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SCHOOL HEALTH SERVICE

SHROPSHIRE EDUCATION COMMITTEE

REPORT

of the

Principal School Medical Officer

1958

COUNTY HEALTH OFFICE
COLLEGE HILL, SHREWSBURY
October, 1959

To: The Chairman and Members of the Shropshire Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in presenting the Annual Report on the School Health Service for the year 1958.

Poliomyelitis vaccination dominated the picture for the year and details of this very successful campaign are given on page 28 of this Report. This work, which began late in 1956 with limited classes of children in the 2 to 9 years group, expanded in the later months of 1957 to include all children up to 14 years, and the primary objective in 1958 was to ensure the protection with two doses of vaccine, by mid-summer, of all children registered for vaccination at the beginning of the year. This target was achieved, but with the introduction in September, 1958, of third or "booster" doses for those already vaccinated and the inclusion in the scheme of persons up to 25 years, vaccination continued to take up most of the time of the medical staff.

This large scale protection against Poliomyelitis, however, was only achieved at the expense of routine medical inspection work in the schools, and there was a consequent reduction in the number of inspections performed. Only 7,255 children were examined, compared with 18,424 in the previous year. As a result, fewer children were referred for further investigation or treatment of eye defects (1,280 as compared with 4,683 in 1957), nose and throat defects (888 as against 2,438), speech defects (125 as against 335) and foot defects (174 as compared with 528).

This is not a good thing and the Poliomyelitis scheme has shown us the importance of School Medical Inspections and removed any doubts about their usefulness. Without them a large proportion of defects in school children remain undiscovered and the children cannot in consequence be referred for remedial action. A determined effort has been made in 1959 and will continue in 1960 to see all children who have been missed. In order to devote more time to school medical inspections, a great deal of Poliomyelitis vaccination work in schools and clinics has been undertaken in 1959 by using the services of up to four part-time Medical Officers.

Immunisation against Diphtheria, both primary and boostering, also suffered during 1958 because of Poliomyelitis vaccination and every effort is being made to recover lost ground in 1959.

The acceptance rate for B.C.G. vaccination of 13 year olds against Tuberculosis continues at the high figure of 90 per cent. Work in this field was also affected during 1958 although not to such a degree as other services, 68 schools being visited as compared with 129 in 1957. Efforts have been made in 1959 to catch up with the accumulation of numbers awaiting vaccination and good results have been achieved. The extension of this scheme to older pupils adds further complications but the Committee have agreed to increase the time devoted to this work with the help of an additional part-time Medical Officer and clerical assistant.

It is well known that the mentally handicapped child may easily become the delinquent child and it is hoped that guidance throughout school life and follow-up afterwards may help to prevent this. More attention is therefore being paid to the handicapped pupil and Medical Officers and Health Visitors have been urged to get to know and visit all such children in their areas. Particular attention is being paid to children in Special Residential Schools with a view to helping them to re-adjust themselves to their homes and jobs when they leave the sheltered atmosphere of the Special School. The Heads of these schools have been most co-operative about this and it is hoped that this happy relationship will be fostered and extended.

The Council are constantly being advised to increase their efforts to secure in the public a healthy mental outlook and a positive approach to physical health. Where Head Teachers of Modern and Grammar Schools felt it useful, School Medical Officers have since October, 1958, been giving talks on Health Education; and these are for the most part popular and successful.

Most School Medical Officers feel that talks to younger age groups are likely to be more profitable than to adolescents. Younger children are probably more receptive, and such teaching as the dangerous connection between smoking and lung cancer reaches them while the subject is still untinged by bias and emotion, before they begin to smoke and not after it has already become a habit. We do not wait for adolescence before giving them other factual information.

Attention was drawn in 1958 to the incidence of Verrucae (infective warts) and of Athlete's foot (an infective ringworm). Examination of the feet of children in Modern and Grammar Schools revealed such a neglect of ordinary washing that many were very dirty. A few termly inspections produced improvement, and fewer inspections seem necessary. When one considers the price of neglect, every effort should be exerted to make children foot conscious and aware that early preventive treatment may avoid conditions which might otherwise result in crippling deformities.

Reference was made in the Report for 1957 to the introduction of a scheme for the testing of hearing. This service has been extended by the opening in 1958 of a special class for partially deaf children in Shrewsbury, staffed by a trained teacher of the deaf. This aspect of the work, including the following up of these children in their homes and the advising of the parents about the handling of their children, has so developed that the Committee have authorised the appointment of a second trained teacher in 1960.

During 1958, a second School Medical Officer was trained in Audiology at Sir Alexander Ewing's clinic in Manchester and is now responsible for the testing of children in the southern half of the County, where a second diagnostic clinic was opened early in 1959. So far some 60 children requiring investigation have been dealt with and saved the necessity of a journey into Shrewsbury and about 8 per cent have been referred to their own doctors for treatment.

Officers of the Education Department have given generous co-operation to the School Health Service and harmony in work and much saving of time have resulted.

Disruption of many aspects of School Health Service work by concentration on Poliomyelitis vaccination must also have had considerable effect upon the work of teaching staffs and thanks are due to all concerned for their patience and co-operation which have helped in achievement of the desired goal. The willingness of teachers to approach the Health Department and discuss difficulties is appreciated and produces good results.

Appreciation must be recorded of the loyal and conscientious service rendered by the staff, medical, nursing and clerical, who are concerned with the School Health Service, both as regards their work within the Department and in their dealings with the general public.

To the Chairman and Members of the Education (Welfare) Sub-Committee my thanks are due for their kindly consideration and support.

I have the honour to be,

Your obedient Servant,

T. S. HALL,

PRINCIPAL SCHOOL MEDICAL OFFICER.

COUNTY HEALTH OFFICE,
COLLEGE HILL, SHREWSBURY
(Tel. No. 52211)
October, 1959.

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MEDICAL, DENTAL AND ANCILLARY STAFF

Principal School Medical officer:
THOMAS S. HALL, *M.B.E., T.D.*; M.D., B.Ch., B.Sc., D.Obst.R.C.O.G., D.P.H.

Deputy Principal School Medical Officer:
*WILLIAM HALL, M.B., Ch.B., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.

School Medical Officers:
KATHLEEN M. BALL, M.B., B.Ch., B.A.O., D.P.H.
AGNES D. BARKER, M.B., Ch.B.
*ELIZABETH CAPPER, M.B., Ch.B., D.P.H.
NORA V. CROWLEY, M.B., B.Ch., B.A.O., D.C.H., L.M.
*CLEMENT BAXTER HIGGIE, M.R.C.S., L.R.C.P., D.P.H. (appointed 16th April, 1958)
*ARTHUR C. HOWARD, M.D., B.S., M.R.C.S., L.R.C.P., D.P.H. (resigned 28th February, 1958)
FLORA MACDONALD, M.B., B.S., D.P.H.
*ALASTAIR COLIN MACKENZIE, M.D., Ch.B., D.P.H.
*CATHERINE B. MCARTHUR, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
ALICE N. O'BRIEN, M.B., Ch.B.
*MARGARET H. F. TURNBULL, M.B., Ch.B., D.P.H.

Principal Dental Officer:
CHARLES D. CLARKE, L.D.S.

School Dental Officers:
Whole-time:
NOEL GLEAVE, L.D.S.
JOHN F. HIGSON, L.D.S., B.D.S. (resigned 30th September, 1958)
DAVID ROGERS, L.D.S., B.D.S.
GEOFFREY H. STOUT, L.D.S. (appointed 31st March, 1958)
GEORGE B. WESTWATER, L.D.S.

Part-time:
IAN CHADWICK, L.D.S. (from 15th October, 1958)
RONALD CULLWICK, L.D.S. (from 11th August, 1958)
RONALD R. DOMB, L.D.S. (from 19th February, 1958)
ANDREW DUNN, L.D.S.
JOHN C. H. HANDS, B.D.S. (resigned 24th February, 1958)
ANTHONY HOLLINGS, B.Ch.D., L.D.S.
REGINALD H. N. OSMOND, L.D.S.
JOHN H. WICKERS, B.D.S., L.D.S.

Consultant Orthodontists (part-time):
BRIAN T. BROADBENT, F.D.S.
MICHAEL F. SCOTT, L.D.S.

Dental Technician:
NORMAN J. RUSHWORTH

Apprentice Dental Technician:
CLIVE EVERINGHAM (appointed 1st September, 1958)

Consultant Child Psychiatrist (part-time):
JAMES A. CRAWFORD, L.R.C.P. & S., L.R.F.P. & S., D.P.M.

Educational Psychologists:
JOHN L. GREEN, B.A.
MARGARET THOMPSON, B.A.

Psychiatric Social Worker:
KATHLEEN CARPENTER, B.A.

Speech Therapists:
EDWARD PAULETT, L.C.S.T.
MARGARET ELIZABETH FRANKLIN, L.C.S.T.
HELEN IRVING MILLAR, L.C.S.T. (appointed 2nd June, 1958)

Consultant Chest Physician (part-time):
ARTHUR T. M. MYRES, B.A., B.M., B.Ch., M.R.C.P., M.R.C.S., L.R.C.P.

*Also District Medical Officer of Health

REPORT FOR THE YEAR 1958

GENERAL

The area covered by the Local Education Authority comprises 861,800 acres; and in June, 1958, the civil and military population, as estimated by the Registrar-General, was 299,000—an increase of 1,100 compared with 1957.

The number of pupils on the school register in 1958 was 46,724, compared with 46,731 in the previous year—a decrease of 7.

At the end of the year, there were in the County of Salop, including the Borough of Shrewsbury, the following schools:

	Schools	*Departments*	*Pupils on Register*
Non-Residential:			
Nursery	3	3	120
Primary (County)	81	84	14,253
Primary (Voluntary)	175	180	14,971
Secondary Modern (County)	24	26	10,437
Secondary Grammar (County)	12	12	4,463
Secondary Grammar (Voluntary)	5	5	1,310
Secondary Technical	3	3	832
Residential:			
Secondary	1	1	60
Special	3	3	187
Hospital	1	1	91
TOTAL	308	318	46,724

The staff of the School Health Service during 1958 was as follows:

	1st January	*31st December*
Principal School Medical Officer	1	1
Deputy Principal School Medical Officer	1	1
School Medical Officers	5	4
School Medical Officers (Part-time)	5	6
Principal School Dental Officer	1	1
Dental Officers	4	4
Dental Officers (Part-time)	6	7
Orthodontists (Part-time)	2	2
Dental Technician	1	1
Apprentice Dental Technician	—	1
Dental Attendants (Full-time)	7	7
Dental Attendants (Part-time)	3	6
Speech Therapists	2	3
Whole-time School Nurses	3	3
Part-time School Nurses	4	4
Health Visitors undertaking School Nursing	29	23
District Nurses undertaking School Nursing	30	31

During 1958 there were four full-time Assistant County Medical Officers in the employment of the Council. Two gave about 30 per cent of their time to School Health work and the remainder to Maternity and Child Welfare and other work. The two other Officers devoted a little over half of their time to combined School Health and administrative work, the latter comprising the major portion, and the remainder to Maternity and Child Welfare and other work. In addition, one part-time Officer giving services equivalent to 7/11 of a full-time Officer devoted 43 per cent of her time to School Health work and the rest to Maternity and Child Welfare and other work.

Five Medical Officers held "mixed appointments" as Assistant County Medical Officer and District Medical Officer of Health, four giving about one third of their time to District duties, 23 per cent to School Health work and 43 per cent to Maternity and Child Welfare and other work. The fifth Medical Officer gave 6 per cent of her time to District duties, 30 per cent to School Health work and the rest to Maternity and Child Welfare and other work.

Of the total time available to School Medical Officers for County Council work, a little over fifteen per cent was devoted to special Poliomyelitis Immunisation day sessions.

The number of children examined at routine medical inspections was 7,255 compared with 18,424 in 1957, the main reason for this decrease being that during the year priority was given to Polomyelitis Immunisation.

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 following up of 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 listed on page 31 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 given on pages 32 and 33.

Treatment of Eye Conditions.—A total of 2,433 children, suffering from defective vision or other affections of the eye, was dealt with during 1958 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 during the year 707 school children received treatment through these services.

Supplementary Ophthalmic Services Scheme.—At Ludlow arrangements are made for pupils to be examined by an Ophthalmic Medical Practitioner, and during 1958 some 105 pupils were dealt with by this Consultant.

Many school children are referred by general medical practitioners to Ophthalmic Medical Practitioners or Ophthalmic Opticians for treatment for defective vision, and during 1958 a total of 1,621 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.

According to statistics supplied by the various Hospital Management Committees, 513 operations were performed during 1958 at hospitals as indicated below:—

Hospital Management Committees	*Hospitals*	*Operations in 1958*
Group No. 15—	Copthorne	310
	Eye, Ear and Throat	121
	Oswestry and District	2
	Whitchurch Cottage	30
	Ludlow District	21
		484
Group No. 16—	Bridgnorth and South Shropshire Infirmary	18
	Shifnal Cottage	8
	New Cross Hospital	3
		29

These figures include an unascertainable number of cases of children of school age who do not fall within the purview of the School Health Service.

Foot Inspections.—Following the incidence of plantar warts amongst pupils attending Grammar, Technical, Modern and Senior Schools in the County it was decided in September, 1958, to introduce an inspection once per term of the feet of all pupils in attendance at these Schools. Each inspection was attended by the School Doctor and the School Nurse, the latter carrying out any follow-up treatment prescribed in this connection.

The results of these inspections varied considerably, but in the majority of the Schools visited, cases of Verruca and Athlete's Foot were discovered and referred to the family doctor for treatment. In general the condition of the feet left much to be desired, and in many cases it was necessary for Medical Officers to give instruction in the care of the feet. In several of the girls' schools, however, the standard of cleanliness was very good and at all schools a great improvement was noted on the occasion of follow-up inspections.

Treatment of Minor Ailments.—Particulars of clinics provided by the Local Education Authority for the treatment of minor ailments are included in the list on pages 32 and 33 of this report.

Since 1948, the nutrition and physical health of the average child have improved, and all now have their family doctor who should be, and generally much prefers to be, consulted about anything significant. Doctors and Nurses of the School Health Service watch and should still

watch carefully the trend of useful attendances at the Council's clinics and reduce sessions drastically if they are not needed. The time thus saved should be given by the School Medical Officers to following up handicapped children and those found to need treatment at routine inspection; whole-time school nurses should teach health education in schools with the agreement of the Head Teachers; and Health Visitors should do the same and carry out health visiting in co-operation with Family Practitioners.

Nineteen school clinics existed in January, 1952; the attendances during 1958 at the six remaining are very few for the number of openings, and it would seem that the service hardly justifies itself unless the school doctor or nurse is at the clinic primarily for some other purpose and is merely "available" for a casual school child visitor. This is in fact the more usual situation. The "School Clinic" at Monkmoor is more of the nature of a twice weekly visit or inquiry at this large school of 1,361 pupils (including the adjacent Infants' School) by the whole-time School Nurse for the Borough of Shrewsbury.

At this "School Nurse" session and the "School Doctor" sessions held at Bridgnorth, Market Drayton, Oswestry, Murivance and Wellington Welfare Centres, 288 children made 449 attendances. Examinations made by the School Doctor totalled 292, and 53 of the children were referred to their own doctor.

Ascertainment of Handicapped Pupils.—During 1958, the School Medical Officers ascertained 402 pupils under the provisions of the Handicapped Pupils and School Health Service Regulations, 1953, and a summary of their findings and recommendations to the Local Education Authority are given below:—

HANDICAPPED PUPILS

Category	Pupils Specially Examined	Findings of School Medical Officers								
		Not Handicapped	Decision deferred	Special Educational Treatment Recommended			Reported to Mental Deficiency Authority		Pupils not requiring Supervision on leaving school	Under treatment by Psychiatr
				In Ordinary School	In Special School	Home Tuition	In-educable	Supervision on leaving school		
Blind	2	—	—	—	2	—	—	—	—	—
Partially Sighted	2	—	—	—	2	—	—	—	—	—
Deaf	—	—	—	—	—	—	—	—	—	—
Partially Deaf	11	—	—	—	11	—	—	—	—	—
Delicate	24	—	—	—	18	6	—	—	—	—
Educationally Sub-Normal	204	25	11	33	46	—	17	47	25	—
Epileptic	5	—	—	—	5	—	—	—	—	—
*Maladjusted	120	—	—	—	13	—	—	—	—	107
Physically Handicapped	34	—	—	—	10	24	—	—	—	—
Total	402	25	11	33	107	30	17	47	25	107

*Examined by Visiting Psychiatrist.

In addition to examining the pupils referred to above, the Medical Officers also carried out a further 357 examinations of handicapped pupils in connection with unsatisfactory school attendance, the provision of transport to and from school and the review of home tuition cases.

The following table gives details of the numbers of pupils ascertained by the School Medical Officers during the period 1948 to 1958:—

	(1) Blind (2) Partially-sight (3) Deaf			(4) Partially-deaf (5) Delicate (6) Diabetic			(7) Educationally subnormal (8) Epileptic (9) Maladjusted (10) Physically handicapped				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	TOTAL
(i) Examined:											
1948 ..	1	6	3	—	18	1	175	2	6	9	221
1949 ..	—	—	1	—	31	—	221	12	6	30	301
1950 ..	—	2	6	5	18	1	306	3	—	16	357
1951 ..	—	2	7	5	34	1	233	1	106	15	404
1952 ..	2	—	4	3	34	1	370	4	138	10	566
1953 ..	2	1	1	3	37	—	344	—	136	12	536
1954 ..	1	4	3	3	27	—	299	2	115	16	470
1955 ..	3	4	2	—	53	—	264	1	14	22	363
1956 ..	2	4	4	5	60	—	363	2	41	18	499
1957 ..	5	5	—	2	35	—	341	4	43	22	457
1958 ..	2	2	—	11	24	—	204	5	120	34	402
TOTAL ..	18	30	31	37	371	4	3,120	36	725	204	4,576
(ii) Recommended for Special School:											
1948 ..	1	6	3	—	13	1	54	1	3	3	85
1949 ..	—	—	1	—	24	—	68	2	2	6	103
1950 ..	—	2	6	5	18	1	106	3	—	7	148
1951 ..	—	2	7	5	30	1	87	1	11	10	154
1952 ..	2	—	4	3	27	—	85	3	15	4	143
1953 ..	2	1	1	3	32	—	99	—	16	7	161
1954 ..	1	4	3	3	22	—	70	1	13	7	124
1955 ..	3	4	2	—	41	—	61	—	10	7	128
1956 ..	2	4	3	5	31	—	110	1	7	9	172
1957 ..	5	5	—	2	22	—	78	4	16	12	144
1958 ..	2	2	—	11	18	—	46	5	13	10	107
TOTAL ..	18	30	30	37	278	3	864	21	106	82	1,469

Particulars of the children placed in Special Schools are given in Table V on page 41.

Home Visiting of Handicapped Pupils by School Medical Officers.—For the handicapped pupil, the normal field of opportunity should be opened to the fullest extent compatible with age, aptitude and ability. It is sometimes difficult to decide whether the welfare of the child is best served by attendance at the ordinary school or transfer to a Special School and the assessment which the examining School Medical Officer is required to make calls for wise judgment.

School Medical Officers are advised of every newly ascertained handicapped child in their area and will know in each case the degree of disability, the facilities of the local schools and, even more important, the teachers, Educational Psychologists and Child Guidance staff with whom the child's case can be fully discussed. The desirability of educating a handicapped child in the ordinary school will, from the medical aspect, depend generally upon the availability of

ancillary services such as Speech Therapy, Physiotherapy, Orthopaedic Clinics, Child Guidance Clinics and classes for the partially deaf. Much too, depends upon the degree of supervision which the handicapped child receives from his own family. The family unit is the fundamental basis of the child's mental development and security and it is in this sphere especially that the School Medical Officer can give the greatest assistance by establishing himself in the rôle of guide, philosopher and friend to parents who are only too ready to welcome advice on the numerous problems associated with the handicapped pupil in the household. The Medical Officer is in a unique position to advise parents how to secure the many benefits available under the National Health Service, to help with any relationship problems which may exist with other members of the household, often, perhaps to interpret the advice of Consultants when it is not clearly understood by the parents and generally to allay any fears they may have on the future of their children.

If the circumstances of the case are such that residential special schooling is advised, the School Medical Officer must still maintain contact with the child during the holidays and, ultimately, also when he leaves the Special School and has to face the real problem of employment as a disabled person. Any advice which Medical Officers can give to Youth Employment Officers in this respect is often vital to the interes s of the handicapped child.

Medical Officers are in possession of the fullest information relating to handicapped pupils in their areas and are expected to visit the various homes as often as possible. Some homes do, however, need visiting more often than others, for example, those of children who suffer from a major handicap (blindness, deafness, epilepsy, physical or mental handicap) and who attend residential schools outside Shropshire. In such cases Medical Officers have been asked to visit the children at home during the school holidays.

A record of these visits is made on cards retained by the School Medical Officer, but emphasis is placed more upon the giving of practical help to the families concerned than the keeping of records which is of secondary importance in this particular sphere. If the School Doctor in the course of home visiting encounters any difficulty incapable of solution at local level, instructions have been given for the matter to be made the subject of a special report to the Principal School Medical Officer.

The following figures give some idea of the numbers of handicapped pupils in the various categories who are the subject of domiciliary visits.

HANDICAPPED PUPILS—HOME VISITING

Blind	17	Delicate	452
Partially-sighted ..	31	Educationally Subnormal	395
Deaf	27	Epileptic	104
Partially Deaf	42	Physically Handicapped ..	258

Report to Mental Deficiency Authority.—During 1958, a total of 64 children was recommended for report to the Local Health Authority under Section 57 of the Education Act, 1944—seventeen under sub-section 3 as being ineducable and forty-seven under sub-section 5 as being in need of supervision after leaving school.

The comparable figures for 1957 were 31 under sub-section 3 and 47 under sub-section 5—a total of 78.

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 a child to receive a certain amount of individual tuition if his medical condition permits. At 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.—School Nurses carry out routine inspections for verminous infestation of pupils in all Primary and Secondary Modern Schools and three Secondary Grammar Schools, follow-up inspections being made in the case of those pupils found to harbour nits or lice.

Routine cleanliness inspections of all pupils are carried out as early as possible in each term, and an Informal Cleansing Notice issued to the parent of any pupil found to be verminous.

Such 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.

During 1958, a total of 118,895 head inspections was carried out by the School Nurses, and 1,207 pupils were found to be verminous, some on more than one occasion.

The following table sets out the position from 1948 to 1958:—

Year	Pupils on Register of Schools Inspected	Verminous Pupils	Percentage Verminous
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
1957	40,574	1,336	3.3
1958	40,753	1,207	3.0

It was found necessary during the year to issue 20 formal Cleansing Notices, but in no case was legal action considered necessary.

Work of School Nurses.—School Nursing is undertaken by 3 whole-time and 4 part-time School Nurses, 23 Health Visitors and 31 District Nurses (who are estimated to devote about 7 per cent of their time to this work). 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 Officer to be suffering from defects of any kind are 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:—

Staff	Staff		Medical Inspection days	Treatment Cases				Observation Cases			Totals	
	Number	Whole-time equivalent		Visited	Not Visited	Total	Treated	Visited	Not Visited	Total	Cases	Visits
School Nurses ..	3	3	111	1,131	216	1,347	1,347	97	25	122	1,469	1,956
Part-time School Nurses	4	1.18	28	181	66	247	219	60	120	180	427	343
Health Visitors	23	5.06	258	878	179	1,057	1,014	413	255	668	1,725	1,490
District Nurses	31	2.17	89	586	62	648	621	291	56	347	995	1,337
Total ..	61	11.41	486	2,776	523	3,299	3,201	861	456	1,317	4,616	5,126

Vocational Guidance.—The School Medical Officer, at the last routine medical examination of each pupil, makes a special report if 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 Officer of the Ministry of Labour or to the Juvenile Employment Bureau. It is then used by the Vocational Guidance Officers to ensure that a pupil, on leaving school, is not put to employment for which he is either mentally or physically unsuited.

Handicapped pupils are also given the opportunity to enrol on the Register of Disabled Persons in order that they may obtain through the Ministry of Labour not only sheltered employment but also the special educational training open to Registered 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 in accordance with the provisions of Section 59 of the Education Act, 1944, 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.

Following this initial examination, each child is seen annually at routine school medical inspection. If for any reason a Medical Officer wants to see a particular child at an earlier date, a note is made on the application form and the child is sent for again.

Of 544 pupils examined during 1958, it was necessary to recommend reduction of the hours of employment in two cases, and re-examination in fourteen others at intervals ranging from one to six months.

Only children of 12 years or more are allowed to take up employment which, for the most part, includes newspaper rounds and deliveries for butchers and grocers.

Employment is restricted by statute and may not exceed two hours on school days. Work before six o'clock in the morning is prohibited and the majority of children do about three hours on Saturday afternoons on deliveries, or half to one hour daily from seven o'clock on newspaper

rounds. The latter means early rising but it is concluded from the medical records that none of this work harms them; in fact, it gives them a sense of responsibility, enables them to save from their earnings for holidays and probably helps them when they leave school to take up regular employment.

Parents often come with their children to the medical examination and seem pleased that the children are watched by the Medical Officers.

Medical Inspection of Pupils resident in Special Schools, Boarding Schools and Hostels.—In May, 1948, special arrangements were made for the medical examination of children in hostels and boarding schools, or resident in special schools within the County, a total of 14 establishments.

Medical examinations are carried out within a fortnight of the opening of the schools at the beginning of the school year in September, 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 tells the Head of the school, or Warden of the hostel, anything relevant to the wellbeing of the children arising out of such examinations.

During the year, 914 pupils in residence were examined by the School Medical Officers.

Every pupil in these residential establishments is on the list of a local Medical Practitioner providing General Medical Services under the National Health Service Act.

Nutrition.—For 1958, as for 1957, practically 100 per cent of the children seen at Routine Medical Inspection were classified as of satisfactory nutrition, and less than one per cent only out of the 7,255 examined were unsatisfactory. The table relating to nutritional groups is given on page 34 of this report.

Medical Examination of Prospective Teachers.—During 1958, some 116 candidates for entry to the teaching profession were examined by the medical staff of the School Health Service.

Meals.—School canteen meals costing 1/- each are available for practically one hundred per cent of children attending school; but only 62 per cent were having school dinners at a census taken on 26th September, 1958.

As a comparison, 45 per cent were using this service in September, 1957.

Milk.—Milk is supplied free of charge in all schools and a census taken in September, 1958, showed that almost 76 per cent of the children were drinking it.

Quality of Milk Supplies.—Only Pasteurised or Tuberculin Tested Milks are supplied; of a total of 373 departments in maintained, grant aided and independent schools, 349 had pasteurised supplies in 1958.

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

The table below gives the results of the examination of samples taken during 1958:—

Grade of Milk	Samples taken	Methylene Blue Test			Phosphatase Test		Biological Test	
		Satis.	Unsatis.	Void*	Satis.	Unsatis.	Satis.	Unsatis.
Pasteurised	279	240	6	33	279	—	—	—
Tuberculin Tested ..	103	47	14	2	—	—	40	—
Total ..	382	287	20	35	279	—	40	—

*Methylene Blue tests are declared void when the atmospheric shade temperature exceeds 65°F. during the required storage period in the laboratory.

Tubercular Adenitis.—All cases of Tubercular Adenitis in children are notified to the Principal School Medical Officer by the Chest Physicians, to enable investigations to be made into both the school and home milk supplies.

Five cases were reported during 1958, but investigations failed to trace the source of infection.

REPORT OF THE SENIOR SPEECH THERAPIST

During 1958 Speech Therapy Clinics were held at the following Centres:—

Miss H. I. Millar

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning ..	Oswestry	Haughton Hall	Newport	Hadley	Market Drayton	Murivance
Afternoon ..	Oswestry	Shifnal	Newport	Visiting or Office	Market Drayton	—

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

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	Office
Afternoon ..	Wellington	Overley Hall School for Blind	Eye, Ear and Throat Hospital	Murivance	—	—
Evening ..	—	—	Eye, Ear and Throat Hospital	—	—	—

Miss M. E. Franklin

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning ..	Madeley	Ludlow East Hamlet Hospital	Petton Hall	Ludlow	Bridgnorth	Murivance
Afternoon ..	Dawley	Visiting or Office	Whitchurch	Ludlow	Bridgnorth	—

Cases Treated

On Register 1st January	New Cases during year	Cases Discharged during year	On Register 31st December
157	167	181	143

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			
62	62	17	5	11	24	181

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 attendance of the 324 children given speech therapy in 1958:—

	Cases Discharged during Year	On Register 31st December		Cases Discharged during Year	On Register 31st December
Stammer	33	26	Mutism or Alalia	6	9
Cleft Palate	4	4	Partial Deafness	3	7
Severe Dyslalia	18	31	Educational Subnormality ..	18	21
Nasality + or —	1	2	Dysarthria	—	1
Dyslalia	93	37	Mixed Defect	3	2
Voice Defect	1	1	Mongolism	1	2

These totals include 4 children from two neighbouring Counties, the latter paying the Shropshire Education Authority for their treatment.

In addition:—

18 children made single visits to Centres for advice.
11 visits were made to individual homes.
6 visits were made to schools to see children and to discuss cases with teachers.

On the 1st June, 1958, we welcomed to the staff Miss H. I. Millar, who commenced work in Clinics in the Northern Area of the County which previously, for almost a year, had been visited on alternate weeks by Miss M. E. Franklin. At the time of writing it is disappointing to report that Miss Millar has submitted her resignation and will be leaving in July to take up a new appointment in Canada.

Following the closing of the Speech Clinic at Cleobury Mortimer, a re-arrangement was made in the services provided in other parts of the County, the policy being, when possible, to increase the allocation of clinical time in those areas having, even though temporarily, the greatest need. As a result the Clinics at Newport and Market Drayton both function now for a whole day and at Madeley for half a day only. Trench Hall is at present not visited but two of the pupils with speech defects attend weekly at the Clinic held at the Eye, Ear and Throat Hospital, Shrewsbury, where they are also frequently seen by the Consultant Otolaryngologists.

The Clinic at Hadley, which for some years was held in the Conservative Club Rooms, is now functioning extremely satisfactorily at Hadley Secondary Modern School, where excellent facilities have kindly been made available by the Headmaster, Mr. D. M. MacLachlan.

In November, the Senior Speech Therapist, at the request of Mr. J. L. Green, County Psychologist, attended at Attingham Hall in order to answer questions put by teachers attending a week-end course on "Education and Emotional Growth."

At present it is encouraging to report that there are excellent working relationships between the Speech Therapists, School Medical Officers and Health Visitors. Much could be gained by a greater co-operation with teaching staff, but this is not at all easy to achieve owing to the tight schedule of the speech clinical programme which does not allow sufficient time for adequate school visiting. This co-operation with teachers is very necessary as they should be aware of what the Speech Therapy service has to offer and their interest must be aroused if it has been lacking.

Arrangements have now been completed for every child who is referred for speech therapy to be tested, as a matter of routine, at the Audiometric Clinics organised by the School Health Service. In the past certain children with speech defects have been thought to have a concomitant hearing loss and these suspicions have later been confirmed following diagnostic testing by the consultants. This new scheme, when fully operative, should ensure that every child who attends at a speech clinic will be carefully screened as regards hearing.

Earlier diagnosis means earlier hearing training and earlier parent guidance. Children with a serious loss of hearing are provided with Hearing Aids and it is important that even with these Aids the environment of the children should resemble as closely as possible that of children with normal hearing; this is equally important to the child in school life. Apart from the fact that the partially deaf child should sit at the front of the class, he should be encouraged to participate in all school activities. The Speech Therapist, and School Teacher also, should be fully acquainted with the working of a Hearing Aid, being competent to check and adjust it.

It will be noted that the Speech Therapists have been treating a wide range of speech disorders and that the most common defect encountered in our Clinics is dyslalia (defective articulation due to faulty learning) or to abnormality of the external speech organs.

The next largest group consists of those who stammer. This affliction has a history which dates back to the ancient Egyptians and medicine has taken cognizance of this disorder since the days of Hippocrates and it is one of the subjects concerning the welfare of human beings about which there has been much speculation.

Celsus (42 B.C.—A.D. 37) prescribed for it as follows:—

"When the tongue is paralysed, either from a vice of the organ, or as the consequence of another disease, and when the patient cannot articulate, gargles should be administered, of a decoction of thyme, Lyssop, pennyroyal; he should drink water, and the head, the neck, mouth, and parts below the chin be well rubbed. The tongue should be rubbed with lazerwort, and he should draw pungent substances, such as mustard, garlic, onions, and make every effort to articulate. He must exercise himself to retain his breath, wash the head with cold water, eat horse radish, and then vomit."

Nowadays the verdict of the majority of workers in this field is that the underlying factors of causation are of a psychological character and current therapeutic methods are multifarious, including, amongst many others, such techniques as those involving psychotherapy, hypnotism, electric convulsions, the "chewing method" and auditory masking.

But a plea for the stammerer ! Must he for ever be regarded as an "Outsider" ? Would not stammerers and indeed all others embarrassed by speech disorders, many of them in fear of the scrutiny, astonishment, laughter and even the pity of their auditors, be effectively helped if thinking by the general public on this subject was revised to become more tolerant and helpfully sympathetic ?

A volume could be compiled of jokes concerning people with defects of speech—why do so-called "comedians" use such methods in order to gain cheap laughs ?

Perhaps the last words should come from a stammerer himself, the Oxford Poet Martin F. Tupper, who poignantly portrayed the stammerer's affliction :—

"But nervous dread and sensitive shame freeze the current of their speech,
The mouth is sealed as with lead, a cold weight presseth on the heart,
The mocking promise of power is once more broken in performance,
And they stand impotent of words, travailing with unborn thoughts."

E. PAULETT,
Senior Speech Therapist.

DEAFNESS

Defective hearing is not as common as defective vision, but it can be as great a handicap to a child. Children have been considered dull or inattentive when, in fact, they are of normal intelligence but do not hear. If infants cannot hear normal speech, they cannot learn to understand it and their educational development is delayed. This is especially so when they suffer from high frequency deafness.

The occurrence of severe deafness after a child has learned to speak causes frustration, disappointment, perhaps maladjustment, and the child on reaching school age may be incapable of receiving a formal type of education. Defective speech frequently accompanies, and may be the first sign to suggest, defective hearing.

Deafness in Infants.—Pioneer work by Professor (now Sir Alexander) Ewing in the 1930's and research workers at clinics in London and other provincial centres since then, has emphasised the need for detecting hearing defects in early childhood, and for the provision of auditory training and hearing aids.

The first essential is early diagnosis, that is, as soon as possible in the case of children born deaf, or at the earliest moment after illness or injury which impairs the hearing mechanism. In

children of normal intelligence it is now possible by simple methods, termed "hearing screening," to detect deafness even in children at the age of seven months and satisfactory auditory training can follow such detection. Moreover, modern hearing aids of the lightweight transistor type can be used by children as young as eighteen months.

The "screening" or sorting-out process to detect those young children who do not have normal hearing is carried out in this County by two Health Visitors who have attended a special course of instruction in Manchester given by Professor Ewing.

The method employed is known as the "distraction" technique, the infant being seated on its mother's lap at a low play table and its attention engaged from the front by means of toys, etc. At the same time, the infant's hearing is tested from behind, separately in each ear, by means of high and low pitched rattles, manipulation of cup and spoon and the spoken voice, and its reactions to these sounds recorded.

Screening was commenced as a pilot scheme in Shrewsbury in October, 1958, and up to the end of the year 45 children mainly between the ages of seven and eighteen months, were tested. Five of these were referred for further investigation at one of the two Audiology Clinics referred to below.

The scheme is now being extended to all the main Child Welfare Centres in the County, where the local Health Visitor maintains a comprehensive list of all young children in the area in the following categories who are believed to be susceptible to deafness:—

(i) Premature infants.
(ii) Children born of Rhesus Negative mothers.
(iii) Children whose mothers suffered from certain virus diseases in the early months of pregnancy.
(iv) Twins.
(v) Infants who have congenital defects.

Each of these screening clinics held at Welfare Centres outside Shrewsbury is attended by one of the two fully trained Health Visitors referred to above, assisted by the local Health Visitor.

Deafness in School Children.—Audiometry, which is the measurement of hearing by quality and quantity, is being used increasingly to ascertain degrees of deafness and, as a result of evidence obtained from experiments and trials over the last ten years, the Medical Research Council's Committee on the Educational Treatment of Deafness has recommended that the "sweep frequency" method of audiometric testing should be adopted.

The pure tone audiometer, which is a portable instrument weighing about 13 lb., is used to measure degrees of deafness and can be operated by an intelligent person after very little training. The audiometer tests the child's capacity to hear sounds at different pitches, sweeping through the range of normal hearing from the lowest note to the highest and at various intensities. Two of the Health Department clerical staff trained in the use of the audiometer began a pilot scheme in Autumn, 1957, by visiting primary schools in Shrewsbury to carry out "sweep testing" of children in the following categories:—

(i) Children in their first year at school.
(ii) Children suspected of deafness.
(iii) Backward children.

This scheme was continued in the Shrewsbury Schools during 1958 and the table below shows the numbers tested in that year:—

Category	Tested	Hearing Normal	Failed Sweep Frequency Test		
			Right Ear	Left Ear	Both Ears
Entrants	170	82	19	30	39
Considered possibly deaf	26	4	1	1	20
Backward	12	6	2	—	4
Total ..	208	92	22	31	63

Of the 208 children tested, 54 were referred to the Audiology Clinic for investigation.

Audiology Clinics.—Since October, 1957, Dr. Mackenzie has held clinics once or twice per month at the Health Centre, Murivance, Shrewsbury, for the intensive investigation of young children suspected of having some hearing loss. In addition to children discovered at Welfare Centres and Schools, other cases are referred by School Medical Officers, Health Visitors, Speech Therapists, Medical Practitioners and Hospital Specialists.

During 1958, the number of children seen at the Audiology Clinic was 127. Of these, 71 were found to have normal hearing. Of the 56 remaining, 16 had defective hearing in one ear only, the hearing loss being severe in 5 and moderate in 11 cases.

There was loss of hearing in both ears in 36 cases, 9 having severe and 27 moderate loss; while 4 could not be diagnosed with complete accuracy, but were considered to have some hearing loss.

In February, 1959, a second Audiology Clinic, attended once a month by Dr. Capper, was opened in Ludlow and "sweep testing" has been carried out at a few Infant and Junior Schools in the Ludlow area. It is hoped in due course to extend this service to the whole of the County.

The closest co-operation exists between the Health Department and the Ear, Nose and Throat Surgeons at the Eye, Ear and Throat Hospital, Shrewsbury, to whom any children requiring treatment are referred through the family doctor. Where necessary, the Consultant arranges for the provision of hearing aids; and training for children and parents in the use of these aids is given in suitable cases by a qualified teacher of the deaf, who has been employed by the County Council since April, 1958.

This teacher also conducts a day class for nine partially deaf children, established at Coleham School, Shrewsbury, with the object of rehabilitating them for return to normal education. Many of these children suffer from maladjustment as well as partial deafness.

All these children have hearing aids of the "Multitone" type and have made good progress from the educational, social and emotional point of view. Whenever possible, the children are integrated with the other pupils in the school for normal activities.

Parents of children who suffer from hearing loss require guidance and training in the use of hearing aids and lip reading. The present teacher visits the homes of these children and those who, for geographical reasons, cannot attend the Shrewsbury class. There are at present some 106 children suffering from some degree of hearing loss, of whom approximately half are wearing hearing aids. It is impossible for this one teacher to give these children adequate supervision and training and it is felt that the need for a second peripatetic teacher is very real.

CHILD GUIDANCE SERVICE

The Clinic is under the medical direction of Dr. J. A. Crawford, who attends for two sessions in Shrewsbury on Fridays from 10 a.m. to 4 p.m.

The Psychiatric Social Worker and two Educational Psychologists on the staff divide their time between the School Psychological Service and the Child Guidance Clinic. The Psychiatric Social Worker and one of the Educational Psychologists visit the Welfare Centre at Wellington on Wednesdays, and hold Clinics at other outlying Centres in the County as the need arises.

The results of the work of the Clinic during 1958 have been encouraging, and although the actual number of new cases has dropped slightly, there has been a higher proportion of cases needing long term treatment. Indeed, with the psychiatric time at present available to the Clinic, it has not always been possible for Dr. Crawford to see some children as frequently or as regularly as seemed necessary.

Other children have been helped by interviews or play sessions with a Psychologist after a diagnostic interview with the Psychiatrist. In practically every case the Psychiatric Social Worker has been able to give valuable help to the parents. Anxiety in the parents constitutes a major problem in Child Guidance work, and it would be most helpful for parents to be reassured before hand about the informal atmosphere into which they will be bringing their children.

Statistics relating to pupils who were treated at the Child Guidance Clinics during 1958 are contained in the following report of Mr. J. L. Green, County Psychologist:—

SUMMARY OF WORK DONE DURING 1958:

Total number of new referrals	198
Total number of new cases seen	185
Unco-operative	10
Awaiting appointments	3
Old cases still requiring help	35

Sources of referral:

Head Teachers	35%
County Medical Officer	16%
Private Doctors	16%
Parents	9%
Probation Officers	5%
Miscellaneous, e.g. Children's Department, Mental Hospitals, School Enquiry Officers, Speech Therapists, N.S.P.C.C., Health Visitors	19%

Reasons for referral:

Behaviour difficulties such as aggressive behaviour, severe temper tantrums, truancy, pilfering	29%
Nervous conditions, such as night terrors, anxiety conditions, stammering and timidity	28%
Failure in school. Difficulties either in specific subjects, general behaviour or general atittude to work	20%
Physical disorders, e.g. day or night enuresis, soiling, failure to eat or sleep normally	17%
Miscellaneous reasons: vocational guidance, advice re adoptions, reports to Magistrates	6%

Number of cases seen by Psychiatrist	120
No. of cases receiving prolonged treatment by Psychiatrist	56

Number recommended for admission to Schools for Maladjusted Children:—

Out-County Schools	3
Trench Hall (8 actually admitted during 1958)	10

SCHOOL REPORT OF THE PRINCIPAL DENTAL OFFICER

Dental decay is probably the most prevalent disease of our age amongst the more civilised members of the human race. Caries starts in early infancy, and is usually not seen by the dental surgeon until the child develops toothache, when an extraction or extractions is the only line of treatment left. By the age of 3 years the average child has 4 decayed teeth and cases have been reported where almost complete extractions were required at this age.

If a full complement of professional staff were available, it would be possible to make arrangements to carry out routine inspections at clinics of pre-school children brought in by mothers during their normal visits for child welfare purposes. Mothers could be given advice on the dental health of their children (e.g. diet) and regular inspection would accustom the children to accept treatment as a routine for the rest of their lives. In other words, "catch 'em young" is the ideal.

Adequate food intake (a well balanced diet) both for the mother during pregnancy and then for the child is essential in the building up of a sound tooth structure. School dinners provide one balanced meal per day, but I feel that the soft, sticky, starchy concoctions so often given as pudding, while giving the children carbohydrates, are very harmful to their teeth. Such foods stick between the teeth for a considerable time and form an ideal medium for the growth of acid forming bacteria. Much of this trouble could be avoided if routine rinsing of teeth after meals were introduced in schools.

Ideally, children should be given raw fruit after meals. The school shop where biscuits and sweets are sold does not help matters. Why not sell fruit instead ? I grant there are probably difficulties, but it is worth giving some thought to this idea. We must discourage at all costs excessive sweet eating.

Staff.—During the year the staff increased slightly, representing in terms of full-time officers 6.8, last year's figure being 6.5. The establishment is 11 full-time officers, so we are far from complete.

Dental Technician.—To help relieve the pressure of work which was proving too much for one man, an apprentice technician joined the staff on 1st September, 1958. He has proved to be a keen and conscientious worker and attends the Technical College at Wolverhampton on one day a week to further his knowledge in this line of work.

Laboratory.—A considerable saving in expenditure has been made by having our own laboratory; this is shown by the figures below, taken after one year's operation:—

	£
Salaries and course fees (mechanic and apprentice)	787
Materials	180
Premises (2/11ths of £321—cost of running No. 5 Belmont) ..	58
Depreciation of equipment (10% of £300)	30
	£1,055

We believe that this work would have cost a minimum of £1,890 in a commercial laboratory, and that £835 at least was thus saved to Shropshire ratepayers in 1958.

Mobile Clinic.—I must once again emphasise the usefulness of this clinic, and that one is insufficient. Schools in some of the remote areas of the County have not been visited for some time. This is not due entirely to lack of staff, but rather to lack of adequate surgery facilities.

Dental Inspection and Treatment.—

Number of pupils inspected by the Authority's Dental Officers:—		
(*a*) At periodic inspections		10,011
(*b*) At special inspections		2,863
	Total	12,874
Number found to require treatment		9,234
Number offered treatment		8,646
Number actually treated		5,977
Number of attendances made by pupils for treatment including orthodontics		21,760
Half-days devoted to: Periodic (school) inspection		93
Treatment		2,768
Fillings: Permanent teeth		10,484
Temporary teeth		1,779
	Total	12,263
Number of teeth filled: Permanent teeth		9,094
Temporary teeth		1,577
	Total	10,671
Extractions: Permanent teeth		3,698
Temporary teeth		7,243
	Total	10,941
Administration of general anaesthetics for extractions		2,510
Orthodontics:		
Cases commenced during the year		178
Cases carried forward from previous year		270
Cases completed during the year		85
Cases discontinued during the year		30
Pupils treated with appliances		227
Removable appliances fitted		179
Fixed appliances fitted		48
Total attendances		1,830

(Parents are becoming increasingly interested in this type of treatment and it is very difficult to cope with the number of cases).

Number of pupils supplied with dentures		144
Other operations: Permanent teeth		3,351
Temporary teeth		460
	Total	3,811

(Other operations include X-rays, root fillings, crowns fitted, inlays and various surgical procedures).

Dental Inspections and Treatment in Schools other than Maintained Primary and Secondary:—

CONDOVER HALL (maintained by the National Institute for the Blind):—

Number of pupils inspected by the Authority's Dental Officers:	
(*a*) At periodic inspections	148
(*b*) At special inspections	—
Number found to require treatment and treated ..	118
Half-days devoted to: Periodic inspection	1
Treatment	21
Fillings: Permanent teeth	153
Temporary teeth	1
Number of teeth filled: Permanent teeth	146
Temporary teeth	1
Extractions: Permanent teeth	18
Temporary teeth	9
Administration of general anaesthetics for extractions	18
Number of pupils supplied with dentures	2
Other operations: Permanent teeth	86
Temporary teeth	—

C. D. CLARKE,

Principal Dental Officer.

HEALTH EDUCATION

During the year, School Medical Officers visited most of the Grammar, Technical and Modern Schools in the County and gave a variety of lectures illustrated with flannelgraphs with a view to encouraging pupils to take a more positive attitude towards their own health. The talks dealt mainly with such subjects as smoking and lung cancer, personal hygiene, nutrition and food hygiene and general principles of health as applicable to school leavers.

The lectures were generally well accepted in the schools concerned, and following an invitation by a Head Teacher two talks were given in a Junior School where the results were even more successful. It was hoped that such talks could be given as a routine to the younger pupils, but this has not met with approval.

Apart from these set lectures, a valuable contribution to health education is made by the School Medical Officers and Nurses in their discussions with parents and children at medical inspections, Child Welfare Centres and in the homes, where advice can be given in a more practical form.

B.C.G. VACCINATION OF SCHOOL CHILDREN

B.C.G. Vaccination of 13 year old school children began in Shropshire in October, 1956, and was continued until April, 1958, when it was temporarily suspended because of large scale poliomyelitis vaccination. Those children who missed vaccination in 1958 are being included in the 1959 programme.

The acceptance rate for B.C.G. vaccination remains in the region of 90 per cent—a most satisfactory figure.

The following are particulars of schools visited for B.C.G. vaccination during 1958, and comparisons for 1957 are given in brackets in the first column:—

	Schools Visited	Children Tested	Positive Reactors	Negative Reactors	Not Read	Children Vaccinated
Maintained and Grant-Aided Schools ..	60 (114)	2,600	524	2,024	52	1,988
Independent Schools ..	8 (15)	119	20	93	—	91

In addition, visits were made as a preventive measure to three schools where children had been in contact with a known case of Tuberculosis:—

	Tested	Positive Reactors	Negative Reactors	Vaccinated
Children (all ages)	410	112	298	29*
Staff	44	37	7	6*

*Those vaccinated were the children and staff in a Residential School. The remaining negative reactors comprised two groups—children below 13 years of age and therefore too young for vaccination, and those within the 13 year age group. These latter were subsequently re-tested and vaccinated where necessary, and are included in the numbers given in the first table above. Here we were looking for positive reactors who might have been recently infected.

Mass Radiography.—As was the case in 1957, positive reactors and their home contacts were X-rayed by either the Stoke-on-Trent or Wolverhampton Mass Radiography Units.

The following table summarises the results of investigations of 13 year old positive reactors, their home contacts and school staff:—

	Pupils	Home Contacts	Staff
Cases investigated	493	349	78
Recalled for large film examination	7	8	1
Cases of tuberculosis discovered:—			
Respiratory	—	2	1
Non-respiratory	—	—	—

The three cases of Respiratory Tuberculosis discovered give a rate of 7.02 per 1,000 adults investigated and 3.26 per 1,000 for all cases.

Following discussions with the Consultant Chest Physician arrangements have been made for all positive reactors to the Mantoux test showing a large reading to have an early large film X-ray at the Chest Clinic, with a check in the same year by Mass Miniature Radiography. A further small film X-ray will be taken in the following year and children at Grammar Schools will be offered an annual check until 18 years of age. This is considered essential since these cases are the potential future tuberculosis cases.

The more concentrated investigations made in respect of positive reactors with a large reading have up to the time of writing produced 3 cases of active Respiratory Tuberculosis out of 221 cases followed up. Two were school children and the other was a parent of one of them.

Technical Note.—The Mantoux test involves the injection, intradermally into the left forearm, of one-tenth c.c. Purified Protein Derivative of old tuberculin, strength 1/1,000. *The injection site is examined after* 72 *hours and any induration measured. An induration of* 5 *m.m. or less is regarded as a negative reaction and these are the cases given B.C.G. vaccination. Induration of* 6 *m.m. or more is taken as positive and the special follow-up procedure referred to in the previous paragraph is undertaken where the reading is* 20 *m.m. or more.*

DIPHTHERIA IMMUNISATION

Routine Medical Examination Sessions in school give the School Medical Officer opportunity to check on the children's state of protection against Diphtheria, to urge the importance of immunisation and to get parental consent to its promotion and maintenance. 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.

During 1958, the total number of children *of school age* who were primarily immunised was 114; of this number, 26 were treated by School Medical Officers and 88 by general medical practitioners.

Children immunised against Diphtheria in infancy should have a reinforcing injection after an interval of three or four years and School Medical Officers at routine medical inspections advise this in appropriate cases.

Of 787 school children re-immunised, 337 were dealt with by the School Medical Officers and 450 by general medical practitioners.

The estimated school population of the County in 1958 was 48,800 and of these 38,238 (or 78.35 per cent.) were known to have been immunised against Diphtheria; 19,501 (or 38.39 per cent.) could be regarded as completely protected by having been immunised within the last five years.

The effects of the immunisation campaign are demonstrated by the following table showing the incidence of, and deaths from, Diphtheria among persons of all ages in the County during the past twenty years:—

		1939—1943	1944—1948	1949—1953	1954—1958
Notifications ..	Total	780	60	8	—
	Annual average	156	12	1.6	—
Deaths ..	Total	45	5	1	1*
	Annual average	9	1	0.2	0.2

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

VACCINATION AGAINST SMALLPOX

During the year, 91 children *between the ages of* 5 *and* 14 *years* were vaccinated against Smallpox. Of this number, 9 vaccinations were performed by School Medical Officers and 82 by general medical practitioners.

In addition, 102 children were re-vaccinated—2 by School Medical Officers and 100 by general practitioners.

VACCINATION AGAINST POLIOMYELITIS

Vaccination against Poliomyelitis, which began in a limited way in the early months of 1956 and carried on throughout the greater part of 1957, was also continued for the whole of 1958.

The objective was to give protection to all children and young people (from 6 months to 15 years) and to try as far as possible to complete the initial course of two injections by the end of June, 1958.

This was an undertaking which involved over 40,000 children and it was realised that it would not be easy to complete the programme in the time suggested. Nevertheless, as soon as the Ministry of Health gave notice early in February, 1958, that a large consignment (39,500 doses) of Salk vaccine was being issued to the County, a programme was drawn up and the first school was visited on 17th February.

Although it was intended that the entire school medical staff would be engaged almost full-time on immunisation sessions at schools and clinics it was considered that two additional Medical Officers would be needed and these were engaged on a sessional basis for approximately three sessions per week.

Each Medical Officer engaged at an immunisation session was assisted by a Health Visitor/ School Nurse and documentation undertaken by a clerk.

The immunisation programme proceeded smoothly and such good progress was made that *by the end of the school summer term all children who had been registered for vaccination by January*, 1958, *had been protected*, with the exception of some whose first injection had been with British vaccine, at the request of their parents, and whose second injection with the same vaccine was delayed by shortage of supplies. These were given the option, however, of having Canadian or American vaccine if they wished, since the medical view regards all the vaccines in use as completely interchangeable.

In September, 1958, authority was given by the Ministry of Health for vaccination to be extended to persons born in the years 1933 to 1942, and for a third or "booster" injection for those already vaccinated, to be given not less than 7 months after the second injection.

Here in Shropshire it was decided to begin vaccination of this new age group without delay and to defer until early in 1959 any arrangements for "booster" injections. All general practitioners in the County were informed that vaccine would be made available for them to vaccinate their own patients if they would accept responsibility for the supplies reaching them, and use them within about 12 hours of their leaving the Health Department's cold store. The majority of practitioners preferred the County Council to vaccinate patients on their behalf and the Local Medical Committee agreed these provisions.

Public sessions with a Medical Officer, Health Visitor and Clerk in attendance were arranged at almost all Child Welfare Centres, in the evenings from 7 o'clock to 9 o'clock so that persons in the new age group would not have to take time off work to obtain their injections. These began on 6th October and up to the end of the year, 96 sessions were held in 29 Centres in the County. Several sessions were also arranged at large works and private schools.

Opportunity was taken at these sessions to vaccinate persons in the younger age group who, for one reason or another, had missed vaccination at school.

With a view to arranging for "booster" injections for the 40,000 children in the 0—14 age group who had received two injections by the end of June, and also to cater for those awaiting vaccination, it was decided late in 1958 to employ a medical practitioner in a temporary capacity with a part-time clerk on a sessional basis to undertake much of this "follow-up" work, thus releasing the Assistant Medical Officers for school medical inspection work, which had come to a standstill because of the Poliomyelitis vaccination campaign.

The following are the numbers dealt with in 1958 in the 0—14 and 15—25 age groups, the latter, of course, including pupils at grammar schools and technical colleges, etc.:—

		0—14	15—25
Cases completed with two injections:—			
Vaccinated by:	General practitioners	9,686	418
	Assistant School Medical Officers	40,850	6,114
		50,536	6,532
Received one injection and awaiting second ..		2,467	1,051
Received "booster" injection		79	—
Registered and awaiting vaccination		1,738	387

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; and the absence of infectious conditions such as septic skin lesions, discharging ears and chronic catarrh and other 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. In 1958, one candidate was required to submit specimens in this connection and the results of the examination 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 ..	12	12	30	80	15	137
Self-contained Canteens	125	1	145	387	89	622
Canteens for dining only	195	—	—	362	87	449
Total ..	332	13	175	829	191	1,208

During 1958, a total of 668 examinations of canteen personnel (201 initial and 467 re-examinations) was carried out.

In three cases, the clinical examinations were unsatisfactory, but these employees were subsequently found fit for duty after treatment.

Three helpers were found to require dental treatment, and one was excluded as a contact of Scarlet Fever. In addition, one employee was reported for supervision by the Canteen Organiser on account of the unsatisfactory condition of her person and clothing, and it was found necessary to terminate the employment of another employee on similar grounds.

This 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 sixty-two such examinations were carried out by the School Medical Officers.

SUMMER CAMPS

Summer Camps for senior pupils were again organised during May, June and July, 1958. Accommodation for approximately 60 pupils was made available at Dyffryn Seaside Estate, Dyffryn Ardudwy, Merioneth. Some 812 pupils and 62 staff passed through the camp. All the pupils were examined before admission—initially by the local School Nurse and immediately prior to departure to the camp by a School Medical Officer—and certified to be free from infection or verminous infestation before being allowed to proceed.

Arrangements were made with a medical practitioner resident nearby to provide medical services when requested.

HOSPITAL AND SPECIALIST SERVICES

Children found to be suffering from defects requiring either the advice of a Consultant or in-patient treatment are referred, preferably in collaboration with their family doctor, 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.
Copthorne 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.

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.

SCHOOL CLINICS PROVIDED BY THE LOCAL EDUCATION AUTHORITY

The following is a list of clinic sessions made available by the Local Education Authority at which school children may attend. School doctors' sessions operate concurrently with general child welfare clinics.

Centre	Sessions		
BRIDGNORTH	*School Doctor:*	First Monday in month	9.00 a.m.—10.30 a.m.
	Speech Therapy:	Fridays	9.30 a.m.—12.15 p.m. 1.30 p.m.— 4.30 p.m.
	Dental:	Tuesdays and Wednesdays	9.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
DAWLEY	*Speech Therapy:*	Mondays	1.45 p.m.—4.30 p.m.
	Dental:	By arrangement	
DONNINGTON INFANTS' SCHOOL	*Child Guidance:*	By arrangement	
ELLESMERE	*Dental:*	By arrangement	
HADLEY MODERN SCHOOL	*Speech Therapy:*	Thursdays	9.30 a.m.—12.30 p.m.
HAUGHTON HALL SCHOOL	*Speech Therapy:*	Tuesdays	10.00 a.m.—1.15 p.m.
LUDLOW	*Dental:*	Weekdays	
	Speech Therapy:	Thursdays	10.00 a.m.—12.15 p.m. 1.30 p.m.— 4.30 p.m.
	Audiology:	First Monday in month	9.30 a.m.—12.30 p.m.
	Child Guidance:	By arrangement	
MADELEY	*Dental:*	Wednesdays	1.30 p.m.—4.30 p.m.
		Thursdays	9.30 a.m.—12.30 p.m. 1.30 p.m.—4.30 p.m.
	Speech Therapy:	Mondays	9.30 a.m.—12.15 p.m.
	Child Guidance:	By arrangement	
MARKET DRAYTON	*School Doctor:*	Wednesdays	9.30 a.m.—10.30 a.m.
	Dental:	By arrangement	
	Speech Therapy:	Fridays	10.00 a.m.—12.15 p.m. 1.30 p.m.— 4.15 p.m.
NEWPORT	*Dental*	Mondays, Wednesdays and Fridays	9.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
	Speech Therapy:	Wednesdays	10.00 a.m.—12.30 p.m. 1.30 p.m.— 4.15 p.m.

Centre	Sessions		
OAKENGATES	*Dental:*	By arrangement	
OSWESTRY	*School Doctor:*	Wednesdays	9.00 a.m.—10.30 a.m.
	School Nurse's Session:	Fridays	9.00 a.m.—10.30 a.m.
	Dental:	Weekdays	9.00 a.m.—12.00 noon.
	Speech Therapy:	Mondays	9.30 a.m.—12.30 p.m. 1.30 p.m.— 4.15 p.m.
	Child Guidance:	By arrangement	
PETTON HALL	*Speech Therapy:*	Wednesdays	10.00 a.m.—1.30 p.m.
SHIFNAL	*Speech Therapy:*	Tuesdays	1.45 p.m.—4.00 p.m.
SHREWSBURY (*a*) Health Centre, Murivance	*School Doctor:*	First Friday in month	9.00 a.m.—10.30 a.m.
	Speech Therapy:	Wednesdays .. .. .. Thursdays .. .. .. Saturdays	9.00 a.m.—12.30 p.m. 2.00 p.m.— 5.00 p.m. 9.00 a.m.—12.00 noon
	Audiology:	Third and fourth Fridays in month and by arrangement ..	9.30 a.m.—12.30 p.m.
(*b*) Monkmoor (at Monkmoor School)	*School Nurse's Session:*	By arrangement	
(*c*) Education Office, County Buildings	*Child Guidance:*	Fridays	10.00 a.m.—4.00 p.m.
(*d*) No. 5 Belmont	*Dental:*	Weekdays	9.00 a.m.—5.00 p.m.
WELLINGTON	*School Doctor:*	Thursdays	9.30 a.m.—10.30 a.m.
	Dental:	By arrangement	
	Speech Therapy:	Mondays	9.30 a.m.—12.30 p.m. 1.30 p.m.— 4.30 p.m.
	Audiology:	By arrangement	
	Child Guidance:	Wednesdays	10.00 a.m.—4.00 p.m.
WEM	*Dental:*	First, third and fifth Thursdays	9.45 a.m.—1.00 p.m. 2.00 p.m.—4.45 p.m.
		Second and fourth Thursdays	9.45 a.m.—1.00 p.m.
WHITCHURCH	*Speech Therapy:*	Wednesdays	2.15 p.m.—5.15 p.m.
	Audiology:	By arrangement	

STATISTICAL TABLES

TABLE I. (A) PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later ..	73	73	100%	—	—
1953	1,001	996	99.5%	5	0.5%
1952	1,185	1,179	99.5%	6	0.5%
1951	580	577	99.5%	3	0.5%
1950	735	735	100%	—	—
1949	927	926	100% (approx.)	1	—
1948	175	175	100%	—	—
1947	700	698	99.7%	2	0.3%
1946	419	419	100%	—	—
1945	124	124	100%	—	—
1944	572	572	100%	—	—
1943 and earlier ..	764	764	100%	—	—
Total ..	7,255	7,238	99.8%	17	0.2%

(NOTE.—Routine medical examinations are normally carried out of all children on entry to school, at 8 years of age and again at 14 years. The bulk of those entering school in 1958 are those born in 1952 and 1953, and so the figures for these years are relatively the largest; correspondingly, figures for 1949—50 and 1944 and earlier constitute the next larger groups).

(B) PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Disease and Infestation with Vermin).

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table II (3)	Total Individual Pupils (4)
1954 and later ..	1	4	5
1953	33	47	64
1952	46	76	107
1951	33	35	62
1950	40	54	82
1949	69	58	113
1948	21	23	38
1947	67	81	136
1946	32	56	81
1945	18	23	38
1944	54	46	86
1943 and earlier	125	71	177
Total ..	539	574	989

This table relates to individual pupils and not to defects. Consequently, the total in column (4) is not necessarily the sum of columns (2) and (3).

(C) OTHER INSPECTIONS

Special Inspections	1,262
Re-inspections	3,226
	4,488

(D) INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by the School Nurses or other authorised persons ..	118,895
(2) Total number of individual pupils found to be infested	1,207
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	20
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1958

(A) PERIODIC INSPECTIONS

ıfect ode lo.	Defect or Disease	Entrants		Leavers		Others		Total	
		Requiring:		Requiring:		Requiring:		Requiring:	
1)	(2)	Treatment (3)	Observat'n (4)	Treatment (5)	Observat'n (6)	Treatment (7)	Observat'n (8)	Treatment (9)	Observat'n (10)
4	Skin	13	47	10	4	21	56	44	107
5	Eyes (*a*) Vision	96	187	129	24	314	234	539	445
	(*b*) Squint	48	33	2	—	43	38	93	71
	(*c*) Other	5	15	1	2	8	29	14	46
6	Ears (*a*) Hearing	3	41	—	5	16	52	19	98
	(*b*) Otitis Media ..	1	55	—	3	5	34	6	92
	(*c*) Other	2	19	1	2	7	25	10	46
7	Nose or Throat	33	371	2	14	41	399	76	784
8	Speech	11	41	1	—	19	37	31	78
9	Lymphatic Glands ..	—	146	1	3	1	121	2	270
0	Heart	—	29	1	14	1	56	2	99
1	Lungs	5	106	—	9	8	110	13	225
2	Developmental:—								
	(*a*) Hernia	2	7	—	1	6	13	8	21
	(*b*) Other	2	26	2	5	3	70	7	101
3	Orthopaedic:—								
	(*a*) Posture	4	12	1	12	43	61	48	85
	(*b*) Feet	6	54	1	7	14	70	21	131
	(*c*) Other	5	87	—	11	13	107	18	205
4	Nervous System:—								
	(*a*) Epilepsy	—	6	1	1	2	5	3	12
	(*b*) Other	—	10	—	1	2	23	2	34
5	Psychological:—								
	(*a*) Development ..	—	31	—	8	150	68	150	107
	(*b*) Stability	—	36	—	1	27	56	27	93
6	Abdomen	1	22	—	1	2	28	3	51
7	Other (Dental)	374	83	20	12	322	116	716	211

(B) SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Requiring: Treatment (3)	Requiring: Observation (4)
4	Skin	3	17
5	Eyes (*a*) Vision ..	44	25
	(*b*) Squint ..	3	1
	(*c*) Other	—	2
6	Ears (*a*) Hearing ..	—	7
	(*b*) Otitis Media ..	1	1
	(*c*) Other	2	6
7	Nose or Throat ..	11	17
8	Speech	—	16
9	Lymphatic Glands ..	—	7
10	Heart	—	8
11	Lungs	—	9
12	Developmental:—		
	(*a*) Hernia ..	—	—
	(*b*) Other	1	16
13	Orthopaedic:—		
	(*a*) Posture ..	—	4
	(*b*) Feet	3	19
	(*c*) Other	—	12
14	Nervous system:—		
	(*a*) Epilepsy ..	—	1
	(*b*) Other	—	9
15	Psychological:—		
	(*a*) Development	—	28
	(*b*) Stability ..	—	20
16	Abdomen	—	4
17	Other (Dental)	10	15

TABLE III

(A) EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with
External and other, excluding errors of refraction and squint	50
Errors of refraction (including squint)	2,399
Total ..	2,449
Number of pupils for whom spectacles were prescribed	2,185

(B) DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases dealt with
Received operative treatment:—	
(*a*) for diseases of the ear	67
(*b*) for adenoids and chronic tonsillitis ..	513
(*c*) for other nose and throat conditions ..	39
Received other forms of treatment	69
Total ..	688
Total number of pupils in schools who are known to have been provided with hearing aids: (*a*) in 1958	15
(*b*) in previous years	89

(C) ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases dealt with
Number of pupils known to have been treated at clinics or out-patients departments ..	83
Number of pupils treated at school for postural defects	73
Total ..	156

(D) DISEASES OF THE SKIN (excluding Uncleanliness, for which see Part D of Table I)

	Number of defects treated or under treatment during the year
Skin:—	
Ringworm: (i) Scalp ..	5
(ii) Body ..	5
Scabies	9
Impetigo	48
Other skin diseases	71
Total ..	138

(E) CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority ..	220

(F) SPEECH THERAPY

Number of pupils treated by Speech Therapists	324

(G) OTHER TREATMENT GIVEN

	Number of cases dealt with
(*a*) Miscellaneous Minor Ailments	275
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	—
(*c*) Pupils who received B.C.G. Vaccination ..	2,064
(*d*) Other treatment given:—	
Appendicitis	86
Asthma	20
Bronchitis	19
Cardiac Conditions	6
Diabetes	4
Encephalitis	1
Epilepsy	16
Hernia	14
Meningitis	5
Nephritis	10
Osteomyelitis	4
Pneumonia	11
Rheumatism / Rheumatic Fever	3
Tuberculosis (Respiratory, mesenteric adenitis, cervical glands, etc.)	30
Miscellaneous	265*
Total (*a*) — (*d*)	2,833

*49 of this total were attendances at Chest Clinics for "check-up."

TABLE IV

(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: Charles D. Clarke, L.D.S. (Dunelm).

	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)	12	5.139
(ii) General Practitioners working part-time in the School Health Service	—	—
(*b*) Physiotherapists, Speech Therapists, etc.: Speech Therapists	3	3
(*c*) (i) School Nurses	65	12.011
(ii) Number of the above who hold a Health Visitor's Certificate ..	37	—
(*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	0.9	—	—
(ii) Dental Officers	4	3.4	7	1.449
(iii)*Orthodontists (if not already included in (*e*)(i) or (*e*)(ii) above)	—	—	—	—
Total ..	5	4.3	7	1.449

		Number	Aggregate staff in terms of the equivalent number of whole-time officers
(iv) Dental Attendants	Full-time	7	5.95
	Part-time	6	1.78
(v) Other Staff: Chief Dental Technician		1	0.59
Apprentice Dental Technician		1	0.59

*The Regional Hospital Board make available the services of a Consultant Orthodontist and a Senior Hospital Dental Officer both of whom perform one half day session 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 Caravan is 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	6	—
B. Dental	12	—
C. Ophthalmic	—	2
D. Ear, Nose and Throat	—	—
E. Orthopaedic	—	5
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:

	Number	Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists*	1	0.18
Educational Psychologists	2	2
Psychiatric Social Workers	1	0.95

*The 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 V.—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, 1958:—										
A. Handicapped Pupils *newly placed* in Special Schools or Boarding Homes ..	1	1	—	2	14	7	51	9	4	89
B. Handicapped Pupils *newly ascertained* as requiring education at Special Schools or boarding in Homes ..	2	2	—	9	18	10	41	13	5	100

	(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, 1959:—										
C. Number of Handicapped Pupils from the area:—										
(i) attending Special Schools as										
(*a*) Day Pupils	—	—	—	—	—	—	—	—	—	—
(*b*) Boarding Pupils	5	10	16	10	17	20	146	23	6	253
(ii) attending independent schools under arrangements made by the Authority	—	—	4	2	—	2	—	1	—	9
(iii) boarded in Homes and not already included under (i) or (ii) ..	—	—	—	—	—	—	—	—	—	—
TOTAL (C) ..	5	10	20	12	17	22	146	24	6	262
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:—										
(*a*) in hospitals	—	—	—	—	—	15	—	—	—	15
(*b*) elsewhere (at home)	3	—	—	—	—	41	2	—	1	47
E. Number of Handicapped Pupils from the area requiring places in special schools:—										
(i) Total										
(*a*) Day	—	—	—	—	—	—	—	—	—	—
(*b*) Boarding	5	4	—	10	13	9	177	—	3	221
(ii) Number of pupils included in the total above who had not reached the age of 5 years:—										
(*a*) Awaiting day places	—	—	—	—	—	—	—	—	—	—
(*b*) Awaiting boarding places ..	2	—	—	1	—	—	—	—	—	3
(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	—	9	5	2	96	—	—	114
F. Number of Handicapped Pupils on the registers of hospital special schools	..	..	..	..	..	..	..	..	..	25

Number of children reported during the year under Section 57 of the Education Act, 1944:—

(*a*) under Sub-section 3 (ineducable) 20

(*b*) under Sub-section 3 relying on Sub-section 4 (ineducable in association with other children) —

(*c*) under Sub-section (5) (requiring supervision on leaving school) 50

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, 1959 .. £6,984.

(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
Wessington Court School for Deaf Children, Woolhope, Hereford	Both	6	4 Deaf 2 Partially Deaf	7—12	£350 per annum
Thomas Delarue School, National Spastics Society	Both	1	Physically Handicapped	18	£500 per annum
Thornbury Park School (Rudolf Steiner School), Gloucs.	Both	1	Physically Handicapped	7	£320 per annum
Stonehurst School, Shrewsbury (Day pupil)	Both	1	Physically Handicapped	13	£80 16s. 6d. per annum
Grove School, Wem (Day pupil)	Both	1	Maladjusted	9	£31 10s. 0d. per annum