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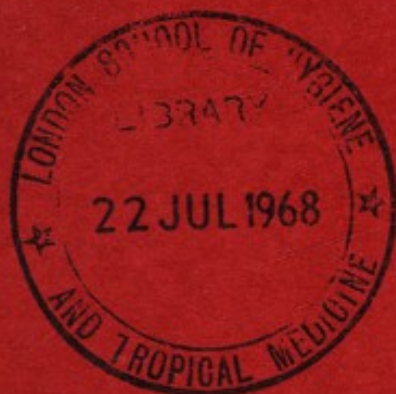
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HEREFORDSHIRE COUNTY COUNCIL  
EDUCATION COMMITTEE



# ANNUAL REPORT

OF THE

PRINCIPAL  
SCHOOL MEDICAL OFFICER

FOR THE YEAR

1967



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(as at 31st December, 1967).

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(as at 31st December, 1967).

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Mr. W. H. BLUNDSTONE

Mr. T. R. STEPHENS

# Annual Report of the Principal School Medical Officer

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MADAM CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour of presenting for your consideration my twenty-second Annual Report on the School Health Service of Herefordshire in respect of the year ended 31st December, 1967, together with the statistics relative to that period.

During the year the routine work of the School Health Service was continued. There would have been difficulties in keeping up the number of routine medical examinations if we had not been able to introduce several general medical practitioners to this work. This I have watched with very great interest and have written more fully on the subject in the body of the Report. On the whole the defects found at these routine medical examinations are not of so serious a nature as they have been in previous years. We find that we are now dealing with children suffering from relatively minor defects and provided that these are dealt with at an early age, then by careful handling they are able to remain in the ordinary schools and do not require special educational treatment in residential special schools. In the year I have noticed that quite a few children have been found to be suffering from diabetes, but in most cases they did not require any medical treatment but were recommended to have special diets prepared by the School Meals Service.

With the fullest co-operation of the ophthalmic surgeons we have screened practically all four year old children for the clinical defect known as 'lazy eye.' The health visitors have visited the prescribed children in their own homes; where defects have shown that the vision was not equal in both eyes then they were referred for examination by the school medical officers and, where necessary, to the consultant ophthalmic surgeons. The object of getting the children before going to school is to treat them at a stage when it is known that the prognosis will be good and they will not permanently be left with a squint. A detailed account of this work is given in the body of the Report.

A marked feature of the year has been the publicity given to problems of school children and young persons who are maladjusted in some way or have been found to be taking drugs. Fortunately the number of such children or young persons is small. Far and away the vast majority are too busy in leading ordinary decent lives without bothering with these things. However, although the number is small I think that something should be done about it and I am wondering if it might not be possible to increase the health education in schools. I know that already quite a lot of health education is being given in the schools and that many informal discussions have taken place between the teachers and the medical and nursing staffs. However, I would like to see a more organised system of health education in the schools and I do feel that it is a matter worthy of full discussion and perhaps determination of policy by the County Education Committee.

In May the County Health Department arranged a one-day conference dealing with handicapped children and young persons. This was well attended by social workers and officials of County Education, Health and Welfare Committees and Herefordshire Executive Council and Herefordshire Hospital Management Committee. We were particularly fortunate in our speakers, who all emphasized the need for the co-ordination of Education, Health and Welfare Services for handicapped children and young persons. As so often happens at conferences the informal questions and discussions during the sessions themselves, or over the lunch tables, provided some of the more brisk expressions of opinion. We all learned a lot, not only about our own work but that of others concerned with helping handicapped children. Many appreciative letters were received after the conference and we are already under way in making arrangements for a similar conference in 1968. The standard set this year will be hard to beat.

We reviewed the School Dental Services and decided to leave the authorised establishment as one whole-time Principal School Dental Officer and five whole-time School Dental Officers; the vacancies we advertise from time to time. Nowadays we find that expectant and nursing mothers and pre-school children are mainly dealt with under the general dental service scheme. Due to the vacancies I have mentioned above it has not been possible to arrange for all school children to be inspected and treated each year. We have tried to concentrate our limited resources more on to the rural areas.

We gave considerable thought to the work being undertaken by the Herefordshire Child Guidance Service and we were helped by the formation of a working party to look at all facets of the matter. The report of this working party was adopted in the main, although it has not yet been possible to implement all the recommendations. It was decided to appoint an additional educational psychologist to permit the development of the school psychological service.

Once more we carried out a survey to determine the need for day special school accommodation for educationally subnormal children. The educational psychologist and school medical officers found quite a few of these children were in need of day special school accommodation, but the only concentration of such children to justify the establishment of special accommodation was in or near Hereford City. Finally, the matter was left that a further report be made for consideration and subsequent submission to the Department of Education and Science.

We considered the Plowden Report so far as it concerned the School Health Services, discussing such diverse subjects as the growth and development of the child, pre-school medical examinations, selective medical examinations, observation registers, co-operation between the three branches of the National Health Service, need for more staff and closer collaboration with social workers and finally the expansion of nursery education. It was the last named topic which led to the fullest discussion. Attention was drawn to the startling demand for provision of some sort of accommodation for children under school age. The County Health Committee is responsible for the registration of daily minders and premises under the Nurseries and Child Minders Regulation Act, 1948 and the number of places available during the year was about 400. The premises are reasonably adequate and the people who run these day nurseries and act as child minders are kind. However, not a great deal is done in the way of organised nursery education.

In conclusion, I would once again express to members of the County Education Committee my thanks for their continued interest in the work of the School Health Service and to the staff for their hard work.

Yours faithfully,

J. S. COOKSON,  
*Principal School Medical Officer.*

## 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—*

VIVIEN P. HELME, M.B., Ch.B., D.(Obst.), R.C.O.G.

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

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

H. KENT, M.B., Ch.B., D.(Obst.), R.C.O.G.

\*G. D. K. NEEDHAM, M.R.C.S., L.R.C.P., D.P.H.

### *Principal School Dental Officer—*

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

### *School Dental Officers—*

†MISS F. E. BAILEY, B.A., B.D.Sc.

‡A. G. DAVIDSON, L.D.S., R.C.S.(EDIN.).

R. J. IZON, B.D.S. (appointed 16/1/67).

### *Educational Psychologist—*

MISS E. A. BONNIFACE, B.A. (resigned 31/1/67).

MR. M. C. VERMA, B.A., M.Ed. (appointed 3/7/67).

### *Social Worker—Child Guidance—*

MRS. M. A. CONIUM, S.R.N., S.C.M., H.V. (seconded full-time from nursing staff).

### *Peripatetic Teacher of the Deaf—*

MISS M. WENSLEY (resigned 31/8/67).

### *Speech Therapists—*

MRS. J. A. BOWLER, L.C.S.T. (resigned 23/6/67).

MISS K. A. MEREDITH, L.C.S.T. (resigned 31/1/67).

MISS C. E. BREEZE, L.C.S.T. (appointed 4/9/67).

MISS J. M. FLEMING, L.C.S.T. (appointed 4/9/67).

### *School Physiotherapists—*

MISS A. E. JONES, M.C.S.P.

†MRS. B. J. BALL, M.C.S.P.

†MRS. G. W. JONES, M.C.S.P. (appointed 10/7/67).

### *Audiology Technicians—*

†MISS L. THOMAS.

†MRS. M. L. A. PRESCOTT (appointed 6/11/67).

### *Superintendent Nursing Officer—*

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

There is a Deputy Superintendent Nursing Officer. (*one vacancy for an Assistant Superintendent Nursing Officer.*)

### *School Nurses—*

There are 27 nurses in the rural areas who carry out school nursing as part of their generalised duties. In the urban areas there are 17 whole-time, and 2 part-time health visitors who combine school nursing with mainly maternity and child welfare duties, 8 of whom extend their services to include relief of rural areas. In Hereford City there is one part-time state registered nurse for school clinic and school nursing duties.

\* *Also District Medical Officer of Health.*

† *Part-time Appointment (temporary or otherwise).*

## MEDICAL INSPECTION MAINTAINED SCHOOLS

Primary	121	...	...	13,418	pupils
Secondary	15	...	...	6,007	"
Grammar	6	...	...	2,089	"
Bi-Lateral	1	...	...	605	"
Special	2	...	...	85	"
Nursery	1	...	...	35	"
Nursery Class	1	...	...	30	"
TOTAL				22,269	"

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.

Other children inspected were:—

Specials	Children not due for periodic inspection but specially presented for inspection at the request of a parent, doctor, nurse, teacher or other person. Also children born in 1959 presented for vision testing only.
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 continues to be visited every term by a school medical officer.

The Uplands Special Residential School for delicate children is visited by a school medical officer each week. This arrangement ensures 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 year.

The Whitecross Nursery School is visited once each term by a school medical officer who examines all children, and by a school nurse who visits the school twice weekly.

### USE OF GENERAL MEDICAL PRACTITIONERS

Due to staff shortages there have been difficulties in maintaining the routine school medical examinations. During the year a number of general medical practitioners have carried out some of the routine work. At the year end their comments were sought and extracts from these are set out below:—

“Thus, to me, the school medical examinations form a very important part of the whole picture of general practice and I am delighted to have the opportunity of doing this work, which I consider to be part of my general practice and not separate from it.”

“A good percentage of the children involved were on the list of the group practice. As the infant welfare clinic and Factory Act examinations are already carried out by the local general practitioner this further examination at school affords a sensible continuity.”

“Preventive medicine is becoming part of the general practitioner’s concern. As school medical officer, closer links between General Practice and Public Health are practically achieved.”

“It is of particular value for the inspection to be done by the family doctor in the area concerned as he is usually familiar with the individual problems of each child and with the general problems of the area in question. It is especially useful for the practitioner to see his patients when they are not actually ill.”

Generally speaking the use of general medical practitioners for the carrying out of some of the routine medical examinations within the school health service, has been successful. It certainly has brought new enthusiasm to this branch of our work and some of the comments made during the year have been most stimulating.



## PERIODIC MEDICAL INSPECTIONS

<i>Age Groups Inspected</i>	<i>No. of Pupils Inspected</i>	<i>Physical Condition of Pupils Inspected</i>			
		SATISFACTORY		UNSATISFACTORY	
		<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
1963 and later ... ..	45	45	100	—	—
1962 ... ..	671	671	100	—	—
1961 ... ..	922	922	100	—	—
1960 ... ..	362	362	100	—	—
1959 ... ..	78	78	100	—	—
1958 ... ..	56	56	100	—	—
1957 ... ..	61	61	100	—	—
1956 ... ..	132	132	100	—	—
1955 ... ..	1,089	1,088	99.9	1	0.1
1954 ... ..	486	486	100	—	—
1953 ... ..	48	48	100	—	—
1952 and earlier ... ..	1,369	1,365	99.7	4	0.3
<b>TOTAL</b> ... ..	5,319	5,314	99.9	5	0.1

<b>Other Inspections.</b>	Number of special inspections ... ..				544
	Number of re-inspections ... ..				1,047
			<b>TOTAL</b> ... ..		1,591

Number of individual pupils found at periodic medical inspections 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 ... ..	123	147	246
2nd age group ... ..	69	35	102
3rd age group ... ..	47	37	83
<b>TOTAL</b> ... ..	239	219	431
Additional periodic inspections ... ..	12	12	22
<b>GRAND TOTAL</b>	251	231	453

## 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.

DEFECTS OR DISEASE	ENTRANTS		LEAVERS		OTHERS		TOTAL	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
Skin ... ..	20	11	11	11	1	3	32	25
Eyes (a) Vision ... ..	192	303	47	62	12	19	251	384
(b) Squint ... ..	43	63	2	4	4	6	49	73
(c) Other ... ..	7	6	—	6	—	2	7	14
Ears (a) Hearing ... ..	5	68	—	8	—	13	5	89
(b) Otitis Media ... ..	3	29	4	1	1	5	8	35
(c) Other ... ..	3	4	—	2	—	2	3	8
Nose and Throat ... ..	19	93	2	9	2	5	23	107
Speech ... ..	33	39	3	5	1	3	37	47
Lymphatic glands ... ..	1	43	—	1	—	2	1	46
Heart ... ..	7	14	1	2	—	3	8	19
Lungs ... ..	1	36	—	3	—	2	1	41
Developmental (a) Hernia ... ..	4	8	—	—	—	—	4	8
(b) Other ... ..	8	28	6	3	—	—	14	31
Orthopaedic (a) Posture ... ..	1	53	—	10	—	—	1	63
(b) Feet ... ..	8	175	—	9	—	10	8	194
(c) Other ... ..	6	30	5	11	1	4	12	45
Nervous system (a) Epilepsy ... ..	3	7	2	2	2	2	7	11
(b) Other ... ..	1	6	—	1	—	—	1	7
Psychological (a) Development ... ..	4	16	—	2	—	3	4	21
(b) Stability ... ..	1	11	1	2	—	1	2	14
Abdomen ... ..	1	3	—	—	—	—	1	3
Other ... ..	3	27	1	1	—	—	4	28

The following table shows the number of defects found, per 100 children examined, at periodic medical inspections.

Defect or Disease	Requiring treatment	Requiring observation	Total
Skin ... ..	0.6	0.4	1.0
Eyes ... ..	5.7	8.8	14.5
Ear, Nose and Throat ... ..	0.7	4.5	5.2
Heart ... ..	0.1	0.4	0.5
Lungs ... ..	0.01	0.78	0.79
Orthopaedic ... ..	0.3	5.7	6.0
Psychological ... ..	0.1	0.6	0.7
Speech ... ..	0.7	0.8	1.5
Lymphatic Glands ... ..	0.01	0.87	0.88
Developmental ... ..	0.3	0.7	1.0
Nervous System ... ..	0.1	0.3	0.4
Other ... ..	0.05	0.56	0.6

## 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 ... ..	—	—
Eyes (a) Vision ... ..	34	29
(b) Squint ... ..	2	2
(c) Other ... ..	1	—
Ears (a) Hearing ... ..	—	9
(b) Otitis Media ... ..	—	—
(c) Other ... ..	—	—
Nose and Throat ... ..	1	1
Speech ... ..	4	1
Lymphatic glands ... ..	—	—
Heart ... ..	—	—
Lungs ... ..	—	—
Developmental (a) Hernia ... ..	—	—
(b) Other ... ..	—	—
Orthopaedic (a) Posture ... ..	1	—
(b) Feet ... ..	—	1
(c) Other ... ..	—	2
Nervous system (a) Epilepsy ... ..	—	—
(b) Other ... ..	—	—
Psychological (a) Development ... ..	5	4
(b) Stability ... ..	—	2
Abdomen ... ..	—	—
Other ... ..	1	—

### EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>number of cases known to have been dealt with</i>
External and other (excluding errors of refraction and squint) ...	16
Errors of refraction (including squint) ... ..	1,132
TOTAL ... ..	1,148
Number of children for whom spectacles were prescribed ...	480

The parents of a child found with a defect of vision are offered an appointment at the Victoria Eye Hospital, Hereford, or at 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 appointments through the National Health Service.

120 children are known to have received operative treatment for squint.

Forms for the replacement or repair of spectacles were issued on behalf of 350 children.

A colour vision survey was made of boys in the 3rd age group. Of 714 pupils, 60 or 8.4 per cent were found to have defective colour vision, and are divided into the following categories.

Total colour blindness (incomplete)	...	...	...	...	...	...	...	—
Red/Green blindness (complete)	...	...	...	...	...	...	...	5
Red/Green blindness (incomplete)	...	...	...	...	...	...	...	20
Red blindness	...	...	...	...	...	...	...	3
Green blindness	...	...	...	...	...	...	...	26
Indeterminate	...	...	...	...	...	...	...	6
								—
								60
								—

### AMBLYOPIA EX ANOPSIA

During the year routine screening for amblyopia ex anopsia (lazy eye) was carried out on the four year olds. This condition requires early investigation and, where necessary, treatment.

Health visitors and district nurses carried out Snellen's tests in the homes of four year old children. Where necessary the children were referred to school medical officers for further examination and, in turn, a proportion of these were sent on to the consultant ophthalmic surgeon for full investigation.

A great deal of work went into this survey and in looking at the results there must be some doubt whether these really justify continuing the existing survey. However, consideration is now being given to a much modified scheme whereby such children may be dealt with at the infant welfare clinics.

1. No. of record cards sent to health visitors	...	...	...	...	...	...	...	2,347
2. No. of cards returned by health visitors	...	...	...	...	...	...	...	1,512
3. No. of cards still outstanding	...	...	...	...	...	...	...	835
4. No. of children found normal	...	...	...	...	...	...	...	1,436
5. No. of parents refusing test	...	...	...	...	...	...	...	1
6. No. of children referred to school medical officers	...	...	...	...	...	...	...	75
								—
								TOTAL ...
								1,512
								—
7. No. of children referred by school medical officers to Victoria Eye Hospital	...	...	...	...	...	...	...	48
8. No. of children referred by school medical officers to general practitioners	...	...	...	...	...	...	...	1
9. No. of children referred back for further testing later	...	...	...	...	...	...	...	6
10. No. of children found to be within normal limits	...	...	...	...	...	...	...	20
								—
								TOTAL ...
								75
								—
11. No. of children actually seen by Eye Specialist	...	...	...	...	...	...	...	30
12. No. of children still awaiting appointments	...	...	...	...	...	...	...	18
								—
								TOTAL ...
								48
								—
13. Treatment recommended by Eye Specialist:—								
Glasses prescribed	...	...	...	...	...	...	...	3
Hospital treatment	...	...	...	...	...	...	...	4
Orthoptic Department	...	...	...	...	...	...	...	2
Review later	...	...	...	...	...	...	...	12
Found satisfactory	...	...	...	...	...	...	...	17

## DISEASES OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been treated</i>
Received operative treatment for ... ..	
(a) diseases of the ear ... ..	1
(b) adenoids and chronic tonsillitis ... ..	35
(c) other nose and throat conditions ... ..	6
Received other forms of treatment ... ..	24
TOTAL ... ..	66
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1967 ... ..	9
(b) in previous years ... ..	68

In 1967 two pupils on the recommendation of the Ear, Nose and Throat Consultant, were provided with commercial type hearing aids. It is well known that although the Medresco range of aids are on the whole satisfactory for children with a flat overall hearing loss on all frequencies, there is a relatively small number of children with a high frequency loss for whom the commercial aid is considered essential.

### AUDIOMETRY

Miss Thomas, the audiology technician employed by the Herefordshire Hospital Management Committee, continued testing children in schools working four sessions a week until September when these were reduced to three sessions a week. Mrs. Prescott, a former hospital audiology technician, joined the staff, in a part-time capacity, in November. She is now working four sessions also testing children in school. Both work only during term-time.

Children of 6 years of age are tested as a routine measure but children in other age groups are also tested when requested by school medical officers, health visitors and head teachers.

A return visit is made to each school after an interval of two or three weeks to retest children who failed the test or were absent at the first visit.

The procedure whereby children suspected of having impaired hearing and children who had been recommended speech therapy are tested was continued. This invariably meant frequent visits to scattered rural schools in order to test small numbers of pupils. Some six year old pupils still remain to be tested and will be seen early in 1968.

#### First Visit

<i>Age Group</i>	<i>Tested</i>	<i>Failed</i>					<i>% Failed</i>	<i>Absent</i>
		<i>Right</i>	<i>Left</i>	<i>Both</i>	<i>Total</i>			
Age 6 ... ..	2,090	37	68	92	197	9.4	212	
Others ... ..	128	5	6	17	28	21.9	—	
TOTAL	2,218	42	74	109	225	10.0	212	

### Second Visit

Age Group	Failures seen							Absentees seen						
	Tested	Failed			Total	% Failed	Absent	Tested	Failed			Total	% Failed	Absent
		Right	Left	Both					Right	Left	Both			
Age 6 and others	205	29	41	54	124	60.5	20	161	1	3	2	6	3.7	51

Particulars of children tested on account of suspected hearing impairment or requiring speech therapy.

### First Visit

Age Group	Tested	Failed					Absent
		Right	Left	Both	Total	% Failed	
Others ... ..	145	3	9	18	30	20.7	13

### Second Visit

Age Group	Failures seen							Absentees seen						
	Tested	Failed			Total	% Failed	Absent	Tested	Failed			Total	% Failed	Absent
		Right	Left	Both					Right	Left	Both			
Others ...	38	4	3	14	21	55.3	—	11	1	3	2	6	54.4	2

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

Already under ear, nose and throat surgeon	...	...	16
Referred to ear, nose and throat surgeon	...	...	16
Referred to, or already under, own doctor	...	...	5
Referred back for observation by school medical officer			43
Referred back for further audiogram	...	...	28
Treatment refused or failed to attend for examination	...	...	13
Hearing satisfactory	...	...	31
Not yet examined	...	...	32
<b>TOTAL</b>	...	...	<b>184</b>

The peripatetic teacher for the deaf resigned on 31st August and it has not been possible to fill the vacancy. During the period January to August 11 additional children with hearing defects were referred. Seven children under five years of age and two school children have received regular home visits for auditory training. The aim has been to visit pre-school children at least twice a week, but this has not always been possible. Training has been directed towards the understanding, acquisition and usage of language. Parent guidance has also been given during the sessions so that the children may receive the greatest possible help. Three pre-school children have had home speech training units on loan, and have benefitted considerably from the use of these instruments.

Classes for auditory training and speech reading were held at the Hereford Health Clinic twice weekly up to the end of August. Twenty-seven children received instruction and 227 attendances were made. Other children have been visited at school but it has only been possible to make regular visits to two schools. Children attending residential schools have been visited during their vacations.

An audiometer, a sound level meter and a tape recorder have been provided for the use of the teacher of the deaf. These instruments have proved to be of great value in the assessment and training of the children.

The following visits were made during the period:—

Home visits to pre-school children	...	362
Home visits to school children	...	130
School visits	... ..	58

Following the resignation of the peripatetic teacher three health visitors trained in the examination and care of children suffering from impaired hearing, have given what help they can to these children and their parents.

#### SCHOOL PHYSIOTHERAPY SERVICE

Weekly sessions have continued at Hereford, Leominster and Ross-on-Wye Health Clinics with shorter periods at Bromyard, Kingstone, Kington and Ledbury. The Junior Training Centre, Adult Training Centre and Uplands Residential School for delicate pupils have also received weekly visits. Pupils at Uplands school continue to be given "sunlight" when recommended by the medical officer.

The following figures show attendances during the year:—

BROMYARD.	Youth Club Room, St. Peter's School	...	...	44
HEREFORD.	School Clinics—Gao Street	...	...	638
	Ross Road	...	...	450
KINGSTONE.	School Clinic	...	...	20
KINGTON.	Church Hall	...	...	14
LEDBURY.	Church Lane	...	...	80
LEOMINSTER.	School Clinic	...	...	169
ROSS-ON-WYE.	School Clinic	...	...	679
			<b>TOTAL</b>	2,094
	Attendances—school visits	...	...	3,903
	Total attendances	...	...	5,997
	Number of children treated	...	...	1,199

#### ORTHOPAEDIC AND POSTURAL DEFECTS

Pupils known to have been treated:—

By the authority—at school clinics	...	...	...	607
at schools	...	...	...	592
All hospital out-patient departments	...	...	...	27
				<b>1,226</b>

## REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

During the year there has been a significant improvement in the dental department due to a better staffing position which has remained more stable. Experience shows that staffing stability is important in school dentistry, for children appear to be averse to frequent changes of dental officer.

Throughout the year staff has been maintained at three full-time dental surgeons including the principal dental officer, and one officer working part-time, giving a whole-time equivalent of 3.5 officers. The part-time officer is to take on full-time duties in the near future which will then result in the best staffing position since 1955.

The greatest effort is still concentrated on the rural areas where the need and response to offers of treatment is greatest. The interval between dental inspections is gradually being reduced, and hence the amount of treatment required per child. In this way some momentum has been introduced into the service.

Structural alterations and installation of new dental equipment at Chepstow House, Ross-on-Wye were completed early in the year, with the result that the surgery is now quite pleasant. Dental waiting room accommodation however is barely adequate and suffers from the fact that the dental suite is not purpose built.

Study of the statistics giving details of dental inspection and treatment shows a total of 6,438 fillings were inserted during the year. In a small way this figure has some significance, for it is the highest recorded for eighteen years. Similarly, the number of children inspected at school or clinic is the highest for many years. Expansion in the facilities for general anaesthesia has been effected, sessions now being held at all three fixed dental surgeries. All general anaesthetics are now administered by qualified anaesthetists whose services are invaluable to the dental staff.

The consultant dental surgeon at the County Hospital has been most co-operative in treating the occasional patient who requires full hospital facilities. Similarly, the consultant orthodontist has been most helpful.

### Dental Inspection and Treatment carried out by the Authority

ATTENDANCES & TREATMENT.	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
First visit ... ..	987	994	122	2,103
Subsequent visits ... ..	1,101	1,714	107	2,922
TOTAL VISITS ...	2,088	2,708	229	5,025
Additional courses of treatment commenced ...	—	—	1	1
Fillings in permanent teeth ... ..	1,119	3,213	320	4,652
Fillings in deciduous teeth ... ..	1,608	178	—	1,786
Permanent teeth filled ... ..	909	2,734	261	3,904
Deciduous teeth filled ... ..	1,388	152	—	1,540
Permanent teeth extracted ... ..	67	297	38	412
Deciduous teeth extracted ... ..	696	221	—	917
General anaesthetics ... ..	101	27	2	130
Emergencies ... ..	44	34	2	80
Number of Pupils X-rayed ... ..	2			
Prophylaxis ... ..	42			
Teeth otherwise conserved ... ..	18			
Number of teeth root filled ... ..	—			
Inlays ... ..	—			
Crowns ... ..	1			
Courses of treatment completed ...	1,747			



ORTHODONTICS.

Cases remaining from previous year ...	—
New cases commenced during year ...	7
Cases completed during year ...	3
Cases discontinued during year ...	—
No. of removable appliances fitted ...	2
No. of fixed appliances fitted ...	—
Pupils referred to Hospital Consultant	3

PROSTHETICS.	<i>Ages</i> 5 to 9	<i>Ages</i> 10 to 14	<i>Ages</i> 15 and over	<i>Total</i>
Pupils supplied with F.U. or F.L. (first time) ... ..	—	—	1	1
Pupils supplied with other dentures (first time) ... ..	—	2	—	2
Number of dentures supplied ... ..	—	3	1	4

ANAESTHETICS.

General Anaesthetics administered by Dental Officers ... ..	—
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INSPECTIONS.

(a) First inspection at school. Number of pupils ... ..	10,932
(b) First inspection at clinic. Number of pupils ... ..	152
Number of (a) + (b) found to require treatment ... ..	5,323
Number of (a) + (b) offered treatment ... ..	3,834
(c) Pupils re-inspected at school or clinic ... ..	171
Number of (c) found to require treatment ... ..	60

SESSIONS.

Sessions devoted to treatment ... ..	1,154
Sessions worked in mobile units ... ..	631
Sessions devoted to inspection ... ..	136
Sessions devoted to dental health education ... ..	7

SCHOOL CLINICS

Throughout the county there are 3 school clinics situated at the addresses shown below. These clinics are used for the examination of college students, teachers and other staff appointments as well as the special examination of children.

HEREFORD.	St. Owen Street, Hereford. Monday and Wednesday, 9.30 a.m.—12 noon.
LEOMINSTER.	Westfield Walk, Leominster. Friday, 10 a.m.—11 a.m.
ROSS-ON-WYE.	Chepstow House, Ross-on-Wye. Monday, 10 a.m.—11 a.m.
Total number of attendances at school clinics ... ..	1,376

## DISEASES OF THE SKIN

(excluding uncleanliness for which see below).

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

<i>Type of defect</i>	<i>No. of cases treated</i>
Ringworm:—	
(1) Scalp     ...     ...     ...     ...     ...	—
(2) Body     ...     ...     ...     ...     ...	1
Scabies     ...     ...     ...     ...     ...	9
Impetigo     ...     ...     ...     ...     ...	—
Other skin diseases     ...     ...     ...     ...     ...	2
<b>TOTAL</b> ...     ...	<b>12</b>

## INFESTATION WITH VERMIN

At the beginning of each term hygiene inspections continued to be carried out by school health visitors. These are limited to primary schools with the exception of two secondary modern schools considered to be in special circumstances.

Total number of examinations in schools     ...     ...     ...     ...	41,857
Total number of pupils found infested     ...     ...     ...     ...	233
Number of cleansing notices issued (Education Act 1944, Section 52)	Nil
Number of cleansing orders issued (Education Act 1944, Section 54)	Nil

Compared with the previous year this reveals an increase in the total number of children seen with a decrease in the number found infested.

## SCHOOL HEALTH VISITING

Health visitors paid home visits whenever necessary to follow up matters of health or hygiene arising from school medical or school hygiene examinations or as school vacation visits to handicapped children normally in special residential schools.

Total home visits paid     ...     ...     ...     ...     ...	3,115
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## HEALTH EDUCATION

Health visitors attended 136 sessions in the schools to give talks on mothercraft, child care, accident prevention in the home and dental health. The increased number of sessions devoted by health visitors to health education activities in the schools is most encouraging.

In addition to these talks, the health education officer has been invited by a number of head teachers to give talks about 'attitudes towards cigarette smoking', 'the importance of dental hygiene', and 'foot hygiene'.

## INFECTIOUS DISEASES IN SCHOOLS

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

The table below shows the number of notifications of infectious and other notifiable diseases amongst children of compulsory school age during the year.

<i>Disease</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Scarlet Fever	18	14	32
Whooping Cough	18	26	44
Acute Poliomyelitis—			
(a) <i>Paralytic</i>	—	—	—
(b) <i>Non-Paralytic</i>	—	—	—
Measles (excluding rubella)	145	137	282
Diphtheria	—	—	—
Acute Pneumonia	2	1	3
Dysentery	44	48	92
Smallpox	—	—	—
Acute Encephalitis—			
(a) <i>Infective</i>	—	—	—
(b) <i>Post-Infectious</i>	—	—	—
Enteric or Typhoid Fever	—	—	—
Paratyphoid Fevers	—	—	—
Erysipelas	—	—	—
Meningococcal infection	—	1	1
Food poisoning	8	2	10
Total notifications	235	229	464

## HANDICAPPED PUPILS

During the year ending 31st December, 1967, the following were newly ascertained as requiring education at special residential schools:—

Blind	<i>Nil</i>
Partially sighted	<i>Nil</i>
Deaf	<i>Nil</i>
Partially Hearing	1
Educationally sub-normal	21
Epileptic	2
Maladjusted	5
Physically Handicapped	<i>Nil</i>
Speech defect	<i>Nil</i>
Delicate	8
Multiple Defects	6

—  
43  
—

During the year a total of 46 Herefordshire pupils were newly admitted to special residential schools and 37 were discharged.

16 boys (including 1 Dudley pupil) were admitted to Pudleston Court Special Residential School and 13 were discharged. At the end of the year there were 3 Herefordshire boys due to be considered for places after Easter 1968.

At Uplands Special School 5 boys and 2 girls were admitted; 7 boys and 4 girls (including 1 Dudley pupil) were discharged. There were 2 pupils on the waiting list at the end of the year but places would be available at the beginning of Spring Term 1968.

At Houghton Hall Special Residential School for Educationally Sub-Normal Girls, Shifnal, Salop, where Herefordshire has a quota of places, 6 girls were admitted and 2 discharged, making a total at the school of 15. There were 2 girls waiting to be considered for admission at the end of the year.

The number of pupils ascertained is given in the following table which shows the position on 31st December, 1967.

CATEGORY	<i>In Special Schools</i>		<i>In Main-tained Schools</i>		<i>In Independ-ent 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	6	—	—	—	—	—	—	2	6
(b) Partially Sighted ...	2	1	2	3	—	—	1	—	5	4
(c) Deaf ... ..	4	2	—	—	—	—	—	—	4	2
(d) Partially Hearing ...	1	1	21	21	—	—	3	3	25	25
(e) Educationally Sub-normal	47	22	99	67	—	—	—	—	146	89
(f) Epileptic ... ..	—	2	—	—	—	—	—	—	—	2
(g) Maladjusted ... ..	12	1	9	2	—	—	2	—	23	3
(h) Physically Handicapped	2	6	2	5	—	—	6	3	10	14
(i) Speech Defect ... ..	—	—	242	86	8	3	11	9	261	98
(j) Delicate ... ..	8	12	26	19	1	2	2	1	37	34
(k) Multiple Defects ... ..	26	12	37	17	1	—	1	1	65	30
<b>TOTAL ... ..</b>	<b>104</b>	<b>65</b>	<b>438</b>	<b>220</b>	<b>10</b>	<b>5</b>	<b>26</b>	<b>17</b>	<b>578</b>	<b>307</b>

### CASES REPORTED TO LOCAL HEALTH AUTHORITY

During the past year the undermentioned children were notified:—

Under Education Act, 1944, section 57 (4) ... ..	7
For informal supervision after leaving school ... ..	21

### CHILD GUIDANCE SERVICE

The team at the Hereford Child Guidance Clinic during 1967 was:—

Psychiatrist	Dr. D. T. Maclay, M.D., D.P.M.
Psychologist	Miss E. A. Bonniface, B.A. (resigned 31/1/67). Mr. M. C. Verma, B.A., M.Ed. (appointed 3/7/67).
Social Worker	Mrs. M. A. Conium.

On waiting list 1/1/67 ... ..	8
New cases referred ... ..	97
Old cases re-referred ... ..	35
Queries at or from school ... ..	107
<b>TOTAL ... ..</b>	<b>247</b>

Number seen by child guidance team ... ..	86
Number seen by educational psychologist at clinic ... ..	22
Number seen by educational psychologist at schools, etc. ... ..	122
Number who did not attend, etc. ... ..	7
Number on waiting list as at 31/12/67 ... ..	10

TOTAL ... .. 247

Number of attendances at Child Guidance Clinic ... ..	796
Number of school visits by educational psychologist ... ..	122
Number of home visits by educational psychologist ... ..	1

The new patients seen at the Hereford Child Clinic in 1967 were referred from the following sources:—

School medical officers ... ..	23
Schools, etc. ... ..	9
Family doctors or hospitals ... ..	28
Court, Children's Departments, etc. ... ..	10
Other ... ..	16

TOTAL ... .. 86

These children were grouped diagnostically as follows:—

Anxious or Nervous Children ... ..	29
Psychosomatic illness ... ..	12
Degrees of backwardness and school problems ... ..	21
Delinquency and Behaviour Disorders ... ..	19
Organically Determined Problems, including epilepsy ... ..	5

TOTAL ... .. 86

The three clinic conference, held annually, covering Herefordshire, Worcestershire and Gloucestershire, was held at Cheltenham on 29th November, 1967.

The number of children under 5 years of age referred and seen as new cases in 1967 was 14.

The number of cases referred by the Courts for psychiatric report during 1967 was 3.

36 children received treatment at the Clinic during the year.

A most interesting article dealing with the work of the Child Guidance Clinic was written by Dr. Maclay and published in the November, 1967, issue of the Health Education Journal of the Central Council for Health Education.

The Friends of the Child Guidance Clinic helped in so many ways including holidays which would otherwise have been beyond the reach of the parents and their children.

Mrs. Conium spoke at a number of meetings of voluntary organisations.

## PUPILS WITH SPEECH DEFECTS

Patients on treatment at beginning of 1967	119
Patients on observation at beginning of 1967	182
New cases treated	56
New cases placed on observation	18
<b>TOTAL</b>	<b>375</b>
Cases discharged after treatment (speech within normal limits)	61
Cases discharged on leaving school	3
Cases discharged, ceasing to attend	10
Cases discharged on leaving area	13
Cases discharged on refusing treatment	1
Cases deceased	1
Patients on treatment at end of year	146
Patients on observation at end of year	140
<b>TOTAL</b>	<b>375</b>
Total attendances	2,519

### Clinical Analysis

Simple Dyslalia	159
Multiple Dyslalia	49
Stammer	58
Stammer & Dyslalia	2
Cleft Palate	2
Sigmatism	43
Poor Language Development	27
Dyslalia & Deafness	3
Dyslalia & Mental Defect	24
Dyslalia & Hyperrhinophonia	1
Dyslalia & Cerebral Palsy	2
Stammer & Sigmatism	1
Poor Tone	2
Aphasia	2
<b>TOTAL</b>	<b>375</b>

During the year clinics have been held weekly in the following centres:—

HEREFORD.	Health Clinic, Gaol St., Hereford. Health Centre, Ross Road, Hereford.
BROMYARD.	Nunwell House, Bromyard.
KINGTON.	Cottage Hospital, Kington.
LEDBURY.	Cottage Hospital, Ledbury.
LEOMINSTER.	Clinic, Westfield Walk, Leominster.
ROSS-ON-WYE.	Clinic, Chepstow House, Ross-on-Wye.

As from November Kington and Leintwardine Schools were visited on alternate weeks. Regular visits have been made to the Junior Training Centre and Pudleston Court and Uplands Special Residential Schools.

### INDEPENDENT SCHOOLS

Arrangements have been made with the proprietors of 2 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	1
Period medical inspections—	
Number of children inspected	39
Number of children found to require treatment—	
for defective vision	4
for any other condition	—
Total individual children	4
Physical condition of the children examined—	
Satisfactory	39
Unsatisfactory	—
Number of children found to require observation	3
Number of special inspections	—
Number of re-inspections	1

### 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 proposed 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 154 children were examined by school medical officers and all except one 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.

### 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 of the chest 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 an X-ray examination of the chest, in order 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.	133
Teachers	92

### DIPHTHERIA AND DIPHTHERIA/TETANUS IMMUNISATION

The above is offered at routine medical inspections when the child first commences attendance at school at five years of age. The child is given either a full course or a single reinforcing injection when primarily immunised in infancy. This service is again offered when the child reaches the age of nine years.

Immunisation sessions were held at school medical inspections in 104 maintained schools and 1 private school in the area of the local education authority during the year 1967. Notices regarding the service, embodying a form of consent, were forwarded to the parents of 3,549 children in the age groups 5 and 9, and treatment at the school was accepted in respect of 2,647 pupils, an acceptance rate of 74.58%. Of these, 281 children who had not been previously immunised were given a full course of injections and 2,370 children were given a single reinforcing injection, including 90 primary immunisations and 254 reinforcing injections administered to children of school age by general practitioners and at school clinics.

The system for reinforcing injections of diphtheria/tetanus continues for those children who received triple antigen as a primary course.

This year 1,692 school children received such reinforcements.

## POLIOMYELITIS VACCINATION

Work in this field continues both at the clinics and by the family doctors. Health visitors are still giving oral vaccine at home to children unable to attend clinics.

The primary course of vaccine given by mouth in sugar or syrup involves three doses at four to eight weekly intervals.

The booster dose of oral vaccine is offered to all children starting school, irrespective of the number of oral doses or salk injections given.

Primary doses.	Of the 128 school children given vaccine for the first time, 3 had vaccine by injection (Salk) and 125 had oral vaccine (Sabin). This figure is considerably lower than last year, and will probably continue to decrease as more and more children are receiving completed primary courses of poliomyelitis vaccine before attaining school age.
Booster doses.	32 children have been given booster doses of vaccine by injection (Salk) and 1,547 children (the same number as last year) given booster doses of oral vaccine (Sabin).

## B.C.G. VACCINATION

B.C.G. vaccination is offered to children aged 13 and upwards provided their parents consent to the initial tuberculin testing and subsequent vaccination of those children with a negative result. School medical officers visit the schools for carrying out the tests and those with negative results are vaccinated. There is an interval of three to seven days between test and vaccination.

Those children vaccinated in 1966 and still attending school were offered a re-test and those again producing a negative result were re-vaccinated.

This vaccine is safe, prevents the more acute forms of tuberculosis and gives protection for upwards of 12 years.

Number offered test, and vaccination if necessary	1,705	
,, accepted	1,507	88.4
,, tested during year	1,341	
,, found to be negative and vaccinated	1,155	86.1
,, found to be tuberculin positive	184	13.9
,, referred to Chest Physician for X-ray	20	
,, vaccinated with B.C.G. in 1966 and re-tested 1967	982	
,, found to be negative and re-vaccinated	83	8.5
,, found to be positive	899	91.5

Two pupils found to be negative were not, on medical grounds, vaccinated.



## PROVISION OF SCHOOL MEALS AND MILK

It is estimated that during the financial year 1967-68 some 3,770,000 meals will be provided, giving an average of 19,137 meals daily. All schools maintained by the Authority have been supplied with milk under the Milk-in-Schools Scheme.

During the year new self-contained canteens were opened at Marlbrook C.P., Grafton S.M., Goodrich V.C. and Wigmore C.P. Schools and the Authority has continued to improve existing canteens and install hot water systems where schools have been connected to the mains water supply.

Special diets have been provided for pupils where these have been recommended by the Principal School Medical Officer.

Training courses have continued for school meals staff and during the year the Hotel and Catering Industry Board has come into being and issued several Guides in order to give the catering industry a clear and concise picture of the Board's objects and activities. The purpose of the Board is to ensure that enough training, of the right quality, for the industry's needs is given to staff at all levels to ensure that the cost of training is evenly and fairly spread amongst employers. The Board has already appointed some thirty training advisers who will be able to advise employers on suitable training schemes for all types and sites of establishments.

The number of children receiving free schools meals has continued to rise especially since the issue of a personal message to all parents on behalf of the Secretary of State for Education and Science, telling them about the scale for free school meals. A more favourable income scale for free meals cases was also issued by the Department of Education and Science in the Autumn.

The Principal School Medical Officer has continued to examine school meals staff who may have been a health risk and who come into direct contact with food and children.

## SCHOOL BUILDINGS

### 1. Playgrounds

Repairs have been effected to the playgrounds at 20 schools. Additional tarpaved areas have been provided at 2 schools.

### 2. Heating

New stoves and grates have been provided and repairs carried out to existing stoves and grates in 35 schools. Repairs and improvements have been carried out to central heating systems at 39 schools and new boilers have been installed in 3 schools. The heating at 3 schools has been improved by the provision of suspended ceilings.

### 3. Equipment

New desks and tables (replacements) have been supplied to 43 schools.

### 4. General Sanitary Arrangements

The earth closets at 2 schools have been converted into water closets and the installation of water-borne sanitation at another school is in progress. Additional toilets have been provided at 1 school and additional lavatory accommodation at 1 other school has been authorised.

The cloakroom and washroom arrangements at 5 schools have been improved.

Drains have been overhauled and repaired in 28 schools. 1 school has been connected to the public sewer.

Mains water has been laid on to 9 schools and 1 other school is awaiting connection. Appropriate action has been taken to improve the quality of the well water at 1 school.

## 5. General

The new primary schools at Wibmore (5-class) and Orleton (4-class) were occupied on the 30th October, 1967 and 9th January, 1968 respectively. Additional classrooms have been erected at 8 schools and a Horsa building at Lord Scudamore County Primary School has been converted for use as a nursery classroom. The following projects were started on the dates stated:—

New 4-class primary school at Bosbury	15.5.67.
New 2-class primary school at Brilley	10.7.67.
New 4-class primary school at Luston	22.5.67.
Herefordshire School of Agriculture	1.6.67.

Repairs have been effected to school floors in 29 cases and new floors have been provided at 11 schools. Renovations have been carried out at 54 schools.

Improvements have been effected to existing electrical installations at 11 schools.

### PHYSICAL EDUCATION

It is pleasing to report that during the year physical education in both primary and secondary schools throughout the county, continued to make splendid progress. New schools and improved facilities have contributed very largely to this increased standard of attainment, which is calculated on the improved ability of every child, rather than the success of school teams or star performers. This higher level of attainment has been particularly noticeable in educational gymnastics, swimming and inter-school games—especially primary school level—and the Education Committee can be justly proud of the support it has given in the encouragement of these activities.

At primary level it is gratifying to record that increased facilities, particularly the acquisition of playing fields and the conversion of indoor accommodation for educational gymnastic lessons, are slowly being provided, and that each successive year brings us closer to a satisfactory standard of provision for all schools. A particular interest has been the increase in the number of learners' swimming pools during the past year, due largely to the praise-worthy efforts of head teachers and parents, as well as the continued support of the Education Committee. There are now ten primary schools possessing their own learners' pools, four of which are covered and heated for all the year round use, and where children in the lower infant level are provided with the opportunity of learning to swim. Five more pools are planned for 1968, which together with the thirteen already in existence in secondary schools compares most favourably with the provision made by any other Authority in the country. The rural schools' Swimming Scheme which operated during the summer term, made it possible for every school in the county to take advantage of facilities for swimming instruction, and during a short ten week period no less than 676 rural school children learned to swim. The county-wide inter-change of visits by rural schools for the playing of small-side team games—football, hockey, netball and rounders—is fostered and encouraged by head teachers and there is no doubt that this friendly games rivalry makes an important contribution to an improved standard of performance as well as inculcating desirable group and social behaviour.

At secondary level, there has been an intensive programme of well attended courses for both teachers and children, and as a result it is felt that a sound foundation has been provided for the attainment of a higher standard of skills and coaching methods. The wide variety of activities in physical education, which are now made available for pupils of secondary school age, places an increased burden on the specialist teachers, but this does not limit their efforts to ensure that as wide a range of games and pursuits is provided so that the individual will be able to pursue an activity of his choice in his post-school life. This preparation for the adult world, with the increasing emphasis being placed upon the best use of leisure time, has not been overlooked at national level, and during the past year the establishment of Regional Sports Councils under the guidance of a Minister for Sport, has placed a new importance on the part that physical education must play in the lives of the entire community.

The Herefordshire Schools' Sports Association can be well satisfied with their efforts during the past year, notably in connection with the establishment of rugby football, basketball and cricket at inter-county level and its continued interest in ensuring that Herefordshire is represented at national level in athletics, cross-country and swimming. Only financial considerations limit the excellent work which continues to be done by this voluntary body of teachers, who give up much of their free time in order to develop further the work of physical education in our schools.

## HOUSECRAFT

The teaching of home economics in secondary and grammar schools continues to have a broad syllabus to fit boys and girls for their future life within the family.

Choosing and preparing for homemaking, to include methods of purchasing, renting, site, rates, position and services; general fabric of the house, wall and floor surfaces, household furnishings, heating, lighting, ventilation; colour in the home, interior decorating, hire purchase, credit buying; management of time and money, income, budgeting, saving and shopping; leisure in the home; personal relationships and social services; running the home, feeding the family—to include old people, sick or convalescent and children; sound nutrition, good storage and clean food supply; home production of food and preservation; personal and family health, cleaning and maintenance of the home, making it attractive, flower arranging; safety precautions, simple first aid, home nursing and child care.

In most grammar schools arrangements have been made for sixth form minority time classes for boys and girls. A general course to include visiting lecturers on the broad principle of the above scheme which 'O' level examination does not include at the moment.

The co-operation of the staff of the County Health Department, with short courses on Health of the Family, has been appreciated by head teachers.

## INDEX

	<i>Page</i>
Amblyopia ex Anopsia . . . . .	9
Audiometry . . . . .	10
B.C.G. Vaccination at School . . . . .	21
Cases reported to Local Health Authority . . . . .	17
Child Guidance Service . . . . .	17
Committee Members . . . . .	1
Dental Inspection and Treatment . . . . .	13
Diphtheria Immunisation . . . . .	20
Ear, Nose and Throat Defects . . . . .	10
Employment of Children . . . . .	20
Eye Diseases, Defective Vision and Squint . . . . .	8
General Medical Practitioners in the School Health Service . . . . .	5
Handicapped Pupils . . . . .	16
Housecraft . . . . .	24
Independent Schools—Medical Inspection . . . . .	20
Infectious Diseases . . . . .	16
Maintained Schools—Medical Inspection . . . . .	5
Medical Examination of Prospective Teachers . . . . .	20
Orthopaedic and Postural Defects . . . . .	12
Physical Education . . . . .	23
Physiotherapy . . . . .	12
Principal School Dental Officer's Report . . . . .	13
Poliomyelitis Vaccination . . . . .	21
Sanitary Inspection of Schools . . . . .	20
School Clinics . . . . .	14
School Buildings . . . . .	22
School Meals . . . . .	22
School Milk . . . . .	22
Skin Diseases . . . . .	15
Special Schools . . . . .	16
Speech Therapy . . . . .	19
Staff . . . . .	4
Uncleanliness . . . . .	15

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