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4691 **Salop Education Committee**

SCHOOL HEALTH SERVICE

REPORT

OF THE

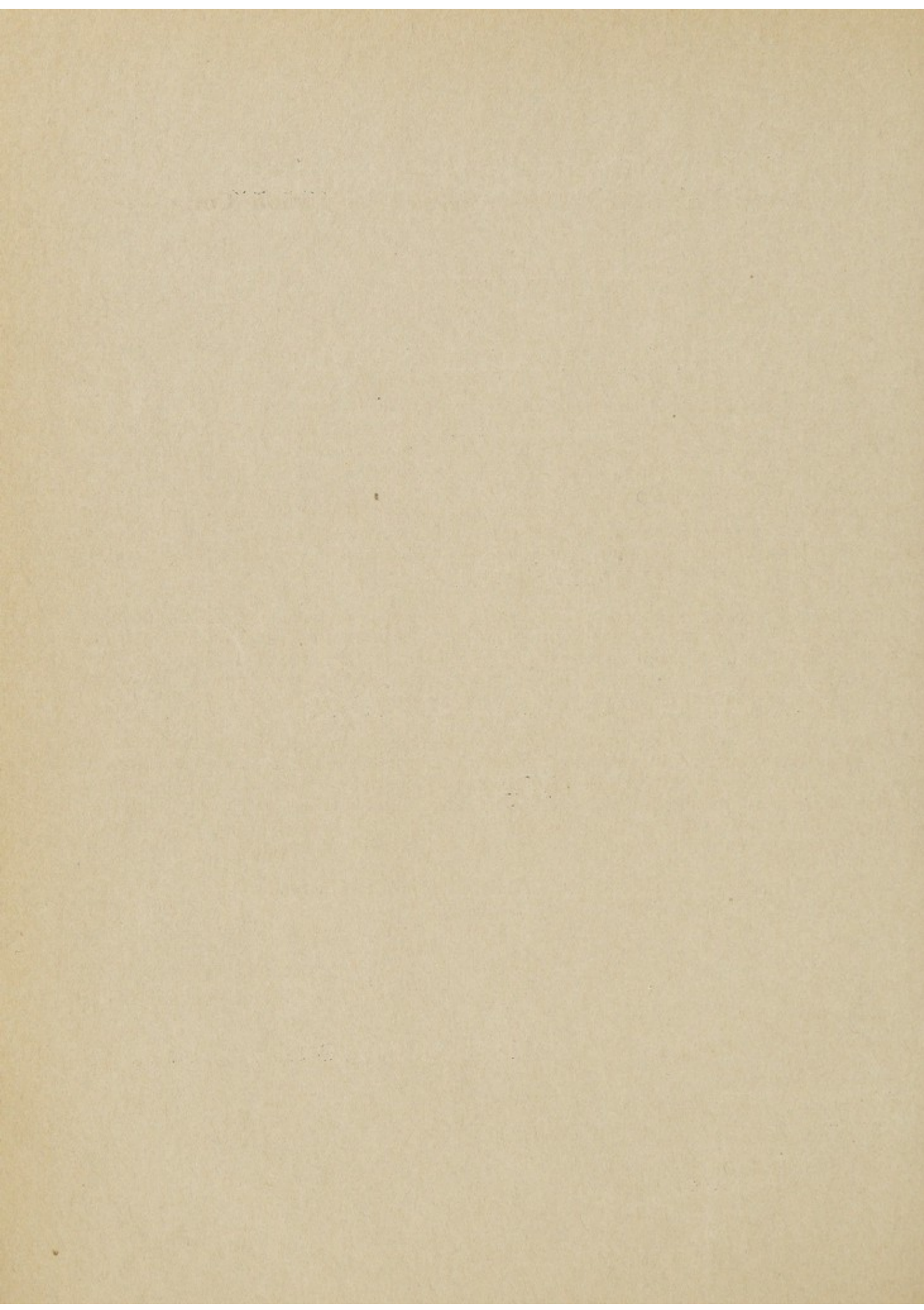
SCHOOL MEDICAL OFFICER

1951

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

COUNTY HEALTH OFFICE,
COLLEGE HILL,
SHREWSBURY.

May, 1952.



To the Chairman and Members of the Education Committee

SIR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the School Health Service for the year 1951.

There have been no new developments during the year, but it is gratifying to be able to report that, as a result of the appointment by the Regional Hospital Board of additional Specialist Staff to certain of the hospitals in this County, the difficulty of securing treatment for children suffering from tonsil and adenoid conditions appears to have been overcome. While exact figures relating to the number of operations actually performed in 1951 are not available, it is known that these greatly exceed the number of pupils recommended for treatment during the year by the Assistant Medical Officers. If the present rate of progress can be maintained, and there appear to be no reasons why it should not, the waiting list will rapidly be reduced to manageable dimensions, if it has not already reached that stage.

The chief difficulties experienced have been in connection with Medical and Dental Staff. It is estimated that, in terms of whole-time appointments, a total of twelve or thirteen Assistant Medical Officers will be required under existing legislation for the work of the County Council in all its various branches. As a result of sickness and resignations, however, the services of only seven Assistant Medical Officers were, on an average, available during the year.

With regard to dental staff, again as the result of sickness and resignations, less than the equivalent of three full-time officers out of an authorised establishment of eleven, were actively engaged in dental work in 1951, one less than in the previous year. We now have, however, an actual establishment of four full-time and one part-time Dental Officers; but this improvement in the position notwithstanding, there are a large number of school children in this County urgently in need of dental treatment for whom it is still impossible to make adequate provision.

I am, Sir, Ladies and Gentlemen,

Your obedient Servant,

WILLIAM TAYLOR,

School Medical Officer.

COUNTY HEALTH OFFICE,
COLLEGE HILL,
SHREWSBURY.

May, 1952.

MEDICAL, DENTAL AND ANCILLARY STAFF

School Medical Officer :

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

Deputy School Medical Officer :

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

Assistant School Medical Officers :

KATHLEEN PRIESTLEY, L.M.S.S.A.

MABEL N. JUDD, M.B., Ch.B.

CATHERINE B. MCARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

KATHLEEN M. BALL, M.B., B.Ch., B.A.O.Dub., D.P.H.

ELIZABETH CAPPER, M.B., Ch.B., D.P.H.

ROBERT K. HAY, M.D., B.A.O., D.P.H.

RICHARD M. C. TYNER, B.A., M.B., Ch.B., B.A.O., D.P.H. (Resigned 7th February, 1951).

EDWARD E. R. HOPKIN-JAMES, M.A., M.R.C.S.Eng., L.R.C.P.Lond. (temporary appointment—non-effective from 7th May, 1951).

GERALD N. MONAGHAN, L.R.C.P.I., L.R.C.S.I., L.M. (appointed 1st September, 1951; non-effective from 8th December, 1951).

MARY E. WALTERS, M.R.C.S., L.R.C.P., B.Sc. (appointed 12th March, 1951; resigned 31st August, 1951).

AGNES D. BARKER, M.B., Ch.B. (appointed 1st May, 1951).

Senior Dental Officer :

GERALD R. CATCHPOLE, L.D.S., R.C.S.Eng.

Assistant Dental Officers :

STEPHEN KEENAN, L.D.S. (resigned 17th December, 1951).

BERNARD SCHARF (part-time).

GEORGE B. WESTWATER, L.D.S., R.C.S.

MARGARET I. JOHNSTON, L.D.S. (appointed 3rd April, 1951).

Psychiatrist (Part-time) :

CHARLES L. C. BURNS, M.R.C.S. L.R.C.P., D.P.M.

Educational Psychologists :

JOHN L. GREEN, B.A.

ELLIS G. S. EVANS, M.A., Ph.D. (appointed 17th August, 1951).

Psychiatric Social Workers :

ANNETTE LEES (resigned 31st August, 1951).

KATHLEEN CARPENTER (part-time, appointed 28th August, 1951).

Speech Therapist :

AALISH MARY GAWNE, L.C.S.T.

REPORT FOR THE YEAR 1951

GENERAL

The area covered by the Local Education Authority comprises 861,800 acres and has a civil and military population, according to the Census of 1951, of 289,844—an increase of 45,688 over the Census figure for 1931, and of 1,134 over the estimated population for 1950.

The number of pupils on the school register in 1951 was 41,046, compared with 39,370 for the previous year—an increase of 1,676.

At the end of 1951 there were in the County of Salop, including the Borough of Shrewsbury :—

- 270 Primary Schools, containing 290 departments ;
- 15 Secondary Modern Schools (one of which is a Boarding School), containing 15 departments ;
- 17 Secondary Grammar Schools ;
- 3 Technical Colleges ;
- 6 Nursery Schools ; and
- 3 Special Residential Schools—2 for Educationally Sub-normal pupils, and
1 for Maladjusted pupils.

The staff of the School Health Service during 1951 was as follows :

	1st January	31st December
School Medical Officer	1	1
Deputy School Medical Officer	1	1
Assistant Medical Officers	8	9
Senior Dental Officer	1	1
Dental Officers	4	3
Dental Attendants	4	4
Whole-time School Nurses	3	3
Part-time School Nurses	1	1
Health Visitors undertaking School Nursing ..	21	23
District Nurses undertaking School Nursing ..	35	29

During 1951 there was an average of seven Assistant Medical Officers in the employment of the County Council, approximately three-fifths of whose time was available for School Health work and two-fifths for other duties.

The number of children examined at routine medical inspections during 1951 was 14,422, compared with 12,912 during 1950 ; and a total of 2 Grammar Schools and 25 Primary and Modern Schools remained unvisited at the end of the year.

MEDICAL INSPECTION AND TREATMENT

Routine Medical Inspections.—Under Section 48 of the Education Act, 1944, it is the duty of the Local Education Authority to provide for the medical inspection of all pupils in attendance at maintained schools, including pupils in attendance at County Colleges ; this Section also makes it obligatory upon the parent to submit his child for inspection when required to do so by an authorised officer of the Local Education Authority.

The obligation of the Local Education Authority to provide free medical treatment is now almost entirely discharged by taking advantage of the facilities provided under the National Health Service Act, 1946. Children found to be suffering from defects, ascertained in the course of Routine Medical Inspection or attendance at a School Clinic, are referred to their own doctor ; and arrangements are made for those in need of Specialist advice or hospital treatment to be

dealt with, according to the nature of the defect, at one or other of the hospitals, particulars of which are given on page 25 of this report, and all of which come under the Birmingham Regional Hospital Board.

The duty of following up pupils found to need supervision or treatment and of securing the cleanliness of pupils is carried out by the School Nurses.

As the Ministry of Education have asked for particulars of the School Clinics provided by the Local Education Authority, these have been included in this report on pages 25 and 26.

Treatment of Eye Conditions.—In order to secure treatment for children with defective vision or affections of the eye, advantage is taken as far as possible of the Hospital and Specialist Services provided by the Regional Hospital Board, and in 1951, according to the returns of the Assistant Medical Officers, 1,438 children with defective vision were dealt with under these services.

Before the passing of the National Health Service Act, however, the Local Education Authority had made arrangements for eye clinics, attended by specialists, to be held from time to time in certain areas in the County from which access to out-patient departments of hospitals was difficult; and in the Market Drayton and Ludlow areas these arrangements have been continued as Supplementary Ophthalmic Services.

During 1951, under Supplementary Ophthalmic Service arrangements, 19 children were examined in Market Drayton, 172 in Ludlow, and 13 at Haughton Hall Special School—a total of 204.

Tonsils and Adenoids.—The position with regard to the treatment of school children suffering from tonsil and adenoid conditions can perhaps be represented most clearly and simply by the following tabular statement which covers the period from 1937 to 1951:—

Year	Referred for Treatment		Operations performed	Operations performed expressed as percentage of cases referred for treatment
	Percentage of children examined	Actual cases		
1937	4.0	428	421	98
1938	4.7	463	393	85
1939	3.2	314	336	107
1940	3.6	412	321	78
1941	4.3	542	317	58
1942	4.5	402	383	95
1943	3.6	298	245	82
1944	4.2	441	362	82
1945	2.7	328	300	91
1946	3.9	537	249	46
1947	4.2	520	333	64
1948	4.9	821	795	96
1949	4.5	702	568	81
1950	4.8	622	347	56
1951	2.7	406	677	167

Reference to the above table shows that although there was a considerable variation from year to year in the *number* of school children referred for treatment, with a marked increase in 1946 (the year following the coming into operation of the Education Act), the actual *percentage* of children found on examination to be in need of treatment did not, as a rule, vary greatly from year to year. It is also of interest to note that until 1946, the number of operations performed

in each year corresponded very closely, on the whole, with the number of children referred for treatment—although in 1941, no doubt as a result of wartime conditions, the number of children dealt with reached a very low ebb.

It will also be seen from this Table that, after allowing for "refusals," there was in effect no waiting list until the outbreak of war in 1939. From 1940 onwards, however, owing to a number of factors associated with war-time conditions, there was an increasing tendency for the number of operations to fall short of the actual number of cases referred for treatment. This tendency notwithstanding, there was no waiting list when the Education Act, 1944, came into operation on 1st April, 1945, but from that time onwards increasing difficulty in securing operative treatment began to be experienced. There was an increase in the number of children referred for treatment, no doubt due to some extent to the obligation placed upon the Local Education Authority by the new Education Act to provide free treatment for all children in maintained schools, Secondary as well as Primary; and it will be observed that in 1946, when 537 children were referred for treatment, the hospitals with which the Local Education Authority had entered into arrangements were able to deal with only 249 cases—less than 50 per cent. of those for whom treatment had been recommended—owing mainly to lack of beds and nursing staff.

The number of patients on the waiting list at that time was a matter of much concern to the Board of Management of the Eye, Ear and Throat Hospital, Shrewsbury, and in 1947, as a result of discussions with Mr. Hargrove, Consultant to the Hospital for ear, nose and throat conditions, an arrangement was entered into towards the end of the year under which children suffering from tonsil and adenoid conditions were admitted to the County Council Hospital at Cross Houses, where they were operated on by members of the specialist staff of the Eye, Ear and Throat Hospital. This arrangement was continued until the coming into operation of the National Health Service Act on 5th July, 1948, and in the first six months of that year the average weekly number of children receiving treatment was roughly four times that of previous years. In that year, when 821 school children were referred for treatment, no fewer than 795 were operated on.

Waiting lists, when they begin to disappear, have a habit of melting away very quickly, and if the rate for 1948 could have been maintained there would now be no waiting list; but in 1949, when 702 children were referred for treatment, it was only possible to deal with 568 cases; and in 1950, when 622 children should have been dealt with, only 347 underwent operation.

It ought to be said here that the state of affairs described above was not peculiar to this County, but was very general throughout the country and, there is good reason to believe, was much more pronounced in neighbouring counties.

Be that as it may, it was obvious, in the circumstances then prevailing, that a very considerable period must elapse before school children in need of operative treatment on account of tonsil and adenoid conditions could be admitted to hospital, and in order to categorise them as far as possible according to priority of need, an extensive review of those cases was carried out in the summer of 1950 by the County Council's Assistant Medical Officers. Full particulars of this review were given in the Annual Report for that year, but it will suffice for present purposes to say that, out of 767 school children for whom treatment had been recommended, 569 cases were placed in the following four categories:—

Category (a) In need of immediate operation	..	..	..	105 pupils
(b) In need of operation at an early date	..	..	..	173 "
(c) Operation should not be long delayed	..	..	..	184 "
(d) No particular urgency	..	..	..	107 "

Particulars of the 255 children out of the 278 who had been placed in categories (a) and (b) were forwarded to the Consultant at the Eye, Ear and Throat Hospital for special consideration with a view to securing for them priority in the matter of treatment over the 291 children in categories (c) and (d).

An effort has been made to follow up the 569 tonsil and adenoid cases recommended for operative treatment after the review carried out by the Assistant Medical Officers in 1950, and the necessary information for this purpose has been obtained from two sources :—

- (a) the forms of notification of discharge received from hospital after treatment ;
- (b) the School Medical Record Cards.

On the occasion of each Routine Medical Inspection the Assistant Medical Officers re-examine the pupils previously referred for treatment, but it is probable that in many cases the children received operative treatment subsequent to the date of their last examination, and the records are of necessity very incomplete. The position at the end of 1951 is probably, therefore, much more satisfactory than the figures given below in tabular form seem to indicate, but they do show that the urgent cases in categories (a) and (b) are being more rapidly dealt with than the cases in categories (c) and (d), about which there was no great urgency.

Follow-up of Cases reviewed in 1950			
Category	Number of Cases	Number of Operations	Percentage of Cases operated upon in each category
(a)	105	47	44.8
(b)	173	69	39.9
(c)	184	54	29.3
(d)	107	22	20.6
Total ..	569	192	39

It will be seen by reference to the table on page 4 that in 1951 as many as 677 were operated on, the largest figure in any one year with the exception of 1948, although only 406 children were referred for treatment. The reasons for the reduction in the number of cases referred for treatment are difficult to explain, but no doubt there were a number of factors involved, not least of these being the fact that the average number of Assistant Medical Officers available for duty was only seven, although the approved establishment was eleven. A further reason may have been that, as a result of the previous year's survey, the Assistant Medical Officers, knowing of the difficulty in securing operative treatment, only referred the more urgent cases for treatment.

Although a total number of 406 children were referred by the Assistant Medical Officers for operative treatment in 1951, there were in addition a number of cases referred direct to hospital by General Medical Practitioners ; and whilst as many as 677 operations are known to have been performed, there is good reason to believe that the actual number of operations exceeds 850. The position is, therefore, infinitely more satisfactory than at the end of 1950, during which year 622 cases were referred by Assistant Medical Officers for treatment, and only 347 operations were actually known to have been performed.

As the chief reason for the delay in securing operative treatment for tonsil and adenoid cases in previous years was shortage of staff, it is gratifying to be able to report that, consequent upon the appointment of a second Consultant by the No. 15 Hospital Management Committee, out-patient clinics for Ear, Nose and Throat cases were opened in Ludlow and Whitchurch in January, 1951, and in Oswestry in March, 1951. Tonsil and adenoid cases examined at the Ludlow and Whitchurch Clinics and found to be in need of treatment are now operated upon in the local Cottage Hospitals, and no fewer than 89 children were dealt with during the year under

this arrangement. Cases seen at the Oswestry Clinic, however, are not operated on locally, but are dealt with at the Copthorne Hospital, Shrewsbury, to which, during 1951, 83 children suffering from tonsils and adenoids were admitted for treatment from the Oswestry area.

For the purposes of Care and After-care, arrangements have been made for all patients who receive operative treatment for a tonsil and adenoid condition to be notified to the School Medical Officer on their discharge from hospital, but during 1951 only 519 such notifications were received, particulars of which are as follows :—

Copthorne Hospital, Shrewsbury	296
Eye, Ear and Throat Hospital, Shrewsbury	94
Bridgnorth and South Shropshire Infirmary	32
Oswestry Cottage Hospital	32
Shifnal Cottage Hospital	28
Whitchurch Cottage Hospital	20
Staffordshire General Infirmary, Stafford	2
Leominster Hospital	1
Longton Hospital, Stoke-upon-Trent	9
North Staffordshire Royal Infirmary, Stoke-upon-Trent	2
Tenbury and District Hospital	2
Walsall Hospital	1
	519

Treatment of Minor Ailments.—Particulars of Clinics for the treatment of Minor Ailments are included in the list of School Clinics which are provided by the Local Education Authority. The attendances during the year at these Minor Ailment Clinics are given in the table below.

ATTENDANCES AT MINOR AILMENTS CLINICS.

Clinic	Children referred at S.M.I.	Other Children	Examinations by Medical Officer	Attendances	Results of Treatment		
					Remedied	Improved	Unaltered
Bishop's Castle ..	—	1	1	1	1	—	—
Bridgnorth ..	3	475	372	1,254	420	3	55
Church Stretton ..	—	1	1	1	1	—	—
Dawley ..	—	199	129	535	139	48	12
Donnington ..	—	25	30	37	7	12	6
Ellesmere ..	—	9	11	11	—	3	6
Highley ..	—	17	10	26	14	—	3
Ironbridge ..	21	447	747	2,183	459	9	—
Ludlow ..	161	154	743	956	315	—	—
Market Drayton ..	4	72	81	150	64	8	4
Newport ..	3	61	47	477	55	4	5
Oakengates ..	9	55	53	241	38	26	—
Oswestry ..	46	315	582	1,265	124	65	172
Shrewsbury :							
Murivance ..	—	670	370	2,416	670	—	—
Monkmoor ..	6	1,020	—	2,904	1,019	6	1
Whitehouse ..	2	1,019	390	2,437	438	231	352
Wellington ..	5	377	335	1,601	378	4	—
Wem ..	2	161	53	438	143	19	1
Whitchurch ..	—	17	17	43	10	—	7
TOTAL FOR 1951	262	5,095	3,972	16,976	4,295	438	624
TOTAL FOR 1950	305	5,312	3,311	22,355	4,856	387	374

Scabies.—The official weekly notifications of infectious conditions amongst school children, which are received from the Heads of Schools, give a very poor indication of the prevalence of scabies, but there has been a steady fall in the number of notifications since the peak year 1943. It is, nevertheless, a fact that this condition is more prevalent than notifications received from Heads of Schools would seem to show, and a better indication of the prevalence of this infestation is given from the figures relating to school children who have been treated for this condition at the various School Clinics throughout the County.

SCABIES CASES (NOTIFIED AND TREATED)

Year	Notified by Heads of Schools	Treated at School Clinics
1943	239	498
1944	212	253
1945	156	199
1946	147	223
1947	46	166
1948	11	98
1949	7	60
1950	9	29
1951	6	19

Ascertainment and Treatment of Handicapped Pupils.—Section 34 of the Education Act requires the Local Education Authority to ascertain those children in their area who require special educational treatment ; and under this section 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 Local Education Authority with a view to the ascertainment of any physical or mental disability. The parent may likewise require the Authority to cause any child who has attained the age of two years to be examined for this purpose.

The Handicapped Pupils and School Health Service Regulations, 1945, issued by the Minister of Education under Section 33 of the Education Act, 1944, define the various categories of handicapped pupils for whom arrangements for special educational treatment should be made.

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

In addition to special attention by the teacher, the methods of special educational treatment required to be provided by the Local Education Authority for the various categories of Handicapped Pupils (with the exception of those for whom it would not be practicable to make provision in a Special School, or in whom the disability is not serious) have likewise been laid down by the Minister.

During 1951, the number of pupils examined as possibly coming within the designation of "handicapped" was 404, and a summary of the findings of the Medical Officers, and also of the recommendations made to the Local Education Authority for the purposes of this Section of the Education Act, are given below :—

HANDICAPPED PUPILS.

Category	Findings of Assistant School Medical Officers							
	Pupils Specially Ex- amined	Not Handi- capped	Special Educational Treatment Recommended			Reported to Mental Deficiency Authority		
			In Ordinary School	In Special School	Home Tuition	In- educable	Unsuitable for special educational treatment	Super- vision on leaving school
Blind	—	—	—	—	—	—	—	—
Partially Sighted	2	—	—	2	—	—	—	—
Deaf	7	—	—	7	—	—	—	—
Partially Deaf	5	—	—	5	—	—	—	—
Delicate	34	—	—	30	4	—	—	—
Diabetic	1	—	—	1	—	—	—	—
Educationally Sub-Normal ..	233	28	66	87	—	29	—	23
Epileptic	1	—	—	1	—	—	—	—
*Maladjusted	106	95	—	11	—	—	—	—
Physically Handicapped ..	15	—	—	10	5	—	—	—
Total for 1951 ..	404	123	66	154	9	29	—	23
Total for 1950 ..	357	36	98	148	8	27	1	39

*Examined and treated by Visiting Psychiatrist.

Report to Mental Deficiency Authority.—Section 57 of the Education Act, 1944, requires the Local Education Authority to ascertain those children in their area who, 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 benefitting from education at school.

Under sub-section 3 of this Section, the Local Education Authority are required, for the purposes of the Mental Deficiency Act, 1913, to report to the Mental Health Sub-Committee of the Health Committee any child who, by reason of disability of mind, is found to be ineducable in a Special School.

Under sub-section 4, it is also 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 likewise requires the Local Education Authority to report to the Mental Health Sub-Committee any child in attendance at a maintained school, or at any Special School who, by reason of a disability of mind, will require supervision after leaving school.

During 1951, a total of 52 children were reported under this Section—29 under sub-section 3, as being ineducable; and 23 under sub-section 5, as being in need of supervision after leaving school.

The comparable figures for 1950 were 27 under sub-section 3; 1 under sub-section 4; and 39 under sub-section 5—a total of 67.

Education of Children in Hospitals.—The Robert Jones and Agnes Hunt Orthopaedic Hospital is the only one in this County with which the Education Committee have entered into an arrangement for the provision of special educational facilities. In other hospitals in the County, when a

child is admitted whose stay is likely to extend over a prolonged period, special arrangements are made for the child to receive a certain amount of individual tuition, if his medical condition is such that he will be able to benefit from it ; and in 1951 one pupil, a patient in the Royal Salop Infirmary, received special tuition in this way.

Cleanliness Inspections.—Under Section 54 of the Education Act the Local Education Authority has authorised the School Medical Officer, or someone acting on his behalf, to examine the person and clothing of pupils in attendance at maintained schools, whenever in his opinion this seems necessary in the interests of cleanliness. This Section also provides for the cleansing, under arrangements made by the Local Education Authority, of any pupils found verminous as a result of such examinations, and prescribes penalties in the case of those who, having already been cleansed, have become re-infested with vermin, if it is established that re-infestation was due to neglect.

The School Nurses carry out routine inspections for verminous infestation of pupils in all Primary and Secondary Modern Schools, three Secondary Grammar Schools and one Secondary Technical School, making following up inspections in the case of those found to harbour nits or lice. The Education Committee has, therefore, approved a scheme, under which the School Nurses carry out routine cleanliness inspections of all pupils as early as possible in each term, when an Informal Cleansing Note is issued to the parent of any pupil found to be verminous.

These pupils are re-examined one week later, and if any are still found to be verminous, Formal Cleansing Notices are served on the parents by the School Medical Officer, requiring them to render the pupils free from vermin and to present them for re-examination by the School Nurse at the end of three days. These Formal Notices also warn the parents that unless the pupils are satisfactorily cleansed they will be dealt with under cleansing arrangements made by the Local Education Authority.

If on the occasion of the third inspection a pupil is still found to be in a verminous condition, the Nurse reports the facts to the School Medical Officer, who decides, in the light of all known circumstances, whether to issue a Formal Cleansing Order, instructing the Nurse to convey the pupil to the nearest School Clinic to be cleansed by her.

All pupils who have been cleansed, either by the parents or under arrangements made by the Local Education Authority after the serving of a Formal Cleansing Notice or the issue of a Formal Cleansing Order, 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 the institution of legal proceedings by the Local Education Authority.

During 1951, a total of 113,427 head inspections were carried out by the School Nurses, and 1,501 pupils were found to be verminous, some on more than one occasion. The number found verminous represents a percentage of 4.1 of the total number of pupils on the registers of the schools inspected—1.5 per cent. less than in 1950.

The following table sets out the position for the six years from 1946 to 1951 :—

Year	Pupils on Register of Schools Inspected	Verminous Pupils	Percentage Verminous
1946	29,258	2,486	8.5
1947	30,003	2,106	7.0
1948	32,873	2,534	7.7
1949	33,424	2,066	6.2
1950	34,593	1,935	5.6
1951	36,259	1,501	4.1

It was found necessary during the year to issue 113 Formal Cleansing Notices and 16 Cleansing Orders, whilst as a result of re-infestation legal proceedings were instituted in respect of 5 children; and fines totalling £2 15s. 0d. were imposed on the three parents concerned.

Work of School Nurses.—School nursing is undertaken by 3 whole-time and 1 part-time School Nurses, 23 Health Visitors and 29 District Nurses (who devote a certain amount of time to school nursing duties). In addition to their visits to schools in connection with the carrying out of head inspections, the School Nurses are required to attend the medical inspections of those schools for which as such they have been made responsible.

Children ascertained by the Assistant School Medical Officers to be suffering from defects of any kind are either referred for treatment or noted for observation; and the subsequent follow-up work of the School Nurses, together with a record of the time which they give to Routine Medical Inspections with the Assistant School Medical Officers, is indicated in the following table.

	Medical Inspection Days	Treatment Cases				Observation Cases			Totals	
		No.	Visited	Not Visited	Treated	No.	Visited	Not Visited	Cases	Visits
District Nurses	99½	889	748	141	656	143	125	18	1,032	1,875
School Nurses	102½	1,259	916	343	1,202	235	95	140	1,494	1,687
Health Visitors	296½	2,847	2,263	584	2,083	567	473	94	3,414	5,381
	498½	4,995	3,927	1,068	3,941	945	693	252	5,940	8,943

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 each pupil) indicating whether, for reasons of health, he considers him unsuitable for work of any particular type. When the pupil leaves school this report is sent by the Head, together with his own "School Leaving Report," to the Local Office of the Ministry of Labour or to the Juvenile Employment Bureau. It is then used by the Vocational Guidance Officers in order to ensure 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.

Employment of Children.—Section 59 of the Education Act, 1944, provides that the Local Education Authority, if of opinion that any pupil is being employed outside school hours in a manner likely to be prejudicial to his health, or to render him unfit to obtain the full benefit of the education provided for him, may prohibit, or impose such restrictions on, his employment as they consider necessary.

Each pupil reported by the Secretary for Education as being engaged in employment is specially examined when the school which he attends is visited by a Medical Officer for the purposes of Routine Medical Inspection. At the end of 1951 there were known to be 497 such pupils, and during the year it was found necessary to recommend that employment should be terminated in 4 cases, that morning employment should cease in one case, and that, in the case of a child with a slight cardiac lesion, employment should only be allowed if he were examined at three-monthly intervals.

Medical Inspections of Pupils resident in Special Schools, Boarding Schools and Hostels.—

It is considered that the Education Authority has a special responsibility for the care of children accommodated in hostels and boarding houses, or resident in special schools within the County, and in May, 1948, special arrangements were made for the medical examination of children in these residential establishments.

These provide for a medical examination to be carried out in September, within a fortnight of the opening of the schools at the beginning of the school year; later entrants are likewise examined within a fortnight of receipt of notice of admission from the Head of the School.

The visiting Medical Officer passes on to the Head of the school, or Warden of the Hostel, any information in connection with the wellbeing of the pupils arising out of such examination, in order that he may give appropriate instructions for special care to be taken, where such has been found to be desirable.

The name of each pupil in these residential establishments has been added to the list of a local Medical Practitioner who undertakes to provide General Medical Services under the National Health Service Act, in order to enable medical advice and treatment to be obtained for the pupil in the event of illness.

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 three groups, "good," "fair," and "poor." The assessment of nutrition in each case depends very largely on the judgment of the individual Medical Officers, and many efforts have been made, not very successfully, to devise a standard method for the estimation of nutrition which would largely exclude the personal factor.

As, however, there is no reliable method of assessing the nutrition of school children with any degree of scientific accuracy, the findings of the Medical Officers are based mainly on such considerations as height, weight, posture, the condition of the skin and so on.

NUTRITIONAL GROUPS FOR YEARS 1947 TO 1951.

Year	Classification in Percentages											
	Entrants			Second Age Group			Third Age Group			Total		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
1947	24	72	4	27	68	5	32	67	1	28	69	3
1948	28	68	4	28	67	5	29	67	4	28	68	4
1949	31	66	3	26	70	4	33	65	2	31	66	3
1950	38	60	2	31	66	3	39	59	2	36	61	2
1951	45	53	2	42	56	2	47	52	1	45	53	2

The findings of the Assistant Medical Officers would seem to indicate that there has been a general improvement in the nutrition of the school children in all age groups, and that, while there has been little change in the percentage of children who come into the category of "poor," there has been a fall in the percentage of those whose nutrition is considered to be "fair," with an almost exactly corresponding increase in the percentage of children whose nutrition is described as "good." Whatever satisfaction may be derived from these percentages, it would be unwise to attach too much importance to them, as they are merely an assessment of nutrition by the Assistant Medical Officers, in the light of a number of factors, calculable and incalculable—to say nothing of the personal element involved.

Provision of Milk and Meals.—Section 49 of the Education Act, 1944, requires Local Education Authorities to make arrangements for the provision of milk, meals and other refreshments for pupils in attendance at maintained schools and County Colleges.

At the end of 1951 as many as 310 schools with an attendance of 37,486 pupils (91.0 per cent. of the pupils then on the register of maintained schools in this County) were served with meals from school canteens. It is a matter for regret that only 24,744 of the pupils, or 66.0 per cent. of those for whom canteen facilities were available, took advantage of this service.

From 6th August, 1946, milk has been supplied free of charge to the pupils of all grant-aided primary and secondary schools. The annual census of pupils taking advantage of the Milk in Schools Scheme in 1951 was taken in June, when there was a national shortage of milk; and the percentage of pupils in attendance at maintained schools in the County actually having milk was then found to be only 68.3, compared with 82 at the time of the previous census when supplies were normal.

Quality of Milk Supplies.—Approval of milk supplied to schools under the Milk in Schools Scheme is normally restricted to that designated as "Tuberculin Tested" or "Pasteurised." When these grades are not available approval is given to "Accredited" milk; and in instances where even "Accredited" milk is unobtainable, approval is given to undesignated milk, provided that samples taken comply with "Accredited" milk bacteriological standards, and the premises and methods of production are reasonably satisfactory. Before approval is given, these matters are investigated fully by the County Sanitary Inspector.

The following particulars indicate, in respect of the year 1951, the numbers of School Departments receiving milk and the grades of milk supplied :—

Grade of Milk	School Departments	
	1950	1951
Tuberculin Tested	80	76
Pasteurised ..	240	247
Accredited ..	7	4
Undesignated ..	5	5
Total ..	332	332

Only 2 schools in the County were not provided with a liquid milk supply during 1951, and at one of these schools dried milk was supplied in lieu thereof.

Investigation of Supplies.—Samples of each School Milk are obtained by the Sanitary Officers of the Health Department at least once a quarter for bacteriological examination, and once in six months for biological examination.

The following table gives particulars of the results of the examination of samples taken during 1951 :—

EXAMINATION OF SCHOOL MILK SUPPLIES.

Examination	Samples				
	Total	Satisfactory		Unsatisfactory	
		No.	Percentage	No.	Percentage
Bacteriological	354	320	90	34	10
Biological	59	58	98	1	2

As a result of the examination of the herd from which the unsatisfactory biological sample referred to was derived, one cow was slaughtered in accordance with the provisions of the Tuberculosis Order, 1938.

Tubercular Adenitis.—Arrangements have been made by the School Medical Officer for all cases of Tubercular Adenitis in children to be notified to him by the Chest Physicians, to enable an investigation to be made in each case into both the school and home milk supplies.

During 1951, Tubercular Adenitis was reported in 9 school children, and samples of milk from 19 sources (11 domestic and 8 school supplies) were obtained by the Sanitary Officers of the County Health Department and examined for the presence of tubercle bacilli. One domestic supply was found to be positive, and as a result of the examination by Veterinary Inspectors of the Ministry of Agriculture and Fisheries of the herd from which this milk was derived, one cow was slaughtered under the provisions of the Tuberculosis Order, 1938.

SANITARY CIRCUMSTANCES OF THE SCHOOLS

In a Rural County it is quite impossible to attain anything like uniformity of standard in the sanitary circumstances of the Schools, varying as they do in size, and situated as they are both in urban and rural surroundings. Many of the older Schools fall far short of what is required in the matter of lighting, heating and ventilation, and the nature of the sanitary conveniences provided in certain instances can only partly be justified by the limitations imposed by the absence of public services in the localities in which the Schools are situated.

Under the post-war School Building Programme provision was made, as a long term policy, for the closure of certain of the older Schools where the conditions were least satisfactory, and for the construction of new Schools, either to replace those scheduled for closure or to accommodate the increased number of pupils which has resulted from the raising of the school leaving age. Owing, however, to the need for curtailing works involving capital expenditure, the long term building programme has had to be modified, and only certain priority school building work is at present being undertaken.

The following are particulars of the new Schools which were opened and the old schools which were closed during the year 1951 :—

Opened :

Albrighton Junior
Barn Farm County, Wellington
Bridgnorth St. Leonard's Infants
Cosford Temporary County
Dawley St. Leonard's County
Hadley Infants
Ludlow County Infants
Market Drayton County Infants
Oswestry County Infants

Closed :

Acton Scott C.E.
Albrighton C.E.
Bridgnorth St. Leonard's Junior
Little Drayton Infants
Market Drayton Mount Lane Infants
Neen Sollars C.E.
Wellington Princes Street Infants
Wellington Wrekin Road Infants
Whitton and Greete C.E.

The Assistant School Medical Officers are required to report any sanitary defects discovered at the time of medical inspection, and particulars of these defects, together with the appropriate recommendations, are forwarded to the Secretary for Education with a view to their being dealt with by the Education Works Committee.

The following table has been compiled from reports submitted by the Assistant School Medical Officers on 304 schools in the County (excluding Secondary Grammar Schools and Technical Colleges).

	Good	Moderately Good	Unsatisfactory
	%	%	%
Environment	67.76	28.29	3.95
Classrooms—			
Ventilation	38.14	48.36	13.50
Lighting	45.72	39.15	15.13
Heating	31.58	50.33	18.09
Desks	60.86	36.51	2.63
Sanitation—			
Drainage	48.03	43.75	8.22
Disposal of refuse	44.74	49.67	5.59
Sanitary Conveniences—			
Closets—Boys	23.80	43.99	32.21
—Girls	22.64	46.95	30.41
Disposal of Contents	39.80	39.80	20.40
Urinals	13.99	47.44	38.57
Lavatories	31.25	45.72	23.03
Water Supply—			
Drinking	56.25	27.63	16.12
Washing	53.29	31.91	14.80
Cloakrooms—			
Accommodation	26.32	53.62	20.06
Means for drying clothes and boots	14.15	14.80	71.05
Cleanliness (schoolrooms and cloakrooms)	55.95	40.80	3.25
Playgrounds	44.08	35.53	20.39

Speech Therapy.—The following is the report of Miss A. M. Gawne, Speech Therapist :—

“During the year 1951, Speech Therapy Clinics were continued at the following Centres :—

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Oswestry	Wellington	—	Shrewsbury	Whitchurch	Shrewsbury
Afternoon	Ditto	Ditto	Ludlow	Ditto	Market Drayton and Wem (Alternate weeks)	—

CASES TREATED.

On Register 1st January	New Cases during year	Cases discharged during year	On Register 31st December
66	63	58	71

PARTICULARS OF CASES DISCHARGED.

Normal	Substantially Improved	Unlikely to benefit by further treatment		Referred for Child Guidance	Left School, etc.	Total
		Slightly Improved	Unimproved			
5	29	9	1	1	13	58

“The following table gives particulars of the conditions on account of which it was found necessary for these 129 children to attend for speech therapy :—

Stammer 36	Deafness —
Cleft Palate 16	Partial Deafness 3
Severe Dyslalia 23	Educational sub-normality .. 2
Dyslalia 37	Dysarthria 1
Nasality + or — 8	Mixed defect 2
Voice defect —	Cluttering 1
Aphasia —	

“One child with a Cleft Palate, and one with a stammer, were accepted from a neighbouring County. Financial responsibility for the treatment of these children was accepted by the Parent Authority.

"During the first half of the year, treatment at his home was arranged for a child suffering from spastic paralysis, and in December, 1951, home visits were begun for a child with a similar disability.

"One adult was treated at a Centre for part of the year.

"14 children made single visits to the Centres for advice.

"18 visits were made to individual homes.

"52 visits were made to schools.

"In the course of the year, a talk on Speech Therapy as a career was given at Newport High School. Also, a brief survey of Speech Development and Disorders was given for the benefit of the Nursery Nursing Students.

A. M. GAWNE,
Speech Therapist."

Child Guidance.—Maladjusted and other difficult children are referred to a Child Guidance Clinic which is held in Shrewsbury on Monday of each week from 10 a.m. until 4 p.m. It is staffed by a full Child Guidance Team consisting of a part-time Visiting Psychiatrist, an Educational Psychologist and a Psychiatric Social Worker.

During the year the number of children referred to the clinic was 162, as compared with 185 in 1950, a reduction which may perhaps be accounted for by loss of contact in certain areas owing to changes in the Child Guidance Staff.

In addition, the Psychiatric Social Worker and Educational Psychologist make a weekly visit to the Welfare Centre at Wellington on Wednesday, and to the Infants' School at Donnington on Tuesday, to see children, most of whom had already attended the Child Guidance Clinic in Shrewsbury in order to continue the treatment which the Psychiatrist had advised. During these visits they occasionally dealt with a child who had been sent to them from a local school because of some difficulty usually of a simple nature.

Statistics relating to pupils who were treated at the Child Guidance Clinics during 1951 are contained in the following report of Dr. C. L. Burns, Visiting Psychiatrist :—

"SUMMARY OF WORK DONE DURING 1951 :

Total number of new referrals	..	..	..	..	..	..	..	..	..	..	162
Total number of new cases seen	..	..	..	..	..	..	..	..	..	..	140
Old cases still requiring help	..	..	..	..	..	..	..	..	..	..	80
<i>Sources of referral :</i>											
Head Teachers	..	..	..	..	..	..	..	..	..	..	40.0%
County Medical Officer	..	..	..	..	..	..	..	..	..	..	22.8%
Parents	..	..	..	..	..	..	..	..	..	..	16.6%
Private Doctors	..	..	..	..	..	..	..	..	..	..	7.2%
Probation Officers	..	..	..	..	..	..	..	..	..	..	4.3%
Miscellaneous, e.g. Children's Department, Mental Hospital, School Enquiry Officer	..	..	..	..	..	..	..	..	..	..	9.1%
<i>Reasons for referral :</i>											
Failure in school. Difficulties either in specific subjects, general behaviour or general attitude to work	..	..	..	..	..	..	..	..	..	..	21.6%
Nervous conditions, such as night terrors, anxiety conditions, stammering and timidity	..	..	..	..	..	..	..	..	..	..	16.6%
Behaviour difficulties such as aggressive behaviour, severe tempers, truancy, pilfering	..	..	..	..	..	..	..	..	..	..	34.6%
Physical disorders, e.g. day or night enuresis, soiling, failure to eat or sleep normally	..	..	..	..	..	..	..	..	..	..	24.8%
Miscellaneous reasons. Vocational guidance, advice re adoptions, reports to magistrates	..	..	..	..	..	..	..	..	..	..	2.4%
Number of cases seen by Psychiatrist	..	..	..	..	..	..	..	..	..	..	106
Number treated by Psychiatrist	..	..	..	..	..	..	..	..	..	..	31
Number recommended to Trench	..	..	..	..	..	..	..	..	..	..	11

C. BURNS,
Visiting Psychiatrist."

SENIOR DENTAL OFFICER'S REPORT

The burden of the report of the work of the School Dental Service for the year under review must unfortunately be a tale of disappointment and frustration rather than an account of fulfilment and expansion. During the first six months of 1951 the Service saw, what it is hoped will be, the lowest limit to be reached in the steady disintegration in the number of its effective staff which set in soon after the advent of the National Health Service Act in 1948.

Last year it was reported that owing to the shortage of dental officers, 40 per cent. of the pupils in maintained schools were not inspected. In the year 1951 the number of pupils not inspected reached 70 per cent. and the ratio of effective dental officers to pupils in maintained schools fell to one full-time officer to approximately 15,000 pupils.

The prospect of a solution to the staffing problem for the coming year is brighter than it was for 1951. The revised and much improved conditions of service for dental officers, long awaited, have now come into operation and these, coupled with new regulations governing payment in part by patients for treatment received under the General Dental Service of the National Health Service Act, may have the effect of making the School Dental Service more attractive as a career for dentists.

The alternative service of free dental treatment which children are entitled to receive from private dental practitioners working under the National Health Service Act has been more freely used in this County in 1951 than hitherto. This applies particularly to children resident in the larger centres of population in the County where a visit to the surgery of a private dental practitioner does not entail a tedious journey. The existence of an alternative free dental service for children tends to relieve some parents of the urgency of taking advantage of the offer of treatment made by the School Dentist on the occasion of his visit to the school. The treatment is often postponed by the parents until pain supervenes, when the child is hurried to a private dental practitioner for urgent treatment.

Parents of school children who have stated that they will obtain dental treatment outside the School Dental Service have been encouraged to do so.

Staff.—On 1st January, 1951, the staff of the Dental Service consisted of the Senior Dental Officer, two full-time and one part-time Assistant Dental Officers.

Mr. Stephen Keenan, the senior full-time Assistant Dental Officer, was unable, owing to sickness, to carry out his duties during the whole of the year. This officer was appointed in September, 1919, when the scheme for the dental inspection and treatment of school children was first put into operation in the County. Mr. Keenan completed over 31 years of active and devoted service to the children in the schools of the County. He retired from the Council's employment on superannuation on 17th December, 1951.

On 1st July, 1951, Miss M. I. Johnston took up her duties as a full-time Assistant Dental Officer in the east of the County.

The equivalent of service rendered by the staff during the year amounted to 2.7 in terms of full-time officers, a reduction of one below that for the previous year.

Review of the work done during the year.—The reduction, which has already been referred to, in the number of dental officers operating during the year inevitably led to a new low level in the amount of inspection and treatment it was possible to accomplish.

The bulk of the work done was carried out in the North and East of the County and in the Borough of Shrewsbury. The fact that none of the dental officers was either resident or based south of Shrewsbury severely limited what could, with advantage, be undertaken in that part of the County. The mobile officer based in Shrewsbury, however, held clinics in Bridgnorth and Ludlow, as occasion arose, to deal with urgent cases needing treatment for the relief of pain.

Routine inspections of pupils numbered 12,339 in 85 maintained schools and in the Whitchurch, Wellington and Shrewsbury Children's Homes. In addition, 1,178 pupils applied at the Clinics for inspection and treatment as special cases. Of the 243 schools which were not visited during the year, 56 have had no dental inspection since 1949. Pupils in 8 schools who were inspected but not treated last year received their treatment in 1951.

It will be remembered that last year, as mentioned in my report, a policy was adopted of restricting the amount of time spent on the restoration of the deciduous dentition by filling in order that the time so saved could be devoted to the preservation of the more important permanent dentition. This policy has been continued during the year under review. It is interesting to note that a discussion on the expediency of school dentists undertaking the filling of deciduous teeth during a period of acute shortage of staff occupies a section of the Report of the Chief Medical Officer of the Ministry of Education published in January, 1952. It is reassuring to know that the policy already in operation in this County is in conformity with the Chief Medical Officer's views on this important matter.

The percentage of pupils who were found upon routine inspection to require treatment was 66%, and of those who were offered treatment 74% accepted it.

As a result of the policy of restricting the time spent on the conservation of the deciduous dentition the number of deciduous teeth filled fell to 273. This figure is 38% of the corresponding number for 1950 and is also the lowest number of deciduous teeth filled since the year 1936.

The number of fillings inserted in permanent teeth and the number of permanent and deciduous teeth extracted are below those of last year. This fall in the output of work is attributable to the loss of effective dental staff.

Partial artificial dentures were supplied to 35 pupils who lost teeth through accident or disease.

The time devoted to the treatment of irregularities of the teeth with the aid of appliances was again held in check. Removable orthodontic appliances fitted during the year numbered 17.

Details of the time spent and the treatment carried out appear in a statistical table appended to this report.

Installation of X-ray machines in Dental Base Clinics.—At the present time one only of the Dental Base Clinics is equipped with an X-ray machine. This machine was intended for use in the Shrewsbury Dental Clinic but, owing to difficulty of accommodation and electric supply, it was installed at the Clinic at Oswestry at the request of Mr. G. B. Westwater, the Dental Officer serving the North of the County.

In a report on the use of the machine, Mr. Westwater says :—

"Since its installation I have found it of great value in assisting diagnosis in difficult cases of pain in the jaws, in the examination of swellings in the jaws, in locating buried roots of teeth and unerupted teeth and in revealing the presence and location of unerupted supernumerary teeth.

Before undertaking orthodontic treatment I find the series of good skiagraphs of the teeth and jaws I am now able to obtain with the use of the machine to be invaluable.

I regret that owing to the large area which during the present shortage of staff I now compass in the course of my work, I am unable to have the X-ray machine always at my elbow for immediate use."

A similar type of X-ray machine is included in the equipment to be obtained for the new Clinic for the Borough of Shrewsbury at No. 5 Belmont, Shrewsbury.

In course of time it is proposed to provide the Dental Officers in the East and South of the County with Dental X-ray Units.

Dental Clinics.—No new Dental Clinics became available for use during the year. This fact would have been a sharp disappointment had the dental staff not been so reduced in number as to render temporarily the pressure for accommodation less acute. Some positive progress in the provision of dental clinics has, however, been made during the year.

Shrewsbury.—The premises at No. 5 Belmont, Shrewsbury, are almost ready for occupation. It is expected that the Dental Service will begin work there by the end of March, 1952.

Newport.—The new Child Welfare Centre at Newport which will contain a complete Dental Clinic is now under construction.

Ellesmere, Dawley and Madeley.—The Child Welfare Centres which are to be provided at Ellesmere, Dawley and Madeley, will each contain accommodation for carrying out dental treatment. As the building programme is fulfilled so the Dental Service will secure the much needed facilities required for its work.

Dental Inspection and Treatment in Schools other than Maintained Primary and Secondary Schools.—Under Section 78 of the Education Act, 1944, dental inspection and treatment were carried out at Condover Hall School, Condover, which is maintained by the National Institute for the Blind.

Particulars of the number of pupils dealt with and the treatment done are given below :—

									Total
Number of pupils inspected	..	..	..	..	..	..	..	..	81
Number of pupils found to require treatment	..	..	..	..	..	..	..	..	57
Number of pupils actually treated	..	..	..	..	..	..	..	..	53
Number of attendances made by pupils for treatment	..	..	..	..	..	..	..	..	136
Half-days devoted to :—	Inspections	..	..	..	1	..	..	..	12
	Treatment	..	..	..	11	..	..	..	
Fillings :—	Permanent Teeth	..	..	..	51	..	..	..	53
	Deciduous Teeth	..	..	..	2	..	..	..	
Teeth Filled :—	Permanent Teeth	..	..	..	51	..	..	..	53
	Deciduous Teeth	..	..	..	2	..	..	..	
Extractions :—	Permanent Teeth	..	..	..	14	..	..	..	33
	Deciduous Teeth	..	..	..	19	..	..	..	
Administration of general anaesthetics for extraction	..	..	..	..	..	..	..	..	4
Other Operations :—	Permanent Teeth	..	..	..	50	..	..	..	53
	Deciduous Teeth	..	..	..	3	..	..	..	
Partial Dentures supplied	..	..	..	..	..	..	..	..	1
Orthodontic appliances fitted	..	..	..	..	..	..	..	..	2

G. R. CATCHPOLE,
Senior Dental Officer.

DIPHTHERIA IMMUNISATION

When a child first attends school, the Head is requested at the time of enrolment to ascertain whether the child has been immunised against diphtheria, and if not, to ask the parent to return a consent form to the County Health Office, on receipt of which arrangements for the immunisation of the child are made.

At the next routine medical inspection, the Assistant School Medical Officer takes the opportunity to urge immunisation in the case of entrants not yet protected. Similarly, when children in other age groups are medically examined the opportunity is taken to stress the importance of this prophylactic measure, and to try to obtain the consent of the parents in the case of

those children who have not been immunised. School Nurses, Health Visitors and District Nurses, who in the course of their duties discover school children who have missed immunisation, also endeavour to obtain the necessary parental "consents." Propaganda methods, comprising the display of films and posters and advertisements in the press, are also used from time to time to remind the public of the importance of immunisation against diphtheria.

During 1951, a total of 266 children of school age were immunised; and of this number 151 were treated by Assistant School Medical Officers and 115 by general medical practitioners—57 and 43 per cent. respectively.

In the case of children immunised against diphtheria in infancy, a reinforcing injection is advocated after an interval of three or four years, and Assistant School Medical Officers at routine medical inspections advise such in appropriate cases.

Of the 2,057 children re-immunised, 1,554 were dealt with by Assistant School Medical Officers and 503 by general medical practitioners—76 and 24 per cent. respectively.

In the statistical table given below, the total number of children of school age immunised during 1951 has been apportioned amongst the various Sanitary Districts in which they are resident. Of the pupils on the school registers at the end of the year, 80.62 per cent. had been immunised against diphtheria.

SCHOOL CHILDREN IMMUNISED DURING 1951.

Area	Local Sanitary Authority	Immunised	Re-Immunised
N.W. Combined Districts	Ellesmere Urban	1	28
	Ellesmere Rural	36	115
	Oswestry Borough	21	134
	Oswestry Rural	33	230
	Wem Urban	3	21
	Wem Rural	26	145
	Whitchurch Urban	8	96
N.E. Combined Districts	Dawley Urban	3	29
	Market Drayton Urban	5	144
	Drayton Rural	11	188
	Newport Urban	3	30
	Oakengates Urban	6	18
	Shifnal Rural	3	13
	Wellington Urban	8	29
S.W. Combined Districts	Wellington Rural	12	73
	Atcham Rural	11	149
	Bishop's Castle Borough	1	13
	Church Stretton Urban	—	17
	Clun Rural	4	44
	Wenlock Borough	9	9
	Ludlow Borough	4	61
Bridgnorth ..	Ludlow Rural	6	87
	Bridgnorth Borough	2	3
Shrewsbury ..	Bridgnorth Rural	15	28
	Shrewsbury Borough	35	353
Whole County (1951) ..		266	2,057
Whole County (1950) ..		219	2,080

Particulars of the numbers of children between 5 and 15 years of age who have been immunised against diphtheria in each year since 1942 are given below :—

Year	1942	Children immunised	..	8,310
"	1943	" "	..	4,569
"	1944	" "	..	695
"	1945	" "	..	533
"	1946	" "	..	546
"	1947	" "	..	324
"	1948	" "	..	413
"	1949	" "	..	631
"	1950	" "	..	219
"	1951	" "	..	266
Total			..	<u>16,506</u>

The effects of the Immunisation Campaign are demonstrated by statistics showing the incidence of Diphtheria and the numbers of deaths from this disease among persons of all ages in the County during the past 17 years. The two deaths which occurred in 1946 were those of school children ; the two in 1947 were those of children under school age ; and the death which occurred in 1949 was also that of a pre-school child. These five children had not been immunised against diphtheria.

NOTIFICATIONS OF DEATHS FROM DIPHTHERIA SINCE 1935.

Year	Notifications	Deaths
1935	223	20
1936	301	20
1937	206	7
1938	185	19
1939	133	13
1940	236	11
1941	237	9
1942	121	6
1943	53	6
1944	25	1
1945	7	—
1946	5	2
1947	18	2
1948	1	—
1949	5	1
1950	2	—
1951	—	—

VACCINATION

During 1951, sixty-eight children between the ages of 5 and 14 years were vaccinated against Smallpox. Of this number 13 injections were performed by Assistant School Medical Officers and 55 by general medical practitioners.

In addition, 99 children were re-vaccinated—4 by the Assistant School Medical Officers and 95 by general medical practitioners.

SCHOOL CANTEENS

Medical Examination of Staff.—In order to ensure as far as possible that those engaged in the Schools Meals Service are not suffering from, or carriers of, some form of infectious disease liable to be transmitted by contamination of the food which is served in the canteens, a scheme for the medical examination of canteen staffs, particulars of which are given below, was put into operation on 1st February, 1950.

There are three categories of premises in which food is either prepared or served to school children having a mid-day meal in school, namely :

- (a) Central Kitchens, where the meals are prepared and sent out to School Canteens ;
- (b) Self-contained Canteens, where meals are prepared and served on the school premises ;
- (c) Canteens for dining purposes only, where meals are served which have been prepared at the Central Kitchens.

An effort is made to examine the personnel employed in these establishments at least once per annum, and new entrants to the service are examined as soon as possible after appointment.

The majority of the Kitchens and Canteens are located either at, or within easy reach of, one or other of the schools which they serve, and the opportunity to carry out these examinations is taken when these schools are visited by an Assistant Medical Officer.

These medical examinations are directed towards establishing the cleanliness of the person, clothing and hands of those employed in the preparation or handling of food ; the absence of infectious conditions such as septic skin lesions, discharging ears and chronic catarrh ; and also of non-infectious but highly undesirable conditions such as eczema or other forms of dermatitis. In addition to undergoing a clinical examination, each food handler is required to submit a specimen of excreta for special bacteriological investigation at the Public Health Laboratory, Shrewsbury, and a record card for each canteen worker is kept in the County Health Department on which particulars of clinical examinations and bacteriological tests are recorded.

The following particulars give some indication of this work during the year :—

KITCHENS AND SCHOOL CANTEENS.

Establishments		Personnel				
Type	Number	Supervisors	Cooks	Helpers	Others	Total
Central Kitchens ..	16	15	13	108	29	165
Self-contained Canteens	104	—	106	276	74	456
Canteens for dining only	218	—	—	362	79	441
Total ..	338	15	119	746	182	1,062

An analysis of the examinations undertaken is given below :—

Canteen Workers who were examined and submitted laboratory specimens	831
“ “ who were examined but refused laboratory specimens ..	19
“ “ who refused both examination and specimen ..	1
“ “ who were absent on day of examination ..	4
Total personnel to whom examination was offered ..	855

PERSONNEL

Examinations of Personnel			Personnel submitting Specimens	Examinations of Specimens		
Initial	Re-examination	Total		Total	Satisfactory	Unsatisfactory
391	459	850	831	841	839	2

In five cases the clinical examinations were unsatisfactory.

A Supervisory Assistant, who had also refused to submit a specimen for laboratory examination, was found to be suffering from Chronic Otitis Media, and it was recommended that her appointment should be terminated.

A Canteen Helper was discovered to be suffering from Dermatitis of the hands, and termination of her appointment was also recommended.

Two other Canteen Helpers were found to be suffering from dermatitis of the arms and they were therefore suspended. One of these Helpers was subsequently re-examined by the Assistant School Medical Officer and pronounced fit to return to duty, but the other left the employment of the County Council.

The person and clothes of a worker indicated a lack of cleanliness. The Assistant School Medical Officer who carried out the examination, re-examined the worker after a short interval and reported a very considerable improvement.

The bacteriological examination of two of the laboratory specimens disclosed an unsatisfactory if not an actually dangerous state of affairs. One specimen was found to contain the *Shigella Sonnei*, the other the *Salmonella Anatum*. As both of these organisms are liable to give rise to food poisoning the two Workers concerned were suspended until a series of negative specimens had been obtained.

Due to the fact that 27 schools remained unvisited by the Assistant School Medical Officers during the year 1951, it was not possible to offer examination to the staff employed in the Canteens at the schools concerned and, in consequence, of the 1,062 Canteen Workers engaged in the School Meals Service, 855 only were examined.

SUMMER CAMPS

Summer Camps for senior pupils were again organised during the months of May, June and July. Accommodation for over 30 pupils is available at each of two Camps—both situated at Nash Court, near Ludlow.

A total of 535 pupils passed through these Camps, 276 boys and 259 girls. All the pupils were examined prior to admission—initially by the local School Nurse and on the morning prior to departure for the Camp by an Assistant School Medical Officer—and certified to be free from infection or verminous infestation before being allowed to proceed.

Medical attendance was provided when necessary by a Medical Practitioner resident nearby. Nursing of minor conditions was provided by the District Nurse at Tenbury. Each Camp was also visited weekly by an Assistant Superintendent Nursing Officer.

HOSPITAL AND SPECIALIST SERVICES

Children found to be suffering from defects requiring either the advice of a Consultant or treatment in hospital are referred to the following hospitals, all of which come under the Birmingham Regional Hospital Board. Children suffering from chest conditions are seen in the first instance by a Chest Physician at one of the Chest Clinics.

General Medical and Surgical Conditions :

The Royal Salop Infirmary, Shrewsbury.
 Cross Houses Hospital, near Shrewsbury.
 The North Staffordshire Royal Infirmary, Stoke-on-Trent.
 The Kidderminster and District General Hospital, Kidderminster.
 The Wolverhampton Royal Hospital, Wolverhampton.
 The Staffordshire General Infirmary, Stafford.

Eye Conditions :

The Eye, Ear and Throat Hospital, Shrewsbury.
 The North Staffordshire Royal Infirmary, Stoke-on-Trent.
 The Staffordshire General Infirmary, Stafford.
 The Kidderminster and District General Hospital, Kidderminster.
 The Wolverhampton and Midland Counties Eye Infirmary, Wolverhampton.

Ear, Nose and Throat, conditions :

The Eye, Ear and Throat Hospital, Shrewsbury.
 The North Staffordshire Royal Infirmary, Stoke-on-Trent.
 The Staffordshire General Infirmary, Stafford.
 The Kidderminster and District General Hospital, Kidderminster.
 The Wolverhampton Royal Hospital, Wolverhampton.

Pulmonary Tuberculosis :

Shirlett Sanatorium.

Orthopaedic Conditions, including Fractures :

The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.

X-Ray Treatment of Ringworm :

The Midland Skin Hospital, Birmingham.

Specialised forms of treatment not otherwise available :

The Birmingham Children's Hospital, Birmingham.

SCHOOL CLINICS PROVIDED BY THE LOCAL EDUCATION AUTHORITY

Address	Sessions				
BRIDGNORTH Welfare Centre, Northgate	<i>Minor Ailments :</i>	Monday	..	..	10.00 a.m.—11.00 a.m.
		Other weekdays	..	..	9.00 a.m.—10.00 a.m.
	<i>Dental :</i>	By arrangement.			
DAWLEY Welfare Centre, King Street	<i>Minor Ailments :</i>	Tuesday	..	..	9.30 a.m.—11.00 a.m.
		Other weekdays	..	..	9.00 a.m.—10.00 a.m.
	<i>Dental :</i>	By arrangement.			
HIGHLEY Welfare Centre, Miners' Welfare Hall	<i>Minor Ailments :</i>	Tuesday and Thursday	..	..	9.00 a.m.—10.00 a.m.
IRONBRIDGE Welfare Centre, Severn Bank House	<i>Minor Ailments :</i>	Friday	..	..	10.00 a.m.—12 noon
		Other weekdays	..	..	9.00 a.m.—10.00 a.m.
	<i>Dental :</i>	By arrangement.			
LUDLOW Welfare Centre, Cliftonville, Dinham	<i>Minor Ailments :</i>	Monday	..	..	9.00 a.m.—11.00 a.m.
		Other weekdays	..	..	9.00 a.m.—10.00 a.m.
	<i>Dental :</i>	Saturday	..	..	9.00 a.m.—12 noon
		and by arrangement.			
	<i>Speech Therapy :</i>	Wednesday	..	..	9.15 a.m.—12 noon

Address	Sessions				
MARKET DRAYTON Welfare Centre, Longslow Road	<i>Minor Ailments</i> :	Wednesday	9.00 a.m.—10.30 a.m.		
	<i>Dental</i> :	Other weekdays	9.00 a.m.—10.00 a.m.		
	<i>Speech Therapy</i> :	By arrangement. Alternate Fridays	2.45 p.m.—4.30 p.m.		
NEW DONNINGTON (a) Welfare Centre, Turreff Hall, Donnington	<i>Minor Ailments</i> :	Wednesday	9.00 a.m.—11.00 a.m.		
(b) Donnington Infants' School		Other weekdays	9.00 a.m.—10.00 a.m.		
	<i>Child Guidance</i> :	Tuesday	10.00 a.m.—4.00 p.m.		
NEWPORT Welfare Centre, 127 High Street	<i>Minor Ailments</i> :	Weekdays	9.00 a.m.—10.30 a.m.		
	<i>Dental</i> :	By arrangement.			
OAKENGATES Welfare Centre, Stafford Street	<i>Minor Ailments</i> :	Tuesday	9.00 a.m.—11.00 a.m.		
	<i>Dental</i> :	Other weekdays	9.00 a.m.—10.00 a.m.		
		By arrangement.			
OSWESTRY Welfare Centre, 28—32 Upper Brook Street	<i>Minor Ailments</i> :	Wednesday	9.00 a.m.—12 noon		
		Other weekdays	9.00 a.m.—10.00 a.m.		
	<i>Dental</i> :	Saturday	9.00 a.m.—12 noon		
		and by arrangement.			
	<i>Speech Therapy</i> :	Monday	1.00 p.m.—4.15 p.m.		
	<i>Child Guidance</i> :	By arrangement.			
WELLINGTON Welfare Centre, Haygate Road	<i>Minor Ailments</i> :	Thursday	9.00 a.m.—11.00 a.m.		
		Other weekdays	9.00 a.m.—10.00 a.m.		
	<i>Dental</i> :	By arrangement.			
	<i>Speech Therapy</i> :	Tuesday	9.15 a.m.—12.30 p.m.		
			2.00 p.m.—5.00 p.m.		
	<i>Child Guidance</i> :	Wednesday	10.00 a.m.—4.00 p.m.		
WEM Welfare Centre, The Shrubbery	<i>Minor Ailments</i> :	Weekdays	10.00 a.m.—11.00 a.m.		
	<i>Dental</i> :	By arrangement.			
	<i>Speech Therapy</i> :	Alternate Fridays	2.15 p.m.—4.30 p.m.		
WHITCHURCH Welfare Centre, 27 St. Mary's Street	<i>Minor Ailments</i> :	Thursday	9.00 a.m.—11.00 a.m.		
		Other weekdays	9.00 a.m.—10.00 a.m.		
	<i>Dental</i> :	By arrangement.			
	<i>Speech Therapy</i> :	Friday	9.30 a.m.—1.00 p.m.		
SHREWSBURY (a) Health Centre, Murivance	<i>Minor Ailments</i> :	Friday	9.00 a.m.—12 noon		
		Other weekdays	9.00 a.m.—11.00 a.m.		
	<i>Dental</i> :	Monday, Wednesday, Friday	9.00 a.m.—5.00 p.m.		
	<i>Speech Therapy</i> :	Thursday	9.30 a.m.—12.30 p.m.		
			2.00 p.m.—5.00 p.m.		
(b) The White House, Ditherington	<i>Minor Ailments</i> :	Weekdays	9.00 a.m.—11.30 a.m.		
(c) Monkmoor (at Monkmoor School)	<i>Minor Ailments</i> :	Weekdays	9.00 a.m.—10.30 a.m.		
(d) Education Office, County Buildings	<i>Child Guidance</i> :	Monday	10.00 a.m.—4.00 p.m.		
(e) No. 1 Belmont	<i>Dental</i> :	By arrangement.			

STATISTICAL TABLES

TABLE I. (A)—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed groups :—

Entrants	3,886
Second Age Group	3,784
Third Age Group	6,752
	14,422

(B)—OTHER INSPECTIONS.

Special Inspections	2,838
Re-Inspections	11,113
	13,951

(C)—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection 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 _A (3)	Total individual pupils (4)
Entrants	26	448	468
Second Age Group	259	311	574
Third Age Group	868	517	1,313
Total (prescribed groups) ..	1,153	1,276	2,355
Other Periodic Inspections ..	—	—	—
Grand Total ..	1,153	1,276	2,355

Individual pupils may be recorded in both columns (2) and (3) of the above table ; therefore the total in column (4) is not the sum of columns (2) and (3).

TABLE II.

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1951

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		Number of Defects		Number 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	46	31	7	8
5	Eyes (a) Vision	1,183	323	108	25
	(b) Squint	132	40	15	4
	(c) Other	33	15	4	2
6	Ears (a) Hearing	20	37	5	6
	(b) Otitis Media	22	5	5	1
	(c) Other	18	30	5	2
7	Nose or Throat	370	882	36	76
8	Speech	24	49	4	36
9	Cervical Glands	14	158	4	22
10	Heart and Circulation	4	187	—	16
11	Lungs	11	172	2	11
12	Developmental :—				
	(a) Hernia	12	25	—	10
	(b) Other	41	87	11	13
13	Orthopaedic :—				
	(a) Posture	47	179	1	8
	(b) Flat Foot	149	429	17	35
	(c) Other	219	506	11	20
14	Nervous system :—				
	(a) Epilepsy	1	7	—	—
	(b) Other	4	39	—	2
15	Psychological :—				
	(a) Development	141	122	2	67
	(b) Stability	41	17	1	27
16	Other	304	34	8	8

(B)—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.	%	No.	%	No.	%
Entrants	3,886	1,738	44.73	2,074	53.37	74	1.90
Second Age-Group	3,784	1,576	41.65	2,129	56.26	79	2.09
Third Age-Group	6,752	3,172	46.98	3,514	52.04	66	0.98
Other Periodic Inspections	—	—	—	—	—	—	—
Total for 1951	14,422	6,486	44.97	7,717	53.51	219	1.52

TABLE III—INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by the School Nurses or other authorised persons	113,427
(2) Total number of individual pupils examined	104,405
(3) Total number of individual pupils found to be infested	1,501
(4) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	113
(5) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	16

TABLE IV—TREATMENT TABLES

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table III).

	Number of Defects treated, or under treatment during the year	
	By the Authority	Otherwise
Skin :—		
Ringworm : (i) Scalp	3	1
(ii) Body	47	35
Scabies	19	2
Impetigo	211	37
Other skin diseases	517	—
Total ..	797	75

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

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	828	—
Errors of refraction (including squint)	1,061*	1,438
Total ..	1,889	1,438
Number of pupils for whom spectacles were		
(a) Prescribed	854*	912
(b) Obtained	742*†	877‡

NOTES :*Including cases dealt with under arrangements with Supplementary Ophthalmic Services.

†Of these 55 were obtained on a 1950 prescription.

‡Of these, 69 were obtained on a 1950 prescription.

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

	Number of Cases treated	
	By the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear	—	34
(b) for adenoids and chronic tonsillitis ..	—	677
(c) for other nose and throat conditions ..	—	25
Received other forms of treatment	—	180
Total ..	—	916

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals	146	
	By the Authority	Otherwise
(b) Number treated otherwise, e.g. in clinics or out-patients departments	—	1,000

GROUP V.—CHILD GUIDANCE TREATMENT.

	Number of Cases treated	
	In the Authority's Child Guidance Clinic	Elsewhere
Number of pupils treated at Child Guidance Clinics	140	—

GROUP VI.—SPEECH THERAPY.

	Number of Cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapist	129	—

GROUP VII.—OTHER TREATMENT GIVEN.

				Number of Cases treated	
				By the Authority	Otherwise
(a)	Miscellaneous minor ailments	..	..	5,217	—
(b)	Other treatment given :				
	1. Appendicitis	..	..	—	85
	2. Glandular Defects (Tuberculous and other)	..	..	—	42
	3. Hernia	..	..	—	16
	4. Burns or Scalds	..	..	—	2
	5. Epilepsy	..	..	—	2
	6. Asthma	..	..	—	21
	7. Diabetes	..	..	—	4
	8. Fractures	..	..	—	16
	9. Pneumonia	..	..	—	12
	10. Meningitis	..	..	—	17
	11. Miscellaneous	..	..	—	200
	Total	..	..	5,217	417

TABLE V—DENTAL INSPECTION AND TREATMENT

Number of pupils inspected :—	Periodic Age Groups	..	12,339	Total
	Specials	..	1,178	13,517
Number found to require treatment	..	..	..	9,300
Number referred for treatment	..	..	..	8,009
Number actually treated	..	..	..	5,635*
Attendances made by pupils for treatment	..	..	..	10,514
Half-days devoted to :—	Inspection	..	97	1,178
	Treatment	..	1,081	
Fillings :—	Permanent Teeth	..	7,249	7,525
	Deciduous Teeth	..	276	
Teeth filled :—	Permanent Teeth	..	7,160	7,433
	Deciduous Teeth	..	273	
Extractions :—	Permanent Teeth	..	1,056	5,920
	Deciduous Teeth	..	4,864	
Administrations of general anaesthetics for extractions	..	..	..	615
Other operations :—	Permanent Teeth	..	1,125	1,373
	Deciduous Teeth	..	248	
Partial Dentures supplied	..	..	..	35
Orthodontic Appliances fitted	..	..	..	17

NOTE : *This figure includes 571 pupils brought forward from 1950.

TABLE VI

(1)—STAFF OF THE SCHOOL HEALTH SERVICE (excluding Child Guidance).

School Medical Officer : William Taylor, M.D., D.P.H.*Senior Dental Officer* : Gerald Rufus Catchpole, L.D.S., R.C.S.Eng.

	Number	Aggregate staff in terms of the equivalent number of whole-time officers
(a) Medical Officers (Whole-time School Health and Local Health Services)	11	6.23
(b) Dental Officers (including Senior Dental Officer)	4	3.24
(c) Physiotherapists, Speech Therapists, etc.		
Speech Therapist	1	1
(d) School Nurses	60	11.28
(e) Nursing Assistants	—	—
(f) Dental Attendants	4	3.24

(2)—NUMBER OF SCHOOL CLINICS (i.e. *premises* at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics .. 17

(3)—TYPE OF EXAMINATION AND/OR TREATMENT provided at the school clinics returned in Section (2) either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the clinic.

Examination and/or treatment (1)	Number of School Clinics (i.e. premises) where such treatment is provided :	
	directly by the Authority (2)	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals (3)
A. Minor ailment and other non-specialist examination or treatment	16	—
B. Dental	12	—
C. Ophthalmic	2	—
D. Ear, Nose and Throat	—	—
E. Orthopaedic	—	10
F. Paediatric	—	—
G. Speech Therapy	7	—
H. Others	—	—

Arrangements made with the Supplementary Ophthalmic Service have been returned in Column (2) and those made with the Hospital and Specialist Service in Column (3).

(4) CHILD GUIDANCE CENTRES.

Number of Child Guidance Centres provided by the Authority .. 4

Staff of Centres	(a) Number	(b) Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists	1	0.18
Educational Psychologists	2	2
Psychiatric Social Workers	1	0.36

The Psychiatrist is directly employed by this Authority.

The services of the Psychiatric Social worker were made available by arrangement with the Regional Hospital Board.

TABLE VII—HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

NOTES :

- (i) In Section A changes of special school and short breaks are ignored.
- (ii) In all Sections children not belonging to the area of any Authority are included by the Authority which secures or seeks a place for the child.
- (iii) Children suffering from multiple disabilities are classified under the major disability.
- (iv) Section E includes pupils awaiting places in a special school or Home, but who for the time being are attending ordinary schools or receiving home tuition under Section 56 of the Education Act 1944.
- (v) *Hospital Special Schools.* In all Sections children sent to or awaiting places at Hospital Special Schools are excluded.

	(1) Blind (2) Partially sighted (3) Deaf			(4) Partially Deaf (5) Delicate (6) Physically Handicapped			(7) Educationally subnormal (8) Maladjusted (9) Epileptic			TOTAL 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ending 31st Dec., 1951 :—										
A. Handicapped Pupils <i>newly placed in Special Schools or Homes</i> ..	—	1	4	—	20	5	50	12	—	92
B. Handicapped Pupils <i>newly ascertained</i> as requiring education at Special Schools or boarding in Homes.. .. .	—	1	7	5	25	9	60	11	2	120

Number of children reported during the year :—

(a) under Section 57(3) (excluding any returned under (b)) .. 32

(b) under Section 57(3) relying on Section 57(4) —

(c) under Section 57(5) 20

of the Education Act, 1944.

	(1) Blind (2) Partially sighted (3) Deaf			(4) Partially Deaf (5) Delicate (6) Physically Handicapped			(7) Educationally subnormal (8) Maladjusted (9) Epileptic			TOTAL 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about December 1st :—										
C. Number of Handicapped Pupils from the area :—										
(i) attending Special Schools as										
(a) Day Pupils	—	—	—	—	—	—	—	—	—	—
(b) Boarding Pupils	9	3	19	3	19	8	115	21	4	201
(ii) boarded in Homes	—	—	—	—	—	—	—	—	—	—
(iii) attending independent schools under arrangements made by the Authority	—	—	1	—	—	—	—	—	—	1
TOTAL (C) ..	9	3	20	3	19	8	115	21	4	202
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :—										
(a) in hospitals	—	—	—	—	—	—	—	—	—	—
(b) elsewhere	—	—	—	—	—	27	—	—	—	27
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition)	—	—	8	8	35	10	167	3	5	236

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education of handicapped pupils in the financial year ended 31st March, 1951 £3,053 0s. 0d.

Return showing independent schools being assisted by the Local Education Authority under Section 9 (1) of the Education Act, 1944, in respect of handicapped pupils :

(1) Name and Address of School	(2) State whether for Boys, Girls or both	(3) Number of pupils whose fees are being paid in whole or part by the L.E.A.	(4) Category of handicap of pupils in Column 3	(5) Age range of pupils in Column 3	(6) Annual rate of payment by L.E.A. per pupil
Bepton Grange Oral School for the Deaf, Midhurst, Sussex	Both	1	Totally Deaf	4	£235 per annum

