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WORCESTERSHIRE COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT

(Fifty-third)

on the


SCHOOL HEALTH SERVICE

FOR THE YEAR 1961

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. |
| Mr. H. ASHWIN, D.L. | — | Vice-Chairman of the County Council. |
| Sir HUGH CHANCE,
C.B.E., M.A., D.L. | — | Chairman of the Education Committee.
Chairman of the Further Education
Sub-Committee. |
| Mr. F. L. ROSE, C.B.E. | — | Chairman of the County Finance Com-
mittee. |
| Mr. H. NETTLEFOLD, B.A. | — | Chairman of the Sites and Buildings
Sub-Committee. |
| Brigadier J. SCOTT,
D.S.O., O.B.E. | — | Chairman of the School Meals Sub-
Committee. |
| Mrs. J. E. TALBOT | — | Chairman of the School Management
Sub-Committee and Vice-Chairman
of the Education Committee. |
| Mr. E. GITTUS | — | Chairman of the County Library Sub-
Committee. |
| Mr. J. H. WALKER | — | Chairman of the Agricultural Education
Committee. |
| Mr. M. C. MEIKLE | — | Chairman of the Youth Sub-Committee. |

Appointed members :

Dr. F. E. DAWES
 Mr. J. M. HARRISON
 Mr. A. J. T. JOBSON
 The Rev. Dr. E. K. H. JORDAN, M.A.
 Lady LECHMERE
 Miss E. M. LYONS, B.A.
 Miss E. M. NEWTH
 Mr. H. G. PINNER
 Mr. W. POWELL
 The Rev. A. J. PROUDMAN
 Mrs. P. J. E. SALMON
 Mr. H. J. TOOBY
 Mrs. CHRISTOPHER WILSON
 Mr. J. H. WOOLDRIDGE

*Annual Report (Fifty-third) on the
School Health Service
for the Year ended December 31st, 1961.*

Mr. Chairman, Ladies and Gentlemen,

During the past year the health of the school children of Worcestershire has continued to be satisfactory. Special attention is given to the care of handicapped children, commencing with the ascertainment of their disability, both mental and physical, then arranging for them to receive special educational treatment under supervision from two to sixteen years of age, and if necessary and agreeable, after leaving school further supervision is carried out.

New arrangements have been made to ensure that all children are adequately tested and screened to eliminate any disability due to deafness. Should deafness be revealed on examination, they are referred to the special audiometric clinic, where the medical officer, if necessary, will seek the advice of the Ear, Nose and Throat Consultant. The scheme will be developed until all children have been tested during their early years of school life and more advantageous still, facilities will be available at the Infant Welfare Clinics for toddlers and babies to be tested.

During the past year, the Feldon Lane Clinic at Blackheath was completed and it is to be hoped that should the implementation of the recommendations of the Boundary Commission affect this part of the county, it will be possible to make arrangements for parents and children living in the area to be able to continue to use this modern building with its up-to-date facilities and equipment. This applies equally to the adjacent Halesbury Special School which is proving so successful in the teaching and training of educationally sub-normal children drawn from the surrounding areas. It is hoped that during next year building will commence on a new school for educationally sub-normal children in the Kidderminster area.

Although I drew attention in my introductory letter last year to the continuing need for parents to exercise care to ensure that their children had been fully vaccinated and immunised against smallpox, diphtheria, tetanus and whooping cough, the Minister of Health has asked that a further special appeal should be made to all parents to see that their children are fully protected against these diseases. Facilities are available, free of charge, either from their family doctor or at the clinics and it must be regarded as a gross negligence of parental duties if parents do not seek advice and protection for their children. All parents are very concerned in the mental and physical development of their children and rejoice when baby is able to walk and talk, the required number of teeth appear and that the anterior fontanelle closes. In turn, they should be equally interested in the completion of full protection against smallpox, whooping cough, tetanus and diphtheria, which must be regarded as an essential landmark in any child's development.

With the general high level of well being of school children, it has been decided to withdraw one of the intermediate routine medical examinations. Much has been said recently regarding the waste of medical manpower and teaching time by the continuance of the intermediate examinations and in many authorities this has been replaced by what is termed a "selective" examination which is based on special cases picked out by the teacher or health visitor. Whilst there is some agreement that there are many advantages in adopting this course of action, there is also some evidence that these advantages do not altogether outweigh the disadvantages of a complete absence of an intermediate routine examination. Nevertheless, it was felt that to have two intermediate routine medical examinations was wasteful and these have now been replaced by one routine intermediate medical examination at 11 years of age.

Although there was some disorganisation in the service due to poliomyelitis immunisation, much of the postponed work has now been done and the routine and special examinations are up-to-date.

The main detail of the report has been prepared by Dr. Macleod, my Deputy, and Dr. Gwen Clark, who commenced duty as a Senior Medical Officer for the School Health Service on the 18th September, 1961. I am grateful to them and the school doctors, health visitors and clerical staff for their help during the past year. The teaching staffs, as usual, have been most helpful and tolerant of the many interruptions to the educational curriculum which is most difficult to complete without the additional disturbances caused by the visits of the school medical officers and the health visitors.

I am grateful to the County Education Officer and his staff and to the head teachers and to the Chairman, Alderman J. F. Goode, O.B.E. and members of the Education Children's Care Committee for their continued advice and support.

Your obedient Servant,

J. W. PICKUP

County Medical Officer of Health and
Principal School Medical Officer.

County Health Department,
Love's Grove,
Castle Street,
Worcester.
August, 1962.

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

M. C. Macleod, M.D., D.P.H.

Senior Medical Officer, Maternal and Child Welfare

Vacant.

Senior Medical Officer, School Health Service

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

*Divisional Area Medical Officers**Kidderminster*

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

Oldbury

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

Deputy Divisional Area Medical Officer—Oldbury

Vacant.

Chest Physicians

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

E. N. Moyes, M.D., 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.

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.

Barbara S. M. Marshall, M.B., Ch.B.

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

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

A. J. Rowland, M.B.Ch.B., D.Obst.R.C.O.G., 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, T.D., M.B., Ch.B.

W. R. C. Heslop, M.D., F.R.C.S., D.P.H. (Part-time).

O. P. Giles, M.B., Ch.B., M.R.C.S., L.R.C.P. (Part-time).

Kathleen M. Cash, M.B., Ch.B., D.Obst.R.C.O.G. (Part-time).

Oculists (Part-time)

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.
 J. A. Cox, M.B., B.S., D.O.
 J. L. Pearce, M.B., Ch.B., D.O.

Medical Director—Worcestershire Child Guidance Clinics

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

Educational Psychologists

Mrs. H. Richardson, M.A., B.Ed.
 R. Birch, B.Sc., Dip. Psychology, A.B.P.S.

Psychiatric Social Workers

I. Malcomson, B.A. (Econ.), (Hons.), A.A.P.S.W.
 Mrs. J. E. Harrison, S.S.D., A.A.P.S.W.
 Mrs. M. Branch, B.Sc. (Econ.) (Hons.), A.A.P.S.W.
 Miss M. Holt, S.S.D., A.A.P.S.W.

Principal School Dental Officer

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

Deputy Principal School Dental Officer

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

Divisional Dental Officers

V. L. L. Hall, L.D.S., R.C.S., Eng.
 D. M. Hobbs, B.D.S.

Assistant Dental Officers

M. J. Burford, B.D.S.
 D. J. Gallivan, L.D.S., R.C.S. Eng.
 W. B. Jones, B.D.S.
 K. E. Nicholas, L.D.S., R.C.S. Eng.
 Mrs. A. P. O'Reilly, L.D.S., R.C.S. Eng.
 Miss R. J. H. Sammons, L.D.S., R.C.S. Eng.
 A. W. Smith, L.D.S.
 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).
 Mrs. M. Bevan, L.D.S. (part-time).

Orthodontist

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

Oral Hygienist

Mrs. W. E. Cooper.

Senior Dental Technician

J. A. Crump.

Administrative Assistant

H. A. Rock, A.R.S.H.

Chief Clerk

J. A. Carter.

Chief Nursing Officer

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

Superintendent Health Visitor

Miss 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 Education Organiser

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, S.R.N., Ortho.N.Cert.

Miss D. B. Jeavons, M.C.S.P., Ortho.N.Cert.

Speech Therapists

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

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

Miss H. Wright, L.C.S.T.

Mrs. B. M. Brooks, 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	19	8.5
(iii) general practitioners working part-time in School Health Service	3	0.75
(b) Physiotherapists	1	0.5
Speech Therapists	4	4.0
Remedial Gymnast	1	0.5
(c) (i) (a) School Nurses	50	23.76
(b) District Nurses	41	2.0
(ii) No. of the above who hold a Health Visitor's Certificate	74	—
(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	11	9.9	4	2.2
(iii) Orthodontists (if not already included in (e) (i) or (e) (ii) above)	1	0.7	—	—
TOTAL	13	11.5	4	2.2
TOTAL full-time equivalent			13.7	
			Number of Officers	Number in terms of full-time officers employed in the School Dental Service
(iv) Dental Surgery assistants			15	13.5
(v) Senior dental technician			1	0.8
(vi) Apprentice dental technician			1	0.8
(vii) Oral Hygienist			1	0.9

STATISTICS 1961

Area of Administrative County (acres)	437,460
Population Mid-1961	443,810
Value of rd. rate	£22,335
School Population	64,962

County of Worcester (less Borough of Oldbury)

	Schools/Dept.	No. of Children		Total
		Boys	Girls	
Nursery	1	21	18	39
Primary	236	17,307	16,561	33,868
Secondary Modern	35	8,627	8,280	16,907
Secondary Grammar	10	3,004	2,666	5,670
Secondary Technical	3	540	176	716
	285	29,499	27,701	57,200

Borough of Oldbury

Nursery	—	—	—	—
Primary	22	2,416	2,290	4,706
Secondary Modern	6	1,022	1,088	2,110
Secondary Grammar	1	286	289	575
Secondary Technical	1	194	177	371
	30	3,918	3,844	7,762

There has been an increase of 120 in the number of children at school when compared with the corresponding figure for 1960.

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

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

- (b) *Type of Examination and/or Treatment provided*, at the school clinics, 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	13	—
C. Ophthalmic	15	—
D. Orthopaedic	—	1
E. Speech Therapy	14	—
F. Physiotherapy	—	2
G. Orthoptic	—	1
H. Sunray (U.V.L.)	3	1
I. Remedial Exercises	—	2
J. Vaccination and Immunisation	15	—
K. Audiology	2	—

General Notes

The following notes were taken during the field work in the vicinity of the station on the 10th of May 1900.

The weather was clear and the wind was light.

The water was very clear and the bottom was composed of fine sand and shells. The water was very shallow and the bottom was very soft.

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List of Clinics :

13

Name	Address	Held on	Nurses Sessions	Medical Officer	Services	Remarks
Blackheath	Feldon Lane, Blackheath	Mondays 9.30 a.m.		Dr. M. M. Meikle	E.M.D.V.	
Bromsgrove	Recreation Road, Bromsgrove.	Wednesdays 9.30 a.m.		Dr. C. H. Phillips	C.G.D.E.M.E.V.	
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.V.	
Droitwich	Baptist School Rooms, Droitwich.	Tuesdays 2 p.m.		Dr. L. S. Stephens	E.M.V.	This clinic is held in conjunction with the Infant Welfare Centre.
Evesham	The Clinic, Avonside Hospital, Evesham.	Fridays 9.30 a.m.		Dr. A. J. Rowland	D.E.M.S.V.	
Halesowen	Tenter Street School, Halesowen.	Fridays 9.30 a.m.		Dr. E. M. Bulmer	D.M.S.V, R.E., P.	
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.	
Malvern (1)	Sydenham Villa, Newtown Road, Malvern.		Mondays, Wednesdays, Fridays, 9 a.m.		E.M.S.V.	
(2)	Grove School, Pickersleigh Grove, Malvern.	By appointment			D.	
Pershore	Women's Institute Hall, Pershore.	Tuesdays 9.30 a.m.			S.E.V.	
Redditch	The Old Vicarage, Redditch.	1st Thursday 9.30 a.m.	Thursdays 9.30 a.m.	Dr. P. B. Williams	E.M.S.D.V.	
Stourbridge	Hagley Road, Stourbridge.	Fridays 9.30 a.m.	Mondays 9.30 a.m.	Dr. C. W. J. Hingston	D.E.M.O.S., V.R.E.U.V.L., P.	
Worcester (1)	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. S.A.	
(2)	Forecourt, Shirehall, Worcester.	Occasional			E.	
Wythall	Silver Street, Wythall.	Occasional			S.E.	
<i>Kidderminster Area</i>						
Kidderminster	Coventry Street, Kidderminster.	Thursdays 9.30 a.m.	Daily 9—10 a.m.	Dr. C. Starkie	C.G.D.E.M.S.V.	
Stourport-on-Severn	Mitton Street, Stourport.	2nd & 4th Fridays 9 a.m. by appointment	Mondays, Wednesdays and Fridays 9—10 a.m.	Dr. R. W. Markham	D.E.M.S.V.	
<i>Oldbury Area</i>						
Langley	"The Hollies," Joinings Bank, Langley, Oldbury.	Monday—Friday 9 a.m.		Dr. H. Tabbush	M.S.U.V.L.V.	
Oldbury	Tabernacle School, Talbot Street, Oldbury.	Monday—Friday 9 a.m.		Dr. H. Tabbush	D.M.U.V.L.V.	
Warley	Bleakhouse Road, Warley, Oldbury	Monday—Friday 9 a.m.		Dr. H. Tabbush	C.G.D.E.M.Or.U.V.L.S.V.	

Index to Services :

A.	Audiology	E.N.T.	Ear, Nose and Throat	Or.	Orthoptic.
C.G.	Child Guidance	I.	Investigation	P.	Physiotherapy
D.	Dental	M.	Minor Ailments	R.E.	Remedial Exercises
E.	Eye	O.	Orthopaedic	S.	Speech
				U.V.L.	Ultra Violet Light.
				V.	Vaccination and Immunisation

Building Programme

The new clinic at Feldon Lane, Halesowen, which adjoins Halesbury School, came into use on the 1st May, 1961. This purpose built clinic is spacious and has complete facilities for dealing with all the specialist functions of the School Health Service, in addition to Maternity and Child Welfare and other health clinics. The centre is working well and we are especially grateful for the excellent co-operation there is with the head master of Halesbury School who has taken a great interest in the clinic.

The Health Committee have, in the same period, taken steps to convert a prefabricated building at Silver Street School, Wythall, for clinic purposes.

During the year work was started at the new clinic at Rubery. This project is also being done in conjunction with a new primary school. Unfortunately the minor building projects had to be re-examined and as a result the finance allocation to the authority was reduced. The new clinic at Bundle Hill, Halesowen, has been postponed and will not now be considered until after the 1st April 1963. Smaller schemes for improvement at Evesham, Kidderminster and Bromsgrove referred to in my last report should be completed during 1962.

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 full-time officers
Psychiatrists	1	1.0
Educational Psychologists ..	2	0.5
Psychiatric Social Workers ..	4	3.5

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

1058 attendances were made at 470 clinic sessions throughout the year ; in all 225 new cases were referred by family doctors, hospital specialists, school medical officers, head teachers, children's officer, speech therapists and others.

A special article by Dr. J. J. Graham, Medical Director, Child Guidance Services, appears as an appendix to this report.

CO-ORDINATION

Each year it is my pleasure to record the splendid co-operation the School Health Service has from family doctors and hospital consultants and from the Headmasters, Headmistresses and teachers. It seems that hardly a year passes without an opportunity for this constant co-operation of the teaching staff to be demonstrated in a marked degree as happened this year with the programme of fourth injections of Poliomyelitis vaccine.

SCHOOL HYGIENE

During 1961 more progress was made in connecting schools to mains water supply. So much has now been achieved in this field that there is now only one school which relies on its own well for water. Even here a main should become available in 1962.

There are, of course, several schools which are supplied from village schemes. Though the local water has been satisfactory, village water supplies are always regarded with a shade of doubt, as they cannot be supervised as closely as those of a larger supply.

Ten schools had their sanitary and washing facilities improved. There are still, however, a number of schools with external playground sanitary blocks situated some distance from the washing accommodation. Such blocks are more liable to frost damage and tend to receive less supervision and cleaning than the modern, indoor toilets. It would be of advantage to the schools if the external sanitation could be replaced fairly soon. A few schools are served by pail closets and at one small school there is still a pit latrine.

Not every school yet has hot water available in taps over lavatory basins. Perhaps this facility might be provided fairly soon. It might be of interest to record that at one school, in cold weather, the small children chose to wash their hands in cold water even though warm tap water was also provided. Though most schools now provide nail brushes it appears that they are seldom used for hand scrubbing.

The structure of the kitchens in which the School Meals section continues to provide its valuable service, varies from the excellent to the poor. The Maycrete buildings are, usually, inferior to the average. As they were built during the war this could, perhaps, be anticipated. Every effort is made by these kitchens' staffs to maintain a high standard. Many of this type of kitchen have already gone.

Eight new kitchens were brought into use during 1961 and four kitchens were closed. It is also reported that the number of schools receiving meals cooked elsewhere dropped from 235 to 212. This is a hygienic improvement as the Food Hygiene (General) Regulations 1960 state that the temperature of hot food should not drop below 145°F. This temperature may, sometimes, be difficult to maintain, if there is a delay in the transport of the food, on a day when the weather is very cold.

Very few complaints are received regarding dirt etc. being in the milk supplied to schools. Is this a true picture or are complaints made directly to the dairyman concerned? If such action results in non-recurrence of the incident it is to be welcomed. There seems too to be an improved pattern of delivery to the schools. Seldom is it noted that milk is being left unattended and liable to contamination on the pavement outside a school playground.

In 1961 three primary schools and two secondary schools were brought into use and major extensions at four secondary schools were completed. Lighting improvements were carried out at six schools, sanitation improvements at ten schools, new playgrounds and playground improvements at nineteen schools and many acres of playing fields have been provided.

Three new swimming pools came into use at County Council schools during the year. By the end of the year there was a total of eight. Five more were under construction and more are planned.

Every school which has a pool has been very keen to maintain a satisfactory standard of hygiene. This may present some difficulty, until the person looking after the pool has acquired the necessary knowledge, by training and experience, to operate the filters and other equipment properly, and to dose the water with chlorine and other chemicals, as required.

1961 appeared to be a satisfactory year as far as the hygiene of the County Council Schools was concerned. Steady progress was maintained to improve conditions and no outbreak of illness which could be associated with poor hygiene was reported.

MEDICAL INSPECTIONS

Routine medical inspections of children are carried out on entry to school, at age 10 years prior to leaving the primary school, and at age 14 before leaving secondary school. In addition to this it has been the practice for many years to carry out medical inspection of the 8 year age group but during the course of 1961 this was discontinued.

In place of the full examination of 8 year old children a selective procedure has been adopted with a view to early diagnosis of handicaps most likely to occur. This is in keeping with the policy of the Ministry of Education. The present practice is to screen children for vision and colour vision and to carry out a hearing test at eight years of age.

The special vision test was carried out on 3651 children, of whom 138 required treatment for visual defects and 327 were called back for further observation.

This change of policy is reflected in the medical inspection and treatment returns which follow as the number of children seen at medical inspections was 2214 less than in 1960.

MEDICAL INSPECTIONS AND TREATMENT RETURNS

Year ended 31st December, 1961.

PART I

Medical Inspection of Pupils attending maintained Primary, Secondary 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)
1957 and later	9	9	100	—	—
1956	4668	4655	99.8	13	0.2
1955	1427	1424	99.8	3	0.2
1954	317	315	99.4	2	0.6
1953	273	270	99.0	3	1.0
1952	225	225	100	—	—
1951	1014	1009	99.6	5	0.4
1950	4453	4446	99.9	7	0.1
1949	598	596	99.7	2	0.3
1948	365	365	100	—	—
1947	4318	4316	99.96	2	0.04
1946 and earlier	1956	1955	99.95	1	0.05
TOTAL	19,623	19,585	99.9	38	0.1

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)
1957 and later	—	—	—
1956	91	428	457
1955	28	148	154
1954	13	33	41
1953	26	28	49
1952	23	14	32
1951	99	130	193
1950	251	280	496
1949	53	28	77
1948	38	25	57
1947	283	241	499
1946 and earlier	265	123	359
TOTAL ..	1,170	1,478	2,414

TABLE C—OTHER INSPECTIONS

Number of Special Inspections	..	..	9,212
Number of Re-inspections	..	..	5,647
			<hr/>
Total	..	..	14,859
			<hr/>

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)
	P								
4	Skin	59	74	95	91	87	107	241	272
5	Eyes—								
	a. Vision	122	301	505	435	543	571	1,170	1,307
	b. Squint	83	89	28	19	58	57	169	165
	c. Other	14	24	7	16	12	31	33	71
6	Ears—								
	a. Hearing	14	70	8	27	11	44	33	141
	b. Otitis								
	Media	16	53	4	21	8	40	28	114
	c. Other..	5	22	11	10	6	15	22	47
7	Nose and Throat	112	510	35	125	64	361	211	996
8	Speech	29	132	9	11	31	60	69	203
9	Lymphatic Glands ..	14	196	1	21	6	100	21	317
10	Heart	9	67	7	54	14	60	30	181
11	Lungs	20	201	8	71	17	199	45	471
12	Developmental—								
	a. Hernia ..	17	20	3	8	5	15	25	43
	b. Other ..	7	115	9	44	20	148	36	307
13	Orthopaedic—								
	a. Posture ..	7	74	21	75	26	139	54	288
	b. Feet ..	92	190	27	99	74	181	193	470
	c. Other ..	47	121	52	126	61	146	160	393
14	Nervous System								
	a. Epilepsy ..	2	14	1	14	4	19	7	47
	b. Other ..	3	46	6	22	9	38	18	106
15	Psychological—								
	a. Development	13	41	2	40	9	99	24	180
	b. Stability ..	4	33	2	12	8	44	14	89
16	Abdomen ..	2	17	2	5	1	7	5	29
17	Other	14	72	21	52	21	70	56	194

TABLE B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils Requiring Treatment (3)	Pupils Requiring Observation (4)
4	Skin	239	51
5	Eyes— <i>a.</i> Vision	570	583
	<i>b.</i> Squint	78	78
	<i>c.</i> Other	20	15
6	Ears— <i>a.</i> Hearing	33	78
	<i>b.</i> Otitis Media	5	23
	<i>c.</i> Other	12	8
7	Nose and Throat	113	355
8	Speech	66	93
9	Lymphatic Glands	6	43
10	Heart	2	33
11	Lungs	33	177
12	Developmental		
	<i>a.</i> Hernia	3	12
	<i>b.</i> Other	22	111
13	Orthopaedic—		
	<i>a.</i> Posture	18	68
	<i>b.</i> Feet	107	170
	<i>c.</i> Other	57	105
14	Nervous system—		
	<i>a.</i> Epilepsy	2	15
	<i>b.</i> Other	65	36
15	Psychological—		
	<i>a.</i> Development	9	65
	<i>b.</i> Stability	3	27
16	Abdomen	3	10
17	Other	89	280

AUDIOMETRY

During the year increased attention has been paid to the care of children with impaired hearing. Importance of early diagnosis of any degree of hearing loss cannot be too greatly emphasised as it is only by so doing that all methods can be used to develop language and speech. A pilot scheme was started in Worcestershire and it is hoped that it will be extended in the future. A joint circular of the Ministry of Health and Ministry of Education in September on the same subject has been received and the notes for the guidance of children using hearing aids were supplied.

Young children under the age of five years are being tested by specially trained health visitors, this is backed up by two medical officers who have recently attended a course of instruction at the University of Manchester. Routine screening of all children under the age of five years will take place next year but during the past year a list has been compiled of children "at risk" who will be kept under observation. These children include those with any known family history of deafness; if the mother has had an infectious disease or if she gives a history of haemorrhage, metabolic disturbance of any kind, or of exposure to X-rays during the first three months of pregnancy; if the child was premature, suffered from asphyxia at birth, or subsequent cyanotic attacks or if the labour was unduly prolonged and difficult; if the child suffered from neo-natal jaundice or had haemolytic disease of the new born. It should be possible to exclude deafness from all such causes before the child enters school but it has recently been pointed out that of all children who are deaf, 50 per cent of them do not come into this category.

The relevant Sub-Committees of the Health and Education Committees have given careful consideration both to the questions of diagnosis and treatment. As far as the very young children are concerned it is intended that each health visitor should be trained in the simple methods of testing these pre-school children to discover whether or not the child is hearing normally. A further test will be carried out on entry to school using a pure tone audiometer and this would be repeated as appeared indicated throughout the child's school life. For this purpose a nurse or audiometrician would be employed, all cases for whom there is any doubt about their hearing would be seen by a school medical officer who would carry out further tests before referring as necessary to the hospital consultants.

HEALTH EDUCATION IN SCHOOLS

As in previous years the courses arranged for senior girls in various schools in the county have been successfully maintained, the subjects have included child-care and mothercraft. Each course consists of eight to twelve one-hour sessions and are held either weekly or fortnightly for one term during the school year.

These courses have been so successful at one of the county secondary modern schools, that, following a request from the Head-Teacher, an experiment was commenced in September 1960 when a course extending to one academic year was introduced. The curriculum is varied, subjects ranging from first aid and home nursing during the first term, to hygiene in the home and personal hygiene in the second term, terminating with mothercraft and child care in the third term. The syllabus includes both theoretical and practical work on each of these subjects and the highlight of the course is the visit to a local hospital and child welfare clinic. An examination is held at the end of each term when a paper is prepared by the Deputy Superintendent Health Visitor, who also arranges for a member of the health visiting staff to call at the school to supervise the practical part of the examination.

It is hoped in the future that this type of course will become an established part of the curriculum in all the secondary modern schools throughout the county.

Smoking :

Once again little progress has been made with regard to this very difficult subject, though school teachers and school nurses have continued to stress the dangers of smoking and its relation to health.

Care of the Feet :

The school nurses and the Orthopaedic After-Care Sister have continued to point out to teenagers the dangers of unsuitable footwear but with little success. Fashion is still the great dictator !

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	213
Errors of refraction (including squint)	3,800
Total	4,013
Number of pupils for whom spectacles were pre- scribed	3,362

Defects of vision continue to be diagnosed at a high level. There has been an increase in the number of pupils for whom spectacles were prescribed and the excellent arrangements with the consultants for carrying out ophthalmic clinics continue. These are usually held in the same premises as other school clinics and are appreciated by the parents.

There were 143 claims 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 | 147,834 |
| (b) Total number of individual pupils found to be infested | 1,541 |
| (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) | 103 |
| (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) | 5 |

Unfortunately, despite improved living conditions, health education by teachers and others, in 1961 there were still between one and one and a half per cent of children whose heads were infected by lice or nits. To achieve even this result is a slow business. A considerable amount of time is spent by health visitors in working in a comparatively few families. These families act as reservoirs for the infection and it would appear that the threat of court action is still the only weapon we have available.

For the time being, continued supervision seems necessary although this appears to be an extreme measure in the very few schools where no dirty heads have been seen over a number of years.

DISEASES OF THE SKIN (excluding uncleanliness)

						Number of cases known to have been treated.
Ringworm—(a) Scalp	..	..	..	..	..	1
(b) Body	..	..	..	..	..	1
Scabies	..	..	..	..	..	1
Impetigo	..	..	..	..	..	13
Other skin diseases	..	..	..	..	..	506
Total						522

Modern treatments have considerably altered the pattern of these conditions. Scabies and impetigo are now rarely seen and ringworm of the scalp has almost been eradicated. With the advent of improved swimming baths and showers in senior schools, foot infections continue to cause a lot of trouble. Tinea pedis and verrucae are now problems in most secondary schools and although of little more than nuisance value do take up a significant amount of time of family doctors, school medical officers and health visitors. Undoubtedly this problem will have to be tackled in the near future and it is difficult to see how the infections can be properly controlled when gymnastics are carried out with children in bare feet.

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	6
(b) for adenoids and chronic tonsilitis	395
(c) for other nose and throat conditions ..	—
Received other forms of treatment	35
Total	431
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1961	17
(b) in previous years	47

The arrangements have continued as in previous years and there is no delay in securing the advice of consultants on E.N.T. cases. Waiting lists for tonsillectomy vary throughout the county but on the whole the position is satisfactory. Reference has already been made to the schemes for the care of deaf and partially deaf children.

ANNUAL REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

1961

At the opening of the year the School Dental Service was still suffering from the staff shortage which occurred during the previous year. At that time the staffing ratio was in the region of one dental officer to every 6,000 children. Almost immediately another whole-time dental officer, Mrs. O'Neill, resigned for domestic reasons and to return to Ireland. However, this resignation was the last one of a whole-time dental officer during the year and was followed in rapid succession by the appointment of no fewer than five dental surgeons to the whole-time staff. Mr. Burford and Mr. Hobbs returned to work in the County after the completion of their period of National Service, the former to work in Bromsgrove and the latter as Divisional Dental Officer in Oldbury. In April, Mr. Nicholas commenced work in Redditch and in May, Mr. Smith in Malvern. In connection with this last appointment, the advertisement for the post resulted in the receipt of several applications and it was possible, for the first time for many years, to interview three dental surgeons and to make a selection from these. As there was also a vacancy at that time for a dental officer in the rural area around Malvern, another of the candidates, Mr. Gallivan, was offered this appointment, accepted it and took up his duties in July. By this time, the mobile dental unit which had previously been used in this area was already being used in another part of the County, so a further mobile unit, the fourth to be put into service in the County, was ordered and was delivered in time for this dental officer to use on taking up his appointment. Apart from small fluctuations in the numbers of sessions worked by part-time dental officers, this remained the position to the end of the year when the staffing ratio then stood at the unprecedented (for this County) ratio of one dental officer to rather less than 4,500 children.

The result of this increase of staff has meant, of course, a much improved state of affairs with regard to the dental inspection of schoolchildren. During the year over 80% of the children in the County schools were inspected by the dental officers. In the main, the figures resulting from these inspections showed similar trends to those of previous years save that the numbers of children who actually received treatment showed a regrettable percentage reduction. This figure, when taken into consideration with that for children who were offered treatment, shows the approximate "acceptance rate," *i.e.*, the percentage of parents who accept the proffered treatment for their children. That figure is less than 54%. It is appreciated that many parents take their children to private dentists to be treated regularly. It is very frequently possible for the inspecting dental officers to spot these cases. On most occasions it is unnecessary to refer these children for treatment, either because they do not need it or because enquiries show that they are in course of treatment. These children, then, are mostly not "referred for treatment" and do not greatly influence the above figure.

That such a state of affairs should exist is quite deplorable. That it does exist is undeniable. It is all too common to see the record

card of a child showing regular, periodic inspections at school to be followed by a blank refusal to have the necessary treatment carried out. It is known that in many cases the parents give way to the child's own wishes by refusing the treatment, sometimes in the mistaken belief that they are being kind to the child or sparing it pain, completely overlooking the fact that dental decay is a progressive disease and that some form of treatment will eventually have to be given. I myself remember explaining to the mother of a five year old girl what treatment was necessary, the mother then turning to the child and asking her if she wanted it done!

When children, particularly girls, reach the last few months of their school life, they begin to realise what a dreadful state their mouths have got into through sheer neglect. Frequently in these circumstances the process is reversed and the children themselves demand to see the school dental officer to get matters put right. To do this often means the extraction of several permanent teeth—sometimes front ones—and the provision of artificial teeth. The number of such dentures fitted for children in 1961 was 125 and whilst some of these were necessary because of accidental damage to front teeth, many were necessary on account of neglect.

Further additions to the dental staff during the year were the appointment of an apprentice dental technician in August and a dental hygienist in June. Since taking up her appointment, the hygienist has been doing a considerable variety of work, partly dental hygiene on individual cases and partly dental health education to groups of children in schools. It is hoped that talks in schools prior to inspections by dental officers will produce more dental awareness and an increased acceptance rate.

Talks, demonstrations and film shows were also given to adult audiences such as Parent-Teacher and Women's Institute Meetings, but here it is often the case of preaching to the already converted for, particularly at the Parent-Teacher Meetings, the parents who attend are those who are most keenly interested in the welfare of their children.

Air turbine engines were installed at eight clinics during the year. These high speed drills do not necessarily make for an increase in the number of teeth filled. Their speed of operation is such, though, that their use enables the dental surgeon to complete within the time of the child's endurance a more perfectly prepared cavity in a tooth for subsequent filling than that prepared with the standard electric dental drill, with the result that the teeth treated by this method should prove less susceptible to further attacks of decay. Nevertheless, the number of teeth filled by the dental officers rose very sharply to an "all time high" of over 31,000.

The total number of extractions again fell, the number of permanent teeth extracted being the lowest for several years. I must again stress that about a quarter of this total is accounted for by the need to remove teeth for reasons other than dental decay, but in spite of this the figure remains high, the main reason being the non-acceptance of dental treatment until such time as it is too late to repair the damage.

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	..	52,776		
(b) As Specials	.. ..	2,343	Total (1)	55,119
(2) Number found to require treatment				
				41,446
(3) Number offered treatment ..				
				32,979
(4) Number actually treated ..				
				17,723
(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h)				
				35,274
(6) Half days devoted to :				
(a) Periodic (School) Inspection		319		
(b) Treatment	.. ..	5,567	Total (6)	5,886
(7) Fillings :				
(a) Permanent Teeth	.. ..	33,257		
(b) Temporary Teeth	.. ..	3,747	Total (7)	37,004
(8) Number of Teeth filled :				
(a) Permanent Teeth	.. ..	27,710		
(b) Temporary Teeth	.. ..	3,452	Total (8)	31,162
(9) Extractions :				
(a) Permanent Teeth	.. ..	4,248		
(b) Temporary Teeth	.. ..	12,775	Total (9)	17,023
(10) Administration of general anaesthetics for extraction				1,663
(11) Orthodontics :				
(a) Cases commenced during the year	.. ..			278
(b) Cases brought forward from previous year	.. ..			234
(c) Cases completed during the year	.. ..			168
(d) Cases discontinued during the year	.. ..			69
(e) Pupils treated by means of appliances	.. ..			512
(f) Removable appliances fitted	.. ..			492
(g) Fixed appliances fitted	.. ..			8
(h) Total attendances	.. ..			4,030
(12) Number of pupils supplied with artificial teeth				125
(13) Other operations :				
(a) Permanent Teeth	.. ..	4,361		
(b) Temporary Teeth	.. ..	2,016	Total (13)	6,377

ORTHOPAEDIC DEFECTS

The Orthopaedic after-care sisters report as follows :—

Miss D. B. Jeavons

"I wish I could start my annual report with a spectacular statement "all children now wearing a standard school shoe," but alas this is not so, and the picture in the senior schools remains the same—many shoes amongst the girls and quite a few of the boys, are quite unsuitable, "fashion" being the first consideration. However, in the junior schools the children are on the whole extremely well shod, the shoes being of good shape and quality.

Remedial exercises have been carried out where requested by the Orthopaedic Surgeons, the Paediatrician and the School Medical Officers. The parents of these children have been shown what exercises they are expected to carry out at home. Daily home practice is essential if benefit is to be derived from them. In the cases of flat feet, advice on correct foot wear is given, but not always taken!

Physically handicapped children wearing surgical shoes and orthopaedic appliances have been seen in school and at home and advice *re* their activities given to the Teachers who are without exception, most co-operative.

I have continued to visit the schools for general inspections for minor orthopaedic defects.

Asthma classes continued weekly during term time at the Open Air School, Malvern. I should like to add what a pleasure it is to see the children improve in health during their stay at this school."

Mrs. K. J. Johnson

"The Orthopaedic work has continued on the same lines as previous years. A good deal of the work is the unspectacular routine supervision of children wearing various appliances, special footwear etc. Remedial exercises have been given to children with minor defects.

Much has been written on the subject of foot defects and footwear. I have found that on the whole, up to the age of 11 years, the footwear is of reasonable good quality and well fitted, but the shoes of teenage girls remain appalling. The only virtue, if it can be so called, of the present fashion of pointed, casual shoes, is that the flimsy material from which these shoes are made is unlikely to cause much trouble.

Attendances at Orthopaedic Clinics have continued and there have been several very interesting cases with major defects. There is considerable satisfaction in watching these children gradually improve, making little trouble of their handicap and eventually taking their place in normal school routine life.

I am sure that the existing close co-operation with the Infant Welfare Clinics and Health Visitors helps considerably to detect and treat many minor defects, which otherwise would eventually have found their way to Orthopaedic Clinics for more drastic treatment."

TUBERCULOSIS

B.C.G. Vaccination

B.C.G. Vaccination is now available to 13 year old children, children of 14 years of age and upwards who are still at school, and students attending universities, teacher training colleges or other establishments of further education. The results of the 1961 programme and corresponding figures for previous years are given in the following table :—

	1961	1960	1959	1958	1957
No. of invitations issued	7019	8040	6459	5412	6102
No. of Consents received	6258(89.2%)	7175(89.2%)	5496(85.1%)	4711(87.0%)	5260(86.2%)
No. of children tested	5385	6391	4693	4292	4944
No. of positive reactors	508(9.5%)	950(14.9%)	553(11.8%)	584(13.6%)	797(16.1%)
No. of negative reactors given B.C.G.	4877	5441	4140	3708	4147

The percentage of positive reactors of 9.5% in 1961 shows a considerable drop from 16.1% in 1957. This means that in this age group fewer children are meeting the tubercle bacillus before they reach the age of thirteen years which in turn indicates a considerable fall in the number of infective persons in the community.

Each year more and more children will enter industry having received the benefit of protection from what is now the only really significant infectious disease problem.

As in previous years the response was highly satisfactory. Once again the Regional Hospital Board agreed to X-ray the children with positive reactions. In 38 cases some abnormality was revealed and those children were referred to their family doctors for further observation. One girl was diagnosed as suffering from pulmonary tuberculosis and admitted to hospital. Fortunately this case was diagnosed in a very early stage and although the contacts were traced and examined no further persons were infected.

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, 1961

	RESPIRATORY		NON-RESPIRATORY		BOTH FORMS	
	Number	Rate/1000	Number	Rate/1000	Number	Rate/1000
Average 1951—55.. ..	18	0.30	9.6	0.16	27.4	0.47
Average 1956—60.. ..	11	0.17	4.8	0.075	15.8	0.25
1961	10	0.15	2	0.031	12	0.18

Though the total of 12 notifications in 1961 is three more than in 1960, the numbers last year are slightly less than the average for the previous five years and the general tendency is still towards a decline in the incidence of tuberculosis. Nevertheless, there will be no reason for satisfaction until no cases occur at all. Tuberculin tests of 13 years-old children still indicate that 1 child in every 10 is infected by the time that age is reached, owing to the fact that there are still unknown infectious cases in the community. Until all these are found and cured of their disease, the children will not be safe. Such safety would soon be achieved if all their elders would submit to the slight inconvenience of an occasional visit to the Mass Radiography van when it comes round from time to time.

SCHOOL CHILDREN AND ROAD ACCIDENTS

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

			Fatal	Serious	Slight	Total
1961 .. ..	..	..	5	59	177	241
1960 .. ..	..	..	3	78	207	288
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

The table indicated that the position referred to in previous years has not altered much, despite the excellent work done by schools and national campaigns.

COMMUNICABLE DISEASE

Poliomyelitis Vaccination

In April, the Minister of Health requested local health authorities to arrange for a fourth dose of poliomyelitis vaccine to be offered to children when they enter school (normally at the age of five) and also to children of five and over already at school who have not reached the age of twelve.

This fourth dose for children of 5—11 years was considered desirable in view of the markedly greater risk of infection to which children in school are exposed.

Some 30,000—35,000 children were involved in this county and the aim was to complete the programme before the summer season when the risk of contracting poliomyelitis is greatest. This was achieved which, perhaps, was just as well, because by August difficulties had arisen about the supplies of vaccine following exceptionally high demands and the steps taken by the Minister to make the best use of the supplies available and becoming available included the suspension of fourth doses.

The suspension of fourth doses was still in force at the end of the year by which time details of the Minister's proposals for the use of Sabin vaccine (a live vaccine taken by mouth) announced in October, were awaited.

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

Age Group	Estimated Population	Had two injections	Had three injections	Had four injections	TOTAL	Percentage of estimated population
Children and young persons born in the years 1943 to 1961	124,000	7,018	66,369	34,110	107,497	86.7
Young persons born in the years 1933 to 1942	58,000	4,319	28,645	—	32,964	56.8
Persons born in the years 1920 to 1932	80,000	11,459	20,428	—	31,887	39.8
Others		406	835	—	1,241	
TOTALS ..		23,202	116,277	34,110	173,589	

Diphtheria Immunisation

Of children aged 5—15 years, 887 had their primary immunisation during the year and 10,599 had reinforcing injections including 4659 who had a second re-inforcing dose at age 8—9 years.

The diphtheria immunity index at 31st December 1961 for the under fifteen population was 54% compared with the national average of 51%.

WEST MALVERN RESIDENTIAL OPEN-AIR SCHOOL

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

“ This school continues to serve a very useful purpose in enabling delicate children to pursue their education in conditions particularly favourable to their health. A more recent development, which has been favourably commented upon by H.M. Inspectors, has been the inclusion of a few children with minor behaviour problems, who have been happily absorbed into the life of the school.

Thanks are due to the managers (Chairman, Miss E. M. Newth), and to the Headmistress (Miss D. Stazicker) and her staff for providing a service of great value to those children who are in need of all the school has to offer.”

PHYSICAL EDUCATION

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

“ Courses for teachers in primary and secondary schools have been held in various parts of the County. The excellent attendance at these courses shows that teachers are anxious to keep abreast of developments in the various aspects of physical education.

<i>Course</i>	<i>Place</i>	<i>Date</i>
Physical Education for teachers in Infant and Junior Schools.	Kidderminster	1st, 8th, 15th and 22nd March
Badminton for teachers in Secondary Schools	Worcester	8th, 15th and 22nd March.
Athletics for teachers in Secondary Schools.	Stourport	17th March.
Hockey for men teachers in Secondary Schools.	Worcester	21st April.
Physical Education for teachers in Junior Schools	Redditch.	20th, 27th April and 4th, 18th May.
Summer Games in Junior Schools.	Redditch.	25th April, 2nd 9th, 18th May.
Summer Games in Junior Schools.	Evesham.	June.
Winter Games in Junior Schools.	Evesham.	Sept/October.

<i>Course</i>	<i>Place</i>	<i>Date</i>
Netball for women teachers in Secondary Schools.	Kidderminster.	11th July.
Coaching in Swimming for men and women teachers in Secondary Schools.	Stourbridge.	24th, 31st Oct.
Netball for women teachers in Secondary Schools.	Kidderminster.	11th November.
Judo for men and women teachers in Secondary Schools.	Bromsgrove.	9th, 16th, 23rd, 30th November.

Swimming.

It was not possible to open the learner baths for primary children at Pershore and Stourport County Primary Schools owing to construction delays, but it is hoped that they will be finished early in 1962 and a full programme of swimming at these centres in operation in the Spring term. The provision of a swimming bath at Martley County Secondary School will also enable children in the primary schools in this area to have swimming instruction.

A new swimming bath has been built at Bromsgrove County High School as part of the extensions. It is fully used by the pupils of the school.

Several schools in the County have made commendable efforts to raise money to build their own swimming baths. At Stourport County Secondary School, Catshill County Secondary School and Sion Hill County Secondary School, open air baths are now in use, and at Woodrush County Secondary School, Redditch County High School and Kidderminster Girls' High School plans are in an advanced stage.

It is encouraging to report that progress continues to be made in the provision of indoor accommodation suitable for physical education. New gymnasia have been built for several secondary schools which previously were working without suitable accommodation, and in the Junior and Infant Schools, a number of new halls have come into use in which climbing and agility apparatus has been fixed.

It is most important that young children of primary school age should have indoor facilities for physical education. The standard and quality of work which can be achieved in schools with indoor accommodation is very much higher than in those which depend upon the use of the playground only.

Games and Athletics

Much time and energy is devoted by teachers throughout the County to the running of inter-school games and athletics. These activities take place after school in the evenings or on Saturday mornings, and a very large number of children take part. For example 504 children played in the County Netball Tournament on one Saturday morning representing practically every girls' secondary school in the County. It is interesting to note too, that many secondary schools are to-day fielding as many as six sides on any Saturday morning for matches in a variety of games against other schools.

The activities of the various County Sports Associations also claim the time and attention of teachers.

These associations arrange competitions at inter-schools, inter-district and inter-county level, and send representatives to the National Championships."

MILK IN SCHOOLS AND SCHOOL MEALS SERVICE

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

" A day in October 1961.

Meals :

<i>Dinners</i>					
Free ..	..	..	..	..	1,395
On payment	..	..	..	..	35,487
<i>Breakfasts</i> ..	..	..	..	..	243
<i>Teas</i> ..	..	..	..	..	243

Numbers of Departments having meals (All schools in the county receive meals)	..	326
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Milk

Number of children who receive $\frac{1}{2}$ pint	..	49,086
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Number of children who receive $\frac{2}{3}$ pint	..	77
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All schools in the County receive a supply of milk.

6,742 children in 59 Independent Schools also receive $\frac{1}{2}$ pint milk daily under the milk-in-schools scheme.

Number of pupils in Primary and Secondary Schools	60,786
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Number of pupils in Nursery Schools	..	33
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(These figures are actual attendance figures for a day in October 1961, but do not represent the full possible attendance roll).

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

HANDICAPPED PUPILS

Day Special School for Educationally Subnormal Children (E.S.N.) Kidderminster

It is expected that work on this new school will start in the Spring of 1962.

Independent Schools

The use of independent schools for handicapped children (all categories) was the subject of a circular from the Ministry of Education in March. Briefly, after the 1st January 1964 it will not be possible for a handicapped child to be sent to an independent school which has not been recognised as efficient, unless the Minister decides to make an exception.

Of the ten independent schools at present used by this authority, six are already recognised as efficient, one has applied for recognition and two being outside England and Wales are being considered by the Minister for possible exemption under the Circular. In the case of the remaining school, it is expected that application for recognition will probably be made before 1964.

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

	(1) Blind	(2) Partially sighted	(3) Deaf	(4) Partially deaf	(5) Physically Handicapped	(6) Delicate	(7) Mal-adjusted	(8) E.S.N.	(9) Epileptic	(10) Speech Defects	TOTAL Cols. 1-10
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Handicapped pupils newly assessed as needing special educational treatment at special schools or in boarding homes	1	1	3	3	9	7	5	68	5	—	102
B. (i) of the children included at A, number newly placed in special schools (other than hospital special schools) or boarding homes	—	1	1	2	6	5	5	12	3	—	35
(ii) of the children assessed prior to 1st January, 1961, number newly placed in special schools (other than hospital special schools) or boarding homes	1	1	1	1	1	—	—	25	—	—	30
Total (B(i) and B(ii)) ..	1	2	2	3	7	5	5	37	3	—	65
C. (i) Number requiring places in special schools											
(a) day	—	—	—	1	1	—	—	62	—	—	64
(b) boarding	1	—	2	1	1	2	1	113	2	—	123
(ii) included at (i) who had not reached the age of 5 and awaiting—											
(a) day places	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places	—	—	2	—	—	—	—	—	—	—	2
(iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, awaiting—											
(a) day places	—	—	—	—	1	—	—	12	—	—	13
(b) boarding places	—	—	—	—	—	—	1	67	1	—	69
D. (i) on the registers of											
(1) maintained special schools as—											
(a) day pupils	—	4	4	4	5	1	1	100	—	—	119
(b) boarding pupils	—	8	2	6	10	4	1	108	1	—	140
(2) non-maintained special schools as—											
(a) day pupils	2	—	—	—	4	—	—	—	—	—	6
(b) boarding pupils	12	3	15	4	14	5	5	13	10	—	81
TOTAL	14	15	21	14	33	10	7	221	11	—	346
(ii) on the registers of independent schools under arrangements made by the Authority	—	—	1	4	3	1	10	—	—	—	19
Total (D(i) and D(ii)) ..	14	15	22	18	36	11	17	221	11	—	365
(iii) boarded in homes and not already included under (i) and (ii) above	—	—	—	—	—	—	—	—	—	—	—
Total (D(i), (ii) and (iii))	14	15	22	18	36	11	17	221	11	—	365
E. Handicapped pupils (irrespective of the areas to which they belong) who were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944											
(i) in hospitals	—	—	—	—	—	—	—	—	—	—	—
(ii) in other groups (e.g. units for spastics, convalescent homes)	—	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	14	1	—	6	—	—	21

CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL

- (i) Number of children who were the subject of new decisions recorded under Section 57(4) of the Education Act, 1944 45
- (ii) Number of decisions cancelled under Section 57A(2) of the Education Act, 1944 2

INDEPENDENT SCHOOLS USED BY THE LOCAL EDUCATION AUTHORITY UNDER SECTION 6 OF THE EDUCATION (Miscellaneous Provisions) Act, 1953, IN RESPECT OF HANDICAPPED PUPILS DURING 1961

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)
Summerfield House School for Deaf Children, Lower Howsell, Malvern ..	Both	4 1	P. Deaf Deaf	5—11 14
Hephaistos School, Farley Castle, Farley Hill nr. Reading, Berks. ..	Boys	1 1	P.H. Delicate	14 16
Gardenhurst Manor, Burnham on Sea	Girls	1	P.H.	18
Ampleforth College, York.	Boys	1	P.H.	15
Heathercombe Brake School, Manaton, Newton Abbot, Devon	Boys and Girls	2	Maladjusted	11—14
Sibford School, Banbury, Oxon.	Girls	2	Maladjusted	13—14
Rudolf Steiner Schools, Camphill House, Miltimber, Aberdeen	Girls	1	Maladjusted	11
Rudolf Steiner School, Newton Dee House, Bieldside, Aberdeen	Boys	1	Maladjusted	15
Wennington School, Wetherby, Yorks.	Boys and Girls	1	Maladjusted	15
Shotton Hall, Harmer Hill, nr. Shrewsbury	Boys	2	Maladjusted	14—15
Cotswold Chine School, nr. Stroud	Boys	1	Maladjusted	10

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	1	5	15	0.23	14	—	1	1
Partially sighted	4	11	33	0.5	15	17	1	—
Deaf	3	5	24	0.36	22	—	2	2
Partially Deaf	19	9	84	1.28	18	65	1	2
Delicate	36	16	85	1.28	11	72	2	2
Physically handicapped	53	45	248	3.8	39	186	23	2
Educationally sub-normal	84	71	543	8.32	219	318	6	175
Maladjusted	5	4	18	0.27	17	1	—	1
Epileptic	16	11	48	0.73	11	37	—	2
Total	221	177	1098	16.83	366	696	36	187

RHYDD COURT RESIDENTIAL SPECIAL SCHOOL

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

“ This school continues to be make satisfactory progress. More money has been raised by the school during the past year for the provision of facilities other than those which the Authority are obliged to provide, and it has thus been possible to add to the swimming pool both a chlorination plant and changing room accommodation.

The last report contained a reference to the notable gift to the school of the stained glass windows in the chapel, which were donated by Sir Ronald Lechmere. As a token of the school's appreciation of this gift, Sir Ronald Lechmere was asked to unveil a commemorative plaque in the chapel, just before the school broke up for the Christmas holiday.

Thanks are again due to the managers (Chairman, Lady Lechmere) and to the headmaster (Mr. A. E. Long) and his staff for their tireless and enthusiastic work in this important and special field of education.”

HALESBURY (Halesowen) DAY SPECIAL SCHOOL

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

“ This school has now been open for $3\frac{1}{2}$ years, and has established itself as an important and valuable addition to the Authority's provision for educationally sub-normal children. The rapidly earned respect and affection of the parents whose children have been admitted continues to grow.

The process of ascertainment of educational subnormality among the children in the boroughs of Oldbury and Halesowen has gone steadily forward, and all the 100 places available at the school were filled during the year. In December 1961 there were 54 children from Oldbury in attendance (27 boys and 27 girls), and 45 children from the Halesowen area (28 boys and 17 girls), together with one girl who had moved from Halesowen to Staffordshire. During the year 5 children left on reaching the statutory leaving age, 4 left on removal to other areas, 2 were excluded as unsuitable, 1 was excluded temporarily, 1 was admitted to Rhydd Court Residential Special School, and 1 was admitted to an approved school.

Arrangements were made in good time, in co-operation with the county careers advisory officer, for the suitable employment of all the children who left on reaching the leaving age. First reports on their progress since leaving school indicate that they have settled down well.

Thanks are due to the managers (Chairman, Alderman J. F. Goode, O.B.E.) and to the headmaster (Mr. N. A. Moore) and his well-qualified staff for the good work which is being carried out at this school.”

CONVALESCENCE

The number of children who received convalescence was 33 compared with 38 in 1960. Normally the children have a stay of three weeks but an extended stay is approved in exceptional circumstances. The Children went to Harmony House, Teignmouth or Heathercombe Brake, Children Home, Manaton, Devon, where the weekly maintenance rates are £5 5s 0d and £5 15s 0d respectively.

The children are taken to and from Devon 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 :—

“ Last year's report struck an optimistic note in that for the first time it was possible to visualise a service which would in some measure meet the demands made upon it. This optimism is justified by the results shown in the accompanying table. There has been an all round increase in the number of children treated—in the number discharged after satisfactory progress and a gratifying decrease in the numbers on the waiting lists.

It is, therefore, all the more disheartening to foresee a falling off in the figures during the coming year but this is inevitable because of the serious difficulties under which Speech clinics are being run. In 1960 approval was granted for the appointment of two additional Speech Therapists but despite repeated advertisements there has not so far been a single response. A national survey was carried out last year and it was discovered that throughout the Country there is a growing shortage of Speech Therapists, that many are leaving the profession and that there is a definite reluctance to work in the Midlands, North of England, Ireland and Wales.

Miss Helen Wright resigned at the end of 1961 when she left the County on the occasion of her marriage. This means that many clinics have had to be restricted and others closed.

Owing to the necessity for moving the clinics it has not been possible to carry out any large scale school visiting this year. The Heads of schools however, have been most helpful in supplying reports on children and in all branches of the work there is a valued and continued co-operation with those concerned with Child Welfare.”

SPEECH THERAPY—SUMMARY

	BROMSGROVE	CRADLEY	DROITWICH	EVEESHAM	HALESOWEN	KIDDERMINSTER	MALVERN	OLDBURY	PERSHORE	REDDITCH	STOURBRIDGE	STOURPORT	WORCESTER	HALESBURY S.S.	RHYDD COURT S.S.	Total
Attending 31.12.61	15	5	11	20	17	24	14	35	15	21	28	10	14	12	8	249
Discharged after satisfactory progress ..	12	7	7	12	12	19	14	24	9	10	29	9	6	1	5	176
Discharged after some progress ..	0	1	0	2	1	3	2	3	2	0	8	1	2	1	1	27
Left school or area	1	0	0	3	1	1	2	1	1	0	4	0	1	2	0	17
Ceased attending	0	2	3	8	3	4	0	4	1	4	5	4	2	0	3	43
TOTAL	28	15	21	45	34	51	32	67	28	35	74	24	25	16	17	512
Waiting list	52	10	8	48	16	45	28	40	18	61	20	41	27	—	—	414
Total number of treatments	379	228	225	340	383	666	421	870	307	441	896	230	395	301	147	6229

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

In accordance with the procedures laid down by the Minister of Education, medical officers carried out examinations of candidates for admission to teachers training colleges and temporary supply teachers and others. In addition, x-ray examinations and specialist reports are obtained when necessary. The following table sets out the number of examinations and results, excluding the Oldbury Divisional area :—

CANDIDATES FOR ADMISSION TO TRAINING COLLEGES			TEMPORARY SUPPLY TEACHERS AND OTHERS		
Medical Category	Males	Females	Medical Category	Males	Females
A.1	33	66	A.1	16	14
A.2	20	34	A.2	14	8
B.1	1	6	B.1	1	2
B.2	—	—	B.2	—	—
C	2	1	C	—	—
TOTAL	56	107	TOTAL	31	24

In all, 218 medical examinations were carried out of which 87 were males and 131 females. Three candidates, two male and one female, were rejected as unfit to enter the teaching profession.

By this extensive and detailed examination of young people before training commences it is possible to save a great deal of hardship and disappointment later on in addition to financial considerations.

NOTES FROM ANNUAL REPORTS OF SCHOOL MEDICAL OFFICERS

Dr. L. S. Stephens (Droitwich)

A small outbreak of Infective hepatitis occurred in the parish of Ombersley during 1960, ending in February 1961. I was, therefore, on the look-out for cases elsewhere, and when they began to occur in the Borough of Droitwich, asked the doctors to notify me. As a result I collected 65 cases in the 16 months from August 1960 to December 1961. The source of the outbreak was difficult to determine, but did not appear to come from Ombersley. Sporadic cases were appearing in other parts of Worcestershire, so that the disease could easily have been imported.

36 of these cases occurred in Primary school children, the majority at St. Peter's School, 9 were in Secondary school children, and the remainder in pre-school children or adults. The latter appear to have acquired their infection from school children in most instances.

As the outbreak centred around St. Peter's School, it is interesting to note the comments of the Headmaster in his day book during the early months which show that the spread of the disease may have been due to the following precipitating factors—

(1) Alterations to the school resulted in the demolition of the Infants' School toilets, as a result of which the infants had to share toilet accommodation with the junior girls from January to the end of May.

(2) Alterations to the school kitchens early in March resulted in a considerable amount of dust in the Assembly Hall, during prayers.

(3) At the end of April some 8—10 cases of Gastro-Enteritis occurred amongst the infants.

The weight of the evidence appears to be in favour of faecal-oral spread.

Dr. C. W. J. Hingston (Stourbridge)

With reference to matters of interest in School Health Service in my area over 1961, I have nothing of interest to report except that three pre-school children were found to have congenital septal defects of the heart, one of these children was aged $4\frac{1}{2}$ years and was already at Infant School.

Dr. B. Williams

Medical Officers and School Nurses can assist in the preservation of good eyesight by suitable advice on restricting the hours spent in televiewing ; reading in a good light by day and night ; and of spectacles when prescribed.

SPECIAL ARTICLE

WORCESTERSHIRE CHILD GUIDANCE SERVICE

by

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

Child psychology, child psychiatry and child guidance are comparatively recent additions to the field of man's scientific efforts to study and help his fellow human beings. The political and philosophical awakening of the 18th and 19th centuries with its growing respect for the rights and needs of the individual helped to prepare the way. In the 19th century thinkers left their arm-chairs and ceased to meditate on "man" in the abstract and began to study individual men. Doctors—psychiatrists—ceased to think of the mentally sick as if they were a homogeneous category; they began to study the mental illness of individual people.

By 1890 education had become compulsory throughout the country. Ten years later the London School Board appointed its first medical officer. Around the turn of the century a body of knowledge was being built up on the development and diversity of children to which workers in Great Britain had made important contributions. By 1905 school medical officers had been appointed by 85 local education authorities and before long, far-seeing medical officers were pointing out the need for a psychological service for school children. In 1913 the London County Council led the way by appointing a psychologist, at first for an experimental period of three years. Freudian theories and their significance in the treatment of shell-shock cases in the first world war gave an impetus to psychiatry and a changed outlook which in this country led to the establishment in 1920 of the Tavistock Clinic, the first independent clinic to deal solely with patients suffering from psycho-neurotic symptoms, both children and adults. A few London teaching hospitals followed suit by opening out-patient psychiatric clinics at some of which children, as well as adults, were treated. These are some of the landmarks on the road to the present.

Meanwhile, in America concern over juvenile delinquency had focused attention on the need for special clinics to deal with delinquents and of the need for co-operation of social agencies. This led to the establishment of professional standards in social work and to a demand for more specialised training in the understanding and handling of individual difficulties and of family relationships. In 1922 several "demonstration child guidance clinics" were established in various U.S. cities by the Commonwealth Fund, a private benefaction. These clinics were based on a "team" approach by psychiatrist, psychologist and social worker. The publicity achieved by clinics of this kind led to the idea of introducing a clinic with a team of workers in this country.

The Jewish Health Organisation opened the East London Child Guidance Clinic in 1927, the first clinic in this country directly based on the American pattern. In 1929 through the generosity of the Commonwealth Fund the London Child Guidance Training Centre was set up which from the beginning carried out training of psychiatrists, psychologists and social workers. Birmingham, in 1932, was the first local authority to establish a child guidance clinic. By 1939 there were 17 clinics wholly maintained and 5 partly maintained by local education authorities, apart from a number of clinics which had been established by voluntary bodies or hospitals.

The outbreak of war halted at first this growth. But the problems created by the war and particularly by the evacuation of children, and the problems uncovered by the evacuation, spurred on the growth of facilities for the treatment of maladjusted children so that by 1945 the total number of clinics had risen to 79. A further impetus was given by the Education Act of 1944 and the Handicapped Pupils and School Health Service Regulations, 1945; it was now recognised that some children require special educational treatment either in ordinary or in special schools because they suffer from emotional or psychological disabilities. The category of maladjusted pupils became now an officially recognised handicap. With the passing of the National Health Service Act, 1946, and its emphasis on prevention as well as treatment of both mental and physical illness the way lay open for a happy marriage between the National Health Service and local education authorities. The Act placed an obligation on regional hospital boards to provide specialist services. Thereafter, both old-established clinics and newly established ones have tended to become joint clinics: the regional hospital boards providing the services of the psychiatrist and the local education authorities, those of the other staff, and the premises. This is the pattern that has been followed in Worcestershire. In 1949 the Birmingham Regional Hospital Board, in consultation with the local authorities of City and County, appointed a full time consultant in child psychiatry who was required to establish, and to become the medical director of, a child guidance service to cover both County and City. Three months later a psychiatric social worker was appointed and after a further year, an educational psychologist. Judged by the calls made on it and the necessity for expansion and a greater number of staff, the Worcestershire Child Guidance Service has fulfilled a need. It can be regarded as an integral part of the School Health Service.

Children are brought to a child guidance clinic for a wide variety of reasons. They may be failing to learn at school in spite of good ability; their lives may be cramped by neurotic fears and compulsions; they may be unable to give and take and live happily with other people and conform to social rules; their anxieties and tensions may find expression in symptoms of bodily disorder. The causes may be single, or multiple and inter-relating, such as inheritance, constitution, epilepsy, brain infections, unfortunate combinations of social experiences, poverty or perversity of the emotional climate in which they are reared. The age range is from infancy to about 18 years. Most children are referred by the school

medical officers, the problem being discovered at one of the routine medical examinations or at the Infant Welfare Clinic or brought to the notice of the school medical officer by the class teacher or head teacher. The educational psychologists, who divide their time between the clinics and the school psychological service, are, in their latter capacity, often consulted by teachers about children who present a problem. If the problem cannot be tackled in the school setting the psychologists pass it on to the clinic. Children are also referred by the family doctor, by the hospital specialists, particularly the paediatrician, by probation officers, by the Children's Department ; and sometimes the initiative is taken directly by the parents themselves. Many cases are referred by the Juvenile Courts for opinion and advice and some of these cases are taken on subsequently for treatment.

What happens when one or both parents with a child presenting some problem come to the clinic? The child is usually seen first by the educational psychologist whose job, among many others, is to assess the child's native intelligence and whether or not that intelligence has been used to the full. The psychiatric social worker sees the parent—usually the mother—and elicits not only the nature of the problem and a factual history of the life of the child but also attempts to gauge the personalities of the family and the relationships between its various members. This is a delicate and difficult task and is rarely felt to be complete at a first interview. The child is seen by the psychiatrist who as a doctor must take into account the possibility of bodily factors and as a psychiatrist must assess the child's temperament, how he feels towards the people who matter in his life—mother, father, brothers and sisters, school teachers, playfellows and the like—and how the child feels these people feel about him. The aim of all three workers is to discover the underlying causes of the problem: how the problem has grown. In so far as the young child may feel he has a problem, he cannot put his feelings into words as an adult might do ; he just feels. So that indirect methods are usually necessary for him to convey something of what perturbs him. He may draw or paint, or play with toys in a sand-tray and in his pictures or in his play he may put something of his inner life. As a very simple example, a small boy may draw a house, a mother and a father and a little boy, and proudly show it as " my house, my mummy, my daddy and me," happily omitting the baby sister of whom he is intensely jealous. Such communications must take place in an atmosphere of trust and friendliness. It may not be easy to create such an atmosphere for a child whose world seems to him to be a hostile one.

When these initial interviews have taken place the three members of the team, namely, the psychiatric social worker, the educational psychologist and the psychiatrist, confer and discuss the problem in the light of what has become known. Further exploration may be necessary : the psychologist may need to carry out special tests ; medical investigations may be required and the help of the paediatrician sought. On the other hand a provisional course of action may be taken. The problem may appear to be relatively simple and may perhaps fall mainly within the sphere of action of the educational psychologist. For example, a child may have

fallen behind in school work because of illness, or some transient emotional disturbance which affected his attention and concentration, or he may have some specific disability in learning to read. Being behind-hand the child may develop feelings of inferiority and a sense of hopelessness with an increasingly adverse effect on learning ; he may become so silently miserable and frustrated that not until he seeks escape in persistent truancy do the grown-ups become aware of a problem greater than "not getting on very well at school." Here the clinic would aim to break the chain of events, to bring greater awareness to child, parents and school ; the educational psychologist would help the child, either indirectly by advising the school or directly by individual coaching, to catch up in his school work.

Such a problem confined to the school situation is, however, uncommon. Most of the children who come to us are emotionally disturbed because the relationship between them and their parents has gone awry and here I would like to digress and consider briefly the emotional needs of a child. For the child of normal inheritance, healthy childhood derives from healthy parenthood and stable family life so that first in importance is the emotional relationship between the parents. A mother impaired in her own emotional development or dissatisfied in her marriage and unsupported in her tasks by an inadequate husband, will find it difficult to give her children the right degree of maternal love and tolerance; whether her children become a matter of duty rather than pleasure or whether they receive an excess of smothering love, they will suffer. The child needs stable and secure affection. This is a biological need without which he cannot develop normally. Where this is lacking he will be liable to a wide variety of neurotic disturbances. For the infant the mother's (or the mother substitute's) love and care are all important ; it is she whom he first recognises as something beyond himself, someone to love and be loved by. In the early months the father's role is to support and help the mother. As the child grows older the father and the other members of the family become significant in their own right. On the bonds formed in these early months and years depend his personality and character for the rest of his life. If he lacks affection in his early years his capacity to return affection is stunted or distorted. It is only through the child's affection that he can rightly be influenced to conform to parental standards. In the early years his motive is to retain the approval of the mother and father who give him love and security and whom he loves in turn. As he grows older it is from these in the home and outside, whom he loves, admires and desires to emulate, that he forms the standards that will later govern his own life. He may well rebel against the code of those who owe but deny him affection.

The second need of the child is stimulus and outlet appropriate to his maturing need for physical activity, to his imaginative and creative ability, and to his intellectual capacity. These are denied by gross poverty, overcrowded homes, lack of play facilities, faulty educational methods, failure to provide socially acceptable outlets for the instincts of youth and by ignorance and lack of understanding or imagination in adults. The third need of the normal child is that he should meet with stable and reasonable authority in the

home and school. The young child can become bewildered and terrified at times by the force of his instinctual impulses, for example, by his aggressiveness when frustrated ; he needs a tolerant barrier to keep that aggressiveness within bounds.

To return now to my contention that most of the children who come to us are emotionally disturbed because the relationship between them and their parents has soured. In many one can trace the beginning of the disturbance to faulty parental attitudes. In the very young child or where the problem is recent, help to the parents only may be needed, but the older child may need much direct help, as well as the parents. There are, of course, numbers of children whose emotional development halts or deviates in its own right, as it were ; where the feelings and attitudes of the parents seem wholly admirable. Children are unequally endowed in temperament and in responsiveness and in many other subtle ways so that the better endowed meet equably the stresses and strains that lead to neurotic and behaviour disturbances in the less well endowed. Children too, may be handicapped by heredity, illness or eccentricity which isolates them from their fellows. Physical handicaps even of a minor degree may interfere with the child's relationships in home or school.

Finally, I would like to give some account of what happens when the average case is taken on for treatment. The mother (occasionally the father) and the child come weekly by appointment to the clinic. The psychiatrist sees the child and the psychiatric social worker sees the mother. As was said earlier, the psychiatrist must gain the confidence of the child ; there must be an atmosphere of friendliness, understanding and tolerance in which the child can reveal his anxieties, conflicts and guilt, occasionally in words by the adolescent, but with most children through the medium of play. This may be all that the young child with its greater plasticity may need ; expression of these feelings through play, often without any words, may lessen his tensions and allow a march forward in emotional development. Older children may need to be helped through a greater awareness of what they reveal of their problems to more satisfactory ways of coping with them. The psychiatric social worker seeks to create for the parent an atmosphere similar to that between the psychiatrist and the child. The mother must be allowed to reveal her attitudes, her anxieties and her guilt without condemnation or criticism. The faulty attitude or the inadequacy may be apparent early to the worker but explanation or didactic advice is useless. The mother, guided by the worker must come to feel and understand wherein she or the family have failed. It is only through this process of self-exploration and self-enlightenment that parents can modify their attitudes or achieve a greater emotional maturity. Hand in hand with this slow and difficult task the psychiatric social worker is quick to give practical social help and advice where it is needed, seeking aid if necessary from other workers in the social field.

All members of the team take an active part in what might be called educative work ; participation in group discussions, talks and lectures to various organisations, such as teachers' associations, parent-teacher associations, health visitors and nurses, social workers in other fields, and various women's organisations.

WORCESTERSHIRE COUNTY COUNCIL

KIDDERMINSTER DIVISIONAL AREA

SCHOOL HEALTH SERVICE

**REPORT OF THE
DIVISIONAL SCHOOL
MEDICAL OFFICER**

FOR THE YEAR 1961

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).

STAFF

As at December, 1961.

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 Officers (Part-time) :

KATHLEEN MARGARET CASH, M.B., Ch.B., D.Obst., R.C.O.G.

MARGARET C. FELL, M.B., Ch.B., D.P.H., D.C.H.

PATRICK B. WILLIAMS, T.D., M.B., Ch.B.

Ophthalmic Surgeon (Part-time) :

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

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

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

Dental Surgeons :

ROSEMARY J. SAMMON, L.D.S.

ANNE PATRICIA O'REILLY, L.D.S., R.C.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 Surgery Assistant.
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.
Mrs. M. Smith ..	..	School Nurse and Health Visitor.
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.
Miss V. A. Evans ..	..	Dental Surgery Assistant.
Miss K. M. 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, District Nurse and Midwife.
Miss F. Lewis ..	..	Dental Surgery Assistant.
Miss D. M. Strong ..	..	School Nurse, Health Visitor, District Nurse and Midwife.
Mrs. A. M. Towers ..	..	School Nurse, Health Visiting, District Nurse and Midwife.

Tenbury Rural :

Mrs. F. A. Allen ..	..	School Nurse, Health Visiting, District Nurse and Midwife.
Mrs. A. J. Tyman ..	..	School Nurse, Health Visiting, District Nurse and Midwife.
Miss U. N. Watson ..	..	School Nurse, Health Visiting, District Nurse and Midwife.
Miss E. Gomm ..	..	School Nurse, Health Visitor, 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.

Miss R. Bourke.

Mrs. B. Brooks.

CLERICAL STAFF

Miss M. M. French ..	..	Chief Clerk.
Miss V. J. Hunt ..	..	Assistant Clerk.
Miss K. D. Oakley ..	..	Assistant Clerk.
Miss V. J. Salmon ..	..	Assistant Clerk.
Mrs. E. M. Walton ..	..	Assistant Clerk.

The Divisional School Health Service has continued to function throughout the year without any major changes.

There were more pupils to be examined, and they have been tested for colour blindness in the 10 year old and leaver age groups. Since this has only commenced during the year, there are no figures available showing the amount of colour blindness.

Almost no official action has been taken on the question of Cigarette smoking, and the majority of the pupils leave school without having received specific instructions on Sex problems and behaviour.

In one large girls' school however, this subject is discussed fully by those girls about to leave. An experienced School Nurse, a Marriage Guidance Counsellor, and the School Health Officer, and senior members of the School Staff, organise and give this course of instruction.

On the whole, the health of our pupils is of a very high standard and we can feel proud of the rising generation.

This Department has received much help from the County Medical Officer, and very willing co-operation from the teaching Staff.

Many thanks are given to all who have assisted in any way to improve the health of our children.

I wish to record my thanks to the Divisional Medical Office Staff, and all the Health Visitors for their cheerful and willing help throughout a busy year.

COLIN STARKIE,

Divisional Medical Officer.

THE DIVISION'S SCHOOL POPULATION

The Country's birth rate has shown a sustained upward trend since 1955 and this has been reflected in an increased number of school children, which in 1961 stood at 11,566. Previous to 1961, there had been a diminution in the school population since the peak year of 1958. It would appear that from now onwards the number of pupils will increase each year for quite a number of years.

HEALTH EDUCATION

In addition to routine work with the children of the Division, lectures, talks, addresses and discussions have been an important activity during the year.

These have included :—

An Evening with the Trimpey W.I. discussing Nutrition and Health in Winter.

A talk on Teenage Problems to Franche Young Wives' Group.

A discussion on School Health Services at Shenstone Training College.

A talk to Round Tablers Group on Health Matters.

A talk to Citizens Advice Bureau Group on Health Service.

A discussion with Baptist Young Wives' Group on Health subjects.

A discussion with Stourport Secondary Modern School Parent Teachers' Association on School Health.

Talks and Films on Personal Relationships, to High School Girls and Girls of Harry Cheshire Secondary Modern School.

A panel of Speakers at Question Time at St. George's Young Men's Group and Bewdley Secondary Modern Parent Teachers Group.

Lectures given to Training Midwives at Bromsgrove and to Red Cross Society.

Address to County Medical Officers Group in London, and to Assistant County Medical Officers in Winchester on Personal Relationships and Sex Education in Schools.

The Divisional Medical Officers and many of their Staff attended the very useful Worcestershire Refresher Course, and also had discussions with other Medical Officers at Meetings of the Association of Medical Officers of Health and other Medical Societies.

The Divisional Nurses are constantly giving Health advice by personal interview, views, or at discussion groups. By these means every effort has been made to keep up to date and to spread good health ideas to parents.

SEX EDUCATION

A special section of Health Education is that dealing with Sex Education. Two schools in particular are trying to help their girls with this important subject. This course is given to the senior girls about to leave, in one school, and to the eleven year old group in the other school. Films, filmstrips, flannelgraphs, pamphlets and discussions are all used. The chief ideas stressed are :—

The importance of the family in society.

Social responsibilities of sex.

Penalties of illegitimacy.

Dangers of promiscuity.

Danger of Alcohol in this context.

Advantages and happiness of family life within the framework of society.

We cannot tell how successful these courses are, but we do know that the majority of our girls still get no opportunity for such discussions, nor do any of the boys, who it would appear, are not thought to be involved in this subject and are therefore, not offered any guidance.

SMOKING

Although there are no divisional figures available, the impression gained at Medical Inspections is of an increase in smoking, especially among teenage boys. There is an impression also that the boys in the lower intelligence groups are smoking more than those in the higher groups.

During a television interview in February, 1962, an eminent Chest Physician stated that 'Every cigarette smoked knocked half an hour off the smoker's life.'

The Royal College of Physicians have stated very clearly the danger of cigarette smoking.

Approximately 23,000 people died of lung cancer during the year, *i.e.* 62 per day or 1 every 24 minutes.

With such an indictment of smoking, what has been done to prevent our children developing into smokers? The answer is virtually nothing. We have, in fact, continued to allow the advertisement of smoking through all possible channels at a cost of several million pounds.

The time is more than opportune when medical men and all those leaders of our society who really care for the welfare of our children, should press strenuously to have all cigarette advertisements completely prohibited.

How many more thousands of people must cut their lives short with cigarette smoking before such action by a responsible nation is taken?

MEDICAL INSPECTIONS

The periodic Medical Inspections revealed 596 pupils requiring some sort of treatment other than for dental or verminous conditions.

Similarly the Special Inspections showed that 379 pupils required some form of treatment, a total in both groups of nearly 1,000 children.

In the majority of these children, the treatment was either given, or arranged for.

In connection with the Routine Periodic Inspections, under the heading of 'Physical condition' almost 100% were classified as 'Satisfactory.' This does not mean that almost all our children are at the 'Optimum' Physical condition, but that they cannot actually be classified as 'Unsatisfactory,' the only alternative to 'Satisfactory' allowed.

When examining children there is often felt the need for some classification indicating a physical condition not up to Optimum, and yet not so poor as to be dubbed 'Unsatisfactory.'

CHILDREN'S TEETH

Just as we are so slow to apply the prevention of lung cancer, we are similarly tardy to correct the amount of fluorine in the drinking water, the only measure likely to make any great difference in the prevention of dental decay. We try constantly to persuade everyone not to eat sticky biscuits, buns and sweets between meals, and to clean their teeth last thing at night, to eat harder food and to finish a meal with raw fruit, but so far with almost no success. We hope that in the near future we shall be allowed to supply the fluorine which is now deficient in the drinking water and then derive the benefit of better teeth, which communities now enjoy where such a measure is in action.

In the meantime, our hard worked Dental Staff is only able to deal successfully with a portion of the existing dental disease.

TUBERCULOSIS

There are eleven children in the schools who are notified as having Tuberculosis, eight of them are cases of Pulmonary Tuberculosis, and three are Non Pulmonary Tuberculosis.

They have all been under treatment and have not returned to school until they were fit and in a non infectious state.

Tuberculosis—Preventive Measures.

The Tuberculin Testing and B.C.G. Vaccinations have continued and included a private Convent School. 1,207 school children were offered this service and 90.8% accepted.

No. Offered B.C.G.	% Accepted	Of those Accepting % T.T. Positive.	No. Vaccinated
1207	90.8	5.6	1019

INFESTATION WITH VERMIN

The vigorous work done by the School Health Service has been rewarded by a substantial reduction in the number of children found with vermin in their hair.

In over 11,500 pupils, there were 346 individuals found with some degree of hair infestation. This percentage of 2.1 is lower than has been recorded in this Division, but it is hoped that with continued work, there will eventually be no child in a verminous condition in the schools.

FEET AND FOOTWEAR

On the whole, in spite of the prevailing pointed shoe fashion, the footwear has been of a better fit than previously noted. Longer shoes have been worn made of a soft pliable leather. However, with over 7% of unsatisfactory shoes there is still the necessity of watching that shoes are not worn when the feet have grown too big for them.

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

					No. Examined	No. Unsatis- factory	%
<i>Entrants</i>							
	Boys ..	..	..	..	581	32	5.5
	Girls ..	..	..	..	507	54	10.7
	Total ..	..	..	..	1,088	86	7.9
<i>Intermediate</i>							
	Boys ..	..	..	..	479	35	7.3
	Girls ..	..	..	..	482	49	10.2
	Total ..	..	..	..	961	84	8.7
<i>Leavers</i>							
	Boys ..	..	..	..	410	10	2.4
	Girls ..	..	..	..	408	28	6.9
	Total ..	..	..	..	818	38	4.7
<i>Others</i>							
	Boys ..	..	..	..	1	—	—
	Girls ..	..	..	..	6	1	16.6
	Total ..	..	..	..	7	1	14.3
	GRAND TOTAL ..	..	..	..	2,874	209	7.3

VERRUCAE PEDIS—Contagious warts on the Feet

During the year 93 children suffered from Verrucae, of whom 85 were treated by the School Health Service and 8 by their family doctors.

79 occurred in 9 senior schools, and
14 in the junior schools.
60 girls and 33 boys were affected.

This disease is caused by a virus picked up from an infected surface, and therefore, is spread by barefoot work, and by the exchange of footwear.

In spite of recommendations to the contrary, both the above practices continue in some schools, with the consequence outlined above.

ROTARY BOYS' HOME, WESTON-SUPER-MARE

The generosity of the Kidderminster Rotary Club was extended to 18 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

188 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, usually a temporary measure only.

STUDENT TEACHERS ETC.

38 teachers and student teachers were medically examined and X-rayed before taking up a new appointment, or entering training colleges.

PSYCHIATRIC CLINIC

46 new cases attended during the year.

IMMUNISATION AGAINST DIPHTHERIA

The number of school children immunised for the first time, or given re-inforcing doses is shown in the following table :—

Immunised for first time. Age 5—15.	Booster Doses.
235	2,013

MALVERN OPEN AIR SCHOOL

During the year, 45 of the Division's children were lucky enough to have a term at the Open Air School.

With many of these children the kindness and the cheerful discipline of the School's Staff are good influences in their lives, lasting for a long time. On several occasions, old pupils have spoken with obvious happiness of the term they had as a youngster at Malvern. We are grateful to the School Staff for all the help they give to our most needy children, and we welcome all the places allocated to the Division.

REMOVAL OF TONSILS

During the year 2,910 children of all age groups were examined and 159 were found to have had tonsillectomy, *i.e.* 5.5%.

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—9.30 Special Consult- ations.	School Clinic. 9.—9.30 Special Consult- ations.	School Clinic. 9—9.30 Special Consult- ations.	School Clinic. 9—12 Speech Therapy	School Clinic. 9—9.30 Speech Therapy	School Clinic. Special Consult- ations.
Psychia- tric Clinic	Psychiatric Clinic. Speech Therapy.			Ophthalmic Clinic.	
P.M. Ante- Natal Clinic.	Special Consult- ations. Psychiatric Clinic. Speech Therapy	Sewing Class. Family Planning Clinic.	Infant Welfare Clinic.		

Dental Sessions are held mornings and afternoons daily.

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

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

and on the 1st and 3rd Tuesday afternoons by the Dudley Mass Radiography Unit.

Mitton Street Clinic, Stourport is used by the Chiropody Service on two days a month.

HANDICAPPED PUPILS—POSITION—31st JANUARY 1962.

Category	On Register.	Incidence per 1,000 school population.	No. at Special Schools.	No. at Ordinary Schools.	Not at school (under age or excluded or receiving Home Tuition).	No. awaiting Admission to Special School.
Blind	1	.08	1	—	—	—
Partially Sighted	2	.17	1	1	—	—
Deaf	6	.51	6	—	—	—
Partially Deaf	23	1.9	4	19	—	—
Delicate	3	.26	—	3	—	—
Diabetic	3	.26	2	1	—	—
Physically Handicapped	37	3.1	7	26	4	1
Educationally Sub-Normal	90	7.7	30	59	1	60
Epileptic	9	.77	4	4	1	—
	174	15.0	55	113	6	61

SCHOOLS IN THE KIDDERMINSTER DIVISIONAL AREA

Number on Registers for the Quarter—December, 1961

BOROUGH OF KIDDERMINSTER.

Grammar Schools *Number on Registers*

Kidderminster High	523
King Charles I.	420
Total	<u>943</u>

County Modern Schools.

The Harry Cheshire Boys'	738
The Harry Cheshire Girls'	590
The Sladen Secondary	455
Total	<u>1,783</u>

Primary Schools.

Lea Street Mixed	276
Proud Cross	334
Foley Park	353
St. Mary's Junior	164
St. Mary's Infants	97
St. George's Mixed	163
St. George's Infants	82
St. John's Mixed	137
St. John's Infants	126
Broadwaters	76
New Meeting	196
Birchen Coppice Infants'	216
Birchen Coppice Junior	393
Franché C.E.	64
Franché C.P.	283
St. Ambrose's Mixed	324
St. Ambrose's Infants'	196
Comberton Infants'	104
Comberton Junior	282
Total	<u>3,866</u>

KIDDERMINSTER RURAL DISTRICT.

County Modern School. *Number on Registers.*

Sion Hill	623
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SUMMARY.

Kidderminster Borough	6,592
Kidderminster Rural District	1,503
Bewdley Borough	..	..	..	..	718
Stourport Urban District	..	..	..	..	2,126
Tenbury Rural District	..	..	..	..	627

GRAND TOTAL 11,566

APPENDIX TO REPORT OF SCHOOL MEDICAL OFFICER

For the Year Ended 31st December, 1961.

STATISTICAL TABLES.

PART I.

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)
1957 and later ..	9	9	100.0	—	—
1956	797	796	99.9	1	.1
1955 ..	302	302	100.0	—	—
1954 ..	41	41	100.0	—	—
1953	22	22	100.0	—	—
1952	18	18	100.0	—	—
1951 ..	127	127	100.0	—	—
1950 ..	679	679	100.0	—	—
1949 ..	75	75	100.0	—	—
1948 ..	14	14	100.0	—	—
1947	159	159	100.0	—	—
1946 and earlier ..	667	667	100.0	—	—
TOTAL	2,910	2,909	99.97	1	.03

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.
1957 and later ..	—	—	
1956 ..	16	103	97
1955 ..	9	48	44
1954 ..	4	4	8
1953 ..	3	3	5
1952 ..	2	—	2
1951 ..	10	11	18
1950 ..	89	97	162
1949 ..	17	7	23
1948	5	1	5
1947 ..	30	16	42
1946 and earlier ..	144	74	190
TOTAL ..	329	364	596

C. OTHER INSPECTIONS.

No. of Special Inspections	847
No. of Re-Inspections	1,002

D. INFESTATION WITH VERMIN.

Total Number of individual examinations of pupils by school nurses or other authorised persons	27,725
Total number of individual pupils found to be infested	346
No. of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	Nil
No. of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	Nil

PART II.

A. DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR 1961.

Defect or Disease	Entrants		Leavers		Others		Total	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	19	7	23	9	17	3	59	19
Eyes. a. Vision ..	25	34	174	71	130	62	329	167
b. Squint ..	24	16	5	1	4	6	33	23
c. Other ..	5	2	1	—	4	3	10	5
Ears. a. Hearing ..	5	7	2	2	3	3	10	12
b. Otitis Media	5	1	1	1	1	1	7	3
c. Other ..	2	7	—	1	—	—	2	8
Nose and Throat ..	18	53	3	6	7	15	28	74
Speech	4	22	1	1	8	4	13	27
Lymphatic Glands ..	3	17	—	—	2	6	5	23
Heart	4	11	4	6	3	5	11	22
Lungs	6	20	6	5	5	5	17	30
Developmental.								
a. Hernia ..	2	4	—	—	—	2	2	6
b. Other ..	2	7	2	—	8	13	12	20
Orthopaedic ..								
a. Posture ..	1	4	6	5	8	8	15	17
b. Feet ..	16	25	3	2	11	10	30	37
c. Other ..	14	23	21	16	16	20	51	59
Nervous System.								
a. Epilepsy ..	1	1	1	1	—	2	2	4
b. Other ..	2	8	3	3	8	8	13	19
Psychological.								
a. Develop-ment ..	8	8	1	1	6	5	15	14
b. Stability ..	1	2	—	—	3	4	4	6
Abdomen	2	2	2	2	—	—	4	4
Other	7	8	6	1	8	8	21	17

Footnote. (T) Requiring Treatment. (O) Keep under observation.

PART II.

B. SPECIAL INSPECTIONS.

DEFECT OR DISEASE.							SPECIAL INSPECTIONS	
							Pupils Requiring treatment	Pupils requiring observation
Skin	..	..	..	..	..	..	155	—
Eyes.	a. Vision	..	..	..	..	..	49	—
	b. Squint	..	..	..	..	..	4	—
	c. Other	..	..	..	..	..	6	—
Ears.	a. Hearing	..	..	..	..	..	6	1
	b. Otitis Media	..	..	..	..	..	1	—
	c. Other	..	..	..	..	..	4	—
Nose and Throat	..	..	..	..	..	..	20	1
Speech	..	..	..	..	..	..	12	3
Lymphatic Glands	..	..	..	..	..	..	2	—
Heart	..	..	..	..	..	..	—	—
Lungs	..	..	..	..	..	..	15	—
Developmental	a. Hernia	..	..	..	..	..	—	—
	b. Other	..	..	..	..	..	1	2
Orthopaedic.	a. Posture	..	..	..	..	..	—	1
	b. Feet	..	..	..	..	..	11	1
	c. Other	..	..	..	..	..	7	2
Nervous System.	a. Epilepsy	..	..	..	..	..	—	2
	b. Other	..	..	..	..	..	63	—
Psychological.	a. Developmental	..	..	..	..	..	3	1
	b. Stability	..	..	..	..	..	—	—
Abdomen	..	..	..	..	..	..	2	—
Other	..	..	..	..	..	..	18	1

PART III.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY
AND SECONDARY SCHOOLS.DISEASES OF THE SKIN. (Excluding uncleanliness, for which see
Table III.).

Disease.	No. of cases known to have been treated.
Ringworm—body	—
Scabies	1
Impetigo	—
Other skin Diseases	362
TOTAL ..	363

EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	No. of cases known to have been treated.
External and other excluding errors of refraction and squint	16
Errors of Refraction, including Squint ..	728
TOTAL ..	744
No. of pupils for whom spectacles were prescribed	594

CHILD GUIDANCE.

	No. of new cases known to have been treated.
No. of new pupils treated at Child Guidance Clinic	46

SPEECH THERAPY.

	No. of new cases known to have been treated.
No. of pupils treated by Speech Therapist	75

OTHER TREATMENT GIVEN.

	No. of cases known to have been treated.
Miscellaneous minor ailments	69
Pupils who received convalescent treatment under School Health Service arrangements	2
Pupils who received B.C.G. Vaccination..	1,035

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY
THE AUTHORITY.

No. of pupils inspected by the Authority's Dental Officers.	
(a) Periodic age group	10,247
(b) Specials	455
Total ..	10,702
No. found to require treatment	8,078
No. referred for treatment	6,730
No. actually treated	3,829
Attendances made by pupils for treatment ..	6,471
Half days devoted to : Inspection	60
Treatment	1,026
Total ..	1,086
Fillings : Permanent Teeth	6,199
Temporary Teeth	951
Total ..	7,150
No. of teeth filled : Permanent Teeth	5,257
Temporary Teeth	857
Total ..	6,114
Extractions : Permanent Teeth	884
Temporary Teeth	2,675
Total ..	3,559
Other Operations : Permanent Teeth	673
Temporary Teeth	1,082
Total	1,755
Administration of general anaesthetics for Extractions	312



BOROUGH OF OLDBURY

ANNUAL REPORT

OF THE

Borough School Medical Officer

TO THE

Oldbury Committee for Education

FOR THE YEAR 1961

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

THE UNIVERSITY OF CHICAGO
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FOR THE YEAR
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JUNE 30, 1911
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PUBLISHED BY THE
UNIVERSITY OF CHICAGO
PRESS
1911

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BOROUGH OF OLDBURY

OLDBURY COMMITTEE FOR EDUCATION.

Representative Members:

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 A. GUNN, C.C.
 J. W. HOLLAND.
 S. T. MELSOM, O.B.E., J.P., C.A.
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MRS. E. PINE.	

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Appointed Members:

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 MR. H. K. McANDREW.
 MR. R. MORRIS.
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MRS. E. M. J. GUNN, J.P., C.C.	L. ROSE.
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Nominated Members:

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

Appointed Members:

MISS E. L. JAMES.
MR R. MORRIS.

STAFF:**Borough School Medical Officer:**

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

Deputy School Medical Officer:

(Post Vacant).

Assistant School Medical Officer:

ESME S. JENKINS, M.B., B.Ch., D.Obst.R.C.O.G. (Part-time).

Ophthalmic Surgeon:

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

Dental Surgeons:

D. M. HOBBS, B.D.S. (Commenced 20.2.61).
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.	MRS. J. G. MORETON
MISS G. N. DAWSON.	

Chief Clerk:

S. ASTLEY.

Senior Clerk:

T. K. BOSTON.

Clerks:

MRS. M. E. DEAKIN.	MRS. I. HINTON.
MRS. S. STUCKEY.	MRS. J. A. TURNER.
MRS. E. L. WHITE.	MISS M. JONES
	(Commenced 8.5.61).

Dental Attendants:

MISS A. E. SMITH.	MRS. S. R. LOCKHART.
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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 1961.

Medical Inspections.

The physical health of the school children of Oldbury, as shown by the figures in this report, can be confidently stated to be generally satisfactory. Although there has been a considerable increase in the number of defects found at medical inspection, this is not necessarily an indication of any deterioration in the health of the children. It is more probable that these results reflect the keen interest with which the Medical Officer has carried out the inspections during the year.

The marked increases were in defects requiring observation and the early detection and continuing observation of these often prevents the development of more serious defects requiring treatment.

We have been very fortunate in having the part-time services of Dr. Jenkins, as the appointment of a Deputy Medical Officer of Health has remained unfilled throughout the year.

While with few exceptions we have every reason for satisfaction with the physical health of the children, we should not be complacent about their mental health. Although it is difficult to assess the extent of this, there are many factors which indicate that many of the children are "maladjusted." Bed-wetting is one symptom. Other indicators are the level of juvenile delinquency, the increase in smoking among senior pupils, bullying of juniors

and the increasing number of overfed and over-indulged children. Before we label these children as maladjusted, let us look at the world they are asked to adjust themselves to. A world on the razor-edge with adults learnedly discussing whether there will be a four-minute warning before we are obliterated by H. bombs. The home invaded by television with a constant bombardment of programmes glorifying materialism, violence and sex. Advertisements, with the deliberate aim of encouraging young people to smoke cigarettes, suggesting that this is a manly activity and is essential for romantic love. The majority of children make the necessary adjustment and live happy and healthy lives, but we should not be surprised if the number who fail to do so increases—Society is creating the children it deserves.

The danger of cigarette smoking is proved beyond any reasonable doubt and is now widely known. Anyone who by persuasion or example encourages the adoption of this noxious habit by a young person, should realise that he is helping to ensure that many more men and women will die prematurely of cancer of the lung.

Infectious Diseases.

Of the five cases of Pulmonary Tuberculosis notified, two children in each of two families had been infected by a parent. Although the prospect of a complete eradication of this disease is encouraging, it is only by unremitting efforts to detect and treat the disease early that we can achieve this object. Protection of older children by B.C.G. inoculation is an additional safeguard and it is encouraging to find that 90 per cent. of those to whom it was offered accepted this inoculation.

The figures for Polio vaccination were equally encouraging. Almost 94 per cent. of the school children have accepted this protection. The vaccination of all these children entailed considerable additional effort, and it became necessary temporarily to suspend the boosting dose of Diphtheria prophylactic given at the age of 10 years. This explains the small reduction in the percentages of children who had had an anti-diphtheria injection within the past 5 years. With the completion of the Polio campaign it became possible to resume the offer of reinforcing injections against Diphtheria at the age of 10 years and the number of injections given increased from 341 to 777.

The parents of Oldbury children are to be congratulated on availing themselves of the protection offered to them.

Head Infestation.

It is distressing to report that there has been an increased incidence of children with infested hair. In these days when effective lotions and advice on their use are readily available, persistence of infestation in a child's hair can only be the result of gross carelessness of the parents. No less than 62 children had to be excluded from school for this reason and it should be noted that only those children are excluded where gross infestation with active head-lice is present. In all other cases every effort is made by persuasion and advice to help parents to keep their children's heads clean. Unfortunately, this relatively small proportion of persistent offenders makes it necessary to carry out thousands of head inspections for the protection of the children attending Oldbury Schools.

Dental Services.

With the appointment of Mr. D. M. Hobbs in February, and the continued assistance of dentists working on a part-time basis, a return to a regular service for the children was made possible. A report on his first year's work in Oldbury by Mr. Hobbs will be found on page 18.

Bed-wetting.

This complaint, so distressing to children and their parents, is often a symptom of maladjustment, but even though it may not always be possible to cure the maladjustment, the removal of the symptom by treatment prevents further deterioration in family relationship. More often, however, treatment is accompanied by simple explanation of the psychological causes underlying the complaint and results in a complete cure. Seventeen of the 22 children being treated completed their treatment during the year. Of these, 10 were fully cured, 3 partly cured and 4 failed to respond. In view of these results it is unreasonable to deny any child the opportunity of treatment by assuring the parents that "he will grow out of it."

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, 1962.

Broadwell 2041.

SCHOOLS IN OLDBURY.

SCHOOL	Average No. on Roll 1961	No. on Roll at 31-12-61	Accom- modation in each Dept.
Oldbury Grammar	578	588	530
Secondary Technical	256	375	450
Albright Secondary Modern Boys' ...	353	357	480
Albright Secondary Modern Girls' ...	405	405	480
Bristnall Hall Secondary Modern Boys'	371	367	520
Bristnall Hall Secondary Modern Girls'	401	389	480
Perryfields Secondary Mixed	496	492	480
St. Michael's C. of E. Secondary Modern	243	252	320
Bleakhouse Primary Junior Mixed ...	222	217	320
Brandhall Primary Junior	408	313	320
Brandhall Infants'	114	115	240
Castle Road Primary Infant & Junior	369	355	390
Causeway Green Junior Mixed	324	320	320
Causeway Green Infants'	209	184	240
Church of England Primary Infants'	65	53	120
Good Shepherd C. of E. Primary Junior Mixed	233	218	240
Moat Farm Primary Boys'	208	204	320
Moat Farm Primary Girls'	172	156	320
Moat Farm Primary Infants'	225	193	320
Perryfields Junior	278	250	320
Rood End Primary Junior Mixed ...	383	330	385
Rood End Primary Infants'	194	172	280
Rounds Green Primary Junior Mixed	276	290	480
Rounds Green Primary Infants' ...	143	132	270
St. Francis Xavier's R.C. Infant and Junior	161	160	200
St. Hubert's R.C. Infant and Junior...	333	317	240
Titford Road Primary Boys'	148	145	280
Titford Road Primary Girls'	125	126	280
Titford Road Primary Infants'	165	144	320
Warley Primary Infants'	123	108	270
Totals	7,931	7,727	10,215

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. 10-0—12-0 noon 1-30—4-30 p.m.	Mon. 10-0—12-0 noon 1-30—4-30 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	Thurs. 9-0—12-0 noon 1-30—4-30 p.m. Fri. 9-0—12-0 noon	—	Mon., Tues., Wed. and Fri. 9-0—12-0 noon 1-30—4-30 p.m.
Child Guidance *	—	—	Mon. 10-0—4-0 p.m.

* Clinics—By appointment only.

PERIODIC MEDICAL INSPECTION.

The number of children examined was as follows:—

				1960	1961
Age —	5 years	...	...	638	641
"	6 "	...	...	59	64
"	7 "	...	...	30	23
"	8 "	...	...	19	21
"	9 "	...	...	31	29
"	10 "	...	...	750	741
"	11 "	...	...	21	30
"	12 "	...	...	26	29
"	13 "	...	...	110	119
"	14 "	...	...	681	703
"	15 and over	...	...	149	152
Total				2,514	2,552

In addition 1,100 defects from previous inspections were re-examined and 89 were referred for treatment.

2,955 re-inspections were carried out as follows:—

	No. of Children Re-Inspected
Re-inspection of Defects	1,100
Attendances at Investigation Clinics	132
Edmond Hall Camp School (F.F.I. examinations)	693
Malvern Open-Air School	36
Weston-super-Mare Rotary Boys' House	45
Employment of Children	143
Mental Tests and Examinations	37
Re-inspections at Ophthalmic Clinics	618
Re-inspections at Sunlight Clinics	97
Re-inspections at Minor Ailment Clinics	54
Total	2,955

NUTRITION.

Table A on page 21 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 690,051 meals were served in school to children during the year and of this number 46,603 meals were served free of charge. At the end of the year 45.1 per cent. of all children attending the schools in the Borough were taking their mid-day meal in school.

Similarly I understand 1,235,258 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 214.

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	...	...	117	520
Langley	...	...	56	273
Oldbury	...	...	66	273
Totals			239	1,066

Defects Treated			Oldbury	Langley	Warley	Total
Ringworm	...	...	1	1	—	2
Impetigo	...	...	—	2	10	12
Scabies	...	...	—	—	—	—
Other Skin Diseases	...	...	28	27	55	110
Blepharitis	...	...	4	—	2	6
Conjunctivitis	...	...	3	—	1	4
Other Eye Conditions...	...	...	10	13	8	31
Otorrhœa	...	...	—	—	—	—
Other Ear Defects	...	...	1	—	2	3
Minor Injuries, Sores, etc.	...	...	9	5	38	52
Miscellaneous	...	...	10	8	1	19
Totals			66	56	117	239

TREATMENT OF DEFECTIVE VISION AND SQUINT

During the year 61 sessions were held and 781 attendances were made. A summary of the defects found by the Ophthalmic Surgeon in the 163 new cases is set out overleaf:—

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

Simple Hypermetropia	...	...	...	9
Hypermetropic Astigmatism—				
Simple	...	...	...	8
Compound	...	...	...	16
Simple Myopia	...	...	...	28
Myopic Astigmatism—				
Simple	...	...	...	5
Compound	...	...	...	5
Mixed Astigmatism	...	...	...	8
Amblyopia	...	...	...	1
Anisometropia	...	...	...	20

Squint—

Convergent	14
------------	-----	-----	-----	----

Inflammatory conditions, etc.—

Blepharitis	...	...	...	2
Dislocation of Lens	...	...	...	1
Congenital Cataract	...	...	...	1
Optic Atrophy	1
Nystagmus	1
Lental Tumour	1

Nothing abnormal discovered	42
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VISION TESTS.

In addition to the vision tests carried out at periodic medical inspections, routine testing is carried out by the School Nurses at intervals of approximately two years. During the year, 1,871 such tests lead to the detection of 29 children requiring treatment and 33 were placed under observation. Of a total of 522 re-tests of children previously placed under observation, a further 19 were found to require treatment. These results amply justify the carrying out of the additional tests.

EAR, NOSE AND THROAT DEFECTS.

During the year 69 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
1956	332	7	2.1	309	7	2.2
1955	31	4	12.9	33	2	6.0
1954	13	1	7.7	10	4	40.0
1953	14	1	7.1	7	—	—
1952	14	2	14.3	15	3	20.0
1951	371	75	20.2	370	55	14.9
1950	17	1	5.9	13	3	23.0
1949	10	1	10.0	19	2	10.5
1948	58	10	17.2	61	13	21.2
1947	333	47	14.1	370	70	19.0
1946 and earlier	71	14	19.6	81	19	23.4
Totals	1264	163	12.8	1288	178	13.8

ORTHOPÆDIC AND POSTURAL DEFECTS.

During the year 51 children were treated at the Smethwick Orthopædic Clinic.

			Girls	Boys
Arachnodactyly	...	...	1	—
Deformed feet	...	...	3	1
Flat feet	...	...	10	7
Hallux valgus	...	...	3	—
Lax knees	...	...	—	1
Intoeing	...	...	1	1
Knock knees	...	...	4	7
Painful joints	...	...	2	2
Muscular dystrophy	...	...	1	—
Poliomyelitis	...	...	1	3
Poor posture	...	...	2	1
			28	23
Total	...		51	

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. 132 investigations were carried out.

SUN-RAY CLINICS.

Sun-Ray lamps are installed at each of the three Clinics, and 101 children made 1,058 attendances at 48 sessions.

UNCLEANLINESS.

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

The total number of examinations of children was 24,265 (11,893 boys and 12,372 girls), and 664 (163 boys and 501 girls) were found to have nits in the hair and 45 (13 boys and 32 girls) were found to have numerous nits or vermin.

HOME VISITING BY SCHOOL NURSES.

The School Nurses paid 317 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 71 children attending the Oldbury Schools had to appear before the Courts as Juvenile Offenders. 10 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	
			1961	1960	1961	1960
Whooping Cough	...	...	11	15	—	—
Measles	...	...	429	8	1	—
Scarlet Fever	...	...	38	18	—	—
Food Poisoning	...	...	2	1	—	—
Meningococcal Infection	...	...	1	—	1	—
Dysentery	...	...	—	21	—	—
Pneumonia	...	...	3	—	—	—
Tuberculosis—Respiratory	...	...	5	1	2	1
„ Meninges and Central Nervous System			—	—	—	—
„ Other Forms	...	...	—	—	—	—

MEASLES.

429 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 were 11 cases occurring in school children.

DIPHTHERIA IMMUNISATION.

The number of school children immunised during the year was 112 and 777 school children received reinforcing injections. At the 31st December, 1961, 53.47 per cent. of the 5 to 15 years population had had their last injections, either primary or reinforcing, during the last five years, that is, since 1st January, 1957.

POLIOMYELITIS VACCINATION.

At the end of the year 7,506 children between 5 and 15 years had received their second injection and 6,749 of these had received the third injection. These figures represent 93.9 per cent. and 82.0 per cent. respectively of the 5 to 15 years population at the 31st December, 1961. 4,211 children between 5 and 12 years had received a fourth injection.

TUBERCULOSIS.

There were 39 cases of tuberculosis among children of school age at the end of the year as compared with 41 cases at the end of 1960. Of these 39 cases 35 were respiratory and 4 non-respiratory. The 5 cases notified during the year were respiratory.

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

Invitations issued	...	...	...	686
Acceptances	...	...	...	619 (90.2%)
Number tested	...	...	...	619
Tests read	...	...	...	619
Tests positive	...	...	...	37 (6.0%)
Tests negative	...	...	...	582 (94.0%)
Inoculations	...	...	...	582

EXCLUSION OF CHILDREN.

The Total number of exclusions issued by the School Medical Department was 63.

One child was excluded as a result of having infectious disease, and 62 for verminous heads.

CAMP SCHOOL.

Full use continues to be made of the arrangements for senior children to attend for fortnightly periods at Edgmond Hall Camp School. The total number of children examined for admission to the school during the year was 693.

OPEN-AIR SCHOOL.

In 1961 the County Education Committee was able to place at the disposal of Oldbury school children 36 places at the Open-Air School, Malvern. A total of 36 children were sent, 16 were girls and 20 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. 45 pupils went to the House during the year.

MEDICAL EXAMINATION OF TEACHERS.

During the year 14 entrants (Form 4 R.T.C.) to Teachers' Training Colleges and 8 entrants (Form 2 8R.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 ...	1	—	1
2.	Partially sighted ...	3	—	3
3.	Deaf ...	3	—	3
4.	Partially deaf ...	4	1	5
5.	Delicate ...	4	—	4
6.	Physically handicapped ...	8	1	9
7.	Educationally sub-normal	60	25	85
8.	Maladjusted ...	2	1	3
9.	Epileptics ...	—	2	2
Total		85	30	115

EDUCATIONALLY SUB-NORMAL CHILDREN.

37 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	...	...	...	4
Educate at Special Day/Boarding School for Educationally Sub-Normal Pupils	...	...	...	12
Educate at Ordinary schools with special educational treatment	...	...	...	2
Educate at ordinary school in special classes	...	...	...	4
Educate at ordinary schools (children educationally sub-normal)	...	...	...	1
Educate at ordinary schools (children not educationally sub-normal)	...	...	...	14

SANITARY ACCOMMODATION.

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

Work in progress—

Nil.

REPORT ON SPEECH THERAPY CLINIC AT OLDBURY

Attending 31.12.61	...	...	35
Discharged after satisfactory progress			24
Discharged after some progress	...		3
Left school or area	...	...	1
Ceased attending	...	...	4
Total			67
Waiting list	...	...	40
Total number of treatments			870

There has been an all round improvement in the number of children attending and discharged from the Speech Clinics during the last year. This is because it has been possible throughout the year to maintain the three weekly clinics, two at the Hollies and one at Bleakhouse.

For the future the outlook is less hopeful. During 1962 the clinics will have to be curtailed as Miss Helen Wright resigned when she married at the end of last year, and it has not been possible to appoint anyone to take her place. There is now a very serious national shortage of trained speech therapists and it is likely to become more acute as fewer people train. With this situation in existence throughout the County it is not possible to devote time other than the absolute minimum necessary to running clinics. Whereas in past years it has been possible to get round to all schools in the area at least once in the year, during the past year we have seen very little of staff of schools in Oldbury. They have, however, unfailingly continued to be co-operative in every respect and for this we are grateful, because it is so helpful in planning treatment for the children.

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

Senior Speech Therapist.

REPORT ON THE SCHOOL DENTAL SERVICE IN THE BOROUGH OF OLDBURY, FOR THE YEAR 1961

I commenced work as Divisional Dental Officer to the Borough during February 1961, in succession to Mr. J. Rodgers, who had resigned in May of the previous year. Due to this period without a full-time Officer, there was a considerable back-log of work, even though the Dental Service had been maintained by the employment of part-time Dental Officers. Naturally, the service provided tended to become increasingly an emergency one as time progressed, and the time available for routine school inspections was very limited.

Bearing in mind this back-log of work, the main aim has been to inspect all of the school children in the Borough as quickly as possible, in an attempt to establish once again an annual dental inspection, and at the close of the year there was only a small number of schools which it had not been possible to visit. To do this, the principle has been to remove grossly carious and infected deciduous teeth and, as far as possible, to conserve the permanent teeth. At a later date it may be possible to undertake the conservation of the deciduous teeth, but at this stage it is more important to concentrate on the permanent dentition.

At school inspections during the year, the following trends have come to light:—

- (i) A surprisingly large number of children obviously have dental treatment from sources other than the School Dental Service. A possible reason for this is that during the period when no full-time Officer was working in the Borough, parents who were interested in their children's dental health sought treatment elsewhere, and in the majority of cases have continued to do so.
- (ii) There is a decline in the percentage of parents accepting treatment for their children as they progress from the Infants' Department, through the Junior Department into the Secondary Schools. This is most marked in the Boys' Department, and it would thus appear that the girls are more tooth conscious. This difference between the sexes becomes more accentuated as children near school leaving age; girls seem to realise the value of a pleasing smile at a much earlier age than the boys, who often realise it when it is too late.

For a period during the year we have been almost fully staffed, by virtue of the services of two part-time Dental Officers, in addition to the full-time Officer. This has been a considerable help in endeavouring to establish an annual dental inspection. Unfortunately, one of these part-time Officers resigned during October, and at the close of the year all efforts to obtain a replacement had been unsuccessful. If it were possible to obtain the services of another full-time Officer, or his equivalent, the problem of pro-

viding treatment for all children requiring and accepting it would largely disappear. Also, it would be possible to inspect all school children more often than annually. In this happy state of affairs it would then be possible to provide a fully comprehensive dental service. The view prevails amongst certain members of the community that there are "school dentists" and "proper dentists," and not until there is a satisfactory Dental Officer/Children ratio will it be possible entirely to eradicate this view.

During the year the County Orthodontist, Mrs. M. A. Tibbatts, has advised upon and treated those children requiring this specialised attention. The waiting list for this type of treatment does not seem to get any shorter, and this is one field which could be more fully exploited with an improvement in the staffing position. However, the amount of time spent in orthodontic treatment must be restricted because of the enormous amount of dental disease which requires attention. Successfully treated orthodontic patients are a very good advertisement for the Dental Service, since the results are generally quite obvious, and it is regrettable that it is not possible to utilise this opportunity more fully.

It is unfortunate that practically the whole of a Dental Officer's time must be taken up in endeavouring to treat a disease which is of epidemic proportions. If dental disease was one of the "killer" diseases, no amount of time or expense would be spared to eradicate this scourge which afflicts almost everyone in this Country. Ancient and primitive races have been little affected by dental decay, and it has been shown that when isolated peoples come into contact with civilisation decay becomes more prevalent. It would seem reasonable to conclude that there is some factor in the altered mode of existence that has caused the increased susceptibility. One difference is to be found in the modern diet, which, over the years, has come to be composed of soft, sticky foods to the almost total exclusion of fibrous matter, which is an excellent natural cleansing agent. This, together with the greater consumption of sugar and confectionery, probably increases the tendency to localised production of acid on the teeth, which is considered by many authorities to be the first stage of dental decay. It is impossible to change dietary habits overnight — the task is made more difficult by the barrage of publicity from the confectionery trade — and, in the meantime, the fight must continue to repair the damage caused by over-indulgence in these products. Many of the Staff of the schools in the Borough are co-operating in this matter, by impressing upon the children in their care the importance of correct dietary habits and regular mouth cleansing. An alternative to endeavouring to change dietary habits is the addition of a minute quantity of fluoride to the water supply — a measure which must await sanction by the Ministry of Health when the findings of its experimental schemes are known.

I should like to express my thanks to the Head Teachers and Staffs of the schools, without whose co-operation it would be almost impossible to operate the dental service. I also thank the County Orthodontist, Mrs. M. A. Tibbatts, Mrs. A. M. Facer and the Dental Surgery Assistants. Thanks are also due to Mr. B. D. Britten, the Principal Dental Officer, for his advice and for assistance with general anaesthetics during the indisposition of Dr. Tabbush. Lastly, I thank Dr. H. Tabbush, who normally administers our general anaesthetics, for his interest in our section.

D. M. HOBBS,

Divisional Dental Officer.

PART I.

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

Number of Pupils on Registers in January, 1962—7,727.

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)	(3)	(4)	(5)	(6)
1956	641	640	99·84	1	0·16
1955	64	64	100·00	—	—
1954	23	23	100·00	—	—
1953	21	21	100·00	—	—
1952	29	29	100·00	—	—
1951	741	738	99·60	3	0·40
1950	30	30	100·00	—	—
1949	29	29	100·00	—	—
1948	119	119	100·00	—	—
1947	703	701	99·72	2	0·28
1946 and earlier ..	152	152	100·00	—	—
Totals	2552	2546	99·76	6	0·24

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)
1956	11	89	96
1955	1	7	8
1954	1	5	6
1953	—	4	4
1952	2	1	3
1951	77	113	159
1950	4	2	6
1949	1	—	1
1948	16	6	21
1947	99	68	161
1946 and earlier	37	7	43
Totals	249	302	508

Table C—OTHER INSPECTIONS.

Number of special inspections ...	...	...	730
Number of re-inspections ...	...	...	2,955
Total	...	...	3,685

Table D—INFESTATION WITH VERMIN.

1.	Total number of individual examinations of pupils in the schools by the School Nurses or other authorised persons	...	...	...	...	24,265
2.	Number of individual pupils found infested	...				458
3.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	...	...	...	...	56
4.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	...	...	...	...	5

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		
4	Skin	13	24	20	13	25	36	58	73	62	7
5	Eyes—a. Vision	11	19	99	25	139	64	249	108	232	175
	b. Squint	30	6	14	—	31	5	75	11	65	55
	c. Other	2	8	5	5	2	16	9	29	7	8
6	Ears—a. Hearing	4	13	2	9	3	8	9	30	—	—
	b. Otitis										
	Media	4	6	3	5	3	9	10	20	—	—
	c. Other	2	8	11	4	3	3	16	15	2	1
7	Nose or Throat	20	92	5	29	15	89	40	210	6	5
8	Speech ..	—	30	1	3	8	17	9	50	1	1
9	Lymphatic										
	Glands ..	2	51	—	2	3	38	5	91	1	—
10	Heart	1	29	1	19	9	20	11	68	—	—
11	Lungs	3	74	—	18	7	85	10	177	2	3
12	Developmental—										
	a. Hernia	4	3	1	—	2	3	7	6	—	—
	b. Other	1	39	1	6	3	26	5	71	—	1
13	Orthopaedic—										
	a. Posture	—	6	—	15	—	25	—	46	1	—
	b. Feet	6	14	4	10	12	22	22	46	1	—
	c. Other	4	22	4	19	13	51	21	92	4	2
14	Nervous System—										
	a. Epilepsy	—	4	—	3	4	—	4	7	—	—
	b. Other	1	13	—	4	—	12	1	29	—	2
15	Psychological—										
	a. Devel-										
	opment	—	2	—	2	1	4	1	8	—	1
	b. Stability	—	11	1	2	3	10	4	23	2	—
16	Abdomen ..	—	3	—	—	—	2	—	5	—	—
17	Other Defects	—	—	—	—	1	—	1	—	28	2

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	...	...	...	42
Errors of Refraction (including squint)	...	...	...	114
Total				156
Number of pupils for whom spectacles were prescribed				402

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

Received operative treatment				
(a) for diseases of the ear	...	...	...	1
(b) for adenoids and chronic tonsillitis	...	...	...	69
(c) for other nose and throat conditions	...	...	...	—
Received other forms of treatment	...	...	...	3
Total				73
Total number of pupils in schools who are known to have been provided with hearing aids				
(a) in 1961	...	...	...	1
(b) in previous years	...	...	...	4

Table C.—Orthopædic and Postural Defects

(a) Pupils treated in clinics or out-patient depts.	61
(b) Pupils treated at school for Postural Defects	—
Total	61

Table D.—Diseases of the Skin

Ringworm—(a) Scalp	...	...	...	1
(b) Body	...	...	...	1
Scabies	...	...	...	—
Impetigo	...	...	...	12
Other skin diseases	...	...	...	110
Total				124

No. of cases
known to have
been dealt with:

Table E.—Child Guidance Treatment

Pupils treated at Child Guidance Clinics	...	24
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Table F.—Speech Therapy

Pupils treated by Speech Therapists	...	67
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Table G.—Other Treatment Given

(a) Pupils with minor ailments	...	22
(b) Pupils who received convalescent treatment under School Health Service arrangements		1
(c) Pupils who received B.C.G. vaccination	...	582
(d) Other than (a), (b), and (c) above (specify)		
1. Minor injuries	...	58
2. Sunlight	...	101
3. Nocturnal enuresis	...	22
Totals (a)—(d)	...	786

PART IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers—			
(a) At Periodic Inspections	...	5,670	
(b) Specials	...	661	
Total	...	6,331	
(2) Number found to require treatment	...	4,367	
(3) Number offered treatment	...	3,186	
(4) Number actually treated	...	2,015	
(5) Attendances made by children for treatment (including 11 (h) overleaf)	...	4,841	
(6) Half-days devoted to—			
Periodic (School) Inspection	...	35	
Treatment	...	683	
Total	...	718	

(7) Fillings—					
	Permanent Teeth	...	...	4,472	
	Temporary Teeth	...	...	176	
			Total	...	<u>4,648</u>
(8) Number of Teeth Filled—					
	Permanent Teeth	...	...	3,964	
	Temporary Teeth	...	...	162	
			Total	...	<u>4,126</u>
(9) Extractions—					
	Permanent Teeth	...	...	577	
	Temporary Teeth	...	...	1,594	
			Total	...	<u>2,171</u>
(10) Administration of general anæsthetics for extraction					
	...	...	...	...	284
(11) Orthodontics—					
(a)	Cases commenced during the year	...	...	41	
(b)	Cases carried forward from previous year	...	...	51	
(c)	Cases completed during the year	...	...	29	
(d)	Cases discontinued during the year	...	...	7	
(e)	Pupils treated with appliances	...	...	92	
(f)	Removable appliances fitted	...	...	66	
(g)	Fixed appliances fitted	...	...	—
(h)	Total attendances (included in (5) on previous page)	...	...	489	
(12) Number of pupils supplied with artificial teeth					
	...	...	...	...	10
(13) Other operations—					
	Permanent Teeth	...	...	518	
	Temporary Teeth	...	...	40	
			Total (13)	...	<u>558</u>







