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STATISTICS

Buckinghamshire Education
Committee

Annual Report

of the

Principal School Medical Officer

for the

Year 1954

G. T. De Fraine & Co., Ltd., Aylesbury.

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

Once more I am able to report a year of improvement in the health of the schoolchildren in Buckinghamshire. Progress has not been spectacular and indeed no marked change should be expected as it is only natural that the greatest strides should have taken place during the earlier years after the School Health Service was started in 1908. It is the more gratifying, therefore, that during the last few years there has been a steady improvement. This can readily be seen by studying the table of defects found on medical examination, the tables shewing the number of children found to be verminous, and the tables giving the general condition of pupils as classified by the school doctors into good, fair and poor categories.

Although the function of the School Health Service is to enable children to take advantage of their education, it works chiefly in two ways. Primarily, efforts are directed towards the prevention of illness so that children have the best possible chance of growing up healthy in mind and body and thus becoming better citizens in later life. Secondly, by special understanding of their needs, every effort is made to ensure that children who are mentally or physically handicapped can be given education commensurate with their disabilities. To some extent, the service is a therapeutic one but treatment which is limited is mainly directed towards the correction of defects as early as possible. Early treatment is an advantage as a preventive measure and as a means of ensuring that unnecessary time is not lost through absence from school.

I feel sure that those who study this report will obtain a clear picture of the work carried out during the year. As comments have been made on the various aspects of the work throughout the text of this report I do not propose to enlarge upon them here. New services include the provision of the much needed second Child Guidance team and an audiometric service. Another progressive step has been the making of arrangements for the B.C.G. vaccination of children against tuberculosis to commence in January, 1955.

Again, I must record my appreciation for the help received from all those connected with the School Health Service including Committee members, teachers and Education Committee staff. I would also like to thank both professional and lay staff of the School Health Section of the department for the good work they have done during the year.

I have the honour to be,

Your obedient servant,

G. W. H. TOWNSEND,

Principal School Medical Officer.

STAFF

COUNTY MEDICAL OFFICER AND PRINCIPAL SCHOOL MEDICAL OFFICER.

G. W. H. TOWNSEND, B.A., M.B., B.Ch., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER.

C. D. CORMAC, M.A., B.M., B.Ch., D.P.H.

SENIOR MEDICAL OFFICERS.

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

A. W. PRINGLE, B.A., M.B., B.Ch., B.A.O., D.P.H.

DIVISIONAL SCHOOL MEDICAL OFFICERS.

Amersham/Chesham	...	...	T. P. EVANS, M.R.C.S., L.R.C.P., D.P.H.
Eton	...	...	G. M. HOBIN, M.B., Ch.B., D.P.H.
High Wycombe	...	...	A. J. MUIR, M.B., Ch.B., B.Hy., D.P.H.
North Bucks	...	...	D. H. WALDRON, O.B.E., M.D., B.Ch., B.A.O., D.P.H., D.T.M. & H.
Slough	...	...	M. A. CHARRETT, M.R.C.S., L.R.C.P., D.P.H.

SCHOOL MEDICAL OFFICERS.

P. M. ELLIOTT, M.D., B.S., D.Obst., R.C.O.G., D.P.H.

R. HANDY, M.B., B.S., D.P.H. (Commenced 18/1/54).

M. E. M. HERFORD, M.B., Ch.B., D.P.H. (Part-time).

G. B. HOPKINS, M.B., Ch.B., D.P.H., B.Pharm.

M. C. IM THURN, M.R.C.S., L.R.C.P., D.P.H.

J. J. A. REID, B.Sc., M.B., Ch.B., D.P.H.

J. C. RONALDSON, M.B., Ch.B., D.P.H.

A. E. R. SCOTT, M.R.C.S., L.R.C.P., Cert. S.I.B.

J. T. C. SIMS-ROBERTS, M.B., Ch.B., D.P.H. (Barrister-at-Law).

M. G. TATE, M.D., B.S., D.C.H. (Resigned 3/11/54).

OPHTHALMIC SURGEONS.

M. FORD, M.B., Ch.B., M.R.C.S., L.R.C.P., D.O.

T. S. S. GREGORY, M.B., B.Ch., F.R.C.S., D.O.M.S.

S. H. G. HUMFREY, M.R.C.S., L.R.C.P., D.O.M.S.

V. P. PURVIS, M.B., B.S., D.O., D.O.M.S., R.C.P.S.

C. B. V. TAIT, M.R.C.P., L.R.C.P., D.O.M.S.

(Part-time services made available to the Education Committee by arrangement with the North West Metropolitan and Oxford Regional Hospital Boards.)

STAFF (*continued*)

CHILD GUIDANCE.

Psychiatrists—E. M. BOOTH, M.B., Ch.B., D.P.M.

M. I. POTT, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H.,
D.P.M.

(Part-time services made available to the Education Committee by arrangement with the North West Metropolitan and Oxford Regional Hospital Boards.)

Educational Psychologists—Miss O. M. BAKER (commenced 18/10/54).
Miss J. M. FREEMAN.

Psychiatric Social Worker—Miss A. V. BLACK.

CONSULTANT OTOLOGIST.

A. G. WELLS, F.R.C.S. (Part-time).

PRINCIPAL SCHOOL DENTAL OFFICER.

E. KEW, L.D.S., R.F.P.S.

SCHOOL DENTAL OFFICERS.

E. BLUMENAU, M.D.

K. DANNEN, D.M.D.

E. DEUTSCH, M.D.

C. H. GRIFFITHS, L.D.S., R.C.S.

J. D. HOWELLS, L.D.S., R.C.S. (Part-time).

D. M. JAMES, L.D.S., R.C.S. (Part-time).

L. T. MILNES, L.D.S., R.F.P.S. (Part-time).

J. W. PAUL, L.D.S., R.C.S. (Part-time).

J. SMITH, L.D.S., R.F.P.S.

P. J. WHITEMAN, L.D.S. (Resigned 30/9/54.)

C. A. WRIGHT, L.D.S., R.C.S. (Part-time).

SPEECH THERAPISTS.

B. D. BOURNE, L.C.S.T.

C. P. S. GRIFFITHS, L.C.S.T.

NURSING STAFF.

School Nurses—66 engaged part-time on School Health Service.

Dental Hygienist—1.

Dental Attendants—10 (including 3 part-time).

CLERICAL STAFF.

Apart from the work done in Divisional Offices, four of the staff of the Public Health Department are engaged wholly or chiefly on the clerical work of the School Health Service.

NUMBER OF CHILDREN ON THE ROLL.

County Nursery Schools	...	...	...	...	...	...	...	566
County Primary (including Nursery Classes) and Secondary Modern	...	...	...	...	...	...	...	48,612
County Technical	...	...	...	...	...	...	...	1,161
County Grammar	...	...	...	...	...	...	...	4,105
Special	...	...	...	...	...	...	...	203
								<hr/> 54,647 <hr/>

MEDICAL INSPECTIONS.

Complete statistics relating to medical inspections are included in Tables I—IV at the end of this report.

Periodic Inspections.

The routine medical examinations of children in maintained schools were carried out in three age groups as follows:—those entering primary schools, those leaving primary schools and finally those about to leave the secondary modern schools. Grammar school children were inspected on entry, at the age of 15 and on leaving. Out of 15,503 children examined at the statutory three inspections, 1,748 (11.3%) were found to require treatment as shown in Table I. This percentage (which relates to pupils and not defects) is slightly higher than that recorded for 1953 but the total number of defects noted fell from 2,200 in 1953 to 1,835 in 1954. In Table 2 the number of defects found at periodic medical inspections are shown for the last six years, the highest proportion having usually consisted of defects of the eyes, of the ear, nose and throat and of orthopaedic abnormalities. Most of them are of a minor nature but many if not corrected may have some adverse effect on the children's education. The development of more serious troubles in later years may also be prevented by the detection of defects in their early stages.

Other Inspections.

In addition to the inspection of children in specific age groups others are referred to the school doctors when advice is required by parents, teachers and school nurses. During 1954, 1,064 cases were seen in this way compared with 1,050 in the previous year. Some of these cases had been seen at previous medical inspections and were brought forward again for observation.

Dr. Herford, whose association with the Youth Employment Service and joint appointment as Appointed Factory Doctor and part-time School Medical Officer was mentioned last year, has now completed his report on the health and welfare of Juveniles in Industry in the Slough area. This confirms and enlarges on the findings of the interim report and Dr. Herford states —

“ In 1954, 2,152 examinations were performed—boys 1,243, girls 909. Of these, 371 boys and 176 girls were examined on entering employment for the first time.

The physical health of these young people is very satisfactory though the incidence of minor defects remains over 35%. The number of visual defects has increased and dental caries has decreased. Teeth on the whole were very good. Excluding dental caries the proportion all boys and girls seen who required some action to be taken was 4% and 8% respectively. The larger proportion of girls requiring treatment is due to the fact that girls corresponding to the apprentice section of the boys go chiefly into offices and shops and so the girls seen represent a selected group. Many of this group come from the less privileged homes and lower educational

categories. The types of defect in which girls markedly exceeded boys were visual, cardiovascular, ear, nose and throat and orthopaedic. It is clear that a follow-up from school of those still in need of supervision is necessary as many young people needing attention do not go to their doctor. Experience has shown that it is not normally sufficient to advise, it is better to give a letter to the doctor detailing the history and the defect. It may also be necessary to enlist the aid of the employer to make sure that the appointment is kept.

In the course of the last five years case histories of several hundred young people have been collected which reveal very clearly the need for assistance, and the importance which this may have in terms of future health and employment.

An analysis made of the health and employment records of 670 boys and 250 girls reaching the age of 18 showed a markedly higher incidence of illness and noticeable defects among those who changed jobs frequently. Juvenile turnover compares favourably with the national figure and may be regarded as reasonable.

At each medical examination, a note was made of the reason for taking the job and the reason for leaving the previous job. It was thus possible to build up an accurate picture of the employment situation in the area and the reasons why in the opinion of young people certain firms were good or bad. Over 34% of boys and 30% of girls changed because the job was dull, dirty, heavy or uncongenial. Surely a good reason for changing. When dirty factories cannot get workers they may be forced to improve. There is need for a closer link with the Youth Employment Service so that this information is freely available to them and may be used to help young people in need of advice and help in follow-up surveys.

Similarly, there is need for discussion with the Youth Employment Officer of cases where young people are likely to require assistance in placing.

The interests of the handicapped, both mental and physical, continue to receive study."

TABLE 1.

	Total School Population.	Total number of children examined.	% of Children with defects found to require treatment.
1949	44,097	11,284	16.6
1950	45,535	11,691	16.6
1951	46,891	12,917	16.3
1952	50,188	14,569	15.6
1953	52,288	15,963	10.6
1954	56,647	15,503	11.3

RESULTS OF INSPECTIONS.

While the results of medical and dental inspections are recorded in detail at the end of this report, it is interesting to compare in Table 2 the numbers of cases found to be in need of treatment at periodic inspections with those of the previous five years.

TABLE 2.

Total Defects found at periodic Medical Inspections.

Defect or Disease—	1949	1950	1951	1952	1953	1954
Skin	33	35	12	10	1	30
Eyes—						
(a) Vision	267	287	403	440	470	407
(b) Squint	38	52	63	67	64	51
(c) Other	21	32	38	21	26	17
Ears—						
(a) Hearing	18	19	48	49	33	38
(b) Otitis Media ...	4	6	25	8	18	17
(c) Other	19	17	22	21	17	26
Nose and Throat ...	612	687	675	560	559	567
Speech	75	101	79	80	65	36
Cervical Glands ...	30	27	28	17	17	15
Heart and Circulation	9	11	8	4	7	36
Lungs	34	39	68	65	67	75
Developmental—						
(a) Hernia	3	4	5	1	2	6
(b) Other	5	4	9	2	3	16
Orthopaedic—						
(a) Posture	68	72	153	185	274	142
(b) Flat Foot	121	131	230	295	316	149
(c) Other	130	129	174	156	155	119
Nervous System—						
(a) Epilepsy	—	—	7	7	2	4
(b) Other	7	9	5	5	16	9
Psychological—						
(a) Developmental ...	59	63	87	74	56	38
(b) Stability	10	12	11	15	27	15
Other	180	196	10	17	5	27
Total	1,743	1,933	2,160	2,009	2,200	1,835

The impressions recorded by the school doctors on the general condition of pupils are set out below. These figures suggest a steady improvement in health over the years but as the terms "good," "fair" and "poor" are vague, it is impossible to reach any really definite conclusions.

"General Condition" of Pupils.

	No. of Pupils Inspected.	A (Good).		B (Fair).		C (Poor).	
		No.	%	No.	%	No.	%
1949	11,248	3,185	27.33	7,531	66.74	568	5.03
1950	11,691	3,339	28.56	7,765	66.41	587	5.02
1951	12,917	4,736	36.66	7,824	60.57	357	2.76
1952	14,569	5,650	38.78	8,579	58.88	340	2.33
1953	15,963	7,004	43.88	8,659	54.24	300	1.88
1954	15,503	6,875	44.35	8,220	53.02	408	2.63

INFECTIOUS DISEASE.

The cases of infectious disease notified by teachers are shown in Table 3 but this does not give a true indication of the actual numbers. Some are undoubtedly not notified while others are notified on information received from doubtful sources. The numbers of cases of infectious disease notified by head teachers is less than during the previous three years. A high proportion of cases of chickenpox was recorded and most of these occurred during the Autumn term. Only four cases of infantile paralysis occurred among children aged five to 15 and of these two were paralytic and two non-paralytic. The "Other" cases recorded in Table 3 are:—

Paratyphoid	...	...	...	...	...	...	...	1
Sore Throats	...	...	...	...	...	...	...	6
Tonsillitis	...	...	...	...	...	...	...	22
Jaundice	...	...	...	...	...	...	...	15
Conjunctivitis	...	...	...	...	...	...	...	17
Impetigo	...	...	...	...	...	...	...	76
Ringworm	...	...	...	...	...	...	...	11
Scabies	...	...	...	...	...	...	...	2
Shingles	...	...	...	...	...	...	...	1

TABLE 3.

	1949	1950	1951	1952	1953	1954
Diphtheria	—	—	—	—	—	—
Scarlet Fever	98	183	126	215	402	233
Measles	600	245	2,023	675	1,701	86
German Measles	69	24	344	333	904	178
Whooping Cough	122	305	544	72	197	327
Poliomyelitis	8	5	11	3	1	—
Chickenpox	449	431	1,324	1,769	1,236	1,103
Mumps	320	177	842	1,336	351	832
Other	27	86	101	89	79	151
Total ...	1,693	1,456	5,315	4,492	4,871	2,910
% of school population	3.8	3.2	11.3	8.9	9.3	5.3

MEDICAL TREATMENT.

The following table shows the location of school clinics, together with the type and number of sessions in each. The number of cases treated at these clinics is shown in Table IV at the end of the report.

SCHOOL CLINICS.

Location.	Child Guidance.	Dental.	Minor Ailments.	Ophthalmic.	Speech Therapy.
Pebble Lane, Aylesbury ...	2 sessions per week.	9 sessions (approx.)	School Nurse available daily.	1 session per week.	2 sessions per week.
Bletchley Road, Bletchley ...	—	6 sessions (approx.)		1 session per month.	3 sessions per week.
Stratford Road, Buckingham	—	—		1 session per month.	1 session per week.
Germain Street, Chesham ...	—	7 sessions (approx.)		1 session per week (except 3rd Saturday).	2 sessions per week.
51 Priory Road, High Wycombe ...	2 sessions per week.	14 sessions (approx.)	—	2 sessions per week.	—
Municipal Health Centre, High Wycombe ...	—	—	1 doctor's session per week.	—	4 sessions per week.
The Health Centre, Burlington Road, Slough ...	2 sessions per week.	10 sessions (approx.)	1 doctor's session per week.	3 sessions per week.	4 sessions per week.
122 Church Street, Wolverton	—	5 sessions (approx.)	School Nurse available daily.	—	2 sessions per week.

Minor Ailments.

Doctors' sessions were held weekly at Slough and in High Wycombe while other sessions were attended by the school nurses. The number of children seen during the year was 402.

Skin Conditions.

Thirty cases of skin disease were found at periodic medical inspections during the year and Table 4 shows the numbers of cases treated through the School Health Service over the last six years. While these figures suggest that there has been a steady fall in incidence, it is not known how many cases were treated by the pupils' own doctors.

TABLE 4.

	1949	1950	1951	1952	1953	1954
Total skin conditions—	300	229	429	360	331	228
Ringworm—scalp ...	2	1	1	—	—	—
” —body ...	19	4	8	1	—	—
Scabies	12	—	3	6	6	—
Impetigo	147	127	18	38	29	7

Eye Defects.

Ophthalmic clinics were held under the direction of specialists on the staffs of the Regional Hospital Boards; clerical and nursing staff being provided by the Education Committee. A new clinic at Wolverton was started in May, 1954, in premises provided by the Oxford Regional Hospital Board. This has been particularly helpful as until then children from this area had to travel a considerable distance to the Northampton General Hospital. There has been no other changes in the arrangements in force last year but attendances at the clinics were slightly higher than previously, no doubt on account of the general increase in school population.

Ear, Nose and Throat Conditions.

The numbers of defects of the ears, found at routine inspections to be in need of treatment were slightly higher than those recorded for 1953. As shown in Table 2 there was little change in conditions of the nose and throat. The later cases were mostly those in which advice was sought for diseased tonsils and adenoids. All clinic facilities are provided by the Regional Hospital Boards and the numbers of cases referred to them are as follows:—

		Operations performed.
King Edward VII Hospital, Windsor	59	237
Chalfonts and Gerrards Cross Hospital	65	—
Upton General Hospital, Slough	193	156
Northampton General Hospital	44	202
Canadian Red Cross Memorial Hospital, Taplow	69	197
Tindal General Hospital, Aylesbury	66	438
Amersham General Hospital	12	114
Booker Hospital	—	590
War Memorial Hospital, High Wycombe	55	—
	<u>563</u>	<u>1,934</u>

Orthopaedic and Postural Conditions.

During the year 410 orthopaedic defects were recorded after routine medical inspection as being in need of treatment. As can be seen from Table 2, this figure is considerably less than that recorded during the previous few years. By far the greater proportion of these defects consisted of flat feet and faulty posture.

The Out-Patient Clinics of the Wingfield Morris Orthopaedic Hospital were held weekly in Aylesbury, High Wycombe and Windsor, twice monthly in Chesham, and once every two months in Newport Pagnell and Buckingham.

The remedial exercise classes held in Beaconsfield and Slough have continued as in previous years.

In Beaconsfield the classes have been organised by the British Red Cross Society and during the three school terms attendances have been as follows:—

	No. of Cases.
Spring Term	90
Summer Term	73
Autumn Term	74

Most of the cases consisted of knock knee and foot deformities and a high proportion were cases of incorrect posture.

In Slough a full-time remedial gymnast is employed. Eleven schools are used as centres so that the classes held there can be attended by children from other schools. During 1954, 570 children were treated and of these 202 were cases of faulty posture, 327 were cases of foot deformity and 41 were cases of chest complaints, such as asthma, bronchitis and congenital malformation.

In all cases the aim of treatment has been to ensure maximum mobility followed by strength and control of all parts of the body. Because foot and postural defects are so closely related all children were given foot exercises whether they had been referred for foot complaints or not and children referred for foot complaints were also given other exercises to attain improvement in posture.

When the remedial gymnast considers that no further treatment is required the cases are referred back for examination by one of the school doctors. Similarly, all cases under treatment for 12 months are referred for medical examination.

At the commencement of treatment parents are invited to attend the classes so that they might learn to help the children to carry out exercises at home. Parents have co-operated well in this way and have visited the classes in nearly every case.

During the year 59 children were discharged from the Slough classes and of these 31 were cases of faulty posture and 28 cases had defects of the feet.

Physical Education.

I am indebted to Mr. C. Franks and Miss J. K. Clarke, Organisers of Physical Education, for the following information:—

"Further developments in the provision of portable and fixed climbing apparatus for use in both old and new schools have been made during the past year. Since these various types of climbing equipment and improvised apparatus have been used fairly generally in the schools, experience has shown that they are not liable to cause accidents. The teachers have, at times, been rather apprehensive on this score, but now realise that providing the children are allowed to work freely and without overcrowding they are perfectly safe.

In order that teachers might keep up-to-date with the recent developments in Physical Education, the following courses were held during the year.

Subject.	Centre.
Athletics.	Slough.
Football.	Aylesbury.
Hockey and Physical Education.	Chalfont St. Giles.
Netball.	Aylesbury.
"	Stony Stratford.
Rounders.	Slough.
Physical Education.	Ivinghoe.
"	Marlow.
"	Missenden Abbey.

Swimming.

Indoor swimming baths are available to 41 schools in the county and outdoor baths or river bathing places to 35. Most classes of children receive instruction in swimming from staff teachers of physical education assisted by teachers from the schools, and the remainder are instructed by their own teachers. It was a bad season for the use of outdoor baths, but in spite of this classes attended regularly, except in the river bathing places which were for several weeks dangerous on account of floods. The number of children who learnt to swim and of those who gained certificates awarded by the Royal Life Saving Society is as follows:—

Indoor Baths—Learners (20 yard Certificates 747, Life Saving Certificates 152).

Outdoor Baths—Learners (20 yard Certificates 334, Life Saving Certificates 23).

Camping.

Wolverton Camp, which is equipped with tents, permanent latrines and a hut for dining and recreation, was attended by 270 children from nine primary schools and 70 from one secondary school. Parties varying in size from 15—70 children spent a week in Camp, where they took part in a wide variety of outdoor activities and also gained experience in communal life. For many of the children it was their first experience of living away from home without their parents, and their teachers found that they got great benefit from camp life.

Shortenills. The Camp at Shortenills, which consists of two dormitories, one dining room and one activity room, is used for courses of various kinds for pupils from secondary schools, and each term one or two courses in Physical Activities are included. During the year 180 boys and girls, in groups of 30, spent a week at the camp and were given instruction in athletic events, gymnastics and games skills.

Bucks School Camp Association. The annual holiday camp organised by the Bucks School Camp Association was held for the third year at Beeston Regis, near Sheringham, Norfolk, from 27th July to 17th August. During this period 140 teachers gave up a week of their holiday for the benefit of 715 children from 59 schools. In addition 20 children in the care of the Children's Committee attended. Two School Health Visitors looked after the health of the children and the Committee of the Camp Association is grateful to the County Medical Officer for making them available.

Athletics and Games.

In addition to taking games during school time a large number of teachers organise inter-school and inter-district sports and games. For a number of years the County Athletic team has competed very successfully at the All England Sports, and at the meeting held in Ashington, Northumberland, in July won for the second year running the trophy awarded to the Minor County gaining the most points in the competition."

Child Guidance.

During 1954, 168 cases were referred for advice at child guidance clinics. The majority were seen at the clinic at Slough while the remainder were referred to the Berkshire clinics at Maidenhead and Reading and the child guidance clinic at Oxford. A few cases were referred to the clinic in Aylesbury which was set up towards the end of the year. There is still a long waiting list but it is hoped this will be reduced to some extent now that the Council have approved of the appointment of a second child guidance team to cover the Aylesbury and High Wycombe areas. The services of a Psychiatrist, Dr. Edith Booth, have been provided by the Oxford Regional Hospital Board since November, 1954, for four sessions per week. Until the end of the year all four sessions were held at the Aylesbury Clinic and some of this time was taken up with organising the new service. It was anticipated that the Clinic at High Wycombe would be started in January, 1955, the four psychiatrist's sessions being equally divided between the two Clinics. Miss O. Baker, Educational Psychologist, was appointed by the Education Committee and took up her duties on 18th October, 1954. No Psychiatric Social Worker has yet been appointed but fortunately it has been possible to obtain the services of a pupil from St. John's Hospital, Stone, as an interim measure.

In order that they might be fully informed about child guidance, the Education Committee asked for a special report to include comments of teachers and others on cases which have already been referred to child guidance clinics. The following report was therefore presented to the Committee at their meeting in June, 1954:—

"For many years it has been realised that delinquency, social maladjustment and mental illness have their roots in childhood and that unless more is known about their origin attempts to cure them in adult life are seriously handicapped. In order to have the greatest effect such attempts must be applied as early as possible in life. The only satisfactory way of dealing with the problem is by the work of a team consisting of a psychiatrist assisted by a psychiatric social worker and an educational psychologist. Physicians consider that children suffering from nervous or behaviour disorders have the best chance of recovery if they are treated at a child guidance clinic. Mental disorders in childhood have been treated by doctors since the dawn of medicine but special clinics for the study of treatment of these disorders have only been introduced within the last fifty years. The child guidance clinic may be defined as a centre for the organised study and treatment of maladjustment in children.

In the vast majority of child guidance clinics, the work is directed by a psychiatrist who is a doctor specialising in mental illness. In addition to being well qualified medically he must have wide experience both with adults and children in mental hospitals and out-patients' departments; he must hold a Diploma of Psychological Medicine or an equivalent qualification and have acquired a wide knowledge of the emotional and intellectual development of the child.

It is clearly necessary for the psychiatrist to be informed about the child's environment both at home and at school and these factors are complex enough to warrant investigation by two other specially trained workers, the psychiatric social worker and the educational psychologist. The former devotes his time to obtaining information on home conditions and the child's recreational activities; from his observations he compiles the report to the psychiatrist. He also has the duty of helping parents to carry out any treatment prescribed and on reporting to the psychiatrist changes in the child's behaviour. The educational psychologist is essentially a teacher with special qualifications and experience in psychology. He is concerned with the child's environment at school and assists the psychiatrist in determining the child's level of intelligence by carrying out certain routine mental tests. His advice may also be of direct help to teachers over the various special problems they may have with normal rather than maladjusted children.

The growth of the child guidance service in this country is illustrated in the following paragraph from a report of the Chief Medical Officer of the Ministry of Education for the years 1950 and 1951—

"This branch of the school health service continued to expand. In 1949 there were 153 centres; by 1951 there were 185. In 1949 there were 21,149 children under treatment; in 1951 their number had increased to 25,123, but waiting lists were long."

In Buckinghamshire one child guidance team has been in operation in the Slough area for two years but in other areas in the County cases have had to be referred to clinics in Berkshire and Oxfordshire, an arrangement which has not proved satisfactory largely because of the distance which parents and children have to travel. With the exception of cases in the north of the County who will have to be referred to Oxford, those from the High Wycombe and Aylesbury areas should now be dealt with satisfactorily when the second team is able to commence work.

As I have been asked by the School Medical and Care Sub-Committee to obtain information from teachers and others about cases who have already attended the child guidance clinics, I have endeavoured to obtain reports on as many cases as possible which were "closed" during the 12 months ending on 31st March, 1954. I have records of 74 cases which were closed during this period. Some of these have now moved elsewhere while others are attending special schools. Of the remainder I have been able to obtain reports from head teachers in 58 cases and in 19 of these they have reported a definite improvement.

Of the remaining 39 cases many were unknown by the teachers to have attended the clinics because the problems dealt with had occurred at home without having had any apparent effect at school. In many the school doctors had received considerable help from the psychiatrists in a variety of ways including advice as to their recommendations for special education. Five cases were referred from Juvenile Courts. Six cases were referred at the request of the Children's Officer and in every one of these Miss Duncan reports that the advice she had received was most helpful.

With the exception of children referred from Juvenile Courts, cases are sent to the child guidance clinics only on a doctor's recommendation. Most of the cases are referred by the school doctors; the family doctors also refer a few. With the exception of the Court cases, no child is referred unless the family doctor has first given his permission. Many cases too are referred by school doctors for advice before expressing an opinion as to the type of education required rather than for the treatment of mental illness or behaviour problems.

Many of the problems dealt with are unrelated to a child's behaviour at school, but several teachers expressed opinions in general terms as to the value of child guidance therapy as far as they are concerned. On the whole these have been favourable but it is impossible to include in full all their comments but the following are typical examples —

"In general, I think that child guidance could be very valuable indeed, always provided that a very close connection be maintained between clinic and school and that the latter be kept much more fully informed of the progress and development of the child than has been my experience heretofore. This information should, in my opinion, take two forms, constant verbal contact through the visitor and periodical written advice."

"Turning to the general question of child guidance and speaking from my own previous experience in not very many cases, though two of them very serious cases, I fail to find much value in them. The diagnosis of the child's difficulties has always been the same as the one I and/or my staff have agreed on. The

child has been marked out as different from others and has either been ashamed of it or glorified in it. The only result in my experience has been to confirm an estimate already made by a capable practitioner—the child's teacher—and whilst more show of authority may be attached to the remedies suggested, they are usually those which the teachers have themselves proposed."

"The number of such cases had been small but the benefit derived by individuals concerned from the treatment has been considerable."

Dr. M. A. Charrett, Divisional School Medical Officer, Slough, where our own child guidance team has been in operation in that area for about two years, reports as follows:—

"You will see from the reports which I have enclosed that in the majority of cases there has been considerable improvement not only in the child's attitude towards life but also in scholastic achievements.

It is extremely difficult, if not impossible to assess the part which the child guidance team has played in this improvement but perhaps it could be allowed by antagonists as well as protagonists of child guidance that at least a proportion of the improvement has been due to the team. So far as this particular team is concerned, a part-time psychiatric social worker only was available until Miss Black took up her duties in October last.

During my discussions with head teachers I found none who believed that child guidance treatment was valueless but, of course, the opinions of its benefits varied from teacher to teacher.

Child guidance has suffered as has psychiatry in general from those whose belief in it has been entire and absolute, but I am sure that a team such as that existing in Slough, which is run mainly with commonsense and an understanding of human behaviour associated with psychiatric knowledge, has a considerable and beneficial part to play in the difficulties found in young children."

It seems to have emerged from this enquiry that most people concerned expect too much of child guidance—they take it for granted that if it is any use it will achieve a complete cure in every case. When stated like this it is obvious that this is an unreasonable expectation and the position is further complicated by the fact that improvement, as distinct from cure, is a matter of opinion rather than fact. The degree of significance attributable to any misdemeanour of young persons depends largely on the views of the observer. Thus there are those who regard stealing apples as almost a normal incident in the growth of a boy provided it is done in a spirit of adventure and if the individual is prepared to face the consequences if discovered, while others take a very serious view of such "delinquency."

Perhaps if we take one or two examples from physical medicine it may be easier to see what we should expect from psychiatry. Nobody expects that every one involved in road accidents will necessarily recover completely—there will be all sorts of gradations of cure. Some individuals will recover completely, some will have a limp or other obvious physical defect or handicap; similarly with children submitted for child guidance some will be completely cured, some improved. Again nobody would be surprised if a sufferer with a chronic duodenal or gastric ulcer suffered a relapse and showed increased symptoms after a dietetic indiscretion but many of these people are very surprised indeed when the child who has had child guidance again shows symptoms in time of stress.

It is useless to think that even if child guidance were more effective than it is everybody would subscribe to its value in the same way that by no means everybody subscribes in the same degree to the usefulness of physical medicine as practised today.

To sum up, it seems that the child guidance service does fill a need and is much appreciated by those who understand its purpose and

limitations. The principal defect of the existing service quite clearly is a lack of co-ordination of effort on the child's behalf between the teachers and psychiatric team. This probably was inevitable when children were referred all over the country for advice but should be remediable when working with our own team."

The statistics relating to the work undertaken at child guidance clinics during 1954 are as follows:—

	Slough.	Berkshire.	Oxford.	Aylesbury.
Number of cases referred during the year ended 31st December, 1954	98	49	7	19
Number of cases closed during the year	91	27	2	—
Number of cases under treatment on 31st December, 1954 ...	27	7	14	10

The number of cases waiting for referral to the child guidance clinics at the end of the year was 76. The Divisional School Medical Officers have been asked to restrict referrals to the more urgent cases and undoubtedly many more could be added to this waiting list if increased facilities were available.

Speech Therapy.

The speech therapy work is divided between two Speech Therapists, Miss C. P. Griffiths and Miss B. D. Bourne. In the North of the County Miss Griffiths has held weekly clinics in Bletchley, Buckingham, Newport Pagnell, Wolverton and Aylesbury and at Wendover House School. One session per week has been kept for home and school visiting, for following up old cases and seeing children who are under observation. Miss Bourne's work has been in the south of the County and she held speech clinics at High Wycombe, Slough and Chesham for one and a half days, two days and one day a week, respectively.

Miss Griffiths reports as follows:—

"All types of case have been seen including cerebral palsy, aphasia, deafness, dysarthria, cleft palate, stammering and others.

Two second year students from the West End Hospital for Neurology and Neuro-surgery Speech Therapy Training School have attended the clinic at Aylesbury each Friday during term time for clinical experience.

One of the most satisfactory features of the year has been the elimination of the waiting list at most of the clinics. They are all completely full, however, and it is still possible to see each child only once a week. As a result it has been found that in cases where the parents are able to co-operate intelligently the length of treatment required has been about a half or a third of that required in other cases.

The tape recorder specially designed for use in the Speech Therapy Clinics is a very great asset and when it is in regular use it is hoped that it will reduce the period of treatment required in many cases. It is planned to record the patients' speech at the beginning of treatment and thereafter at regular intervals. This will provide an accurate assessment of progress or otherwise which will be more satisfactory than the phonetic method and will also be meaningful to the patient himself. When progress is of necessity slow, this will be a great encouragement to the patient. It will also be invaluable in allowing the voice to be listened to critically and in setting new standards for speech. The recorded voice is familiar in every house and it is hoped that children may make a subconscious comparison. It will enable correct and incorrect sounds to be compared objectively as such. It is also realised that the machine will have to be used with discretion. Hearing one's own voice for the first time can be a shock, especially for a child with defective speech, and it would not be wise to give a child new standards of speech which for physical or other reasons he has no possibility of attaining."

The following report has been received from Miss B. D. Bourne:—

“Treatment has most frequently been carried out individually though two groups for stammerers of differing ages have been continued in Slough with good results and in High Wycombe a group for stammerers between the ages of 10 and 14 years has been formed with apparent success.

School visits have been carried out where necessary and co-operation from school staff has without exception been excellent.

In most cases parents have been helpful though a certain number have discontinued treatment as soon as a fair degree of improvement became noticeable and could not be persuaded to wait until the child's speech became normal. In most cases this appears to have been due to anxiety on the part of the child's mother to go out to work and the inability to arrange for the child to be escorted to the clinic.

The tape recording machine which has been in use for a short time in the High Wycombe Clinic has proved particularly useful for illustrating defects and differences to the patients and stimulating discussion of symptoms, especially within the group.

The waiting lists remain lengthy in all clinics though the inauguration of groups has lessened them to some extent.

Two students from the West End Hospital Speech Therapy Training School have worked under supervision at each session of the Slough Clinic and this has also helped to keep down the waiting list.”

Statistics relating to speech therapy clinics over the last five years are as follows:—

	1950	1951	1952	1953	1954
New admissions	98	92	91	109	83
Number discharged or removed from waiting list during year ...	55	96	99	193	117
Number on waiting list on 31st December	101	117	122	51	53

Vermineous Conditions.

Particulars of children found to be infested with vermin are as follows. Once more it is gratifying to note a substantial decrease which has been continuing steadily over the last five years.

	School Population.	No. of pupils found to be infested.	% of school population found to be infested.
1950	45,535	4,731	10.39
1951	46,891	2,265	4.83
1952	50,188	2,151	4.28
1953	52,288	1,492	2.86
1954	54,647	993	1.08

Tuberculosis.

Statistics relating to tuberculosis in school children during 1954 are as shown in the following table:—

Number examined as suspects	352
Number examined as contacts	228
Number found to have respiratory tuberculosis ...	22
Number found to have non-respiratory tuberculosis	14

When a schoolchild is found to have tuberculosis an intensive effort is made to discover the probable source of infection which may include a tuberculin survey of the whole school. Those children showing a positive skin test are then referred for chest X-rays. As an interesting example of the way in which this type of enquiry is carried out the following report has been received from the Chest Physician, Dr. F. S. Hawkins —

" INVESTIGATION AT BOURNE END PRIMARY SCHOOL FOLLOWING DISCOVERY OF PULMONARY TUBERCULOSIS IN A PUPIL.

On the 21st January, 1954, a boy aged six years who has been attending Bourne End Primary School, was found to have a collapsed lower lobe. Bronchoscopy revealed an ulcerating mass, a swab from which showed tubercle bacilli.

The children attending this school were tuberculin tested by the Heaf method. Positive reactors were subsequently submitted to X-ray screening and later Mass Radiography. The accompanying parent also underwent X-ray screening.

With three exceptions the children lived in a new Council Estate.

A Health Visitor called at the home of each positive reactor, enquiring specifically as to contact with a known tuberculous person and the milk supply.

In the district are twelve known tuberculous patients, among whom two have chronic disease with positive sputum. One of these had been the probable source of infection to the boy at this school.

Of 233 children, 60 were positive reactors. Among these two had been vaccinated with B.C.G., one was discovered to be attending another hospital for tuberculous glands of the neck and one has subsequently been under observation for a possible tuberculous hip. Excluding these, 56 were tuberculin positive.

The numbers and percentage in each age group, with comparison to other surveys in the district, is shown in the accompanying table.

At Mass Radiography four were recalled for larger films but no significant lesion was found.

Seven children who were positive reactors are known to have been drinking milk from a source where a tuberculous sample had been taken in April, 1954. Another child in the district, not in the school, under treatment for tuberculous meningitis is known to have had the same source of milk supply.

The five year age group shows an abnormally high percentage of reactors. The five and six year age groups had been the main companions of the patient. Only one of these children had drunk the tuberculous milk. It is not unreasonable to assume, therefore, that the high percentage of positive reactors was due to the human source which had been found. No new case of active tuberculosis was discovered.

The high percentage of reactors in the eleven year age group is probably of no statistical significance in view of the very small numbers. For comparative purposes, Bourne End approximates to the Newbury District.

Eleven members of the teaching and ancillary staff at the school were also tuberculin tested. Eight reacted, as was expected, but three aged 20, 40 and 40 years were negative even to a second tuberculin test. The health appeared good and there was no X-ray evidence of sarcoidosis.

TABLE OF PERCENTAGE OF POSITIVE REACTORS.

Age.	Number tested (Heaf) O.T.	% of Positive Reactors.		M.M.R. Survey % of Reactors.		
		Bourne End Primary School.	(Actual number in brackets).	Oxford	Newbury.	High Wycombe.
5	47	25.5	(12)	7.4	16.4	5.2
6	54	16.6	(9)	7.5	21.3	4.9
7	32	21.9	(7)	8.5	22.1	7.2
8	31	16.1	(5)	17.4	22.6	13.3
9	32	28.1	(9)	14.3	27.6	12.0
10	28	42.8	(12)	15.5	34.0	14.1
11	9	66.6	(6)	17.6	40.1	20.3"

During the last few years similar surveys have been carried out at other schools and accounts of these are given in earlier reports. In every instance the fullest possible co-operation has been received from the staff of the Education Department and in almost 100% of cases parents have given their consent for the tuberculin tests and X-rays to be carried out.

Another important step whereby it is hoped that the incidence of tuberculosis will be considerably reduced in the future is the introduction by the County Health Committee of a scheme for the B.C.G. vaccination of children between the ages of 13 and 14 years. The County Health Committee's proposals have been accepted by the Ministry of Health and the Education Committee have provided facilities for carrying out the vaccinations at school. It was felt that school routine would suffer the minimum disorganisation if the vaccinations were done during the Spring Term when the school doctors examined the Leavers' Group. Arrangements were therefore made for the first vaccinations to be carried out in January, 1955.

Convalescence and Open Air Schools.

Twenty cases were sent for convalescence and most of these were away for periods of four weeks. Ten of these cases were suffering from general debility and malnutrition while the remainder had disabilities of a varied nature.

Twenty-four cases were sent to open air schools, most of them for periods of three to four months. Longer periods of treatment were necessary in a few cases.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER.

I am indebted to Mr. E. Kew, Principal School Dental Officer, for the following report—

"Shortage of staff continued to be a major problem and this together with an increase in the number of children (over 4,000) on the school rolls made it impossible to give routine comprehensive dental treatment to all school children in the County.

Staff.

During the year under review the Dental Officer appointed to the Aylesbury rural area resigned in September to enter private practice and at the time of writing this report has not been replaced.

The appointment of a part-time Dental Officer in October to operate in the Wycombe rural area and an arrangement with a private practitioner in Wraysbury to treat the children of Horton, Datchet and Wraysbury Schools in his own surgery, provided a dental staff of seven and a half in terms of full time officers. By a re-arrangement of areas towards the end of 1953, 46 schools which for some years had only been covered for emergency treatment, received routine inspection and treatment during 1954.

Mobile Clinic.

The mobile clinic mentioned in last year's report and brought into use during 1954, had a favourable press report. The children thought it quite an occasion to have dental treatment in a caravan and were often heard to say "how nice it was to have fillings done in such a lovely house." The mobile dental clinic provides an ideal surgery for the schools distant from the established clinics which are not provided with clinic facilities, and is very pleasant to work in from the Dental Officer's point of view.

The initial and non-recurring expense of providing an electricity point, water supply and in some instances an entrance to the school playground for the mobile clinic is in some cases only a little more than the cost of hiring rooms for the annual treatment.

Dental Hygienist.

The work of the Dental Hygienist was regarded with favour by the children. During the year arrangements were made to extend the treatment to include Wycombe Clinic as well as Slough and Chesham. Every patient attending the Hygienist receives instruction in oral hygiene as well as any treatment that may be necessary. Details of the work carried out by the Dental Hygienist are shown below:—

	1953 (From 1st September).	1954
Patients treated	214	482
Attendances	500	1,111
Instructions in oral hygiene	214	538
Scaling and cleaning teeth	387	1,121
Application of Hydrogen Peroxide ...	106	184

Inspection and Treatment.

Routine dental inspection was provided for 56% of the total children on the school rolls and 61% of these needed treatment (2% more than in the previous year). This increase was caused by the inclusion of the 46 schools already referred to in this report. There was a drop of 3% in the number of children who accepted treatment.

The special cases (emergency treatment and treatment other than that found at routine inspections) amounted to 66 more than the previous year. The overall picture shows a considerable increase in the amount of work carried out, particularly in the fillings and number of teeth saved; fillings 21,155, previous year 18,840; teeth saved by filling 19,232, previous year 16,682.

Whilst the number of temporary teeth extracted was less there was a slight increase in permanent teeth extracted. This increase (192) was I think due to the treatment given to the children in schools which had not received routine inspection and treatment for some years and consequently a greater number of permanent teeth had so much decay that they could not be filled and were extracted.

Other operations which were numerous and time consuming and cover a wide field are set out below:—

Scaling and cleaning teeth	368
Polishing fillings	4,067
Gum treatment	285
Silver nitrate dressings	4,026
Sockets syringed	40
Sockets plugged for arrest of haemorrhage	8
Sockets plugged with penicillin cones	417
Root dressings	70
Root fillings	26
Sedative dressings	1,814
Impressions	82
Bites	16
Try-ins	12
Dentures fitted	28
Dentures eased	25
Orthodontic appliances	25
Orthodontic supervision	162
Crown preparations	3
Crowns Fitted	3
	<hr/>
	11,477
	<hr/>

X-rays	265
Local Anaesthetics for Extractions	4,452
General Anaesthetics for Extractions	662
Inspection and Advice given	308

Details of the remainder of the dental work carried out during the year appear under Table V.

On behalf of the dental staff, I would like to thank the teaching staff for their continued co-operation and interest in the dental work carried out in the schools."

HANDICAPPED PUPILS.

During the year a total of 136 children was examined by school doctors and ascertained as requiring education in special schools or boarding homes. Of these, 66 were classified as Educationally Subnormal Pupils. This figure does not, of course, include those who were examined and recommended for special educational treatment in ordinary schools, i.e., in a special class for retarded pupils or for special tuition in any particular subject.

It is desirable both from the social and financial point of view that where possible handicapped pupils should continue their education in ordinary schools. This particularly applies to those children with moderate or minor degrees of physical handicap provided that the teaching staff of the school are able to spare the time involved in giving some additional assistance to them. Such children are usually accepted naturally by the other pupils and are helped to make a gradual adjustment to the limitations imposed on them by their disabilities. However, while some can manage quite well in the smaller primary schools with their more intimate atmosphere it is found that when a change to a secondary modern school is necessary the distance of the school from the child's home and the larger classes in the school may make a re-assessment of future education essential.

It is pleasing to note that during the year the number of handicapped pupils awaiting places in special schools was reduced by 38; 79% of those awaiting places are Educationally Subnormal Pupils. In some cases their parents have already expressed their unwillingness to allow them to attend a special school, but there are still insufficient places in special schools for this category. The total number of handicapped pupils in the area attending special schools or boarding homes at the end of the year was 392, which is an increase of 49 on the figure at the end of 1953.

An audiometrician was appointed and took up her duties during September. Up to December, 1954, a total of 1,893 children aged six years in Aylesbury and North Buckinghamshire divisions was examined by the pure tone audiometric sweep test. When any defect of hearing was found by the initial test a further test was arranged after an interval and those with confirmed defects were examined by a school doctor who gave his opinion on any medical or educational treatment necessary. In the course of investigation 23 children were referred to an Ear, Nose and Throat Consultant for treatment. As was expected, there was a considerable number of children found with a degree of hearing loss which although difficult to detect by ordinary methods was sufficient to handicap the child educationally unless special precautions were taken.

Statistics relating to the Audiometrician's work from 10th September until the end of the year are as follows:—

Pure Tone Audiometric Sweep Testing of 6 year old School Children.

No. of Schools Visited.	No. of Children tested.	No. needing re-test.	No. called for medical inspection and re-test.	No. referred to ENT Specialist.	No. recommended for placing in front of class.	No. subsequently found to have normal hearing.	No. for future observation.	No. of absentees for medical inspection and re-test.
AYLESBURY DIVISION.								
50	1,089	102	92	18	46	7	10	17
NORTH BUCKS DIVISION.								
47	804	83	29	5	2	7	11	4
97	1,893	185	121	23	48	14	21	21

In recent years the general public have shown a considerable interest in the problems presented by the treatment and education of spastic children and voluntary societies to promote their welfare have become established. The term spastic has been generally applied to any child who through damage to certain parts of the brain before, during or after birth due to disease or other causes shows characteristic changes in the action of muscles affected by the lack of normal nervous control. These unfortunate children sometimes have other disabilities such as epileptiform fits, speech defects, postural defects and even some degree of mental defect so that from the education point of view they present a wide variety of problems not the least being the difficulty in assessing their physical and mental ability when normal school age has been attained. There are, of course, some who it is possible to say without hesitation are unsuited to receive education within the school system and at the other end of the scale some are clearly suitable for education in ordinary schools, but many are on the borderline and can only be assessed after careful observation of their progress, which is usually painfully slow. Since the cost of education and physical treatment of a spastic child at a special school is high compared with that of a normal child it is natural that such special schools as there are only offer vacancies for those with moderate physical handicap and average or above average intellectual ability. Some who fail to attain this standard are accepted at special schools for generally physically handicapped pupils and for others who are considered educable home tuition is provided. Arrangements are also made for attendance at local and other hospital physiotherapy departments.

Detailed statistics relating to handicapped pupils are set out on page 26.

SCHOOL NURSING SERVICE.

Miss F. E. Lillywhite, Superintendent Health Visitor, reports as follows:—

"The School Nursing Service has experienced an uneventful year but a year of steadily growing confidence, co-operation and goodwill developing between all concerned with the health of the school child. To the consideration of the "whole child" the teacher brings observation of the child's response and development in class, the school nurse offers knowledge of the child's home and the parents' handling of the home situation. Each contribution is invaluable in assessing the child's needs and suggesting guidance to parents and to school for his physical, mental and social well-being.

Medical Examinations.

Routine medical examinations of three age groups each year demands a considerable amount of time from school nurses who carry out preliminary surveys for vision testing, measuring of height and weight, observation of cleanliness and clothing. Whenever possible the school nurse attends the session of the school medical officer's examination where her information on the child's background can enable medical advice to be given with greater profit. She also "follows up" by home visits to ensure that advice is fully understood or treatment obtained under the supervision of the family doctor.

Hygiene Inspections.

The standard of home care of school children is indicated by their habitual posture, gait, skin condition, general cleanliness, suitability of clothing and footgear.

Each school child is seen by the school nurse at least once a term for a survey of his/her general condition and appearance and for a special inspection for possible verminous infestation.

The standard of home care through the County is, with few exceptions, remarkably high and verminous infestation equally low. Teachers and school nurses maintain a close consultation about any child where parental care seems limited and home visits are paid in all doubtful cases.

In the small percentage of children found verminous the emphasis is laid upon self-treatment of the whole family in the home. Verbal and written instructions as to treatment are given to the parents and a supply of D.D.T. cream is provided for the whole family. The hard core of persistent offenders remains a perennial problem and absorbs an undue proportion of time, skill and patience but every effort is made in the interests of the children to educate the parents and raise the standard of home care.

Minor Ailments.

Minor Ailments needing treatment are relatively few and are adequately dealt with by arrangements in the schools or attendance at a minor ailment clinic. Minor ailment clinics prove useful centres for immunisation, for reading of tuberculin tests and for B.C.G. vaccinations.

Co-operation.

In one secondary modern school during the year, on the advice of the Chest Consultant, tuberculin testing of every child was carried out, followed by B.C.G. vaccination where indicated. For a short period intensive home visiting by school nurses was required to explain and allay the fears of parents.

The National Tuberculosis Vaccine Clinical Trials continued during the year, school nurses in Slough taking part in the necessary home visiting and re-testing.

School nurses have undertaken some further teaching of parent-craft to senior classes but limited staff prevents the wider development of this work which would be welcomed.

School nurses enjoy participation in the conferences and teaching of parent-teacher associations and are regarded as an integral part of the School Health Service."

SCHOOL HYGIENE AND SANITATION.

Improvements to washing and sanitary accommodation have been carried out at the following schools during the year:—

Division.	School.	Improvements carried out.
Amersham	Great Missenden C. of E. Chenies C.	Improvements to sanitary accommodation. Additional lavatory accommodation.
Aylesbury	Bierton C. of E. Aylesbury, St. John's C. of E.	Improvements to boys' sanitary accommodation. Improvements to boys' and girls' sanitary accommodation.
High Wycombe	High Wycombe, Priory Road C. High Wycombe, Royal Grammar School—Boarding House. Beacons Bottom C.	Improvements to boys' sanitary accommodation. Improved sanitary accommodation. Conversion to waterborne sanitation.
	High Wycombe, Spring Gardens C.	Improvements to boys' and girls' sanitary accommodation.
	Marlow C. of E.	Improvements to sanitary accommodation.
North Bucks	Charndon C.	Conversion to waterborne sanitation.

	Preston Bissett C. of E.	Conversion to waterborne sanitation.
	Lillingstone Dayrell C. of E.	Conversion to waterborne sanitation.
	Wolverton Grammar.	Provision of staff sanitary accommodation.
	Newport Pagnell.	Improvements to girls' and infants' sanitary accommodation.
Slough and Eton	... Hollybush C. of E.	Conversion to waterborne sanitation.
	Slough, William Penn C.	Additional urinals.
	Slough, College of Further Education.	Improvements to staff lavatories.
	Wraysbury C.	Provision of waterborne sanitation and disposal plant.

SCHOOL MEALS AND MILK.

On the 31st December, 1954, 154 schools or departments were being supplied with meals from their own kitchens while 153 schools received meals from central kitchens. In two schools there were no arrangements as compared with six at the end of 1953.

The numbers of school meals supplied daily each year since 1949 are as follows:—

		1949	1950	1951	1952	1953	1954
Primary	... ..	17,967	17,569	16,947	18,628	17,266	18,349
Secondary	... ..	6,077	5,879	7,072	7,145	6,662	9,231
		<u>24,044</u>	<u>23,448</u>	<u>24,019</u>	<u>25,773</u>	<u>23,928</u>	<u>27,580</u>

No outbreaks of illness attributable to school meals were reported during the year.

I am indebted to Mr. W. A. Davenport, the Chief Inspector, for the following report on the Milk in Schools Scheme:—

"Regular examinations have been made during the year in order to check the bacteriological and compositional quality of milk supplies under the Scheme.

There are 307 maintained and nursery schools, whose supplies are checked. Of these, 298 take "pasteurised" milk and only nine take raw milk, which is all "tuberculin tested."

Both the suppliers under the Scheme and the sources of their supplies are approved by the Principal School Medical Officer, so that parents and children can be assured that the milk consumed at school is from the best available sources.

Forty-six samples of the "tuberculin tested" raw milk were examined biologically and it is gratifying to note that none of these samples was found to contain tubercle bacilli.

Only nine of the 365 samples of milk supplied under the description "pasteurised" were found to have been inadequately pasteurised; they were however tested for tubercle infection and here again it was gratifying to note that they were all found to be satisfactory.

The following is a summary of the samples taken under the Scheme, the numbers of samples found to be unsatisfactory and action taken:—

1. (a) samples of raw "Tuberculin Tested milk" biologically tested to detect any tubercle infection 46
- (b) number found tuberculous Nil

2. (a) samples of raw "Tuberculin Tested" milk biologically tested to detect brucella infection ... 46
 (b) number found brucella infected ... Nil
3. (a) samples of "Pasteurised" milk examined to detect inadequate heat-treatment ... 365
 (b) number unsatisfactory (suppliers interviewed and causes of failures ascertained and remedied) ... 9
4. (a) number of samples tested to detect adulteration ... 394
 (b) number unsatisfactory (slightly below quality standard owing to cows giving poor milk) ... 1 "

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS (OTHER THAN HOSPITAL SCHOOLS) OR BOARDING IN BOARDING SCHOOLS.

	(1) Blind.	(2) Partially Sighted.	(3) Deaf.	(4) Partially Deaf.	(5) Delicate.	(6) Physically handicapped.	(7) Educationally sub-normal.	(8) Mal-adjusted.	(9) Epileptic.	TOTAL (1)—(9).
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the Calendar year ended 31st Dec., 1954										
A. Handicapped Pupils newly placed in Special Schools or Boarding Homes ...	3	4	5	3	24	1	66	24	2	132
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes ...	3	1	6	1	22	6	78	19	—	136
On or about Dec. 1st, 1954:—										
C. Number of Handicapped Pupils from the area:—										
(i) attending Special Schools as—										
(a) Day Pupils ...	—	1	—	—	—	—	77	—	—	78
(b) Boarding Pupils ...	12	13	31	13	22	14	126	8	6	245
(ii) attending independent schools under arrangements made by the authority ...	—	—	4	3	4	3	12	30	—	56
(iii) Boarded in Homes not already included under (i) or (ii) ...	—	—	—	—	—	—	—	13	—	13
Total (C) ...	12	14	35	16	26	17	215	51	6	392

	(1) Blind.	(2) Partially Sighted.	(3) Deaf.	(4) Partially Deaf.	(5) Delicate.	(6) Physically handicapped.	(7) Educationally sub-normal.	(8) Mal-adjusted.	(9) Epileptic.	TOTAL (1)---(9).
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:—										
(i) in hospitals ...	—	—	—	—	—	8	—	—	—	8
(ii) in other groups (e.g., units for spastics) ...	—	—	—	—	—	—	1	—	—	1
(iii) at home ...	—	—	—	—	3	25	7	1	1	37
E. Number of Handicapped Pupils from the area requiring places in Special Schools (including any such children who are temporarily receiving home tuition or whose parents have not yet consented to their attending a Special School—										
(i) Day ...	—	—	—	—	—	—	50	—	—	50
(ii) Boarding ...	4	2	4	1	4	17	128	12	2	174

NUMBER OF CHILDREN REPORTED DURING THE YEAR.

(a) under Section 57(3) (excluding any returned under (b)) ...	27
(b) " " " relying on Section 57(4) ...	3
(c) " " 57(5) ...	26

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education of handicapped pupils otherwise than at school, in the financial year ended 31st March, 1954, £3,272.

MEDICAL INSPECTIONS.

Year ended 31st December, 1954.

TABLE I.

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

A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected and Number of Children examined in each:—

Entrants	...	...	...	...	...	...	...	6,265
Second Age Group	...	...	...	...	...	...	...	4,805
Leavers	...	...	...	...	...	...	...	3,820
Total	...	...	...	...	...	...	...	14,890
Additional Periodic Inspections	...	...	...	...	...	...	...	613
Grand Total	...	...	...	...	...	...	...	15,503

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	...	1,064
Number of Re-inspections	...	...	...	...	...	...	4,110
Total	...	...	...	...	...	...	5,174

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Age Groups Inspected. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants	52	672	695
Second Age Group ...	182	419	554
Leavers	148	275	416
Total	382	1,366	1,665
Additional Periodic Inspections	25	62	83
Grand Total ...	407	1,428	1,748

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	DEFECT OR DISEASE.	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		No. of Defects.		No. of Defects.	
		Requiring treat- ment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treat- ment.	Requiring to be kept under observation, but not requiring treatment.
(1)		(2)	(3)	(4)	(5)
4. Skin		30	58	5	20
5. Eyes—					
(a) Vision		407	139	72	54
(b) Squint		51	38	16	19
(c) Other		17	22	6	4
6. Ears—					
(a) Hearing		38	75	27	24
(b) Otitis Media...		17	21	1	11
(c) Other		26	28	29	12
7. Nose or Throat ...		567	731	102	194
8. Speech		36	81	20	41
9. Cervical Glands ...		15	115	5	18
10. Heart & Circulation		36	129	4	60
11. Lungs		75	181	19	56
12. Developmental—					
(a) Hernia		6	26	2	3
(b) Other		16	107	4	57
13. Orthopaedic—					
(a) Posture		142	127	22	21
(b) Flat Foot		149	93	31	29
(c) Other		119	160	26	78
14. Nervous system—					
(a) Epilepsy		4	19	1	21
(b) Other		9	74	7	28
15. Psychological—					
(a) Development		33	54	28	25
(b) Stability		15	33	26	9
16. Other		27	86	3	30

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

Age Groups. Inspected.	No. of Pupils Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2.	No.	% of col. 2.	No.	% of col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	6,265	2,754	42.36	3,302	54.31	209	3.33
Second Age Group ...	4,805	2,275	47.35	2,442	50.82	88	1.83
Leavers	3,820	1,677	43.90	2,052	53.72	91	2.38
Additional Periodic Inspections	613	169	27.57	424	69.17	20	3.26
Total ...	15,503	6,875	44.35	8,220	53.02	408	2.63

**TABLE III.
INFESTATION WITH VERMIN.**

(i) Total number of examinations in the schools by the school nurses or other authorised persons	96,105
(ii) Total number of <i>individual</i> pupils found to be infested	993
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	231
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

**TABLE IV.
Treatment of Pupils attending Maintained Primary and Secondary Schools
(including Special Schools).**

**GROUP 1.—DISEASES OF THE SKIN (excluding uncleanness,
for which see Table III).**

				Number of cases treated or under treatment during the year by the Authority.	otherwise.
Ringworm— (i) Scalp ... ..	...	...	...	—	—
(ii) Body ... ..	...	...	...	—	—
Scabies ... ..	...	...	...	—	—
Impetigo ... ..	...	...	...	7	—
Other skin diseases ... ..	...	...	...	281	—
Total ... ..	...	...	...	288	—

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

				Number of cases dealt with by the Authority.	otherwise.
External and other, excluding errors of refraction and squint ... ..	...	...	...	46	—
Errors of refraction (including squint) ...	...	...	...	4,023	—
Total ... ..	...	...	...	4,069	—
Number of pupils for whom spectacles were					
(a) Prescribed ... ..	...	...	...	1,481	—
(b) Obtained ... ..	...	...	...	Unknown	—

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

Received operative treatment	Number of cases treated	
	by the Authority.	otherwise.
(a) for diseases of the ear	—	—
(b) for adenoids and chronic tonsillitis	—	1,934
(c) for other nose and throat conditions	—	—
Received other forms of treatment ...	—	—
Total	—	1,934

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS

		Number of cases treated	
		in the Authority's	unknown
		Child Guidance Clinics.	elsewhere.
(a) Number treated as in-patients in hospitals	By the Authority		
(b) Number treated otherwise, e.g., in clinics or out-patient departments ...	—		283

GROUP 5.—CHILD GUIDANCE TREATMENT.

				Number of cases treated	
				in the Authority's	elsewhere.
				Child Guidance Clinics.	
Number of pupils treated at Child Guidance Clinics				128	50

GROUP 6.—SPEECH THERAPY.

				Number of cases treated	
				by the Authority.	otherwise.
Number of pupils treated by Speech Therapists				117	—

GROUP 7.—OTHER TREATMENT GIVEN.

				Number of cases treated	
				by the Authority.	otherwise.
Miscellaneous minor ailments				402	—

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers—					
(a) At Periodic Inspections					27,068
(b) As Specials					1,633
Total					28,701
(2) Number found to require treatment					17,643
(3) Number offered treatment					17,643
(4) Number actually treated					8,074
(5) Attendances made by pupils for treatment					25,490

(6) Half days devoted to Periodic Inspection	...	...	...	238
Treatment	...	...	...	3,670
Total	...	...	...	<u>3,908</u>
(7) Fillings: Permanent Teeth	...	...	...	16,010
Temporary Teeth	...	...	...	5,145
Total	...	...	...	<u>21,155</u>
(8) Number of teeth filled: Permanent Teeth	...	...	...	14,424
Temporary Teeth	...	...	...	4,808
Total	...	...	...	<u>19,232</u>
(9) Extractions: Permanent Teeth	...	...	...	1,083
Temporary Teeth	...	...	...	6,542
Total	...	...	...	<u>7,625</u>
(10) Administration of general anaesthetics for extraction	...	...	...	664
(11) Other operations: Permanent Teeth	...	...	...	7,646
Temporary Teeth	...	...	...	3,831
Total	...	...	...	<u>11,477</u>