20	159	13.6	47	107	5	63

MALVERN OPEN AIR SCHOOL

We were fortunate enough to have 26 children allocated to this very beneficial school in 1959. An analysis as to why these children required this special care is given, and it will be noted that the term "poor home care" has been used. There is no doubt that with some of these children the *only* "home" discipline and care they have ever known was given to them at the Open Air School. We who see the great improvement in children after a term at the Open Air School, fully appreciate the work of the School Staff, and thank them for the happiness and health and, we hope, new and lasting ideas they have given their pupils.

We would welcome many more places not only to remedy present physical deficiencies, but to help in the prevention of future problem families.

Conditions	Boys	Girls
Diseases of chest, including Asthma, bronchiectasis and bronchitis	4	4
General Debility	10	3
Debility, poor home care, and social conditions	2	3
TOTAL	16	10

FOOTWEAR

The following table shows the number of school children who wore unsatisfactory shoes.

				No. Examined	No. Un- satisfactory	%
<i>Entrants :</i>	Boys	..	..	615	59	9.6
	Girls	..	..	612	85	13.8
	Total	..	..	1,227	144	11.7
<i>Intermediates :</i>	Boys	..	..	578	47	8.1
	Girls	..	..	512	83	16.1
	Total	..	..	1,090	130	11.9
<i>Leavers :</i>	Boys	..	..	493	28	5.6
	Girls	..	..	521	132	25.3
	Total	..	..	1,014	160	15.7
<i>Others :</i>	Boys	..	..	405	33	8.1
	Girls	..	..	409	88	21.5
	Total	..	..	814	121	14.8
GRAND TOTAL				4,145	555	13.3

SCHOOL BUILDINGS

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

SCHOOL	IMPROVEMENT
King Charles I. 	Stage I. of development scheme proceeding. New Caretaker's house built.
Harry Cheshire Boys' } Harry Cheshire Girls' }	Extensions—hard surfaced playground.
St. John's Boys' } St. John's Girls' }	Amalgamated. Alterations to Sanitary Offices.
Stourport Junior Mixed 	Kitchen completed.

SCHOOL CLINICS

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

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

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

Dental Sessions are held mornings and afternoons daily.

The Clinic is also used occasionally on week-day 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 1959.

BOROUGH OF KIDDERMINSTER.

<i>Grammar Schools.</i>					<i>Number on Registers</i>
Kidderminster High	..	..	..	..	516
King Charles I.	..	..	..	..	394
TOTAL					910

County Modern Schools.

Harry Cheshire Boys'	..	..	..	..	686
Harry Cheshire Girls'	..	..	..	..	628
Sladen Secondary	..	..	..	..	480
Total					1,794

Primary Schools.

Lea Street Mixed	..	..	..	..	200
Lea Street Infants'	..	..	..	..	91
Bennett Street Mixed	..	..	..	..	370
Foley Park	..	..	..	..	333
St. Mary's Junior	..	..	..	..	179
St. Mary's Infants'	..	..	..	..	96
St. George's Mixed	..	..	..	..	218
St. George's Infants'	..	..	..	..	112
St. John's Mixed	..	..	..	..	132
St. John's Infants'	..	..	..	..	101
Broadwaters	..	..	..	..	70
New Meeting	..	..	..	..	211
Birchen Coppice Infants'	..	..	..	..	185
Birchen Coppice Junior	..	..	..	..	467
Franché C.E.	..	..	..	..	59
Franché C.P.	..	..	..	..	285
St. Ambrose's Mixed	..	..	..	..	291
St. Ambrose's Infants'	..	..	..	..	156
Comberton Infants'	..	..	..	..	130
Comberton Junior	..	..	..	..	188
Total					3,874

KIDDERMINSTER RURAL DISTRICT.

*County Modern School.**Number on Registers.*

Sion Hill	552
-----------	----	----	----	----	----	----	-----

Primary Schools.

Chaddesley Corbett Mixed	..	..	..	..	..	69
Trimpley	..	..	..	..	..	34
Stone	..	..	..	..	..	67
Churchill	..	..	..	..	..	18
Upper Arley	..	..	..	..	..	62
Wolverley	..	..	..	..	..	183
Cookley	..	..	..	..	..	228
Blakedown	..	..	..	..	..	84
Far Forest	..	..	..	..	..	132
Rock	..	..	..	..	..	18

Total	..	1,447
-------	----	-------

BOROUGH OF BEWDLEY

Bewdley County Modern	426
Bewdley Junior	..	..	150
Wribbenhall C.P.	..	..	132
Wribbenhall C.E. Infants'	..	..	71

Total	..	779
-------	----	-----

STOURPORT URBAN DISTRICT.

Areley Kings	..	..	156
Stourport County Modern	..	..	1,017
Stourport Junior Mixed	..	..	617
Stourport Infants'	..	..	247
Upper Mitton	..	..	39
Wilden All Saints'	..	..	92

Total	..	2,168
-------	----	-------

TENBURY RURAL DISTRICT.

Bayton..	..	..	59
Bockleton	..	..	17
Eastham and Hanley	..	..	52
Knighton on Teme	..	..	33
Lindridge	..	..	42
Pensax	..	..	25
Stoke Bliss and Kyre	..	..	29
Tenbury Infants'	..	..	64
Tenbury Junior	..	..	114
Tenbury Secondary	..	..	244

Total	..	679
-------	----	-----

SUMMARY.

Kidderminster Borough	..	..	6,578
Kidderminster Rural District	..	..	1,447
Bewdley Borough	779
Stourport Urban District	2,168
Tenbury Rural District	679

Total	..	11,651
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APPENDIX TO REPORT OF SCHOOL MEDICAL OFFICER
For Year Ended 31st December, 1959.

STATISTICAL TABLES.

TABLE 1.

**MEDICAL INSPECTION OF PUPILS ATTENDING
 MAINTAINED PRIMARY AND SECONDARY SCHOOLS.**

A. Periodic Medical Inspections.

Age Groups Inspected (By Year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later.	556	545	98.0	11	2.0
1953	668	662	99.1	6	.9
1952	69	66	95.6	3	4.4
1951	35	35	100.0	—	—
1950	34	34	100.0	—	—
1949	133	130	97.7	3	2.3
1948	931	919	98.7	12	1.3
1947	597	588	98.4	9	1.6
1946	89	88	98.7	1	1.3
1945	223	222	99.5	1	.5
1944	709	706	99.5	3	.5
1943 and earlier	101	101	100.0	—	—
TOTAL ..	4,145	4,096	98.8	49	1.2

B. PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (By year of Birth)	For defective vision (excluding squint).	For any of the other conditions recorded in Part II.	Total Individual Pupils.
1954	17	104	85
1953	12	94	83
1952	9	15	21
1951	—	4	3
1950	7	3	10
1949	9	27	29
1948	86	119	182
1947	66	64	121
1946	17	20	28
1945	27	30	57
1944	76	81	145
1943 and earlier	13	14	21
TOTAL ..	339	575	785

C. OTHER INSPECTIONS.

No. of Special Inspections	867
No. of Re-Inspections	836
TOTAL ..	1,703

D. INFESTATIONS WITH VERMIN.

Total Number of individual examinations of pupils by school nurses or other authorised persons ..	25,437
Total number of individual pupils found to be infested	717
No. of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	Nil
Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	Nil

A. DEFECTS FOUND BY MEDICAL INSPECTION DURING YEAR 1959

Defect or Disease.	Entrants.		Leavers.		Others.		Total	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	13	4	65	12	28	4	106	20
Eyes. a. Vision ..	17	26	115	32	173	86	305	144
b. Squint ..	29	9	3	2	18	9	50	20
c. Other ..	4	—	7	—	7	2	18	2
Ears. a. Hearing ..	6	8	3	2	13	11	22	21
b. Otitis Media ..	4	1	—	1	3	1	7	3
c. Other ..	3	2	1	—	3	3	7	5
Nose and Throat ..	37	73	5	7	49	26	91	106
Speech	3	7	1	—	7	3	11	10
Lymphatic Glands ..	11	38	1	1	4	12	16	51
Heart	3	7	2	1	2	6	7	14
Lungs	18	25	2	—	8	8	28	33
Developmental.								
a. Hernia	—	2	—	—	3	1	3	3
b. Other	5	3	—	2	11	12	16	17
Orthopaedic.								
a. Posture	5	5	11	4	24	20	40	29
b. Feet	20	13	3	1	17	13	40	27
c. Other	18	21	16	21	45	27	79	69
Nervous System.								
a. Epilepsy	—	—	—	—	1	2	1	2
b. Other	6	8	—	1	13	5	19	14
Psychological.								
a. Development ..	2	2	—	1	4	3	6	6
b. Stability	—	—	—	—	5	1	5	1
Abdomen	2	2	1	1	4	—	7	3
Other	8	11	7	4	18	19	33	34

B. SPECIAL INSPECTIONS

Defect or Disease	Special Inspections	
	Pupils Requiring Treatment	Pupils Requiring Observation
Skin	181	—
Eyes. <i>a.</i> Vision	45	1
<i>b.</i> Squint	8	1
<i>c.</i> Other	7	—
Ears. <i>a.</i> Hearing	4	—
<i>b.</i> Otitis Media	8	—
<i>c.</i> Other	10	—
Nose and Throat	10	—
Speech	5	—
Lymphatic Glands	1	—
Heart	1	1
Lungs	5	—
Developmental.		
<i>a.</i> Hernia	—	—
<i>b.</i> Other	4	—
Orthopaedic.		
<i>a.</i> Posture	1	—
<i>b.</i> Feet	13	3
<i>c.</i> Other	15	6
Nervous System.		
<i>a.</i> Epilepsy	1	—
<i>b.</i> Other	18	1
Psychological.		
<i>a.</i> Development	1	2
<i>b.</i> Stability	—	—
Abdomen	—	—
Other	18	2

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 known to have been treated.
Ringworm—body	1
Scabies	2
Impetigo	3
Other Skin Diseases	424
TOTAL	430

EYE DISEASE, DEFECTIVE VISION AND SQUINT

	No. of cases known to have been dealt with.
External and other excluding errors of refraction and Squint)	32
Errors of Refraction (including Squint) ..	627
TOTAL	659
Number of Pupils for whom spectacles were prescribed	515

CHILD GUIDANCE

	No. of cases known to have been treated.
No. of new pupils treated at Child Guidance Clinic	61

SPEECH THERAPY

	No. of cases known to have been treated.
No. of pupils treated by Speech Therapist ..	47

OTHER TREATMENT GIVEN

	No. of cases known to have been treated.
Miscellaneous minor ailments	121
Pupils who received convalescent treatment under School Health Service arrangements	9
Pupils who received B.C.G. Vaccination ..	932

TABLE V.

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

No. of Pupils inspected by the Authority's Dental Officers.					
(a) Periodic age groups	..	..	..	..	6,164
(b) Specials	..	..	..	..	677
Total	..	..	..	..	6,841
No. found to require treatment	..	..	..	..	5,679
No. referred for treatment	..	..	..	..	5,079
No. actually treated	..	..	..	..	3,521
Attendances made by pupils for treatment	..	..	..	..	5,401
Half-days devoted to : Inspection	..	..	..	..	39
Treatment	..	..	..	..	807
Total	..	..	..	..	846
Fillings : Permanent Teeth	..	..	..	..	4,323
Temporary Teeth	..	..	..	..	444
Total	..	..	..	..	4,767
No. of teeth filled : Permanent Teeth	..	..	..	..	3,959
Temporary Teeth	..	..	..	..	434
Total	..	..	..	..	4,393
Extractions : Permanent Teeth	..	..	..	..	1,013
Temporary Teeth	..	..	..	..	2,959
Total	..	..	..	..	3,972
Other operations : Permanent Teeth	..	..	..	..	1,196
Temporary Teeth	..	..	..	..	136
Total	..	..	..	..	1,332
Administration of general anaesthetics for extractions	..	..	..	..	452



BOROUGH OF OLDBURY

ANNUAL REPORT

OF THE

Borough School Medical Officer

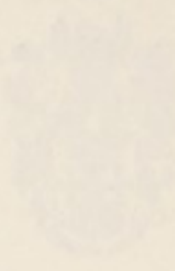
TO THE

Oldbury Committee for Education

FOR THE YEAR 1959

Borough School Medical Officer:

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



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
BOSTON

ANNUAL REPORT

OF THE
BOSTON SCHOOL MEDICAL OFFICE

FOR THE YEAR 1912

BY
J. H. WATSON, M.D.

BOROUGH OF OLDBURY

OLDBURY COMMITTEE FOR EDUCATION.

Representative Members:

ALDERMEN:

B. T. ROBBINS, J.P., C.C., *Chairman.*
 A. GUNN, C.C.
 J. W. HOLLAND.
 S. T. MELSOM, O.B.E., J.P., C.A.
 F. W. THOMPSON, J.P.

COUNCILLORS:

L. W. CARTER, J.P.	F. A. PHIPPS.
W. CARTER.	MRS. E. PINE.
MRS. M. E. GARRATT, J.P.	G. H. PRICE.
F. GILES, C.C.	L. ROSE.
F. GUEST.	MRS. R. STARKIE, C.C.
MRS. E. M. J. GUNN, J.P., C.C.	T. STARKIE.
MRS. D. M. HOLLYOAKE.	

Nominated Members:

COUNCILLOR J. D. BEARD, O.B.E., C.C.
 DR. F. E. DAWES.
 MRS. E. M. GOODE, C.C.
 ALDERMAN J. F. GOODE, O.B.E., C.C.,
Vice-Chairman.

Appointed Members:

MISS E. L. JAMES.
 MR. P. H. LOWE.
 MR. W. PEARCE.
 MR. F. WESTON.

SCHOOL ATTENDANCE AND CHILDREN'S CARE SUB-COMMITTEE:

COUNCILLOR MRS. R. STARKIE, C.C., *Chairman.*

ALDERMAN A. GUNN, C.C.

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

COUNCILLORS:

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F. GILES, C.C.	MRS. E. PINE.
F. GUEST.	G. H. PRICE.
MRS. E. M. J. GUNN, J.P., C.C.	

Nominated Members:

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

Appointed Members:

MISS E. L. JAMES.
MR. W. PEARCE.

STAFF:**School Medical Officer:**

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

Deputy School Medical Officer:

G. R. THORPE, M.B., Ch.B., D.P.H.

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).

Senior School Nurse:

Miss M. R. CLARKE.

School Nurses:

Miss H. STANSFIELD.	MRS. J. BUTLER
Miss B. LAMB.	(Commenced 1.4.59).
Miss M. LEE.	Miss E. A. HASTIE
Miss G. N. DAWSON.	(Resigned 31.12.59).

Chief Clerk:

S. ASTLEY.

Senior Clerk:

T. K. BOSTON.

Clerks:

Miss S. PARTINGTON.	MRS. D. M. EGGINTON.
Miss E. YORK.	(Resigned 31.5.59).
Miss I. THOMAS.	Miss M. E. HOLMES
Miss J. A. SMITH.	(Commenced 8.6.59).

Dental Attendants:

Miss A. E. SMITH. Miss S. R. CROMBIE.

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 1959.

Medical Inspections.

The health of Oldbury school children continues to be satisfactory. During the course of 2,622 periodic medical inspections carried out only two children were considered to be in a definitely unsatisfactory condition. Now that inspections are limited to three during the child's attendance at school it is possible that there may be some delay in detecting a deterioration in vision during the intervals between inspections. Defective vision can be a serious handicap in a child's educational progress and in order to ensure its early detection arrangements have been made for School Nurses to carry out vision testing sessions in schools of children at the ages of six years, eight years and 12 years. Since vision is also tested at periodic medical inspections every child's eyes are tested at regular intervals of two years. Should a defect be found the child is referred to the Eye Clinic or kept under observation with a further test each term. During the year in the course of 41 sessions the School Nurses examined the vision of 1,806 children of whom 31 were referred to the Eye Clinic and 66 were placed under observation.

The other main categories of defects found have been diseases of the ears, nose and throat and orthopaedic defects. With regard to the former, there was a welcome increase from 61 to 98 in the number of children who underwent operations of tonsils and adenoids. While unnecessary operations should always be avoided, those children who ultimately do undergo operations have usually

been seen by their family doctor, the School Medical Officer and the Hospital Consultant, all of whom have reached the conclusion that this treatment is necessary. While there was still a waiting list at the end of the year it is true to say that no child in Oldbury urgently in need of tonsillectomy now suffers from unnecessary delays in obtaining treatment.

The Smethwick Orthopædic Clinic has continued to give its services to Oldbury school children of whom 47 were treated during the year.

Infectious Diseases.

The most prevalent infectious disease affecting children during the year was Measles. The importance of personal hygiene in school and at home must continue to be stressed if the occurrence of Dysentery is to be avoided. There is no doubt that in addition to those cases notified or detected as contacts, many other infected children do not received medical attention and not all the cases treated by doctors are notified. Under these circumstances control of the spread of infection is rendered difficult. It is gratifying to report that only one school child was notified as suffering from Tuberculosis during the year. The continued absence of Diphtheria is only made possible by the maintenance of a high level of immunisation in the school population. Those few parents who are reluctant to have their children immunised should realise that if all parents acted as they do it would not be very long before the disease returned. It is only because the majority of parents are wise enough to have their children immunised that the non-immunised children are protected, but this protection is not enough. In some recent outbreaks of Diphtheria the deaths that have occurred have always been those of children who were not immunised.

The response to Polio vaccination has been very good. 873 out of every 1,000 school children had been immunised by the end of the year.

Enuresis.

Bed-wetting is a distressing complaint to both the affected children and their parents. While in some children this is a symptom of a serious maladjustment which requires appropriate treatment by the Child Guidance Clinic, there are many children who can be helped by advice to parents on family relationships and treatment to cure the bed-wetting. This treatment is carried out with apparatus which is loaned to the parents and consists

essentially of a pad which is placed in the child's bed and attached to an alarm bell. Even slight wetting of the pad causes the bell to ring and awaken the child. A reflex is thus established and soon the child learns to wake without the help of the apparatus. Unfortunately the treatment tends to be rather prolonged and the number of alarm sets are limited, but during the year 12 children were treated for bed-wetting in this way. A complete cure was achieved in nine cases, partial cure in two and the treatment was unsuccessful in one case.

Handicapped Children.

Perhaps the most important task of the School Health Service at present is the ascertainment of children who are physically or mentally handicapped and making the appropriate arrangements to enable them to derive the maximum benefit from their education. From the table in the body of the report it will be seen that of those children for whom a Special School has been recommended, the majority have been found accommodation. It is especially pleasing to note that 62 educationally sub-normal children are now attending the appropriate Special Schools. Some of the most difficult children to deal with are asthmatic. These are usually very much attached to their mothers, who tend to be over-protective. During the time that they are at Open-Air School they are completely free from symptoms but relapse almost immediately on returning home. Long separation in a Residential Open-Air School is often the best solution but accommodation is not always available.

Health Education.

The failure of health education in schools can be gauged by the fact that cigarette smoking is all too prevalent among the senior boys. They have only to observe the mental contortions their "elder and betters" go through in trying to overcome this dangerous habit to realise the danger of addiction. They would save themselves much anxiety (not to mention money) if they were to decide not to start smoking.

It is usually a symptom of feelings of insecurity and maladjustment and the wholesale consumption of tranquillisers shows how widespread these feelings are in all sections of the community. While smoking is less immediately harmful than drug-taking there is now overwhelming evidence that cancer of the lung is much more prevalent among cigarette-smokers than non-smokers. More determined efforts should be made to inculcate in children know-

ledge of the basic requirements for healthy living and the department is always willing to offer its help to the teaching staff by providing advice, speakers, demonstrations and films, but we can provide these facilities only at the request of the Head Teachers.

Staff.

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, 1960.

Broadwell 2041.

SCHOOLS IN OLDBURY.

SCHOOL	Average No. on Roll 1959	No. on Roll at 31-12-59	Accom- modation in each Dept.
Oldbury Grammar	573	580	530
Secondary Technical	191	193	120
Albright Secondary Modern Boys' ...	387	409	480
Albright Secondary Modern Girls' ...	400	418	480
Bristnall Hall Secondary Modern Boys'	420	430	520
Bristnall Hall Secondary Modern Girls'	460	466	480
Perryfields Secondary Mixed	511	559	480
St. Michael's C. of Secondary Modern	254	271	320
Bleakhouse Primary Junior Mixed...	260	257	320
Brandhall Primary Infant and Junior	481	456	350
Castle Road Primary Infant & Junior	337	318	390
Causeway Green Junior Mixed	325	323	320
Causeway Green Infants'	205	170	240
Church of England Primary Infants'	77	69	120
Good Shepherd C. of E. Primary Junior Mixed	264	263	240
Moat Farm Primary Boys'	223	208	320
Moat Farm Primary Girls'	214	185	320
Moat Farm Primary Infants'	236	214	320
Perryfields Junior	323	314	320
Rood End Primary Junior Mixed ...	355	349	385
Rood End Primary Infants'	193	173	280
Rounds Green Primary Junior Mixed	272	266	480
Rounds Green Primary Infants' ...	135	107	270
St. Francis Xavier's R.C. Infant and Junior	203	201	200
St. Hubert's R.C. Infant and Junior	343	325	240
Titford Road Primary Boys'	172	164	280
Titford Road Primary Girls'	172	164	280
Titford Road Primary Infants'	171	153	320
Warley Primary Infants'	161	136	270
Totals	8,318	8,141	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:—

						1958	1959
Age —	5 years	...	...	...	786	650
„	6 „	...	...	...	—	67
„	7 „	...	...	...	—	30
„	8 „	...	...	...	—	14
„	9 „	...	...	...	772	21
„	10 „	...	...	...	294	821
„	11 „	...	...	...	673	51
„	12 „	...	...	...	—	48
„	13 „	...	...	...	—	104
„	14 „	...	...	...	773	656
„	15 and over	...	...	...	181	160
Total					3,479	2,622	

In addition 885 defects from previous inspections were re-examined and 31 were referred for treatment.

2,676 re-inspections were carried out as follows:—

	No. of Children Re-Inspected
Re-inspection of Defects	885
Attendances at Investigation Clinics	70
Edgmond Hall Camp School (F.F.I. examinations)	660
Malvern Open-Air School	43
Weston-super-Mare Rotary Boys' House	48
Employment of Children	147
Mental Tests and Examinations	45
Re-inspections at Ophthalmic Clinics	607
Re-inspections at Ophthalmic Clinics	607
Re-inspections at Sunlight Clinics	38
Total	<u>2,676</u>

Of the 560 Pre-School children examined the following defects were referred for treatment:—

Skin defects	2
Eye defects	8
Ear defects	—
Nose and Throat	3
Speech	1
Lymphatic glands	—
Heart and circulation	1
Lungs	—
Developmental	—
Orthopædic	3
Nervous system	—
Psychological	1
Other defects	—

NUTRITION.

Table A on Page 20 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 597,912 meals were served in school to children dur-

ing the year and of this number 47,467 meals were served free of charge. 44.4 per cent. of all children attending the schools in the Borough take their mid-day meal in school.

Similarly I understand 1,328,187 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 361.

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	210	640
Langley	108	303
Oldbury	82	351
Totals	400	1,294

Defects Treated	Oldbury	Langley	Warley	Total
Ringworm	—	—	—	—
Impetigo	1	7	1	9
Scabies	1	1	—	2
Other Skin Diseases ...	35	25	100	160
Blepharitis	1	—	2	3
Conjunctivitis	1	2	4	7
Other Eye Conditions...	10	16	21	47
Otorrhœa	1	1	—	2
Other Ear Defects ...	2	3	4	9
Minor Injuries, Sores, etc.	22	12	42	76
Miscellaneous	8	41	36	85
Totals	82	108	210	400

TREATMENT OF DEFECTIVE VISION AND SQUINT

During the year 61 sessions were held and 718 attendances were made. A summary of the defects found by the Ophthalmic Surgeon in the 111 new cases is set out overleaf:—

Defects found in new cases:—**Errors of Refraction—**

Simple Hypermetropia	...	...	...	9
Hypermetropic Astigmatism—				
Simple	...	...	...	—
Compound	...	...	...	7
Simple Myopia	...	...	...	32
Myopic Astigmatism—				
Simple	...	...	...	3
Compound	...	...	...	10
Mixed Astigmatism	...	...	...	4
Amblyopia	...	...	...	1
Anisometropia	...	...	...	20

Squint—

Convergent	...	...	...	7
Divergent	...	...	...	4

Inflammatory conditions, etc.—

Conjunctivitis	...	...	...	1
Dislocation of Lens	...	...	...	1
Corneal Nebula	...	...	...	1
External Rectus Palsy	...	...	...	1
Detached Retina	...	...	...	1
Degeneration of Retina	...	...	...	1

Nothing abnormal discovered	8
------------------------------------	-----	-----	-----	---

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

EAR, NOSE AND THROAT DEFECTS.

During the year 98 children were admitted to hospital for the removal of Tonsils and Adenoids.

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

Age Group (year of Birth)	Boys.			Girls.		
	Examined	Tonsil- lectomy	Per cent	Examined	Tonsil- lectomy	Per cent
1954	351	4	1.1	299	4	1.3
1953	41	1	2.4	26	—	—
1952	14	—	—	16	2	12.5
1951	6	1	16.6	8	—	—
1950	11	1	9.1	10	—	—
1949	421	59	14.0	400	76	19.0
1948	17	1	5.9	34	1	2.9
1947	17	4	23.5	31	2	6.4
1946	55	12	21.7	49	8	16.3
1945	350	80	22.8	306	67	22.2
1944						
and earlier	78	22	28.2	82	21	25.5
Totals	1361	185	13.6	1261	181	14.3

ORTHOPÆDIC AND POSTURAL DEFECTS.

During the year 47 children were treated at the Smethwick Orthopædic Clinic.

	Girls	Boys
Asthma	1	—
Bow legs	—	1
Cartilage lesion	2	—
C.D.H.	1	—
Deformed feet	1	1
Deformed toes	1	—
Flat feet	3	3
Hallux valgus	4	—
Intoeing	—	2
Knock knee	1	2
Muscular dystrophy	1	—
Osteochondritis	—	1
Painful feet	2	—
Perthes disease	—	2
Poliomyelitis	2	4
Poor posture	1	1
Scoliosis	2	1
Torticollis	—	2
Valgoid feet and ankles	2	3
	<hr/> 24	<hr/> 23
Total	<hr/> 47	

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 22 sessions were held. 47 children made 70 attendances.

SUN-RAY CLINICS.

Sun-Ray lamps are installed at each of the three Clinics, and 53 children made 459 attendances at 49 sessions.

UNCLEANLINESS.

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

The total number of examinations of children was 23,584 (11,489 boys and 12,095 girls), and 991 (152 boys and 839 girls) were found to have nits in the hair and 53 (10 boys and 43 girls) were found to have numerous nits or vermin.

HOME VISITING BY SCHOOL NURSES.

The School Nurses paid 392 visits to children's homes during the year. The 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 53 children attending the Oldbury Schools had to appear before the Courts as Juvenile Offenders. 2 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	
				1959	1958	1959	1958
Whooping Cough	...	...	...	51	14	—	—
Measles	...	...	...	625	10	2	—
Paratyphoid Fever	...	...	...	—	—	—	—
Scarlet Fever	...	...	...	31	43	—	—
Food Poisoning	...	...	...	2	—	—	—
Acute Encephalitis (Infective)	...	...	...	—	—	—	—
Dysentery	...	...	...	44	3	2	3
Pneumonia	...	...	...	8	6	1	—
Acute Poliomyelitis—Paralytic	...	...	...	—	—	—	—
„ Non-Paralytic	...	...	...	—	—	—	—
Tuberculosis—Respiratory	...	...	...	1	6	—	—
„ Meninges and Central	...	...	...	—	—	—	—
„ Nervous System	...	...	...	—	—	—	—
„ Other Forms	...	...	...	—	1	—	—

MEASLES.

625 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 14 to 51 in the number of cases occurring in school children.

DIPHTHERIA IMMUNISATION.

The number of school children immunised during the year was 81 and 326 school children received reinforcing injections. At the 31st December, 1959, 64.33 per cent. of the children on the registers had had their last injections, either primary or reinforcing, during the last five years, that is, since 1st January, 1955.

POLIOMYELITIS VACCINATION.

At the end of the year 7,112 school children had received their second injection and 6,542 of these had received the third injection. These figures represent 87.3 per cent. and 80.3 per cent. respectively of the school population at the 31st December, 1959.

TUBERCULOSIS.

There were 46 cases of tuberculosis among children of school age at the end of the year as compared with 50 cases at the end of 1958. Of these 46 cases 37 were respiratory and 9 non-respiratory. The only case notified during the year was respiratory.

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

Invitations issued	...	...	...	747
Acceptances	...	...	...	636 (85.1%)
Number tested	...	...	...	625
Tests read	...	...	...	624
Tests positive	...	...	...	64 (10.25%)
Tests negative	...	...	...	560 (89.75%)
Inoculations	...	...	...	560

EXCLUSION OF CHILDREN.

The Total number of exclusions issued by the School Medical Department was 127.

67 children were excluded as a result of having infectious disease, and 60 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 660.

OPEN-AIR SCHOOL.

In 1959 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, 13 were girls and 17 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. 48 pupils went to the House during the year.

MEDICAL EXAMINATION OF TEACHERS.

During the year 13 entrants (Form 4 R.T.C.) to Teachers' Training Colleges and 13 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	...	3	—	3
2.	Partially sighted	...	5	—	5
3.	Deaf	...	3	—	3
4.	Partially deaf	...	4	1	5
5.	Delicate	...	2	2	4
6.	Physically handicapped	...	6	1	7
7.	Educationally sub-normal		62	27	89
8.	Maladjusted	...	2	—	2
9.	Epileptics	...	1	—	1
Total			88	31	119

EDUCATIONALLY SUB-NORMAL CHILDREN.

45 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	...	...	...	5
Report to the Local Health Authority under Section 57(5) of the Education Act, 1944	...	...	...	1
Educate at Special Day/Boarding School for Educationally Sub-normal Pupils	...	...	...	19
Educate at Ordinary schools with special educational treatment	...	...	...	2
Educate at ordinary school in special classes	...	...	...	—
Educate at ordinary schools (children educationally sub-normal)	...	...	...	1
Educate at ordinary schools (children not educationally sub-normal)	...	...	...	16
Educate at Special School for Physically Handicapped Pupils				1

SANITARY ACCOMMODATION.

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

1. Work completed—

Nil.

2. Work in progress—

(a) **Bristnall Hall Secondary Modern Girls' School:**

Improvements to sanitary accommodation.

(b) **St. Michael's C. of E. Controlled Secondary Modern School:**

Minimum necessary improvements to washing facilities.

OLDBURY SCHOOL DENTAL SERVICE.
REPORT OF THE DIVISIONAL DENTAL OFFICER
FOR 1959.

There was no lessening of activity for the dental staff during 1959. The unfortunate trend for dental defects to accumulate faster than their treatment continues here, as indeed it does throughout the Country.

There were less sessions worked by Dental Surgeons this year and consequently less treatment carried out. Nevertheless there was a large and satisfactory amount of work done. The high acceptance rate by parents for the treatment of their children is a clear indication of the vital role the dental clinics play in the Borough.

There was an increase in the number of children we were able to treat by orthodontic methods and we had the satisfaction of completing more of these cases during the year than in previous years.

The earliest and most primitive citizens of this earth suffered from dental decay but it is only in recent times that the disease has become an epidemic. What does the future offer as far as its control is concerned? A frank appraisal of the situation will be of value.

Present methods of combatting dental decay are hopelessly inadequate. The public think almost entirely in terms of remedy whilst the real answer lies in prevention. There is a shortage of dentists, which will remain with us for many years. Even if there were many more dentists treating children than now, the situation would not be greatly altered, unless there was a corresponding change in ideas, for there would still be more decay than dentists could cope with.

This surely should lead us to clear thinking. Other advanced nations show us the way. Health Habit teaching is a vital part of the school curriculum in the United States. Special provision is made for dental education in the teachers' own training course. Health Education is taught, and the lesson applied throughout school life. The child's progress in this field is evaluated by testing like any other subject in the curriculum. Similar methods must be adopted here if we are to control the ravages of dental caries. In addition an adequate portion of Radio and Television time should be acquired for the purposes of teaching Health Education and effective programmes shown to children and adults.

Immediate use should be made of Fluoride. The pilot schemes in operation in this country will prove what we are very well aware of, that 60 per cent. of the incidence of dental caries can be prevented by the minute addition of fluoride to the communal water supply. There are as many United States citizens drinking fluoridated water as there are people in England and Wales. The

benefits are enormous and there are no proven defects to the scheme. The time has now been reached when further caution is unwarranted and damaging.

Locally we must rely on our own efforts. The distribution of biscuits and sweets for mid-morning break in some of our schools is a disturbing feature. Doubtlessly those concerned are unaware of the effects, but the child's mouth is filled with fermentable carbohydrates and the teeth are under attack within a few minutes. It is reasonable to suggest that foods known to have a deleterious effect on teeth be eliminated from school life. If it is not feasible to deal in fruit, nuts or other alternatives, then the drinking of milk by itself should be adequate.

Many people in the Borough help the dental staff in the course of the year and it is with pleasure that I record my thanks to the Head Teachers and staffs of our schools, and the Health Visitors for their co-operation. I wish to thank the Dental Attendants, Mrs. Tibbatts, the County Orthodontist, and Mrs. A. Facer. Once again I thank Mr. Britten, the Principal Dental Officer, and Dr. H. Tabbush, who again administered all our general anaesthetics.

JAMES RODGERS,

Divisional Dental Officer.

REPORT ON SPEECH THERAPY CLINIC AT OLDBURY.

Cases attending at 31.12.59 ...	...	36
Discharged after satisfactory progress...		15
Discharged after some progress ...	...	6
Left school or area ...	...	—
Ceased attending ...	...	5
		—
Total ...	...	62
		—
Waiting list ...	...	60
		—
Grand Total		112
		—
Total number of treatments ...	...	760
		—

During the past year there has been an extension of the Speech Therapy Service in Oldbury. Miss Helen Wright was appointed as an additional Speech Therapist in April. As a result it was decided to start a clinic at Bleakhouse. This would meet the growing needs of children from the Brandhall and Warley areas, leaving the Hollies Clinic free for children from the Oldbury and Langley districts. Partly because of this extra clinic there has been a small decrease in the waiting list.

Another reason for the decrease is the fact that quite a few children referred were found not to require regular Speech Therapy. Into this category come children who suffer from what really amounts to baby speech. In a child of three this is perhaps acceptable if not advisable, but in a large child of nine it is ludicrous and often the object of much heartless teasing from school-fellows.

Much has been said recently about the increasing problem of obesity in school children and in many cases of baby speech one finds a specific outcome of this state. The general flabbiness and flaccidity of the muscles result in a poor slovenly standard of articulation. Most commonly difficulty is experienced with sounds which require considerable muscular dexterity such as "S," "TH" and "R." The Speech Therapist is often driven to wish that children would apply the same muscular precision to these sounds as they do to the licking of their lollipops. Not all cases of this particular speech condition, however, are due solely to obesity. In some children there is a picture of general immaturity—both emotional and physical. There is sometimes an interesting link-up between these two conditions, where obesity as a result of over-eating arises from a feeling of immaturity. In such cases the speech difficulty has a dual origin

In treating these overweight children the most effective method has been found to be a stringent one. Once the child has been shown how to correct his speech the onus of application and of general toning up of articulation must rest with him and with his parents. Usually this is successful and when the child is seen again after a period of six months or so, speech has more often than not shown considerable improvement.

Both Health Visitors and teaching staff are very co-operative in telling us of the progress of these children and we are most grateful to them for this and for the many other ways in which they are so helpful at all times.

MARGARET EDWARDS,

Senior Speech Therapist.

PART I.

**MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED AND ASSISTED PRIMARY AND
SECONDARY SCHOOLS.**

Number of Pupils on Registers in January, 1960—8,141.

Table A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (Year of Birth)	No. of Pupils inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)
(1)	(2)				
1954	650	650	100·00	—	—
1953	67	67	100·00	—	—
1952	30	29	96·67	1	3·33
1951	14	14	100·00	—	—
1950	21	21	100·00	—	—
1949	821	821	100·00	—	—
1948	51	51	100·00	—	—
1947	48	48	100·00	—	—
1946	104	104	100·00	—	—
1945	656	656	100·00	—	—
1944 and earlier ..	160	159	99·37	1	0·63
Totals	2622	2620	99·92	2	0·08

Table B.—PUPILS FOUND TO REQUIRE TREATMENT.

Age Group (Year of Birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1954	13	36	47
1953	1	8	9
1952	—	2	2
1951	—	1	1
1950	1	1	2
1949	73	35	103
1948	9	6	14
1947	10	2	12
1946	20	8	25
1945	95	26	113
1944 and earlier	40	8	44
Totals ..	262	133	372

Table C.—OTHER INSPECTIONS.

Number of special inspections	...	...	...	892
Number of re-inspections	...	...	...	2,676
			Total	3,568

Table D—INFESTATION WITH VERMIN.

1.	Total number of individual examinations of pupils in the schools by the School Nurses or other authorised persons	...	...	...	...	23,584
2.	Number of individual pupils found infested	...				392
3.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	...	...	...	...	50
4.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	...	...	...	...	4

PART II.**DEFECTS FOUND BY MEDICAL INSPECTION.**

Defect Code No.	Defect or Disease	TABLE A								TABLE B	
		PERIODIC INSPECTIONS								Special Inspections	
		Entrants		Leavers		Others		Total			
		T	O	T	O	T	O	T	O	T	O
4	Skin	7	8	3	5	8	25	18	38	43	4
5	Eyes—a. Vision	13	34	95	20	154	71	262	125	233	178
	b. Squint	11	3	4	2	11	6	26	11	93	64
	c. Other	2	5	2	—	2	4	6	9	14	15
6	Ears—a. Hearing	1	8	—	3	2	8	3	19	3	—
	b. Otitis										
	Media	—	12	3	6	1	13	4	31	2	—
	c. Other	2	1	3	2	9	8	14	11	9	1
7	Nose or Throat	6	100	2	38	20	101	28	239	25	16
8	Speech ..	5	2	2	2	3	3	10	7	7	4
9	Lymphatic										
	Glands ..	—	16	—	1	—	12	—	29	1	3
10	Heart... ..	—	4	—	4	—	15	—	23	—	—
11	Lungs ..	—	23	—	4	1	38	1	65	1	3
12	Developmental—										
	a. Hernia	—	2	—	—	—	—	—	2	—	—
	b. Other	—	1	—	1	1	7	1	9	1	1
13	Orthopaedic—										
	a. Posture	—	3	—	3	—	10	—	16	—	—
	b. Feet	—	13	4	10	3	24	7	47	2	4
	c. Other	3	6	1	10	4	28	8	44	15	5
14	Nervous System—										
	a. Epilepsy	—	1	—	—	—	—	—	1	—	—
	b. Other	1	1	—	—	2	4	3	5	1	2
15	Psychological—										
	a. Development	—	2	—	2	2	3	2	7	—	1
	b. Stability	—	1	—	2	5	1	5	4	2	1
16	Abdomen ..	—	—	—	—	—	—	—	—	—	—
17	Other Defects	—	—	—	—	—	3	—	3	75	5

PART III.

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

**Table A.—Eye Disease, Defective Vision
and Squint**

No. of cases
known to have
been dealt with:

External and other, excluding errors of refraction and squint	61
Errors of Refraction (including squint)	111
Total	172
<hr/>	
Number of pupils for whom spectacles were prescribed	408

Table B.—Diseases and Defects of Ear, Nose and Throat

Received operative treatment	
(a) for diseases of the ear	7
(b) for adenoids and chronic tonsillitis	98
(c) for other nose and throat conditions	—
Received other forms of treatment	15
Total	120
<hr/>	
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1959	—
(b) in previous years	6

Table C.—Orthopædic and Postural Defects

(a) Pupils treated in clinics or out-patient depts.	56
(b) Pupils treated at school for Postural Defects	4
Total	60

Table D.—Diseases of the Skin

Ringworm—(a) Scalp	—
(b) Body	—
Scabies	2
Impetigo	9
Other skin diseases	160
Total	171

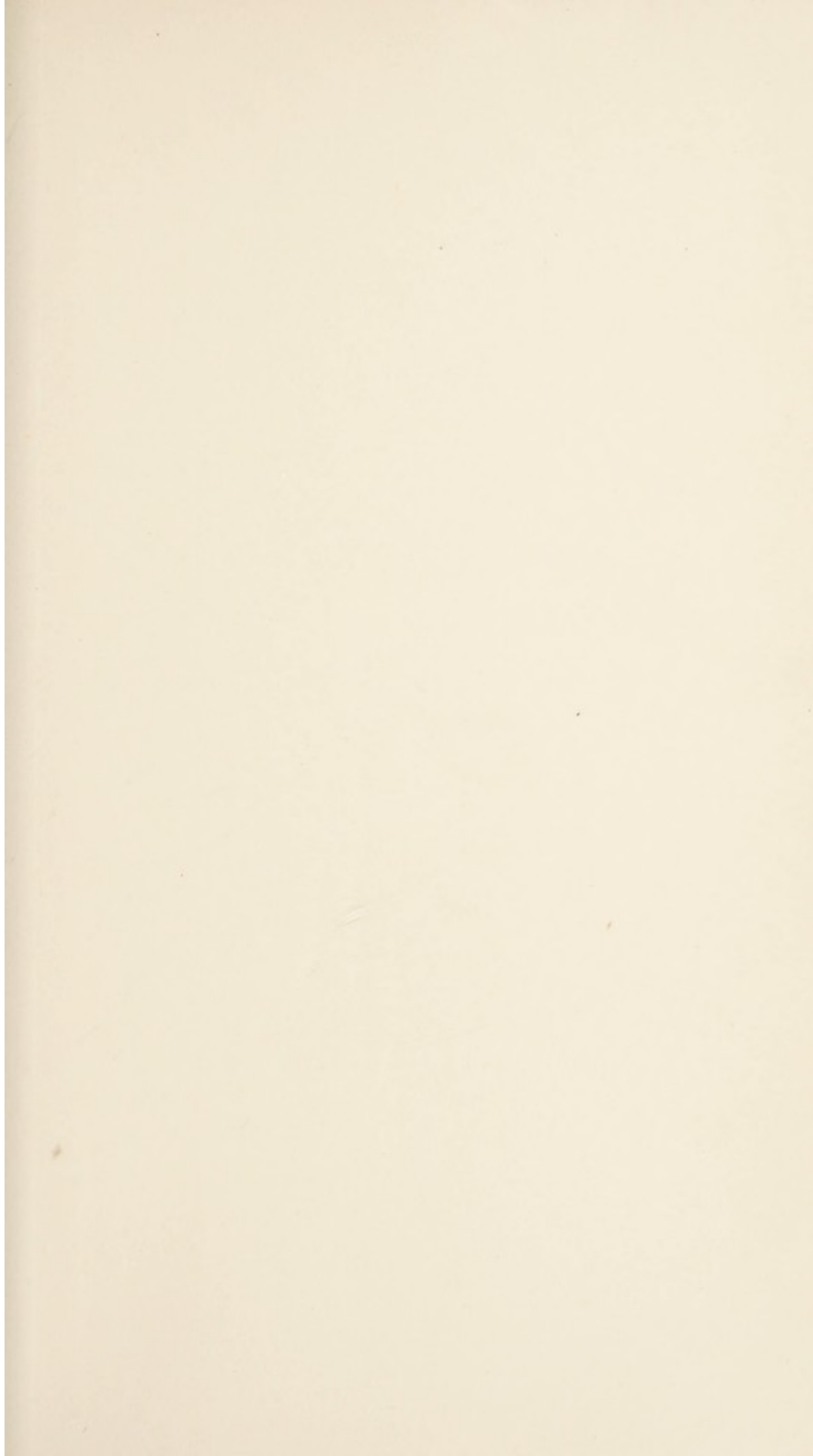
		No. of cases known to have been dealt with:
Table E.—Child Guidance Treatment		
Pupils treated at Child Guidance Clinics	...	27
Table F.—Speech Therapy		
Pupils treated by Speech Therapists	...	62
Table G.—Other Treatment Given		
(a) Pupils with minor ailments	...	92
(b) Pupils who received convalescent treatment under School Health Service arrangements		9
(c) Pupils who received B.C.G. vaccination	...	560
(d) Other than (a), (b), and (c) above (specify)		
1. Minor injuries	...	82
2. Sunlight	...	53
3. Appendicitis	...	21
4. Epilepsy	...	2
5. Rheumatism	...	2
Totals (a)—(d)		821

PART IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers—			
(a) At Periodic Inspections	...	3,713	
(b) Specials	...	518	
Total		...	4,231
(2) Number found to require treatment			
(3) Number offered treatment	...	2,798	
(4) Number actually treated	...	2,401	
(5) Attendances made by children for treatment (including 11 (h) overleaf)			
(6) Half-days devoted to—			
Periodic (School) Inspection	...	21	
Treatment	...	631	
Total		...	652

(7)	Fillings—				
	Permanent Teeth	...	...	3,740	
	Temporary Teeth	...	...	99	
			Total	...	<u>3,839</u>
(8)	Number of Teeth Filled—				
	Permanent Teeth	...	...	3,168	
	Temporary Teeth	...	...	92	
			Total	...	<u>3,260</u>
(9)	Extractions—				
	Permanent Teeth	...	...	655	
	Temporary Teeth	...	...	2,115	
			Total	...	<u>2,770</u>
(10)	Administration of general anæsthetics for extraction				645
(11)	Orthodontics—				
	(a) Cases commenced during the year	...	...	50	
	(b) Cases carried forward from previous year	...	...	48	
	(c) Cases completed during the year	...	...	40	
	(d) Cases discontinued during the year	...	...	10	
	(e) Pupils treated with appliances	...	...	89	
	(f) Removable appliances fitted	...	...	50	
	(g) Fixed appliances fitted	...	...	1	
	(h) Total attendances (included in (5) on previous page)	...	...	655	
(12)	Number of pupils supplied with artificial teeth	...			18
(13)	Other operations—				
	Permanent Teeth	...	...	991	
	Temporary Teeth	...	...	64	
			Total (13)	...	<u>1,055</u>



(7) Fillage—			
	Permanent Teeth	1,740	
	Temporary Teeth	99	
	Total	1,839	
(8) Number of Teeth Affected—			
	Permanent Teeth	1,158	
	Temporary Teeth	92	
	Total	1,250	
(9) Extractions—			
	Permanent Teeth	655	
	Temporary Teeth	2,115	
	Total	2,770	
(10)	Administration of general anesthesia for extraction	645	
(11) Orthodontics—			
(a)	Cases completed during the year	50	
(b)	Cases carried forward from previous year	48	
(c)	Cases completed during the year	8	
(d)	Cases discontinued during the year	10	
(e)	Pupils treated with appliances	80	
(f)	Removable appliances fitted	28	
(g)	Fixed appliances fitted	5	
(h)	Total attendance (included in (5) on previous page)	655	
(12)	Number of pupils supplied with artificial teeth	13	
(13) Other operations—			
	Permanent Teeth	991	
	Temporary Teeth	64	
	Total (13)	1,055	