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WESTMORLAND COUNTY COUNCIL

ANNUAL REPORT

OF THE

Principal School Medical Officer

THE YEAR 1953

Westmorland Gazette, Ltd., Printers, Kendal.

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STAFF OF THE SCHOOL HEALTH SERVICE

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

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

Principal School Dental Officer—J. Irvine, L.D.S.

School Dental Officers—

A. S. Carter, M.R.C.S., L.R.C.P., L.D.S.

E. H. Seabury, L.D.S. (Resigned 28-2-53).

A. L. Hutton, L.D.S. (Commenced 16-3-53).

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

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.

Dr. W. Hugh Morton, Consultant Chest Physician, Chest Centre, Carlisle.

Consulting Psychiatrist—Dr. D. H. H Thomas, Medical Superintendent, Royal Albert Hospital, Lancaster (Resigned 25-3-53).

Dr. R. C. Cunningham (Commenced 9-10-53).

Speech Therapy—Margaret Gaunt (Appointed 12-5 53). (Temporary).

COUNTY HALL, KENDAL,

September, 1954.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

ANNUAL SCHOOL REPORT

I have the honour to present the Annual Report on the working of the School Health Service for the year 1953.

During the past year there were no departures of any moment from the routine of previous years. The general nutrition and well-being of the school children has been maintained.

The Medical staff remains constant with one Medical Officer, one Assistant Medical Officer and general practitioners giving part-time assistance. The Dental staff was augmented by one Assistant Dental Officer.

The prevalence of infectious disease has shown no departure from normal. The county has remained free from outbreaks of diphtheria. A few cases of poliomyelitis have occurred, but have not necessitated any unusual measures being taken.

The position with regard to the ascertainment of handicapped pupils, and particularly with mentally subnormal pupils, remains unsatisfactory. With the staff constituted as it is at present it is not possible to do more than confine the ascertainment to the worst or most pressing cases.

In conclusion, the body of the Report has been prepared on the usual lines and the various statistics required by the Ministry of Education are given.

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	16
Tuberculin Tested	58
Pasteurised	36
Undesignated	1
	111

No. of schools taking milk in bulk, 40.

By arrangement with the Council's Sampling Officer milk supplied to schools is submitted to bacteriological and pathological examination periodically, and out of 56 samples taken 21 were unsatisfactory, due, in 16 of the cases, to the presence of bacillus coli; in 4 cases the Test was void.

Infestation (Uncleanliness)

During the past year 26,673 examinations were carried out by the District Nurses, and the number of children found to be infested with lice or nits was 177 compared with 210 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.
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%
1952 ...	25,817 ...	210 ...	2.6%
1953 ...	26,673 ...	177 ...	1.8%

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.

It is pleasing to note that the steady fall in the percentage of children found to be infested, which was arrested in 1952, has now been resumed.

Nose and Throat Conditions

Nose and throat conditions, usually the enlargement of tonsils and adenoids, were third in the list of defects found at school medical inspection to require treatment, and it is interesting to note that although 68 pupils were referred for treatment for this class of defect, evidence is available to show that no less than 177 children received operations or other treatment for this condition during the year. This no doubt reflects, to a great extent, the reduction which has taken place recently in the long waiting list for tonsil and adenoid operations.

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 otorrhoea, increasing deafness, infected sinuses. The following list illustrates the type of case referred :—

Condition.	No. of children referred.
Otorrhoea	8
Defective hearing	12
Frequent colds and sinusitis and catarrh	10
Enlarged tonsils and adenoids with other symptoms	31
Nasal or ear discharge	14

Speech Therapy

A Part-time Speech Therapist, appointed for two sessions per week, commenced duty on 12th May, 1953.

Number of children who have attended for Speech Therapy	44
Number of attendances made	925
Number of sessions held	59

Child Guidance Clinic

By agreement with the Manchester Regional Hospital Board the services of the Medical Superintendent of the Royal Albert Hospital, Lancaster, have been made available as Consultant Psychiatrist, and whilst Dr. Thomas resigned in March, we were pleased to welcome as his successor, Dr. R. C. Cunningham, who commenced duty in October. The clinic has been held weekly at the Stramongate School Clinic instead of fortnightly as hitherto.

Number of clinics held during 1953	9
Number of attendances	53
Number of cases	20

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 14, 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.

Orthopaedic Scheme

All cases within reasonable reach of Kendal are referred to the Orthopaedic Out-Patient Department at the Westmorland County Hospital, and Mr. Kitchin, the Orthopaedic Specialist, has undertaken to arrange for remedial exercises, etc., and follow-up treatment of these cases, thus relieving Nurse Williams, the Orthopaedic 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 orthopaedic clinics at Windermere, Kirkby Stephen and Penrith.

Dr. Bucknell's Clinics:—	
Number of clinics held	17
Number of attendances	247
Number of new cases seen	54
Home Visits by Orthopaedic Nurse	134
Number of children admitted to Ethel Hedley Hospital...	11
Number of children known to be attending other Out-Patient Departments :—	
Westmorland County Hospital	81
Cumberland Infirmary, Carlisle	9
Lancaster Royal Infirmary	2
Other Hospitals	1

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 25 and the Table below shows their classification under the headings given in the Handicapped Pupils Regulations, 1945 :—

Category.	No. ascertained.
Blind	1
Educationally subnormal	10
Physically handicapped	2
Ineducable (Section 57)	6
Found on examination not to be "handicapped"	6

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, or to remove from school these children whose mental condition is such that they cannot benefit from any form of education, 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. 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 these schemes may be judged from the fact that there were no cases of diphtheria notified among residents of the County for the sixth consecutive 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 under 1 year of age	276
„ aged 1 year	353
„ „ 2 years	28
„ „ 3 years	19
„ „ 4 years	11
„ „ 5-9 years	72
„ „ 10-14 years	6
Total ...	765
Reinforcing doses :—	
Children aged 4 years	67
„ „ 5-9 years	795
„ „ 10-14 years	15
Total ...	877
Grand Total ...	1,642

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 attendance.
Kendal	29	181
Windermere ...	29	241

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. By arrangement with the Local Executive Council, Mr. Brownlie, the Ophthalmologist, continues to hold a session as required at the Stramongate School Clinic.

Children whose eye condition necessitates treatment other than the provision of spectacles are referred to the Ophthalmic Consultants at the Westmorland County Hospital or at the Cumberland Infirmary.

Number referred to Opticians	270
Number referred to Consultant Eye Specialists ...	316

Of the 586 children referred for examination, definite information that the cases did in fact consult either an optician or ophthalmologist is available in respect of only 417, although it is probable that many of the remaining 169 did in fact do so.

THE EDUCATION AREA

County of Westmorland :—

Area	504,917	acres.
Population (estimated mid-1953) ...	66,600	
Estimated Product of 1d. Rate, 1953-54 ...	£1,871	
Number of Schools—Primary	99	
Secondary	12	
Number of Pupils (31-1-53)—Primary ...	7,019	
Secondary ...	2,554	

TREATMENT OF TUBERCULOUS CONDITIONS IN SCHOOL-CHILDREN

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

Westmorland Sanatorium, Meathop	1
High Carley Sanatorium	1
Beaumont Hospital, Lancaster	3

Now that non-pulmonary tuberculous conditions are dealt with by general surgeons and physicians and do not always come to the knowledge of the Tuberculosis Officer (Chest-Physician), our knowledge of this type of case is by no means as complete as it was pre-1948. From the aspect of preventive medicine this state of affairs must be regarded as a serious defect in the National Health Service.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR THE YEAR 1953

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.

The staffing situation has not been very satisfactory as Mr. E. Seabury, L.D.S., resigned in February. Mr. A. L. Hutton, B.D.S., commenced duty in the middle of March and took over the work undertaken by the Mobile Dental Surgery, but he too leaves us in February, 1954. Both of these officers have resigned from the school dental service in order to take up posts with industrial concerns. These frequent staff changes are most regrettable as the results are reflected in the reduced acceptance rate of treatment. There is no more important factor in connection with this than the regular appearance of a dental officer whom the children know. As the result of working with a depleted staff for several years we have a very large amount of treatment to be overtaken, and we cannot expect this leeway to be reduced very rapidly. The staff reductions, which I trust will only be of a temporary character, throw the routine inspection and treatment out of gear, and once again arrears are likely to pile up. It is to be hoped that the latest salary awards will make the post of school dental officer more attractive and enable us to fill the vacancies.

There is a noticeable increase in the number of Secondary Grammar School pupils now seeking private dental treatment. It is, however, very difficult to assess by how much the General Dental Service augments or supplements the school dental service. We are glad to note that many of these children who say they are having private treatment do actually attend regularly, but in other cases it is simply an excuse for having no treatment. This is quite noticeable in the case of children who attend secondary modern schools and senior departments.

The incidence of dental caries is definitely increasing and this is quite marked in the case of school entrants. Many of these little ones present themselves for inspection with advanced caries in several teeth and some have rampant caries involving practically every tooth. Much of this increased caries incidence can be related to the increasing consumption of sweets and sugary confections. The bad habit of between-meal eating and the high carbohydrate intake are the principal factors in bringing about increased caries activity.

In the circumstances, the report of the United Kingdom Mission on the Fluoridation of domestic water supplies in North America as a means of controlling dental caries is particularly interesting. We, in Westmorland, have always been keenly interested in this subject as the investigation carried out by Dr. Robert Weaver on Tyneside originated here during the period of evacuation. Analysis of Westmorland's many water supplies has not shown evidence of any appreciable natural fluoride content. I feel, therefore, that nothing but good could result from the fluoridation of our supplies if and when the Ministry of Health, after further research in study centres, decide to adopt fluoridation of public water supplies.

In spite of staff changes and shortages, we have endeavoured to keep a skeleton orthodontic service in operation and during the year children made 164 visits in connection with this branch of the service. 24 new appliances were provided and 8 cases were successfully completed. Many of the cases presented are the result of bad habits begun early in life, particularly those in which something is placed between the teeth. Thumb and finger sucking are the commonest and can produce gross malformations, but atypical swallowing and mouth breathing account for a surprising number.

It is, of course, quite impossible to undertake any but a small number of the many cases seen, and without the help of an orthodontic specialist nothing can be done for a very large number. In spite of failures and disappointments through lack of co-operation on the part of some parents, I do feel that a dental service which can provide some facilities for the regulation of children's teeth is greatly enhanced in the eyes of parents, teachers and all those concerned. The beneficial results are very readily appreciated by the children and are apparent to everyone with whom the child comes in contact. Much also can be done to improve and to prevent malocclusions by judicious and symmetrical extractions and many of the permanent teeth extracted during the year were removed for orthodontic purposes.

Nearly 6,000 children were inspected during the year, 4,283 were referred for treatment and 2,621 treated. Fillings, 3,457 in permanent teeth, and 668 in temporary teeth, totalled 4,125, while 985 permanent teeth and 2,566 temporary teeth were extracted. The number of operations averaged 3.8 per child as against 2.7 in 1952. Partial dentures were provided for 22 children. Scalings numbered 172, dressings and temporary fillings 399 and other operations, e.g., silver nitrate applications, etc., totalled 564.

Once again I would take this opportunity of recording my thanks to all members of the dental staff, officers and attendants alike, for their co-operation and loyal service, and to all head teachers for their help in the conduct of the school dental service.

I have the honour to be,

Your obedient Servant,

J. IRVINE,

Principal School Dental Officer.

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	1,198
Second Age Group	936
Third Age Group	636
Total ...	2,770
Number of other Periodic Inspections	175
Grand Total ...	2,945

B.—OTHER INSPECTIONS.

Number or Special Inspections	285
Number of Re-Inspections	2,963
Total ...	3,248

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 ...	16 ...	94 ...	109
Second Age Group ...	89 ...	42 ...	123
Third Age Group ...	38 ...	28 ...	64
Total (prescribed groups)	143 ...	164 ...	296
Other Periodic Inspections	11 ...	15 ...	25
Grand Total ...	154 ...	179 ...	321

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1953.

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
4	Skin	9	76	9	8
5	Eyes—				
	a. Vision ...	154	94	77	25
	b. Squint ...	18	22	2	3
	c. Other ...	3	21	—	2
6	Ears—				
	a. Hearing ..	2	26	4	8
	b. Otitis Media	4	57	1	2
	c. Other ...	—	2	1	1
7	Nose or Throat ...	48	343	20	37
8	Speech ...	3	24	4	3
9	Cervical Glands ...	—	61	—	9
10	Heart and Circulation ..	4	58	3	6
11	Lungs ..	10	143	—	12
12	Developmental—				
	a. Hernia ..	2	7	—	—
	b. Other ...	1	13	1	1
13	Orthopaedic—				
	a. Posture ..	10	29	3	3
	b. Flat foot ...	19	124	4	10
	c. Other ...	43	226	7	15
14	Nervous system—				
	a. Epilepsy ...	1	2	—	—
	b. Other ...	—	13	—	2
15	Psychological—				
	a. Development	—	18	—	1
	b. Stability ..	1	26	—	1
16	Other ...	12	106	10	13

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	1198	778	65.0	404	33.7	16	1.3
2nd Age Group	936	568	60.7	361	38.6	7	0.7
3rd Age Group	636	417	65.6	218	34.3	1	0.1
Other periodic inspections	175	111	63.4	59	33.7	5	2.9
Total ..	2945	1874	63.6	1042	35.4	29	1.0

TABLE III
INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons ...	26,673
(ii)	Total number of individual pupils found to be infested	177
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 [2], Education Act, 1944)	29
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 [3], Education Act, 1944)	3

TABLE IV

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 ...	—	2
(*b*) Body ...	4	1
Scabies ...	1	—
Impetigo ...	8	1
Other skin diseases ...	163	9
Total ...	176	13

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 ...	19	6
Errors of refraction (including squint)	328	64
Total ...	347	70
Number of pupils for whom spectacles were		
(a) Prescribed	229	29
(b) Obtained	225	30

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	—	177
(c) for other nose and throat conditions	—	14
Received other forms of treatment ...	10	44
Total ...	10	235

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals or hospital schools	11
(b) Number treated otherwise, e.g., in clinics or out-patient departments	192

GROUP 5.—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics:—

(*a*)	In the Authority Clinics	20
(*b*)	Elsewhere	—

GROUP 6.—SPEECH THERAPY.

Number of pupils treated by Speech Therapy:—

(*a*)	By the Authority	44
(*b*)	Otherwise	—

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated.	
	(*a*) By the Authority.	(*b*) Otherwise.
Miscellaneous Minor Ailments ...	66	—
Other Conditions	—	95

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	5,723
	(*b*) Specials	134
	(*c*) Total (Periodic and Specials)	5,857
(2)	Number found to require treatment	4,313
(3)	„ referred for treatment	4,283
(4)	„ actually treated	2,621
(5)	Attendances made by pupils for treatment	4,803

(6) Half-days devoted to	Inspection ... 87	Total	1,028	
	Treatment ... 941			
(7) Fillings	Permanent teeth ... 3,457	Total	4,125	
	Temporary teeth ... 668			
(8) Number of teeth filled	Permanent teeth ... 2,819	Total	3,410	
	Temporary teeth ... 591			
(9) Extractions	Permanent teeth ... 985	Total	3,551	
	Temporary teeth ... 2,566			
(10) Administration of general anaesthetics for extractions			476	
(11) Other operations	Permanent teeth ... 795	Total	1,323	
	Temporary teeth ... 528			

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	1	1	—	—	5
B. Handicapped Pupils **newly ascertained** as requiring education at Special Schools or Boarding in Homes	1	—	—	—	—	2	10	—	—	13

Number of children reported during the Calendar Year under Section 57 (3), 4 and under Section 57 (5) of the Education Act, 1944, 2.

TABLE VI—(Continued).

On or about 31st December :—	(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)
C. Number of Handicapped Pupils from the area—										
(i) attending Special Schools as Day Pupils	—	—	—	—	—	—	—	—	—	—
Boarding Pupils ...	1	—	5	3	1	2	2	—	—	14
(ii) Boarded in Homes ...	—	—	—	—	—	—	—	—	—	—
Attending Independent Schools (under arrangements made by the Authority) ...	—	—	—	—	1	—	2	—	—	3
	—	—	—	—	—	—	—	—	—	—
Total (C) ...	1	—	5	4	1	2	4	—	—	17
	—	—	—	—	—	—	—	—	—	—
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:—										
(*a*) In hospitals ...	—	—	—	—	—	—	—	—	—	—
(*b*) Elsewhere ...	—	—	—	—	—	—	—	—	—	—
E. Number of Handicapped Pupils from the area requiring places in Special Schools or Homes but remaining unplaced ...	1	—	—	—	2	4	26	—	—	33

TABLE VII.

I.—STAFF OF THE SCHOOL HEALTH SERVICE (excluding Child Guidance).

Principal School Medical Officer ... JOHN ALLAN GUY
Principal School 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	9	0.2
Dental Officers	3	2.9
Physiotherapists, Speech Therapists, etc. (specify)	—	—
School Nurses	40	2.5
No. of above holding H.V. Cert. ...	11	—
Nursing Assistants	—	—
Dental Attendants	3	2.9

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 ... 3 + 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 ...	1	—
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 weekly.
Educational Psychologists ...	1	
Psychiatric Social Workers ...	Nil.	Nil.
Others (specify)		
Mental Health Worker ...	1	One session weekly plus Home Visits.

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