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COUNTY BOROUGH OF WARRINGTON



ANNUAL REPORT

to the

EDUCATION COMMITTEE

on the work of the

SCHOOL HEALTH SERVICE

for the year

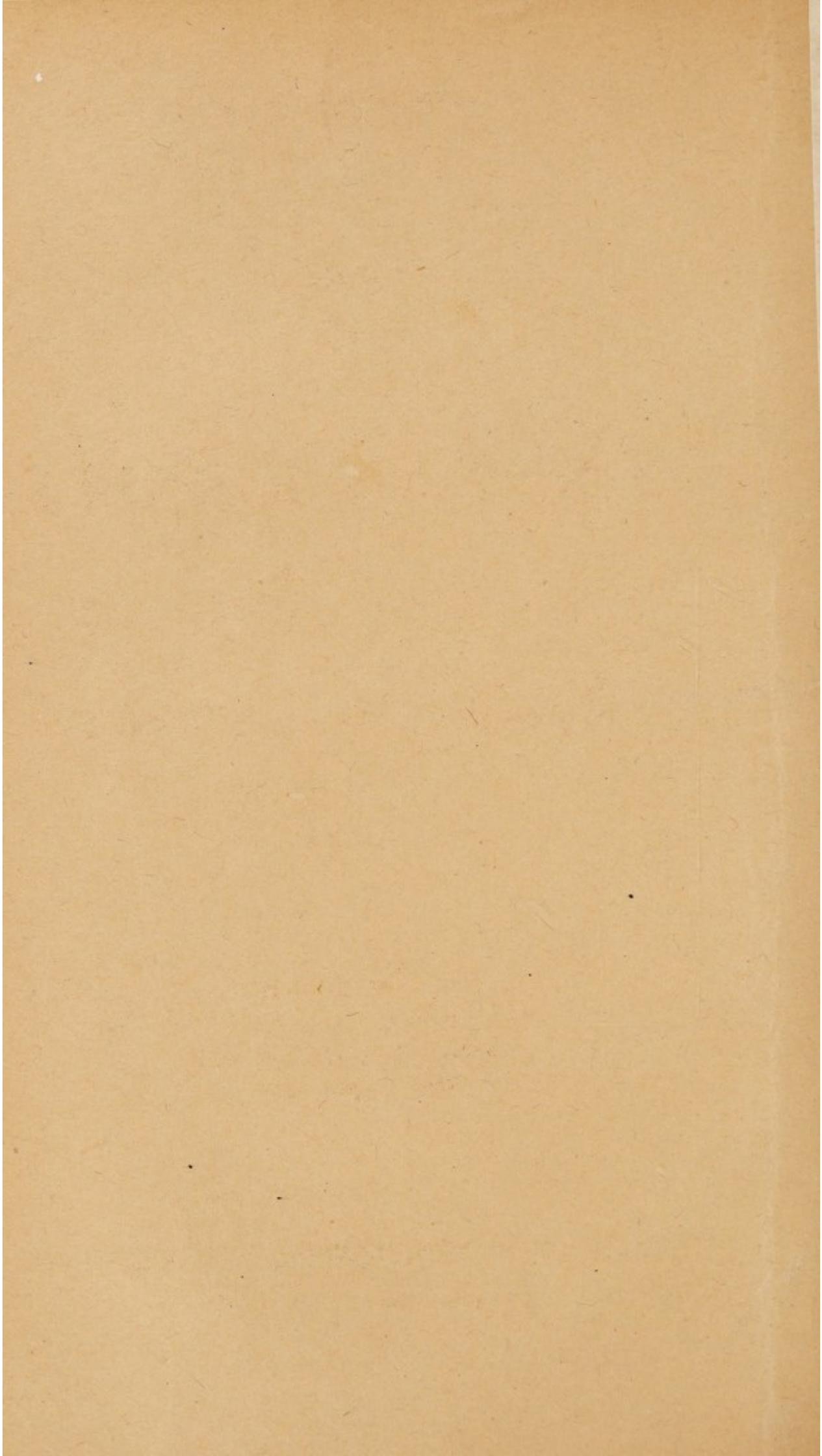
1951

ERIC H. MOORE

B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

*Medical Officer of Health and
School Medical Officer*

HEALTH DEPARTMENT, SANKEY ST., WARRINGTON



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EDUCATION COMMITTEE

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ERIC H. MOORE
B.S., M.B., Ch.B., M.C.S., F.R.C.P., D.P.H.

Medical Officer of Health and
Sanitary Medical Officer

HEALTH DEPARTMENT SANKEY ST. WARRINGTON

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SCHOOL MEDICAL SERVICE SUB-COMMITTEE

(As at 31st December, 1951)

Chairman:

Alderman E. MARSHALL, J.P.

Councillor W. G. CALDWELL, LL.B., J.P. (Mayor)

Alderman J. CANON BARDSLEY, M.A., J.P.

Alderman H. HARDING, J.P.

Alderman H. MASSEY

Councillor J. DAGNALL

Councillor H. GRAY, J.P.

Councillor Mrs. M. HARDMAN

Councillor Mrs. A. L. HINDLE

Rev. J. A. CUNNINGHAM

Mr. J. HELSBY, J.P.

Rev. J. RUSSELL

Ex Officio:

Alderman D. PLINSTON, J.P. (Chairman of
the Education Committee)

Rev. E. DOWNHAM, B.A. (Deputy-Chairman
of the Education Committee)

Chief Education Officer: H. M. PHILLIPSON, M.A.

STAFF

(as at 31st December, 1951)

School Medical Officer: Eric H. Moore, B.Sc., M.B., Ch.B.,
M.R.C.S., L.R.C.P., D.P.H.

Deputy School Medical Officer: Stanley R. Warren, M.B., Ch.B., D.P.H.

Assistant School Medical Officers: Margaret L. Taylor, M.B., Ch.B.,
C.P.H.

One vacancy.

Senior Dental Officer: William C. Parr, L.D.S. (Liverpool)

Assistant Dental Officer: Mrs. Phyllis E. Lawton, L.D.S. (Manchester)

Superintendent of Health Visitors and School Nurses: Miss E. Semple

Senior Clerk, School Health Service Section: J. Bibby

VISITING CONSULTANTS

Ophthalmic: Sydney B. Smith, M.R.C.S., L.R.C.P., D.O.M.S.
(R.C.P. & S.)

Ear, Nose and Throat: Mr. Walter E. Hunter, M.A., M.R.C.S., L.R.C.P.

SCHOOL CLINICS

INSPECTION CLINIC (Health Department, Sankey Street):

Monday to Saturday	Examination of cases referred by
9.0 a.m. to 10.30 a.m.	Teachers, School Attendance Officers, School Nurses, etc.

MINOR AILMENTS CLINIC (Health Department, Sankey Street):

Monday to Saturday	Treatment of contagious diseases
9.0 a.m. to 10.30 a.m.	of the skin, eyes, etc.
Saturday	Vaccination and immunisation.
10.30 a.m. to 12 noon	

DENTAL CLINIC:

Monday to Saturday	Dental treatment (including
(by appointment)	orthodontic treatment).

ORTHOPAEDIC CLINIC (Warrington General Hospital):

Examinations - Every fourth Tuesday, 10.0 a.m.

Treatment -

Monday and Wednesday	Treatment of postural and
10.0 a.m. to 11.30 a.m.	crippling defects, etc.

EAR, NOSE AND THROAT CLINIC (Health Department, Sankey Street):

Examinations -
Wednesday, 4.30 p.m.

Out-Patient treatment -
Daily (by appointment)

Operations -
Thursday mornings (at Warrington General Hospital)

OPHTHALMIC CLINIC (Warrington General Hospital):

Friday, 9.0 a.m.	Examination and treatment of errors
(by appointment)	of refraction and squint.

ORTHOPTIC CLINIC (Warrington General Hospital):

Monday to Friday	Treatment of cases of squint.
9.30 a.m. to 4.30 p.m.	

CHIROPODY SERVICE

Cases seen by appointment.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you my report on the School Health Services for the year 1951.

The general state of the school health during the year has been good, and there has been no unusual incidence of any special form of illness or disease.

Nevertheless, the services have worked under considerable difficulties. The clinic accommodation continues to be unsatisfactory, especially in the dental department. Plans for improved accommodation have been considered in conjunction with the Ministry of Health and the Ministry of Education, but approval for building operations has not yet been granted. It is to be hoped that in the coming year the Minister will find it possible to authorise this very essential construction so that the service may not be handicapped.

During the year we were unable to appoint a Speech Therapist, but had one been appointed accommodation difficulties would have arisen. Likewise it has been impossible to make any progress in setting up a Child Guidance Clinic.

The dental officers are working under extreme difficulty in most unsatisfactory conditions, resulting in a limitation of the service available to the public.

The resignation of Dr. Carrick, which took effect in October, and the impossibility of replacing him threw the school inspection programme into arrears, and the position was aggravated by periods of illness amongst the remaining medical staff.

The established systems of co-operation with the hospital service and the general practitioners were consolidated during the year, and the working between the three major branches of the health services has been completely harmonious. At all times the School Health Service has received full co-operation from both general practitioners and the hospital, which has helped to offset many of the difficulties related above.

I wish to record my appreciation of the interest and support I have received from the Chairman and Members of the Committee and from all members of the staff, both professional and clerical. The full co-operation which I have at all times received from the Chief Education Officer has greatly helped in many of the difficulties encountered during the year.

I would also like to record my appreciation of the work of Dr. Warren in compiling most of the material contained in this report, and also the School Health Service staff for their preparation of the statistical tables.

I have the honour to be,

Your obedient Servant,

ERIC H. MOORE,

School Medical Officer.

INTRODUCTION

STAFF

The authority was unfortunate in that the services of one Assistant School Medical Officer were lost with the resignation of Dr. G. S. Carrick in October.

We were fortunate in retaining the services of the two dental officers during the year but regret to report receipt of the resignation of the Senior Dental Officer at the end of the year. Their duties include the inspection and treatment of expectant mothers and infants, resulting in a great increase in pressure on time available for purely school medical work. I am indebted to Mr. Parr, the Senior Dental Officer, for the following report:-

There was no appreciable change in the amount of emergency and conservative work done by the Dental Department, and no change in the relative amount of extractions. The figure for extractions is still noticeably high.

The dental state of the school population does not appear to have changed from that of the previous year. It is regretted that annual inspection of all school children was not possible with the staff available and because of the additional work on behalf of the Maternity and Child Welfare Service.

It is again urged that proper accommodation and facilities are necessary if a full and adequate dental service is to be maintained.

Some difficulty has again been experienced in obtaining the services of health visitors and school nurses, and for the whole year the nursing staff was below strength.

LIAISON WITH OTHER SERVICES

As in previous years the closest co-operation has been maintained between the School Health Service and other Health Services, a procedure simplified by the fact that the medical and nursing staffs also carry out duties in the Health Department, particularly in regard to child welfare. The infant welfare records are handed on to the School Health Service when children reach the age of five years, and all notes of importance are transferred to the school medical record cards.

Close contact has also been maintained with the various sections of the Education Department, particularly the School Attendance Department, to whom we are indebted for their valuable assistance in many directions; and with the Children's Department.

HANDICAPPED PUPILS

This is probably the most difficult aspect of our school health service. Although handicapped pupils form a very small proportion of the total, they require a special degree of attention to fit them for their adult life. Too often we are faced with the problem of their disposal, as distinct from their medical treatment and supervision; as will be realised from the appropriate section in this report, we are unable to fulfil our duty to many of these children by reason of scarcity of accommodation, both national and local, in special schools and institutions. This problem is by no means confined to Warrington, but every effort should be made to remedy this deficiency (see notes on the Local Authority's proposals for special school accommodation).

ANCILLARY SERVICES AND HEALTH EDUCATION

These have proceeded on normal lines and there is every reason to believe the health of the schoolchildren has been thereby improved. In addition to the nursery classes, day nurseries, though outside the sphere of the School Health Service, have contributed much towards the education of the mothers of potential schoolchildren.

School meals and milk also play a silent and unspectacular, but, if we may believe past experience, substantial part in improving child nutrition and physique.

MEDICAL INSPECTION

ROUTINE INSPECTIONS

The Periodic Medical Inspections are conducted by the Assistant Medical Officers at the various schools and nursery classes in the borough and are carried out on the school premises. The Ministry of Education schedule of inspections is followed.

Further details of the results of medical inspection will be found in the Appendix (page 35).

Comparative figures of the total number of periodic inspections for the last four years are given below:-

1951: 3,173 1950: 4,293 1949: 3,900 1948: 3,206

STATISTICAL SUMMARY

Out of 3,173 pupils examined at the Periodic Medical Inspections in 1951, 426 (13%) were found to require treatment for one or more defects. In addition a number had defects which required to be kept under observation although no actual treatment was necessary at the time.

The reduced number of examinations is entirely due to lack of medical staff to carry out these duties. One Assistant Medical Officer left the service in October and was not replaced and two other medical officers were absent during parts of November and December on account of illness.

Table II A in the Appendix gives a return of the various defects found and the number of individual pupils affected is as follows:

Age Group	Number of Pupils				Percentage of pupils found to require treatment	
	Inspected		Found to require treatment			
	1951	1950	1951	1950	1951	1950
Entrants	1,252	628	182	173	14.5	27.5
Second	1,009	2,234	163	442	16.1	19.8
Third	691	1,242	69	117	9.9	9.4
Other Periodic Inspections	221	189	12	43	5.4	19.5
GRAND TOTALS	3,173	4,293	426	775	13.4	18.0

NUTRITION AND GENERAL CONDITION

The figures shown in the table below may be regarded as average figures for an industrial area. There is a gratifying reduction in the number of pupils in Category "C" compared with the year 1950.

Year	Number Examined	A (Good)	B (Fair)	C (Poor)
1951 ...	3,173	405 (12.7%)	2,551 (80.4%)	217 (6.8%)
1950 ...	4,293	518 (12.07%)	3,222 (75.05%)	553 (12.8%)

HEIGHT AND WEIGHT

The height and weight of every pupil is recorded at the Periodic Medical Inspections. A summary of the various age groups is given in the tables of the Appendix (pages 42 and 43).

UNCLEANLINESS AND INFESTATION

As a result of regular Cleanliness inspections by the school nurses, cases of uncleanliness and infestation are very rarely found at routine medical inspections, but when they do occur they are promptly dealt with by exclusion and other measures.

Comments on cases found other than at routine inspections will be found under the heading "Work of the School Nurses", on page 30.

DISEASES OF THE SKIN AND MINOR AILMENTS

The incidence of skin conditions remains approximately at last year's level and consists principally of warts and impetigo. No case of scabies was discovered at routine medical inspections.

VISUAL DEFECTS

Vision was tested at the inspection of the two senior age groups only. In 68.3% of pupils examined no obvious refractive error was discovered in testing with the Snellen Test Type. A detailed analysis of the tests is given below.

	No. examined	6/6	6/9	6/12	Wear- ing Glasses	Treat- ment re- quired	No Glass Improves
Second Age Group	1,009	674	159	12	52	103	9
Third Age Group	691	484	92	3	51	50	11
Other Periodic Inspections:							
Boteler Grammar	49	33	4	-	7	5	-
High School	100	73	5	-	20	2	-
TOTALS	1,849	1,264	260	15	130	160	20
Percentage		68.3	14.1	0.8	7.0	8.7	1.1

There has been no significant change in the vision of the pupils examined compared with that found in 1950.

DEFECTS OF THE EYE

The number of cases of squint detected in 1951 was 157, giving a percentage of 4.9.

The other defects of the eye consist of blepharitis (5 cases), styne (1 case), cyst (1 case) and strain (1 case).

DEFECTS OF THE EAR

Three cases of discharging ear were found, compared with seventeen in the previous year. No significance can be drawn from this change.

NOSE AND THROAT DEFECTS

There were 114 cases of nose and throat defects requiring treatment, and 113 requiring observation, compared with 216 cases (with 63 requiring observation) in the previous year. The significance of these figures would merely indicate that more children are being kept under observation instead of being directly referred for treatment.

HEART DISEASE

At periodic medical inspections 14 cases of suspected heart disease were noted. Many of these had been discovered at an earlier stage and were already under observation.

CHEST DISEASE

The total number of defects of the chest shows a decrease at 23. This number is largely made up of chronic bronchitis which is of course very prevalent in any congested urban area, especially in the winter months.

ORTHOPAEDIC DEFECTS

Details of the orthopaedic defects found at routine inspections during the year are given below and show a further decrease. The figures for the previous year are shown in brackets.

				Requiring treatment	Requiring observation
Postural defects	...	...	...	4 (5)	5 (3)
Flat foot	...	...	...	11 (18)	2 (10)
Other	...	...	...	17 (31)	2 (17)

Most of the defects referred for observation had been noted previously and were already under observation.

NERVOUS AND PSYCHOLOGICAL DISORDERS

The sum total of defects under this heading is 16 of which 10 were considered to need treatment. Seven of these children had already been ascertained as educationally sub-normal.

OTHER DEFECTS AND DISEASES

There were 11 other miscellaneous defects found which do not readily fall under any of the headings listed above. No comment is called for on any of these.

SPECIAL EXAMINATIONS

The special examinations fill the gaps between years of routine inspections, and the majority of defects requiring treatment are consequently seen at special examinations. These children are referred by teachers, school nurses, parents, school attendance officers, and others, who are encouraged to bring to the notice of the medical officers any children suspected to be in need of attention. These children are normally seen at the School Clinic.

The number of special examinations during 1951 was 2,733 as compared with 3,447 during 1950.

EMPLOYMENT OF SCHOOL CHILDREN

All children who register for employment out of school hours are medically examined to ensure that any employment undertaken will not be detrimental to health. The figures given above for special examinations include medical inspections in connection with employment.

The number of certificates granted during the year was 172, the majority of the cases being boys employed in newspaper delivery.

MINOR AILMENTS

The following table shows the numbers of cases seen and treated at the minor ailments clinic, with comparative figures for the preceding three years:-

	No. of children attending		No. of treatments in school (dressings)
	Inspection Clinic	Treatment Clinic	
1951 ...	541	619	1,143
1950 ...	956	863	1,947
1949 ...	1,119	1,029	3,666
1948 ...	1,686	1,482	7,171

The fall in the numbers of children attending the Clinic for inspection and treatment has continued steadily each year since the introduction of a free General Medical Practitioner Service under the National Health Service Act. This is a phenomenon experienced throughout the country.

An analysis of the cases seen at the inspection clinic compared with the previous year is reproduced below.

	1951	1950
Ringworm - Body	4	6
Scabies	6	22
Impetigo	48	79
Other skin diseases	54	7
Eye diseases	67	91
Ear defects	60	126
Miscellaneous ailments	301	617
Uncleanliness	1	3
No treatment required	-	5
	541	956

The above cases made 572 attendances at the inspection clinic.

The apparently large increase in other skin diseases is accounted for by an alteration in classification whereby warts are included under this heading rather than under miscellaneous ailments.

The fall in the number of attendances for ear defects was partly due to the increased number of operations performed during the year for tonsils and adenoids, and to routine energetic treatment with penicillin.

A further factor in the decrease of these figures compared with the previous year was a change, during 1951, in the method of computation of the figures.

TREATMENT OF DEFECTS

Defects were dealt with either at the Minor Ailments Clinic or were referred to hospital for specialist treatment, or referred to the private practitioners.

Of the forms of treatment available the following were provided directly by the Local Education Authority - minor ailments, ear, nose and throat and chiropody. Other clinics are now provided by the Regional Hospital Board on the same lines as the adult services. There are other specialist clinics which are reserved wholly or mainly for schoolchildren, e.g., eye and orthopaedic.

A list of the days and hours of attendance at the clinics is given on page 8.

Detailed figures of the cases referred for the various forms of treatment are given in the following pages.

TREATMENT AT THE SCHOOL CLINIC

The school clinic provides a comprehensive minor ailments service for schoolchildren. All children are examined by the medical officer and treatment is carried out as often as is necessary by the school nurses. Children requiring more elaborate forms of treatment are referred elsewhere as stated above. Treatment is confined to surface conditions (e.g., ointments, skin dressings, etc.) and no form of internal treatment such as medicines, etc., is dispensed; this is outside the scope of the School Health Service.

The following table gives a comparative analysis of the cases treated at the clinic during 1950 and 1951:-

	Numbers treated		Number of attendances	
	1951	1950	1951	1950
Ringworm - Scalp ...	-	-	-	-
Body ...	4	7	10	87
Scabies	10	10	11	12
Impetigo	53	78	110	280
Other skin diseases ...	44	7	94	20
Eye disease	74	92	198	311
Ear defects	143	168	1,465	1,429
Miscellaneous ailments	291	501	733	1,784
Totals	619	863	2,621	3,923

(The miscellaneous cases consist of various unclassified ailments, e.g., minor injuries, bruises, sores, chilblains, etc.)

The fall in the numbers of cases treated corresponds with the reduced attendances for inspection. The number of cases of scabies was maintained at its low level.

DISPOSAL OF DEFECTS FOUND DURING

MEDICAL INSPECTIONS

The manner in which cases requiring treatment, found at periodic medical inspection and at the Minor Ailments Clinic were dealt with will be found detailed in the following pages under the heading of the appropriate defect.

VISUAL DEFECTS

The consultant ophthalmologist, Dr. S.B. Smith, holds a weekly clinic exclusively for school children at Warrington General Hospital.

Table IV Group II in the Appendix shows that 710 children received treatment during the year. Of these 593 were dealt with at the ophthalmic clinic at the Warrington General Hospital, 74 at the Minor Ailments Clinic, and 43 at the Warrington Infirmary.

There is no serious time lag between the eye examination and the provision of glasses.

Orthoptic Clinic

The orthoptic clinic is conducted at the Warrington General Hospital under the supervision of the consultant ophthalmologist.

The number of attendances at the clinic during 1951 was as follows:

School children	1,549
Pre-school children	322
Children from other authorities:	
Lancashire C.C.	90
Cheshire C.C.	201
	<hr/>
Total attendances	2,162
	<hr/>

Squint Operations

Children in need of operative treatment are noted by the ophthalmologist and are referred to the Manchester Royal Eye Hospital. Owing to the acute shortage of hospital accommodation and particularly of nursing staff in the Royal Eye Hospital, the waiting period for operations for squint is extremely long, with a minimum of three to four years. It is hoped that this position will be considerably eased in the near future. Where suitable, children awaiting operations receive weekly treatment at the orthoptic clinic.

Over 235 children are awaiting operations at Manchester Royal Eye Hospital. The number admitted for operation in the year 1951 was 7.

It is hoped that in the not too distant future some provision will be made locally for these operations with a view to cutting down the present waiting period.

EAR, NOSE AND THROAT DEFECTS

The number of cases referred for treatment of defects of the ear, nose and throat will be found in Table II. Penicillin was given as routine in all cases of acute discharging ear with excellent results.

Children who do not readily respond to treatment and all those who require operative treatment are referred to the ear, nose and throat consultant, Mr. W. E. Hunter.

Details of the work of the ear, nose and throat clinic during the year are given below.

Received operative treatment:-

(a) for diseases of the ear	1
(b) for adenoids and chronic tonsillitis ...	394
(c) for other nose and throat conditions ...	5
Received other forms of treatment	114
No treatment required	25
Refused treatment	44
Left school or district before treatment was completed	19
	—
Total cases referred	602
	—

The increase in the number of children who received operative treatment for tonsils and adenoids was due to a determined drive on the part of hospital authorities to reduce waiting lists as part of a national effort.

The total number of attendances at the inspection clinic during the year was 1,043, and there were 1,465 attendances for treatment.

Particulars of treatment given at the Warrington Infirmary to schoolchildren were also made available to us during the year. Details are given below.

Received operative treatment:-

(a) for diseases of the ear	2
(b) for adenoids and chronic tonsillitis ...	98
(c) for other nose and throat conditions ...	9
Received other forms of treatment	3
	—
Total	112
	—

AUDIOMETRY

Routine audiometric tests are carried out on children in the age group 9 - 10 years throughout the schools. Any children who fail the test are subsequently retested. The tables below give details of the tests carried out and the disposal of cases where a double failure was recorded, during 1950 and 1951.

Audiometric Tests

Primary Tests				1951	1950
Number of schools visited	...	...	...	20	9
Number of group tests	...	...	...	86	46
Number of children tested	...	...	...	1,001	613
Number of primary failures	...	...	...	149	143
Secondary Tests					
Number of group tests	...	...	...	18	13
Number of children tested	...	...	...	158	137
Number of double failures	...	...	...	21	33
Cases disposed of					
Nothing abnormal found after treatment	...			6	6
Receiving treatment	...	...	...	9	3
Awaiting re-test after treatment	...	...		1	6
Referred for tonsils and adenoids operation	...			2	11
Referred to Manchester clinic	...	...	...	-	1
For intelligence test - (? educationally sub-normal)				-	2
Treatment not beneficial	...	...	...	-	2
Under own doctor	...	...	...	2	1
Left district	...	...	...	1	1

ORTHOPAEDIC DEFECTS

A summary of the work accomplished during the year is given below:-

Number of new cases examined	...	...	...	36
Number of cases treated	...	...	...	186
Number of cases in which operations have been performed	...	...	...	7
Number who have attended for remedial treatment	...	...	...	81
Number of attendances made for treatment	...	...	...	994

The number of cases discharged from the clinic during the year was 102. The following is a summary of the reasons for discharge:-

No further treatment required	...	...	...	64
Left school - over age	...	...	...	4
Discharged for non-attendance	...	...	...	33
Left district	...	...	...	1
Total	...	...	...	102

The following were the principal types of cases treated at the orthopaedic clinic during 1950 and 1951.

	1951	1950
Flat foot	36	44
Postural defects	18	23
Knock knee	18	13
Club foot	4	8
Defective gait	6	5
Muscular paralysis	22	16
Referred for Ultra-violet light treatment (Sunlight)	9	17
Foot abnormalities	48	36
Injuries, etc.	15	39
Miscellaneous defects	10	7

CHIROPODY

Details of the cases treated during 1951 are as follows:-

	Number of	
	Cases	Attendances
Verrucae	67	308
Non-verrucae	19	84
Totals	86	392

Cases, consisting principally of warts, are referred to Mr. E. Dewar, M.Ch.S.

TREATMENT IN THE SCHOOLS

The number of children excluded during the year by the medical officers and nurses on their visits to the schools was 191 (see details below).

	Boys	Girls	Total
Infectious diseases ...	-	2	2
Contagious diseases ...	1	1	2
Uncleanliness	40	147	187
Totals	41	150	191

The details with regard to the dressings applied by the nurses in schools are given below.

	Boys	Girls	Total
Scabies	1	2	3
Impetigo	32	23	55
Other skin diseases ...	5	4	9
Minor eye defects	36	45	81
Minor ear defects	17	21	38
Miscellaneous conditions ...	459	498	957
Totals	550	593	1,143

Details of the work of the school nurses in connection with cleanliness inspections in schools are given on page 37 in Table III.

CONVALESCENCE

During the year two children were sent for periods of convalescence, one was suffering from bronchitis and one from chorea and general debility.

It should be noted that neither of these children had been treated in hospital.

OTHER SPECIALIST TREATMENT PROVIDED UNDER

THE NATIONAL HEALTH SERVICE ACT

A complete paediatric consultant service is conducted at the Warrington General Hospital by Dr. H. Angelmann, who sees any children referred by the school medical officers. Many schoolchildren, however, are referred by their own private doctors, so that it is impossible to give any statistical summary of the numbers and types of conditions seen.

The child's own doctor is given a report by the Consultant on all children sent by the school medical officers.

HANDICAPPED PUPILS

NUMBERS OF HANDICAPPED PUPILS

The following table gives the Ministry of Education official classification of handicapped pupils and shows the numbers ascertained during the year in each category together with the total number of handicapped pupils at 31st December, 1951:

Classification	No. Ascertained during year	Total Ascertained at 31.12.51
Blind	-	1
Partially-sighted	1	8
Deaf	-	7
Partially-deaf	-	9
Delicate	2	3
Physically-handicapped	-	9
Diabetic	-	-
Educationally sub-normal	24	46
Epileptic	-	1
Maladjusted	-	2
Pupils with speech defects	-	-
Totals	27	86

PROVISION OF SPECIAL EDUCATION

The table below gives details of the numbers of pupils for whom special educational facilities have been provided.

Classification	Attending special school as		Receiving education under arrangements made under Section 56 of Education Act, 1944		Totals
	Day Pupils	Boarders	In Hospital	At Home	
Blind ...	-	-	-	1	1
Partially-sighted	7	1	-	-	8
Deaf ...	-	7	-	-	7
Partially-deaf	-	6	-	-	6
Delicate ...	-	-	-	1	1
Physically-handicapped ...	-	-	1	7	8
Educationally sub-normal ...	-	8	-	2	10
Epileptic ...	-	1	-	-	1
Totals ...	7	23	1	11	42

Great difficulty is experienced in finding accommodation in special schools and details are given below of those pupils for whom it has not yet been possible to obtain accommodation.

Partially-deaf ...	3
Delicate ...	2
Educationally sub-normal	38
Maladjusted ...	2
Physically handicapped ...	2

The Local Authority has included in its development plan certain proposals for special school accommodation. Reference is made to the detailed proposals under the various categories of handicapped pupils in the following pages.

It is possible for pupils to be suffering from these conditions to such a moderate extent that they are educable within the ordinary school system. Such children are not listed as handicapped pupils, consequently the above tables do not represent the total numbers.

PARTIALLY-SIGHTED

The special class for partially-sighted pupils takes most of the cases falling into this category and only in rare instances is it necessary to apply for the admission of a partially-sighted pupil to a residential special school.

At the beginning of the year there were 11 children on the register of the partially-sighted class. Three boys and one girl reached school-leaving age during the year and were placed in employment.

The consultant ophthalmologist, Dr. Smith, is responsible for the selection of cases for admission to the class. He also paid visits of inspection to the class and examined each child at the ophthalmic clinic at intervals of not more than six months.

Although the class covers a wide range of ages it is possible, because of the small numbers, to give a large measure of individual attention to each pupil.

DEAF AND PARTIALLY-DEAF

There are sixteen pupils in these two categories, of whom thirteen (seven deaf and six partially-deaf) are placed in residential special schools. Of the remaining three, two are on waiting lists for admission to special schools and one is still receiving treatment.

It was found that the regular periodic survey of children by means of the gramophone audiometer has brought to light cases of deafness previously unsuspected. Details of the Audiometric tests carried out are given on page 22.

DELICATE AND PHYSICALLY HANDICAPPED

There were two children ascertained as delicate, one suffering from general debility and the other from bronchiectasis.

Some difficulty is experienced in obtaining vacancies in special schools for children in this category. There are a great number who would benefit from residence in special schools with their emphasis on open-air conditions and regulation of the curriculum to suit the needs of the child, but it is not easy to place even the severest of these cases. This is an urgent problem. The local authority's development plan contains proposals for a day open-air school to accommodate 120 delicate and 30 physically handicapped pupils not in need of hospital treatment, and we look forward to the early implementation of these proposals.

Nine children were classified as physically handicapped, and, of these eight were receiving home tuition.

Swimming Exercises

Swimming exercises are arranged for children suffering from the after effects of infantile paralysis under the supervision of swimming instructors appointed by the Local Education Authority. The cases receiving instruction are only those who have been individually recommended for such treatment by the Consultant Orthopaedic Surgeon.

EDUCATIONALLY SUB-NORMAL

There were 46 pupils ascertained as educationally sub-normal, of whom 8 were in special schools. The needs of the majority of the others could very well be met in a day special school if such accommodation were available.

In addition, a number of children have been ascertained as educationally sub-normal who do not require accommodation in special schools but need special treatment in the ordinary schools. These, of course, are in the higher grades of sub-normality.

During the year 48 children were tested, and their disposal was as follows:-

To continue in ordinary schools	...	...	...	2
Suitable for Special (Day) School	...	...	...	22
Suitable for Special (Residential) School	...	...	...	3
Reported to the Local Health Authority -				
under Section 57 (3), Education Act, 1944	...	...	...	7
under Section 57 (5), Education Act, 1944	...	...	...	2
School leavers - report to L.H.A. under Section				
57 (5) not considered necessary	...	...	...	2
No action taken - to be re-tested later	...	...	...	9
Recommended to attend partially-sighted class				
(Re-test in 12 months)	...	...	...	1
Total	...	...	...	48

The formal ascertainment of a child as educationally sub-normal in no way solves the problem of suitably dealing with the child, a problem which is more acute than in most of the other categories of handicapped pupils. It is only in isolated instances that we are able to obtain a place in a special school and then only where there are exceptional circumstances such as the absence of proper home conditions and possibly the appearance of the child before the Juvenile Court as a delinquent.

There is a great need for special school accommodation, both day and boarding, in the area, and it is to be hoped that the Authority's proposals for the provision of a day school for 100 pupils and 30 to 50 places in a boarding school will be implemented in the near future.

EPILEPTIC

The problem of the disposal of epileptics is somewhat easier than most of the other categories. To our knowledge, there was one case of epilepsy in Warrington, accommodated in a boarding special school.

MALADJUSTED

This is a difficult category with regard to definition. There are all degrees of maladjustment, from the simple naughty child to the vicious type. It is only in exceptional cases that there is any necessity for a formal ascertainment. These circumstances are usually of a domestic nature and arise very often from the "problem family".

There were two children listed as maladjusted but in neither case was it possible to obtain a place in a special school.

The placing of maladjusted children is even more difficult than that of the educationally sub-normal, inasmuch as few institutions will accommodate children who are in addition educationally sub-normal: since educational sub-normality and maladjustment frequently occur together this renders the position extremely difficult.

CHILDREN RECEIVING HOME TUITION

On the 31st December, 1951, there were ¹¹~~12~~ handicapped pupils on the home teacher's register. Of these 8 were physically handicapped, 1 had the double defect of blindness and deafness, and 2 were educationally sub-normal.

1951	1951	
194,1	191,1	...
191	190	...
193	191	...
192	192	...
195	193	...
190,1	187	...

WORK OF THE SCHOOL NURSES

A cleanliness inspection of all children is carried out in every school each term. The school nurse endeavours to complete this inspection as early in the term as possible. Each child is examined for pediculosis, cleanliness of body and clothing, and condition of footwear. Any unsatisfactory condition is dealt with and followed up on subsequent visits to the school. Where necessary, domiciliary visits are made to effect a remedy. Difficulties still arise during cleanliness inspections, since the facilities for carrying out the work remain unchanged. Due to the lack of accommodation in schools, difficulties are experienced by the nurses carrying out these inspections. In some of the newer schools there is a medical room, which is an ideal arrangement; in the older schools the examination has to be performed in a classroom whilst lessons are in progress, in the hall, or even in a cloakroom.

A nurse accompanies the medical officer on all routine medical inspections. Her duties include the weighing and measuring of children, vision testing, and the preparation of the children for examination. In addition, she prepares the children for immunisation against diphtheria, where necessary, and obtains any information required from the teachers regarding the health of the children to be examined and any others which the teacher may wish to bring to the notice of the medical officer.

At the clinic, the nurse is engaged in the treatment of the children for minor ailments and disinfestation.

In cases of uncleanliness the course of action laid down in Section 54 of the Education Act is followed. Cleansing Notices were issued in 52 cases, but only in 2 cases was it necessary to issue Cleansing Orders for the compulsory cleansing of the children at the cleansing station at the Aikin Street Hospital. No prosecutions were ordered in the year under review.

Some brief details of the work carried out by the school nurses are given below:-

	1951	1950
Number of dressings in schools ...	1,143	1,947
Visits to homes of children (in many cases assisting with treatment)	90	102
Attendances at medical inspections in schools	171	229
Visits to schools for cleanliness inspections and reinspections ...	519	587
Number of cases of uncleanliness treated at the school clinic ...	222	277
Number of attendances of uncleanliness cases at the school clinic ...	778	1,073

INFECTIOUS DISEASES AND IMMUNISATION

ACUTE INFECTIOUS DISEASES

As will be seen from the statement given below of the number of cases of notifiable infectious disease occurring among schoolchildren during the year there was no major outbreak of infectious disease.

Scarlet fever	...	...	...	...	...	43
Whooping cough	...	...	...	...	...	28
Measles	...	...	...	...	...	184
Pneumonia	...	...	...	...	...	1
Dysentery	...	...	...	...	...	2
Total						258

IMMUNISATION AGAINST DIPHTHERIA

The immunisation campaign was maintained throughout the year on a routine basis, and the response was more satisfactory than in the previous year.

The number of children immunised during the year, at school and at the clinic, was as follows:-

Primary course	...	...	...	...	...	210
Secondary (reinforcement) injection	...	...	...	...	...	845
Total						1,055

For the third year in succession no case of diphtheria has occurred amongst schoolchildren in Warrington.

ANCILLARY SERVICES

NURSERY CLASSES

Children attending the nursery classes attached to the infants' schools are examined every year. Details of the examinations will be found under the heading "Other periodic inspections" in Table I (a) in the Appendix from which it will be seen that 67 children were examined during the year.

These children are also examined each year by the dental officers as part of the routine dental inspections of the infants' schools.

All the facilities of the school health service are available to nursery children. Particulars of treatment are included in the various treatment tables in this report.

The school nurses also visit the nursery classes when carrying out their cleanliness inspections. Statistics are included in the appropriate tables.

The usual facilities for immunisation against diphtheria are available, and the nursery class is useful in enabling the medical officers to immunise those children who for one reason or another, were not immunised in infancy. The response is very satisfactory and for this purpose the class is a valuable adjunct in the general campaign for immunisation.

PROVISION OF MILK AND MEALS

I wish to thank the Chief Education Officer for the following information concerning the supply of milk and meals in schools.

(a) MILK - The arrangements for the supply and distribution of milk in schools continued in operation as in previous years, one-third of a pint of milk being made available to each pupil daily, free of charge.

Children absent from school because of illness are not deprived of their milk; provided satisfactory arrangements are made by the parents for the collection of the milk from school, such children may continue to receive their daily ration of milk at home.

In July, 1947, the Ministry of Education issued regulations authorising the supply of one pint of milk daily at a reduced price to all children between 5 and 16 years who, by reason of disability of mind or body, are unable to attend school. Parents attend at the local food office and complete forms of application which are then passed to the Education Office. Arrangements are then made for the children to be examined by the Assistant School Medical Officers who sign the necessary certificates.

(b) MEALS - The Education Committee had eight school kitchens supplying meals to schools throughout the year, and one more was opened in October, 1951.

Midday meals are served in all the schools. The charge was at the rate of 7d. per day. Free meals are supplied to children of parents whose income is within the Committee's scale.

The following table shows the average number of meals supplied per day during the year 1951.

Average No. of Pupils on Roll	Received free Meals	Received Meals for Payment	Total	Percentage of Pupils receiving Meals
13,259	587	4,336	4,923	37.12

PHYSICAL TRAINING

I am indebted to Mr. Phillipson, the Chief Education Officer, for the following report on physical training.

The year has shown continued progress in Physical Education in the Authority's schools, both in the type of work undertaken and in the provision of apparatus and facilities. The use of school halls and other indoor accommodation for the purpose of exercise has shown pleasing results and the freer use of both small and large equipment has resulted in more enjoyable work generally.

The Warrington Teachers' Sports Committee while still limited by lack of playing field facilities so necessary for out-of-school activities has through its various sections organised activities of all kinds and has had a most active year. The kindness of the R.A.F. Padgate in offering their fine sports ground for the Schools Athletic Festival was greatly appreciated by the Athletic Section and this most important event was a great success.

The Authority's Swimming Scheme for schools has run smoothly throughout the year and an annual attendance of over 60,000 was recorded. Swimming examinations were held at regular intervals and a Warrington school was successful in gaining the award offered by the Liverpool & District Branch of the Royal Life Saving Society for the highest number of awards gained by examination.

The full and varied programme of Evening Classes at the Borough Gymnasium attracted a record number of enthusiasts of all ages. The classes for schoolchildren have been particularly well attended and the newly formed Gymnastics class has been most successful in the effort to re-establish competitive work in the town.

The increasing numbers participating in the many physical activities provided for has been a most pleasing feature throughout the year and speaks well for future developments in Physical Education in Warrington.

Year	Total	Boys	Girls
1952-53	4,325	2,387	1,938
1951-52	4,232	2,311	1,921
1950-51	3,715	2,111	1,604

PHYSICAL TRAINING

The following report details the work done in Physical Education during the year 1952-53. It is a pleasure to report that the number of children taking part in Physical Education has increased during the year. The number of children taking part in Physical Education during the year 1952-53 was 4,325, compared with 4,232 in 1951-52 and 3,715 in 1950-51. The increase in the number of children taking part in Physical Education during the year 1952-53 is due to the fact that the number of children taking part in Physical Education during the year 1952-53 was 4,325, compared with 4,232 in 1951-52 and 3,715 in 1950-51. The increase in the number of children taking part in Physical Education during the year 1952-53 is due to the fact that the number of children taking part in Physical Education during the year 1952-53 was 4,325, compared with 4,232 in 1951-52 and 3,715 in 1950-51.

MEDICAL INSPECTION RETURNS

Year Ended 31st December, 1951

Table I

Medical Inspection of Pupils Attending Maintained
Primary and Secondary Schools

A. - PERIODIC MEDICAL INSPECTIONS

Number of inspections in the Prescribed Groups						
Entrants	...	...	...	...	...	1,252
Second Age Group: Age 11	...	...	...	...	...	1,009
Third Age Group: Age 15	...	...	...	...	...	691
Total (prescribed groups)	...	...	...	...	...	2,952
Other periodic inspections -						
Nursery classes	...	...	...	...	...	67
High School for Girls	...	...	...	...	...	100
Boteler Grammar School	...	...	...	...	...	49
Partially-sighted class	...	...	...	...	...	5
GRAND TOTAL	...	...	...	...	...	3,173

B. - OTHER INSPECTIONS

Number of Special Inspections	...	...	...	2,361
Number of Re-Inspections	...	...	...	372
Total	...	...	...	2,733

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)

NOTES. - (1) Pupils found at Periodic Medical Inspection to require treatment for a defect are not excluded from this return by reason of the fact that they are already under treatment for that defect.

(2) No individual pupil is recorded more than once in any column of this Table, and therefore the total in column(4) is not necessarily the same as the sum of columns (2) & (3)

Group (1)	For defec- tive vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	-	191	182
Second Age Group ...	103	68	163
Third Age Group ...	49	20	69
Total (Prescribed Groups)	152	279	414
Other Periodic Inspections	5	7	12
GRAND TOTAL ...	157	286	426

Table II

A. - RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED

31st DECEMBER, 1951

NOTE. - All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	Defect or Disease (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
4	Skin	22	1	161	-
5	Eyes - (a) Vision	157	11	81	9
	(b) Squint	59	5	25	1
	(c) Other	8	1	78	-
6	Ears - (a) Hearing	2	-	15	1
	(b) Otitis Media	3	-	50	1
	(c) Other	10	1	80	-
7	Nose or Throat ...	114	113	138	16
8	Speech	3	3	1	-
9	Cervical Glands ...	5	1	-	-
10	Heart & Circulation	5	9	4	-
11	Lungs	7	16	1	2
12	Developmental -				
	(a) Hernia	2	1	2	-
	(b) Other	4	8	-	-
13	Orthopaedic -				
	(a) Posture	4	5	3	-
	(b) Flat foot	11	2	3	1
	(c) Other	17	2	21	1
14	Nervous System -				
	(a) Epilepsy	-	1	-	-
	(b) Other	2	4	-	-
15	Psychological -				
	(a) Development	7	3	3	-
	(b) Stability	1	1	3	1
16	Other	11	5	51	2

B. - CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING
THE YEAR IN THE AGE GROUPS

Age groups (1)	No. of pupils inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of col.2 (4)	No. (5)	% of col.2 (6)	No. (7)	% of col.2 (8)
Entrants ...	1,252	132	10.55	1,054	84.18	66	5.27
Second Age Group	1,009	117	11.59	809	80.18	83	8.23
Third Age Group	691	85	12.30	543	78.58	63	9.12
Other Periodic Inspections ...	221	71	32.13	145	65.61	5	2.26
TOTALS ...	3,173	405	12.76	2,551	80.40	217	6.84

Table III

INFESTATION WITH VERMIN

All cases of infestation, however slight, are recorded.

The return relates to individual pupils and not to instances of infestation.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	42,861
(ii) Total number of individual pupils examined ...	13,235
(iii) Total number of individual pupils found to be infested	1,262
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944).	52
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944).	2

Table IV

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

- NOTES. - (a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, i.e. whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.
- (b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

GROUP I. - DISEASES OF THE SKIN (excluding uncleanliness,
for which see Table III)

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
Ringworm - (i) Scalp	-	-
(ii) Body	4	-
Scabies	10	-
Impetigo	53	-
Other skin diseases	44	61
Totals	111	61

GROUP II. - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint ...	74	41
Errors of refraction (including squint)	* -	595
Totals	74	636
Number of pupils for whom spectacles were -		
(a) Prescribed	* -	319
(b) Obtained	* -	83

* including cases dealt with under arrangements with the Supplementary
Ophthalmic Services.

GROUP III. - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment -		
(a) for diseases of the ear ...	-	3
(b) for adenoids and chronic tonsillitis	-	492
(c) for other nose and throat conditions	-	14
Received other forms of treatment	223	3
Totals	223	512

GROUP IV. - ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospital	25	
	by the Authority	Otherwise
(b) Number treated otherwise, e.g. in clinics or out-patient departments	-	413

GROUP V. - CHILD GUIDANCE TREATMENT

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated at Child Guidance Clinics	-	9

GROUP VI. - SPEECH THERAPY

	Number of cases treated	
	by the Authority	Otherwise
Pupils treated by Speech Therapists	-	-

GROUP VII. - OTHER TREATMENT GIVEN

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments	277	2
(b) Other - 1. General Medical	-	139
2. General Surgical	-	75

Table V

DENTAL INSPECTION AND TREATMENT

A. - DENTAL INSPECTION

Number of pupils inspected by the Authority's Dental Officers:

(a) Periodic Age Groups: Age 3	...	...	...	17
4	...	...	...	117
5	...	...	...	532
6	...	...	...	858
7	...	...	...	955
8	...	...	...	919
9	...	...	...	869
10	...	...	...	819
11	...	...	...	775
12	...	...	...	779
13	...	...	...	780
14	...	...	...	847
15	...	...	...	436
16	...	...	...	92
17	...	...	...	47
18	...	...	...	23
Total	...	...	...	8,865
(b) Special inspections	...	...	...	1,219
Total (Periodic and Specials)	...	...	...	10,084

B. - DENTAL TREATMENT

Number found to require treatment					7,357
Number referred for treatment					7,357
Number actually treated					5,176
Attendances made by pupils for treatment ...					5,625
Half-days devoted to (a) Inspection ...				80	
(b) Treatment ...				797	
Total (a) & (b)					877
Fillings: Permanent Teeth				826	
Temporary Teeth				2	
Total					828
Number of teeth filled: Permanent Teeth ...				804	
Temporary Teeth ...				2	
Total					806
Extractions: Permanent Teeth				919	
Temporary Teeth				4,493	
Total					5,412
Administration of general anaesthetics for extraction					3,809
Other operations - (a) Permanent Teeth ...				275	
(b) Temporary Teeth ...				1	
Total (a) & (b)					276

Table VI

HEIGHT

	No. examined 1951	Age	1948		1949		1950		1951	
			ft.	ins.	ft.	ins.	ft.	ins.	ft.	ins.
BOYS										
Entrants	26	4	3	4.3	3	5.1	3	5.0	3	2.8
	190	5	3	6.2	3	6.6	3	6.3	3	5.6
	313	6	3	8.3	3	8.4	3	8.9	3	7.3
	68	7	3	10.5	3	9.7	3	10.2	3	8.9
Second Age Group	534	10	4	5.7	4	6.4	4	6.1	4	5.6
Third Age Group	318	14	5	1.5	5	1.3	5	1.2	5	1.4
Other Periodic Inspections - (Nursery Classes)	-	3	3	2.6	3	3.2	3	2.3	-	-
	42	4	3	4.0	3	3.9	3	4.1	3	3.3
	52	5	-	-	-	-	-	-	3	4.6
GIRLS										
Entrants	15	4	3	4.4	3	4.2	3	4.3	3	4.3
	169	5	3	6.5	3	5.9	3	6.2	3	5.0
	290	6	3	8.2	3	7.4	3	8.0	3	7.9
	72	7	3	10.1	3	9.1	3	10.7	3	9.4
Second Age Group	461	10	4	5.8	4	6.2	4	6.0	4	5.1
Third Age Group	370	14	5	0.9	5	0.6	5	0.9	5	0.6
Other Periodic Inspections - (Nursery Classes)	-	3	3	1.7	3	1.6	3	1.6	-	-
	31	4	3	4.6	3	3.1	3	2.7	3	3.7
	40	5	-	-	-	-	-	-	3	3.7

WEIGHT

	No. examined 1951	Age	1948	1949	1950	1951
			st. lb. oz.	st. lb. oz.	st. lb. oz.	st. lb. oz.
BOYS						
Entrants	26	4	2 13 15	2 11 15	2 13 5	2 7 14
	190	5	3 0 2	3 0 6	3 1 10	2 12 8
	312	6	3 3 4	3 3 9	3 6 4	3 1 15
	68	7	3 11 0	3 6 0	3 12 3	3 6 13
Second Age Group	534	10	5 1 7	5 3 7	5 2 1	5 0 3
Third Age Group	318	14	7 5 3	7 5 2	7 3 6	7 7 6
Other Periodic Inspections - (Nursery Classes)	-	3	2 7 4	2 7 8	2 8 9	-
	42	4	2 10 11	2 10 8	2 12 4	2 7 15
	52	5	-	-	-	2 11 15
GIRLS						
Entrants	15	4	2 9 14	2 9 9	2 12 6	2 10 1
	169	5	2 13 8	2 12 10	3 0 11	2 12 3
	290	6	3 2 13	3 1 3	3 4 4	3 0 6
	72	7	3 7 3	3 4 11	3 13 14	3 7 0
Second Age Group	461	10	5 0 11	5 2 7	5 1 2	4 12 3
Third Age Group	370	14	7 6 13	7 6 1	7 7 4	7 3 15
Other Periodic Inspections - (Nursery Classes)	-	3	2 5 15	2 6 2	2 7 13	-
	31	4	2 10 1	2 8 9	2 10 13	2 7 13
	37	5	-	-	-	2 12 7

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED BY THE LOCAL
EDUCATION AUTHORITY TO THE LOCAL HEALTH AUTHORITY
DURING THE YEAR 1951

	Boys	Girls
Notified under Section 57 (3) of the Education Act, 1944	3	4
Notified under Section 57 (5) of the Education Act, 1944	2	-

STATEMENT OF THE COST OF THE SCHOOL HEALTH SERVICE

Rateable value, 1st April, 1951	£ 445,607
Estimated product of 1d. rate, 1951-52 ...	£ 1,798
Total estimated expenditure on Education, 1951-52	£ 562,964
Total estimated cost of Special Services for Education, i.e. school health, blind, deaf schools, etc., 1951-52	£ 16,296
Total estimated net cost of School Health Services	£ 16,251
Net cost on the rates of School Health Services	£ 6,500
Cost per head of children on school roll ...	24s.6d. gross 9s.10d. net