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SCHOOL HEALTH SERVICE

ANNUAL REPORT

SOMERSET COUNTY COUNCIL

1969



SOMERSEX COUNTY COUNCIL

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

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

H/N/6.

SOMERSET COUNTY COUNCIL

THE COUNTY EDUCATION COMMITTEE

Annual Report

OF THE


PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1969

A. PARRY JONES,

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

Principal School Medical Officer.



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THE APOLLO SWIMMING CLUB, YEOVIL

(See page 9 of this Report)



(Photograph reproduced by courtesy of The Evening Post)

**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 1969 which, as usual, includes a general survey with statistical details of the work performed during the year.

The general state of health of the school children in the County was satisfactory but there was one unpleasant outbreak of infectious hepatitis at a school in the middle of the County.

Inspections for head vermin have been carried out on a selective basis since 1962. In 1967 and in 1968 the numbers of children with infested hair were lower than the levels pertaining in the early sixties. I had hoped that our system of intensive work on selected families was producing a lowering in the prevalence of infestation. It is with regret that I record the numbers found to be infested in 1969 have risen substantially to previous levels. Effective treatment is available for head infestation and the disease is one which nowadays should not occur.

Dr. Bodman retired at the end of October after nineteen years as Director of the Child Guidance Service. I would like to pay tribute to the hard work and loyal service he put in over the years. Through his efforts he leaves a Child Guidance Service in Somerset which is well developed and is valued by the schools in the County.

I should like to thank the Headmasters, Headmistresses and their staffs for the help they have so freely given and the Chief Education Officer and his staff for the happy relationships which exist.

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

A. PARRY JONES

Principal School Medical Officer

County Hall,
Taunton.

April, 1970.

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.

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. (part-time)

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.)

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.

B. W. BOND, B.D.S. (U.Lond.) (from 7th November, 1969)

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

Mrs. V. E. GOULD, B.D.S. (resigned 31st October, 1969)

E. R. HEATHCOTE, L.D.S., R.C.S. (Eng.) (retired 31st August, 1969)

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

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

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

Miss C. MURRAY, B.D.S. (U. Dubl.) (from 13th January, 1969)

L. P. POTTER, L.D.S., R.C.S. (Eng.) (resigned 12th September, 1969)
 Mrs. C. M. RICHARDSON, B.D.S. (U.Brist.) (resigned 30th June, 1969)
 C. C. SCOONES, L.D.S. (U.Sheff.)
 L. E. SCULL, L.D.S. (U.Brist.)
 C. H. THOMAS, B.D.S. (U.Brist.) (from 20th October, 1969)
 Mrs. G. M. WALKER, L.D.S. (V.U.Manc.)
 A. J. WOODMAN, B.D.S. (U.Lond.) (from 3rd February, 1969. Resigned 31st December, 1969)

Child Guidance Team

F. BODMAN, M.D., D.P.M. (Director) (retired 31st October, 1969)		
A. H. BAKKER, M.B., D.P.M. (part-time Consultant Psychiatrist))	
M. F. BETHELL, M.D., D.P.M. (part-time Consultant Psychiatrist)	)	By arrangement with the Regional Hospital Board
Mrs. M. CARTER, M.R.C.S., L.R.C.P., D.P.M. (from 11th August, 1969) (part-time Consultant Psychiatrist))	
E. G. OSTLER, M.B., B.S., D.P.M. (from 1st November, 1969) (part-time Consultant Psychiatrist))	
K. C. P. SMITH, M.R.C.S., L.R.C.P., D.P.M. (part-time Consultant Psychiatrist) (until 31st October, 1969))	
Miss S. PULLEN, A.A.Ps.W. (Head Psychiatric Social Worker)		
Mrs. F. BODMAN, A.A.Ps.W. (part-time Senior Psychiatric Social Worker)		
Miss S. M. GRINDLEY, C.S.W. (Social Worker)		
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)		
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.
 Mrs. M. H. JONES, L.C.S.T. (part-time)
 Miss K. E. LLOYD, L.C.S.T.
 Mrs. J. R. MARTIN, L.C.S.T. (part-time)
 Mrs. M. R. RAWSTORNE, L.C.S.T. (part-time)
 Mrs. V. STEPHENSON, L.C.S.T. (part-time)
 Mrs. V. M. TUCKER, L.C.S.T. (part-time)

Visiting Orthopaedic Surgeons

R. A. J. BAILY, F.R.C.S.)	
P. BLISS, F.R.C.S.	)	By arrangement with the Regional Hospital Board
A. E. BURTON, F.R.C.S.)	
J. R. KIRKUP, F.R.C.S.)	
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 (resigned 31st December, 1969)
 P. P. VREESWIJK

ADMINISTRATION

There has been a steady increase in the number of pupils in Somerset maintained schools in the last ten years. It is to the credit of the administrative staff that the extra work involved has been dealt with so effectively without increase of staff. Greater numbers of handicapped pupils and new developments in the service have also contributed to their additional work load.

COURSES

Officers attended Courses as follows:—

Special Course on Developmental Paediatrics,
Musgrove Park Hospital, Taunton

Dr. J. Beasley	Dr. A. Parry Jones
Dr. W. M. Bond	Dr. M. L. Stewart
Dr. E. S. Elliott	Dr. M. T. Thomson
Dr. A. M. McCall	Dr. B. A. Wallace
Dr. H. Morrison	Dr. R. H. Watson
Dr. O. K. Ockelford	

Speech Therapy Course, Torquay

Dental Postgraduate Course in Prosthetics

Dental Postgraduate Study Course - Administration

Miss D. Ledamun

Mr. H. C. Green

Mr. H. C. Green

Mr. R. V. Jones

Mr. C. C. Scoones

Mr. D. B. Wells

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:—

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
1969	85,918

SCHOOLS AND SCHOOL CHILDREN

Type of School	Number of schools in January, 1970	Number of children on register — January, 1970
Nursery	2	90
Primary — Infants only	63	10,532
— Infants and Juniors	270	31,298
— Juniors only	50	13,175
Secondary — Modern	44	20,162
— Technical	1	191
— Grammar	18	8,173
— Comprehensive	6	4,835
Special — Educationally sub-normal	6	633
	<u>460</u>	<u>89,089</u>

SCHOOL CLINICS

A complete list of the various school clinics held throughout the County is given on pages 34 and 35 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 1968 are given in brackets):

School entrants	7,234	(7,753)
Intermediate age-groups	6,429	(7,455)
School leavers	1,408	(1,433)

Chapter 2 of The Report of the Chief Medical Officer to the Department of Education and Science 1966-68 deals with the importance of the full appraisal of each pupil soon after school entry so that conditions which are likely to be prejudicial to the child's education can be identified early. The value of full discussion between school doctors and teachers is rightly emphasised.

Arrangements for the "selective" examination of children before they leave school continued as in previous years.

Pure-tone audiometry and vision testing is routine at school entry.

Details of periodic medical inspections carried out during the year are given in the Table on page 25.

During the year School Medical Officers also carried out:

1. Special examinations at the request of the parent, teacher or school nurse	2,530
2. Re-examinations of children found at previous inspections to have a defect which needed to be kept under observation	7,381

One hundred and ten schools were not visited for school medical inspections in 1969.

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. Preparations were begun to extend this successful system to the Frome area. Direct communication between family doctors and teachers has proved to be of great value. The children are examined at school but the follow-up of treatment is often more simply undertaken at the doctor's surgery. Re-examinations at school can then be reduced to those which are educationally necessary.

GENERAL CONDITION OF CHILDREN INSPECTED

The school doctors clinically assessed 44(0.29%) children out of 15,071 children examined at periodic medical inspections to be of unsatisfactory physical condition. This shows an increase from last year when the number was 37 (0.22%). 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 27 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 (163 per 1,000 children examined); eyes (143 per 1,000 children examined).

The Table shows that the number of defects in children found to require treatment was 3,919, of whom 1,132 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 1969, 31,696 children were inspected and 471 found to be infested. This is in comparison with 20,614 children inspected and 256 found to be infested in the previous year.

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 1969, the School Medical Officers examined 555 students and 41 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 34). 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:—

“We started the year at full strength, but in the autumn Mrs. E. Healy based on Weston-super-Mare and covering the north western area of the County resigned through illness. We have been fortunate in appointing Mrs. C. Higby, who will take up duty after Easter 1970. The other areas remain unchanged.

Due to absence through illness and pressure of other work, all the routine screening was not completed, but it is hoped to make this up in 1970.

Mr. P. Vreeswijk has given a number of two day courses to health visitors on routine screening of infants, and this is proving of great value.

Close co-operation with Hearing Assessment Clinics continues, and we were very pleased to welcome Mr. N. Knight, the new E.N.T. consultant in the Taunton area.

We would, as always, express our thanks for the help and co-operation we receive from health visitors, schools, administrative services and all those who make our work possible.”

Statistics

Number of children screen tested	6,928
Number referred to School Medical Officers for investigation as a result	516
Assessment – number of children tested at request of School Medical Officer, Schools, etc.	597
Risk register referrals	85
Number of school age children receiving regular attention	69
Pre-school children receiving regular attention	19

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 1969	25
– in previous years	77

During 1969, twelve 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

On medical recommendation nine children enjoyed convalescent holidays in Devon at Heathercombe Brake, Manaton, during 1969.

SCHOOL OPHTHALMIC SERVICE

During the year, the Ophthalmic Consultants examined 1,764 school children (2,065 attendances) prescribing glasses for 733. In addition 85 pre-school children were examined, chiefly for squint. Information has been received that 684 pairs of glasses (or lenses to new prescriptions) have been provided. Included in this figure are 135 pairs prescribed prior to 1969.

For some years Somerset has been one of the eighteen Authorities which carry out annual vision tests. During 1969 a careful study was made of the results over the last few years. After discussion with the consultant ophthalmologists, it was decided to reduce the very considerable school nursing effort involved. From September vision tests have been performed at school entry, at 6, 7 and 8 years of age, and then once more in the primary schools at or immediately prior to the "intermediate" routine school medical inspection at ten years of age. Further tests have been carried out at the age of 12 and at 14 before the child leaves school. Children who have stayed at school after 15 years have been tested again at 16 and 18.

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 staffing position has remained constant throughout the year, but there is still one vacant post in the Taunton/Bridgwater area, where the number of children waiting to be seen is increasing. Numerous advertisements and other efforts to recruit an additional therapist for the area were unsuccessful.

Many more pre-school children are being referred to the clinics. This is pleasing because, although we rarely treat before the child is 4½ years, advice given to parents at an early stage can often minimize the amount of treatment needed later, and in some cases solve the problem entirely. It also means that the children with the more severe speech difficulties (e.g. aphasia) can be discovered early.

The problem of children who need more intensive treatment has again come to the fore. At present it is seldom possible to see a child more than once a week, and there are some children for whom this is insufficient. Treatment therefore becomes prolonged and a great deal of vital educational time is lost. A survey of our clinics in May 1969 showed that there were 30 children in the County who would benefit from intensive therapy, few of whom we would recommend for residential treatment. It would seem that this problem would be solved if we could have ‘local’ units where children could both be taught and receive daily therapy. We hope that in time the service can be extended in this way, but there are administrative and financial problems that have first to be solved.”

ORTHOPAEDIC SERVICE

During 1969, 512 new cases were seen at the clinics, of whom 300 were children of school age. The total number of attendances made was 4,457, and the number of children seen and examined by the surgeons was 2,070. This figure includes the new cases.

The number of patients discharged from orthopaedic clinics during the year was 516, of whom 424 were children of school age.

In my Annual Report for 1966, I gave some details of the special swimming classes held at the Frome Baths for children suffering from orthopaedic defects. This year similar facilities, both for children and adults, have been possible at Yeovil; and Dr. A. M. McCall, School Medical Officer, and Miss I. M. Rains, Orthopaedic Physiötherapist, enter the water with the children (see frontispiece photograph). Dr. McCall has supplied the following interesting account:—

“Apollo Swimming Club, Yeovil.

It was felt that there was an urgent need for hydrotherapy and recreational facilities for handicapped people in the Yeovil area. Active negotiations during 1968 led to a Club being formed at the Yeovil Swimming Baths.

The Baths are hired for the sole use of the Club on Saturday mornings from 9 – 10 a.m., the first session being on 4th January, 1969. Starting with 20 members and helpers, there were 90 members at the end of the year ranging from 11 months to 67 years.

The Bath water is heated above the normal temperature. A large assortment of floatation equipment has been purchased. Voluntary helpers both in and out of the water actively teach the handicapped members to swim, float, dive and even life save. Many of the younger members have learnt to swim and for the first time have felt the freedom of movement denied them on land. Their confidence in the water has produced a wonderful boost to their morale resulting in an improvement in all-round performance. Parents, through regular contact, are able to discuss and share their problems with mutual benefit.

The Club has met with considerable kindness and goodwill on all sides. The financial problems have been solved by generous support from the County Council, the Hospital Management Committee and the Councils of surrounding districts, to whom our thanks are due."

CHILD GUIDANCE SERVICE

The work undertaken by the Child Guidance Service in Somerset during 1969 is set out in tabular form at the end of the Report.

During 1969 Child Guidance Clinics have been held at nine centres in the County attended by four Consultant Psychiatrists.

On 31st October 1969 Dr. Frank Bodman retired as Director of the Child Guidance Service after nineteen most valuable years in Somerset.

By arrangement with the South Western Regional Hospital Board, two new consultant psychiatric appointments were made to serve the North Eastern Area (Dr. Edward Ostler) and the North Western Area (Dr. Mary Carter). Their work in the hospitals for the mentally subnormal links very well with the excellent advisory service which they have already begun to provide for the Training Centres and Mental Health Hostels. Their first reports on the area child guidance services are set out below.

Dr. A. H. Bakker comments:—

"South Somerset

The Child Guidance Team (educational psychologists, psychiatric social workers and consultant psychiatrists) has continued to offer help to many families experiencing difficulties.

Referrals have been received from various sources - direct from parents, through the schools and educational psychologists, general practitioners, paediatricians and the Children's Department.

We have continued to enjoy excellent work relationships with other departments, especially valuing our links with the children's officers.

The cases presented have shown a wide range of problems from timid, withdrawn children functioning poorly in school to aggressive, over-active children who 'would try the patience of a saint'; psychosomatic symptoms and the presenting aches and pains which defy explanation, and the perennial bed-wetting problems which continue to provide a number of referrals. School phobia requires co-ordinated effort and the close collaboration of parents, clinic and school involving much time and effort leading occasionally to the placement of the child in a boarding school away from home."

Dr. Mary Carter reports:—

“North West Somerset

I took over at Weston-super-Mare from Dr. Bodman on August 11th 1969. This, of course, was a well established Clinic which has been working on the ‘team’ principle involving well co-ordinated co-operation with the social workers and the psychologist, and this principle I have endeavoured to continue though there may have been some slight modifications of approach, inevitable in the change of personnel.

The waiting-list period varies from a few weeks to three months — this appears to depend largely on the fluctuation of referrals according to the time of year.

The Clinic sessions have been increased from 11 to 18 per month at Weston-super-Mare and from 1 to 4 per month at Glastonbury, but the continually increasing numbers of referrals are still straining the available facilities.”

Dr. E. G. Ostler reports:—

“North East Somerset

Since the beginning of November we have been able to increase by almost fourfold the amount of Child Guidance Clinic time available in the North East part of the County, and are now holding two Clinics a week in Keynsham, one a week in Frome, and one a week in Radstock.

The most interesting development has been the Clinic at Frome, where we are now using the facilities of the new Health Centre. This has brought us into much closer contact with the general practitioners in Frome, which is proving very useful as we are now able to discuss cases that are referred to us by the general practitioners in very much more detail as we see them personally. We are also beginning to be able to discuss cases before formal referrals are made, and sometimes to advise on a course of action without actually having the child referred. We are, however, getting a considerable increase in the number of referrals from the G.Ps. in the Frome area, and are contemplating increasing our Clinic time there in the near future so as to avoid building up a long waiting list of new cases. Our only reservation about holding the Clinic in the Health Centre is that there are no real playroom facilities available, and so sessions other than diagnostic ones are not very practical there.”

Southfields Hostel, Ilminster.

Dr. A. H. Bakker has also written:—

“Due to changes within the Child Guidance Service, the closer co-operation with the Children’s Department and the wider use of special schools for children with emotional and educational problems, there was little demand for places at Southfields Hostel, Ilminster. This led to numbers falling to such a low level that it was impossible to maintain a therapeutic atmosphere and community feeling and consequently the Hostel was closed on 31st July, 1969.”

SCHOOL DENTAL SERVICE

The Principal School Dental Officer reports:—

“Staff Position The year started with a full establishment of dental officers, but this unusual situation was not to last for more than a few months. One dental officer retired and four dental officers resigned later in the year and three new appointments were made. This meant that the year ended with two dental officers short of establishment.

New Clinics

Two new dental clinics were opened during the year, one at Frome and one at Glastonbury. These are two-surgery suites, and are attached to Health Centres. The main surgery in each suite is fitted with the latest types of surgery equipment and each suite forms a dental unit which can provide a fully comprehensive service, with the added advantage that it is in premises which are in close association with the Health Centre and the general medical practitioners of the area.

More dental surgery suites are planned at Nailsea, Wellington and Wincanton, and these will also be in association with Health Centres.

The dental clinic at Bridgwater is the remaining clinic with poor accommodation which is also too small for present and for future requirements. A new dental suite with at least three surgeries is required.

Replacement of obsolescent equipment

The programme for the replacement of major items of dental equipment, such as dental chairs, dental chairside units and operating lights, has continued during the year. Much progress has been made in this direction during the last few years.

Dental Health Education

The time devoted to dental health education showed an increase during the year — the equivalent of 170 sessions, compared with 142 sessions in 1968.

Films and talks — suitable for each age group — are an effective way of drawing attention to the results of dental neglect. In addition, leaflets and posters are distributed, usually at routine dental inspections in schools, and these give a more lasting message about what to do and what not to do. By such means we hope that more and more children will leave school with 'good teeth'.

The surveys of the dental health of the children of Somerset, carried out every five years, and fully reported in the Annual Report for 1968, showed that there had been some improvement in recent years compared with the ten-year post-war period. This improvement must not give rise to any complacency or allow any slackening of the work done in the dental health education programme. The general condition of the teeth of the five-years-old and the twelve-years-old children, as shown in the cross section examined each five years, showed a serious deterioration in the post-war period 1948 — 1958, so that in 1958 the picture looked very depressing. There has since been a very slight improvement, shown in the surveys in 1963 and 1968, and this is hopeful. Every effort must continue to be made to show children the folly of indiscriminate sweet and biscuit eating. Most damage is done by snacks of biscuits, buns and chocolate eaten between the main meals of the day.

In this respect the help of Heads of schools is greatly appreciated and especially those who see that they have no school tuck shop, or, if they must have one, who have restricted its sales to less damaging items, such as fruit, nuts, crisps and crispbread — and open for sales only at meal times.

The Dental Laboratory

The dental laboratory has continued to provide a first-class service for the dental officers. Unfortunately, owing to the serious and long illness of one technician, Mr. Eric Howard, the whole year had to be worked without his services. The illness ended with the death of Mr. Howard and this was a very sad loss. Mr. Howard had been on our staff since February 1949 and showed a consistently very high standard in his work, while he was always known as a cheerful and happy

person — a truly valuable member of the team.

We continue to provide a dental laboratory service for some hospital dental officers (on a payment basis), but, as a whole-time Consultant Dental Surgeon and a whole-time Consultant Orthodontist have recently been appointed by the Regional Hospital Board, this work for hospital dental surgeons has had to be reviewed, and a new arrangement has been agreed whereby an additional dental technician will work in the laboratory for the sole purpose of fulfilling their demands. It may be necessary to continue a small amount of work (at times of peak demand) on a payment basis.

The Dental Staff

The position in relation to the staffing of the dental service, referred to at the beginning of this report, deserves some further comments.

The start of the National Health Service in 1948 produced very unfortunate effects on the local authority dental services by offering much greater financial reward to dental surgeons. The result was that the number of dental officers on our staff was drastically reduced for many years. Efforts were made to increase the salary scales and so reduce the financial differences between the two services, but it was not until the middle 1960s that there were any signs of real improvement. Since then we in Somerset have been able to maintain an almost full establishment. It is also very encouraging to report a high standard of applicants for vacant posts. The result is that we have an excellent dental staff who have made every effort to improve our service — both in output and quality of work done and in the scope of the service offered. I would like, therefore, to express my appreciation of my dental officers, dental auxiliaries, dental surgery assistants, dental technicians and County Hall staff — in fact the whole team, for the excellent work done."

The County Orthodontist reports:-

"In my report for 1968 I noted that the demand for orthodontic treatment showed no sign of decrease and I am sure that one can reiterate that statement as being equally true for 1969 but — and this gives me particular pleasure — I am able to report that the figures for the past year show that this demand has been met by greater effort on the part of the dental officers in that the number of completed cases has increased from 271 in 1968 to 302 in 1969; the number of new cases from 374 to 399 and the total number of appliances inserted from 996 to 1,043.

Pleasing as these figures may be, they remain merely figures. But, when thought of in terms of dental health and a happier and more contented patient and a grateful parent, the results of the year's work must give cause for a degree of pleasure to the dental officers themselves.

During the next twelve months it is hoped to give a number of demonstrations and short lectures on the diagnosis and treatment of certain types of orthodontic cases to those dental officers on the staff interested in this subject. The aspects to be covered will include the organisation of appointments; the systematic arrangement of the work done at each of these appointments; the correct planning of treatment and the timing of such treatment, which all contribute to the efficient use of the operator's time and energy.

I am pleased to be able to report that the excellent co-operation with the Consultants and Staff in the Special Care Unit at Musgrove Park Hospital, Taunton, has continued during the year and I was privileged to be asked to see five newly born babies with cleft lips and/or palates. Of these, four required pre-surgical orthopaedic plates which were inserted a few hours after birth.

In addition, the recall of all babies seen since this scheme was inaugurated in 1967 has been continued with great care to ensure that they are inspected at regular intervals of approximately 6 months and to ensure that they will continue to be so inspected for many years to come.

In this connection I would like to thank Mr. Bodenham, Consultant Plastic Surgeon, for allowing me to see these cases with him whenever they are seen at Musgrove Park Hospital prior to and following their lip and palate repair operations.

At the other end of the age scale, a case of rapid expansion of a maxillary arch by splints for a young 14 year old girl with a cleft palate prior to the insertion of a palatal bone graft by Mr. Bodenham was undertaken at the Weston-super-Mare clinic with the active participation of the Senior Dental Officer there. Help from the County Council Laboratory in preparing these numerous special splints quickly and at short notice was an essential factor in the success of this treatment.

This is the first year in which we have had the services of a full-time Consultant Dental Surgeon to the South Somerset Clinical Area, and I must take this opportunity of expressing my gratitude to him for his helpful advice and treatment of those orthodontic patients who require surgical intervention for misplaced and buried teeth, prior to the commencement of active appliance therapy by your orthodontist.

On a personal note, I would add that your orthodontist has had the pleasure and privilege of holding the position during the year of Chairman to the Bristol and District Orthodontic Study Group and of being asked to take part in a course run at the Headquarters of the British Dental Association in London under the auspices of the Public Dental Officers' Group on 'Organisation for Efficiency'. In this course, he was asked to lecture on 'Interceptive Orthodontics' — the choice of cases for early orthodontic treatment.

Lastly, may I pay my tribute to the Chief Dental Officer for his sympathetic help during the past year; to the Laboratory who, despite the changing circumstances forced upon them, have striven manfully to meet the constant orthodontic demands of the dental officers, and to my Dental Surgery Assistant who has not only striven but successfully met the constant demands of your orthodontist."

II. INFECTIOUS DISEASES AND IMMUNISATION

INFECTIOUS DISEASES

Apart from the usual incidence of measles, 1969 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 1965.

Infective Hepatitis

On 12th May, 1969, the Headmaster of a school in mid Somerset reported that three children had been away with "jaundice" and that one of them, aged 4½, was seriously ill in Musgrove Park Hospital, Taunton. Subsequently, this child died.

The District Medical Officer immediately instigated standard precautionary measures in the school. Local general practitioners were circularised to warn them of the possibility of other cases of infective jaundice. They were reminded of their new duty to notify such cases under the Public Health Act, 1936, and the Public Health (Infective Jaundice) Regulations, 1968. Supplies of gamma globulin were obtained from the Central Public Health Laboratory, Colindale, and were administered to all the children and staff of the school on 16th May. Three other children who had just left the school and two pre-school children who accompany their mother (a part-time infant teacher) to the school were similarly protected.

In June there were three further cases of infective hepatitis in the village, one being the 7 year old brother of the deceased child. The other two were the 16 year old brother of another child at the school and the father of two children who were ill. It seems that all these cases were affected because of close family contact with the illness. The outbreak was almost certainly limited by the prompt action taken.

VACCINATION AND IMMUNISATION

During the year 778 children, who had not been immunised before reaching school age, received primary diphtheria immunisation, and a further 7,122 children were given reinforcing injections. Similarly, 2,050 children received primary courses of tetanus vaccination and 9,008 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 1,733 school entrants, who had not been protected in infancy, and 8,073 children had their immunity against poliomyelitis reinforced by a single dose of vaccine.

Two hundred and twenty-six school-age children received primary smallpox vaccination and a further 1,543 were re-vaccinated.

The arrangements outlined in my Reports for 1967 and 1968 whereby use of the computer in the County Treasurer's Department is made to enable children to be called up automatically to doctors' surgeries to receive their vaccinations and immunisations as they become due were continued during the year. At the end of October the 100,000th Somerset child was entered into the scheme which makes it far and away the largest in the Country. Only a very small number of general practitioners now remain outside the scheme. A few, however, have refused to enter the scheme, despite its very obvious advantages to their patients. It is possible that in 1970 we may be able to make arrangements for the children concerned to be called to a County Council clinic to receive their immunisations.

	Born 1956 (or earlier)
Number of children left county, * absent, or postponed because of other inoculations	508
Number of children with "negative" or "positive I" results but not given B.C.G. ..	80
Number of children * absent for reading of tuberculin test	243

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 1956 (or earlier)
Nil abnormal discovered	317
Healed primary lesions only	9
Did not attend	38
Pulmonary tuberculosis discovered	0
	<hr/> 364

(170 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

Twenty-three at Special Schools: no waiting list.

Children of school age are educated by methods which do not involve the use of sight. Children are placed at Ysgol Penybont, Bridgend, Royal Normal College, Shrewsbury, and Chorleywood College, Hertfordshire. The younger children are usually admitted to one of the Sunshine Homes either at Abbotskerswell, Devon, or Southerndown, Glamorgan.

PARTIALLY SIGHTED

Fifteen at Special Schools: one 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-four 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

Nineteen 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 fifty-five at Special Schools: sixteen boarders and one hundred and seventy-two 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 120 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.

The assessment classes at Elmwood School, Bridgwater, and at Monkton Priors School, Taunton, are very useful indeed. The much needed similar class at Westhaven School, Weston-super-Mare, which is planned for 1970, is awaited with some impatience. Similar classes are badly needed at Yeovil and Radstock. The waiting-list for day special schooling in the north east of the County has grown to alarming proportions.

Social Work in Special Schools

Mental Welfare Officers continue to provide a much appreciated service for each of the schools for the educationally subnormal. They provide support and guidance to the pupils and their families which is often continued after the children have left school.

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

Seventy-four at Special Schools: twelve others in Residential Homes and attending schools. Eleven on waiting list.

Some severely "disturbed" children are accommodated at the Merrifield Unit and School for Psychotic Children at Tone Vale Hospital, Norton Fitzwarren. Children are admitted from neighbouring Authorities as well as from Somerset.

PHYSICALLY HANDICAPPED

Sixty-four at Special Schools: twelve 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.

In May, 1969, Circular 11/69 was received from the Department of Education and Science entitled "Special Education for Children Handicapped by Spina Bifida". An Appendix to this Circular pointed out that children with spina bifida reach school age with varying degrees of handicap and that where possible it was desirable that they should start their education at the nursery stage.

At their meeting in November, the Special Services Sub-Committee of the Education Committee discussed the future needs of these children who, because of advances in surgical technique, will survive in greater numbers. Whilst many of these children will be able to attend school without any special facilities, it was suggested that, in the first place, a small sum for minor adaptations to existing school premises should be included in estimate provisions for ordinary schools.

The Department of Education and Science was given the details they requested concerning (i) children handicapped by spina bifida at present in ordinary schools, and (ii) such children who would reach school age in the next twelve months. The position will need careful watching because it is difficult to predict the outlook for children who will benefit from the continuing advances of surgical techniques.

SPEECH DEFECTS

Four at Special Schools: no 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: twenty others in Residential Homes and attending ordinary schools: no 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 twenty-eight 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, 1969, 144 children were being conveyed to school on medical grounds an increase of 46 compared with the number who were being conveyed at a similar date in the previous year.

IV. SCHOOL HYGIENE

SANITARY CONDITIONS IN SCHOOLS

It is now some three years since the approval of the programme of sanitary improvements at primary schools. Initially, it was anticipated that the work, estimated to cost £364,000, would be carried out over a period of three years. However, as will be seen from the details below, there is still some way to go before all schools can be said to conform to the standards originally laid down; notwithstanding, considerable progress has been made but it should be remembered that other factors must be kept well in mind. For example, it would not be economic to carry out major improvements at schools whose future is uncertain, or which are to be included in schemes of re-organisation or possible re-modelling. There is also the question of improvements of a more general nature and where modern sanitary facilities are merely an adjunct of the whole scheme.

From the financial point of view, some £190,000 has already been allocated under the improvements scheme, viz. £40,000 for 1967/68, £100,000 for 1968/69 and £50,000 for 1969/70. It is too early to say what amount will be allocated for the 1970/71 programme but based on information kindly provided by the County Architect, Item D below, would seem to be a fair estimate of the amount required. (Details shown are as at 31st December, 1969).

	<u>Sum Allocated</u>	<u>No. of Schools Involved</u>	<u>Value of Work</u>	<u>Progress</u>
A.	<u>1967/68 Programme—Contracts Numbered 1—4</u>			
	£40,000	29	£32,928 (The balance of £7,000 was expended on improvements at schools where urgent sanitary works were required.)	All work completed
B.	<u>1968/69 Programme—Contracts Numbered 5—14</u>			
	£100,000	60	£101,318	For all practical purposes work completed
C.	<u>1969/70 Programme—Contracts 15—27</u>			
	£50,000	35 (Est.)	£47,186 (Est.)	Contracts signed for contracts 15, 16 and 17, and survey work commenced on contract 18.
D.	<u>1970/71 Programme—Contracts Numbered 28—32</u>			
	Not known	54 (Est.)	£90,000	

MILK IN SCHOOLS SCHEME

Details of milk samples taken from schools and other establishments during 1969 are set out in the following Table:-

	Pasteurised		Untreated		Total
	Satis.	Unsat.	Satis.	Unsat.	
"Milk in Schools" Scheme	129	3	1	—	133
Central Kitchens	6	—	1	—	7
Self-Contained Canteens supplying meals to one school only	36	2	—	—	38
Residential Nurseries, Day Nurseries and Children's Homes	17	—	6	—	23
Mental Health Training Centres	2	—	—	—	2
County Council Homes	15	—	—	—	15
TOTALS	205	5	8	—	218

SCHOOL SWIMMING POOLS

It is very interesting to look back over the past nine years or so and examine the progression of the school swimming pool. In common with many other things to-day, what was at one time a novelty is now accepted or even expected to be part of the school's daily curriculum.

The real interest in the "teachers training pool" seems to have started in 1963/64 shortly after the publication of the County Council Handbook on the Construction, Water Purification and Cost of Swimming Pools. It is pleasant to record that Somerset was first in the field with this publication and the subsequent instruction booklets on "Portable Pools" and "Pool Heating". From 1963 with a modest total of 37 pools, we have progressed to 108 pools at the end of 1969. The total should reach 114 by the end of 1970.

One great asset of the County Handbooks has been the general acceptance of the standards laid down which has more than simplified the construction and maintenance aspects and it is to the credit of Parent/Teacher Associations and other groups and organisations that they have proved so co-operative.

There is constant liaison between the Education, Architect's and Health Department on pool projects, and, before the planning and construction stage is reached, the officers responsible for school swimming pools in my Department arrange talks to the staff and parents, supported by excellent slides, which together give a general idea as to costs, type of construction suitable for schools, and problems involved. The slides further illustrate the much greater advantages of overhead cover and the subsequent lengthening of the swimming instruction period.

Mental Health Training Centres

Learner-type swimming pools with solar covers have been constructed and are fully operative at the Penrose Training Centre, Bridgwater, Selworthy Training Centre, Taunton, and Hilltop Training Centre, Radstock. There is also one in course of construction at Beckery Training Centre, Glastonbury.

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

	PERMANENT POOLS			PORTABLE POOLS	
	With Purification Plant		Without Purification Plant	With Purification Plant	Without Purification Plant
	Schools	Mental Health Training Centres			
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	51	2	10	31	5
1969	56	3	10	34	5

SCHOOL MEALS SERVICE

A very careful check has been maintained on meat supplied to kitchens and canteens throughout the area. Apart from one or two incidents and problems which, with the co-operation of the suppliers, have been overcome, generally it can be said that the meat supplied has been of a most satisfactory standard.

The Chief Education Officer reports:-

"During the year 1969 there has been a further increase in the number of children taking school meals. In October the total daily production reached 71,996. The percentage of children taking meals during this month was 76.36. The number of central kitchens is 14 while the number of self-contained canteens now reaches 292."

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)
1965 and later	656	656		0		12	56	67
1964	3,776	3,771		5		100	389	450
1963	2,802	2,788		14		96	353	415
1962	623	619		4		13	88	94
1961	263	263		0		10	29	37
1960	219	217		2		18	21	37
1959	2,063	2,063		0		90	119	190
1958	2,337	2,334		3		145	181	290
1957	806	798		8		70	60	119
1956	118	118		0		12	9	20
1955	585	584		1		42	49	84
1954 and earlier	823	816		7		81	78	151
TOTALS	15,071	15,027	99.71	44	0.29	689	1,432	1,954

OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	...	...	...	2,530
Number of Re-inspections	...	...	...	...	...	...	...	...	<u>7,381</u>
TOTAL	...	...	...	...	...	...	...	...	<u>9,911</u>

INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	31,696
(b)	Total number of individual pupils found to be infested	...	...	471
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	0
(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	47	25	75	147	38
	O	163	21	60	244	46
Eyes— a. Vision	T	209	118	374	701	431
	O	400	68	280	748	166
b. Squint	T	131	1	36	168	32
	O	100	3	36	139	18
c. Other	T	16	1	12	29	16
	O	39	5	21	65	5
Ears— a. Hearing	T	162	7	60	229	144
	O	288	7	87	382	72
b. Otitis Media	T	33	1	11	45	22
	O	284	2	48	334	40
c. Other	T	15	3	17	35	19
	O	49	2	18	69	9
Nose and Throat	T	111	9	55	175	95
	O	792	26	235	1,053	152
Speech	T	120	2	19	141	69
	O	348	6	39	393	43
Lymphatic Glands	T	12	0	4	16	8
	O	222	6	42	270	34
Heart	T	19	4	4	27	13
	O	127	15	56	198	32
Lungs	T	40	8	19	67	31
	O	320	28	131	479	63
Developmental— a. Hernia	T	29	1	4	34	12
	O	63	0	12	75	2
b. Other	T	19	8	45	72	55
	O	218	21	97	336	36
Orthopaedic— a. Posture	T	14	15	29	58	12
	O	82	23	95	200	23
b. Feet	T	133	14	74	221	91
	O	275	25	110	410	42
c. Other	T	61	12	35	108	52
	O	195	31	92	318	49
Nervous System— a. Epilepsy	T	4	4	8	16	12
	O	17	8	24	49	14
b. Other	T	3	7	7	17	12
	O	45	13	30	88	34
Psychological— a. Development	T	16	0	29	45	107
	O	106	12	60	178	70
b. Stability	T	32	5	46	83	76
	O	383	44	164	591	109
Abdomen	T	15	2	13	30	11
	O	62	12	41	115	25
Other	T	38	5	23	66	31
	O	306	27	123	456	76

(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	47
Errors of refraction (including squint)	3,688
TOTAL	3,735
Number of pupils for whom spectacles were prescribed	1,683

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	131
(b) for adenoids and chronic tonsillitis	847
(c) for other nose and throat conditions	110
Received other forms of treatment	618
TOTAL	1,706
Total number of pupils in schools known to have been provided with hearing aids—	
(a) in 1969	25
(b) in previous years	77

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	1,566
(b) Pupils treated at school for postural defects	2
TOTAL	1,568

DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

	Number of cases known to have been treated
Ringworm—Scalp	2
—Body	5
Scabies	57
Impetigo	73
Other skin diseases	364
TOTAL	501

CHILD GUIDANCE—SUMMARY OF WORK CARRIED OUT DURING YEAR

Cases referred to Child Guidance Clinics	815
Total number of cases seen by Psychiatrists (including 23 electro-encephalographic examinations, and 142 Court cases)	1,086
Cases seen by Educational Psychologists in schools, clinics, homes and institutions ...	2,464
School and Hostel visits paid by Educational Psychologists	1,566
Home visits and Clinic interviews by Psychiatric Social Workers	2,783
Schools, Hostels and Children's Homes visited by Psychiatric Social Workers	49
Cases closed during the year	548

CASES RECEIVING TREATMENT

[illegible]

DENTAL INSPECTION AND TREATMENT CARRIED OUT
DURING THE YEAR ENDED 31st DECEMBER, 1969

Attendances and Treatment

Courses of treatment commenced during current year

[illegible]

Orthodontics

New cases commenced during Year	...	...	...	...	...	...	...	399
Cases completed during Year	...	...	...	...	...	...	...	302
Cases discontinued during Year	...	...	...	...	...	...	...	20
No. of removable appliances fitted	...	...	...	...	...	...	...	1,014
No. of fixed appliances fitted	...	...	...	...	...	...	...	29

Prosthetics

[illegible]

Inspections

(a)	First inspection in current year. No. of pupils	...	...	...	...	...	64,366
	Number found to require treatment	...	...	...	...	...	33,551
	Number offered treatment ... ..	...	...	...	...	...	25,595
(b)	Pupils re-inspected in current year	...	...	...	...	...	2,044
	Number found to require treatment	...	...	...	...	...	1,008

Sessions

Sessions devoted to treatment	...	...	...	...	...	...	...	8,003
Sessions devoted to inspection	...	...	...	...	...	...	...	650
Sessions devoted to Dental Health Education	...	...	...	...	...	...	...	170

SPEECH THERAPY

Clinic Centre	No. of Sessions	No. of Children under treatment 1.1.69	No. of Children under treatment 31.12.69	Admittances	Discharges	Total Attendances	Home Visits	School Visits	No. on waiting list at 31.12.69
Bath	41	18	14	8	12	168	1	1	15
Bridgwater	150	40	39	27	28	872	0	1	42
Burnham-on-Sea	84	15	29	23	9	309	0	6	6
Castle Cary	42	14	19	9	4	169	1	4	8
Chard	88	24	26	9	7	407	1	5	8
Clevedon	90	10	12	15	13	414	0	0	12
Crewkerne	44	12	9	3	6	173	0	3	5
Dulverton (temporarily closed since 29.9.69)	23	2	0	0	2	38	0	0	0
Frome (closed 1.1.69 to 10.4.69)	66	41	38	21	24	240	0	0	9
Glastonbury	34	17	23	12	6	145	1	1	4
Keynsham	110	25	38	37	24	550	3	5	37
Long Ashton	78	11	14	9	6	279	3	2	21
Minehead	87	14	12	10	12	386	4	2	13
Portishead	68	13	16	14	11	273	3	11	11
Radstock (closed 1.1.69 to 10.4.69)	68	34	45	20	9	273	0	0	10
Shepton Mallet	41	27	28	9	8	211	0	1	18
Taunton	244	43	56	38	25	1,057	16	4	37
Wells	35	20	16	4	8	149	0	2	2
Weston-super-Mare	262	66	88	79	57	1,006	7	8	25
Wiveliscombe	36	6	6	6	6	219	1	0	0
Yeovil	228	67	76	32	23	1,100	8	4	17
TOTALS	1,919	519	604	385	300	8,438	49	60	300

SPEECH THERAPY continued

Clinic Centre	Children receiving treatment 31.12.69						Children discharged during 1969					
	Stammer	Articulatory Disorders	Voice Disorders	Cleft Palate	Retarded Speech	Other Defects	Stammer	Articulatory Disorders	Voice Disorders	Cleft Palate	Retarded Speech	Other Defects
Bath	3	8	0	2	0	1	1	9	0	1	0	1
Bridgwater	9	20	0	1	4	5	3	21	0	1	1	2
Burnham-on-Sea	7	19	0	1	0	2	3	6	0	0	0	0
Castle Cary	6	10	0	1	2	0	1	3	0	0	0	0
Chard	6	15	0	2	1	2	0	5	0	0	2	0
Clevedon	0	6	0	1	5	0	0	10	0	1	2	0
Crewkerne	2	4	0	0	2	1	1	4	0	1	0	0
Dulverton (temporarily closed since 29.9.69)	0	0	0	0	0	0	0	2	0	0	0	0
Frome (closed 1.1.69 to 10.4.69)	6	29	1	0	1	1	0	24	0	0	0	0
Glastonbury	5	13	0	1	4	0	4	2	0	0	0	0
Keynsham	6	29	0	1	2	0	1	21	0	0	1	1
Long Ashton	2	11	0	1	0	0	0	6	0	0	0	0
Minehead	3	5	0	0	3	1	1	10	0	0	1	0
Portishead	2	7	1	1	4	1	1	9	0	0	1	0
Radstock (closed 1.1.69 to 10.4.69)	8	36	0	1	0	0	1	8	0	0	0	0
Shepton Mallet	4	22	0	0	0	2	0	5	0	0	3	0
Taunton	9	39	0	3	3	2	1	20	0	2	1	1
Wells	2	12	0	0	1	1	3	5	0	0	0	0
Weston-super-Mare	11	58	0	3	14	2	2	49	2	2	2	0
Wiveliscombe	1	5	0	0	0	0	0	6	0	0	0	0
Yeovil	10	42	4	3	14	3	4	15	0	1	2	1
TOTALS	102	390	6	22	60	24	27	240	2	9	16	6

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 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)	3rd Wednesdays (a.m.)
	Speech	Monday to Friday (a.m.)
	Ultra Violet Light	Mondays and Thursdays (p.m.)
Bridgwater Hospital	Ophthalmic	Alternate Tuesdays (p.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.)
(temporarily closed)		
Frome, Health Centre	Child Guidance	3rd Tuesday
	Dental... ..	Daily
	Ophthalmic	As required
	Orthopaedic (Sister)... ..	Thursdays (as required)
	Orthopaedic (Surgeon)	2nd Thursday (a.m.)
	Speech	Mondays
Glastonbury, Health Centre, Wells Road	Child Guidance	1st Thursday (a.m.) and 3rd Thursday (p.m.)
	Dental... ..	Daily
	Ophthalmic	As required
	Orthopaedic (Sister)... ..	1st Wednesday (p.m.) and Thursdays (a.m.)
	Orthopaedic (Surgeon)	1st Wednesday (a.m.)
	Speech	Thursdays (p.m.)
Keynsham, Ellsbridge House ...	Child Guidance	Wednesdays (a.m.) and Thursdays (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
	Speech	Tuesdays
Minehead Hospital	Child Guidance	Alternate Fridays (a.m.)
	Ophthalmic	Alternate Tuesdays (p.m.)
Portishead Congregational Hall	Ophthalmic	As required

SCHOOL CLINICS continued

Location	Treatment	Sessions held
Portishead Folk Hall	Speech	Wednesdays
Portishead, St. Mary's Road ...	Dental	As required
Radstock Health Centre	Child Guidance ...	4th Tuesday (p.m.)
(Leigh House)	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.)
Shepton Mallet Red Cross		
Headquarters	Speech	Tuesdays (a.m.)
Shepton Mallet Hospital ...	Ophthalmic	As required
	Orthopaedic (Sister) ...	3rd Monday (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) ...	1st, 2nd and 3rd Tuesdays (a.m.); 2nd and 4th Wednesdays (p.m.); 4th Friday (a.m.)
	Orthopaedic (Surgeon)	2nd Friday
	Speech	Mondays (p.m.); 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 ...	2nd and 4th Mondays (p.m.); Tuesdays; and 2nd, 4th and 5th Thursdays
	Dental	Daily
Weston-super-Mare, Somerset	Minor Ailments ...	Tuesdays
House	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 Fridays
	Orthopaedic (Surgeon)	1st Friday (a.m.)(alternate months)
Yeovil, Preston Road Health	Child Guidance ...	Wednesdays(p.m.) and Thursdays (p.m.)
Centre	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.)

