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Somerset County Council.

THE COUNTY EDUCATION COMMITTEE

Annual Report

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER


For the Year 1961

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

**County Medical Officer of Health.
Principal School Medical Officer.**

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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-fifth Annual Report on the School Health Services in Somerset.

In these twenty-five years the changes have been many, and the war years brought particular and difficult problems, but, throughout this long period and up to the year under review, every effort has been made to give the best possible health services to the children of Somerset. This endeavour has been well worth while, and, today, you can take great pride in the high standards of health and welfare shown by the children of your County.

This happy result has been due, in the main, to the efforts of your Medical Staff, but, in all this work, they have been continuously and magnificently helped by the interest and unselfish assistance given to them by the Headmasters and Headmistresses and their staffs. We owe them a real measure of gratitude.

The members of your staff have worked with great enthusiasm throughout a difficult year, and I am grateful for their support. Equally, my thanks go to the staff of the County Education Department for their assistance and co-operation.

I am,

Yours faithfully,

J. F. DAVIDSON.

Principal School Medical Officer.

County Hall,
Taunton.

April, 1962.

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. (retired 31st December, 1961)

Divisional Medical Officers

L. FAY, M.D., D.P.H. (Taunton) (retired 31st December, 1961)

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.

D. E. CLARE, M.B., B.S., D.P.H. (from 1st July, 1961)

M. JOAN COOKE, M.B., B.S., D.P.H.

R. H. G. H. DENHAM, M.D., D.P.H.

BEATRICE L DENNIS, M.B., B.S.

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. FAWSETT, 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. (resigned 30th September, 1961)

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.

MARION T. THOMSON, M.B., Ch.B., D.P.H.

BARBARA A. WALLACE, M.B., Ch.B., D.C.H., D.P.H.

(from 13th November, 1961)

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

C. E. AMOS, B.D.S.

W. E. L. BRIGHAM, L.D.S., R.C.S.(Eng.) (part-time)

Mrs. A. C. CARTER, L.D.S., R.C.S.(Eng.) (part-time) (from 7th December,
1961)

H. C. GREEN, L.D.S. (V. U. Manc.)

E. R. HEATHCOTE, L. D. S., R. C. S. (Eng.)
 G. W. LAWRENCE, L. D. S., R. C. S. (Eng.) (from 11th December, 1961)
 F. C. R. LEWIS, L. D. S. (from 4th December, 1961)
 T. S. LONGWORTH, L. D. S., R. C. S.
 P. T. MACKEY, L. D. S., R. C. S. (Ireland)
 E. M. McRAITH, L. D. S., R. C. S. (Eng.)
 H. F. METCALF, L. D. S., R. C. S. (Eng.) (part-time)
 L. E. SCULL, L. D. S.
 F. A. SMEDLEY, B. D. S. (from 9th January, 1961)
 Mrs. G. M. WALKER, L. D. S. (part-time)

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.) By arrangement
 (Part-time 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)
 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)
 Psychologist))
 Miss M. R. GREY, B. A. (Educational Psychologist))
 (from 1st December, 1961))

Speech Therapists

Mrs. J. BAKER, L. C. S. T.
 Miss N. COGGON, L. C. S. T. (resigned 17th September, 1961)
 Miss W. E. COOKE, F. C. S. T., A. R. A. M., M. R. S. T. (part-time)
 (from 19th October, 1961)
 Miss H. S. HUGGETT, L. C. S. T.
 Mrs. M. JONES, L. C. S. T. (part-time)

Visiting Orthopaedic Surgeons

R. A. J. BAILY, F. R. C. S.)
 A. E. BURTON, F. R. C. S.) By arrangement
 HEDLEY HALL, F. R. C. S.) with Regional
 H. K. LUCAS, F. R. C. S., M. Ch. (Orth.)) Hospital Board
 T. PRICE, M. B., M. Ch. (Orth.))

Peripatetic Teachers of Deaf Children

P. T. CLEARY
 W. H. VEASEY (from 1st September, 1961)

STAFF

Dr. L. Fay, Deputy Principal School Medical Officer and Divisional Medical Officer for the Taunton Area, retired on 31st December, 1961, after having completed twelve years' service with the Somerset County Council. He is succeeded as Deputy Principal School Medical Officer by Dr. A. Parry Jones, and as Divisional School Medical Officer for Taunton by Dr. H. Morrison.

MEDICAL INSPECTION

During the year, fourth injections of poliomyelitis vaccine were introduced for all school children aged 5-12 years. The school medical officers, therefore, had less time available for routine medical inspections and so the current figures are lower than those of the previous year. The majority of the maintained schools in Somerset were visited and 36,475 inspections were carried out during 1961. Of these, 16,991 were general inspections (21,139 in 1960) and 19,484 were special examinations and re-examinations (21,121 in 1960).

In the Bridgwater, Taunton and Weston-super-Mare Divisional Areas an experiment is in progress: the routine medical inspection of the intermediate age group has been replaced by a "Special" medical Scheme. The object in suspending part of the routine work is to enable the school medical officers to see promptly those children presenting medical problems to their teachers or parents. As less time was available generally for medical inspections it is difficult to reach firm conclusions at this stage on the value of the innovation.

Nineteen medical officers are employed on school health work, giving an equivalent of just over ten full-time officers.

The medical inspection figures for 1961 are set out in the Tables at the end of this Report in the form recommended by the Ministry of Education.

ATTENDANCE OF PARENTS

			(1960)
Entrants' examinations	...	86.64%	(88%)
Intermediates' examinations	...	54.53%	(54%)
Leavers' examinations	...	10.52%	(5%)

These figures are approximately equal to those of other rural counties. The improved attendance of parents at leavers' examinations is gratifying.

PHYSICAL CONDITION

This is a wide term including such matters as nutrition, physique, posture, energy, etc. It is rare indeed to find a Somerset school child who is graded U, i.e. unsatisfactory, as will be seen in the following Table:—

CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS IN ALL AGE GROUPS INSPECTED DURING 1961

S (Satisfactory)	...	...	99.8%
U (Unsatisfactory)	...	...	0.2%

DEFECTS FOUND REQUIRING TREATMENT

In the course of 36,475 examinations some of the more common defects referred for treatment were:—

		1961	(1960)
Various orthopaedic defects	...	1,163	(1,412)
Defective vision	... ..	2,264	(2,920)
Squint	... ..	316	(462)
Hearing	... ..	174	(207)
Aural defects...	... ..	224	(321)
Cardiac	... ..	44	(54)
Nose and Throat	... ..	598	(790)
Psychological defects..	... ..	206	(314)
Lungs	... ..	224	(303)

TONSILS AND ADENOIDS

The number of operations for removal of tonsils and adenoids in 1961 was 1,178.

CHILD GUIDANCE

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

A review of the year's work indicates the increasing demand made for the services supplied by the Child Guidance Team. To meet this increased pressure of work, a fourth Educational Psychologist has been appointed and commenced duty on the 1st December. In the coming year, two further psychiatric social workers will take up duties. New clinic premises have been acquired in Keynsham, and plans for a fortnightly clinic session in Minehead are in train.

Analysis of the sources of referrals shows that more than half the children are referred by head teachers and school medical officers. This is to be expected, as in term time the teachers are the adults who have the children under continuous observation for longer periods even than the parents, and are often the first to recognise early signs of maladjustment.

First, in decreasing order of frequency, is the Children's Department, who seek the Team's advice on problems arising from fostering out children in care, and placement in Children's Homes. After the Children's Department, family doctors and magistrates from the Juvenile Court refer equal numbers of children.

Apart from special intelligence tests for backward and retarded children, the most frequent reasons for referral are behaviour disorders — stealing is the most common of these; unmanageability the next.

Habit disorders are the next most common reason for referral, and nearly half of these are enuretics. It does not seem to be generally recognised that a child who has never achieved bladder control is more likely to have a physical cause for his bed wetting, and it is only those children who have relapsed after establishing control who may be suspected to have an emotional factor in their symptoms.

Frank neuroses, phobias, and depression are comparatively uncommon and do not represent more than 5% of the total intake.

The hostels, both for boys and for girls, fulfil a valuable function in providing places for observation and treatment for those children whose treatment cannot be carried out while they live at home, either because co-operation from the parents is not forthcoming, or because home conditions have broken down due to illness or desertion of one of the parents.

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

Cases referred to Child Guidance Clinics	...	...	398
Total number of cases seen by Psychiatrists (including 98 electro-encephalographic examinations, 92 of which were Court cases)	...	699	
Cases seen by Educational Psychologists in schools, clinics, institutions and at home	...	...	1,813
School and Hostel visits paid by Educational Psychol- ogists	...	...	851
Home visits and Clinic interviews by Psychiatric Social Workers	...	...	1,071
Schools, Hostels and Children's Homes visited by Psychiatric Social Workers	...	...	16
Cases closed during the year	...	...	239

CASES RECEIVING TREATMENT

Psycho-therapy by Psychiatrists	...	...	122
Drug-therapy by Psychiatrists (including 8 cases subsequently found to be epileptic)	...	...	62
Remedial coaching by Educational Psychologists	...	...	1

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 132,200 examinations were carried out during 1961.

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 1961 the figure was 2.6 per 1,000 children examined as compared with 2.4 per 1,000 children examined in 1960.

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 ...	630	10
No. of children re-tested ...	62	2
No. of children found to have some impairment of hearing	3	8

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

Mr. P. T. Cleary, Peripatetic Teacher of the Deaf, writes:—

The work in the south western part of the County through the past year has followed closely the pattern of other years. The main difficulty has been shortage of time, and the distance between pupils. The numbers of children seen once or twice weekly has varied from twelve to eighteen. Most of these children have been in the infant and junior range and of pre-school age, very few being in the secondary range. In addition to this, a considerable number of hearing tests have been carried out and routine checks on children with a minor hearing loss.

The work with children of pre-school age and young infants has provided a number of most interesting cases. One small girl in the Bridgewater area, now aged 5+, who first came forward when she was attending a nursery school, has proved very rewarding. She was at first thought to be very severely deaf and to have no intelligible speech, but it has since proved that, although having a considerable hearing loss, she has also considerable speech which she is very reluctant to use in general company. She is now attending an infant school, and, with the provision of a hearing aid and very considerable help from her teacher, is progressing rapidly. There is also a very similar case with a small boy of 6+ in the Taunton area. His hearing loss is not as severe as the girl's, but he also is a very reluctant talker, giving a quite false impression of himself to other people, and he might very easily have been transferred to a school for the deaf had this not been discovered. He also is making satisfactory progress, mainly as a result of the help he is receiving in school.

Mr. W. H. Veasey, appointed in September, 1961, as a second Peripatetic Teacher of Deaf Children reports:—

In the northern part of the County, 114 children suspected of having some impairment of hearing were seen, as follows:—

Under 3 years	4 children
3 years to 5 years	4 "
5 " to 7 "	34 "
7 " to 11 "	51 "
11 " to 16+ "	21 "
	<hr/>
TOTAL	114 "
	<hr/>

On testing:—

51 children were found to have no significant hearing loss.

19 children were found to have a conductive loss.

44 children were found to have a mixed or perceptive loss.

114 children

Of the children found to have a significant hearing loss (63

cases), 37 are making satisfactory educational progress, given a good position in class and a hearing aid where this is beneficial. These children need only occasional visits to ensure proper use of the hearing aid and continued satisfactory progress.

26 children were found to be in need of regular specialised help, in the form of speech improvement, auditory training using the Amplivox amplifier, and remedial teaching in the basic subjects. Of these children:—

5 are in Secondary Modern Schools.

7 " " Junior Schools.

8 " " Infant Schools.

3 " " Special (E.S.N.) Schools.

1 is at a Training Centre.

2 are under school age and receive help at home.

26 children

These cases are spread evenly over the whole of the northern area; so far it has not been possible to form a group of children in any one district. Thus all remedial teaching is on an individual basis. This, of course, involves much travelling, is very time consuming, and some children are not getting all the specialised help they need.

Children receive periods of tuition as follows:—

(periods vary from 40 minutes to 1½ hours)

2 periods per week	2 children
1 period per week	16 "
1 " " fortnight	3 "
1 " " month	5 "
	<hr/>
	26 "
	<hr/>

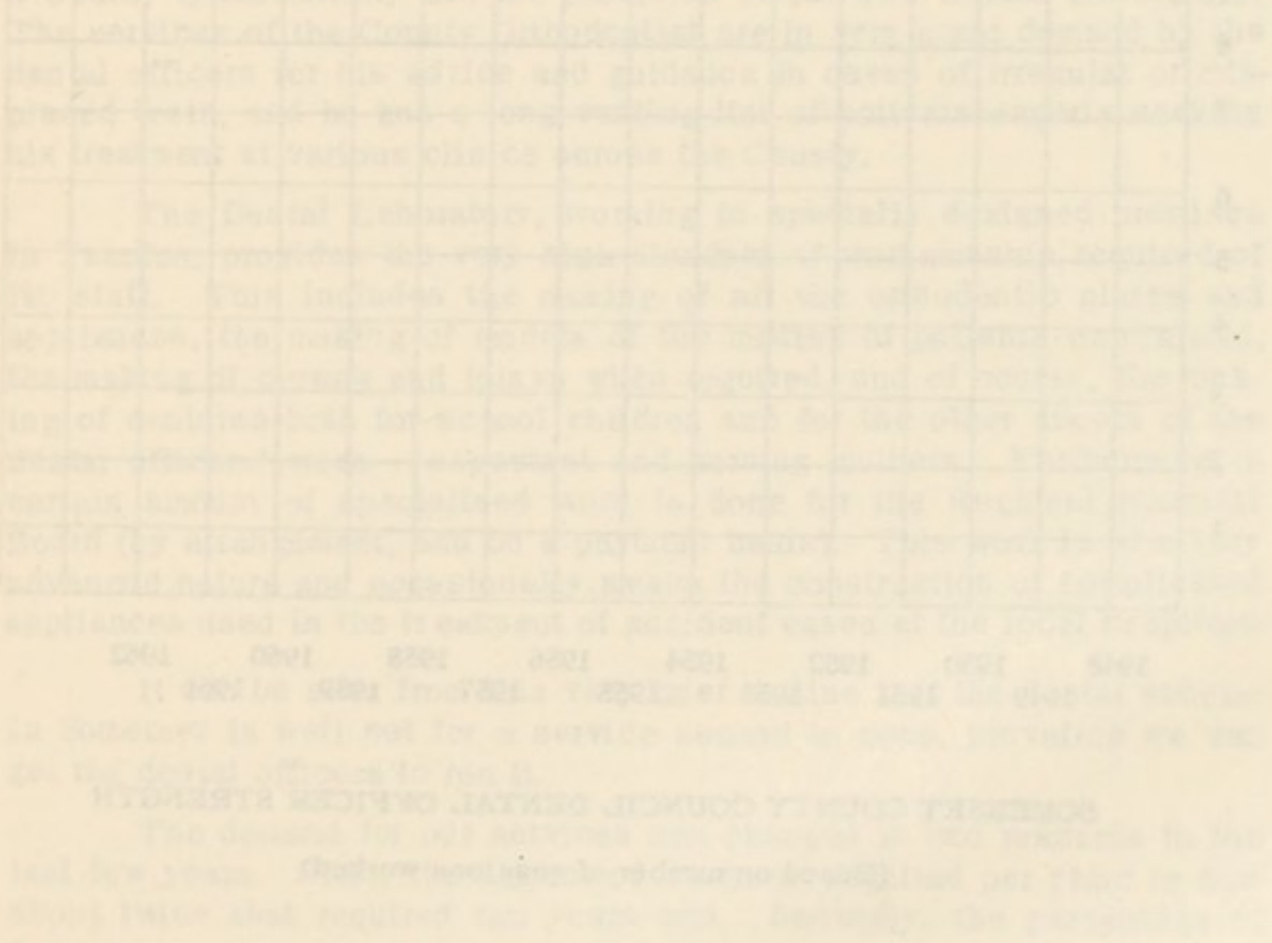
ANNUAL REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

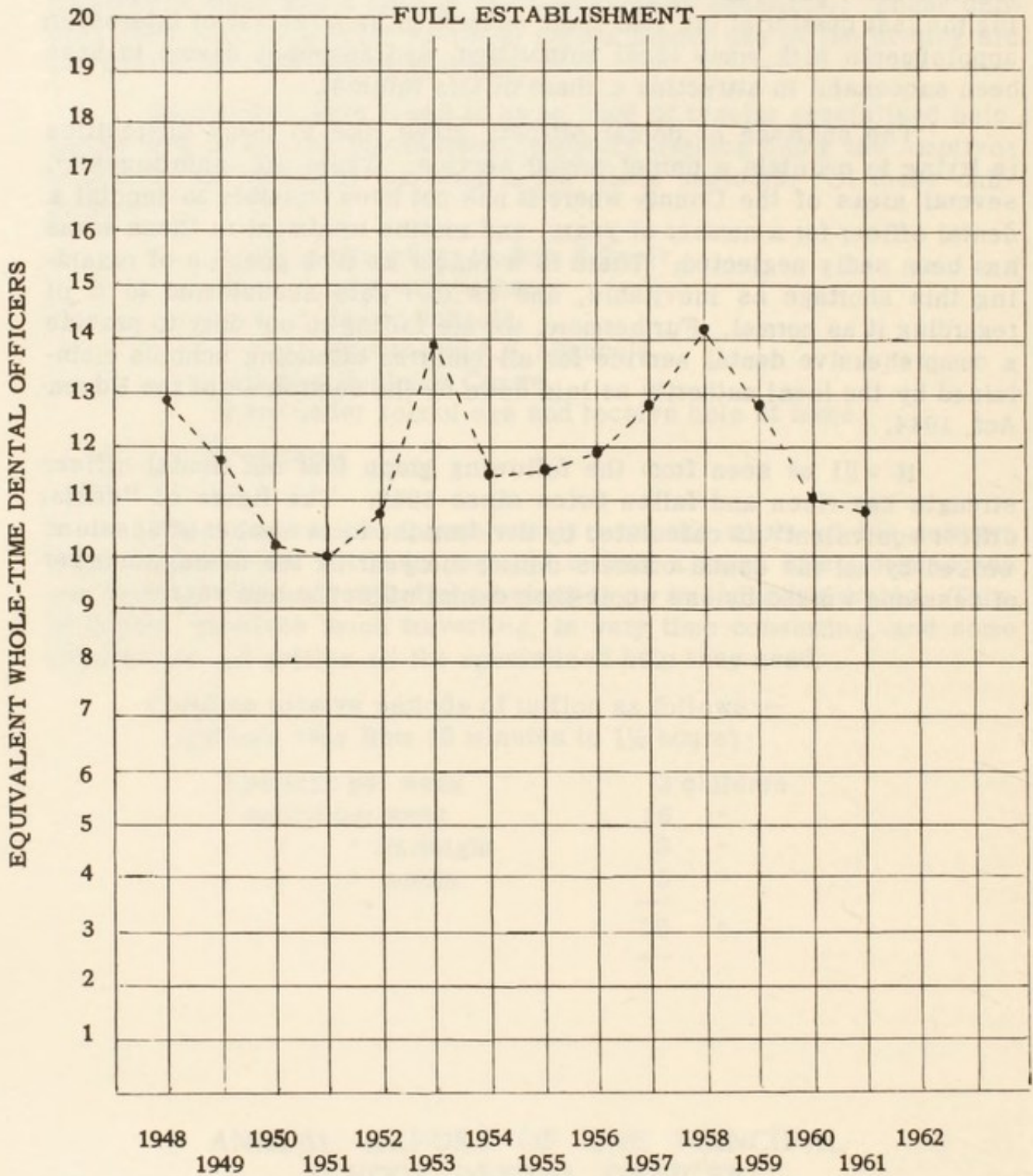
It is very encouraging to be able to report an increase in the number of dental officers on the staff during 1961. Our authorised strength is 20 whole-time officers. We started the year with 10 whole-time and 2 part-time, giving the equivalent of nearly 11 whole-time officers, and ended the year with 12 whole-time and 4 part-time, giving the equivalent

of nearly 14 whole-time officers. This is still very much below our requirements, but it is hoped that this trend will continue in 1962. During the last quarter of the year there seemed to be a revival of interest in appointments with some local authorities, and Somerset seems to have been successful in attracting a share of this interest.

The shortage of dental officers gives rise to many difficulties in trying to maintain a proper dental service. There are, unfortunately, several areas of the County where it has not been possible to appoint a dental officer for a number of years, and routine treatment in these areas has been sadly neglected. There is a danger as time goes on of regarding this shortage as inevitable, and as one gets accustomed to it of regarding it as normal. Furthermore, we are failing in our duty to provide a comprehensive dental service for all children attending schools maintained by the local authority as laid down by the Section 48 of the Educa-Act, 1944.

It will be seen from the following graph that our dental officer strength has risen and fallen twice since 1948. The figure of "dental officer equivalent" is calculated by dividing the total number of sessions worked by all the dental officers during the year by the average number of sessions worked by one whole-time dental officer in one year.





SOMERSET COUNTY COUNCIL DENTAL OFFICER STRENGTH
 (Based on number of sessions worked)

Everything possible is done to make the appointments as attractive as possible. There is a nationally agreed salary scale and in addition to this it has been agreed in Somerset that dental officers may do evening sessions where it is possible to arrange these, at an extra fee, and under certain conditions may do a limited amount of private practice. We have also been able to get the co-operation of a number of local housing authorities who have made housing accommodation available for dental officers for a limited period while finding a house. Dental equipment and instruments are maintained at a high standard of efficiency, and are kept up to date by the addition of new items when these have proved themselves a necessity for modern techniques. For example, the air turbine type of drill is supplied where it is a requirement.

Furthermore, we have during the year increased our mobile dental clinics to four, and hope to raise this number to six in the following year. These caravan-type clinics are fully equipped, and provide first-class facilities for the children in the more rural schools, replacing the very unsatisfactory method of a temporary dental clinic having to be set up in whatever accommodation is available in the school or in a nearby house or village hall.

The dental scheme in Somerset also includes the appointment of a County Orthodontist, and the provision of our own Dental Laboratory. The services of the County Orthodontist are in very great demand by the dental officers for his advice and guidance in cases of irregular or misplaced teeth, and he has a long waiting list of patients eagerly seeking his treatment at various clinics across the County.

The Dental Laboratory, working in specially designed premises in Taunton, provides the very high standard of workmanship required of its staff. This includes the making of all the orthodontic plates and appliances, the making of models of the mouths of patients concerned, the making of crowns and inlays when required, and of course, the making of dentures both for school children and for the other aspect of the dental officers' work — expectant and nursing mothers. Furthermore, a certain amount of specialised work is done for the Regional Hospital Board (by arrangement, and on a payment basis). This work is of a very advanced nature and occasionally means the construction of complicated appliances used in the treatment of accident cases at the local hospitals.

It can be seen from this very brief outline that the dental scheme in Somerset is well set for a service second to none, providing we can get the dental officers to run it.

The demand for our services has changed in two respects in the last few years. First, the amount of treatment required per child is now about twice that required ten years ago. Secondly, the percentage of

children whose parents accept treatment through our service has fallen and is now about half the number in 1950. This change is probably due to the fact that dentists in general practice in the National Health Service are now accepting a greater number of child patients. This has most likely been encouraged by the lack of continuous dental officer service in many areas.

However, there is no likelihood of a falling off in the amount of treatment given by our dental officers. The greater number of fillings required per child easily counter-balances the lower number of acceptances. For example, whereas the proportion of fillings done to extractions in 1950 was 11 fillings to 9 extractions, in 1961 this proportion was 20 fillings to 9 extractions. Add to this the increase in the number of children attending primary and secondary schools in the County (in 1950 — 55,356; in 1961 — 71,671) and it can be seen that the amount of treatment required has certainly not diminished.

Dental Health Education has continued by the various methods of chairside talks, distribution of posters and leaflets to schools, and talks to Parent-Teacher Association meetings, and any other avenue that might approach the child or the parent to persuade them of the value of a clean mouth and of sound and healthy teeth. This teaching is based on these rules:—

1. Brush the teeth after breakfast and last thing at night;
2. Finish a meal with an apple or with a rinse with water;
3. Don't eat sweet sticky foods between meals.

The last rule is probably the most important, but the hardest to get understood. If everyone realised what damage is done to the teeth by in-between snacks of biscuits or sweets, and took action to avoid the consequences, there would be a substantial reduction in the number of decayed teeth. This is not an effort to cut down the consumption of sweets and biscuits, but rather an attempt to confine their consumption to meal-times. The mouth then has a chance by its natural self-cleansing action to regain a reasonable degree of freedom from the food that may have remained lodged between the teeth. This usually takes about an hour, but can be speeded up by finishing the meal with an apple, or a mouth rinse, or with a toothbrushing. If, however, more carbohydrate is introduced by eating sweets or biscuits between meals, the mouth never has a chance.

The results of this dental health education are beginning to be shown, but it is a slow and long process, and patience is needed to convince the public that such a pleasant occupation as "having a chocolate" or "munching a nice sweet biscuit" can have such serious consequences if indulged in at the wrong time.

The following is the record of the work done by the dental staff during the year:—

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools)	71,671
1. Number of pupils inspected by the Authority's Dental Officers:—	
(a) At Periodic inspections	25,210
(b) As Specials	2,999
Total (1)	<u>28,209</u>
2. Number found to require treatment	18,611
3. Number offered treatment	14,221
4. Number actually treated	7,935
5. Number of attendances made by pupils for treatment (including Orthodontic patients)	25,889
6. Half-days devoted to —	
Periodic (School) Inspection	307
Treatment	4,684
Total (6)	<u>4,991</u>
7. Fillings —	
Permanent teeth	17,921
Temporary teeth	4,143
Total (7)	<u>22,064</u>
8. Number of teeth filled —	
Permanent teeth	14,408
Temporary teeth	3,662
Total (8)	<u>18,070</u>
9. Extractions —	
Permanent teeth	3,011
Temporary teeth	6,982
Total (9)	<u>9,993</u>
10. Administration of general anaesthetics for extraction	2,860

11. Orthodontics						
(a)	Cases commenced during the year	...	...	...	...	346
(b)	Cases brought forward from previous year	...	...	...	...	909
(c)	Cases completed during the year	...	...	...	...	261
(d)	Cases discontinued during the year					51
(e)	Pupils treated by means of appliances					374
(f)	Removable appliances fitted	...	...	...	...	663
(g)	Fixed appliances fitted	...	...	...	...	13
(h)	Total attendances	...	...	...	...	5,412
12. Number of pupils supplied with artificial teeth						103
13. Other operations —						
	Permanent teeth	...	....	...	...	19,131
	Temporary teeth	...	...	...	...	3,740
						<hr/>
	Total (13)	...	...	...	...	22,871
						<hr/>

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

Dentures, full	...	...	...	...	...	0
Dentures, partial	...	...	...	...	...	113
Orthodontic appliances	...	...	...	...	...	723
Reference models	...	...	...	...	...	2,547
Repairs	...	...	...	...	...	106
Jacket crowns	...	...	...	...	...	2
Inlays	...	...	...	...	...	1

REPORT OF THE COUNTY ORTHODONTIST (Mr. N. M. Poulter) for the Year 1961.

I am pleased to be able to report that the orthodontic services have been maintained, during the year 1961, throughout the County. The demand for orthodontic treatment continues to be as great as ever and there is no doubt that parents are becoming more and more conscious of the benefits, both physical and mental, which their children can derive from this treatment.

Centres at Bridgwater, Chard, Frome, Glastonbury, Keynsham, Radstock, Wellington and Weston-super-Mare have been visited regularly for the inspection and treatment of orthodontic cases by the County Orthodontist, with Headquarters at the Special Dental Centre at Taunton.

The last paragraph gives a somewhat false impression of the overall picture because, although all clinics are visited at various intervals, in clinics where there is no resident dental officer one is ever conscious that many children, who should receive orthodontic treatment, are not referred. In such areas, and indeed in many others, the dental surgeons working in the National Health Service help by referring many cases, and one is grateful to them for their help, especially as in such cases the conservative work is always well looked after. This latter work, i.e. conservative treatment — is always a difficulty in areas where the referring dental officer has left the Service. Suitable arrangements have always been made up to date, but it is an aspect of the work which has to be watched. The answer to this problem — and to many others in our Service — is the recruitment of more dental officers, and one looks forward to the day when, as County Orthodontist, one can say that all children in this County, who would benefit from orthodontic treatment, are able to receive it.

I mentioned at the beginning of this report that the Orthodontic Service has been maintained, and this is shown by the figures quoted in another part of this Report, but the figures for the work carried out by the County Orthodontist show a similar maintenance of standards:—

1959	1960		1961
325	317	No. of inspected cases	363
289	278	No. of inspected cases requiring treatment	303
217	206	No. of cases where treatment has been commenced	226
4,069	4,085	Attendances for treatment	4,016
132	136	Completed cases	148
456	527	No. of removable appliances fitted	531
35	24	No. of fixed appliances fitted	12

In August, the Orthodontic Department was shaken by the tragic death of Mrs. E. Sydenham, who had given much loyal assistance, especially as Senior Dental Surgery Assistant to the County Orthodontist for many years. Her help, when the Orthodontic Department was being established, had been invaluable and her sense of responsibility in carrying out her duties was greatly appreciated by everybody. The duties of a

Dental Surgery Assistant to the County Orthodontist are specialised and different from those of an Assistant to a Dental Officer, but Mrs. P. Moore, appointed in October, shows considerable interest and ability in the fulfilment of these duties.

Lastly, once again, I would like to thank, for their help to me during the year, Mr. Garrett and Mr. Parrott, Consultant Dental Surgeons, for their co-operation in dealing with those cases which necessitated surgical intervention prior to orthodontic treatment, to the Medical Staffs of the various hospitals with whom my work brings me into contact; to the Private Practitioners and to the Dental Officers for referring cases to me; to the Dental Laboratory for maintaining a high standard of work when making orthodontic appliances and their enthusiastic acceptance of new ideas, and lastly, to the Chief Dental Officer, whose help is always appreciated most highly.

DIPHTHERIA IMMUNISATION

During the year, 822 (955) children, who had not been immunised before reaching school age, received a primary course of two injections, and a further 5,253 (8,007) children were given single reinforcing injections. The figures in brackets are those for 1960.

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.

MILK-IN-SCHOOLS SCHEME

Apart from a few complaints concerning either the keeping quality of the milk or dirty bottles, this Scheme has operated most efficiently during the year. All such complaints were immediately investigated, and, where necessary, the matter referred to the Dealer concerned.

I have mentioned on previous occasions the difficulties faced by Dairies in connection with the condition in which third-pint bottles are returned from schools. Many are in a deplorable state and have to be discarded. One large Dairy concern-estimates that in a year's turnover its losses in third-pint bottles amount to 21,600.

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

TABLE I

Type of School (1)	Total No. of each type (2)	Type of milk supplied to Schools (October, 1961) with percentages			
		Pasteurised (3)	% (4)	T. T. (5)	% (6)
Primary	410	407	99.27	3	0.73
Secondary Modern	51	51	100.00	—	—
Secondary Grammar	20	20	100.00	—	—
Secondary Technical	3	3	100.00	—	—
Nursery	2	2	100.00	—	—
Special Schools	4	4	100.00	—	—
TOTALS	490	487	99.39	3	0.61
Non-Maintained	124	122	98.39	2	1.61

TABLE II
NO. OF REGULAR MILK DRINKERS

Type of School (1)	No. of children (20th October, 1961) (2)	No. of regular milk drinkers (3)
Primary	39,105	36,055
Secondary Modern	23,228	13,965
Secondary Grammar	8,037	4,571
Secondary Technical	415	233
Nursery	78	78
Special Schools	312	309
TOTALS	71,175	55,211
Non-Maintained	15,735	13,177

NOTE: 2,849 gallons of milk consumed by 68,388 children each day.

TABLE III

SAMPLING OF MILK SUPPLIES TO SCHOOLS AND OTHER COUNTY COUNCIL
ESTABLISHMENTS

BACTERIOLOGICAL EXAMINATIONS – SAMPLES TAKEN IN 1961

	Pasteurised		T. T.		Total
	Sat.	Unsat.	Sat.	Unsat.	
Schools	594	14	48	4	660
School Kitchens	104	9	—	—	113
Self-contained Canteens ...	254	13	17	3	287
Residential Nurseries, Day Nurseries and Children's Homes	95	6	21	—	122
Mental Health Training Centres	19	2	—	—	21
County Council Homes and Institutions	83	6	25	1	115
TOTALS ...	1,149	50	111	8	1,318

In addition to the above bacteriological examinations, the County Analyst examined 452 samples for fats and solids-not-fat. In 1 case 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 2,164.

In addition to the normal functioning of the clinics, the premises are extremely useful for a variety of purposes, such as immunisation sessions, superannuation 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	Unrelieved	Under treatment	Total treated		
Fitness for school or special schools	0	0	0	0	0	0	0	
Vision testing ...	12	0	0	0	0	12	13	
External eye diseases	0	15	0	0	1	16	24	
Ear defects :								
Otorrhoea, etc.)	0	26	0	0	1	27	63	
Deafness)								
Ringworm ...	0	0	0	0	0	0	0	
Impetigo ...	0	47	0	0	2	49	129	
Scabies ...	2	0	0	0	0	2	2	
Minor skin injuries and septic sores ...	0	727	0	0	0	727	1,494	
Other skin diseases	0	115	0	0	6	121	451	
Other conditions ...	0	157	0	0	0	157	237	
Vermineous conditions	0	1	0	0	0	1	1	
TOTALS ...	14	1,088	0	0	10	1,098	2,414	

FROM 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 ...	9	0	0	0	0	0	9	9
External eye diseases	0	1	1	0	0	2	4	4
Ear defects:								
Otorrhoea, etc.	1	1	0	0	0	1	2	3
Deafness ...	1	0	0	0	0	0	1	1
Ringworm ...	0	0	0	0	0	0	0	0
Impetigo ...	0	1	0	0	0	1	1	3
Scabies ...	0	0	0	0	0	0	0	0
Minor skin injuries and septic sores ...	0	6	0	0	0	6	6	13
Other skin diseases	0	11	0	0	0	11	11	28
Other conditions ...	78	3	0	0	1	4	82	85
Vermineous conditions	0	1	0	0	0	1	1	2
TOTALS ...	90	24	1	0	1	26	116	149

TAUNTON SCHOOL CLINIC

Reason for examination or treatment	Examined only	Treated					Total examined or treated	Attendance at Clinics
		Cured	Improved	Unrelieved	Under treatment	Total treated		
Fitness for school or special schools	0	0	0	0	0	0	0	0
Vision testing ...	2	0	0	0	0	0	2	2
External eye diseases	1	3	0	0	0	3	4	5
Ear defects:								
Otorrhoea, etc.	0	0	0	0	0	0	0	0
Deafness ...	1	1	0	0	0	1	2	3
Ringworm ...	0	0	0	0	0	0	0	0
Impetigo ...	0	8	0	0	0	8	8	19
Scabies ...	0	0	0	0	0	0	0	0
Minor skin injuries and septic sores ...	0	45	0	0	0	45	45	155
Other skin diseases	0	32	1	0	5	38	38	180
Other conditions ...	149	15	0	0	0	15	164	175
Vermineous conditions	0	1	0	0	0	1	1	3
TOTALS ...	153	105	1	0	5	111	264	542

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	
Vision testing, etc. ...	3	0	0	0	0	3	3	
External eye diseases	2	3	0	0	0	3	5	
Ear defects :								
Otorrhoea, etc. ...	1	0	0	0	0	0	1	
Deafness ...	1	0	0	0	0	0	1	
Ringworm ...	0	0	0	0	0	0	0	
Impetigo ...	0	0	0	0	0	0	0	
Scabies ...	0	0	0	0	0	0	0	
Minor skin injuries and septic sores ...	4	111	0	0	0	111	235	
Other skin diseases ...	0	7	4	0	0	11	18	
Other conditions ...	10	3	0	0	0	3	14	
Verminous conditions	0	0	0	0	0	0	0	
TOTALS ...	21	124	4	0	0	128	277	

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 ...	78	0	0	0	0	78	78
Vision testing ...	5	0	0	0	0	5	5
External eye diseases	0	1	0	0	1	1	2
Ear defects:							
Otorrhoea, etc. ...	0	0	0	0	0	0	0
Deafness,.....	0	0	0	0	0	0	0
Ringworm ...	0	0	0	0	0	0	0
Impetigo ...	0	3	0	0	3	3	5
Scabies ...	0	0	0	0	0	0	0
Minor skin injuries and septic sores ...	0	3	0	0	3	3	4
Other skin diseases ...	3	23	0	2	25	28	234
Other conditions ...	18	0	0	0	0	18	20
Verminous conditions	0	0	0	0	0	0	0
TOTALS ...	104	30	0	0	2	32	348

AROUND THE HOUSE OF THE CLINIC

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 ...	12	0	0	0	0	0	12	21
Vision testing ...	25	0	0	0	0	0	25	25
External eye diseases	3	1	1	0	1	3	6	9
Ear defects :								
Otorrhoea, etc. ...	2	0	0	0	0	0	2	2
Deafness and Audiometer ...	10	5	0	0	0	5	15	18
Ringworm ...	0	0	0	0	0	0	0	0
Impetigo ...	2	0	0	0	0	0	2	2
Scabies ...	0	4	0	0	0	4	4	14
Minor skin injuries and septic sores ...	8	7	3	0	0	10	18	24
Other skin diseases ...	13	19	1	0	7	27	40	98
Other conditions ...	232	7	4	0	0	11	243	268
Verminous conditions	0	20	0	0	0	20	20	29
TOTALS ...	307	63	9	0	8	80	387	510

ORTHOPAEDIC SERVICE

Out of a total number of 703 new cases seen by the Orthopaedic Surgeons during 1961, 444 cases were children of school age and can be classified as follows:—

Congenital deformities	19
Pes plano valgus	95
Pes cavus	17
Metatarsus primus varus	2
Tight tendo achilles	2
Hammer toes	19
Hallux valgus	33
Curly toes	21
Hallux rigidus	4
Knock knees	24
Bow legs	4
Intoeing	6
Bad shoe wear	7
Poor posture, postural scoliosis, and kyphosis	88
Injuries, strains, sprains, and painful joints	33
Perthe's disease of hip	1
Spastic hemiparesis	1
Miscellaneous	31
Nothing abnormal discovered	37
Total:	444

A new Orthopaedic clinic was started in February at Keynsham Health Centre, and this replaces the one formerly held at the Manor Hospital, Bath.

In August Miss E. H. Elkington, Orthopaedic Physiotherapist, retired after 15 years' splendid service in the Taunton and Minehead areas. Her successor is Mrs. R. Williams, who is working on a part-time basis; and Miss Crowley and Miss Read continue their work in the north and south of the County respectively.

The number of school children who received treatment during 1961 in Orthopaedic Hospitals is as follows:—

Bath and Wessex Orthopaedic Hospital	150
Princess Elizabeth Orthopaedic Hospital, Exeter	9
Winford Orthopaedic Hospital	102
Total:	261

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.
Bridgwater, Albert Street	Dental	As required.
Bridgwater, Bath Road Junior School	Minor Ailments	Mondays, Wednesdays and Fridays.
Bridgwater, Hamp Junior School	Minor Ailments	Tuesdays, Wednesdays and Fridays.
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.
Bridgwater Hospital	Orthopaedic (Surgeon)	3rd Monday in month.
	Speech	Tuesdays (p.m.) and Fridays.
	Ultra Violet Light	Tuesdays and Saturdays.
	Ophthalmic	Tuesdays.
Bristol, Tower Hill	Orthopaedic (Sister)	3rd Tuesday in month (p.m.).
	Orthopaedic (Surgeon)	1st Friday (p.m.).
Burnham-on-Sea Methodist Church Hall	Speech	Wednesdays.
	Speech	Tuesdays (p.m.) alternate.
Castle Cary, Liberal Club	Speech	Tuesdays (p.m.) alternate.
Chard	Dental	As required.
Clevedon Community Centre	Orthopaedic	3rd Wednesday in month.
	Speech	Fridays (p.m.).
	Orthopaedic	2nd Monday in month.
Clevedon, 68 Old Street	Ophthalmic	As required.
Clutton	Ophthalmic	As required.
Crewkerne, 16 Church Street	Dental	As required.
	Orthopaedic	1st Wednesday in month.
	Speech	Fridays (a.m.).
	Child Guidance	3rd Tuesday.
Frome Health Centre	Dental	As required.
	Minor Ailments	Fridays.
	Ophthalmic	As required.
	Orthopaedic	Thursdays and 4th Tuesday (Surgeon).
Glastonbury Health Centre	Speech	Wednesdays.
	Child Guidance	2nd Tuesday (p.m.).
	Dental	As required.

Location	Treatment	Sessions held
Glastonbury Health Centre	Ophthalmic Orthopaedic	As required. Thursdays and 2nd Wednesday in month (Surgeon).
Keynsham, Hazelwood Keynsham, Health Centre	Speech Dental Orthopaedic (Sister) Orthopaedic (Surgeon)	Thursdays. As required. 1st and 3rd Tuesdays. 1st Tuesday (a.m.) (alternate months).
Minehead, 54 Summerland Avenue	Dental Orthopaedic (Sister) Orthopaedic (Surgeon)	As required. 1st and 3rd Fridays. 1st Monday (alternate months).
Minehead Hospital ... Portishead Congregational Hall	Speech Ophthalmic Ophthalmic Speech	Tuesdays. 2nd Tuesday in month. As required. Fridays.
Portishead, St. Mary's Road Radstock, Leigh House	Dental Dental Ophthalmic Orthopaedic (Sister) Orthopaedic (Surgeon)	As required. As required. As required. Mondays (except 2nd in month). 2nd Tuesday (alternate months).
Shepton Mallet Hospital	Speech Ophthalmic Orthopaedic (Sister) Orthopaedic (Surgeon)	Fridays. As required. 1st Wednesday (late p.m.) and 3rd Thursday (p.m.). 1st Wednesday (early p.m.). Tuesdays (a.m.).
Taunton and Somerset Hospital - East Reach Branch	Ophthalmic Speech	Tuesdays. Wednesdays and Thursdays.
Musgrove Park Branch	Child Guidance	Mondays (p.m.), Tuesdays (a.m.), Thursdays (p.m.) and Fridays (a.m.).
Taunton, Tower Lane	Breathing Exercises Dental Minor Ailments Orthopaedic (Sister) Orthopaedic (Surgeon)	Mondays (p.m.). Daily. Mondays, Thursdays and Saturdays (a.m.). Wednesdays, and 2nd and 4th Tuesdays (a.m.). 2nd and 4th Fridays.
Wellington, North Street Wells and District Hospital	Dental Ophthalmic Minor Ailments	As required. As required. Daily.
Weston-super-Mare, Bournville School Weston-super-Mare, Drove Road	Dental	Daily.

Location	Treatment	Sessions held
Weston-super-Mare , The Royal Hospital	Orthopaedic (Surgeon)	Thursdays (a.m.) alternate.
Weston-super-Mare, 3 Neva Road	Child Guidance ...	Thursdays (a.m.) and Fridays (p.m.).
	Minor Ailments	Tuesdays.
	Ophthalmic	Mondays.
	Speech	Mondays and Thursdays.
Wincanton	Dental	As required.
	Ophthalmic	As required.
Yeovil Hospital ...	Orthopaedic	4th Wednesday in month.
	Ophthalmic	Tuesdays.
	Orthopaedic (Sister) ...	Tuesdays and 5th Wednesday (p.m.).
Yeovil, Preston Road	Orthopaedic (Surgeon)	Fridays (a.m.).
	Breathing Exercises ...	Fridays.
	Dental	Daily.
	Minor Ailments	Medical Officer – Thursdays and Fridays.
		School Nurse – Daily.
	Ultra Violet Light ...	Wednesdays and Saturdays.
Yeovil, Southville ...	Child Guidance ...	2nd and 4th Wednesdays (a.m.).
	Speech	Mondays.

SCHOOL MEALS SERVICE

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

During the year 1961, there has been a further increase in the number and percentage of children taking school meals. In October the total daily production reached 48,192, which is the highest on record. The percentage of children taking meals during this month was 61.78. The Dunster Central Kitchen was closed during the year, bringing the number of central kitchens down to 17. At the same time, 12 new self-contained canteens have opened, bringing the total to 198.

A statistical comparison of the years 1961 and 1960 is set out below:—

Schools	Year ended 31.12.61		Yearended 31.12.60	
	No. of Schools	No. of meals per day	No. of Schools	No. of meals perday
Grammar	20	5,418	20	5,435
Modern	51	13,964	50	13,249
Technical	3	121	3	136
Primary	414	24,144	418	22,910
Nursery	2	68	2	71
TOTALS	490	43,715	493	41,801
Number of children on books (31st Oct. 1961).	70,754		70,625	
Percentage of children taking dinners at school.	61.78%		59.19%	

SCHOOL OPHTHALMIC SERVICE

During the year the three Specialists examined 2,798 school children (3,249 attendances) prescribing glasses for 1,456. In addition, 200 pre-school children were examined, chiefly for squint. Information was received that 1,440 pairs of glasses (or lenses to new prescriptions) had been provided. Included in this figure are 265 pairs prescribed prior to 1961.

SPEECH THERAPY

Miss N. Coggon, who had worked in the County since 1950 and had given extremely valuable service, resigned on 17th September, 1961, on the occasion of her marriage. So far this vacancy has not been filled, but from 19th October, 1961, the part-time services of Miss W. E. Cooke have been obtained. This has enabled the Clevedon Speech Clinic to be re-opened as from that date.

Mrs. J. Baker has written the following comments on one of her most interesting cases:—

E. aged 4½. Multiple dyslalia.

E. was a bright little boy, with normal hearing, but his speech was quite incomprehensible. Even his mother had difficulty in understanding him. He was being constantly teased by the children in his neighbourhood, to such an extent that he refused to go outside and play. He had given up all attempts at trying to improve his speech and to make people understand him. With the assistance of the local schools and neighbouring mothers the teasing was stopped, and E. began to attend the speech clinic each week. We began correcting some of the easier sounds and he received plenty of encouragement and praise for any attempt he made, both at home and in the clinic. He came regularly for six months, and then, as he was due to start school, did not come again for three months. When seen after a term at school, a few sounds were still defective, but he could be easily understood and had confidence in his ability to speak. He had settled down happily in school and was doing well.

Miss H. S. Huggett has supplied the following interesting case-history:—

Elizabeth is now just seven years old and was referred to me by her school doctor because of nasal speech. When I first saw her and examined her I discovered that she had a fairly large hole in the hard palate, and that the soft palate was bifid at the back. Her mother told me that Elizabeth had had two plastic surgery operations on her palate: the first at 1 year 2 months and the second at 2½ years. Although the initial operation appeared to be a success at first, infection followed and the repair gave way. In the second operation only half the palate had been repaired owing to lack of sufficient tissue, and nothing further had been done, due probably to the parents' nervousness at the thought of a further ordeal for Elizabeth, who had been very upset by the previous operation. I explained the situation to the parents, and they agreed to the fitting of an obturator. Of course Elizabeth's speech was extremely nasal, and drinking presented quite a problem. The only consonants she could manage were the nasals 'm' and 'n', and her speech was almost unintelligible. However, with the help of her obturator and her own willingness to co-operate, both in the clinic and at home, improvement was soon noticeable. Before concentrating on the consonants themselves we practised exercises to improve the movement of the soft palate so as to enable her to make a complete closure and stop nasal escape. Treatment started on 20th July, 1961, and up to the present moment Elizabeth has mastered, and uses in conversational speech, f, v, p, b, t, d, ng, and

k; and consequently her speech is much improved and intelligible. Unfortunately not all patients show such perseverance and co-operation as Elizabeth, and therefore do not derive so much benefit from Speech Therapy.

SPEECH THERAPY, 1961.

Clinic Centre	No. of Sessions	No. of Children under treatment 1.1.61.	No. of Children under treatment 31.12.61.	Admittances	Discharges	Total Attendances	Home Visits	School Visits	No. on waiting list at 31.12.61.
Bath	85	11	21	18	8	459	0	4	3
Bridgwater * ...	97	63	66†	27	24	637	12	18	12
Burnham-on-Sea *	58	35	29	12	18	419	6	23	7
Castle Cary ...	31	9	15	13	7	133	0	0	2
Chard	42	12	13	11	10	236	0	4	2
Clevedon (re-opened 19.10.61) ...	10	(11)	5	2	8	26	0	0	10
Crewkerne ...	41	7	9	5	3	146	2	0	0
Frome	86	20	18	11	13	398	0	5	12
Glastonbury ...	100	16	27	21	10	443	0	5	8
Minehead ...	86	19	19	17	17	411	6	6	2
Portishead ...	41	7	8	6	5	207	1	14	13
Radstock ...	84	17	26	18	9	390	0	3	8
Shepton Mallet ...	31	7	9	11	9	147	0	5	6
Taunton	178	49	63	59	45	1,066	2	9	12
Weston-super-Mare *	122	68	63	22	27	601	14	12	29
Yeovil	90	32	36	26	22	376	0	50	12
TOTALS	1,182	383	427	279	235	6,095	43	158	138

* Closed since 17.9.61.

† This figure includes 16 children at Elmwood School

	Children receiving treatment 31.12.61.						Children discharged during 1961						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				
Bath	5	12	1	3	0	0	2	4	2	0	0	0	3	5	0	0
Bridgwater * ...	8	37	5	5	3	8	5	17	1	0	0	1	16	5	2	1
Burnham-on-Sea * ...	5	16	8	0	0	0	3	11	2	0	0	2	11	4	3	0
Castle Cary	6	6	0	2	0	1	1	3	2	0	0	1	2	3	0	2
Chard	4	7	1	0	0	1	4	5	1	0	0	0	4	3	3	0
Clevedon (re-opened 19.10.61)	1	1	1	2	0	0	4	3	1	0	0	0	3	3	2	0
Crewkerne	0	4	1	3	1	0	1	0	2	0	0	0	2	0	1	0
Frome	3	9	1	2	0	3	1	10	1	1	0	0	2	9	0	2
Glastonbury	6	12	3	2	0	4	3	5	2	0	0	0	3	5	1	1
Minehead	2	15	1	0	0	1	4	11	1	0	0	1	10	3	4	0
Portishead	2	5	0	0	0	1	0	4	0	0	0	1	2	1	2	0
Radstock	5	17	1	1	0	2	1	7	1	0	0	0	3	2	3	1
Shepton Mallet	2	5	1	1	0	0	2	5	0	0	0	2	4	3	0	2
Taunton	13	40	7	3	0	0	7	29	9	0	0	0	27	11	7	0
Weston-super-Mare *	10	33	6	7	4	3	4	11	6	0	1	5	14	8	4	1
Yeovil	6	24	2	3	0	1	7	11	2	1	1	0	14	4	4	0
TOTALS	78	243	39	34	8	25	49	136	33	2	2	13	120	69	36	10

* Closed since 17.9.61.

SWIMMING BATHS

The impetus and interest in providing swimming facilities at County school establishments is ever increasing. Whilst only three pools were completed during the year, applications were made for a further eight projects. This brings the total number of pools to forty-five, divided amongst the various types of schools as follows:—

	Secondary Technical	Secondary Grammar	Secondary Modern	Primary
Pools in use	1	6	8	6
Pools under construction or proposed	—	2	15	7
TOTALS	<u>1</u>	<u>8</u>	<u>23</u>	<u>13</u>

In the past the fill and empty type of pool has been the rule, but there is a growing interest in projects involving the installation of modern purification plant and many schools where fill and empty pools exist are considering renovations and improvements including recirculation and filtration. On the whole, improvised filtration apparatus, however ingenious, is not entirely satisfactory and should be discouraged if there is the possibility of raising funds for more up-to-date plant.

Many advisory visits have been made by the County Health Inspector's staff and numerous suggestions for the improvement of pool hygiene implemented.

Schools continue to make weekly returns of residual chlorine readings and check tests have been made at most pools, showing free available chlorine to be present within the limits recommended of 0.2 — 0.5 parts per million.

The largest and most enterprising scheme completed during the year was a pool of 43,000 gallons capacity at King Arthur's Secondary School, Wincanton. The construction was carried out by the boys and masters of the school and included fencing and paved surrounds. A proprietary filtration and chlorination plant was purchased out of funds raised by the school. The whole of the work was carried out for a sum of approximately £2,500.

Schools contemplating new pools have also been given preliminary advice on the design and construction of various types of pools.

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 115 (110) * children, out of a school population of approximately 71,600 (71,000), are being conveyed to school on medical grounds. 60 (74) of these are using existing conveyances without any additional cost to the Committee, and out of the remaining 55 (36) several are using an existing conveyance for a part of the journey.

As the transport of some of these children is expensive, 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 1960 figures and are given for comparison purposes.

TREATMENT WITH ULTRA VIOLET LIGHT FOR THE YEAR 1961

Centre	Number of Clinics held	New cases seen	Attendances				Total
			Infant	Edu- cation	Tuber- culo sis	From outside areas	
Bridgwater ...	40	5	0	84	0	0	84
Yeovil ...	29	8	0	124	0	1	125
TOTALS ...	69	13	0	208	0	1	209

	Tuber- culosis	Rickets	Debility and Malnu- trition	Glands (not Tuber- culous)	Other	Total (all cases)
Cured or improved	0	0	8	0	2	10
Unaltered ...	0	0	0	0	0	0
Worse ...	0	0	0	0	0	0
Still under treatment	0	0	0	0	3	3
Defaulted ...	0	0	0	0	0	0
TOTALS ...	0	0	8	0	5	13

ACUTE POLIOMYELITIS

Only one non-paralytic case of this disease in school children occurred in Somerset during 1961.

POLIOMYELITIS VACCINATION

In April a circular letter was received from the Ministry of Health indicating that a reinforcing fourth dose of poliomyelitis vaccine should be offered to children when they entered school at the age of five and also to children of five and over already at school who had not reached the age of twelve. However, in November a further letter from the Ministry of Health advised the temporary suspension of the giving of fourth injections in view of a shortage of "Salk" vaccine. In spite of this, some 39,351 children received a fourth dose of poliomyelitis vaccine during the year. Other injections given are summarized as follows:—

Number of children born during the years 1943 — 1961	Given 1st and 2nd injections during 1961	10,544
	Given 3rd injections during 1961	9,101

CONVALESCENCE

Children in need of convalescence are sent to one of the Hillaway Homes in Devonshire, usually to Hapstead House, Buckfastleigh. Eighteen children were sent during 1961, 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 new Westhaven School at Weston-super-Mare, which caters for educationally sub-normal children, opened in September, 1961, and has accommodation for 60 day pupils (boys and girls) and 40 boarders (boys).

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 1961 some 49 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.

During the calendar year ended 31st December, 1961.	Blind (1)	Partially Sighted (2)	Deaf (3)	Partially Deaf (4)	Physically Handicapped (5)	Delicate (6)	Maladjusted (7)	E.S.N. (8)	Epileptic (9)	Speech Defects (10)	TOTAL Cols. 1 - 10 (11)
(iii) number included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, and were awaiting — day places boarding places	— —	— 1	— —	— —	— 1	— —	— —	23 9	— —	— —	23 11
D. (i) number of handicapped pupils on the registers of (1) maintained special schools as — (a) day pupils (b) boarding pupils (2) non-maintained special schools as — (a) day pupils (b) boarding pupils TOTAL	0 0 0 19	0 0 0 6	0 0 0 41	— — 7 7	2 1 30 30	— 1 — 7	— — 3 3	244 119 — —	— — — 6	— — — 3	246 121 — 122 489
(ii) number of handicapped pupils on the registers of independent schools under arrangements made by the Authority TOTAL D.(i) and D.(ii) (iii) number boarded in homes and not already included under (i) and (ii) above TOTAL D.(i), (ii) and (iii)	0 19 0 19	0 6 0 6	0 41 0 41	1 8 0 8	6 39 1 40	6 14 6 20	6 9 13 22	15 378 — 378	— 6 — 6	1 4 — 4	35 524 20 544
E. On or about 20th January, 1962, number of handicapped pupils (irrespective of the areas to which they belong) being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944 (i) in hospitals	0	0	0	0	4	1	0	0	0	0	5

During the calendar year ended 31st December, 1961.	Blind (1)	Partially Sighted (2)	Deaf (3)	Partially Deaf (4)	Physically Handicapped (5)	Delicate (6)	Maladjusted (7)	E.S.N. (8)	Epileptic (9)	Speech Defects (10)	TOTAL Cols 1 - 10 (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	18	5	1	1	1	0	26

Forty-three children were the subject of new decisions recorded under Section 57(4) of the Education Act, 1944., i.e. found to be unsuitable for education at school.

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 1961, the number of these recommendations made was as follows:—

On Form Y.9 (unsuitable for certain type of employment)	...	266
On Form Y.10 (Disabled Persons (Employment) Act, 1944)	...	6

INFECTIOUS DISEASES

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

SANITARY CONDITIONS IN SCHOOLS

Work outstanding in the 1960/61 Sanitary Improvement Programme, which included the following schools, has now been completed:—

Swainswick V.C.

Wellow V.C.

Wells St. Thomas V.C.

In addition, Freshford V.C. School was connected to the main sewer. So far as major works are concerned there are still seven schools outstanding, but in most cases these cannot be dealt with until mains water or sewers are provided.

As the result of a Ministry of Education Circular issued in July, which dealt with the control of capital expenditure on Education buildings, the 1961/62 Programme was abandoned and a new Programme introduced, starting in October, 1961, and terminating on the 31st March, 1963. For this period a sum of approximately £3,000 has been allocated for sanitary improvements.

Last year attention was drawn to the desirability of providing a hot water supply over wash-hand basins, beginning with those schools having the largest number of children in attendance. Some progress was made in this direction during the year, and the following schools are now benefiting from this amenity where previously only cold water was available:—

Crewkerne V.C. Junior

Keynsham, Temple Street

(temporary County Infants)

Portishead, St. Peter's V.C.

Shepton Mallet County Primary

Street, Hindhayes Infants

SPASTICS

The County Health Department continues to be notified of spastic cases from various sources, and the Cerebral Palsy Assessment Clinic in Bristol, which is supervised by Dr. Grace Woods, here gives invaluable assistance. Children are encouraged to attend the local schools whenever possible and excellent co-operation is received from the school

staffs, who work in close liaison with the medical personnel. In consequence, good results are obtained. Occasionally it is found that as a child gets older the "rough and tumble" of ordinary school life becomes too great a problem and residential special school placement is indicated. Some children in the higher intelligence groups are placed at the Dame Hannah Rogers School at Ivybridge, but others presenting complicated problems are referred for investigation to the Assessment Centre of the National Spastic Society, which not only makes recommendations but whenever possible helps with placement of these children at the Society's schools.

TUBERCULOSIS

CHILDREN OF SCHOOL AGE AND SCHOOL STAFFS

During 1961, twelve children of school age were notified for the first time as cases of tuberculosis in Somerset. Of these, ten had pulmonary infections and the remainder infections of the cervical glands.

All the children received appropriate treatment, three of the pulmonary cases being admitted to Hospital.

The following two Tables are of interest:—

NOTIFICATIONS OF TUBERCULOSIS IN CHILDREN OF SCHOOL AGE DURING 1961

	Children of		Sputum		Family History of T.B.	
	Jnr. Sch. age	Senr. Sch. age	+	-	Yes	No
Number of boys notified as pulmonary cases ...	5	2	1	6	2	5
Number of girls notified as pulmonary cases ...	2	1	0	3	1	2
Number of boys notified as non-pulmonary cases ...	0	1	—	—	0	1
Number of girls notified as non-pulmonary cases ...	0	1	—	—	0	1
TOTALS ...	7	5	1	9	3	9

ADMISSIONS TO CHEST HOSPITALS OR TO OTHER HOSPITALS

	Pulmonary			Non-Pulmonary		
	Boys	Girls	Total	Boys	Girls	Total
Ham Green Hospital	1	0	1	0	0	0
Musgrove Park Hospital, Taunton	1	0	1	0	0	0
St. Martin's Hospital, Bath ...	0	1	1	0	0	0
TOTALS ...	2	1	3	0	0	0

B.C.G. VACCINATION

An offer of B.C.G. vaccination for some 9,000 children born in the year 1947 was made in October, 1960. 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, 1961, 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 1948 are to be considered for B.C.G. vaccination in 1962.

1961 B.C.G. SCHEME

Estimated number of children eligible	...	...	...	9,000
Number of consents received	...	...	...	5,189
Percentage of acceptances	...	...	...	58%
Number of children whose tuberculin tests were read —				
with "positive" results	...	...	...	575
with "negative" results	...	...	...	4,257
Percentage of "positive" results	...	...	...	12%
Percentage of "negative" results	...	...	...	88%
Number of children to whom B.C.G. given	...	...	...	4,216
Number of children left county, or absent	...	...	...	301
Number of children with "negative" result but not given B.C.G.	...	...	...	41
Number of children absent for reading of tuberculin test				56

The children whose tuberculin tests gave a "positive" reading were referred to Chest Clinics for investigation with the following results:—

Nil abnormal discovered	540
Healed primary lesions only	25
Did not attend	10
Active pulmonary tuberculosis discovered	0
	—
	575
	—

MASS RADIOGRAPHY

Mass x-ray facilities are made available annually for all teaching and non-teaching staffs at maintained schools in Somerset. The following Centres were visited during the year by Mass Radiography Units — Axbridge, Backwell, Barrington, Blagdon, Cannington, Cheddar, Clevedon, Clutton, Combe St. Nicholas, Curry Rivel, Dulverton, Glastonbury, Haselbury Plucknett, High Littleton, Hinton St. George, Merriott, Nailsea, Peasedown St. John, Pensford, Sandford, Shepton Beauchamp, Somerton, South Petherton, Tatworth, Timsbury, Wedmore, Wells, Whitchurch, Wincanton, Wrington and Yatton.

The following Table shows the results of the mass radiography of school children and school staff in Somerset during 1961:—

	Scholars			School Staff		
	Male	Female	Total	Male	Female	Total
Miniature films ...	775	20	795	213	302	515
Tuberculous conditions—						
Active ...	0	0	0	0	0	0
Inactive ...	1	0	1	0	0	0

MEDICAL INSPECTION AND TREATMENT RETURN FOR
THE YEAR ENDED 31st DECEMBER, 1961

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)
1957 and later	53	51	96.23	2	3.77
1956	3,096	3,090	99.81	6	0.19
1955	2,388	2,380	99.66	8	0.34
1954	549	548	99.82	1	0.18
1953	293	293	100.00	—	—
1952	213	213	100.00	—	—
1951	1,538	1,534	99.74	4	0.26
1950	1,920	1,918	99.90	2	0.10
1949	420	419	99.76	1	0.24
1948	260	259	99.62	1	0.38
1947	2,647	2,642	99.82	5	0.18
1946 and earlier	3,614	3,610	99.88	4	0.12
TOTALS	16,991	16,957	99.80	34	0.20

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)
1957 and later	—	3	3
1956	93	447	495
1955	99	358	417
1954	31	83	102
1953	27	48	68
1952	17	31	45
1951	139	204	295
1950	211	236	399
1949	52	47	88
1948	21	26	44
1947	188	228	374
1946 and earlier	332	318	602
TOTALS	1,210	2,029	2,932

TABLE C. — OTHER INSPECTIONS

Number of Special Inspections	...	...	9,743
Number of Re-inspections	...	...	9,741
TOTAL	...	...	<u>19,484</u>

TABLE D. — INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	132,262
(b) Total number of individual pupils found to be infested	339
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	43
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

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	73	160	98	129	97	114	268	403
Eyes – (a) Vision	221	439	484	480	607	326	1,312	1,245
(b) Squint	103	81	19	39	84	37	206	157
(c) Other	40	46	24	33	39	41	103	120
Ears – (a) Hearing	30	269	16	42	31	83	77	394
(b) Otitis Media	27	299	9	39	19	77	55	415
(c) Other	32	95	27	33	44	72	103	200
Nose and Throat	176	1,358	28	202	87	625	291	2,185
Speech	59	291	5	19	32	71	96	381
Lymphatic Glands	17	443	1	20	4	100	22	563
Heart	12	132	9	61	7	103	28	296
Lungs	67	495	14	110	42	249	123	854
Developmental – (a) Hernia	17	48	2	3	1	12	20	63
(b) Other	25	140	14	62	43	123	82	325
Orthopaedic – (a) Posture	28	126	44	156	92	174	164	456
(b) Feet	141	215	54	95	85	129	280	439
(c) Other	98	237	67	195	94	170	259	602
Nervous System – (a) Epilepsy	9	27	9	4	11	9	29	40
(b) Other	13	43	4	37	17	47	34	127
Psychological – (a) Development	8	116	4	47	18	128	30	291
(b) Stability	27	299	3	71	20	184	50	554
Abdomen	16	96	8	26	10	64	34	186
Other	42	257	11	96	34	138	87	491

(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	181	234
Eyes — (a) Vision	952	784
(b) Squint	110	67
(c) Other	71	107
Ears — (a) Hearing	97	196
(b) Otitis Media	42	142
(c) Other	24	184
Nose and Throat	307	1,431
Speech	113	185
Lymphatic Glands	13	358
Heart	16	225
Lungs	101	576
Developmental — (a) Hernia	14	24
(b) Other	46	189
Orthopaedic — (a) Posture	145	359
(b) Feet	165	244
(c) Other	150	281
Nervous System — (a) Epilepsy	26	26
(b) Other	35	125
Psychological — (a) Development	64	236
(b) Stability	62	369
Abdomen	29	189
Other	125	372

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	48
Errors of refraction (including squint)	3,522
TOTAL	3,570
Number of pupils for whom spectacles were prescribed	1,857

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	31
(b) for adenoids and chronic tonsillitis	1,178
(c) for other nose and throat conditions	101
Received other forms of treatment	712
TOTAL ...	2,022
Total number of pupils in schools known to have been provided with hearing aids -	
(a) in 1961	6
(b) in previous years	56

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	2,597
(b) Pupils treated at school for postural defects ...	92
TOTAL ...	2,689

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

	Number of cases known to have been treated
Ringworm - Scalp	-
Body	10
Scabies	13
Impetigo	146
Other skin diseases	405
TOTAL ...	574

