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HEREFORDSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE




ANNUAL REPORT

OF THE
PRINCIPAL
SCHOOL MEDICAL OFFICER

FOR THE YEAR

1957



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ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit the report on the work of the school health services for the year 1957. In the body of the report is set out a general account of the health of the school children and of the services which are provided for them.

Standards of health are high due to a very large extent to the continuing high level of prosperity of all sections of the community of this agricultural county. But also in a modest way the high standard might well be due in part to the work done by the many branches of the school health services which are now readily available for the school children. Of these services the most important part is still the routine medical inspections: occasionally we hear comments as to whether these should not in some way be modified, but what better way could there be of dealing with all school children than by comprehensive medical examinations at stated periodic intervals in their school lives? Admittedly the work is unspectacular, but I am quite sure that it is rewarding. This opinion is borne out by the large number of defects of the children recorded in the report. In many instances these defects would not otherwise have been diagnosed until the condition was so fully developed that it would interfere with the education of the child.

We hear rather more about the school dental services. Here again much good work is being done, but it is sad to find that only 1 in 3 school children in the county even have the opportunity of taking advantage of these services. Staffing is our greatest problem. We used to have poor equipment and poor conditions of work. But now the equipment has gradually been replaced and the use of the mobile dental units have meant that the essentials of good dentistry, light and water supply, are readily available in the rural areas to supplement the fixed clinics.

Much time and energy now goes into the ascertainment and arrangements for special educational treatment for the various categories of handicapped pupils. The more I see of this sort of work the more I am convinced that the underlying principle must be to see that the child's education is so arranged that eventually he will fit into the normal community when he leaves school. Merely to send a child off to a residential special school does not necessarily solve the problem for all time. It is, indeed, important that where necessary he should have special educational treatment, but only with the end objective in view of seeing that at this period of his life he is able to take his place in the community of ordinary men and women.

We have given rather special attention to the deaf and the partially deaf children. Some children failed at the routine audiometric examination and required further investigation. First the school medical officer carried out a physical examination and in quite a number of instances was able to remove the cause of the failure in the tests, but in a smaller number of cases they were referred to the ear, nose and throat consultants, who then, where necessary, fitted them up with hearing aids, or in one or two instances recommended their admission to a residential special school.

Some children who are educationally sub-normal require education in a residential special school, but others require special education in a day school. I wonder if it might not be possible to have such provision in Hereford City, either in a special day school, or, at any rate, in a special class possibly within the administrative set up of an ordinary school. It does seem that, apart from the concentration of population, the need is greater here possibly, since in the rural areas the conditions of country life enable the educationally sub-normal with rather less difficulty to fit in with the community.

The needs of school children in hospital have concerned us for some time, and it has now been possible to have a special class for children in the County Hospital, Hereford. The class is held in the mornings and about 8-10 children attend. Those who are able to walk are accommodated in a small room at the end of the ward, which has been equipped adequately for the purpose, and special arrangements are made for those confined to bed. It is hoped that as a result of work done in this class children will not find life so difficult for them when they return to school after a prolonged stay in hospital.

During September and October the school children suffered from the onslaught of the nation wide epidemic of Asian influenza. Arrangements were made so that when the attendance fell due to this infection the schools concerned were visited by the school nurse and actual cases were excluded for 7 days or until recovery was complete. Only in several cases was it necessary actually to close a school on this account. An interesting after effect was that when the children eventually did return to school they were at first apparently quite well, but after a few days they became listless and depressed, and were not able to take a full part in the physical activities of the school for some time.

A national publicity campaign was launched to encourage parents to have their children immunised against poliomyelitis. In retrospect, it does seem to be unfortunate that this publicity campaign, which led to so many parents consenting, could not be followed by the actual inoculations, since at that time little vaccine was available. Many names were placed on the register for children waiting to be done, and this was not possible until a very long time afterwards. It is hoped that any further publicity campaigns of this nature will be timed so that the necessary material is available within a reasonable period.

The position with regard to the milk in schools scheme continues to be satisfactory. At the year end all except one of the schools were receiving either a pasteurised or tuberculin tested supply.

I wish to take this opportunity of expressing my appreciation of the valuable services rendered by the professional and clerical staff, all of whom have shown unremitting zeal and interest in carrying out their duties.

Yours faithfully,

J. S. COOKSON,
Principal School Medical Officer.

COUNTY HEALTH DEPARTMENT,
35, BRIDGE STREET,
HEREFORD.

February, 1958.

STAFF

Principal School Medical Officer—

J. S. COOKSON, M.A., M.D., D.P.H., Barrister-at-Law.

Deputy Principal School Medical Officer—

*I. F. MACKENZIE, M.D., D.P.H., D.T. M. & H.

School Medical Officers—

*W. HOGG, M.B., B.S., D.P.H.

VIOLET L. DE A. HICKSON, M.R.C.S., L.R.C.P., D.P.H.

J. G. HUNT, M.B., B.S., M.M.S.A.

ISOBEL R. S. TROUP, M.B., CH.B., D.P.H. (resigned 30/9/57).

*O. L. EVANS, M.B., CH.B., D.P.H. (appointed 1/3/57, resigned 31/12/57).

VIVIEN P. HELME, M.B., CH.B., D.(OBST.), R.C.O.G. (appointed 21/10/57).

Principal School Dental Officer—

O. S. BENNETT, L.D.S., R.C.S.ENG.

School Dental Officers—

L. H. CHALLENGER, L.D.S.

K. L. M. PIGOTT, L.D.S., B.D.S. (appointed 11/3/57).

†L. MACHIN, L.D.S., R.C.S.

†MRS. A. C. CARTER, L.D.S., B.D.S. (resigned 9/8/57).

†A. THOMAS, L.D.S., R.C.S. (appointed 13/8/57).

Dental Attendants—

MRS. K. E. PROSSER.

MRS. B. G. M. DAVIES.

MRS. D. D. HERBERT.

†MRS. M. MURRAY (resigned 31/10/57).

MISS I. ROBINSON (appointed 26/8/57).

Specialist Anaesthetist (part-time)—

MARIE E. POTTER, M.B., CH.B., F.F.A., R.C.S.ENG.

Educational psychologist—

†MRS. I. L. SMITH, M.A., ED.B. (resigned 31/5/57).

MISS L. ADAMS, B.A. (appointed 2/9/57).

Social Worker—Child Guidance—

MRS. S. M. H. DAVIES, S.R.N. (resigned 31/7/57).

Speech Therapists—

MISS I. W. HASTINGS, L.C.S.T.

MISS J. DAVENPORT, L.C.S.T. (resigned 12/10/57).

School Physiotherapist—

MISS A. D. EWING, M.C.S.P.

Superintendent Nursing Officer—

MISS E. O. ROBERTS, S.R.N., S.C.M., H.V., M.T.D.

There are two Assistant Superintendent Nursing Officers.

School Nurses—

There are 40 nurses in the rural areas who carry out school nursing as part of their generalised duties. In the urban areas there are 12 whole-time health visitors who combine school nursing with mainly maternity and child welfare duties.

* Also District Medical Officer of Health.

† Temporary Part-time Appointment.

MEDICAL INSPECTION.

MAINTAINED PRIMARY AND SECONDARY SCHOOLS (including Special Schools).

Number of Schools	170
Number of Pupils	19,630

The arrangements made by the Authority for the medical inspection of pupils are those prescribed in Regulation 10 (1) (a) of the School Health Service and Handicapped Pupils Regulations, 1953, which require " a general medical inspection of every pupil on not less than three occasions at appropriate intervals during the period of his compulsory school age and other medical inspections of any pupil on such occasions as may be necessary or desirable ".

Periodic medical inspections of children in the following groups were made during the year :—

1st Age Group	Entrants, i.e. children admitted for the first time to a primary school.
2nd Age Group	Secondary entrants—during their first year in the secondary school.
3rd Age Group	Leavers—during their last year in school.
Additional Periodic Inspections	An additional inspection is carried out at the age of 8 years (children born in 1949).

Other children inspected were :—

Specials.	Children not due for periodic inspection but who are specially presented for inspection when some defect is suspected.
Re-inspections.	Children who, at a previous inspection, were found to have some defect requiring treatment or observation.

Pudleston Court Special Residential School for educationally sub-normal boys is visited every term by a school medical officer and the Principal School Dental Officer.

The Uplands Special Residential School for delicate children is visited by a school medical officer each week when a group of children is examined. This arrangement ensures that each child is seen at least twice a term and that the Head Teacher is able to discuss with the Medical Officer any child about whom she is concerned. The Principal School Dental Officer visits once a term.

Periodic Medical Inspections.

1st Age Group	1,906
2nd Age Group	1,791
3rd Age Group	1,495
	Total
Additional Periodic Inspections	2,192
	Grand Total
	7,384

Other Inspections.

Number of Special Inspections	2,215
Number of Re-inspections	1,173
	Total
	3,388

TABLE I.—Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin).

<i>Group</i>	<i>For defective vision (excluding squint)</i>	<i>For any other condition</i>	<i>Total individual pupils</i>
1st Age Group	59	256	294
2nd Age Group	107	149	237
3rd Age Group	73	103	170
Total	239	508	701
Additional Periodic Inspections	146	252	365
Grand Total	385	760	1066

TABLE II.—PERIODIC MEDICAL INSPECTIONS.

A return of (a) Defects found to require treatment ;

(b) Defects requiring to be kept under observation but not requiring specific medical treatment.

DEFECT OR DISEASE.	ENTRANTS.		LEAVERS.		TOTAL (all Groups)	
	<i>Requiring Treatment</i>	<i>Requiring Observation</i>	<i>Requiring Treatment</i>	<i>Requiring Observation</i>	<i>Requiring Treatment</i>	<i>Requiring Observation</i>
Skin	17	14	26	9	103	64
Eyes (a) Vision	59	75	73	151	385	584
(b) Squint	28	13	1	4	47	45
(c) Other	19	12	5	13	55	41
Ears (a) Hearing	14	38	9	13	53	148
(b) Otitis Media	7	27	3	8	17	87
(c) Other	11	39	6	9	32	102
Nose and Throat	62	197	9	14	132	443
Speech	28	70	4	6	54	122
Lymphatic Glands	2	41	1	6	5	100
Heart	4	23	2	9	16	59
Lungs	8	35	3	14	26	122
Developmental (a) Hernia	2	6	1	—	8	11
(b) Other	3	10	4	12	15	65
Orthopaedic (a) Posture	2	18	8	35	20	187
(b) Feet	11	110	5	46	25	423
(c) Other	15	132	6	69	51	391
Nervous System (a) Epilepsy	2	1	—	4	2	13
(b) Other	3	3	—	2	3	11
Psychological (a) Development	3	4	1	1	21	25
(b) Stability	16	29	3	6	45	114
Abdomen	—	—	—	—	2	2
Other	18	43	8	5	60	136

The following table shows the number of defects found per 100 children examined at periodic inspections. No provision is made for the inspection of healthy children under the National Health Scheme and although the figures include all defects requiring treatment, whether or not treatment was begun before the date of inspection, many of the defects were found for the first time by a school medical officer. The discovery of these defects at an early stage when they are capable of responding to treatment can of course avoid disability in later life.

TABLE III.—DEFECTS FOUND PER 100 CHILDREN EXAMINED AT PERIODIC INSPECTIONS.

	<i>Requiring Treatment</i>	<i>Requiring observation</i>	<i>Total</i>
Skin	1.4	0.9	2.3
Eyes	6.6	9.1	15.7
Ear, Nose & Throat	3.2	10.6	13.8
Heart	0.2	0.8	1.0
Lungs	0.3	1.7	2.0
Orthopaedic	1.3	13.6	14.9
Psychological	0.8	1.9	2.7
Other	2.0	6.2	8.2

TABLE IV.—SPECIAL INSPECTIONS.

A return of (a) Defects found to require treatment ;

(b) Defects requiring to be kept under " observation " but not requiring specific medical treatment.

<i>Defect or Disease.</i>	<i>Number of Defects requiring treatment</i>	<i>Number of Defects requiring observation</i>
Skin	7	10
Eyes (a) Vision	94	291
(b) Squint	8	19
(c) Other	13	13
Ears (a) Hearing	16	65
(b) Otitis Media	5	20
(c) Other	6	16
Nose and Throat	30	141
Speech	33	42
Lymphatic Glands	1	13
Heart	1	17
Lungs	6	40
Developmental (a) Hernia	2	4
(b) Other	2	15
Orthopaedic (a) Posture	2	49
(b) Feet	8	133
(c) Other	6	135
Nervous System (a) Epilepsy	—	6
(b) Other	1	9
Psychological (a) Development	14	6
(b) Stability	10	41
Abdomen	—	—
Other	15	111

TABLE V.

Classification of the physical condition of pupils inspected during the year in the age groups.

Age Groups	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
1st Age Group	1906	1864	97.8	42	2.2
2nd Age Group	1791	1736	96.9	55	3.1
3rd Age Group	1495	1466	98.1	29	1.9
Additional Periodic Inspections	2192	2131	97.3	61	2.7
Total	7384	7197	97.5	187	2.5

TABLE VI.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with.		
	By the Authority.	Otherwise.	Total.
External and other, excluding errors of refraction and squint	108	53	161
Errors of refraction (including squint)	856*	151	1007
Total	964	204	1168
Number of children for whom spectacles were prescribed	445*	43	488

* Includes cases dealt with under arrangements with the Supplementary Ophthalmic Services.

The parents of a child found with a defect of vision are offered an appointment at the Victoria Eye Hospital, Hereford, or clinics held at Kington, Ledbury, Leominster and Ross-on-Wye. Spectacles, if required, are supplied by any optician on the Executive Council's list. Parents may if they wish arrange their own appointment through the National Health Service.

94 Children are known to have received operative treatment for squint and 239 children to have received orthoptic treatment.

Forms for the replacement or repair of spectacles were issued on behalf of 171 children.

A colour vision survey was made of pupils in the 3rd Age Group. Of 1,279 pupils, 63 or 4.9 per cent. were found to have defective colour vision, and are divided into the following categories.

	Boys.	Girls.
Total colour blindness (incomplete)	2	—
Red/Green blindness (complete)	7	1
Red/Green blindness (incomplete)	20	2
Red blindness	1	—
Green blindness	24	—
Indeterminate	4	2
Total	58	5

TABLE VIIa.—DISEASES OF EAR, NOSE AND THROAT.

	<i>Number of cases known to have been treated.</i>		
	<i>By the Authority.</i>	<i>Otherwise.</i>	<i>Total.</i>
Received operative treatment for			
(a) diseases of the ear	—	2	2
(b) adenoids and chronic tonsillitis	—	271	271
(c) other nose and throat conditions	—	8	8
Received other forms of treatment	84	66	150
Total	84	347	431
Total number of pupils in schools who are known to have been provided with hearing aids :			
(a) in 1957	1	9	10
(b) in previous years	—	23	23

There has been no change in the arrangements made for the examinations and treatment of children suffering from ear, nose and throat defects, or for the ascertainment of deaf and partially deaf children.

At the request of the Ministry of Education, school doctors, during their examination of children for periodic medical inspection ascertained which had undergone tonsillectomy at any time previously, and the following results were obtained.

TABLE VIIIb.—CHILDREN WHO HAVE UNDERGONE TONSILLECTOMY.

AGE GROUP.	Boys.			GIRLS.		
	<i>Examined</i>	<i>No. had Tonsillectomy</i>	<i>%</i>	<i>Examined</i>	<i>No. had Tonsillectomy</i>	<i>%</i>
1st Age Group	962	41	4.3	944	39	4.2
2nd Age Group	983	162	16.5	808	150	18.6
3rd Age Group	776	134	17.3	719	174	24.2
Other Group	1119	141	12.6	1027	105	10.2
Total	3840	478	12.4	3498	468	13.7

Miss Adamson, the Audiometrician and Hearing Aid Technician, resigned her appointment with the Herefordshire Hospital Management Committee in May 1957. Prior to her resignation visits were paid to schools and children born in 1949 were tested by the sweep frequency method. In addition to this group certain other children were tested at the request of school medical officers and head teachers.

A pure tone audimeter was used and the criteria for pass or fail was set at 20 decibels and each ear tested individually throughout the frequency range of 125-8,000 cycles per second. This method of testing has the advantage over speech audiometry as it brings to light children with high frequency losses who would be missed by speech testing.

In December the Herefordshire Hospital Management Committee appointed a hearing aid technician and it is hoped that she will eventually be able to continue this routine testing in the schools.

TABLE VIIc.—PARTICULARS OF CHILDREN TESTED.

Age Group.	Tested	Failed.				% Failed
		Right	Left	Both	Total	
Born 1949	1074	23	20	28	71	6.6
Others	31	5	2	6	13	41.9
Total	1105	28	22	34	84	7.6

Children who failed the sweep test and were called for examination by a school medical officer and dealt with as shown below :—

Already under ear, nose and throat surgeon	11
Referred to ear, nose and throat surgeon	25
Referred to own doctor	1
Requiring observation	35
Referred back for further audiogram and passed	3
Treatment refused or failed to attend for examination	4
Hearing normal	5
Total	84

The hearing of one child referred to the ear, nose and throat surgeon was found to be within normal limits and the rest were found to have hearing losses and the appropriate recommendations as to treatment, and preferential seating in class were made. Retests at regular intervals were recommended. One child found as a result of sweep testing was fitted with a hearing aid.

Lip reading and auditory training classes with the hearing aid were held at the Child Guidance Centre until the resignation of Miss Adamson. It was unfortunate that a qualified teacher could not be found to continue this work, but it is hoped to resume classes in January, 1958.

No. of children who have received tuition	17
No. of attendances	73
Cases closed :—	
Left school	2
Hearing improved and aid no longer necessary	2
Further instruction refused	1

ORTHOPAEDIC AND POSTURAL DEFECTS.

Number of pupils known to have been treated at Clinics or Out-Patient Departments :—	
By the Authority	838
Otherwise	74
Total	912

SCHOOL PHYSIOTHERAPY SERVICE.

Weekly sessions have been held throughout the year at the minor ailment clinics at Hereford, Leominster and Ross-on-Wye and, during term time, at Pudleston Court School and the Uplands School. Weekly sessions have been held periodically at Bromyard, Kingstone, Kington and Ledbury.

Efforts have been made to include as many rural schools as possible. Whenever accommodation is available children from Infants' schools have been treated at school in preference to a clinic. Domiciliary visits have again been made in a few cases where conditions justified.

The following figures show attendances during the year.

	<i>Clinic held at</i>	<i>Attendances</i>
BROMYARD	Youth Club Room, St. Peter's School	268
HEREFORD	Minor Ailment Clinic	1277
KINGSTONE	Minor Ailment Clinic	161
KINGTON	Church Hall	203
LEDBURY	The Deanery	372
LEOMINSTER	Minor Ailment Clinic	920
ROSS-ON-WYE	Minor Ailment Clinic	885
	Total	4086
Attendances—school visits		3036
Total attendances		7122
Number of children treated		838

MINOR AILMENT CLINICS.

Throughout the County there are four minor ailment clinics which are situated at the following addresses (details are also given as to times of opening) :—

HEREFORD	Town Hall Annexe, St. Owen Street. Hereford. Monday to Friday, 10 a.m.—12 noon. Medical Officer attends on Monday and Thursday each week.
KINGSTONE	Kingstone Camp, Clehonger, Hereford. Tuesday and Friday, 10 a.m.—11 a.m. (during school term). Medical Officer attends on Tuesday each week.
LEOMINSTER	Hospital Hut, Leominster and District Hospital, Leominster. Monday and Friday, 10 a.m.—11 a.m. (during school term). Medical Officer attends on Friday each week.
ROSS-ON-WYE	Chepstow House, Ross-on-Wye. Monday and Thursday, 10 a.m.—11 a.m. (during school term). Medical Officer attends on Monday each week.

Total number of attendances at Authority's Minor Ailment Clinics	3153
Number of cases of miscellaneous minor ailments treated by the Authority	1988

The undermentioned schools have been provided with special equipment and a health visitor visits once a week to deal with the treatment of minor ailments :—

Hunderton C.P. School, Hereford.
Ross C.S. School, Ross-on-Wye.
St. Martins C.P. School, Hereford.
Whitecross C.S. School, Hereford.

TABLE VIII.—DISEASES OF THE SKIN.

(excluding uncleanliness for which see page 12.)

Number of defects treated, or under treatment, during the year by the Authority.

<i>Type of defect.</i>	<i>Number of cases treated</i>
Ringworm :—	
(1) Scalp	—
(2) Body	4
Scabies	—
Impetigo	22
Other skin diseases	175
Total	201

INFESTATION WITH VERMIN.

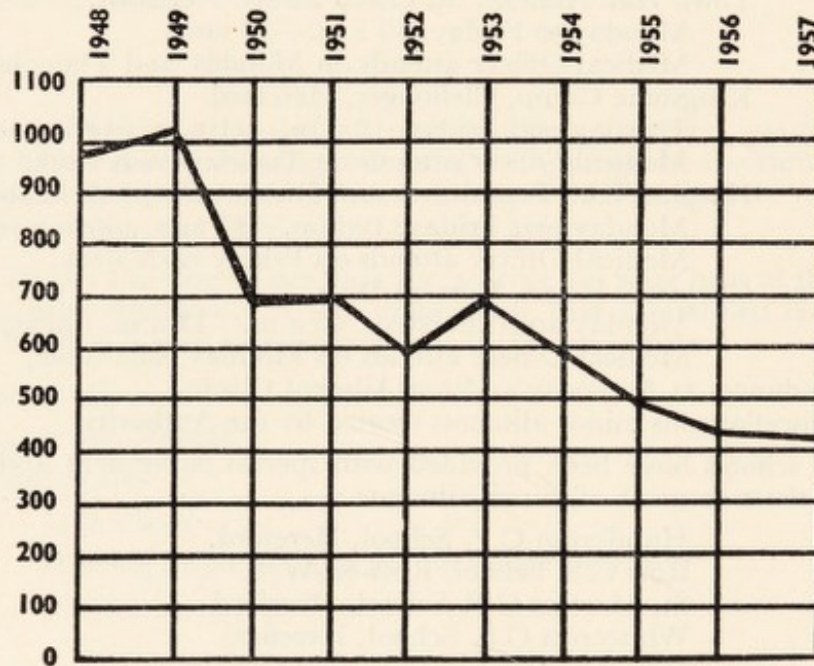
Inspections are carried out by the school nurse at the beginning of each term. The control of pediculosis capitis is still a feature of this work but the continuing decrease in infestation leaves the general "health inspection" of each child the more important object in view.

The resulting reference of any unsatisfactory condition for medical attention, as well as the opportunity for introducing precepts of health, can make these visits a valuable adjunct to the periodic school medical examinations.

Total number of examinations in schools	52,590
Total number of individual pupils found infested	413
Number of cleansing notices or orders issued (Section 54, Education Act, 1944)	<i>Nil.</i>

Although the total number of school children has increased by approximately 4,000 to nearly 20,000 the actual number of children found to be infested for the last 10 years are as follows :—

1948	995	1953	680
1949	1,002	1954	592
1950	675	1955	494
1951	698	1956	432
1952	597	1957	413



REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER.

The year has been one of continuing difficulty with an inadequate dental staff attempting to deal with an almost overwhelming amount of dental disease, the incidence of which shows no signs of diminution. On existing knowledge there appears to be two main methods of attack against this high incidence of dental decay, namely, an intensive national effort in the field of dental health education, and fluoridation of domestic water supplies. Unfortunately, neither of these measures will effect a short term improvement.

The total dental staff expressed in terms of full-time officers was $3 \frac{8}{11}$ at the close of the year, this being an increase of $1 \frac{2}{11}$ over the previous year. This numerical increase however is not reflected statistically due to an abnormal number of sessions being lost on account of staff illness.

When it is considered that of a total of 19,630 pupils on the register of maintained schools it was only possible to inspect 7,725 the parlous state of the dental service is shown in its true light. With so many children deprived of routine inspection and treatment the number of casual patients attending for treatment may occasion some surprise. This figure is comparatively low by virtue of the fact that many receive casual treatment under the General Dental Service.

Some disorganisation of dental treatment occurred for a period of two months due to the prevalence of poliomyelitis in the County. On the advice of the Principal School Medical Officer dental extractions were only undertaken in cases of acute emergency. Further disorganisation was caused later by the high incidence of influenza.

In July, a third mobile dental unit of a type not previously used in this County was brought into operation. It has proved most efficient in use and has been well received by dental staff and head teachers.

Many children in need of orthodontic treatment remain untreated due to staff shortage. Treatment has been undertaken in a few selected cases. Arrangements for referring complex deformities to the Orthodontic Consultant of the Birmingham Regional Hospital Board remains as in previous years.

Similarly patients exhibiting pathological conditions which would present undue risk if treated in a dental surgery are referred to the Dental Department of the County Hospital, Hereford.

It is of interest to record the remarks of a part-time dental officer who joined the staff in August, and who has no previous experience in the School Dental Service. His comments are as follows :—

“As a newcomer to the School Dental Service, my general impression of its value to the school population is very favourable. I feel it is essential and beneficial to children whilst they are at school, and should provide them with the desire to continue to seek treatment after leaving.

“Modern facilities and techniques have taken away a lot of the fear associated with a dental surgery, and I have found that the great majority of children are very co-operative.

“One factor which I would criticise is the provision of tuck shops at some schools. The children flock to these places at breaktime and purchase sweets, chocolates, biscuits, etc., all of which are considered to be factors in producing dental decay.”

The tabulated statistics below give details of dental inspection and treatment.

Number of pupils inspected by the Authority's Dental Officers :

	(a) At periodic inspections	.....	.....	.....	7,725
	(b) Specials	.....	.....	.....	651
	TOTAL	.....	.....	.....	8,376
	Number found to require treatment	.....	.....	.....	5,640
	Number referred for treatment	.....	.....	.....	5,537
	Number actually treated	.....	.....	.....	3,079
	Attendances made by pupils for treatment	.....	.....	.....	6,119
	Half-days devoted to :	Inspection	.....	.....	106
		Treatment	.....	.....	1,136
	TOTAL	.....	.....	.....	1,242
Fillings :	Permanent teeth	.....	.....	.....	5,296
	Temporary teeth	.....	.....	.....	22
	TOTAL	.....	.....	.....	5,318
Number of teeth filled :	Permanent teeth	.....	.....	.....	4,565
	Temporary teeth	.....	.....	.....	20
	TOTAL	.....	.....	.....	4,585
Extractions :	Permanent teeth	.....	.....	.....	977
	Temporary teeth	.....	.....	.....	2,798
	TOTAL	.....	.....	.....	3,775
Administration of general anaesthetics for extraction	.....	.....	.....	.....	262

ORTHODONTICS :

(a) Cases commenced during the year	.....	.....	4
(b) Cases carried forward from previous year	.....	.....	10
(c) Cases completed during the year	.....	.....	7
(d) Cases discontinued during the year	.....	.....	1
(e) Pupils treated with appliances	.....	.....	8
(f) Removable appliances fitted	.....	.....	3
(g) Fixed appliances fitted	.....	.....	—
(h) Total attendances	.....	.....	62
Number of pupils supplied with artificial dentures	.....	.....	10
Other operations :	Permanent teeth	.....	281
	Temporary teeth	.....	45
			—
	TOTAL	.....	326

INFECTIOUS DISEASES IN SCHOOLS.

During the year no schools were closed on account of infectious disease.

TABLE IX.

This table shows the number of notifications of infectious and other notifiable diseases among children of compulsory school age during the year.

<i>Disease.</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Scarlet Fever	41	42	83
Whooping Cough	72	101	173
Acute Poliomyelitis—			
(a) Paralytic	4	2	6
(b) Non-Paralytic	8	8	16
Measles (excluding rubella)	304	336	640
Diphtheria	—	—	—
Acute Pneumonia	6	5	11
Dysentery	13	16	29
Smallpox	—	—	—
Acute Encephalitis—			
(a) Infective	—	—	—
(b) Post-Infectious	—	—	—
Enteric or Typhoid Fever	—	—	—
Paratyphoid Fevers	—	—	—
Erysipelas	—	1	1
Meningococcal infection	—	—	—
Food Poisoning	—	1	1
Total notifications	448	512	960

HANDICAPPED PUPILS.

At the end of the year there were 482 boys and 241 girls on the Handicapped Pupils Register, compared with 480 boys and 267 girls the previous year. Particulars of these cases are given in Table X.

During the year the following children were newly ascertained as requiring special educational treatment in special schools :—

Blind	.....	.....	.....	3
Partially Sighted	.....	.....	.....	1
Deaf	.....	.....	.....	1
Partially Deaf	.....	.....	.....	1
Delicate	.....	.....	.....	31
Physically Handicapped	.....	.....	.....	—
Educationally Sub-Normal	.....	.....	.....	42
Maladjusted	.....	.....	.....	5
Epileptic	.....	.....	.....	1
				—
Total	.....	.....	.....	85

77 Children were admitted to special residential schools and hospital schools during the year and 57 were discharged.

Nine boys were admitted to Pudleston Court School for educationally sub-normal pupils and 10 were discharged. Two of these were reported to the Local Health Authority under Section 57/5 of the Education Act, 1944. Of the boys requiring education in special schools the parents of 13 have given their consent and the names of these boys are on the waiting list for admission. Five are to be admitted in January 1958.

During the year 1 girl was admitted to Haughton Hall Special Residential School, Shifnal, Salop, and 1 was discharged and reported to the Local Health Authority under Section 57/5. The parents of another girl attending this school moved out of the county. Four girls were admitted to St. Francis Residential School, Birmingham. At the end of the year there were 7 girls whose parents had consented, awaiting places at special schools. Two are to be admitted to Haughton Hall in January, 1958.

18 Boys and 11 girls were admitted to the Uplands School, Folly Lane, Hereford, during the year and 13 boys and 8 girls were discharged. This school accommodates children between the ages of 5 and 11 and at the end of the year there were 2 boys on the waiting list for admission, both to be admitted at the beginning of the spring term 1958. Six delicate children too old for the Uplands were admitted to schools outside the County and three more await vacancies in January 1958. One girl aged 4 was admitted to a nursery school for delicate children.

One blind girl, aged 6, has been admitted to a Sunshine House and a boy, aged 3, has been provisionally allocated a vacancy for Easter 1958. One blind girl, aged 5, has been offered a place at the Royal Institution for the Blind, Birmingham, for January 1958.

One deaf boy and one partially deaf boy have been admitted to Wessington Court School, Woolhope. One deaf girl, aged 3, has been admitted to Donnington Lodge Nursery School, Newbury. One deaf boy has been offered a vacancy at the Royal School for Deaf Children, Birmingham, and one partially deaf girl a vacancy at the Royal School for the Deaf, Manchester, both for January 1958.

Two maladjusted boys were admitted to special residential schools, one at West Bromwich, the other at Ilminster. One epileptic boy was admitted to Colthurst House School, Alderley Edge, Cheshire.

A special class has been started at the County Hospital, Hereford, and is held in the Peter Pan Ward five mornings weekly from 10-30 a.m. to 12 noon. A retired headmaster is in charge. Children confined to bed and unable to attend the class are given suitable work.

CASES REPORTED TO LOCAL HEALTH AUTHORITY.

Under Section 57 of the Education Act, 1944, the local education authority is required to examine those children in its area who, having attained the age of two years, are suffering from disability of mind of such a nature or to such an extent as to make them incapable of receiving education at school.

Under Sub-section (3) of this Section the local education authority is required to issue to the local health authority a report on any child who, by reason of disability of mind, is incapable of receiving education at school.

Under Sub-section (4) a child can be deemed ineducable not only if his disability of mind renders him incapable of receiving education but also if his disability is such as to make it inexpedient that, either in his own interests or the interests of others, he should be educated in association with other children.

Sub-section (5) requires that any child who, by reason of disability of mind, requires supervision after leaving school should be reported to the local health authority before the child ceases to be of compulsory school age.

During the past year the undermentioned children were reported :—

Reported under Section 57 (3)	3
Reported under Section 57 (3), relying on Section 57 (4)	1
Reported under Section 57 (5)	7
Total	11

CHILD GUIDANCE SERVICE.

Further staff changes have taken place during the year. Mrs. I. L. Smith resigned her part-time appointment as educational psychologist and Miss L. Adams was appointed in a full-time capacity. The Social Worker, Mrs. S. Davies, also resigned and the post of psychiatric social worker is still vacant.

252 Children were referred to the Child Guidance Centre during the year. This number includes 47 cases who had been previously seen.

SOURCES OF REFERRAL :—

School medical officers	89
Family doctors	29
Juvenile courts	10
Head teachers	75
Parents	10
Hospitals	22
Children's Officer	4
Probation officers	3
School nurses	3
Police	1
Education Department	5
Transferred from other child guidance centres	1
	252

In addition to the 252 children referred during the year there were 13 cases on the waiting list at the end of 1956. 103 cases were seen at the Child Guidance Centre. 93 were seen at school. 32 failed to keep their appointments and 37 await appointments in 1958. The number of attendances at the Centre was 806 and 87 schools were visited by the Educational Psychologist.

The 183 children referred in 1957 who were seen are grouped diagnostically as follows :—

Anxiety	46
Asthma	1
Backwardness	54
Behaviour disorder	12
Deafness	2
Educationally sub-normal	28
Enuresis	11
Epilepsy	1
Feeble-minded	1
Psychosomatic	7
Stammer	3
Stealing	12
Truancy	5
	183

RECOMMENDATIONS MADE :—

Treatment	45
Under observation	25
Environmental adjustment	30
Residential treatment	24
Admission to hospital	2
Home care	3
Special educational treatment	34
Remedial tuition	9
Occupation Centre	1
Referred to school medical officer	1
Referred to education welfare officers	1
No further action	8
	183

On 31st December, 1957.

	<i>Child Psychiatrist</i>	<i>Educational Psychologist</i>
Number receiving weekly treatment	13	2
Number on waiting list for treatment	15	7
Number on waiting list for examination	7	30

An inter-clinic conference of those who work in child guidance centres in Worcestershire, Gloucestershire and Herefordshire was held at Hereford on 31st October.

PUPILS WITH SPEECH DEFECTS.

The Speech Therapists have seen 177 children during the year, mainly at clinics held at the following centres :—

BROMYARD	Dumbleton Hall, Bromyard.
FOXLEY	2/44 Foxley Estate.
HEREFORD	Child Guidance Centre, Union Street, Hereford.
HUNDERTON	C.P. School, Hunderton.
KINGTON	Cottage Hospital, Kington.
LEDBURY	The Deanery, Ledbury.
LEINTWARDINE	V.A. School, Leintwardine.
LEOMINSTER	Hospital Hut, Leominster and District Hospital.
ROSS-ON-WYE	Chepstow House, Ross-on-Wye.

The year's work has been rather broken owing to the petrol rationing at the beginning of the year and, at the end of the year, by the departure of Miss Davenport, which was much regretted by those who worked with her, and by her patients.

Fortnightly treatment has been resumed as before, so that none of the current cases should be allowed to drop, and with good co-operation in the home and the school, it is hoped that progress will continue.

It is perhaps a good sign that throughout the year there has been no case where parents have refused treatment offered to their children. This is encouraging, because, if the parents are enthusiastic, they will usually co-operate, and the children benefit. All departments have been helpful when called upon, and with the Child Guidance team growing and ever willing to help and advise, the work of the Speech Clinic has benefited greatly.

Regular visits have been made to the Uplands School and Pudleston Court School.

Cases in attendance at beginning of year	87
New cases seen during 1957	74
Old cases re-admitted	16
Total cases	177
Cases cured and discharged	37
Cases ceasing attendance before cure or discharge	7
Cases left school or left district	12
Cases in attendance at the end of the year	121
Total number of attendances	2635
Number of children on waiting list at end of year	144

CLINICAL ANALYSIS OF CASES TREATED.

Number of children suffering from :—

Stammer	55
Sigmatism and stammer	2
Dyslalia and stammer	6
Multiple dyslalia	22
General dyslalia	39
Simple dyslalia	7
Chronic mouth breather and dyslalia	1
Hyperrhinophonia and dyslalia	2
Hyperrhinophonia.....	1
Dysarthria and dyslalia	6
Dysphonia	1
Sigmatism	16
Cleft palate.....	8
Dysphasia	1
Multiple defects	10
Total	177

TABLE X.—HANDICAPPED PUPILS.

The number of Pupils ascertained is given in the following Table which shows the position on 31st December, 1957.

<i>Category</i>	<i>In Special School*</i>		<i>In Maintained Schools</i>		<i>In Independent Schools</i>		<i>Not at School</i>		<i>Total</i>	
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
(a) BLIND	2	3	—	—	—	—	1	2	3	5
(b) PARTIALLY SIGHTED	1	1	2	4	1	1	—	—	4	6
(c) DEAF	6	6	1	—	—	—	—	—	7	6
(d) PARTIALLY DEAF	2	3	22	5	—	—	—	1	24	9
(e) EDUCATIONALLY SUB-NORMAL	40	16	111	52	1	—	4	2	156	70
(f) EPILEPTIC	3	2	1	—	—	—	—	—	4	2
(g) MALADJUSTED	3	1	7	3	—	—	1	—	11	4
(h) PHYSICALLY HANDICAPPED	5	3	4	4	—	—	6	—	15	7
(i) SPEECH DEFECT	—	—	181	67	7	2	4	—	192	69
(j) DELICATE	13	16	18	28	—	—	1	2	32	46
(k) MULTIPLE DEFECTS	13	7	18	9	—	—	3	1	34	17
TOTAL	88	58	365	172	9	3	20	8	482	241

*Includes Hospital Special Schools.

INDEPENDENT SCHOOLS.

Arrangements have been made with the proprietors of six schools not maintained by the Authority for the provision of medical inspection and treatment under Section 78 (2) of the Education Act, 1944.

Number of Schools inspected	6
Periodic Medical Inspections—	
Number of children inspected	119
Number of children found to require treatment—	
For defective vision	7
For any other condition	13
Total individual children	17
Physical condition of the children examined—	
Satisfactory	119
Unsatisfactory	—
Number of children found to require observation.....	128
Number of special inspections	59
Number of re-inspections	50

NURSERY SCHOOLS.

The White Cross Nursery School is visited once each term by a school medical officer who examines all children. In addition a school nurse visits the school twice weekly.

Number of children inspected	48
Number of children found to require treatment	3
Number of children found to require observation	18
Physical condition of the children examined—	
Satisfactory	47
Unsatisfactory	1
Number of re-inspections	41

EMPLOYMENT OF CHILDREN.

Children of compulsory school age, employed out of school hours, are required to submit to medical examination in order to ascertain that the employment is not prejudicial to their health or physical development and does not render them unfit to obtain proper benefit from their education. During the year 62 children were examined by school medical officers and granted certificates.

SANITARY INSPECTIONS OF SCHOOLS.

When a school medical officer visits a school to carry out medical inspection he prepares a report on the school premises. This includes brief notes on the sanitary arrangements, water supply, washing accommodation, canteen and sculleries, heating, lighting and ventilation. Matters which appear to require attention or investigation are referred to the Director of Education.

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN.

A Joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health and the Population Investigation Committee, have been following the health, growth and development of 5,000 children born in one week of March, 1946, drawn from all social classes and from all parts of Great Britain.

Since the survey started a number of children have been withdrawn by the parents but the Committee are still in touch with 92 per cent. of the children enrolled in 1946.

In January a further examination was made of the 14 children living in this county and reports, made by school medical officers and health visitors, were sent to the Committee.

MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS.

Candidates applying for entry to training colleges, university departments of education, and approved art schools are required to submit to X-ray examination and to a medical examination by a school medical officer of the area in which they live in order to determine their fitness for these courses.

Arrangements are also made for teachers entering the service of the Authority to undergo a medical examination, including a X-ray test of the chest, to exclude the possibility of infection.

During the past year the following examinations were carried out by the Authority's medical staff :—

Entrants to training colleges, etc.	58 (1 failed)
Teachers	95 (1 failed)

DIPHTHERIA IMMUNISATION.

Diphtheria Immunisation is offered at the school medical inspections on the child first commencing attendance at school at five years of age, either a full course of two or three injections, or a single reinforcing injection when the child has been immunised in infancy. This service is again offered when the child reaches nine years of age.

During the year 1957, diphtheria immunisation sessions were held at school medical inspections in 159 maintained and 4 private schools, in the area of the Local Education Authority. Notices regarding this service, embodying form of consent, were forwarded to the parents of 3,724 children in the age groups of 5 and 9, and treatment at the school was accepted in respect of 2,793 children, an acceptance rate of 75 per cent. Of these, 440 children had not been previously immunised and were given the full course of 2 or 3 injections, and 2,353 children were given a single reinforcing injection. In addition, 36 primary immunisations and 130 reinforcing injections were administered to children of school age by general medical practitioners and at minor ailment clinics and infant welfare centres.

No cases of diphtheria were notified in the area of the Authority during the year.

PROTECTION FROM POLIOMYELITIS.

Vaccination of children against poliomyelitis has continued throughout the year as supplies of vaccine have been received. The only school children vaccinated were those registered in 1956.

The supply was increased through the production of vaccine by a second supplier and the Ministry of Health arranged for the importation, as a temporary measure, of Salk vaccine manufactured in Canada and the United States. Before use, this vaccine is required to pass in this country the same safety and other tests as are applied to British vaccine and it will be available for use in the new year.

The parents of school children born after 1st January, 1943 have been invited to register their children for vaccination when this vaccine is received.

The offer of Salk vaccine provides an opportunity of giving earlier protection than would otherwise be possible to children who might contact the disease. If parents refuse this they are given the opportunity to have their children vaccinated later with British vaccine.

General practitioners who so desire take part in the arrangements and vaccinate those children who are their patients subject of course to the parents wishing them to do so.

The following table shows the number of children of school age vaccinated during the year and the number awaiting vaccination on 31st December.

TABLE XI.—POLIOMYELITIS VACCINATION.

<i>Year of Birth</i>	<i>Vaccinated</i>	<i>Awaiting Vaccination</i>
1943	—	521
1944	—	693
1945	—	733
1946	—	920
1947	689	782
1948	673	754
1949	668	742
1950	597	760
1951	421	780
1952	381	735
Total	2,829	7,420

B.C.G. VACCINATION AT SCHOOL.

B.C.G. Vaccination is offered, subject to obtaining parental consent and to the necessary preliminary tests, to school children who are aged 13 years. The tuberculin testing and actual vaccination are carried out by members of the medical staff who visit the schools and apply a skin test to those children whose parents consent. Three days later the children are seen again and those producing a negative result are vaccinated.

The majority of the children vaccinated in 1956 have been re-tested and those producing negative results have been re-vaccinated.

The procedure of B.C.G. vaccination is safe and effective in preventing the more acute forms of tuberculosis and the scheme should be actively encouraged.

Number offered P.P.D. test and B.C.G. Vaccination (if necessary)	1,756	
Number of acceptances	1,225	69.8%
Number tested during the year	1,193	
Number found to be negative reactors and vaccinated	960	80.5%
Number found to be tuberculin positive	233	19.5%
Number referred to Chest Physician	34	
Number vaccinated with B.C.G. in 1956 who have been re-tested	805	
Number found to be negative reactors and re-vaccinated	53	6.6%
Number found to be tuberculin positive	752	93.4%

School Medical Officers visit the schools again 6-8 weeks following vaccination to examine the arms of the children and note any reactions.

MASS RADIOGRAPHY.

After leaving school young people continue to grow and develop for a number of years, during which they are exposed to the risk of certain serious diseases, such as tuberculosis. By means of mass radiography it is possible to detect the beginning of this disease at a stage when it is readily curable.

The Dudley Mobile Mass Radiography Unit carried out an intensive survey in Leominster from 24th April to 3rd June, 1957. All school children in that area over 13 and those who were found to be tuberculin positive when tested with P.P.D. were invited to attend for X-ray examination. 241 boys and 118 girls attended as did 86 students from the Hereford Training College.

TUBERCULOSIS IN CHILDREN.

During the year eight school children were notified as suffering from primary tuberculosis, six of them showing the infection in the lungs and two elsewhere in the body. Of these one child had hospital treatment.

The source of infection is sought as far as is possible in all cases with particular attention to the parents and the milk supply. Only exceptionally does the progress of primary tuberculosis at school age give rise to anxiety if care is observed in the early stages of the infection.

The B.C.G. vaccination of tuberculosis contacts continues and 17 school children were vaccinated.

PROVISION OF SCHOOL MEALS AND MILK.

As a result of an increase in the price of the school meal from 10d. to 1/- on April 1st, 1957, a drop of approximately 10 per cent. followed in the number of children taking meals. However, since the commencement of the Autumn Term 1957 the number of meals served has shown a steady upward trend and it is expected that this increase will continue.

Further progress has been made towards the improvement of the authority's school meals service kitchens and canteens in order to implement fully the provisions of the Food and Drugs Act, and it is hoped that, provided the necessary money is available, 1958 will see further improvements. A new self-contained canteen was opened at the new Hereford Girls' High School, Broadlands, where dinners are supplied to approximately 300 girls daily.

A two day training course for supervisors and senior cooks was held in September, when helpful talks were given by Dr. I. F. MacKenzie and Mr. J. Leach, Chief Public Health Inspector of Hereford City, covering hygiene and the implications of the Food and Drugs Act. Very satisfactory results have again been obtained by members of the school meals service staff who have taken the appropriate City and Guilds examinations.

Fresh milk has been supplied to all maintained and non-maintained schools under the provisions of the milk-in-schools scheme in spite of the difficulties involved in providing milk to small rural schools.

SCHOOL BUILDINGS.

Playgrounds.

Repairs have been effected to the playgrounds of 7 County, 4 Voluntary Controlled and 6 Voluntary Aided Schools.

Heating.

New stoves and grates have been provided and repairs carried out to existing stoves and grates in 38 schools. A central heating system has been installed at 1 school. A new boiler has been installed at another school and repairs have been carried out to existing boilers at 18 schools.

Equipment.

New desks and tables (replacements) have been supplied to 29 schools.

General Sanitary Arrangements.

The earth closets at 5 schools have been converted into water closets and improvements have been carried out to the sanitary arrangements at 8 schools.

The natural lighting, ventilation, cloakroom and washroom arrangements at 12 schools have been improved.

Drains have been overhauled and repaired in 17 schools.

Piped water supplies have been laid on at 2 schools, and approval has been given to the provision of a piped supply at another school. A borehole has been sunk at 1 school with satisfactory results.

Appropriate action has been taken to improve the quality of the well water at 5 schools.

General.

The new High School for Girls, at Broadlands, Hereford, was occupied as from the 6th November, 1957, and the premises in Coningsby Street have been taken over by the Bluecoat Secondary Modern School. The new secondary school at Redhill, and the new Hall of Residence at the Training College are in course of erection, and contracts have been let for the new secondary school at Ledbury and for the conversion work at Canon Frome Court to provide a two-form entry secondary school. Work has also begun on the following projects :—

Dilwyn V.C. School	Conversion of earth closets to water closets.
Kington C.P. School	Erection of 4-classroom block.
Leominster Junior C.P. School	Provision of 2-classroom block and improvements to sanitary and dining accommodation.
Leominster Grammar School	Provision of dining/Assembly Hall.

The following projects have been approved :—

Bluecoat S.M. School	Provision of kitchen and dining accommodation with additional domestic science room, on the Widemarsh Street site.
Bromyard Grammar School.....	Physics and biology laboratory.
Kingstone S.M. School	Conversion of hut to provide four classrooms.
Leominster S.M. School	Provision of laboratory and additional classrooms etc., at Green Lane.

Repairs have been effected to school floors in 23 cases, and general repairs and renovations carried out at 60 schools.

Electric light has been installed in 4 schools, and improvements have been effected to the existing installations at 11 schools.

PHYSICAL EDUCATION.

The past year has shown a slow but steady all-round improvement in the development of physical education in both primary and secondary schools throughout the county. There are several factors contributing to this progress, but outstanding on the primary side has been the authority's provision of larger playground equipment whilst at secondary level, improved facilities and an increased establishment of specialist teachers are mainly responsible.

Wherever possible, swimming continues to play an important part in the physical education of the child. Unfortunately, facilities in the county leave a lot to be desired and it is difficult to forecast, therefore, the day when every child will have an opportunity of learning to swim. It is gratifying, nevertheless, to record that no less than 542 boys and girls were taught to swim at the Hereford baths during the past school year. The construction of a learners' swimming pool at one of our rural secondary schools is at

present well in hand and it is possible that if the experiment is successful, baths of a similar type may be built in other parts of the county.

The Schools Sports Association continues to do good work but more support is needed to cope with its ever-widening field of activities. In the All-England School Sports Meeting, held at Southampton, Herefordshire children gained outstanding honours in the field events, winning two gold and one silver medal. The standard of performance in association football, hockey, netball, and rounders continues to show improvement and already some success has been gained by individual schools in the more recently introduced activities of rowing and rugby football. The fourth in the Schools' Swimming Galas was again organised on a county basis, and several of our young swimmers represented their county in the National Schools Championships.

The authority's film, "Physical Education in a Junior School", is in constant demand by outside authorities and training colleges, and has now gained a national reputation. As in this county, the film has a considerable value when used in conjunction with teachers' courses.

Every encouragement has again been given by the authority to its teachers to attend refresher courses of training and physical education, and further courses are planned for the coming year.

HOUSECRAFT INSTRUCTION.

The progress of educational re-organisation in the County is having its effect on the teaching of housecraft including hygiene and needlework in the schools. The staff of each secondary school now includes one or more specialist teachers responsible for these subjects. Consequently correlation between them and other subjects is more easily and successfully arranged, and both needlework and housecraft can contribute to the social as well as the educational side of school life. Refreshments can be prepared for school functions, floral decorations arranged for "Open Days", and practical hygiene practised in many ways.

Training in good working methods in housecraft rooms should help to reduce the chances of accidents in the home, simple first aid is also taught and undertaken where necessary. Attention has been given also to the choice of materials for garments in view of the development of processes for reducing the flammability of fabrics.

Another series of lecture/demonstrations on "Good Grooming" was given in the spring to nine groups of school leavers from five all age primary schools, three grammar and five other secondary schools.

Ross Walter Scott C.D.S. Centre has ceased to be an independent centre and now forms part of Ross County Secondary School to whose staff the Domestic Subjects Teacher has been appointed.

The new High School for Girls at Broadlands which was opened in November has a large room fully equipped for housecraft and needlework instruction, and with separate storerooms. The various items of electrical and gas apparatus for instructional purposes have been supplied by the Midlands Electricity Board and the West Midlands Gas Board on special hire terms.

Girls interested in taking up careers connected with catering and dressmaking now have the opportunity of studying for examinations by enrolling for courses offered by the Women's Department of Herefordshire Technical College.

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