

[Report 1946-1947] / School Medical Officer of Health, Salop / Shropshire County Council.

Contributors

Shropshire (England). County Council.

Publication/Creation

1947

Persistent URL

<https://wellcomecollection.org/works/vm8s39sf>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

4491
Salop Education Committee.

SCHOOL HEALTH SERVICE.

REPORT

FOR 1946 AND 1947

OF THE

SCHOOL MEDICAL OFFICER.

WILLIAM TAYLOR, M.D., D.P.H.

SHREWSBURY,
September, 1948.

To the Chairman and Members of the Education Committee

SIR, LADIES AND GENTLEMEN,

I have the honour to present my Report on the School Health Service for the years 1946 and 1947.

In accordance with the requirements of the Ministry of Education, this report, in addition to giving the usual statistical data for each year, deals also with the extensions and developments consequent upon the coming into operation of the Education Act, 1944. Notwithstanding an acute shortage of staff—Medical, Dental, Nursing and Clerical—considerable progress in the development of the School Health Service had been made by the end of 1947.

The work of ascertainment of Handicapped Pupils, for whom strenuous efforts are now being made to provide the necessary accommodation in Special Schools, has been pursued as diligently as the various calls on the time of the medical staff will allow, but this, and other branches of the work of the School Health Service, cannot be carried out with the requisite measure of completeness until the staff has been strengthened by the appointment of the two additional medical officers already authorised by the Education Committee.

Mr. G. R. Catchpole, who came to this County as a dental officer in 1926, received the appointment of Senior Dental Officer on 1st October, 1946, and his report on the School Dental Service appears in the body of this report. In this connection, the opportunity has been taken to include certain statistical information which, for reasons of economy, was omitted from the reports for the years 1939 to 1945 inclusive, but which is considered to be of more than passing interest.

I am, Sir, Ladies and Gentlemen,

Your obedient servant,

WILLIAM TAYLOR,

School Medical Officer.

COUNTY HEALTH OFFICE,

COLLEGE HILL,

SHREWSBURY.

September, 1948.

Report for the years 1946 and 1947.

GENERAL.

The area covered by the Salop Education Authority comprises 861,800 acres, and an estimated population of 262,020 in 1946 had risen to 264,800 by 1947.

The Borough of Shrewsbury, the area and population of which are included in these figures, was formerly an independent Authority for Elementary Education. As a result of the Education Act, 1944, however, the Shrewsbury Borough Council on the 1st April, 1945, ceased to be a separate Elementary Education Authority, and its responsibility in this respect passed to the County Council.

At the end of 1946 there were in the County of Salop, including the Borough of Shrewsbury, 280 Primary schools containing 308 departments, 8 Secondary Modern Schools containing 10 departments, 17 Secondary Grammar Schools, 3 Technical Colleges and 5 Nursery Schools, and a total of 34,497 pupils on the registers of these schools.

At the end of 1947 the corresponding figures were 275 Primary Schools containing 304 departments, 9 Secondary Modern Schools containing 11 departments, 17 Secondary Grammar Schools, 3 Technical Colleges, and 6 Nursery Schools; and the total number of pupils on the registers had risen to 35,804.

The staff of the School Health Service during 1946 consisted of :—

- The School Medical Officer ;
- The Deputy School Medical Officer ;
- Seven Assistant School Medical Officers, who also undertake Maternity and Child Welfare and other County Council duties ;
- Five Dental Officers ;
- Five Dental Attendants ;
- Two whole-time School Nurses ;
- Fourteen Health Visitors undertaking School Nursing ;
- One Nurse working independently ;
- One Nurse working part-time at School Clinics ;
- Forty-four District Nurses undertaking part-time School Nursing duties.

During the year 1946, the four members of the Departmental Staff who had been on active service (viz., two Assistant Medical Officers, one Dental Officer and one Dental Attendant) returned to duty, and during 1947 the Dental Staff was increased by two Dental Officers and two Dental Attendants. Several changes also took place among the whole-time Health Visitors and among the District Nurses assisting in the School Health Service, and it is with regret that the death, on 22nd August, 1947, of Miss M. Parry, who commenced duty in the County as a whole-time School Nurse in 1918, is reported.

EVACUATION SCHEME.

Some 12,000 children were sent to this County in 1939 under the Government Evacuation Scheme for unaccompanied children, and although many of them returned home during the following months, a second evacuation to this County took place in the summer of 1940. No mass return immediately followed, but considerable numbers of these children gradually departed, and at the beginning of 1945, only 1,271 remained in Shropshire, despite a temporary increase due to enemy air activity in the Autumn of 1944, which had raised the figure to 2,008 in September of that year. By the end of 1945, however, the number had again fallen to 224. Although there are now no official educational arrangements for evacuee children who have remained in the County, there were still 45 evacuee children remaining under the supervision of the Public Health Department at the end of the year 1946, of whom 30 were in attendance at schools maintained by the Local Education Authority on that date. By the end of 1947 this figure had fallen to 35, of whom 20 were in attendance at "maintained" schools.

SCHOOL MEDICAL INSPECTION AND TREATMENT.

During the greater part of 1946 there were only five Assistant Medical Officers, who of course undertake not only School Health but also other duties, available for work in the schools, and although for the greater part of 1947 seven Assistant Medical Officers were on the staff, illness, resignations and the requirements of other branches of the health services made it impossible to carry out the routine medical inspections of the pupils with the desired frequency.

The number of routine medical inspections carried out in 1946 was 13,466, and in 1947 it was 11,321, compared with 11,280 during 1945. During 1946 the number of schools unvisited was 54, compared with 60 during 1947.

Cleanliness.—The School Nurses continued to carry out the ordinary routine inspections for verminous infestation of pupils attending Primary and Secondary Modern schools, making following up inspections of those who were found to harbour nits or lice.

In 1946, when a total of 86,843 head examinations were made, these resulted in the finding of 2,486 verminous pupils, a percentage of 7.2 of the total number of pupils on the register, as compared with the figure of 11.4 per cent. which was recorded in 1945.

During 1947, a total of 85,565 head inspections were carried out, and 2,106 pupils, a percentage of 5.9 of the total number on the registers, were found to be verminous.

This decrease in the percentage of infested pupils is probably due to the fact that there were more fine toothed combs and head cleansing preparations available to parents. It is also possible that the decrease in the employment of mothers, other than in their homes, would result in there being more time to devote to the care of the children.

It is also gratifying to record that the incidence of scabies in the schools during the years 1946 and 1947 continued to fall, the number of cases of this infestation reported by the teachers during these two years being 147 and 46 respectively, as compared with 156 during 1945.

Nutrition.—The nutrition of a child, if it were possible accurately to assess it, would be an excellent index of the state of his general health, and for the purposes of the School Health Service the Ministry of Education recommend that in this respect the pupils should be divided into four groups, "excellent," "normal," "slightly sub-normal," and "bad." The assessment of nutrition in each case depends very largely on the individual judgment of the examining Medical Officer, and many efforts have been made, not altogether successfully, to devise some standardised method for the estimation of nutrition which would exclude or reduce the variations due to this personal factor.

It is interesting to note the variations in the four nutritional groups during the nine years from 1938 to 1946, and it will be seen from the figures given below that, although the percentages of those considered "excellent" decreased somewhat during the War, the percentages of those in the "slightly sub-normal" group have done so substantially; and while the percentage of pupils in the combined "excellent" and "normal" nutritional group reached in 1944 a higher level than ever before, the percentage of pupils in this combined group in 1946, although slightly lower than for 1944, was higher than that for any other year which had previously been recorded, thus tending to give the impression that in spite of war-time conditions, the general health of the pupils has on the whole been well maintained and may even have improved.

PERCENTAGE OF CHILDREN IN NUTRITIONAL GROUPS.

Grades of Nutrition.	1938	1939	1940	1941	1942	1943	1944	1945	1946
Excellent	12.06	9.26	8.93	6.66	5.22	8.36	8.04	11.54	11.02
Normal	75.16	75.91	79.85	83.10	84.65	81.56	85.87	80.84	81.71
Slightly Sub-normal ..	12.61	14.62	11.14	10.17	9.96	9.95	6.07	7.17	6.96
Bad .. ..	.17	.22	.09	.07	.17	.13	.02	.45	.31

The reason for the steady improvement in the nutrition of the school population during the war years is probably mainly economic. Employment having been maintained at a high level there was probably more money available, and the rationing system ensured that food was fairly distributed. In addition, the Milk in Schools Scheme and the provision of school meals have been factors concerned.

This comparison cannot be carried accurately beyond 1946, as the Ministry of Education have decided that, from 1947 onwards, instead of classifying pupils according to the four nutritional groups mentioned above, the assessment of "General Condition" shall be given in the three groups, "good," "fair," and "poor."

In view, however, of the statement of the Ministry that the new classification "good" corresponds to the old "excellent," "fair" to "normal" and "poor" to the old "slightly subnormal" and "bad" categories, the following table has been prepared to show the comparison between the old and new classifications.

PERCENTAGE OF PUPILS CLASSIFIED ACCORDING TO THEIR GENERAL CONDITION.

Classification of General Condition	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
Good	12.06	9.26	8.93	6.66	5.22	8.36	8.04	11.54	11.02	27.99
Fair	75.16	75.91	79.85	83.10	84.65	81.56	85.87	80.84	81.71	68.66
Poor	12.78	14.83	11.22	10.24	10.13	10.08	6.09	7.62	7.27	3.33

From this table it would appear that the percentage of pupils in the various categories varied suddenly in 1947, but there is evidence to suggest that the variation was due almost entirely to the fact that it was not until March, 1948, that an attempt was made by the Ministry to define the meaning of the terms "good," "fair" and "poor" as applied to General Condition, and to relate them to the old classifications of the nutritional state.

Milk in Schools Scheme.—An enquiry made at the end of 1946 showed that 89.4 per cent. of the pupils of the maintained schools in the County were receiving milk under the Milk in Schools Scheme, whilst information obtained on a corresponding date in 1947 indicated that the percentage had fallen to 83.7.

Although this latter figure shows a gratifying increase on the 70 per cent. of the pupils who were taking milk under this scheme on the corresponding date in 1945, it is regrettable that any reduction from the percentage recorded in 1946 should have occurred, as one of the most important factors in contributing to a high level of health and nutrition in childhood is the consumption of milk in adequate quantity.

School Canteens.—Canteens served 121 schools in 1945, but at the end of 1946 as many as 152 schools comprising 165 departments with an attendance of 22,354 pupils—that is 64.8 per cent of the total number of pupils attending the maintained schools in the County—were served by these Canteens. By the end of 1947 a total of 198 schools comprising 218 departments, with an attendance of 25,832 pupils—72.1 per cent. of the total number in the County—were served.

However, owing either to apathy or lack of appreciation on the part of many parents of the benefits to be derived from the consumption at a school canteen of a well-balanced mid-day meal, only 18,488 of these pupils took advantage of this service.

Vocational Guidance.—In the early part of 1945, a scheme was put into operation in the Primary and Secondary Modern Schools under which the Assistant Medical Officer makes a special report at the time of the last routine medical examination of a pupil, indicating whether for reasons of health he considers him unsuitable for work of any particular type. When the pupil leaves school, this report, together with his own "School Leaving Report," is sent by the Head to the Local Office of the Ministry of Labour or to the Juvenile Employment Bureau. It is then used by the Vocational Guidance Officers for ensuring that a pupil, on leaving school, is not put to employment for which he is either mentally or physically unsuitable.

The scheme was later expanded to afford opportunities for enrolment in the Register of Disabled Persons of those pupils who are, in the opinion of the Medical Officers, likely to be handicapped by reason of some disability of body or mind in obtaining or keeping employment. They thus have an opportunity of obtaining through the Ministry of Labour not only sheltered employment, but also the special educational training open to those whose names are on the Register of Disabled Persons.

Diphtheria Immunisation.—The primary responsibility for the immunisation of children against Diphtheria has until recently rested with the Local Sanitary Authority. In 1942, however, the County Council assumed concurrent responsibility with the District Councils for ensuring that immunisation against Diphtheria was available to all children below the age of fifteen years whose parents were willing to accept this preventive treatment; and except in the Borough of Shrewsbury, which had a very complete scheme of its own, much the greater part of the Diphtheria Immunisation work in the County has since that year been carried out under the County Council scheme by the Assistant Medical Officers.

In Circular 194/45, dated 14th November, 1945, the primary responsibility for ensuring that facilities are available for the immunisation against Diphtheria of children under five years of age was officially placed upon Welfare Authorities from 1st January, 1946, and the County Council was therefore responsible for making arrangements for the immunisation of these children throughout the County with the exception of those residing in the Borough of Shrewsbury, which was an independent Child Welfare Authority.

During 1946, out of a total of 546 children between 5 and 15 years of age who were immunised, 346 were dealt with under the County Council Scheme, 62 were immunised under the Scheme for the Borough of Shrewsbury, and 138 were dealt with under arrangements made by the other District Councils.

Of the total of 324 school children who were immunised during 1947, a total of 189 were dealt with under the County Council Scheme, 46 under the scheme for the Borough of Shrewsbury, and 89 under arrangements made by the other District Councils.

The estimated percentage of pupils in the County of Salop, between the ages of 5 and 15 years, who had been immunised against diphtheria rose from 84.5 on 31st December, 1946, to 87.3 at the end of 1947. This percentage includes those children, now of school age, who were protected against diphtheria before attaining the age of five years.

IMMUNISATION STATISTICS FOR SCHOOL CHILDREN IN THE COUNTY OF SALOP.

Area	Local Sanitary Authority	Number Immunised		Percentage Immunised		Number Re-immunised
		1946	1947	1946	1947	
N.W. Combined District	Ellesmere Urban	3	3	87	90	16
	Ellesmere Rural	6	4	92	93	62
	Oswestry Borough	56	18	96	97	45
	Oswestry Rural	31	9	88	98	58
	Wem Urban	1	9	99	75	6
	Wem Rural	37	4	65	73	41
	Whitchurch Urban	4	2	85	88	19
N.E. Combined District	Dawley Urban	4	27	64	73	139
	Market Drayton Urban	2	5	99	89	7
	Drayton Rural	14	15	77	85	17
	Newport Urban	—	1	54	79	5
	Oakengates Urban	6	12	73	79	4
	Shifnal Rural	16	11	85	78	—
	Wellington Urban	16	4	90	86	5
	Wellington Rural	21	26	75	89	59
S.W. Combined District	Atcham Rural	63	31	90	95	5
	Bishop's Castle Borough	—	1	92	95	—
	Church Stretton Urban	3	4	77	90	—
	Clun Rural	17	7	86	90	—
	Wenlock Borough	42	27	95	95	2
	Ludlow Borough	74	24	96	90	92
	Ludlow Rural	22	19	90	90	10
Bridgnorth ..	Bridgnorth Borough	31	5	64	58	2
	Bridgnorth Rural	15	10	70	73	5
Shrewsbury ..	Shrewsbury Borough	62	46	94	91	163
	Whole County	546	324	84.5	87.3	762

The following table gives the number of immunisations, of children between 5—15 years of age, in each year since the County Council scheme came into operation in 1942, and shows that a total of 5,746 school children have been immunised by the Assistant Medical Officers during this time. It will be seen that the number of immunisations by Assistant Medical Officers during 1947 fell from 346 to 189 as compared with the previous year, and that the total number of immunisations of school children fell from 546 in 1946 to 324 in 1947.

The success of the immunisation campaign in previous years provided a partial, if not complete, explanation of this fall, as the number of unprotected children of school age has now been so much reduced that the number in each year who qualify for immunisation has fallen accordingly.

SCHOOL CHILDREN IMMUNISED SINCE 1ST JANUARY, 1942.

Year.	No. of School Children immunised.			
	Under County Council's Scheme.	Under Scheme for Borough of Shrewsbury.	Under District Council's Scheme.	Totals.
1942	1525	769	6016	8310
1943	2729	353	1487	4569
1944	485	103	107	695
1945	472	55	6	533
1946	346	62	138	546
1947	189	46	89	324
Total for 6 years ..	5746	1388	7843	14977

The effects of the Immunisation Campaign are demonstrated by statistics showing the incidence of Diphtheria and the number of deaths from this disease among persons of all ages in the County during the past 13 years. These figures, including those for the Borough of Shrewsbury, are set out below :—

NOTIFICATIONS AND DEATHS FROM DIPHTHERIA SINCE 1935.

Year ..	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947
Notifications ..	223	301	206	185	133	236	237	121	53	25	7	5	18
Deaths ..	20	20	7	19	13	11	9	6	6	1	—	2	2

The two deaths which occurred during 1946 were of school children and those during 1947 were of children under school age. None of these children had been immunised against diphtheria.

SCHOOL DENTAL SERVICE.

The Senior Dental Officer, in his report for 1946, states :—

The aim of the School Dental Service is to secure that as many pupils as possible shall leave school without the loss of permanent teeth, free from dental disease, and trained in the care of the teeth. The measure of success of the service must be judged by the degree to which this aim is achieved. The principal obstacle to fulfilment, apart from the shortage of staff, is the indifference and lack of interest on the part of some parents to the dental health of their children. The belief that care of the milk dentition is unimportant because the milk teeth will be superseded dies very slowly and there is still a percentage of parents who will not accept treatment for their children until pain demands relief. To counteract this indifference and to build up a concern for dental health and dental hygiene, unceasing dental education is essential and the employment of propaganda in the form of easily read pamphlets of an arresting, colourful, and pictorial kind, which children can take home would be very valuable.

During the year there were examined 33,475 pupils in routine visits to schools and 345 special cases. Of these, 19,516 pupils were found to require treatment and 11,914 pupils were actually treated. The total number of fillings inserted was 8,612; in deciduous teeth 1,521 and in permanent teeth 7,091. The number of teeth extracted was 11,141, of which 9,911 were deciduous teeth and 1,230 were permanent teeth. A total of 3,445 other operations were performed and 293 general anaesthetics were administered. Schools visited twice during the year numbered 56. Eleven schools for special reasons were not visited in this period; these schools have been given priority in 1947. The percentage of pupils for whom treatment was accepted remained at 76 per cent, the same figure as for the year 1945.

By comparison with the previous year there was a greater number of pupils dealt with and a substantial increase in the amount of work accomplished in 1946. The difference in the amount of work done was an increase of 2,065 in the number of fillings inserted, a rise of 234 in the number of teeth extracted, and 1,802 more other operations were performed. This is accounted for by the return to duty during the year of a dental officer upon release from His Majesty's Forces.

Development of the School Dental Service.—In a report on the future development of the School Dental Service it was urged that provision should be made for a half-yearly inspection of all pupils in maintained schools and that the treatment offered should be comprehensive and include an orthodontic service.

Staff.—The present approved dental staff of one Senior and six Assistant Dental Officers is not adequate to provide a comprehensive service and with the expected increase in the school population in April, 1947, when the school leaving age is raised to 15, a staff of one Senior and nine Assistant Dental Officers will be necessary. Approval for this increase in dental staff was given by the Education (Welfare) Committee on the 31st December, 1946, and the staff will be built up as the scheme expands.

At the present time there is an acute shortage of dentists which makes the finding of suitable candidates for appointment as School Dental Officers a serious problem.

Premises.—Each Dental Officer needs a base which should be located in the part of the area he serves which contains the greatest concentration of population. At this base there should be a well equipped Dental Surgery including accommodation for the necessary clerical work to be done and records to be kept. In addition the use of a waiting room and a recovery room are required.

The provision of a well equipped home base for each Dental Officer is of great importance for it is there that the Officer carries out the largest part of his work. It is obvious that the quality of the treatment given, the amount that can be accomplished and the prestige of the Service, are dependent on well appointed premises.

Dental Clinics.—At the present time the position in regard to Dental Clinics to serve as bases for the Dental Officers is not satisfactory. The clinics at Wellington and Oswestry need only some additions to the permanent equipment already installed ; at Shrewsbury the Dental Clinic is too small and cramped. As the Service develops, two Dental Officers will be required to operate at the same time in a clinic in Shrewsbury, but this will not be possible until accommodation and equipment for another Surgery are provided.

At Market Drayton, Bridgnorth and Ludlow, where Dental Officers are being based, no Dental Clinic as such exists at present but proposals to provide the necessary accommodation and equipment for these clinics have been prepared and it is hoped that in the not far distant future the schemes will take practical form.

Treatment.—It is desirable that as many pupils as possible shall receive their treatment at a Dental Clinic. In the past only those pupils attending schools within walking distance of the clinic have been able to do so. Whilst it is not advisable to take pupils long distances to receive dental treatment there are many pupils attending schools within easy reach who could be taken to and from the Clinic for this purpose.

The Committee has given favourable consideration to a suggestion that transport should be provided to and from the Clinic for pupils attending schools not less than two and not more than six miles distant. Accordingly, a scheme to this end will be prepared and submitted for approval.

The Dental Officers will continue to visit the outlying schools to carry out treatment as in the past.

General Anaesthetics.—Plans are being pressed forward to make provision for the administration of general anaesthetics (gas) at all the dental clinics in the County. So far such provision is available only to pupils attending the Shrewsbury Clinic and to pupils in the Northern part of the County.

School Closures.—The lengthening of the holidays of the primary and secondary modern schools which has taken place under the Education Act, 1944, has increased the difficulty of arranging for the visitation of the schools by the Dental Officers. In the districts where the population is concentrated and the majority of the pupils receive their treatment in a nearby clinic, satisfactory arrangements can be made ; but in the distant schools where the treatment is done on the school premises, suitable arrangements are very difficult to make to cover periods during school closures.

The policy is to avoid the outlying schools at such times and provided adequate notice of school closure, whether for holidays or for any other reason, is given this can generally be managed. In some instances where notice of school closure has been received too late for an alternative arrangement to be made the school premises have been opened and made available for the use of the dentist. Although the attendance of the pupils to receive their treatment has not been all that could be desired this plan has on the whole given fair results.

To allow for the preparatory work to be done in connection with the visit of the dentist to a school, and to permit sufficient notice to be given to both the Head of the school and the parents of the pupils, the programme of the Dental Officer must be made up well in advance. Once made it does not lend itself readily either to alteration or to cancellation, therefore long notice of school closure for any purpose or of the absence of pupils from school to assist in harvesting is of great assistance.

Statistical Returns.—From the time when the Dental Scheme was inaugurated in 1919 the Dental Officers began to collect statistical information bearing on the prevalence of dental caries among the school population of the County. This information was summarised and published yearly in the Reports of the School Medical Officer. In studying the effect of changing food conditions on dental decay the Ministry of Health sought evidence of changes in the incidence of dental caries during and between the two world wars, and at their request the Ministry of Health was supplied with an unbroken sequence of records from 1919 to 1945 of the percentage of pupils attending schools in the County who were free from dental caries and of the average number of carious teeth per child.

The ability to supply this information was made possible by virtue of the use during the years of a comprehensive dental record card which, in addition to furnishing all the necessary particulars required annually by the Ministry of Education, included the material from which the information asked for by the Ministry of Health was extracted.

The new approved dental record card which the Ministry of Education requires to be taken into use in the near future will not in itself contain the necessary information for the statistics to be continued in the form in which they have been kept in the past. The alternative of keeping two distinct record cards for each pupil would be very hard to justify and such a course is not advised.

Changes in the incidence of Dental Caries in Children aged under 7 years.

In the School Medical Officer's Report for the year 1919, the late Dr. Wheatley drew attention to the very substantial improvement in the incidence of dental caries amongst the school entrants aged 5 years during the period of the first World War from 1914—1918.

From the findings of the Medical Officers' inspections, Dr. Wheatley reported that the average number of decayed teeth per child for the period 1910—1914 was 6.4, whilst the percentage of children free from caries was 5%. During the following five years, from 1914 to 1919, a remarkable improvement took place. The average number of decayed teeth per child dropped to 2.1 and the percentage of children free from caries rose to 42%.

In looking for the cause which brought about this very marked difference, Dr. Wheatley discussed the changes in diet due to war conditions, and referred to the fact that between 1914 and 1918 the consumption of sugar, including confectionery, sweets and jam, was reduced by 50% per head of the population per annum.

In the years between the wars the improvement in the incidence of caries was not maintained, for, slowly at first, but later more rapidly, the incidence of caries grew. During the years 1939 to 1946, however, which includes World War II, again a striking improvement took place, as reference to the following tables taken from the findings of the Dental Officers shows :—

Year	Average Number of decayed teeth per child.			Percentage of Children free from caries.		
	Age under 5	Age 5	Age 6	Age under 5	Age 5	Age 6
1939 ..	4.0	5.0	5.3	25	15	10
1940 ..	3.6	5.0	5.4	31	13	9
1941 ..	3.4	4.5	5.2	27	17	8
1942 ..	3.3	4.3	5.0	32	18	10
1943 ..	2.6	3.6	4.4	48	26	12
1944 ..	1.8	3.0	3.7	54	30	17
1945 ..	2.3	2.7	3.7	47	33	16
1946 ..	1.9	2.6	3.1	46	29	16

The factors responsible for the obvious improvement in the incidence of caries in school entrants during the two world wars are undoubtedly related to the changes in diet brought about by war conditions, and particularly to the reduction in the consumption of sugar, including confectionery, sweets and jam, which was common to both periods.

On the work during 1947, the Senior Dental Officer reports as follows :

Progress has been made in the development of the Dental Service during 1947. There has been an increase in the number of Dental Officers employed, a quantity of new equipment has been obtained and taken into use in the Dental Clinics, the routine practice of giving general anaesthetics has been extended, and an Orthodontic Service commenced.

During the year there were examined 35,416 pupils in periodic visits to schools and 271 special cases. Of these 22,863 pupils were found to require treatment and 14,053 pupils were actually treated. The total number of fillings inserted was 10,958 ; in deciduous teeth 1,002 and in permanent teeth 9,956. The total number of teeth extracted was 12,007, of which 10,642 were deciduous and 1,365 were permanent teeth. A total of 5,237 other operations were performed and 472 general anaesthetics were administered. Partial dentures were made for three pupils and 13 orthodontic cases were treated with the aid of appliances.

The percentage of pupils for whom treatment was accepted was 77%, a rise of 1% over the year 1946.

All schools were visited once during 1947, and twelve were visited twice.

By comparison with the previous year there was an all-round increase in the number of pupils dealt with and the amount of work done. This was brought about by the fact that two additional Dental Officers were recruited to the staff during 1947. Their joint service corresponds approximately to one full-time Officer for the whole period.

Increase in Staff.—The addition to the Staff during 1947 of two Dental Officers enabled a re-allocation of the work throughout the County to be made resulting in the division of the whole area into seven instead of five districts. One of the new districts includes an area around Shrewsbury, and the other covers the south and the south-western part of the County. The necessity for a permanent Dental Clinic in the south of the County has existed for some years, and with this increase in staff it has been possible to base a Dental Officer at Ludlow.

General Anaesthetics.—During the current year the routine practice of administering general anaesthetics has begun in the Bridgnorth and Ludlow districts. It is hoped that the coming year will see the practice extended to the two remaining districts of Market Drayton and Wellington.

Orthodontics.—For the first time a number of orthodontic cases which needed treatment with the aid of appliances was undertaken. There is a large amount of such work to be done and once treatment has begun the demand rapidly becomes overwhelming. As the staff increases more time will be available for this specialised treatment.

School Dental Officers Post-Graduate Refresher Course.—Three of the Dental Staff attended the Post-Graduate Course of instruction specially arranged for School Dental Officers at the Eastman Dental Clinic in London during the summer holidays. The Course was an excellent one and proved a rewarding experience to those privileged to attend it.

Dental Clinics.—The principal difficulty which obstructs the development and the better operation of the School Dental Service at the present time is the lack of permanent Dental Clinics. In last year's report it was pointed out that at Market Drayton, Bridgnorth and Ludlow, no Dental Clinic as such exists, and at Shrewsbury a second Dental Surgery is required to cope with the volume of work there.

During the year plans have been prepared for a Dental Surgery to be erected as an annexe to the existing Maternity and Child Welfare Centre at Ludlow. These plans received the approval of the County Council, and were submitted to the Ministry of Health. It is hoped that the necessary authority will be forthcoming from the Ministry to enable this annexe to be built during the coming year.

The accommodation problem is no less urgent at Market Drayton, Bridgnorth and Shrewsbury than it was a year ago, but its solution must await the time when Dental Surgeries can be added to the existing Welfare Centres at Market Drayton and Bridgnorth, and additional premises secured in the Borough of Shrewsbury.

Changes in the incidence of Dental Caries in Children aged under 7 years.—In the foregoing report for the year 1946 attention was drawn to the remarkable change for the better in the incidence of dental caries amongst the school entrants and pupils below the age of seven years, revealed by the Dental Officers' findings at inspections during the years 1936 to 1946 inclusive, the period which covered the duration of the second World War and saw the re-introduction of food rationing.

The findings for the year 1947 are :—

Average Number of Decayed Teeth per Child.			Percentage of Children free from Caries.		
Age under 5	Age 5	Age 6	Age under 5	Age 5	Age 6
2.1	2.7	3.1	42	27	16

It will be seen on reference to the table on page 10 that there is a slight increase in the incidence of caries in the under fives and five year olds, but that in the six year old group there is no change.

For the purpose of maintaining the comparison with previous years the relevant statistics for the pupils attending schools in the Borough of Shrewsbury are not included in this table.

Dental Inspection and Treatment in Schools other than Maintained Primary and Secondary Schools.—The table below is a summary of the inspection and treatment carried out in the six Nursery Schools and in Petton Hall and Sheet Hostel Special Schools, under the requirements of Section 48 of the Education Act, 1944, and the Home Office Approved School at Boreatton Park and Bromdon Farm School maintained by the Wheathill Brüderhof Community, carried out under authority given in Section 78 of the same Act.

Number of pupils inspected	..	..	..	..	..	..	..	..	481
Number of pupils found to require treatment	..	..	..	..	..	..	..	..	260
Number of pupils actually treated	..	..	..	..	..	..	..	..	231
Half-days devoted to :—	Inspection	..	..	5	{	Total	..	28	
	Treatment	..	..	23					
Fillings inserted in :—	Permanent Teeth	..	131	{	Total	..	155		
	Deciduous Teeth	..	24						
Extractions :—	Permanent Teeth	..	16	{	Total	..	61		
	Deciduous Teeth	..	45						
Administrations of general anaesthetics for extractions	..	..	..	..	..	..	..	1	
Other operations :—	Permanent Teeth	..	161	{	Total	..	178		
	Deciduous Teeth	..	17						
Orthodontic appliances fitted	..	..	..	..	..	..	..	2	

Statistical Analyses.—During the period 1939—1945 the analyses of the number of saveable and unsaveable deciduous and permanent teeth found in pupils at dental inspections in their age groups, the average number of decayed teeth per child, and the percentage of children free from dental caries were omitted from these reports for reasons of economy. As the value of these figures lies largely in the fact of their sequence over a period of years, this opportunity of publishing them is taken to complete the records up to the year 1947. They will be found with the statistical tables at the end of this report. The relevant figures for the pupils attending schools in the Borough of Shrewsbury are included only in the figures for 1947.

In calculating the average number of decayed teeth per child, teeth of the permanent dentition which have been extracted or filled have been included with the decayed teeth.

DEVELOPMENT OF THE SCHOOL HEALTH SERVICE.

The coming into operation of the Education Act, 1944, on 1st April, 1945, called for the immediate development and extension of the School Health Service, and considerable progress has been made in several directions, though few of the new schemes were actually operating in 1946. These developments can most appropriately be considered under the relevant Sections of the Act.

Ascertainment and Treatment of Handicapped Pupils (Sections 33 and 34).—Under the provisions of **Section 33 of the Act**, the Minister has, in the Handicapped Pupils and School Health Service Regulations, 1945, defined the several categories of pupils requiring Special Educational Treatment as follows :—

- (a) Blind Pupils, that is to say pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.
- (b) Partially Sighted Pupils, that is to say pupils who by reason of defective vision cannot follow the ordinary curriculum without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.
- (c) Deaf Pupils, that is to say pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.
- (d) Partially Deaf Pupils, that is to say pupils whose hearing is so defective that they require for their education special arrangements or facilities but not all the educational methods used for deaf pupils.
- (e) Delicate Pupils, that is to say pupils who by reason of impaired physical condition cannot, without risk to their health, be educated under the normal regime of an ordinary school.
- (f) Diabetic Pupils, that is to say pupils suffering from diabetes who cannot obtain the treatment they need while living at home and require residential care.
- (g) Educationally Sub-Normal Pupils, that is to say pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.
- (h) Epileptic Pupils, that is to say pupils who by reason of epilepsy cannot be educated in an ordinary school without detriment to the interests of themselves or other pupils and require education in a Special School.
- (i) Maladjusted Pupils, that is to say pupils who show evidence of emotional instability or psychological disturbance, and require special educational treatment in order to effect their personal, social, or educational readjustment.
- (j) Physically Handicapped Pupils, that is to say pupils, not being pupils suffering solely from a defect of sight or hearing, who by reason of disease or crippling defect cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school without detriment to their health or educational development.
- (k) Pupils suffering from Speech Defect, that is to say pupils who on account of stammering, aphasia, or defect of voice or articulation not due to deafness, require special educational treatment.

It has been further specified in these Regulations that, unless the Minister otherwise determines in the case of any particular handicapped pupil, every pupil who is blind, deaf, physically handicapped, epileptic or aphasic shall be educated in a Special School; and if the pupil is blind or epileptic, the school shall be a boarding school.

The methods of special educational treatment, in addition to special attention by the teacher, which are required to be provided for the various categories of Handicapped Pupils in those cases where either the disability is not serious, or it would not be practicable to provide for their education in a Special School, have likewise been laid down by the Minister.

Section 34 of the Act requires the Local Education Authority to ascertain what children in their area require special educational treatment, and provides that the parent of any child who has attained the age of two years may be required to submit the child for examination by a Medical Officer of the Authority for advice as to whether the child is suffering from any physical or mental disability. The parent may likewise require the Local Education Authority to cause any child who has attained the age of two years to be examined for this purpose.

Although the Minister, in issuing the Handicapped Pupils and School Health Service Regulations, indicated that there was no need to re-examine pupils who had been ascertained as Defective Children under Part V of the Education Act, 1921, the arrears in this branch of the work which had accumulated owing to staff shortages during the war, coupled with the large numbers of pupils requiring examination for the first time in order to determine whether they should be regarded as Handicapped Pupils, has placed a considerable strain on the medical staff available, and although 175 examinations were carried out during 1946, the waiting list for these examinations continues to grow.

A summary of the examinations made for this purpose during 1946 by the Assistant School Medical Officers, and the recommendations made to the Authority is given below :—

Category of Handicapped Pupils.	Recommendation made to Local Education Authority.					Total Number of pupils examined in each Category
	Not Handi- capped. Special educational treatment not necessary.	Special educational treatment in an ordinary school.	Education in a Special School.	Report to Local Auth- ority for purposes of Mental Deficiency Acts under Section 57 of Education Act, 1944.		
				Sub- section 3.	Sub- section 5.	
Deaf	—	—	2	—	—	2
Partially Deaf	—	—	1	—	—	1
Delicate	—	—	9	—	—	9
Educationally Sub-normal	2	33	61	27	19	142
Epileptic	—	—	1	—	—	1
Maladjusted	—	—	6	—	—	6
Physically Handicapped ..	—	—	6	—	—	6
Physically Handicapped and Delicate	8	—	—	—	—	8
Totals	10	33	86	27	19	175

The following table gives the comparable figures for 1947 :—

Category of Handicapped Pupils.	Recommendation made to Local Education Authority.					Total Number of pupils examined in each Category.
	Not Handicapped. Special educational treatment not necessary.	Special educational treatment in an ordinary school.	Education in a Special School.	Report to Local Authority for purposes of Mental Deficiency Acts under Section 57 of Education Act, 1944.		
				Sub-section 3.	Sub-section 5.	
Blind	—	—	1	—	—	1
Partially Sighted	—	—	3	—	—	3
Deaf	—	—	2	—	—	2
Partially Deaf	1	—	1	—	—	2
Delicate	9	2	11	—	—	22
Educationally Sub-Normal	21	35	77	14	—	147
Epileptic	1	—	4	—	—	5
Maladjusted	—	—	2	—	—	2
Physically Handicapped ..	—	—	12	—	—	12
Totals	32	37	113	14	—	196

Report to Mental Deficiency Authority (Section 57).—Section 57 of the Act requires the Local Education Authority to ascertain what children in their area, having attained the age of two years, are suffering from disability of mind of such a nature and to such an extent as to render them incapable of receiving education at school, and to report such cases to the Local Authority for the purposes of the Mental Deficiency Acts. In this connection, it is specified that a child shall be deemed to be ineducable, not only if his disability renders him incapable of receiving education, but also if the disability is such as to render it inexpedient, either in his own interests or the interests of his fellows, that he should be educated in association with other children.

Sub-section 5 of this section requires that the Local Education Authority shall likewise report to the Mental Deficiency Committee, any child in attendance at a school maintained by them, or at any Special School, who by reason of a disability of mind will, in the opinion of the Local Education Authority, require supervision after leaving school.

During 1946, a total of 59 children were reported to the Local Control Authority—35 under sub-section 3, as being ineducable, and 24 under sub-section 5, as being in need of supervision after leaving school; the comparable figures for 1947 being 6 and 7 respectively.

Medical Inspection and Treatment (Section 48).—The duty of the Local Education Authority to provide for the medical inspection of all pupils in attendance at schools maintained by them is extended to include pupils in attendance at County Colleges; and sub-section (2) of this Section makes it obligatory upon the parent to submit a child for inspection when required to do so by an authorised officer of the Local Education Authority.

Regulations issued by the Minister require that :—

- (a) every pupil who is admitted for the first time to a maintained school shall be inspected as soon as possible after the date of his admission ;
- (b) every pupil attending a maintained Primary School shall be inspected during the last year of his attendance at such a school ;
- (c) every pupil attending a maintained Secondary School shall be inspected during the last year of his attendance at such a school ; and
- (d) every pupil attending a maintained school or County College shall be inspected on such other occasions as the Minister may from time to time direct or the Authority with the approval of the Minister may determine.

The Minister has indicated that he does not at present propose to give any directions under the Regulation quoted above, but it is open to Authorities to arrange for additional inspections if they wish to do so. The Authority have accordingly decided to arrange for the medical inspection of the following groups of pupils :—

- (a) Those who have not been medically examined since their first admission to a maintained school.
- (b) Those who, since their last Routine examination, have attained the age of 8 years.
- (c) Those who, since their last Routine examination, have attained the age of 11 years.
- (d) Those who, since their last Routine examination, have attained the age of 14 years.
- (e) In the case of Secondary Grammar School pupils only, those who, since their last Routine examination, have attained the age of 16 years.
- (f) In the case of Secondary Grammar School pupils only, those who, having reached school leaving age, are known or believed to be intending to leave school within a year.
- (g) Any of the above who, owing to absence or any other circumstances, did not undergo Routine examination as it became due.

This Section of the Act further requires the Local Education Authority "to make such arrangements for securing the provision of free medical treatment for pupils in attendance at any school maintained by them as are necessary for securing that comprehensive facilities for free medical treatment are available under this Act or otherwise"; and regulations made by the Minister require that the arrangements made by the Authority for carrying out their duties regarding the health of the school children shall include provision for :—

- (a) following up pupils who are found on inspection to need supervision or treatment ;
- (b) referring to consultants pupils in respect of whom further advice is needed ;
- (c) encouraging pupils to obtain any treatment that they require ;
- (d) assisting pupils to obtain treatment other than domiciliary treatment;
- (e) providing pupils with treatment, other than domiciliary treatment, which is not otherwise available ;
- (f) ensuring the cleanliness of pupils ; and
- (g) securing the hygienic condition of educational establishments maintained by the Authority.

The duties of following up pupils found to need supervision or treatment, encouraging pupils to secure such treatment as they require, and securing the cleanliness of pupils, are carried out as formerly by the School Nurses, and the Authority is endeavouring to obtain additional staff so as to secure the more effective performance of these duties.

A comprehensive scheme for the provision of medical treatment and a consultant service for pupils in attendance at maintained schools has been approved by the Education Authority, and arrangements have been made with hospitals within and without the county for providing this service. Whilst allowing arrangements made for the medical treatment of school children under the existing schemes of the Authority to stand, the Education Committee decided that, in order to ensure that any treatment provided by the Authority would be of a satisfactory standard, new arrangements should only be entered into, with voluntary or other hospitals, where the following conditions are complied with :—

- (1) There shall be on the staff of the hospital a Resident Medical or Surgical Officer, or both, according to the nature of the cases dealt with.
- (2) Treatment for Eye, Ear, Nose and Throat conditions shall only be carried out by, or under the supervision of, a specialist in the appropriate condition, who shall be of consultant status.
- (3) Surgical cases of all categories, whether requiring operative treatment or not, shall only be treated by, or under the supervision of, a Fellow of the Royal College of Surgeons of consultant status, who will himself be expected to carry out any operative treatment, unless it is of a very minor nature.
- (4) Medical Cases shall only be treated by, or under the supervision of, a Physician of consultant status.

Provision of Milk and Meals (Section 49).—This Section of the Act requires the Local Education Authority to make arrangements for the provision of milk, meals and other refreshments for pupils in attendance at schools and county colleges.

From 6th August, 1946, milk has been supplied free of charge to the pupils of all grant-aided primary and secondary schools, and the Minister has intimated the intention of the Government to make school dinners free of charge to day pupils at all such schools as soon as school canteen facilities are available to meet the expected demand.

Cleanliness of Pupils (Section 54).—This Section empowers the Local Education Authority to authorise the School Medical Officer to cause the examination of the person and clothing of pupils in attendance at maintained schools, whenever in his opinion such examinations are necessary in the interests of cleanliness. The Section also provides for securing the cleansing of any pupils found verminous and prescribes penalties in the case of pupils who, having been cleansed under this Section, become re-infested with vermin, provided it can be proved that re-infestation is due to neglect. Under Sub-section (4) of this Section, the Local Education Authority is, for the first time, placed under the obligation of making arrangements for the cleansing of pupils, whether such cleansing is required in pursuance of an order made under Section 54 of the Act, or at the request of the parent or, in the case of a pupil of a county college, the pupil.

The Education Committee has approved a revised scheme for ensuring cleanliness, under which the School Nurses carry out a Routine cleanliness inspection of all pupils as early as possible in the term, when an informal cleansing notice is issued to the parent of each pupil found to be verminous. These pupils are re-examined one week later and if any of them are still verminous, formal cleansing notices are served on the parents by the School Medical Officer, requiring them to render the pupils free from vermin and present them for re-examination by the School Nurse at the end of three days. These notices also warn the parents that unless the pupils are satisfactorily cleansed, they will be cleansed under arrangements made by the Local Education Authority.

If on the occasion of the third inspection the pupils are still found to be in a verminous condition, the Nurse reports the matter to the School Medical Officer, who decides, in the light of all known circumstances, whether to issue Formal Cleansing Orders, instructing the Nurse to convey the pupils to the nearest School Clinic, and there cleanse their persons. All pupils cleansed either under arrangements made by the parents or by the Local Education Authority after the serving of a Formal Cleansing Notice, are subsequently examined by the School Nurse, and in the event of their being found to be re-infested, they are reported to the School Medical Officer who decides whether to recommend to the Authority that legal proceedings should be taken.

Employment of Children (Section 59).—This Section provides that if in the opinion of the Local Education Authority, any pupil of a school is being employed in such a manner as to be prejudicial to his health or to render him unfit to obtain the full benefit of the education provided for him, the authority may prohibit his employment or impose such restrictions on his employment as they consider necessary in the interests of the child.

Each pupil reported by the Secretary for Education as being engaged in employment is examined on the occasion of each visit of the Medical Officer to the school which he attends. At the end of 1946 a total of 53 children were known to be employed and, although this figure had increased to 78 by the end of 1947, it was not found necessary to recommend the termination, on health grounds, of the employment of any pupil.

STATISTICAL TABLES FOR 1946.

TABLE 1 (A).ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed groups :—

					1945	1946
Entrants	..	..	..	..	3,317	4,096
Intermediates	..	..	..	..	2,924	3,961
Leavers	..	..	..	..	4,842	5,409
					11,083	13,466
Secondary Grammar and Technical School						
Pupils inspected prior to 1st April, 1945	..				197	—
Total	..				11,280	13,466

Since the 1st April, 1945, the numbers of the Secondary Grammar School and Technical College pupils who were examined have been included in the prescribed groups of Routine Medical Inspections.

TABLE I. (B)—OTHER INSPECTIONS.

					1945	1946
Number of Special Inspections	..	..			6,183	5,216
Number of Re-Inspections	..	..	..		6,763	7,614
Total	..				12,946	12,830

TABLE II.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age Groups.	Number of Children Inspected.	A. (Excellent).		B. (Normal).		C. (Slightly Subnormal).		D. (Bad.)	
		No.	%	No.	%	No.	%	No.	%
Entrants	4096	515	12.57	3241	79.13	334	8.15	6	.15
Second Age-group	3961	393	9.92	3193	80.61	356	8.99	19	.48
Third Age-group	5409	576	10.65	4569	84.47	247	4.57	17	.31
Other Routine Inspections ..	—	—	—	—	—	—	—	—	—
Total for 1946 ..	13,466	1,484	11.02	11,003	81.71	937	6.96	42	.31
„ „ 1945 ..	11,280	1,302	11.54	9,119	80.84	809	7.17	50	.45

TABLE III.—PARTICULARS OF CASES TREATED.**GROUP I.—TREATMENT OF MINOR AILMENTS.**

	1945	1946
Total number of defects treated or under treatment	6362	5355

GROUP II.—TREATMENT OF DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects included in Group I).

Defect or Disease. (1)	No. of Defects dealt with under the Authority's Scheme (2)	No. of children for whom spectacles were	
		Prescribed under the Authority's Scheme. (3)	Obtained under the Authority's Scheme. (4)
Errors of Refraction (including squint)	1327		
Other Defect or Disease of the Eye	33		
Total	1360	1011	954

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects—		
Received Operative Treatment under the Authority's Scheme in Clinic or Hospital (1)	Received other forms of Treatment. (2)	Total number treated. (3)
249	13	262

TABLE IV.—DENTAL INSPECTION AND TREATMENT.

Age ..	ROUTINE AGE GROUPS INSPECTED.															Total.
	Under 5	5	6	7	8	9	10	11	12	13	14	15	16	17	18 and over	
Totals ..	510	3147	3623	3625	3726	3852	3688	3328	3150	2771	1067	581	272	110	25	33,475

Specials	345	TOTAL (Routine and Specials) ..	33,820
Number found to require treatment			19,516
Number actually treated			11,914*
Attendances made by children for treatment			13,687
Half-days devoted to :—	{ Inspection 251 Treatment 1,541	Total ..	1,792
Fillings :—	{ Permanent Teeth 7,091 Temporary Teeth 1,521	Total ..	8,612
Extractions :—	{ Permanent Teeth 1,230 Temporary Teeth 9,911	Total ..	11,141
Administrations of general anaesthetics for extractions			293
Other operations :—	{ Permanent Teeth 2,267 Temporary Teeth 1,178	Total ..	3,445

*Includes 848 children referred for treatment in 1945.

TABLE V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1) Average number of visits per school made during the year by the School Nurses or other authorised persons	7.10
(2) Total number of examinations of children in the schools by the School Nurses	86,843
(3) Number of individual children found unclean	2,486
(4) Number of children cleansed under arrangements made by the Local Education Authority	none
(5) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1944	none
(b) Under School Attendance Bye-Laws	7

SUMMARY OF RETURN OF HANDICAPPED PUPILS.

	In Special Schools		In Maintained Primary and Secondary Schools		In Independent Schools		Not at School		Total	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Blind Pupils	3	3	—	—	—	—	—	—	3	3
Partially Sighted Pupils	2	2	3	5	1	—	—	1	6	8
Deaf Pupils	10	4	2	—	—	—	—	—	12	4
Partially Deaf Pupils	3	—	2	2	—	—	1	2	6	4
Delicate Pupils	—	2	87	82	—	1	12	8	99	93
Diabetic Pupils	—	—	1	—	—	—	—	—	1	—
Educationally										
Subnormal Pupils	7	6	178	106	—	—	—	—	185	112
Epileptic Pupils	1	1	—	—	1	2	—	—	2	3
Maladjusted Pupils	14	1	9	3	—	—	1	—	24	4
Physically Handicapped Pupils	27	14	67	32	1	1	11	14	106	61
Pupils suffering from Speech Defect	—	—	17	5	—	—	—	—	17	5
Pupils suffering from Multiple Disabilities	—	—	4	9	—	—	2	1	6	10
TOTALS	67	33	370	244	3	4	27	26	467	307

STATISTICAL TABLES FOR 1947.

TABLE I. (A)—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed groups :—

	1946	1947
Entrants	4,096	3,664
Second Age Group	3,961	3,015
Third Age Group	5,409	4,552
	<hr/> 13,466	<hr/> 11,321

TABLE I. (B)—OTHER INSPECTIONS.

	1946	1947
Number of Special Inspections	5,216	3,554
Number of Re-Inspections	7,614	6,802
	<hr/> 12,830	<hr/> 10,356

TABLE II.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age Groups.	Number of Pupils Inspected.	A. (Good).		B. (Fair).		C. (Poor).	
		No.	%	No.	%	No.	%
Entrants	3664	870	23.74	2628	71.72	166	4.53
Second Age-Group	3105	843	27.15	2104	67.76	158	5.09
Third Age-Group	4552	1456	31.98	3041	66.80	55	1.21
Other Periodic Inspections	—	—	—	—	—	—	—
Total for 1947	11,321	3169	27.99	7773	68.66	379	3.33

TABLE III.—PARTICULARS OF CASES TREATED.

GROUP I.—TREATMENT OF MINOR AILMENTS.

	1946	1947
Total number of defects treated or under treatment	<hr/> 5355	<hr/> 6925

GROUP II.—TREATMENT OF DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects included in Group I).

Defect or Disease. (1)	No. of Defects dealt with under the Authority's Scheme (2)	No. of children for whom spectacles were	
		Prescribed under the Authority's Scheme. (3)	Obtained under the Authority's Scheme. (4)
Errors of Refraction (including Squint)	1608		
Other Defect or Disease of the Eye	34		
Total	<hr/> 1642	<hr/> 1206	<hr/> 1102

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects :—			
Received Operative Treatment		Received other forms of Treatment.	Total number treated.
For Adenoids and Chronic Tonsilitis.	For other Nose and Throat Conditions.		
333	8	20	361

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) No. treated as in-patients in hospitals or hospital schools	..	..	..	167
(b) No. treated otherwise, e.g. in clinics or out-patient departments	..	..	..	1633

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of pupils treated :—

(a) Under Child Guidance arrangements	..	..	..	..	..	..	73
(b) Under Speech Therapy arrangements	..	..	..	..	..	..	2

TABLE IV.—DENTAL INSPECTION AND TREATMENT.

Age ..	ROUTINE AGE GROUPS INSPECTED.															Total.
	under 5	5	6	7	8	9	10	11	12	13	14	15	16	17	18 and over	
	745	3206	3558	3761	3575	3668	3768	3551	3171	2954	1481	848	415	196	38	34,935

Specials	271	TOTAL (Routine and Specials) ..					35,206
Number found to require treatment							22,603
Number actually treated							13,822*
Attendances made by children for treatment							16,766
Half-days devoted to :—	{	Inspection	379	}	Total ..		2,240
		Treatment	1861				
Fillings :—	{	†Permanent Teeth ..	9342	}	†Total ..		10,320
		†Temporary Teeth ..	978				
Extractions :—	{	Permanent Teeth ..	1349	}	Total ..		11,946
		Temporary Teeth ..	10597				
Administrations of general anaesthetics for extractions							471
Other operations :—	{	Permanent Teeth ..	2354	}	Total ..		5,059
		Temporary Teeth ..	2705				

* Includes 1,334 children referred for treatment in 1946.

† These figures relate to the number of teeth filled. The actual numbers of fillings inserted were :—
Permanent Teeth 9,825 ; Temporary Teeth 978 ; Total 10,803.

TABLE V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1) Average number of visits per school made during the year by the School Nurses or other authorised persons	6.75
(2) Total number of examinations of children in the schools by the School Nurses	85,565
(3) Number of individual children found to be infested	2,106
(4) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	183
(5) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	13

STATISTICAL TABLES, NOT PREVIOUSLY PUBLISHED, OF THE RESULTS OF DENTAL INSPECTIONS CARRIED OUT DURING THE YEARS 1939—1947 INCLUSIVE.

TABLE A.—Analysis of the number of saveable and unsaveable temporary teeth.

TABLE B.—Analysis of the number of saveable and unsaveable permanent teeth.

TABLE C.—Average number of decayed teeth per child—Elementary Schools.

TABLE D.—Average number of decayed teeth per child—Secondary Schools.

TABLE E.—Percentage of children who were found to be free from dental caries—Elementary Schools.

TABLE F.—Percentage of children who were found to be free from dental caries—Secondary Schools.

TABLE A.

ANALYSIS OF NUMBER OF DECIDUOUS TEETH DECAYED, 1939—1947.

SAVEABLE.													UNSAVEABLE.										
Age ..	Under 5	5	6	7	8	9	10	11	12	13	14	Under 5	5	6	7	8	9	10	11	12	13	14	
Year :—																							
1939 ..	1044	5381	6661	5808	5172	3506	1898	915	288	132	8	295	2948	4378	4848	4856	3789	2281	1237	566	282	39	
1940 ..	834	6655	8158	7156	5979	4799	2502	1072	334	106	13	214	2706	4351	4676	4511	3731	2392	1332	575	262	29	
1941 ..	887	5823	7700	6783	5292	4073	2327	959	317	86	6	182	2169	3604	4401	3808	3231	2324	1116	584	317	34	
1942 ..	1119	6864	8534	7524	6224	4552	2901	1061	370	82	5	273	2080	4099	4120	3645	3144	2144	1159	446	170	18	
1943 ..	859	5829	8268	7712	6359	4369	2785	1060	378	117	6	110	1649	3294	4281	4086	3000	1950	1004	477	207	11	
1944 ..	637	5336	7261	6985	6396	4355	2706	1127	406	120	16	124	1627	3125	4064	3852	3013	1885	930	400	150	9	
1945 ..	725	4967	7105	5867	6201	4395	2653	1083	473	117	16	141	1329	2265	3098	3276	2439	1687	837	380	154	16	
1946 ..	656	4869	5892	5710	5140	4019	2092	951	363	158	11	126	1783	3134	3513	3604	2961	1816	1007	459	200	21	
1947 ..	1317	5043	7001	6614	5745	4112	2621	864	277	103	15	369	2560	3584	4170	4175	3640	2401	1206	450	196	33	

TABLE B.

ANALYSIS OF NUMBER OF PERMANENT TEETH DECAYED, 1939—1947.

Age ..	SAVEABLE.										UNSAVEABLE.											
	5	6	7	8	9	10	11	12	13	14	15	5	6	7	8	9	10	11	12	13	14	15
Year—																						
1939 ..	28	266	770	1254	1367	1425	1599	1688	1650	252	5	9	52	200	413	603	932	1012	1343	1557	228	3
1940 ..	12	272	704	1207	1551	1576	1551	1551	1666	325	9	1	41	193	409	739	916	1015	1143	1303	234	16
1941 ..	10	218	734	1174	1296	1460	1433	1372	1395	298	24	5	20	106	376	522	709	751	877	971	220	22
1942 ..	18	158	594	1103	1374	1394	1484	1438	1406	256	—	—	17	102	297	502	778	820	896	930	163	6
1943 ..	14	143	555	1035	1160	1317	1140	1123	1257	244	11	—	12	59	230	449	571	647	768	835	125	2
1944 ..	13	174	502	969	1107	1263	1184	1166	1120	200	2	—	19	70	118	276	492	516	656	805	119	—
1945 ..	10	105	394	751	961	996	995	1009	1004	149	—	2	—	59	90	171	263	362	456	525	85	—
1946 ..	8	135	447	881	1206	1208	1132	1047	1077	158	—	—	10	50	176	239	310	449	544	572	91	—
1947 ..	64	395	1720	1486	1947	2096	1981	1773	1721	423	18	6	27	79	141	258	363	407	440	577	173	9

TABLE C.

Analysis of Results of Inspections of Primary School Children
by the Dental Officers, 1939—1947.

Age ..	AVERAGE NUMBER OF DECAYED TEETH PER CHILD.										
	Under 5	5	6	7	8	9	10	11	12	13	14
<i>Year :—</i>											
1939 ..	4.0	5.0	5.3	5.1	4.8	4.2	3.4	2.8	2.7	2.8	3.1
1940 ..	3.6	5.0	5.4	5.2	4.8	4.3	3.4	2.8	2.6	2.8	3.5
1941 ..	3.4	4.5	5.2	5.0	4.8	4.0	3.3	2.5	2.5	2.7	3.3
1942 ..	3.3	4.3	5.0	4.8	4.7	4.0	3.3	2.7	2.4	2.6	3.2
1943 ..	2.6	3.6	4.4	4.6	4.4	3.7	3.0	2.4	2.2	2.4	3.1
1944 ..	1.8	3.0	3.7	4.0	3.9	3.5	2.9	2.3	2.1	2.2	2.5
1945 ..	2.3	2.7	3.7	3.5	3.8	3.3	2.7	2.2	2.1	2.0	2.6
1946 ..	1.9	2.6	3.1	3.3	3.4	3.0	2.4	2.2	2.0	2.4	2.5
1947 ..	2.3	2.4	3.1	3.4	3.5	3.2	2.7	2.3	2.2	2.3	2.4

TABLE D.

Results of Inspections of Secondary School Children by the Dental Officers 1939—1947.

Age ..	AVERAGE NUMBER OF DECAYED TEETH PER CHILD.											
	7 and under	8	9	10	11	12	13	14	15	16	17	18
<i>Year :—</i>												
1939												
Special Place ..	—	—	—	2.8	2.4	2.9	3.5	3.8	4.1	4.4	4.6	6.9
Fee-Paying ..	4.2	2.9	2.9	3.0	2.9	3.1	3.8	4.1	4.4	5.1	7.0	5.7
1940												
Special Place ..	—	—	—	3.5	2.9	3.0	3.4	4.4	5.2	5.4	6.0	5.5
Fee-Paying ..	3.1	4.0	3.3	3.5	3.3	3.4	3.7	4.6	5.1	6.3	6.8	8.5
1941												
Special Place ..	—	—	—	3.5	2.4	2.4	3.1	3.6	5.1	5.5	6.0	7.0
Fee-Paying ..	2.7	4.0	3.7	2.8	3.0	3.1	3.3	4.1	4.4	5.1	8.0	7.0
1942												
Special Place ..	—	—	—	3.4	2.7	2.7	3.2	3.7	4.0	5.3	5.1	6.7
Fee-Paying ..	3.2	3.5	3.5	3.2	2.8	2.9	3.3	3.9	4.3	5.7	7.1	8.4
1943												
Special Place ..	—	—	—	2.6	2.2	2.9	2.9	3.9	4.5	5.2	5.0	4.5
Fee-Paying ..	2.5	4.0	2.7	2.7	3.0	3.0	3.2	3.5	4.5	6.0	4.6	1.5
1944												
Special Place ..	—	—	—	2.7	2.2	2.3	3.0	3.0	4.0	4.3	6.2	4.1
Fee-Paying ..	3.0	4.1	3.1	2.8	2.7	2.8	3.1	3.4	4.7	5.0	6.4	7.0
1945												
All Pupils ..	3.0	3.6	3.5	3.0	2.6	2.5	3.0	3.3	3.5	4.5	5.6	6.3
1946												
All Pupils ..	3.7	2.6	2.3	2.1	2.2	2.2	2.9	2.5	3.0	4.2	5.0	6.6
1947												
All Pupils ..	3.3	2.8	2.6	2.3	2.3	2.7	3.3	3.6	4.5	4.5	5.5	6.5

TABLE E.

Analysis of Results of Inspections of Primary School Children
by the Dental Officers 1939—1947.

Age	PERCENTAGE OF CHILDREN FREE FROM CARIES.										
	Under 5	5	6	7	8	9	10	11	12	13	14
<i>Year:—</i>											
1939 ..	25	15	10	7	5	7	8	11	13	13	14
1940 ..	31	13	9	6	5	4	6	10	11	12	13
1941 ..	27	17	8	6	4	4	5	9	11	10	15
1942 ..	32	18	10	6	5	4	5	9	11	10	13
1943 ..	48	26	12	7	5	5	6	9	12	12	11
1944 ..	54	30	17	7	5	4	6	7	10	9	9
1945 ..	47	33	16	8	6	5	6	7	9	11	9
1946 ..	46	29	16	7	5	3	3	2	2	2	3
1947 ..	38	24	15	12	6	5	4	3	2	1	2

TABLE F.

Results of Inspections of Secondary School Pupils by the Dental Officers 1939—1947.

Age	PERCENTAGE OF CHILDREN FREE FROM CARIES.											
	7 and under	8	9	10	11	12	13	14	15	16	17	18
<i>Year:—</i>												
1939												
Special Place ..	—	—	—	20	16	10	9	12	9	7	10	—
Fee-Paying ..	23	10	15	17	12	16	10	9	10	5	7	9
1940												
Special Place ..	—	—	—	7	12	15	7	8	8	10	6	7
Fee-Paying ..	18	6	28	12	16	11	8	4	5	2	—	—
1941												
Special Place ..	—	—	—	—	9	15	15	4	5	3	5	—
Fee-Paying ..	18	6	24	14	12	12	10	9	7	3	—	—
1942												
Special Place ..	—	—	—	13	16	18	13	9	4	12	7	—
Fee-Paying ..	22	10	10	12	13	11	10	8	7	8	—	—
1943												
Special Place ..	—	—	—	15	9	7	9	8	4	5	2	—
Fee-Paying ..	35	9	8	4	6	9	9	7	5	4	4	13
1944												
Special Place ..	—	—	—	6	5	8	6	7	7	5	2	—
Fee-Paying ..	13	12	5	7	5	6	7	5	4	4	5	—
1945												
All Pupils ..	13	11	4	2	4	8	9	4	5	4	3	5
1946												
All Pupils ..	16	9	17	10	3	1	3	3	3	3	1	—
1947												
All Pupils ..	—	5	2	3	2	1	1	1	1	1	—	—

