

[Report 1956] / School Medical Officer of Health, Wakefield City.

Contributors

Wakefield (England). City Council.

Publication/Creation

1956

Persistent URL

<https://wellcomecollection.org/works/f82awck8>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution, Non-commercial license.

Non-commercial use includes private study, academic research, teaching, and other activities that are not primarily intended for, or directed towards, commercial advantage or private monetary compensation. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.

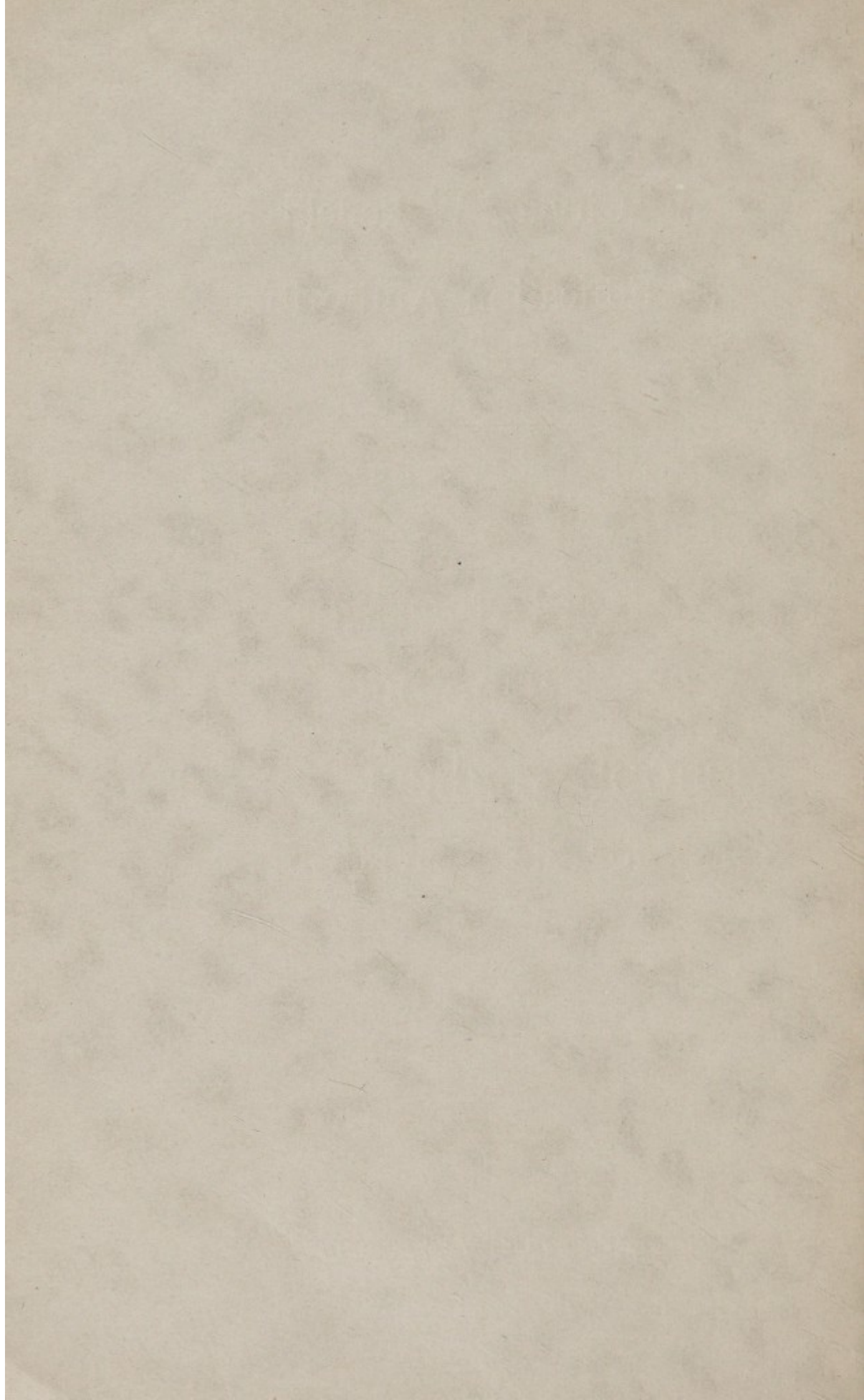


Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

AC 44642

City of Wakefield
Education Authority

Report of the
Principal
School Medical Officer
for the Year 1956



Public Health Department,
Town Hall Chambers,
King Street,
Wakefield.
June, 1957.

To the Wakefield Education Authority.

Mr. Chairman, Ladies and Gentlemen,

In presenting my Sixth Annual Report on the health of the school population, I should like to comment on the steps taken with regard to the ascertainment of children with speech defects and defective hearing. The ascertainment of children suffering from defective hearing has been given much closer attention at all levels during the past few years, and the Ministry of Education drew attention to this in 1955 when they asked the Principal School Medical Officer to comment on the methods employed in the ascertainment of such children. During the year the Education Committee approved the purchase of an Audiometer which has proved very useful in carrying out hearing tests on children attending the Speech Therapy Clinic and for children referred for Audiometer tests by the Medical Officers. It has been found that a number of children attending the clinic for Speech Therapy are doing so because their hearing is defective; consequently their efforts in speaking has been impaired.

During the summer term Miss Parry, the Speech Therapist, carried out a survey in the schools of children with defective speech, when it was found that there was approximately 3% of the total school population whose speech was so defective as to require treatment at the Speech Therapy Clinic. Many of these defects were of a minor nature and after one or two attendances many of these children will not need speech therapy at the Clinic, but they will be able to help themselves acting upon the advice given to them and their parents by the Speech Therapist. The Ministry of Education in a pamphlet published in 1946 and since re-printed, stated that the estimated number of children with speech defects ranged from one and a half to three per cent. of registered pupils. As a result of this survey and my report to the Education Committee more time has been allocated to the Speech Therapist for the treatment of school children. A report of the survey carried out by Miss Parry appears on page 25.

A report from Dr. Tattersall on his attendances at the Department of Education of the Deaf at Manchester appears in the report and he tells me that this course is one of the most informative that he has ever attended.

During the year an assistant psychiatrist, Dr. Kidd, commenced attending the Child Guidance Clinic, and along with Dr. Fenton Russell, the Psychiatrist, a greater number of children have been seen. As you will see from the report on page 21 the waiting list for treatment at this clinic has been considerably reduced.

I am grateful to the Education Authority for sending me on the Course on Child and Family Psychiatry at Ipswich, a Course which has helped me considerably in advising the Committee of such matters of mental health as comes within the purview of the Principal School Medical Officer.

We had an unfortunate minor outbreak of diphtheria at St. Austin's towards the end of the year, and a report on the outbreak appears on page 10. I feel that the outbreak would not have been so great had the immunisation state of the children in this school been higher. However, as a result of this minor outbreak the immunisation state has been greatly increased.

At the time of writing the special day school for educationally sub-normal children is about to open but much of the preliminary work to the opening of the school was done in the year under review, and I feel, therefore, that it is appropriate to comment on this matter. As I have reported on several occasions to the Education Committee, there are in Wakefield, as in any other town, a number of children whose intelligence is such that they cannot obtain maximum benefit from the education provided in the ordinary school. It is for the benefit of these children that this school has been opened; a school in which the curriculum is designed to meet the needs of such children.

The dental care of the school children in Wakefield is one aspect of the School Health Service about which I am far from happy. You will see from the report prepared by Mr. Cubitt, the Principal Dental Officer, that because of shortage of dental staff the arrears of work is increasing. Preventive dentistry in the shape of regular dental inspection is one of the most important things in a child's school life, and it is a great pity that we have not the staff to carry out such inspections at more frequent

intervals. The greater part of Mr. Cubitt's time is taken up with treatment. If parents were to pay more attention to the dental hygiene of their children the demand for dental treatment in adulthood would be greatly reduced. I look forward to the time when we shall have another dentist, we shall then be able to concentrate on the preventive aspect of the work.

My thanks and appreciation are due to the Chairman and members of the Education Ancilliary Services Sub-Committee who have been so helpful and considerate towards me during the past year. Their interest in the work of the School Health Service is most encouraging. To Mr. Berry and Mr. Ridge and the staffs of the Education and Health Departments, I record my thanks for the help they have given me over the past year. The co-operation which exists between the Medical Officers, school nurses and the teaching staffs is invaluable and has done much towards the furtherance of a healthy school population. During the year these teachers have co-operated extremely well in the supervision of children in hand washing and toilet drill which resulted in the eradication of an outbreak of dysentery. A scheme to combat outbreaks of sonne dysentery in schools is given at the end of the report.

C. G. K. THOMPSON,

Principal School Medical Officer.

EDUCATION COMMITTEE.

Chairman:

Alderman B. Johnson, J.P.

Deputy Chairman:

Councillor G. Pilmer

The Mayor:

Councillor A. G. Webster, J.P.

Alderman Mrs. E. H. Crowe, J.P.	Councillor M. Fitzpatrick
Alderman E. Slater, J.P.	Councillor H. Green
Alderman H. Watson, J.P.	Councillor D. Hutchings
Councillor E. E. Borkwood	Councillor W. Prince, J.P.
Councillor K. R. Craven	Councillor A. Quinn, J.P.
Councillor F. Ellis	Councillor S. Tiffany

Co-opted Members.

Mrs. K. E. Kingswell, J.P., M.A.

Mrs. A. Strickland

The Very Rev. N. T. Hopkins, M.A.

Mr. T. Smith

The Very Rev. Mgr. H. Thompson, V.G.

Mr. S. H. Waters, M.A.

Director of Education:

C. L. Berry, M.A.

Principal School Medical Officer:

C. G. K. Thompson, M.B., Ch.B., D.P.H.

I.—STAFF.

CYRIL GEORGE KAY THOMPSON, M.B., Ch.B., D.P.H.
Principal School Medical Officer.

GILBERT TATTERSALL, M.A., M.B., B.Ch., B.A.O., D.P.H.
Deputy Principal School Medical Officer.

JOHN WILLIAM PRICE, M.B., Ch.B.
School Medical Officer. (Resigned November, 1956)

JOHN KENNETH BUTTERFIELD, L.M.S.S.A. (Lond.)
School Medical Officer (appointed December, 1956).

GEORGE S. CUBITT, L.D.S. R.C.S. (Eng.)
Principal School Dental Officer.

*SYDNEY K. SLEDGE, M.B., Ch.B., D.O.M.S.
Consultant Ophthalmologist.

*THOMAS B. HUTTON, M.A., M.B., B.Chir., M.R.C.S.,
L.R.C.P., D.L.O.
Consultant Otologist.

*MARION AITKEN PEARSON, M.B., Ch.B., F.R.C.S.
Consultant Orthopaedic Surgeon.

*DAVID FENTON-RUSSELL, M.D., D.P.M., D.P.H.
Consultant Psychiatrist.

*HUMPHRY B. KIDD, M.B., B.Ch., Cert. Psych. R.C.P.S.(C).
Assistant Psychiatrist.

*BERNARD R. TOWNEND, F.D.S.R.C.S.(Eng.), Dip.Orth.,
R.C.S. (Eng.), L.D.S. (L'pool).
Consultant Orthodontist.

ROXBY PEARSON, Senior School Nurse.

Amy Marshall

Elsie Inman

Rose Dawson

Winifred Chapman (resigned November, 1956)

*Ann Ward

} School Nurses

OLWEN PARRY, L.C.S.T.

Speech Therapist.

NORA McMANUS, Physiotherapist.

Margaret Downing, Nurse-in-Charge, Central School Clinic.

Barbara Ward, Dental Attendant.

Herbert W. Tate, Clerk.

Doreen Blanshard, Assistant to Clerk.

*Part-time.

RETURN OF NUMBER OF CHILDREN ON ROLL AT 31st DECEMBER, 1956

Type of School	Number of Schools	Number of Departments	Number on Roll
Primary	31	39	6639
Secondary—			
Modern	5	6	2491
Grammar	1	1	590
Technical	1	1	77
TOTAL	38	47	9797

SCHOOL CLINICS

Treatment of Minor Ailments is carried out at the following school clinics:—

Central Clinic, King Street.

Branch Clinics at Manygates Child Welfare Centre, Snape-thorpe School, and Heath View School.

Consultants to the Authority in ophthalmic conditions and ear, nose and throat conditions hold sessions in the central clinic.

Speech Therapy Clinic. This clinic is held at the Principal Child Welfare Centre, Margaret Street.

Orthopaedic Clinic. This clinic is held at the Principal Child Welfare Centre. The Consultant Orthopaedic Surgeon attends periodically.

Ultra Violet Ray Clinic. This clinic is held at the Principal Child Welfare Centre, Margaret Street.

Dental Clinics. There are three dental clinics, the central clinic being held at the Public Health Department, King Street, and the branch clinics at Snapethorpe School and Manygates Child Welfare Centre.

PERIODIC EXAMINATIONS AND GENERAL CONDITIONS

2,291 children were examined in the prescribed age groups. Grading into two groups, satisfactory and unsatisfactory, is now the rule.

Four children (0.17 per cent. of those examined) were regarded as unsatisfactory.

HEIGHT AND WEIGHT. HEIGHT.

Age Group Years	BOYS				GIRLS			
	Average Height				Average Height			
	1956 Ft. Ins.		1955 Ft. Ins.		1956 Ft. Ins.		1955 Ft. Ins.	
5—6	3	6 $\frac{3}{4}$	3	6 $\frac{1}{2}$	3	6 $\frac{3}{4}$	3	6 $\frac{1}{4}$
10—11	4	5 $\frac{3}{4}$	4	6	4	6	4	5 $\frac{1}{2}$
14—15	5	1 $\frac{1}{2}$	5	1 $\frac{1}{4}$	5	1 $\frac{1}{4}$	5	1

WEIGHT

Age Group Years	BOYS				GIRLS			
	Average Weight				Average Weight			
	1956 St. Lbs.		1955 St. Lbs.		1956 St. Lbs.		1955 St. Lbs.	
5—6	2	13	2	12	2	12 $\frac{1}{4}$	2	11 $\frac{1}{2}$
10—11	5	1 $\frac{1}{4}$	5	1 $\frac{1}{2}$	5	0 $\frac{3}{4}$	5	0 $\frac{1}{2}$
14—15	7	6	7	5	7	6 $\frac{1}{4}$	7	7

CLEANLINESS.

1. Cleanliness of the Head.

Of the 2,291 children examined at periodic medical inspections 20 (0.87) were found to have verminous heads, and of these 1 was excluded from school.

2. Cleanliness of the Body.

14 children were noted at periodic medical inspections with dirty bodies (0.64 per cent.).

RESULTS OF SYSTEMATIC INSPECTION BY SCHOOL NURSES OF CHILDREN IN SCHOOLS AS REGARDS CLEANLINESS, ETC.

Total number examined	25,283	
Number found to be infested with vermin	265	(1.04 per cent.)
Number excluded from school	96	(0.37 per cent.)
Number with minor infestations	169	(0.64 per cent.)

Average number of days absent from school	5
Number of Forms 1 issued	75
Number of Forms 2 issued	20
Number of Forms 3 issued (Orders to Cleanse)	2
Number of Forms 4 issued	21
Number cleansed at Central School Clinic	21

6 prosecutions took place during 1956, the fines being £1 in one case and 10/- in each of the other 5 cases.

In all cases of infestation the parents are notified and advice as to treatment given, the School Nurses following up the cases.

Children requiring to be cleansed attend at the Central School Clinic, King Street, where the cleansing is carried out by a Home Help, under the supervision of the Nurse-in-Charge.

A cleanliness inspection of all children is carried out in every school each term. The school nurses endeavour to complete the inspections as early in the term as possible.

INFECTIOUS DISEASES

During the year 316 cases of Measles, 207 cases of Whooping Cough, 321 cases of Chickenpox, 33 cases of Mumps, and 18 cases of Scarlet Fever were reported as occurring amongst school children. 3 cases of Diphtheria amongst school children were notified during the year.

Scarlet Fever.

Excluding cases where the diagnosis was revised, the number notified during 1956 was 32, and of these cases 18 (56.1 per cent.) were school children.

Scarlet Fever cases amongst school children were less prevalent in 1956, there having been 18 cases compared with 42 in 1954.

There was no death from Scarlet Fever during 1956.

The attack rate was 1.8 per 1,000 of the school population.

Diphtheria

3 cases occurring amongst school children were notified during 1956.

Measles.

316 cases of Measles in school children were notified during the year 1956.

Measles is an endemic disease in the community with epidemic peaks approximately every two years.

There was a high incidence peak in the autumn and winter of 1955 followed by a second peak in the spring of 1956. The latter can be interpreted therefore as the secondary peak of incidence of a 1955/1956 epidemic.

Whooping Cough.

207 cases of Whooping Cough amongst school children were reported in 1956 compared with 44 cases and 49 cases in 1954 and 1955 respectively.

An increasing number of children of school age have been immunised against this disease. It is hoped that in time the numbers of cases will fall or the severity of the condition will be lessened.

Dysentery.

During 1956 there were 229 cases of sonne dysentery amongst school children. The quarterly incidence was: first quarter 139, second quarter 53, third quarter 31, and final quarter 6.

The outbreak which began in December, 1955, lasted until April, 1956. Although a number of cases occurred in one school in June, 1956, the case incidence waned during the summer, autumn and winter months. There is a reservoir of infection in the population. It is important, therefore, to watch the incidence of dysentery in schools and establish hygienic practices that will obviate spread of the disease from pupil to pupil.

OUTBREAK OF DIPHTHERIA—October, 1956

1. DATE AND METHOD OF DISCOVERY:

6th October, 1956. By General Practitioner attending case of sore throat.

2. CAUSE AND SOURCE:

Carrier in St. Austin's Infants' School.

3. NUMBER OF CASES: Four. (three children and one adult).

4. CLINICAL FEATURES OF AFFECTED PERSONS:

Sore throat. Membrane on fauces of three children.

Sore throat only in adult.

Adenitis.

Prostration and toxæmia in children.

One very severe.

Two moderately severe.

5. IMMUNISATION STATE OF CASES:

None immunised.

6. LABORATORY INVESTIGATION:

Positive K.L.B. Nose and Throat. All cases.

Confirmed Gravis type. Virulent.

7. IMMUNISATION STATE OF SCHOOL AT BEGINNING OF OUTBREAK:

Infants	65% immunised	} Immunisations not necessarily up to date
Upper School	67% immunised	

8. PRELIMINARY CARRIER INVESTIGATION:

37 pupils, 2 teachers, and 6 absentees from infant class in which case occurred, when swabbed on 9th October, 1956.

Result: 1 carrier — child from outside City, was found to have virulent gravis K.L.B. in both nose and throat.

9. FURTHER INVESTIGATION.

On the 31st October, 1956, the Public Health Laboratory and the Public Health Department, working together, swabbed the whole School, Infants and Upper. Nose and throat, a total of:

726 children, out of which were found 5 carriers.

90 absentees, who were swabbed at the School Clinic on succeeding days, produced six more carriers.

10. PREVENTIVE ACTION:

- (a) All carriers were excluded from school at once.
- (b) To be treated by own doctor, or School Clinic.
- (c) Penicillin in atomisers used.

12. FURTHER PREVENTIVE MEASURES:

Primary School:

- (a) Immunisation of the non-immunised.
 - (b) Letters sent to parents of 64 non-immunised primary school-children, asking for consent to immunise.
- Result:* 32 consents received immediately, and later, after Press comment, a further 23 consents received.

The first 50% children immunised on the 2nd November, 1956, and remainder at intervals. Now complete in Primary School, making 92% of infants now immunised to some degree.

Upper School

- (c) Immunisation of Upper School of those who have not been immunised at all — 214.
- To date 76% of parents have given consent.

COMMENT

Off the 12 carriers, six live outside the City area, and naturally it is the duty of the Medical Officer of Health and School Medical Officer of the area in which they live to deal with these children.

SWABBING.

We have noted that in two extra-city cases we have been informed by the Public Health Laboratory that sterile swabs have been returned. On swabbing the children again in this Department, we have obtained positive swabs. It is my experience that some nurses, particularly those not fever trained, do not use a satisfactory technique so as to get a positive swab.

Consequently we decided that before being declared free from infection and returned to school, each child, both city and outside city, should have a swab taken in this Department.

The technique adopted is:—

- (i) To have the child separate from the parent.
- (ii) One swab in both nostrils, pushed in far.

Two factors of importance when considering this outbreak are:—

- (i) The immunisation state of the children.
- (ii) The overcrowded state of the school, and its wide catchment area.

IMMUNISATION STATE.

In paragraph 7 it is stated that 65% of the children in the Infants' School and 67% of the children in the Upper School were immunised, but, because of the constantly changing population of this school, the large numbers concerned, and the staff shortage in this Department, it has not been possible to check the dates of the immunisation of these children.

Of the twelve carriers discovered, one only was not immunised, and this boy could be taken to be a temporary contact carrier. He has not even complained of a sore throat. There is no history of immunisation, and he has now returned three negative swabs and is back at school.

Of the other eleven, all were immunised in infancy, with the exception of two who were immunised in 1953.

I append herewith a table showing (where it has been possible to ascertain), the dates on which the carriers were immunised.

It would seem, therefore, that the question of boosting diphtheria immunisation should be gone into again most carefully.

It is not the fault of the Health Department that these lapses occur, as we often give as many as three appointments, and receive no response whatsoever. It seems to me that the best way, and the way that has been most carefully and expeditiously carried out during this emergency, is to send a letter to the parents asking for permission forthwith to immunise the children *in School*. We find that if we bring them to the Clinic it takes a great deal longer, as the parent is often with them, whereas at the school the immunisation can be done very quickly, one child after another, with a great deal less fuss.

St. Austin's School is a school for Roman Catholic children, and children from a fairly large area attend it.

In my Annual Report for 1954, the immunisation state for all the schools in the City was shown as 50% immunised, so that the immunisation state of 65% in St. Austin's Infants' School,

and 67% in the Upper School, before the outbreak, compared favourably with the average for the rest of the schools in the City.

In considering the spread of this outbreak, however, one must take into consideration one important factor, and that is the overcrowded state of this school.

I think that in this school we are here returning to the degree of overcrowding which obtained in the slums before the last war, which favoured the spread of diphtheria at home.

The estimated capacity of the school is 710 children and there are actually in attendance 849, making an excess of 139 children. Some classes have as many as 48 and 50 children in them.

Therefore, considering that the immunisation state was higher than the average for the City, this overcrowding must be the factor which tipped the scales in favour of the spread of diphtheria.

I feel that the Ministry of Education should note that the conditions at this school are not in the best interests of the children and that more accommodation is needed to house the Roman Catholic children of the neighbourhood. To alleviate the overcrowding, five additional classrooms are required, but the site is not big enough to contain them — a site already deficient in playground space owing to the fact that since the war two prefabricated classrooms have been erected.

CARRIERS—DATES OF IMMUNISATION

<i>Name</i>	<i>Date of Birth</i>	<i>Whether immunised</i>	<i>Date immunised</i>	<i>Date Boosted</i>
E. G. ..	27.4.50	Yes	1951	—
E. M. ..	4.3.50	Yes	March, 1951	—
J. D. ..	14.8.44	Yes	1945	—
M. J. ..	17.10.43	Yes	Date not known	—
M. F. ..	17.3.44	Yes	1946	3.2.54
K. F. ..	11.8.50	Yes	1951	—
N. A. ..	3.6.50	Yes	December, 1956	—
A. G. ..	22.6.48	Yes	1953	—
G. T. ..	6.8.50	Yes	1951	—
R. P. ..	19.1.44	Yes	22.7.52	—
A. P. ..	22.1.42	Yes	23.2.53	—
C. M. ..	12.9.49	Yes	May, 1952	—

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION

1. Candidates for entrance to Training Colleges.

42 medical examinations were carried out during the year.

2. Entrants to the teaching profession.

3 medical examinations were carried out during the year.

THE SCHOOL MEALS SERVICE AND MILK IN SCHOOLS

The Director of Education has kindly supplied me with the following Report by the School Meals Organiser:—

During the year 967,233 meals were supplied to schools in the Authority's area, compared with 925,454 meals for the year 1955. The daily average of meals served was 4,865. This figure shows an increase of 227 meals daily throughout the year, and, in view of the large amount of illness in schools during the year, can be regarded as most satisfactory.

The daily average of one third pint bottles of milk supplied to children was 7,641 compared with 7,464 for the year 1955. Attention should be drawn to the fact that from 1st September, 1956, the Authority accepted the responsibility for the supply of milk to the independent and Direct Grant schools in the City. The daily average from 1st September, 1956, was 8,477.

The cost of the school meal was increased by a 1d. per meal from the 1st September, 1956, the total cost now being 10d. It should be noted however that the increase in cost had no apparent effect on the number of meals supplied. This is an indication that the parents of the City appreciate the value of the meal that is being served to the children.

The School Meals Service is supplying approximately 70 meals per week to the Women's Voluntary Service for distribution to the Old Aged people. When the scheme first operated 35 meals were being supplied. It will be seen that this figure has been doubled and only lack of transport and help in distribution keeps it down.

During the year, the scullery at the English Martyrs R.C. School was completed; all children now receive meals in the Hall.

It is proposed that the School Meals Building Programme for 1957 should include the building of sculleries at the Ings Road Secondary School and the Sandal Primary School. In addition it is hoped to build brick sheds for the covering and locking up of swill and waste bins at Kitchens situated in school playgrounds.

The equipment in the School Meals Kitchens has been overhauled. The cast iron linings of all the cooking boilers have been replaced by stainless steel. These are more hygienic and are easier to keep clean.

In view of the great risk of food poisoning in the catering industry, the Authority have over the past years tested several soaps and detergents. At the present time a detergent to which a sterilizing agent can be added is being used.

Over the past year special care has been taken in the planning of menus. New dishes are continually being tried out.

In conclusion it can be said that the children of Wakefield are receiving a well balanced and most varied meal and that they are deriving great benefit from this service.

AUDIOMETRY

Audiometry tests were carried out in connection with 10 children during the year. These children were tested on the grounds of suspected deafness, educational retardation, speech defects or slowness in answering. Two appeared to have normal hearing.

Number examined: Boys	..	..	..	..	..	4
Girls	..	..	..	..	..	4
Normal	..	..	..	..	..	2
Slight loss: One Ear	..	..	..	..	..	2
Both Ears	..	..	..	..	..	1
Moderate to serious loss: 1 Ear	..	..	..	..	..	1
Both Ears	..	..	..	..	..	4

SCREENING TESTS OF HEARING IN CHILDREN

The Deputy Principal School Medical Officer attended the Department of Education of the Deaf in 1956 for a demonstration of Professor Ewing's technique in screening tests for hearing.

This course was very much appreciated.

As early as seven months infants are interested in sound and respond to quiet sounds even more readily than noises. Evidence of spontaneous location of sound on the part of a child is definite evidence of normal auditory acuity. There must be good hearing in both ears to locate sound accurately. In children of all ages a hearing test is passed if they give positive evidence that they understand simple speech spoken quietly at 3 feet and if they can respond to it in words.

As a check against high tone deafness the test should include the breath consonants spoken quietly at 2 feet. Quiet conditions are necessary for this. The breath consonants include 's', 't', 'k' and 'p'.

Difficulties encountered are extraneous noises in busy cities and schools, and the resonance of public buildings.

Accurate diagnosis of the level of deafness of partially deaf children requires more expensive apparatus than is needed for screening tests for auditory acuity.

CONSULTANT SERVICES

The Orthopaedic Service.

Arrangements for the orthopaedic clinic, held at the Principal Child Welfare Centre, Margaret Street, continue on similar lines to those of previous years. Miss Pearson, the Consultant Orthopaedic Surgeon, held 4 sessions during the year, seeing 3 new cases. The number of re-examinations was 34. The Medical Officers examined 75 children.

The cases seen by Miss Pearson and the Medical Officers fell into the following categories:—

Classification of Defects	Cases seen in the current year	
	Cases seen for the first time in 1956.	First seen in previous years.
Congenital neuromuscular defects (e.g. hemiplegia and spastics)	—	4
Other congenital defects (including talipes)	—	2
Birth Paralysis (all Erb's type)	—	2
Non-tubercular deformities of spine (including torticollis)	—	2
Deformities of legs (knock knee, etc.)	4	10
Flat foot and valgus ankle	5	22
Other deformities of feet and toes	4	2
Tuberculosis of bones and joints	—	—
Deformities due to paralytic poliomyelitis	2	—
Miscellaneous defects	29	19
Totals	44	63

Ophthalmic Service.

This clinic is held at the Central School Clinic, King Street, Mr. S. K. Sledge, the Consultant Ophthalmologist, attending two sessions weekly.

During 1956, 866 cases were examined of which 733 were new cases and 113 were re-examinations.

The number of prescriptions issued was 419.

Analysis of Eye Refractions and Defects (1,626 eyes).

1. Emmetropia	3 eyes
2. Hypermetropia	446 eyes
3. Myopia	100 eyes
4. Simple Hypermetropic Astigmatism	18 eyes
5. Compound Hypermetropic Astigmatism	776 eyes
6. Simple Myopic Astigmatism	10 eyes
7. Compound Myopic Astigmatism	195 eyes
8. Mixed Astigmatism	78 eyes
9. Defects other than Refractive Error	—
	<hr/> 1626 eyes

Strabismus (Classified as a separate defect) .. 192 eyes
(62 cases of Strabismus were of the alternating type).

The following cases of defective vision were specially noted because of the presence of conditions complicating the refractive error:—

1. High Myopia	4
2. Marked defect of vision	4
3. Marked Amblyopia	101
4. External disease or defect	2
5. Opacities of the cornea, lens and vitreous ..	6
6. Defects and diseases of the Retina and Choroid	6
7. Congenital Nystagmus	6

3 children were referred during the year to the Orthoptic Clinic, Clayton Hospital.

Ear, Nose and Throat Clinic.

This clinic continued to be held during 1956 at the Central School Clinic, King Street. Mr. T. B. Hutton, Consultant for Diseases of the Ear, Nose and Throat, held 3 sessions during the year and examined 39 children, 38 new cases and 1 re-examination. Of these 34 were recommended for hospital treatment. 25 children received hospital treatment during 1956.

At the request of the Ministry of Education, the Medical officers, during their examination of all children at periodic medical inspections, made a note on the school medical record cards of the children who had undergone tonsillectomy any time previously.

The following table gives a summary of the information collected:—

Group Entrants	Total	Sex	
		Male	Female
Number examined	1029	566	463
Number who have had tonsillectomy	73	35	38
Percentage	7.1	6.2	8.2

Group Intermediates	Total	Sex	
		Male	Female
Number examined	723	389	334
Number who have had tonsillectomy	152	87	65
Percentage	21.02	22.4	19.5

Group Leavers	Total	Sex	
		Male	Female
Number examined	539	256	283
Number who have had tonsil- lectomy	106	48	58
Percentage	19.7	19.7	20.5

Totals		Sex	
		Male	Female
Number examined	2291	1211	1080
Number who have had tonsil- lectomy	331	170	161
Percentage	14.4	14.03	14.9

CHILD GUIDANCE CLINIC

The Consultant Psychiatrist, Dr. D. Fenton Russell, has kindly supplied me with the following report on the work of the Child Guidance Clinic during 1956.

The Child Guidance Clinic has continued to discharge its valuable functions.

The Waiting List has been shortened somewhat and as we are now receiving many cases at an early phase of their illness, treatment is easier and more satisfactory.

During the year I have been joined by Dr. H. B. Kidd, Senior Registrar, who attends the Clinic one session per week. This has allowed us to give more intensive treatment in a number of cases.

Close co-operation with the School Health Department is maintained through the Deputy Principal School Medical Officer, who attends at the Child Guidance Clinic once a month. Co-operation with the Education Department and the schools is maintained through the Educational Psychologist.

Short statistical analysis of the children seen at Child Guidance Clinical Sessions.

Total number of cases seen at the Child Guidance Centre	165
Total number of cases seen at the Child Guidance Clinic	67
Number of Psychiatric Sessions held by Dr. Fenton Russell	40
Number of Psychiatric Sessions held by Dr. H. B. Kidd	22
Number of Psychiatric Interviews (Dr. Fenton Russell)..	269
Number of Psychiatric Interviews (Dr. H. B. Kidd) ..	77
CHILDREN SEEN	67

DISPOSAL

Taken on for Intensive Treatment	19
Taken on for Periodic Treatment	15
Advice and Diagnosis	29
Put on Waiting List for treatment	1
Put on Waiting List for weekly play therapy by Educational Psychologist under Psychiatric direction..	3
	<hr/> 67

DISCHARGES—

Court reports only	—
Diagnosis and Advice	—
Transferred to other authority	—
Withdrawn before examination	—
No co-operation	3
Improved	8
Discharged by Assistant Psychiatrist and transferred to Remedial Reading Class.. .. .	1
	<hr/> 12

DETAILS OF 34 TREATMENT CASES—

Sex Distribution: Boys	24
Girls	10
	<hr/> 34

TYPES CLASSIFIED ACCORDING TO PREDOMINANT PSYCHOLOGICAL FEATURES—

1. Delinquency — lying, stealing, truancy, sex misdemeanours	13
2. Behaviour disorders — out of control, violent tempers, defiance, etc., aggressiveness, negativistic behaviour	4
3. Backwardness and emotional immaturity	4
4. Nervous disorders — anxieties, hysterical, obsessional symptoms, tics, stammer	4
5. Habit disorders — enuresis and soiling as main symptoms	9
	<hr/> 34

TYPES CLASSIFIED ACCORDING TO AETIOLOGY—

1. Physical causes—	
(a) Direct — cerebral dysrhythmia, post encephalitic or post-meningitic state, spasticity, etc. —	
(b) indirect — gross physical defect, long hospitalisation	—
2. General development retardation and low intelligence including feeble-mindedness, with or without superimposed psychotic traits	2
3. Constitutional instability or abnormal temperamental disposition, with or without neurotic conflicts	1
4. Shock experiences	1
5. Unfavourable environmental conditions as main factor—	
(a) Home	28
(b) School	2
	<hr/> 34

DISTRIBUTION OF INTELLIGENCE—

1. <i>Range</i> : Of the children taken on for treatment the lowest I.Q. was 79 and the highest 145.	
2. DISTRIBUTION—	
Below average	5
Average	10
Above average	19

CURRENT CASES—

Number of children still under treatment at end of year	28
---------------------------------------------------------	----

WAITING LIST—

Number on Waiting List at end of year	25
-----------------------------------------------	----

HANDICAPPED CHILDREN

(a) BLIND CHILDREN.

At the end of the year there was one child (a boy) in a Residential Special School.

(b) PARTIALLY SIGHTED CHILDREN.

There was one child (a boy) in a Residential Special School.

(c) DEAF CHILDREN.

There were 4 children (3 boys and 1 girl) in Residential Special Schools.

(d) PARTIALLY DEAF CHILDREN.

One child (a girl) was in a Residential Special School.

(e) PHYSICALLY HANDICAPPED CHILDREN.

2 boys were in Residential Special Schools.

(f) DELICATE CHILDREN.

1 child (a girl) was in a Residential Special School.

(g) MALADJUSTED CHILDREN.

1 child (a boy) was in a Residential Special School.

(h) EDUCATIONALLY SUB-NORMAL CHILDREN.

At the end of the year there were 38 children (28 boys and 10 girls) on the Register. 31 were in primary or secondary schools, 6 (boys) were in Residential Special Schools, and one boy attended a Day Special School.

DENTAL SERVICE

Report of the Principal School Dental Officer

By G. S. Cubbitt, L.D.S.R.C.S. (Eng.)

The problem of the School Dental Service in Wakefield, as in all but the most favoured areas, is how best to cope with the ever-rising tide of dental disease when in a hopelessly understaffed condition. The disastrously long interval between inspections is now approaching two years, and there are only two possible ways of reducing it. Either there must be an increase in staff or there must be a reduction in the number of pupils considered eligible for treatment. If everybody is to be able to have treatment,

then, as things are at present, nobody will be able to have attention at reasonable intervals. It is doubtful wisdom in the present circumstances to continue to carry non-legal obligations, originally undertaken when the school service was the only free one.

Now that there are two courses of free dental treatment available to every pupil, and that there is a greater willingness to attend to children shown by general dental practitioners than at any time in my recollection, it is disappointing to find that only a small percentage of those who refuse attention from the school service do actually get it from the National Health Service. A special inspection of 100 refusals carried out at Snapethorpe Junior School four months after the routine inspection showed that only 17 children had received complete treatment from the National Health Service, 8 had received partial treatment, and 75 had had nothing done.

Even among the regular attenders there is a lack of initiative in seeking attention unless actual pain is being experienced. I think the remedy for this apathetic attitude is more health education in the schools.

Despite the present difficulties the service is far from being merely an emergency one, and the number of fillings inserted during the year showed an increase of 214 over the 1955 figure. The strong prejudice against fillings which was so apparent in the early years of the scheme has almost disappeared.

There has also been a marked change for the better in the attitude to the administration of nitrous oxide gas for extractions, a procedure once regarded with deep suspicion.

The provision of a modern dental chair at the Snapethorpe Clinic is an amenity appreciated both by patients and operator.

PHYSICAL EDUCATION

The Director of Education kindly supplied me with the following Report by the Organisers of Physical Training:—

Miss M. Osborn joined the Physical Education staff on the 1st September, 1956, to succeed Mrs. C. Marsh who left on the 31st July, 1955.

This year the main concern has been to secure better facilities for the P.E. lesson in the Secondary Modern Schools. To

begin with the floors of the halls at the Manygates and Ings Road Secondary Modern Schools have been sanded where necessary and treated with floor seal in an attempt to make them cleaner for the P.E. lesson. Electric polishers and scrubbers have also been provided. Extra portable apparatus has been sent to these schools.

As a second stage, plans have been drawn up to provide gymnasias at each of these schools, and although the maximum size may not be possible, as a Minor Works project, the extra space and showering facilities will be very welcome.

A new Secondary School with gymnasium is also planned for the Thornes Road area and thus in the near future most of the children of Secondary age will have the advantage of very good facilities for P.E. It is thus hoped to attract well qualified teachers for posts at these schools.

Many Junior Schools still use the hall as a classroom, and thus interfere with the P.E. programme in Winter, but there are signs that some of these schools will soon be able to return to normal accommodation figures, and release the hall for use in the P.E. lesson.

At the Thornes House School, the games facilities have been improved by increasing the number of tennis courts. New cricket, hockey and soccer pitches are also being developed.

During the year approximately 48,000 attendances were made at the baths, and it is interesting to note that the attendances during Autumn and Winter months were slightly better than the Summer months. A high percentage of children leaving school could swim; at some schools over 90 per cent. of the children leaving the Primary schools could be classed as able swimmers.

The various Sports and Athletic Associations continue to flourish. At Rugby, Cricket and Athletics several children represented the Yorkshire Schools in Inter-County games and it is pleasing to report on the number of teachers interested in helping the children to achieve those honours. Much voluntary time has been given to the work in these Associations.

I should like to thank the Parks Superintendent and his staff for their close co-operation in helping to maintain the playing fields and for the tennis and football facilities provided during the year.

OPEN AIR TREATMENT, HORNSEA SEASIDE SCHOOL

This School was open from the 13th April, 1956, until the 19th October, 1956, when the last batch returned home.

During the period 740 children (396 boys and 344 girls) were in residence, the boys for a period of three weeks each and the girls for a period of two weeks each. The average number of children in each batch was 67.

SPEECH THERAPY CLINIC

Report of the Speech Therapist, by Miss Olwen Parry, L.C.S.T.

During the year ended 31st December, 1956, 187 treatment sessions have been completed in the Speech Therapy Clinic.

Number of children on treatment list in January, 1956	..	32
Number of children referred during 1956	.. ..	29
Number of children already on the waiting list	.. ..	16
Number of these children interviewed	.. ..	30
Number accepted for treatment	.. ..	22
Number awaiting treatment	.. ..	8
Number awaiting an interview	.. ..	15
Number of children discharged—		
Normal speech attained	.. ..	14
Speech greatly improved (further review in 12 months' time)	.. ..	2
Treatment contra-indicated	.. ..	2
Transfer to the Occupation Centre	.. ..	1
Total	.. ..	19

Of those discharged with normal speech:—

<i>Previous defect</i>	<i>Number</i>
Defective articulation	10
Stammer	4
Total	14

Number of children receiving treatment on December 31st, 1956.. .. 35

During the summer term, 1956, a survey was made of the speech handicapped children amongst the school population in Wakefield.

The number of children referred by the Heads of schools may be listed as follows:—

Department	Number of Boys	Number of Girls
Senior Schools (Grammar and Secondary Modern).. ..	21	8
Junior or Primary Schools	81	36
Infants Schools.. ..	92	49
Totals	194	93

The combined total of children referred was therefore 287.

Of the total it was found that 20 children were already receiving treatment.

During the last six weeks of term, an attempt was made to interview the remaining 267 children. Thirty-seven school departments were concerned, involving a total of forty school visits.

The results of this school visiting are undermentioned:—

Number of children interviewed	237
Number of children absent from school	30
Number of children requiring treatment	228
Number of children not requiring treatment	9

It will be noted that only 9 children out of a total of 237 were not considered to be "handicapped" by defective speech.

It was found that many of the children referred were about to progress from school department to another, i.e. from infant to junior school or from junior school to secondary school, therefore a table has been included which gives the age range of the children and also illustrates the greater frequency of defect among the boys in comparison with the girls.

Of the 228 children requiring treatment those with:—

(a) Defective articulation.. ..	137
(b) Stammer	70
(c) Voice disorder.. ..	21
Total	228

It is hoped that time may be granted, early in the autumn term, for interviewing the 30 children who were absent from school in July.

The associated problems of the 228 speech defective interviewed were:

Number of children with hearing loss	5
Number of children with a query of hearing loss (further investigation required)	3
Number of children with dental irregularities	10
Number of children on waiting list for school for educationally subnormal pupils	2
Number of children referred as "generally backward"	6
Number of children with a 'repaired' cleft palate	4
Number of children requiring repair of cleft palate	1
Number of children with weakness or paralysis of facial muscles	3
Number of children with bilingual home situation	1
Number of children with a query of 'epilepsy'	2
Number of children with a query of 'enuresis'	1
<hr/> Total	<hr/> 38 <hr/>

Of the predisposing factors it may be noted that there were:—

- 18 sets of siblings
- 5 sets of twins
- 2 sets of cousins.

There were 12 children from children's homes or foster homes.

Recommendations

In concluding this survey report it will be seen that approximately three per cent. of the school population is handicapped by a speech defect.

The age distribution table illustrates that most speech defects arise in early childhood and require attention as early as possible.

Without treatment a speech defect frequently becomes associated with educational retardation. This point was raised many times during the survey by school teachers who remarked on the number of children with speech defects who were also backward readers and having difficulty with spelling, despite a normal intelligence distribution.

(Many older children now receiving speech therapy treatment are also attending the Child Guidance Clinic for treatment of associated difficulties.)

The provision of speech therapy treatment for Wakefield school children is not sufficient to answer the needs of even the most serious cases.

The recommended weekly case-load (as given by the College of Speech Therapists) "should not exceed 80".

228 children will now be recommended for treatment as a result of the recent investigation.

Number of children requiring treatment (survey results)	..	228
Number of children already receiving treatment	.. ..	30
Number of children already on the waiting list	.. ..	12
Total	.. .. .	270

It would be essential to appoint a *full-time speech therapist* to cope with these numbers.

It is advisable that the speech defective should receive treatment with as little interruption to his schooling as possible. I therefore recommend the provision of 'area' clinics, which should be combined with the central clinic at Margaret Street for important interviews, speech recordings, audiometric testing and the treatment of the more 'difficult' cases.

The areas suggested are:—

	<i>Treatment for—</i>
1. Lupset	Snapethorpe School (3 depts.) Broadway Infants School English Martyrs School
2. Manygates	Sandal County (2 depts.) Manygates School (2 depts.)
3. Alverthorpe	Alverthorpe Infants School Alverthorpe Junior School Flanshaw Junior School Flanshaw Infants School

The recent school visiting has been of considerable value.

Number of children with Speech Defect

		<i>Boys</i>	<i>Girls</i>
Aged 4 years	.. .. .	1	—
Aged 5 years	.. .. .	13	14
Aged 6 years	.. .. .	34	13
Aged 7 years	.. .. .	32	19

				<i>Boys</i>	<i>Girls</i>
Aged 8 years	..	..	..	14	7
Aged 9 years	..	..	..	11	9
Aged 10 years	..	..	..	18	6
Aged 11 years	..	..	..	13	3
Aged 12 years	..	..	..	6	2
Aged 13 years	..	..	..	6	2
Aged 14 years	..	..	..	4	1
Aged 18 years	..	..	..	1	—

ARTIFICIAL SUNLIGHT CLINIC

This Clinic is held at the Principal Child Welfare Centre, Margaret Street. Cases are referred from all Clinics and by private practitioners. The number of examinations carried out during 1956 by medical officers was 127, and the total attendances amounted to 2,031.

Classification of Defects	Cases seen in the current year	
	Cases seen for the first time in 1956	First seen in previous years
Debility after Infectious Disease ..	3	2
Debility with nervous symptoms ..	1	1
Debility with Catarrhal symptoms ..	2	4
Debility with Cervical Adenitis ..	3	2
General Debility	8	5
Skin Disease	1	—
Bronchitis and Asthma	4	9
Miscellaneous conditions	8	10
Totals	30	33

PROVISION OF CLOTHING

Under the provisions of the Education (Miscellaneous Provisions) Act, 1948, the Education Authority has provided clothing for 100 children during the year. The children came from 82 different families.

The number of children supplied with clothing under the Scheme during 1955 was 105.

CO-OPERATION OF PARENTS

During 1956, 71 per cent. of the parents, generally the mother, attended at periodic medical inspections.

CO-OPERATION OF TEACHERS

The teachers give, as they always have done, the greatest possible help and co-operation in the work of the School Health Service. It is impossible to speak too highly of their assistance without which the work would lose much of its efficiency.

CO-OPERATION OF VOLUNTARY BODIES

The two Societies that afford most help in connection with the School Health Service are the Wakefield Social Service Council and the National Society for Prevention of Cruelty to Children. The former Society, which includes an active Guild of Help, undertakes much of the care work of the Corporation, and is of great assistance in supplying food and clothing in necessitous cases of a temporary character. Cases of apparently wilful neglect are referred to the latter Society for investigation and any necessary action, and Inspector Edmunds has proved a most helpful and zealous coadjutor. The Mayor's Boot Fund has also done a most useful work during 1956 and supplied 20 pairs of boots or shoes to necessitous children.

SCHEME TO COMBAT OUTBREAK OF SONNE DYSENTERY IN SCHOOLS

Lavatory accommodation.

It is imperative that the lavatories should be kept scrupulously clean, and caretakers must be instructed to do this.

A supply of Domestos will be sent to each school, and lavatory pans, plugs, door handles, and seats must be washed frequently with a solution of this.

The Head Teacher of each School must make sure that this cleansing is carried out.

Washing of Hands.

The importance of washing the hands after each visit to the lavatory must be impressed upon the children, and head teachers must make arrangements to ensure that this is done.

In those schools where the lavatory accommodation is across the playground from the school, a bowl, filled with water and soap should be placed in each classroom, so that the children can wash their hands when they enter the classroom after each visit to the toilet, before and after a meal, and before leaving school for home.

Towels will also be supplied.

In those schools where the cloakrooms are part of the main building, a similar hand-washing drill should be instituted and supervised.

The importance of clean hands cannot be too greatly stressed.

Exclusion of Children from School.

Any child who shows any symptoms of diarrhoea or vomiting must be excluded at once from school.

If the foregoing precautions are carried out energetically and conscientiously, this outbreak of dysentery can be stamped out very quickly.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1956.

TABLE I.

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools.

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups

Entrants	1029
Intermediates	723
Leavers	539
Total	2291

Number of other Periodic Inspections	77
Grand Total	2368

B.—OTHER INSPECTIONS

Number of Special Inspections	3261
Number of Re-inspections	892
Total	4153

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table III. (3)	Total individual pupils. (4)
Entrants	19	45	63
Intermediates	68	21	85
Leavers	28	9	34
Total	115	75	182
Additional Periodic Inspections	3	—	2
Grand Total	118	75	184

D.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I.A.

Age Groups	Number of Pupils Insp'cted	Satisfactory		Unsatisfactory	
		No.	% of cl. 2	No.	% of cl 2.
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	1029	1028	99.97	1	0.10
Intermediates	723	721	99.73	2	0.27
Leavers	539	538	99.81	1	0.19
Additional Periodic Inspections	77	77	100.00	—	—
Total	2368	2364	99.82	4	0.18

TABLE II.

INFESTATION WITH VERMIN.

- | | |
|----------------------------------------------------------------------------------------------------------------------------------|-------|
| (i) Total number of individual examinations in the schools by the school nurses or other authorised persons | 8,468 |
| (ii) Total number of <i>individual</i> pupils found to be infested | 86 |
| (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) | 29 |
| (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) | 13 |

TABLE III.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1955.

Defect Code No.	DEFECT OR DISEASE	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requiring treatment	Requiring observa- tion
		Requiring treatment	Requiring observa- tion	Requiring treatment	Requiring observa- tion		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4.	Skin	—	14	1	5	3	28
5.	Eyes— <i>a.</i> Vision ..	19	103	28	47	118	227
	<i>b.</i> Squint ..	6	10	—	—	13	11
	<i>c.</i> Other ..	—	4	—	2	—	9
6.	Ears— <i>a.</i> Hearing ..	—	11	—	9	1	32
	<i>b.</i> Otitis Media	1	4	—	2	1	6
	<i>c.</i> Other ..	—	6	2	3	2	11
7.	Nose or Throat ..	17	103	1	11	22	138
8.	Speech	2	36	1	1	4	41
9.	Lymphatic Glands ..	—	—	—	—	—	—
10.	Heart and Circulation	—	13	—	14	—	35
11.	Lungs	7	44	—	5	9	59
12.	Developmental—						
	<i>a.</i> Hernia ..	—	2	—	—	—	3
	<i>b.</i> Other ..	—	7	—	1	—	10
13.	Orthopaedic—						
	<i>a.</i> Posture ..	—	2	1	2	4	10
	<i>b.</i> Flat foot ..	4	22	3	4	7	34
	<i>c.</i> Other ..	3	46	—	13	3	75
14.	Nervous system—						
	<i>a.</i> Epilepsy ..	—	—	—	1	—	2
	<i>b.</i> Other ..	—	7	—	—	—	13
15.	Psychological—						
	<i>a.</i> Development	—	8	—	5	—	17
	<i>b.</i> Stability ..	—	10	—	2	—	12
16.	Abdomen	—	—	—	—	—	—
17.	Other	5	72	—	4	6	97

TABLE III. (continued)

B.—SPECIAL INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	368	5
5	Eyes—(a) Vision	291	330
	(b) Squint	16	19
	(c) Other	126	9
6	Ears—(a) Hearing	5	8
	(b) Otitis Media	6	4
	(c) Other	38	4
7	Nose and Throat	109	124
8	Speech	8	14
9	Lymphatic Glands	—	—
10	Heart	—	6
11	Lungs	2	23
12	Developmental—		
	(a) Hernia	—	1
	(b) Other	—	4
13	Orthopaedic—		
	(a) Posture	5	10
	(b) Feet	12	17
	(c) Other	2	9
14	Nervous system—		
	(a) Epilepsy	—	—
	(b) Other	—	3
15	Psychological—		
	(a) Development	—	29
	(b) Stability	—	10
16	Abdomen	—	—
17	Other	307	82

TABLE IV.

**TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS.**

**GROUP 1.—EYE DISEASES, DEFECTIVE VISION
AND SQUINT.**

	Number of cases dealt with	
	by the Authority	other-wise
External and other, excluding errors of refraction and squint	387	—
Errors of refraction (including squint) ..	866	175
Total ..	1253	175
Number of pupils for whom spectacles were		
(a) Prescribed	419	175

**GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE
AND THROAT**

	Number of cases treated	
	by the Authority	other-wise
Received operative treatment		
(a) for diseases of the ear	—	4
(b) for adenoids and chronic tonsillitis ..	17	26
(c) for other nose and throat conditions	10	—
Received other forms of treatment	233	—
Total ..	260	30
Total number of pupils in schools who are known to have been supplied with hearing aids		
(a) in 1956	—	2
(b) in previous years	—	—

GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS

	by the Auth- ority	other- wise
Number of pupils known to have been treated clinics or out-patient departments ..	61	—

GROUP 4.—DISEASES OF THE SKIN (excluding uncleanliness)

	Number of cases treated or under treatment during the year by the Authority
Ringworm— (i) Scalp	—
(ii) Body	—
Scabies	—
Impetigo	19
Other skin diseases	368
Total	387

GROUP 5.—CHILD GUIDANCE TREATMENT

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	45
-----------------------------------------------------------------------------------------------------------	----

GROUP 6.—SPEECH THERAPY

Number of pupils treated by Speech Therapists under arrangements made by the Authority ..	45
----------------------------------------------------------------------------------------------	----

GROUP 7.—OTHER TREATMENT GIVEN

(a) Number of cases of miscellaneous minor ailments treated by the Authority	3315
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	—
(d) Other than (a), (b) and (c) above (specify)	
1. Debility	44
2. Bronchitis	25
Total ..	3384

TABLE V.**DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY**

(1) Number of pupils inspected by the Authority's Dental Officers:—	
(a) Periodic age groups	4804
(b) Specials	273
Total (1)	5077
(2) Number found to require treatment	3396
(3) Number offered treatment	3266
(4) Number actually treated	1913
(5) Attendances made by pupils for treatment ..	2986
(6) Half-days devoted to: Inspection	41
Treatment	474
Total (6)	515
(7) Fillings: Permanent Teeth	1754
Temporary Teeth	124
Total (7)	1878
(8) Number of teeth filled: Permanent Teeth ..	1502
Temporary Teeth ..	119
Total (8)	1621
(9) Extractions: Permanent Teeth	362
Temporary Teeth	2108
Total (9)	2470
(10) Administration of general anaesthetics for extraction	276

*(11) Orthodontics—

(a) Cases commenced during the year	18
(b) Cases carried forward from previous year ..	not known
(c) Cases completed during the year	not known
(d) Cases discontinued during the year	not known
(e) Pupils treated with appliances	not known
(f) Removable appliances fitted	not known
(g) Fixed appliances fitted	not known
(h) Total attendances	not known

(12) Number of pupils supplied with artificial dentures	Nil
---------------------------------------------------------	-----

(13) Other operations:

Permanent teeth	119
Temporary teeth	264

Total (13)	383
------------------	-----

*Apart from (a) the Principal School Dental Officer is unable to supply the information required for Group (11) Orthodontics.

(11) Orthodontic treatment during the year

(a) Cases commenced during the year	13
(b) Cases carried forward from previous year	not known
(c) Cases completed during the year	not known
(d) Cases discontinued during the year	not known
(e) Pupils treated with appliances	not known
(f) Removable appliances fitted	not known
(g) Fixed appliances fitted	not known
(h) Total attendance	not known

(12) Number of pupils supplied with artificial dentures

Nil

(13) Other operations:

Permanent teeth	119
Temporary dentures and orthodontic treatment	283
Total (13)	402

* Apart from (a) the Principal School Dental Officer is unable to supply the information required for Group (1) Orthodontics.

(1) Number of pupils at dental school	306
(2) Number of pupils at dental school	306
(3) Number of pupils at dental school	1013
(4) Attendance of pupils at dental school	2006
(5) Half-day visits to dental school	41
(6) Half-day visits to dental school	474
Total (6)	515
(7) Filling Permanent Teeth	1754
Temporary Teeth	124
Total (7)	1878
(8) Number of teeth filled: Permanent Teeth	1502
Temporary Teeth	119
Total (8)	1621
(9) Extractions: Permanent Teeth	362
Temporary Teeth	2108
Total (9)	2470
(10) Appliances fitted to orthodontics	176



