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**Somerset County Council.**

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THE COUNTY EDUCATION COMMITTEE

**Annual Report**

OF THE

**PRINCIPAL SCHOOL MEDICAL  
OFFICER**

For the Year 1960

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J. F. DAVIDSON, O.B.E., M.B., Ch.B., D.P.H.,

County Medical Officer of Health.  
Principal School Medical Officer.





SOMERSET COUNTY COUNCIL

With the Compliments of the  
County Medical Officer of Health  
and  
Principal School Medical Officer

County Health Dept.,  
County Hall,  
Taunton, Somerset.

H/N/6.

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To the Chairman and Members of the Education Committee  
of the Somerset County Council

Madam Chairman, Ladies and Gentlemen,

I have the honour to submit my Twenty-fourth Annual Report on the School Health Services in Somerset.

The Report follows the framework of facts and figures as required by the Ministry of Education, but, in addition, there are special notes and surveys made by a number of your Officers. The survey on Sandhill Park School made by its Headmaster, Mr. H. Street, is of real merit and he is to be congratulated on the worthy outcome of much patient work and research.

The health and well-being of Somerset children continue on their accustomed high standards and the position generally is highly satisfactory.

Each year I comment with gratitude on the assistance given to my Department by the Headmasters and Headmistresses and their staffs, and, as in the years before, this help has been both generous and efficient in 1960. My thanks go to the Teaching Staffs for all they do to assist us.

I am indebted to Dr. Fay for his help in dealing with the details of this Report, and throughout the year the members of your staff have worked loyally and well. I also record my thanks to the County Education Department and to the other Departments of the County Council for their co-operation.

I am,  
Yours faithfully,

J. F. DAVIDSON,  
Principal School Medical Officer.

County Hall,  
Taunton.

April, 1961.



## ORGANISATION

### STAFF

#### Principal School Medical Officer.

J. F. DAVIDSON, O.B.E., M.B., Ch.B., D.P.H.

#### Deputy Principal School Medical Officer.

L. FAY, M.D., D.P.H.

#### Divisional Medical Officers.

L. FAY, M.D., D.P.H. (Taunton)  
 P.P. FOX, M.B., Ch.B., D.P.H. (Yeovil)  
 D. McGOWAN, M.B., Ch.B., D.P.H. (Weston-super-Mare)  
 R. H. WATSON, M.B., Ch.B., B.A.O., D.P.H. (Bridgwater)

#### School Medical Officers.

PAMELA M. ANDERSON, M.R.C.S., L.R.C.P. (from 1.7.60)  
 BEATRICE I. BING, M.B., B.S.  
 M. JOAN COOKE, M.B., B.S., D.P.H.  
 R. H. G. H. DENHAM, M.D., D.P.H.  
 EVELYN S. ELLIOTT, M.B., B.S., D.R.C.O.G.  
 D. G. EVANS, M.R.C.S., L.R.C.P., D.P.H.  
 E. L. FAWSSETT, M.B.E., B.A. (Hons.), M.R.C.S., L.R.C.P., D.P.H.  
 A. M. McCALL, M.R.C.S., L.R.C.P., D.P.H.  
 E. H. OSBORN-SMITH, L.M.S.S.A., D.P.H., R.C.P.S., M.R.C.S., L.R.C.P.,  
 M.B., B.S. (from 1.2.60)  
 CHRISTINE M. ROOKE, M.B., B.S.  
 MARGARET I. ROSS, M.B., Ch.B., D.P.H.  
 MARJORIE L. STEWART, M.B., Ch.B., D.P.H.  
 T. S. STIRLING, M.B., Ch.B., D.P.H. (retired 14.2.60)  
 MARION T. THOMSON, M.B., Ch.B., D.P.H. (from 1.1.60)

#### School Ophthalmologists.

K. J. HIGHAM, M.B., L.M.S.S.A., D.O.M.S.	)	By arrangement
R. L. N. STEWART, M.B., Ch.B., D.O.	)	with Regional
A. ERIC WILSON, M.R.C.S., L.R.C.P., D.O.M.S.	)	Hospital Board.

#### Principal School Dental Officer.

QUENTIN DAVIES, L.D.S., R.C.S. (Eng.)

#### County Orthodontist.

N. M. POULTER, L.D.S., D.D.O.

#### School Dental Officers.

W. A. ALLEN, B.D.S., L.D.S. (resigned 29.9.60)  
 C. E. AMOS, B.D.S.  
 A. C. S. BARNARD, L.D.S., R.C.S. (Eng.) (resigned 30.9.60)  
 W. E. L. BRIGHAM, L.D.S., R.C.S. (Eng.)  
 H. C. GREEN, L.D.S. (V.U. Manc.) (from 12.9.60)  
 E. R. HEATHCOTE, L.D.S., R.C.S. (Eng.)  
 T. S. LONGWORTH, L.D.S., R.C.S.

S. F. LUTON, L.D.S., R.C.S. (Eng.) (part-time) (resigned 13.7.60)  
 P. T. MACKEY, L.D.S., R.C.S. (Ireland)  
 E. M. McRAITH, L.D.S., R.C.S. (Eng.) (from 18.1.60)  
 H. F. METCALF, L.D.S., R.C.S. (Eng.) (part-time)  
 L. E. SCULL, L.D.S.  
 Mrs. G. M. WALKER, L.D.S. (part-time)  
 S. B. WHITLEY, B.D.S., L.D.S. (resigned 5.12.60)

#### Child Guidance Team.

FRANK BODMAN, M.D., D.P.M. (Director)  
 K.C. BAILEY, M.A. (Cantab.), B.A., M.D., M.B., )  
 B.Ch., M.R.C.S., L.R.C.P., D.P.M. (Part-time ) By arrangement  
 Consultant Psychiatrist ) with the Regional  
 M. F. BETHELL, M.D., D.P.M. (Part-time ) Hospital Board  
 Consultant Psychiatrist )  
 Mrs. F. BODMAN, (Part-time Psychiatric Social Worker)  
 Miss S. PULLEN (Psychiatric Social Worker)  
 Mrs. G. SESSIONS HODGE (Part-time Psychiatric Social Worker) (from 25.10.60)  
 W. ROBERTSON, M.A., Ed.B., A.B.Ps.S. (Senior )  
 Educational Psychologist )  
 Miss K. BLYTHEN, B.A. (Educational Psychologist ) Education Staff  
 Mrs. M. DICKINSON, M.A., Dip.Ed. (Educational )

#### DEFECTS FOUND REQUIRING TREATMENT

In the course of 42,200 examinations some of the more common defects referred for treatment were :-

	1960	(1959)
Various orthopaedic defects	1,412	(761)
Defective vision ... ..	2,920	(1,470)
Squint ... ..	462	(212)
Hearing ... ..	207	(69)
Aural defects ... ..	321	(159)
Cardiac ... ..	54	(28)
Nose and Throat ... ..	790	(387)
Psychological defects ... ..	314	(102)
Lungs ... ..	303	(135)

#### TONSILS AND ADENOIDS

The number of operations for removal of tonsils and adenoids in 1960 was 1,436.



## SCHOOL HEALTH SERVICES

Last year's Report referred to the serious disruption in routine school medical inspection work owing to the heavy programme of immunisations against poliomyelitis. In 1960, however, despite the continuation of the "polio" immunisations, the medical inspection arrears were almost completely dealt with.

The following list gives some indication of the volume of all types of work handled and reflects much credit on those concerned:-

- 42,000 children were medically inspected by School Doctors.
- 38,000 were given poliomyelitis injections.
- 29,000 were inspected by School Dental Officers.
- 8,000 were inoculated against diphtheria, and 3,000 against tuberculosis of the lungs.
- 6,000 attendances by school children were made at Speech Clinics.
- 2,500 were seen and treated at Orthopaedic Clinics.
- 2,000 children were treated or examined at Minor Ailments Clinics.

All these achievements, and a great many more, are described in further detail in the pages of this Report which follow.

The work of the Child Guidance Team for the year can be summarised as follows:-

Cases referred to Child Guidance Clinics	...	...	413
Total number of cases seen by Psychiatrists	...	...	686
(including 90 electro-encephalographic examinations, 101 of which were Court cases)			
Cases seen by Educational Psychologists in schools and at clinics	...	...	1,100
School and Hostel visits paid by Educational Psychologists	...	...	794
Home visits and Clinic interviews by Psychiatric Social Workers	...	...	770
Schools, Hostels and Children's Homes visited by Psychiatric Social Workers	...	...	4
Cases closed during the year	...	...	310

### CASES RECEIVING TREATMENT

Psycho-therapy by Psychiatrists	...	...	125
Drug-therapy by Psychiatrists	...	...	75
(including 7 cases subsequently found to be epileptic)			
Remedial coaching by Educational Psychologists	...	...	3

ATTENDANCE OF PARENTS

One of the most genuine tributes to the value of the School Health Service is the fact that the attendance of parents continues to be high.

(1959)

000. (000.)



## CHILD GUIDANCE

Dr. F. Bodman, the Director of the Child Guidance Team, has submitted the following comments :-

SCHOOL PHOBIA

## CLEANLINESS SCHEME

In order to secure and maintain cleanliness amongst school children, particularly as regards verminous heads, the County Health Visitors and other authorised nurses make regular systematic inspections in the junior schools and visit other schools as requested. Approximately 92,700 examinations were carried out during 1960.

In pre-war years, 20 per 1,000 of all children so examined were found to be verminous. Soon after the war the figure dropped to 10 per 1,000. In 1960 the figure has reached a record low level of 2.4 per 1,000 children examined.

## DEAF CHILDREN

### AUDIOMETER SURVEY

Any child suspected by a school medical officer, speech therapist or educational psychologist, of having some impairment of hearing can be referred for a hearing test at a convenient centre. There are Gramophone Audiometers at Bridgwater, Weston-super-Mare and Yeovil, and a Pure Tone Audiometer is in use in the Taunton Divisional Area. Group testing of children was only possible during the year in the Bridgwater Area, and a summary of the results of group and individual tests made at Bridgwater and Taunton is as follows :-

			Bridgwater	Taunton
No. of children tested	...	...	754	15
No. of children re-tested	...	...	99	0
No. of children found to have some impairment of hearing	...	...	19	13

Where indicated, a child found to have a hearing defect is referred through the private practitioner to an Ear, Nose and Throat Specialist for investigation.

### HEARING ASSESSMENT CLINIC

Dr. R. H. Watson has continued to attend, as the representative of the Somerset School Health Service, the Hearing Assessment Clinics arranged by Mr. Graeme Allan.

### TEACHING OF THE DEAF CHILD

I have received the following report from Mr. P. T. Cleary, Peripatetic Teacher of Deaf Children:-

In 1960 a good part of my time has been given to testing. The number of children seen regularly for treatment has varied from 10 to 15. Most of the treatment given has been of an educational nature combined with speech and auditory training.



My youngest pupil, who was ascertained as being deaf at 5 months and came to me at 7 months, is now at the age of 19 months making considerable progress. She is attending the day nursery at Bridgwater and deriving a great deal of social benefit from it. Her lip reading is progressing rapidly and she responds to a considerable number of words. As is usual with a severe hearing loss her speech does not keep pace with her lip reading and general development, and she has little or no intelligible words.

Another interesting case is a boy aged nine. He has a very severe hearing loss in both ears which might well have taken him to a special school were it not for his oral aptitude and the exceptional help he has received over the years from his teachers in his village school. He wears an aid regularly. He has dropped behind very little in his work and his speech is not badly affected. I hope with regular visits and help to keep him like this.

I have continued to receive much help and co-operation without which my work would be far more difficult and far less effective.

## ANNUAL REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

I very much regret to have to report a net loss in the number of dental officers during 1960. Our authorised strength is 20 whole-time dental officers and after starting the year with 11 whole-time and 3 part-time dental officers, giving the equivalent of just over 12 whole-time officers, we ended with 10 whole-time and 2 part-time, giving the equivalent of just under 11 whole-time dental officers. We have, however, relieved the situation very slightly by appointing during the year three medical practitioners as dental anaesthetists to assist dental officers at general anaesthetic sessions, (instead of two dental officers joining forces for this purpose). These three will release the equivalent of about one half of a dental officer per annum for the more routine forms of dentistry.

This problem of recruitment has been with us for a number of years — since the start of the National Health Service — and as each year passes it increases in seriousness. The difficulties of trying to run an efficient dental service with only half the required number of dental officers are only too apparent. The best use is made of each officer, and in those areas without one, periodic visits are made to the base clinic for the treatment of emergencies or the completion of any special form of treatment. The needs of the more rural areas, where general dental practitioners are not so freely available, are constantly borne in mind, and every effort is made to encourage new recruits to take up duties in these areas.

The main cause of the poor response to our advertisements for dental officers is still the low salary offered in comparison with the earnings in general practice. There continues to be an overall shortage of dental surgeons qualifying each year — and most of those available are tempted by the greater financial rewards of general practice and the ease with which they can now set up a dental practice. However, I am pleased to be able to report that at the end of the year a further increase in salaries was negotiated and when this is applied to dental offi-



cers it might reasonably be expected to start to turn the scales in our favour, and I hope it will cause a revival of interest in local authority dentistry.

Again I must draw attention to the great damage being done by indiscriminate eating of sweets, biscuits and confectionery. The habit of a snack between meals is so difficult to break, it seems. Yet if parents fully realised the damage done by the remains of such snacks left around and between the teeth, I am sure they would make much more serious attempts to prevent or to control the habit. Not only do parents come in for criticism here, but also do those schools which have tuck-shops to sell these "damaging delicacies" to the children.

It seems strange that we do all in our power to provide a dental service to encourage the prevention of dental decay, and at the same time do not make strenuous efforts to control – if not actually ban – this source of temptation to the children. On the one hand we say to children "it is very bad for your teeth to eat sweets and biscuits in between meals" and on the other hand we offer it to them.

If school tuck-shops must continue, and they are an old tradition which would be hard to break, then I suggest that the sale of biscuits and sweets be forbidden and other less harmful snacks substituted. These might include apples, nuts, raisins, and, for those who want something more "filling", the various types of crispbread. The simple test as to whether the food is good or bad for the teeth is: does it leave a sticky film or coating on the teeth after eating it? This is the case with biscuits, chocolate and pastries. Or does it leave the teeth smooth and clean to the tongue? This is the case after eating an apple, for example.

The slogan then may well be: Keep the sweets, chocolates and cakes for the main meals, eat an apple in between – and have better teeth.

The biscuit and the sweet have become the popular bribe in this country and the most recent figures available show that nearly 30 pounds of sweets and chocolates are eaten per head of the population in a year – making the British people the largest consumers of confectionery in the world. Sweet and chocolate consumption is especially high from the age of 6 – 20.

I feel, therefore, that whilst we continue to make every effort to inform the parents and their children of the unnecessary harm being done to the children's teeth, we should take steps to ban the sale of sweets, biscuits and cakes in school tuck-shops and suggest the alternatives. By such a step we might also encourage parents, who send their children to school with a mid-morning snack, to follow our example. Let's hear the snap of apple eating and not the rustle of sweet wrappings!

The following figures relate to the work done by the dental staff during the year:-

Number of children attending nursery, primary, secondary and technical schools in the County	...	...	...	...	71,071
1. Number of pupils inspected by the Authority's Dental Officers:-					
(a) At Periodic inspections	...	...	...	...	26,337
(b) As Specials	...	...	...	...	<u>2,786</u>
				Total (1)	<u>29,123</u>



2.	Number found to require treatment	...	...	...	20,104
3.	Number offered treatment	...	...	...	16,018
4.	Number actually treated...	...	...	...	9,636
5.	Number of attendances made by pupils for treatment (including Orthodontic patients)	...	...	...	27,805
6.	Half-days devoted to –				
	Periodic (School) Inspection	...	...	...	321
	Treatment	...	...	...	4,872
	Total (6)	...	...	...	<u>5,193</u>
7.	Fillings –				
	Permanent teeth	...	...	...	18,008
	Temporary teeth	...	...	...	5,113
	Total (7)	...	...	...	<u>23,121</u>
8.	Number of teeth filled –				
	Permanent teeth	...	...	...	14,753
	Temporary teeth	...	...	...	4,487
	Total (8)	...	...	...	<u>19,240</u>
9.	Extractions –				
	Permanent teeth	...	...	...	3,430
	Temporary teeth	...	...	...	8,071
	Total (9)	...	...	...	<u>11,501</u>
10.	Administration of general anaesthetics for extraction				3,308
11.	Orthodontics –				
	(a) Cases commenced during the year	...	...	...	388
	(b) Cases brought forward from previous year	...	...	...	831
	(c) Cases completed during the year	...	...	...	261
	(d) Cases discontinued during the year	...	...	...	47
	(e) Pupils treated by means of appliances	...	...	...	470
	(f) Removable appliances fitted	...	...	...	722
	(g) Fixed appliances fitted	...	...	...	45
	(h) Total attendances	...	...	...	5,851
12.	Number of pupils supplied with artificial teeth	...	...	...	119
13.	Other operations –				
	Permanent teeth	...	...	...	19,121
	Temporary teeth	...	...	...	4,168
	Total (13)	...	...	...	<u>23,289</u>

The following figures relate to the output of the County Dental Laboratory so far as the School Dental Service is concerned:-

Dentures, full	...	...	...	...	...	...	9
Dentures, partial	...	...	...	...	...	...	141
Orthodontic appliances	...	...	...	...	...	...	800
Reference models	...	...	...	...	...	...	2,755
Repairs	...	...	...	...	...	...	104
Jacket crowns	...	...	...	...	...	...	0
Inlays ...	...	...	...	...	...	...	1

#### REPORT OF THE COUNTY ORTHODONTIST (Mr. N. M. Poulter) for the Year 1960.

The work at the various Orthodontic Clinics held throughout the County has continued steadily throughout the year and no major changes have been made since my last report.

The County Orthodontist has paid regular visits to Bridgwater, Chard, Crewkerne, Glastonbury, Keynsham, Radstock, Wellington and Weston-super-Mare, with his Headquarters at Taunton. The number of actual visits paid to each clinic varies with the volume of work to be done in each area. At the moment the Clinic at Weston-super-Mare is very busy, and, despite weekly visits, there is still a waiting list.

The total number of appliances fitted during 1960 is as follows:-

	1960	(1959)
Removable appliances	722	(673)
Fixed appliances	45	(53)

of which the County Orthodontist has inserted -

Removable appliances	527	(456)
Fixed appliances	24	(35)

It is interesting to note that, whereas the number of removable appliances inserted by the County Orthodontist has increased considerably during the year, the number of fixed appliances has dropped. This reflects the more modern trend in orthodontic practice generally. Whilst at one time the fixed appliance was the "hallmark" of the orthodontic specialist, today, with the better anchorage available, the removable appliance is much more widely used than it has been in the past.

This is important from the economic view-point because the fixed appliance is much more time-consuming, especially in the surgery, and consequently is now reserved only for those cases where the removable appliance would not be satisfactory either because a fixed appliance would give a more positive action than could be obtained with a removable appliance, or because the co-operation of the patient is likely to be better.

A third possibility - a combination of removable and fixed appliance - is also used, but at the moment not to any great extent.

A new diagnosis form has been used during the past year, and, if experience shows it to be practicable, it may be put into wider use in 1961.



Once again I am pleased to have this opportunity of thanking the staff of the Dental Laboratory for their enthusiastic help in making appliances, both removable and fixed, some of standard design and some new, during the past year.

### DIPHTHERIA IMMUNISATION

During the year, 955 (322) children, who had not been immunised before reaching school age, received a primary course of two injections, and a further 8,007 (3,240) children were given single reinforcing injections. The figures in brackets are those for 1959.

The increase in the number of diphtheria injections given was, no doubt, due to the fact that the doctors had more time to devote to this work now that the "peak" demand for poliomyelitis vaccination has been reached.

There were no cases of diphtheria reported during the year, and the last proved case in Somerset occurred in 1955, but it must be stressed that the disease could return again if a high level of immunisation were not maintained. 4,818 children aged under 1 year were immunised during 1960, the total number of live births in 1959 being 7,636.

### MILK-IN-SCHOOLS SCHEME

It is over five years since the contract method for the supply of milk to schools was first introduced. The system has functioned very well indeed, and, whereas in January 1955 there were over 70 suppliers, there are now only 22. The sources from which the milk is obtained number 14. During the early part of the year there was some difficulty with one supplier, who was later replaced. This was the only discordant note in an otherwise satisfactory year.

Details concerning the number of regular milk drinkers, schools taking milk and milk sample results, are set out in Tables I to III.

TABLE I

Type of School (1)	Total No. of each type (2)	Type of milk supplied to Schools (October, 1960) with percentages			
		Pasteurised (3)	% (4)	T.T. (5)	% (6)
Primary ... ..	415	412	99.29	3	0.71
Secondary Modern ... ..	50	50	100.00	—	—
Secondary Grammar ... ..	20	20	100.00	—	—
Secondary Technical ... ..	3	3	100.00	—	—
Nursery ... ..	2	2	100.00	—	—
TOTALS ... ..	490	487	99.39	3	0.61
Non-Maintained ... ..	119	117	98.32	2	1.68

TABLE II  
NO. OF REGULAR MILK DRINKERS

Type of School (1)	No. of children (20th October, 1960) (2)	No. of regular milk drinkers (3)
Primary ... ..	39,215	35,788
Secondary Modern ... ..	22,808	13,043
Secondary Grammar ... ..	7,776	4,222
Secondary Technical ... ..	407	235
Nursery ... ..	79	79
TOTALS ...	70,285	53,367
Non-Maintained ... ..	13,759	11,823

NOTE: 2,716 gallons of milk is drunk by 65,190 children per day.

TABLE III

SAMPLING OF MILK SUPPLIES TO SCHOOLS AND OTHER COUNTY COUNCIL  
ESTABLISHMENTS

BACTERIOLOGICAL EXAMINATIONS – SAMPLES TAKEN IN 1960

	Pasteurised		T.T.		Total	% Unsat.
	Sat.	Unsat.	Sat.	Unsat.		
Schools ... ..	696	6	53	3	758	1.2
School Kitchens ... ..	134	1	—	—	135	0.7
Self-Contained Canteens ... ..	358	4	30	2	394	1.5
Residential Nurseries, Day Nurseries and Children's Homes ... ..	100	1	24	1	126	1.6
Mental Health Training Centres ...	30	—	—	—	30	—
County Council Homes and Institutions ... ..	83	1	29	3	116	3.4
TOTALS ...	1,401	13	136	9	1,559	1.4

In addition to the above bacteriological examinations, the County Analyst examined 497 samples for fats and solids-not-fat. In 2 cases the presumptive standard of 3.0% fat was not reached, and 1 sample was below 8.5% solids-not-fat.



## MINOR AILMENTS CLINICS

The number of children treated or examined at the Minor Ailments Clinics was 2,121.

In addition to the normal functioning of the clinics, the premises are extremely useful for a variety of purposes, such as immunisation sessions, super-annuation examinations, mass radiography sessions, and the various accessory services.

## BRIDGWATER SCHOOL CLINIC

Reason for examination or treatment	Examined only	Treated					Total examined or treated	Attendance at Clinics
		Cured	Improved	Un-relieved	Under treatment	Total treated		
Fitness for school or special schools ...	0	0	0	0	0	0	0	0
Vision testing ...	8	0	0	0	0	0	8	8
External eye diseases ...	0	33	0	0	0	33	33	46
Ear defects :								
Otorrhoea, etc.) ...	0	27	0	0	0	27	27	54
Deafness ) ...								
Ringworm ...	0	0	0	0	0	0	0	0
Impetigo ...	0	6	0	0	1	7	7	28
Scabies ...	0	1	0	0	0	1	1	1
Minor skin injuries and septic sores ...	0	685	0	0	9	694	694	1,209
Other skin diseases ...	0	153	0	0	7	160	160	377
Other conditions ...	0	146	0	0	3	149	149	256
Verminous conditions ...	0	2	0	0	0	2	2	2
<b>TOTALS ...</b>	<b>8</b>	<b>1,053</b>	<b>0</b>	<b>0</b>	<b>20</b>	<b>1,073</b>	<b>1,081</b>	<b>1,981</b>

## FROME SCHOOL CLINIC

Reason for examination or treatment	Examined only	Treated					Total examined or treated	Attendance at Clinics
		Cured	Improved	Un-relieved	Under treatment	Total treated		
Fitness for school or special schools ...	2	0	0	0	0	0	2	2
Vision testing ...	13	0	0	0	0	0	13	13
External eye diseases ...	3	1	0	0	2	3	6	13
Ear defects :								
Otorrhoea, etc. ...	2	0	0	0	0	0	2	2
Deafness ...	1	0	0	0	0	0	1	1
Ringworm ...	0	1	0	0	0	1	1	3
Impetigo ...	0	0	0	0	0	0	0	0
Scabies ...	0	0	0	0	0	0	0	0
Minor skin injuries and septic sores ...	0	7	0	0	0	7	7	20
Other skin diseases ...	0	14	1	1	0	16	16	49
Other conditions ...	61	3	2	0	1	6	67	76
Verminous conditions ...	0	0	0	0	0	0	0	0
<b>TOTALS ...</b>	<b>82</b>	<b>26</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>33</b>	<b>115</b>	<b>179</b>

## TAUNTON SCHOOL CLINIC

Reason for examination or treatment	Examined only	Treated					Total examined or treated	Attendance at Clinics
		Cured	Improved	Un-relieved	Under treatment	Total treated		
Fitness for school or special schools ...	1	0	0	0	0	0	1	1
Vision testing ...	5	0	0	0	0	0	5	5
External eye diseases ...	0	0	0	0	0	0	0	0
Ear defects :								
Otorrhoea, etc. ...	0	0	0	0	0	0	0	0
Deafness ...	1	0	0	0	0	0	1	2
Ringworm ...	0	0	0	0	0	0	0	0
Impetigo ...	0	15	0	0	0	15	15	90
Scabies ...	0	0	0	0	0	0	0	0
Minor skin injuries and septic sores ...	0	63	0	0	1	64	64	215
Other skin diseases ...	3	29	11	4	6	50	53	225
Other conditions... ..	142	10	0	0	1	11	153	181
Verminous conditions ...	0	1	0	0	0	1	1	4
<b>TOTALS ...</b>	<b>152</b>	<b>118</b>	<b>11</b>	<b>4</b>	<b>8</b>	<b>141</b>	<b>293</b>	<b>723</b>

## WESTON-SUPER-MARE SCHOOL CLINIC (BOURNVILLE)

Reason for examination or treatment	Examined only	Treated					Total examined or treated	Attendance at Clinics
		Cured	Improved	Un-relieved	Under treatment	Total treated		
Fitness for school or special schools ...	0	0	0	0	0	0	0	0
Vision testing, etc. ...	4	0	0	0	0	0	4	16
External eye diseases ...	4	3	0	0	0	3	7	9
Ear defects :								
Otorrhoea, etc. ...	2	0	0	0	0	0	2	2
Deafness ...	0	0	0	0	0	0	0	0
Ringworm ...	0	0	0	0	0	0	0	0
Impetigo ...	0	0	0	0	0	0	0	0
Scabies ...	0	0	0	0	0	0	0	0
Minor skin injuries and septic sores ...	2	141	0	0	0	141	143	209
Other skin diseases ...	5	6	0	0	0	6	11	22
Other conditions... ..	12	4	0	0	0	4	16	19
Verminous conditions ...	0	0	0	0	0	0	0	0
<b>TOTALS ...</b>	<b>29</b>	<b>154</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>154</b>	<b>183</b>	<b>277</b>



## WESTON-SUPER-MARE SCHOOL CLINIC (NEVA ROAD)

Reason for examination or treatment	Examined only	Treated					Total examined or treated	Attendance at Clinics
		Cured	Improved	Un-relieved	Under treatment	Total treated		
Fitness for school or special schools ...	77	0	0	0	0	0	77	77
Vision testing ...	10	0	0	0	0	0	10	10
External eye diseases ...	0	0	0	0	0	0	0	0
Ear defects :								
Otorrhoea, etc. ...	0	0	0	0	0	0	0	0
Deafness ...	3	0	0	0	0	0	3	3
Ringworm ...	0	0	0	0	0	0	0	0
Impetigo ...	0	0	0	0	0	0	0	0
Scabies ...	0	0	0	0	0	0	0	0
Minor skin injuries and septic sores ...	0	10	0	0	0	10	10	16
Other skin diseases ...	3	31	0	0	2	33	36	236
Other conditions ...	39	0	0	0	0	0	39	49
Verminous conditions ...	0	0	0	0	0	0	0	0
<b>TOTALS ...</b>	<b>132</b>	<b>41</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>43</b>	<b>175</b>	<b>391</b>

## YEOVIL SCHOOL CLINIC

Reason for examination or treatment	Examined only	Treated					Total examined or treated	Attendance at Clinics
		Cured	Improved	Un-relieved	Under treatment	Total treated		
Fitness for school or special schools ...	11	0	0	0	0	0	11	11
Vision testing ...	13	0	0	0	0	0	13	14
External eye diseases ...	1	4	0	0	0	4	5	5
Ear defects :								
Otorrhoea, etc. ...	0	0	0	0	0	0	0	0
Deafness and Audiometer	3	1	0	0	0	1	4	5
Ringworm ...	0	0	0	0	0	0	0	0
Impetigo ...	0	0	0	0	0	0	0	0
Scabies ...	0	2	0	0	0	2	2	4
Minor skin injuries and septic sores ...	1	17	0	0	0	17	18	30
Other skin diseases ...	2	33	4	0	9	46	48	99
Other conditions ...	118	8	4	2	2	16	134	142
Verminous conditions ...	0	39	0	0	0	39	39	75
<b>TOTALS ...</b>	<b>149</b>	<b>104</b>	<b>8</b>	<b>2</b>	<b>11</b>	<b>125</b>	<b>274</b>	<b>385</b>





Osteochondritis of spine	...	...	...	...	...	...	...	3
Epiphyseal lesion	...	...	...	...	...	...	...	1
Foot strain	...	...	...	...	...	...	...	11
Epiphysitis os calcis	...	...	...	...	...	...	...	1
Synovitis knee	...	...	...	...	...	...	...	1
Poor posture	...	...	...	...	...	...	...	112
Injuries	...	...	...	...	...	...	...	4
Muscular Dystrophy	...	...	...	...	...	...	...	2
Perthe's disease of hip	...	...	...	...	...	...	...	1
N.A.D.	...	...	...	...	...	...	...	27
							Total	<u>457</u>

No. of school children treated in Orthopaedic Hospitals :

Bath and Wessex Orthopaedic Hospital	...	...	140
Winford Orthopaedic Hospital	...	...	73
Princess Elizabeth Orthopaedic Hospital, Exeter	...	...	5
		Total	<u>218</u>

## SCHOOL CLINICS

School Clinics are held as follows :-

Location	Treatment	Sessions held
Backwell ... ..	Ophthalmic ... ..	As required.
Bath Health Department	Speech... ..	Mondays.
Bath Manor Hospital...	Ophthalmic ... ..	As required.
	Orthopaedic (Sister) ...	1st and 3rd Tuesday in month. (a.m. only as required).
	Orthopaedic (Surgeon)	2nd Tuesday alternate months.
Bridgwater, Albert Street	Dental... ..	As required.
Bridgwater, Bath Road	Minor Ailments ...	Mondays, Wednesdays and Fridays.
Junior School ...		
Bridgwater, Hamp Junior School	Minor Ailments ...	Tuesdays, Wednesdays and Fridays.

Location	Treatment	Sessions held
Bridgwater Health Centre	Breathing Exercises	Wednesdays.
	Child Guidance ...	1st, 2nd and 4th Tuesdays (a.m.).
	Minor Ailments ...	Mondays, Wednesdays and Fridays (Medical Officer attends on Mondays)
	Orthopaedic (Sister)	Mondays.
	Orthopaedic (Surgeon)	3rd Monday in month.
Bridgwater Hospital ...	Speech ... ..	Tuesdays (p.m.) and Fridays.
	Ultra Violet Light ...	Tuesdays and Saturdays.
	Ophthalmic ... ..	Tuesdays.
Bristol, Tower Hill ...	Politzerisation ...	Fridays.
	Orthopaedic (Sister) ...	3rd Tuesday in month (p.m.).
Burnham-on-Sea Methodist Church Hall	Orthopaedic (Surgeon)	1st Friday (p.m.).
	Speech ... ..	Wednesdays.
Castle Cary, Liberal Club Chard ... ..	Speech ... ..	Tuesdays (p.m.) alternate.
	Dental ... ..	As required.
	Orthopaedic ... ..	3rd Wednesday in month.
	Speech ... ..	Fridays (p.m.).
Clevedon Community Centre Clevedon, 68 Old Street	Orthopaedic ... ..	2nd Monday in month.
	Ophthalmic ... ..	As required.
	Ophthalmic ... ..	As required.
	Dental ... ..	As required.
	Orthopaedic ... ..	1st Wednesday in month.
Clutton ... .. Crewkerne, 16 Church Street	Speech ... ..	Fridays (a.m.).
	Child Guidance ...	3rd Tuesday.
	Dental ... ..	As required.
	Minor Ailments ...	Fridays.
	Ophthalmic ... ..	As required.
	Orthopaedic ... ..	Thursdays and 4th Tuesday (Surgeon).
Frome Health Centre	Speech ... ..	Wednesdays.
	Child Guidance ...	2nd Tuesday (p.m.).
	Dental ... ..	As required.
	Ophthalmic ... ..	As required.
	Orthopaedic ... ..	Thursdays and 2nd Wed- nesday in month (Surgeon).
Glastonbury Health Centre	Speech ... ..	1st and 3rd Tuesdays (p.m.) Thursdays.
	Child Guidance ...	As required.
	Dental ... ..	As required.
	Ophthalmic ... ..	As required.
	Orthopaedic ... ..	Thursdays and 2nd Wed- nesday in month (Surgeon).
Keynsham, Hazelwood	Speech ... ..	1st and 3rd Tuesdays (p.m.) Thursdays.
	Dental ... ..	As required.
Minehead, 54 Summerland Avenue	Orthopaedic ... ..	1st Tuesday in month.
	Dental ... ..	As required.
	Orthopaedic (Sister) ...	1st and 3rd Fridays.
	Orthopaedic (Surgeon)	1st Monday (alternate months).
Minehead Hospital ... Portishead Congregational Hall	Speech ... ..	Tuesdays.
	Ophthalmic ... ..	2nd Tuesday in month.
	Ophthalmic ... ..	As required.
	Speech ... ..	Fridays.



Location	Treatment	Sessions held
Portishead, St. Mary's Road Radstock, Leigh House	Dental ... ..	As required.
	Dental ... ..	As required.
	Ophthalmic ... ..	As required.
	Orthopaedic (Sister)	Mondays (except 2nd in month).
Shepton Mallet Hospital	Orthopaedic (Surgeon)	2nd Tuesday (alternate months).
	Speech ... ..	Fridays.
	Ophthalmic ... ..	As required.
	Orthopaedic (Sister) ...	1st Wednesday (late p.m.) and 3rd Thursday (p.m.).
	Orthopaedic (Surgeon)	1st Wednesday (early p.m.).
	Speech ... ..	Tuesdays (a.m.)
Taunton and Somerset Hospital - East Reach Branch...	Ophthalmic ... ..	Tuesdays.
	Speech ... ..	Wednesdays and Thursdays.
	Child Guidance ...	Mondays (p.m.), Tuesdays (a.m.), Thursdays (p.m.) and Fridays (a.m.).
Musgrove Park Branch	Breathing Exercises	Mondays.
	Dental ... ..	Daily.
Taunton, Tower Lane	Minor Ailments ...	Mondays, Thursdays and Saturdays (a.m.).
	Orthopaedic (Sister) ...	Wednesdays, and 2nd and 4th Tuesdays (a.m.).
	Orthopaedic (Surgeon)	2nd and 4th Fridays.
	Dental ... ..	As required.
Wellington, North Street	Orthopaedic ... ..	1st and 3rd Tuesdays (a.m.).
	Ophthalmic ... ..	As required.
Wells and District Hospital Weston-super-Mare, Bourn- ville School	Minor Ailments ...	Daily.
	Dental ... ..	Daily.
Weston-super-Mare, Drove Road	Orthopaedic (Surgeon)	Thursdays (a.m.) alternate.
	Child Guidance ...	Thursdays (a.m.) and Fridays (p.m.).
Weston-super-Mare, The Royal Hospital	Minor Ailments ...	Tuesdays and Saturdays.
	Ophthalmic ... ..	Mondays.
	Speech ... ..	Mondays and Thursdays.
Weston-super-Mare, 3 Neva Road	Dental ... ..	As required.
	Ophthalmic ... ..	As required.
Wincanton ... ..	Orthopaedic ... ..	4th Wednesday in month.
	Ophthalmic ... ..	Tuesdays.
Yeovil Hospital ...	Orthopaedic (Sister) ...	Tuesdays and 5th Wednesday (p.m.).
	Orthopaedic (Surgeon)	Fridays (a.m.).
Yeovil, Preston Road	Breathing Exercises ...	Fridays.
	Dental ... ..	Daily.
	Minor Ailments ...	Medical Officer - Mondays and Fridays.
	Ultra Violet Light ...	School Nurse - Daily. Wednesdays and Saturdays.



Location	Treatment	Sessions held
Yeovil, Southville ...	Child Guidance ... Speech ... ..	2nd and 4th Wednesdays (a.m.). Mondays.

### SCHOOL MEALS SERVICE

The following report has been supplied by the Chief Education Officer:-

During the year 1960, there has been a further increase in the number and percentage of children taking school meals. In October the total daily production reached 46,622 which is the highest on record. The Portishead Central Kitchen was closed during the year bringing the number of central kitchens down to 18. At the same time, 14 new self-contained canteens have opened.

A statistical comparison of the years 1960 and 1959 is set out below :-

Schools	Year ended 31.12.60		Year ended 31.12.59	
	No. of Schools	No. of meals per day	No. of Schools	No. of meals per day
Grammar ...	20	5,435	20	5,245
Modern ...	50	13,249	49	12,549
Technical ...	3	136	3	171
Primary ...	418	22,910	423	21,938
Nursery ...	2	71	2	67
TOTALS	493	41,801	497	39,970
Number of children on books (31st Oct. 1960).	70,625		70,182	
Percentage of children taking dinners at school	59.19%		56.95%	

### SCHOOL OPHTHALMIC SERVICE

During the year the three Specialists examined 2,328 school children (3,158 attendances) prescribing glasses for 1,389. In addition, 158 pre-school children were examined, chiefly for squint. Information was received that 1,168 pairs of glasses (or lenses to new prescriptions) had been provided. Included in this figure are 137 pairs prescribed prior to 1960. As the supply of glasses is not now a function of the Authority it is difficult to obtain intimation when glasses, prescribed by the Eye Specialists are obtained.



## SPEECH THERAPY

Owing to staff shortage, Wincanton Speech Clinic has been closed since 18th June, 1960, and Clevedon Speech Clinic since 31st August, 1960. For the same reason several other Speech Clinics were also closed for a part of the year as indicated in the Tables.

Miss N. Coggon reports :-

Of the children receiving treatment at my clinics this year -

- 60% had defective articulation varying from simple defects of one or two sounds to multiple defects of speech sounds :
  - 17% had disorders of fluency of speech varying from the hurried and incoherent speech of the clutterer to the tensions and/or uncontrolled repetitions of the severe stammerer :
  - 10% suffered from a defective 's' sound, produced either laterally, nasally or interdentially :
  - 5% were post-operative cleft palate cases in various stages of surgical repair :
  - 3% had varying degrees of cerebral palsy, most of them falling into the spastic group, with two predominantly athetoid and one ataxic :
  - 5% fall into these rarer groups, namely :-
1. Defective articulation resulting from a neuro-muscular lesion affecting those organs used in articulating, sucking, swallowing and chewing. This is known as anarthria.
  2. Defective speech resulting from a hearing loss.
  3. Alalia where sounds (jargon) are made freely but language and articulation fail to develop at the normal age.
  4. Developmental dysphasia where there is abnormally slow development of the language function but where intelligence is normal.
  5. Voice disorders. Included in this group are children with impaired resonance. Two of my current cases show excessive nasality (hyper-rhinophonia) following the removal of a heavy growth of tonsils and adenoids. Another case is that of a ten year old boy, who, over a period of time had misused and overstrained his voice causing faulty phonation (dysphonia).

I quote two cases to illustrate types 4 and 5.

It was not until Master M. was 6½ years old that he found his way to the Speech Clinic. That he had a problem had been obvious to the mother from an early age. On starting school he was virtually silent, and later when he did speak, little sense could be gleaned from his words. It was at the Hearing Assessment Clinic that the Speech Therapist first saw this child. The dysphasia was obvious and he was admitted to the Speech Clinic for a thorough test of speech and language. His articulation was nearly normal with only a residual dyslalia e.g. 'likkle bokkle'. The speech sounds he was unable to repeat accurately out of the visual field, at a distance of five yards, were 'k', 'w' and 'oo'. There was a receptive dysphasia as questions became complex and a marked executive dysphasia where sentence construction was necessary. This carried through to written



speech. An intelligence test by the Educational Psychologist showed the child to be of good average intelligence. The boy was in urgent need of help and was admitted for speech therapy once a fortnight. The relief this diagnosis gave to the mother was plainly evident. She had feared her son to be sub-normal but once his problem was explained to her she was happy to accept guidance and to help the child herself — certainly more patiently. He continues to improve and build up his vocabulary, for he has had virtually to learn his own language. His fears of hospitals and clinics diminish as he begins to understand the reasons for his visits. Ideally, residential treatment is desirable for this handicap to be overcome most quickly and for this reason it is hoped he may be accepted by Moor House School for Speech Defects.

Fortunately this type of speech difficulty is rare, but language problems of this kind are as much cases for the speech therapist as those of articulation.

Miss H., aged 6 years, the elder of two children, was referred for speech therapy after the removal of tonsils and adenoids following heavy catarrh and recurrent tonsillitis. Her speech showed a marked nasality and severe articulation defect, making speech unintelligible. The mother, a perfectionist, was irritated by the child's inability to speak clearly and the child was an unhappy little person trying to please, but without success. The approach in treatment was varied. Palatal muscles were stimulated, directly and indirectly. Articulation was improved by sound exercises. The child was taught to watch and listen to sounds, for with heavy catarrh the hearing fluctuated for high frequency sounds. But, most important of all, the relationship between mother and child improved as the speech improved and the apparent jealousy for the younger sibling subsided. School work progresses satisfactorily, and, now speech approaches normal, praise is heard more often than criticism.



## Speech Therapy, 1960.

Clinic Centre	No. of Sessions	No. of Children under treatment 1.1.60.	No. of Children under treatment 31.12.60.	Admittances	Discharges	Total Attendances	Home Visits	School Visits	No. on waiting list at 31.12.60.
Bath *... ..	42	16	11	12	17	171	0	0	5
Bridgwater ...	139	43	63 †	55	35	868	15	25	15
Burnham-on-Sea	86	22	35	30	17	619	4	36	9
Castle Cary *	12	10	9	2	3	66	4	4	1
Chard ... ..	43	10	12	12	10	224	1	29	6
Clevedon (closed since 31.8.60)	67	13	11	10	12	311	0	12	16
Crewkerne ...	41	6	7	5	4	135	0	5	0
Frome * ...	44	22	20	8	10	226	0	12	13
Glastonbury *	45	20	16	10	14	174	3	5	12
Minehead ...	86	18	19	10	9	456	2	19	6
Portishead ...	101	13	7	19	25	396	0	32	13
Radstock * ...	42	18	17	9	10	185	2	11	14
Shepton Mallet *	22	13	7	1	7	92	1	5	5
Taunton ...	174	39	49	54	44	961	2	66	21
Weston-super-Mare	175	61	68	39	32	958	10	30	29
Wincanton (closed since 18.6.60)	10	6	4	0	2	30	0	3	0
Yeovil... ..	86	28	32	20	16	397	1	29	7
<b>TOTALS</b>	<b>1,215</b>	<b>358</b>	<b>387</b>	<b>296</b>	<b>267</b>	<b>6,269</b>	<b>45</b>	<b>323</b>	<b>172</b>

\* Closed 18.6.60 to 4.12.60

† This figure includes 15 children at Elmwood School

	Children receiving treatment 31.12.60						Children discharged during 1960						Normal	Much improved	Some improvement	No improvement				
	Stammerers	Dyslalias	Sigmatisms	Cleft palates	Cerebral palsies	Other defects	Stammerers	Dyslalias	Sigmatisms	Cleft palates	Cerebral palsies	Other defects					A	B	C	D
Bath *... ..	2	7	0	2	0	0	3	11	0	1	1	1	3	12	2	0				
Bridgwater ...	9	43	1	4	3	3	5	26	3	0	0	1	13	12	8	2				
Burnham-on-Sea	6	20	8	0	0	1	4	9	2	0	0	2	11	3	3	0				
Castle Cary *	2	5	0	2	0	0	0	2	0	0	0	1	2	1	0	0				
Chard ... ..	4	7	1	0	0	0	1	5	2	1	0	1	6	3	1	0				
Clevedon (closed since 31.8.60)	2	7	0	2	0	0	3	8	0	0	0	1	8	2	1	1				
Crewkerne ...	1	0	3	2	1	0	0	3	1	0	0	0	3	1	0	0				
Frome * ...	4	12	0	3	0	1	4	5	1	0	0	0	2	8	0	0				
Glastonbury *	6	6	3	0	0	1	3	8	2	1	0	0	3	10	1	0				
Minehead ...	4	13	1	0	0	1	2	6	1	0	0	0	5	3	1	0				
Portishead ...	1	5	0	0	0	1	5	12	2	0	0	6	10	12	3	0				
Radstock * ...	3	11	1	1	0	1	4	4	1	0	1	0	2	7	1	0				
Shepton Mallet *	2	4	0	1	0	0	1	4	0	0	0	2	3	4	0	0				
Taunton ...	10	32	5	2	0	0	10	28	2	4	0	0	24	14	6	0				
Weston-super-Mare	14	30	5	7	5	7	4	22	5	0	0	1	20	9	2	1				
Wincanton (closed since 18.6.60)	1	2	0	1	0	0	1	1	0	0	0	0	0	2	0	0				
Yeovil... ..	10	16	0	4	1	1	2	8	4	0	0	2	11	5	0	0				
<b>TOTALS</b>	<b>81</b>	<b>220</b>	<b>28</b>	<b>31</b>	<b>10</b>	<b>17</b>	<b>52</b>	<b>162</b>	<b>26</b>	<b>7</b>	<b>2</b>	<b>18</b>	<b>126</b>	<b>108</b>	<b>29</b>	<b>4</b>				

\* Closed 18.6.60 to 4.12.60



## SWIMMING BATHS

Since 1955, the year in which the first training pool was completed at Huish Episcopi Secondary School, there have been provided a further 18 similar type pools. The present position in the County is as follows:-

	Secondary Technical	Secondary Grammar	Secondary Modern	Primary
Pools in use ... ..	1	6	8	4
Under construction or proposed	—	1	12	5
	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>
TOTALS	1	7	20	9
	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>

The tendency for Secondary Schools is to provide a larger type pool with filtration and chlorination plant. This is to be encouraged and it is hoped that it will become the rule rather than the exception. A particularly enterprising project has been carried out by Sexey's Grammar School, Bruton, which involved the provision of a pool of approximately 37,000 gallons capacity with mechanical filtration and chlorination plant. A somewhat smaller pool was constructed by Stan-chester Secondary School, Stoke-sub-Hamdon, and practically all the work was carried out by the staff and pupils at a very moderate cost.

A careful check has been maintained on the residual chlorine readings taken by the school staff and these were up to standard.

## TRANSPORT OF SCHOOL CHILDREN ON MEDICAL GROUNDS

Transport to school is provided by the County Education Committee for any children who are certified by the Principal School Medical Officer as being physically unfit to walk to school, irrespective of the distance involved. These cases are regarded as "re-examinations" and are examined by the School Doctor on each occasion a medical inspection is carried out at the school, and/or immediately prior to the termination of the period for which transport was recommended.

At present 110 (111) \*children, out of a school population of approximately 71,000 (70,600), are being conveyed to school on medical grounds. 74 (77) of these are using existing conveyances without any additional cost to the Committee, and out of the remaining 37 (34) several are using an existing conveyance for a part of the journey.

As the transport of some of these children is often expensive, a very close scrutiny is given to each case. Following the recommendation of the School Medical Officer, the family doctor and/or Orthopaedic Surgeon is consulted in all border-line cases prior to the recommendation being confirmed at central office.

\*The figures in brackets are the 1959 figures and are given for comparison purposes.

## TREATMENT WITH ULTRA VIOLET LIGHT FOR THE YEAR 1960

Centre	Number of Clinics held	New cases seen	Attendances				Total
			Infant	Edu- cation	Tuber- culosis	From outside areas	
Bridgwater ...	78	13	14	249	0	0	263
Yeovil... ..	14	7	0	61	0	0	61
TOTALS	92	20	14	310	0	0	324

							es)
TOTALS	0	0	14	0	8	22	

## ACUTE POLIOMYELITIS

Only three cases of this disease in school children occurred during 1960, one being paralytic and two non-paralytic. Fortunately there were no deaths amongst these school children.

## VACCINATION SCHEME

The poliomyelitis vaccination scheme continued during 1960, general practitioners and school medical officers sharing in the work. As a large number of children had received the full course of three injections in earlier years, the actual number of injections given in 1960 was less than in 1959, although this scheme still constitutes a considerable additional item of work as is shown by the under-mentioned figures :-

Number of children born during the years 1943 - 1960	Given 1st and 2nd injections during 1960	8,513
	Given 3rd injections during 1960	30,335



97,922 Somerset children born during the years 1943 – 1960 had been given 1st and 2nd injections in earlier years and 64,208 had been given 3rd injections.

## CONVALESCENCE

Children in need of convalescence are sent to one of the Hillaway Homes in Devonshire, usually to Hapstead House, Buckfastleigh. Fifteen children were sent during 1960, at no expense to the parents. Many of these cases, when sent, were on the verge of physical or mental breakdown, and in every instance their stay in Devon has resulted in marked improvement and return to normal life and school.

## HANDICAPPED PUPILS

The Hearing Assessment Clinic at Musgrove Park Hospital, Taunton, under the supervision of Mr. Graeme Allan, Consultant E.N.T. Surgeon, supported by our Dr. R. H. Watson and Mr. P. T. Cleary, Peripatetic Teacher for the Deaf, continues to do a very valuable service in the investigation and treatment of all forms of deafness in school age children and the under-fives. During the past year fifty cases have been investigated.

The new Fosse Way School at Radstock, which caters for educationally sub-normal children, opened in January, 1960, and has accommodation for 60 day pupils and for 40 boarders (girls).

## EDUCATIONALLY SUB-NORMAL CHILDREN

The following Survey by Mr. Street, Headmaster of Sandhill Park School, a special school for educationally sub-normal children, is an important item in this Report.

It is clear evidence, if indeed further evidence were needed, that the forward policy of the Somerset Local Education Authority in extending their provision for these handicapped children is resulting in substantial dividends, not merely economically, but also in terms of human happiness. As mentioned elsewhere in this Report, attention could profitably be directed to making provision for those children who are still in the 5 – 8 age group.



## SANDHILL PARK SCHOOL 1955 - 1960

Survey by Headmaster.

## PURPOSE OF SURVEY

This Survey is an attempt to ascertain the degree of success achieved in the outside world of children, who, when they were admitted to this School, were so retarded that they were incapable of receiving education in an ordinary school.

This report covers all the boys and girls who have left this Special School for educationally sub-normal children during the last six years, together with details of six girls who transferred to Fosse Way School, Radstock (in January, 1960) and left in the period under review.

## HISTORY

The School dates back to September, 1925, when Sandhill Park came into being as a certified institution under the Board of Control for 72 female defectives above the age of sixteen, and for a special residential school under the Board of Education for 47 feeble-minded girls of school age.

When Sandhill Park opened the girls came from the Street Special School and feeble-minded boys used those premises until June, 1930, when the addition of two residential hostels and a school building were completed. These buildings provided boarding accommodation for 100 pupils (50 boys and 50 girls).

Owing to the War Office taking over Sandhill Park, the School was evacuated to Langdon, near Dawlish in August, 1940, and did not return until the end of September, 1948.

As there appeared to be many more boys than girls requiring special school education, a new bungalow type unit was built to accommodate 20 boys. This was opened in January, 1952. It was, however, recognised that the standard for residential accommodation required by the Ministry had been raised since the School started, and in 1955 it was thought desirable to reduce the number of girls to 41. It was intended to reduce the number of boys too but pressure on places made this impossible.

Apart from the Elmwood School at Bridgwater, opened in 1956, the County Council agreed in that year that four new Day Special Schools should be opened at the following places - Radstock, Taunton, Weston-super-Mare and Yeovil. The first school opened in January, 1960, and the girls from Sandhill Park transferred to Radstock, leaving 72 boys boarding; and during the year 20 day boys have joined the School from the Taunton/Wellington area. The second school, at Weston-super-Mare, is due to open in September, 1961, when the boys from the northern part of the County will be transferred to this school, and Sandhill Park School as such will transfer to Taunton to a new school to be opened in January, 1962. The Radstock, Taunton and Weston-super-Mare schools are 'all purpose built' for 100 E.S.N. children.

The future school set-up for E.S.N. children, therefore, is that the County will have 5 Day Special Schools - Bridgwater (100 day children), Radstock (40 girl boarders, 60 day children), Taunton (30 boy boarders, 70 day children), Weston-super-Mare (40 boy boarders, 60 day children) and Yeovil (100 day children).



The great drawback about Sandhill Park as a school has been that the name and position became identified over the years with mental deficiency, and, in spite of the fact that the School and the Hospital have been virtually separate entities for many years, the feeling has persisted both in uninformed and semi-official circles that the School was out of the main stream of the educational system. The result has been that many children, who could have benefited by special education, have remained in ordinary schools to the advantage of no one, because parents would not give consent to a transfer.

It should be made clear, however, that the name of the School is not the only factor which has prevented many children from coming. All Authorities find parental resistance to placement in E.S.N. schools, because parents tend to feel that if their child is backward (officially) it is a slur on them. This feeling is obviously not confined even to England because in the U.S.A. backward children are referred to as 'exceptional' and this, having a happier connotation, apparently is more acceptable!

The new organisation in prospect, however, will end this anomalous position, and this therefore appears to be a good time to review the progress of boys and girls who have left the school over the past few years.

#### LEAVING ARRANGEMENTS

Children at Special Schools normally stay at school for one year longer than the average child, that is until sixteen. Some years ago the majority, because of innate lack of ability or very poor home background, were transferred at that age to the adult Institution. After the move back in 1948 this system began to change. More and more left to take up employment, and correspondingly fewer were transferred to the Institution.

For the past six or seven years all children have left the School on reaching the statutory leaving age, that is 16, except for a few who have stayed on at school, for a further year at their parents' request. The vast majority have entered into jobs of very varying types and have to a very great extent proved good employees.

All leavers are seen by the Youth Employment Officer, the Educational Psychologist and a School Medical Officer. Recommendations are made as to the type of work most suitable and a decision then taken as to whether the boy or girl would require supervision on leaving school.

Statistics are given of all boys and girls who have left this School over the past six years. When trying to evaluate the success or failure of boys and girls who have been at the School it is essential to bear in mind the varying types who are recommended for special education, and remember that nearly all would have failed hopelessly in a Secondary Modern school and therefore would have been extremely poor prospects for employment at fifteen.

With this in mind we can consider the reasons for placement in a boarding special school.

#### PLACEMENT AT SCHOOL

In theory all who are recommended for an E.S.N. school are transferred because they are at least two years retarded academically. The vast majority are



much more severely retarded on entry. All then, have grave school difficulties; many too have become behaviour problems in school because of their inability to cope. Most of these children cease to have behaviour difficulties after a short time in the special school because they find the climate suited to them.

Some years ago it was probably true to say that all children in boarding E.S.N. schools came from very unsatisfactory homes. This has changed over the years, and, though many still come from unsympathetic and unstable homes, more and more are drawn from homes where the parents are anxious to co-operate and realise their child needs special treatment.

There is in special schools, too, always a proportion of children who have become major problems, not necessarily only in school. Some are beyond parental control, others have sex difficulties (mostly adolescent girls) and a fair number have made Court appearances (mostly boys). The most difficult group is fortunately the smallest, and this is the maladjusted who, owing to low I.Q. rating, usually cannot be admitted to a maladjusted school or hostel because a child has to be within the normal range of intelligence to be so regarded officially.

It must be stressed that, apart from border-line cases, a child to be admitted to an E.S.N. special school should be within the I.Q. range 55 – 75, so that the average child in a special school has an innate ability only two thirds of the average of the general school population.

## PROGRESS IN SCHOOL

Practically all children admitted settle down quite happily very soon after admission. There are surprisingly few exceptions. The staffing ratio, both teaching and ancillary is good, and so ensures that each child can receive adequate help both in and out of school. Great value, of course, is placed on the social side, and in many cases this is the sphere in which most marked improvement is made.

The actual school curriculum varies from that of a Secondary Modern school not so much in content as in approach, and there is a longer period over which basic subjects are taught.

Apart from being backward, many of the children suffer from physical defects to some extent; a very obvious example is that there always is a large number of very big boys and very small ones but few who are average! Many are on drug treatment, and a fairly high percentage need glasses.

In spite of some difficulties, the School has always managed to join in organised games against other schools of comparable size (or larger) at Football, Cricket, Netball, Rounders, Athletics and Swimming. All manner of other activities go on either consistently (e.g. Table Tennis), spasmodically (i.e. depending upon enthusiasm of one particular person – e.g. Pottery) or seasonally (e.g. Camping). Currently, very popular among the more esoteric school activities are Archery, Netting and Fishing. This latter interest has inspired one boy so much in his reading that he can now tackle books by the "Times" Angling Correspondent!

One very definite aim is to ensure that as far as possible the children become independent and self-reliant, with a developing social consciousness. To



this end it is essential to build up confidence, and eradicate the all too prevalent frustration which results in apathy, and ingrained feeling of failure.

### SANDHILL PARK SCHOOL — LEAVERS 1955 — 1960

#### N O T E S

Of 78 boys under review

- 6 are or have been placed in a M.D. Hospital
- 2 are virtually unemployable
- 6 though working throughout, have been placed on probation, or appeared before the Courts.

So far as ascertainable, the remaining

- 64 have stayed in work, leading normal useful lives.

Of the 49 girls who left this School

- 8 are or have been placed in either M.D. Hospitals or Training Centres (including 1 with illegitimate child)
- 4 others have given birth to illegitimate children (subsequently resumed work)

1 other is probably unemployable

36 remaining are in work, or in several cases by now, married.

#### ANALYSIS BREAKDOWN

BOYS				GIRLS			
Farm (including Nurseries)			23	Factory	...	...	17
Factory	...	...	15	Domestic	...	...	10
Labourers	...	...	6	Laundry	...	...	4
Hotel	...	...	5	Bakery	...	...	3
Building (other than labourers)			4	Misc. ...	...	...	1
Skilled work	...	...	3				
Misc.	...	...	11				
			67				35

+ 3 Not Known  
2 Unemployable  
6 Institution

Total 78

+ 1 Not known  
1 Unemployable  
8 Institution  
4 Married

Total 49

## JOB CHANGES – CORRESPONDING TO OCCUPATIONS

BOYS	Farm	Fac- tory	Labour- er	Hotel	Build- ing	Skilled	Misc.	
NO CHANGE (left more than 2 years)	7	5	—	1	—	1	3	
CHANGES (but 2 years + in job)	4	1	2	2	2	—	2	
NO CHANGE (left less than 2 years)	4	—	—	2	1	2	1	
NO CHANGE (left less than 1 year)	4	2	—	—	—	—	—	
TOTALS Settled out of Maximum	19	8	2	5	3	3	6	46
	23	15	6	5	4	3	11	67

## JOB CHANGES – CORRESPONDING TO OCCUPATIONS

GIRLS	Factory	Domestic	Laundry	Bakery	Misc.	
NO CHANGE (left more than 2 years)	7	2	—	1	—	
CHANGES (but more than 2 years in job)	5	4	1	—	—	
NO CHANGE (less than 2 years ago)	1	2	2	1	—	
NO CHANGE (less than 1 year ago)	3	1	—	—	—	
TOTALS Settled out of Maximum	16	9	3	2	—	30
	17	10	4	3	1	35



## PERCENTAGES -

## BOYS

82.1% success.

Included as failures, are those in Institutions, those unemployed and any who have appeared in Court. If, once again, only the job-holding and the work aspect is considered, the very high success figure of

89.7% is reached.

## GIRLS

73.5% success.

Included as failures are those in Institutions, those unemployed and those who have given birth to illegitimate children. If the latter category is disregarded, as all began work again, the percentage based on job-holding becomes

81.6% and even this includes four girls whose proper classification should have been ineducable.

There are very few published surveys of this nature and these tend to suggest that 75% success is about what one can expect, after education in a Special School.

## SOME CONCLUSIONS

From the various Tables it is obvious that there is quite a high percentage of success, and when one bears in mind the severe handicaps of the children on entry it is obvious that the Special School environment helps them to develop their potentialities, and perhaps, more important, to become socially adequate and emotionally mature. It is significant that Mental Welfare Officers have often observed how much more co-operative are the children from Special Schools as distinct from other boys and girls from ordinary schools notified for supervision. There is no doubt, too, that the help given so conscientiously by these experienced Mental Welfare Officers to boys and girls from the School has often made the difference between success and failure.

After-care, or supervision, or help after leaving is very important and the School, of course, tries to play its part in this. As much as possible is done, albeit in perhaps rather a passive manner, because many of the children come back to visit, usually to stay the weekend. A new bicycle will often be the occasion for a call, a new motor bike invariably! In addition a simple questionnaire asking for information as to job conditions, changes of work and wages is sent out yearly. A good proportion return these, usually with a short letter. News is broadcast through a magazine each term which is sent to all who continue to show an interest either by correspondence or by visiting.



Now that the procedure for notification on leaving is changing and help given will be on a voluntary rather than statutory basis, it would be as well to ensure if possible that contact is maintained with every leaver for a two or three year period.

It is pleasing to learn that the County Council plans, under the new Mental Health Act, to include Hostels for E.S.N. school leavers. There has been a very obvious need for this type of provision for many years. A very strong case could be made out for maintaining close liaison between the parent Special Schools and the proposed Working Hostels. This would ensure continuity, and facilitate the provision of evening classes where there was need. If such Hostels are developed fully it is very likely that a report such as this, in five or ten years' time, will be able to show well over 90% success, because there is little doubt that the border-line failures can be successes given the extra help in their early years in employment.

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#### A MARGINAL GROUP OF RETARDED CHILDREN

Somerset, as an education authority, is proud of the provision it has made, and is making, for educationally retarded children in the establishment of day special schools, progress classes in larger primary schools and the team of eight peripatetic specially qualified teachers who spend most of their time in smaller primary schools. There is, however, one special group of seriously retarded children for whom, under the present arrangements, it is extremely difficult to cater.

Usually children who qualify for the day special schools for educationally sub-normal children have intelligence quotients between 55 and 75, with one or two exceptional cases coming above or below this range. It is possible for children with average, or even above average, intelligence, viz. above I.Q. 100, to need placement in such a school if for some reason such as illness or prolonged absence their attainments are a very long way below their potentiality. The minimum age for acceptance at a day special school is 7 years, although children are more usually admitted between eight and eleven years of age. Generally, entrants to special schools have had to spend three years previously at maintained primary schools despite their inability to cope with the curriculum, thus creating difficulties for themselves and the teachers. They have there gained social experience, some basic education and sometimes considerably more. From the child's point of view, he must be given every chance of developing normally, and it is better, therefore, for him to attend the ordinary infant and later the junior school providing his behaviour and demands are such that other children do not suffer.

At a much lower level of intelligence are those children who by five years, and sometimes well before that age, are obviously unsuitable for education in school. After examination and appropriate recommendations by the school medical officer, they are considered by the special sub-committee of the County Education Committee which deals with handicapped children, and are then normally entrusted to the County Health Committee for attendance at a training centre or for institutional care. It is the group from 5 - 8 years of age, who fall between **these children** and those who can just cope with the ordinary primary school,



which gives cause for particular concern. Children in this category cannot be dealt with in the ordinary school. At the same time there is considerable doubt as to whether their intelligence is so low that they will eventually be regarded as 'unsuitable' for education in a special, as opposed to an ordinary, school. They are too young for immediate admission to a special school and yet they are badly in need of the social contacts and the educational environment of a school to aid their own development and to allow the opportunity for a true diagnosis of their intelligence. Included with them are those children whose behaviour, emotional and physical difficulties are such that their attainments are lagging well behind their potential and who will at 7 or 8 years of age find themselves in special schools for maladjusted or physically handicapped children.

Some Authorities have made special arrangements for these children. 'The Health of the School Child', the report of the Chief Medical Officer of the Ministry of Education for the years 1958 and 1959, refers to the opening at Winchester in October, 1959, by the Hampshire Local Education Authority of a residential diagnostic unit and special school at present catering for 24 young children in this category. There is also a residential special school for these young children on Hayling Island conducted by the London County Council. Evidence received suggests that the cost of running such schools is extremely high and a figure of £700 per annum per child has been quoted. Whilst it can be argued that such an annual expenditure for one or two years is fully justified if it helps a child to develop fully to his capacity as a complete individual and prevents him later in life from being a continuing liability on the community, it is certainly sufficiently great to cause other possibilities to be considered.

Day classes may well be a possible alternative, and, with Somerset's network of transport routes serving the five day special schools which will soon be available in the County, it might well be possible in the future to add a small unit to some of these establishments and deal effectively with this group of children.

## HOME TUITION

As the general practice is to discharge children from hospitals as early as possible, it follows that these children may not be fit to resume school for some time. Often a period of home nursing is needed, or a limb in plaster may make school attendance impracticable, and in such cases home tuition is arranged. Home teachers maintain children's morale, besides providing a limited amount of education. The cases are reviewed periodically and close contact is maintained with the family doctors, specialists, etc., in order to ensure that full-time or part-time school attendance may be resumed with the minimum of delay. Other cases may require home tuition on a more permanent basis, owing to severe physical disabilities or to some form of maladjustment which would make attendance at schools or placement at special schools impracticable. This category includes cases of double incontinence, diseases affecting the nervous system, heart defects, etc.

During 1960 some 31 children were able to benefit from lessons provided by home teachers on either a long-term or short-term basis. It is our general practice to provide home teachers only where a minimum of six weeks' tuition is indicated, as considerable difficulty is often experienced in obtaining suitable



teachers to carry out this work. Most of the long-term cases of children in hospital also receive tuition from teachers provided by the Local Education Authority.

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS  
OR BOARDING IN BOARDING HOMES

	Blind (1)	Partially Sighted (2)	Deaf (3)	Partially Deaf (4)	Delicate (5)	Physically Handicapped (6)	Educationally sub-normal (7)	Maladjusted (8)	Epileptic (9)	Speech Defects (10)	TOTAL 1 - 10 (11)
the calendar year ended 31st December, 1960:											
Handicapped Pupils <i>newly</i> <i>placed</i> in Special Schools or Boarding Homes ... ..	5	0	3	1	11	9	117	19	0	0	165
Handicapped Pupils <i>newly</i> <i>assessed</i> as requiring educa- tion at Special Schools or in Boarding Homes ... ..	4	1	1	1	12	17	110	19	2	0	167

Note - Where appropriate, pupils have been included under both A and B.

Number of children reported during the year -

(a) under Section 57 (3) or under Section 57 (4) ... 27

(b) " " 57 (5) (prior to 1.11.60) ... 18

of the Education Act, 1944



	Blind (1)	Partially Sighted (2)	Deaf (3)	Partially Deaf (4)	Delicate (5)	Physically Handicapped (6)	Educationally sub-normal (7)	Maladjusted (8)	Epileptic (9)	Speech Defects (10)	TOTAL 1 - 10 (11)
On or about 20th January, 1961:											
C. Number of Handicapped Pupils from Somerset -											
(i) on the registers of											
1. maintained special schools											
(a) as day pupils ... ..	0	0	0	0	0	2	189	0	0	0	191
(b) as boarding pupils ... ..	0	0	0	0	0	1	128	0	0	0	129
2. non-maintained special schools											
(a) as day pupils ... ..	0	0	0	0	0	0	0	0	0	0	0
(b) as boarding pupils ... ..	19	8	40	8	7	26	9	1	6	1	125
(ii) on the registers of independent schools under arrangements made by the Authority	0	0	0	1	5	6	11	8	0	1	32
(iii) boarded in homes and not already included under (i) or (ii) ... ..	0	0	0	0	10	0	0	12	0	0	22
<b>TOTAL C.</b>	<b>19</b>	<b>8</b>	<b>40</b>	<b>9</b>	<b>22</b>	<b>35</b>	<b>337</b>	<b>21</b>	<b>6</b>	<b>2</b>	<b>499</b>
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 -											
(i) in hospitals ... ..	0	0	0	0	11	0	0	0	0	0	11
(ii) in other groups (e.g., units for spastics, convalescent homes) ... ..	0	0	0	0	0	0	0	0	0	0	0
(iii) at home ... ..	0	0	0	0	1	27	1	0	1	0	30
E. Number of Handicapped Pupils requiring places in special schools											
(i) TOTAL (a) day ... ..	0	0	0	0	0	0	86	0	0	0	86
(b) boarding ... ..	0	2	0	0	0	8	27	1	0	0	38

	Blind (1)	Partially Sighted (2)	Deaf (3)	Partially Deaf (4)	Delicate (5)	Physically Handicapped (6)	Educationally sub-normal (7)	Maladjusted (8)	Epileptic (9)	Speech Defects (10)	TOTAL 1 - 10 (11)
In the totals above, number of Handicapped Pupils age under 5 -											
(ii) (a) awaiting day places	0	0	0	0	0	0	0	0	0	0	0
(b) awaiting boarding places ... ..	0	0	0	0	0	0	0	0	0	0	0
(iii) who had reached the age of five but whose parents had refused consent to their admission to a special school:-											
(a) awaiting day places	0	0	0	0	0	0	17	0	0	0	17
(b) awaiting boarding places ... ..	0	0	0	0	0	0	7	0	0	0	7
<b>F. Number of Handicapped Pupils on the registers of hospital special schools</b>											<b>49</b>

## EMPLOYMENT OF CHILDREN

Where the School Medical Officer considers it necessary to specify a particular type of employment as being unsuitable for a child, he makes a recommendation on the Ministry of Labour Form Y.9 or Form Y.10, following the periodic examination during the child's last year at school. In 1960, the number of these recommendations made was as follows:-

On Form Y. 9 (unsuitable for certain type of employment) ... 244  
 On Form Y.10 (Disabled Persons (Employment) Act, 1944) ... 2

## INFECTIOUS DISEASES

During the year no school was closed on account of infectious disease.



## SANITARY CONDITIONS IN SCHOOLS

The balance of work outstanding in the 1959/60 Sanitary Improvement Programme, which included the following schools, has been completed:-

Kewstoke County  
Nailsea Hannah More Junior  
West Buckland  
Withiel Florey

There remain eight schools for which major works are still necessary, but some of these cannot be dealt with pending the provision of either mains water or sewers; in other cases there is a possibility of closure. There are, however, many schools where the sanitary arrangements are unsatisfactory by present day standards. It is felt that these cannot adequately be dealt with until the schools are redeveloped, and this is not likely to take place, in some cases, for a considerable time.

Provision of hot water is an amenity which can be provided at a moderate cost, and efforts are being made to implement a programme whereby hot water over wash-hand basins will be provided in all schools, beginning with those having the largest number of children in attendance.

With the number of village Sewerage and Sewage Disposal Schemes being completed, it is obvious that many schools, previously draining to septic tanks, will now have to be connected to the new sewers and each year a sum of money will be required to be set aside for this purpose. In 1961 it is proposed to connect drainage systems at the following schools to the main sewer:-

Huish Episcopi Secondary  
Nailsea Christ Church Junior

## SPASTICS

Spastic cases continue to be notified to the County Health Department from various sources, including Health Visitors, District Nurses, Consultant Paediatricians at hospitals, Child Welfare Clinics, etc. Full co-operation is also maintained with the Cerebral Palsy Assessment Clinic at Bristol, under the supervision of Dr. Grace Woods, to whom many of the cases are referred for investigation, both medical and educational. Where possible, children are encouraged to attend the local schools, and, here, the excellent co-operation of the school staff with our school doctors produces good results. Often children, as they grow up, find the tempo of school life too great and we have to seek a more stable environment in a residential special school, such as the Dame Hannah Rogers School, Ivybridge, where spastic children with fairly high intelligence quotients are accepted. The National Spastics Society has proved very helpful in the placement of spastic children at their special schools.



There are some sixty known cases of spastic children in Somerset who require some form of special educational treatment. Of these, four are awaiting Residential Special School placement, eighteen are in special schools catering for physically handicapped children, and four new cases were reported in the year 1960.

## TUBERCULOSIS

### CHILDREN OF SCHOOL AGE AND SCHOOL STAFFS

During 1960, eighteen children of school age were notified for the first time as cases of tuberculosis in Somerset. Of these, eleven were pulmonary infections. The cases included tuberculosis of the lungs, cervical glands and peritoneum.

All the children received appropriate treatment, four of the pulmonary cases at Chest Hospitals.

The following two Tables are of interest:-

### NOTIFICATIONS OF TUBERCULOSIS IN CHILDREN OF SCHOOL-AGE DURING 1960

	Children of		Sputum		Family History of T.B.	
	Jnr. Sch. age	Senr. Sch. age	+	-	Yes	No
Number of boys notified as pulmonary cases ... ..	4	1	0	0	3	2
Number of girls notified as pulmonary cases ... ..	3	3	1	0	4	2
Number of boys notified as non-pulmonary cases ... ..	2	3	-	-	0	5
Number of girls notified as non-pulmonary cases ... ..	2	0	-	-	1	1
TOTALS ... ..	11	7	1	0	8	10

### ADMISSIONS TO CHEST HOSPITALS OR TO OTHER HOSPITALS

	Pulmonary			Non-Pulmonary		
	Boys	Girls	Total	Boys	Girls	Total
Bath Orthopaedic Hospital ... ..	0	0	0	0	1	1
Winford Orthopaedic Hospital	0	0	0	2	0	2
Winsley Chest Hospital ... ..	0	4	4	0	0	0
TOTALS ... ..	0	4	4	2	1	3



## TUBERCULOSIS AT A SECONDARY SCHOOL

It was found that one of the pupils at a secondary modern school, at which there were approximately 600 pupils on the books, had developed pulmonary tuberculosis with a positive sputum. A full investigation was made at the secondary school immediately the notification was received, and Dr. E. L. Fawssett, the School Medical Officer concerned, has written the following account of the initial steps taken:-

"Late in 1960 it became advisable to tuberculin test the staff and pupils of a large secondary school. The number involved was about 630. The first difficulty arose in getting information to the parents of the children and in seeking their consent. The School Health Department produced a circular letter for distribution, stating the reason for and explaining the nature of the tests. Only 6 children had to be excluded from the test owing to their parents' objection. A panel of four testers took  $2\frac{3}{4}$  hours to test 600 individuals. A complication was the fact that about 50 children had been B.C.G. vaccinated less than a year earlier, but to simplify the organisation it was decided to test all the children and adult staff, with the exception of objectors. The school authorities suggested that one of the laboratories would be the most suitable room. Batches of children to be tested assembled in the adjacent cloakroom. They entered the laboratory in single file with their left forearms ready bared, and were directed to a suitable bench for testing after their names had been recorded by clerks. The school was tested by classes, teachers accompanied their own pupils, and other members of the staff presented themselves at their own convenience. A nominal roll of the school was used to record the children tested. The reading of the tuberculin test, a few days later, was conducted upon the same lines, except that the result of the reading had to be recorded. For this purpose each child was given a slip of paper which carried his name, date of birth, address, class and the name of his parent or guardian: this he presented to the test 'reader' who recorded on it any 'positive' result and retained it. Any child who was known to have been B.C.G. vaccinated had this fact recorded on his slip. Thus it was possible to sort the slips into any necessary groups at a later date. It will be obvious that the success of the venture depended upon the co-operation of the school concerned; this co-operation was whole-hearted and immediate. I would like to express my sincere thanks to all the staff of the school".

The "positive" reactors to the tuberculin test, i.e. those children shown by the test to have had a minimal infection of tuberculosis at some time earlier in their lives, were x-rayed by the Mass Radiography Unit which made a special visit for this purpose. The "negative" reactors were given B.C.G. vaccination. Whilst the investigations did not reveal the source of the girl's original infection, such precautionary measures are extremely important where a group of cases of pulmonary tuberculosis occurs. The investigations necessarily called for well or-



ganised "team-work" on the part of medical officers, school nurses and teaching staff, together with clerical assistance, in view of the large number of persons involved.

A summary of the position is as follows:-

	Children	Staff
Heaf tuberculin tested – with "positive" results	151*	31
The above were x-rayed with the following results		
N. A. D.	147	31
For obs. at Chest Clinic	3	0
Probable early tuberculosis	1	0
Heaf tuberculin tested – with "negative" results	441	11
Of these, given B.C.G. vaccination	304	4

\* 49 of these children had been vaccinated with B.C.G. previously

#### B.C.G. VACCINATION

An offer of B.C.G. vaccination for some 9,000 children born in the year 1946 was made in October, 1959. The offer was made to the parents through the kind co-operation of the Heads of all maintained and private schools in Somerset, where children of secondary school age were in attendance. The tuberculin testing and B.C.G. vaccination of the "negative" reactors was carried out by the Assistant County Medical Officers during the Spring and Summer Terms, 1960, in most instances at the school attended by the child. The results of the Scheme are set out in the Table below. The children born in 1947 are to be considered for B.C.G. vaccination in 1961.

Owing to pressure on the time available to medical staff and the few children found in previous years to require a second B.C.G. vaccination, the practice of "conversion" testing was discontinued this year.

#### 1960 B.C.G. SCHEME

Estimated number of children eligible	...	...	...	...	...	9,000
Number of consents received	...	...	...	...	...	4,238
Percentage of acceptances	...	...	...	...	...	47%
Number of children whose tuberculin tests were read –						
with "positive" result	...	...	...	...	...	681
with "negative" result	...	...	...	...	...	3,220
Percentage of "positive" results	...	...	...	...	...	18%
Percentage of "negative" results	...	...	...	...	...	82%
Number of children to whom B.C.G. given	...	...	...	...	...	3,179
Number of children left county, or absent	...	...	...	...	...	283
Number of children with "negative" result but not given B.C.G.	...	...	...	...	...	41
Number of children absent for reading of tuberculin test	...	...	...	...	...	54

(The results in respect of 248 children deferred from 1959 were:  
B.C.G. given 162; tuberculin "positive" 57; absent 29)



## MASS RADIOGRAPHY

The following Table shows the results of the mass radiography of school children and school staff in Somerset during 1960 :-

	Scholars			Schools Staff		
	Male	Female	Total	Male	Female	Total
Miniature films ...	509	336	845	469	1,088	1,557
Tuberculous conditions -						
Active ...	0	0	0	0	0	0
Inactive ...	0	1	1	0	3	3

In the School Health Service, mass radiography has a very important part to play, particularly in the annual examination of all school staffs, and in the comprehensive investigations carried out whenever a case of tuberculosis occurs in a school.

We endeavour to provide mass x-ray facilities annually for all teaching and non-teaching staffs at maintained schools in Somerset. This policy was continued in 1960, and the following Centres were visited during the year by Mass Radiography Units - Bath, Crewkerne, Frome, Ilminster, Midsomer Norton, Minehead, Taunton, Watchet and Williton. At these nine Centres a total of 1,557 teaching and other staff took advantage of x-ray facilities.

MEDICAL INSPECTION AND TREATMENT RETURN FOR  
THE YEAR ENDED 31st DECEMBER, 1960

PART I. MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
AND ASSISTED PRIMARY AND SECONDARY  
(INCLUDING NURSERY AND SPECIAL) SCHOOLS

TABLE A. - PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth) (1)	No. of Pupils Inspected (2)	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1956 and later	32	32	100	—	—
1955	3,502	3,495	99.8	7	0.2
1954	3,362	3,356	99.8	6	0.2
1953	1,495	1,490	99.7	5	0.3
1952	568	565	99.5	3	0.5
1951	319	317	99.4	2	0.6
1950	1,911	1,907	99.8	4	0.2
1949	2,485	2,479	99.8	6	0.2
1948	975	973	99.8	2	0.2
1947	468	467	99.8	1	0.2
1946	2,505	2,502	99.9	3	0.1
1945 and earlier	3,517	3,515	99.9	2	0.1
TOTAL	21,139	21,098	99.8	41	0.2

TABLE B. - PUPILS FOUND TO REQUIRE TREATMENT AT  
PERIODIC MEDICAL INSPECTIONS  
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth) (1)	For Defective Vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total Individual Pupils (4)
1956 and later	1	5	6
1955	115	484	560
1954	134	573	657
1953	103	243	313
1952	38	87	112
1951	27	45	66
1950	198	264	408
1949	237	297	492
1948	109	124	214
1947	63	50	102
1946	291	233	469
1945 and earlier	420	247	626
TOTAL	1,736	2,652	4,025



TABLE C. - OTHER INSPECTIONS

Number of Special Inspections	...	...	...	10,223
Number of Re-inspections	...	...	...	10,898
			TOTAL	21,121

TABLE D. - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	92,729
(b) Total number of individual pupils found to be infested	...	...	...	...	227
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	...	...	...	...	38
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	...	...	...	1

## PART II - DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A. - PERIODIC INSPECTIONS

Defect or Disease (1)	Periodic Inspections							
	Entrants		Leavers		Others		Total	
	(T) (2)	(O) (3)	(T) (4)	(O) (5)	(T) (6)	(O) (7)	(T) (8)	(O) (9)
Skin ...	75	218	80	125	130	201	285	544
Eyes - (a) Vision	284	530	595	331	951	506	1,830	1,367
(b) Squint	146	66	29	26	134	70	309	162
(c) Other	44	58	15	59	50	84	109	201
Ears - (a) Hearing	35	240	16	47	48	126	99	413
(b) Otitis Media	62	317	11	46	25	162	98	525
(c) Other	42	187	24	43	59	150	125	380
Nose and Throat	256	1,548	41	220	140	1,108	437	2,876
Speech	85	303	6	24	38	115	129	442
Lymphatic Glands	18	466	2	22	6	222	26	710
Heart	17	174	8	72	13	180	38	426
Lungs	89	526	9	89	60	265	158	880
Developmental - (a) Hernia	31	59	0	6	9	31	40	96
(b) Other	20	213	11	62	41	208	72	483
Orthopaedic - (a) Posture	36	159	47	182	129	371	212	712
(b) Feet	164	225	41	89	149	263	354	577
(c) Other	110	315	58	230	142	284	310	829
Nervous System - (a) Epilepsy	19	31	13	18	19	14	51	63
(b) Other	12	68	12	46	16	81	40	195
Psychological - (a) Development	16	170	5	82	24	258	45	510
(b) Stability	51	451	12	106	28	382	91	939
Abdomen	13	85	12	56	18	124	43	265
Other	62	281	18	62	73	266	153	609

(T) Pupils found to require treatment. (O) Pupils found to require observation.

## PART II (continued)

TABLE B. - SPECIAL INSPECTIONS

Defect or Disease (1)	Special Inspections	
	Pupils requiring treatment (2)	Pupils requiring observation (3)
Skin ... ..	161	241
Eyes - (a) Vision... ..	1,090	774
(b) Squint... ..	153	71
(c) Other ... ..	110	115
Ears - (a) Hearing ... ..	108	170
(b) Otitis Media ... ..	41	159
(c) Other ... ..	57	180
Nose and Throat ... ..	353	1,380
Speech ... ..	117	156
Lymphatic Glands ... ..	13	400
Heart ... ..	16	207
Lungs ... ..	145	495
Developmental - (a) Hernia ... ..	10	22
(b) Other ... ..	45	184
Orthopaedic - (a) Posture ... ..	158	436
(b) Feet ... ..	169	195
(c) Other ... ..	209	324
Nervous System - (a) Epilepsy ... ..	33	21
(b) Other ... ..	57	139
Psychological - (a) Development ... ..	91	320
(b) Stability ... ..	87	467
Abdomen ... ..	42	156
Other ... ..	109	379

PART III - TREATMENT OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS (INCLUDING  
NURSERY AND SPECIAL SCHOOLS)

TABLE A. - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	71
Errors of refraction (including squint) ... ..	3,545
TOTAL ... ..	3,616
Number of pupils for whom spectacles were prescribed	1,819



## PART III (continued)

TABLE B. - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment -	
(a) for diseases of the ear ... ..	21
(b) for adenoids and chronic tonsillitis ... ..	1,436
(c) for other nose and throat conditions ... ..	72
Received other forms of treatment ... ..	675
TOTAL ...	2,204
Total number of pupils in schools known to have been provided with hearing aids -	
(a) in 1960 ... ..	17
(b) in previous years ... ..	55

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ... ..	2,817
(b) Pupils treated at school for postural defects ...	132
TOTAL ...	2,949

TABLE D. - DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

	Number of cases known to have been treated
Ringworm - Scalp ... ..	2
Body ... ..	7
Scabies ... ..	5
Impetigo ... ..	84
Other skin diseases ... ..	531
TOTAL ...	629











