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Contributors

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Salop Education Committee

SCHOOL HEALTH SERVICE

REPORT
OF THE SCHOOL MEDICAL OFFICER
1953

COUNTY HEALTH OFFICE,
COLLEGE HILL,
SHREWSBURY.
August, 1954



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To the Chairman and Members of the Education Committee

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the School Health Service for the year 1953.

The shortage in recent years of Medical and Dental Staff, particularly the latter, makes the maintenance of an adequate service difficult, and a number of primary and modern schools were not inspected during the year, though this figure shows some improvement on the previous year's records.

Recruitment of suitable Medical Officers proved a little easier in 1953, and the same applied to Dental Staff, but the numbers remain substantially fewer than the Establishment provides for. Continuity is difficult to attain and the Dental Staff in particular are far smaller in number than the needs warrant.

It is a pleasure to acknowledge the sterling work of Dr. William Hall who shoulders much responsibility for the School Health Service, and to pay tribute to him, and to Mr. E. R. Wakeley and his School Health Section who have continued their good work and have been responsible for the valuable statistical returns.

The help and co-operation received during the year from the Secretary and Officers of the Education Department, and from Head Teachers, has been most encouraging.

In conclusion, I would express the appreciation of the Department to the Education Committee for the interest they have taken in our work, and in particular to the Chairman and Members of the Education (Welfare) Sub-Committee for their considerate administration.

I am, Sir, Lords, Ladies and Gentlemen,

Your obedient Servant,

T. S. HALL,

PRINCIPAL SCHOOL MEDICAL OFFICER.

COUNTY HEALTH OFFICE,
COLLEGE HILL, SHREWSBURY.
August, 1954.

MEDICAL, DENTAL AND ANCILLARY STAFF

Principal School Medical Officer:

WILLIAM TAYLOR, M.D., M.B., Ch.B., D.P.H. (retired 21st April, 1953).

THOMAS S. HALL, M.B.E., T.D.; M.D., Ch.B., B.Sc., D.Obst. R.C.O.G., D.P.H. (commenced duty 1st May, 1953).

Deputy Principal School Medical Officer:

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

School Medical Officers:

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

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

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

MARGARET EYRE HALL, M.B., Ch.B., D.Obst. R.C.O.G., (commenced duty 18th May, 1953).

MABEL N. JUDD, M.B., Ch.B. (part-time).

LILIAN JOAN KENT, M.R.C.S.(Eng.), L.R.C.P.Lond. (temporary appointment, resigned 15th August, 1953).

FLORA MACDONALD, M.B., B.S., D.P.H.

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

KATHLEEN PRIESTLEY, L.M.S.S.A. (retired 30th June, 1953).

PETER G. ROADS, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.

AUDREY ROSS, M.B., Ch.B. (commenced duty 1st October, 1953).

MARGARET H. F. TURNBULL, M.B., Ch.B., D.P.H. (commenced duty 15th September, 1953).

Principal Dental Officer:

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

School Dental Officers:

CHARLES D. CLARKE, L.D.S. (commenced duty 1st September, 1953).

JOHN B. CLARKE, L.D.S. (commenced duty 1st August, 1953).

PETER DUFFIELD, B.D.S. (ceased duty 30th June, 1953).

BERNARD SCHARF, M.D. (Vienna) (part-time) (retired 28th March, 1953).

GEOFFREY H. STOUT, L.D.S. (commenced duty 14th September, 1953).

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

Psychiatrist (Part-time):

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

Educational Psychologists:

ELLIS G. S. EVANS, M.A., Ph.D. (ceased duty 31st August, 1953).

JOHN L. GREEN, B.A.

MARGARET THOMPSON, B.A. (commenced duty 1st September, 1953).

Psychiatric Social Worker:

KATHLEEN CARPENTER.

Speech Therapists:

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

EDWARD PAULETT, L.C.S.T.

REPORT FOR THE YEAR 1953

GENERAL

The area covered by the Local Education Authority comprises 861,800 acres; and in June, 1953, the estimated civil and military population was 299,300—an increase of 3,800 compared with the estimated population for 1952.

The number of pupils on the school register in 1953 was 44,271, compared with 42,978 in the previous year—an increase of 1,293.

At the end of 1953 there were in the County of Salop, including the Borough of Shrewsbury:—

- 272 Primary Schools containing 286 departments;
- 17 Secondary Modern Schools (one of which is a Boarding School), containing 17 departments;
- 17 Secondary Grammar Schools;
- 4 Technical Colleges;
- 3 Nursery Schools; and
- 3 Special Residential Schools—one for Educationally Subnormal Boys,
one for Educationally Subnormal Girls, and
one for Maladjusted pupils of either sex.

The staff of the School Health Service during 1953 was as follows:—

				1st January	31st December
Principal School Medical Officer	..	..	..	1	1
Deputy Principal School Medical Officer	..	..	..	1	1
School Medical Officers (Full-time)	..	..	..	9	9
School Medical Officers (Part-time)	..	..	..	—	1
Principal School Dental Officer	..	..	..	1	1
Dental Officers	..	..	..	3	4
Dental Attendants	..	..	..	4	5
Speech Therapists	..	..	..	2	2
Whole-time School Nurses	..	..	..	3	3
Part-time School Nurses	..	..	..	—	2
Health Visitors undertaking School Nursing	..	..	..	20	27
District Nurses undertaking School Nursing	..	..	..	30	32

During 1953 there was an average of seven School 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. In addition, one Medical Officer holds a mixed appointment of Assistant County Medical Officer and District Medical Officer of Health, and gave six-elevenths of his time to the work of the County Council, whilst a School Medical Officer who held a temporary mixed appointment from October, 1953, onwards, devoted to County Council work, the whole of her time from January to September, 1953, and three-elevenths of her time for the remaining three months of that year.

The number of children examined at routine medical inspections during 1953 was 19,444 compared with 17,068 during 1952; but 29 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 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 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 either directly or through their own doctors 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 (22) of this report, and all of which come under the Birmingham Regional Hospital Board.

Particulars of the School Clinics provided by the Local Education Authority have also been included in this report on pages (23) and (24).

Treatment of Eye Conditions.—A total of 3,169 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 1953, according to returns submitted by the School Medical Officers, 1,803 school children (1,598 of whom were suffering from defective vision) received treatment under these services.

Supplementary Ophthalmic Services Scheme—At Market Drayton and Ludlow, arrangements are made for pupils to be examined by Ophthalmic Medical Practitioners. At the former, ad hoc clinics are held at convenient intervals, whilst at the latter, the pupils are examined by the Consultant at his rooms.

The following are particulars of pupils examined during 1953:—

Ludlow	..	..	185
Market Drayton	..	..	68
Total	..	..	253

Many school children are referred for treatment by general medical practitioners for defective vision, to Ophthalmic Medical Practitioners or Ophthalmic Opticians, and during 1953 a total of 1,113 school children was dealt with in this manner.

Tonsil and Adenoid Conditions.—Next to defects of vision, tonsil and adenoid conditions are those most prevalent in school children, and efforts are made to get all cases for whom treatment is recommended examined as soon as possible by an Ear, Nose and Throat Specialist. The Consultant, in deciding whether operative treatment is in fact necessary, also allots whatever degree of priority is applicable to a particular case.

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 1953:—

Year	Referred for Treatment		Operations performed
	Percentage of children examined	Actual cases	
1937	4.0	428	421
1938	4.7	463	393
1939	3.2	314	336
1940	3.6	412	321
1941	4.3	542	317
1942	4.5	402	383
1943	3.6	298	245
1944	4.2	441	362
1945	2.7	328	300
1946	3.9	537	249
1947	4.2	520	333
1948	4.9	821	795
1949	4.5	702	568
1950	4.8	722	347
1951	2.7	406	677
1952	2.6	450	782
1953	2.8	546	524

It will be seen by reference to the table given above that, according to the returns of the School Medical Officers, 524 pupils were operated upon but from statistics supplied by the No. 15 and No. 16 Hospital Management Committees the actual number of operations performed was 637, particulars of which are as follows:—

<i>Hospital Management Committee</i>	<i>Hospitals</i>	<i>No. of Operations in 1953</i>
Group No. 15—	Copthorne	223
	Eye, Ear and Throat	123
	Oswestry and District	37
	Whitchurch Cottage	39
	Ludlow and District	48
		470
Group No. 16—	Bridgnorth and South Shropshire Infirmary	48
	Shifnal Cottage	87
	New Cross	32
		167
Grand Total		637

The figures supplied by the hospitals are invariably in excess of those given by the School Medical Officers in their returns as the hospital figures are materially increased by an unascertainable number of cases of children of school age who do not fall within the purview of the School Health Service.

Treatment of Minor Ailments.—Particulars of Clinics for the treatment of Minor Ailments are included in the list on pages (23) and (24) of this report, of School Clinics which are provided by the Local Education Authority. The attendances during the year 1953 at the nine Minor Ailment Clinics concerned are given in the table below.

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 an understandable decline in the attendances at the Minor Ailment Clinics.

Clinic	Children referred at S.M.I.	Other Children	Examinations by Medical Officers	Attendances	Results of Treatment		
					Remedied	Improved	Unaltered
*Bishop's Castle ..	—	5	6	6	—	—	5
Bridgnorth ..	5	380	334	1,581	341	3	41
*Church Stretton ..	—	7	7	7	—	—	7
Ironbridge ..	18	248	398	909	263	3	—
Oswestry ..	21	284	497	1,199	128	54	123
Shrewsbury:							
Monkmoor ..	16	818	—	1,493	822	10	2
Murivance ..	1	452	315	1,073	338	8	107
White House ..	11	479	455	2,425	423	48	19
Wellington ..	15	320	340	1,610	334	1	—
Total ..	87	2,993	2,352	10,303	2,649	127	304

*Held in conjunction with afternoon Infant Welfare Session.

Ascertainment and Treatment of Handicapped Pupils.—During 1953 a total of 536 pupils was examined under the provisions of the Handicapped Pupils and School Health Service Regulations, 1953, issued by the Minister of Education under Section 33 of the Education Act, 1944, and a summary of the findings of the Medical Officers and also of the recommendations made to the Local Education Authority are given below:—

HANDICAPPED PUPILS

* Category	Findings of School Medical Officers							
	Pupils Specially Examined	Not Handicapped	Special Educational Treatment Recommended			Reported to Mental Deficiency Authority		
			In Ordinary School	In Special School	Home Tuition	In-educable	Unsuitable for special educational treatment	Supervision on leaving school
Blind	2	—	—	2	—	—	—	—
Partially Sighted	1	—	—	1	—	—	—	—
Deaf	1	—	—	1	—	—	—	—
Partially Deaf	3	—	—	3	—	—	—	—
Delicate	37	—	—	32	5	—	—	—
Educationally Sub-Normal ..	344	56	126	99	—	27	—	36
Epileptic	—	—	—	—	—	—	—	—
*Maladjusted	136	120	—	16	—	—	—	—
Physically Handicapped ..	12	—	—	7	5	—	—	—
Total for 1953 ..	536	176	126	161	10	27	—	36
Total for 1952 ..	566	191	151	143	14	25	—	42

*Examined and treated by Visiting Psychiatrist.

Report to Mental Deficiency Authority.—During 1953, a total of 63 children was reported to the Local Health Authority under Section 57 of the Education Act, 1944—27 under sub-section 3 as being ineducable; and 36 under sub-section 5, as being in need of supervision after leaving school.

The comparable figures for 1952 were 25 under sub-section 3, and 42 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 1953 three pupils—all patients in the Children's Unit, Monkmoor Hospital, Shrewsbury—received special tuition in this way.

Provision of Apparatus.—During the year 1953, one school child severely handicapped physically and under the supervision of the Shropshire Orthopaedic After Care Clinic was provided by the Local Education Authority with an automatic walking machine in order to enable the child to continue physical education and treatment in his own home.

Cleanliness Inspections.—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 Principal School Medical Officer, requiring them to disinfest and to present them for re-examination by the School Nurse at the end of three days.

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 Principal 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 Principal School Medical Officer, who decides whether to recommend the institution of legal proceedings by the Local Education Authority.

During 1953, a total of 105,879 head inspections was carried out by the School Nurses, and 1,179 pupils were found to be verminous, some on more than one occasion. The number of pupils found verminous represents a percentage of 3.0 of the total number on the registers of the schools inspected—0.8 per cent. less than in 1952.

The following table sets out the position for the eight years from 1946 to 1953:—

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
1953	39,187	1,179	3.0

It was found necessary during the year to issue 95 Formal Cleansing Notices and 3 Cleansing Orders, but no legal proceedings were instituted.

Work of School Nurses.—School nursing is undertaken by 3 whole-time and 2 part-time School Nurses, 27 Health Visitors and 32 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 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 ..	131½	871	751	120	628	170	141	29	1,041	1,358
School Nurses ..	172	1,424	1,269	155	1,209	225	150	75	1,649	2,249
Health Visitors ..	434½	2,537	1,903	634	1,569	874	397	477	3,411	3,089
	738	4,832	3,923	909	3,406	1,269	688	581	6,101	6,696

Vocational Guidance.—In the early part of 1945, a scheme was put into operation in the Primary and Secondary Modern Schools under which the School 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 the "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.—Every pupil reported by the Secretary of Education as being engaged in employment outside school hours is examined by a School Medical Officer under the provisions of Section 59 of the Education Act, 1944, in order to determine whether or not he is being employed 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.

Of 417 pupils examined in this connection during the year 1953, it was necessary to recommend that employment should be terminated in 1 case, that the hours of employment should be reduced in 1 case, that 11 others should be re-examined at intervals ranging from one to six months, and that 1 pupil should not be required to lift heavy weights on account of a former fracture of the collar bone which he had sustained.

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 1953

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	3
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
1953	49	50	1	49	50	1	60	40	—	45	54	1	50	49	1

The findings of the School Medical Officers would seem to indicate that with the exception of the "Entrants" group where there has been a slight decrease in the percentage of children in the category of "good" and a corresponding increase in the category of "fair," the general improvement in the nutrition of the school children has been more than maintained. It must be remembered, however, that the percentages are merely an assessment of nutrition by the Medical Officers in the light of a number of factors—to say nothing of the personal element involved.

Medical Examination of Prospective Teachers.—During the year 1953, some 147 candidates for entry to the teaching profession were examined by the medical staff of the School Health Service. In view of the fact that a number of the candidates had already taken advantage of mass radiography facilities, only 106 of these cases were required to undergo an X-ray examination of the chest.

Milk.—From 6th August, 1946, milk has been supplied under the Milk in Schools Scheme free of charge in all grant aided schools and a census taken on 14th October, 1953, shows that 78.0 per cent. of the pupils in attendance on the day of the census took advantage of this Scheme.

Meals.—On 14th October, 1953, there were 313 schools with an attendance of 40,721 pupils (92.0 per cent. of the pupils then on the register) served with meals from school canteens; but only 24,988 of these pupils (61.4 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. Before approval is given, these matters are investigated fully by the County Sanitary Officer.

The following particulars indicate in respect of the years 1951, 1952 and 1953 the numbers of School Departments receiving milk and the grades of milk supplied:—

Grade of Milk	School Departments		
	1951	1952	1953
Tuberculin Tested ..	76	73	57
Pasteurised ..	247	245	268
Accredited ..	4	2	2
Undesignated ..	5	5	—
Total ..	332	325	327

Two schools only in the County were not provided with a liquid milk supply during 1953, but the schools concerned have since been provided with a supply of "Pasteurised" milk.

Investigation of Milk Supplies.—The County Sanitary Officer 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 with the exception of "Pasteurised" milk, 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 1953:—

EXAMINATION OF SCHOOL MILK SUPPLIES

Examination	Samples				
	Total	Satisfactory		Unsatisfactory	
		No.	Percentage	No.	Percentage
Cleanliness and keeping quality	341	311	91	30	9
Biological	101	101	100	—	—

Tubercular Adenitis.—Arrangements have been made by the Principal 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 into both the school and home milk supplies if the Chest Physician considers this to be necessary.

During 1953 Tubercular Adenitis was reported in 4 school children and 8 samples of milk from 3 sources 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 8 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.

Two new schools, namely Much Wenlock Modern and Wrockwardine Wood County Infants Schools, were opened in 1953. No schools were closed during the year.

The School Medical Officers are required to report any sanitary defects discovered at the time of medical inspection, and particulars of these defects and recommendations which may be considered appropriate, 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 School Medical Officers on 304 schools in the County (excluding Secondary Grammar Schools and Technical Colleges).

					Good		Moderately Good		Unsatisfactory	
					1952	1953	1952	1953	1952	1953
					%	%	%	%	%	%
Environment	..	..	..	..	71.4	72.4	25.9	24.3	2.7	3.3
Classrooms—										
Ventilation	..	..	..	..	44.4	46.1	45.5	45.1	10.1	8.8
Lighting	..	..	..	..	54.2	56.6	35.4	34.8	10.4	8.6
Heating	..	..	..	..	36.7	38.5	50.2	47.4	13.1	14.1
Desks	..	..	..	..	65.7	64.5	32.7	32.6	1.7	2.9
Sanitation—										
Drainage	..	..	..	..	51.5	52.3	39.7	39.5	8.8	8.2
Disposal of Refuse	..	..	..	..	50.8	50.9	44.4	43.2	4.7	5.9
Sanitary Conveniences—										
Closets—Boys	..	..	..	..	27.8	29.9	39.3	39.2	32.9	30.9
—Girls	..	..	..	..	28.8	30.6	40.7	40.8	30.5	28.6
Disposal of Contents	..	..	..	..	42.4	44.4	39.1	37.8	18.5	17.8
Urinals	..	..	..	..	21.1	21.7	43.2	40.8	35.7	37.5
Lavatories	..	..	..	..	35.7	37.8	43.4	42.4	20.9	19.8
Water Supply—										
Drinking	..	..	..	..	66.3	66.1	22.2	20.7	11.5	13.2
Washing	..	..	..	..	60.6	60.2	26.9	25.3	12.5	14.5
Cloakrooms—										
Accommodation	..	..	..	..	30.6	31.2	50.8	48.4	18.5	20.4
Means for drying clothes and boots	..	..	..	..	16.8	16.1	15.5	17.1	67.7	66.8
Cleanliness (schoolrooms & cloakrooms)	..	..	..	..	61.3	66.1	32.7	30.3	6.1	3.6
Playgrounds	..	..	..	..	50.5	51.0	34.0	31.9	15.5	17.1

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

“The County is divided into two areas for the purpose of Speech Therapy, and the number of clinics was increased from 11 to 12 by the provision of Speech Therapy facilities at Bishop's Castle Welfare Centre.

During the year 1953, 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	Bishop's Castle	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	—

In addition, weekly visits were made to two schools for a part of the year, for the treatment of children, and one child suffering from spastic paralysis was provided with treatment at his home.

CASES TREATED

On Register 1st January	New Cases during year	Cases Discharged during year	On Register 31st December
106	97	88	115

PARTICULARS OF CASES DISCHARGED

Normal	Substantially Improved	Unlikely to benefit by further treatment		Referred to Other Services	Left School or Ceased	Total
		Slightly Improved	Unimproved			
16	38	17	3	1	13	88

Seven of the children who have been discharged will attend again at a later date.

The following table gives particulars of the conditions on account of which it was found necessary for these 203 children to attend for speech therapy:—

Stammer 67	Deafness —
Cleft Palate* .. 18	Partial Deafness* .. 2
Severe Dyslalia .. 31	Educational Subnormality* 12
Dyslalia 52	Dysarthria 5
Nasality + or — .. 7	Mixed Defect 3
Voice Defect 2	Cluttering —
Mutism 2	Dysphasia 2

*These totals include four children who were accepted from two neighbouring counties. Financial responsibility for the treatment of these children was undertaken by the parent authority.

10 adults were treated at Centres.

25 children made single visits to the Centres for advice.

16 visits were made to individual homes.

15 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.

PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT

The School Dental Service has had another unsatisfactory year. This is due to the great difficulty, which has beset the Service since 1948, of building up sufficient staff to enable its obligations to the pupils in the schools maintained by the County to be properly discharged.

The authorised establishment of the dental staff is eleven full-time Dental Officers. In 1953 the equivalent of service rendered by the staff in terms of full-time Officers was actually less than it was for the previous year. During the month of July, 1953, the number of dentists in the Council's employ fell to two full-timers only. There was, however, a definite improvement towards the latter part of the year when three more Dental Officers were recruited. On 31st December, 1952, the number of dentists on the staff was less than 3.5 in terms of full-time Officers, but by the corresponding date in 1953 the number had risen to 5. The recruits were men straight from training schools, who need time to gather, from their day to day work, confidence in themselves before they reach the standard of competence which only experience can give.

The position with regard to recruitment of dentists for part-time service showed no improvement in 1953. It would seem that no help in this way will be forthcoming until a satisfactory scale of fees for sessional work, now under discussion, is finally negotiated on a national basis with the British Dental Association. At the close of the year no part-time Officers remained in the employ of the Council.

Steady progress is being made in the provision of better accommodation and working facilities for the Dental Service. This improvement gives the dental staff prestige and greater interest in their work. The times are slowly disappearing when Dental Officers must manage to do their work in makeshift premises with inadequate equipment and in conditions which compare unfavourably with their colleagues in private practice, and which are, of course, unimpressive to patients and accompanying parents. The opening and staffing of the Dental Clinic at the new Child Welfare Centre at Newport, referred to later in this report, were outstanding events for the Dental Service in 1953.

The building programme which, of necessity, is a long term one, will take some time yet to supply all that is required. Nevertheless, by its gradual fulfilment, it is providing the facilities the Service badly needs.

Those interested in the development of School Dental Services in the country, as well as School Dental Officers themselves, note with satisfaction the legal support and consolidation the School Dental Service has received under the provisions of the Education (Miscellaneous Provisions) Act, 1953, which came into force in July. This Act clears away the ambiguity created by the Education Act of 1944, in so far as the duty of local authorities to provide dental treatment for pupils in maintained schools is concerned, by stating in plain terms in Paragraph 4 (1) and (2) of the Act the "Duties of local education authorities in England and Wales as to dental treatment."

Staff.—The staff changes during the year as given below resulted in a gain of 1.55 in terms of full-time Officers over the previous year. The actual equivalent of service rendered by the staff in 1953 was 3.45, a loss of 0.35, in the same terms as compared with last year.

Dr. Bernard Scharf, M.D. (Vienna), who was transferred from full-time to part-time service as from 31st January, 1949, retired from the Council's employ on 20th March, 1953.

Mr. Duffield, appointed to full-time service in the Ludlow district on 1st April, 1952, left on 30th June, 1953, to take up an appointment elsewhere.

Mr. J. B. Clarke took up his duties as a full-time Officer on 1st August, 1953. He was transferred to the Newport area in September.

Mr. C. D. Clarke began duty on 1st September, 1953, as a full-time Officer at the Dental Clinic, No. 5 Belmont, Shrewsbury.

Mr. G. H. Stout, appointed as a full-time Officer for the Wellington area, began duty on 14th September, 1953.

Review of the work done during the year.—The amount of inspection and treatment carried out is not equal to that for the previous year. This is accounted for in the first place by there being the equivalent of one half of a full-time Dental Officer less on the staff throughout the year and secondly by the fact that the newly appointed Officers who joined the staff towards the latter part of the year needed time to accustom themselves to school dental work and gather experience.

The percentage of pupils in maintained schools who were inspected fell from 40% in 1952 to 32% in 1953.

The major part of the work done was carried out in the North and East of the County, in the Borough of Shrewsbury and its vicinity. The Officer who was responsible for the work in the South of the County left the Council's service at the end of June, and the Clinic at Ludlow had to be shut again except for occasional use. A successor was appointed but withdrew from the post a few days prior to the starting date. As soon as a new appointment can be made regular treatment will begin there again. In the meantime visits are made by a mobile Officer as the occasion arises to hold clinics to deal with urgent cases needing attention for the relief of pain.

Routine inspection of pupils numbered 14,415 in 109 maintained schools and in Whitchurch, Wellington and Shrewsbury Children's Homes. In addition 1,186 pupils appeared at the clinics for inspection and treatment as special cases, mainly for the relief of pain. The number of special or casual cases is a steadily growing one. In 1947 when there were seven Dental Officers working the number of specials was 271. Last year with a working staff half that strength the number rose to 1,186, the highest so far recorded. Well over half of these children were dealt with at the Dental Clinic at Shrewsbury, where parents and teachers know that urgently required treatment can be obtained on any working day of the week. A stream of casual cases interrupts routine work, but until the staff is sufficient to permit more frequent visits by the Dental Officer to the schools it is not likely that there will be any abatement in the number of urgent cases.

Of the 215 schools not visited during the year, 58 had not been inspected for two years or more, and 67 for three years or more. Pupils in 5 schools who were inspected but not treated last year received their treatment in 1953.

The policy of placing the emphasis on the treatment of the permanent teeth at the expense of deciduous teeth had again to be carried out during the year. As soon as the staff situation allows, more time will be given to the conservation of the deciduous teeth.

The percentage of pupils found upon inspection to require treatment was 69%, which is almost identical with the corresponding figure for last year. Of the number of pupils referred for treatment 67% accepted it, a fall of almost 4% below that for 1952.

The acceptance rate in 1946 was 76% and it remained with only slight variation at that level until 1950. During 1951 and the two succeeding years it fell at the rate of almost 3% each year. This fall in the acceptance rate corresponds with the time when the dental staff became depleted in number, resulting in lengthening intervals between the visits of Dental Officers to the schools. Interest on the part of many parents in the maintenance of dental health of their children depends very largely on the regular visits by the dentist to the schools to inspect the teeth of their children. As the dental staff is built up again, and becomes stabilised, it is confidently expected that the acceptance rate will be restored.

Partial artificial dentures were supplied to 34 pupils who lost teeth through accident or disease.

Details of the time spent and treatment carried out appear in a scheduled table at the back of this report.

Orthodontics.—A strictly limited amount of treatment of irregularities of the teeth with the aid of appliances was undertaken during the year. This field of treatment is in popular demand, but time to spend on it is hard to find and justify whilst the pressure of the more important work of the conservation of the permanent teeth is so heavy. Dental Officers were, therefore, not encouraged to carry out much of this sort of treatment. The number of orthodontic appliances fitted in 1953 was 25.

An orthodontic service under the Regional Hospital Board has been started in the County area. One day each fortnight a consultant orthodontist holds a clinic at the Royal Salop Infirmary, Shrewsbury, when his services are available, free of charge, to private dental practitioners working under the National Health Service Act and to the School Dental Service. Difficult cases unsuitable for treatment by a school dental officer are referred to him for treatment which he undertakes himself. In cases of less complexity where a consultant's advice is required, after examination of the patient a report together with an outline of the treatment recommended is sent by the consultant to the dental officer concerned, who carries out the treatment.

Installation of Dental X-Ray Machines.—The programme to provide a dental X-ray machine at each Dental Base Clinic is taking its course. The new Clinic at Newport is equipped with a machine and full facilities for its use. The X-ray machine for the Clinic in the South of the County which was to have been installed in 1953, will not now be available until the early part of 1954.

Dental Clinics.

Newport.—On 17th September, the Dental Clinic at the newly built Child Welfare Centre at Newport was staffed and work began there. This new Dental Clinic, adequate in size, conveniently placed, satisfactorily furnished and equipped, gives the Dental Service the facilities which have long been needed in that part of the County. Parents accompanying their children to this clinic for dental treatment have expressed their patent approval of the conditions they find there, and the Dental Officer is encouraged by the prestige such a well appointed clinic gives to the Service to which he belongs.

Ellesmere.—The subsidiary Dental Clinic at Ellesmere failed to be finished and ready for use in 1953, but it undoubtedly will be functioning in the coming year.

Dawley.—The proposed new Child Welfare Centre here which will include facilities for the dental treatment of school children is in the builders' hands and should be ready for occupation by the end of 1954.

Madeley, Whitchurch, Bridgnorth and Market Drayton.—Accommodation for the work of the Dental Service at the above places is included in the programme for the provision of new Child Welfare Centres and by the adaptation of existing ones.

Dental Inspections 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:—

Number of pupils inspected	..	..	..	..	..	..	..	130
Number of pupils found to require treatment	..	..	..	..	..	..	..	78
Number of pupils actually treated	..	..	..	..	..	..	..	78
Number of attendances made by pupils for treatment	..	..	..	..	..	..	..	96
Half-days devoted to:—	Inspections	..	..	1	..	..	..	13
	Treatment	..	..	12	..	..	..	
Fillings:—	Permanent Teeth	..	..	64	..	..	..	65
	Deciduous Teeth	..	..	1	..	..	..	
Teeth filled:—	Permanent Teeth	..	..	63	..	..	..	64
	Deciduous Teeth	..	..	1	..	..	..	
Extractions:—	Permanent Teeth	..	..	5	..	..	..	20
	Deciduous Teeth	..	..	15	..	..	..	
Administration of general anaesthetics for extraction	..	..	..	..	..	..	..	3
Other operations:—	Permanent Teeth	..	..	36	..	..	..	36
	Deciduous Teeth	..	..	0	..	..	..	
Partial dentures supplied	..	..	..	..	..	..	..	1

G. R. CATCHPOLE,
Principal School Dental Officer.

DIPHTHERIA IMMUNISATION

The School Medical Officer takes the opportunity to urge immunisation in the case of entrants not yet protected, on the occasion of their first routine medical inspection at school. 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 1953, the total number of children of school age who were immunised was 257; and of this number 153 were treated by School Medical Officers, and 104 by general medical practitioners—60 and 40 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 School Medical Officers at routine medical inspections advise such in appropriate cases.

Of the 3,043 children re-immunised, 2,067 were dealt with by School Medical Officers, and 976 by general medical practitioners—68 and 32 per cent. respectively.

In the statistical table given below, the total number of children of school age immunised during 1953 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, 82 per cent. had been immunised against diphtheria.

SCHOOL CHILDREN IMMUNISED DURING 1953

Area	Local Sanitary Authority	Immunised	Re- Immunised
N.W. Combined Districts	Ellesmere Urban	5	34
	Ellesmere Rural	15	97
	Oswestry Borough	40	182
	Oswestry Rural	33	229
	Wem Urban	11	80
	Wem Rural	13	283
	Whitchurch Urban	4	72
N.E. Combined Districts	Dawley Urban	2	84
	Market Drayton Urban	—	73
	Drayton Rural	11	150
	Newport Urban	4	67
	Oakengates Urban	9	45
	Shifnal Rural	15	241
	Wellington Urban	—	23
S.W. Combined Districts	Wellington Rural	27	148
	Atcham Rural	12	108
	Bishop's Castle Borough	—	3
	Church Stretton Urban	1	8
	Clun Rural	5	30
	Wenlock Borough	7	42
	Ludlow Borough	8	52
Bridgnorth ..	Ludlow Rural	8	150
	Bridgnorth Borough	—	59
Shrewsbury ..	Bridgnorth Rural	12	211
	Shrewsbury Borough	15	572
Whole County (1953) ..		257	3,043
Whole County (1952) ..		242	2,560

Particulars of the numbers of children between 5 and 15 years of age who have been primarily 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
"	1953	"	"	257
Total ..			..	17,005

The effects of the Immunisation Campaign are demonstrated by the following table showing the incidence of Diphtheria and the numbers of deaths from this disease among persons of all ages in the County during the past 19 years.

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	—
1953	—	—

VACCINATION

During 1953, seventy-four children between the ages of 5 and 14 years were vaccinated against Smallpox. Of this number, 10 vaccinations were performed by School Medical Officers and 64 by general medical practitioners.

In addition, 89 children were re-vaccinated—3 by the School Medical Officers and 86 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 a School 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.

If on the occasion of the initial examination of an employee recruited to the School Canteen Service, the candidate is found to have a history or shows symptoms of intestinal disorder, arrangements are made by the examining Medical Officer for specimens of faeces and if necessary urine to be submitted to the Public Health Laboratory, Shrewsbury, for investigation. 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 ..	15	19	23	96	16	154
Self-contained Canteens	112	1	124	324	86	535
Canteens for dining only	207	—	—	360	72	432
Total ..	334	20	147	780	174	1,121

During 1953 a total of 830 examinations of canteen personnel (131 initial and 699 re-examinations) was carried out and it was considered necessary for two newly appointed candidates to the School Canteen Service to submit specimens of excreta for bacteriological investigation, both of which proved to be satisfactory.

In four 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.

A total of 29 schools remained unvisited by the School Medical Officers during the year 1953 and it was, therefore, not possible to offer examination to the staff employed in the Canteens associated with these schools.

SUMMER CAMPS

Summer Camps for senior pupils were again organised during the months of May, June and July. Accommodation for approximately 60 pupils was made available at the Deer Park, Chirk, Denbighshire.

A total of 445 pupils passed through the Camp. All these pupils were examined before admission—initially by the local School Nurse and immediately prior to departure for the camp by a 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 Chirk by arrangement with the School Medical Officer for Denbighshire.

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.

Twenty-two of these children are resident in this County and the Joint Committee have asked the Principal School Medical Officers of the areas concerned to continue the survey through the primary school period.

During 1953 each child was examined by a School Medical Officer and the homes concerned were visited on three occasions by the School Nurse.

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				
BISHOP'S CASTLE	<i>Speech Therapy:</i>	Tuesday	..	..	1.00 p.m.—4.30 p.m.
	<i>Dental:</i>	By arrangement			
BRIDGNORTH	<i>Minor Ailments:</i>	Saturday	..	..	9.00 a.m.—12.00 noon
		Other weekdays	..	..	9.00 a.m.—10.30 a.m.
	<i>Speech Therapy:</i>	Friday	..	..	{ 10.00 a.m.—12.30 p.m.
	<i>Dental:</i>	By arrangement			{ 1.30 p.m.—5.00 p.m.
DAWLEY	<i>Speech Therapy:</i>	Wednesday	..	..	1.30 p.m.—3.30 p.m.
	<i>Dental:</i>	By arrangement			
DONNINGTON INFANT SCHOOL	<i>Child Guidance:</i>	Tuesday	..	..	10.00 a.m.— 4.00 p.m.
IRONBRIDGE	<i>Minor Ailments:</i>	Friday	..	..	9.00 a.m.—12.00 noon
		Other weekdays	..	..	9.00 a.m.—10.00 a.m.
	<i>Speech Therapy:</i>	Wednesday	..	..	10.00 a.m.—12.15 p.m.
	<i>Dental:</i>	By arrangement			
LUDLOW	<i>Dental:</i>	By arrangement			
	<i>Speech Therapy:</i>	Thursday	..	..	{ 11.00 a.m.—12.15 p.m.
	<i>Child Guidance:</i>	By arrangement			{ 1.30 p.m.— 4.30 p.m.
MARKET DRAYTON	<i>Dental:</i>	By arrangement			
	<i>Speech Therapy:</i>	Friday	..	..	1.15 p.m.— 4.00 p.m.
	<i>Child Guidance:</i>	By arrangement			

Centre	Sessions				
NEWPORT	<i>Speech Therapy:</i>	Tuesday	..	..	1.30 p.m.— 3.45 p.m.
	<i>Dental:</i>	Saturday	..	..	9.00 a.m.—12.00 noon
		and by arrangement			
OAKENGATES	<i>Dental:</i>	By arrangement			
OSWESTRY	<i>Minor Ailments:</i>	Wednesday	..	..	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.—12.00 noon
		and by arrangement			
	<i>Speech Therapy:</i>	Monday	..	..	{ 10.30 a.m.—12.30 p.m. 1.30 p.m.— 4.00 p.m.
	<i>Child Guidance:</i>	By arrangement			
WELLINGTON	<i>Minor Ailments:</i>	Thursday	..	..	9.00 a.m.—11.00 a.m.
		Other weekdays	..	..	9.00 a.m.—10.30 a.m.
	<i>Dental:</i>	Saturday	..	..	9.00 a.m.—12.00 noon
		and by arrangement			
	<i>Speech Therapy:</i>	Monday	..	..	{ 9.15 a.m.—12.45 p.m. 2.00 p.m.— 5.00 p.m.
	<i>Child Guidance:</i>	Wednesday	..	..	10.00 a.m.— 4.00 p.m.
WEM	<i>Dental:</i>	By arrangement			
	<i>Speech Therapy:</i>	Wednesday	..	..	1.30 p.m.— 4.00 p.m.
WHITCHURCH	<i>Dental:</i>	By arrangement			
	<i>Speech Therapy:</i>	Wednesday	..	..	9.45 a.m.—12.00 noon
	<i>Child Guidance:</i>	By arrangement			
SHREWSBURY (a) Health Centre, Murivance	<i>Minor Ailments:</i>	Friday	..	..	9.00 a.m.—12.00 noon
		Other weekdays	..	..	9.00 a.m.—11.00 a.m.
	<i>Speech Therapy:</i>	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
	<i>Minor Ailments:</i>	Weekdays	..	..	9.00 a.m.—11.30 a.m.
	<i>Minor Ailments:</i>	Weekdays	..	..	9.00 a.m.—10.30 a.m.
	<i>Child Guidance:</i>	Monday	..	..	10.00 a.m.— 4.00 p.m.
	<i>Dental:</i>	Weekdays	..	..	9.00 a.m.— 5.00 p.m.
(b) The White House, Ditherington					
(c) Monkmoor (at Monkmoor School)					
(d) Education Office, County Buildings					
(e) No. 5 Belmont					

STATISTICAL TABLES

TABLE I. (A)—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed groups:—

				Age Group							
Entrants	..	..	..	5 years (approx)	..	..	..	..	..	5,218	
Second Age Group	..	..	..	10+ years	..	..	..	..	..	6,210	
Third Age Group	..	..	..	14 years, 16 years and							
				Grammar School leavers	..	..	..	..	..	3,454	
											14,882
Number of other Periodic Inspections ..	8 years	..	..	..	..	..	..	..	..	4,562	
											19,444

(B)—OTHER INSPECTIONS.

Special Inspections	..	..	..	..	..	..	2,201
Re-Inspections	..	..	..	..	..	..	9,385
							11,586

(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	52	621	652
Second Age Group	724	470	1,119
Third Age Group	520	285	776
Total (prescribed groups) ..	1,296	1,376	2,547
Other Periodic Inspections ..	422	361	735
Grand Total ..	1,718	1,737	3,282

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, 1953

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	95	191	9	20
5	Eyes (a) Vision	1,718	561	87	33
	(b) Squint	199	71	11	4
	(c) Other	56	95	1	1
6	Ears (a) Hearing	39	68	1	9
	(b) Otitis Media	53	127	1	5
	(c) Other	13	27	—	2
7	Nose or Throat	535	2,108	11	60
8	Speech	56	162	4	11
9	Cervical Glands	57	600	—	12
10	Heart and Circulation	11	262	—	16
11	Lungs	32	369	2	8
12	Developmental:—				
	(a) Hernia	37	66	—	—
	(b) Other	82	175	1	8
13	Orthopaedic:—				
	(a) Posture	31	308	5	19
	(b) Flat Foot	193	617	37	43
	(c) Other	234	827	42	38
14	Nervous system:—				
	(a) Epilepsy	1	10	—	—
	(b) Other	13	78	—	5
15	Psychological:—				
	(a) Development	188	305	—	62
	(b) Stability	33	158	—	31
16	Other (Dental)	1,873	360	23	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	5,218	2,566	49.17	2,602	49.87	50	0.96
Second Age-Group	6,210	3,020	48.62	3,138	50.53	52	0.85
Third Age-Group	3,454	2,067	59.86	1,374	39.76	13	0.38
Other Periodic Inspections	4,562	2,065	45.27	2,455	53.81	42	0.92
Total for 1953	19,444	9,718	49.99	9,569	49.20	157	0.81

TABLE III—INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by the School Nurses or other authorised persons ..	105,879
(2) Total number of individual pupils found to be infested	1,179
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	95
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	3

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	—	5
(ii) Body	6	17
Scabies	1	6
Impetigo	52	21
Other skin diseases	351	91
Total ..	410	140

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	279	117
Errors of refraction (including squint)	1,366*	1,598
Total ..	1,645	1,715
Number of pupils for whom spectacles were		
(a) Prescribed	1,101*	1,026
(b) Obtained	1,022*†	960‡

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

†Of these 46 were obtained on a 1952 prescription.

‡Of these 79 were obtained on a 1952 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	—	41
(b) for adenoids and chronic tonsillitis ..	—	524
(c) for other nose and throat conditions ..	—	50
Received other forms of treatment	—	294
Total ..	—	909

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals	135	
	By the Authority	Otherwise
(b) Number treated otherwise, e.g. in clinics or out-patients departments	—	903

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	200	—

GROUP VI.—SPEECH THERAPY

	Number of Cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapist	203	—

GROUP VII.—OTHER TREATMENT GIVEN

	Number of Cases treated	
	By the Authority	Otherwise
(a) Miscellaneous Minor Ailments	3,018	486
(b) Other treatment given:		
Appendicitis	—	106
Asthma	—	28
Cardiac Conditions	—	3
Diabetes	—	2
Epilepsy	—	17
Fractures	—	7
Hernia	—	33
Injuries	—	9
Meningitis	—	3
Nephritis	—	14
Pneumonia	—	22
Poliomyelitis	—	16
Rheumatic Fever	—	9
Tuberculosis (Pulmonary, mesenteric adenitis, cervical glands, etc.)	—	81
Miscellaneous	—	93
Total	3,018	929

TABLE V—DENTAL INSPECTION AND TREATMENT

Number of pupils inspected:—	Periodic Age Groups	14,415	.. ..	Total
	Specials	1,186	.. ..	15,601
Number found to require treatment .. ..	.. ..	.. ..	.. ..	11,068
Number referred for treatment .. ..	.. ..	.. ..	.. ..	9,916
Number actually treated .. ..	.. ..	.. ..	.. ..	5,614*
Attendances made by pupils for treatment .. ..	.. ..	.. ..	.. ..	12,148
Half-days devoted to:—	Inspection	119	.. ..	1,496
	Treatment	1,377	.. ..	
Fillings:—	Permanent Teeth	6,811	.. ..	7,771
	Deciduous Teeth	960	.. ..	
Teeth filled:—	Permanent Teeth	6,682	.. ..	7,641
	Deciduous Teeth	959	.. ..	
Extractions:—	Permanent Teeth	996	.. ..	5,968
	Deciduous Teeth	4,972	.. ..	
Administration of general anaesthetics for extractions .. ..	.. ..	.. ..	.. ..	1,042
Other operations:—	Permanent Teeth	1,830	.. ..	2,552
	Deciduous Teeth	722	.. ..	
Partial Dentures supplied .. ..	.. ..	.. ..	.. ..	34
Orthodontic Appliances fitted .. ..	.. ..	.. ..	.. ..	25

NOTE: *This figure includes 475 pupils brought forward from 1952.

TABLE VI

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

*Principal School Medical Officer: Thomas S. Hall, M.D., D.P.H.**Principal School Dental Officer: Gerald R. Catchpole, L.D.S., R.C.S.Eng.*

	Number	Aggregate staff in terms of the equivalent number of whole-time officers
(a) (i) Medical Officers (Whole-time School Health and Local Health Services)	11	5.43
(ii) General Practitioners working part-time in the School Health Service	1	0.36
(b) Dental Officers (including Principal School Dental Officer)	5	4.8
(c) Physiotherapists, Speech Therapists, etc.: Speech Therapists	2	2
(d) (i) School Nurses	67	14.5
(ii) Number of the above who hold a Health Visitor's Certificate	30	—
(e) Nursing Assistants	—	—
(f) Dental Attendants	5	4.8

(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 .. 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	7	—
B. Dental	13	—
C. Ophthalmic	2	1
D. Ear, Nose and Throat	—	—
E. Orthopaedic	—	10
F. Paediatric	—	—
G. Speech Therapy	12	—
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	0.18
Educational Psychologists	2	2
Psychiatric Social Workers	1	0.95

*The services of the Psychiatrist are made available by arrangement with the Regional Hospital Board.

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 Section C (iii) is included all children being boarded under Regulations 17—24 of the School Health Service and Handicapped Pupils Regulations, 1953, other than those already shown under Section C (i) or C (ii).
(iii) Section E includes pupils awaiting places in a Special School or Boarding Home, but who for the time being are attending ordinary schools or receiving home tuition under Section 56 of the Education Act, 1944.
(iv) 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.
(v) Children suffering from multiple disabilities are classified under the major disability.
(vi) Children in or awaiting places in Special Classes in ordinary schools are not included in this return.
(vii) This return does not include children at Hospital Special Schools.

	(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., 1953:—										
A. Handicapped Pupils <i>newly placed in Special Schools</i> or Boarding Homes ..	—	—	2	1	30	6	31	16	2	88
B. Handicapped Pupils <i>newly ascertained</i> as requiring education at Special Schools or boarding in Homes ..	2	1	1	3	32	7	99	17	—	162

Number of children reported during the year:—

(a) under Section 57(3) (excluding any returned under (b)) ..	35
(b) under Section 57(3) relying on Section 57(4)	1
(c) under Section 57(5) of the Education Act, 1944.	34

	(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, 1953:—										
C. Number of Handicapped Pupils from the area:—										
(i) attending Special Schools as										
(a) Day Pupils	—	—	—	—	—	—	—	—	—	—
(b) Boarding Pupils	4	3	22	3	18	12	138	20	4	224
(ii) attending independent schools under arrangements made by the Authority	—	—	4	5	—	—	—	—	—	9
(iii) boarded in Homes and not already included under (i) or (ii) ..	—	—	—	—	—	—	—	—	—	—
TOTAL (C) ..	4	3	26	8	18	12	138	20	4	233
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:—										
(a) in hospitals	—	—	—	—	—	1	—	—	—	1
(b) elsewhere	—	—	—	—	—	22	—	—	1	23
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition or whose parents have not yet consented to their attending a Special School)	3	1	5	7	37	7	225	1	—	286

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, 1953 .. £3,157 0s. 0d.

Return showing independent schools assisted by the Local Education Authority under Section 6 of the Education (Miscellaneous Provisions) Act, 1953, 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
Hamilton Lodge School for the Deaf, Brighton	Both	1	1 Totally Deaf	6	£170 per annum
Wessington Court School for the Deaf, Woolhope, Hereford ..	Both	8	3 Totally Deaf 5 Partially Deaf	4—13	£236 5s. 0d. per annum