

[Report 1949] / School Medical Officer of Health, Westmorland County Council.

Contributors

Westmorland (England). County Council.

Publication/Creation

1949

Persistent URL

<https://wellcomecollection.org/works/tqp8bwab>

License and attribution

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

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

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



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

AC. 44 84

6/3/12.
1253.

INSTITUTE OF SOCIAL
MEDICINE

10. PARKS ROAD,
OXFORD



WESTMORLAND COUNTY COUNCIL

ANNUAL REPORT

OF THE

School Medical Officer

THE YEAR 1949



CONTENTS

	Pages.
Child Guidance	6
Diphtheria Immunisation	8—9
Ear, Nose and Throat Defects	6
Handicapped Pupils	8
Introduction	3—4
Milk in Schools Scheme	5
Minor Ailments	7
Orthopædic Scheme	7—8
Senior Dental Officer's Report	10—11
Skin Diseases	7
Statistical Tables	12—20
Staff and Consultants	2
Summary of Work Done	10
Verminous Infestation	5
Visual Defects—Treatment	9

STAFF OF THE SCHOOL MEDICAL SERVICE

School Medical Officer—John A. Guy, M.D., D.P.H.

Deputy School Medical Officer—C. Fleming, M.B., Ch.B., D.P.H.

Assistant School Medical Officers—

F. M. Taylor, M.R.C.S., L.R.C.P.

Senior Dental Officer—J. Irvine, L.D.S.

Assistant School Dental Officers—

D. H. Watson, L.D.S. (Resigned 30-4-49.)

C. Parkinson, L.D.S. (Resigned 8-3-49.)

A. S. Carter, M.R.C.S., L.R.C.P., L.D.S. (Appointed 1-9-49.)

Orthopaedic Nurse—Mrs. D. Williams, S.R.N.

School Nurse—Miss Holmes, S.R.N.

SPECIAL CLINICS AND CONSULTANTS.

Diseases of the Eye—S. S. Sumner, F.R.C.S., Hon. Surgeon, Preston Royal Infirmary.

W. B. Brownlie, F.R.C.S., Underwood, Heversham.

Diseases of the Ear, Nose and Throat—T. Sinclair Stewart, F.R.C.S., Hon. Surgeon, Westmorland County Hospital.

Diseases of the Chest—Dr. J. Munro Campbell, County Tuberculosis Officer.

Consulting Psychiatrist—Dr. J. Braithwaite, Medical Superintendent, Garlands Hospital, Carlisle.

Orthopaedic Clinics.—Dr. Jean T. W. Bucknell, Medical Superintendent, Ethel Hedley Orthopaedic Hospital.

County Hall, Kendal.

October, 1950.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Report on the School Health Service of the County for the year 1949.

There were no changes in the medical staff during the year. The dental staff, however, has been reduced from four to two members, with a consequent deterioration in the service.

This year we introduced a new practice of checking the vision of seven-year-old school children, in addition to the normal statutory examinations. It has been found that as a routine practice it is impossible to check the vision of five-year-olds entering school. At seven years it can be reasonably expected that the children know their letters and the Snellen Test Type can be employed. It is hoped, thus, to catch any children with defective vision at an early stage rather than having to wait until the defect is found at the intermediate examination.

There have been two cases of scabies during the past year. It therefore seems clear that the tremendous increase of scabies noted during the war years was only temporary and was due to a number of reasons, including the moving of large numbers of the population from one place to another, coupled with inadequate housing conditions. The number of children found to be suffering from pediculosis also shows a slight improvement. The acquisition of a Wood's Light Lamp has proved very useful in the detection of the odd case of scalp ringworm in schools. We have, by this means, been able to detect the carrier case, which was not apparent on a casual examination of the scalp, but which was easily recognisable under the lamp. I can confidently recommend to other Authorities the use of this means of detection of *Tinia Capitis*.

In common with many other Authorities, we have found it impossible to provide for the services of a speech therapist. At the same time, there is a definite need for the services of such a person.

The situation with regard to the ascertainment of handicapped pupils is not a happy one, particularly with regard to mentally sub-normal children. The only two doctors on the staff who have been approved for this work are myself and Dr. Taylor, and it has been found impossible to cope with the growing waiting list. The system is to restrict ascertainment to the worst cases so far as possible and, in particular, to those who are unable to benefit by education, or who are distracting the class by their activities, or taking an inordinate share of the teachers' time. Unfortunately, the troubles do not cease once ascertainment has been completed. The Education Department finds great difficulty in placing children who have been recommended for special school. They are, however, fully cognisant with the situation and have provided a number of special classes in the ordinary schools as the only practical measure available short of providing additional special schools.

The Child Guidance Clinic continues to function under Dr. Braithwaite, with the Psychiatric Social Worker and the Educational Adviser as a team. The latter acts as liaison officer between the School Health and Education Departments.

The arrangements for the examination and provision of spectacles has remained much the same after the passing of the National Health Service Act. There seems to have been a lag of from three to nine months before children are supplied with spectacles. Those with more complicated defects usually have to wait much longer. At present there seems no way of remedying the difficulty as the manufacturers are unable to cope with the demand.

The operative treatment of tonsils and adenoids also has a considerable lag between diagnosis and treatment. This is understandable but unfortunate.

The whole future of the School Medical Service seems to be in the melting pot. This will become increasingly obvious as time goes on and until the position has been clarified it is likely to have an unsettling effect on the staff, particularly the senior members.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

JOHN A. GUY,

School Medical Officer.

Milk in Schools Scheme

The number of schools supplied with milk is satisfactory; only 5 schools have no milk scheme in operation. So far as possible, Tuberculin Tested milk is supplied in one-third pint bottles. Failing this, Pasteurised milk is supplied. Out of a total of 110 schools the number of schools supplied with milk is 105, as follows:—

Designation of milk supplied.		No. of Schools.	
Milk from Attested herds	...	...	16
Tuberculin Tested	...	...	59
Accredited	...	...	1
Pasteurised	...	...	24
Undesignated	...	...	5
			105

By arrangement with the various Sanitary Inspectors, all undesignated milk supplied to Schools was submitted to bacteriological and pathological examination at three-monthly intervals.

Infestation (Uncleanliness).

During the past year 24,797 examinations were carried out by the District Nurses and the number of children found to be infested with lice or nits was 468, compared with 595 during the previous year.

The following table shows the incidence of infestation during the past 10 years:—

Year.	No. of examinations for uncleanliness.		No. of children found unclean.		Per cent. of children found unclean.	
1940	...	46782	...	1266	...	14.4%
1941	...	50192	...	1773	...	21.2%
1942	...	40056	...	1211	...	17.7%
1943	...	32561	...	883	...	15.2%
1944	...	32224	...	600	...	10.2%
1945	...	29210	...	708	...	8.4%
1946	...	24680	...	629	...	7.5%
1947	...	23390	...	536	...	6.3%
1948	...	13436	...	595	...	6.7%
1949	...	24797	...	468	...	5.2%

The numbers of individual pupils found unclean are expressed in the right-hand column of the foregoing table as a percentage of the number of pupils on the registers at the end of the respective years.

The high incidence during the war years is now happily a matter of history, but whilst the general fall since the cessation of hostilities is gratifying, the position cannot yet be regarded as satisfactory, and it is hoped that the new procedure under Section 54 of the Education Act, 1944, will lead to further improvement.

Tonsils and Adenoids.

The enlargement of tonsils and adenoids was one of the commonest defects noticed in school medical inspection.

Number of children found to have enlarged tonsils and adenoids requiring treatment	...	...	159
Number of children who received operative or other forms of treatment	...	...	162

Speech Therapy.

Owing to the impossibility of securing the services of a Speech Therapist, no treatment was carried out during the year.

Child Guidance Clinic.

This clinic was held fortnightly at Abbot Hall Nursery, Kendal, by Dr. Braithwaite, Medical Superintendent of Garlands Hospital, Carlisle; the Clinic was later transferred to the Stramongate School Clinic premises.

Number of Clinics held during 1949	...	20
Number of attendances	...	66
Number of cases	...	28

Special Ear, Nose and Throat Defects.

Children with special defects or abnormalities are referred to the Westmorland County Hospital to be seen by the consulting surgeon. This procedure has been helpful in dealing with such cases as chronic otorrhœa, increasing deafness, infected sinuses. The following list illustrates the type of case referred:—

Condition.	No. of children referred.
Otorrhœa	12
Nasal discharge	2
Defective hearing	14
Epistaxis	4
Recurring colds	4
Catarrh	3
Ear discharge	3
Septic tonsils	8
Rhinitis	1

Minor Ailments.

In Kendal the Stramongate School Clinic has been held daily throughout the term for the treatment of children suffering from minor ailments. The commoner ailments have been multiple septic sores, minor injuries, impetigo contagiosa, other skin diseases, and minor eye defects. In addition to the treatment of minor defects, mothers have frequently sought the advice of the Clinic Doctor on points of health and general hygiene.

Skin Diseases.

There was a marked decrease in the number of children suffering from scabies, the number for 1949 being 2, compared with 11 the previous year. The treatment adopted was by benzyl benzoate.

There was also a definite decrease in the number of children suffering from ringworm, 5 as compared with 26 the previous year. Advantage was taken of the facilities at the Laboratory at the School of Tropical Medicine, London, for the bacteriological diagnosis of cases.

The Report of the Chief Medical Officer of the Ministry of Education was particularly helpful in connection with the diagnosis and treatment of ringworm and, so far as possible, his advice has been carried out. The installation of a Wood's Light has proved a valuable addition to the equipment of this Clinic.

Orthopædic Scheme.

No substantial changes were made during the year in the County Orthopædic Scheme. Clinics were held in Kendal and Kirkby Stephen at three-monthly intervals, and in Penrith and at Ethel Hedley Hospital at two-monthly intervals. Children with orthopædic defects are noted at school examinations and referred to orthopædic

clinics, where a diagnosis is made and the appropriate treatment advised. Follow-up work is done by a part-time nurse who has had experience of orthopædic work. During the year 495 children attended clinics and received treatment or advice. Thirteen children received in-patient treatment; 1,105 visits to children at their homes or at schools were made by the orthopædic nurse. The principal defects found were: flat feet, knock knees, hallux valgus, hammer toe, postural defects and old congenital deformities.

Handicapped Pupils.

Under the Education Act, 1944, it is the duty of the Local Education Authority to ascertain what children require special educational treatment. These children are usually reported by the school teachers to the School Medical Officer, who examines them and reports to the Local Education Authority. The number of new cases examined during the year is 17 and the table below shows their classification under the headings given in the Handicapped Pupils Regulations, 1945.

Category.	No. of children examined.
Partially deaf	1
Educationally subnormal	7
Deaf	1
Deaf and educationally subnormal	1
Partially sighted	2
Epileptic	1
Ineducable (Section 57)	4

The object of these examinations is to place the Handicapped Child in a school or class where he will receive special education calculated to make the best use of his limited capabilities. The position with regard to the placing of pupils in special boarding schools is far from satisfactory and many more such schools will require to be built before the problem is solved.

Diphtheria Immunisation.

Immunisation against diphtheria, previously the responsibility of the County Council and District Councils concurrently, is now the responsibility of the County Council alone. The treatment is given either by the County Council Medical Staff or the general practitioners at the choice of the parents, at or before the first birthday, whilst all parents are urged to consent to their children receiving a reinforcing dose at five years old.

The success of this scheme may be judged from the fact that there were no cases of diphtheria notified among residents of the County during the year, compared with 62 notifications and six deaths in 1942, for example. Details of children immunised during the year, including those receiving reinforcing doses, are given below:—

Children below 5 years old	...	...	855
Children aged 5-15 years old	...	...	758
Total	...		1,613

Ultra-Violet Ray Clinics.

There are two Ultra-Violet Ray Clinics within the County—one at Kendal and one at Windermere. The following number of school children were treated:—

Clinic.	No. of children.		
Kendal	...	...	26
Windermere	...	...	40

Treatment of Defective Vision.

All school children found to be suffering from refractive errors were referred to local opticians and, since the inception on 5th July, 1948, of the National Health Service Act, spectacles were supplied under the provision of that Act, although the delay in obtaining spectacles is such as to give grounds for serious concern.

By arrangement with the Local Executive Council, Mr. Brownlie, the Eye Specialist, continues to hold a session fortnightly at the Stramongate School Clinic, to which clinic all children found to be suffering from eye conditions other than refractive errors are referred.

Number referred to Opticians	...	...	448
Number referred to Consultant Eye Specialists	...	...	182

THE EDUCATION AREA.

County of Westmorland:—

Area	...	...	...	504,917 acres.
Population (estimated)	...	...	...	66,400
Estimated product of 1d. rate for Education,				
1949-50	...	...	...	£1,806
Number of Schools—Primary	...	...	...	104
Secondary	...	...	...	10

SUMMARY OF WORK DONE IN 1949.

Medical Inspection (children inspected)	...	...	4,788
Dental Inspection (children inspected)	...	...	4,227
Dental Treatment (children treated)	...	...	2,645
Special Eye Examination—			
(children examined by Eye Specialists)	...	...	182
(children examined by Opticians)	...	...	448
School Nurses' Visits—			
(a) Visits to children at home	...	...	1,649
(b) To Schools	...	...	964
(c) Examinations in Schools	...	...	24,875
Children resident in the Ethel Hedley Orthopædic Hospital			
School in 1949	...	...	13
Number of schoolchildren who attended Orthopædic Clinics			495

TREATMENT OF TUBERCULOUS CONDITIONS IN SCHOOLCHILDREN.

Number of children who received in-patient treatment at the			
Ethel Hedley Hospital	...	...	Nil.
Number of children who received in-patient treatment at			
Westmorland Sanatorium, Meathop	...	...	Nil.
Number of children who received in-patient treatment at			
Stannington Children's Hospital, Morpeth	...	...	Nil.

REPORT OF THE SENIOR DENTAL OFFICER FOR THE YEAR 1949.

Ladies and Gentlemen,

I have the honour to submit the Annual Report on dental inspection and treatment of Primary and Secondary School children in the County of Westmorland. The total figures will be found on page 16.

Staff.

Mr. C. Parkinson, L.D.S., resigned on 8th March and Mr. D. H. Watson, L.D.S., resigned on 30th April. We were unable to fill either of these vacancies until September, when Dr. A. S. Carter, L.D.S., was appointed and, since then, the County Dental Staff has consisted of two full-time officers.

As Dr. Carter does not drive a car, most of his time is spent at the Kendal Clinic, but he has also operated on occasions in the

Dental Van at some schools in South Westmorland. At County Schools we have endeavoured to concentrate on areas where there is little or no hope of obtaining regular private dental treatment. The Dental Van has been used in areas where there are no clinics but where there are fairly large concentrations of children.

It would seem to me that it is better to maintain some areas of the county in good condition than to spread out the treatment so thinly that no part is satisfactory. Some form of limitation is essential, but in a county like Westmorland limitation to certain age groups would result in considerable wastage of time.

Primary and Secondary Schools.

During the year 4,227 children were inspected and 2,645 were treated.

Despite the limited service available, over 81 per cent. of the new entrants signed Group A consent forms.

Although the total amount of treatment provided was reduced owing to shortage of staff, the ratio of fillings to extractions remained high, but how long this can be maintained is extremely doubtful.

Other operations consisted of 126 scalings, 146 silver nitrate applications and 344 dressings, gum treatments, stonings, etc.; 244 adjustments were made to orthodontic appliances, 44 new appliances were supplied and 9 cases were completed. These appliances consisted of oral screens, inclined planes, plates with retraction wires, etc., and a few fixed simple appliances. Eighteen partial dentures were supplied.

All over the country facilities for dental treatment of the so-called priority classes are worse than they have been for many years. As a result, more children are leaving school with carious teeth than has been the case for years and the health of the community will suffer for a long time to come. Staff shortages make it impossible to ensure that work already done is constantly and adequately followed up.

I wish to take this opportunity of thanking all the members of the dental staff for their loyalty and good work during the year. I would also express my thanks to all Head Teachers for their assistance, co-operation and forbearance during these difficult times.

I have the honour to be,

Your obedient servant,

J. IRVINE,

Senior Dental Officer.

THE MINISTRY'S STATISTICAL TABLES.

TABLE I.—MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY & SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups

Entrants	...	...	...	...	1430
Second Age Group	...	...	...	...	812
Third Age Group	...	...	...	...	702
Total	...	...	...	...	2944

Number of other Periodic Inspections ... 196

Grand Total ... 3140

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	257
Number of Re-Inspections	...	...	...	4531
Total	...	...	...	4788

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	32	211	235
Second Age Group	78	93	155
Third Age Group	67	34	92
Total (prescribed groups)	177	338	482
Other Periodic Inspections	19	34	41
Grand Total	196	372	523

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1949.

Defect Code No.	Defect or Disease. (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
		(2)	(3)	(4)	(5)
4	Skin ...	8	13	1	—
5	Eyes—				
	a. Vision ...	196	142	84	11
	b. Squint ...	16	26	4	3
	c. Other ...	2	6	5	5
6	Ears—				
	a. Hearing ...	3	10	—	1
	b. Otitis Media ...	1	15	5	2
	c. Other ...	1	15	4	1
7	Nose or Throat ...	145	200	14	19
8	Speech ...	11	6	—	2
9	Cervical Glands ...	—	27	—	4
10	Heart and Circulation ...	1	45	—	7
11	Lungs ...	2	56	3	8
12	Developmental—				
	a. Hernia ...	3	2	—	1
	b. Other ...	—	10	1	5
13	Orthopaedic—				
	a. Posture ...	12	3	6	—
	b. Flat foot ...	65	17	7	—
	c. Other ...	94	75	11	6
14	Nervous system—				
	a. Epilepsy ...	—	—	—	1
	b. Other ...	1	3	—	2
15	Psychological—				
	a. Development ...	2	17	1	2
	b. Stability ...	—	21	1	1
16	Other ...	9	106	4	34

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

Age Groups.	Number of Pupils Inspected.	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2.	No.	% of col. 2.	No.	% of col. 2.
Entrants ...	1430	624	43.6	752	52.6	54	3.8
Second Age Group	812	412	50.7	374	46.1	26	3.2
Third Age Group	702	426	60.7	270	38.5	6	0.8
Other Periodic Inspections ...	196	95	48.5	88	44.9	13	6.6
Total ...	3140	1557	49.6	1484	47.3	99	3.1

TABLE III.—INFESTATION WITH VERMIN.

(i) Total number of examinations in the schools by the school nurses or other authorised persons ...	24797
(ii) Total number of individual pupils found to be infested ...	468
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 [2], Education Act, 1944) ...	Nil.
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 [3], Education Act, 1944) ...	Nil.

TABLE IV

TREATMENT TABLES

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table V).

	Number of Defects treated, or under treatment during the year.
Skin—	
Ringworm—Scalp—	
(i) X-Ray treatment ...	11
(ii) Other treatment ...	5
Ringworm—Body ...	3
Scabies ...	4
Impetigo ...	10
Other skin diseases ...	19

Eye Disease	...	...	...	...	...	32
(External and other, but excluding errors of refraction, squint and cases admitted to hospital.)						
Ear Defects	...	...	...	...	...	27
Miscellaneous	...	...	...	...	...	327
(e.g., minor injuries, bruises, sores, etc.)						
Total						438

Total number of attendances at Authority's minor ailments clinics	...	...	...	...	...	1492
--	-----	-----	-----	-----	-----	------

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye
Disease treated as Minor Ailments—Group I).

	No. of defects dealt with.
Errors of Refraction (including squint) ...	608
Other defects or disease of the eyes (excluding those recorded in Group I) ...	11
Total ...	619

Number of Pupils for who spectacles were

(a) Prescribed	...	...	...	...	562
(b) Obtained	...	...	...	...	343

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	Total number treated.
Received operative treatment—	
(a) For adenoids and chronic tonsillitis	141
(b) For other nose and throat conditions	10
Received other forms of treatment	11
Total	162

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals or hospital schools	...	...	...	...	16
(b) Number treated otherwise, e.g., in clinics or out-patient departments	...	...	...	...	196

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH
THERAPY.

No. of pupils treated—

(a) Under Child Guidance arrangements ...	...	66
(b) Under Speech Therapy arrangements ...	...	—

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of Children who were

Inspected by the Authority's Dental Officers:

(a) Periodic Age Groups	3962
(b) Specials	265
(c) Total (Periodic and Specials)	4227

(2) Number Found to require treatment 2687

(3) Number Actually treated 2645

(4) Attendances made by pupils for treatment .. 3894

(5) Half-days devoted to	{	Inspection .. 64	}	Total	738
		Treatment 674			

(6) Fillings	{	Permanent teeth .. 2474	}	Total	3116
		Temporary teeth .. 642			

(7) Extractions	{	Permanent teeth .. 492	}	Total ..	2463
		Temporary teeth .. 1971			

(8) Administration of general a æsthetics for extractions 162

(9) Other operation;	{	Permanent teeth .. 714	}	Total	840
		Temporary teeth .. 126			

TABLE VI.—RETURN OF HANDICAPPED PUPILS.

(1)	(2)	(3)	(4)	(5)	(6)	(7) Education-		(9)	Total 1—9
						ally sub-	normally		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

In the Calendar Year:—

A. Handicapped Pupils **newly placed**
in Special Schools or Homes ...

B. Handicapped Pupils **newly ascer-**
tained as requiring education
at Special Schools or Boarding
in Homes ...

Number of children reported during the Calendar Year under Section 57 (3) 9, and under Section 57 (4) nil, of
of the Education Act, 1944.

TABLE VI—(Continued).

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
(1) Blind	(2) Partially sighted	(3) Deaf	(4) Partially deaf	(5) Delicate	(6) Physically Handicapped	(7) Educationally sub-normal	(8) Mal-adjusted	(9) Epileptic	Total 1—9
1	3	5	—	2	1	—	—	—	12
—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	1	—	—	1
—	—	—	—	—	—	—	—	—	—
1	3	5	—	2	1	1	—	—	13
—	—	—	—	—	—	—	—	—	—
—	2	1	1	1	4	6	—	1	16
—	—	—	—	—	2	—	—	—	2

On or about December 1st:—

C. Number of Handicapped Pupils from the area—

(i) attending Special Schools as Day Pupils ...

Boarding Pupils ...

(ii) Boarded in Homes Attending Assisted Schools (under approved arrangements) ...

Total (C) ...

D. Number of Handicapped Pupils from the area requiring places in Special Schools or Homes but remaining unplaced ...

E. Number of Handicapped Pupils receiving home tuition (including those also returned in D)

TABLE VII.

I.—STAFF OF THE SCHOOL HEALTH SERVICE

(excluding Child Guidance).

School Medical Officer	...	JOHN ALLAN GUY
Senior Dental Officer	...	JOHN IRVINE

		Number		Aggregate staff in terms of the equivalent number of whole-time officers
Medical Officers	...	3	...	$1\frac{1}{3}$
Dental Officers	...	2	...	full-time
Physiotherapists, Speech Therapists, etc. (specify)	...	—	...	—
School Nurses	...	33	...	$4\frac{1}{3}$
Nursing Assistants	...	—	...	—
Dental Attendants	...	2	...	full-time

II.—NUMBER OF SCHOOL CLINICS (i.e., **premises** at which clinics are held for schoolchildren) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics	...	6
--------------------------	-----	---

III.—TYPE OF EXAMINATION AND/OR TREATMENT provided, at the School Clinics returned in Section II, either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the Clinic.

Examination and/or treatment.	Number of School Clinics (i.e., premises) where such treatment is provided—	
	directly by the Authority.	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals.
(1)	(2)	(3)
A. Minor ailment and other non-specialist examination or treatment ...	1	—
B. Dental ...	6 (including 1 mobile surgery)	—
C. Ophthalmic ...	1	—
D. Ear, Nose and Throat ...	—	—
E. Orthopædic ...	—	—
F. Pædiatric† ...	—	—
G. Speech Therapy ...	—	—
H. Others (specify):— ...	—	—

*Arrangements made with the Supplementary Ophthalmic Service are returned in Column (2).

†Clinics for children referred to a specialist in children's diseases.

IV.—CHILD GUIDANCE CLINICS.

(i) Number of Child Guidance Centres provided by the Authority.

Staff of Centres—	(a) Number.	(b) Aggregate in terms of the equivalent number of whole-time officers.
Psychiatrists ...	1	
Educational Psychologists ...	1	... One session held fortnightly.
Psychiatric Social Workers ...	1	
Others (Specify) ...	Nil.	

The Psychiatrist is made available by the Newcastle Regional Hospital Board.