[Report 1956] / School Medical Officer of Health, Salop / Shropshire County Council.

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SALOP EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

1956

COUNTY HEALTH OFFICE · COLLEGE HILL · SHREWSBURY

1957

WALKER, PRINTER, SHREWSBURY

To the Chairman and Members of the Salop Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

In prefacing and presenting the Annual Report on the School Health Service for 1956 I have been looking again at my introduction to its predecessor for 1955, which consisted largely of a philosophy or apologia for the School Health Service. Organisation and Methods would disapprove if I repeated it here, but since Annual Reports are milestones to a department, naturally one reviews successive ones together in the light of what one said a year before, what has happened, and what others have recorded in the interim. I would like to suggest that some who have time and are interested in the School Health Service might, like myself, look at my 1955 introduction again.

Much of the tenor of the report of the Chief Medical Officer to the Ministry of Education for the years 1954 and 1955, published late in 1956, follows the same lines. This was not unexpected, because Principal School Medical Officers (and School Medical Officers if they are wise) try to exercise their imagination and discuss the service together; so that there is a trend of critical thought constantly at work within it.

What we have done in past years is factual and cannot be gainsaid, though our younger colleagues never saw it; the future role of the School Health Service is for our present consideration.

Considerable correspondence under the facetious title of "Clinicosis" took place in *The Lancet* for some weeks in the autumn of 1956, just after my two Annual Reports for 1955 had been published. Though forming part of a less serious feature called the "Widdicombe File," there was indeed some truth and wisdom to be winnowed from the chaff. The letters were about Local Government Health Services. The first was addressed by a young medical specialist, to his elderly Medical Officer of Health uncle, and consisted of some pungent and caustic criticisms of the national welfare services. His "Uncle Tom Cobbleigh's" reply (more temperately expressed) puts the point of view of a Medical Officer of Health and School Medical Officer in very much the same terms as had my introduction to the Report of 1955, and that of the Chief Medical Officer of the Ministry of Education for the same year. At the time I thought of seeking permission to reproduce these *Lancet* letters for the Committee—the correspondence was prolonged but not unedifying—and I can still do so if anyone wishes.

Because they may work largely in isolation, all school medical officers should be "good school doctors doing meticulous work," a phrase I used last year; but though I think we are generally lucky in our staff, this is not so easy to guarantee. The chances of getting even a fair proportion of the better doctors are rather weighted against the school health service. If general practitioners or elected representatives indulge too much in (even gentle) leg-pulling about "easy times" and "bureaucrats," this does not help to attract to the Service its rightful proportion of good doctors; the Service is frankly unpopular with young doctors—I should say more so than it was thirty years ago. It has always seemed to offer less for doctors of quality than have the specialist or general medical services. If School Medical Officers will work with imagination—and they are fortunate at least in having more time and more positive encouragement to do so than other doctors—and if elected representatives and practitioners will encourage rather than decry their work, much good may result.

In the concluding paragraphs of my introduction last year I suggested that we had perhaps too many doctors and too few doctors' clerks. The Organisation and Methods Unit visited my department towards the end of 1956 and recommended on my own suggestion that we could eventually do with two fewer School Medical Officers, but should experiment with more clerical help for the others. We amended our establishment accordingly, and one Medical Officer has since been appointed to another Authority and will not be replaced. In putting forward to the Committees concerned our proposals for a revised establishment I did, however, advocate the

transfer of a total of 8/11ths of the time of one or more School Medical Officers to the Central Office, to release me to get out and about to study the work of School Medical Officers in the field, and to try to build on such knowledge constructive planning which might lead to more economic and efficient working. This 8/11ths we are already using from and in the Central Office, and more may be needed with new commitments of extensive B.C.G. and Poliomyelitis vaccinations, of which the former at least will remain an integral part of the School Health Service. So that the removal of the second School Medical Officer from our previous field establishment may, as it were, have largely taken place already.

For at least a year I have studied and thought a lot about the School Health Service in Shropshire and I hope that an improved pattern may gradually take shape. What I should like is to encourage in our School Health Service more imagination, more enthusiasm, more drive and more work—and that our School Medical Officers should exercise more self-reliance in making such work more thoughtful and selective. Beside the Chief Medical Officer's report already referred to, there have been a number of pointers in this direction in the last twelve months.

There should be less need to spend too long on the routine examination of a normal healthy child if it is obviously bright eyed and "on its toes."

"Nutrition" in children is an interesting subject, briefly mentioned on page 11. The very small number of children classified as of unsatisfactory nutrition are usually already well known to the school doctor and teacher. In one way, as stated there, nutrition is hardly assessable by any very well defined standards. Yet most School Medical Officers of experience would, I think, feel reasonable confidence in saying whether a child's nutrition was satisfactory or not. A glint in the eye, a sheen on the hair, a clear skin and a soft palate that is taut and pink and glistening, suggest to me good nutrition, even if a child appears pale or underweight.

Posture, too, is evidence of nutrition or wellbeing. Mr. Rose, the Consultant Surgeon, whom we regard as our principal counsellor on orthopaedics, wrote to me recently saying that he would like to discuss a certain type of case often referred to him by our School Medical Officers, but where he felt that the trouble was something other than directly orthopaedic, possibly nutritional, possibly even psychological, and which he felt our School Medical Officers could well look out for and try to anticipate. When Mr. Rose wrote, I felt that I recognised the rather tired and sad looking child he meant—one with shoulders rounded, abdomen protruding and head poked forward—a characteristic "postural sag," often seeming to be accompanied by a "personality sag" as well. These children lack the lively features of the former class, and perhaps rather conspicuously have lax, flabby, and pale soft palates; as Mr. Rose says, they require help and perhaps nutritional, perhaps psychological, guidance. Our school doctors should help them; and Mr. Rose has promised to discuss the subject with us.

There is a general feeling that School Medical Officers should confer with the Head and other teachers more, inviting them to bring forward any children where they suspect a special problem. It is open to the School Medical Officer to bring such a child out of the realm of routine medical examination in school, to a school clinic session for fuller examination, if indeed the Medical Officer's attendances at routine school clinics should go on at all. Another recent visitor from the Central Headquarters of the School Medical Service in Whitehall felt that our school doctors could well pay a termly visit to every school in their area, chiefly to hear from the teachers of any child whose case was causing concern. My own views are that in the comparatively few such cases the children need to be searched for initially by a doctor (which implies routine medical inspection) and then looked after fairly constantly; and that the School Medical Officer will never properly appreciate their problems until he augments his knowledge by visiting child and family in their own home.

As well as being shared by Dr. Henderson, Chief School Medical Officer to the Ministry, this latter thought has also been advanced lately by a social investigator of experience who is

doing some research into the needs of handicapped children and their parents in Shropshire. He feels that the parents of handicapped children find it difficult to interpret and apply the advice given by consultants in busy out-patient departments, and even that given by their family doctors in busy surgeries. The idea seems to be that they need a guide, philosopher and friend, who would pursue with all concerned, and on behalf of the child and parents, the long-term implications of the child's handicap, with special reference to its education and subsequent grown-up life. I am certain that such friend and interpreter should be the School Medical Officer.

Routine medical examination can be careful without being too prolonged or time-consuming in the case of the obviously well cared for majority. Anyone, however, with post-war experience knows that there is a very small minority of amoral or even immoral or careless or ignorant or downright wicked parents who neglect their children in greater or lesser degree, and who might never show them to the family doctor or consultant. That the latter help when appealed to is fully acknowledged, but they may be quite unaware of some needy cases, and have no authority, even if they had time and willingness, to pursue the problems of such a family. Nor do they always know much of the education side of the picture—educational facilities, hospital education, educability, etc.

The number of routine medical examinations to be undertaken during school life is mainly for local decision. My own inclination, and tentative intention, is to move the third routine examination from the Primary to the Secondary school, whereby the child would have routine examination at entry and at 8 years in the Primary School, and at entry and at 14 years in the Secondary School. We have already revised the areas looked after by the School Medical Officers, giving each doctor a reasonable number of schools and children to be responsible for; we hope that they will get about and know their schools and the family doctors quite intimately in the revised areas in which we hope to keep them permanently, though again this is impossible to guarantee for reasons quite outside any individual's control. If, after another year's trial, we feel that on this amended dispensation and deployment of doctors they are being asked to do too much (which I do not think is likely) it will be open to us to choose between providing our medical officers with some clerical help, or reducing the frequency of routine examination; for either of these courses there are prefectly adequate arguments and precedents.

The report of the Principal Dental Officer (pages 18—21) is the last we shall see from the pen of Mr. Catchpole, who retired with effect from 31st March, 1957, as unobtrusively as he had long conducted his admirable work for the County's children. Special attention was drawn in my report for 1955 to his corresponding annual survey for that year, and to the emergence of what may be a new School Dental Service from a period when its numerical representation consisted almost wholly of himself and his worthy lieutenant, Mr. Westwater, the latter fortunately still with us. In paying tribute to Mr. Catchpole's long period of sterling work for Shropshire, we wish him well in his retirement and feel that he would be happy to know that we seem, since his report was written, to be continuing to attract additional part-time and even whole-time Dental Officers. To do so in such a highly competitive field must surely be the result of the policy advocated by Mr. Catchpole and your Committee and carried out by the Council of providing first-class dental bases while there seemed yet no prospect of dentists coming forward to fill them. How much needed was this increase of staff is discernible in the figures on page 18, which show that approximately one quarter of the Shropshire schools were visited and three-quarters were not, and that of the 247 schools not visited, 155 had not been seen for two years and 92 had not been visited for three years or more.

With reference to the Vaccination figures on page 23; it is not the policy of the School Health Service to advocate *primary* vaccination in school children unless a local outbreak demands it. Successful vaccination in infancy gives for many years complete protection against death from smallpox and almost complete protection against catching the disease even after exposure to it.

Smallpox is always liable to raise its ugly head unexpectedly in these days of swift long-distance travel. At the moment of writing all doctors in the United Kingdom have been alerted by a case of smallpox occurring in a six-year-old child in the London area; the child has died, the diagnosis is definite, the source from which the infection came not easily traceable. Because it is rare, few realise how appalling a disease major smallpox is: *several deaths commonly occur in the unvaccinated before such outbreaks are controlled.* They are the sadder because they are completely avoidable and unnecessary, since successful vaccination within a reasonable period gives one hundred per cent protection from death and nine-five per cent or more protection against acquiring the disease if exposed to it. It is in infancy that children should have their primary vaccination; they should be re-vaccinated as school children: this service is made available from public funds, and practitioners and school medical officers might well urge its use more than they do.

Also in the preventive field, the year 1956 was conspicuous for two unusual opportunities, both of great potential importance, which presented themselves, and both of which your Committee encouraged my department to support.

The first of these new departures was the offering of B.C.G. vaccination against Tuberculosis to all 13-year-old school children. Although this was made permissive to Local Health Authorities in 1953, it was not until February, 1956, that the very full report of the Medical Research Council gave to any doubters the unequivocal figures of a trial carried out on over 50,000 adolescents during 2½ years, which showed that successful vaccination of the unprotected made them five times safer than before—an 80 per cent protection rate.

The whole subject of B.C.G. vaccination is of such interest that one would like to recount its romantic history at length. Instead, I hope to issue with this report, copies of the circular broadsheet which we send to parents in explanation, and which attempts to present some facts clearly and simply. I hope that all interested in school health will read this and find it of interest.

The Consultant Chest Physician, the Consultant Children's Physician, the Local Medical Committee, and the practitioners gave generous and substantial help in getting our B.C.G. Scheme launched smoothly and expeditiously in the autumn of 1956.

We had been fortunate in recruiting to our School Medical Staff in February, 1956, an experienced officer, Dr. N. V. Crowley, who had won golden opinions for her initiation and organisation for the Northamptonshire School Health Service of their B.C.G. scheme. Her enthusiasm and personality and good work have enabled the Shropshire scheme to get off to an excellent start.

The clerical staff in the National Health Service Section of the Health Department have handled much additional documentary and even technical work with good humour, enthusiasm, patience and hard work.

The year 1956 also saw for the first time the preparation and use in this country of a vaccine against Poliomyelitis. As with B.C.G., it is difficult to say whether the public or the Ministry were the more hesitant to begin. When the offer was announced in January, 1956, less than 2 million children were registered nationally by their parents for vaccination out of an estimated 6 million possible; about 30 per cent. The Shropshire figures were 2,678 registered out of 40,000 in the age group—about 7 per cent of those eligible.

Such extreme precautions were taken to ensure the safety of the vaccine that only enough was forthcoming by 30th June, 1956, to protect about one-ninth of our numbers registered; and of the remainder only about one half have been protected at the time of writing in July, 1957.

Again, the official report of the Medical Research Council published on 1st June, 1957, suggested that on the fairly small numbers available, the child who had been vaccinated seemed about five times less likely to develop paralytic polioymelitis than the unvaccinated, and to have an "apparent protection" rate of 80 per cent or more.

From the beginning of polio vaccination in May, 1956, until the end of January, 1957, special returns were required for every notification of poliomyelitis relating to a child under 10 years of age: and nearly 2,000 such reports were analysed nationally. In Shropshire during that period, there were in fact 2 paralytic and 3 non-paralytic cases notified in children under 10 years of age, none of whom had been vaccinated. This evidence of protection, and the fact that there has been no evidence of risk or substantial reaction or sequel, have now made the public so eager to have protection for their children that even increasing supplies of the vaccine cannot fulfil our present needs.

As we prepare our final pages for printing, there comes the publicising of the Medical Research Council's advice, known already for some little time to many doctors, that prolonged and excessive cigarette smoking must be indicted as a substantial factor contributing to deaths from lung cancer. Obviously, it would seem desirable to explain this to children and adolescents as part of their education and "facts of life," and to encourage them to avoid acquiring the habit.

Throughout the year, we have continued to enjoy the co-operation of everyone in the Education Department. My own staff—medical, nursing and clerical—have done well. To all these, and to the Chairman and Members of the Education Welfare Sub-Committee for their continued interest and support, I am glad to record my grateful thanks.

I have the honour to be,

Your obedient Servant,

T. S. HALL,

PRINCIPAL SCHOOL MEDICAL OFFICER.

COUNTY HEALTH OFFICE,

COLLEGE HILL, SHREWSBURY.

July, 1957.

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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:
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Principal Dental Officer:
GERALD R. CATCHPOLE, L.D.S.

School Dental Officers:
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JOHN B. CLARKE, L.D.S. (Resigned 4th August, 1956)
NOEL GLEAVE, L.D.S.
ANTHONY HOLLINGS, B.Ch., L.D.S. (part-time) (from 31st August, 1956)
REGINALD H. N. OSMOND, L.D.S. (part-time)
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MARGARET ELIZABETH FRANKLIN, L.C.S.T. (Appointed 1st February, 1956)

*Also District Medical Officer of Health

REPORT FOR THE YEAR 1956

GENERAL

The area covered by the Local Education Authority comprises 861,800 acres; and in June, 1956, the date of the relevant population figures issued by the Registrar General, the estimated civil and military population was 298,000—an increase of 500 compared with the estimated population for 1955.

The number of pupils on the school register in 1956 was 46,485, compared with 45,827 in the previous year—an increase of 658.

At the end of 1956, there were in the County of Salop, including the Borough of Shrewsbury:—

272 Primary Schools containing 284 departments;
20 Secondary Modern Schools (one of which is a Boarding School), containing 21 Departments;
17 Secondary Grammar Schools;
3 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, but as regards boys to the age of 10 years only.

The staff of the School Health Service during 1956 was as follows:

	1st January	*31st December*
Principal School Medical Officer	1	1
Deputy Principal School Medical Officer	1	1
School Medical Officers	6	6
School Medical Officers (Part-time)	6	5
Principal School Dental Officer	1	1
Dental Officers	4	3
Dental Officers (Part-time)	1	3
Orthodontists (Part-time)	1	2
Oral Hygienist	1	—
Dental Attendants (Full-time)	6	6
Dental Attendants (Part-time)	—	1
Speech Therapists	2	3
Whole-time School Nurses	3	3
Part-time School Nurses	1	1
Health Visitors undertaking School Nursing	26	25
District Nurses undertaking School Nursing	30	34

During 1956 there was an average of six 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, whilst one School Medical Officer who is employed on a part-time basis devoted seven-elevenths of her time to School Health work. In addition, four Medical Officers held mixed appointments of Assistant County Medical Officer and District Medical Officer of Health, and gave service to the School Health Department equivalent to that of one and nine-tenths whole-time officers. Two Medical Officers employed on a part-time basis were used very occasionally for relief work.

The number of children examined at routine medical inspections during 1956 was 21,224 compared with 15,916 during 1955, and all schools were 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 through 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, save for certain agreed defects, referred in the first instance to their own doctors. 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 pages (25) and (26) 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 are also given on pages (26) and (27).

Treatment of Eye Conditions.—A total of 4,079 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 1956, 2,305 school children received treatment under these services.

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

The following are particulars of pupils examined during 1956:—

Ludlow	147
Market Drayton ..	25
Oakengates	7
Total ..	179

Many school children are referred by general medical practitioners for treatment for defective vision, to Ophthalmic Medical Practitioners or Ophthalmic Opticians, and during 1956 a total of 1,595 school children was so referred.

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 he considers applicable to a particular case at the time he sees it.

The position with regard to the treatment of school children suffering from tonsil and adenoid conditions is indicated by the following table, which covers the period 1937 to 1956:—

Year	Referred for Treatment		Operations performed
	Percentage 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
1954	2.2	387	805
1955	2.0	312	649
1956	1.6	332	599

According to statistics supplied by the various Hospital Management Committees the 599 operations were performed during 1956 at hospitals as indicated below:—

Hospital Management Committees	*Hospitals*	*Operations in* 1956
Group No. 15—	Copthorne	238
	Eye, Ear and Throat	129
	Oswestry and District	5
	Whitchurch Cottage	29
	Ludlow District	25
		426
Group No. 16—	Bridgnorth and South Shropshire Infirmary	83
	Shifnal Cottage	90
		173

The hospital figures include 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 which are provided by the Local Education Authority for the treatment of Minor Ailments are included in the list on pages (26) and (27) of this report. The attendances during 1956 at the eight 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 medical treatment, there has been an understandable decline in attendances at the Minor Ailment Clinics.

In order to utilise to the greatest advantage the services of the School Nurses, whose attendance at some of the daily Minor Ailment Clinics was scarcely justified by the cases dealt with, the number of Clinics which in January, 1952, amounted to 19, has gradually been reduced until now only 7 remain.

Clinic	Children referred at S.M.I.	Other Children	Examinations by Medical Officers	Attendances	Results of Treatment			Referred to Hospital or own doctor
					Remedied	Improved	Unaltered	
Bridgnorth ..	—	42	28	43	38	—	—	4
*Ironbridge ..	—	17	17	17	13	—	1	3
Market Drayton	26	38	58	94	31	27	—	6
Oswestry ..	148	68	1,057	1,057	134	32	7	43
Shrewsbury:								
Monkmoor ..	17	137	16	189	124	6	5	19
Murivance	1	135	196	270	50	7	22	57
White House ..	10	348	411	720	255	30	—	73
Wellington ..	1	29	38	38	13	—	—	17
Total ..	203	814	1,821	2,428	658	102	35	222

*Discontinued in August, 1956

Ascertainment and Treatment of Handicapped Pupils.—During 1956 a total of 767 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	Decision deferred	Special Educational Treatment Recommended			Reported to Mental Deficiency Authority		Pupils not requiring Supervision on leaving school	Under treatment by Psychiatrist
				In Ordinary School	In Special School	Home Tuition	In-educable	Supervision on leaving school		
Blind	2	—	—	—	2	—	—	—	—	—
Partially Sighted	4	—	—	—	4	—	—	—	—	—
Deaf	4	—	—	—	3	1	—	—	—	—
Partially Deaf	5	—	—	—	5	—	—	—	—	—
Delicate	60	—	—	—	31	29	—	—	—	—
Educationally Sub-Normal ..	363	39	12	139	110	—	21	28	14	—
Epileptic	2	—	—	—	1	1	—	—	—	—
*Maladjusted	41	—	—	—	7	—	—	—	—	34
Physically Handicapped ..	18	—	—	—	9	9	—	—	—	—
Total for 1956 ..	499	39	12	139	172	40	21	28	14	34

*Examined by Visiting Psychiatrist from 9th April, 1956, onwards.

Note: Although the table above shows that 499 pupils were specially examined during 1956, the number of special examinations carried out was 767. This figure includes examinations in connection with the unsatisfactory school attendance of pupils, the provision of transport to and from school and the review of home tuition cases.

Report to Mental Deficiency Authority.—During 1956, a total of 49 children was reported to the Local Health Authority under Section 57 of the Education Act, 1944—21 under sub-section 3 as being ineducable; and 28 under sub-section 5, as being in need of supervision after leaving school.

The comparable figures for 1955 were 17 under sub-section 3, and 34 under sub-section 5—a total of 51.

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; in the case of the Children's Unit, Monkmoor Hospital, Shrewsbury, patients recommended for special tuition in this way attend a class which is held regularly at the hospital by a tutor provided by the Education Committee.

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 the children 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 Principal School Medical Officer decides whether or not 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 case of those found to be re-infested, the Principal School Medical Officer is empowered to recommend the institution of legal proceedings by the Local Education Authority.

During 1956, a total of 114,718 head inspections was carried out by the School Nurses, and 1,287 pupils were found to be verminous, some on more than one occasion. The number of pupils found verminous represents a percentage of 3.2 of the total number on the registers of the schools inspected—0.3 per cent. more than in 1955.

The following table sets out the position from 1946 to 1956:—

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
1954	38,448	1,337	3.5
1955	38,527	1,119	2.9
1956	40,152	1,287	3.2

It was found necessary during the year to issue 46 Formal Cleansing Notices and 11 Cleansing Orders, but in no case were legal proceedings considered necessary.

Work of School Nurses.—School nursing is undertaken by 3 whole-time and 1 part-time School Nurses, 25 Health Visitors and 34 District Nurses (who devote a certain amount of their time to school nursing duties). In addition to their visits to schools for 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 ..	109½	888	745	143	854	424	257	167	1,312	1,650
School Nurses ..	254	1,391	1,293	98	1,379	88	76	12	1,479	1,722
Health Visitors ..	447	1,680	1,176	504	1,625	727	387	340	2,407	2,010
Totals ..	810½*	3,959	3,214	745	3,858	1,239	720	519	5,198	5,382

*In addition 86½ days' medical inspection work was performed by Part-time Nurses.

Vocational Guidance.—In the early part of 1945, a scheme was put into operation under which the School Medical Officer makes a special report (at the time of the last routine medical examination of each pupil) indicating whether he considers the pupil 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 for 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 511 pupils examined in this connection during 1956, it was necessary to recommend that the hours of employment should be reduced in one case, that eight others should be re-examined at intervals ranging from one to four months, and that in one case the pupil concerned should not carry heavy weights.

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, of which there are 14, 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." The findings of the School Medical Officers indicate that 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.

The comparison cannot be made accurately beyond 1955 as the Ministry have decided that from 1956 onwards, instead of classifying pupils according to the three nutritional groups mentioned above, the assessment of "General Condition" shall be given as "satisfactory" and "unsatisfactory."

NUTRITIONAL GROUPS FOR YEARS 1947 TO 1956

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
1954	54	45	1	56	43	1	62	38	—	56	43	1	56	43	1
1955	65	35	—	65	35	—	66	34	—	60	39	1	63	36	1
1956	99†	—	1*	99†	—	1*	100†	—	—	99†	—	1*	99†	—	1*

†Satisfactory *Unsatisfactory

Medical Examination of Prospective Teachers.—During the year 1956, some 159 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 143 of these cases were required to undergo an X-ray examination of the chest.

Meals.—On 26th September, 1956, there were 334 schools with an attendance of 43,612 pupils (93.8 per cent of the pupils then on the register) served with meals from school canteens; but only 27,183 of these pupils (62.3 per cent. of those for whom canteen facilities were available) took advantage of this service.

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 26th September, 1956, shows that 78.8 per cent. of the pupils in attendance on the day of the census took advantage of this Scheme.

Quality of Milk Supplies.—Approval of milk supplied to schools under the Milk in Schools Scheme is normally restricted to that designated as "Pasteurised" or "Tuberculin Tested," and the following particulars indicate in respect of the years 1951 to 1956 inclusive, the numbers of School Departments receiving milk, and the grades of milk supplied:—

Grade of Milk	School Departments					
	1951	1952	1953	1954	1955	1956
Tuberculin Tested ..	76	73	57	42	36	38
Pasteurised	247	245	268	286	296	292
Accredited	4	2	2	—	—	—
Undesignated ..	5	5	—	2	—	—
Totals ..	332	325	327	330	332	330

Investigation of Milk Supplies.—The County Sanitary Officer is responsible for the supervision of school milk supplies and the necessary samples are obtained by Sampling Officers of the County Health Department. Methylene Blue Colour tests to determine the keeping quality of the milk, and in the case of "Pasteurised" milk, Phosphatase tests to determine whether the milk has been properly processed, are carried out on each milk at quarterly intervals, and in addition, samples of tuberculin tested milk are submitted to a biological test for the presence of tubercle bacilli.

The following table gives the results of the examination of samples taken during 1956:—

EXAMINATION OF SCHOOL MILK SUPPLIES

Grade	Samples taken	Methylene Blue Test			Phosphatase Test	
		Satis.	Unsatis.	Void†	Satis.	Unsatis.
Tuberculin Tested ..	82	66	16	—	—	—
Pasteurised	349	288	8	53	349	—
Totals ..	431	354	24	53	349	—

†These samples were declared "void" because the atmospheric shade temperature exceeded 65°F. when the tests were made.

Sixty-eight samples of tuberculin tested milk were examined biologically and in two cases the guinea pig died before the test was completed, but no evidence of tuberculosis was found.

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 1956 five cases were reported for investigation of milk supplies. The results of the biological examination of all samples of milk which were obtained in this connection by Sampling Officers of the County Health Department, proved to be negative.

B.C.G. VACCINATION OF SCHOOL CHILDREN

Ministry of Health Circular 22/53 outlines arrangements under which Local Health Authorities may offer B.C.G. vaccination against Tuberculosis to children during the year preceding their fourteenth birthday.

No immediate decision was made to implement this scheme in Shropshire and in fact it was postponed for three years. Following publication early in 1956 of the First Report of the Medical Research Council by their Tuberculosis Vaccines Clinical Trials Committee—a report which confirmed the value of the vaccination to children between their thirteenth and fourteenth birthdays—it was decided to embark on the scheme as soon as possible.

To prepare a scheme, and to secure the advice and support of the family practitioners in carrying it out, occupied the early Summer, and it was not until October that the first school was visited. In fact, only four schools were dealt with from October to December.

So far as could be seen, the scheme proved satisfactory and thanks are due to the consultants and practitioners who gave generously of their time and advice at one or two ad hoc meetings, which were followed by explanations successively to meetings of the Local Medical Committee and local branch of the British Medical Association, and by the issue from the Health Department, to practitioners and to parents, of circular letters agreed by these medical authorities.

Under the B.C.G. Scheme, a Medical Officer of the School Medical Service visits each school to talk to the children concerned. A letter and consent form, together with an explanatory leaflet, are handed to all children in the age group to take to their parents. Completed consents (and refusals) are collected by the Head of the school and sent to the Health Department by a given date.

Parents who refuse the opportunity of B.C.G. vaccination for their children are visited by a Health Visitor, who is often able to persuade them to change their minds.

Generally speaking, schools are visited on Tuesdays for Mantoux testing and on Fridays for the B.C.G. vaccination of negative reactors.

Post vaccination tests are carried out between 6 and 13 weeks afterwards and negative Mantoux reactors who have "converted" following B.C.G. vaccination are given a certificate to that effect.

In all cases—either of positive reactors or of negative reactors who have "converted"—the family doctor is notified and provided with a small adhesive slip containing the appropriate information for affixing to the child's medical record card (E.C.5 or 6).

Parents of positive reactors are also informed and arrangements are made for these children (and their home contacts) to have a chest X-ray on the occasion of a visit from the Mass Radiography Unit to the County. Arrangements have been made for a Unit to visit selected areas of the County for the sole purpose of X-raying Mantoux positive reactors and their contacts.

It will be seen from the table below that of the 13 years old children who were Mantoux tested during 1956, the percentage of positive reactors was 31%. This would not have been so great had there not been a particularly large number of positive reactors at Newport C.E. School.

In the case of this school (and it is intended that such a procedure will be adopted elsewhere in the County where there is a high percentage of positive reactors), it was decided to Mantoux test, with parental consent, *every* pupil in the school, together with the staff, and to arrange for all the positive reactors and their home contacts to have a chest X-ray by the Wolverhampton Mass Radiography Unit which was due to visit Newport, under the arrangement detailed above, early in 1957.

Preliminary results of this survey now received indicate that of 582 persons investigated, 17 have been recalled for further investigation (5 of these for technical reasons) and that one case of active respiratory tuberculosis (a female adult) has so far been discovered.

The following are particulars of the schools visited for B.C.G. vaccination purposes during 1956:—

School	Children tested	Positive reactors	Negative reactors	Not read	Children vaccinated
Priory Girls', Shrewsbury ..	77	25 (32%)	52 (68%)	—	52
Bridgnorth St. Mary's	71	18 (25%)	51 (75%)	2	51
Shrewsbury Technical	172	44 (25%)	124 (75%)	4	124
Newport C.E.	67	35 (52%)	27 (48%)	5	27
Total ..	387	122 (31%)	254 (69%)	11	254

At the end of 1956, plans were in hand to step up the B.C.G. vaccination of school children—not only at maintained schools but also at such private schools in the County where it was desired—with a view to dealing with every school in the County by the end of the Summer term of 1957, and providing a complete annual service for 13 year olds thereafter. In fact, at the time of writing, this mid-summer goal is nearly attained.

REPORT OF THE HEAD SPEECH THERAPIST

"During the year 1956 Speech Therapy Clinics were held at the following Centres:—

Miss S. A. Barnard

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning ..	Oswestry	Hadley	Whitchurch	Trench Hall, 1st, 3rd, 5th	—	Murivance
Afternoon ..	Oswestry	Newport	Ellesmere	Shifnal 2nd 4th	Market Drayton	—

Mr. E. Paulett

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning ..	Wellington	Eye, Ear and Throat Hospital	Murivance	Eye, Ear and Throat Hospital	Condover Hall School for Blind	—
Afternoon ..	Wellington	Overley Hall School for Blind	—	Murivance	—	—
Evening ..	—	—	Eye, Ear and Throat Hospital	—	—	—

In addition, throughout the year one child suffering from cerebral palsy was provided with treatment at her home.

MISS M. E. FRANKLIN

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning ..	Cleobury Mortimer	—	Ironbridge	Ludlow	Bridgnorth	Murivance
Afternoon ..	Ludlow East Hamlet Hospital	Bishop's Castle	Dawley	Ludlow	Bridgnorth	—

In addition, weekly visits were made to a school for the treatment of children.

CASES TREATED

On Register 1st January	New Cases during year	Cases Discharged during year	On Register 31st December
111	200	156	155

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			
46	44	24	2	6	34	156

In a small number of cases discharge is temporary, and children can attend later for further treatment.

The following table gives particulars of the conditions which necessitated the attendance of these 311 children for speech therapy:—

	Cases Discharged during Year	On Register 31st December		Cases Discharged during Year	On Register 31st December
*Stammer	42	42	Mutism or Alalia	10	5
Cleft Palate	4	4	Partial Deafness	1	2
Severe Dyslalia	16	24	Educational Subnormality ..	14	14
Nasality + or —	3	2	Dysarthria	—	1
Dyslalia	62	53	*Mixed Defect	3	6
Voice Defect	1	—	Dysphasia	—	1
Mongolism	—	1			

*These totals include 16 children from 3 neighbouring counties who accepted financial responsibility for their treatment.

In addition:—

24 children made single visits to Centres for advice.

47 visits were made to individual homes.

37 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).

The establishment of Speech Therapists was increased to three when, on 1st February, 1956, we welcomed Miss M. E. Franklin to the staff and as a result a certain expansion in the service could be effected. The County was divided into three areas, the largest being in the south, which was allotted to Miss Franklin who has the use of a car.

Five new Speech Therapy centres were opened as follows:—

Cleobury Mortimer and Hadley in February, Shifnal and Trench Hall Residential School for Maladjustrd Children in April, and Condover Hall School for Blind Children with other Handicaps in May. In February the speech clinic at Bishop's Castle was resumed after its suspension for a period of six months. An increase was also made in the number of Speech Therapy Clinics provided under arrangements made with the Shrewsbury Group Hospital Management Committee, and commencing in February an extra session was held weekly at the Eye, Ear and Throat Hospital, Shrewsbury. A new weekly clinic service was also made available at East Hamlet Hospital, Ludlow.

In some clinics a waiting list has been necessary, but efforts are made to commence treatment as quickly as possible.

Each of the Speech Therapists has been using the tape recording machine in connection with individual treatment and for record keeping purposes. It is found extremely useful for illustrating progress between periodic visits and also reproduces the defect under treatment, often to the patient's chagrin, far more effectively than any vocal imitation by the speech clinician.

As will be seen from the above tables, the most prevalent defects are dyslalia and stammering and a point of interest is that at least four of the parents are known to have multiple dyslalic defects, which suggests that, contrary to popular opinion, this handicap is not of a transient nature. The number of adults who either attend, or could very well make use of, the Hospital speech clinic on account of stammering or because of hyperrhinophonia due to cleft palate is also considerable.

The attendance of children at the clinics has been excellent and with the few infrequent attenders the Health Visitors have performed a useful role with their "follow-up" technique. Continuity of treatment and practice is essential for the build-up of a good speech pattern; consequently the optimum benefit is obtained where there is some intelligent co-operation by the parents of the children concerned. Whenever possible the parents of children who attend unaccompanied are expected to visit the clinic at regular intervals for discussion of progress. During the year there has been close co-operation and liaison with the Child Guidance Team in connection with a number of children who need to attend both types of clinic.

It has been found that with the child who has made only slight or no progress, the absence of improvement may often be due to lack of speech stimulation in the home, but a similar result is obtained when the child's parents or siblings are over-protective and do all the talking for the child. The home environment is important and where there is a want of security or where there is friction and a general lack of encouragement the resultant effect is often a deterioration in the child's speech. This need of speech stimulation is sometimes found in children from homes where there is a ritual of nightly mute fixation as the T.V. addicted family sit entranced before the "idiot's lantern". This constant absorption of a one-sided, visual, artificial entertainment may mean that some children have not learned to name letters or colours, are unable to repeat simple nursery rhymes or comprehend numbers—all of which most children have learned on their parents' knees.

In the majority of cases, treatment is of an individual nature but group therapy is sometimes used with great benefit for those children suffering from similar types of defect and whose ages and intelligence are of a comparative standard. This latter style of treatment was attempted in

particular with a small number of mentally defective children who were unable to attend at the Occupation Centre and apart from its remedial value to the children, the mothers were able to have a short break and to make social contact with other people faced with similar problems."

E. PAULETT,
Head Speech Therapist.

Child Guidance Service.—Children are referred to the Child Guidance Clinic which is now held in Shrewsbury on Tuesday each week from 10 a.m. to 4 p.m.

Dr. Jeannie Stirrat joined the staff in April, 1956, as Visiting Psychiatrist and she has undertaken the medical direction of the clinic.

There is a Psychiatric Social Worker on the staff and two Educational Psychologists who divide their duties between the School Psychological Service and the Child Guidance Clinic.

(Dr. J. A. Crawford, of Birmingham, joined the staff on 27th March, 1957, and a second clinic is now held in Shrewsbury on Friday of each week from 10 a.m. to 4 p.m.).

In addition, the Psychiatric Social Worker and one of the Educational Psychologists make a weekly visit to the Welfare Centre at Wellington on Wednesdays, and to other outlying Welfare Centres as the need arises, to see children and their parents.

The results obtained are on the whole encouraging. Many problems do clear up completely and in others there is often considerable improvement. A few cases have to be considered failures, but this is nearly always due to lack of effective co-operation by the parents.

Admission to the Education Committee's School for Maladjusted Children at Trench Hall has helped cases where tension in the home was imposing intolerable stress upon the child.

Statistics relating to pupils who were treated at the Child Guidance Clinics during 1956 are contained in the following report of Mr. J. L. Green, County Psychologist:—

SUMMARY OF WORK DONE DURING 1956:

Total number of new cases referred to Psychiatrist	197
Total number of new cases seen	161
Old cases still requiring help	37
Sources of cases:	
Head Teachers	35%
County Medical Officer	18%
Parents	17%
Private Doctors	14%
Probation Officers	7%
Miscellaneous, e.g. Children's Department, Mental Hospital, School Enquiry Officers, Speech Therapists, N.S.P.C.C.	9%
Reasons for reference:	
Failure in school. Difficulties either in specific subjects, general behaviour or general attitude to work	20%
Nervous conditions, such as night terrors, anxiety conditions, stammering and timidity	23%
Behaviour difficulties such as aggressive behaviour, severe tempers, truancy, pilfering	25%
Physical disorders, e.g. day or night enuresis, soiling, failure to eat or sleep normally	21%
Miscellaneous reasons. Vocational guidance, advice re adoptions, reports to Magistrates	11%
Number of cases seen by Psychiatrist (from 9th April, 1956 onwards)	66
Number receiving prolonged treatment by Psychiatrist (from 9th April, 1956, onwards)	41
Number recommended to Trench Hall	10
Number actually admitted to Trench Hall during 1956	7

Psychiatric Service.—The services of a consultant psychiatrist are made available to the County Council by agreement with the Birmingham Regional Hospital Board; and this officer attends four child psychiatric clinics per week of which two are held at County Council Welfare Centres.

REPORT OF THE PRINCIPAL DENTAL OFFICER

"The School Dental Service was again severely handicapped in its development and in the fulfilment of its statutory responsibilities by the continuing shortage of professional staff. Throughout the year vacancies in the staff were advertised and changes took place but the net result shows a slight loss in dental officers' time available for School Health work as compared with last year. In the report for 1955 the falling off of the entry of students to the dental training schools was referred to. An encouraging fact is that by the end of 1956 the dental schools were full again but it must be some years before this improvement in recruitment to the dental profession is likely to be reflected in the number of dentists in the School Health Service. If, however, the experiment in the training and employment of dental ancillaries provided for under the Dentists Act, 1956, is pressed forward and proves successful, substantial relief of the need for treatment for the younger pupils in schools may be expected before the shortage of fully trained dentists is made up.

Staff.—The approved establishment of dentists is 11 full-time officers. During the year the staff consisted of 6 full and 3 part-time officers. One full-time officer left on 4th August and one, who began duty on 4th June, resigned from 27th September. Of the part-time officers, one completed a year's service, one began duty on 31st August, and the third on 19th October. The total service devoted to School Health work for the year was equivalent to 4.9 in terms of full-time officers, 0.15 less than for 1955.

In addition to the foregoing, Mr. Broadbent, a Consultant Orthodontist, and Mr. Roberts, a Senior Hospital Dental Officer, both of whom are seconded for duty with the Council by the Birmingham Regional Hospital Board, carried out regular weekly orthodontic sessions in the Council's clinics during the year.

The Oral Hygienist who gave 0.8 of her full-time service to School Health work left on 12th May, 1956, and was not replaced in that year.

Review of work done during the year.—Out of the population of 46,485 pupils in maintained schools 11,200 routine dental inspections were carried out in 73 schools and in the Children's Homes maintained by the Council. In addition, 2,532 pupils presented themselves for inspection and treatment as special cases, making a total of 13,732 inspections in all. The number of routine inspections carried out shows a very slight rise over the corresponding figure for last year, being 24 per cent. of the school population.

The number of special cases reached a new high level showing an increase of 4 per cent. over last year's figure. Fifty-nine per cent. of these cases were treated at the Shrewsbury Dental Clinic where it is known that a dental officer is always available to give treatment at once if it is urgently required and is not obtainable elsewhere. This ever growing stream of casual cases interferes more and more with routine work, but nothing can be done to stem this flow until the dental staff is sufficiently large to enable routine dental inspections to take place in the schools more frequently.

Of the 247 schools not visited during the year, 155 had not been visited for two years and 92 had not been visited for three years or more.

Routine inspections showed that 69 per cent. of the pupils required treatment. Of the number referred for treatment 62 per cent. accepted it.

The actual number of pupils treated was 235 less than last year. This fall is commensurate with the reduction in the strength of the staff. The number of attendances made at the clinics for treatment in 1956 rose by 488 over that for the previous year. This increase, however, is offset by the 454 additional attendances made by pupils receiving treatment by the visiting orthodontists.

Less conservative work was done in 1956 than in the previous year, there being a difference in the number of permanent teeth filled of 1,621 and of deciduous teeth 92. Permanent teeth extracted rose by 583 but deciduous teeth extracted dropped by 384. These variations in the output and type of work done arose from a combination of factors, including the reduction in the operative strength of the staff already referred to, the changes in the staff which took place during the year and the increased number of casual cases presenting themselves for urgent treatment only.

Included under the heading of other operations carried out and given in Table V of the statistics at the end of this report are the following:—

483 Dental X-rays taken
97 Partial dentures supplied
23 Root fillings inserted
18 Crowns fitted
4 Inlays inserted
9 Fraenectomies
1 Apicectomy

The emphasis was again placed upon treatment of the permanent teeth at the expense of the deciduous. As soon as the staffing position improves this policy will be reviewed.

The dental officers' time was spread as evenly and widely throughout the County as circumstances permitted. Regular visits were paid to all the static clinics to deal with pupils referred by teachers and the nursing staff for urgent treatment. Because of the limited number of officers available this involved rather more travelling than in previous years.

General anaesthesia for the extraction of teeth was made available in all parts of the County and a record number of pupils took advantage of it.

Further details of the treatment carried out and the time spent appear with the statistical tables at the end of this report.

Orthodontics.—There was a further expansion in the amount of orthodontic treatment given during 1956. This was made possible by the addition of 3 sessions per fortnight held in the Council's clinics by the Senior Hospital Dental Officer seconded for duty by the Birmingham Regional Hospital Board. Each full-time County Dental Officer undertakes a limited number of the more straight-forward cases but the greater part of the work done is carried out by the visiting orthodontists. The Consultant Orthodontist and the Senior Hospital Dental Officer deal with the complex cases and make themselves available to the Council's staff for advice and guidance when required. For the convenience of patients living in the south of the County the Senior Hospital Dental Officer held orthodontic sessions in the Council's dental clinic at Ludlow.

The following is a summary of the orthodontic work carried out during the year:—

Cases commenced during the year	197
,, carried forward from previous year	131
,, completed during the year	75
,, discontinued during the year	62
Pupils treated with appliances	162
Removable appliances fitted	136
Fixed appliances fitted	56
Number of sessions held by the staff of the Birmingham Regional Hospital Board	87
Total attendances made	1,742

Oral Hygienist.—The oral hygienist who joined the staff last year resigned after 19 weeks service in 1956. Her duties consisted of scaling and polishing of teeth, carrying out treatment for certain gum conditions and individual and group instruction in the care of the teeth and in oral hygiene.

To get the best results from the work of a hygienist certain minimal working requirements are necessary. These are not easy to provide in clinics where there is only one dental surgery. The greater part of the hygienist's operative work was done in the Dental Clinic at Shrewsbury where a surgery was available, but at Oswestry, Newport and Wellington, where regular visits were paid, portable equipment was set up in the recovery room for her use.

The following table gives details of the work done by the Oral Hygienist:—

Number of half day sessions devoted to treatment	137
Number of half day sessions devoted to talks and demonstrations	5
Number of pupils treated	397
Number of attendances made for treatment	407
Treatment:	
(*a*) Scaling and polishing	406
(*b*) Gum treatment	7
(*c*) Polishing of fillings (not included in (*a*) above)	22
Number of Dental Clinics where treatment was carried out	4
Number of talks and demonstrations given in schools	11

The work of an oral hygienist cannot be assessed entirely from the number of operations she performs, as the success of her labour depends not a little on the extent to which she influences her patients by engendering in each one of them a lasting interest in their own dental health.

Dental Clinic Accommodation.—The new dental base clinics at Madeley and Bridgnorth and the subsidiary dental clinic at Market Drayton were completed, equipped and taken into use during the year. It is most disappointing that so far, owing to the shortage of staff, the base clinics are not being put to their maximum use. However, since these three new clinics were completed, regular weekly sessions have been held in them.

The Mobile Dental Unit again gave good service throughout the year and was in great demand by the dental officers working in the rural areas remote from the static clinics.

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

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

Number of pupils inspected	79
Number of pupils found to require treatment	65

Number of pupils actually treated			62
Number of attendances made by pupils for treatment			120
Half days devoted to:—	Inspections	1	16
	Treatment	15	
Fillings:—	Permanent Teeth	96	96
	Deciduous Teeth	—	
Teeth filled:—	Permanent Teeth	95	95
	Deciduous Teeth	—	
Extractions:—	Permanent Teeth	14	35
	Deciduous Teeth	21	
Administration of general anaesthetics for extractions			10
Other operations:—	Permanent Teeth	34	34
	Deciduous Teeth	—	

G. R. CATCHPOLE,

Principal 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, including the display of 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 1956, the total number of children *of school age* who were primarily immunised was 386; and of this number 229 were treated by School Medical Officers, and 157 by general medical practitioners.

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 4,403 children re-immunised, 3,007 were dealt with by School Medical Officers, and 1,396 by general medical practitioners.

In the table below, the total number of children of school age immunised during 1956 has been apportioned amongst the various Sanitary Districts in which they are resident. Of the children of school age in the County at the end of the year, 81.2 per cent. had been immunised against diphtheria, and 41.5 per cent. could be regarded as completely protected by having been immunised within the last 5 years.

SCHOOL CHILDREN IMMUNISED DURING 1956

Area	Local Sanitary Authority	Immunised	Re-Immunised
N.W. Combined Districts	Ellesmere Urban	1	13
	Ellesmere Rural	13	91
	Wem Urban	4	33
	Wem Rural	18	146
	Whitchurch Urban	4	41
N.E. Combined Districts	Dawley Urban	20	132
	Market Drayton Urban ..	3	79
	Drayton Rural	18	171
	Newport Urban	—	48
	Oakengates Urban	21	204
	Shifnal Rural	26	260
	Wellington Urban	12	79
	Wellington Rural	22	357
S.W. Combined Districts	Atcham Rural	14	384
	Bishop's Castle Borough ..	1	11
	Church Stretton Urban ..	—	20
	Clun Rural	6	138
	Wenlock Borough	38	280
	Ludlow Borough	2	86
	Ludlow Rural	11	155
Bridgnorth ..	Bridgnorth Borough ..	12	105
	Bridgnorth Rural	15	207
Oswestry ..	Oswestry Borough	34	223
	Oswestry Rural	42	356
Shrewsbury ..	Shrewsbury Borough ..	49	784
	Whole County (1956) ..	386	4,403
	Whole County (1955) ..	441	3,857

Particulars of the numbers of children between the ages of 5 and 14 years who have been *primarily* immunised against diphtheria in each year since 1943 are given below:—

Year	1943	Children immunised	..	4,569
,,	1944	,, ,,	..	695
,,	1945	,, ,,	..	533
,,	1946	,, ,,	..	546
,,	1947	,, ,,	..	324
,,	1948	,, ,,	..	413
,,	1949	,, ,,	..	631
,,	1950	,, ,,	..	219
,,	1951	,, ,,	..	266
,,	1952	,, ,,	..	242
,,	1953	,, ,,	..	257
,,	1954	,, ,,	..	398
,,	1955	,, ,,	..	441
,,	1956	,, ,,	..	386
		Total	..	9,920

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 22 years.

NOTIFICATIONS OF AND 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	10	2
1947	17	2
1948	1	—
1949	5	1
1950	2	—
1951	—	—
1952	1	—
1953	—	—
1954	—	—
1955	—	1*
1956	—	—

*Death of elderly woman, assigned by Registrar-General; C. diphtheriae not found.

VACCINATION

During 1956, 92 children *between the ages of* 5 *and* 14 *years* were vaccinated against Smallpox. Of this number 14 vaccinations were performed by School Medical Officers and 78 by general medical practitioners.

In addition, 104 children were re-vaccinated—all by general medical practitioners.

SCHOOL CANTEENS

Medical Examination of Staff.—In order to ensure as far as possible that those engaged in the School 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. Five candidates were required to submit specimens in this connection and the results of the examinations were found to be satisfactory. 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 Employed				
		Supervisors	Cooks	Helpers	Others	Total
Central Kitchens ..	15	18	28	102	17	165
Self-contained Canteens	115	1	125	353	62	541
Canteens for dining only	210	—	—	391	92	483
Total ..	340	19	153	846	171	1,189

During 1956, a total of 1,123 examinations of canteen personnel (215 initial and 908 re-examinnations) was carried out.

In ten cases the clinical examinations were unsatisfactory. Particulars of the conditions from which the employees concerned were found to be suffering and of the action taken are given below:—

Condition	*Action Taken*
Suspected Dermatitis .. (four cases)	After prolonged treatment the employees were subsequently found fit to resume duty.
Infection of fingers and thumbs (two cases) Veruccas (hands)	Following medical treatment these employees were declared to be fit for duty.
Discharge from ears	This helper was suspended from duty but subsequently pronounced fit following medical treatment.
Varicose Veins .. .. Hemiplegia	These helpers were considered unfit for employment and their appointments terminated.

It was found necessary to arrange for three employees to undergo chest X-ray examinations but in all three cases the results were satisfactory.

In addition, the person and clothing of two Canteen Helpers indicated a general lack of cleanliness. Considerable improvement was reported when the two employees were re-examined after a brief interval.

This medical inspection scheme has also been extended to include personnel engaged in the preparation and handling of foodstuffs at the boarding schools and hostels in the County and during the year 12 such examinations were carried out by the School Medical Officers.

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 Dyffryn Seaside Estate, Dyffryn Ardudwy, Merioneth. Approximately 684 pupils and 50 staff passed through the camp. All the 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.

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-three 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 1956 the homes of the children concerned were visited on one occasion 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.
Cophthorne Hospital, 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:

Copthorne Hospital, Shrewsbury.
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.

Respiratory Tuberculosis:
Shirlett Sanatorium, near Broseley.

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, the Speech Therapy Clinic held at the Hadley Conservative Club Room, 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, Shrewsbury.

Centre	Sessions		
Bishop's Castle	*Speech Therapy:*	Tuesday	1.00 p.m.—4.30 p.m.
	Dental:	By arrangement	
Bridgnorth	*Minor Ailments:*	Monday	9.00 a.m.—10.30 a.m.
	Speech Therapy:	Friday	10.00 a.m.—12.30 p.m. 1.30 p.m.—5.00 p.m.
	Dental:	By arrangement	
Cleobury Mortimer	*Speech Therapy:*	Monday	9.45 a.m.—12.30 p.m.
Dawley	*Speech Therapy:*	Wednesday	1.30 p.m.—3.30 p.m.
	Dental:	By arrangement	
Donnington Infants' School	*Child Guidance:*	By arrangement	
Ellesmere	*Speech Therapy:*	Wednesday	2.45 p.m.—4.15 p.m.
	Dental:	By arrangement	
Hadley (Conservative Club)	*Speech Therapy:*	Tuesday	9.45 a.m.—12.15 p.m.
Ironbridge	*Speech Therapy:*	Wednesday	10.00 a.m.—12.15 p.m.
Ludlow	*Dental:*	Saturday and by arrangement	9.00 a.m.—12.00 noon
	Speech Therapy:	Thursday	11.00 a.m.—12.15 p.m. 1.30 p.m.—4.30 p.m.
	Child Guidance:	By arrangement	

Centre	Sessions		
MADELEY	*Dental:*	By arrangement	
MARKET DRAYTON	*Minor Ailments:*	Wednesday	9.30 a.m.—10.30 a.m.
	Dental:	By arrangement	
	Speech Therapy:	Friday	1.15 p.m.—4.00 p.m.
	Ophthalmic	By arrangement	
NEWPORT	*Speech Therapy:*	Tuesday	1.30 p.m.—4.15 p.m.
	Dental:	By arrangement	
OAKENGATES	*Ophthalmic:*	By arrangement	
OSWESTRY	*Minor Ailments:*	Wednesday and Friday ..	9.00 a.m.—10.30 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	
SHIFNAL	*Speech Therapy:*	2nd and 4th Thursdays ..	10.30 a.m.—12.30 p.m. 1.30 p.m.—3.30 p.m.
WELLINGTON	*Minor Ailments:*	Thursday	9.00 a.m.—10.30 a.m.
	Dental:	By arrangement	
	Speech Therapy:	Monday	9.15 a.m.—1.00 p.m. 1.30 p.m.—5.00 p.m.
	Child Guidance:	Wednesday	10.00 a.m.—4.00 p.m.
WEM	*Dental:*	By arrangement	
WHITCHURCH	*Dental:*	By arrangement	
	Speech Therapy:	Wednesday	9.45 a.m.—12.45 p.m.
SHREWSBURY (*a*) Health Centre, Murivance	*Minor Ailments:*	Friday	9.00 a.m.—10.30 a.m.
	Speech Therapy:	Wednesday	9.00 a.m.—1.00 p.m.
		Thursday	2.00 p.m.—5.00 p.m.
		Saturday	9.00 a.m.—12 noon
(*b*) The White House Ditherington	*Minor Ailments:*	Tuesdays and Thursdays ..	9.00 a.m.—10.30 a.m.
(*c*) Monkmoor (at Monkmoor School)	*Minor Ailments:*	Two weekdays by arrangement	9.00 a.m.—10.30 a.m.
(*d*) Education Office, County Buildings	*Child Guidance*	Tuesday	10.00 a.m.—4.00 p.m.
(*e*) No. 5 Belmont	*Dental:*	Weekdays	9.00 a.m.—5.00 p.m.

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.

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 are particulars of schools and extensions opened, schools closed, and alterations and improvements carried out at schools in the County during 1956:—

SCHOOLS AND EXTENSIONS OPENED:

Primary:

Albrighton County Infants'	New school
Bayston Hill C.E.	2 classrooms
Oswestry County Infants'	1 classroom
Park County Primary, Wellington	New school
Preston Gubbals C.E.	2 classrooms
Stoke Heath County	1 classroom

Modern:

Dawley	Classroom block
Meole Brace	New school
Whitchurch	2 classrooms
Wrockwardine Wood Girls'	Adapted H.O.R.S.A. rooms

Grammar:

Bridgnorth	2 laboratories

SCHOOLS CLOSED:

Primary:

Cosford (R.A.F.) County
Mainstone County
Wrekin Road County

ALTERATIONS AND IMPROVEMENTS:

Primary:

Adderley C.E. (Cont.)	New entrance to playground, improvements to sanitation, installation of electric light and lavatory basins in cloakrooms
Brockton C.E. (Cont.)	Provision of wash basin and water supply
Church Stretton C.E. (Cont.)	Provision of staffroom
Dawley C.E. (Aided)	Paving area, levelling pit mound
Deuxhill County	Providing and fixing water storage tank

Ditton Priors	Improvements to heating
Ditherington Infants'	Installation of electricity
Donnington Day Nursery	Electrical installation
Eardington	Additional lighting point
Edgmond C.E. (Cont.)	Improvements to sanitation, playground, heating and lighting and provision of hot water supply to cloakrooms
Ellerdine County	Forming screen walls to closets
Harlescott County	Ventilators in W.Cs.
High Ercall Primary	Additional lighting points
Hodnet County	Improved cloakroom provision
Hookagate C.E. (Cont.)	Improved sanitation
Lancasterian	Provision of power points and electric fire
Lawley County	Alterations to cloakrooms for drying facilities, replacing stove with radiator
Lee Brockhurst	Piped water supply
Lower Heath C.E.	Replacing stoves with "Alicon" stoves
Madeley C.E. (Cont.)	Provision of fire escape
Madeley Wood Methodist	Additional heating stoves
Maesbury County	Supplying electric water heaters, additional power points
Meole Brace C.E. (Cont.	Improvements to natural lighting, provision of lavatory basins and hot water supply to cloakrooms, and improvements to sanitation
Minsterley County	Additional power points
Morda C.E. (Cont.)	Installation of electricity
Neen Savage C.E.	Heating in cloakroom
Newport C.E.	Provision of heating stove in dining hall
Oswestry County Junior	Additional lighting in hall
Pool Hill County	Fixing tubular heaters in lavatory block
Prees C.E.	Installation of central heating
Princes Street County	Provision of safety barriers
Ratlinghope County	Fixing ventilators above windows
Rodington C.E.	Additional lighting points, mains water supply, additional exit from classrooms
Rushbury C.E.	Connecting school to water supply
Sambrook County	Provision of "Alicon" stoves
Shifnal C.E.	Hot water supply to cloakrooms
St. George's County Boys'	Improvement to sanitation
St. George's County Girls'	Office for Head
Stockton Norton C.E. (Cont.)	Improvements to sanitation, cloakrooms, fixed partition and staff room
Welshampton C.E.	Provision of cess pit
Whixall County	Installation of electricity
Woore County	Fitting water heaters

Modern:

Church Stretton Modern	External lighting points
Cleobury Mortimer Modern	Additional sanitary accommodation

Grammar and Technical:

Bishop's Castle County High	Heating in sewage pump house
Shrewsbury Technical College	Improvements to accommodation

Special Residential Schools and Hostels:

Petton Hall	Improvements to heating at Farquhar House

The alterations and improvements detailed above do not include a large number of repairs which are regarded as maintenance items, e.g. renewal of heating boilers, repairs and renewals of floors nor the redecoration of buildings carried out on a rota system each year and resurfacing and treatment of playgrounds, a proportion of which are dealt with each year.

STATISTICAL TABLES

TABLE I. (A) PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed groups:—

	Age Group	
Entrants	5 years (approx.)	5,346
Second Age Group	10+ years	4,805
Third Age Group	14 years (Modern School), 16 years and other leavers at Grammar Schools	3,587
		13,738
Number of other Periodic Inspections	8 years and 14 years (Grammar Schools)	7,486
		21,224

(B) OTHER INSPECTIONS

Special Inspections	1,115
Re-Inspections	11,505
	12,620

(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 IIIA (3)	Total individual pupils (4)
Entrants	144	349	459
Second Age Group	573	212	749
Third Age Group	569	107	648
Total (prescribed groups)	1,286	668	1,856
Other Periodic Inspections	683	907	1,405
Grand Total	1,969	1,575	3,261

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).

(D) CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
Entrants	5,346	5,299	99.1	47	0.9
Second Age-Group	4,805	4,779	99.5	26	0.5
Third Age-Group	3,587	3,577	99.7	10	0.3
Other Periodic Inspections	7,486	7,415	99.1	71	0.9
Total for 1956	21,224	21,070	99.3	154	0.7

TABLE II—INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by the School Nurses or other authorised persons ..	114,718
(2) Total number of individual pupils found to be infested	1,287
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	46
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	11

TABLE III

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1956

(A) PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	Entrants		Leavers		Total (including all other age groups inspected)	
		Requiring:		Requiring:		Requiring:	
	(1)	Treatment (2)	Observation (3)	Treatment (4)	Observation (5)	Treatment (6)	Observation (7)
4	Skin	18	125	13	14	113	337
5	Eyes (*a*) Vision	144	280	569	96	1,969	1,167
	(*b*) Squint	75	85	8	1	205	181
	(*c*) Other	7	42	8	11	33	153
6	Ears (*a*) Hearing ..	9	57	3	11	34	167
	(*b*) Otitis Media	8	87	1	13	23	192
	(*c*) Other ..	2	30	3	6	10	80
7	Nose or Throat ..	138	1,216	20	121	328	2,632
8	Speech	22	118	7	10	53	291
9	Lymphatic Glands ..	16	541	—	27	26	1,179
10	Heart	3	79	3	37	11	245
11	Lungs	24	137	3	46	40	365
12	Developmental:—						
	(*a*) Hernia ..	4	25	2	3	17	65
	(*b*) Other ..	6	42	14	17	44	192
13	Orthopaedic:—						
	(*a*) Posture ..	—	32	2	37	21	215
	(*b*) Feet	4	94	8	56	60	420
	(*c*) Other ..	22	265	14	80	129	859
14	Nervous System:—						
	(*a*) Epilepsy ..	4	16	—	2	15	65
	(*b*) Other ..	7	52	2	10	16	165
15	Psychological:—						
	(*a*) Development	—	66	—	25	458	297
	(*b*) Stability ..	—	98	—	5	58	300
16	Abdomen	—	60	1	9	13	167
17	Other (Dental) ..	596	437	242	45	1,865	1,091

(B) SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease (1)	Requiring: Treatment (2)	Requiring: Observation (3)
4	Skin	5	13
5	Eyes (*a*) Vision	67	17
	(*b*) Squint	4	6
	(*c*) Other	—	5
6	Ears (*a*) Hearing	2	5
	(*b*) Otitis Media	1	3
	(*c*) Other	—	3
7	Nose or Throat	4	30
8	Speech	1	7
9	Lymphatic Glands	—	9
10	Heart	—	11
11	Lungs	—	18
12	Developmental:—		
	(*a*) Hernia	1	3
	(*b*) Other	1	20
13	Orthopaedic:—		
	(*a*) Posture	1	8
	(*b*) Feet	3	23
	(*c*) Other	2	12
14	Nervous system:—		
	(*a*) Epilepsy	1	—
	(*b*) Other	—	7
15	Psychological:—		
	(*a*) Development	—	22
	(*b*) Stability	—	8
16	Abdomen	—	3
17	Other (Dental)	19	34

TABLE IV

GROUP I.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of Cases dealt with: By the Authority	Number of Cases dealt with: Otherwise
External and other, excluding errors of refraction and squint	180	70
Errors of refraction (including squint)	1,774	2,035
Total	1,954	2,105
Number of pupils for whom spectacles were prescribed	1,414	1,102

GROUP II.—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	—	145
(*b*) for adenoids and chronic tonsillitis ..	—	599
(*c*) for other nose and throat conditions ..	—	57
Received other forms of treatment	—	240
Total ..	—	1,041
Total number of pupils in schools who are known to have been provided with hearing aids: (*a*) in 1956	—	10
(*b*) in previous years	—	70

GROUP III.—ORTHOPAEDIC AND POSTURAL DEFECTS

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patients departments ..	—	535

GROUP IV.—DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table II)

	Number of Defects treated or under treatment during the year by the Authority
Skin:—	
Ringworm: (i) Scalp ..	—
(ii) Body ..	3
Scabies	1
Impetigo	64
Other skin diseases	215
Total ..	283

GROUP V.—CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority..	198

GROUP VI.—SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority ..	311

GROUP VII.—OTHER TREATMENT GIVEN

	Number of Cases treated	
	By the Authority	Otherwise
(*a*) Miscellaneous Minor Ailments	988	—
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	3	—
(*c*) Pupils who received B.C.G. Vaccination	254	—
(*d*) Other treatment given:—		
Appendicitis	—	86
Asthma	—	39
Bronchitis	—	41
Cardiac Conditions	—	32
Chorea	—	12
Diabetes	—	12
Encephalitis	—	2
Enuresis	—	9
Epilepsy	—	35
Hernia	—	38
Nephritis	—	17
Osteomyelitis	—	2
Petit Mal	—	18
Pneumonia	—	10
Poliomyelitis	—	1
Rheumatism	—	18
Rheumatic Fever	—	12
Tuberculosis (Respiratory, mesenteric adenitis, cervical glands, etc.)	—	88
Miscellaneous	—	305
Total (*a*) — (*d*)	1,245	777

In addition to the above, a total of 246 pupils attended Chest Clinics for observation.,

TABLE V.—DENTAL INSPECTION AND TREATMENT

(1)	Number of pupils inspected:—	(*a*) Periodic Age Groups	11,200	13,732
		(*b*) Specials	2,532	
(2)	Number found to require treatment			10,216
(3)	Number offered treatment			9,336
(4)	Number actually treated			6,360*
(5)	Attendances made by pupils for treatment, including those for orthodontics			19,568
(6)	Half-days devoted to:—	Inspection	97	2,183
		Treatment	2,086	
(7)	Fillings:—	Permanent Teeth	10,742	12,201
		Temporary Teeth	1,459	
(8)	Teeth filled:—	Permanent Teeth	9,838	11,287
		Temporary Teeth	1,449	
(9)	Extractions:—	Permanent Teeth	2,884	9,671
		Temporary Teeth	6,787	
(10)	Administration of general anaesthetics for extractions			2,092
(11)	Other operations:—	Permanent Teeth	4,062	4,844
		Temporary Teeth	782	

*This figure includes 712 pupils brought forward from 1955.

ARRANGEMENTS FOR EXAMINATION AND ASCERTAINMENT OF DEAF AND PARTIALLY DEAF PUPILS

Children under five years of age who fall into either of the above categories are normally referred from the following sources:—

(*a*) Child's parents (through Health Visitor)

(*b*) Aural Consultant (through child's private doctor)

(*c*) Private doctor direct

(*d*) School Enquiry Officer in the course of his duties

(*e*) Welfare Centres.

Children over five years of age who are in attendance at school, are usually referred by the School Medical Officer, the School Nurse or the Head of the School which the pupil attends.

On receipt of the particulars of such pupils in the School Health Department, arrangements are made for them to be medically examined and the statutory Forms 1 and 4 H.P. completed. The pupils are referred to one or other of the two Aural Consultants at the Eye, Ear and Throat Hospital, Shrewsbury, for an opinion on the degree of deafness, and for any advice which may be considered necessary in connection with the provision of special educational treatment. In some cases it is necessary for the Aural Consultant to refer cases to Professor E. W. E. Ewing, Department of Education for the Deaf, Manchester University, before a final decision can be reached.

The Regional Hospital Board have provided one Audiology Centre in the County at the Eye, Ear and Throat Hospital, Shrewsbury. The Audiometric Technician in attendance works closely with the two Aural Suregons. Hearing tests can be arranged for any patients who may be referred by the School Medical Officers and by the Authority's Speech Therapists.

No teachers for the deaf are at present employed but one of the County Council's Speech Therapists who holds a weekly clinic at the Shrewsbury Eye, Ear and Throat Hospital gives, so far as he is able, help and tuition to deaf and partially deaf children, under the supervision of one of the Aural Surgeons at the Hospital.

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)	13	6.94
(ii) General Practitioners working part-time in the School Health Service	—	—
(*b*) Physiotherapists, Speech Therapists, etc.: Speech Therapists	3	3
(*c*) (i) School Nurses	67	15.69
(ii) Number of the above who hold a Health Visitor's Certificate	33	—
(*d*) Nursing Assistants	—	—

	Officers employed on a salary basis		Officers employed on a sessional basis	
	Number	Aggregate staff in terms of the equivalent number of whole-time officers	Number	Aggregate staff in terms of the equivalent number of whole-time officers
(*e*) Dental Staff:				
(i) Principal School Dental Officer	1	0.89	—	—
(ii) Dental Officers	3	2.67	3	0.824
(iii)*Orthodontists (if not already included in (*e*)(i) or (*e*)(ii) above)				
Total	4	3.56	3	0.824

		Number	Aggregate staff in terms of the equivalent number of whole-time officers
(iv) Dental Attendants	Full-time	6	5.465
	Part-time	1	0.48
(v) Other Staff (specify)		—	—

*The Regional Hospital Board make available the services of a Consultant Orthodontist (1 session per week) and a Senior Hospital Dental Officer (1½ sessions per week).

(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 .. 20

N.B.—One Mobile Dental Clinic has been provided by the Authority and has been in use throughout the year.

(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	3	1
D. Ear, Nose and Throat	—	—
E. Orthopaedic	—	9
F. Paediatric	—	—
G. Speech Therapy	14	—
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

(i) Number of Child Guidance Centres provided by the Authority .. 5

(ii) Staff of Centres:

	(*a*) Number	(*b*) Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists*	1	0.36
Educational Psychologists	2	2
Psychiatric Social Workers	1	0.95

*The Psychiatrist is directly employed by the Authority

(iii) The services of a Regional Hospital Board Psychiatrist are made available by arrangement with the Board. This Psychiatrist holds 4 child psychiatric clinics per week, of which 2 are held at County Council Welfare Centres.

TABLE VII.—HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES

NOTES:

(i) In Section A changes of special school and short breaks are ignored.

(ii) In Section C (iii) are 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.

	(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 December, 1956:—										
A. Handicapped Pupils *newly placed in Special Schools* or Boarding Homes ..	—	2	3	2	25	2	27	8	3	72
B. Handicapped Pupils *newly ascertained* as requiring education at Special Schools or boarding in Homes ..	2	4	3	5	31	10	110	11	1	177

Number of children reported during the year:—

(*a*) under Section 57(3) (excluding any returned under (*b*)) ..	16
(*b*) Under Section 57(3) relying on Section 57(4)	-
(*c*) under Section 57(5) of the Education Act, 1944	33

	(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 31st January, 1957:—										
C. Number of Handicapped Pupils from the area:—										
(i) attending Special Schools as										
(*a*) Day Pupils	—	—	—	—	—	—	—	—	—	—
(*b*) Boarding Pupils	3	12	21	8	19	18	143	22	6	252
(ii) attending independent schools under arrangements made by the Authority	—	—	4	2	—	1	—	1	—	8
(iii) boarded in Homes and not already included under (i) or (ii) ..	—	—	—	—	—	—	—	—	—	—
TOTAL (C) ..	3	12	25	10	19	19	143	23	6	260
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:—										
(*a*) in hospitals	—	—	—	—	—	7	—	—	—	7
(*b*) elsewhere (at home)	—	—	—	—	2	36	2	—	3	43
E. Number of Handicapped Pupils from the area requiring places in special schools:—										
(i) Total										
(*a*) Day	—	—	—	—	—	—	—	—	—	—
(*b*) Boarding	4	5	—	3	39	9	208	—	—	268
(ii) Number of pupils included in the the total above who had not reached the age of 5 years:—										
(*a*) Awaiting day places	—	—	—	—	—	—	—	—	—	—
(*b*) Awaiting boarding places ..	3	1	—	1	—	1	—	—	—	6
(iii) Number of pupils included in the total above who had reached the age of 5 years but whose parents had not consented to their admission to a special school										
(*a*) Awaiting day places	—	—	—	—	—	—	—	—	—	—
(*b*) Awaiting boarding places ..	—	1	—	1	12	1	127	—	—	142

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, 1957 .. £5,763

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
Thomas Delarue School, National Spastic Society	Both	1	Physically Handicapped	16	£450 per annum
Wessington Court School for the Deaf, Woolhope, Hereford	Both	6	4 Totally Deaf 2 Partially Deaf	5—11	£283 10s. 0d. per annum
St. Joseph's College, Market Drayton	Both	1	Maladjusted	14	£30 per annum