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SCHOOL HEALTH SERVICE

# **ANNUAL REPORT**

SOMERSET COUNTY COUNCIL

# **1972**



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SOMERSET COUNTY COUNCIL

THE COUNTY EDUCATION COMMITTEE

# Annual Report

OF THE

## PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1972

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 EDUCATION COMMITTEE  
OF THE SOMERSET COUNTY COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the work performed by the School Health Service during the year 1972. The preparation of this Report was adversely affected by the demands made on your senior staff by Local Government and Health Service Re-organisation and I regret the delay in presentation. Nevertheless, it will be seen from the statistical tables in the Report that the work of the Service continued satisfactorily during the year and several new developments were instituted.

In making appointments for children to be examined by your School Doctors, procedures must be observed which are laid down under the Education Act. The chore of arranging school medical inspections has been reduced by the introduction of an appointment system using the Somerset County Council computer. The computer was used to arrange appointments in the Wincanton area from the 1st January, 1972 and other parts of the County are now gradually being included. There can be no doubt that we have achieved a worthwhile advance and the computer scheme has been favourably commented upon by many Headmasters and Headmistresses.

I should like to thank our Education colleagues for their courteous help in our mutual affairs. Finally, I would pay tribute to Dr. J. Beasley and to the staff of the Department for their industry in maintaining your services through a difficult period.

A. PARRY JONES

Principal School Medical Officer

County Hall,  
Taunton.

9th January, 1974

# 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.

AVICE M. ATKINSON, M.B., Ch.B., D.Obst.R.C.O.G.

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. (part-time)

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.

MARGARET PARDOE, M.B., Ch.B., D.C.H. (part-time)

MARGARET I. ROSS, M.B., Ch.B., D.P.H.

HILDA M. SCHOFIELD, M.B., Ch.B. (part-time)

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.

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

A. E. WILSON, M.R.C.S., L.R.C.P., D.O.M.S.

By arrangement with the  
Regional Hospital Board

## Principal School Dental Officer

J. D. PALMER, B.D.S., L.D.S., R.C.S., D.D.P.H.

## County Orthodontist

N. M. POULTER, L.D.S., D.D.O., R.F.P.S.

## Senior Dental Officers

Mrs. A. C. CARTER, L.D.S., R.C.S., B.D.S.

H. C. GREEN, L.D.S.

D. T. HUMPHRIS, L.D.S., R.C.S.

A. F. V. PITTER, B.D.S. (from 1st February, 1972)

D. B. WELLS, L.D.S.

## School Dental Officers

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

Miss C. J. ANGUS, B.Ch.D.

R. V. BISHOP, L.D.S., R.C.S.

B. W. BOND, B.D.S.

Mrs. C. BRODIE, B.D.S.

D. I. CARMICHAEL, B.D.S. (from 1st May, 1972)

R. F. DIRKIN, L.D.S.

P. A. DUNCAN, B.D.S.

H. R. HARVEY-MOFFATT, L.D.S., R.C.S.

L. D. KAY, L.D.S., R.C.S. (from 20th March, 1972)

F. C. R. LEWIS, L.D.S.

C. C. SCOONES, L.D.S.



**School Dental Officers—continued**

L. E. SCULL, L.D.S.(U.Brist.)  
 H. S. SMITH, L.D.S. (from 1st March, 1972)  
 C. H. THOMAS, B.D.S.(U.Brist.)  
 Mrs. G. M. WALKER, L.D.S.(V.U.Manc.)

**Child Guidance Team**

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  
 Mrs. M. CARTER, M.R.C.S., L.R.C.P., D.P.M. (part-time Consultant Psychiatrist) ) with the Regional  
 E. G. OSTLER, M.B., B.S., D.P.M. (part-time Consultant Psychiatrist) ) Hospital Board  
 Miss S. PULLEN, A.A.Ps.W. (Head Psychiatric Social Worker)  
 Mrs. F. BODMAN, A.A.Ps.W. (part-time Senior Psychiatric Social Worker)  
 Mrs. R. GILLET (part-time Social Worker)  
 Mrs. D. EAVIS (part-time Psychiatric Social Worker) (from 26th July, 1972)  
 Mrs. M. E. SALAMAN (part-time Psychiatric Social Worker) (from 13th April, 1972).  
 Miss M. J. WILSON, B.A., A.A.Ps.W. (Senior Psychiatric Social Worker)  
 Mrs. M. R. WINCHESTER, A.A.Ps.W. (part-time 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) )  
 N. BLAGG, (Educational Psychologist) )  
 J. F. COLE, B.Sc. (Educational Psychologist) )  
 Miss M. R. GREY, B.A., A.B.Ps.S. (Educational Psychologist) ) Education  
 L. P. JORDAN, B.A., B.Mus., Dip.Ed.Psy. (Educational Psychologist) ) Staff  
 D. J. KNAPMAN, B.A. (Education Psychologist) )  
 D. LAWRENCE, B.A., A.B.Ps.S. (Educational Psychologist) )

**Speech Therapists**

Miss D. E. M. LEDAMUN, L.C.S.T., A.L.A.M. (Senior Speech Therapist)  
 Miss C. P. BAILWARD, L.C.S.T. (resigned 14th January, 1972)  
 Mrs. C. N. BURKITT, L.C.S.T. (from 2nd October, 1972)  
 Mrs. M. L. CHRISTIE, L.C.S.T.  
 Mrs. G. HEPWORTH, L.C.S.T.  
 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. M. MARTIN, L.C.S.T. (part-time)  
 Mrs. C. MEERING (from 2nd October, 1972)  
 Mrs. E. M. ROLT, L.C.S.T. (part-time)  
 Mrs. V. C. STEPHENSON, L.C.S.T. (part-time) (resigned 14th July, 1972)  
 Mrs. L. M. TARBOX, L.C.S.T. (part-time)  
 Mrs. V. M. TUCKER, L.C.S.T. (part-time)  
 Mrs. J. WALLIS, L.C.S.T. (part-time)  
 Miss J. WILLIAMS, L.C.S.T. (resigned 5th September, 1972)

**Visiting Orthopaedic Surgeons**

R. A. BAILY, F.R.C.S. )  
 P. BLISS, F.R.C.S. )  
 A. E. BURTON, F.R.C.S. )  
 D. DUNKERLEY, F.R.C.S. ) By arrangement with the Regional Hospital Board  
 J. R. KIRKUP, F.R.C.S. )  
 H. ROBERTS, 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. C. HIGBY  
 Mrs. D. PERYER (from 1st January, 1972)

**Audiology Technicians**

Mrs. J. PHILLIPS (part-time) (from 5th June, 1972)  
 Mrs. J. BRICE, N.N.E.B. (part-time)  
 Mrs. H. DOUGLAS (part-time) (from 20th November, 1972)



## SCHOOL HEALTH SERVICES

The following gives some indication of the volume of work handled in 1972. The figure in brackets refer to 1971. It is pleasing to note that there was no reduction in achievement.

25,800 children were medically examined by School Doctors.  
 68 500 were inspected by School Dental Officers.  
 6,300 were inoculated with B.C.G. against tuberculosis of the lungs.  
 9,000 attendances by school children were made at Speech Clinics.  
 4,300 attendances by children were made at Orthopaedic Clinics.

Further details are described in the pages of this Report.

## ADMINISTRATION

A new Child and School Health Section, dealing with children from birth to school leaving age was established in the Health Department on 1st September, 1972. The new organisation combined the former School Health Section and that part of the former Maternal and Child Welfare Section which was concerned with Child Health.

The new section ended an artificial division of responsibilities for children before and after school entry which has become less and less relevant because of the increase in nursery education and because of earlier assessment of handicapped children.

It is expected that this arrangement will be suitable for direct incorporation in the future Health Service administration.

## COURSES AND CONFERENCES

Speech Therapy Study Course, Weston-Super-Mare

Miss K. Lloyd  
 Miss J. Williams

28th Child Guidance Inter-Clinic Conference, London

Miss S. Pullen  
 Miss M. J. Wilson  
 Miss K. Wright

Postgraduate Course in Orthodontics

Mr. C. E. Amos  
 Mr. D. B. Wells

Postgraduate Course in Children's Dentistry

Mr. C. C. Scoones

Refresher Course for Local Authority Dental Officers

Mr. R. F. Dirkin

British Dental Association Annual Conference

Mr. J. D. Palmer  
 Mr. N. M. Poulter  
 Mr. D. H. Humphris

Management of Integrated Health Care

Mr. J. D. Palmer

Dental Auxiliary Association Annual Conference

Mrs. M. Raven

## 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 was as follows:—

1963	72,006
1964	74,471
1965	75,817
1966	77,337
1967	79,380
1968	82,275
1969	85,918
1970	89,089
1971	92,787
1972	96,978

## SCHOOLS AND SCHOOL CHILDREN

Type of School	Number of Schools in January, 1973	Number of Children on Register — January, 1973
Nursery	2	90
Primary — First	28	2,905
Infants only	67	11,580
Infants and Juniors	227	32,567
Juniors only	49	13,917
Secondary — Middle	5	2,001
Modern	23	12,067
Technical	1	174
Grammar	10	5,315
Comprehensive	21	18,978
Special — Educationally Sub-Normal	13	1,114
	<hr/> 446 <hr/>	<hr/> 100,708 <hr/>

## SCHOOL CLINICS

A complete list of the various school clinics held throughout the County is given on pages 29 and 30 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 1971 are given in brackets):—

School entrants	7,386	(7,286)
Intermediate age-groups	7,802	(8,406)
School leavers	1,724	(1,585)

Every five-year old school entrant is examined comprehensively soon after starting school. Many of the examinations of children in their last year in Junior school and of those who have reached school leaving age are conducted on a selective basis. The vision and hearing of all entrants is tested.

During the year School Medical Officers also carried out:

1. Special examinations at the request of the parent, teacher or school nurse	2,417
2. Re-examinations of children found at previous inspections to have a defect which needed to be kept under observation	6,905

75 schools were not visited for school medical inspections in 1972.

### School Medical Examinations by Family Doctors

In September, 1972 eight more doctors in three practices began providing this service to their child patients in the Nailsea, Backwell and Clevedon comprehensive schools and a number of associated primary schools.

A computer assisted call-up system for the school medical examinations in the Wincanton area was introduced on 1st January, 1972. This worked well and was applied from the outset in the Nailsea, Backwell and Clevedon schools. At the end of the year plans were laid to extend the same system to all the schools where family doctors provide school health services.

By 31st December, 1972, 30 family doctors were providing school health services for 11,000 of their school child patients.

### GENERAL CONDITION OF CHILDREN INSPECTED

The school doctors assessed 16 (0.09 per cent) children out of 16,912 children examined at periodic medical inspections to be of unsatisfactory physical condition. This shows a decrease from last year when the number was 29 (0.17 per cent). 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 25 gives details of the defects (excluding dental disease and infestation with vermin) found at periodic and special medical inspections during the year for each group examined.

By far the commonest defects found were those related to the special senses, namely abnormalities of the ear, nose and throat (142 per 1,000 children examined); eyes 129 per 1,000 children examined).

The Table shows that the number of defects in children found to require treatment was 4,338, of whom 1,064 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 1972, 65,584 children were inspected and 1,201 found to be infested. This is in comparison with 66,073 children inspected and 449 found to be infested in 1971.

Clearly, there has been a very large increase since 1970 when only 390 infested children were discovered. Part of this increase may be as a result of improved vigilance by our nurses. As some strains of head lice are resistant to organo-chlorine insecticides, Prioderm (containing 0.5% Malathion) is now used successfully in resistant cases.





There has been increased demand for hearing tests from School Medical Officers, Headteachers, General Practitioners and Health Visitors, and the close contact with E.N.T. Consultants and Paediatricians continues.

The opening of the new Yeovil District Hospital during 1973 should mean that regular visits by some children to E.N.T. out-patient clinics at Taunton will prove unnecessary. This will be particularly welcomed by parents. It is planned to start joint clinics with E.N.T. Consultants at Yeovil in the second half of the year.

Perhaps the most pleasing aspect of the year, has been the increased awareness of the difficulties caused by hearing losses in young children by parents in general, and their desire for prompt treatment both medical and educational."

Mrs. C. HIGBY, Teacher of the Deaf in North East Somerset reports as follows:—

"The past twelve months have been a period of improvement and advancement in the North East quarter of the county. We are especially grateful for the services of Mrs. Douglas, who was appointed as a part time audiometrician in November. She has already made vast inroads into the great task of getting the routine screening of infants up to date. She has also been invaluable to me personally as an assistant at the clinic sessions that we have established at several of the Health Centres. The Health Visitors continue to do the routine screening of babies and young children, but are now able to refer the failures or difficult children to the next regular clinic session for retesting. It has proved most useful to have these sessions in the community health centres where there is direct contact with the health visitors and general practitioners.

The greatest benefit of having assistance with the routine hearing testing in schools, has been my own release to concentrate more time on the children with established hearing losses.

I hear little but praise from parents in my area for the work of the Royal School for the Deaf at Exeter. The only criticism that I do hear levelled is a purely geographical one: "If only it was a bit nearer". It was therefore pleasing to be able to liaise with the Wiltshire Local Authority to at least make transport a little easier. There are now 9 children from this part of the county who travel fortnightly as far as Wells or Frome by coach. This has eased the burden of transport for many and has enabled 2 children to come home for mid term weekends who have not previously been able to do so.

The following report has been submitted by Mrs. D. PERYER, Teacher of the Deaf for North West Somerset:—

"The year ended without the long awaited audiometrician being appointed which was very disappointing. Consequently no routine screening of school children took place in this area during 1972.

The most exciting news to report is that in April the first primary Partially Hearing Unit in Somerset was opened at Weare V.C. Primary School. A classroom specially furnished and fitted with the specialist equipment needed (a group hearing aid, individual speech trainers, tape-recorders etc) was placed at the school and six children aged 4-9 were admitted to Weare school. The children came from Weston-super-Mare, Shipham Highbridge and Burnham-on-Sea and special transport was arranged. By Christmas the numbers had increased to seven and all the children had settled in happily at their new school. The children were obviously benefiting from the specialist help available from the full-time teacher of the partially hearing in charge of the Unit. There is all the difference between the occasional visit of a peripatetic teacher to a hearing handicapped child in an ordinary school, and the help which can be given to such a child who is in a school where a member of the staff is fully qualified and available to offer help whenever it is needed throughout the school day.

This Unit is eventually to cater for the youngest children so a second Unit is already being planned to open next year."



## PAEDIATRIC SERVICES

The excellent relationship which exists 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

During 1972 three children enjoyed convalescent holidays at Heathercombe Brake, Manaton and at Pendine Sands.

## SCHOOL OPHTHALMIC SERVICE

During the year, the Ophthalmic Consultant examined 1,448 school children (1837 attendances) prescribing spectacles for 431. In addition 82 pre-school children were examined, chiefly for squint. Information has been received that 377 pairs of spectacles (or lenses to new prescriptions) have been provided. Included in this figure are 81 pairs prescribed prior to 1972.

Mr. J. R. S. Barton, Consultant Ophthalmologist, has written as follows:—

"I would like to stress that the arrangements in the South Somerset Clinical Area whereby children are refracted by local opticians on a rota basis in hospital out-patients under the supervision of a Consultant continues to work extremely well. There has been much discussion by the Ophthalmic Advisory Committee, of which I am a member, on this subject and it seems that we are very fortunate in our present arrangements. There is now a great shortage of suitably experienced ophthalmic medical practitioners to do the School Clinics and this situation is likely to deteriorate.

Our policy is to discharge children from hospital treatment when they are found to be suffering from a simple refractive error, retaining only those cases with pathological features or strabismus which are then absorbed into the hospital set-up.

Diagnosis and treatment of strabismus in its early stages continues to be satisfactory, and once again we would stress the importance of referring any child suspected of strabismus whatever age. This is partly to institute treatment and prevent the onset of eccentric fixation with dense amblyopia, and also to exclude pathological features, in particular retinoblastoma and allied conditions."

## SPEECH THERAPY

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

Mrs. D. Ledamun has supplied the following report:—

After observing this method of work in practice at Warley and Dudley, we devised and carried out two trial courses of our own. These were held during the Summer Term in excellent accommodation at a Junior School in Taunton. Each course was run by two therapists and consisted of eight children who attended for two hours every morning for three weeks. The immediate results of the courses were very encouraging and we are now considering an extension of this work on the basis of a 4 week course followed by a short period of weekly individual treatment.

At the end of the year we welcomed the publication of the Report of Professor Quirk's Committee on Speech Therapy Services. Having waited 25 years for such an enquiry to be carried out, we sincerely hope it will not take as long to consider and implement the recommendations made.

## ORTHOPAEDIC SERVICE

During 1972, 406 new cases were seen at the clinics, of whom 331 were children of school age.

The total number of attendances made was 2,741, and the number of children seen and examined by the Surgeons was 1,145, this figure includes new cases.

The number of patients discharged from the Orthopaedic clinic during the year was 561, of whom 325 were children of school age.

The number of school children seen was 851.



These figures do not include any children in the Weston Super Mare area as these clinics were taken over by the Hospital Board as from 1st January, 1972.

	Total New Cases	Pre-School	School
1966	485	232	257
1967	572	207	365
1968	469	164	305
1969	512	212	300
1970	609	243	366
1971	642	204	438
1972	406	75	331

#### CHILD GUIDANCE SERVICE

The work undertaken by the Child Guidance Service in Somerset during 1972 is set out in tabular form at the end of the Report.

During 1972 Child Guidance Clinics have been held at nine centres in the County attended by four Consultant Psychiatrists.

Dr. A. H. Bakker reports:—

"The pattern of work in the Bridgwater, Taunton and Yeovil areas has been very much the same as last year. In the mid-Somerset area we are now using the Health Centre at Street where it has been easier to work in with the local doctors surgery times and the pleasant working conditions are very much appreciated by the clinic team. In the near future it is proposed to transfer the administrative work in connection with the Yeovil clinic from Taunton to Yeovil.

With careful selection in the case of one or two families an attempt has been made, with some success, to use a conjoint family approach involving the whole family and members of the clinic team.

The regular monthly meeting with Health Visitors in Taunton has enabled us to work more closely with them and we hope this will lead to earlier referrals before problems become too intractable."

Dr. M. F. Bethell writes:—

"There is an increasing need for special school facilities for young, below average children in the Minehead/Exmoor area. They are too young to travel to Taunton or Bridgwater, too young for residential schooling and even when old enough for residential schooling Fosseway at Radstock is too far away.

There is also an urgent need for the provision of Summer holiday camps for the older children and teenagers in the Minehead area. There are many who should be offered at least two weeks camping during the Summer holidays where, as is infrequently the case, both parents are working by day and half the night."

Dr. Mary Carter reports:—

"North-West Somerset"

The number of patients seen continues to rise. In 1971-2 there were 222 compared with 189 in the previous year.

We have been most fortunate in the appointment of three new staff. Mrs. Salaman joined us in April giving three sessions and has become a most valuable member of the clinic team. Mrs. Eavis joined us in July, at first giving two sessions but since February four sessions. Mrs. Eavis is a Psychiatric Social Worker of considerable experience and is a great support to us.

In July we were joined by Mr. Nigel Blagg, Educational Psychologist, who has thrown himself into the work with skill and enthusiasm and is continuing the work already started by Mr. Lawrence of furthering the relationship between the schools and the Clinic. There is still a shortage of psychiatric sessions. With the encouragement of both Educational Psychologists, I am trying to continue my work into the schools themselves in order that we may work more closely with the teachers. Many of the schools are welcoming this but psychiatric time is the limiting factor."

Dr. E. G. Ostler reports:—

"The total number of cases referred to the Child Guidance Team covering the north east of the County has not markedly increased though there has been a steady increase in the total number of cases seen.

The interesting fact however, is that of the 127 new cases referred during the year, 52 of these came from the Frome area which only has one of the four sessions of Child Psychiatric time a week which are given to the area as a whole, i.e. of the total work of the Clinics in this area, almost half the work is centred on one clinic and if the experience of this rapidly developing work at Frome Health Centre is to be repeated in other parts of the County implications for the amount of Child Psychiatric time required are somewhat overwhelming. The great majority of referrals at Frome now come from personnel working at the Health Centre, i.e. G.P.s., District Nurses, and Health Visitors.

The demand for clinic time at Keynsham has slackened off during this year and it has been possible to concentrate more on working with individual schools with the team going into a school and meeting a number of the staff to discuss specific children and also problems in general. From our experience so far, we feel that this will prove to be a very profitable use of Psychiatric time and it has already shown that in some instances a teacher at a particular school who gets on well with a child may well be the best therapist for that child and the need for clinic appointments may be obviated."

### COUNTY DENTAL SERVICE

The Principal School Dental Officer reports:—

During 1972 the high level of dental inspections and treatment provision has been maintained by the County Dental Service. Also the desirable trend towards conserving teeth, rather than extracting them, has continued. However, an increasing output of treatment, or indeed a changing pattern of treatment, does not necessarily indicate anything. Unless treatment is accompanied by control of dental disease or a reduction in the amount of disease — or preferably both — it is not possible to achieve a real improvement in the dental health of the Community or the individual child.

Recently there has been a growing interest in preventive dentistry, both by the profession and the public, aided no doubt, by improved coverage and interest by the various communication media like television and newspapers. Again the County Dental Service has played its part this year by promoting and providing more extensive preventive and control services, both at the community level and the individual level.

#### Dental Inspection

Although the school population rose by over 4,000 last year, the percentage of school children inspected remained at 74%, with 73,162 being seen compared with 68,534 in 1971. Half of the children inspected were considered to require treatment at that time and two-thirds of those offered treatment obtained it through the County Dental Service. The numbers inspected would almost certainly have been higher still, but for some staff illness during the last quarter of the year.

During the year, a slightly more detailed and standardised inspection of certain age groups of children was started. These inspections only marginally increase the time taken on the school dental inspections and provide valuable information by which to measure any future changes in the pattern of dental disease or the effects of treatment upon such disease.

#### Dental Treatment

Parents are increasingly expecting that their children's teeth will be saved whenever possible and the Dental Officers are most happy to oblige. During the year the number of teeth filled rose to 50,219 (1971 — 44,754) whilst the number of teeth extracted dropped to 12,350 (1971 — 13,016). Again the number of root fillings performed increased by 100% over last year's figures, further demonstrating the encouraging trend towards preservation of children's teeth.

Four teeth were filled for every one extracted in Somerset in 1972, whereas some twenty years ago the ratio was one for one.



Other encouraging aspects are the increase in the number of prophylaxis (cleaning and polishing of teeth) performed — up 18% and the number of courses of treatment completed — up 9%, both indicating that greater emphasis is being placed on control of disease.

Numerical details of dental inspection and treatment are to be found on page 26

### **Dental Facilities**

The planned programme of modernisation and re-equipping of surgeries has progressed during the year. A new surgery has been established at Bridgwater Clinic to form part of an enlarged and improved 3 surgery unit to meet the needs in this area. The centre at Chard has also been completely re-equipped. At the same time most other centres have had additions and modifications to dental equipment and surgery layout to meet the high standards required for dentistry today. Dental suites in two new Health Centres at Wincanton and Wellington are well advanced and will provide good services for these areas when they open in 1973.

The Mobile Dental Units continue to play an important role in taking dental services to the rural communities; this is much appreciated and increasingly necessary with the curtailment of public transport systems in such areas. The Dental Laboratory too, has continued to provide good technical support for the Dental Officers, maintaining a steady output of quality work.

### **Dental Health Education**

The amount of time and effort devoted to creating an awareness about dental health has increased considerably.

Projects about teeth and dental matters have been carried out by many schools during the year and have done a lot to stimulate interest in dental care. Two groups of primary school children from Wellington and Stoke-sub-Hamdon visited the British Dental Association Annual Conference at Swansea in July to show their dental project work to the profession. This convincingly demonstrated that, as well as being worthwhile in general educational terms, it had helped the children to understand and apply rules for good dental health to themselves.

During the Spring Term a Poster Competition was held for schools in the Crewkerne area on "Why Teeth Matter" and this attracted a lot of interest from the children and their parents. As a result of this pilot scheme, Annual Poster Competitions on a dental theme are being organised in various areas throughout the County.

Talks about teeth and dental health to teachers groups, nurses and health visitors, expectant mothers, playgroups and school children have been undertaken during the year by Dental Officers and Dental Auxiliaries. The interest shown has been encouraging and it is to be hoped that they will enable people to learn the facts and then choose an appropriate course of action, both for themselves and for those they influence or educate.

### **Dental Staff**

There were relatively few changes of staff during the year and we have maintained a full establishment in all categories of dental staff. This is good for both patients and the service, as it provides continuity and allows mutual trust and understanding to develop.

Two Dental Officers started a part-time postgraduate course in October, leading to a qualification in public dental health next July, which will be of value not only to themselves, but also to the service in general. Four other Officers have attended short postgraduate courses on various aspects of dentistry throughout the year. One full staff meeting and two Dental Officers meetings were also held, at which administrative and clinical matters were debated and discussed to the benefit of all.

My thanks to the Dental Staff who have maintained the high standards of dental care which have come to be expected in this County. Our thanks also to the Health and Education department staff at County Hall for all the administrative support and co-operation we have received.



The County Orthodontist reports:—

"The demand for your orthodontic service in the County during the past year remained at the same high level which has characterised the service ever since its inception. Indeed waiting lists at most clinics, despite efforts to reduce them still remain. It is more than gratifying, however, to be able to report that the orthodontic coverage by this service is now almost complete.

In some areas, Dental Officers have been encouraged to commence treating certain orthodontic cases and in others, where the requisite facilities are not yet present, the children are covered by being referred to nearby clinics for the orthodontic part of their dental treatment.

This extension of the coverage has been reflected in the comparative figures for the year, especially with reference to the number of new cases commenced. These show an increase from 360 in 1971 to 412 in 1972 and the number of removable appliances fitted from 1041 to 1085.

Your Orthodontist fitted fewer fixed appliances in 1972. This decrease is due to a toneing down of the "fixed appliance policy" which was tried out for a short time in 1971, also, I believe, to the greater amount of time spent with Dental Officers encouraging them to undertake orthodontic cases themselves. The co-operation of all has been noticeable and pleasing.

#### **Cleft Palate Cases**

During 1972 it was necessary to fit pre-operative plates in only one cleft palate baby at Musgrove Park Hospital. Four "pre-lip operation" plates were fitted for this young man. Although it was necessary to fit appliances for only one case it is reassuring to know that the organisation for this type of work does exist.

The six monthly checks continue for all those cleft palate children, who have been treated as babies by your Orthodontist, and the value of this service is reflected by the liaison which it provides between the parents, the hospital, the speech therapist and the Dental Surgeon. It is hoped that it will continue.

#### **Acknowledgements**

May I express my thanks to Mr. L. Oldham, Consultant Oral Surgeon, for treating so expertly those orthodontic cases of mine which required his help and to Mr. King and the County Dental Laboratory for the high standard of work which they have so continuously maintained. I would also like to express my gratitude to Miss Ledamun and the Speech Therapy Service for their continuing collaboration, which is so important for success in many orthodontic cases, particularly cleft palate children.

Mr. J. D. Palmer has been a great source of encouragement during the year and his enthusiasm for any proposals which I have put before him, particularly in extending the coverage of the orthodontic services, has been both stimulating and helpful — my sincere thanks. Lastly, my thanks to Mrs. May, my Dental Surgery Assistant, for the exemplary manner in which she has carried out both her clinical and administrative duties.

## II. INFECTIOUS DISEASES AND IMMUNISATION

There were no serious outbreaks of infectious disease during 1972. No cases of poliomyelitis or diphtheria were reported amongst school children.

### Tuberculosis

During 1972 two children of school age were notified as suffering from tuberculosis.

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

Some 82 male and 476 female members of schools staff attended for mass radiography in 1972.

### VACCINATION AND IMMUNISATION

The use of a 'computer' to call up children automatically to doctors' surgeries to receive vaccinations and immunisation as they become due has continued without any problems. Rubella vaccination is now being offered to girls on reaching their eleventh birthday.

### B.C.G.

Vaccination against tuberculosis is not included in the computer call-up system. Sessions are held at secondary schools so that 13 year old children can be given B.C.G. if they are found to require it after Heaf testing.



The results of the scheme were:—

### B.C.G. VACCINATION IN 1972

	Born 1959 (or earlier)
Estimated number of children eligible .. .. .	8,229
Number of consents received .. .. .	7,765
Estimated percentage of acceptances .. .. .	94%
Number of children whose tuberculin tests were read with 'positive II, III or IV' results .. .. .	531
† with 'negative' or 'Positive' results	6,419
Percentage of 'positive II, III, or IV' results .. .. .	7.6%
Percentage of 'negative' or 'positive I' results .. .. .	92.4%
Number of children to whom B.C.G. given .. .. .	6411
Number of children left county, *absent, or postponed because of other inoculations .. .. .	697
Number of children with 'negative' or 'positive I' results but not given B.C.G. .. .. .	8
Number of children *absent for reading of tuberculin test .. .. .	165

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 1959 (or earlier)
Nil abnormal discovered .. .. .	371
Healed primary lesions only .. .. .	5
Did not attend or result not known .. .. .	32
Pulmonary tuberculosis discovered .. .. .	0
	<hr/> 408

125 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

The numbers of handicapped pupils at the end of the year were as follows:

#### BLIND

16 at Special Schools, none on waiting list

Children of school age are educated by methods which do not involve the use of sight and are usually placed at Ysgol Penybont, Bridgend; Royal Normal College, Shrewsbury; Worcester College, Worcester, and Chorleywood College, Hertfordshire. Younger children are often admitted to the Sunshine Home, Southerndown, Glamorgan.

#### PARTIALLY SIGHTED

19 at Special Schools, 1 on waiting list.

Children are usually placed at the West of England School for Partially Sighted Children, Exeter, Devon, when capable of being educated by special methods involving the use of sight.

#### DEAF

Thirty-eight at Special Schools, 1 on waiting list.

The majority of deaf children are placed at the Royal School for the Deaf, Exeter, with pre-school age children admitted to the Nursery Unit of this school.

#### PARTIALLY HEARING

Forty-three at Special Schools, one on waiting list.

A number of partially hearing children attend schools or units in Bath and Bristol. The majority of children with hearing defects remain at home and receive education in their local schools, being supervised by the Travelling Teachers of the Partially Hearing. Special teaching techniques and individual tuition is provided. Others are placed at the Royal School for the Deaf, Exeter, where education on a boarding school pattern is provided. At the end of the year, plans for the new partially hearing unit at Weare were well advanced.

#### EDUCATIONALLY SUBNORMAL

1,089 at Special Schools, 183 on waiting list.

Special School provision is as follows:—

##### Elmwood School, Bridgwater

A day special school for 120 pupils plus an assessment class for 10 children in 5 — 8 year age range.

##### Fairmead School, Yeovil

A day special school for 120 pupils + assessment class.

##### 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 full 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.

##### Ravenswood School, Nailsea

A day special school for 100 pupils plus an assessment class for 10 children 5—8 year age range.

Westhaven School, Weston-Super-Mare

Has a weekly boarding hostel for 40 boys and in addition has places for 60 mixed day pupils, and an assessment class for 10 children (5-8 years age range).

In addition, there are 6 day special schools which were previously training centres for the mentally handicapped:

Penrose School, Bridgwater	50 pupils
Beckery School, Glastonbury	30 pupils
Hilltop School, Radstock	92 pupils
Selworthy School, Taunton	60 pupils
Baytree School, Weston-Super-Mare	85 pupils
Fiveway School, Yeovil	65 pupils

Somerset pupils are also placed at special schools maintained by other authorities; for example, children requiring special education as day pupils attend special schools in Bath and Bristol. Others requiring boarding education attend residential special schools maintained by the Bristol and Devon Local Authorities.

#### EPILEPTICS

3 are at Special Schools, 1 on waiting list.

Lingfield Hospital School, Lingfield, Surrey, and St. Elizabeth's, Much Hadham, Hertfordshire, are mainly used.

#### MALADJUSTED

112 at Special Schools, with 14 on waiting list for boarding placement.

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

#### PHYSICALLY HANDICAPPED

98 at Special Schools, 14 on waiting list.

Princess Margaret School, Taunton, an establishment administered by Dr. Barnardo's, is used for suitable physically handicapped children.

#### SPEECH DEFECTS

4 at Special Schools, 1 on waiting list.

Moor House School, Hurst Green, Oxted, Surrey, or the John Horniman School, Worthing, Sussex, are used for children with severe speech defects who need residential placement.

#### DELICATE

15 at Special Schools, and twenty-five children in Residential Homes and attending ordinary schools. 4 on waiting list.

Continued use is made of the Devonport Houses for Children at Buckfastleigh, Devon, and the Heathercombe Brake Trust Homes, Manaton, Devon.

#### 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.

18 children were receiving individual tuition at the end of 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, 1972, 117 children were being conveyed to school on medical grounds, an increase of five compared with the number who were being conveyed at a similar date in the previous year.

Children who are being conveyed to school on medical grounds are listed in the following table:

60 pupils	Deaf School, Tisbury
65 pupils	Deaf School, Tisbury
65 pupils	Deaf School, Tisbury

10 at Special School, 1 on waiting list.

Some of the children are being conveyed to school on medical grounds for the following reasons:

Children who are being conveyed to school on medical grounds are listed in the following table:

10 at Special School, 1 on waiting list	Deaf School, Tisbury
---	----------------------

10 at Special School, 1 on waiting list.

10 at Special School, 1 on waiting list.

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10 at Special School, 1 on waiting list.

10 at Special School, 1 on waiting list.

10 at Special School, 1 on waiting list.



## SCHOOL HYGIENE

### SANITARY CONDITIONS IN SCHOOLS – IMPROVEMENT PROGRAMME

The County Architect, in a review of the Sanitary Improvement Programme, considered that given the necessary resources a start could be made on the final stages of the improvement work. As an added incentive, the Policy Advisory Committee authorised expenditure of up to £120,000.

At the end of the year one contract, No. 25 had been virtually completed; No. 26A had been let and the work was due to start early in 1973. Six further contracts were either out to tender or at an advanced stage of preparation.

### MILK IN SCHOOLS SCHEME

Sampling of milk at schools, central kitchens and self contained canteens was maintained throughout the year. As will be seen in the table below, 117 samples were taken by the county milk sampling officers of which only one sample failed the statutory test. Pasteurised milk is now being delivered to the one school, which, for part of the year was dependant upon 'untreated' milk for both canteen and childrens needs.

By virtue of the Education Act, 1971, only infant children are permitted to receive milk under the Milk in Schools Scheme. There remains, however, provision in certain circumstances for the issue of a medical certificate by school medical officers so that individual children between the ages of 7 and 11 years old may have school milk.

	Pasteurised		Untreated		Total
	Satis.	Unsatis.	Satis.	Unsatis.	
"Milk in Schools" Scheme	67	—	1	—	68
Central Kitchens and Self-Contained Canteens	47	1	1	—	49
TOTALS	114	1	2	—	117

### SCHOOL SWIMMING POOLS

The summer of 1972, once again illustrated the desirability of providing overhead cover and heating for those pools open to the elements. The cost, however, of an acceptable type of overhead cover is well beyond the reach of many schools and as an alternative, consideration is now being given to the installation of heating only and in order to prevent heat loss, the provision of a floating cover. The covers have a high thermal insulation factor.

Included in the daily maintenance chart are the daily tests for 'residual chlorine'. These are normally made by a member of the staff or the caretaker and recorded in a log. In addition, it is also required that occasional tests are made to assess the acidity/alkalinity (pH) of the water. This is most essential for the bathing load, allied to the amount of water treatment chemicals added, may cause a fluctuation in the pH. These readings are also kept in a log but in the event of abnormality the office is immediately notified, when visits are made and advice given on adjustment.

It is the responsibility of the County Health Inspector and his staff to ensure that all pools are adequately maintained and as an additional safeguard occasional bacteriological examinations are carried out on pool waters.

The maintenance of swimming pool water and equipment has become an extremely complex subject and in order to ensure that school staff are adequately trained in general maintenance practice, occasional day courses are held to bring staff up to date with changes in technique, materials and equipment. Such a course was held at the Wells Teachers Centre in May last.

The following table clearly shows the number of pools in the County together with those now covered and/or heated, etc.

### POSITION AS AT 31ST DECEMBER, 1972

	Number of Schools				
	With Purification Plant:				Without Purification Plant:
	And Not Covered or Heated	Covered and Heated	Heated only	Covered only	And Not Covered or Heated
<b>Permanent School Pools</b>					
Primary	11	14	4	2	1
Middle	3	—	—	—	—
Secondary/Comprehensive/Grammar	25	3	—	1	6
Training Centres/Special Schools	1	4	—	2	—
<b>Portable School Pools</b>					
Primary	51	1	3	1	3
Middle	—	—	—	—	—
Secondary/Comprehensive/Grammar	—	—	—	—	—
<b>TOTAL</b>	<b>91</b>	<b>22</b>	<b>7</b>	<b>6</b>	<b>10</b>

Pools under Construction — 4

### SCHOOL MEALS SERVICE

Meat supplied under contract to schools, kitchens and canteens has been periodically examined and apart from a few justifiable complaints concerning quality, the meat was generally of a good standard. More complaints than usual were received concerning the dress of food handlers and the containers in which the meat was delivered. The contractors responsible were advised of the conditions required under the Food Hygiene (General) Regulations and immediate improvements were obtained.



The Chief Education Officer reports:—

During the year 1972 the number of meals served increased by 7,000. Between 1970 and 1971 there was a sharp decline in the number of children taking school meals, probably due to an increase in price, but the figures are now increasing and 68.94 per cent of the children have school meals. This however is still not as high as the figures for 1970 (73.48 per cent). There are now 14 central kitchens in operation and 294 self-contained canteens.

Schools	YEAR ENDED 31.12.71		YEAR ENDED 31.12.72	
	No. of Schools	No. of Meals Per Day	No. of Schools	No. of Meals Per day
Grammar	10	3,025	10	3,445
Secondary Modern & Technical	26	6,763	24	7,461
Comprehensive	20	9,719	21	11,210
Middle	5	768	5	1,466
Primary and Special	385	41,393	372	44,908
Nursery	2	76	2	76
	448	61,744	434	68,566
No. of Children on Books (October)		95,971		99,452
Percentage of Children taking Dinners at School		64.60%		68.94%

IT — Pupils found to require treatment, O — Pupils found to require observation





DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS  
DURING THE YEAR

DEFECT OR DISEASE		PERIODIC INSPECTIONS				SPECIAL INSPECTIONS
		ENTRANTS	LEAVERS	OTHERS	TOTAL	
Skin .. .. .	T	88	10	101	199	54
	O	144	22	95	261	43
Eyes — a. Vision ..	T	285	153	352	790	274
	O	416	92	301	809	168
b. Squint ..	T	152	2	38	192	43
	O	85	7	31	123	21
c. Other ..	T	10	0	12	22	7
	O	29	5	34	68	15
Ears — a. Hearing ..	T	210	4	72	286	179
	O	275	13	121	409	88
b. Otitis Media	T	56	4	15	75	37
	O	276	4	60	340	53
c. Other ..	T	16	1	11	28	4
	O	19	0	12	31	6
Nose and Throat ..	T	103	18	53	174	93
	O	611	27	187	825	107
Speech .. .. .	T	133	2	25	160	88
	O	333	1	52	386	50
Lymphatic Glands ..	T	17	0	5	22	9
	O	149	2	19	170	21
Heart .. .. .	T	27	3	14	44	8
	O	121	15	70	206	25
Lungs .. .. .	T	51	6	36	93	45
	O	271	44	128	443	68
Developmental — a. Hernia	T	17	1	6	24	8
	O	67	0	18	85	7
b. Other	T	45	11	86	142	49
	O	100	20	170	290	49
Orthopaedic — a. Posture	T	26	5	32	63	21
	O	93	15	79	187	24
b. Feet	T	127	19	92	238	79
	O	249	15	143	407	47
c. Other	T	62	10	41	113	51
	O	181	31	93	305	53
Nervous System — a. Epilepsy	T	16	6	10	32	13
	O	18	7	20	45	14
b. Other	T	15	8	8	31	16
	O	46	17	51	114	34
Psychological — a. Development	T	23	3	34	60	71
	O	132	5	112	249	73
b. Stability	T	52	3	43	98	75
	O	287	19	122	428	91
Abdomen .. .. .	T	15	4	12	31	18
	O	67	9	67	143	24
Other .. .. .	T	58	5	59	122	55
	O	329	13	174	516	78

(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	..	..				50
Errors of refraction (including squint)	..	..	..	..	..	4091
<b>TOTAL</b>	..	..				<b>4141</b>
Number of pupils for whom spectacles were prescribed	..	..				1537

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	..	..	..	..	..	188
(b) for adenoids and chronic tonsillitis	..	..	..	..	..	548
(c) for other nose and throat conditions	..	..	..	..	..	125
Received other forms of treatment	..	..	..	..	..	615
<b>TOTAL</b>	..	..				<b>1476</b>
Total number of pupils in schools known to have been provided with hearing aids—						
(a) in 1972	..	..	..	..	..	34
(b) in previous years	..	..	..	..	..	100

ORTHOPAEDIC AND POSTURAL DEFECTS

						Number of cases known to have been dealt with
(a) Pupils treated at clinics or out-patients departments	..	..				1323
(b) Pupils treated at school for postural defects	..	..	..			2
<b>TOTAL</b>	..	..				<b>1325</b>

DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

						Number of cases known to have been treated
Ringworm—Scalp	..	..	..	..	..	1
Body	..	..	..	..	..	15
Scabies	..	..	..	..	..	63
Impetigo	..	..	..	..	..	185
Other skin diseases	..	..	..	..	..	784
<b>TOTAL</b>	..	..				<b>1048</b>

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

Cases referred to Child Guidance Clinics .. .. .	866
Total number of cases seen by Psychiatrists .. .. .	1,309
(including 27 electro-encephalographic examinations, 133 court cases and 28 cases seen at Yeovil combined paediatric/child guidance clinic)	
Number of Clinic Sessions .. .. .	640
Home visits and Clinic interviews by Psychiatric Social Workers .. .. .	2,545
Schools, Hostels and Children's Homes visited by Psychiatric Social Workers .. .. .	61
Cases closed during the year .. .. .	547

## CASES RECEIVING TREATMENT

Psycho-therapy by Psychiatrists .. .. .	176
Drug-therapy by Psychiatrists .. .. .	39
Remedial teaching .. .. .	3





## SPEECH THERAPY

Clinic Centre	No. of Sessions	No. of children under treatment 1.1.1972	No. of children under treatment 31.12.1972	Admittances	Discharges	Total Attendances	Home Visits	School Visits	No. on waiting list at 31.12.1972
Bath .. .. .	45	10	16	10	7	199	1	0	7
Bridgwater .. .. .	148	63	67	39	42	681	4	4	16
Burnham-on-Sea .. .. .	77	34	40	13	8	266	5	12	6
Castle Cary .. .. .	45	13	13	4	2	231	0	0	12
Chard .. .. .	85	16	26	19	9	353	1	7	12
Chew Magna .. .. .	18	5	0	3	1	77	0	0	12
Clevedon .. .. .	77	11	27	24	11	316	0	7	12
Crewkerne .. .. .	34	8	10	6	0	130	0	0	2
Dulverton .. .. .	26	7	8	5	4	132	5	0	0
Frome .. .. .	135	63	67	36	34	546	0	3	38
Glastonbury .. .. .	40	19	19	8	17	159	0	0	19
Keynsham .. .. .	182	43	46	35	38	599	2	11	20
Long Ashton .. .. .	35	17	3	4	11	135	0	1	4
Minehead .. .. .	62	18	10	10	14	241	7	3	15
Nailsea (opened 2.2.72) .. .. .	32	—	16	22	11	140	0	2	3
Portishead .. .. .	69	21	21	14	14	283	1	22	8
Radstock .. .. .	136	57	62	29	40	524	0	3	31
Shepton Mallet .. .. .	100	24	24	18	13	398	1	4	17
Taunton .. .. .	196	61	62	59	39	781	21	27	70
Wellington .. .. .	82	18	16	10	11	317	3	5	1
Wells .. .. .	41	18	19	5	14	163	0	0	13
Weston-super-Mare .. .. .	356	141	131	74	86	1419	2	12	24
Wiveliscombe .. .. .	34	9	9	6	5	152	1	3	2
Yatton .. .. .	35	5	12	8	8	165	0	5	4
Yeovil .. .. .	163	74	92	37	22	929	13	5	30
TOTALS	2253	755	816	488	461	9336	67	136	378

## SPEECH THERAPY —b continued

Clinic Centre	Children receiving treatment 31.12.1972						Children discharged during 1972					
	Stammer	Articulatory Disorders	Voice Disorders	Cleft Palate	Retarded Speech	Other Defects	Stammer	Articulatory Disorders	Voice Disorders	Cleft Palate	Retarded Speech	Other Defects
Bath .. .. .	3	7	0	1	5	0	1	5	1	0	0	0
Bridgwater .. .. .	10	36	0	4	16	1	4	34	0	0	1	3
Burnham-on-Sea .. .. .	6	24	1	1	8	0	0	5	0	0	3	0
Castle Cary .. .. .	3	8	0	1	1	0	0	2	0	0	0	0
Chard .. .. .	1	20	0	0	5	0	2	7	0	0	0	0
Chew Magna .. .. .	0	0	0	0	0	0	0	1	0	0	0	0
Clevedon .. .. .	2	18	1	0	6	0	1	5	0	0	5	0
Crewkerne .. .. .	2	7	0	0	1	0	0	0	0	0	0	0
Dulverton .. .. .	0	8	0	0	0	0	0	4	0	0	0	0
Frome .. .. .	6	44	0	2	15	0	3	30	0	1	0	0
Glastonbury .. .. .	3	12	0	0	4	0	5	11	0	0	1	0
Keynsham .. .. .	2	19	1	2	19	3	6	27	0	1	4	0
Long Ashton .. .. .	0	0	0	1	2	0	0	8	0	1	2	0
Minehead .. .. .	0	9	0	0	1	0	3	11	0	0	0	0
Nailsea (opened 2.2.72)	0	10	0	1	5	0	0	9	0	0	1	1
Portishead .. .. .	2	12	0	1	6	0	2	8	0	2	1	1
Radstock .. .. .	9	48	0	3	2	0	3	37	0	0	0	0
Shepton Mallet .. .. .	6	7	0	0	9	2	1	9	0	0	3	0
Taunton .. .. .	4	41	0	6	5	6	3	33	0	1	1	1
Wellington .. .. .	1	13	0	1	1	0	1	9	0	1	0	0
Wells .. .. .	2	11	0	1	4	1	1	12	0	0	1	0
Weston-super-Mare .. .. .	10	96	0	4	21	0	3	74	0	2	7	0
Wiveliscombe .. .. .	1	6	0	0	2	0	0	5	0	0	0	0
Yatton .. .. .	0	6	0	0	5	1	0	6	0	0	1	1
Yeovil .. .. .	18	42	3	5	23	1	2	18	1	0	1	0
TOTALS	81	514	6	34	166	15	41	370	2	9	32	7



## SCHOOL CLINICS

School Clinics are held as follows:—

Bath Health Department . . . .	Speech . . . .	Fridays (a.m.)
Bridgwater, Albert Street . . . .	Dental . . . .	Daily
Bridgwater, Bath Road, Sydenham Junior School . . . .	Minor Ailments . . . .	Thursdays (p.m.)
Bridgwater Health Centre . . . .	Child Guidance . . . .	Tuesdays (a.m.)
	Minor Ailments . . . .	Mondays, Wednesdays & Fridays (Medical Officer attends on Mondays)
	Speech . . . .	Mondays (a.m. & p.m.) Wednesdays (a.m. & p.m.) & Fridays (a.m. & p.m.)
Bridgwater Hospital . . . .	Ophthalmic . . . .	Alternate Tuesdays (p.m.)
Burnham-on-Sea, Community Centre . . . .	Speech . . . .	Wednesdays
Castle Cary, Dr. Lennie's Surgery . . . .	Speech . . . .	Thursdays (p.m.)
Chard Health Centre . . . .	Dental . . . .	As required
	Speech . . . .	Thursdays (a.m.) & Fridays (a.m.)
Chew Magna Primary School . . . .	Speech . . . .	Fridays (p.m.)
Clevedon Health Centre . . . .	Speech . . . .	Mondays (p.m.), Tuesdays (p.m.) & Thursdays (p.m.)
Clevedon, 68 Old Street . . . .	Ophthalmic . . . .	As required
Crewkerne, 16 Church Street . . . .	Dental . . . .	As required
	Speech . . . .	Fridays (a.m.)
Dulverton, Exmoor House . . . .	Speech . . . .	Mondays (p.m.)
Frome, Health Centre . . . .	Child Guidance . . . .	Tuesdays (a.m.)
	Dental . . . .	Daily
	Ophthalmic . . . .	As required
	Orthopaedic (Sister) . . . .	Thursdays
	Orthopaedic (Surgeon) . . . .	2nd Thursday (a.m.)
	Speech . . . .	Mondays & Thursdays (p.m.)
Glastonbury Health Centre, Wells Road . . . .	Child Guidance . . . .	1st & 3rd Thursdays
	Dental . . . .	As required
	Ophthalmic . . . .	As required
	Orthopaedic (Sister) . . . .	1st & 3rd Thursdays (a.m.)
	Orthopaedic (Surgeon) . . . .	1st Wednesday (a.m.)
	Speech . . . .	Tuesdays (p.m.)
Keynsham, Ellsbridge House . . . .	Child Guidance . . . .	Wednesdays (a.m.) & Thursdays (p.m.)
Keynsham Health Centre . . . .	Dental . . . .	Daily
	Ophthalmic . . . .	As required
	Orthopaedic (Sister) . . . .	3rd Tuesday
	Speech . . . .	Mondays (a.m.), Wednesdays (a.m.) & Thursdays (a.m.)
Long Ashton, Red Cross Hall . . . .	Speech . . . .	Tuesdays (a.m.)
Minehead, 54 Summerland Avenue . . . .	Dental . . . .	As required
	Speech . . . .	Tuesdays
Minehead Hospital . . . .	Child Guidance . . . .	Alternate Fridays (a.m.)
	Ophthalmic . . . .	Alternate Tuesdays (p.m.)
Nailsea Health Centre . . . .	Dental . . . .	As required
	Child Guidance . . . .	As required
	Speech . . . .	Wednesdays (p.m.)

## SCHOOL CLINICS—continued

Location	Treatment	Sessions held
Portishead Congregational Hall	Ophthalmic	As required
Portishead Folk Hall	Speech	Wednesdays
Radstock Health Centre (Leigh House)	Child Guidance	Mondays (p.m.)
	Dental	Daily
	Ophthalmic	As required
	Orthopaedic (Sister)	Mondays (a.m.) (as required)
	Orthopaedic (Surgeon)	3rd Friday (p.m.) (alternate months)
	Speech	Thursdays (a.m.) & Fridays
Shepton Mallet Hospital	Ophthalmic	As required
	Orthopaedic (Sister)	3rd Monday
	Orthopaedic (Surgeon)	1st Wednesday (early p.m.)
Shepton Mallet Red Cross Headquarters	Speech	Tuesdays
Street Health Centre	Orthopaedic (Sister)	2nd & 4th Wednesdays (a.m.)
	Child Guidance	Thursdays (p.m.)
Taunton (East Reach) Hospital	Ophthalmic	As required
Taunton Health Centre (Tower Lane)	Breathing Exercises	Mondays (a.m.)
	Dental	Daily
	Speech	Mondays to Fridays (inclusive) (except Thursdays a.m.)
Taunton, The Mount	Child Guidance	Mondays (p.m.), Tuesdays (a.m.) & Wednesdays (a.m.) & Fridays (a.m.)
Wellington Youth Centre	Speech	Wednesdays
Wells, St. Lawrence's Lodge, Chamberlain St.	Dental	As required
Wells and District Hospital	Ophthalmic	As required
Wells, Teachers' Centre, Portway Avenue	Speech	Tuesdays (a.m.)
Weston-super-Mare, 3 Neva Road	Child Guidance	1st & 5th Tuesdays, 2nd Tuesday (p.m.), Thursdays (a.m.) & Fridays (p.m.)
	Dental	Daily
Weston-super-Mare, Somerset House	Minor Ailments	Tuesdays (a.m.)
	Ophthalmic	Mondays
	Speech	Mondays, Wednesdays & Fridays
	Warts	3rd Wednesday (p.m.)
Wincanton, 2 Market Place	Dental	As required
	Ophthalmic	As required
Wiveliscombe Primary School	Speech	Mondays (a.m.)
Yatton Methodist Church Hall	Speech	Thursdays (a.m.)
Yeovil Hospital	Breathing Exercises	Mondays (p.m.)
	Ophthalmic	Fridays (a.m.)
Yeovil, Preston Road Health Centre	Child Guidance	Wednesdays (p.m.) & Thursdays (p.m.)
	Combined Child Guidance	Dr. Royston, 3rd Thursdays
	Dental	Daily
	Minor Ailments	Medical Officer—Fridays (a.m.) School Nurse—Daily
	Ophthalmic	Tuesdays (a.m.)—fortnightly
	Speech	Mondays, Tuesdays (a.m.), Wednesdays (a.m.) & Thursday (a.m.)





