[Report 1963] / School Medical Officer of Health, Salop / Shropshire County Council.

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SHROPSHIRE EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF THE

Principal School Medical Officer

1963

COUNTY HEALTH OFFICE, COLLEGE HILL, SHREWSBURY

June, 1964

INDEX

To: The Chairman
and Members of the Shropshire Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report of the School Health Service for the year 1963.

Your Senior Medical Officer, Dr. N. V. Crowley, has continued to devote long hours to organising School Medical Inspections and Immunisations and to the medical aspects of work for Handicapped Children.

The portents for the future usefulness of the Nursery Special School for Handicapped Children, which has evolved from the unit referred to on pages 16 and 17 and will open in its new premises this autumn, seem assured by the complete co-operation enjoyed by the officers of the Education and Health Committees with the several Consultants—Orthopaedic, Paediatric, Psychiatric, and Otolaryngologist, the Audiologist and Psychologist, and auxiliaries such as Physiotherapists and Speech Therapists.

Mr. Clarke, our Principal Dental Officer, reports on pages 19—21 an improved staffing position and an upsurge of activity which is agreeable. Obviously much ground still has to be recovered; meanwhile the teaching of Preventive Care and Dental Health Education is continuing with results that make us hopeful.

The exodus of Speech Therapists which reduced our numbers from 5 on 1st January, 1963, to 1 on 31st December, 1963, was unprecedented. Salop has been fortunate for most of the last ten years in enlisting many excellent young Speech Therapists, but their very youth and attractions which commend them to their young patients make them more than usually acceptable for the 'marriage service' or for the many professional opportunities which they find available overseas. It is good to have a succession of good therapists, and we hope those who leave will, as in the past, recommend Shropshire to suitable successors; and that our depleted ranks may be filled when Mr. Paulett, our Senior Speech Therapist, returns to us at mid-summer, 1964, from Manchester with, we hope, the additional diploma and cachet as a qualified Audiologist.

Deafness and Audiology are reviewed on pages 25—31, and the figures give food for thought, though we are learning better to find our way in this hitherto, to us, uncharted field.

The Infants felt to be 'at risk' as regards hearing in 1963 and notified as such by Health Visitors were 752. Of these 390 were referred to Health Visitors for testing when old enough. Only 206 were in fact tested; of these the Health Visitors judged 143 to have normal hearing but were uncertain about 63.

These figures for pre-school children show that our Health Visitors cannot keep pace with examining the 'at risk' babies; nevertheless they represent useful preventive work where future school health is concerned.

In Primary Schools Sweep Tests with an audiometer were done on 8,411 children, adding 1,209 school children with suspect hearing to the 609 pre-school children awaiting assessment.

Of 849 children tested at Health Visitors' clinics (632 of whom had been discovered at such Sweep Tests) the Health Visitors felt able to discharge only 383 whom they were certain had normal hearing.

So, although they have had some training at the Manchester University Department for the Deaf, our Health Visitors still feel unable in many cases to decide with certainty about a child's hearing.

Such were the considerations which influenced the Education Committee to decide to secure for their Salop children suspected of deafness a more effective service by having Mr. Paulett professionally trained as an Audiologist.

All these figures above relate to 1963; what positive results, then, were obtained in that year, and how many deaf children were in fact found ?

Of 814 children referred by Health Visitors for examination at 84 audiology clinics staffed by our three School Medical Officers with more extensive training, the latter were able to discharge 337 as having normal hearing. Although they had to reserve judgment about another 205 children even after further testing, *they proved that* 42 *children had severe deafness, and* 230 *had moderate deafness*, and it is these 272 deaf children who provide the answer to the question "What results are we getting for so much expenditure of trouble and time and money ?"

Deafness has been detected early in these children; and now measures are being taken to combat it and give them the appropriate education they need. That this hunt for latent deafness must be pursued can hardly be gainsaid.

The work of the Child Guidance Service (pages 32—33) has benefited by recruiting additional workers, but the loss of Dr. Barbara Evans as their Consultant Psychiatrist is greatly felt. Although Dr. Littlejohn and his staff at Shelton Hospital give valued help on occasion, a Children's Psychiatrist is badly needed for Shropshire, who would give greatly increased time to Child Guidance work with the Salop Education and Health Departments, who, not infrequently, are asked by neighbouring Welsh Counties for help with Child Guidance.

The figures for B.C.G. Vaccination in 1963 (pages 33—34), with less than 10% of the children found Mantoux Positive reactors, with a 93% acceptance rate, and with only 2% of those 'at risk' still left unprotected at the end of the year, are highly satisfactory.

Health Education (page 36) has now a good basis provided by Mr. Harris, and of recent years generously supported by Dr. A. C. Mackenzie. Hitherto, our efforts have been quite inadequate in providing for adolescents on health matters the guidance they seek about what have recently been well named "The Complications of Adult Life"; but there is now a prospect that additional help may strengthen this work which can pay dividends in future mental health. The Report on Health Education, published by the Government in May, 1964, urges more education in human relationships including sex education, reinforcing the Newsom Report's plea for an education which in its final period offers an initiation into the adult world of work and leisure.

Mr. Beswick's characteristically cheerful report on Physical Education makes agreeable reading on page 37.

During 1963, 1,302 examinations of canteen and school kitchen and hostel staff added to the safety of the pupils, and to the work of our School Doctors.

Dr. Crowley will leave us for the next school year in the autumn to pursue studies for her post-graduate Diploma in Public Health. Her colleague, Dr. O'Brien, from a similar course, will resume duty in July, 1964, and will, with all of us in the Health Department, try to ensure that no ground is lost.

My personal thanks are gladly recorded to these two officers; and, if I may say so, to the wise decision of the Council to support them in these 'further education' enterprises—a decision anticipating and indeed reversing a 'brain drain' where we are concerned, and one which should greatly benefit the School and other Health Services of the County.

I thank all the members of my staff for their good work, the officers of the Education Department for their very helpful support, 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,

THOMAS S. HALL,

PRINCIPAL SCHOOL MEDICAL OFFICER.

May, 1964.

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WILLIAMS, E. L.
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AYLING, REV. J. C.
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MARRIOTT, MISS C. R. E.
POWELL, R.
STAGLES, J. R.
STORRAR, MRS. R., J.P.
TEMPLEMAN, DR. G.
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WHITEFORD, W. C.

EDUCATION (WELFARE) SUB-COMMITTEE

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

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WILLIAMS, E. L.

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. (part-time)
AGNES D. BARKER, M.B., Ch.B.
*ELIZABETH CAPPER, M.B., Ch.B., D.P.H.
KENNETH CARTWRIGHT, M.B., Ch.B., D.P.H. (appointed 22nd July, 1963)
HENRY A. JOHNSON, M.B., Ch.B., M.R.C.S., L.R.C.P. (part-time) (appointed 10th December, 1962)
KENNETH E. JONES, M.B., Ch.B.
FLORA MACDONALD, M.B., B.S., D.P.H.
*ALASTAIR COLIN MACKENZIE, M.D., Ch.B., D.P.H.
JEAN A. M. MANNALL, M.B., Ch.B. (part-time) (appointed 25th April, 1963; resigned 6th December, 1963)
LUDWIK Z. MARCZEWSKI, Medical Diploma (Lwow, Poland)
*WILLIAM MOORE, M.B., B.Ch., B.A.O., D.R.C.O.G., D.T.M.H., D.P.H.
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:

GEOFFREY G. FIELD, L.D.S. (appointed 29th April, 1963)
NOEL GLEAVE, L.D.S.
PETER HOWE, L.D.S.
SUSAN HUGHES, B.D.S., L.D.S.
GEORGE B. WESTWATER, L.D.S.
NORMAN WHITEHOUSE, B.Ch.D., L.D.S.

Part-time:

JOHN BULLOCK, B.D.S., L.D.S. (resigned 2nd May, 1963)
ROY DENVILLE JONES, L.D.S., R.F.P.S. (resigned 10th May, 1963)
HARRY B. KIDNER, L.D.S., R.C.S. (part-time) (appointed 9th July, 1963)
REGINALD H. N. OSMOND, L.D.S.
JEAN W. PATTISON, L.D.S.

Consultant Orthodontists (part-time):

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

Dental Technicians:

NORMAN J. RUSHWORTH
CLIVE EVERINGHAM

Dental Auxiliary:

PAMELA A. UPTON (appointed 2nd September, 1963)

*Also District Medical Officer of Health

Dental Hygienists:

XARISA V. JASPER (part-time) (appointed 25th September, 1963; resigned 13th December, 1963)
NANCY SMITH
DIANA WIGLEY (part-time) (appointed 6th February, 1963)

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.

Educational Psychologists:

JOHN L. GREEN, B.A.
DAVID R. JONES, B.Sc.(Hons.), Teacher's Diploma (appointed 1st September, 1963)
MARGARET THOMAS, B.A. (part-time)

Psychiatric Social Workers:

KATHLEEN E. HUNT, B.A.
RONNIE BAKER, R.M.N., S.R.N. (appointed 1st October, 1963)

Child Guidance Social Worker:

RITA M. GARRARD (appointed 1st July, 1963)

Senior Speech Therapist:

EDWARD PAULETT, L.C.S.T.

Speech Therapists:

HELEN M. ALDRIDGE, L.C.S.T. (part-time) (resigned 31st October, 1963)
JENNIFER A. BEE, L.C.S.T. (part-time) (appointed 1st October, 1963)
JILL BELLIS, L.C.S.T.
CHRISTINE BROWNLOW, L.C.S.T. (resigned 31st July, 1963)
JENNIFER HUGHES, L.C.S.T. (resigned 31st March, 1963)

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 1963

GENERAL

The area covered by the Local Education Authority comprises 861,800 acres; and in June, 1963, the home population, as estimated by the Registrar-General, was 307,130, an increase of 980 compared with 1962.

The number of pupils on the school register in 1963 was 47,814, compared with 46,723 in the previous year—an increase of 1,091.

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

Non-Residential:	*Schools*	*Departments*	*Pupils on Register*
Nursery	3	3	131
Primary (County)	78	78	14,503
Primary (Voluntary)	165	165	13,197
Secondary Modern (County)	28	28	12,034
Secondary Modern (Voluntary)	2	2	802
Secondary Grammar (County)	11	11	4,693
Secondary Grammar (Voluntary)	5	5	1,611
Secondary Technical	1	1	470
Residential:			
Secondary	1	1	115
Special	3	3	180
Hospital	1	1	78
TOTAL	298	298	47,814

The table below shows the establishment of principal posts in the School Health Service and the staffing position at 31st December, 1963:

	Establishment	*Staff at 31st Dec., 1963*
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	11	4
—part-time		8
Principal School Dental Officer	1	1
Dental Officers—whole-time	10	6
—part-time		3
Dental Auxiliaries	4	1
Orthodontist—whole-time	1	—
—part-time		2
Dental Hygienist	2	1
Dental Technician	2	2
Apprentice Dental Technician	1	—
Senior Dental Attendant	1	1
Dental Attendants—whole-time	12	11
—part-time		3
Senior Speech Therapist	1	1
Speech Therapists—whole-time	5	1
—part-time		1

Inclusive of the Principal School Medical Officer and his Deputy, the total medical staff undertaking all School Health Service duties, including administrative work, on 31st December, 1963, was equivalent to approximately 5⅓ whole-time officers.

The nursing staff employed in the School Health Service at the end of 1963 comprised 4 whole-time and 4 part-time School Nurses, while part-time service was also rendered by 25 Health Visitors and 31 District Nurse-Midwives who were employed by the Local Health Authority.

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, at appropriate intervals, of all pupils in attendance at maintained schools, including County Colleges. This Section also requires parents 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 on examination by a School Medical Officer to be suffering from any defect are, save for certain agreed conditions, referred to their own doctors. Such pupils are followed up by the School Nurses and any necessary specialist advice or treatment is arranged either through the family doctor or directly with one or other of the hospitals in the area of the Birmingham Regional Hospital Board, as listed on page 12.

Local Education Authorities have power to modify medical inspection procedure by discontinuing certain routine examinations and arranging instead for the examination of children, selected, not by age but by other criteria such as lack of physical or educational progress, high rate of absenteeism, or from lists drawn up by the Headteacher, School Medical Officer and School Nurse in consultation.

In this County the following procedure obtains:

(i) *Routine Inspections:*

Routine medical examinations are carried out of pupils in three age groups (*a*) Entrants—on admission to school, usually at 5 years, (*b*) Intermediates—at 11 years, and (*c*) Leavers—at approximately 14 years.

School Nurses are asked to visit each school prior to the inspection to test the vision of all children listed for examination.

Routine examination of the 8 year olds has now been dispensed with, but all pupils noted for re-examination on account of a defect and any referred for special examination by the Head of the school are seen by the examining Medical Officer once a year. Every pupil in the 8 year group, however, undergoes a vision test by the School Nurse as mentioned above. Heads are encouraged to refer children in this age group for special examination because the interval between the first and second routine examinations is now six years.

There were approximately 48,000 pupils on the School Register in 1963, with about one third due for routine examination. The number inspected was in fact 10,579. In an area, the numbers examined vary with the numbers of Medical Officers employed and the other demands made upon their time. In two districts, one in the north and the other in the east of the County, little school medical inspection work was carried out during the year owing to the difficulty in replacing Medical Officers who had resigned towards the end of 1962. Vaccinations, immunisations, and the increasing amount of audiology which is a very valuable service, reduce time available for routine medical inspections.

(ii) *Special Inspections and Re-examinations:*

In addition to the inspection of pupils in the three age groups mentioned in Section (i) above, special examinations are made of pupils referred on account of defects by Head Teachers or School Nurses, including children who are in need of special educational treatment. Annual re-examinations are also made of children found to have a defect requiring observation.

The numbers of pupils examined as specials and re-examinations in 1963 were 1,295 and 9,372 respectively, making a total of 10,667 examinations.

Co-operation and Co-ordination.—Excellent co-operation exists between School Medical Officers, School Nurses and Family Doctors. The latter often write or telephone to the Health Department about particular problems, and this makes for a better service for the children.

The teaching staff in the schools are helpful, and our School Health work is generally recognised as an important part of the Local Education Authority's statutory commitments.

Education Welfare Officers assist in securing the attendance of pupils for special examination, and we find the N.S.P.C.C. Inspectors are most helpful when dealing with children from unsatisfactory homes.

The Shrewsbury Branch of the British Red Cross Society have been very helpful in providing escorts to accompany handicapped children travelling to and from convalescent homes.

Treatment of Eye Conditions.—During the year, 3,548 children were dealt with for defective vision or other eye conditions, 3,222 being referred to Ophthalmic Medical Practitioners or Ophthalmic Opticians, 326 being treated by Ophthalmic Consultants at Shrewsbury Hospitals.

Of the 11,874 pupils who underwent routine examination by School Medical Officers, 24 were were noted as having had Squint operations during the year, and 30 to be receiving orthoptic exercises; 79 other pupils were referred for specialist treatment on account of Squint; and 153 more were noted for observation for the same condition.

Most children suffering from Squint are discovered by your Health Visitors long before school age and are referred to their family Doctor for further investigation and treatment; the Consultant Ophthalmologists regard it as most important that children suspected of Squint be sent to them as early as possible.

Many reports are received from School Nurses that children for whom spectacles are prescribed do not wear them, and it has been necessary to write to parents to secure their co-operation, since the remedy lies mainly in their hands. It is regrettable that the education of children who have to wear spectacles should be allowed to suffer because the child does not like wearing them and because of parental indifference.

Defects of Ear, Nose and Throat.—Of the 11,874 children medically examined by the School Medical Officers, 110 were referred to the Ear, Nose and Throat Specialists during 1963 and another 1,063 were noted for observation because of tonsil and adenoid conditions.

Operations for the removal of tonsils and adenoids were performed on 472 Shropshire school children in hospitals of Nos. 15 and 16 Hospital Management Committee Groups. This number includes children attending private and independent schools not maintained by the Local Education Authority and who are, therefore, outside the scope of the School Health Service.

Orthopaedic Defects.—There are eight Orthopaedic After-Care Clinics in Shropshire, attended by an Orthopaedic Specialist and an Orthopaedic Nurse.

During 1963, of 11,874 pupils medically examined by the School Medical Officers, the following were noted as suffering from varying degrees of orthopaedic defect and referred to the Orthopaedic Surgeon where treatment was considered necessary:

	Treatment	*Observation*
Posture	7	144
Feet	40	370
Other conditions	38	287

Postural defects, particularly in "teenage" boys and girls, account for an appreciable number of orthopaedic defects and during the year, 25 pupils were found by School Medical Officers to be receiving corrective exercises by Physical Education Specialists in schools.

Diseases of the Skin.—The numbers of Shropshire school children known to have been treated during 1963 for diseases of the skin are indicated below:

Ringworm—scalp ..	9
—body	5
Scabies	3
Impetigo	18
Other skin diseases ..	25
TOTAL ..	60

Care of the Feet.—During 1963, foot inspections in respect of pupils in attendance at Grammar, Technical, Modern and Senior Schools were carried out by the School Medical Officers. There were 35 inspections involving 14,389 pupils and 411 cases of Verruca (154 already having treatment and 257 which had not been diagnosed) were discovered. In addition School Medical Officers found 186 cases of suspected Athlete's Foot (55 under treatment and 131 undiagnosed) together with 290 other foot conditions which usually took the form of cracked, peeling and soggy skin.

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. They are referred to their family doctors and are kept under observation by the School Nurse, who also ensures that treatment is obtained.

Footwear.—Correct footwear for school children is still a problem in the "teenage" group. Naturally these children want to be fashionable and they will wear most unsuitable shoes. During Health Education talks and at school medical inspections, emphasis is placed upon the need for suitable footwear and it is reassuring to note that shoe firms are now making shoes which are both fashionable and suitable. Parental guidance is most essential in this field.

Treatment of Minor Ailments.—Since the introduction of the National Health Service Act in 1948, minor ailment clinics do not play a large part in school work, since most of the conditions which would normally be seen at such clinics are dealt with by the family doctor. Some minor ailment clinics are in fact still held but these are run in conjunction with other child welfare clinics.

At the "School Nurse" session and the "School Doctor" sessions at Bridgnorth, Market Drayton, Oswestry and Wellington Welfare Centres, 72 children made 109 attendances in 1963. Examinations by the School Doctor totalled 44, and 21 of the children were referred to their own doctor.

Nutrition.—Shropshire school children seem healthier than they have ever been and the nutrition figure which attained 100% in 1961 has since remained at that level. In some cases satisfactory nutrition has been followed by obesity; though this is not a common problem it is a difficult one. The higher protein diet desirable for obese children is expensive and may not be acceptable to them. School Medical Officers at medical inspections advise children and parents about diet.

Convalescence.—On the recommendation of School Medical Officers, fourteen pupils were provided with free holiday convalescence during 1963. 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.

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

Cleanliness Inspections.—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. Such inspections in Secondary Modern, Technical and Grammar Schools are now arranged only at the request of the Heads.

Following cleanliness inspections in Primary Schools early each term, an Informal Cleansing Notice is issued to the parent of any pupil found to be verminous. Such pupils are re-examined one week later. 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 at this latter re-examination a pupil is found to be still verminous, a Formal Cleansing Order may be issued from the School Health Office instructing the Nurse to convey the pupil to the nearest School Clinic to be cleansed by her.

During 1963, a total of 90,569 head inspections was carried out by the School Nurses, and of the 32,643 pupils on the registers of schools inspected 908 children were found to be verminous, some on more than one occasion. This represented a figure of 2.8 per cent of the school population who were found to be verminous during the year.

It was found necessary during the year to issue 2 Formal Cleansing Notices and 1 Cleansing Order. No legal proceedings were instituted in this connection during the year.

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.

Work of School Nurses.—School Nursing is undertaken by 8 School Nurses (4 whole-time and 4 part-time), 25 Health Visitors and 31 District Nurses (who are estimated to devote about 7 per cent of their time to this work). In addition to their visits to schools for head inspections the School Nurses are required to attend routine medical inspections.

Children ascertained by the School Medical Officer to be suffering from defects of any kind are either referred to the family doctor 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	190	1,703	130	1,833	1,833	185	83	268	2,101	2,960
Part-time School Nurses	4	0.547	20	134	250	384	385	83	99	182	566	276
Health Visitors	25	7	247	902	523	1,425	1,383	374	304	678	2,103	1,614
District Nurses	31	2.6	91	703	135	838	792	171	83	254	1,092	1,416
TOTAL ..	64	14.147	548	3,442	1,038	4,480	4,393	813	569	1,382	5,862	6,266

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 Officer 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 encouraged 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.

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

After this initial examination, each child is seen annually at routine medical inspection, or at an earlier date if the School Medical Officer recommends such an arrangement.

Only children of 13 years or more are allowed to take up employment, which is restricted by statute and may not exceed two hours on school days. Work before 7 a.m. is prohibited. Employment in a number of occupations connected with hotels, public entertainments, licensed premises, racing tracks, etc., is prohibited and no child may be employed to lift, carry or move anything so heavy as to be likely to cause him injury.

Experience shows that part-time work is in no way harmful to most children; it gives them a sense of responsibility and acts as an introduction to full-time employment.

Of 643 pupils examined during 1963, it was necessary to recommend cancellation of employment in only one case, and re-examination in eight other cases at intervals ranging from two weeks to three months.

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	Apley Park	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 Elms (Shrewsbury Technical and Technical High Schools for Girls and School of Art)	Hostel
	Sutton Lodge (Shrewsbury Technical School and Technical High School for Boys)	Hostel
Wem	Trench Hall	Residential
Whitchurch	Grammar School for Boys	Hostel

During 1963, School Medical Officers examined 543 pupils in residence, anything relevant to the well being 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 approximately 80 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.

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.

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. In addition to the clinics listed, there are two Mobile Dental Units which are operated in the north and south of the County respectively. The times at which clinics are held are liable to be modified, but up-to-date information on clinic sessions may be obtained from the Health Department at College Hill, Shrewsbury, or from the School Medical Officer concerned at a local level.

List of School Clinics as at 29th February, 1964

Medical Officer and District	Centre	Frequency of Sessions
Dr. Barker Market Drayton—Wem	Market Drayton	Audiology — One session per month Dental — Two sessions weekly School Doctor — One session weekly Speech Therapy — Two sessions fortnightly
	Wem	Audiology — As required Dental — Two sessions weekly
Dr. Capper Ludlow	Bishop's Castle	Audiology — As required
	Church Stretton	Audiology — As required
	Cleobury Mortimer	Audiology — As required
	Ludlow	Audiology — One—two sessions monthly Child Guidance — Two sessions monthly Dental — Six sessions weekly Ophthalmic — Three sessions monthly Speech Therapy — Two sessions weekly
Dr. Cartwright Hadley—Newport	Hadley	School Doctor — One session monthly
	Hadley (Modern School)	Speech Therapy — One session weekly
	Newport	Audiology — As required Dental — Three sessions weekly
Dr. MacDonald Wellington	Dawley	Audiology — One session monthly Dental — Two sessions weekly
	Oakengates	Audiology — One session monthly Dental — As required
	Wellington	Audiology — One—two sessions monthly Child Guidance — Three sessions weekly Dental — Eight sessions weekly School Doctor — One session weekly Speech Therapy — Two sessions weekly
Dr. Mackenzie Shrewsbury	1 Belmont	Audiology — One—two sessions weekly Speech Therapy — Three sessions weekly
	5 Belmont	Dental — Sixteen sessions weekly
	Coleham School	Hearing Assessment — One session monthly
	Education Office, County Buildings	Child Guidance — Six sessions weekly
	Monkmoor (Monkmoor School)	School Nurse's Session — As required
	White House	Audiology — As required

Medical Officer and District	Centre	Frequency of Sessions
Dr. Marczewski Madeley— Shifnal	Broseley	Audiology .. .. As required
	Ironbridge	Audiology .. .. As required
	Madeley	Audiology .. .. As required Dental .. .. Eight sessions weekly Orthopaedic .. .. Two sessions monthly
	Much Wenlock	Audiology .. .. As required
	Shifnal	Audiology .. .. One session monthly
Dr. Moore Oswestry	Oswestry	Audiology .. .. One session monthly Child Guidance .. Two—three sessions weekly Dental .. .. Three sessions weekly Ophthalmic .. .. Two sessions monthly Orthopaedic .. .. One session weekly School Doctor .. One session weekly School Nurse's Session One session weekly
Dr. Smith Ellesmere— Whitchurch	Ellesmere	Audiology .. .. As required Dental .. .. Four sessions weekly School Doctor .. One session monthly
	Whitchurch	Audiology .. .. One session monthly Dental .. .. Four sessions weekly
Dr. Turnbull Bridgnorth	Bridgnorth (Northgate)	Audiology .. .. One—two sessions monthly Dental .. .. Six sessions weekly School Doctor .. One session monthly Speech Therapy .. Two sessions weekly

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.
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.

HANDICAPPED CHILDREN

Case-finding of Handicapped Pupils.—The Education Act, 1944, brought provision for the education of handicapped children within the framework of the educational system and imposed upon Local Education Authorities the duty of providing sufficient suitably equipped and staffed schools to give all pupils the opportunity of education consistent with age, aptitude and ability. Authorities were also given the specific duty of finding children who require special educational treatment and of providing this, if necessary, from the age of two years.

A handicapped child may be defined as one suffering from a disability of mind or body which is likely to interfere with normal growth, development and ability to learn. Approximately one child in every hundred who survives the hazards of the neonatal period may ultimately require special care, treatment and parent guidance for some form or other of severe handicap. The modern approach to the problem of the handicapped child emphasises the importance of planning medical and educational treatment in such a way as to concentrate on the child's potential rather than his particular handicap, and to care for him in his own home rather than in residential accommodation in order that he may take his rightful place in the community.

For the purposes of the Education Act there are ten categories of handicap, as follows:

Blind	Educationally subnormal
Partially sighted	Epileptic
Deaf	Maladjusted
Partially hearing	Physically handicapped
Delicate	Speech defective

Detection and Ascertainment.—Notifications of birth are received by the Local Health Authority and forwarded to their Health Visitors, who take responsibility for visiting the home and advising the parents from the eleventh day of the child's life.

Children suffering from obvious handicaps such as total deafness, severe physical disability, etc., are discovered long before they reach school age and the Health Visitors continually watch for any signs of handicap. The need for early discovery must be stressed, and parents, family doctors, school medical officers, health visitors and teachers should refer any child thought to be suffering from a handicap so that assessment and any special educational treatment or training may be decided upon without harmful delay.

Two registers are maintained in the School Health Service Section—a "Register of Handicapped Pupils" and an "At Risk" Register, the latter giving details of all children in whom the possibility of deafness caused by adverse influences in the pre-natal and post-natal periods is considered to be the greatest, e.g. premature infants, twins, children of mothers who have had a virus infection during pregnancy, etc. These "At Risk" categories are dealt with in greater detail under "Deafness" on page 25 of this report. Consultant Paediatricians advise the School Health Service about any handicapped children who are under their care.

During 1963, pupils ascertained under the provisions of the Handicapped Pupils and School Health Service Regulations numbered 399—300 by School Medical Officers and 99 by the Consultant Psychiatrist, and a summary of the findings and recommendations to the Local Education Authority is given below. In addition 195 children found to be speech defective were brought under treatment by the Speech Therapists.

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 Psychiatr
				In Ordinary School	In Special School	Home Tuition	Unsuitable for education at school	Friendly supervision on leaving school		
Blind	—	—	—	—	—	—	—	—	—	—
Partially Sighted	3	—	—	—	3	—	—	—	—	—
Deaf	1	—	—	—	1	—	—	—	—	—
Partially Hearing	2	—	—	—	2	—	—	—	—	—
Delicate	15	—	—	—	11	4	—	—	—	—
Educationally Sub-Normal	252	24	2	104	43	2	32	35	10	—
Epileptic	6	—	—	—	5	1	—	—	—	—
Maladjusted	99	—	—	—	15	1	—	—	—	83
Physically Handicapped	21	—	—	—	8	13	—	—	—	—
TOTAL	399	24	2	104	88	21	32	35	10	83

As well, the Medical Officers also carried out a further 413 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 1954 to 1963:

	(1) Blind (2) Partially-sighted (3) Deaf			(4) Partially hearing (5) Delicate (6) Educationally subnormal			(7) Epileptic (8) Maladjusted (9) Physically handicapped			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	TOTAL
Examined:										
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
1962	2	2	—	3	21	247	1	99	22	397
1963	—	3	1	2	15	252	6	99	21	399
Recommended for Special School:										
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
1962	2	2	—	3	16	52	1	20	10	106
1963	—	3	1	2	11	43	5	15	8	88

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 1963, a total of 67 children was recommended for report to the Local Health Authority under Section 57 of the Education Act, as amended,—32 under sub-section 4 as being unsuitable for education at school and 35 as being in need of friendly supervision after leaving school. The comparable figures for 1962 were 29 and 38 respectively.

Unit for Handicapped Children.—This Unit was started by the Education Department in 1958 as an experimental class for handicapped children under school age, the main objects being to bring children into contact with each other, to help them to develop a sense of independence, to assess their mental and physical potential and to give the parents guidance in dealing with their children's management. Assessment over a prolonged period is essential where children are borderline cases.

Since April, 1961, the Unit had been held at the Claremont Baptist Church Hall, Shrewsbury, but in September, 1963, it moved to a pre-fabricated classroom at Monkmoor Girls' Modern School, which offered greatly improved facilities.

Regular sessions were held in the Unit during 1963, by a Physiotherapist whose services were made available by the Birmingham Regional Hospital Board, but owing to the increase in Hospital Service commitments this Officer discontinued attendance at the end of the year. The County Council were, therefore, obliged to appoint a successor who commenced at the Unit in January, 1964. The Speech Therapist who attended for four sessions per week and whose work in the Unit is commented upon below, resigned at the end of October, and to date it has not been possible to secure her replacement.

The local branch of the Spastics Society has continued to give every possible assistance during the year and for this we are very thankful.

The Teacher in charge of the Unit writes as follows:—

"The Nursing Group for Handicapped Children has made further progress this year. Since April, 1961, we had met in the Church Hall, kindly let to us by the Claremont Baptist Church, but our need for more accommodation and outdoor playing space became acute and this has now been provided for us at the Monkmoor School by the Divisional Education Officer. It is hoped we will be in our new permanent home at Woodcote Way, Monkmoor, before the end of 1964.

Of the 21 children who attended the Group during 1963—

10 had defects associated with cerebral palsy
6 were mentally subnormal
1 suffered from visual handicap
1 child was a psychotic
1 had a physical handicap
2 were normal (these were siblings of handicapped children in the Unit)

Only four of these children had normal speech and eight of them were unable to stand or walk unaided, three being severely handicapped "chair" cases. Five had to be fed and four were incontinent.

Of the 7 children who left the Group during the year—

2 were placed in ordinary schools
2 were transferred to special schools for physically handicapped
3 went to Junior Training Centres

There have been staff changes during the year. Mrs. Aldridge, our Speech Therapist, emigrated to Canada and she is sadly missed. We were sorry Miss Edbrooke, the Physiotherapist, on loan from the Royal Salop Infirmary, could no longer continue with us. Fortunately, Mrs. Duffy has now joined us as a Physiotherapist, and two additional staff, Mrs. Robinson and Mrs. Gennoe have been appointed to aid the Kitchen Staff and the Nursing Group with the preparation and serving of school dinners".

Home Visiting by School Medical Officers.—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. It is in this sphere that the Medical Officer can help parents with the many problems to which a handicapped child is heir, advising them how best to use all that is available through the National Health and School Health Services. Our School Medical Officers are given lists of handicapped children living in their areas and they are expected to pay special attention to these children, either in school or by home visiting. In most instances the parents are able to cope well with the handicapped child, but where special advice is necessary this is given by the Medical Officers. Some cases have to be referred to the Central Office for further discussion and suggestions.

Dr. N. V. Crowley, Senior Medical Officer, spends approximately one day per month on home visiting (an average of 60 visits per annum) and accompanied by Miss M. E. M. Evans, a Health Visitor, specially trained in hearing testing techniques, visits the homes of very young handicapped children to examine and assess them, to discuss the question of their educational future with the parents and in general to give them help and guidance in the understanding and management of their children.

Details of those young children who are considered suitable for attendance at the Nursery Unit for the Handicapped Children are passed to the Secretary for Education when they attain the age of three years, as it is considered that they are too immature before that age to derive benefit from education in the Unit.

The following are the numbers of handicapped children in the various categories who received 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.

HANDICAPPED PUPILS REQUIRING HOME VISITING

	Pupils on List	*Number Visited*	*Number not Visited*	*Visits Made*
Blind	9	9	—	11
Partially-sighted	27	22	5	39
Deaf	10	7	3	7
Partially Hearing	46	43	3	65
Some Hearing Loss	38	25	13	31
Delicate	178	124	54	154
Educationally Subnormal	510	325	185	431
Epileptic	66	43	23	64
Maladjusted	2	2	—	7
Physically Handicapped	201	147	54	212
Speech Defective	2	1	1	1
	1,089	748	341	1,022

Special Residential Schools for Educationally Subnormal Pupils.—Special Residential Schools for children who are educationally subnormal are provided by the Local Education Authority —boys at Petton Hall (92 places) and girls at Haughton Hall (62 places). The pupils 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.—The importance of providing help, guidance and after-care for handicapped children leaving school cannot be over emphasised. The time of leaving school and taking one's place in the community is the most difficult and critical in the life of any young person, and in the case of the handicapped, this transition period may be beset with anxieties and difficulties.

To obtain and keep an occupation is of the greatest importance and this is the first opportunity the young person has of measuring himself with the outside world and discovering whether he will be accepted as a useful working member of the community.

In 1959 special arrangements were made to deal with the problem of after-care for pupils leaving Petton and Haughton Hall Residential Schools. 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.

School leavers from Haughton Hall and Petton Hall who require supervision are now followed up by the Female and Male Mental Welfare Officers respectively, and arrangements have been made for these officers instead of the Health Visitors to attend the case conferences at the Special Schools concerned.

SCHOOL REPORT OF THE PRINCIPAL DENTAL OFFICER

Mr. C. D. Clarke, Principal Dental Officer, writes as follows:—

"As I sit at home writing this report, my small son is playing in his high chair. He now has three brand new teeth which he grinds together occasionally to produce a queer noise which delights him but sends shivers up his parents' spines. Will he, in the future, be able to keep his teeth as white and caries free as they are at the present time ? All the necessary vitamins and food have been and are being provided in a balanced diet but what of the future ? He will meet with the hazard of generations—grand-ma and grand-dad—who seem always to have had limitless supplies of sweets and other delicacies.

Probably more dangerous will be the influence of television with its suggestions of taking snacks (which do not ruin the appetite but do so the teeth), "bridging that gap" with biscuits and soft sickly chocolates which melt in the mouth, and other such hackneyed slogans. Not only have we to contend with this type of commercialism but the rest of our food comes pre-frozen, pre-packeted, dehydrated, canned and prepared in other ways probably lacking in many vitamins or with synthetic vitamins added. All very worrying ! Nature, I am sure, will have the last laugh !

In last year's report when I referred to the overall dental situation in this County I mentioned that a survey would be carried out in 1963 to assess the amount of work confronting the School Dental Service.

SCHOOL DENTAL SERVICE SURVEY

School		Numbers on Register	Numbers inspected	Percentage of pupils inspected who require treatment	Percentage of pupils inspected who require:		
					Fillings	Extractions	Orthodontic treatment
Whitchurch Modern	(Mixed)	433	383	89%	88%	22%	6%
Wellington Modern	(Girls)	417	315	83%	82%	22%	3%
Pontesbury Modern	(Mixed)	429	352	97%	97%	27%	10%
Ellesmere Modern	(Mixed)	215	208	89%	86%	26%	7%
Bridgnorth Modern	(Boys)	474	451	72%	71%	24%	3%
Whitchurch High	(Girls)	206	202	47%	37%	10%	6%
Whitchurch Grammar	(Boys)	200	153	88%	73%	8%	7%
Wem Grammar	(Boys)	189	176	52%	45%	14%	2%
Newport Grammar	(Boys)	356	306	81%	71%	16%	12%

NOTE.—Arising out of this Survey many of the pupils claimed that they were under private dentistry and the proportion in this category ranged from 10% to 75% of the children in attendance at the schools concerned.

I have taken 9 of the largest schools in Shropshire out of a total of 63 which were inspected by School Dental Officers in 1963, and the results are given in the table as set out above. As you will observe, widely dispersed schools drawing pupils from extensive areas of the County have been selected for the purposes of the Survey. Of 7 of the 9 selected schools, at least three-quarters of the total pupils on the registers were in need of dental treatment in one form or another and in 2 of these schools the number of pupils requiring treatment was in excess of 90 per cent. No further comment of mine is necessary !

There is a great need for Dental Surgeons in all branches of the profession to meet to discuss the problem in order to establish a closer working relationship than that existing at present, for although the figures given above relate to Shropshire, a similar position obtains throughout the country generally and the need for tackling this problem on a comprehensive and national basis is highly desirable.

Staffing.—For the past year we in the School Dental Service have had a stable staffing position, with 7 full-time and 3 part-time Dental Officers amounting to an equivalent of 8 1/11 full-time Officers. In addition we now have the services of a full-time Dental Auxiliary who joined us on 2nd September, 1963. The Dental Auxiliary who has proved very useful, is working at our clinic at 5 Belmont, Shrewsbury, this being the only clinic in the County with multiple surgeries and where the necessary direct supervision by a Dental Officer can be maintained.

To provide patients for the Dental Auxiliary we have concentrated upon the inspection of Infant Schools in the Shrewsbury area. The infant pupil presents a relatively straightforward treatment plan unlike the junior pupil in the mixed dentition stage requiring more complicated treatment. Moreover, if the infant age groups are inspected more regularly the children can be introduced more gently to dentistry, most certainly preferable to the child attending initially with toothache for treatment at a gas session.

This is the first time for many years that we have had so many staff at work, all keen and conscientious and doing their best to maintain a regular and comprehensive service for as many as possible. Owing to the improvement in the staffing position there was an all round increase in the amount of work performed during 1963 compared with 1962 as may be seen from the following figures, the percentage increases on the 1962 figures being given in brackets:—

Pupils inspected	14,225 (75% increase)
Conservation fillings	19,525 (70% increase)
Extractions	9,817 (16% increase)
Other operations (Orthodontics, Prosthetics, etc.) ..	4,585 (38% increase)

Orthodontics: Orthodontic treatment consists of rectifying the position or relationship of teeth or jaws to improve aesthetic appearance and/or masticatory efficiency generally in a patient.

Prosthetics: The branch of dentistry concerned with the making and fitting of artificial appliances, e.g. dentures, to restore individual masticatory function and to maintain the facial expression and personality.

Dental Health Education.—This work is continuing and is obviously an addition to the normal clinic work. Our liaison with schools is on the whole improving and lectures on dental health are being given to small groups of children, using slides, films, models and blackboard illustrations. The children appear keen and eager to learn—a very healthy sign, for they are after all the parents of the future. This method we feel is far better than "Dental Health Weeks" which are difficult to follow-up and so only tend to have short term effect.

Mobile Dental Units.—The figures below show that the Mobile Dental Units are being used effectively and are a great help.

Schools treated	23
Pupils treated	782
Total attendances	2,217
Number of treatment sessions	273
Number of gas sessions	99
Fillings	2,068
Extractions	512
Other operations	357

Work done during the year (these figures *include* those relating to the Mobile Dental Unit):—

Number of pupils inspected by the Council's Dental Officers:		
(*a*) At periodic inspections		9,595
(*b*) As Specials		4,630
TOTAL		14,225
Number found to require treatment		11,629
Number offered treatment		10,684
Number treated		7,092
Number of attendances made by pupils for treatment (excluding orthodontics)		24,644
Half-days devoted to:		
(*a*) School Inspections	195	212½
Inspection Sessions in Clinics	17½	
(*b*) Treatment		3,326½
Fillings: Permanent Teeth		16,904
Temporary Teeth		2,621
TOTAL		19,525
Number of teeth filled: Permanent Teeth		14,758
Temporary Teeth		2,402
TOTAL		17,160
Extractions: Permanent Teeth		3,223
Temporary Teeth		6,594
TOTAL		9,817
Administration of general anaesthetics		3,186
Half-days devoted to administration of general anaesthetics:		
Dentists	9	321
Medical Practitioners	312	
Number of pupils supplied with artificial teeth		140
Other Operations:		
(*a*) Crowns	16	4,585
(*b*) Inlays	8	
(*c*) Other treatment	4,561	
Orthodontics:		
Total attendances		2,671
Half-days devoted to orthodontic treatment		84
Cases commenced during 1963		223
Cases brought forward from 1962		409
Cases completed		95
Cases discontinued		51
Pupils treated by means of appliances		239
Removable appliances fitted		246
Fixed appliances fitted		45

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.*

SPEECH THERAPY

Alalia is the absence of language and articulation in young children beyond the normal age range for the inception of speech.

Dyslalia means defects of articulation or slow development of articulatory patterns, including substitutions, distortions, omissions and transpositions of the sounds of speech.

Dysarthria means defective articulation arising from neuro-muscular conditions affecting muscle tone and the action of the muscles used in articulation, resulting in slurred, weak, laboured, explosive and other forms of distorted articulation and also inco-ordination of phonation, respiration and articulation.

The following table gives particulars of the conditions which necessitated attendance of 453 children who were given speech therapy during 1963:—

Condition	Cases discharged during year	Treatment suspended	On Register 31st December
Stammer	39	13	21
Cleft Palate	3	1	2
Severe Dyslalia	6	7	15
Nasality + or —	3	3	1
Dyslalia	140	84	43
Voice Defect	7	2	—
Mental Defect	1	1	1
Mongolism	3	—	1
Non-communicating	3	4	2
Partially Deaf	—	3	1
Educational Subnormality ..	—	9	3
Dysarthria	2	9	—
Mixed Defect	6	5	4
Language Defect	2	3	—
TOTAL ..	215	144	94

These totals include 14 children from three neighbouring Counties, the latter paying the Shropshire Education Authority for their treatment.

At the end of 1963 Speech Therapy Clinics were being held during alternate weeks at the following Centres:—

		Monday	Tuesday	Wednesday	Thursday	Friday
WEEK I	Morning	1 Belmont, Shrewsbury	Wellington C.W.C.	1 Belmont, Shrewsbury	Ludlow C.W.C.	Bridgnorth C.W.C.
	Afternoon	Hadley Sec. Modern School	Wellington C.W.C.	1 Belmont, Shrewsbury	Ludlow C.W.C.	Bridgnorth C.W.C.
WEEK II	Morning	1 Belmont, Shrewsbury	Wellington C.W.C.	1 Belmont, Shrewsbury	Ludlow C.W.C.	Market Drayton Junior School
	Afternoon	Hadley Sec. Modern School	Wellington C.W.C.	1 Belmont, Shrewsbury	Ludlow C.W.C.	Market Drayton C.W.C.

CASES TREATED

On Register 1st January	New Cases during Year	Cases discharged during Year	Treatment Suspended	On Register 31st December
258	195	215	144	94

CASES DISCHARGED

Normal	Substantially Improved	Unlikely to benefit from further treatment		Left School or Ceased	Referred to Other Services	TOTAL
		Slightly Improved	Unimproved			
110	48	15	3	22	17	215

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

In addition—

42 children made single visits to Centres for advice.

13 visits were made to individual homes.

6 visits were made to schools to see children and discuss cases with teachers.

In all, 453 children having regular treatment in the County made a total of 4,314 attendances.

Unit for Handicapped Children.—We are fortunate that this Unit (referred to on page 16) gives an opportunity for the study of a few children with speech disorders and allows for a gradual diagnostic assessment to be made.

Fifteen children were dealt with during the year and three were removed from the register, for the reasons indicated below, leaving twelve on the register at 31st December.

Substantially improved 1
Left the Unit 2

The conditions necessitating attendance for Speech Therapy were as follows:—

	Cases discharged during the year	*On Register on 31st December*
Defects associated with cerebral palsy	—	8
Delayed speech and language development due to mental retardation	2	1
Non-Communication:		
(*a*) Psychological	1	1
(*b*) Possible neurological causes	—	1
Under Investigation—possibly pre-psychotic	—	1

In addition—

3 visits were made to individual homes;
2 visits were made to schools.

The total number of attendances from this Unit, including those made to Copthorne Physio-Therapy Department and to the Speech Therapy Clinic at 1 Belmont, Shrewsbury, during the Spring Term, when the Unit was closed temporarily during the severe weather conditions, amounted to 394.

Children seen at the Unit for Handicapped Children presented a wide variety of speech disorders. Over half the children requiring Speech Therapy are handicapped by Cerebral Palsy. Their speech problems range from difficulty with only a few sounds, to complete absence of verbal communication.

Other children present a complicated picture of behaviour problems, backwardness and speech disorder. In these cases, assessment of the speech problems is difficult and requires time. Attendance at the Unit enables the Speech Therapist to study these children in many situations, and offers more opportunity for close consultation with workers in other fields.

In March, Miss J. Hughes resigned to get married and in July Miss C. Brownlow also resigned to take up another appointment.

At the beginning of October Mrs. J. A. Bee of Audlem, Cheshire, was appointed to do occasional sessions in the north of the County, but at the end of October we were unfortunate to lose the services of Mrs. C. H. M. Aldridge, who emigrated with her husband to Canada. Mrs. Aldridge was attending five sessions per week and was the Speech Therapist responsible for the treatment of children attending the Handicapped Children's Unit.

In October, 1963, Mr. Paulett, the Senior Speech Therapist, left the County for Manchester University where until July, 1964, he will be studying for a Diploma in Audiology. Mr. Paulett's attendance on this course has been sponsored by the Salop County Council and it is anticipated that when he returns to the County with the appropriate qualification he will hold the position of Senior Speech Therapist/Audiologist. Mr. Paulett has always taken a keen interest in both the deaf and physically handicapped children and his specialised knowledge of speech therapy will be invaluable in his future work of co-ordinating the audiological services in the County.

After October, 1963, the effective strength of the Speech Therapy staff became drastically reduced to the equivalent of a little over one full-time Officer. Miss J. Bellis, the remaining full-time Officer, has endeavoured to give as good a service as circumstances will allow in all parts of the County and to deal with the more urgent cases. Inevitably, however, the waiting lists are getting longer and there is so far no response to advertisements.

These frequent staff changes have an unsettling effect on the work of the Department and, naturally, on the progress of the children under treatment. The changes do not result from dissatisfaction with working conditions but rather from the fact that young Speech Therapists find life in the larger towns and cities generally more attractive than that of a rural County such as Shropshire.

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. As with all types of handicap, 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.

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 eight months. Babies are treated 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 audiometer.

The Consultant Paediatricians tell us about any infants in their care, e.g. infants given exchange transfusions because of Rhesus incompatibility.

Arrangements have been made for all Health Visitors to notify details of "risk" babies and during 1963 a total of 752 (out of about 5,000 born) was notified and placed on the "at risk" register. When these children attain the age of nine months they should be tested at a clinic operated by a team of four Health Visitors who have been specially trained in Audiometry at Manchester University. Owing to shortage of trained staff it has not always been possible to test these children before their first birthday, and during the year appointments were sent to 390 children between the ages of 9 months and 5 years. Of these, 206 were tested and the results are summarised in the following table:—

INFANT HEARING TESTS PERFORMED

	Number referred to H.V. Clinic	Tested	Passed	Failed or did not co-operate	
				For Retest	For Medical Audiology Clinic
New Cases	390	206	143	62	1
Review Cases	43	22	7	11	4
TOTAL ..	433	228	150	73	5*

*Of these 5 cases: 1 is to be reviewed after tonsillectomy.
1 was discharged with normal hearing.
1 is to have further screening tests.
2 failed to keep appointments and are to be "followed up".

Deafness in Infants.—With emphasis on early detection and for the provision of auditory training and hearing aids, special attention is given to infants in the following list of "at risk" categories which has been compiled by the Ministry of Health as a result of numerous discussions with Paediatricians and Medical Officers of Health.

Family History:

Deafness, blindness, neurological diseases, cerebral palsy, epilepsy, etc.
Congenital malformations (including congenital dislocation of the hip).
Mental disorder.
Mother unusually young or elderly.
Family in a "social problem" group.

Prenatal:

Rubella (certainly) and other virus infections (possibly) in early pregnancy.
Toxoplasmosis (brain damage caused by a protozon).
Hyperemesis.
Threatened abortion.
Severe illness necessitating chemotherapy or major surgery occurring in the early months of pregnancy.
Exposure to radio-active substances during pregnancy.
Blood group incompatibilities.
Maternal diabetes.
Maternal thyrotoxicosis.
Toxaemia.
Uterine haemorrhage.
Hydramnios.
Multiple pregnancy.

Perinatal:

Premature birth (i.e. 36 weeks and earlier).
Low birth weight in relation to gestational age.
Postmature birth (i.e. 42 weeks and later).
Abnormal presentation.
Prolonged, precipitate or instrumental labour.
Birth asphyxia.
Neonatal jaundice.
Presence of any congenital abnormality.

Postnatal:

Feeding difficulties.
Convulsions.
Cerebral palsy.
Meningitis or encephalitis.
Any serious illness or infection in first few months of life.

Symptomatic Group:

Mother's suspicion that child is blind, deaf, retarded, or otherwise abnormal.
Inattention to sound, or visual stimulus.
Delayed motor development.
Delayed development of vocalisation and speech.
Lack of interest in people or playthings.
Abnormal social behaviour.

Deafness in School Children.—"Sweep testing" is carried out in schools by two members of the clerical staff, trained in the use of portable audiometers. During 1963 all new entrants and eight-year olds in Primary Schools and any others referred by the Heads as backward or possibly deaf were tested.

The following table indicates the results of sweep tests carried out in 1963 :—

SWEEP FREQUENCY TESTS PERFORMED

Category	Tested	Normal	Hearing Suspect
Primary School Children	7,641	6,632	1,009
Suspected Deafness ..	311	212	99
Backwardness	343	262	81
Speech Disorders	116	96	20
TOTAL ..	8,411	7,202	1,209

In the early months of 1963, the total number of children awaiting hearing assessment was 1,595 (325 pre-school and 1,270 school children). In an effort to reduce the numbers of children awaiting testing at the Medical Audiology Clinics it was decided to arrange special Health Visitors' Audiology Clinics to which children who had failed the "sweep test" at school could attend for more detailed investigation. In addition other cases where full scale pure tone audiometry was required were dealt with at these same Clinics.

The results of the tests are summarised in the following table:—

RESULTS OF TESTS AT HEALTH VISITORS' AUDIOLOGY CLINICS

Referred by	Cases	Number Tested Age Groups			Discharged	Referred for	
		Under 5	Primary	Secondary		Review	Medical Clinic
Aural Surgeon	New	1	1	—	2	—	—
Head Teacher	New	—	14	3	7	1	9
Health Visitor/School Nurse ..	New	2	12	2	5	2	9
	Review	1	—	—	—	1	—
School Medical Officer	New	—	4	1	2	2	1
Speech Therapist	New	4	53	12	41	9	19
	Review	—	3	—	1	1	1
Sweep Test	New	—	616	16	256	101	275
	Review	—	19	—	12	3	4
2 H.P. (E.S.N.)	New	—	38	42	56	7	17
	Review	—	1	—	—	—	1
Parent	New	—	4	—	1	—	3
	TOTALS	8	765	76	383	127	339
			849			849	

Medical 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 by three of the School Medical Officers, Dr. Mackenzie, Dr. Jones and Dr. Capper, who have had some special training for this work.

In addition to children discovered at 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 1963, a total of 84 clinics was held and 814 children received hearing tests, with results as indicated below:—

RESULTS OF TESTS AT MEDICAL AUDIOLOGY CLINICS

Referred by	Cases	Number Tested Age Groups			Discharged	For Review	Hearing Defective					
							One Ear				Both Ears	
							Severe Moderate					
		Under 5	Primary	Secondary			L.	R.	L.	R.	Severe	Moderate
Aural Surgeon ..	New	1	7	1	2	1	—	1	—	—	1	4
	Review	—	10	3	4	6	—	—	—	—	3	—
Deaf Teacher ..	New	—	6	3	2	3	—	1	—	1	—	2
	Review	—	2	1	2	—	—	—	—	—	—	1
Psychologist ..	Review	—	—	1	—	—	—	—	—	—	1	—
Family Doctor ..	New	—	1	—	—	1	—	—	—	—	—	—
	Review	—	1	—	—	1	—	—	—	—	—	—
Head Teacher ..	New	—	13	4	7	5	1	—	—	—	1	3
	Review	—	1	4	—	1	—	2	—	—	—	2
Health Visitor/ School Nurse	New	3	9	1	4	5	—	—	—	—	1	3
	Review	1	5	—	3	2	—	—	—	—	—	1
Infant Assessment Clinic	New	4	—	—	1	2	—	—	—	—	—	1
	Review	1	4	—	—	3	—	1	—	—	1	—
School Medical Officer	New	4	79	27	48	30	—	—	6	6	7	13
	Review	—	58	30	34	18	6	—	6	3	3	18
Speech Therapist	New	3	15	5	8	7	—	—	3	—	1	4
	Review	—	10	2	6	4	—	—	—	—	1	1
Sweep Test ..	New	—	267	11	108	81	—	—	17	19	5	48
	Review	—	155	14	82	27	1	1	10	19	1	28
2 H.P. Case (E.S.N.) ..	New	—	14	10	14	4	—	1	1	—	1	3
	Review	—	3	2	4	—	—	—	—	—	—	1
Hearing Assessment Clinic	Review	—	2	—	—	2	—	—	—	—	—	—
Parent	New	1	7	1	4	1	—	—	—	—	—	4
	Review	—	—	1	—	—	—	—	1	—	—	—
Paediatrician ..	New	3	1	1	3	1	—	—	—	—	—	1
Psychiatric Social Worker	New	—	—	1	1	—	—	—	—	—	—	—
	TOTALS ..	21	670	123	337	205	8	7	44	48	27	138
		814			814							

Hospital Specialist Otolaryngologists.—The closest co-operation exists between the Health Department and the Ear, Nose and Throat Surgeons to whom any children requiring treatment are referred. During the year, 60 children found at the Medical Audiology Clinics to have defective hearing were referred in this way.

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 Hearing 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, Miss C. V. Green, Teacher of the Deaf at Coleham Junior School, and the 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.

During the year, 58 children attended these clinics and the provision of a "Medresco" (National Health Service) hearing aid was recommended in 28 cases which were originally referred as follows:—

4 by the Aural Surgeon.
10 by the School Medical Officer.
1 by the Health Visitor.
1 by the Speech Therapist.
9 having failed the Sweep Test at school.
3 having failed the Infant Hearing Test.

Training for children and parents in the use of hearing aids is given in suitable cases by Miss Green and the specially trained Health Visitors.

Class for Children with Partial Hearing.—Miss Green, Teacher of the Deaf, describes her work below:—

"The work of teaching Partially Hearing Children in the County has continued on similar lines to that of 1962. The year started with two fully qualified teachers of the deaf, but we were unfortunate in July to lose the valuable services of Mrs. M. J. Bell, who left the County to take charge of a Partially Hearing Class in Norwich.

No visits to children in ordinary schools were made in September, as the teacher on temporary appointment was unable to commence her two days work weekly until October. This staff shortage has meant that although the detection of deafness in Shropshire has become increasingly efficient, it has been physically impossible to maintain the number of routine home and school visits necessary to ensure a satisfactory picture and give home training and parent guidance.

During 1963 the educational provision for Partially Hearing Children in Shropshire expanded and developed within the following existing framework:—

(1) Special class attached to Coleham School, Shrewsbury.
(2) School visits.
(3) Home training and parent guidance.
(4) Special Hearing Assessment Clinics.

Individual tuition at school was given at the beginning of 1963 only. If a child is sufficiently retarded in ordinary school subjects to need to have special tuition given individually for one or two hours a week, then he is probably in need of an educational change.

Special Class at Coleham Primary School.—The great advantage of this class is that it gives Partially Hearing Children the opportunity of becoming members of a school community which has normal standards of speech and behaviour, but, at the same time, provides them with special training in speech and communication, with auditory training, and with help in the management of their hearing aids.

For success in such a class, the Head and staff must be "dedicated"—devoted "aficionados" where the education of deaf children is concerned. The teacher of the deaf must have a good liaison with the other teachers and pupils in order to bring about acceptance of the use of hearing aids, and to draw the handicapped children into the general life of the school. At Coleham, the Partially Hearing Children have been accepted with tolerance and sympathy by both staff and pupils. The deaf pupils play a full part in any general school activity, including the school sports, the Carol Service, school parties and plays, the Harvest Festival, swimming sports and school visits, and they join the hearing children for morning assembly, dancing, games and physical education. The older children in the class join the hearing children for music and singing.

Children in the class:

1963:

January	..	11 full-time pupils on the register.
June ..	..	1 joined ordinary class at Coleham. 1 transferred to Modern School.
September	..	1 joined ordinary class at Coleham School. 1 admitted to Needwood School for the Partially Hearing. 2 admitted to the class full-time.
October	..	1 admitted full-time.
December	..	10 full-time pupils on the register.

The places in the class are filled with children who are more severely handicapped by deafness and consequently many of the children who would benefit from special full-time education are now being left in ordinary schools. Of 43 such children with hearing aids who were visited in the ordinary schools during 1963—

11 were definitely successful, that is, they were wearing the aid correctly, benefiting from its use and progressing in accordance with innate ability.
8 were not very successful.
24 were unsuccessful.

Although they do not give a complete picture, these figures give cause for concern and indicate the need for a second class for the Partially Hearing.

Of the 11 children who were definitely successful—

8 had above average intelligence.
2 of the 3 children, who were not intelligent, had attended the Partially Hearing Class.
1 child was in a small class for E.S.N. children.

The following factors affect the success or otherwise of a hearing aid:—

(i) Noises generated in a classroom when amplified can be very disturbing, for example, in an experiment at Manchester University, chalk noises on a blackboard caused a noise level of 45 decibels on a sound level meter 9 feet away, while speech at that distance was only 10 decibels higher. (A decibel is a scientific term used as a unit in the measurement of sound intensity).
(ii) Large classes.
(iii) Attitude of staff, fellow pupils and parents, this being especially important with the older boys.
(iv) The personality and standard of intelligence of the child.
(v) Insufficient training in the use of the aid in good and adverse situations. This training can best be carried out by a short period in a class for the Partially Hearing.

School Visits.—Visits to schools are made by a Teacher of the Deaf for the following purposes:

(1) to assess the difficulty the child is experiencing in hearing speech in normal classroom conditions. A pure-tone audiogram, although giving us a guide to a child's difficulties, does not always correspond with his speech audiogram. Likewise, a child may score 100% in "clinical" listening conditions, but find great difficulty in hearing speech in his classroom.

(2) to ensure that a child's progress is commensurate with his innate ability. Some Partially Hearing Children of average ability are in special classes, and working with children who are educationally subnormal. Some of these classes are large and situated in corridors, or in rooms which are totally unsuitable for hearing aid users.

(3) to train the child who uses a hearing aid at school in the management of it, and also to advise his teachers on its use and limitations.

Most teachers are genuinely concerned about the Partially Hearing Children in their care, and are very willing to do all they can to help them. Discussing the child's problem with his class teacher or the Head gives the Teacher of the Deaf the opportunity to explain something of the child's deafness. Very often the child with the high frequency loss puzzles his teachers, who are under the impression that deafness renders speech quiet and do not realise that although the deaf child is aware of voice, he may be hearing it in a distorted manner.

Home Visits.—Home visits are made to give training to pre-school babies and children, guidance to parents, and to gain a fuller picture of the Partially Hearing Child's problem. It is important that parents understand the nature of their child's handicap, so that they can give him the maximum amount of help.

It is interesting to note that out of the 11 children who were definitely successful in the use of their hearing aids in ordinary schools, 10 came from homes where they were given the fullest co-operation and understanding".

Home Visits (1962 figures in brackets):

Number of children visited at home only	13	(6)
Number of children revisited at home	7	(17)
Total home visits	66	(45)

Statistical Summary (1962 figures in brackets):

Visits made in 1963:		
School visits	326	(200)
Home visits	66	(45)
Total visits	392	(245)
Children visited in 1963:		
Visited at school	266	(122)
Visited at home	13	(6)
Visited both at home and school	22	(22)
	301	(150)
New referrals	201	(120)

CHILD GUIDANCE SERVICE

Mr. J. L. Green, County Educational Psychologist, gives the following account of the work carried out by the Child Guidance Service during 1963:—

"During 1963 the staffing of the Child Guidance Clinic has expanded. Dr. Evans worked four sessions a week until the summer and six sessions during the autumn when the need arose for an outlying Clinic in Oswestry.

Mr. D. Jones joined the staff as a full-time Educational Psychologist in September and Mrs. M. Thomas returned part-time, after three months' special leave of absence.

Mr. R. Baker was appointed as a second Psychiatric Social Worker at the beginning of October. We also have the help of a part-time Social Worker, Mrs. R. Garrard, who started here during the summer. The additional staff has meant that it has been possible to reduce the length of the waiting list considerably during the year. It has also meant that there had been a marked increase in home visits and work with the parents of children who are at our school for maladjusted children. These contacts had been very difficult to make during the period of staff shortage. Unfortunately, Dr. Evans will be leaving the service at the end of January and it will be difficult to replace her.

During the past few years a number of children suffered from school phobia. This has continued to be the case, but an encouraging sign is that it has been possible, with one exception, to get every child back again into school. Much work has been done with the parents to get them to strengthen their own resolve, and also to make them realise that at times they have been over protecting the child and unwittingly conniving at his absence. A considerable number of children are referred on account of psychosomatic* disorders.

There has been considerable development in the use of the Enurex apparatus for bed wetting. This is a simple electrical device to condition the child to wake up before he actually wets the bed. There has not been universal success but careful records are made, and it is hoped later on to publish greater detail. For the moment it is possible to make the following generalisations:

(1) Both the parents and the child need to be of reasonable intelligence so that they can understand and use the apparatus more effectively.

(2) The child must be ready to want to grow up and be rid of his enuresis.

(3) It is important to enlist the interest and enthusiasm of the child so that he becomes identified with the use of the apparatus.

(4) The apparatus works, on the whole, better with older children, especially in the early stages of adolescence.

(5) Where the child has been successfully treated for anxiety or other difficulties, and the bed wetting is a residual symptom, better results are obtained.

The School Psychological Service continues to help children who have learning difficulties or find it hard to settle down at school. Many of these children do have emotional problems and there is a close link between the School Psychological Service and the Child Guidance Clinic so that children can be referred quickly for further investigation by the whole team.

The School Psychologists also help on the spot with advice to the teachers in coping with behaviour difficulties, and work with the children themselves: they help to assess the potentialities of handicapped children so that they may be placed in the right type of educational environment and they do, in fact, deal with general problems of educational guidance.

It is gratifying that family doctors continue to refer children direct to the Child Guidance Clinic.

There continues to be a happy relationship between the Clinic, the Schools and other Departments concerned with children".

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*i.e. Where the emotional causes are far more important than the physical ones.

Summary of work done during 1963 (figures for 1962 in brackets):

Total number of new referrals	245	(210)
Total number of new cases seen	210	(124)
Unco-operative	13	(11)
Awaiting appointments	22	(65)
Old cases still requiring help	41	(44)

Sources of referral:

Head Teachers	27%	(29%)
Private Doctors	20%	(21%)
County Medical Officer of Health	30%	(27%)
Parents	8%	(8%)
Probation Officers	3%	(2%)
Miscellaneous, e.g. Children's Department, Psychiatric Hospitals, Education Welfare Officers, Speech Therapists, N.S.P.C.C., Health Visitors	12%	(13%)

Reasons for referral:

Behaviour difficulties such as aggressive behaviour, severe temper tantrums, truancy, pilfering	36%	(31%)
Nervous conditions such as night terrors, anxiety conditions, stammering and timidity	27%	(33%)
Physical disorders, e.g., day or night enuresis, soiling, failure to eat or sleep normally	22%	(23%)
Failure in school. Difficulties either in specific subjects, general behaviour or general attitude to work	13%	(11%)
Miscellaneous reasons: vocational guidance, advice re adoptions, reports to Magistrates	2%	(2%)

Number of cases seen by Psychiatrist	83	(78)
Number recommended for admission to Schools for Maladjusted Children	15	(20)
Number transferred from Trench Hall School for Maladjusted Children to Out-County School	1	

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 1963, with comparative figures for 1962:

	Maintained and Grant-aided Schools		Independent Schools		Total	
	1963	1962	1963	1962	1963	1962
Schools visited	66	61	24	33	90	94
Children tested	3,445	3,579	474	535	3,919	4,114
Reactors—positive	326	365	54	85	380	450
—negative	2,981	3,059	415	447	3,396	3,506
Not read	138	155	5	3	143	158
Children vaccinated	2,918	2,996	410	436	3,328	3,432
Negative reactors not vaccinated	63	63	5	11	68	74

The acceptance rate for B.C.G. vaccination for 1963 was 93 per cent.

Special surveys were made at four schools where children had been in contact with known cases of Tuberculosis:

	Tested	*Positive Reactors*	*Negative Reactors*	*Not Read*	*Negative Reactors Vaccinated*
Children (all ages)	556	313	214	29	—

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. Included in the number of positive reactors are 176 children who had earlier received B.C.G. vaccination.

Mass Radiography.—Appointments for chest X-ray by Mass Radiography are offered to all positive reactors and also to their home contacts. The table below summarises the results of these investigations by the Stoke-on-Trent and Wolverhampton Mass Radiography Units.

	Pupils	*Home Contacts*	*Staff*
Cases investigated	1,385	266	111
Recalled for large film examination ..	18	4	—
Cases of Tuberculosis discovered	3	1	—

(Included in the above figures are 926 children and 110 staff from the schools at which special surveys were made. Eleven children were recalled for large film examination).

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, are also used from time to time to remind the public of the importance of immunisation.

During 1963, the total number of children *of school age* who were primarily immunised was 296; of this number, 206 were treated by School Medical Officers and 90 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.

Unfortunately, due to the demand for poliomyelitis vaccination between 1957 and 1962 and to the demand for smallpox vaccination in 1962, there has been a decline in the numbers of children receiving booster doses against diphtheria. In order to rectify this, a new procedure was started during the Autumn Term, 1963. Under this scheme consent forms are now issued to parents of 5 and 11 year olds at the time when preliminary arrangements are being made for the school medical inspection. In addition to protection against diphtheria, primary immunisation or boosters against tetanus and poliomyelitis are offered to 5 year olds. Children aged 11 years are offered booster or primary immunisation against diphtheria and tetanus, and re-vaccination against smallpox. Parents have the choice of their children being given the necessary doses either at school or by their family doctors; the scheme is expected to show encouraging results during 1964.

Of 2,082 school children re-immunised, 1,179 were dealt with by the School Medical Officers and 903 by general medical practitioners.

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:

		1944—48	1949—53	1954—58	1959—63
Notifications ..	Total	60	8	—	1
	Annual average	12	1.6	—	0.2
Deaths ..	Total	5	1	1*	—
	Annual average	1	0.2	0.2	—

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

VACCINATION AGAINST SMALLPOX

During the year, 160 children *between the ages of* 5 *and* 14 *years* were vaccinated against Smallpox. Of this number, 107 vaccinations were performed by School Medical Officers and 53 by general medical practitioners.

In addition, 115 children were re-vaccinated, 42 by School Medical Officers and 73 by general practitioners.

VACCINATION AGAINST POLIOMYELITIS

The following are details of children who completed a full primary course of either Salk or Sabin (Oral) vaccine during 1963. It will be noted that separate figures are given for those in the 15—18 age group, which includes pupils at grammar schools, technical colleges, etc.

Vaccinated by	5—14 years	15—18 years	Total
County Council Medical Officers	944	42	986
General Practitioners	205	74	279
TOTAL ..	1,149	116	1,265

Fourth doses were again made available to children on entering school (normally at the age of 5 years) and also to children between 5 and 12 years of age. In 1961, the Minister of Health had been advised to take this action by the Joint Committee on Poliomyelitis Vaccination, on the grounds that while three doses of vaccine give a high degree of protection, children in school are considered to be at markedly greater risk.

A total of 5,048 school children received fourth doses during the year and, of these, 4,643 received their doses from County Council Medical Officers while the remaining 405 were dealt with by General Practitioners.

HEALTH EDUCATION

Mr. H. Harris, Health Education Officer, writes:—

"The term 'Health Education' covers a wide field, some sections being perhaps more specialised than others. Schools promote physical and mental health by teaching games and physical education, and academic and practical subjects in classroom and workshop, and by many extra-curricular activities. Within this educational framework there is a place for the medical and dental educational services which the Health Department try to fill as opportunity arises.

During the year, in the course of their normal duties, School Medical Officers, Dental Officers and Health Visitors visit schools in the County and give talks on health subjects. Junior schools are not visited as a routine but only at the request of the Head. Our efforts in this field seem appreciated by the teachers and we are having more and more requests for talks to be given in schools. When requested, the Department's Officers are prepared to tackle special needs or current problems in the course of these talks. Visual aids, films, filmstrips, slides and flannelgraphs, together with leaflets and posters or display panels are provided. This applies to all schools, whether or not they are equipped with projection and "blacking out" facilities.

In addition to normal routine talks by Medical Officers, Dental Officers and Health Visitors, there has been a number of special requests for illustrated talks supported by films, strips and slides. Such talks have been undertaken in a total of 52 schools (26 modern, 19 Junior, 7 Grammar and other Secondary Schools) to 10,200 pupils.

The scope of the talks has extended from general health, posture, nutrition, grooming, care of person, teeth, feet, food hygiene, to more specialist subjects such as parentcraft, smoking, venereal disease, safety in the home; and a talk supported by films was given to a Parent-Teacher Association on food and nutrition. The Mobile Cinema Unit of the Oral Hygiene Service visited Salop for ten days and was taken to a total of 15 schools, with an audience of 1,400 pupils; and a special drive in the preventive field of dental health resulted in the showing of films at an additional 11 schools to 2,000 pupils. A course of lectures was given at a grammar school and a small group of girls qualified for the Home Safety Section of the Duke of Edinburgh's Award.

Needs vary with localities. The above notes indicate ways in which the staff of the Department, with the co-operation generously given by the teaching staffs, can help to meet the requirements of schools in the County, and the volume of special assistance sought.

Smoking and Health.—Research and all the available statistical evidence indicates that there is a definite correlation between the smoking of cigarettes and the incidence of lung cancer, and on grounds of general health we do all that is possible by personal example and by the giving of information to discourage the formation of the smoking habit in youth and to curtail it in the addicted among the older generation.

Some Heads of Schools have felt that talks devoted entirely to smoking were undesirable because they tended to give undue emphasis to the practice and might well stimulate interest and experiment among those in whom the reverse reaction was intended but School Medical Officers are nevertheless expected to take every opportunity of pointing out to children the ill-effects of indulging in habits which are calculated to undermine good health.

There is a programme on smoking and health supported by slides and films which is available to all interested groups, schools, youth clubs, parent-teacher associations, all indeed who are prepared to give us a hearing. During the year this programme has been given to 10 groups, 1,600 persons including nine schools and one youth club".

PHYSICAL EDUCATION

The following report on Physical Education has been provided by Mr. J. W. P. Beswick, Physical Education Adviser:—

"*Schools' Field Centre:*

The Field Centre at Arthog, Merioneth, was open again from 1st April until the end of September.

Some 1,200 pupils and 70 staff attended during this time. The term-time work was from April to July; and the month of September was taken up with project work, varying from geology, history, biology, botany, adventure in mountains, lightweight camping, canoeing and sailing. In the August period the Children's Department and some primary schools used the centre for holiday purposes and as an exercise in community living. Many more schools took the opportunity this year of camping on foreign soil, mostly booked through the various touring agencies.

All the children attending the Summer Camp at Arthog are examined before admission—initially by the local School Nurse and immediately prior to departure to camp by a School Medical Officer—and must be certified 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 needed.

Swimming:

Swimming and life saving instruction continued throughout the summer and autumn terms in the county, and in addition to the baths used in the past, two new baths were added at schools, one at Bridgnorth Modern Boys' and one at Newcastle in the extreme south-west of the county. More baths at individual schools are planned for the next financial year.

The following Education Department certificates were gained: 1900 length, 750 proficiency, 70 advanced. In the Royal Life Saving Examinations : 2 distinctions, 20 awards of merit, 40 bronze crosses, 200 bronze medallions, 250 intermediate and some 200 of the lower awards. Regulations for the Royal Life Saving Awards have been altered during the past year, and it is likely that fewer pupils will be ready for examination in the coming year.

Area, county, and inter-county galas have been held and an "Elite" class for the better swimmers has been held once per week throughout the year. This has proved most successful and it is hoped to augment this in many areas of the county next year.

The Royal Humane Society Award has been received by three Shropshire schoolboys for rescues in the Severn this year.

Duke of Edinburgh's Award:

The number of school pupils entering into the scheme continues to snowball, and the numbers presented for examination were nearly double those of last year. The average intake is in the region of 150 pupils.

Many continue with various sections of the work after having left school, a very healthy sign!

Shropshire Schools' Sports and Athletics Association:

This Association has again added to its activities, and in addition to the sports and games previously listed has run area and county competitions in golf, seven-a-side rugger, badminton, and knock-out cricket".

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 and also given chest X-ray examinations. Ideally, they should be examined before commencing employment, but often the worker's services are urgently required and prior examination is not considered 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. During 1963, two specimens of faeces were obtained for bacteriological examination; these proved to be negative.

The following particulars given some indication of this work during the year:

KITCHENS AND SCHOOL CANTEENS

Premises		Personnel Employed				
		Supervisors	Cooks	Helpers	Others	Total
Central Kitchens ..	12	12	31	84	14	141
Self-contained Canteens	135	4	178	475	181	838
Canteens for dining only	171	—	—	333	208	541
TOTAL ..	318	16	209	892	403	1,520

During 1963 a total of 1,181 examinations of canteen personnel (265 initial and 916 re-examinations) was carried out.

In eleven cases it was necessary to arrange for special 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 specially at the request of the Medical Officer.

In two further cases, employees suffering from very mild skin conditions were allowed to continue employment after having been treated successfully. One canteen worker who was a contact of a case of Salmonella infection was suspended from duty for the appropriate period recommended in Ministry of Health Regulations and allowed to resume after a series of faecal specimens submitted for bacteriological examination had proved to be satisfactory.

Investigations were carried out into the cases of 6 canteen workers who had histories of arthritis, ligament injury, vertigo, nephritis, "slipped disc" and hypertension, but all were subsequently considered to be fit for employment. Two further staff were recommended on medical grounds for employment on light duties or in a supervisory capacity only.

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 year, 97 such examinations were carried out by the School Medical Officers. In addition, 24 examinations were carried out in respect of canteen staff employed at two Colleges of Further Education.

SANITARY CIRCUMSTANCES OF THE SCHOOLS

In 1954 School Medical Officers completed comprehensive inspection reports on all the school premises in the county making notes on the sanitary arrangements, water supply, washing accommodation, canteens, heating, lighting and ventilation. On the occasion of each annual routine medical inspection the premises are re-inspected and matters which require attention or investigation are referred to the Secretary for Education with a view to their being dealt with by the Education Works Committee.

GENERAL

Meals.—School canteen meals are available at 1/- per head (free in necessitous cases) for one hundred per cent of children attending school; 68.8 per cent were having school dinners at a census taken in September, 1963; in September, 1962, the figure was 65.9 per cent.

Milk.—Milk is supplied free of charge in all schools and a census taken in September, 1963, showed that almost 75 per cent of the children were drinking it.

Quality of Milk Supplies.—Only pasteurised or Tuberculin Tested Milks are supplied; of a total of 309 departments in maintained schools, 308 had pasteurised supplies and 1 a tuberculin tested supply in 1963.

Investigation of Milk Supplies.—The County Public Health Inspectors are 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 1963:

Grade of Milk	Samples taken	Methylene Blue Test			Phosphatase Test		Biological Test	
		Satis.	Unsatis.*	Void†	Satis.	Unsatis.	Satis.	Unsatis.
Pasteurised	520	488	17	15	520	—	—	—
Tuberculin Tested ..	13	13	—	—	—	—	2	—
TOTAL ..	533	501	17	15	520	—	2	—

*In the cases of the samples failing the Methylene Blue Test follow up samples were taken, and these proved to be satisfactory.

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

Medical Examination of Prospective Teachers.—During 1963, the medical staff of the School Health Service examined 216 candidates for entry to the teaching profession.

STATISTICAL TABLES

(i.e. as submitted to the Ministry of Education on Form 8.M)

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)
1959 and later ..	95	95	100%	—	—
1958	1,635	1,635	100%	—	—
1957	1,882	1,882	100%	—	—
1956	683	683	100%	—	—
1955	164	164	100%	—	—
1954	147	147	100%	—	—
1953	145	145	100%	—	—
1952	526	526	100%	—	—
1951	1,623	1,623	100%	—	—
1950	756	756	100%	—	—
1949	1,043	1,042	100% Approx.	1	—
1948 and earlier ..	1,880	1,880	100%	—	—
TOTAL ..	10,579	10,578	100%	1	—

(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)	For defective vision (excluding squint)	For any of the other conditions recorded in Table II	Total Individual Pupils
(1)	(2)	(3)	(4)
1959 and later ..	1	3	4
1958	47	100	136
1957	81	155	210
1956	14	37	48
1955	13	19	28
1954	15	19	32
1953	9	36	44
1952	26	63	88
1951	84	109	177
1950	47	76	115
1949	62	66	124
1948 and earlier	110	140	224
TOTAL ..	509	823	1,230

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	1,295
Re-inspections	9,372
	10,667*

*In addition to those inspected a total of 2,730 pupils in the 1955, i.e. 8 year old group, were given Vision tests. Of this total, 8 were recommended for treatment and 68 for observation.

(D) INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by the School Nurses or other authorised persons ..	90,569
(2) Total number of individual pupils found to be infested	908
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	2
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	1

TABLE II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1963

(A) PERIODIC INSPECTIONS

Defect or Disease	Entrants		Leavers		Others		Total	
	Requiring:		Requiring:		Requiring:		Requiring:	
	Treatment	Observat'n	Treatment	Observat'n	Treatment	Observat'n	Treatment	Observat'n
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Skin	33	111	41	35	85	112	159	258
Eyes (*a*) Vision	143	513	97	241	269	490	509	1,244
(*b*) Squint	43	69	7	23	28	56	78	148
(*c*) Other	4	21	3	6	1	44	8	71
Ears (*a*) Hearing	50	192	1	15	41	94	92	301
(*b*) Otitis Media ..	9	170	3	21	11	94	23	285
(*c*) Other	1	31	2	7	1	17	4	55
Nose or Throat	67	657	9	77	30	309	106	1,043
Speech	45	187	1	8	11	60	57	255
Lymphatic Glands ..	—	228	—	8	—	86	—	322
Heart	5	85	1	40	2	71	8	196
Lungs	8	181	—	30	5	98	13	309
Developmental:								
(*a*) Hernia	8	17	—	4	1	11	9	32
(*b*) Other	3	93	—	16	7	56	10	165
Orthopaedic:								
(*a*) Posture	—	41	3	27	4	72	7	140
(*b*) Feet	23	188	2	18	12	143	37	349
(*c*) Other	9	108	12	41	13	121	34	270
Nervous System:								
(*a*) Epilepsy	3	18	2	5	4	21	9	44
(*b*) Other	2	20	—	7	6	36	8	63
Psychological:								
(*a*) Development ..	3	51	63	13	48	77	114	141
(*b*) Stability	4	121	1	12	82	156	87	289
Abdomen	3	75	3	13	1	68	7	156
Other	2	27	1	24	1	78	4	129

(B) SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Requiring: Treatment (3)	Requiring: Observation (4)
4	Skin	8	16
5	Eyes (*a*) Vision	39	81
	(*b*) Squint	1	5
	(*c*) Other	—	6
6	Ears (*a*) Hearing	3	17
	(*b*) Otitis Media	—	3
	(*c*) Other	1	1
7	Nose or Throat	4	20
8	Speech	4	13
9	Lymphatic Glands	—	5
10	Heart	—	8
11	Lungs	1	16
12	Developmental:		
	(*a*) Hernia	1	1
	(*b*) Other	1	6
13	Orthopaedic:		
	(*a*) Posture	—	4
	(*b*) Feet	3	21
	(*c*) Other	4	17
14	Nervous system:		
	(*a*) Epilepsy	—	4
	(*b*) Other	—	5
15	Psychological:		
	(*a*) Development	5	12
	(*b*) Stability	1	15
16	Abdomen	—	5
17	Other	3	12

TABLE III

(A) EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with
External and other, excluding errors of refraction and squint	8
Errors of refraction (including squint)	3,115
TOTAL	3,123
Number of pupils for whom spectacles were prescribed	3,061

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

	Number of cases dealt with
Received operative treatment:	
(*a*) for diseases of the ear	22
(*b*) for adenoids and chronic tonsillitis ..	472
(*c*) for other nose and throat conditions ..	39
Received other forms of treatment	40
TOTAL ..	573
Total number of pupils in schools who are known to have been provided with hearing aids: (*a*) in 1963	29
(*b*) in previous years	162

(C) ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases dealt with
Number of pupils known to have been treated at clinics or out-patients departments ..	195
Number of pupils treated at school for postural defects	25
TOTAL ..	220

(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
Ringworm: (i) Scalp ..	9
(ii) Body ..	5
Scabies	3
Impetigo	18
Other skin diseases	25
TOTAL ..	60

(E) CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority ..	251

(F) SPEECH THERAPY

Number of pupils treated by Speech Therapists	453

(G) OTHER TREATMENT GIVEN

	Number of cases dealt with
(*a*) Miscellaneous Minor Ailments	70
(*b*) Pupils who received convalescent treatment under School Health Service arrangements ..	14
(*c*) Pupils who received B.C.G. Vaccination ..	2,918
(*d*) Other treatment given:	
Appendicitis	41
Asthma	29
Bronchitis	15
Cardiac Conditions	21
Diabetes	13
Epilepsy	18
Hernia	10
Meningitis	14
Nephritis	10
Pneumonia	31
Rheumatism / Rheumatic Fever	10
Miscellaneous	297*
TOTAL (*a*) — (*d*) ..	3,511

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