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SCHOOL HEALTH SERVICE

# ANNUAL REPORT

SOMERSET COUNTY COUNCIL

1968



SOMERSET COUNTY COUNCIL

THE COUNTY EDUCATION COMMITTEE

# Annual Report

OF THE


## PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year 1968

A. PARRY JONES,

M.B., B.Ch., D.P.H.

Principal School Medical Officer.



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To the Chairman and Members of the Executive Committee  
of the Broward County Council

Mr. Chairman, Ladies and Gentlemen,

I have the honor to present my Annual Report to you for the year 1962. The Bureau provides general advice with details of technical assistance of the type performed by our Bureau Health Service.

The general state of health in the various communities in the County was satisfactory and there were no major health problems.

The Tropical Laboratory

During the year, the Bureau has received approximately one hundred of the

I would like to thank all who have assisted me in my work during the year.

Very truly yours,  
[Signature]



B.C.G. vaccination session in progress  
(See page 16 of this Report)





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

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the School Health Service for the year 1968. The Report presents a general survey with details of statistical information of the work performed by your School Health Service.

The general state of health of the school children in the County was satisfactory and there were no serious outbreaks of infectious disease.

The Dental Laboratory functioned well and gave good service to the dentists following the re-organisation in the previous year.

Rapid progress was made in 1968 with the computer scheme for calling up children to general practitioners' surgeries for their vaccinations and immunisations. By the end of the year approximately two-thirds of the children up to the age of ten years were included in the scheme.

I should like to thank the Headmasters, Headmistresses and their staffs for the interest and help they unfailingly give to our service, and the Chief Education Officer and his staff for working so harmoniously with us.

Finally, I would like to acknowledge the help Dr. J. Beasley has given me in compiling this Report.

A. PARRY JONES

Principal School Medical Officer.

County Hall,  
Taunton.

October, 1969.

## SCHOOL HEALTH SERVICE STAFF

### Principal School Medical Officer

A. PARRY JONES, M.B., B.Ch., D.P.H.

### Deputy Principal School Medical Officer

J. BEASLEY, M.B., B.S., D.P.H. (from 1st June, 1968)

### Divisional Medical Officers

P. P. FOX, M.B., Ch.B., D.P.H. (Yeovil)

D. MCGOWAN, M.B., Ch.B., D.P.H. (Weston-super-Mare)

H. MORRISON, M.B., Ch.B., D.P.H. (Taunton)

R. H. WATSON, M.B., Ch.B., B.A.O., D.P.H. (Bridgwater)

### Senior Assistant County Medical Officer

W. MARGARET BOND, M.B., B.S., D.C.H., D.Obst.R.C.O.G.

### School Medical Officers

PAMELA M. ANDERSON, M.R.C.S., L.R.C.P.

AMY M. BAIRD, L.R.C.P., L.R.C.S., D.P.H. (part-time)

VALERIE N. BAKER, M.B., Ch.B., D.R.C.O.G., D.P.H.

D. E. CLARE, M.B., B.S., D.P.H.

BEATRICE I. DENNIS, M.B., B.S.

EVELYN S. ELLIOTT, M.B., B.S., D.R.C.O.G.

A. M. McCALL, M.R.C.S., L.R.C.P., D.P.H.

N. NEWMAN, M.B., B.Ch., D.P.H.

OLWEN K. OCKELFORD, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.C.H. (from 1st April, 1968: part-time since 1st October, 1968).

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.

### School Ophthalmologists

J. R. S. BARTON, F.R.C.S., D.O.

) By arrangement

R. L. N. STEWART, M.B., Ch.B., D.O.

) with the Regional

A. E. 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., R.F.P.S. (Glas.)

### Senior Dental Officers

Mrs. A. C. CARTER, L.D.S., R.C.S.(Eng.), B.D.S.(U.Brist.)

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

Mrs. B. C. HARGREAVES, B.D.S.(U.Brist.) (from 8th July, 1968)

R. V. JONES, B.D.S.(U.Edin.)

D. B. WELLS, L.D.S.(U.Birm.)

### School Dental Officers

C. E. AMOS, B.D.S. (U.Brist.)

Miss C. J. ANGUS, B.Ch.D. (from 16th May, 1968)

N. A. BOSTOCK, L.D.S., R.C.S. (Eng.) (resigned 13th October, 1968)

R. F. DIRKIN, L.D.S. (U.Durh.)

P. A. DUNCAN, B.D.S. (U.Edin.) (resigned 4th August, 1968)

Mrs. V. E. GOULD, B.D.S. (from 10th October, 1968)

E. R. HEATHCOTE, L.D.S., R.C.S. (Eng.)

D. T. HUMPHRIS, L.D.S., R.C.S. (Eng.)

R. V. JONES, B.D.S. (U.Edin.)

F. C. R. LEWIS, L.D.S. (U.L'pool)

Miss E. M. McRAITH, L.D.S., R.C.S. (Eng.)



L. P. POTTER, L.D.S., R.C.S. (Eng.)  
 Mrs. C. M. RICHARDSON, B.D.S. (U.Brist.)  
 C. C. SCOONES, L.D.S. (U.Sheff.)  
 L. E. SCULL, L.D.S. (U.Brist.)  
 F. A. SMEDLEY, B.D.S. (U.Brist.) (resigned 31st May, 1968)  
 Mrs. G. M. WALKER, L.D.S. (V.U.Manc.)

#### Child Guidance Team

F. BODMAN, M.D., D.P.M. (Director)  
 A. H. BAKKER, M.B., D.P.M. (part-time Consultant Psychiatrist) ) By arrangement  
 ) with the Regional  
 M. F. BETHELL, M.D., D.P.M. ) Hospital Board  
 (part-time Consultant Psychiatrist) )  
 K. C. P. SMITH, M.R.C.S., L.R.C.P., D.P.M.  
 (part-time Consultant Psychiatrist)  
 Miss S. PULLEN, A.A.Ps.W. (Head Psychiatric Social Worker)  
 Mrs. F. BODMAN, A.A.Ps.W. (part-time Psychiatric Social Worker)  
 Miss S. M. GRINDLEY, C.S.W. (Social Worker) (from 22nd July, 1968)  
 Mrs. G. SESSIONS HODGE, A.A.Ps.W. (part-time Psychiatric Social Worker)  
 Miss M. J. WILSON, B.A., A.A.Ps.W. (Senior Psychiatric Social Worker)  
 Miss K. E. J. WRIGHT, B.Sc. (Econ.), C.S.W. (Social Worker) (from 1st March, 1968)  
 W. ROBERTSON, M.A., M.Ed., F.B.Ps.S. )  
 (Senior Educational Psychologist) )  
 Miss K. BLYTHEN, B.A., A.B.Ps.S. )  
 (Educational Psychologist) )  
 Miss M. R. GREY, B.A., A.B.Ps.S. (Educational Psychologist) ) Education Staff  
 D. LAWRENCE, B.A., A.B.Ps.S. (Educational Psychologist) )  
 P. W. MAYHEW, B.A., A.B.Ps.S., D.C.P., L.R.A.M. )  
 (Educational Psychologist) )

#### Speech Therapists

Miss D. E. M. LEDAMUN, L.C.S.T., A.L.A.M. (Senior Speech Therapist)  
 Mrs. M. L. CHRISTIE, L.C.S.T.  
 Miss W. E. COOKE, F.C.S.T., A.R.A.M., M.R.S.T. (part-time)  
 Mrs. G. HEPWORTH, L.C.S.T. (part-time)  
 Miss C. E. HOPE, L.C.S.T. (from 14th October, 1968)  
 Mrs. M. H. JONES, L.C.S.T. (part-time)  
 Miss K. E. LLOYD, L.C.S.T. (from 19th August, 1968)  
 Mrs. J. R. MARTIN, L.C.S.T. (part-time)  
 Miss K. E. MURRAY, L.C.S.T. (resigned 24th April, 1968)  
 Mrs. M. R. RAWSTORNE, L.C.S.T. (part-time) (from 20th May, 1968)  
 Miss E. M. SLACK, L.C.S.T. (resigned 31st May, 1968)  
 Mrs. V. STEPHENSON, L.C.S.T. (part-time)  
 Mrs. V. M. TUCKER, L.C.S.T. (part-time) (from 29th January, 1968)

#### Visiting Orthopaedic Surgeons

R. A. J. BAILY, F.R.C.S. ) By arrangement  
 A. E. BURTON, F.R.C.S. ) with the Regional  
 J. R. KIRKUP, F.R.C.S. ) Hospital Board  
 P. M. YEOMAN, M.D., F.R.C.S. )

#### Teachers of the Partially Hearing

P. T. CLEARY (Senior Teacher)  
 J. H. FOSSEY  
 Mrs. E. HEALY  
 P. P. VREESWIJK

## ADMINISTRATION

The day to day working of the School Health Service continued unchanged from recent previous years.

Dr. J. Beasley took up his appointment as Deputy Principal School Medical Officer on 1st June, 1968.

## COURSES

Officers attended Courses as follows:-

Speech Therapy Course, Reading

Mrs. M. L. Christie

Mrs. J. M. Martin

Speech Therapy Course, Torquay

Miss K. E. Murray

Course on Developmental Paediatrics,  
Bristol University

Dr. D. E. Clare

Dr. D. McGowan

## SCHOOL POPULATION

The number of pupils on the registers of maintained schools in the area of the Authority in January of each of the previous ten years is as follows:-

1959	69,823
1960	70,627
1961	71,071
1962	71,671
1963	72,006
1964	74,471
1965	75,817
1966	77,337
1967	79,380
1968	82,275

## SCHOOLS AND SCHOOL CHILDREN

Type of School		Number of schools in January, 1969	Number of children on register — January, 1969
Nursery		2	89
Primary	— Infants only	60	9,731
	— Infants and Juniors	286	30,565
	— Juniors only	51	12,453
Secondary	— Modern	47	21,342
	— Technical	1	194
	— Grammar	18	8,141
	— Comprehensive	3	2,830
Special	— Educationally sub-normal	5	573
		<u>473</u>	<u>85,918</u>

## SCHOOL CLINICS

A complete list of the various school clinics held throughout the County is given on pages 33 and 34 of this Report.



## I. INSPECTION AND TREATMENT

### MEDICAL INSPECTION

During the year the number of children examined at routine medical inspection was as follows (figures for 1967 are given in brackets):

School entrants	7,753	(9,005)
Intermediate age-groups	7,455	(7,316)
School leavers	1,433	(1,041)

The examination of children at school entry is a comprehensive medical, social and intellectual appraisal of each child augmented by pure-tone audiometric sweep testing and vision testing.

Thereafter, examinations may be conducted on traditional lines or on a "selective" basis at the discretion of individual school medical officers. In the main the school leaver examinations are carried out by the selective procedure throughout the County. Under this system only those children are called for who are considered by the doctor to be in need of medical inspection after a scrutiny of the child's records, a questionnaire completed by the parents, school attendance records and following discussions with the Headmaster/mistress.

Details of periodic medical inspections carried out during the year are given in the Table on page 24.

In addition, Somerset is one of fifteen Authorities which carry out annual vision testing.

During the year School Medical Officers also carried out:

1. Special examinations at the request of the parent, teacher or school nurse	3,183
2. Re-examinations of children found at previous inspections to have a defect which needed to be kept under observation	8,617

Sixty-four schools were not visited for school medical inspections in 1968.

General practitioners continued to visit schools in the south eastern area of the County where they work as school doctors for their own school-child patients. A reappraisal of this scheme in the latter part of the year revealed that it was functioning very well.

### GENERAL CONDITION OF CHILDREN INSPECTED

The school doctors clinically assessed 37 (0.22%) children out of 16,604 children examined at periodic medical inspections to be of unsatisfactory physical condition. This shows an increase from last year when the number was 21 (0.12%). The national figure for nearly two million children examined in 1965 was 0.38 per cent.

### DEFECTS FOUND AT MEDICAL INSPECTIONS

The Table on page 26 gives details of the defects (excluding dental disease and infestation with vermin) found at periodic medical inspections during the year for each group examined and at special inspections.

By far the commonest defects found were those related to the special senses, namely abnormalities of the ear, nose and throat (188 per 1,000 children examined); eyes (160 per 1,000 children examined).

The Table shows that the number of defects in children found to require treatment was 4,802, of whom 1,362 required treatment for defective vision.

#### CLEANLINESS OF SCHOOL CHILDREN

Since 1962 school nurses have carried out cleanliness inspections on a selective basis at the request of Headmasters/mistresses.

During 1968, 20,614 children were inspected and 256 found to be infested.

#### COLLEGE OF EDUCATION STUDENTS AND TEACHERS

Local education authorities are required to carry out the medical examination of prospective students of Colleges of Education resident in their areas and also of teachers new to the profession who have not already passed a medical examination.

During 1968, the School Medical Officers examined 582 students and 44 teachers. A chest x-ray was arranged for those teachers who had not had a recent x-ray.

#### MINOR AILMENTS

Minor ailment sessions were held at various clinics throughout the year (see page 33). In general, treatments were confined to simple medicaments, and pupils requiring further attention were referred to their general practitioners and the hospital services.

#### AUDIOLOGY SERVICE

The following report has been submitted by Mr. P. T. Cleary, Senior Teacher of the Partially Hearing:-

"For the first time we have been at full strength for the whole year and have been able to carry out a full programme of screen testing the five year olds in all parts of the County.

In all areas of the work, numbers of children dealt with have increased, and in some parts general practitioners have started to take advantage of the service we offer.

Mr. Vreeswijk has given two courses of instruction to Health Visitors in the routine hearing testing of young infants. It is hoped that more of these will be arranged.

In parts of the County where facilities exist, some of our very young pre-school deaf children have been admitted to Day Nurseries; a great help to them. We are very much indebted to the Day Nursery staff for their co-operation. As always, we have received maximum assistance from all teaching and Health Service colleagues without which our work would be much more difficult."

#### Statistics

Number of children screen tested	9,862
Number referred to School Medical Officers for investigation as a result	595
Assessment – number of children tested at request of School Medical Officer, Schools, etc.	505
Risk register referrals	107
Number of school age children receiving regular attention	24
School age children receiving occasional attention	57
Pre-school children receiving regular attention	18



### Hearing Assessment Clinics

Teams, comprising an Otologist, School Doctor, and Travelling Teacher of the Partially Hearing, and, on occasions, other hospital and/or local authority staff concerned, meet regularly at Bath, Taunton and Weston-super-Mare to discuss problems relating to individual cases.

#### Hearing Aids

Children of school age provided with hearing aids — in 1968	11
— in previous years	66

During 1968, ten commercial hearing aids were provided by the Committee to children of all ages, on the recommendation of Otologists.

### PAEDIATRIC SERVICES

The close liaison existing between the School Health Service and the Paediatric Departments of the local hospitals was maintained, and the arrangements whereby the Education Authority provided teachers and materials for the education of children in hospital continued throughout the year.

### CONVALESCENCE

Fifteen children enjoyed convalescent holidays in Devon on medical recommendation, at the Devonport Houses or Heathercombe Brake Homes, during 1968.

### SCHOOL OPHTHALMIC SERVICE

During the year, the Ophthalmic Consultants examined 1,893 school children (2,170 attendances) prescribing glasses for 745. In addition 83 pre-school children were examined, chiefly for squint. Information has been received that 871 pairs of glasses (or lenses to new prescriptions) have been provided. Included in this figure are 175 pairs prescribed prior to 1968.

Routine vision testing has been carried out annually in schools since 1964 by Health Visitors. The first test is scheduled soon after school entry after an initial settling down period of about a term. It is customary to use the Chevasse E test chart for non-readers although individual school doctors may favour other charts.

Colour vision is tested in conjunction with the intermediate routine school inspection.

### SPEECH THERAPY

**Details** of the Speech Therapy Service are given in the Tables at the end of this Report.

Miss D. Ledamun has supplied the following report:-

"The staff position improved somewhat during the year, and, although there is still one vacant post in the Taunton area, the majority of clinics are now functioning well.

Staff meetings continue to be held at three-monthly intervals, and it has been pleasing that more part-time staff have been able to attend. An evening meeting was held at the Preston Road Health Centre, Yeovil, in June, when Mr. Schofield of Monkton Priors School, Taunton, gave a talk and demonstration on the 'Language Master' machine. Speech therapists from Dorset, Devon and Bournemouth also attended.

In January one therapist attended the annual course at Torquay. The subject was 'Stammering'. In September, two more therapists were able to attend a College of Speech Therapists Refresher Course at Reading University."



## ORTHOPAEDIC SERVICE

During 1968, 469 new cases were seen at the clinics, of whom 305 were children of school age. The total number of attendances made was 4,648, and the number of children seen and examined by the surgeons was 2,217. This figure includes the new cases.

The number of patients discharged from orthopaedic clinics during the year was 840, of whom 456 were children of school age.

## CHILD GUIDANCE SERVICE

The work undertaken by the Child Guidance Service in Somerset during 1968 is set out in tabular form at the end of the Report.

During 1968 Child Guidance Clinics have been held at nine centres in the County attended by four Consultant Psychiatrists.

The Director of the Child Guidance Service reports:-

"In reviewing the work of 1968 I was struck by the large proportion of children with behaviour disorders now being referred to the Child Guidance Service and decided to make an analysis of all the cases we had seen at one clinic in one year, and, out of 103 new referrals, 53 were referred for some form of behaviour disorder, whether it was being beyond control, defiance, refusal to go to school, temper tantrums, bullying, destructiveness, cruelty, stealing, lying, or staying out late.

Boys out-numbered girls by 43 to 13, but it was perhaps surprising that at the pre-school stage there were 3 girls to 1 boy, at the infant school stage 4 girls to 13 boys, at the junior school stage 4 girls to 12 boys, but only one girl to 17 boys at the secondary school stage and a single teenage girl at a technical school.

I had expected to find a number of children with organic brain damage, as these are known to be children whose control is often defective, but in this group of 53 there were only 2 proven epileptics and one child with a birth injury.

It might have been expected that children of subnormal intelligence or dull children would feature in this group of behaviour disorders, but of those tested there were found only two subnormals and 3 children with I.Q.s below 85 — 34 children came within the average range and 10 were of superior intelligence.

The majority of established delinquents have been found to be socially immature, but, in this cohort, of the 51 who were tested, excluding the subnormals, only 12 were found to be considerably retarded in social maturity, 23 were of average social capacity, and, surprisingly, 13 were of superior social capacity, that is to say with a social age above their chronological age.

The position of the child in the family also demonstrated some results worth notice. 29 of the 53 children were oldest children, 8 were youngest. There were but 2 only children, and only 2 children came from large families of over 5 children. It has been believed that children from large families were more predisposed to behaviour disorders. The parental status appears to be significant, only 21 of these 53 children had both natural parents resident at home — 4 children had adoptive parents, 4 were illegitimate children who were in care, 4 had step parents, and in 17 families the parents were separated or divorced, and in the majority of cases it was the father who was absent.

This small survey suggests that organic factors are not important, that low intelligence is not a feature, nor is social immaturity an essential ingredient. The sex distribution is interesting, as the boys progressively out-number the girls as the age increases from pre-school age to secondary



school. What emerges as significant is the position in the family, with the preponderance of oldest children, and the high proportion of children whose parents are absent, separated or divorced.

As this will be my last report, perhaps I can be allowed a personal note. Since I joined the Child Guidance Service in 1941, I have been grateful for the support from the three Principal School Medical Officers I have had the privilege to serve under, Sir William Savage, Dr. Davidson, and Dr. Parry Jones.

I would also wish to pay tribute to the memory of the late Dr. Sessions Hodge, who was the pioneer of Child Guidance in Somerset; and, to the many members of the team, consultant psychiatrists, educational psychologists and psychiatric social workers, I want to express my appreciation for their keenness, co-operation and goodwill, and wish them all every success in the future."

Southfields Hostel, Ilminster

Dr. A. H. Bakker reports:-

"Recently there has been considerable expansion of services for the emotionally disturbed child in the west country. There has been a new school opened in Bournemouth and considerable expansion to the school run by the local authority in Gloucestershire. This has led to a decrease in the demand for places at the Southfields Hostel.

This new development, linked with more intensive case work at Child Guidance Clinics, has resulted in a need for more specialised help for the child than the present staff structure at the Hostel is able to offer.

The boys who have recently passed through the Hostel have certainly been helped and have returned home to a more settled abode of life."

## SCHOOL DENTAL SERVICE

The Principal School Dental Officer reports:-

"Three dental officers resigned during the year, one for general practice and two for similar appointments with other local authorities. Three new appointments were made, and although this enabled us to end the year as we started it, with only two dental officers short of full establishment, further appointments were made at the end of the year and two more dental officers started in January, 1969. We were then in the unusual but happy position of being at full strength.

No new dental clinics were opened during the year but considerable progress was made on the building of dental clinic suites at Frome and Glastonbury Health Centres. These will be opened in 1969.

The replacement of obsolescent dental equipment continued, and more items such as dental chairs and chairside equipment were replaced. The techniques used in dentistry are continually being improved, and as a consequence the equipment and instruments need to be kept up to date so that the patients and the dental officers can be given the advantages of the improvements.

The Dental Laboratory continued to provide a first-class service for our dental officers, and the demand exceeded their maximum output at all times. A certain amount of work asked from the laboratory had therefore to be sent out to be done by commercial dental laboratories.

A limited amount of denture construction was also provided (by arrangement with the hospital authorities and on a payment basis) for hospital dental officers in Somerset. Similarly, advanced types of appliances were made for the hospital consultant dental staff for use in the treatment of head and face injuries.



Since 1948 the Ministry of Health has asked for a survey to be undertaken every five years, in seven selected areas of the Country, and Somerset is one of the areas chosen. The purpose of the survey is to record the amount of dental decay in two particular age groups – the five year old group, which would give information about the deciduous or “first” teeth, and the twelve year old group, which would give information about the permanent or “second” teeth.

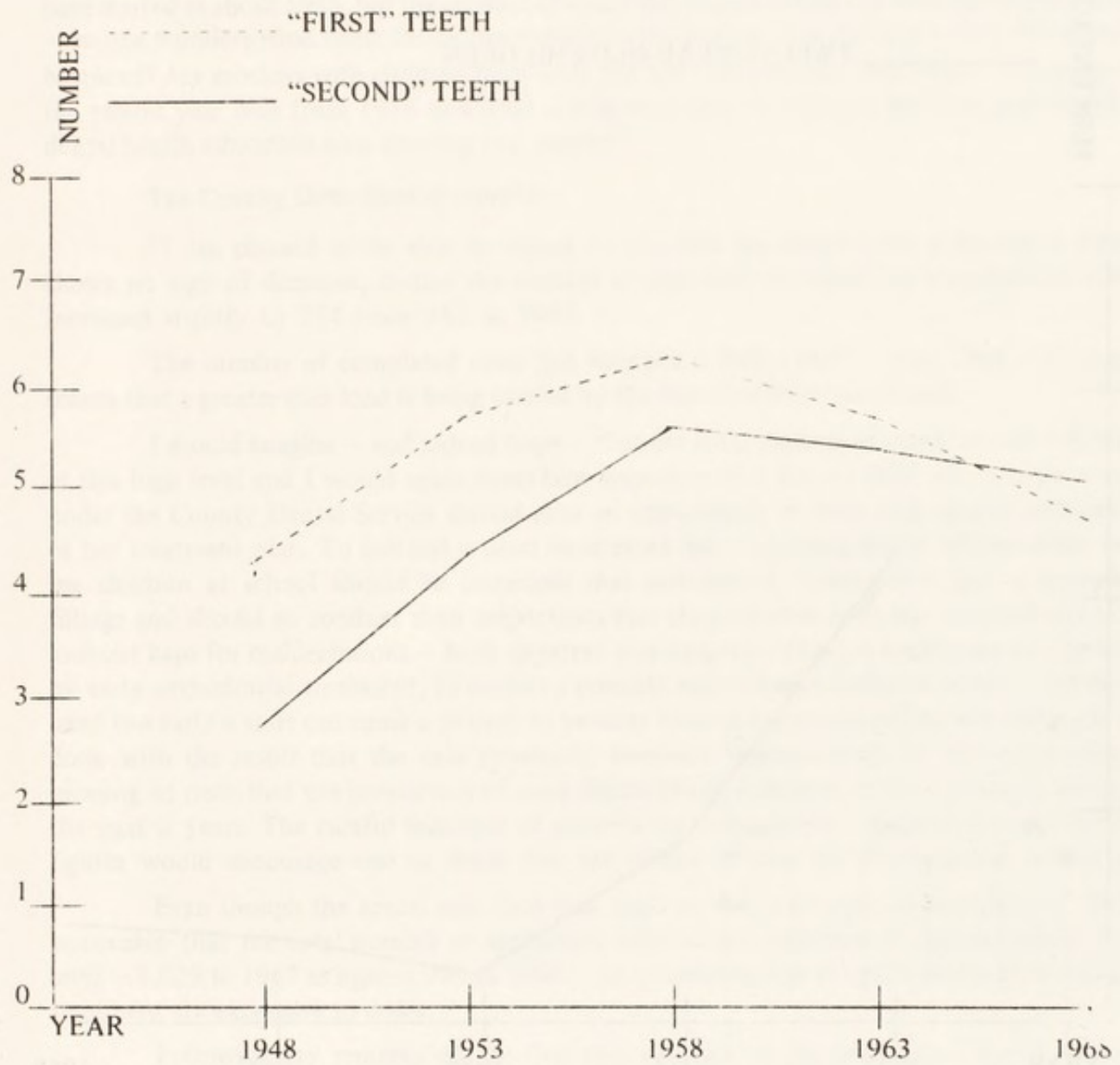
From these surveys it is hoped to be able to study any trend for better or for worse and to try to discover the causes of dental decay.

A survey was carried out during 1968 and the results are shown in the following Table and graphs, which also give the figures for previous surveys.

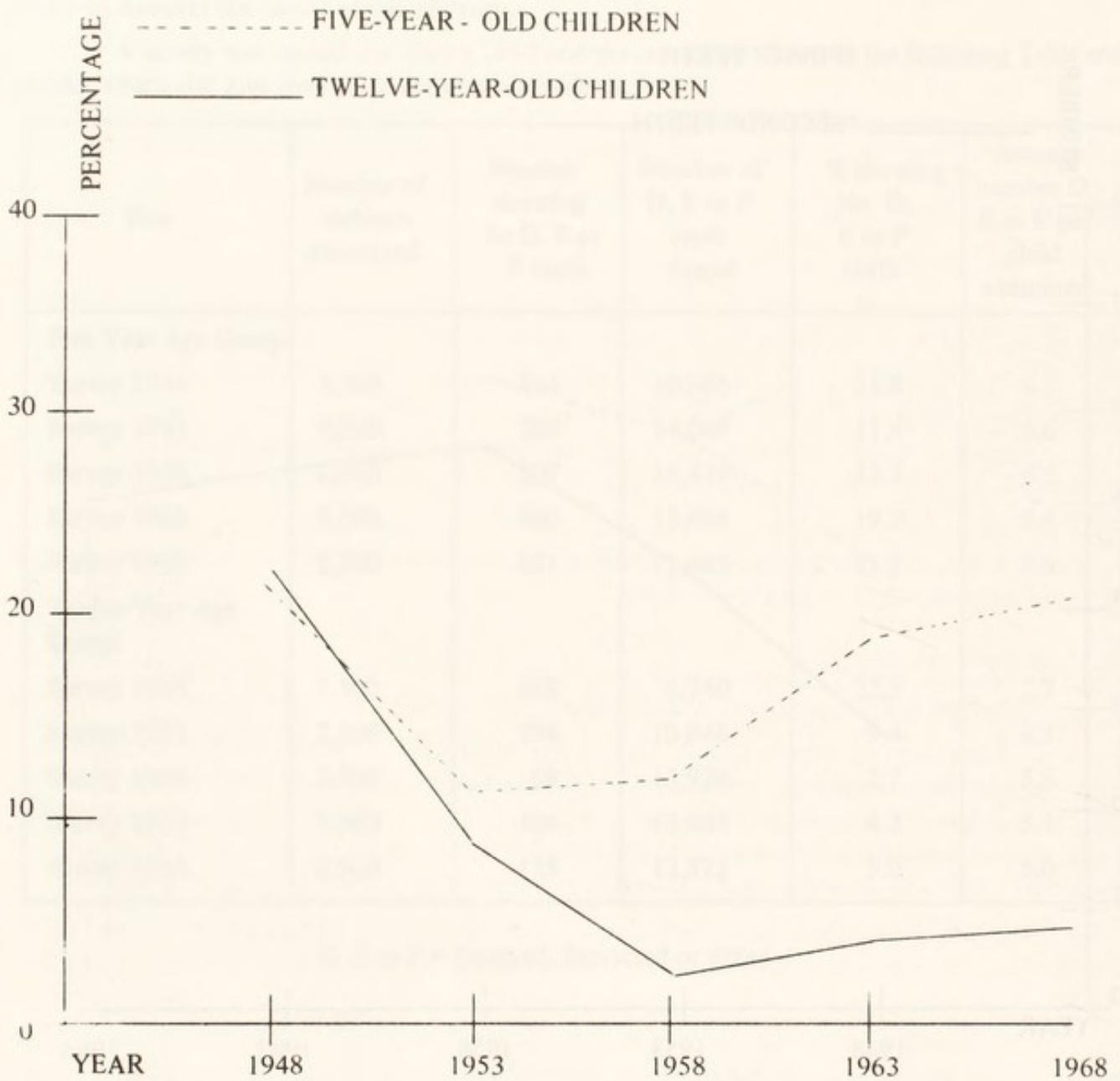
Year	Number of children examined	Number showing no D, E or F teeth	Number of D, E or F teeth found	% showing No D, E or F teeth	Average number D, E or F per child examined
<b>Five Year Age Group</b>					
Survey 1948	2,500	544	10,666	21.8	4.3
Survey 1953	2,500	284	14,069	11.4	5.6
Survey 1958	2,500	307	15,419	12.3	6.2
Survey 1963	2,500	480	13,898	19.2	5.6
Survey 1968	2,500	531	11,465	21.2	4.6
<b>Twelve Year Age Group</b>					
Survey 1948	2,500	558	6,740	22.3	2.7
Survey 1953	2,500	234	10,848	9.4	4.3
Survey 1958	2,500	69	13,924	2.7	5.6
Survey 1963	2,500	104	13,403	4.2	5.4
Survey 1968	2,500	125	12,522	5.0	5.0

D, E or F = Decayed, Extracted or Filled

## AVERAGE NUMBER OF IMPERFECT TEETH PER CHILD



# PERCENTAGE WHO HAVE PERFECT TEETH





The figures show an improvement in all aspects, when compared with the figures for Somerset in previous surveys. This change for the good was suggested in the figures from the Survey in 1963 and it is continued in the latest figures.

This is very interesting, as one of the main reasons suggested for the increase in the amount of dental decay in the post-war years was the increase in the amount of sweet and biscuit eating, together with, perhaps, a return to bad dietary habits. The change for the good seems to have started in about 1958, but the amount of sweet and biscuit eating has continued, even increased – so one wonders what other factor has come into the picture. Are children's diets becoming more balanced? Are mothers with children born since the war (the five year olds from 1953 onwards and the twelve year olds from 1958 onwards) taking more care to ensure a healthier growing child? Is dental health education now showing real results?"

#### The County Orthodontist reports:-

"I am pleased to be able to report to you that the demand for orthodontic treatment shows no sign of decrease, in fact the number of new cases accepted for treatment in 1968 has increased slightly to 374 from 352 in 1967.

The number of completed cases has dropped a little (1967 – 316; 1968 – 271) and this means that a greater case load is being carried by the dental officers concerned.

I should imagine – and indeed hope – that the total number of cases treated will continue at this high level and I would again stress how important it is that no child who accepts treatment under the County Dental Service should miss an opportunity to have orthodontia included in his or her treatment plan. To this end it must be stressed that inspecting dental officers when examining children at school should be conscious that orthodontic treatment is just as important as fillings and should so conduct their inspections that the occlusion is closely watched and a careful lookout kept for malocclusions – both apparent and incipient. There is sometimes an opportunity, by early orthodontic treatment, to correct a possible malocclusion before it occurs – on the other hand too early a start can cause a patient to become tired of treatment before any real good can be done with the result that the case eventually becomes 'discontinued'. In this connection, it is pleasing to note that the proportion of cases discontinued continues to show a steady decline over the past 3 years. The careful selection of patients for orthodontic treatment is essential and the figures would encourage one to think that the dental officers are pursuing the correct policy.

Even though the actual case load was larger in the year under review than in 1967, it is noticeable that the total number of appliances inserted has remained at approximately the same level – 1,029 in 1967 as against 996 in 1968 – an interesting fact as appliances used in this type of treatment are expensive to make.

Following my remarks on the first year of work on the pre-surgical dental orthopaedic treatment of cleft lip/palate cases in my 1967 report, it is my pleasure to be able to report that again this year the co-operation between the Regional Hospital Board and the County Council's Orthodontic Service has continued, with the result that special plates were inserted for two babies in May, one in July and two in August. In addition the six babies referred to in my 1967 report are all still under observation (and in certain cases under active treatment with plates) and will continue to remain under observation for many years to come. At the same time, it has been of great help to your Orthodontist to be able to attend the clinical sessions once per month at Musgrove Park Hospital, Taunton, when the consultant plastic surgeon sees the cleft lip/palate cases.



In connection with this aspect of the work of your Orthodontist, I should report what a great privilege it was for me to visit Mr. W. R. Burston, one of the pioneers of this type of work, in Liverpool for two days last November and to watch him at work in his clinics and to learn at first hand of his organisation. This visit was not only of immense value clinically but also an inspiration to serve in work of this nature.

The appointment of a Consultant Dental Surgeon to the South Somerset Clinical Area is welcomed but one must take this opportunity of thanking Messrs. Garrett and Parrott for their considerable help and co-operation over the past years in those orthodontic cases which required surgical intervention as well as appliance therapy.

Contact with the newly-appointed consultant has already been established and one looks forward with confidence to co-operating with him in the future.

Lastly it is again my pleasant duty to thank the Chief Dental Officer for his encouragement in all orthodontic affairs, my Dental Surgery Assistant for her devotion to duty in most trying circumstances! and to the Laboratory for maintaining their very high standard of workmanship and skill in the preparation of appliances of all types."



## II. INFECTIOUS DISEASES AND IMMUNISATION

### INFECTIOUS DISEASES

Apart from the usual incidence of measles, 1968 was a satisfactory year as regards infectious diseases. No cases of poliomyelitis, diphtheria or typhoid were reported amongst school children. The last case of poliomyelitis in a Somerset child occurred in 1961.

### VACCINATION AND IMMUNISATION

During the year 446 children, who had not been immunised before reaching school age, received primary diphtheria immunisation, and a further 11,248 children were given reinforcing injections. Similarly, 1,344 children received primary courses of tetanus vaccination and 12,187 reinforcing tetanus injections were given. The majority of the foregoing diphtheria and tetanus injections were carried out with a combined vaccine.

Primary poliomyelitis vaccination was completed by 794 school entrants, who had not been protected in infancy, and 8,923 children had their immunity against poliomyelitis reinforced by a single dose of vaccine.

The arrangements outlined in my Report for 1967 whereby use of the computer in the County Treasurer's Department is made to enable children to be called up automatically to receive their vaccinations and immunisations as they become due were continued during the year. By the end of 1968, approximately two-thirds of the children up to the age of ten years were being called to the surgeries of general practitioners by this means. For these children, immunisations at Child Health Clinics and the giving of reinforcing doses at school have now ceased.

#### Measles Vaccination

In March a circular letter was received from the Ministry of Health requesting local health authorities to make arrangements for measles vaccinations in their areas for all children up to and including the age of 15 who were susceptible to an attack of measles because they had neither been immunised nor had had natural measles. However, as the amount of vaccine available was limited, the letter advised that only susceptible children who were between their fourth and seventh birthdays, or those attending day nurseries and nursery schools or living in residential establishments who were between their first and seventh birthdays, should be offered vaccination.

Arrangements on these lines were made in April through the general practitioners. The number of measles vaccinations given by the end of the year was 4,058.

#### Tuberculosis

During 1968 three children of primary school age were notified as suffering from non-pulmonary tuberculosis.

The mass radiography service holds regular sessions at Bridgwater, Frome, Glastonbury, Highbridge, Keynsham, Minehead, Radstock, Street, Taunton, Wellington, Weston-super-Mare and Yeovil. Teachers and non-teaching staffs are encouraged to attend for an annual x-ray, but it is not now considered desirable to offer mass miniature radiography to children of school age as a routine measure.

Some 107 male and 692 female members of schools staff attended for mass radiography in 1968.

Following the confirmation of pulmonary tuberculosis in a teacher at a primary school in the north of Somerset, Heaf testing of pupils and chest x-ray of staff was carried out in July



In all, 310 children had a Heaf test, of whom 19 showed a "positive" reaction. Of these, 14 had had previous B.C.G. vaccination. Of the remaining 5, only one showed what would normally be accepted as a firmly "positive" result. X-rays and examination of the 23 other members of staff revealed no active lung infection.

#### B.C.G. Vaccination

An offer of B.C.G. vaccination for children born in the year 1955 was made in October, 1967. The offer was again made to the parents through the kind co-operation of the Heads of maintained and private schools in Somerset where children of secondary school age were in attendance. The Heaf testing and B.C.G. vaccination of the "negative" reactors was carried out by School Medical Officers during the Spring and Summer Terms, 1968.

The results of the scheme were:-

#### B.C.G. VACCINATION IN 1968

	Born 1955 (or earlier)
Estimated number of children eligible .. .. .	8,200
Number of consents received .. .. .	7,150
Estimated percentage of acceptances .. .. .	87%
Number of children whose tuberculin tests were read	
with "positive II, III or IV" results .. .. .	566
† with "negative" or "positive I" results .. .. .	5,817
Percentage of "positive II, III or IV" results .. .. .	8.9%
Percentage of "negative" or "positive I" results .. .. .	91.1%
Number of children to whom B.C.G. given .. .. .	5,769
Number of children left county, * absent, or postponed because of other inoculations .. .. .	521
Number of children with "negative" or "positive I" results but not given B.C.G.	48
Number of children * absent for reading of tuberculin test .. .. .	246

The children whose tuberculin tests gave a firmly "positive" reading were referred to Chest Clinics or to Mass Radiography Units for investigation with the following results:-

	Born 1955 (or earlier)
Nil abnormal discovered .. .. .	356
Healed primary lesions only .. .. .	8
Did not attend .. .. .	41
Pulmonary tuberculosis discovered .. .. .	0
	<u>405</u>

(161 children were not referred to Chest Clinics as the "positive" reading was the result of previous B.C.G. vaccination).

† Children whose tuberculin test gave a "positive I" result were given B.C.G. vaccination.

\* Children absent are given a second opportunity in the following year.

### III. HANDICAPPED PUPILS

#### BLIND

Nineteen at Special Schools: six on waiting list.

Children of school age are educated by methods which do not involve the use of sight. The Royal School of Industry for the Blind at Westbury-on-Trym closed at the end of the year. In future, the majority of our children will be placed at Ysgol Penybont, Glamorganshire's school for the visually handicapped. The younger children are usually admitted to one of the Sunshine Homes either at Abbotskerswell, Devon, or Southerndown, Glamorgan.

#### PARTIALLY SIGHTED

Thirteen at Special Schools: two on waiting list.

Children who cannot follow the usual methods of teaching in an ordinary school, without detriment to their sight, or to their educational development, but who are capable of being educated by special methods involving the use of sight, are generally placed at the West of England School for Partially Sighted Children, Exeter, Devon.

#### DEAF

Thirty-two at Special Schools: two on waiting list.

The majority of deaf children are placed at the Royal School for the Deaf, Exeter. Pre-school age children are placed in the Nursery Unit of this school.

#### PARTIALLY HEARING

Fifteen at Special Schools: no waiting list.

A number of partially hearing children attend schools or units in Bath or Bristol.

The majority of children with hearing defects remain at home and receive education in local schools, being supervised by the Travelling Teachers of the Partially Hearing, who advise on special teaching techniques and provide individual tuition. Some others are placed at the Royal School for the Deaf, Exeter, where they receive education on a boarding school pattern.

#### EDUCATIONALLY SUBNORMAL

Six hundred and six at Special Schools: thirteen boarders and forty-four day pupils on waiting list.

There are at present five Special Schools for educationally subnormal pupils maintained by the Somerset Local Education Authority, namely:-

##### Elmwood School, Bridgwater

A day special school for 100 pupils plus an assessment class for 10 children in 5-8 year age range;

##### Fairmead School, Yeovil

A day special school for 100 pupils;

##### Fosseway School, Radstock

Has a boarding hostel for 40 girls and provides in addition for 100 mixed day pupils;



### Monkton Priors School, Taunton

Has a boarding hostel for 30 boys and places for 90 mixed day pupils, plus an assessment class for 10 children in the 5-8 year age range:

### Westhaven School, Weston-super-Mare

Has a boarding hostel for 40 boys and in addition has places for 60 mixed day pupils.

Formal ascertainment under Section 34 of the Education Act, 1944, is reserved for children where parental agreement for admission to an E.S.N. school is withheld. Normally, admissions are arranged on the basis of informal educational, medical, social and psychometric assessments.

Somerset pupils are also placed at special schools maintained by other authorities: for example, some pupils requiring special education as day pupils, attend special schools in Bath and Bristol. Some requiring boarding education go to residential special schools maintained by the Bristol and Devon Local Authorities.

### Social Work in Special Schools

Mental Welfare Officers have been associated with each of the schools for the educationally subnormal for a number of years. They have provided support and guidance to the children which is often continued into their working life.

### EPILEPTICS

Four at Special Schools: no waiting list.

It is essential to place some pupils at Special Schools because of resistance to anti-convulsant drugs etc., which make it impossible to educate them under the normal routine of ordinary schools without detriment to themselves and other pupils. Lingfield Hospital School, Lingfield, Surrey, and St. Elizabeth's, Much Hadham, Hertfordshire, are mainly used.

### MALADJUSTED

Fifty-five at Special Schools: ten others in Residential Homes and attending schools. Twelve on waiting list.

Short stay accommodation was provided by the Authority for sixteen boys at Southfields Hostel, Ilminster. Dr. A. H. Bakker's comments concerning this Hostel appear earlier in this Report.

Some severely "disturbed" children are accommodated at the Merrifield Unit for Psychotic Children at Tone Vale Hospital, Norton Fitzwarren. During the year the South-Western Regional Hospital Board, in collaboration with the County Education Committee, provided new school buildings which were opened on 12th June. The Education Committee has provided the necessary equipment and employ the teaching staff. This excellent example of co-operation has already proved its worth.

Children are admitted from neighbouring Authorities as well as from Somerset.

### PHYSICALLY HANDICAPPED

Fifty at Special Schools: fifteen on waiting list.

Continued use is being made of the Princess Margaret School, Taunton, an establishment opened in 1966 by Dr. Barnardo's Homes for the admission of physically handicapped children.

The Spastics Society Assessment Panel is frequently consulted and suitable placements are often suggested by this Society. Children with a good average intelligence continue to be placed at



the Dame Hannah Rogers School, Ivybridge, Devon. Physically handicapped pupils, including orthopaedic, heart, spastic and other conditions, are catered for in a variety of schools dealing with special handicaps such as those maintained by Dr. Barnardo's Homes, the Shaftesbury Society and the Spastics Society.

#### SPEECH DEFECTS

Five at Special Schools: one on waiting list.

Children with severe speech defects, who require residential placement, attend Moor House School, Hurst Green, Oxted, Surrey, or the John Horniman School, Worthing, Sussex.

#### DELICATE

Fifteen at Special Schools: nineteen others in Residential Homes and attending ordinary schools: two on waiting list.

Continued use is made of St. Catherine's Home, Ventnor, Isle of Wight, the Heathercombe Brake Trust Homes and the Devonport Houses in Devon, although asthmatic children are removed from their homes less frequently nowadays due to the advance in methods of treatment.

#### HOME TUITION

Under Section 56 of the Education Act, 1944, the Local Education Authority is able to provide education at home for any child who for one reason or another is unable to follow a normal school curriculum.

Periods of tuition have been provided for sixty-four children during the year.

#### 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 Medical Officer 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 31st December, 1968, 98 children were being conveyed to school on medical grounds, an increase of 8 compared with the number who were being conveyed at a similar date in the previous year.



## IV. SCHOOL HYGIENE

### SANITARY CONDITIONS IN SCHOOLS

It will be recalled that a programme to improve sanitary facilities at primary schools was set in motion some two years ago.

In spite of many difficulties, it is gratifying to report that as at 31st December, 1968, sanitary improvements had been completed at 55 schools and work on a further 16 was nearing completion.

A review of the situation early in 1968 of all "cleared schools" (those schools where their future was assured) resulted in a slight revision of programmes. The present position, details of contracts completed, etc., are as follows:-

#### 1967/68 Programme – Contracts Numbered 1 to 4 – Value of work £32,928

Progress: Contracts Numbers 1 to 3 completed  
 Contract 4 – 3 schools completed  
 3 schools nearing completion

#### 1968/69 Programme – Contracts Numbered 5 to 14 – Value of work £101,318

Progress: Contract 5 – completed  
 Contract 6 – 5 schools completed  
 1 school work in hand  
 2 schools work to be put in hand  
 Contract 7 – 3 schools completed  
 2 schools work in hand  
 Contract 8 – 2 schools work in hand  
 5 schools work to be put in hand  
 Contract 9 – 3 schools completed  
 3 schools work in hand  
 Contract 10 – 1 school completed  
 2 schools work in hand  
 2 schools work to be put in hand

#### Contracts

11–14 – Documents and plans at advanced stage of preparation

#### 1969/70 Programme – Contracts Numbered 15 to 27 – Value of work – no assessment

#### 1970/71 Programme – Contracts Numbered 28 to 32 – Value of work – no assessment

Estimated cost of all work = £360,000

It is anticipated that the value of contracts will diminish and the time of completing the work shortened as many of the larger Borough and Urban schools are included in the earlier Contracts, i.e. 1 – 11.

In addition, many schools are being dealt with under schemes of re-organisation.

## MILK IN SCHOOLS SCHEME

Details of milk samples taken from schools and other establishments during 1968 are set out in the following Table:-

	Pasteurised		Untreated		Total	% Unsat.
	Satis.	Unsat.	Satis.	Unsat.		
Schools	178	6	—	—	184	3.3
Central Kitchens	23	—	—	—	23	
Self-Contained Canteens	38	6	1	—	45	13.3
Residential Nurseries, Day Nurseries and Children's Homes	13	1	6	—	20	5.0
Mental Health Training Centres	4	—	—	—	4	—
County Council Homes	31	3	3	—	37	8.1
TOTALS	287	16	10	—	313	5.1

## SCHOOL SWIMMING POOLS

As previously forecast, swimming pool projects are becoming increasingly ambitious with particular emphasis on the provision of covers and heating facilities. Two pools have had covers added during the past twelve months; four recently-constructed pools are covered and a further four at present under construction will in due course have overhead cover. Much depends on the fund-raising ability of the Parent/Teacher Associations concerned.

Indoor pool facilities have been provided using the following methods:-

<u>Clear Span Solar Cover</u>	<u>Converted Play Shed</u>	<u>Converted Kitchen</u>	<u>Converted Classroom</u>
6	4	1	2

An agreed formula for the covering and heating of pools is as follows:-

- Stage I: Erection of a solar-type cover over the pool allowing 30 – 32 weeks' use of pool.
- Stage II: Installation of water-heating equipment to boost water temperatures at the beginning and end of the season. (In some cases it may be possible to utilise existing school heating facilities to boost water temperatures.)
- Stage III: Double insulation of the solar cover and provision of air-heating equipment to allow year-round swimming.

A very careful check is maintained on the efficiency of water treatment at all school swimming pools and each school has been required to submit a weekly return of chlorine residual readings.





Swimming pool at Huish's School, Taunton,  
completed April, 1968,  
(showing solar cover)

### Mental Health Training Centres

Learner-type swimming pools with solar covers have been constructed at the Penrose Training Centre, Bridgwater, and at the Selworthy Training Centre, Taunton, during 1968, and work is proceeding on the provision of a rather larger pool, of similar specification, at the Hill-top Training Centre, Radstock. It is anticipated that this project will be completed early in 1969. It is very evident that these pools are a great success and the staff are highly delighted by the confident way the children have taken to the water.

The development of school swimming pools over the past few years is set out in the following Table:-

Year	PERMANENT POOLS		PORTABLE POOLS	
	With Purification Plant	Without Purification Plant	With Purification Plant	Without Purification Plant
Prior to 1960	2	13	—	—
1960	4	16	—	—
1961	7	19	—	2
1962	9	21	1	2
1963	13	20	1	3
1964	25	15	2	9
1965	29	15	9	10
1966	40	12	17	10
1967	48	11	26	4
1968	53	10	31	5

### SCHOOL MEALS SERVICE

Some years ago the Health Department was requested by the appropriate Committee of the Education Department to maintain a careful check on meat supplied to kitchens and canteens. In the vast majority of cases the meat supplied under contract has been found to be of a very high standard and in only a few cases has it been necessary to take informal action.

The Chief Education Officer reports:-

"During the year 1968 there has been a further increase in the number of children taking school meals. In October the total daily production reached 67,586. The percentage of children taking meals during this month was 75.44. The number of central kitchens is 14 while the number of self-contained canteens now reaches 281."



## V. STATISTICAL TABLES AND GENERAL INFORMATION

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY  
(INCLUDING NURSERY AND SPECIAL) SCHOOLS

## PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of pupils inspected	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other condition	Total individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1964 and later	261	261		0		7	16	22
1963	4,294	4,283		11		95	495	547
1962	3,198	3,186		12		109	426	495
1961	613	613		0		24	80	97
1960	329	329		0		10	30	39
1959	254	254		0		16	26	40
1958	2,536	2,533		3		130	199	307
1957	2,918	2,913		5		182	247	395
1956	566	564		2		50	65	104
1955	239	239		0		21	18	34
1954	449	449		0		32	39	64
1953 and earlier	984	980		4		66	107	159
TOTALS	16,641	16,604	99.78	37	0.22	742	1,748	2,303

## OTHER INSPECTIONS

Number of Special Inspections	...	...	3,183
Number of Re-inspections	...	...	8,617
TOTAL	...	...	<u>11,800</u>

## INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	20,614
(b) Total number of individual pupils found to be infested	...	256
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	... ..	2
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	... ..	0



DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS  
DURING THE YEAR

Defect or Disease			PERIODIC INSPECTIONS				SPECIAL INSPEC- TIONS
			ENTRANTS	LEAVERS	OTHERS	TOTAL	
Skin ... ..	T		67	18	69	154	58
	O		176	48	146	370	54
Eyes — a. Vision ...	T		261	112	461	834	528
	O		465	122	395	982	279
b. Squint ...	T		137	3	49	189	52
	O		101	9	34	144	26
c. Other ...	T		15	5	15	35	20
	O		36	8	29	73	13
Ears — a. Hearing ...	T		168	8	75	251	185
	O		283	18	119	420	112
b. Otitis Media ...	T		48	3	25	76	31
	O		263	7	84	354	55
c. Other ...	T		16	14	27	57	15
	O		94	36	61	191	14
Nose and Throat ...	T		130	16	61	207	144
	O		995	75	302	1,372	245
Speech ... ..	T		111	2	24	137	99
	O		366	10	55	431	72
Lymphatic Glands ...	T		24	1	3	28	12
	O		304	7	64	375	70
Heart ... ..	T		11	7	10	28	16
	O		140	26	54	220	69
Lungs ... ..	T		50	9	34	93	42
	O		375	62	164	601	116
Developmental — a. Hernia	T		31	0	8	39	18
	O		62	1	19	82	13
b. Other	T		41	10	55	106	60
	O		223	27	175	425	64
Orthopaedic — a. Posture	T		26	12	39	77	35
	O		117	38	86	241	45
b. Feet	T		141	26	90	257	127
	O		272	21	120	413	62
c. Other	T		54	14	45	113	66
	O		268	49	133	450	71
Nervous System — a. Epilepsy	T		6	6	12	24	9
	O		22	9	21	52	9
b. Other	T		5	1	9	15	24
	O		73	43	53	169	45
Psychological — a. Development	T		24	3	18	45	93
	O		115	29	116	260	89
b. Stability	T		57	6	47	110	97
	O		411	79	281	771	176
Abdomen ... ..	T		16	8	18	42	21
	O		77	10	36	123	41
Other... ..	T		33	9	49	91	42
	O		304	47	184	535	69

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

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

EYE DISEASES DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	38
Errors of refraction (including squint) ... ..	4,294
TOTAL ... ..	4,332
Number of pupils for whom spectacles were prescribed ...	2,092

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 ... ..	95
(b) for adenoids and chronic tonsillitis ... ..	915
(c) for other nose and throat conditions ... ..	81
Received other forms of treatment ... ..	421
TOTAL ... ..	1,512
Total number of pupils in schools known to have been provided with hearing aids --	
(a) in 1968 ... ..	11
(b) in previous years ... ..	65



## ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ...	1,850
(b) Pupils treated at school for postural defects ... ..	4
TOTAL ... ..	1,854

## DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

	Number of cases known to have been treated
Ringworm — Scalp ... ..	2
— Body ... ..	10
Scabies ... ..	33
Impetigo ... ..	37
Other skin diseases ... ..	171
TOTAL ... ..	253

## CHILD GUIDANCE — SUMMARY OF WORK CARRIED OUT DURING YEAR

Cases referred to Child Guidance Clinics	...	...	...	...	669
Total number of cases seen by Psychiatrists	...	...	...	...	1,202
(including 45 electro-encephalographic examinations, and 132 Court cases)					
Cases seen by Educational Psychologists in schools, clinics, homes and institutions	...	...	...	...	1,872
School and Hostel visits paid by Educational Psychologists	...	...	...	...	1,982
Home visits and Clinic interviews by Psychiatric Social Workers	...	...	...	...	2,399
Schools, Hostels and Children's Homes visited by Psychiatric Social Workers	...	...	...	...	51
Cases closed during the year	...	...	...	...	478

## CASES RECEIVING TREATMENT

Psycho-therapy by Psychiatrists	...	...	...	...	256
Drug-therapy by Psychiatrists	...	...	...	...	79
(including 2 cases subsequently found to be epileptic)					
Remedial teaching	...	...	...	...	2



# DENTAL INSPECTION AND TREATMENT CARRIED OUT DURING THE YEAR ENDED 31st DECEMBER, 1968

## Attendances and Treatment

### Courses of treatment commenced during current year

(a) First Courses	...	...	...	...	...	...	...	...	17,618
(b) Additional Courses	...	...	...	...	...	...	...	...	877
Number of Attendances	...	...	...	...	...	...	...	...	44,941
Fillings in Permanent Teeth	...	...	...	...	...	...	...	...	31,209
Fillings in Deciduous Teeth	...	...	...	...	...	...	...	...	16,053
Permanent Teeth filled	...	...	...	...	...	...	...	...	26,707
Deciduous Teeth filled	...	...	...	...	...	...	...	...	14,785
Permanent Teeth extracted	...	...	...	...	...	...	...	...	3,440
Deciduous Teeth extracted	...	...	...	...	...	...	...	...	8,688
General Anaesthetics	...	...	...	...	...	...	...	...	2,662
Emergencies	...	...	...	...	...	...	...	...	1,554
Other Treatment	...	...	...	...	...	...	...	...	7,985
Courses of Treatment completed	...	...	...	...	...	...	...	...	14,239

## Orthodontics

New cases commenced during Year	...	...	...	...	...	...	374
Cases completed during Year	...	...	...	...	...	...	271
Cases discontinued during Year	...	...	...	...	...	...	14
No. of removable appliances fitted	...	...	...	...	...	...	954
No. of fixed appliances fitted	...	...	...	...	...	...	42

## Prosthetics

Pupils supplied with Full Upper or Full Lower dentures (first time)	...	...	...	...	...	...	5
Pupils supplied with partial dentures (first time)	...	...	...	...	...	...	47
Number of dentures supplied	...	...	...	...	...	...	92

## Inspections

(a) First inspection in current year. No. of pupils	...	...	...	...	...	62,476
Number found to require treatment	...	...	...	...	...	32,747
Number offered treatment	...	...	...	...	...	25,993
(b) Pupils re-inspected in current year	...	...	...	...	...	3,525
Number found to require treatment	...	...	...	...	...	1,931

## Sessions

Sessions devoted to treatment	...	...	...	...	...	7,656
Sessions devoted to inspection	...	...	...	...	...	660
Sessions devoted to Dental Health Education	...	...	...	...	...	142

## SPEECH THERAPY

Clinic Centre	No. of Sessions	No. of Children under treatment 1.1.68	No. of Children under treatment 31.12.68	Admittances	Discharges	Total Attendances	Home Visits	School Visits	No. on waiting list at 31.12.68
Bath ... .. (closed 1.6.68 to 17.10.68)	31	15	18	6	3	90	0	2	3
Bridgwater ... ..	203	29	40	43	32	1,061	0	2	29
Burnham-on-Sea ... .. (re-opened 6.9.68)	26	(12)	15	11	8	78	0	0	19
Castle Cary ... .. (closed 1.6.68 to 13.10.68)	28	22	14	2	10	125	0	1	6
Chard ... ..	90	29	24	11	16	399	0	2	11
Clevedon ... ..	86	13	10	7	10	351	3	0	6
Crewkerne ... ..	41	11	12	6	5	175	1	3	2
Dulverton ... ..	41	5	2	3	6	81	2	4	1
Frome ... ..	96	34	41	33	26	96	0	0	6
Glastonbury... ..	36	28	17	9	20	153	0	0	9
Keynsham ... .. (closed 1.6.68 to 15.10.68)	61	30	25	9	14	301	2	6	30
Long Ashton ... .. (re-opened 26.8.68)	29	(7)	11	11	7	96	1	0	14
Minehead ... ..	93	14	14	15	15	409	5	3	4
Portishead ... ..	34	8	13	12	7	240	1	1	9
Radstock ... ..	99	35	34	14	15	322	0	0	16
Shepton Mallet ... .. (closed 1.6.68 to 14.10.68)	27	12	27	21	6	129	0	2	18
Taunton ... ..	269	64	43	25	46	1,205	2	3	39
Wellington ... .. (closed since 24.4.68)	8	7	(6)	0	1	49	0	0	(11)
Wells ... ..	34	19	20	15	14	143	1	3	3
Weston-super-Mare... ..	206	66	66	62	62	897	1	3	13
Wiveliscombe ... ..	36	7	6	1	2	191	3	0	2
Yeovil ... ..	231	59	67	49	41	1,129	2	1	13
<b>TOTALS</b>	<b>1,805</b>	<b>526</b>	<b>525</b>	<b>365</b>	<b>366</b>	<b>7,720</b>	<b>24</b>	<b>36</b>	<b>264</b>



## SPEECH THERAPY continued

Clinic Centre	Children receiving treatment 31.12.68						Children discharged during 1968					
	Stammerers	Dyslalias	Signatizms	Cleft palates	Cerebral palsies	Other defects	Stammerers	Dyslalias	Signatizms	Cleft palates	Cerebral palsies	Other defects
Bath ... .. (closed 1.6.68 to 17.10.68)	1	11	2	2	1	1	1	2	0	0	0	0
Bridgwater ... ..	5	21	5	2	0	7	5	19	5	1	0	2
Burnham-on-Sea ... .. (re-opened 6.9.68)	4	9	1	0	0	1	6	1	0	0	0	1
Castle Cary ... .. (closed 1.6.68 to 13.10.68)	4	8	0	1	0	1	2	8	0	0	0	0
Chard ... ..	4	9	3	2	0	6	3	10	0	0	0	3
Clevedon ... ..	0	1	1	2	0	6	1	5	1	2	0	1
Crewkerne ... ..	1	6	3	1	0	1	0	3	1	1	0	0
Dulverton ... ..	0	2	0	0	0	0	0	5	0	0	0	1
Frome ... ..	5	29	6	0	0	1	2	21	2	0	1	0
Glastonbury ... ..	5	6	0	1	0	5	7	10	1	0	0	2
Keynsham ... .. (closed 1.6.68 to 15.10.68)	5	17	2	0	1	0	2	7	4	1	0	0
Long Ashton ... .. (re-opened 26.8.68)	1	6	2	1	0	1	4	1	1	0	0	1
Minehead ... ..	1	10	1	0	0	2	0	13	2	0	0	0
Portishead ... ..	0	9	0	1	1	2	1	6	0	0	0	0
Radstock ... ..	8	24	1	1	0	0	2	13	0	0	0	0
Shepton Mallet ... .. (closed 1.6.68 to 14.10.68)	2	21	3	0	0	1	1	5	0	0	0	0
Taunton ... ..	8	25	5	2	0	3	10	24	8	2	0	2
Wellington ... .. (closed since 24.4.68)	(1)	(5)	(0)	(0)	(0)	(0)	0	1	0	0	0	0
Wells ... ..	4	12	1	1	2	0	2	8	2	0	0	2
Weston-super-Mare ... ..	6	34	5	3	0	18	4	39	8	7	2	2
Wiveliscombe ... ..	1	5	0	0	0	0	1	1	0	0	0	0
Yeovil ... ..	11	33	3	3	0	17	4	22	6	3	1	5
TOTALS	77	303	44	23	5	73	58	224	41	17	4	22



## SCHOOL CLINICS

School Clinics are held as follows:-

Location	Treatment	Sessions held
Backwell ... ..	Ophthalmic ... ..	As required
Bath Health Department ...	Speech ... ..	Fridays (a.m.)
Bath Manor Hospital ...	Ophthalmic ... ..	As required
Bridgwater, Albert Street...	Dental ... ..	As required
Bridgwater, Bath Road, Sydenham Junior School...	Minor Ailments ... ..	Thursdays (p.m.)
Bridgwater, Hamp Junior School	Minor Ailments ... ..	2nd and 4th Tuesdays
Bridgwater Health Centre...	Breathing Exercises ...	Wednesdays
	Child Guidance ... ..	Tuesdays (a.m.)
	Minor Ailments ... ..	Mondays, Wednesdays and Fridays (Medical Officer attends on Mondays)
	Orthopaedic (Sister) ...	Mondays
	Orthopaedic (Surgeon) ...	1st Wednesdays (a.m.)
	Speech ... ..	Monday to Friday (a.m.)
	Ultra Violet Light ...	Tuesdays and Fridays (p.m.)
Bridgwater Hospital ...	Ophthalmic ... ..	Alternate Tuesdays (p.m.)
Bristol Royal Infirmary ...	Orthopaedic (Surgeon) ...	1st Friday (a.m.)
Burnham-on-Sea, King Alfred School ... ..	Speech ... ..	Fridays
Castle Cary, Dr. Lennie's Surgery ... ..	Speech ... ..	Mondays (p.m.)
Chard Health Centre ...	Dental ... ..	As required
	Speech ... ..	Fridays
Clevedon Community Centre	Speech ... ..	Thursdays
Clevedon, 68 Old Street ...	Ophthalmic ... ..	As required
Crewkerne, 16 Church Street	Dental ... ..	As required
	Orthopaedic (Sister)	2nd Wednesday
	Speech ... ..	Thursdays (a.m.)
Dulverton, Exmoor House...	Speech ... ..	Mondays (p.m.)
Frome Health Centre ...	Child Guidance ... ..	3rd Tuesday
	Dental ... ..	As required
	Ophthalmic ... ..	As required
	Orthopaedic (Sister) ...	Thursdays (as required)
	Orthopaedic (Surgeon) ...	2nd Thursday (a.m.)
	Speech ... ..	Mondays and Thursdays (a.m.)
Glastonbury Health Centre	Child Guidance ... ..	2nd and 4th Tuesdays (a.m.)
	Dental ... ..	As required
	Ophthalmic ... ..	As required
	Orthopaedic (Sister) ...	Thursdays (as required)
	Orthopaedic (Surgeon) ...	3rd Wednesday (a.m.)
	Speech ... ..	Thursdays (a.m.)
Keynsham, Ellsbridge House	Child Guidance ... ..	Tuesdays (p.m.)
Keynsham Health Centre ...	Dental ... ..	As required
	Orthopaedic (Sister) ...	3rd Tuesday
	Speech ... ..	Wednesdays (a.m.) and Thursdays (a.m.)
Long Ashton, Red Cross Hall	Speech ... ..	Mondays
Minehead, 54 Summerland Avenue ... ..	Dental ... ..	As required
Minehead Hospital ...	Speech ... ..	Tuesdays
	Child Guidance ... ..	Alternate Fridays (a.m.)
	Ophthalmic ... ..	Alternate Tuesdays (p.m.)
Portishead Congregational Hall ... ..	Ophthalmic ... ..	As required
Portishead Folk Hall ...	Speech ... ..	Wednesdays
Portishead, St. Mary's Road	Dental ... ..	As required
Radstock Health Centre (Leigh House) ... ..	Child Guidance ... ..	4th Tuesday (p.m.)
	Dental ... ..	As required
	Ophthalmic ... ..	As required
	Orthopaedic (Sister) ...	Mondays (a.m.) (as required)
	Orthopaedic (Surgeon) ...	1st Tuesday (a.m.)
	Speech ... ..	Wednesdays (a.m.) and Fridays (a.m.)



## SCHOOL CLINICS continued

Location	Treatment	Sessions held
Shepton Mallet County Primary School ... ..	Speech ... ..	Tuesdays (a.m.)
Shepton Mallet Hospital ...	Ophthalmic ... ..	As required
	Orthopaedic (Sister) ...	1st and 3rd Monday (p.m.) and 1st Thursday (p.m.)
	Orthopaedic (Surgeon) ...	1st Wednesday (early p.m.)
Taunton (East Reach) Hospital	Ophthalmic ... ..	As required
Musgrove Park Branch ...	Child Guidance ... ..	Wednesdays (a.m.) and Fridays
Taunton Health Centre	Breathing Exercises ...	Mondays (a.m.)
(Tower Lane) ... ..	Dental ... ..	Daily
	Orthopaedic (Sister) ...	Tuesdays (a.m.); 2nd and 4th Fridays (as required)
	Orthopaedic (Surgeon) ...	2nd Friday
	Speech ... ..	Wednesdays (p.m.), Thursdays and Fridays
Wellington, North Street Clinic	Dental ... ..	As required
Wells and District Hospital	Ophthalmic ... ..	As required
Wells, Teachers' Centre, Portway Avenue ... ..	Speech ... ..	Tuesdays (a.m.)
Weston-super-Mare, The Royal Hospital ... ..	Orthopaedic (Surgeon) ...	2nd and 3rd Tuesdays (a.m.)
Weston-super-Mare, 3 Neva Road ... ..	Child Guidance ... ..	1st and 5th Tuesdays; 2nd Tuesday (p.m.); Thursdays (a.m.) and Fridays (p.m.)
	Dental ... ..	Daily
Weston-super-Mare, Somerset House ... ..	Minor Ailments ... ..	Tuesdays
	Ophthalmic ... ..	Mondays
	Speech ... ..	Wednesdays and Fridays
Wincanton, 2 Market Place	Dental ... ..	As required
	Ophthalmic ... ..	As required
	Orthopaedic (Sister) ...	4th Tuesday
Wiveliscombe Primary School	Speech ... ..	Mondays (a.m.)
Yeovil Hospital ... ..	Breathing Exercises ...	Mondays (p.m.)
	Ophthalmic ... ..	Fridays (a.m.)
	Orthopaedic (Sister) ...	1st, 3rd and 5th Tuesdays, 1st, 3rd and 5th Fridays
	Orthopaedic (Surgeon) ...	1st Friday (a.m.) (alternate months)
Yeovil, Preston Road Health Centre ... ..	Child Guidance ... ..	Wednesdays (p.m.) and Thursdays (p.m.)
	Dental ... ..	Daily
	Minor Ailments ... ..	Medical Officer - Thursdays and Fridays (a.m.) School Nurse - Daily
	Ophthalmic ... ..	Tuesdays (a.m.) - fortnightly
	Speech ... ..	Mondays and Tuesdays (a.m.)
	Sub-normal Assessment ...	3rd Monday (a.m.)





