[Report 1952] / School Medical Officer of Health, Salop / Shropshire County Council.

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

Salop Education Committee

SCHOOL HEALTH SERVICE

REPORT

OF THE SCHOOL MEDICAL OFFICER

1952

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

COUNTY HEALTH OFFICE,
COLLEGE HILL,
SHREWSBURY.

March, 1953

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 1952.

There have been no significant developments to which it is necessary to draw attention, as the work has been mainly of a routine nature, and while staffing difficulties continue, little progress is likely to be made in the development of existing services. The shortage in recent years of both Medical and Dental Staff, particularly the latter, has been so consistent that it has now almost come to be looked upon as a normal state of affairs, and there is little to be gained by repeating what has been said on this matter in several previous reports. The point ought to be made, however, that the schools are not being visited with sufficient frequency, and failure to detect at an early stage either medical or dental defects must ultimately have an adverse effect on the health of the school population.

It has not been possible to give a great deal of time to the preparation of this report, but I wish to express my appreciation of the assistance which I have received from the clerical staff, particularly from Mr. E. R. Wakeley, Senior Clerk in the School Health Section.

I am, Sir, Ladies and Gentlemen,

Your obedient Servant,

WILLIAM TAYLOR,
School Medical Officer.

COUNTY HEALTH OFFICE,
COLLEGE HILL,
SHREWSBURY.
March, 1953.

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.AO.Dub., D.P.H.

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

ROBERT K. HAY, M.D., B.A.O., D.P.H. (Resigned 30th June, 1952).

AGNES D. BARKER, M.B., Ch.B.

PETER G. ROADS, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H. (appointed 18th August, 1952).

FLORA MACDONALD, M.B., B.S., D.P.H. (appointed 12th May, 1952).

LILIAN JOAN KENT, M.R.C.S.(Eng.), L.R.C.P.Lond. (temporary appointment, commenced duty 1st September, 1952).

Chief Dental Officer:

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

Assistant Dental Officers:

BERNARD SCHARF, M.D. (Vienna) (part-time).

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

MARGARET I. JOHNSTON, L.D.S. (Resigned 31st October, 1952).

PETER DUFFIELD, B.D.S. (appointed 1st April, 1952).

JEAN W. PATTISON, L.D.S. (appointed 26th February, 1952; resigned 31st October, 1952).

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.

Psychiatric Social Worker:

KATHLEEN CARPENTER (part-time to 29th February, 1952; full-time from 1st March, 1952).

Speech Therapists:

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

EDWARD PAULETT, L.C.S.T. (appointed 3rd March, 1952).

REPORT FOR THE YEAR 1952

GENERAL

The area covered by the Local Education Authority comprises 861,800 acres; and in May, 1951, the date on which the most recent population figures of the Registrar General were published, the estimated civil and military population was 293,500—an increase of 4,790 compared with the estimated population for 1950.

The number of pupils on the school register in 1952 was 42,978, compared with 41,046 in the previous year—an increase of 1,932.

At the end of 1952 there were in the County of Salop, including the Borough of Shrewsbury:—

272 Primary Schools containing 286 departments;
16 Secondary Modern Schools (one of which is a Boarding School), containing 16 departments;
17 Secondary Grammar Schools;
4 Technical Colleges;
3 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 1952 was as follows:—

	1*st January*	31*st December*
School Medical Officer	1	1
Deputy School Medical Officer	1	1
Assistant Medical Officers	9	9
Chief Dental Officer	1	1
Dental Officers	3	3
Dental Attendants	4	4
Whole-time School Nurses	3	3
Part-time School Nurses	1	—
Health Visitors undertaking School Nursing	23	20
District Nurses undertaking School Nursing	29	30

During 1952 there was an average of seven Assistant Medical Officers in the full-time employment of the County Council, approximately three-fifths of whose time was available for School Health work and two-fifths for other duties with, in addition, one Medical Officer, who holds the joint appointment of Assistant Medical Officer of the County Council and District Medical Officer of Health of the Borough of Shrewsbury, and who gives seven-elevenths of his time to the work of the County Council.

The number of children examined at routine medical inspections during 1952 was 17,068, compared with 14,422 during 1951; but 4 Grammar Schools, 1 Technical College and 54 Primary and Modern Schools were not inspected during 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 County Colleges; and under this Section also parents are required to submit their children for inspection when requested 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 made available under the National Health Service Act, 1946, and children found to be suffering from defects, ascertained in the course of a Routine Medical Inspection or attendance at a School Clinic, are referred in the first instance to their own doctor. The duty of following up pupils found to need supervision or treatment is carried out by the School Nurses, 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 (27) of this report, and all of which come under the Birmingham Regional Hospital Board.

As the Ministry of Education have asked for particulars of the School Clinics provided by the Local Education Authority, these have also been included in this report on pages (28) and (29).

Treatment of Eye Conditions.—A total of 2,838 children, suffering from defective vision or other affections of the eye, was dealt with in one or other of the following ways:—

Hospital Eye Service.—In arranging for treatment for children suffering from eye conditions, advantage is taken as far as possible of the Hospital and Specialist Services provided by the Regional Hospital Board; and in 1952, according to returns submitted by the Assistant School Medical Officers, 1,696 school children with defective vision received treatment under these services.

Supplementary Ophthalmic Services Scheme.—(*a*) Before the passing of the National Health Service Act, the Local Education Authority had made arrangements for eye clinics, attended by Specialists or Assistant Medical Officers with special experience in refraction work, to be held at appropriate intervals in certain parts of the County from which access to out-patient departments of hospitals was difficult. At Market Drayton and Ludlow these arrangements have been continued as Supplementary Ophthalmic Services, and the following are particulars of pupils examined there by Specialists in those areas during 1952:—

Ludlow	153
Market Drayton ..	8
Total ..	161

(*b*) Many school children who are referred for treatment, either by general medical practitioners or Assistant School Medical Officers, on account of defective vision, make their own arrangements with Ophthalmic Medical Practitioners and Ophthalmic Opticians, and during 1952 a total of 981 school children was dealt with in this manner.

Squint.—In his report on the Health of the School Child for 1951, the Chief Medical Officer of the Ministry of Education drew attention to the increase in the incidence of squint in school children, as follows:—

> "A disturbing finding was that the number of children with squint found at periodic inspections to require treatment increased from 18,234 in 1949 to 24,264 in 1951. This large increase cannot be explained away by suggesting that the 1949 figure may have been exceptionally low, indeed in 1938 the corresponding figure was only 13,663. If the children examined at Special inspections are added to the number found at periodic inspections then there were 37,499 children in need of treatment in 1951 compared with 31,189 in 1949. Here is something that ought to be investigated. School Medical Officers should arrange for it to be looked into in their own areas and discuss it subsequently in their annual reports."

The statistics in the undermentioned table, which have been compiled for the period 1938—1952, relate to school children in this County who have been found at periodic and special examinations to require treatment on account of squint.

CASES OF SQUINT

Year	Requiring Treatment					
	Periodic Inspections			Special Inspections		
	Number of Pupils inspected	Cases of Squint	Incidence per 1,000	Number of Pupils inspected	Cases of Squint	Incidence per 1,000
1938	8,393	85	10.1	733	9	12.3
1939	7,975	79	9.9	589	7	11.9
1940	10,330	122	11.8	618	13	21.0
1941	11,360	165	14.5	623	12	19.3
1942	8,452	114	13.5	370	8	21.6
1943	7,084	77	10.9	211	5	23.7
1944	9,594	149	15.5	224	6	26.8
1945	11,280	105	9.3	344	4	11.6
1946	13,466	91	6.8	49	2	40.8
1947	11,321	80	7.1	248	6	24.2
1948	15,989	116	7.3	206	8	38.8
1949	13,264	91	6.9	1,594	25	15.7
1950	12,912	108	8.4	927	12	12.9
1951	14,422	132	9.2	904	15	16.6
1952	17,068	214	12.5	872	17	19.5

Although there would not appear to have been a very definite increase in the incidence of squint from 1949—1952 compared with the preceding eleven years, the following trends will be observed from the statistics in the preceding table.

The incidence per 1,000 cases examined in 1938 at Periodic inspections was 10.1, compared with 12.5 in 1952. There was, however, a tendency towards a gradual increase in the incidence figure from 1939 onwards to the peak year 1944, and a corresponding general decrease in the succeeding eight years.

The incidence figure in respect of cases examined in 1938 at Special inspections was 12.3, compared with 19.5 in 1952; but in the intervening years it has varied considerably between 11.6 in 1945 and 40.8 in the peak year 1946. The number of pupils examined at Special inspections in certain years—for example 49 in 1946—was too small to give a reliable incidence figure.

It is probable that the increase in the incidence of squint in the peak year 1944 may have been due in some measure to the general conditions of instability and insecurity which were prevalent in the country at that time, combined possibly with the poor lighting which prevailed as a result of "blackout" conditions.

Tonsil and Adenoid Conditions.—Next to defects of vision, tonsil and adenoid conditions are those most prevalent in school children, and an effort is made to get all cases for whom treatment is recommended seen very soon afterwards as out-patients by an Ear, Nose and Throat Specialist on the staff of the hospital at which it is intended that treatment shall be carried out. In this way the order of priority of admission to hospital and, therefore, the place of each child on the waiting list, is determined.

The position with regard to the treatment of school children suffering from tonsil and adenoid conditions is represented by the following tabular statement, which covers the period 1937 to 1952:—

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	722	347	56
1951	2.7	406	677	167
1952	2.6	450	782	174

It will be seen by reference to the above-mentioned table that, although only 450 school children were referred for treatment in 1952, as many as 782 were operated on, the largest number in any one year with the exception of 1948.

In 1951, a total of 677 school children were operated upon, although only 406 were referred for treatment.

The position in both 1951 and 1952 was, therefore, infinitely more satisfactory than at the end of 1950, when 722 cases were referred by Assistant School Medical Officers for treatment, and only 347 operations were actually known to have been performed.

To return to the year 1952, whilst as many as 782 operations are known, from official records, to have been performed in that year, a number of cases were referred direct to hospital by General Medical Practitioners; and it has been ascertained, from statistics supplied by the No. 15 and No. 16 Hospital Management Committees, that the actual number of operations performed was 822, particulars of which are as follows:—

Hospital Management Committee	*Hospitals*	*No. of Operations in* 1952
Group 15—	Copthorne	285
	Eye, Ear and Throat	229
	Oswestry and District	39
	Whitchurch Cottage	61
	Ludlow and District	42
		656
Group No. 16—	Bridgnorth and South Shropshire Infirmary	62
	Shifnal Cottage	102
	New Cross	2
		166
	Grand Total	822

Treatment of Minor Ailments.—Until the end of February, 1952, a total of 19 Minor Ailment Clinics were provided by the Local Education Authority at the various Child Welfare Centres throughout the County—of which fifteen were held daily, two twice per week, and two twice per month (in conjunction with afternoon Infant Welfare Clinics).

With the exception of the two held at fortnightly intervals, these Clinics were attended weekly by the Assistant School Medical Officers, who examined and prescribed treatment for pupils sent by their parents, or referred by the Heads of Schools or by the School Medical Officer.

Since the coming into operation in July, 1948, of the National Health Service Act, when every school child became entitled to receive free treatment from a private doctor, there has been a considerable decline in the attendances at the Minor Ailment Clinics.

In order to utilise to the greatest advantage the services of the Assistant School Medical Officers and School Nurses, which, in respect of their attendance at Minor Ailment Clinics, scarcely seemed to be the case, it was decided, with effect from 29th February, 1952, to discontinue all except seven of these Clinics, and to arrange for the very small numbers of pupils attending the others to be seen by an Assistant Medical Officer during the Infant Welfare Sessions.

Particulars of the Clinics provided for the treatment of minor ailments and of the attendances during 1951 and 1952, are given in the table below:—

ATTENDANCES AT MINOR AILMENT CLINICS

Clinic	Children referred at S.M.I.		Other Children		Examinations by Medical Officers		Attendances		Results of Treatment					
									Remedied		Improved		Unaltered	
	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952	1951	1952
Bishop's Castle ..	—	—	1	14	1	14	1	14	1	6	—	8	—	—
Bridgnorth	3	10	475	529	372	285	1,254	1,748	420	493	3	2	55	44
Church Stretton ..	—	—	1	6	1	—	1	6	1	6	—	—	—	—
Dawley	—	—	199	—	129	—	535	—	139	—	48	—	12	—
Donnington	—	—	25	—	30	—	37	—	7	—	12	—	6	—
Ellesmere	—	—	9	6	11	—	11	6	—	6	3	—	6	—
Highley	—	—	17	2	10	2	26	2	14	—	—	—	3	2
Ironbridge	21	16	447	258	747	441	2,183	1,451	459	263	9	11	—	—
Ludlow	161	28	154	160	743	239	956	230	315	188	—	—	—	—
Market Drayton ..	4	—	72	38	81	41	150	54	64	32	8	2	4	4
Newport	3	—	61	4	47	2	477	36	55	—	4	4	5	—
Oakengates	9	2	55	24	53	29	241	67	38	15	26	7	—	4
Oswestry	46	22	315	334	582	586	1,265	1,196	124	74	65	78	172	204
Shrewsbury:														
Murivance ..	—	6	670	600	370	478	2,416	1,667	670	456	—	37	—	113
Monkmoor ..	6	7	1,020	838	—	—	2,904	1,727	1,019	826	6	16	1	3
White House ..	2	31	1,019	451	390	761	2,437	2,549	438	321	231	104	352	57
Wellington	5	22	377	349	335	418	1,601	2,131	378	364	4	7	—	—
Wem	2	—	161	46	53	37	438	81	143	41	19	—	1	5
Whitchurch	—	—	17	—	17	—	43	—	10	—	—	—	7	—
Total ..	262	144	5,095	3,659	3,972	3,333	16,976	12,965	4,295	3,091	438	276	624	436

†Held in conjunction with afternoon Infant Welfare Session.
*Closed on 29th February, 1952.

Scabies.—The notifications of infectious conditions amongst school children, which are received from the Heads of Schools, show that there has been a steady fall in the number of cases of scabies since the peak year 1943. It is, nevertheless, a fact that this condition is more prevalent than the 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
1952	1	10

Ascertainment and Treatment of Handicapped Pupils.—Section 34 of the Education Act requires the Local Education Authority to ascertain those children who require special educational treatment; and under this section a parent may be required to submit any child who has attained the age of two years 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 have likewise been laid down by the Minister.

During 1952, the number of pupils examined as possibly coming within the designation of "handicapped" was 566, 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							
			Special Educational Treatment Recommended			Reported to Mental Deficiency Authority		
	Pupils Specially Examined	Not Handicapped	In Ordinary School	In Special School	Home Tuition	Ineducable	Unsuitable for special educational treatment	Supervision on leaving school
Blind	2	—	—	2	—	—	—	—
Partially Sighted	—	—	—	—	—	—	—	—
Deaf	4	—	—	4	—	—	—	—
Partially Deaf	3	—	—	3	—	—	—	—
Delicate	34	—	—	27	7	—	—	—
Diabetic	1	—	1	—	—	—	—	—
Educationally Sub-Normal	370	68	150	85	—	25	—	42
Epileptic	4	—	—	3	1	—	—	—
Maladjusted	138	123	—	15	—	—	—	—
Physically Handicapped	10	—	—	4	6	—	—	—
Total for 1952	566	191	151	143	14	25	—	42
Total for 1951	404	123	66	154	9	29	—	23

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 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 Health 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 1952, a total of 67 children were reported under this Section—25 under sub-section 3, as being ineducable; and 42 under sub-section 5, as being in need of supervision after leaving school.

The comparable figures for 1951 were 29 under sub-section 3, and 23 under sub-section 5—a total of 52.

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 1952 three pupils—one a patient in the Children's Unit, Monkmoor Hospital, Shrewsbury, and two in the Copthorne Hospital, Shrewsbury—received special tuition in this way.

Provision of Wheel Chairs and other apparatus.—During the year 1952, two school children, severely handicapped physically, following acute poliomyelitis, were each provided by the Local Education Authority with a wheel chair in order to facilitate their attendance at school.

A third school child, physically handicapped on account of congenital spastic diplegia, was likewise provided with an automatic walking machine in order to enable her to continue physical education and treatment in her own home, under the supervision of the Shropshire Orthopaedic After-Care Clinic.

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 when, in his opinion, this seems necessary. 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 Education Committee has, therefore, approved a scheme under which 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, follow-up inspections being made in the case of those pupils found to harbour nits or lice.

The School Nurses carry out routine cleanliness inspections of all pupils as early as possible in each term, when an *Informal Cleansing Notice* 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 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 1952, a total of 115,844 head inspections were carried out by the School Nurses, and 1,418 pupils were found to be verminous, some on more than one occasion. The number of pupils found verminous represents a percentage of 3.8 of the total number on the registers of the schools inspected—0.3 per cent. less than in 1951.

The following table sets out the position for the seven years from 1946 to 1952:—

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
1952	37,545	1,418	3.8

It was found necessary during the year to issue 60 Formal Cleansing Notices and 14 Cleansing Orders and, consequent upon re-infestation, legal proceedings were instituted in respect of two children. Fines totalling £1 10s. 0d. were imposed on the two parents concerned.

Work of School Nurses.—School nursing is undertaken by 3 whole-time School Nurses, 20 Health Visitors and 30 District Nurses (who devote a certain amount of their 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 at those schools for which 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 the number of days which they give to Routine Medical Inspections, 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 ..	121	742	641	101	529	167	123	44	909	1,513
School Nurses ..	162	1,272	1,090	182	1,144	262	177	85	1,534	2,288
Health Visitors ..	372	2,738	2,191	547	1,793	833	616	217	3,571	4,811
	655	4,752	3,922	830	3,466	1,262	916	346	6,014	8,612

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 unsuited.

As an expansion of this scheme, an opportunity for enrolment in the Register of Disabled Persons is given to those pupils who, in the opinion of the Medical Officers, are likely to have difficulty by reason of some disability of body or mind in obtaining or keeping employment. They then 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, if 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, the Local Education Authority may prohibit or impose such restrictions on his employment as they consider necessary in the interests of the child.

At the end of 1952 there were known to be 441 such pupils and during that year it was found necessary to recommend, after examination by an Assistant Medical Officer, that employment should be terminated in 3 cases, that the hours of employment should be reduced in 2 cases, that 3 others should be re-examined at intervals of four months, and that one pupil should not be employed during the winter months until he had received operative treatment for tonsils and adenoids.

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, and 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.

In order that medical advice may be readily available in the event of illness, the name of each pupil in these residential establishments has been included in the list of a local Medical Practitioner who has undertaken to provide General Medical Services under the National Health Service Act.

Nutrition.—The Ministry of Education recommend that, in their assessment of the nutrition of pupils, Medical Officers should divide them into three groups, "good," "fair," and "poor."

NUTRITIONAL GROUPS FOR YEARS 1947 TO 1952

Year	Classification in Percentages														
	Entrants			Second Age Group			Third Age Group			Other Periodic			Total		
	Good	Fair	Poor	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
1952	53	46	1	47	52	1	57	43	—	45	54	1	50	49	1

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. The percentage, small though it be, of those children who come into the category of "poor" has been halved, and that of the children in the category of "fair" has been reduced, both of which reductions are reflected in a corresponding increase in the percentage of children whose nutrition is described as "good." Whatever satisfaction and encouragement may be derived from these percentages, it must be remembered that 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.

Medical Examination of Prospective Teachers.—Since 1st April, 1952, a new responsibility has been placed upon the medical staff of the School Health Service, as a result of the adoption by the Ministry of Education of a revised procedure for the examination of recruits to the teaching profession:—

(i) All candidates for admission to training colleges, or university departments of education and approved art schools, are required to undergo examination by the School Medical Officer of the area in which they are resident.

(ii) On completion of an approved course of training candidates are also required to undergo a further medical examination by the College Medical Officer.

Those candidates who are not required to take an approved course of training, but have special qualifications for the teaching of such subjects as music and engineering, are examined by the School Medical Officer of the Local Education Authority by whom they are appointed.

Owing to lack of facilities the examining Medical Officer has not hitherto been required to arrange for an X-ray examination of the chest, unless there appear to be special reasons for having such an examination carried out; but with effect from 1st April, 1953, an X-ray examination will be expected as a matter of routine.

During the year 1952, a total of 57 candidates were examined by the medical staff of the School Health Service; and 18 of these cases were required to undergo an X-ray examination of the chest.

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.

Milk.—From 6th August, 1946, milk has been supplied under the Milk in Schools Scheme free of charge in all grant-aided schools, and the June census of the pupils in attendance shows that 72.5 per cent. took advantage of this scheme in 1952, compared with 68.3 per cent. in 1951 (when there was a national shortage of milk), and 82.0 per cent. in 1950.

The comparable years are, therefore, 1950 and 1952, and while it is difficult to explain the recent fall in milk consumption, this may be accounted for by the increased canteen facilities which have been made available by the Local Education Authority in the course of the last three years.

Meals.—In June, 1952, there were 319 schools, with an attendance of 39,500 pupils (91.9 per cent. of the pupils then on the register) served with meals from school canteens; but only 25,897 of these pupils (65.5 per cent. of those for whom canteen facilities were available) took advantage of this service.

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," but when these grades are not available, approval is given to "Accredited" milk; and when 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 satisfactory. Before approval is given, these matters are investigated fully by the County Sanitary Inspector.

The following particulars indicate, in respect of the years 1950, 1951 and 1952, the numbers of School Departments receiving milk and the grades of milk supplied:—

Grade of Milk	School Departments		
	1950	1951	1952
Tuberculin Tested ..	80	76	73
Pasteurised ..	240	247	245
Accredited	7	4	2
Undesignated ..	5	5	5
Total ..	332	332	325

Only five schools in the County were not provided with a liquid milk supply during 1952, and at one of these schools dried milk was supplied in lieu thereof.

Investigation of Milk Supplies.—The County Sanitary Inspector is responsible for the supervision of school milk supplies, and the necessary samples are obtained by the Sampling Officers of the County Health Department. Each milk is examined for cleanliness at quarterly intervals, and undergoes a biological test for tubercle bacilli at intervals of six months.

The following table gives the results of the examination of samples taken during 1952:—

EXAMINATION OF SCHOOL MILK SUPPLIES

Examination	Samples				
	Total	Satisfactory		Unsatisfactory	
		No.	Percentage	No.	Percentage
Bacteriological ..	362	335	92.6	27	7.4
Biological ..	140	138	98.6	2	0.4

Of the two unsatisfactory biological samples referred to in the table above, one was obtained from milk of "Accredited" grade, and as a result of an investigation by Veterinary Inspectors of the Ministry of Agriculture and Fisheries, three cows were slaughtered under the Tuberculosis Order. Arrangements were subsequently made for the school concerned to be provided with "Tuberculin Tested" milk.

The remaining unsatisfactory sample was that of an undesignated milk, and as a result of an investigation of the herd, one cow was slaughtered under the Tuberculosis Order, and arrangements were made for the school concerned to be supplied with "Pasteurised" milk.

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 1952, Tubercular Adenitis was reported in 9 school children, and samples of milk from 20 sources (11 domestic and 9 school supplies) were obtained by the Sampling Officers of the County Health Department and examined for the presence of tubercle bacilli. The results of the biological examination of all 20 samples proved to be negative.

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 unsatisfactory nature of the sanitary conveniences at certain schools cannot altogether 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 resulting 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 1952:—

	Opened	*Closed*
Modern:	Ellesmere	—
Primary:	Ellesmere Junior	Clee St. Margaret
	Holy Cross C.E.	Donnington Nursery
	Madeley County Infants	Ellesmere Mixed
	Newport County Infants	Frankton C.E.
	Shawbury (R.A.F.) Junior and Infants	Harlescott Nursery
		Hodnet Nursery
		Newport C.E. Infants
		Pant Glas C.E.
		Tetchill 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 297 schools in the County (excluding Secondary Grammar Schools and Technical Colleges).

	Good		Moderately Good		Unsatisfactory	
	1951	1952	1951	1952	1951	1952
	%	%	%	%	%	%
Environment	67.8	71.4	28.3	25.9	4.0	2.7
Classrooms—						
Ventilation	38.1	44.4	48.4	45.5	13.5	10.1
Lighting	45.7	54.2	39.2	35.4	15.1	10.4
Heating	31.6	36.7	50.3	50.2	18.1	13.1
Desks	60.9	65.7	36.5	32.7	2.6	1.7
Sanitation—						
Drainage	48.0	51.5	43.8	39.7	8.2	8.8
Disposal of Refuse	44.7	50.8	49.7	44.4	5.6	4.7
Sanitary Conveniences—						
Closets—Boys	23.8	27.8	44.0	39.3	32.2	32.9
—Girls	22.6	28.8	47.0	40.7	30.4	30.5
Disposal of Contents	39.8	42.4	39.8	39.1	20.4	18.5
Urinals	14.0	21.1	47.4	43.2	38.6	35.7
Lavatories	31.3	35.7	45.7	43.4	23.0	20.9
Water Supply—						
Drinking	56.3	66.3	27.6	22.2	16.1	11.5
Washing	53.3	60.6	31.9	26.9	14.8	12.5
Cloakrooms—						
Accommodation	26.3	30.6	53.6	50.8	20.1	18.5
Means for drying clothes and boots	14.2	16.8	14.8	15.5	71.1	67.7
Cleanliness (schoolrooms & cloakrooms)	56.0	61.3	40.8	32.7	3.3	6.1
Playgrounds	44.1	50.5	35.5	34.0	20.4	15.5

Speech Therapy.—The following is the report of Miss A. M. Gawne and Mr. E. Paulett, Speech Therapists:—

"On the appointment of Mr. Paulett in March, 1952, the County was divided into two areas for the purpose of Speech Therapy, and the number of clinics was increased from 7 to 11 by the provision of Speech Therapy facilities at the Bridgnorth, Dawley, Ironbridge and Newport Welfare Centres. Preliminary arrangements have also been made for tuition to be provided at the Bishop's Castle Welfare Centre.

During the year 1952, Speech Therapy Clinics were held at the following Centres:—

North-West Area (Miss Gawne)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Oswestry	—	Whitchurch	Murivance	—	Murivance
Afternoon	Oswestry	—	Wem	Murivance	Market Drayton	—

SOUTH-EAST AREA (MR. PAULETT)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning ..	Wellington	Ironbridge	—	Ludlow	Bridgnorth	—
Afternoon ..	Wellington	Dawley	Newport	Ludlow	Bridgnorth	—

CASES TREATED

On Register 1st January	New Cases during year	Cases Discharged during year	On Register 31st December
71	123	88	106

PARTICULARS OF CASES DISCHARGED

Normal	Substantially Improved	Unlikely to benefit by further treatment		Referred to Child Guidance	Left School or Ceased	Total
		Slightly Improved	Unimproved			
15	40	23	4	—	6	88

The following table gives particulars of the conditions on account of which it was found necessary for these 194 children to attend for speech therapy:—

Stammer*	57	Deafness†	3
Cleft Palate*	18	Partial Deafness	2
Severe Dyslalia	39	Educational Subnormality	4
Dyslalia	52	Dysarthria	1
Nasality + or —	6	Mixed Defect	6
Voice Defect	3	Cluttering	—
Mutism†	3		

*These totals include three children with repaired cleft palates, and one with a stammer, who were accepted from a neighbouring County. Financial responsibility for the treatment of these children was undertaken by the Parent Authority.

†These figures include two cases who have now been admitted to a School for the Deaf.

During the year, treatment at her home was continued for a child suffering from spastic paralysis.

4 adults were treated at Centres.
23 children made single visits to the Centres for advice.
20 visits were made to individual homes.
107 visits were made to schools, to see children and to discuss cases with teachers. These visits were often very helpful in the treatment of difficult cases at the Centres.

Miss Gawne attended a Conference on Speech Therapy at Keble College, Oxford, in April, and a Refresher Course at Newcastle in August.

In December a most interesting and instructive visit was made by both Speech Therapists to the School for the Deaf at Woolhope, Herefordshire, where some children from Shropshire are now resident.

We would like to express our appreciation to the Assistant School Medical Officers, School Dentists, members of the Child Guidance Team, Health Visitors and School Nurses, for their invaluable assistance in our work during the course of the year.

A. M. GAWNE
E. PAULETT } *Speech Therapists.*"

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, two Educational Psychologists, and a Psychiatric Social Worker.

In addition the Psychiatric Social Worker and an Educational Psychologist made 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.

The Psychiatric Social Worker and an Educational Psychologist also visited from time to time the Welfare Centres at Bridgnorth, Ludlow, Market Drayton, Oswestry and Whitchurch, for the purpose of interviewing new patients and for following up suggestions made by the Psychiatrist. During these visits the Child Guidance Team occasionally dealt with a child who had been sent to them from a local school because of some difficulty usually either of a simple nature or predominantly educational in character.

During the year 1952 there has been a marked increase in the number of children referred for treatment, amounting to 25%, which is accounted for by the increase in the Child Guidance Staff and the development of the work in outlying areas.

Statistics relating to pupils who were treated at the Child Guidance Clinics during 1952 are contained in the following report of Dr. C. L. Burns, Visiting Psychiatrist:—

SUMMARY OF WORK DONE DURING 1952:

Total number of new cases referred to Psychiatrist	209
Total number of new cases seen	179
Old cases still requiring help	64
Sources of cases:	
Head Teachers	36.7%
County Medical Officer	18.1%
Parents	16.2%
Private Doctors	6.2%
Probation Officers	4.7%
Miscellaneous, e.g. Children's Department, Mental Hospital, School Enquiry Officer	18.1%
Reasons for reference:	
Failure in school. Difficulties either in specific subjects, general behaviour or general attitude to work	20.6%
Nervous conditions, such as night terrors, anxiety conditions, stammering and timidity	21.5%
Behaviour difficulties such as aggressive behaviour, severe tempers, truancy, pilfering	28.8%
Physical disorders, e.g. day or night enuresis, soiling, failure to eat or sleep normally	22.0%
Miscellaneous reasons. Vocational guidance, advice re-adopters, reports to magistrates	7.1%
Number of cases seen by Psychiatrist	138
Number receiving prolonged treatment by Psychiatrist	20
Number recommended to Trench Hall	15

CHIEF DENTAL OFFICER'S REPORT

The School Dental Service, after the steady decline in the number of its staff which started in 1948 and continued until it reached a very low level in the first six months of 1951, began from that time to recover its strength. It was hoped that, with the advent of the much improved conditions of service for dental officers, there would have been a substantial addition to the number operating in the year 1952, but although there was indeed an improvement, the position at the end of the year under review was still very unsatisfactory. The staffing problem still presents the major obstacle to be overcome before the School Dental Service can fulfil its obligations.

As a result of the additions to the staff during the year, the percentage of pupils in maintained schools who were inspected rose from 30% in 1951 to 40% in 1952. The ratio of dentists to pupils correspondingly improved from one full-time officer to approximately 15,000 pupils last year to one full-time officer to approximately 11,250 pupils in 1952.

Ministry of Education Circular No. 254.—Circular No. 22/52 (Ministry of Health) and No. 254 (Ministry of Education) addressed to Local Health and Local Education Authorities dated 30th June, 1952, stresses the need on the part of Local Authorities to make new, intensive and continuous efforts to build up the staff of their dental services. Authorities are urged not to confine their efforts to increase their dental staff to recruiting full-time officers, but to seek and to take the fullest advantage of any offers by private dental practitioners to treat children on a part-time basis in school dental clinics.

The response to advertisements which appeared at regular intervals during 1952, inviting dentists to apply for full-time appointments under the Dental Whitley Council (Local Authorities) Salary Scale was disappointing. One officer only was recruited to the Council's dental staff during the year.

Efforts to obtain part-time service by dentists in general practice, in accordance with the suggestion contained in the circular, have so far met with little success. Negotiations were opened with a number of dentists in private practice who signified to the Secretary of the Salop Local Dental Committee their willingness to consider part-time service in a school dental clinic. Up to the end of 1952, however, no final arrangements for work to begin had been made.

An agreed national scale of fees for sessional work in Local Authorities' clinics would be of great assistance in negotiating for part-time service.

Staff.—On 1st April, 1952, Mr. P. Duffield took up his appointment as a full-time dental officer in the Ludlow district. This officer, who had already embarked on a course of study to obtain a degree in dentistry, was encouraged by the Appointments Committee to carry on with it by receiving permission to attend at the Birmingham Dental School on one day per week until the end of 1952. This course of study was successfully concluded in the time allowed.

Mrs. J. W. Pattison joined the staff for part-time service beginning in June and worked four sessions per week until the end of October, 1952.

Miss M. I. Johnston, appointed to the Wellington district on 1st July, 1951, left the Council's service on 31st October, 1952.

The equivalent of service rendered by the staff during the year amounted to 3.8 in terms of full-time officers, an increase of one full-timer over that for the previous year.

Review of the work done during the year.—The increase in the number of dental officers operating during the year resulted in a corresponding improvement in the amount of inspection done and in treatment carried out.

From 31st March, 1950, when the dental officer then based in Ludlow left the Council's employment, a very limited amount of inspection and treatment was done in the southern part of the County. On the 1st April, 1952, however, an officer was appointed to the Ludlow district, and work began again in that region. Many of the schools allocated to the new officer had not been visited by a school dentist for over two years, and some for over three years. An interval of such long duration between dental inspections has an adverse effect upon the percentage of pupils willing to accept treatment when it is ultimately offered. Another disadvantage, arising out of the long period between visits of the school dentist, is the fact that so much treatment is required by many of the pupils to make them dentally fit that a number of appointments is often necessary to enable the work for each pupil to be completed. Some patients will respond to multiple appointments, but with others two or more visits to the dentist put too heavy a strain on their enthusiasm for dental treatment.

Routine inspections of pupils numbered 16,934 in 143 maintained schools and in the Whitchurch, Wellington and Shrewsbury Children's Homes. In addition 1,120 pupils applied at the clinics for inspection and treatment as special cases. Of the 192 schools not visited during the year, 79 had not been visited for two or more years, and 41 for three years or more. Pupils in three schools who were inspected, but not treated, last year received their treatment in 1952.

The policy of restricting the amount of time spent on the restoration of the deciduous dentition by fillings in order that the time so saved could be devoted to the preservation of the more important permanent teeth, had, unfortunately, to be carried out again during 1952. As soon as circumstances allow, more and more time will be given to the conservation of the deciduous teeth.

The percentage of pupils found upon routine inspection to require treatment was 70%, an increase of 4% over the corresponding figure for last year. Of the number of pupils who were referred for treatment 71% accepted it, a fall of 3% below the acceptance rate for 1951. The rise in the percentage of pupils found to require treatment and the fall in the acceptance rate are largely attributable to the long period between the visits of the dental officers to the schools.

The number of fillings inserted, the number of teeth conserved, teeth extracted and other operations carried out, show an increase over the figures for last year commensurate with the additions to the staff.

Partial artificial dentures were supplied to 42 pupils who lost teeth through accident or disease.

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

Orthodontics.—A limited amount of treatment of irregularities of the teeth with the aid of appliances was carried out during the year. This work is in great demand and undoubtedly enhances the prestige of the Service which undertakes it but, owing to the heavy pressure of the more important work of the conservation of the permanent dentition, orthodontic treatment had again to be held in check.

Mr. Duffield, the newly appointed dental officer in the south of the County, whose special field of interest and training is in orthodontics, appreciates the unfortunate staffing position which must continue to limit, for the present, the time he can spare for this type of work. As soon as circumstances permit more orthodontic treatment will be undertaken.

Removable orthodontic appliances fitted during the year numbered 32.

Installation of Dental X-ray machines in Dental Base Clinics.—At the new dental clinic at No. 5 Belmont, Shrewsbury, a small room is reserved for X-ray work. This room is equipped with a new X-ray unit and all necessary accessories.

This second X-ray machine, now in use in the County, is part of the programme to provide a similar machine at each dental base clinic. Provision has been made for the supply in the coming year of one for the use of the newly appointed officer in the south of the County.

The same type of X-ray unit is included in the equipment scheduled for the new dental clinic now being built at Newport. It is hoped that this unit will also be installed in 1953, and thus become available for use in the east of the County.

Dental Clinics.

Shrewsbury.—In June, 1952, the Dental Service moved out of the confined quarters allocated to it at the Murivance Health Centre, and into the premises which had been adapted as a comprehensive dental centre at No. 5 Belmont. This new dental clinic, with its three surgeries, recovery room, dental laboratory and other necessary accommodation, was much needed and eagerly awaited. With the new equipment which has been installed, it contains adequate facilities for carrying out treatment for the pupils in maintained schools in the Shrewsbury area. Parents and pupils have expressed marked appreciation of this pleasant and well equipped Centre.

It is the more regrettable that staffing difficulties at present prevent this clinic from working to its full capacity.

Newport.—The new Child Welfare Centre at Newport, which contains full facilities for carrying out dental treatment, is nearing completion, and it is expected that a dental officer will begin work there in the coming year.

Ellesmere, Dawley and Madeley.—Facilities for carrying out dental treatment are urgently required at Ellesmere, Dawley and Madeley. Plans for new Maternity and Child Welfare Centres containing accommodation for dental treatment are being pressed forward, and it is hoped that one or more of these Centres will be ready for use before the end of 1953.

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, maintained by the National Institute for the Blind, and the school maintained by the Wheathill Bruderhof Community at Bromdon Farm, Burwarton.

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

			Total
Number of pupils inspected			179
Number of pupils found to require treatment			119
Number of pupils actually treated			119
Number of attendances made by pupils for treatment			151
Half-days devoted to:—	Inspections	1	18
	Treatment	17	
Fillings:—	Permanent Teeth	129	136
	Deciduous Teeth	7	
Teeth Filled:—	Permanent Teeth	124	131
	Deciduous Teeth	7	
Extractions:—	Permanent Teeth	9	36
	Deciduous Teeth	27	
Administration of general anaesthetics for extraction			3
Other operations:—	Permanent Teeth	46	46
	Deciduous Teeth	0	

G. R. CATCHPOLE,
Chief 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 1952, the total number of children of school age who were immunised was 242; and of this number 162 were treated by Assistant School Medical Officers, and 80 by general medical practitioners—67 and 33 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 2,560 children re-immunised, 1,905 were dealt with by Assistant School Medical Officers, and 655 by general medical practitioners—74 and 26 per cent. respectively.

In the statistical table given below, the total number of children of school age immunised during 1952 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, 81.1 per cent. had been immunised against diphtheria.

SCHOOL CHILDREN IMMUNISED DURING 1952

Area	Local Sanitary Authority	Immunised	Re-Immunised
N.W. Combined Districts	Ellesmere Urban	4	33
	Ellesmere Rural	18	131
	Oswestry Borough	28	195
	Oswestry Rural	37	406
	Wem Urban	5	36
	Wem Rural	14	157
	Whitchurch Urban	5	54
N.E. Combined Districts	Dawley Urban	—	28
	Market Drayton Urban ..	3	49
	Drayton Rural	3	156
	Newport Urban	9	81
	Oakengates Urban	4	25
	Shifnal Rural	6	32
	Wellington Urban	3	33
	Wellington Rural	23	210
S.W. Combined Districts	Atcham Rural	16	217
	Bishop's Castle Borough ..	—	9
	Church Stretton Urban ..	—	21
	Clun Rural	7	53
	Wenlock Borough	6	33
	Ludlow Borough	2	64
	Ludlow Rural	10	100
Bridgnorth	Bridgnorth Borough ..	—	25
	Bridgnorth Rural	6	40
Shrewsbury ..	Shrewsbury Borough ..	33	372
	Whole County (1952) ..	242	2,560
	Whole County (1951) ..	266	2,057

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
,,	1952	,, ,, .	242
		Total ..	16,748

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 18 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	—	—
1952	1	—

VACCINATION

During 1952, sixty-four children between the ages of 5 and 14 years were vaccinated against Smallpox. Of this number, 10 vaccinations were performed by Assistant School Medical Officers and 54 by general medical practitioners.

In addition, 74 children were re-vaccinated—7 by the Assistant School Medical Officers and 67 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

Premises		Personnel				
Type	Number	Supervisors	Cooks	Helpers	Others	Total
Central Kitchens ..	16	18	23	105	17	163
Self-contained Canteens	110	2	117	312	62	493
Canteens for dining only	209	—	—	319	50	369
Total ..	335	20	140	736	129*	1,025

*Includes stokers, porters, clerks and supervisory assistants.

An analysis of the examinations undertaken is given below:—

Canteen Workers who were examined and submitted laboratory specimens	742
,, ,, who were examined but refused laboratory specimens ..	15
,, ,, who failed to attend for examination and to submit specimens	8
,, ,, who failed to attend for examination but submitted specimens	9
,, ,, who refused both examination and specimen	2
Total personnel to whom examination was offered ..	776

MEDICAL EXAMINATION OF PERSONNEL

Clinical Examinations			Personnel submitting Specimens	Laboratory Specimens		
Initial	Re-examination	Total		Total	Satisfactory	Unsatsifactory
219	538	757	751	758	758	—

In two cases the clinical examinations were unsatisfactory; these concerned Canteen Helpers who were discovered to be suffering from dermatitis of the hands and termination of their appointments was, therefore, recommended.

Owing to the fact that 59 schools remained unvisited by the Assistant School Medical Officers during the year 1952, it was not possible to offer examination to the staff employed in the Canteens associated with these schools, and consequently, of the 1,025 employees in the School Meals Service, 776 only were offered examination.

Examination of Laboratory Specimens.—The value of the bacteriological examinations of the laboratory specimens, the results of all of which were negative in 1952, is very much open to question. One hundred per cent. security cannot be attained, but to give a reasonable measure of protection against contamination of food by canteen workers who are suffering from, or are carriers of, some form of infectious disease, specimens for examination should be submitted much more frequently than at present, probably about once a week—which is to all intents and purposes impracticable, and would in any case be unlikely to serve any really useful purpose. As it is, the examination of specimens submitted once a year, or less frequently as usually happens to be the case, provides no effective protection. A canteen worker could, within that period, suffer from an infectious intestinal condition several times over, and go undetected on each occasion, unless there was an outbreak amongst the school children of illnesses associated with gastro-intestinal symptoms, when, as a result of the ensuing investigation, the canteen worker responsible for the outbreak would probably be detected. In any case, discovery is likely to take place after the event, especially as the periodic examination of specimens takes place so very infrequently. This would appear to be the only possible conclusion to be drawn from consideration of this scheme after the few years it has been in operation. Reliance must be placed on clean methods in the handling of food, on the practice of sound personal hygiene, and on the suspension from work of any canteen worker known or suspected to be suffering from an infectious illness.

It is not, of course, suggested that the clinical examination of canteen workers at fairly frequent intervals should be discontinued, or even that a specimen for laboratory examination should not be obtained when a canteen worker is first medically examined on recruitment. Clinical examinations are of great value in the detection of those undesirable conditions, whether they be infectious or not, which are sometimes found in persons engaged in the preparation and handling of food.

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 461 pupils passed through these Camps, 262 boys and 199 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.

CHILD HEALTH SURVEY

A Joint Committee, representative of the Institute of Child Health and the Population Investigation Committee of the London School of Economics, have been conducting an enquiry into questions relating to health, growth and development. The number of children required for the purposes of this enquiry, which commenced in 1946, was 6,000, and in order to ensure that the children whom it covered were representative of all social classes in Great Britain, Medical Officers of Health of certain selected Local Health Authorities, of whom the Salop County Council were one, were asked to notify all children born in a particular week in March, 1946, and to submit each year, beginning with 1946, a report on the medical examination and on the home circumstances of each child included in the enquiry.

The Joint Committee are in touch with 92 per cent. of the surviving children, of whom there are 24 in this County, and as they are now of school age, the Joint Committee have asked the School Medical Officers of the areas concerned to continue the survey through the primary school period.

HOSPITAL AND SPECIALIST SERVICES

Children found to be suffering from defects requiring either the advice of a Consultant or in-patient treatment are referred to the following hospitals, all of which come under the Birmingham Regional Hospital Board. Children suffering from chest conditions are seen 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.

Special forms of Treatment not elsewhere available:
The Birmingham Children's Hospital, Birmingham.

SCHOOL CLINICS PROVIDED BY THE LOCAL EDUCATION AUTHORITY

The School Clinics referred to in the table below are held at Child Welfare Centres, with the exception of the Dental Clinic which is held in specially adapted premises at 5 Belmont, Shrewsbury; the Minor Ailment Clinic which is held at the Monkmoor Modern School, Shrewsbury; and the Child Guidance Clinics at Donnington and Shrewsbury, the former of which is held in the Donnington Infants' School, and the latter in the County Buildings.

Centre	Sessions		
BRIDGNORTH	*Minor Ailments*:	Saturday	9.00 a.m.—12.00 noon
		Other weekdays	9.00 a.m.—10.30 a.m.
	Speech Therapy	Friday	10.00 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
	Dental:	By arrangement	
	Child Guidance:	By arrangement	
DAWLEY	**Minor Ailments*:	Tuesday	9.30 a.m.—11.00 a.m.
		Other weekdays	9.00 a.m.—10.00 a.m.
	Speech Therapy:	Tuesday	1.15 p.m.— 4.00 p.m.
	Dental:	By arrangement	
ELLESMERE	**Minor Ailments*:	Alternate Tuesdays	9.00 a.m.—11.00 a.m.
HIGHLEY	**Minor Ailments*	Tuesday and Thursday ..	9.00 a.m.—10.00 a.m.
IRONBRIDGE	*Minor Ailments*:	Friday	9.00 a.m.—12.00 noon
		Other weekdays	9.00 a.m.—10.00 a.m.
	Speech Therapy:	Tuesday	10.00 a.m.—12.15 p.m.
	Dental:	By arrangement	
LUDLOW	**Minor Ailments*:	Monday	9.00 a.m.—11.00 a.m.
		Other weekdays	9.00 a.m.—10.00 a.m.
	Dental:	Saturday .. .. .. and by arrangement	9.00 a.m. to 12 noon
	Speech Therapy:	Thursday	10.45 a.m.—12.30 p.m. 1.30 p.m.— 4.00 p.m.
	Child Guidance:	By arrangement	
MARKET DRAYTON	**Minor Ailments*:	Wednesday	9.00 a.m.—10.30 a.m.
		Other weekdays	9.00 a.m.—10.00 a.m.
	Dental:	By arrangement	
	Speech Therapy:	Friday	1.30 p.m.— 4.00 p.m.
	Child Guidance:	By arrangement	
NEW DONNINGTON	**Minor Ailments*:	Wednesday	9.00 a.m.—11.00 a.m.
		Other weekdays	9.00 a.m.—10.00 a.m.
	Child Guidance:	Tuesday	10.00 a.m.— 4.00 p.m.

Centre	Sessions		
NEWPORT	*Minor Ailments*:	Weekdays	9.00 a.m.—10.30 a.m.
	Speech Therapy:	Wednesday	1.15 p.m.— 4.15 p.m.
	Dental:	By arrangement	
OAKENGATES	*Minor Ailments*:	Tuesday	9.00 a.m.—11.00 a.m.
		Other weekdays	9.00 a.m.—10.00 a.m.
	Dental:	By arrangement	
OSWESTRY	*Minor Ailments*:	Saturday	9.30 a.m.—10.30 a.m.
		Wednesday	9.00 a.m.—11.00 a.m.
		Other weekdays	9.00 a.m.—10.00 a.m.
	Dental:	Saturday .. .. .. and by arrangement	9.00 a.m.—12.00 noon
	Speech Therapy:	Monday	10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.00 p.m.
	Child Guidance:	By arrangement	
WELLINGTON	*Minor Ailments*	Thursday	9.00 a.m.—11.00 a.m.
		Other weekdays	9.00 a.m.—10.30 a.m.
	Dental:	By arrangement	
	Speech Therapy:	Monday	9.15 a.m.—12.45 p.m. 2.00 p.m.— 5.00 p.m.
	Child Guidance:	Wednesday	10.00 a.m.— 4.00 p.m.
WEM	*Minor Ailments*	Weekdays	10.00 a.m.—11.00 a.m.
	Dental:	By arrangement	
	Speech Therapy:	Wednesday	1.30 p.m.— 4.00 p.m.
WHITCHURCH	*Minor Ailments*:	Thursday	9.00 a.m.—11.00 a.m.
		Other weekdays	9.00 a.m.—10.00 a.m.
	Dental:	By arrangement	
	Speech Therapy:	Wednesday	9.45 a.m.—12.00 noon
	Child Guidance:	By arrangement	
SHREWSBURY (*a*) Health Centre, Murivance	*Minor Ailments*	Friday	9.00 a.m.—12.00 noon
		Other weekdays	9.00 a.m.—11.00 a.m.
	Speech Therapy:	Thursday	9.00 a.m.— 1.00 p.m. 2.00 p.m.— 5.00 p.m.
		Saturday	9.00 a.m.—12.00 noon
(*b*) The White House, Ditherington	*Minor Ailments*:	Weekdays	9.00 a.m.—11.30 a.m.
(*c*) Monkmoor (at Monkmoor School)	*Minor Ailments*:	Weekdays	9.00 a.m.—10.30 a.m.
(*d*) Education Office, County Buildings	*Child Guidance*:	Monday	10.00 a.m.— 4.00 p.m.
(*e*) No. 5 Belmont	*Dental*:	Weekdays	9.00 a.m.— 5.00 p.m.

*Closed on 29th February, 1952

STATISTICAL TABLES

TABLE I. (A)—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed groups:—

Entrants	5,729
Second Age Group	4,050
Third Age Group	3,328
	13,107
Number of other Periodic Inspections	3,961
	17,068

(B)—OTHER INSPECTIONS.

Special Inspections	2,911
Re-Inspections	7,780
	10,691

(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 IIA (3)	Total individual pupils (4)
Entrants	66	604	642
Second Age Group	530	412	872
Third Age Group	538	240	743
Total (prescribed groups)	1,134	1,256	2,257
Other Periodic Inspections	295	318	581
Grand Total	1,429	1,574	2,838

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, 1952

Defect Code No.	Defect or Disease (1)	Periodic Inspections — Number of Defects		Special Inspections — 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	91	120	8	9
5	Eyes (*a*) Vision	1,429	344	113	30
	(*b*) Squint	214	65	17	1
	(*c*) Other	51	69	3	4
6	Ears (*a*) Hearing	32	58	3	3
	(*b*) Otitis Media	51	108	5	6
	(*c*) Other	9	21	4	2
7	Nose or Throat	435	1,494	15	91
8	Speech	42	148	7	26
9	Cervical Glands	18	553	—	29
10	Heart and Circulation	8	249	—	25
11	Lungs	31	317	1	12
12	Developmental:—				
	(*a*) Hernia	33	56	—	—
	(*b*) Other	124	165	6	13
13	Orthopaedic:—				
	(*a*) Posture	33	238	—	17
	(*b*) Flat Foot	155	566	49	51
	(*c*) Other	162	759	43	15
14	Nervous system:—				
	(*a*) Epilepsy	3	18	—	1
	(*b*) Other	6	49	—	3
15	Psychological:—				
	(*a*) Development	214	247	6	61
	(*b*) Stability	37	164	9	30
16	Other	1,294	609	37	9

(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	5,729	3,044	53.14	2,641	46.09	44	0.77
Second Age-Group	4,050	1,924	47.50	2,101	51.88	25	0.62
Third Age-Group	3,328	1,890	56.79	1,422	42.73	16	0.48
Other Periodic Inspections	3,961	1,777	44.86	2,150	54.28	34	0.86
Total for 1952	17,068	8,635	50.59	8,314	48.71	119	0.60

TABLE III—INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by the School Nurses or other authorised persons ..	115,844
(2) Total number of individual pupils found to be infested	1,418
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	60
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	14

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	1	4
(ii) Body	30	32
Scabies	10	3
Impetigo	142	14
Other skin diseases	495	—
Total ..	678	53

GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of Cases dealth with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	446	113
Errors of refraction (including squint)	1,142*	1,696
Total ..	1,588	1,809
Number of pupils for whom spectacles were		
(*a*) Prescribed	925*	1,180
(*b*) Obtained	857*†	1,127‡

NOTES: *Including cases dealt with under arrangements with Supplementary Ophthalmic Services.
†Of these 23 were obtained on a 1951 prescription.
‡Of these 49 were obtained on a 1951 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	—	70
(*b*) for adenoids and chronic tonsillitis ..	—	782
(*c*) for other nose and throat conditions ..	—	51
Received other forms of treatment	—	188
Total ..	—	1,091

Group IV.—Orthopaedic and Postural Defects

(*a*) Number treated as in-patients in hospitals ..	152	
	By the Authority	Otherwise
(*b*) Number treated otherwise, e.g. in clinics or out-patients departments	—	927

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	243	—

Group VI.—Speech Therapy

	Number of Cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapist	194	—

GROUP VII.—OTHER TREATMENT GIVEN

	Number of Cases treated	
	By the Authority	Otherwise
(*a*) Miscellaneous minor ailments	3,679	840
(*b*) Other treatment given:		
1. Appendicitis	—	95
2. Glandular Defects (Tuberculous and other)	—	30
3. Hernia	—	25
4. Burns or Scalds	—	5
5. Epilepsy	—	2
6. Asthma	—	17
7. Cardiac Conditions	—	3
8. Fractures	—	5
9. Pneumonia	—	15
10. Meningitis	—	4
11. Poliomyelitis	—	3
12. Miscellaneous	—	125
Total ..	3,679	1,169

TABLE V—DENTAL INSPECTION AND TREATMENT

			Total
Number of pupils inspected:—	Periodic Age Groups	16,934	18,054
	Specials	1,120	
Number found to require treatment			13,065
Number referred for treatment			11,759
Number actually treated			7,920*
Attendances made by pupils for treatment			14,572
Half-days devoted to:—	Inspection	128	1,711
	Treatment	1,583	
Fillings:—	Permanent Teeth	9,789	10,207
	Deciduous Teeth	418	
Teeth filled:—	Permanent Teeth	9,678	10,095
	Deciduous Teeth	~~273~~ 417	
Extractions:—	Permanent Teeth	1,549	9,060
	Deciduous Teeth	7,511	
Administrations of general anaesthetics for extractions			799
Other operations:—	Permanent Teeth	1,571	2,015
	Deciduous Teeth	444	
Partial Dentures supplied			42
Orthodontic Appliances fitted			32

NOTE: *This figure includes 596 pupils brought forward from 1951.

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	6.5
(*b*) Dental Officers (including Senior Dental Officer) ..	4	3.3
(*c*) Physiotherapists, Speech Therapists, etc.: Speech Therapists	2	2
(*d*) (i) School Nurses	55	9.8
(ii) No. of the above who hold a Health Visitor's Certificate	25	—
(*e*) Nursing Assistants	—	—
(*f*) Dental Attendants	4	3.8

(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 .. 16

(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	7	—
B. Dental	12	—
C. Ophthalmic	2	1
D. Ear, Nose and Throat	—	—
E. Orthopaedic	—	11
F. Paediatric	—	—
G. Speech Therapy	11	—
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 .. 7

Staff of Centres	(*a*) Number	(*b*) Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists	1	0.2
Educational Psychologists	2	2
Psychiatric Social Workers	1	1
Clerk	1	1

The Psychiatrist is directly employed by this Authority.

TABLE VII—HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS (OTHER THAN HOSPITAL 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., 1952:—										
A. Handicapped Pupils *newly placed in Special Schools* or Boarding Homes ..	—	1	8	6	22	7	42	15	3	104
B. Handicapped Pupils *newly ascertained* as requiring education at Special Schools or boarding in Homes ..	1	—	4	3	27	4	85	20	3	147

Number of children reported during the year:—

(*a*) under Section 57(3) (excluding any returned under (*b*)) .. 21

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

(*c*) under Section 57(5) 40

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, 1952:—										
C. Number of Handicapped Pupils from the area:—										
(i) attending Special Schools as										
(*a*) Day Pupils	—	—	—	—	—	—	—	—	—	—
(*b*) Boarding Pupils	6	3	22	4	13	12	137	23	5	225
(ii) attending independent schools under arrangements made by the Authority	—	—	4	4	—	—	—	—	—	8
(iii) boarded in Homes and not already included under (i) or (ii) ..	—	—	—	—	—	—	—	—	—	—
TOTAL (C) ..	6	3	26	8	13	12	137	23	5	233
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:—										
(*a*) in hospitals	—	—	—	—	—	—	—	—	—	—
(*b*) elsewhere	—	—	—	—	—	20	—	—	1	21
E. Number of Handicapped Pupils from the area requiring places in special schools .. .. (including any such unplaced children who are temporarily receiving home tuition)	1	—	6	5	37	6	165	5	2	227

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education of handicapped pupils otherwise than at school in the financial year ended 31st March, 1952 .. £4,243 0s. 0d.

Return showing independent schools 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	2	1 Totally Deaf 1 Partially Deaf	5—12	£235 per annum
Wessington Court School for the Deaf, Woolhope, Hereford ..	Both	6	3 Totally Deaf 3 Partially Deaf	5—7	£236 5s. 0d. per annum