[Report 1951] / School Medical Officer of Health, Westmorland County Council.

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WESTMORLAND COUNTY COUNCIL

ANNUAL REPORT

OF THE

School Medical Officer

THE YEAR 1951

TITUS WILSON, KENDAL.

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STAFF OF THE SCHOOL HEALTH SERVICE

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

Assistant School Medical Officer—
F. M. Taylor, M.R.C.S., L.R.C.P.

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

Assistant School Dental Officer—
A. S. Carter, M.R.C.S., L.R.C.P., L.D.S.

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

School Nurse—Miss Holmes, S.R.N. (Retired 31st December, 1951).

SPECIAL CLINICS AND CONSULTANTS

Diseases of the Eye—
W. B. Brownlie, F.R.C.S., Underwood, Heversham.

Diseases of the Chest—Dr. J. Munro Campbell, Consultant Chest Physician, Meathop Sanatorium.

Consulting Psychiatrist—Dr. D. H. H. Thomas, Medical Superintendent, Royal Albert Hospital, Lancaster.

County Hall, Kendal.
September, 1952.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

ANNUAL SCHOOL REPORT

I have the honour to present my report on the School Health Service of the County for the year 1951.

Staff

There were no major changes in staff during the past year. In addition to myself and Dr. Taylor the part-time services of six general practitioners have been employed. In general the area selected in which the family Doctor assists has been mainly in the periphery of the County.

Ascertainment and Disposal of Handicapped Pupils

The ascertainment and disposal of handicapped pupils is still in an unsatisfactory position owing to lack of suitably qualified staff and of special schools. 31 variously handicapped children were ascertained during the past year. The presence of these children, and particularly the educationally subnormal children, in the ordinary school means that they do not get the type of education appropriate to their condition, or that in an attempt to cater for their special needs, the teacher devotes an undue proportion of time to them, so that the normal pupils are deprived to some extent of teaching time. Undoubtedly the establishment of special classes for educationally retarded children has eased, but not solved the problem.

Child Guidance

The Child Guidance Clinic has continued to play an important part, particularly in connection with the difficult child, and with the increased sessions attendances increased from 48 to 149. Apart from increased sessions, no changes were made in staff or modus operandi. Dr. Thomas has drawn up a short report which is included in this section.

General Condition

The use of General Practitioners in medical inspection of school-children will undoubtedly have been reflected in the figures for the year. However, with the change in mind there has been an increase from 57.4% to 66.9% classified as good.

Uncleanliness

A satisfactory feature in the Nurses examination of school-children for uncleanliness has been in the progressive decline in the number of cases since 1942, when the percentage of unclean pupils stood at 17.7% and in 1951 at 2.2%.

Dental Services

The Dental Service in common with that of the rest of the country has suffered a set back. The present system of working the service has been for one Dental Officer to remain more or less permanently in charge of the Kendal clinic, and for the other to tour the County in the Mobile Dental Van. It is felt that this arrangement has given the best possible service under the circumstances.

Speech Therapy

There is a definite need for the service of a Speech Therapist within the County, and there are sufficient cases within the environs of Kendal to warrant the employment, at any rate part-time employment, of a Speech Therapist. It is time that another effort was made to explore the possibilities of obtaining the services of a part-time Speech Therapist.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

JOHN A. GUY,

School Medical Officer.

Milk in Schools Scheme

Although it was found possible to arrange for all schools to be supplied with milk under this scheme the position cannot be regarded as entirely satisfactory until all supplies are delivered in one-third pint bottles, and all milk is derived from Tuberculin Tested herds, or has been pasteurised.

Designation of milk supplied.	No. of Schools.
Milk from Attested herds	14
Tuberculin Tested	60
Pasteurised	34
Undesignated	3
	111

By arrangement with the Council's Sampling Officer milk supplied to schools is submitted to bacteriological and pathological examination periodically, and it is regrettable to have to record that out of 46 samples taken, 18 were Unsatisfactory, due, in 17 of the cases, to the presence of bacillus coli.

Infestation (Uncleanliness)

During the past year 22,254 examinations were carried out by the District Nurses and the number of children found to be infested with lice or nits was 168, compared with 228 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.
1942 ...	40,056 ...	1,211 ...	17.7%
1943 ...	32,561 ...	883 ...	15.2%
1944 ...	32,224 ...	600 ...	10.2%
1945 ...	29,210 ...	708 ...	8.4%
1946 ...	24,680 ...	629 ...	7.5%
1947 ...	23,390 ...	536 ...	6.3%
1948 ...	13,436 ...	595 ...	6.7%
1949 ...	24,797 ...	468 ...	5.2%
1950 ...	15,679 ...	228 ...	3.5%
1951 ...	22,254 ...	168 ...	2.2%

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 and the continuing fall since the cessation of hostilities is very gratifying. It is hoped that the new procedure under Section 54 of the Education Act, 1944, will lead to further improvement, and the figures for 1950 and 1951, the first collected under the new system, give some cause for the belief that such improvement is in fact taking place.

Tonsils and Adenoids

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

Number of children found to have enlarged tonsils and adenoids requiring treatment	59
Number of children known to have received operative or other forms of treatment	21

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

By agreement with the Manchester Regional Hospital Board the services of Dr. D. H. H. Thomas, Medical Superintendent of the Royal Albert Hospital, Lancaster, have been made available as Consultant Psychiatrist, and from the beginning of October, 1951, the Clinic has been held weekly at the Stramongate School Clinic instead of fortnightly as hitherto.

Number of Clinics held during 1951	26
,, attendances	149
,, cases	27

I am indebted to Dr. Thomas for the following report:—

"Subsequent to the introduction of the National Health Service Act in 1948, this Clinic has functioned as closely, as limited resources will allow, upon the pattern of a fully staffed child guidance programme.

The psychiatrist works in co-operation with the Social Worker, Mrs. Skinner, and the Educational Adviser, Mrs. Nelson. These three

members of the clinic work as a team, bringing to bear upon the problem of the child presented for diagnosis and treatment, knowledge of different aspects of the child's mind and environment. The field from which the cases are referred is a wide one, and it is interesting to note the main sources of flow of cases to the clinic.

At first most of the cases referred came from the schools through the Educational Department and the County Medical Officer.

As these cases proceeded, contact was necessarily made with the family doctor in charge of the case. This brought a flow of cases referred primarily from the doctor in practice in the area. Recent review shows that the majority of doctors in the Kendal area have made referrals of cases to the clinic. A number of cases are also submitted for report from the Juvenile Courts.

The cases submitted show an interesting range of variation in symptomatology, and the number of cases referred has increased, needing a weekly clinic instead of a fortnightly session.

A high proportion of the cases are adolescents from the senior schools, and much investigation and treatment of emotional maladjustment, behaviour disorders, and clinical abnormalities has been undertaken. Another aspect of the work which has needed much attention from the Educational Adviser is the submission of cases of specific educational disabilities, often involving emotional factors which have only responded to combined psychotherapy and special educational methods.

Much valuable field work has been carried out by the Social Worker in giving informed advice and guidance in the family environment and in adjusting factors precipitating psychiatric difficulties in the home. Similarly, the Educational Adviser has been able to establish a valuable liaison between pedagogue and therapist in overcoming educational problems causing psychiatric symptoms and conduct disorders."

D. H. H. THOMAS.

Special Ear, Nose and Throat Defects

Children with special defects or abnormalities are referred to the hospitals at Kendal, Lancaster and Carlisle to be seen by the consulting surgeons. 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	4
Defective hearing	15
Epistaxis	1
Earache	2
Enlarged tonsils and adenoids with other symptoms	14

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

As will be seen from Table IV on page 17, the incidence of skin diseases is no longer a serious problem amongst the school-children in the County; the high incidence of scabies prevalent in war-time is now a thing of the past, and the diagnostic facilities of the Mycological Department of the London School of Hygiene and Tropical Medicine, together with the installation of a Woods' Light at the School Clinic, has enabled the spread of ringworm infection to be controlled.

Orthopædic Scheme

At the beginning of 1950 the County Orthopædic Scheme was revised. As the Manchester Regional Hospital Board had established an Orthopædic Out-patient Department at the Westmorland County Hospital, the necessity for the continuance of Dr. Bucknell's Clinic in Kendal no longer existed and it was decided that all cases within reasonable reach of Kendal should be referred to the Westmorland County Hospital. Further, Mr. Kitchin, the Orthopædic Specialist, undertook to arrange for remedial exercises, etc., and follow-up treatment of these cases thus relieving Nurse Williams, the Orthopædic After-Care Sister, and enabling her to give more time to her Tuberculosis Health Visiting Duties.

Dr. Bucknell, the Medical Superintendent of the Ethel Hedley Hospital continued to hold the orthopædic clinics at Windermere, Kirkby Stephen and Penrith.

Dr. Bucknell's Clinics:—

Number of Clinics held	16
,, attendances	271
,, new cases seen	38
Home Visits by Orthopædic Nurse	153
Number of children admitted to Ethel Hedley Hospital ...	5

No figures relating to the attendance of school-children at the Westmorland County Hospital Orthopædic Clinics, or the admission of orthopædic cases to that hospital, are available.

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 or the Educational Adviser to the School Medical Officer, who examines them and reports to the Local Education Authority. The number of new cases examined during the year was 31 and the table below shows their classification under the headings given in the Handicapped Pupils Regulations, 1945:—

Category.	No. ascertained.
Epileptic	1
Partially deaf	1
Educationally subnormal	17
Physically handicapped and educationally subnormal	2
Delicate	2
Physically handicapped	1
Ineducable (Section 57)	6
Maladjusted	1

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, but whilst the numbers shown above represent the limit of these cases which can be dealt with by the present staff, they in no way represent the extent of the problem — only the worst cases can be examined. 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 are given below:—

Primary Immunisation:—	
Children below 5 years old	658
,, aged 5-15 years old	55
Total ...	713
Re-inforcing doses	264
Grand Total ...	977

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.	No. of attendances.
Kendal	30	227
Windermere	20	221

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 provisions of that Act. The delay in obtaining spectacles, which obtained in the previous three years, disappeared in 1951.

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 from the south of the County found to be suffering from eye conditions other than refractive errors are referred. A similar service for those in the north of the area is provided by Mr. Leslie Fraser at the Cumberland Infirmary.

Number referred to Opticians	211
,, ,, Consultant Eye Specialists	227

THE EDUCATION AREA

County of Westmorland:—

Area	504,917 acres.
Population (estimated)	66,800
Estimated product of 1d. rate for Education 1950-51	£1,847
Number of Schools—Primary	101
Secondary	11
Number of Pupils (31.1.51)—Primary	6,437
Secondary	2,532

TREATMENT OF TUBERCULOUS CONDITIONS IN SCHOOLCHILDREN

Number of children who received in-patient treatment at the following Hospitals:—

Westmorland Sanatorium, Meathop	1
Wrightington Hospital, near Wigan	3
Stannington Hospital, Morpeth	1
Hyde Isolation Hospital, Hyde	1

REPORT OF THE SENIOR DENTAL OFFICER FOR THE YEAR 1951

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 19.

It has not been possible during the year to obtain replacement of dental staff so we are still working at half strength, and this is reflected, not only in a reduction of the aggregate amount of treatment, but also in a decreased ratio of fillings to extractions. In the past two years this ratio has deteriorated from 6:1 to 4.6:1 for permanent teeth.

The time between visits for inspection and treatment is almost doubled, a much greater amount of treatment is found to be necessary, and so the Dental Officer's visit to a school is protracted. We have, therefore, a vicious circle set up, and this can only be obviated by filling staff vacancies. In the urban districts, rather more children than usual have visited private practitioners for complete treatment but the majority still await the dental officer's routine visit to the school. In most isolated schools practically no other treatment is ever obtained.

There is a marked deterioration of the teeth of entrants and the improvement noted during the war years appears to be over. Many now present themselves displaying a high incidence of caries and it is no uncommon thing to find 6-8 temporary molar teeth quite unsaveable at 5 years of age.

While every endeavour has been made to save as many permanent teeth as possible, discrimination in the conservation of temporary teeth is essential. Only such teeth as have a reasonable chance of preservation until shedding time are filled. This results in an increased number of extractions of temporary teeth and leads to a greater number of potential irregularities of permanent teeth.

The increased length of time between visits and the decreased opportunities for following up has led to a reduction in the number of orthodontic cases undertaken. Such cases have to be selected judiciously as parents are slow to appreciate the difficulties of orthodontic treatment and are very often unco-operative, consequently results may be disappointing.

During the year 4,353 children were inspected and 2,382 were treated. General anæsthetics for extraction were administered in 581 cases. Extractions totalled 3,371 and fillings 3,418. Other operations consisted of 114 scalings, 109 silver nitrate applications and 272 dressings, gum treatments, etc. 153 visits were made by children for orthodontic treatment, 19 new applicances were provided and 10 were completed. 31 partial dentures were supplied.

My thanks are again due to Dr. Carter for his loyal and conscientious support in these difficult times. I have on many occasions stressed the value of efficient dental attendants and your authority is singularly fortunate in this respect. I should like to take this opportunity of thanking Mrs. Allen and Miss Robinson for all they have done during yet another year.

I have the honour to be,

Ladies and Gentlemen,

Your obedient servant,

J. IRVINE,

Senior Dental Officer.

THE MINISTRY'S STATISTICAL TABLES

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—	
Entrants	1,037
Second Age Group	747
Third Age Group	457
Total	2,241
Number of other Periodic Inspections	56
Grand Total	2,297

B.—OTHER INSPECTIONS.

Number of Special Inspections	144
,, Re-Inspections	2,200
Total	2,344

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils (4)
Entrants	52	129	153
Second Age Group	84	76	136
Third Age Group	30	14	44
Total (prescribed groups)	156	219	333
Other Periodic Inspections	5	4	9
Grand Total	161	223	342

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1951.

Defect Code No.	Defect or Disease.	Periodic Inspections — No. of defects Requiring treatment	Periodic Inspections — No. of defects Requiring to be kept under observation. but not requiring treatment.	Special Inspections — No. of defects Requiring treatment.	Special Inspections — No. of defects Requiring to be kept under observation. but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4	Skin ..	19	19	1	5
5	Eyes—				
	a. Vision ..	161	45	59	7
	b. Squint ..	1	—	—	—
	c. Other ..	3	1	—	—
6	Ears—				
	a. Hearing ..	11	26	2	1
	b. Otitis Media	3	23	—	1
	c. Other ..	—	—	—	—
7	Nose or Throat ..	54	105	5	4
8	Speech ..	—	14	—	1
9	Cervical Glands ..	3	33	—	1
10	Heart and Circulation ..	6	18	—	4
11	Lungs ..	12	49	3	1
12	Developmental—				
	a. Hernia ..	—	1	—	—
	b. Other ..	—	—	—	—
13	Orthopaedic—				
	a. Posture ..	1	11	—	1
	b. Flat foot ..	46	33	2	—
	c. Other ..	43	62	9	1
14	Nervous system—				
	a. Epilepsy ..	—	6	—	—
	b. Other ..	1	4	—	1
15	Psychological—				
	a. Development	2	11	1	1
	b. Stability ..	3	19	—	—
16	Other ..	33	24	3	3

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

Age Groups (1)	Number of Pupils Inspected (2)	A (GOOD) No. (3)	A (GOOD) % of col. 2 (3)	B (FAIR) No. (4)	B (FAIR) % of col. 2 (4)	C (POOR) No. (5)	C (POOR) % of col. 2 (5)
Entrants	1037	686	66.2	330	31.8	21	2.0
2nd Age Group	747	494	66.1	248	33.2	5	0.7
3rd Age Group	457	314	68.7	140	30.6	3	0.7
Other periodic inspections	56	42	75.0	14	25.0	—	—
Total ..	2297	1536	66.9	732	31.9	29	1.2

TABLE III

INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	22,254
(ii)	Total number of individual pupils found to be infested	168
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 [2], Education Act, 1944)	7
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 [3], Education Act, 1944)	4

TABLE IV

TREATMENT TABLES.

GROUP 1.—DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year. (*a*) By the Authority.	(*b*) Otherwise.
Ringworm—(*a*) Scalp ...	—	—
(*b*) Body ...	3	—
Scabies ...	2	—
Impetigo ...	1	—
Other skin diseases ...	9	5
Totals ...	15	5

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with. (*a*) By the Authority.	(*b*) Otherwise.
External and other, excluding errors of refraction and squint ...	11	1
Errors of refraction (including squint)	377	61
Totals ...	388	62
Number of pupils for whom spectacles were		
(*a*) Prescribed ...	101	18
(*b*) Obtained ...	101	20

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated. (*a*) By the Authority.	(*b*) Otherwise.
Received operative treatment		
(*a*) for diseases of the ear ...	—	—
(*b*) for adenoids and chronic tonsilitis ...	—	21
(*c*) for other nose and throat conditions ...	—	6
Received other forms of treatment...	6	8
Totals ...	6	35

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS.

(*a*) Number treated as in-patients in hospitals or hospital schools	5
(*b*) Number treated otherwise, e.g., in clinics or out-patient departments	46

GROUP 5.—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics:—	
(*a*) In the Authority Clinics	27
(*b*) Elsewhere	Nil.

GROUP 6.—SPEECH THERAPY.

Number of pupils treated by Speech Therapists:—	
(*a*) By the Authority	Nil.
(*b*) Otherwise	Nil.

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated. (a) By the Authority.	(b) Otherwise.
Miscellaneous Minor Ailments ...	255	—
Other Conditions ...	—	5

NOTE:— It should be observed throughout Table IV, above, that the figures given for treatment other than that carried out under the Authorities arrangements can be regarded only as incomplete. Information received from hospitals varies considerably, whilst little or no information is available regarding treatment carried out in Private Nursing Homes or by general practitioners.

TABLE V

DENTAL INSPECTION AND TREATMENT.

(1) Number of Children who were inspected by the Authority's Dental Officers:—			
(a) Periodic Age Groups			4,224
(b) Specials			129
(c) Total (Periodic and Specials)			4,353
(2) Number found to require treatment			3,340
(3) ,, referred for treatment			2,905
(4) ,, actually treated			2,382
(5) Attendances made by pupils for treatment			4,294
(6) Half-days devoted to	Inspection	71	Total 790
	Treatment	719	
(7) Fillings	Permanent teeth ..	2881	Total 3,418
	Temporary teeth ..	537	
(8) Number of teeth filled	Permanent teeth ..	2363	Total 2,851
	Temporary teeth ..	488	
(9) Extractions	Permanent teeth ..	634	Total 3,371
	Temporary teeth ..	2737	
(10) Administration of general anæsthetics for extractions ..			581
(11) Other operations	Permanent teeth ..	570	Total 679
	Temporary teeth ..	109	

TABLE VI.—RETURN OF HANDICAPPED PUPILS.

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the Calendar Year:—										
A. Handicapped Pupils *newly placed* in Special Schools or Homes ...	1	1	—	1	3	2	—	—	1	9
B. Handicapped Pupils *newly ascertained* as requiring education at Special Schools or Boarding in Homes ...	—	—	—	—	1	1	9	—	1	12

Number of children reported during the Calendar Year under Section 57 (3), 3 and under Section 57 (5) of the Education Act, 1944, Nil.

TABLE VI—(Continued).

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about 31st December:—										
C. Number of Handicapped Pupils from the area—										
(i) attending Special Schools as Day Pupils ...	—	—	—	—	—	—	—	—	—	—
Boarding Pupils ...	2	2	3	2	4	3	3	—	1	20
(ii) Boarding in Homes ...	—	—	—	—	—	—	—	—	—	—
Attending Independent Schools (under arrangements made by the Authority) ...	—	—	—	—	—	—	—	—	—	—
	—	—	—	—	—	—	—	—	—	—
Total (C) ...	2	2	3	2	4	3	3	—	1	20
	—	—	—	—	—	—	—	—	—	—
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:—										
(*a*) In hospitals ...	—	—	—	—	—	—	—	—	—	—
(*b*) Elsewhere ...	—	—	—	—	1	—	—	—	—	1
E. Number of Handicapped Pupils from the area requiring places in Special Schools or Homes but remaining unplaced ...	—	—	—	—	—	3	18	—	2	23

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 ...	2 ...	0.9
General Practitioners working part-time ...	5 ...	0.1
Dental Officers ...	2 ...	2
Physiotherapists, Speech Therapists, etc. (specify) ...	— ...	—
School Nurses ...	33 ...	3.25
Nursing Assistants ...	— ...	—
Dental Attendants ...	2 ...	2

II.—NUMBER OF SCHOOL CLINICS (i.e., *premises* at which clinics are held for school-children) 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 ... 5 + 1 Dental Van and 1 temporary Dental Clinic.

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 ...	5	—
C. Ophthalmic* ...	1	—
D. Ear, Nose and Throat ...	—	—
E. Orthopædic ...	—	3
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.

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	One session fortnightly.
Educational Psychologists ...	1	
Psychiatric Social Workers ...	Nil.	Nil.
Others (specify)—		
Mental Health Worker ...	1	One session fortnightly plus Home Visits.

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