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NORTHAMPTONSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE

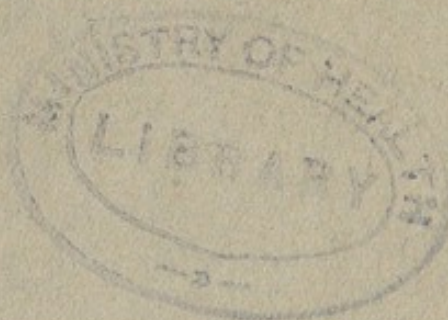
ANNUAL REPORT

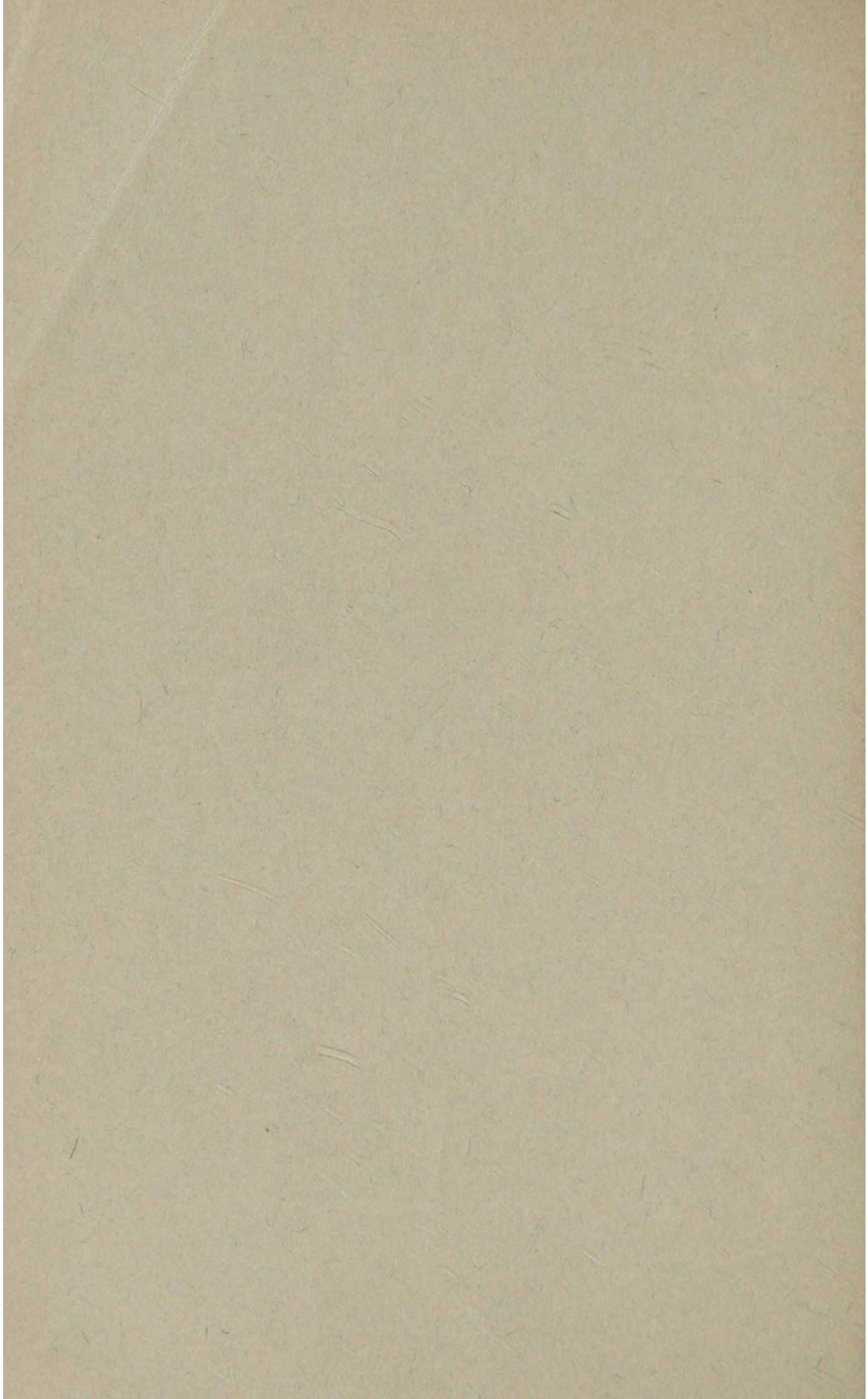
OF THE

**PRINCIPAL
SCHOOL MEDICAL OFFICER**

FOR THE YEAR

1955





NORTHAMPTONSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE


ANNUAL REPORT

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SCHOOL HEALTH DEPARTMENT,
GUILDHALL ROAD,
NORTHAMPTON.

March, 1956.

TO THE MEMBERS OF THE
NORTHAMPTONSHIRE EDUCATION COMMITTEE.

I have pleasure in presenting the forty-eighth Annual Report of the Education Committee.

The work of the School Health Service has been carried out on similar lines to those of previous years. The chief event was the introduction of B.C.G. vaccination against tuberculosis for thirteen year old pupils. This preventive measure, which is the responsibility of the Health Committee, received the support of head teachers and parents, and it is gratifying to be able to record that 90% of parents consented to their children being tested and vaccinated. The full results of the vaccination will not be seen for at least ten years until the present thirteen year old pupils have left school and been out at work, where many will for the first time run the risk of tuberculous infection. Those who have been protected by vaccination will experience a lessened risk of contracting a disease which still requires a long period of treatment and which can disrupt the career of a young man or woman.

As stated in previous reports, the contrast between the new schools and some of the old schools is striking. The Committee is well aware of the position and it is regrettable that there are insufficient capital resources to allow all the old schools, and particularly the sanitary offices, to be brought up to modern standards. The Committee has continued to be assiduous in converting pail closets in village schools to water closets as soon as the requisite public services have become available.

A considerable amount of time has been spent by the medical staff in ascertaining educationally sub-normal children. The three special schools in the County for these pupils are full, all have waiting lists, and additional accommodation is being provided at the day special schools at Kettering and at Wellingborough. Thereafter, the position will be reviewed. On grounds of cost alone,

there is everything to be said for educationally sub-normal pupils being educated at day special schools rather than at boarding schools, and any additional accommodation required may possibly be found in day schools.

The black spot in the report as far as the health of the children is concerned is the dental service. The prospects of securing an adequate dental staff are bleak and the remedy lies in means of prevention, for example, by fluoridation of water supplies and by the introduction of the New Zealand system of dental ancillaries trained to carry out simple conservative procedures under the supervision of a dental surgeon. Meantime, all we can do is to see that the best use is made of the available dental staff and also to conduct a health education campaign on the benefits to be derived from oral hygiene and good nutrition and on the dangers of excessive sweets and carbohydrates. The lessons of the war have not been taken to heart, namely, that when sweets were rationed, the dental condition of the children improved. On the suggestion of the Medical Inspection and Treatment Committee who take a great interest in the dental service, a circular emphasizing the importance of oral hygiene was distributed to all schools and to health visitors.

With the continued extension in the specialist services provided by the Regional Hospital Board, there has been an even greater improvement in obtaining reports from consultants about children seen at medical inspections. The full and valuable reports which are received are much appreciated. My department enjoys friendly relationships with all the consultants in the County and close and effective co-operation is maintained. Of recent years, a two-way traffic on requests for reports has appeared because some of the hospital consultants now ask me for reports. The Consultant Paediatrician may ask to be informed about the intelligence quotient and progress in school of one of his patients; or, on occasion, a record of the height and weight taken from the records of previous years will help the consultant in establishing the diagnosis, and this information has been supplied. The general practitioners also have been very willing to send me for perusal and return, copies of hospital reports about special cases under their care.

I have pleasure in thanking the Chairman and members of the Medical Inspection and Treatment Committee for their interest and support. The head teachers and their staffs have again been most

co-operative, and I am grateful to them for facilitating the medical inspections in schools, often at no slight inconvenience, and for answering enquiries about individual children. I am obliged also to the Chief Education Officer and the County Architect for their assistance. Finally, to my own staff, particularly my medical colleagues, who have now included B.C.G. vaccination as part of their routine duties, I am much indebted for an excellent year's work.

I have the honour to be,

Your obedient servant,

CHARLES MILLIKEN SMITH,
Principal School Medical Officer.

STAFF

Principal School Medical Officer—

C. M. Smith, O.B.E., M.A., M.D., D.P.H.

Deputy Principal School Medical Officer—

M. J. Pleydell, M.C., M.D., D.P.H.

School Medical Officers—

J. T. Murphy, M.B., Ch.B., B.A.O. (to 31st January).

P. X. Bermingham, M.B., Ch.B., B.A.O., D.P.H.

A. Lucas, L.R.C.P.E., L.R.C.S.E., L.R.F.P.S.E., D.P.H.

H. A. H. Summers, M.B., B.Ch., B.A.O., D.P.H.

A. N. Pickles, M.B., Ch.B., D.P.H.

J. Carroll, M.B., Ch.B., B.A.O., D.C.H., D.P.H.

Muriel C. Goodchild, M.R.C.S., L.R.C.P., D.C.H.

Mary G. H. Dickson, M.R.C.S., L.R.C.P., D.P.H.

Nora V. Crowley, M.B., Ch.B., B.A.O., D.C.H.

Jean F. Croll, M.B., Ch.B.

Principal School Dental Officer—

I. J. Faulds, L.D.S. (to 31st December).

School Dental Officers—

C. M. Perry, L.D.S.

R. J. H. Corfe, L.D.S.

J. P. Finnan, L.D.S.

Mrs. F. M. Jones, L.D.S. (part time).

R. D. R. Hopkinson, L.D.S. (from 1st February).

Consultant Dental Anaesthetist (part time)—

M. G. L. Lucas, M.B., Ch.B., D.A. (to 31st January).

Consultant Ophthalmologists—

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

R. C. Jack, M.B., F.R.C.S., D.O.M.S.

Ophthalmologist—

Mrs. N. M. Oughton, M.B., Ch.B., D.O.

Psychiatrists—

J. Orme, M.R.C.S., L.R.C.P., D.P.M. (temporary).

N. A. Daly, M.B., D.P.M. (temporary).

Educational Psychologist—

Miss D. V. Scott, M.A.

Psychiatric Social Worker—

Miss E. E. Bitchenor, B.A.

Speech Therapists—

Miss D. Dentith, L.C.S.T. (to 24th July).

Miss E. Mathias, L.C.S.T.

School Nurses—

Assistant Superintendent Nursing Officer and Health Visitors,
equivalent of 12.04 full-time nurses.

Dental Attendants—

Seven whole-time attendants are employed.

No. of schools in the Authority's area at 31st December, 1955 :

Primary	250
Secondary Technical	4
Secondary Grammar	9
Secondary Modern	23
Nursery schools	2
Special schools.....	4
	—
Total	292
	—

Average number of pupils on the registers during the year : **41,050.**

SCHOOL MEDICAL INSPECTIONS

The equivalent of 3.55 whole-time School Medical Officers were employed on School Health Service duties, as compared with 3.50 last year. As mentioned later in this Report, the medical staff spent 105 sessions in connection with B.C.G. vaccination of school leavers, with a consequent reduction in the time available for medical inspections. In the routine age groups 10,747 children were examined as compared with 12,154 last year. Re-examinations and special examinations totalled 5,596 as compared with 5,520.

Of the 4,780 entrants examined, 443 (9.2%) required treatment. Of 3,581 ten-year-old children, 1,909 leavers and 477 thirteen-year-olds, the numbers who needed treatment were 320 (8.9%), 131 (6.7%) and 58 (12.1%) respectively.

The figures refer to individual children requiring treatment, and not to the actual number of defects.

CO-OPERATION WITH FAMILY DOCTORS AND SPECIALISTS

As in previous years, there has been excellent liaison between the School Health Department, the medical practitioners and hospital consultants. With the exception of defective vision, the family doctor is always consulted before a school child is referred for a specialist's opinion. This procedure, approved by the British Medical Association and the Society of Medical Officers of Health some years ago, has been found satisfactory in practice. The advice of the consultants with regard to certain categories of handicapped children, is greatly appreciated.

EDUCATIONALLY SUB-NORMAL AND INEDUCABLE CHILDREN

251 children were examined to ascertain whether they were educationally sub-normal or ineducable, and the results are given below.

The majority of requests for such examinations come from the head teachers, to whom the child's attainments are best known, and from the examining School Medical Officers. Occasionally we are asked by the Consultant Paediatricians to ascertain the Intelligence Quotient of children under investigation by them at the hospital.

Recommended for admission to a day or boarding
special school 60

Recommended for report to the Local Health Authority as incapable of benefiting by education at school (Education Act, 1944, Section 57(3))	9
Recommended for report to the Local Health Authority for supervision after leaving school (Education Act, 1944, Section 57(5))	34
Recommended special help in an ordinary class	41
Found not to be educationally sub-normal	100
Re-examination at a later date.....	7

At the end of the year, in an official return to the Ministry of Education, it was stated that the number of educationally sub-normal children waiting admission to special schools was : for day school, 67 ; for boarding school, 123. (The corresponding figures for 1954 were 51 and 104.)

Of these numbers approximately 26 children were eight years of age and under, and normally, pupils are not admitted to the County's special schools until the age of nine.

The parents are approached to give consent only when a vacancy is available, so that as regards the remaining numbers it is unknown how many consents would be forthcoming. So far the policy of the Committee has been not to insist on parents sending their children to special schools, but in point of fact few parents do refuse.

The following table shows the number of pupils, divided into range of intelligence quotients, attending special schools in the County at the end of the year.

<i>Range of Intelligence Quotients</i>	NAMES OF SCHOOLS		
	<i>Loddington Hall Boarding School</i>	<i>Kingsley Day Special School Kettering</i>	<i>Elsden Road Day Special School Wellingborough</i>
Below 50	2	1	3
50-59	10	4	7
60-69	31	20	15
70-79	15	14	11
Above 80	—	—	2
TOTALS	58	39	38

OTHER HANDICAPPED PUPILS

Blind. The Authority now has eight pupils in residential schools for the blind. One new case was admitted during the year.

Partially Sighted. Four new cases were reported and four pupils were admitted to special schools. Seven partially sighted pupils are now in special schools.

Deaf. One totally deaf pupil was ascertained to be in need of special school education. At the end of the year 11 pupils were receiving education in boarding schools for the deaf.

Partially Deaf. Three partially deaf children are receiving education in boarding schools. One pupil was admitted in 1955.

Delicate. Thirteen new cases were reported and twelve admissions to special schools were arranged. At the end of the year 33 pupils were in attendance at special schools. Most of these pupils attend the Physically Defective Department of the Kettering Kingsley Special School.

Physically Handicapped. Eight new cases were reported and six were admitted to special schools. At the end of the year 37 physically handicapped pupils were receiving special educational treatment.

Maladjusted. Sixteen children in the County were ascertained during the year as requiring treatment in hostels and places were obtained for ten of these children. On 31st December, 11 children were attending hostels for maladjusted children and two were attending special boarding schools outside the County.

Epileptic. Four epileptic children are being educated at boarding special schools. One child ascertained during the year has since died.

DEFECTIVE VISION

Of the 233 sessions allocated to us by the Oxford Regional Hospital Board, 28 were cancelled on account of the illness of specialist staff, bad weather, etc. Even so, there was still a slight increase in the number of pupils examined at school eye clinics, namely, 2,812 as compared with 2,780 last year.

The table on page 36 shows the number of clinics held at the various centres and the number of children waiting for an appointment at the end of the year. The numbers on the waiting list for examination at Corby, Northampton, Rushden and Wellingborough clinics totalled 620, but if no clinic sessions had been cancelled this number would have been reduced to about 200.

The Orthoptist to the Kettering Hospital Management Committee attends the school eye clinics at Corby and Rushden and at her orthoptic clinics at Kettering General Hospital has seen 369 children from Corby and 725 and 495 from the Kettering and Rushden areas respectively. Fifteen cases were admitted for squint and other operations.

In the Northampton area ten children were admitted to the Northampton General Hospital for similar operations.

The health visitors pay follow-up visits to the parents who fail to bring their children to the refraction clinics.

INFECTIOUS DISEASES

When an outbreak of infectious disease occurs in a school, head teachers submit reports showing the numbers affected and the percentage of children absent. The department issues lists of precautionary measures advised to prevent the spread of the infection and, as considered necessary, the health visitor or the District Medical Officer of Health are asked to visit.

The following special reports on infectious diseases were submitted by head teachers during the year. (The figures in brackets refer to the previous year.)

<i>Whooping</i>				
<i>Cough</i>	<i>Chicken Pox</i>	<i>Influenza</i>	<i>Mumps</i>	<i>Measles</i>
13	15	12	13	41
(17)	(23)	(5)	(14)	(1)
			<i>German</i>	<i>Scarlet</i>
<i>Jaundice</i>	<i>Dysentery</i>	<i>Impetigo</i>	<i>Measles</i>	<i>Fever</i>
7	7	2	3	8
(—)	(—)	(—)	(1)	(27)
	<i>Conjunctivitis</i>	<i>Sore Throats</i>		
	1	1		
	(—)	(—)		

Dysentery. Sonne dysentery—a mild form of dysentery—was reported from three Corby schools. Although only a few children, and in one case a member of the staff, were affected, head teachers were given instructions with regard to the special hygienic precautions that were advised to prevent, as far as possible, the spread of infection. Children suffering from diarrhoea were excluded from the school and the parents recommended to consult the family doctor.

At the beginning of the autumn term there was an outbreak of Sonne dysentery at a school in the southern part of the County. This was investigated by Dr. Pleydell in consultation with the local medical practitioner, and in all, six cases were confirmed.

Two other outbreaks of this disease occurred at Wellingborough in March and October. At one school, two teachers and more than half the pupils were affected and were off school. The infection was investigated by the District Medical Officer of Health, Dr. P. X. Bermingham.

Poliomyelitis. Two cases occurred in a village in the northern part of the County. As a precautionary measure children were excluded from attending schools outside the village for a period of three weeks. No further cases occurred.

Ringworm. As a result of a report in December from Dr. R. B. Coles, the Consultant Dermatologist at Northampton General Hospital, that a child attending a village school was found to be suffering from ringworm, I visited the school and examined under

the Wood's Filter all the pupils in attendance, together with children under school age, and some older pupils from a neighbouring senior school. Three children who were found to be suffering from ring-worm were referred to Dr. Coles, who confirmed the diagnosis and instituted treatment.

Impetigo. A number of cases of this disease were reported among Kettering school children towards the end of the year. The School Medical Officers, health visitors and district nurses were asked to keep a look out for instances of the infection brought to their notice during the course of their duties, and to ensure that affected children were excluded from school and obtained treatment through the family doctor.

Influenza. An unusually large outbreak of influenza—a virus “ B ” infection—accompanied by acute colds and bronchitis, occurred in the County during January and February. School children were, of course, affected and attendances in some schools fell to 50%. However, it was not found necessary to close any school.

Tuberculosis. Eight cases of pulmonary tuberculosis and nine cases of non-pulmonary disease (glands—two ; hip—two ; meninges—one ; peritoneum—two ; spine—one, and tonsils—one) were notified.

B.C.G. Vaccination. As mentioned in last year's report a start was made on this campaign in December 1954, at two schools in Kettering. The following statistics refer to the work done since the inauguration of the programme.

Number of schools visited	46
Number of children for whom consent for Mantoux testing and vaccination, if necessary, was obtained	2,218
Acceptance rate	90.0%
Number of children Mantoux positive	416
Mantoux positive rate	19.9%
Number of children vaccinated.....	1,661
Number of sessions devoted by Medical Officers	108

It is very gratifying to be able to report that 90% of the parents gave consent for their children to be tested and vaccinated, if necessary.

The Head Teacher of one of the Secondary Modern schools advised me that the decision would, in many families, be largely determined by the child himself. As the Head Teacher put it, the child would take the consent form home and his parents would ask him, "Do you want to be done?" Accordingly I felt it incumbent that the pupils themselves should be fully informed about Mantoux testing and B.C.G. vaccination and with the consent of the head teachers I visited all the schools except one to give a talk. I explained to the pupils some of the triumphs of preventive medicine, illustrating with incidents about the discovery of smallpox vaccination in this country by Dr. Edward Jenner, and also showed how in recent years diphtheria had been banished as a result of immunisation. The cause and method of spread of tuberculosis were explained to the pupils and photographs of Doctors Calmette and Guerin, after whom B.C.G. is named, and of Prof. Mantoux were shown. Coloured photographs of positive Mantoux reaction and of the reaction after vaccination were also displayed.

Charts showing the fall in the number of cases and deaths from diphtheria and from tuberculosis in the County were explained. A specimen of B.C.G. vaccine was shown and the pupils were told how this vaccine was made in the State Serum Institute at Copenhagen and supplies flown over every week from Denmark to this country under special arrangements made by the Ministry of Health. The type of needle and of syringe used for Mantoux testing and for vaccination were also displayed.

Invariably the pupils were interested, and after the talk in most schools questions were asked.

I would like to thank the head teachers who kindly granted facilities for giving these talks and also to express my gratitude for their interest and support. There is no doubt that the high acceptance rate is in no small measure due to the keenness of the head teachers.

The work of Mantoux testing and vaccination was carried out by the medical staff. Dr. Nora Crowley took a special interest in this field and some of the other members of the staff attended her

sessions to obtain experience. I am indeed grateful to my medical colleagues who showed skill and enthusiasm in tackling this branch of preventive medicine.

B.C.G. vaccination has got off to a good start and I hope that in future years the high acceptance rate will be continued.

The recently issued report of the Medical Research Council has fully confirmed the value of B.C.G. vaccination.

X-Ray Examination of Teachers. The medical staff examined 122 candidates for admission to teachers' training colleges and 25 entrants to the teaching profession. None was found to be medically unfit for the profession, although one male teacher in the County was advised to have a further X-ray examination of the chest three months later.

MEDICAL EXAMINATION OF CHILDREN IN PART-TIME EMPLOYMENT

School Medical Officers report on all children over 14 years of age who are in part-time employment. The names of such children are submitted by the Chief Education Officer and the Medical Officers examine the cases at the "leaver" examinations. The majority of the 33 children concerned were employed in delivering newspapers, milk and daily rounds. In no instance was it found necessary to advise the Chief Education Officer that continuation of the part-time employment would be prejudicial to health.

SCHOOL PREMISES

When visiting schools for routine medical inspection purposes, the School Medical Officers take the opportunity of inspecting the premises, including the offices, and defects which come to their notice are reported to the Chief Education Officer or the County Architect. These defects usually relate to—inadequate heating, washing facilities, cloakroom accommodation, repairs to playgrounds, repairs and improvements to lavatories and urinals.

EAR, NOSE AND THROAT CLINICS

The arrangements for referring cases to the Ear, Nose and Throat Specialists, after consulting the family doctors, were continued, and

802 children had surgical treatment for the removal of tonsils and/or adenoids.

On the occasion of the next visit of a medical officer to the school these children receive a special follow-up examination to assess the benefits of the operation. On the few occasions on which the child's health appears to be unsatisfactory a special report is sent to the Specialist.

A weekly ear, nose and throat clinic, restricted mainly to school children, is held at the Northampton General Hospital. In Corby and Kettering part of a session is set aside each week for the examination of school children. No separate clinic for children is held at the Rushden Memorial Hospital.

On the recommendation of the Ear, Nose and Throat Specialists 11 children attended with their parents at the Leicester Clinic for young deaf children. As mentioned in an earlier report, the clinic was established by Dr. Irene Ewing of the Department for the Education of the Deaf, Manchester University, and guidance is given to parents of children, some of whom are awaiting places in special schools. In all these cases close liaison is maintained with the family doctor and the specialist.

MINOR AILMENT CLINICS

The number of children attending the Authority's five minor ailment clinics was 1,218 compared with 1,525 last year. Details of the conditions treated at the clinics are shown in Table IX.

NUTRITION

The comparison of the standard of nutrition of pupils examined in the routine age groups during 1954 and 1955 indicates an increase in the numbers classified as "good nutrition", and a very slight increase in the category with "poor nutrition". Since, as stated in previous reports, the assessment of nutrition depends on the personal standards of the examiners, I do not think any significance can be attached to these changes. One's general impression, however, from seeing children at school, is that they continue to improve in nutrition. Supplements such as Cod Liver Oil and Malt are issued on the recommendation of the examining doctors to children with poor nutrition.

		1955	1954
Good Nutrition	... ..	47.63	41.93
Fair Nutrition	... ..	49.73	56.42
Poor Nutrition	... ..	2.64	1.65

VERMINOUS CONDITIONS

For some years the procedure has been that all schools other than Grammar and High schools are visited by the school nurses as early as possible after the beginning of each term, so that children can be examined for cleanliness of person and clothing. Where necessary, the schools are revisited at monthly intervals to examine children found unclean at previous inspections; special cases reported by the teachers are also seen on these occasions.

It has been found that at a number of schools pupils are consistently clean, and the Committee has accordingly approved the following revision of the arrangements for visiting.

All schools which have shown a clean record during the previous two years receive termly visits at which the nurses examine only new entrants. County Modern schools which do not show a clean record are visited both termly and monthly, as before, but the inspections are restricted to the first two age groups only and to older children who have been found unclean at previous visits.

Within three months of the introduction of this arrangement the head teacher of a school with a clean record asked that the monthly visits of the school nurse should be resumed. He reported: "Since they ceased the general standard of cleanliness has deteriorated tremendously. Whilst no child is actually infested, many come to school unwashed and with evil smelling clothes. It is surprising how the knowledge that children would be regularly examined helped to maintain standards, particularly when it was realized that the nurses would visit the homes of the 'offenders'."

In point of fact, this particular school serves hutted dwellings in a former military camp, many of whose tenants fail to attain the normal standards of hygiene and cleanliness, and are constantly visited by the Health Visitor. It was really surprising that, no doubt due to the health visitor's efforts, the school had previously attained a clean record. The Committee decided to leave it to the

Principal School Medical Officer's discretion to resume monthly visits where he considered it advisable.

A total of 123,435 children were examined during the year, and the percentage found unclean at the beginning of each term was:

Spring term	...	1.6	(corresponding figure for 1954 : 1.7)
Summer term	...	1.4	(corresponding figure for 1954 : 1.6)
Autumn term	...	1.7	(corresponding figure for 1954 : 1.6)

It should be pointed out that the higher figure of 1.7% unclean in the autumn term does not necessarily mean that following the introduction of the new system decreased surveillance on the part of the school nurses resulted in more uncleanliness. The percentage increase is probably accounted for by the fact that fewer "clean" children were examined. The actual numbers found unclean, which form a more reliable indication than the percentages, are :

Number of children found unclean :	Spring term	1955	...	504
	Spring term	1954	...	518
	Summer term	1955	...	472
	Summer term	1954	...	541
	Autumn term	1955	...	514
	Autumn term	1954	...	568

**NATIONAL SOCIETY
FOR THE PREVENTION OF CRUELTY TO CHILDREN**

I am indebted to the Inspectors of this Society for the work they have done among school children. In all, 127 new cases have been investigated.

REPORT OF CHIEF DENTAL OFFICER

Mr. Ian Faulds, my predecessor, left in December, and I am writing this report on the basis of the figures which are available.

One dental officer, Mr. R. D. R. Hopkinson, was appointed in 1955, bringing the total dental staff to the equivalent of 5.7, and as a result more inspections and more treatment were carried out than in the previous year.

Inspections numbered 25,752 compared with 19,037 in 1954, and an increase in all kinds of work was carried out. It need scarcely be stated that although there has been a small improvement, the extent of the service is far from adequate; about one third of the schoolchildren could not be inspected. Moreover, of those inspected, only 60% received treatment under the County scheme, and while some children no doubt may have had treatment from general dental practitioners, a large number, I am afraid, had no treatment at all. Due to the fact that we are not able to keep up to date with the work, far too many extractions are done compared with fillings and, in fact, a hundred teeth were taken out for every 54 that were filled. This is clearly regrettable.

The main problem is due primarily to the long-standing shortage of staff and is one that cannot easily be remedied. Further, although treatment has hitherto been primarily concentrated on dental caries, there are two other dental conditions which require treatment, but at present very little time can be spent on them. I refer to orthodontic defects and to pyorrhoea. Orthodontic defects, that is, irregular teeth which require correction, probably exist in about 15% of all schoolchildren, and the treatment is a long process, often extending over three years. Gingivitis also is very prevalent, being variously estimated from 40% to 90% in children and many cases, if neglected, may progress to pyorrhoea in later life with consequent loss of teeth.

There are four steps that might be considered to improve the present service. An increase in staff is clearly desirable, but there are not sufficient dental officers in the country to meet the demand. Some authorities have attracted dental officers to their employment by offering accommodation. It might be possible also to approach

some of the local dental surgeons to do sessional work in the authority's clinics, and the Committee has approved of voluntary evening sessions for members of the staff. The administration of our own dental laboratory would also help, since this would permit of a wide range of interesting work, for example, crowns and inlays, and the wider the scope of work carried out, the greater the chances of being able to attract and keep young dental surgeons. Although the Committee has provided much improved surgeries and equipment, the Rushden dental clinic, as is recognized, is not up to standard, but this will be remedied when a new health clinic is constructed.

Again, as has been mentioned in a Ministry Circular, more attention could be devoted to improving oral hygiene in children with the object of reducing dental decay. The Committee approved of the issue of a circular to head teachers and health visitors on this subject.

The Ministry, in 1955, with the consent of the local authorities concerned, introduced schemes for the fluoridation of water supplies, and it is hoped that these experiments will confirm the results obtained in the United States, where there has been a considerable fall in the incidence of decay after fluoridation.

Finally, Parliament is at present considering the Dentists' Bill which will allow an experiment to be carried out in training dental ancillaries who will be permitted to do simple fillings and extractions. If the experiment is found to be satisfactory, the ancillaries will be available for employment in the public dental service to work under the direction of qualified dental surgeons who will thus be relieved of considerable routine work.

Fluoridation and dental ancillaries are long-term projects and meantime, all that we can do is to make the best use of the dental surgeons on our staff and to carry out an enthusiastic campaign in oral hygiene.

D. H. GOOSE.

SPEECH THERAPY

Until 24th July there were two Speech Therapists working in the County. Attendances at the new clinics that had been opened in 1954 continued to be good, and co-operation between schools and clinics in areas where the service had only recently come into operation was very encouraging. In July, however, Miss Dentith resigned, and since then the southern half of the County has been without a Speech Therapist.

Many home and school visits have been made during the year. Home visits are generally undertaken when a child has been treated at one of the sessions held regularly in schools, and the Therapist has been unable to discuss the child's progress with the parents. On occasions, treatment has been carried out in the patients' homes if the transport facilities have been poor. It has been possible, also, to visit and treat children in several of the more inaccessible country schools. The help given by the teachers in these schools, where only one or two visits a term have been practicable, has proved invaluable. In many cases, the teachers have followed up the treatment by helping the children to practise their speech work and encouraging them to introduce newly acquired speech habits into spontaneous speech.

It has been noticeable that, in schools where clinics are held regularly, children are frequently referred to the Therapist as being in need of treatment, their speech defects having been observed by their teacher. There are several comparatively large schools, however, from which very few children are referred for speech therapy : this tends to indicate that full advantage is not yet being taken of the service. Ideally, the Speech Therapist should visit all the schools in the County so that the teaching staff at each school can have the opportunity of referring patients and discussing speech difficulties with her. In practice, however, it is possible to visit only those schools where speech therapy is being undertaken.

No arbitrary period of time can be given regarding the duration of treatment for children suffering from similar speech defects. This can be illustrated by four cases treated during the past year. Three of the four children were boys of nearly six years of age, whilst the fourth was slightly younger. All four children were of normal

intelligence yet, on account of their speech defects, they had difficulty in making themselves understood. In two cases speech development had occurred at the normal time ; in the third case speech development had been late ; in the fourth speech had commenced at the normal age but had regressed at two-and-a-half years, to such an extent that, by the time he was nearly six, he was practically unintelligible.

Similar treatment was given to all four children and there was excellent co-operation from the parents and the schools in each instance. The first two children attended regularly for seven months and made steady progress. They were then deferred for three months and when next seen at the clinic were found to have normal speech. Accordingly, they were discharged.

The third child has now been attending the clinic for ten months and has become only a little more intelligible. The home situation is good and the child is co-operative, but he is unable yet to use newly learned sounds consistently in everyday speech and his conversation is still difficult to understand. There appears to be no physical or psychological cause for his present difficulty ; it seems that the child is retarded in speech maturation—a retardation which is having a detrimental effect upon his intellectual attainments. It is thought that maturation will take place gradually and that speech will eventually become intelligible, although it is difficult to determine when this will occur.

The fourth child received weekly treatment and made such good progress that, after ten months, his speech had become intelligible. He then attended monthly for four months, after which it was possible to discharge him altogether.

These cases illustrate the variations in response to speech therapy.

Speech Therapy

	<i>Miss D. Dentith</i>	<i>Miss E. Mathias</i>
Total number of attendances	1,997	3,020
Number of new patients	82	89
Number of patients discharged	67	63
Number of patients left district	8	4
Number of patients refused treatment...	—	—
Number of patients failed to attend interview	—	1
Number of patients deferred.....	35	37
Number of patients treated during the year	145	142
Number of patients on register on 24th July	180	179
	(on 31st December)	
Comprising :		
(1) Defective articulation	—	125
(2) Cleft palate	—	2
(3) Cerebral palsy	—	5
(4) Stammering	—	42
(5) Voice disorders	—	5
Number of home visits	—	49

CHILD GUIDANCE SERVICE

The report of the Committee set up in October 1950 "To enquire into and report upon the medical, educational and social problems relating to maladjusted children, with reference to their treatment within the educational system", was published at the end of the year. In accordance with the recommendations made in the chapter on Child Guidance the work of the clinic, which is concerned with maladjusted children, is here dealt with separately from the work of the educational psychologist in connection with school problems which are not primarily medical. This means that it may not be easy to compare the figures given here with those in earlier reports, though in future it will be possible again to make comparisons from year to year. A full table of the County figures for 1955 is appended to this report.

It will be seen that there is a slight decline in the total number of children seen by the clinic staff, a fact which is accounted for by a smaller number of referrals to the Educational Psychologist. The clinic figures have varied little apart from the increase from 18 to 30 in the number of children waiting clinic appointments, and the growth of the treatment waiting list from one to 12. The pressure of these waiting lists means that some cases cannot be dealt with really satisfactorily because of lack of time. Throughout the year the clinic has had the services of one locum psychiatrist, Dr. J. D. Orme, for four sessions a week. Clinics have, as previously, been held one day a week in Northampton, and for most of a day alternately in Kettering and Wellingborough. The late afternoon and early evening of this second day have been spent at Holyrood Hostel for maladjusted boys. Occasional visits have also been made to Highfield Reception Home as and when necessary.

Mr. and Mrs. Russell, who had been Warden and Matron at Holyrood since it opened in March 1951, left at Easter, and Mr. and Mrs. Earnshaw were appointed as their successors. After the summer a number of different hobbies and indoor activities was started with the boys and so much good craft work was produced by them that it was suggested that an Open Day might be held at

the Hostel when the articles could be seen before the boys took them home as Christmas presents for their families. This was arranged for December 15th and proved a most successful experiment. A number of officials from the County and Borough attended, many of the teachers from the boys' schools and other interested people. It was regretted that so few members of the Committee which is responsible for the administration of the Hostel were free to come.

There were remanded by the Courts for psychological and psychiatric examination by the clinic 52 boys—an increase of 13 over 1954. Two points of interest are, firstly, that the Magistrates not only sought the advice of the psychologist and psychiatrist to help them make their decisions regarding the boys' disposal, but in most cases implemented the recommendations made. Secondly, in the opinion of the Child Guidance Staff, very few of the boys concerned could be deemed maladjusted and in need of psychiatric treatment. Reports to the Courts generally emphasized the boys' need for a more consistent discipline such as could be provided by a period of probation or an Approved School Order.

It is found, in fact, that amongst all categories of children referred to the clinic, the need is not merely for the treatment of the child who is seriously disturbed, but for the education of parents in the handling of what are no more than the slightly exaggerated normal problems of family life. It is hoped in the future that it may be possible to experiment with small groups of parents who will be able to discuss their problems together under the guidance of a member of the clinic staff.

It has sometimes been felt that it was not providing a completely satisfactory environment for the disturbed child to be admitted to a Hostel for maladjusted children from which he had to attend the normal school, and during 1955 it has for the first time been possible to send 2 County children to residential schools for maladjusted children, where they can receive special help all day and not only in out-of-school hours. These children attend the clinic while they are at home during the holidays, and results so far have in both cases been quite satisfactory.

Apart from testing in the clinic, the psychologist's function is to maintain contact with the schools, where there is a great need to

educate teachers in a sympathetic understanding of a child's emotional difficulties. Advice is frequently sought, too, on the handling of dull and retarded children, the use of attainment tests, and lists of books suitable for backward readers. 143 County children were examined at school or at home, and talks on the work of the psychologist were given at eight evening meetings of Parent-Teacher Associations or similar organizations.

CHILD GUIDANCE CLINIC

A (i)	Boys	Girls	Total
No. of cases referred during year	83	43	126
No. of cases waiting to be seen on Jan. 1st, 1955	14	4	18
No. of cases seen by Psychologist and Psychiatrist ...	40	17	57
No. of cases seen by Psychiatrist only	16	8	24
(including cases referred by Psychologist)			
No. of cases seen by Psychologist only	10	5	15
No. of cases not seen	12	6	18
No. of cases waiting to be seen on Dec. 31st, 1955	19	11	30
Cases under psychotherapeutical treatment on Jan. 1st, 1955	45	18	63
New cases taken on for psychotherapeutical treatment during year	25	10	35
No. under psychotherapeutical treatment on Dec. 31st, 1955	38	21	59
Psychotherapeutical cases discharged during year	32	7	39
Cases waiting psychotherapeutical treatment on Dec. 31st, 1955	8	4	12
REFERRED BY :			
Parents	7	6	13
Head Teachers	10	6	16
School Medical Officers	13	5	18
Chief Education Officers	2	—	2
Family Doctors	6	8	14
Hospital Consultants	15	5	20
Health Visitors	4	—	4
Children's Officers	16	7	23
Magistrates and Probation Officers	8	5	13
Others	2	1	3
REFERRED FOR :			
Nervous Disorders	12	9	21
Habit Disorders	17	10	27
Behaviour Disorders	52	23	75
Organic Disorders	1	—	1
Psychotic Disorders	—	—	—
Miscellaneous	1	1	2
(ii)			
No. of children discharged from Holyrood Hostel during year			6
No. of children admitted to Holyrood Hostel			8
No. of children removed by parents			2
No. of children discharged from Rostrevor Hostel during year			2
No. of children admitted to Rostrevor Hostel			—
No. of children removed by parents			—
No. of children in Residential Schools for Maladjusted Children			2

SCHOOL PSYCHOLOGICAL SERVICE

B	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
No. of cases referred during year	102	49	151
No. of cases seen by Psychologist	97	46	143
No. of cases waiting to be seen by Psychologist on Dec. 31st, 1955	16	7	23
No. of cases referred to Psychiatrist	1	—	1
REFERRED BY :			
Parents	1	2	3
Head Teachers	47	25	72
School Medical Officers	14	3	17
Chief Education Officers	13	10	23
Family Doctors	—	—	—
Hospital Consultants	6	2	8
Children's Officers	2	—	2
Others.....	19	7	26
REFERRED FOR :			
Backwardness at school (including suspected Educational Sub-normality)	43	14	57
Other Educational Problems	37	20	57
Secondary School Selection.....	—	—	—
Consideration for " Experimental " Classes	13	9	22
Consideration for " Remedial Teaching "	—	—	—
Group Tests Follow-Up	9	6	15

SCHOOL MILK SUPPLIES

Report of County Sanitary Officer

All the 295 schools are provided with liquid milk.

A number of changes in suppliers took place but all new supplies were investigated before approval.

Only one school was supplied with unbottled milk ; the school is situated in a village where no retailer is prepared to bottle the milk. The supply is, however, from a T.T. (Attested) herd, and is delivered in a special container provided by the Education Department.

Milk is delivered to one other school in pint bottles, but at all remaining schools—293 out of 295—milk is supplied in individual one third pint bottles with drinking straws.

Details of school milk supplies as at 31st December, 1955 are set out in the following table :

	<i>Pasteurised</i>	<i>Tuberculin Tested</i>	<i>Non-Designated</i>	<i>No. of Schools</i>
Primary Schools	229	19	2	250
Secondary Modern ...	23	—	—	23
Secondary Technical	6	—	—	6
Secondary Grammar and High	9	—	—	9
Special	4	—	—	4
Nursery	3	—	—	3
<hr/>				
Totals	274	19	2	295
<hr/>				
	(278)	(17)	(2)	(297)
<hr/>				

(Figures in brackets are the corresponding totals for previous year.)

The two schools receiving non-designated milk are situated in villages where a designated supply is not available. In each case the supplier is a local producer-retailer.

There are now 54 suppliers of pasteurised milk, 11 suppliers of tuberculin tested milk, of whom all but one are producer-retailers, and two suppliers of non-designated milk, both producer-retailers.

Sampling. A system of selective sampling, by the County Sanitary Officer, of milk supplied to schools was continued, samples being taken from suppliers rather than from individual schools. All samples were submitted to the Methylene Blue test for keeping quality. In addition, samples of pasteurised milk were submitted to the Phosphatase test to ensure that pasteurisation had been efficient, while raw milk samples were examined biologically for the presence of tubercle bacillus. Particular attention was paid to non-designated milk supplies : the milk supplies at the two schools were sampled once a term.

Forty-five milk supplies to schools were sampled during the year and the results were :

	<i>Passed</i>	<i>Failed</i>	<i>Total</i>
(a) Pasteurised			
Methylene Blue Test	28	—	28
Phosphatase Test	28	—	28
(b) Tuberculin Tested			
Methylene Blue Test	11	—	11
Biological examination for tubercle bacilli	11	—	11
(c) Non-designated			
Methylene Blue Test	3	3	6
Biological examination for tubercle bacilli	6	—	6

Appropriate action was taken in the case of adverse reports.

Thirty-two of the above samples were also examined for butter fat and non-fatty solids in the Health Department Laboratory. All samples were satisfactory as regards milk fat content, but three samples were found to be slightly below the standard for solids-not-fat. The results of these tests were notified to the Chief Inspector, Food and Drugs, for further action where necessary, and also to avoid duplication of sampling by the officers of the two departments.

SCHOOL MEALS SERVICE AND THE MILK IN SCHOOLS SCHEME

The Chief Education Officer has kindly supplied the following figures relating to the school milk and meals services :

School Meals Service

	<i>October, 1954</i>	<i>October, 1955</i>
Number of Canteens and Dining Centres	180	180
Numbers of Primary and Secondary school children taking midday meal daily	12,189	13,323
Percentage of Primary and Secondary school children present in school taking meal	31.79%	33.50%

The percentage of children supplied with milk is :

	<i>October, 1954</i>	<i>October, 1955</i>
Primary and Secondary Schools	83.57%	81.93%
Nursery Schools	100%	100%

TABLE I

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

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed groups :

Entrants	4780
Second Age Group (10 years of age)	3581
Third Age Group (last year at school)	1909

Total	10270
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Additional Periodic Inspections	477
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Grand Total	10747
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B.—OTHER INSPECTIONS

Number of Special Inspections	5407
Number of Re-inspections	189

Total	5596
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TABLE II

Return of Defects found by Medical Inspection in the year ended
31st December, 1955

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4	Skin	12	80	3	46
5	Eyes—(a) Vision... ..	518	641	237	480
	(b) Squint	40	106	15	76
	(c) Other	12	44	2	31
6	Ears—(a) Hearing	16	63	18	45
	(b) Otitis Media	10	135	7	35
	(c) Other	2	42	4	26
7	Nose or Throat	152	1,141	141	718
8	Speech	26	61	26	55
9	Cervical Glands	4	449	8	283
10	Heart and Circulation	6	75	3	39
11	Lungs	10	227	6	147
12	Developmental—				
	(a) Hernia	3	8	—	8
	(b) Other	2	150	2	65
13	Orthopædic—				
	(a) Posture	42	174	9	86
	(b) Flat Foot	164	152	18	103
	(c) Other	87	287	25	169
14	Nervous system—				
	(a) Epilepsy... ..	—	10	2	21
	(b) Other	3	48	2	42
15	Psychological—				
	(a) Development	23	101	41	82
	(b) Stability... ..	2	31	1	21
16	Other	5	146	4	107

TABLE III

Pupils found to require treatment

(Excluding dental diseases and infestation with vermin)

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table II (3)	Total individual pupils (4)
Entrants	140	330	443
Second Age Group	239	115	320
Third Age Group.....	101	55	131
<hr/>			
Total (prescribed groups) ...	480	500	894
Additional Periodic Inspections	38	25	58
<hr/>			
Grand Total.....	518	525	952
<hr/>			

TABLE IV HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

	(1) Blind (2) Partially sighted	(3) Deaf (4) Partially deaf	(5) Delicate (6) Physically Handicapped	(7) Educationally sub-normal (8) Maladjusted	(9) Epileptic	TOTAL 1-9				
In the calendar year ended 31st Dec., 1955 :	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
A. Handicapped Pupils <i>newly placed</i> in Special Schools or Boarding Homes ...	1	4	—	1	12	6	18	10	—	52
B. Handicapped Pupils <i>newly ascertained</i> as needing special educational treatment at Special Schools or in Boarding Homes ...	—	4	1	—	13	8	61	16	1	104
On 31st Dec., 1955 :										
C. Number of Handicapped Pupils										
(i) on the registers of Special Schools as										
(a) Day Pupils ...	—	2	—	—	22	31	80	—	—	135
(b) Boarding Pupils	8	5	11	3	10	5	64	2	4	112
(ii) on the registers of independent schools under arrangements made by the Authority ...	—	—	—	—	—	—	1	—	—	1
(iii) boarded in Homes ...	—	—	—	—	1	1	—	11	—	13
Total C ...	8	7	11	3	33	37	145	13	4	261

Handicapped Pupils requiring education at special schools or boarding in boarding homes (continued)—

	(1) Blind (2) Partially sighted	(3) Deaf (4) Partially deaf	(5) Delicate (6) Physically Handicapped	(7) Educationally sub-normal (8) Maladjusted	(9) Epileptic	TOTAL 1-9				
D. Number of Handicapped Pupils being educated under arrangements made under Sec. 56 of the Education Act, 1944 :	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
(i) in hospitals ...	—	—	—	—	—	—	—	—	—	—
(ii) in other groups ...	—	—	—	—	—	—	—	—	—	—
(iii) at home ...	—	—	—	—	—	4	—	—	—	4
E. Number of Handicapped Pupils requiring places in special schools :										
Day ...	—	—	—	—	2	2	67	—	—	71
Boarding...	—	5	2	—	1	3	123	6	—	140

TABLE V

School Eye Clinics

<i>Centre</i>	<i>No. Clinics Held</i>	<i>No. Old Cases</i>	<i>No. New Cases</i>	<i>Total Seen</i>	<i>No. on Waiting List at 31/12/55</i>
Corby Nuffield Diagnostic Centre	44	283	116	399	153
Daventry County Modern School	11	111	33	144	50
Kettering Stockburn Memorial Home	44	576	186	762	79
Northampton Guildhall Road	28	256	99	355	159
Oundle County Modern School	7	65	18	83	12
Rushden Memorial Hospital	20	217	128	345	146
Thrapston Baptist Rooms	7	87	19	106	37
Towcester Grammar School	6	53	29	82	15
Wellingborough Oxford Street Clinic...	35	332	119	451	162
Woodford Halse County Modern School	3	26	7	33	2
	205	2006	754	2760	815

In addition to the above 52 children from the south-west part of the County were seen by Mr. R. S. MacLatchy at his Banbury and Brackley Clinics.

TABLE VI

Eye diseases, defective vision and squint

	Number of cases dealt with.	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	37	Not known.
Errors of refraction (including squint) ...	—	2812
Total	37	2812
Number of pupils for whom spectacles were		
(a) Prescribed	—	1287
(b) Obtained	—	Not known.

TABLE VII

Orthopædic and postural defects

(a) Number treated as in-patients in hospitals	77	
	By the Authority.	Otherwise.
(b) Number treated otherwise, e.g., in clinics or out-patient departments	Nil.	1287

TABLE VIII

Diseases and defects of ear, nose and throat

	Number of cases dealt with.	
	By the Authority.	Otherwise.
Received operative treatment		
(a) for diseases of the ear	—	—
(b) for adenoids and chronic tonsillitis	—	802
(c) for other nose and throat conditions	—	—
Received other forms of treatment ...	9	5
Total	9	807

TABLE IX

Minor Ailment Clinics

Attendances	Ringworm		Scabies	Impe-tigo	Other skin diseases	Eye Defects	Ear Defects	Miscel-laneous
	Scalp	Body						
1218 (1525)	1 (—)	1 (1)	— (—)	21 (14)	61 (51)	37 (43)	9 (15)	103 (154)

The figures in brackets refer to 1954

TABLE X

Classification of the General Condition of Pupils inspected during the year in the Age Groups

Age Groups.	Number of Pupils inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	4780	2302	48.16	2339	48.93	139	2.91
Second Age Group...	3581	1609	44.9	1869	52.2	103	2.9
Third Age Group ...	1909	962	50.39	915	47.93	32	1.68
Additional Periodic Inspections ...	477	246	51.57	221	46.33	10	2.1
Total ...	10747	5119	47.63	5344	49.73	284	2.64

TABLE XI

Infestation with Vermin

(i)	Total number of examinations in the schools by the school nurses or other authorized persons.....	123,435
(ii)	Total number of individual pupils found to be infested	643
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	2
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil

TABLE XII

Diseases of the skin

(excluding uncleanliness, for which see Table XI)

					Number of cases treated or under treatment during the year.	
					By the Authority.	Otherwise.
Ringworm	—(i) Scalp	...	...	...	1	9
	(ii) Body	...	...	...	1	4
Scabies	...	...	...	...	—	1
Impetigo	...	...	...	...	21	7
Other skin diseases	...	...	...	...	61	14
Total					84	35

TABLE XIII

Dental Inspection and Treatment carried out by the Authority

(1)	Number of pupils inspected by the Authority's Dental Officers :	
	(a) at Periodic Inspection	23388
	(b) as Specials	2364
	Total (1)	25752
(2)	Number found to require treatment	20539
(3)	Number offered treatment	18382
(4)	Number actually treated	10876
(5)	Attendances made by pupils for treatment	20493
(6)	Half days devoted to : Periodic Inspection	221
	Treatment	†2483
	Total (6)	2704
(7)	Fillings : Permanent Teeth	8073
	Temporary Teeth	839
	Total (7)	8912
(8)	Number of teeth filled : Permanent Teeth	7289
	Temporary Teeth	791
	Total (8)	8080
(9)	Extractions : Permanent Teeth	3257
	Temporary Teeth	11551
	Total (9)	14808
(10)	Administration of general anæsthetics for extraction	6394
(11)	Other operations : Permanent Teeth	2887
	Temporary Teeth.....	4078
	Total (11)	6965

† Child welfare and Ante-natal patients were also treated at these sessions.

CLINICS ATTENDED BY SCHOOL CHILDREN

DENTAL

Corby.
Samuel Lloyd Mod. School Clinic
Kettering.
Stockburn Memorial Home
Northampton. Guildhall Road
Rushden. 17 Griffith Street
Wellingborough. Oxford Street

REFRACTIONS

Corby Diagnostic Centre
Daventry. County Mod. School
Kettering.
Stockburn Memorial Home
Northampton. Guildhall Road
Oundle. County Mod. School
Rushden. Memorial Hospital
Thrapston. Baptist Rooms
Towcester. Grammar School
Wellingborough. Oxford Street
Woodford Halse.
County Mod. School

CHILD GUIDANCE

Kettering. School Lane Clinic
Kettering.
Stockburn Memorial Home
Northampton. Guildhall Road
Wellingborough. Oxford Street

EAR, NOSE AND THROAT

Corby. Diagnostic Centre
Kettering. General Hospital
Northampton. General Hospital
Rushden. Memorial Hospital

SPEECH THERAPY

Blisworth. County School
Brackley. C.E. Infants' School
Chipping Warden County School
Corby.
Samuel Lloyd Mod. School Clinic
Daventry.
County Mod. and Infants' Schools
Kettering. Avondale School
Kettering. Henry Gotch School
Kettering. Kingsley Special School
Kettering.
Stockburn Memorial Home
Loddington Hall Special School
Northampton. Guildhall Road
Raunds. County Mod. School
Rushden. 17 Griffith Street
Towcester. County Mod. School
Wellingborough. Oxford Street
Woodford Halse. Church Rooms

MINOR AILMENTS

Corby.
Samuel Lloyd School Clinic
Kettering. Kingsley Special School
Kettering.
Stockburn Memorial Home
Wellingborough.
Croyland Road Infants' School
Wellingborough. Oxford Street

