[Report 1961] / School Medical Officer of Health, Salop / Shropshire County Council.

wellcome collection

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

SHROPSHIRE EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF THE

Principal School Medical Officer

1961

COUNTY HEALTH OFFICE, COLLEGE HILL, SHREWSBURY

November, 1962

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 1961.

The same principles have been followed this year as in previous years, but we have, within the body of the report, given more detailed accounts of the various branches of the Service.

I should perhaps give special mention to the Audiology Service which continues to grow apace. We are very pleased with the excellent co-operation existing between the Education Department, the Ear, Nose and Throat Consultants and the Health Department. Team work of this type is bound to be of great benefit to our children.

I have also mentioned the views of Mr. Fraser and Mr. Taylor on the early referral of squints, and those of Mr. Owen, one of our Consultant Otolaryngologists on tonsils and adenoids. We are grateful to Mr. Rose, one of the Consultant Orthopaedic Surgeons, for his contribution on foot problems in children.

The report of the Physical Education Advisers is both interesting and informative, and I hope they will continue to provide us with further stimulating contributions in the future.

I thank all the members of my staff for their excellent work, the officers of the Education Department for their very helpful support and consideration and the Chairman and Members of the Education (Welfare) Sub-Committee for their constant encouragement and consideration.

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)

November, 1962.

INDEX

EDUCATION COMMITTEE

(As at December, 1961)

CHAIRMAN :

CAPTAIN SIR OFFLEY WAKEMAN, Baronet, C.B.E., J.P., D.L. (Chairman of Council)

VICE-CHAIRMAN :

LT.-COL. A. P. SYKES, M.B.E., J.P., D.L.

ALDERMEN :

BATKIN, H. W.
BOYNE, DOWAGER THE VISCOUNTESS, C.B.E., J.P., LL.D.
FELL, W. M. W., M.Sc. (Vice-Chairman of Council)
GILES, THE REV. R. A., M.A., B.Litt. (Oxon.)
HAMAR, DR. L. A.
HEYWOOD-LONSDALE, LT.-COL. A., M.C., J.P., D.L.
JONES, A. H., J.P.
MORRIS, P., B.E.M., J.P.
STEVENTON, T. O.
THOMAS, E. B., J.P.

COUNCILLORS :

ATTLEE, DR. W. O., J.P.
BEALE, REV. W. G.
BULLOCK, H. P.
CHALLINOR, W. C.
CHETWOOD, G.
CORDINGLEY, C. F.
GODDARD, P. G.
JONES, T. H.
LEE, R.
LLOYD, R. A. H.
MAGNUS-ALLCROFT, SIR PHILIP, Baronet, J.P.
MORRIS, MRS. E. L., J.P.
PAIN, T. H., J.P.
PARRY-JONES, R. J. S., J.P.
RIDDELL, J. R., M.B.E.
STRANGE, J.
WARNER, MRS. H. M. E., J.P.
WEDGE, T.
WILLIAMS, A. C.
WILLIAMS, E. L.

CO-OPTED MEMBERS :

DALEY, L. B.
TEMPLEMAN, DR. G.
STAGLES, J. R.
MARRIOTT, MISS C. R. E.
WHITEFORD, W. C.
LEACH, K. M.
AYLING, REV. J. C.
WELCH, VERY REV. CANON T. A.
WILLIAMS, LADY JAQUETA, J.P., (Deceased 12th October, 1962)
STORRAR, MRS. R., J.P.
WOOLHOUSE, J. G.

EDUCATION (WELFARE) SUB-COMMITTEE

(Responsible, *inter alia*, for all questions relating to medical inspection and treatment of children and health of children generally)

CHAIRMAN OF COUNCIL
CHAIRMAN OF EDUCATION COMMITTEE
VICE-CHAIRMAN OF EDUCATION COMMITTEE
BEALE, REV. W. G.
CHALLINOR, W. C.
GODDARD, P. G.
HAMAR, DR. L. A.
JONES, T. H.
LEE, R.
LLOYD, R. A. H.
MARRIOTT, MISS C. R. E.
MORRIS, MRS. E. L. (Chairman)
MORRIS, P.
RIDDELL, J. R.
STORRAR, MRS. R.
THOMAS, E. B.
WILLIAMS, E. L.
WILLIAMS, LADY JAQUETA

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.

Senior Medical Officer:

NORA V. CROWLEY, M.B., B.Ch., B.A.O., D.C.H., L.M.

Administrative Medical Officer:

ALICE N. O'BRIEN, M.B., Ch.B.

School Medical Officers:

KATHLEEN M. BALL, M.B., B.Ch., B.A.O., D.P.H. (retired 31st October, 1961)
AGNES D. BARKER, M.B., Ch.B.
*ELIZABETH CAPPER, M.B., Ch.B., D.P.H.
SHEILA M. G. CROSLAND, M.B., B.S. (part-time) (resigned 24th June, 1961)
*CLEMENT BAXTER HIGGIE, M.R.C.S., L.R.C.P., D.P.H.
KENNETH E. JONES, M.B., Ch.B. (appointed 20th November, 1961)
FLORA MACDONALD, M.B., B.S., D.P.H.
*ALASTAIR COLIN MACKENZIE, M.D., Ch.B., R.C.P.S., R.F.P.S., D.P.H.
LUDWIK Z. MARCZEWSKI, Medical Diploma (Lwow, Poland) (appointed 1st April, 1961)
*PHILIP CONWAY MOORE, B.Sc., M.B., B.Ch., D.Obst.R.C.O.G., D.P.H.
VIOLET G. PRITCHARD, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H. (part-time) (resigned 17th November, 1961)
ELIZABETH R. POLLAND, L.R.C.P., L.R.C.S., L.R.F.P.S. (part-time)
*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:

PAUL H. BRITTEN, L.D.S. (appointed 20th February, 1961)
NOEL GLEAVE, L.D.S.
GEOFFREY H. STOUT, L.D.S.
GEORGE B. WESTWATER, L.D.S.

Part-time:

RONALD CULLWICK, L.D.S. (deceased 1st February, 1962)
ROY DENVILLE JONES, L.D.S., R.F.P.S.
REGINALD H. N. OSMOND, L.D.S.
JEAN W. PATTISON, L.D.S. (appointed 14th February, 1961)

Consultant Orthodontists (part-time):

BRIAN T. BROADBENT, F.D.S.
MICHAEL F. SCOTT, L.D.S.

*Also District Medical Officer of Health

Dental Technicians:

NORMAN J. RUSHWORTH

CLIVE EVERINGHAM (apprentice)

Dental Hygienist:

NANCY SMITH

Consultant Children's Psychiatrist (part-time):

BARBARA J. EVANS, M.D. (New York), B.S., L.R.C.P., M.R.C.S., D.P.M. (appointed 17th March, 1961)

Educational Psychologists:

JOHN L. GREEN, B.A.

MARGARET THOMPSON, B.A.

Psychiatric Social Worker:

KATHLEEN E. HUNT, B.A.

Senior Speech Therapist:

EDWARD PAULETT, L.C.S.T.

Speech Therapists:

JILL BELLIS, L.C.S.T.

SHIENA M. BOWEN, L.C.S.T. (resigned 31st March, 1961)

CHRISTINE BROWNLOW, L.C.S.T. (appointed 4th September, 1961)

ANITA LEESON, L.C.S.T.

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.

Report for the year 1961

GENERAL

The area covered by the Local Education Authority comprises 861,800 acres; and in June, 1961, the home population, as estimated by the Registrar-General, was 301,920, a decrease of 260 compared with 1960.

The number of pupils on the school register in 1961 was 46,963, compared with 46,897 in the previous year—an increase of 66.

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	124
Primary (County)	79	81	14,119
Primary (Voluntary)	164	167	13,393
Secondary Modern (County)	27	28	11,758
Secondary Modern (Voluntary	1	1	492
Secondary Grammar (County)	13	13	5,251
Secondary Grammar (Voluntary)	5	5	1,376
Secondary Technical	2	2	115
Residential:			
Secondary	1	1	64
Special	3	3	173
Hospital	1	1	98
TOTAL	299	305	46,963

The table below shows the establishment of principal posts in the School Health Service and the staffing position at 31st December, 1961:

	Establishment	*Staff at 31st December, 1961*
Principal School Medical Officer	1	1
Deputy Principal School Medical Officer	1	1
Senior Medical Officer	1	1
Administrative Medical Officer	1	1
School Medical Officers—whole-time	10	3
part-time		9
Principal School Dental Officer	1	1
Dental Officers—whole-time	10	4
part-time		4
Orthodontist	1	2 (part-time)
Dental Hygienist	1	1
Dental Technician	1	1
Apprentice Dental Technician	1	1
Senior Dental Attendant	1	1
Dental Attendants—whole-time	10	7
part-time		3
Senior Speech Therapist	1	1
Speech Therapists	3	3

Inclusive of the Principal School Medical Officer and his Deputy, the Medical staff undertaking duties including administrative work in connection with the School Health Service on 31st December, 1961, was equivalent to 6½ whole-time officers.

In addition to the staff detailed above, there were employed at the end of 1961 four whole-time and one part-time School Nurses, and 25 Health Visitors and 30 District Nurse-Midwives working part-time in the School Health Service.

MEDICAL INSPECTION AND TREATMENT

Routine Medical Inspections.—Section 48 of the Education Act, 1944, requires 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 such inspection when so requested by an authorised officer of the Authority.

Under the National Health Service Act, 1946, children can receive treatment from medical practitioners who have contracted with the Local Executive Council to provide general medical services; and children found at a Routine School Medical Inspection or on attendance at a clinic to be suffering from defects are, save for certain agreed conditions, referred in the first instance to their own doctors. Such pupils are followed up by the School Nurses and any specialist advice or treatment needed is arranged either through the family doctor or direct with one or other of the hospitals in the area of the Birmingham Regional Hospital Board, as listed on page 37.

The School Medical Officer and Nurse should confer with the family doctor about children in whose health they are all concerned. If each tries to understand the functions and responsibilities of the other, their work can be integrated in the child's interests.

Generally, parents take a great deal of interest in the School Health Service and the majority with children in the younger age groups attend routine medical inspections.

If any special problem is raised by a parent when meeting the School doctor at routine medical inspection, a special appointment can be made for fuller review or examination at home or at a school clinic. (See page 9).

One of our most experienced School Medical Officers comments that "while few major defects are seen in children examined in the 5 year old group, and nutrition is generally good, not a few of these children are overweight; and frequently carious teeth may evidence lack of thought about diet and oral hygiene".

The school leaver's routine medical inspection at about 14 years is aimed at assessing the child's health so that any necessary treatment may be arranged before he or she leaves school. The importance of this final examination is, unfortunately, often not appreciated by the parents. The reluctance of "teenagers" to discuss their problems or accept advice is well known and the presence at such examination of the mother, with her knowledge of the child's health and background, particularly where there is a physical or other handicap, is most necessary.

For many years the Principal Medical Officer of the Ministry of Education has tended to advocate a system of school medical inspection which is less routine and more selective. Without admitting that other methods can completely replace routine examination, a gesture was made to this newer policy in 1961 by our dispensing with the medical examination at 8 years of age, thus bringing us nearer to our neighbours in practice. School Medical Officers are encouraged to spend more time at the 5 years or entrant examination, trying to ensure that the attendant parent knows of our interest and where to find help if she wishes it at any time. If any defects discovered at this entrants' examination require observation, the child is re-examined at each annual visit, together with any pupils referred by the Head of the school for special examination.

All 8 years old children have a vision test by the School Nurse immediately prior to the School Medical Officer's visit for medical inspection.

There were 47,000 children on the School Register in 1961, with about one-third due for routine examination. One would, therefore, expect about 15,000 to 16,000 children to have routine medical inspection, and the number was in fact 13,874. The numbers of children examined fluctuate, having been 19,439 in 1960, 16,520 in 1959 and 7,000 in 1958. The falls occur when other priorities intervene, as for instance where urgent measures were taken to initiate the first poliomyelitis vaccinations in 1958, and to give the fourth dose of the same vaccine to all school children up to 12 years of age in the summer term of 1961. That both of these latter exercises were successfully accomplished under difficult conditions reflects credit on the versatility of clerical and medical staff alike.

Co-operation and co-ordination.—The School Health Service would like all School Medical Officers and School Nurses to meet the family doctors in their areas, and to confer with them whenever the interests of the children seem to make this desirable. When each tries to appreciate the other's view points and responsibilities, much good can result to the child and family. Family doctors are, in fact, making increasing use of the Speech Therapy, Child Guidance, Audiology and other Specialist Services provided by the Local Education Authority, and any enquiries about their child patients can be made by a practitioner either directly by letter or telephone to the Health Department at College Hill, or to the School Medical Officer at local level.

Our relationships with teaching staff remain encouragingly cordial centrally and locally. If the newer services, in addition to the annual medical inspections, tend to take up time which would normally be devoted to teaching, it is to be remembered that the raison d'etre of the School Health Service is to enable each child to get the maximum benefit from the educational facilities afforded. So, far from there being conflicting interests, we are all indeed working towards the same goal. Education Welfare Officers help also, in securing the attendance of pupils for special examinations, and the N.S.P.C.C. Inspectors assist as well, in the fortunately comparatively few cases of unsatisfactory home conditions due mainly to lack of parental care.

Treatment of Eye Conditions.—The need for early treatment for errors of refraction and squint is being more widely recognised and it is essential that Health Visitors and School Nurses should impress upon parents the need for serious attention to these conditions.

The 5 years old group are tested at entry with special material, so that any visual defect may be remedied as formal education begins.

Mr. Fraser and Mr. Taylor, Ophthalmic Consultants at the Eye, Ear and Throat Hospital, Shrewsbury, who deal with a large proportion of the child patients referred by the School Medical Officers, have noted that very fortunately squint cases are being referred much earlier than ten years ago, but have asked that a special plea be made in this report that any infant with a squint should be referred for ophthalmic examination as soon as possible, and not be neglected on the mistaken assumption that the child might "grow out of the squint".

During the year, 3,625 children were dealt with for defective vision or other eye affections, 2,901 being referred to Ophthalmic Medical Practitioners or Ophthalmic Opticians by general medical practitioners, 572 being treated by Ophthalmic Consultants at Shrewsbury Hospitals, and 152 by an Ophthalmic Medical Practitioner at Ludlow.

Tonsils and Adenoids.—These conditions, as one of our Consultant Otolaryngologists contributes, have, with respiratory illnesses, changed in character and incidence over the last 20 years. Information has been gained and the views of doctors and surgeons have greatly altered. Respiratory illness today is different in type, being often initially of virus origin, later complicated by bacterial infection. There is a generally healthier population and medical, as distinct from surgical,

methods of treatment that are much more effective. Many of these virus infections appear to occur in younger (pre-school) age groups, and the old surgery of desperation for chronic otitis media has disappeared.

The Ear, Nose and Throat Specialists saw 134 children referred to them in 1961. The figure of 543 operations on Shropshire school-children for the removal of tonsils and adenoids performed in hospitals of Hospital Management Committee Groups 15 and 16 and in some out-County hospitals includes an unascertainable number of children attending schools (private and independent) not maintained by the Local Education Authority and who are, therefore, outside the scope of the School Health Service.

Orthopaedic Defects.—There are nine Orthopaedic After-care Clinics in Shropshire attended by an Orthopaedic Specialist and an Orthopaedic Nurse.

During 1961, of 13,874 pupils seen at routine medical inspections, the following were noted as suffering from varying degrees of orthopaedic defect and, where treatment was considered necessary, referred to the Orthopaedic Surgeon:

	Treatment	*Observation*
Posture	7	146
Feet	52	268
Other	71	438

Mr. G. K. Rose, Consultant Orthopaedic Surgeon at The Robert Jones and Agnes Hunt Orthopaedic Hospital, Gobowen, and at the Royal Salop Infirmary, Shrewsbury, comments upon notable changes in the treatment of Scoliosis (deformity of the spine):

> "A far better understanding of the biological treatment of this condition, as opposed to the mechanical treatments used hitherto, is being achieved. In general, whereas methods have been tried to bend the bones back into shape, the modern practice is to stop the areas of overgrowth by fusion of the epiphyses so that differential growth will occur which corrects the deformity".

Care of the Feet.—Foot inspections are carried out by the School Medical Officers of pupils in attendance at Grammar, Technical, Modern and Senior Schools, usually in conjunction with routine medical inspections.

Strong representations by a Consultant Dermatologist caused us in September, 1958, to review Plantar Warts. Not infrequently the spread of these and of Athlete's Foot is ascribed to educational activities such as the bare foot dancing approved by the Physical Education Department, and to swimming baths. In fact, much of the evidence, although conflicting, hardly supports these views.

Special efforts were made to try to assess some facts. The introduction of regular inspections of the feet of all pupils in attendance revealed at first a disquieting lack of ordinary social cleanliness. As the feet are normally covered, any skin conditions are liable to be neglected until infection is well established. In addition, lack of early treatment may result in infection being passed on to others.

Plantar warts (also known as verruca plantaris) are accepted as a manifestation of a general wart infection in the community and are caused by a virus. Development, often in multiple form, on the sole of the foot is often painful, since the warts cannot grow out of the surface because of pressure. Investigations into the incidence of this condition have shown that this is higher in girls than in boys and increases with age in both sexes.

Children found on inspection to have plantar warts are excluded from swimming, showers and participation in bare foot physical education until the condition has been treated and cured. Cases discovered are kept under observation by the School Nurse, who also ensures that treatment is obtained.

Much research remains to be carried out on the origin and history of warts and in the absence of more precise information it seems reasonable to give particular attention in schools to the most likely spots for the spread of infection, e.g., changing rooms and shower baths, and these are disinfected. Where bare foot physical education is held in senior schools, the gymnasium floors are likewise swabbed and treated each day with a suitable disinfectant.

Athlete's foot results from a fungus infection, characterised by cracking or scaling of the skin, especially between the toes, or the formation of watery blisters. Infection is spread by contact with skin lesions from an infected person or with contaminated floors, shower stalls, etc.

During 1961, a total of 64 inspections, involving 24,019 pupils, was carried out, and 491 cases of verruca (176 already under treatment and 315 new) and 317 cases of suspected Athlete's foot (103 old and 214 new) were discovered, as well as 355 other conditions requiring observation. Cases of verruca and Athlete's foot not under treatment were referred to the family doctors. A few protested and the School Health Service offered to arrange treatment through the County Chiropody Service, but the Local Medical Committee felt that it was proper for the family doctor to accept responsibility.

Footwear.—At foot inspections and at routine medical inspections the School Medical Officers have continued to draw attention to the lack of care shown in the choice of footwear for teenage girls. Casual shoes are by no means the ideal type of footwear, but owing to the dictates of modern fashion pointed shoes with high heels and other styles with no proper support for the feet are gaining in popularity, with a consequent increase in the incidence of foot defects and resultant bad posture.

School Medical Officers, Nurses and Teachers do everything possible to make the girls aware of the importance of proper care of the feet and the use of sensible footwear.

One of our Medical Officers comments that "in girls of school leaving age, the present fashion of narrow pointed shoes tends to deform the toes, so that a normal foot is a rare sight". Not all would go so far, but it is certainly very hard to see how a child's characteristically shaped foot, with its broad forepart, can appropriately be squeezed from broad and square to "winkle picker" in front and elevated on stilettoes behind without some sacrifice of function and safety.

The following are the views of Mr. G. K. Rose, Consultant Orthopaedic Surgeon:

> "As regards foot problems in children, we now have a much better idea of the essential criteria of normality in the human foot, and this has enabled us to eradicate the old concept of foot health being related to the height of the arch in relationship to some purely arbitrary normal. In turn, this has resulted in a re-assessment of the methods of treatment in the past, and entirely new methods have been devolved which are now known to be corrective, which many of the old methods were not, and again the approach is more biological than mechanical in that we encourage the foot to grow back into a satisfactory functional shape.
>
> The problem of footwear remains with us. The lasts made by reputable firms are extremely satisfactory for the younger children, although it must be said that simply having a satisfactory last does not guarantee a satisfactory shoe. For example, the S.A.T.R.A. last is universally recognised to be satisfactory, but cheaper shoes made on this last in which the shrinkage or distortion of the leather is not controlled will not necessarily be as good as those made by firms who take care to maintain standards in this respect.

The problem of the teenager shoe with its pointed toe still remains with us and unfortunately there is a trend to introduce this fashion even into the earlier age groups, even by reputable firms. The emotional content of this situation is extraordinarily powerful and many parents are not able to resist the demands of children who apply emotional blackmail. The best that authorities can hope to do is to insist that all shoes worn in schools conform to a decent shape, and I personally think a tendency in some quarters to suggest that teenage girls and boys are better for wearing stylized shoes even at school is a rather short-sighted policy. What they do outside school is, of course, a matter for the children and parents, and one cannot exert anything but a general influence in this matter".

These reflections may prompt questions as to what extent a Local Education Authority should seek to arbitrate about such matters as clothing and footwear. If Parliament, administering the nation's tax revenue, can require compliance with the laws they enact, may not a Local Education Authority who administer local rates make rules by resolution of their elected representatives and require the co-operation of parents and children who use their educational facilities ? These are deep waters, for exploration by social workers.

Treatment of Minor Ailments.—Clinics provided by the Local Education Authority for the treatment of minor ailments are listed on pages 38 to 42 of this report.

The attendances during 1961 at the six school clinics held in various areas of the County 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 and these sessions are used for the fuller follow-up examinations, by appointment, referred to on page 5. The "School Clinic" at Monkmoor is more of the nature of a twice weekly visit or inquiry at this large school of 1,400 pupils (including the adjacent Infants' and Nursery Schools) by one of the whole-time School Nurses for the Borough of Shrewsbury.

At the "School Nurse" session and the "School Doctor" sessions at Bridgnorth, Market Drayton, Oswestry, Murivance and Wellington Welfare Centres, 98 children made 142 attendances in 1961. Examinations by the School Doctor totalled 83 and 25 of the children were referred to their own doctor.

Ascertainment of Handicapped Pupils.—Implicit in the reduction of routine medical inspections referred to on page 5 is a greatly increased awareness of the needs of handicapped pupils, which latter term has not only the conventional general meaning, but specialised and legal connotations under the Education Act whereby several categories of handicapped pupils are specifically defined.

The Act brought provision for the education of handicapped children within the framework of the educational system and made it the duty of Local Education Authorities to provide sufficient suitably equipped and staffed schools to give all pupils the opportunity of education consistent with age, ability and aptitude. Authorities were also given the specific duty of ascertaining children who require special educational treatment and of providing this, if necessary, from the age of two years. There are ten categories of handicap, as follows:

Blind	Educationally sub-normal
Partially-sighted	Epileptic
Deaf	Maladjusted
Partially-deaf	Physically handicapped
Delicate	Speech defective

Discovery and ascertainment of these children must be made at the earliest possible age. Here is where the maternity and child welfare provisions of the National Health Service Act, 1946, play their essential part. Notifications of all births come to the Local Health Authority and are deployed by the latter to their Health Visitors, who take responsibility for each child from the eleventh day of its life.

Children suffering from very obvious handicaps such as total deafness, severe physical disability, etc., are discovered long before they reach school age and Health Visitors continually watch for any signs of handicap. Early ascertainment cannot be too greatly stressed and parents, family doctors, school medical officers, health visitors and teachers have a special duty to bring forward the case of any child suffering from a handicap so that any special educational treatment and training may be decided upon.

Many years ago there was little provision for the education of the severely handicapped child. Today, the severity of the handicap is no bar to education, provided the child is intelligent.

In recommending a suitable form of education for a handicapped child, the ideal is to let the child continue to live at home and attend a day school, and with increasing opportunities for special educational treatment in the ordinary school this policy can often be adopted. Heads of schools accept quite severely handicapped children and great credit is due to the Class Teachers who care for these children and have the problem of dealing with the practical and emotional difficulties resulting from their integration with children whose physical differences are so apparent to the handicapped. If appropriate special educational treatment cannot be provided in this way or in a day special school, then admission to a residential school has to be considered.

Close liaison exists between the School Health and National Health Services in the field of the handicapped pre-school child. Files are opened in the School Health Serivce Section for all children who are possibly handicapped in their pre-school years, particular attention being paid by the Health Visitors to infants in the "at risk" categories, namely, premature infants, twins, and children of mothers with Rhesus negative blood containing antibodies and those who have had a virus infection, such as German measles, during pregnancy. That of educational subnormality is often not so apparent until the child has actually been in a school for a time, and maladjustment may be delayed until the approach of adolescence. In each case, a Medical Officer pays an initial visit to the home to examine and assess the child, to arrange for any specialist consultation or treatment, to discuss with the parents their child's educational future and in general to give them help and guidance in the understanding and management of the handicap. All cases referred are vetted personally by Dr. Crowley, Senior Medical Officer who is keenly interested in the welfare of handicapped children and those thought to be suitable for admission to the Pre-School Nursery Unit (see page 13) are visited by her.

Dr. Macaulay and Dr. Roberts, Consultant Paediatricians at the Monkmoor Children's Hospital and Maelor General Hospital respectively, also advise the School Health Service of any handicapped children who come to their notice.

A great deal of co-operation is necessary, particularly between the School Health Service and General Medical Practitioners and Hospitals. As the welfare of the patient is, after all, the principal object, any additional effort is rewarding and the greatest satisfaction is derived from seeing handicapped pupils progressing with help and guidance, and learning to accept their handicaps and in many cases doing a useful job of work.

During 1961, a total of 408 pupils was ascertained under the provisions of the Handicapped Pupils and School Health Service Regulations (343 by School Medical Officers and 65 by the Consultant Psychiatrist), and a summary of the findings and recommendations to the Local Education Authority is given opposite.

HANDICAPPED PUPILS

Category	Pupils [Specially Examined	Not Handicapped	Temporary exclusion from School	Special Educational Treatment Recommended			Reported to Local Health Authority		Pupils not requiring supervision on leaving school	Under treatment by Psychiatrist
				In Ordinary School	In Special School	Home Tuition	Unsuitable for education at school	Friendly supervision on leaving school		
Blind	—	—	—	—	—	—	—	—	—	—
Partially Sighted	2	—	—	—	2	—	—	—	—	—
Deaf	2	—	—	—	2	—	—	—	—	—
Partially Deaf	2	—	—	—	2	—	—	—	—	—
Delicate	31	—	—	—	21	10	—	—	—	—
Educationally Sub-Normal	283	53	2	96	71	2	24	25	10	—
Epileptic	5	—	—	—	5	—	—	—	—	—
Maladjusted	65	—	—	—	15	1	—	—	—	49
Physically Handicapped	18	—	—	—	9	9	—	—	—	—
TOTAL	408	53	2	96	127	22	24	25	10	49

In addition, the Medical Officers also carried out a further 484 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 and Consultant Psychiatrist during the period 1952 to 1961:

	(1) Blind (2) Partially-sighted (3) Deaf			(4) Partially-deaf (5) Delicate (6) Educationally subnormal			(7) Epileptic (8) Maladjusted (9) Physically handicapped			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	TOTAL
Examined:										
1952	2	—	4	3	34	370	4	138	11	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
1959	1	3	1	6	36	247	2	116	39	451
1960	1	—	4	3	42	299	1	62	35	447
1961	—	2	2	2	31	283	5	65	18	408
Recommended for Special School:										
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
1959	1	3	1	6	30	48	2	12	7	110
1960	1	—	4	3	27	59	1	10	10	115
1961	—	2	2	2	21	71	5	15	9	127

Report to Local Health Authority.—The Mental Health Act, 1959, which came into force on 1st November, 1960, amended Section 57 of the Education Act, 1944, and introduced certain changes in the law relating to children of the age of two years or more who suffer from a disability of mind rendering them unsuitable for education at school. The effect of these changes is broadly to extend the rights of parents, to amend legal procedure in some respects and to simplify some of the administrative arrangements.

The phrase "incapable of receiving education at school" is replaced by "unsuitable for education at school". The period in which the parent can appeal to the Minister of Education against a decision of unsuitability for school has been extended from 14 to 21 days.

The notice to the parents of the Local Education Authority's decision regarding their child must include a statement of the functions of the Local Health Authority for the treatment, care and training of the child and also a statement of the arrangements made by that Authority in discharge of those functions.

The parent has a new right to request a review by the Local Education Authority of their decision and a right of appeal to the Minister where, after review, the Authority decide that a child is still unsuitable for education at school.

Sections 57(4) of the Education Act (Notification to the Local Health Authority of a child unsuitable for education in association with other children) and 57(5) (Notification of a child requiring supervision on leaving school) have both been deleted. The Local Education Authority can and do, however, pass to the Local Health Authority information on school leavers who are considered to require care and guidance.

During 1961, a total of 49 children was recommended for report to the Local Health Authority under Section 57 of the Education Act, as amended,—24 under the new sub-section 4 as being unsuitable for education at school and 25 as being in need of friendly supervision after leaving school. The comparable figures for 1960 were 26 and 30 respectively.

Home Visiting by School Medical Officers.—It is in the field of the handicapped child that the School Medical Officer is offered the fullest scope and is increasingly being called upon by parents for advice.

Home is at all times the place where relationships are most powerful in shaping a child's personality; mental development and security depend upon and are influenced by the family background and it is in this sphere that the Medical Officer can give the greatest assistance to parents with the numerous problems associated with a handicapped child and advise them how to make use of the many benefits and services available through the National Health Service.

The School Medical Officers are advised of every newly ascertained handicapped child in their area and should know in each case the degree of disability, the facilities available at local schools and, even more important, the Teachers, Educational Psychologists and Child Guidance staff with whom the case can be discussed.

Medical Officers are expected to visit the homes of handicapped children as often as possible. Some need visiting more than others, for example, those of children with a major disability (blindness, deafness, epilepsy or mental handicap) and who attend Residential Schools. Contact must be maintained with the child during the holidays and especially when he or she is due to leave the Special School and has to face the problem of employment as a disabled person. Employment for handicapped school leavers is not easy to find and many employers these days seem reluctant to give them a trial. Such children are often immature in their outlook on life, but

with careful management they can become reliable and conscientious workers in the more mechanical jobs which normal children find boring and give up after a short period. Any advice which Medical Officers can give to Youth Employment Officers in this connection is often vital to the interests of the handicapped child. In the case of children at Residential Schools within the County, after-care is carried out in close co-operation with the teaching staffs.

The following are the numbers of handicapped children in the various categories who receive domiciliary visits. They are, of course, also seen in the schools and clinics and home visits are carried out as often as the Medical Officers consider necessary. As the figures show, many children were not visited at home in 1961, but it is hoped in the course of time to ensure that every child receives at least one domiciliary visit a year.

HANDICAPPED PUPILS REQUIRING HOME VISITING

	Pupils on list	*Visits made*
Blind	12	10
Partially Sighted	21	30
Deaf	15	20
Partially Deaf	37	54
Some Hearing Loss	51	20
Delicate	216	180
Educationally Subnormal	434	273
Epileptic	70	73
Physically Handicapped	194	215
	1,050	875

Nursery School for Handicapped Children.—The Nursery School for Handicapped Children which started in March, 1958, has, like Topsy, "growed" and has now reached the stage where further expansion without suitable accommodation is undesirable.

One would like to admit some very young children, but having tried to do this and found that it did not work due to lack of space, one is reluctant to try again.

At the other end of the scale, older children who are severely physically handicapped could, with advantage, be kept in the Unit a little longer before placing them in residential schools.

A large sum of money has been given to the Education Authority by the Carnegie and Sembal Trusts. This money will be used to build a new Unit for Handicapped Children and it is hoped that a start will be made on this in 1963.

Handicapped Children and it is hoped that a start will be made on this in 1963.

The local branch of the Spastics Society has been more than generous and but for the money given by them we would not have been able to provide the very desirable refinements, e.g. special chairs and tables. Indeed, this Society has never refused any of our requests and has given more financial assistance than we have requested.

Up to November 21st, 1961, the class was held on two days a week. From November 21st until the end of the term it was held on three days a week, and since January, 1962, it is held on four days a week, one group of children coming on Tuesdays and Thursdays, and the second group on Wednesdays and Fridays.

There were 16 children on the roll in November, 1961. Of these, 9 were suffering from Cerebral Palsy; one child had cerebral damage without any physical signs of Cerebral Palsy; one child had very defective speech; one child on admission did not speak at all; one child had hydrocephaly with paralysis of his legs; one child had a behaviour disorder and two children were in for assessment purposes on the recommendation of the Paediatrician.

This integration of different handicaps is a deliberate policy and one recalls one of James Stephens' stories "In the Land of Youth", where he describes an onlooker seeing two men travelling along a path. One man was mounted on the shoulders of the other. The man who was on top had no legs and the man who was walking had no eyes. "The blind man acted as legs to the lame man and the latter acted as eyes to the blind man". So too in the Unit, children with differing handicaps help and stimulate one another.

One of the children who had Cerebral Palsy was, before she was five, considered suitable for more formal education. She was transferred to the Nursery School in Shrewsbury in September, 1961, and to an Infants' School in her own area in January, 1962. It is interesting to note that even though she has a very mild type of Cerebral Palsy she is showing the learning difficulties associated with this condition, and is at present having home tuition to supplement teaching at school. Further investigations will be necessary to decide whether or not she will benefit fully from ordinary school.

Another boy suffering from fairly severe Cerebral Palsy was in September, 1961, considered to have obtained the maximum benefit from the Unit and in January, 1962, was transferred to a residential school for physically handicapped children where he is doing very well.

As always happens, we have had our sorrows as well as our joys in building up this Unit. Perhaps the greatest sorrow was the death, in February, 1962, of a little girl who had been assessed in 1961 and admitted to the Unit in January, 1962, once transport could be arranged. She suffered from Acrocephalosyndactyly, a rare medical condition, and she was obviously intelligent. Unfortunately she contracted Whooping Cough and died at the end of February, 1962.

Special Residential Schools for Educationally Subnormal Pupils.—Special Residential Schools for children who are educationally subnormal are provided by the Local Education Authority separately for each sex—for boys at Petton Hall (92 places) and for girls at Haughton Hall (62 places). All have intelligence quotients between 50 and 80 and stay until 16 years of age.

Because of the unsatisfactory condition in which some of the pupils were returning to the schools after holiday periods, Health Visitors make "follow-up" visits during each holiday to the homes concerned. This is primarily to establish a good relationship with both child and family and also to ensure that each pupil is receiving any necessary medical or nursing care and returns to school free from infection and infestation.

Supervision of School Leavers.—In November, 1959, the problem of after-care for pupils leaving Petton and Haughton Hall Residential Schools was discussed by representatives of the Health Department, the Children's Department, the Child Guidance Clinic, the Youth Employment Service and the Heads of the Special Schools, when it was made clear that all concerned were anxious to give every possible assistance to Special School Leavers.

Liaison between the Secretary for Education and Special Schools and the Youth Employment Service has always been very close, but it was agreed that it would be helpful if Health Visitors and Youth Employment Officers could, in suitable cases, visit the Special School before the child actually left and subsequently follow up each case at home to ensure that the child settles in employment and becomes satisfactorily adjusted to post-school life with its personal and social problems.

Health Visitors, in conjunction with the Health Department's Female Mental Welfare Officer, follow up suitable school leavers from Haughton Hall and maintain contact with them in the post-school period. Petton Hall school leavers are followed up by the Male Mental Welfare Officers.

Education of Children in Hospitals.—The Robert Jones and Agnes Hunt Orthopaedic Hospital have a permanent arrangement with the Education Committee for the provision of special educational facilities. At Copthorne and Monkmoor Hospitals, Shrewsbury, patients recommended for special tuition attend a class held regularly at the hospitals by tutors provided by the Education Committee.

In other hospitals in the County, when a child is admitted whose stay is likely to be prolonged, special arrangements are made for individual tuition if the medical condition permits.

Convalescence.—No education is provided in convalescent homes and should a fairly long period of treatment be required, the child is ascertained as a delicate pupil and placed in an open-air school.

On the recommendation of School Medical Officers, seven pupils were provided with free holiday convalescence during 1961. Selected cases were those where rest, good food and fresh air were essential to recovery and in the main these children came from poor home conditions. Holidays were arranged through the School Health Service and under a scheme quite distinct from convalescence provided through the National Health Service. The Ormerod Convalescent Home at St. Annes-on-Sea was used and reports on the Home were satisfactory. In addition three children attended a Holiday Camp organised by the British Epilepsy Association.

Cleanliness Inspections.—The incidence of infestation being extremely low in schools above primary level, head inspections in Secondary Modern, Technical and Grammar Schools are now arranged only at the request of the Heads.

School Nurses carry out routine inspections for verminous infestation of pupils in all Primary Schools, follow-up inspections being made of pupils found to have nits or lice.

Cleanliness inspections in Primary Schools are carried out early 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 still found to be verminous, Formal Cleansing Notices are served on the parents, requiring them to disinfest and to present the children for re-examination by the School Nurse at the end of three days.

If on re-examination a pupil is found to be still verminous, a Formal Cleansing Order may be issued, instructing the Nurse to convey the pupil to the nearest School Clinic to be cleansed by her.

During 1961, a total of 79,354 head inspections was carried out by the School Nurses, and 850 children were found to be verminous, some on more than one occasion.

The following table sets out the position from 1952 to 1961:

Year	Pupils on Register of Schools Inspected	Verminous Pupils	Percentage Verminous
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
1959	38,794	1,151	3.0
1960	35,077	975	2.8
1961	34,559	850	2.5

It was found necessary during the year to issue 31 Formal Cleansing Notices and 14 Cleansing Orders. No legal proceedings were instituted in this connection during the year.

In the majority of cases infestation is mainly confined to children whose home conditions are unsatisfactory. In such cases School Nurses have the task of dealing with parents and older members of the household, who neglect personal hygiene and consequently re-infest the younger children.

Children from such families are a continual source of infestation to other pupils and cause constant irritation to parents of clean children and to teachers.

The problem of attaining complete freedom from infestation in schools will not be solved completely either by compulsory cleansing or even by prosecution. It will be overcome only by the education of parents and children and to this end health education is carried out by School Medical Officers and School Nurses in Clinics, Schools and the homes of the offenders.

Work of School Nurses.—School Nursing is undertaken by 5 School Nurses (4 whole-time and one part-time), 25 Health Visitors and 30 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 routine medical inspections.

Children ascertained by the School Medical Officer to be suffering from defects of any kind are either referred for treatment or noted for observation; and the subsequent follow-up work of the School Nurses, together with the number of days given 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	4	4	134	1,606	337	1,943	1,933	132	59	191	2,134	2,644
Part-time School Nurses	1	1	11	68	15	83	67	24	3	27	110	62
Health Visitors	25	7	328½	999	654	1,653	1,510	544	355	899	2,552	1,753
District Nurses	30	2.1	75½	763	66	829	727	293	98	391	1,220	1,596
TOTAL ..	60	14.1	549	3,436	1,072	4,508	4,237	993	515	1,508	6,016	6,055

While the above figures show that, on average, each nurse carries out about two visits per day, it must be borne in mind that only 4 nurses are employed whole-time on School work and that the remainder have other duties under the National Health Service Acts (health visiting, nursing and midwifery) which occupy the bulk of their time.

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 any pupil, on leaving school, is not placed in employment for which he or she is either mentally or physically unsuited.

Handicapped pupils are also given the opportunity to enrol on the Register of Disabled Persons and so obtain through the Ministry of Labour not only sheltered employment but also the special educational training open to Registered Disabled Persons.

Nutrition.—

NUTRITIONAL GROUPS, 1956—1961

Year	Children examined	Classification in Percentages	
		Satisfactory	Unsatisfactory
1956	21,224	99.3	0.7
1957	18,424	99.7	0.3
1958	7,255	99.8	0.2
1959	16,520	99.9	0.1
1960	19,439	99.9	0.1
1961	13,874	100	0

The above table illustrates the steady improvement in the physical standards and nutrition of children in maintained schools and is in complete accord with a decade of high living standards. The figures are based upon the individual findings of the School Medical Officers, but the general trend is towards almost 100% in the satisfactory category.

The chief factors which have effected this present satisfactory state of affairs are improved economic and social conditions, better social and parental child care, good nutrition, better medical and dental care and the important part played by the School Teacher in encouraging the physical care of the children in schools.

Correct diet is, of course, one of the major factors in maintaining good health, allied with proper exercise and regular hours. Medical Officers are nevertheless finding an increasing number of obese children whose condition is simply due to overeating, mainly of sweets and biscuits. The pendulum has now swung from malnutrition associated with the bad economic and social conditions of the thirties to "obesity" occurring in the present era of the affluent society. It is strange that whilst adults are pre-occupied in reducing their weight, parents tend to think that a fat child is a healthy one, and parents of naturally slim, wiry children show anxiety over the condition and seek ways of building them up. There is, of course, the danger that the habit of overeating may persist in later life, and it is now common knowledge that this aspect is one of the factors associated with the rising incidence of coronary thrombosis in adults of middle age.

Glandular conditions exercise only a very small part in obesity and the majority of cases are simply due to overeating. Parents are, however, reluctant to recognise the need for treatment, but fortunately obesity is not a common condition. It is, however, noticeable that in spite of propaganda put out by Medical Officers, Dental Officers and Health Visitors, sweets and biscuits are still made easily available in school tuck shops.

Employment of Children.—All pupils reported by the Secretary for Education as being engaged in employment outside school hours are examined by a School Medical Officer in accordance with the provisions of Section 59 of the Education Act, 1944, to determine whether or not they are being employed in a manner likely to be prejudicial to health or to render them unfit to obtain the full benefit of education.

Following this initial examination, each child is seen annually at routine medical inspection. If for any reason a Medical Officer wants to see a particular child at an earlier date, this is arranged.

Of 612 pupils examined during 1961, it was necessary to recommend cancellation of employment in three cases, limitation of the hours of employment in one case, and re-examination in twenty-two others at intervals ranging from one to six months.

Only children of 13 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 seven 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 Hostels, Boarding Schools and Special Boarding Schools.—Special arrangements are made for the medical examination of children in hostels and boarding schools, or resident in special boarding schools within the County, as under:

Bridgnorth	Millichope Hall	Residential
Ellesmere	Petton Hall	Residential
Ludlow	Grammar School for Boys	Hostel
Newport	Grammar School for Boys	Hostel
Oswestry	Oakhurst (Oswestry Girls' High School)	Hostel
Shifnal	Haughton Hall	Residential
Shrewsbury	The Limes (Priory Grammar School for Girls)	Hostel
	The Elms (Shrewsbury Technical and Technical High Schools for Girls)	Hostel
	Nearwell (Shrewsbury Technical School and Technical High School for Boys)	Hostel
Wem	Grammar School for Boys	Hostel
	Trench Hall	Residential
Whitchurch	Grammar School for Boys	Hostel

During 1961, a total of 897 pupils in residence was examined by the School Medical Officers, anything relevant to the wellbeing of the children being passed on to the Matron of the Hostel or the Head of the School. 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.

Arrangements were also made during the year, at the request of the Robert Jones and Agnes Hunt Orthopaedic Hospital authorities, for the local School Medical Officer to undertake vision testing of the 93 pupils attending the Hospital School. These tests are carried out each term and pupils having defective vision are referred to an Ophthalmic Consultant for treatment.

Medical Examination of Prospective Teachers.—During 1961, a total of 195 candidates for entry to the teaching profession was examined by the medical staff of the School Health Service.

Meals.—School canteen meals are available at 1/- per head (free in necessitous cases) for one hundred per cent of children attending school; but only 63.8 per cent were having school dinners at a census taken in September, 1961.

As a comparison, 62.3 per cent were using this service at a census taken in September, 1960.

Milk.—Milk is supplied free of charge in all schools and a census taken in September, 1961, showed that almost 74 per cent of the children were drinking it.

Quality of Milk Supplies.—Only Pasteurised or Tuberculin Tested Milks are supplied; of a total of 359 departments in maintained, grant-aided and independent schools, 357 had pasteurised supplies and 2 tuberculin tested supplies in 1961.

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, unpasteurised 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 1961:

Grade of Milk	Samples taken	Methylene Blue Test			Phosphatase Test		Biological Test	
		Satis.	Unsatis.	Void*	Satis.	Unsatis.	Satis.	Unsatis.
Pasteurised	225	210	10	5	224	1	—	—
Tuberculin Tested ..	9	9	—	—	—	—	2	—
TOTAL ..	234	219	10	5	224	1	2	—

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

An investigation was made in the case of the sample failing the Phosphatase test, but the cause could not be ascertained.

REPORT OF THE SENIOR SPEECH THERAPIST

During 1961, Speech Therapy Clinics were held at the following Centres:

		Monday	Tuesday	Wednesday	Thursday	Friday
MR. E. PAULETT ..	Morning ..	Wellington	Eye, Ear and Throat Hospital	Office	Eye, Ear and Throat Hospital	Condover Hall
	Afternoon	Wellington	Overley Hall	Pre-School Nursery Unit	Murivance	Pre-School Nursery Unit
	Evening	—	Eye, Ear and Throat Hospital	—	—	—
MISS J. BELLIS ..	Morning	Shifnal	Hadley Sec. Modern	Murivance	Ludlow	Bridgnorth
	Afternoon	Haughton Hall	Hadley Sec. Modern	Office	Ludlow	Bridgnorth
MISS C. BROWNLOW	Morning	Murivance	Church Stretton	Newport	Madeley	Market Drayton
	Afternoon	Office	St. Michael's Class for backward children	Newport	Dawley	Market Drayton
MISS A. LEESON ..	Morning	Office	Oswestry	Petton Hall	Murivance	Whitchurch
	Afternoon	Murivance	Oswestry	Ellesmere	Sutton Lodge	Whitchurch

CASES TREATED

On Register 1st January	New Cases during year	Cases Discharged during year	On Register 31st December
186	238	195	229

CASES DISCHARGED

Normal	Substantially Improved	Unlikely to benefit by further treatment		Left School or Ceased	Referred to Other Services	TOTAL
		Slightly Improved	Unimproved			
60	37	20	9	62	7	195

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 424 children given speech therapy during 1961:

Condition	Cases Discharged during year	On Register on 31st December
Stammer	43	42
Cleft palate	2	1
Severe dyslalia	3	12
Nasality + or —	2	2
Dyslalia	103	118
Voice defect	3	1
Mutism or alalia	9	1
Partial deafness	5	6
Educational subnormality ..	7	12
Dysarthria	7	2
Mixed defect	5	8
Mongolism	1	7
Mental defect	4	10
Agrammatism	1	3
TOTAL ..	195	229

These totals include 21 children from four neighbouring Counties, the latter paying the Shropshire Education Authority for their treatment.

In addition—

43 children made single visits to Centres for advice.
10 visits were made to individual homes.
23 visits were made to schools to see children and discuss cases with teachers.

Ephphatha.—This inscription can be found on the base of a statue now lying in pieces in a corner of a Shrewsbury Hospital garden. What does it signify ? It is an Aramaic word spoken by Jesus to a man whose hearing and speech were impaired, its meaning being "Be (thou) opened"—'and straightway his ears were opened, and the string of his tongue was loosened and he spake plain' (Mark VII, 7—37).

That we may help a person to overcome his speech handicap it is necessary for many, many words to be spoken over and over again in demonstration, example, instruction and advice. We resort to the use of tape recorders, speech training machines, hearing aids and in some instances the patient may have received surgical treetment.

Nevertheless many parents and children do not realise that speech therapy requires hard work on the part of the patient, and those persons in his immediate environment as well as the Therapist. We cannot say a magic word, or prescribe a box of pills or a few days in bed; there must be a concerted and concentrated effort, otherwise the time required to bring speech and language to an accepted standard may be lengthy. Some children attend weekly for treatment, others at more infrequent intervals. Unless the child is mature and intelligent enough to put into practice himself what he is told during his brief session of treatment, he must be given help and encouragement from those in his home and school.

Occasionally a child is referred in the mistaken belief that speech therapy is the same as elocution. Speech therapy is concerned with disorders of voice, articulation and language, spoken and written, developmental and acquired, whereas elocution deals with the improvement of utterance or delivery of voice and speech. The children of a family recently arrived in this country from Eire could not be clearly understood in school because of their brogue, but the Speech Therapist would not undertake to eliminate what was really an attractive accent. The American author Mark Twain said, "When I speak my native tongue in its utmost purity in England, an Englishman can't understand me at all". A cereal food which in this country goes 'snap-pop-crackle', in Germany, according to the packet, makes the noise 'knisper-knasper-knusper' ! One has every right to keep his original accent and dialect and not be channeled into adopting the neutral, colourless "Standard Southern English".

Since April, 1961, two speech therapy sessions per week have been held at the Pre-school Nursery Unit for Handicapped Children in Shrewsbury and in 1962 this number will be doubled. With the severely handicapped cerebral palsied child it is questionable, in the light of our present knowledge, how much benefit they will obtain from speech therapy after a certain age. In the early years valuable training can be given, in conjunction with the physiotherapist, in the use of breath control, speech musculature and overcoming feeding problems but some of these children may have a low threshold of ability to learn verbal speech and language and one must consider the question of whether other means of communicating should be taught.

Weekly treatment sessions are held at the Sutton Lodge, Shrewsbury, Occupational Training Centre for Mentally Handicapped Children. These children in Occupational Centres are trainable, that is to say, they are incapable of learning the school arts but are able to carry out simple instructions, they have responded to toilet training and are capable of being trained to mix with others. Speech therapy with these children is slow and often unrewarding as they are poor at imitating sounds and words and very slow in using speech to express their thoughts and feelings. Thinking in words does not come easily to the backward child and more often than not they resort to gesture. The aim is to draw the child into realistic contact with his environment, to attain a degree of independence and to give by training through the senses, opportunities for self expression.

During the year a full programme of work has been carried out with only one interval following the resignation of Mrs. S. C. Bowen in March, 1961, and the arrival of Miss C. Brownlow to join the staff in September. As Mrs. Bowen has not moved from the County there is every possibility that, when her baby is a little older, she will be able to resume duties in a part-time capacity.

E. PAULETT,

Senior Speech Therapist.

DEAFNESS

Handicapped Children : Loss of Hearing.—Deafness is likely to cause more distress to the individual concerned than any other physical defect and in children can be the gravest handicap to educational progress. Unless detected and specially cared for at an early age, a child with defective hearing is unable to make satisfactory progress in school, is liable to become frustrated and troublesome or may be considered dull and backward. He may even in extreme cases be deemed incapable of receiving education in school. Defective speech frequently accompanies, and may be the first thing to suggest, defective hearing.

The child who is born deaf can have only a limited appreciation of his physical environment. The winds blow silently, machines work noiselessly, and rain falls as silently as snow. The ringing of church bells, the rustle of leaves, and all the pleasant sounds of domestic life leave no impression on his mind and he faces dangers which do not threaten those with unimpaired hearing. Cut off as the deaf child is from a full understanding of the spoken word, he cannot easily understand reasons and motives for actions which can be explained to the hearing child in a moment, and his limited knowledge of the minds of others makes it easy for him to misinterpret their behaviour. It is difficult for him to understand his fellows and it is easy for them to misunderstand him. Partly because of the misunderstandings liable to arise in the minds of the deaf and partly because of the effort that is required to communicate with them, people do not extend their sympathy or help so readily as they do in the cases of blind persons.

Pioneer and research work in the field of the deaf person has done much to stress the urgent need for detecting hearing defects in early childhood and the need for the provision of auditory training and hearing aids. These needs are now widely recognised.

The first essential is early diagnosis—that is, at the earliest moment in the case of those born deaf, or as soon as possible after any illness or injury which affects the ear or auditory nerves. In children with normal intellect it is now possible by simple methods to detect deafness even in a child below the age of 12 months and a surprising amount of satisfactory auditory training can immediately follow such detection.

Modern hearing aids can be used by small children and those as young as 18 months have worn aids continuously. Improved diagnostic methods are beginning to alter previous ideas on the causes of this handicap and of its incidence in the child population.

Detection of Deafness.—"Audiology" is the science of hearing. "Audiometry" is the measurement of hearing by quality and quantity. "Sweep testing" refers to a sorting-out test which indicates a 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.

In children of normal intelligence it is possible, by simple methods, to detect deafness at as early an age as seven months. Babies are tested by the "Distraction Method", whereby baby sits on mother's knee facing the operator, who watches the child's reactions while interesting the child with toys, etc. The tester moves quietly at the back of the child and, speaking in a modulated voice and using special rattles, cups and spoons, tests each ear in turn.

Children in school are tested by the "sweep frequency" method of audiometric testing, using a light-weight, portable, transistorised audiometer.

Deafness in Infants.—As mentioned above, emphasis is placed upon the need for detecting defects in early childhood, and for the provision of auditory training and hearing aids.

Special attention has therefore been given to infants who are in the "at risk" categories, namely:

(i) Premature babies.
(ii) Twins.
(iii) Children born to mothers with Rhesus negative blood containing antibodies.
(iv) Children whose mothers have had virus infections during pregnancy, e.g. German measles.
(v) Children whose mothers have had toxaemia during pregnancy.
(vi) Physically handicapped children.

Arrangements have been made for all Health Visitors to notify details of "risk" babies, who are then seen at a "Screening" Clinic supervised by two Health Visitors who have attended a special course of instruction in Manchester, given by Sir Alexander Ewing.

Sessions have been held in various parts of the County and during 1961, some 241 children between the ages of 9 months and 5 years were tested, of whom 47 failed to pass the screening test.

Of the 47 failing the tests:

15 passed the retest
24 were awaiting retest at the end of 1961
7 were referred for investigation to the Audiology Clinic and
1 died.

Deafness in School Children.—Audiometry 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 have recommended the adoption of the "sweep frequency" method of audiometric testing.

"Sweep testing" is carried out in schools, and all new entrants in Primary Schools and any others referred by the Heads as backward or possibly deaf are tested. In due course it is hoped to include all in the eight year old group.

The following table indicates the results of sweep tests carried out in 1961:

SWEEP FREQUENCY TESTS PERFORMED

Category	Tested	Normal	Defective			
			One ear		Both ears	Total
			R	L		
Primary school children ..	2,871	2,557	83	68	163	314
Suspected deafness ..	80	48	7	7	18	32
Backwardness	68	51	4	5	8	17
Speech disorders	2	2	—	—	—	—
TOTAL ..	3,021	2,658	94	80	189	363

It will be seen from the table above that approximately 12 per cent of those tested failed the sweep test and these were referred to Audiology Clinics for further investigation.

Audiology Clinic.—Clinics for the further investigation of children suspected of having hearing loss are held regularly at the main Child Welfare Centres throughout the County, according to demand, by two of the School Medical Officers, Dr. Mackenzie and Dr. Capper, who have been specially trained for this work.

In addition to children discovered at Welfare Centres, Schools and through sweep testing, other cases are referred direct by School Medical Officers, Health Visitors, Speech Therapists, Heads of Schools, Medical Practitioners and Hospital Specialists.

During 1961, a total of 46 clinics was held and 514 children received hearing tests, with results as indicated below. Children tested included those referred for further investigation following sweep test failure (as shown in the table above) as well as those referred direct as indicated in the preceding paragraph.

RESULTS OF TESTS AT AUDIOLOGY CLINICS

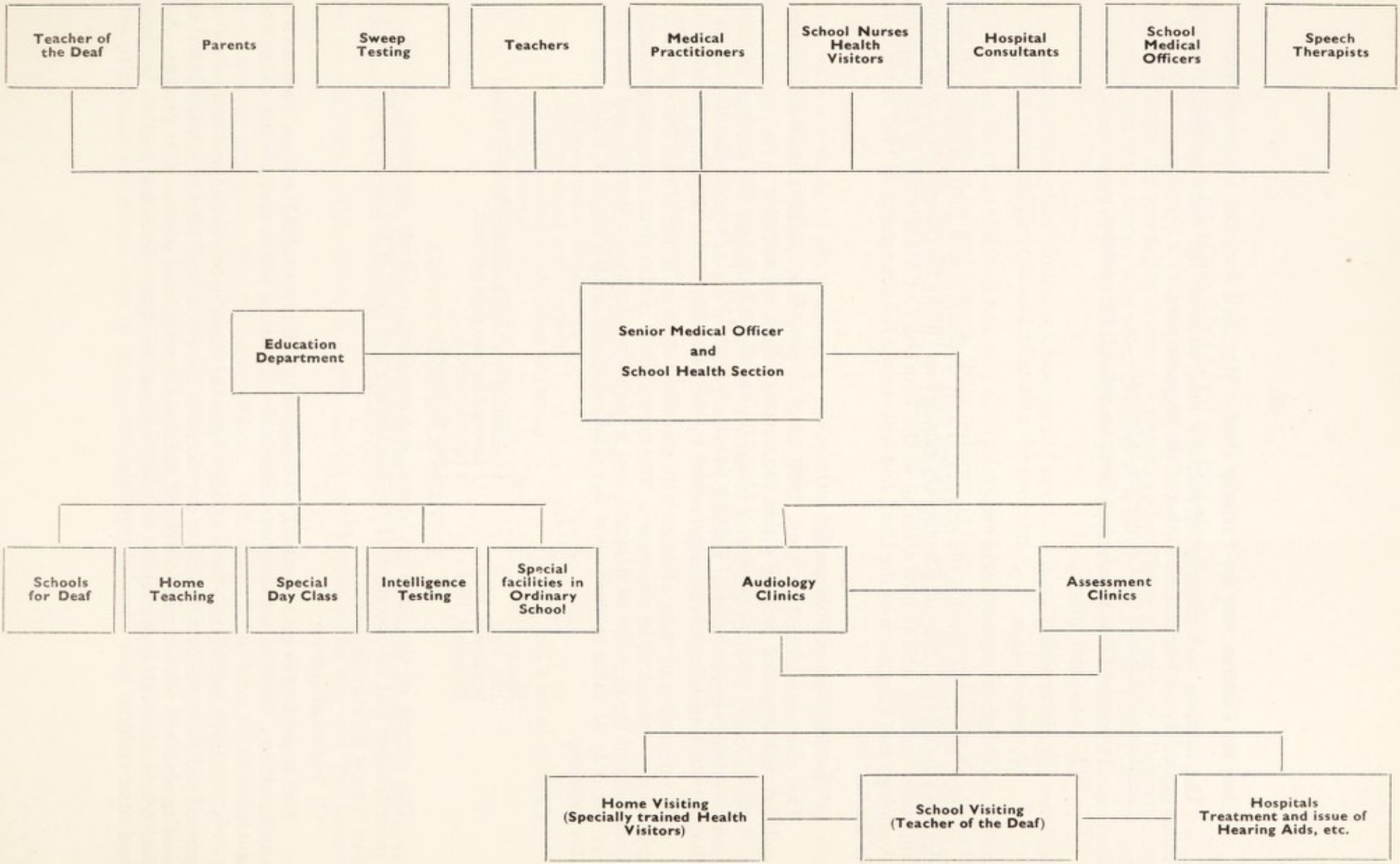
Category	Tested	Hearing normal	Decision deferred	Defective				Total
				One ear		Both ears		
				Severe	Moderate	Severe	Moderate	
Pre-school	17	7	9	—	—	—	1	1
Primary School 5—11 years ..	411	226	45	3	45	9	83	140
Secondary School 11—18 years	85	45	5	3	9	2	21	35
Occupation Centre	1	—	—	—	—	1	—	1
TOTAL ..	514	278	59	6	54	12	105	177

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. During the year, 34 children found at the Audiology Clinics to have defective hearing were referred in this way. Where necessary, the Consultant arranges for the provision of hearing aids and 14 were issued during 1961. Training for children and parents in the use of these aids is given in suitable cases by Mrs. E. M. J. Bell, a qualified teacher of the deaf, and by the two specially trained Health Visitors.

Hearing Assessment Clinics.—At fairly frequent intervals special hearing assessment clinics, at which child and parents can be seen at the same time, are held at the Unit for Partially Deaf Children at Coleham Junior School, Shrewsbury. These clinics are attended by Mr. E. N. Owen, Aural Surgeon, Eye, Ear and Throat Hospital, Shrewsbury, Dr. N. V. Crowley, Senior Medical Officer, who is especially concerned with all deaf children in the County, Mrs. E. M. J. Bell, Teacher of the Deaf at Coleham Junior School, Mr. E. Paulett, Senior Speech Therapist, an Educational Psychologist (whenever required) and the two specially trained Health Visitors.

Children attending these clinics are all suffering from defective hearing and before a decision is reached regarding the provision of special educational treatment and hearing aids, etc., each case is thoroughly assessed by the Specialists in attendance and the decision arrived at in each case is, therefore, the very best in the interests of the child. One assessment is not always sufficient and two or three attendances may be necessary in some cases before a decision is reached.

The diagram below illustrates the numerous sources from which cases of deafness are referred to the School Health Section and the various ways in which they are dealt with according to individual needs.



Class for Children who are Partially Deaf.—Mrs. Bell describes her work below:

"The training and teaching of partially deaf children has been continued during 1961, following a very similar pattern to that of the previous year.

Facilities available in the County are as follows:

(1) Special Class attached to Coleham School, Shrewsbury.
(2) Individual tuition.
(3) Home visits.
(4) School visits.
(5) Special assessment clinics.

These provisions involve the services of two teachers: one a fully qualified teacher of the deaf and the other, at present, a temporary appointment filling the place of the second permanently appointed teacher who is now training at the University of Manchester in the Department of Audiology and Education of the Deaf, and will resume full-time duties in 1962 at the completion of the course.

(1) *Special Class at Coleham School:*

This class, established in April, 1958, aims at providing special educational treatment for children with impaired hearing within the normal school environment.

The teaching involves the use of modern amplifying equipment and includes in addition to normal school subjects, special training in speech and the use and understanding of the mother tongue, which these children are prevented by their handicap from acquiring naturally.

By integration of these children with the other children in the school for normal activities they acquire a much wider experience. The normal child is also given opportunity to understand something of the problem of deafness, and to develop tolerance, sympathy and patience, which are not only of value in themselves but may eventually contribute to a wider appreciation of this handicap.

Children in the Class:

January, 1961	..	10
July, 1961 ..	..	1 transferred to a local Secondary Modern School
September, 1961	..	1 admitted for two days per week.
December, 1961	..	9 full-time pupils.
		1 part-time pupil.

The success of this form of educational provision is largely dependent on the goodwill, understanding and co-operation of the headmaster and staff of the main school. At Coleham this is most generously given.

(2) *Individual Tuition:*

This is given at home, at school, or at a centre, and is provided for those children who need supplementary teaching and are not suitable for admission to the special class owing to age or distance.

Six children receive this form of help. Among them is one pre-school child who has progressed sufficiently to be admitted to the reception class of a local infants' school, and a partially-deaf spastic boy, who is not considered suitable for residential education at present. A session is also held once weekly in conjunction with the Special Therapy Session at Ludlow Welfare Centre and three children have attended regularly.

(3) *School Visits:*

These are made by a teacher of the deaf for the following purposes:

(i) To assess the difficulty a child is having at school on account of deafness. The degree of a child's deafness is not the sole factor involved in deciding educational placements. Temperament and intelligence and other factors also affect progress at school. Some slightly deaf children are very retarded; others more severely deaf maintain good progress. It is essential to assess each case individually.

(ii) To ensure that a child who uses a hearing-aid at school is trained to manage it and that teachers are given some guidance in understanding the problem.

(iii) To ensure that the child is maintaining satisfactory progress in a normal class. In addition to children who remain in normal schools, those transferring from the Special Class at Coleham to ordinary schools in their own locality are visited periodically for this purpose, and in one case a Secondary Modern pupil passing on to a Technical College for further education has been visited for the same reason.

(4) *Home Visits:*

Home visits are made to give training to the child, guidance to parents and to assess the degree to which deafness is affecting the child's home life.

This is a vital part of a service for deaf children, as in most cases they live with their hearing-impairment throughout life, and need the fullest all-round support from *home* and school. It is rare for a deaf or partially deaf child to develop to full potential without good co-operation at home, and the lack of family understanding has in some instances been a deciding factor in recommending residential education."

Statistical Summary:

Children in the Special Class during the year			11
Children receiving regular individual tuition			6
Children visited *only* at home	3	Total children visited	68
Children visited *only* at school	48		
Children visited at both home and school	17		
Children seen at S.A.C.			26
New Cases dealt with under all provisions			45

CHILD GUIDANCE SERVICE

Mr. J. L. Green, County Educational Psychologist, gives the following account of the work carried out through the Child Guidance Service during 1961:

"The present staffing of the Clinic is a Psychiatrist, two Psychologists and one Psychiatric Social Worker.

Dr. Crawford has now left and so has Dr. Warner, the Locum Tenens Psychiatrist from the Hospital Board. Dr. Barbara Evans is devoting four sessions a week to the work, and the effects of more continuous psychiatric help are being noticed. Fortunately, it has been possible for her to make regular visits to Trench Hall School for Maladjusted Children. More children have been accepted for prolonged treatment although they are still, of course, a minority of the cases.

Much advice is still being given by the Psychiatric Social Worker and the Psychologists so that situations causing temporary tensions can be modified. The results of such advice and discussion of children's problems seem to be encouraging.

Although there is little time for intensive remedial work with children, and the Clinic staff feel that the majority of this work should be left to the schools, a few cases where there are emotional disturbances have been accepted for special remedial work.

The Clinic still has to deal with a number of cases of school phobia. The majority of these returned to school, but there have been one or two very resistant cases.

The School Psychological Service continues to work closely with the teachers where children have severe learning difficulties, or where emotional and behaviour problems show themselves in school.

There is close co-operation with the Children's Department and the Probation Service".

SUMMARY OF WORK DONE DURING 1961:

Total number of new referrals	201
Total number of new cases seen	141
Unco-operative	9
Awaiting appointments	51
Old cases still requiring help	37

Sources of referral:

Head Teachers	31%
Private Doctors	12%
County Medical Officer	34%
Parents	7%
Probation Officers	4%
Miscellaneous, e.g. Children's Department, Psychiatric Hospitals, Education Welfare Officers, Speech Therapists, N.S.P.C.C., Health Visitors	12%

Reasons for referral:

Behaviour difficulties such as aggressive behaviour, severe temper tantrums, truancy, pilfering	34%
Nervous conditions, such as night terrors, anxiety conditions, stammering and timidity	26%
Physical disorders, e.g. day or night enuresis, soiling, failure to eat or sleep normally	23%
Failure in school. Difficulties either in specific subjects, general behaviour or general attitude to work	15%
Miscellaneous reasons: vocational guidance, advice re adoptions, reports to Magistrates	2%

Number of cases seen by Psychiatrists	Dr. Warner 9 Dr. Evans 51	60
Number receiving prolonged treatment by Psychiatrists		21
Number recommended for admission to Schools for Maladjusted Children		15
Number recommended for home tuition because of maladjustment		1

PHYSICAL EDUCATION

The Secretary for Education has kindly provided the following report on Physical Education which has been compiled by Mr. Beswick and Miss Jarvis, Physical Education Advisers:

"As physical education covers such a wide field it is impossible to insert in a report of this nature details of many of its aspects. Therefore, we have chosen only four this year, which we hope will be of interest. The scope of Physical Education has widened and many more school children are taking part than ever before. Schools are able to offer facilities and instruction in such varied subjects as sailing, canoeing, fencing and ju-jitsu for both boys and girls. We are happy to report that children in schools are now getting an opportunity not only to play the major games, but to try and find some physical aspect which they can carry on as a leisure activity when they leave school.

(*a*) *Camping:*

The standing camp was held again at Arthog, Merionethshire, from April to July for school parties in term time. About 900 children attended during this period. The camp was kept open until the beginning of September for parties from youth clubs, children's department and multiple school units, who had been unable to attend in term time. Several schools held camping trips independently on the Continent, in Scotland and in Wales.

More light-weight camping work was held in various parts of the country as a preparation towards the Duke of Edinburgh's Award Expeditions.

(*b*) *Swimming:*

We continued to use 14 swimming baths throughout the County, both indoor and outdoor, and most schools attend regular training sessions throughout the year. As a result of this, the following certificates were issued by the Education Department: 1,766 length, 640 proficiency and 66 advanced. In addition, the following Royal Life Saving Society Awards were gained: 1 distinction, 11 awards of merit, 30 bronze crosses, 160 bronze medallions, 205 intermediate certificates, 40 unigrip certificates, 66 elementary certificates. Local and area swimming galas were held again this year, and the County Swimming Gala was held at Cosford. An inter-county Gala was held at Oswestry when Shropshire beat Herefordshire and Worcestershire. As a result, Shropshire was represented at the National Championships at Huddersfield by 11 children. A much higher standard than in previous years was reached by our competitors at this National Championships.

(*c*) *Athletics:*

After schools had held their own individual championships, area events were held in the six divisions of the County to select area teams to compete at the County Championships which were held in June at the track of the new Shrewsbury College of Further Education. A team was selected after the completion of this event to represent Shropshire at the All-England Championships, which were held in Chesterfield and also a team to compete in the triangular match between Worcester, Staffordshire and Shropshire, and this year it was Shropshire's turn to be hosts. Our team at the National Championships obtained more points than ever before, and we had one National Champion in the intermediate group in the boys' mile.

(*d*) *Games:*

Under the auspices of the Shropshire School Sports and Athletic Association, local, area and County Championships and tournaments were held in twelve of the major sports and games and Shropshire obtained many honours. One of our schools won the Joseph Leckie Shield for Netball and the boys' under 15 group cricket team won more matches than in previous years. The County Schools Sports Association continues to flourish in all its aspects and an overall improvement is shown at area, county, and national level".

Note.—All the children attending the Summer Camp at Arthog, referred to above, are examined before admission—initially by the local School Nurse and immediately prior to departure to camp by a School Medical Officer—and certified to be free from infection and verminous infestation before being allowed to proceed.

Arrangements are made with a local medical practitioner to provide medical services at the camp when requested.

SCHOOL REPORT OF PRINCIPAL DENTAL OFFICER

On reading through some old reports concerning the School Dental Service I find on comparison with recent ones that no really positive developments in the matter of policy have occurred since its inauguration. On the practical side, great advances have been made in the provision of modern and fully equipped dental surgeries.

It is interesting to note the following statement of policy for the Service which appeared in the 1926 report:

(1) That the inspection of children should be of a systematic character.

(2) That all the schools should be dealt with in a *reasonable* time and *if possible within twelve months.*

(3) That the mouth of every child treated should be freed from any gross septic conditions and any decayed tooth that is saveable should be saved.

(4) That, subject to the foregoing conditions and to the proviso that every filling should be done as well as possible so that it shall be really permanent, the largest number of children possible should be dealt with.

These policy aims are equally true today but unfortunately are just as impossible to fulfil as in 1926. In 1929 the professional staff consisted of 6 full-time Dental Officers and in 1961 this figure remained the same in equivalent, being comprised of 5 full-time and 4 part-time Dental Officers. The number of full-time officers has remained consistent at 5 for the past three years, but there has been fluctuation in the numbers of the part-time staff. As the full establishment is for 11 Dental Officers the School Dental Service is being operated at approximately half strength. The school population has increased, but there has been an alarming increase in dental disease. Consequently we find ourselves gradually losing ground in our efforts at control. In spite of this, however, we have managed to offer some treatment to children in all areas of the County generally with the exception of those resident in the Market Drayton district. As we have been able to maintain a reasonably stable staff strength over the past few years, Dental Officers are based at strategic places in the County as follows:

Oswestry:

The clinics covered in this district are Wem, Ellesmere and Whitchurch. The rural areas are visited when the mobile dental caravan is available. There are 58 schools in this area with a population of approximately 8,900 children.

Ludlow:

The clinics covered in this area are Ludlow and Bridgnorth whilst the mobile dental surgery is also used in the rural areas when available. In the case of these two districts the officer concerned covers considerable mileage in order to carry out his dental programme. There are 67 schools in this area with a population of approximately 7,500 children.

Shrewsbury:

This clinic is covered fully throughout the week by one full-time and two part-time officers, there being 84 schools and 12,700 children in the town and the surrounding area, transport facilities into Shrewsbury being comparatively easy. This clinic which is situated at 5 Belmont performs the dual role of base clinic and appointment and liaison centre for the other dental clinics in the County. Patients are made aware that a Dental Officer and other dental staff are always in attendance there and can give them any necessary advice and guidance.

Wellington:

One officer is in full attendance at this clinic, which serves an area having 35 schools and 8,000 children.

Principal Dental Officer:

I try to perform a roving commission and to include the Dawley and Madeley areas where the number of schools is 38 and the number of children 6,200.

In this way I feel that we can offer treatment to as many children as possible, no clinic being completely inaccessible to any part of the County, but Dental Officers are still nevertheless being forced to maintain a waiting list. Unfortunately this continuous pressure, which tends to force Dental Officers into purely routine standardised treatment instead of full comprehensive treatment, is likely to have a poor effect on the morale of the Service.

We could carry out large scale inspections of schools, but this would be a waste of time, resolving itself into an academic exercise only, and it would be quite impossible to cope with the amount of treatment which would be required even if treatment were to be confined to emergency extractions. For example, at one Junior and Infant School in the County selected at random for inspection last year, it was found that of 410 children examined, 374 required treatment. Similarly at a Girls' Modern School inspected at about the same time 339 children were seen and all were in need of treatment. This situation is typical of the majority of schools in the County.

We continue to advertise in professional journals, but have no success whatsoever. I am unable to understand the reason for this as Shropshire is a pleasant County and our Dental Clinics are as well equipped as those elsewhere in the country.

Many dental health talks have been given in an attempt to educate the public and there is an increasing demand for these. People are gradually becoming interested in dental health with the result that there is a great increase in the number of parents attending centres to request treatment, thus creating further demands on the Dental Service.

The two Orthodontists each perform one half day session per week and at present they are fully booked for weeks ahead. Additional sessions per week to cope with the increase in work may be necessary in the near future.

Never has there been a greater need for a sound and progressive School Dental Service.

Work done during the year.—

Number of pupils inspected by the Council's Dental Officers:	
(*a*) At periodic inspections	3,375
(*b*) As Specials	3,230
TOTAL	6,605
Number found to require treatment	5,660
Number offered treatment	5,591
Number actually treated (including cases brought forward from previous year)	6,093
Number of attendances made by pupils for treatment including orthodontics	18,654
Half-days devoted to: Periodic (school) inspection	34
Treatment	1,914
Fillings: Permanent Teeth	8,061
Temporary Teeth	970
TOTAL	9,031

Number of teeth filled: Permanent Teeth	7,209
Temporary Teeth	848
TOTAL	8,057
Extractions: Permanent Teeth	2,878
Temporary Teeth	4,747
TOTAL	7,625
Administration of general anaesthetics for extractions	1,910
Orthodontics:	
Cases commenced during the year	202
Cases carried forward from previous year	360
Cases completed during the year	88
Cases discontinued during the year	85
Pupils treated with appliances	154
Removable appliances fitted	140
Fixed appliances fitted	34
Total attendances	1,938
Number of pupils supplied with dentures	142
Other operations: Permanent Teeth	3,359
Temporary Teeth	534
TOTAL	3,893

(Other operations include x-rays, root fillings, crowns fitted, inlays and various surgical procedures. 4 Jacket Crowns, 3 Gold Crowns, 5 Gold Inlays, 5 Silver Cap Splints, 25 Dentures repaired).

Condover Hall School.—Under the provisions of Section 78 of the Education Act, 1944, all the pupils (approximately 80) of Condover Hall School for the Blind were dentally examined and treatment carried out as necessary.

C. D. CLARKE,
Principal Dental Officer.

HEALTH EDUCATION

During the year, School Medical Officers, Dental Officers and Health Visitors visited a a number of the schools in the County and gave formal health education in some Junior, Grammar and Modern Schools, whenever requested by the Heads concerned, and to Parent-Teacher Associations through the medium of lectures illustrated or supported by flannelgraphs, film strips, and films, and informal health education in other schools. The principal subjects dealt with included Smoking and Lung Cancer, Home Safety, Personal Hygiene, Food Hygiene, Dental Hygiene, Nutrition and Food, Food Poisoning, Vaccination and Immunisation, Spread of infection, and (for school-leavers particularly) General Principles of Health. Other material in the form of posters, display panels, and leaflets was utilised in support and shown prior to talks by local arrangement.

The lectures generally were well received and appeared to arouse interest, particularly among the more intelligent and older grades of pupil, but experience suggests that an absence of questions from younger and less self-confident groups does not necessarily indicate lack of enthusiasm. It is our hope that more illustrated talks will in future be requested by the Junior Schools as well as the Secondary and Special Schools where they are becoming an established practice.

Apart from informal instruction carried out in the course of their normal duties by Health Visitors and School Nurses, there is formal tuition in nursing subjects for girl pupils in Secondary Schools who are studying Mothercraft, and for pre-nursing students preparing to enter the nursing profession. On special request or by local arrangements made with Heads of Schools, Doctors, Dental Officers and Health Visitors have given talks illustrated by flannelgraphs and by film strips, and have utilised films, posters and leaflets as supporting material. Among the topics so dealt with were Nutrition, Diet and Food, Infant Care and Mothercraft, Growing up, Nursing and Anatomy, Vaccination and Immunisation, Dental Hygiene, Personal Hygiene, Head Lice, Foot Care and Accidents in the Home.

In the Dental field, great emphasis is necessarily laid on preventive work and the promotion of dental health is encouraged by the activities of the Dental Officers and the Dental Hygienist, who all make use of films, posters, and leaflets in their talks.

The Department uses existing facilities in schools for the projection of films, film strips and slides on health education subjects, and has a 16 m.m. sound film projector and still projectors, which are available for use in all schools, and wherever "blacking out" can be arranged. The monthly magazine, "Better Health" is distributed to all schools other than Primary (with one exception) and a number of school teachers have requested extra copies of this publication for classroom use.

Outside the Schools there is a considerable amount of health education in the form of talks and lectures to adolescent and adult groups which is undertaken by staff possessed of teaching experience and skilled in utilising visual aids. During the past year, the Health Education Section has been able to assist teachers from Junior, Modern and Technical Schools, as well as student teachers, by providing posters and leaflets and the loan of flannelgraphs or film strips and by advice on sources of health education material.

B.C.G. VACCINATION OF SCHOOL CHILDREN

B.C.G. vaccination against Tuberculosis is available, with parental consent, to:

(*a*) school children in the year preceding their fourteenth birthday;

(*b*) children of 14 years and upwards who are still at school and students at universities, teacher training colleges, technical colleges and other establishments for further education; and

(*c*) whole school classes, which may include a few children under 13 years, for convenience.

The following are particulars of schools visited for B.C.G. vaccination purposes during 1961, with comparative figures for 1960:

	Maintained and Grant-aided Schools		Independent Schools		Total	
	1960	1961	1960	1961	1960	1961
Schools visited	67	76	29	25	96	101
Children tested	5,593	4,337	1,398	592	6,991	4,929
Reactors—positive	770	484	269	102	1,039	586
—negative	4,544	3,637	1,117	488	5,661	4,125
Not read	279	216	12	2	291	218
Children vaccinated	4,484	3,595	1,105	473	5,589	4,068
Negative reactors not vaccinated	60	42	12	15	72	57

The acceptance rate for B.C.G. vaccination has always been high and for 1961 was 94 per cent.

In addition, a special survey was made at one school where children had been in contact with a known case of Tuberculosis:

	Tested	*Positive Reactors*	*Negative Reactors*	*Not Read*	*Negative Reactors Vaccinated*
Children (all ages)	68	8	60	—	—
Staff	1	1	—	—	—

The negative reactors were pupils under 13 years of age and therefore too young for vaccination. All children will be retested and vaccinated where necessary when they reach 13 years of age.

Positive reactors are referred for examination by a Mass Radiography Unit.

Mass Radiography.—All positive reactors discovered during school testing were X-rayed either by the Stoke-on-Trent or Wolverhampton Mass Radiography Units and the following table summarises the results of these investigations:

	Pupils	**Home Contacts*	*Staff*
Cases investigated	504	12	124
Recalled for large film examination ..	10	—	1
Cases of Tuberculosis discovered	—	—	—

(Included in the above figures are 14 children and 1 staff from the one school at which a special survey was made. One child was recalled for large film examination).

*The X-raying of home contacts of all positive reactors was discontinued at the beginning of 1961 as it was felt that the results did not justify the amount of work involved. After further consideration it was decided to introduce a modified scheme whereby the home contacts of children who had large positive reactions when skin tested at school would be offered X-ray appointments. This limited scheme came into operation in September, 1961.

All positive reactors to the Mantoux test *showing a large reading* (20 m.m. or more) have an *early large film X-ray* by the Mass Radiography Unit which visits the Shrewsbury and Wellington Chest Clinics twice monthly.

DIPHTHERIA IMMUNISATION

Routine Medical Examination Sessions in school give the School Medical Officers 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 1961, the total number of children *of school age* who were primarily immunised was 897; of this number, 461 were treated by School Medical Officers and 436 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 4,079 school children re-immunised, 2,418 were dealt with by the School Medical Officers and 1,661 by general medical practitioners.

The estimated school population of the County in 1961 was 48,500 and of these 37,929 (or 78.2 per cent) were known to have been immunised against Diphtheria; 17,948 (or 37.0 per cent) could be regarded as completely protected by having been immunised within the last five years.

One case of diphtheria was notified in the County during the year—the first since 1952—and occurred in a male aged 13 years who had been immunised as a baby and had received a booster dose of Diphtheria/Tetanus prophylactic early in 1961. The boy was admitted to the isolation ward of the local paediatric department as a clinical case, having developed a severe sore throat with exudate some days before the onset of a mild palatal palsy. There was regurgitation of fluids down the nose and a "nasal voice" and the boy had large doses of Penicillin before admission to Hospital, where examination of a throat swab failed to reveal any organisms.

The patient recovered fully after penicillin therapy and the administration of diphtheria anti-toxin.

Throat swabs from home contacts proved to be negative, as did swabs subsequently taken from five persons following superficial examination of all children and staff at the school attended by the patient.

No contact was established with any known case of Diphtheria outside the County and no further cases followed this isolated instance.

Follow-up work at the school in question resulted in 290 children being given "booster" doses and arrangements made to give courses of primary immunisation to a further 80 children.

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:

		1942—46	1947—51	1952—56	1957—61
Notifications ..	Total	216	25	1	1
	Annual average	43.2	5	0.2	0.2
Deaths ..	Total	15	3	1*	—
	Annual average	3	0.6	0.2	—

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

VACCINATION AGAINST SMALLPOX

During the year, 166 children *between the ages of* 5 *and* 14 *years* were vaccinated against Smallpox. Of this number, 54 vaccinations were performed by School Medical Officers and 112 by general medical practitioners.

In addition, 189 children were re-vaccinated—4 by School Medical Officers and 185 by general practitioners.

VACCINATION AGAINST POLIOMYELITIS

New applicants for vaccination against Poliomyelitis continued to come forward in 1961, with a very good response in the younger age group, i.e. up to 15 years of age, older children being given their injections at evening clinics and younger ones at ordinary child welfare clinic sessions or at special day-time vaccination sessions.

During 1961, fourth doses were made available to school children on entering school (normally at the age of 5 years) and also to children of 5 and over who had not reached the age of twelve. The Minister of Health was advised to take this action by the Joint Committee on Poliomyelitis Vaccine, because although three doses of vaccine give a high degree of protection, children in school are considered to be a markedly greater risk.

In this County a total of 22,617 school children received fourth doses between May and December, 1961, and of these 19,623 received their injections from County Council Medical Officers, while the remaining 2,994 were dealt with by General Practitioners.

The following are the numbers receiving second and third injections in 1961 in the 5—14 and 15—18 age groups, the latter, of course, including pupils at grammar schools and technical colleges, etc.:

	Vaccinated by	5—14 years	15—18 years	Total
Completed with two injections	Medical Officers ..	2,356	261	2,617
	General Practitioners ..	680	219	899
	TOTAL ..	3,036	480	3,516
Completed with three injections	Medical Officers ..	753	205	958
	General Practitioners ..	1,034	145	1,179
	TOTAL ..	1,787	350	2,137

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, infectious diseases, liable to be transmitted by contamination of the food served in the canteens, the medical examination of canteen staffs is carried out at least once a year, and new entrants to the service are examined as soon as possible after appointment. Ideally, they should be examined before commencing employment, but often the worker's services are urgently required and prior examination is not possible.

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 initial examination an employee is found to have a history or shows symptoms of intestinal disorder, arrangements are made for specimens of faeces, and if necessary urine, to be submitted to the Public Health Laboratory, Shrewsbury, for investigation.

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	29	86	16	143
Self-contained Canteens	131	12	165	428	121	726
Canteens for dining only	182	—	—	343	154	497
TOTAL ..	325	24	194	857	291	1,366

During 1961 a total of 1,277 examinations of canteen personnel (253 initial and 1,024 re-examinations) was carried out.

In 6 cases it was necessary to arrange for chest x-ray examinations and the results in all these cases were satisfactory. X-ray examinations are made when the Mass Radiography Unit is in the area, or can be arranged at the special request of the Medical Officer. It is, however, now proposed to X-ray every canteen worker as a routine as soon as possible after appointment.

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 73 such examinations were carried out by the School Medical Officers.

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.
Monkmoor Children's Hospital, Shrewsbury.
The North Staffordshire Royal Infirmary, Stoke-on-Trent.
The Kidderminster and District General Hospital, Kidderminster.
The Wolverhampton Royal Hospital, Wolverhampton.
The Staffordshire General Infirmary, Stafford.

Eye Conditions:

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

Ear, Nose and Throat Conditions:

The Bridgnorth and South Shropshire Infirmary, Bridgnorth.
Copthorne Hospital, Shrewsbury.
The Eye, Ear and Throat Hospital, Shrewsbury.
Ludlow and District Hospital, Ludlow.
Oswestry and District Hospital, Oswestry.
Shifnal Cottage Hospital, Shifnal.
Whitchurch Cottage Hospital, Whitchurch.
New Cross Hospital, Wolverhampton.
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.

Orthopaedic Conditions, including Fractures:

Royal Salop Infirmary, Shrewsbury.
The Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.
The Kidderminster and District General Hospital, Kidderminster.

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 community it is quite impossible to attain anything like uniformity of standards 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		
Baschurch	*Immunisation:*	First Tuesday in month	2.30 p.m.— 4.30 p.m.
Bayston Hill	*Immunisation:*	First and Third Mondays in month	2.30 p.m.— 5.00 p.m.
Bishop's Castle	*Immunisation:*	Second and Fourth Fridays in month	1.30 p.m.— 4.30 p.m.
Bridgnorth (Grove Estate)	*Immunisation:*	Fourth Thursday in month ..	1.30 p.m.— 4.30 p.m.
Bridgnorth (North Gate)	*School Doctor:*	First Monday in month	9.00 a.m.—10.30 a.m.
	Immunisation:	First Monday in month	9.00 a.m.—10.30 a.m.
		Mondays	1.30 p.m.— 4.30 p.m.
	Speech Therapy:	Fridays	9.00 a.m.—12.15 p.m.
			1.30 p.m.— 4.30 p.m.
	Audiology:	By arrangement	
	Dental:	Tuesdays and by arrangement ..	9.30 a.m.—12.30 p.m.
			1.30 p.m.— 4.30 p.m.
	Ophthalmic:	By arrangement	
Bridgnorth (Royal Air Force)	*Immunisation:*	Thursdays	2.00 p.m.— 4.30 p.m.
Broseley	*Immunisation:*	First, Third and Fifth Thursdays in month	2.00 p.m.— 4.30 p.m.
Buntingsdale (Royal Air Force)	*Immunisation:*	Every Thursday afternoon except first in month	2.30 p.m.— 4.00 p.m.

Centre	Sessions		
CHURCH STRETTON	*Immunisation:*	First and Third Thursdays in month	2.00 p.m.— 4.30 p.m.
	Audiology:	By arrangement	
CHURCH STRETTON C.E. SCHOOL	*Speech Therapy:*	Every Tuesday morning during term time	9.30 a.m.—12.00 noon
Centre	**Sessions**		
CLEOBURY MORTIMER	*Immunisation:*	First and Third Wednesdays in month	2.00 p.m.— 4.00 p.m.
COSFORD (Royal Air Force)	*Immunisation:*	Second and Fourth Thursdays in month	2.00 p.m.— 4.00 p.m.
DAWLEY	*School Doctor:*	First Tuesday in month	9.30 a.m.—12.00 noon
	Immunisation:	First, Third and Fifth Tuesdays in month	1.30 p.m.— 4.30 p.m.
		First Wednesday in month ..	9.30 a.m.—12.00 noon
	Speech Therapy:	Thursdays	1.30 p.m.— 4.15 p.m.
	Audiology:	By arrangement	
	Dental:	By arrangement	
DONNINGTON (Turreff Hall)	*Immunisation:*	First, Third and Fifth Wednesdays in month	1.30 p.m.— 4.30 p.m.
DONNINGTON (Garrison Welfare Centre)	*Immunisation:*	Second and Fourth Fridays in month	2.00 p.m.— 4.30 p.m.
ELLESMERE	*School Doctor:*	First Tuesday in month	9.30 a.m.—12.00 noon
	Immunisation:	First Tuesday in month	10.30 a.m.—12.30 p.m.
		First, Third and Fifth Tuesdays in month	1.30 p.m.— 4.30 p.m.
	Audiology:	By arrangement	
	Dental:	By arrangement	
	Speech Therapy:	Wednesdays	2.00 p.m.— 4.30 p.m.
HADLEY	*School Doctor:*	Second Tuesday in month ..	9.30 a.m.—12.30 p.m.
	Immunisation:	Second Tuesday in month ..	10.30 a.m.—12.30 p.m.
		Fourth Tuesday in month ..	1.30 p.m.— 4.30 p.m.
HADLEY MODERN SCHOOL	*Speech Therapy:*	Tuesdays	9.30 a.m.— 4.30 p.m.
HAUGHTON HALL SCHOOL	*Speech Therapy:*	Mondays	1.30 p.m.— 4.15 p.m.

Centre	Sessions		
HIGHLEY	*Immunisation:*	First and Third Tuesdays in month	1.30 p.m.— 4.30 p.m.
IRONBRIDGE	*Immunisation:*	First and Third Fridays in month	2.00 p.m.— 4.30 p.m.
LUDLOW (Dinham)	*Dental:*	Mondays and by arrangement	
	Immunisation:	Second Monday in month ..	9.30 a.m.—12.00 noon
	Speech Therapy:	Thursdays	10.00 a.m.— 1.00 p.m. 2.00 p.m.— 4.30 p.m.
	Hearing Training:	Thursdays	10.00 a.m.—12.00 noon
	Audiology:	By arrangement	
	Child Guidance:	By arrangement	
	Ophthalmic:	By arrangement	
LUDLOW (East Hamlet)	*Immunisation:*	Second and Fourth Thursdays in month	1.30 p.m.— 4.30 p.m.
MADELEY	*Dental:*	By arrangement	
	Immunisation:	Second and Fourth Wednesdays in month	1.30 p.m.— 4.30 p.m.
	Speech Therapy:	Thursdays	9.00 a.m.—12.30 p.m.
	Orthopaedic:	Second and Fourth Fridays in month	10.30 a.m.—12.30 p.m.
MARKET DRAYTON	*School Doctor:*	Wednesdays	9.30 a.m.—10.30 a.m.
	Immunisation:	Second Wednesday in month ..	9.30 a.m.—12.00 noon
	Audiology:	By arrangement	
	Dental:	By arrangement	
	Speech Therapy:	Fridays	10.00 a.m.—12.15 p.m. 1.30 p.m.— 4.15 p.m.
MEOLE BRACE	*Immunisation:*	First Thursday in month ..	3.45 p.m.— 5.00 p.m.
MUCH WENLOCK	*Immunisation:*	Fourth Tuesday in month ..	2.00 p.m.— 4.30 p.m.
NEWPORT	*Dental:*	Tuesdays, Thursdays and Fridays	9.30 a.m.—12.30 p.m.
	Immunisation:	First Friday in month	9.30 a.m.—12.00 noon
	Speech Therapy:	Wednesdays	10.00 a.m.— 1.00 p.m. 2.00 p.m.— 4.30 p.m.
	Audiology:	By arrangement	

Centre	Sessions		
OAKENGATES	*Immunisation:*	Fridays	1.30 p.m.— 4.30 p.m.
	Dental:	By arrangement	
	Orthopaedic:	Second Tuesday in month	10.30 a.m.—12.30 p.m.
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.
	Immunisation:	Third Wednesdays in month	9.30 a.m.—12.00 noon
	Dental:	Mondays and by arrangement	9.00 a.m.— 4.30 p.m.
	Speech Therapy:	Tuesdays	9.30 a.m.—12.30 p.m. 1.30 p.m.— 4.15 p.m.
	Orthopaedic:	Wednesdays	11.00 a.m.— 1.00 p.m.
	Audiology:	By arrangement	
	Ophthalmic	By arrangement	
PETTON HALL	*Speech Therapy:*	Wednesdays	10.00 a.m.—12.15 p.m.
PONTESBURY	*Immunisation:*	Second and Fourth Tuesdays in month	2.00 p.m.— 4.30 p.m.
ST. MARTIN'S	*Immunisation:*	First Tuesday in month	2.00 p.m.— 4.30 p.m.
SHAWBURY	*Immunisation:*	Second and Fourth Tuesdays in month	2.00 p.m.— 4.30 p.m.
SHIFNAL	*Immunisation:*	Second and Fourth Mondays in month	2.00 p.m.— 4.30 p.m.
	Speech Therapy:	Mondays	9.30 a.m.—12.45 p.m.
SHREWSBURY (*a*) Harlescott	*Immunisation:*	First Tuesday in month	9.30 a.m.—12.00 noon
(*b*) Health Centre, Murivance	*School Doctor:*	First Friday in month	9.00 a.m.—10.30 a.m.
	Immunisation:	First and Third Fridays	9.30 a.m.—12.30 p.m.
	Speech Therapy:	Mondays	9.00 a.m.—12.30 p.m.
		and Thursdays	2.00 p.m.— 5.00 p.m.
		Wednesdays	9.00 a.m.—12.30 p.m.
	Audiology:	By arrangement	
(*c*) Monkmoor (at Monkmoor School)	*School Nurse's Session:*	By arrangement	
(*d*) Monkmoor Centre	*Immunisation:*	First Tuesday in month	1.30 p.m.— 4.30 p.m.

Centre	Sessions		
(*e*) White House	*Immunisation:*	Second and Fourth Thursdays in month	9.00 a.m.—12.00 noon
(*f*) Education Office, County Buildings	*Child Guidance:*	Thursdays, Fridays and by arrangement	10.00 a.m.— 4.00 p.m.
(*g*) No. 5 Belmont	*Dental:*	Weekdays	9.00 a.m.— 4.30 p.m.
(*h*) St. Michael's Street Class for Backward Children	*Speech Therapy:*	Tuesdays	2.00 p.m.— 4.00 p.m.
(*i*) Sutton Lodge Occupation Centre	*Speech Therapy:*	Thursdays	2.00 p.m.— 4.00 p.m.
(*j*) Pre-School Nursery Unit, Claremont Street	*Speech Therapy:*	Weekdays except Fridays and Saturdays	9.30 a.m.—12.00 noon 2.00 p.m.— 4.00 p.m.
(*k*) Coleham School	*Hearing Assessment:*	By arrangement	
WELLINGTON	*School Doctor:*	Thursdays	9.30 a.m.—10.30 a.m.
	Immunisation:	Second Friday in month	9.30 a.m.—12.00 noon
	Dental:	Weekdays	9.00 a.m.— 4.30 p.m.
	Speech Therapy:	Mondays	9.30 a.m.—12.30 p.m. 1.45 p.m.— 4.30 p.m.
	Audiology:	By arrangement	
	Child Guidance:	Wednesdays	10.00 a.m.— 4.00 p.m.
WEM	*Audiology:*	By arrangement	
	Immunisation:	Second and Fourth Thursdays in month	2.00 p.m.— 4.00 p.m.
	Dental:	By arrangement	
WHITCHURCH	*Dental:*	By arrangement	
	Immunisation:	First and Third Thursdays in month	1.30 p.m.— 4.30 p.m.
	Speech Therapy:	Fridays	9.00 a.m.—12.30 p.m. 2.00 p.m.— 5.00 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)
1957 and later ..	6	6	100%	—	—
1956	1,874	1,874	100%	—	—
1955	2,022	2,022	100%	—	—
1954	665	665	100%	—	—
1953	245	245	100%	—	—
1952	149	149	100%	—	—
1951	202	201	100% (approx.)	1	—
1950	1,026	1,025	100% (approx.)	1	—
1949	2,307	2,306	100% (approx.)	1	—
1948	1,130	1,130	100%	—	—
1947	2,079	2,078	100% (approx.)	1	—
1946 and earlier ..	2,169	2,169	100%	—	—
TOTAL ..	13,874	13,870	100%	4	—

(NOTE: Routine medical examinations are normally carried out on entry to school, at 11 years of age and again at 14 years).

(B) PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspections 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)
1957 and later ..	—	—	—
1956	61	94	141
1955	62	125	176
1954	20	39	57
1953	11	18	28
1952	10	17	23
1951	13	18	31
1950	73	68	131
1949	221	149	364
1948	131	97	208
1947	205	128	315
1946 and earlier	269	116	361
TOTAL ..	1,076	869	1,835

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	1,484
Re-inspections	9,981*
	11,465

*In addition to these inspected a total of 1,961 pupils in the 1953, i.e. 8 year old group were given Vision tests. Of this total, 6 were recommended for treatment and 30 for observation.

(D) INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by the School Nurses or other authorised persons ..	79,354
(2) Total number of individual pupils found to be infested	850
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	31
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	14

TABLE II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1961

(A) PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	Entrants		Leavers		Others		Total	
		Requiring:		Requiring:		Requiring:		Requiring:	
		Treatment	Observat'n	Treatment	Observat'n	Treatment	Observat'n	Treatment	Observat
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	23	108	55	64	95	145	173	317
5	Eyes (*a*) Vision	142	464	419	255	515	522	1,076	1,241
	(*b*) Squint	54	68	20	15	47	69	121	152
	(*c*) Other	12	19	8	23	8	79	28	121
6	Ears (*a*) Hearing	22	95	14	23	9	63	45	181
	(*b*) Otitis Media ..	4	70	5	30	3	51	12	151
	(*c*) Other	4	41	3	20	5	47	12	108
7	Nose or Throat	60	577	17	124	54	412	131	1,113
8	Speech	31	109	4	18	23	51	58	178
9	Lymphatic Glands ..	2	249	—	33	1	120	3	402
10	Heart	3	67	2	65	5	73	10	205
11	Lungs	12	175	3	50	6	152	21	377
12	Developmental:								
	(*a*) Hernia	9	30	4	4	5	19	18	53
	(*b*) Other	4	56	8	13	4	114	16	183
13	Orthopaedic:								
	(*a*) Posture	2	37	2	39	3	70	7	146
	(*b*) Feet	26	132	5	42	21	94	52	268
	(*c*) Other	12	184	24	67	35	187	71	438
14	Nervous System:								
	(*a*) Epilepsy	1	23	1	9	7	17	9	49
	(*b*) Other	5	34	—	11	5	26	10	71
15	Psychological:								
	(*a*) Development ..	1	39	—	34	103	120	104	193
	(*b*) Stability	3	67	3	27	1	81	7	175
16	Abdomen	3	63	5	25	3	79	11	167
17	Other	4	15	4	17	10	39	18	71

(B) SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Requiring: Treatment (3)	Requiring: Observation (4)
4	Skin	1	15
5	Eyes (*a*) Vision	34	59
	(*b*) Squint	1	2
	(*c*) Other	—	6
6	Ears (*a*) Hearing	5	12
	(*b*) Otitis Media	4	4
	(*c*) Other	4	7
7	Nose or Throat	3	54
8	Speech	4	7
9	Lymphatic Glands	1	25
10	Heart	—	9
11	Lungs	1	20
12	Developmental:		
	(*a*) Hernia	—	2
	(*b*) Other	—	12
13	Orthopaedic:		
	(*a*) Posture	1	5
	(*b*) Feet	2	13
	(*c*) Other	4	13
14	Nervous system:		
	(*a*) Epilepsy	—	3
	(*b*) Other	—	7
15	Psychological:		
	(*a*) Development	—	50
	(*b*) Stability	1	9
16	Abdomen	—	1
17	Other	1	6

TABLE III

(A) EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with
External and other, excluding errors of refraction and squint	39
Errors of refraction (including squint)	3,241
TOTAL	3,280
Number of pupils for whom spectacles were prescribed	3,184

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

	Number of cases dealt with
Received operative treatment:	
(*a*) for diseases of the ear	19
(*b*) for adenoids and chronic tonsillitis ..	543
(*c*) for other nose and throat conditions ..	22
Received other forms of treatment	49
TOTAL ..	633
Total number of pupils in schools who are known to have been provided with hearing aids: (*a*) in 1961	14
(*b*) in previous years	130

(C) ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases dealt with
Number of pupils known to have been treated at clinics or out-patients departments ..	143
Number of pupils treated at school for postural defects	44
TOTAL ..	187

(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 ..	3
(ii) Body ..	5
Scabies	4
Impetigo	9
Other skin diseases	42
TOTAL ..	63

CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority ..	178

(F) SPEECH THERAPY

Number of pupils treated by Speech Therapists	424

(G) OTHER TREATMENT GIVEN

	Number of cases dealt with
(*a*) Miscellaneous Minor Ailments	98
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	10
(*c*) Pupils who received B.C.G. Vaccination ..	4,068
(*d*) Other treatment given:	
Appendicitis	52
Asthma	34
Bronchitis	12
Cardiac Conditions	13
Diabetes	11
Epilepsy	26
Hernia	22
Meningitis	3
Nephritis	7
Pneumonia	8
Rheumatism / Rheumatic Fever	7
Tuberculosis (Respiratory, mesenteric adenitis, cervical glands, etc.)	10
Miscellaneous	358*
TOTAL (*a*) — (*d*)	4,739

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

Printed by
W. B. WALKER
SHREWSBURY