

[Report 1954] / School Medical Officer of Health, Warrington County Borough.

Contributors

Warrington (England). County Borough Council.

Publication/Creation

1954

Persistent URL

<https://wellcomecollection.org/works/e6ddxbpc>

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>

2/16

COUNTY BOROUGH OF WARRINGTON



ANNUAL REPORT

to the

EDUCATION COMMITTEE

on the work of the

SCHOOL HEALTH SERVICE

for the year

1954

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
Principal School Medical Officer*

HEALTH DEPARTMENT, SANKEY STREET, WARRINGTON



COUNTY BOROUGH OF WARRINGTON



ANNUAL REPORT

to the

EDUCATION COMMITTEE

on the work of the

SCHOOL HEALTH SERVICE

for the year

1954

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
Principal School Medical Officer*

HEALTH DEPARTMENT, SANKEY STREET, WARRINGTON

Table of Contents

SCHOOL MEDICAL SERVICE SUB-COMMITTEE	5
STAFF	6
SCHOOL CLINICS	7
INTRODUCTION:	
Staff	10
Liaison with other services	10
Handicapped pupils	10
MEDICAL INSPECTION	11
SPECIAL EXAMINATIONS	12
SCHOOL CLINIC	13
TREATMENT OF DEFECTS	14
TREATMENT AT THE SCHOOL CLINIC	14
TREATMENT OF DEFECTS FOUND DURING MEDICAL INSPECTIONS:	
Defects of Vision	15
Orthoptic Clinic	15
Squint operations	15
Ear, Nose and Throat defects	16
Ear, Nose and Throat Clinic	16
Audiometry	17
School Psychological Service	17
Speech Therapy Clinic	21
TREATMENT IN THE SCHOOLS	22
OTHER SPECIALIST TREATMENT PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACT:	
Paediatric Clinic	23
Orthopaedic Clinic	23
HANDICAPPED PUPILS:	
Numbers of handicapped pupils	24
Provision of special education	24
Partially-sighted pupils	25
Deaf and partially deaf pupils	25
Delicate and physically handicapped pupils	25
Educationally sub-normal pupils	26
Children receiving home tuition	26

Table of Contents (Continued)

WORK OF THE SCHOOL NURSES	27
INFECTIOUS DISEASES AND IMMUNISATION:	
Infectious diseases	28
Immunisation against diphtheria	28
ANCILLARY SERVICES:	
Nursery classes	29
Provision of milk and meals	29
Physical training	30
PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT	
Dental Inspection and Treatment:	
(a) Dental Inspection	33
(b) Dental Treatment	33
APPENDIX (STATISTICAL TABLES)	
Table I—Medical inspection	34
Table IIA—Return of defects found	35
Table IIB—Classification of general condition	36
Table III—Infestation with vermin	36
Table IV—Treatment tables	36
Table V—Heights and Weights	39-40
Notifications to Local Health Authority	40

SCHOOL MEDICAL SERVICE SUB-COMMITTEE

(As at 31st December, 1954)

Chairman:

Alderman E. MARSHALL, J.P.

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

Alderman H. HARDING

Alderman H. MASSEY

Councillor W. G. CALDWELL, LL.B., J.P.

Councillor H. GRAY, J.P.

Councillor H. HARDMAN

Councillor Mrs. M. HARDMAN, J.P. (Mayor)

Councillor Mrs. A. L. HINDLE

Rev. J. A. CUNNINGHAM, O.S.B.

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, 1954)

Principal School Medical Officer:

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

Deputy Principal School Medical Officer:

STANLEY R. WARREN, M.B., Ch.B., D.P.H.

School Medical Officers:

MARGARET L. TAYLOR, M.B., Ch.B., C.P.H.

FRANCIS SIMM, M.B.C.S.(Eng.), L.R.C.P.(Lond.), (resigned 23.9.54).

ALEXANDER GATHERER, M.B., Ch.B. (appointed 2.10.54).

Principal School Dental Officer:

GEORGE J. ELLIS, L.D.S. (V.U. Manchester)

School Dental Officer:

Mrs. PHYLLIS E. LAWTON, L.D.S. (Manchester)

Educational Psychologist:

Mrs. C. M. RIVETT, B.A. (Lond.), M.A. (Manc.), Post graduate Certificate
in Education (Lond.).

Superintendent of Health Visitors and School Nurses:

Miss N. AGAR, S.R.N., S.C.M., H.V.(Cert.).

Speech Therapist:

Miss MELBA E. M. LOWES, L.C.S.T.

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

A. PROVIDED BY LOCAL EDUCATION AUTHORITY

INSPECTION CLINIC (Cairo Street)

Monday to Saturday Examination of cases referred by Teachers,
9-0 a.m. to 9-45 a.m. Education Welfare Officers, School
Nurses, etc.

MINOR AILMENTS CLINIC (Cairo Street)

Monday to Saturday Treatment of contagious diseases of the
9-0 a.m. to 9-45 a.m. skin, eyes, etc.
Saturday Vaccination and immunisation.
9-0 a.m. to 12 noon

DENTAL CLINIC (Health Department, Sankey Street)

Monday to Saturday Dental treatment (including orthodontic
(by appointment) treatment)
Daily 9-30 a.m. to 10 a.m. Emergency treatment.

EAR, NOSE AND THROAT CLINIC (Cairo Street)

Examinations:
Wednesday, 4-30 p.m.
Out-Patient treatment:
Daily (by appointment)
Operations:
Thursday mornings (at Warrington General Hospital)

EDUCATIONAL PSYCHOLOGIST (Arpley Street)

Daily (by appointment)

CHIROPODY SERVICE

Cases seen by appointment

SPEECH THERAPY CLINIC (Holy Trinity School)

Daily (by appointment)

B. PROVIDED BY REGIONAL HOSPITAL BOARD

PAEDIATRIC CLINIC (Warrington General Hospital)

Wednesday afternoons
(by appointment)

ORTHOPAEDIC CLINIC (Warrington General Hospital)

Examinations—Every fourth Tuesday, 10-0 a.m.

Treatment:

Wednesday and Friday Treatment of postural and crippling
10 a.m. to 11-30 a.m. defects, etc.

OPHTHALMIC CLINIC (Warrington General Hospital)

Monday, 2-0 p.m. Examination and treatment of errors of
Friday, 9-0 a.m. refraction and squint.
(by appointment)

ORTHOPTIC CLINIC (Warrington General Hospital)

Monday to FridayTreatment of cases of squint.
9-30 a.m. to 4-30 p.m.

Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

To the Chairman and Members of the Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report on the health of the schoolchildren of Warrington for the year 1954.

The general state of health during the year has continued to be good, and only two minor outbreaks of unusual illness have occurred during the year. Relatively few children were involved, and details of these will be found in the infectious diseases section of the report.

In January the School Health Service was moved to temporary accommodation in the adapted schoolroom of Cairo Street Chapel, which has made possible re-organisation of the Service. While this accommodation represents a considerable improvement on the previous school medical offices and clinic building it has distinct limitations and is only meant to fill the gap until the proposed new clinic building at the rear of the Health Department can be built.

The Child Guidance Clinic ceased to function in the early part of the year due to the Psychiatrist obtaining another appointment. The Regional Hospital Board have not been in a position to make available another Psychiatrist, and it is necessary to refer cases for child guidance to other clinics. Much of the work that was formerly done has devolved upon the Educational Psychologist.

In the early part of the year the Mass Miniature Radiography Unit conducted a survey of the school leaver group and all school staffs. In the survey, one adult new case was detected. It cannot be too strongly emphasised that it is most important that members of school staffs should have regular chest X-rays, and it would seem that the case for regular examination of them is as strong as for similar workers in the Health and Children's Department services.

The service had considerable co-operation during the year from hospital staffs and general practitioners, a co-operation which has greatly assisted the conduct of the School Medical Service.

The Dental Service continues to work under considerable difficulty owing to lack of accommodation, which can only be solved by the construction of the new clinic. In the year under review, emphasis has been placed upon treatment at the expense of routine inspections of children in school.

I wish to acknowledge the interest and support which I have at all times received from the Chairman and members of the Committee, and from all members of staff, both professional and clerical of this Department, and that of the Chief Education Officer.

I have the honour to be,

Your obedient Servant,

ERIC H. MOORE,

Principal School Medical Officer.

INTRODUCTION

STAFF

The staff position during the year has been relatively stable, there being a full complement of medical officers working. The full establishment of two Dental Officers was employed. As the Principal School Dental Officer's report indicates, there is need for an increase in staff. This cannot be accomplished until more surgery accommodation is available, and this is unlikely to occur before the building of the new clinic.

The position in regard to Health Visitors and Schools Nurses has improved steadily over the past few years, and the Authority is now adequately staffed in this direction for the general requirements of the School Health Service.

LIAISON WITH OTHER SERVICES

The School Health Service has had close co-operation with the General Health Services of the Local Health Authority and also with general practitioners and the hospitals. No difficulties have arisen in this connection which have been unavoidable. In some departments there are long waiting lists for treatment at the hospital, and naturally this applies also to the treatment of school-children.

HANDICAPPED PUPILS

Greater attention has been paid to the ascertainment of handicapped pupils, especially to the educationally sub-normal, and apart from this latter group, placement in special schools seems to have become rather easier than hitherto.

There is an urgent need for the provision of Day School accommodation in the Borough for educationally sub-normal children.

During the year the provision of such accommodation was approved by the Authority. In preparation for the setting up of this school, special efforts were made in the ascertainment of educationally sub-normal pupils. This work was greatly helped by the services of the Educational Psychologist who, in the middle months of the year, carried out considerable numbers of intelligence tests.

SCHOOL CLINIC

The following table shows the number of cases seen and treated at the school clinic, with comparative figures for the preceding three years—

MEDICAL INSPECTION

The periodic medical inspections were conducted at the various schools and nursery classes in the Borough according to the schedules of inspections laid down by the Minister of Education, and the results of these medical inspections will be found in the Appendix. All available pupils within the age groups to be examined were medically inspected.

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

1954—3,872	1953—3,868	1952—4,103	1951—3,173
------------	------------	------------	------------

Medical inspections have proceeded smoothly, and I must acknowledge the co-operation of the teaching staff. Difficulties arise in certain schools due to the limited facilities that are available owing to the premises but, in all cases, Head Teachers have made the best possible provision for carrying out medical inspection.

The Authority approved a changed routine of medical inspection, which will be introduced over the period of the next three years. It is proposed to carry out routine inspections four times during a child's School life, namely, on entrants, in the first year in the Junior School, in the first year in the Secondary School, and on leavers. It has long been felt that there was need for an inspection between the ages of 5 to 10 years. The revised schedule of inspection will ensure better co-operation with the Head Teachers of each school in the year the child commences in his school.

The statistics recorded in the appendix show that there are no unusual defects arising and no unusual incidence of special defects.

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, education welfare 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 1954 was 2,746 as compared with 2,786 during 1953.

EMPLOYMENT OF SCHOOLCHILDREN

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 195, the majority of the cases being boys employed in newspaper delivery.

SCHOOL CLINIC

The following table shows the number of cases seen and treated at the school clinic, with comparative figures for the preceding three years:—

	No. of Children Attending	
	Inspection Clinic	Treatment Clinic
1954	435	448
1953	559	577
1952	544	575
1951	541	619

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

	1954	1953
Ringworm—Body	—	2
Scabies	10	9
Impetigo	65	44
Other Skin Diseases	97	154
Eye Diseases	41	63
Ear Defects	56	76
Miscellaneous Ailments	139	191
Nasal Catarrh	27	20
Totals	435	559

The offices and clinics of the School Health Service were transferred to temporary accommodation in the schoolroom of Cairo Street Chapel on January 11th. Although the Clinic premises are by no means ideal, they are a considerable improvement on the previous clinic premises, and this has led to an improvement in the Service. The schoolroom, after adaptation, houses all the Health and Education clinics with the exception of the Dental Clinics, which are still housed in the Health Department building. The more spacious office premises have made it possible to effect some re-organisation of the administration of the Service and provide ample room for storage of school medical records, and generally to proceed with complete re-organisation.

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, educational psychology, speech therapy and chiropody. Other clinics are provided by the Regional Hospital Board on the same lines as the adult services, and some of the specialist clinics are reserved wholly or mainly for school-children, e.g., eye and orthopaedic.

It will be noted that the attendances at the Minor Ailments Clinic are much lower for the year under review. This is probably due to parents increasingly consulting their own private practitioner for the types of disability dealt with at this clinic.

A list of the days and hours of attendance at the clinics is given on page 7.

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 with the exception of treatment of discharging ear with penicillin injections in conjunction with the Ear, Nose and Throat Clinic.

TREATMENT OF DEFECTS FOUND DURING MEDICAL INSPECTIONS

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

DEFECTS OF VISION

Table IV, Group II, in the Appendix shows that 1,009 children received treatment during the year. Of these 904 were dealt with at the Ophthalmic clinic at the Warrington General Hospital, 59 at the Minor Ailments Clinic, and 46 at the Warrington Infirmary.

The Regional Hospital Board, from February, provided facilities for two clinics each week exclusively for schoolchildren at Warrington General Hospital. This was necessitated by the considerable time lag between referral of a case to the Ophthalmologist and its being seen. The introduction of this second session has achieved splendid results, for whereas, prior to its introduction there was a time lag of 6 to 9 months between referral and the case being seen, this was reduced in six months to one to two weeks, and by the end of the year there was no waiting list of cases.

904 cases were seen at these Ophthalmic Clinic Sessions, as compared with 654 seen in 1953.

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

ORTHOPTIC CLINIC

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

The numbers of attendances at the clinic during 1954 were as follows:—

Schoolchildren	...	...	...	...	...	1339
Pre-school children	...	...	...	...	...	407
Children from other authorities:—						
Lancashire C.C.	...	...	...	...	...	246
Cheshire C.C.	...	...	...	...	...	213
						2205
Total attendances	...	...	...	...	...	2205

SQUINT OPERATIONS

As a result of representations made to the Regional Hospital Board for the need for local provision for squint operations, arrangements were made by them for the carrying out of this operative treatment at the Warrington General Hospital by the Consultant Ophthalmologist, Dr. S. B. Smith, and during the year 97 such operations were performed. In addition 18 cases were dealt with at the Manchester Royal Eye Hospital.

The great improvement which these facilities have effected is shown by the fact that whereas at the end of 1953, 164 children were awaiting squint operations, by the end of 1954, only 55 were on the waiting lists—43 on the waiting list for Manchester Royal Eye Hospital, and 12 on the waiting list for Warrington General Hospital.

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

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.

EAR, NOSE AND THROAT CLINIC

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	...	...	...	148
(c) For other nose and throat conditions	...	...	...	2
Received other forms of treatment	...	...	...	68
No treatment required	...	...	...	129
Refused treatment	...	...	...	59
Left school or district before treatment was completed	...	...	...	10
Total cases referred	...	...	...	417

The total number of attendances at the inspection clinic during the year was 741 and there were 727 attendances for treatment.

Particulars of treatment given at the Warrington Infirmary to school-children during the year were also made available to us. Details are given below:—

Received Operative Treatment:—

(a) For diseases of the ear	...	...	...	3
(b) For adenoids and chronic tonsillitis	...	...	...	128
(c) For other nose and throat conditions	...	...	...	6
Received other forms of treatment	...	...	...	110
Total	...	...	...	247

Details of children who were treated with chloramphenicol:—

Total number of cases treated	...	...	...	24
Number of "old cases" dry after treatment	...	...	...	9
Number still receiving treatment	...	...	...	3
Number refused treatment	...	...	...	4
Number of new cases dry after treatment	...	...	...	6
Number still receiving treatment	...	...	...	1
Operations at clinic:—				
Antral lavage	...	...	...	42
Operations at Warrington General Hospital:—				
Mastoidectomy	...	...	...	1
Tonsils and adenoids	...	...	...	1

Details of children who were treated with penicillin:—

Total number of children treated	14
Number of new cases dry after treatment	8
Number still receiving treatment	nil.
Number placed on chloramphenicol	6

Treatment of all cases of chronic otorrhoea with chloramphenicol in propylene glycol started in 1952 has continued throughout the year. The results have again been most gratifying as over 50% of the ears treated have remained dry. All cases have been re-examined at intervals. It is apparent that cases that do not respond to this treatment require operation. A daily intra-muscular injection of penicillin has been given to all cases of acute otorrhoea with nearly 100% success.

Regular attendance at the Clinic for these treatments is essential and some of the failures have been due to irregular or non-attendance.

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 1953 and 1954.

Audiometric Tests

	1954	1953
Primary Tests		
Number of schools visited	20	20
Number of group tests	85	109
Number of children tested	971	1048
Number of primary failures	73	109
Secondary Tests		
Number of group tests	13	30
Number of children tested	99	160
Number of double failures	18	34
Disposal of Cases		
Nothing abnormal found after treatment	1	9
Receiving treatment	3	5
Awaiting re-test after treatment	3	3
Referred for tonsils and adenoids operation	6	5
Treatment not beneficial	2	4
Under own doctor	—	1
Left district	—	2
Refused treatment	3	2
Still receiving treatment (from previous years)	5	7
Awaiting secondary test	12	18
Referred for intelligence testing (possibly educationally sub-normal)	—	1

THE SCHOOL PSYCHOLOGICAL SERVICE

In March this year the skeletal Child Guidance Clinic closed, due to the Psychiatrist leaving and no replacement being available, and the developing psychological service, centred at 26 Arpley Street, continued the testing of intelligence and the promotion of the mental health of school children within the area. In spite of decreased personnel, links with other officers and with head teachers were maintained and simplified procedures introduced. In April initial gains were consolidated by the appointment of a Clerk/Receptionist and the installation of a new filing system. The Wechsler Intelligence Scale for Children has recently been acquired, and also play therapy apparatus, books on child development, diagnostic attainment testing and remedial teaching.

INTAKE

The School Medical Officers and the Educational Psychologist are chiefly concerned with specific difficulties which hinder learning, but since health is viewed as the whole state of the child's well-being, physical, mental and social, mental testing alone usually does not suffice; head teachers have referred children for difficulties which were beyond the scope of formal school-training; for example nervousness, stealing, stammer, aggressive behaviour, wandering and so on. The diagnostic arrangements devised the previous year enabled the personnel to effect some improvement in the large number of mildly mal-adjusted children referred and to assist some others with intense difficulties.

At the Centre, or within the schools, 168 new cases were undertaken, bringing the total number of children referred since October, 1952, to 260. This was a heavy case load for the new service to carry, especially in view of the existing shortage of medical time. After the first examination, children may pay return visits for further observation, for the administration of an additional test, or for a second parent to be interviewed. Head teachers are advised in connection with instruction. A particular effort was, however, required this year to diagnose early stages of difficulty in children in Infant and Junior schools in preparation for the establishment of a Day Special School for educationally sub-normal children. Future intake may be expected to decrease as the number of past cases mounts.

The work of the Educational Psychologist is set out below:—

Total number of cases investigated	...	...	...	176
New cases examined	...	...	...	168
Tests re-administered	...	...	...	8
Return visits to Centre	...	...	...	57
Visits to schools	...	...	...	106
Cases dealt with in schools	...	...	...	303

Sources of referral:

Referred by Head Teachers	...	...	...	154
„ „ School Medical Officers	...	...	...	9
„ „ Chief Education Officer	...	...	...	5
„ „ Children's Officer	...	...	...	4
„ „ Probation Officer	...	...	...	2
„ „ Parents	...	...	...	2

Waiting list on 31st December, 1954:—

New cases	...	...	...	...	...	...	20
Additional Performance tests due	...	...	...	...	...	...	9
Retests due	...	...	...	...	...	...	13
Outstanding visits to schools	...	...	...	...	...	...	19
Children to be retested in due course	...	...	...	...	...	...	51

AIMS OF THE SERVICE

Attendance and parental co-operation have consistently been very good and this is partly due to confidence in pleasant surroundings. Children failing in basic subjects are frequently found to be confused by conflicting adult standards and requirements; quite common symptoms engender bewilderment or misguided actions in busy parents who are sometimes both in paid employment, and the promotion of greater harmony between home and school results in an improvement both in the child's social situation and his schoolwork.

METHODS

The Educational Psychologist endeavours to meet the child's emotional needs and to further his ultimate stability by full consideration of the factors in his physical constitution, home background and special experiences which have resulted in the type of integration present. Whether it is a case of psychological disturbance or of intellectual inadequacy, mental testing is certainly important, but the intelligence quotient only acquires meaning when the examiner is fully aware of other subtle indicators that contribute to the total personality picture.

The table below shows the distribution of I.Qs. of 158 children interviewed and examined on the Terman-Merrill test Form "L" during 1954. In the remaining cases a test other than this was given, or the I.Q. was 55 or below so that the child was examined by the School Medical Officers for provision outside the Education Act.

I.Q. Range	56-70	71-85	86-95	96-105	106-115
Boys	23	37	22	11	3
Girls	20	28	10	2	2

At present an attempt is made to educate within the normal school system, children with intelligence quotients ranging from 45 points below, to 45 points above, the mean. It is also a pity that so few children of the higher range of intelligence are referred for assistance, since where a young person is not well adjusted, better advantage could be taken of education were advice sought. Children apparently succeeding intellectually do in fact often suffer from the effects of jealousies within the home, competition, the use of leisure and the social pretensions of parents.

Children found to be innately dull, with intelligence quotients between 56 and 70, require education in a Day Special School, and ascertainment within the section of the school population investigated this year, has disclosed the proportion expected. Progress is a relative term. Although an intelligence quotient may not rise, the child's productivity can often be increased through

an appropriate form of education and the opening of a local school for educationally subnormal children will in due course demonstrate how special, and more individual, instruction enables many of the pupils to read and write whilst furthering their social development.

The incidence of children with I.Qs. between 70 and 84 indicates that we should bear constantly in mind the value of creating special groups for those of limited intelligence within each junior and modern secondary school—groups in which necessary revision and suitable concrete methods can be used without holding back children of average intelligence. Children of low average intelligence with I.Qs. between 85 and 95 and children of average intelligence with I.Qs. between 96 and 105 sometimes do not progress for reasons other than that of innate dullness. Emotional deprivation, social difficulties, irregular attendance, ill-health or discontinuity of instruction due to staff changes, may then separately or in combination, account for a degree of failure in the basic subjects which affects all school subjects.

During 1954, the following recommendations were made jointly with School Medical Officers:

- Ordinary school with modified treatment.
- Ordinary school with special educational treatment.
- Day Special School for educationally sub-normal pupils.
- Residential Special School for educationally sub-normal pupils.
- Residential Special School for Maladjusted pupils.
- Progress being observed—decision deferred.
- Reported to the Local Health Authority under Section 57(3) of the Education Act, 1944, as being ineducable.
- Reported to the Local Health Authority under Section 57(5) of the Education Act, 1944, as requiring supervision after leaving school.

FUTURE TRENDS

It is now realised that where a child will not grow out of his limitations, delay in seeking advice does not help the child, family, or society, but multiplies unhappy reactions within families, schools and working groups. Dull and difficult children vary greatly in their temperament and skills, and once appropriate education is available, unfair stresses will be lifted from those who have been obliged to attempt normal achievement even at the risk of later breakdown. There appears now to be greater acceptance of this essential service for school children as public attitudes towards children with educational and social difficulties are modifying, but a pamphlet describing the aims of the Day Special School might reassure some parents. Some visiting this Centre, however, do go away less afraid to face problems which inevitably arise in rearing children in our complex form of society. The School Medical Officers and the Educational Psychologist thank those who have helped to decrease the number of children embarking on their last few years of schooling with unexamined educational handicaps. Although some of the retarded children who are not dull have gone ahead after a physical examination, referral to a specialist, advice on management, suggestions to teachers, a check on attendance and other social measures, yet a period in a class under a remedial teacher for those who do not match attainment with capacity, would best meet their needs. There, concentrated work in the basic subjects could be undertaken and the threat of neurotic

sickness, minor delinquency or the crystallization of personality traits preventing good relationships with others, would be deflected into some solid achievement. The susceptibility of children of this group to psychological disturbance is apparent, particularly in the cases of those children separated very young from their parents. Whilst improvement is not unknown through changed home circumstances, maturation and spontaneous recovery, psychiatric examination is sometimes advisable, for as the child grows older he becomes less accessible to psychotherapeutic treatment.

It would appear that little provision is made anywhere as yet for adolescents who are educationally subnormal or maladjusted. These after leaving school, pass from job to job and tend to become, whilst still young, the parents of problem children from broken homes. A developing systematic interest in the health, employment-needs and progress towards emotional maturity of such young people would be a wise preventive measure from every point of view—social, economic and humane.

SPEECH THERAPY CLINIC

It will be seen from the table below, that during 1954, the number of children awaiting treatment has been greatly reduced. After the initial spate of cases due to the year's break in which there was no Speech Therapist, the Clinic has now settled down to a more normal routine. Children are attending individually, rather than in groups, unless group therapy is thought to be more beneficial to the child than individual treatment.

It was possible to provide in May, 1954, a Tape Recording Machine which has proved an invaluable aid in the treatment of children and has helped to speed up the achievement of normal speech by self-criticism.

The following table gives details of the numbers of cases, attendances and disposal of cases.

1. Cases Referred

No. of cases being treated on 1.1.54	No. on waiting list on 1.1.54	No. of new cases referred during year	Total No. of cases dealt with during year
67	45	62	174

2. Disposal of cases

No. of cases discharged on account of:					
Speech normal	Non-attendance	Unsuitable for treatment	Refused treatment	Left district	Temporary period
61	13	6	2	7	2

No. on waiting list on 31.12.54 6
 No. of cases under observation on 31.12.54 15
 No of cases still being treated on 31.12.54 62

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 125 (see details below). There were no exclusions on account of infectious disease.

	Boys	Girls	Total
Uncleanliness	12	113	125

Children are encouraged to attend at the School Clinic for dressings where they can be given more satisfactorily.

Details of the work of the school nurses in connection with cleanliness inspections in schools are given on page 36 in Table III.

OTHER SPECIALIST TREATMENT PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACT

PAEDIATRIC CLINIC

A complete paediatric consultant service conducted at the Warrington General Hospital by Dr. H. Angelman, is used by the School Medical Officers, and the closest co-operation has been established with the consultant and a free interchange of information has been continued.

ORTHOPAEDIC CLINIC

The following tables give details of the work performed at the Clinic during the years 1953 and 1954:—

	1954	1953
No. of new cases examined	35	54
No. of cases treated	134	212
No. of cases in which operations have been performed	14	14
No. of cases who have attended for remedial treatment... ..	40	63
No. of attendances made for treatment	241	378

The number of cases discharged from the clinic during the year was 51.

The following is a summary of the reasons for discharge:—

No further treatment required	26
Left school—over age	5
Discharged for non-attendance	18
Left district	2
Total	51

The following were the principal types of cases treated during 1953 and 1954.

	1954	1953
Flat Foot	27	20
Postural defects	5	2
Knock Knee	20	21
Club Foot	5	2
Defective Gait	4	2
Muscular paralysis	20	17
Referred for ultra-violet light treatment (sunlight)	—	1
Foot abnormalities	29	8
Injuries, etc.	14	7
Miscellaneous defects	10	32

There was a considerable increase in the number of attendances at this clinic as compared with 1953.

HANDICAPPED PUPILS

NUMBERS OF HANDICAPPED PUPILS

The following table gives the numbers of pupils on the Handicapped Pupils' Register on the 31st December, 1954, together with the numbers ascertained during the year.

Classification	No. Ascertained during year	Total Ascertained at 31.12.54
Partially-sighted	—	9
Deaf	—	5
Partially-deaf	—	8
Delicate	1	4
Physically-handicapped ...	—	8
Educationally sub-normal...	47	96
Totals	48	130

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		Total
	Day Pupils	Boarders	In Hospital	At Home	
Partially-sighted...	8	1	—	—	9
Deaf	—	5	—	—	5
Partially-deaf	—	8	—	—	8
Delicate	—	—	1	2	3
Physically- handicapped	—	1	—	6	7
Educationally sub-normal	—	6	—	2	8
Totals	8	21	1	10	40

The following handicapped pupils requiring special educational provision are still unplaced:—

Delicate	1
Physically-handicapped	1
Educationally sub-normal	88

The Local Education Authority has included in its development plan certain proposals for special school accommodation.

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 caters for children falling into this category. At the beginning of the year there were 8 children on the register. Although the class covers a wide range of ages, it is possible because of the small number attending, to give a large measure of individual attention to each pupil. The Consultant Ophthalmologist selects the pupils for admission and pays periodic visits of inspection. Each child is, in addition, examined at the Ophthalmic Clinic at intervals of six months or less. One pupil was admitted during the year.

DEAF AND PARTIALLY-DEAF

There are thirteen pupils in these two categories, all of whom (five deaf and eight partially-deaf) are placed in residential special schools.

The regular periodic survey of children by means of the gramophone audiometer has continued to bring to light cases of deafness previously unsuspected. Details of the Audiometric tests carried out are given on page 17.

DELICATE AND PHYSICALLY-HANDICAPPED

Children in this category require an Open Air School. According to the Local Education Authority's development plans such a school could accommodate many children who are sub-normal, but not essentially ascertainable as delicate, thus serving a very worthwhile need.

Eight children were classified as physically handicapped, of whom six were receiving home tuition, and one was in a residential special school.

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 are 96 pupils ascertained as educationally sub-normal of whom 6 are in special residential 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 in this category who, although not requiring accommodation in special schools, do require special treatment in the ordinary schools. These, of course, are in the higher grades of sub-normality.

During the year, 88 children were tested, with the following results:—

Suitable for special (day) schools	...	...	...	39
Suitable for special (residential) schools	...	...	...	8
Suitable for special educational treatment within the ordinary school	...	...	...	13
Suitable for education within ordinary school system with modified treatment	...	...	...	6
Reported to the Local Health Authority:—				
Under Section 57 (3) Education Act, 1944	...	...	...	9
Under Section 57 (5) Education Act, 1944	...	...	...	7
No action taken—to be retested later	...	...	...	6
Total	...	...	...	88

There are at present 96 children in this category, 88 of whom are awaiting special educational treatment, and this number will grow still further. There are already sufficient pupils ascertained to fill the school for educationally sub-normal children approved for establishment by the Authority.

CHILDREN RECEIVING HOME TUITION

On the 31st December, 1954, there were 11 handicapped pupils on the home teacher's register. Of these 6 were physically handicapped, 3 were delicate (1 being a hospital case) and 2 educationally sub-normal.

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.

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 of any other children whom 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 the cases of uncleanliness the course of action laid down in Section 54 of the Education Act is followed. Cleansing Notices were issued in 49 cases, but in only 1 case was it necessary to issue a Cleansing Order for the compulsory cleansing of the children at the cleansing station. No prosecutions were ordered in the year under review.

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

	1954	1953
Visits to Homes of children (in many cases assisting with treatment)	281	280
Attendance at medical inspections in schools ...	238	233
Visits to schools for cleanliness inspections and re-inspections	878	894
Number of cases of uncleanliness treated at the school clinic	147	162
Number of attendances of uncleanliness cases at the school clinic	522	655

INFECTIOUS DISEASES AND IMMUNISATION

INFECTIOUS DISEASES

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

There is still a considerable annual incidence of measles in the school population, especially in the younger groups.

	1954	1953
Tuberculosis (respiratory)	5	—
Tuberculosis (non-respiratory)	5	—
Scarlet Fever	59	69
Whooping Cough	8	100
Measles	148	227
Pneumonia	7	8
Poliomyelitis	—	1
Erysipelas	—	1
Meningococcal infection	1	—
Totals	233	406

During the latter part of the summer term several cases of infective hepatitis occurred amongst children in one class in a particular school. There were 10 known cases in a period of three weeks, but several other children were absent on account of illness which was suspected to be infective hepatitis, but was not proved. Outside this one class, other cases did not occur.

An outbreak believed to be food poisoning due to drinking school milk occurred in one class of a school. Almost the whole class became ill shortly after consuming milk in the middle of the morning, the illness taking the form of severe vomiting. Those children who were not so afflicted suffered from thirst. All the children had recovered by the middle of the afternoon. The milk supplied was pasteurised, and samples of the milk which were obtained and examined, both chemically and bacteriologically, threw no light on the cause of the outbreak.

IMMUNISATION AGAINST DIPHTHERIA

The immunisation campaign was maintained throughout the year on a routine basis, and there was a further improvement on the previous year.

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

Primary Courses	350
Secondary (Reinforcement) injection	1113
Total	1463

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

ANCILLIARY 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 244 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—As a result of the closure of the local offices of the Ministry of Food the Local Education Authority assumed responsibility for the provision of milk in schools from 1st October, 1954, in accordance with the recommendations contained in Ministry of Education Circular 278.

Administrative arrangements continue on substantially the same lines as before. Children absent from school because of illness may receive their daily ration of milk at home provided satisfactory arrangements are made with the Head Teacher for the collection of the milk by a responsible person.

The 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 are unaffected, but the applications are now dealt with at the offices of the Ministry of Pensions and National Insurance.

(b) MEALS—At the beginning of the year, the Education Committee had 10 school kitchens supplying meals, but at the end of October one kitchen was closed to reduce the margin between demand and capacity.

Midday meals are served in all the schools. The charges throughout the year continued at the rate of 6d. per day for children attending Nursery Classes and Special Schools, and at the rate of 9d. per day for other children. Free

meals, and meals for less than the full charge 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 1954:

Average No. of Pupils on Roll	Received free meals	Received meals for payment	Total	Percentage of pupils receiving meals
13,863	518	3,976	4,494	32.42

PHYSICAL TRAINING

I am indebted to the Chief Education Officer for the following information.

The interest created by the Ministry's publications during the previous two years has exercised an increasing influence in schools of all categories. The broader outlook towards Physical Education and the move away from formal and static exercise has generally appealed to the imagination of teachers, resulting in enjoyable and valuable work. The Authority is fostering this interest by the provision of a wide range of apparatus particularly for climbing and heaving which is an essential part of modern physical education.

The Warrington Teachers' Sports Association has organised during the year a very full programme of inter-school competitions in the major games, Athletics and swimming. Representative teams and individual pupils have also taken part with some success in inter-town, County, and National competitions. The members of the Association have again shown great interest in holiday courses arranged by the Authority and short coaching courses in Association Football and Rugby League Football have been well attended.

As a result of successes in the Royal Life Saving Society's examinations by pupils in the Authority's schools during 1953, the Warrington Education Committee was awarded in February, 1954, the "King Edward VII Cup," the premier national award of the Society. The winning of this trophy, which was received by the Mayor from officials of the Liverpool and District Branch of the Society, was a great achievement for a town of the size of Warrington and has proved an incentive to all who contribute to the Committee's very flourishing School Swimming Scheme.

The attendances at evening classes in a very wide range of physical activities at the Borough Gymnasium and other centres have again been quite satisfactory and the facilities appear to be well appreciated by the young people of the town.

The steady progress of recent years has been more than maintained during 1954, and the Authority's policy of making the broadest possible provision for all age groups has been fully justified.

PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT

By GEORGE J. ELLIS, L.D.S. (V.U. Manchester)

The doubts expressed in my 1953 report regarding the prospects of carrying out periodic school inspections during 1954, whilst there remained a large number of pupils awaiting treatment from the 1953 inspections, together with referred cases from that year, proved well founded and no useful purpose would have been served by further periodic inspections during 1954. Instead, some 2,975 pupils received a comprehensive course of treatment at the Sankey Street Dental Clinic, during which time an attendance figure of 6,246 was recorded. These figures represent an increase over those of 1953 of 16% and 30% respectively, whilst the complement of two Dental Officers and the accommodation remained, as in previous years, unchanged.

The controlling body of the School Dental Services, the Ministry of Education, considered that the figure of 8,711 periodic examinations carried out at schools during 1953 was low, and suggested that the two Dental Officers might undertake to work extra evening sessions, thus enabling more daytime sessions to be freed for school examinations. In this way the Ministry's aim, that the whole of the school population should be examined at least once a year, could be achieved.

Assuming that a dental inspection of the total school population amounting to 13,851, produced no greater percentage figures in those requiring treatment and those accepting treatment, than the 1952 and 1953 inspection produced (76% and 52% respectively), the problem of how to treat some 5,000 to 6,000 pupils with the present inadequate facilities would still remain.

A very important issue was raised during 1954 by the British Dental Association's proposal that the control of the School Dental Service should be taken from the Ministry of Education and vested in the Ministry of Health.

The purposes behind this suggestion are obscure, and it is equally difficult to understand the attitude of the profession's representative body in advocating this policy, which would deprive a section of their colleagues of that clinical freedom they have retained in the School Service, and—without benefit—might burden the Service with those afflictions which have overtaken most practitioners in the General Dental Service, since the inception in 1948 of the National Health Service Act.

The question of control of the School Dental Service is of secondary importance to the real problem which will ultimately affect all branches of the Dental Profession, and that problem is one of manpower and future recruitment.

In 1947, the majority of the 921 School Dental Officers worked under poor conditions and low salary scales, but after the 1948 Health Act had raised the barriers to free dentistry for the masses, and private practitioners were numerically inferior to the demands made upon them for dental treatment, it was not surprising to find that large numbers of School Dental Officers sought financial and other reliefs by resigning, to join their colleagues who had entered the Health Service, under the inviting terms and conditions with which it was launched in 1948.

By the end of 1950 the strength of the School Service had dropped to 717, and there was danger of its complete collapse if the manpower lost to the General Dental Service had not been arrested.

By an arbitrary cut in fees to general practitioners and the imposition of charges to patients, the public demand for dentistry was made to conform more to 1947 levels and this, together with a revision of the Salary Scale for School Dental Officers, resulted in the strength of the service rising to 945 by the end of 1953.

It should not be without significance to the British Dental Association that the Chief Medical Officer to the Ministry of Education in his report on the Health of the School Child 1952/3 says—"It is hoped that in future there may be a fuller recognition of the relationship between the school dental service and general dental practice, and that changes in the level of remuneration of one branch or the other of the profession, will not produce such violent fluctuations in the staffing of the school dental service as those which have occurred since 1948."

The nett result of these Ministerial manoeuvres was a gain of 24 more School Dental Officers over the 1947 figure of 921, a profession which has now become the least attractive of any, and as a consequence a serious decline in the numbers of the new entrants to the Dental Schools throughout the country.

This last fact coupled with an ever increasing rate of retirement, (42% of all practitioners being over 55 years), puts the question of control in its proper perspective.

The undermanned School Dental Service of to-day is faced with the impossible task of treating the only disease of epidemic proportions to be found in the School Medical Service, and stalemate having appeared to have been reached in the staffing problem, the only hope in this direction would appear to be in depressing the earnings of the General Dental Practitioners still further, in an effort to divert newly qualified men into the School Service.

Perhaps the more logical method would be to attract a proportion of potential medical students from the already overcrowded Medical Schools into the field of Dentistry, by seeing that the variation in rewards to be found between the two professions is not so great as to produce such extreme differences in recruitment as is to be found to-day.

Meantime, if the School Dental Service is to function efficiently and continue to remain a part of the School Medical Service under the Ministry of Education, the views and recommendations of its Principal Dental Officers must be given the recognition that the importance of their work within the School Medical Service merits, and the problems which have to be solved, treated with some degree of urgency.

The immediate local problem being one of providing additional accommodation, it is regrettable to find that this sense of urgency is apparently lacking, insofar as the amended plans for the new Garven Place Clinic are still in the hands of the Borough Surveyor's Department, and have not been passed to the appropriate Ministries for their approval, nor have any interim measures been devised to relieve the situation.

However, as a temporary measure with the object of treating more pupils, it is proposed to try out the Ministry's suggestion regarding evening sessions during 1955, providing satisfactory working arrangements can be evolved and the Education Committee and Town Council are in agreement, failing which, in view of the fact that more than 1,000 children with toothache had to be turned away from the clinic untreated during 1954, it may be necessary to review the present policy in regard to comprehensive dental treatment during 1955.

MINISTRY OF EDUCATION
DENTAL INSPECTION AND TREATMENT

A. DENTAL INSPECTION

Number of pupils inspected by the Authority's Dental Officers:					
(a) Periodic Age Groups	...	...	...	...	Nil
Total	...	...	...	...	Nil
(b) Special Inspections	...	...	...	...	3095
Total (Periodic and Special)	...	...	...	...	3095

B. DENTAL TREATMENT

Number found to require treatment	...	...	...	...	3075
Number offered treatment	...	...	...	...	2992
Number actually treated	...	...	...	...	2975
Attendances made by pupils for treatment	...	...	...	...	6245
Half-days devoted to (a) inspection	...	...	...	...	Nil
(b) treatment	...	...	...	...	688
Total (a) and (b)	...	...	...	...	688
Fillings—permanent teeth	...	...	...	...	3032
temporary teeth	...	...	...	...	47
Total	...	...	...	...	3079
Number of teeth filled—permanent teeth	...	...	...	...	1735
temporary teeth	...	...	...	...	42
Total	...	...	...	...	1777
Extractions—permanent teeth	...	...	...	...	600
temporary teeth...	...	...	...	...	2374
Total	...	...	...	...	2974
Administration of general anaesthetics for extraction	...	...	...	...	2025
Other operations (a) permanent teeth	...	...	...	...	1661
(b) temporary teeth	...	...	...	...	6
Total (a) and (b)	...	...	...	...	1667

MINISTRY OF EDUCATION
Medical Inspection Returns
 Year ended 31st December, 1954

Table I
 Medical Inspection of Pupils Attending Maintained Primary
 and Secondary Schools

A. PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the Prescribed Groups						
Entrants	...	...	...	...	...	1491
Second Age Group, Age 11	...	...	...	...	...	940
Third Age Group, Age 15...	...	...	...	...	...	907
Total (Prescribed Groups):	...	...	...	...	...	3338
Other Periodic Inspections:						
Nursery Classes	...	...	...	...	...	244
High School for Girls	...	...	...	...	...	143
Boteler Grammar School	...	...	...	...	...	137
Partially-sighted class	...	...	...	...	...	10
GRAND TOTAL	...	...	...	...	...	3872

B. OTHER INSPECTIONS

Number of Special Inspections	...	...	...	2122
Number of Re-Inspections	...	...	...	624
Total	...	...	...	2746

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) and (3)

Group (1)	For defective vision(excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	—	95	95
Second Age Group	64	25	89
Third Age Group	50	45	95
Total (Prescribed Groups)	114	165	279
Other Periodic Inspections	20	26	46
GRAND TOTALS	134	191	325

Table II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31st DECEMBER, 1954

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

De- fect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment	Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment
4	Skin	49	8	288	—
5	Eyes (a) Vision ...	134	92	185	—
	(b) Squint ...	6	21	14	—
	(c) Other ...	20	2	50	—
6	Ears (a) Hearing ...	13	3	14	—
	(b) Otitis Media	—	—	—	—
	(c) Other ...	28	8	78	—
7	Nose or Throat ...	16	281	157	—
8	Speech	29	6	5	—
9	Cervical Glands ...	—	4	—	—
10	Heart and Circulation	1	12	2	—
11	Lungs	2	64	2	—
12	Developmental:				
	(a) Hernia ...	1	9	—	—
	(b) Other... ..	2	5	2	—
13	Orthopaedic:				
	(a) Posture ...	1	6	5	—
	(b) Flat Foot ...	5	30	8	—
	(c) Other... ..	8	26	4	—
14	Nervous System:				
	(a) Epilepsy ...	—	1	—	—
	(b) Other... ..	—	—	—	—
15	Psychological:				
	(a) Development	1	3	—	—
	(b) Stability ...	—	6	2	—
16	Other... ..	9	19	6	—

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

Age Groups (1)	No. of pupils in- spected (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	1491	128	8.59	1333	89.40	30	2.01
Second Age Group ...	940	256	27.23	618	65.75	66	7.02
Third Age Group ...	907	114	12.57	685	75.52	108	11.91
Other Periodic Inspections ...	534	133	24.91	375	70.22	26	4.87
Totals	3872	631	16.30	3011	77.76	230	5.94

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 ...	26675
(ii) Total number of individual pupils found to be infested	1556
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	49
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	1

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	—	—
Scabies	14	—
Impetigo	75	—
Other skin diseases	111	73
Totals	200	73

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	59	9
Errors of refraction (including squint)	*—	941
Totals	59	950
Number of pupils for whom spectacles were:		
(a) Prescribed... ..	—	566
(b) Obtained	—	93

* 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	—	128
(c) for other nose and throat conditions	—	6
Received other forms of treatment	95	110
Totals	95	247

GROUP IV—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospital	29	
	by the Authority	Otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments ...	—	362

GROUP V—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated at Child Guidance Clinic	15	8

GROUP VI—SPEECH THERAPY

	Number of cases treated	
	by the Authority	Otherwise
Pupils treated by Speech Therapist	174	—

GROUP VII—OTHER TREATMENT GIVEN

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments	139	16
(b) Other: 1. General Medical	—	87
2. General Surgical	—	114

Table V

HEIGHT

	No. Examined 1954	Age	1951		1952		1953		1954	
			ft.	ins.	ft.	ins.	ft.	ins.	ft.	ins.
BOYS										
Entrants	6	4	3	2½	3	3½	3	2	3	2½
	179	5	3	5½	3	7	3	6	3	5½
	495	6	3	7	3	7½	3	7½	3	7
	81	7	3	8½	3	9½	3	9½	3	10
Second age Group	468	10	4	5½	4	6	4	5½	4	6
Third Age Group	439	14	5	1	5	2	5	1	5	1½
Other Periodic Inspections: (Nursery Classes)										
	5	3	—	—	3	1	3	1½	3	1
	49	4	3	3	3	3	3	3	3	2½
	73	5	3	4½	3	4½	3	5	3	4½
GIRLS										
Entrants	8	4	3	4	3	2	3	4½	3	1½
	179	5	3	5	3	6	3	5½	3	5½
	443	6	3	8	3	7	3	7	3	7
	90	7	3	9	3	9	3	9	3	9½
Second Age Group	474	10	4	5	4	5	4	5½	4	5½
Third Age Group	470	14	5	0½	5	1	5	0½	5	1
Other Periodic Inspections: (Nursery Classes)										
	3	3	—	—	3	3	3	6	3	0½
	62	4	3	3½	3	2½	3	2	3	2½
	53	5	3	3½	3	4½	3	4½	3	4½

WEIGHT

	No. Examined 1954	Age	1951		1952		1953		1954	
			st.	lbs.	st.	lbs.	st.	lbs.	st.	lbs.
BOYS										
Entrants	6	4	2	8	2	7½	2	6½	2	7½
	179	5	2	12½	2	13½	2	12½	2	10
	495	6	3	2	3	1½	3	1½	3	0½
	81	7	3	7	3	6½	3	6	3	7
Second Age Group	468	10	5	0	4	13½	4	13½	5	1½
Third Age Group	439	14	7	7½	7	9	7	6	7	3½
Other Periodic Inspections:										
(Nursery Classes)										
	5	3	—	—	2	5	2	2½	2	4
	49	4	2	8	2	8	2	8	2	7½
	73	5	2	12	2	10½	2	11	2	10½
GIRLS										
Entrants	8	4	2	10	2	6	2	11½	2	8
	179	5	2	12	2	11½	2	11½	2	11
	443	6	3	0½	2	13½	3	0	3	0
	90	7	3	7	3	3½	3	4	3	5½
Second Age Group	474	10	4	12	4	13	4	13½	5	0½
Third Age Group	470	14	7	4	7	5½	7	6	7	7
Other Periodic Inspections:										
(Nursery Classes)										
	3	3	—	—	2	5	2	3½	2	4
	62	4	2	8	2	6½	2	6½	2	7
	53	5	2	12½	2	10	2	10	2	10

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED BY THE LOCAL
EDUCATION AUTHORITY TO THE LOCAL HEALTH AUTHORITY
DURING THE YEAR 1954

	Boys	Girls
Notified under Section 57(3) of the Education Act, 1944 ...	3	6
Notified under Section 57(5) of the Education Act, 1944 ...	3	4