

[Report 1959] / School Medical Officer of Health, Wiltshire County Council.

Contributors

Wiltshire (England). County Council.

Publication/Creation

1959

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WILTSHIRE COUNTY COUNCIL

Annual Report

OF THE

Principal School Medical Officer

Being the report required to be made by the Principal School Medical Officer under Section 92 of the Education Act, 1944

FOR THE YEAR

1959

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Foreword

This report shows that in 1959 the school health service continued to make its contribution to the health and welfare of Wiltshire children. There were no unusual or outstanding events but the general level of health among school children remained good. Most of the remaining administrative difficulties caused by the fire at County Hall in January 1958 were overcome, though many children will remain without a medical record for the period before that date.

The appointment of a third speech therapist enabled a much-needed extension of this service to take place and the extension of remedial exercises was also made possible by the appointment of an additional instructress.

Following a Ministry of Education circular in March, consideration was given to the future shape of the child guidance service. The need to unify this service and that provided by the Health Committee for pre-school children was clear and it has been decided to do so, with reinforced staff, as soon as financial provision can be made. In the meantime the service has been extended to cover children not in attendance at maintained schools and young people up to the age of eighteen. There are several possible ways of providing child guidance and strong opinions are held about the merits of different methods. While diagnosis and treatment of emotional difficulties in children is essentially a medical matter, it would be unfortunate if the traditional close relations with school life and with the services of the local health authority were weakened, for instance by translating child guidance to a mainly hospital setting. Its continuance as part of the school health service, but also meeting the needs of pre-school children, appears to be the correct and moderate course.

Teachers sometimes have the impression that the school health service makes inroads upon educational time and also that it places too much clerical work on their shoulders. In fact, an analysis of the time taken suggests that on the average each child who is not severely handicapped spends the equivalent of about one week during his school life of ten years or more on all the activities of the school health service and this seems small indeed in relation to the advantages. Some of the clerical work done in the schools could only be done by central staff in the Health Department at greater cost and probably in certain respects less accurately, and some could not be done centrally at all; the teachers contribute much to the success of school medical examinations and the diagnosis of handicapped children in this way.

Indeed, the effectiveness of the school health service depends greatly upon the help of teachers, general practitioners and hospital specialists and, not least upon that of the parents. To all of them I should like to offer my thanks for their help during the year. I hope, however, that as many parents as possible will attend the periodic medical examinations of their children at school. The proportion of examinations attended by parents has fallen during the last few years, which is unfortunate because opportunities are lost for contact and discussion between parent, teacher, doctor and school nurse for the benefit of the child's health.

The staff of the school health service have as usual carried a considerable load of work with cheerfulness and efficiency and to them I express my appreciation.

C. D. L. LYCETT.

County Hall,

Trowbridge.

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Staff

Principal School Medical Officer and County Medical Officer of Health :—

C. D. L. Lycett, M.D., B.S., D.P.H.

Deputy Principal School Medical Officer and Deputy County Medical Officer of Health :—

J. H. Whittles, M.D., B.S., B.Sc., D.P.H.

Senior Medical Officer :—

E. Hazel Williams, M.B., B.S., D.P.H., D.C.H.

Principal Borough School Medical Officer, Medical Officer of Health and Area Medical Officer for Swindon :—

J. Urquhart, M.B., Ch.B., D.P.H.

School Medical Officers :—

K. J. Adams, M.R.C.S., L.R.C.P., D.P.H. (Also Medical Officer of Health Devizes Borough and Devizes Rural Districts.)

C. L. Broomhead, M.D., B.Ch., B.A.O., D.P.H. (Also Medical Officer of Health Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, Malmesbury Rural District.)

F. J. G. Lishman, M.D., B.S., D.P.H. (Also Medical Officer of Health Wilton Borough, Salisbury and Wilton Rural District, Mere and Tisbury Rural District.)

R. MacKay, M.D., Ch.B., D.P.H. (Also Medical Officer of Health, Marlborough Borough, Marlborough and Ramsbury Rural District, Pewsey Rural District, Amesbury Rural District.)

Jean Murray, M.B., Ch.B., D.P.H. (Also Medical Officer of Health Trowbridge Urban District, Bradford on Avon Urban District.)

J. Reynolds, M.C., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (Also Medical Officer of Health Warminster Urban District, Westbury Urban District, Warminster and Westbury Rural District.)

P. J. Speller, M.B., Ch.B., D.P.H. (Also Medical Officer of Health Melksham Urban District, Bradford on Avon and Melksham Rural District.)

W. N. Taylor, M.D., B.S., D.P.H., D.I.H. (Also Medical Officer of Health Highworth Rural District, Cricklade and Wootton Bassett Rural District.) Commenced 23.4.59.

E. M. Wright, M.A., B.M., B.Ch., D.P.H. (Also Medical Officer of Health Salisbury City.)

H. Margaret Hammond, M.B., Ch.B.

Ethel M. Voigt, M.B., B.Ch., B.A.O.

E. Kinnear, M.B., Ch.B., D.P.H.

Mary W. Sturges, M.B., B.S., D.R.C.O.G.

Olga E. Nietupska, Med. Dipl. (Warsaw).

D. M. Blomfield, M.B., B.S., D.P.H.

Psychiatrists (Part-Time) :—

K. C. P. Smith, M.R.C.S., L.R.C.P., D.P.M.

T. A. A. Hunter, B.A., M.B., B.Ch., M.R.C.P.

Principal School Dental Officer and Chief Dental Officer :—

W. H. Liebow, L.D.S.

Orthodontist :—

Dorothy M. Y. Campbell, L.D.S., D.D.O.

School Dental Officers :—

S. H. Brenan, L.D.S.
 A. T. Craig, L.D.S.
 F. H. R. Davey, *O.B.E.*, L.D.S.
 H. H. Greenhalgh, L.D.S. (Resigned 30.4.59)
 E. C. Humphreys, L.D.S.
 F. Lake, L.D.S.
 J. S. MacLachlan, L.D.S.
 R. S. McMinn, L.D.S.
 E. H. Randerson, L.D.S.
 Annie Robertson, L.D.S. (Resigned 31.3.59)

Chief Administrative Assistant :—

C. A. Horton.

Remedial Instructresses :—

Mrs. C. Hett.
 Miss D. M. Jones.
 Mrs. E. M. Blakeney (Part-Time).
 Mrs. N. M. Sharman (Part-Time).

Speech Therapists :—

Miss M. E. Hall (resigned 31.3.59).
 Miss M. Dalton (commenced 7.9.59).
 Mrs. E. Fennell Evans (commenced 1.7.59).
 Miss P. M. Tovey.

Audiometrician (Part-Time) :—

Mrs. S. Brewis

Social Workers :—

Mrs. N. A. Varga (Resigned 7.2.59).
 Mrs. D. J. Runswick

School Nursing Staff :—

There are three whole-time school nurses and 38 health visitor/school nurses ; 16 district nurses also devote part of their time to the work of the school health service. In the aggregate this is equivalent to the services of approximately 11 whole-time nurses.

The number of medical officers engaged in the clinical work of the school health service was 15, of whom nine are also district medical officers of health. The strength of the medical staff of the school health service was equivalent to approximately five and a quarter whole-time medical officers, apart from headquarters medical staff.

The establishment of one principal school dental officer, one orthodontist and eleven dental officers was increased by an assistant orthodontist, but this post had not been filled by the end of the year, and there were also vacancies for three dental officers.

School Population

The numbers on the rolls of maintained schools outside the Borough of Swindon for each of the previous ten years are given below :—

Year	1949	...	...	...	...	36,119
	1950	...	...	...	...	37,098
	1951	...	...	...	...	38,098
	1952	...	...	...	...	40,500
	1953	...	...	...	...	41,939
	1954	...	...	...	...	43,031
	1955	...	...	...	...	44,282
	1956	...	...	...	...	45,655
	1957	...	...	...	...	46,145
	1958	...	...	...	...	47,289

In January 1960 the details were as follows :—

	<i>Number of Schools</i>	<i>Number on Roll</i>
Primary (including All-age Schools)	298	30,580
Secondary Modern	28	12,402
Technical	2	321
Grammar	10	4,411
Special School for E.S.N. Boys	1	59
Hospital Special School	1	81
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	340	47,854
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Excepted District of Swindon (in addition) :—

Primary	34	9,694
Secondary Modern	10	4,723
Technical	—	—
Grammar	2	1,893
Special Day School for E.S.N. pupils	1	80
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	47	16,390
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Medical Examination and Treatment

The arrangements for medical examination continued unchanged and, except in the two areas of the County where alternative methods are in operation, children in primary schools were examined as a routine on entry and at the ages of 10 and 14 years. In grammar schools they were examined on entry, if they had not been examined at the age of 10, and again at the age of 15.

One of the two pilot schemes provides for the examination of an additional age group so that children are examined as entrants and at the ages of 8, 11 and 14 years, and is in operation in the Stratton St. Margaret, Wroughton and Marlborough areas. The other pilot scheme, which is being tried in the Calne and Chippenham areas, provides for children to be examined as a routine only on entry to school and at the age of 14 years, with frequent observation in between by the medical officer and nurse of children suspected of not being in good health, including any referred by the family doctor, head teacher or parents themselves. In this way it is hoped to secure early detection and more effective observation of children not in normal health.

For record purposes, the children examined are classified in three main groups, and the numbers examined in each group during 1959 were as follows. Comparative figures for 1958 are given in brackets.

Entrant examination	...	...	...	...	...	4,143	(4,650)
Leaver examination	...	...	...	...	...	3,180	(4,549)
Intermediate and other periodic examinations	...	...	...	...	...	5,414	(6,478)
(Pupils admitted to grammar schools who had not been examined at the age of 10, and children who had missed examination in their age groups in primary and secondary schools ; and children examined at the age of 8 in one pilot area.)							
						12,737	(15,677)
Special examinations	...	...	...	...	...	116	(192)
						12,853	(15,869)

Children who are noted at periodic examinations to need further observation are re-examined by the medical officers at least annually and, of course, more often if necessary in the area of the County where the second of the two pilot schemes referred to above is in operation. The number of re-examinations made was 12,711, compared with 9,043 in the previous year. Thus, the total number of children examined and re-examined was some 600 more in 1959 than in 1958. The fact that more children were fully medically examined and fewer re-examined in 1958 than in 1959 resulted mainly from the disorganisation of records caused by the fire at County Hall in January 1958.

During the first four months of the year one post of medical officer was vacant and the programmes were otherwise interrupted to some extent by absences of medical officers. Sessional medical officers were, therefore, employed whenever practicable for school health duties in the areas concerned but, at the end of the year, 1,138 pupils at 27 schools had not been examined. The programme was, however, brought up to date early in 1960.

According to the prior returns received from head teachers, there were 14,093 children due to be examined in the age groups at the schools which the medical officers visited. The number actually examined was 1,240 less than this total or 91 per cent, and was practically the same as the average school attendance throughout the year, which was 90.5 per cent. Children who are absent when their age groups are examined are invited for examination in the following year.

The following table shows the proportion of parents who attended when their children had periodic medical examinations, with comparative figures for the two previous years.

	Percentage of Parents Present					
	1959	1958	1956			
Entrant examination	84.5	87.5	86.7
Leaver examination	19.5	20.2	25.6
Other periodic examinations	69.6	71.4	73.0

Parents are, of course, always given the opportunity to attend when their children are fully examined in their age groups and, in 1956, the experiment of inviting them to be present at re-examinations was introduced in the Devizes and Westbury Secondary Modern Schools areas. More time has to be allowed when parents attend and, although their presence at re-examinations is of help to the medical officers, and the parents themselves welcome the opportunity to attend, judging by the numbers who do so, it was not found practicable to extend the arrangement until this year. In the autumn it was introduced in the Trowbridge and Bradford areas and in the rural area to the west of Salisbury, and the proportion of children who attend schools where parents are invited to re-examinations is now 23 per cent of the total. It is hoped that some further expansion of the arrangement will be possible in 1960. The average attendance of parents at re-examinations was 65.9% compared with 61.9% at periodic examinations.

FINDINGS AT MEDICAL EXAMINATION

The general physical condition of 96.8 per cent of the children examined was found to be satisfactory and only 3.2 per cent unsatisfactory compared with 4.6 per cent in the previous year. In the following table these figures are analysed according to the age of the children examined and in the last column the figures in brackets relate to children of the same age who were examined in 1958.

Age Groups Examined	No. of Pupils Examined	Physical Condition of Pupils Examined			
		SATISFACTORY		UNSATISFACTORY	
		No. (3)	% of Col 2 (4)	No. (5)	% of Col. 2 (6)
Aged 4	23	23	100.0	—	— (6.3)
5	1823	1751	96.1	72	3.9 (4.1)
6	2297	2202	95.8	95	4.2 (4.6)
7	414	404	97.6	10	2.4 (4.9)
8	609	584	95.9	25	4.1 (7.7)
9	214	203	95.0	11	5.0 (4.5)
10	2986	2917	97.7	69	2.3 (2.3)
11	710	692	97.5	18	2.5 (2.9)
12	312	304	97.4	8	2.6 (3.1)
13	169	166	98.3	3	1.7 (6.3)
14	2413	2334	96.7	79	3.3 (7.5)
15	767	758	98.8	9	1.2 (5.7)
TOTAL	12737	12338	96.8	399	3.2 (4.6)

The numbers of individual children found to require treatment for any condition including defective vision was 1,273 or 28.8 per cent of those examined compared with 27.0 per cent in 1958. The numbers referred in each of the three main age groups are given in the following table :

Age Groups Examined	For defective vision (excluding squint)	For any of the other conditions recorded	Total individual pupils
Entrants	224	1058	1098
Leaver Examination ...	451	729	911
Other Periodic Examinations	598	1207	1655
	1273	2994	3664

It will be noted that rather more than one third of the children included in this table required treatment for defective vision and if this condition is excluded the proportion of those examined who were found to need treatment is reduced from 28.8 per cent to 23.5 per cent. Comparative figures over a period of 5 years are given below.

	1954		1955		1956		1958		1959	
Entrants	24.9	(24.6)	29.1	(29.0)	27.2	(27.1)	22.6	(22.0)	26.4	(25.5)
Leaver Examination ...	19.9	(13.8)	26.4	(20.4)	27.6	(19.7)	33.5	(24.2)	28.6	(22.9)
Other periodic examinations	24.9	(21.1)	28.0	(24.0)	28.3	(24.2)	25.7	(22.0)	30.6	(22.3)
All examinations	23.8	(21.0)	28.1	(25.2)	27.7	(24.16)	27.0	(22.6)	28.8	(23.5)

The first column for each year is the percentage of children who needed treatment for any condition including defective vision. The figures in brackets exclude children who were found to need treatment only for defective vision.

In the following table the number of children referred for treatment are recorded according to age.

Age Groups Examined (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1955 and later	—	7	7
1954	102	439	442
1953	122	612	649
1952	38	128	139
1951	49	141	166
1950	15	47	51
1949	346	610	875
1948	77	163	205
1947	46	76	169
1946	27	42	50
1945	290	517	694
1944 and earlier	161	212	217
TOTAL	1273	2994	3664

The tables on pages 11 and 12 show the numbers and types of defects noted by the medical officers during the course of examination and the numbers referred for treatment and for further observation in each category.

In the report of the Chief Medical Officer of the Ministry of Education for the years 1956 and 1957 figures are published relating to the incidence of conditions requiring treatment as recorded by the various authorities in England and Wales. These show that Wiltshire has a high incidence of defects requiring treatment in comparison with other areas, especially otitis media, hernia, heart conditions and skin lesions.

Figures relating to the incidence of these defects as they appear from school medical examination in Wiltshire over a number of years have been examined and they show that there were considerable variations in the apparent incidence of some defects between Wiltshire and England and Wales and between Swindon and the rest of the County, and indeed between the recorded findings of individual medical officers. The explanation for these variations is not entirely clear but it is by no means certain that they represent actual differences in the health of children of the magnitude which might be suggested by the statistics.

RETURN OF DEFECTS FOUND BY MEDICAL EXAMINATION
PERIODIC EXAMINATIONS

Defect or Disease	Periodic Examinations							
	Entrants		Leavers		Others		Total	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin	62	70	96	72	98	70	256	212
Eyes (a) Vision	224	451	451	154	598	294	1273	899
(b) Squint	72	36	55	12	88	33	215	81
(c) Other	10	14	17	8	13	77	40	99
Ears (a) Hearing	119	261	24	53	75	132	218	446
(b) Otitis Media	55	150	9	6	22	65	86	221
(c) Other	28	33	25	9	25	25	78	67
Nose and Throat	190	549	35	39	101	259	326	913
Speech	41	104	8	10	49	45	98	159
Lymphatic Glands	31	260	3	20	9	99	43	379
Heart	15	47	16	35	23	35	54	117
Lungs	45	88	4	27	22	78	71	193
Developmental (a) Hernia	12	27	6	5	14	17	32	49
(b) Other	15	82	13	30	41	79	69	191
Orthopaedic (a) Posture	60	79	102	45	165	66	327	190
(b) Feet	115	97	127	81	160	76	402	154
(c) Other	73	126	92	60	96	80	261	266
Nervous System (a) Epilepsy	5	15	10	7	15	10	30	32
(b) Other	5	21	3	3	10	26	18	50
Psychological (a) Development	10	49	11	33	33	79	54	161
(b) Stability	14	94	8	20	26	68	48	182
Abdomen	8	39	18	9	15	30	41	79
Other	50	73	44	62	77	84	171	219

(T)=Requiring Treatment : (O)=Observation

SPECIAL EXAMINATIONS

Defect or Disease (1)	Special Examinations	
	Pupils requiring treatment (2)	Pupils requiring observation (3)
Skin	2	2
Eyes (a) Vision	19	8
(b) Squint	6	—
(c) Other	3	—
Ears (a) Hearing	12	11
(b) Otitis Media	6	8
(c) Other	—	—
Nose and Throat	12	4
Speech	5	9
Lymphatic Glands	3	12
Heart	1	1
Lungs	6	3
Developmental (a) Hernia	—	—
(b) Other	6	4
Orthopaedic (a) Posture	1	1
(b) Feet	3	2
(c) Other	3	2
Nervous System (a) Epilepsy	—	—
(b) Other	—	1
Psychological (a) Development	4	6
(b) Stability	3	4
Abdomen	—	2
Other	6	4

CLEANLINESS

The school nurses visit all primary and secondary modern schools once a term to examine the children and to give general advice on matters of personal hygiene and health. Any children whose hair is found to be infested or whose state of cleanliness is otherwise unsatisfactory or who have been found to have infectious skin conditions, are visited at home and are also seen again later at school when children who were absent when the nurses visited earlier in the term are also examined.

The total number of examinations made was 112,557, some 1,500 fewer than in 1958. Unfortunately, there were some schools each term which could not be visited because of shortage of nursing staff or sickness. The number of children found to have nits or lice in their hair was 226 compared with 233 in 1958 but, except in the cases of 27 children for whom cleansing notices were issued, exclusion from school to avoid others becoming infested was unnecessary.

The children found to be infested were 0.5 per cent of the primary and secondary modern school population, the same proportion as in 1958. Comparative figures over a period of ten years are given in the following table.

	1950	1951	1952	1953	1954	1955	1956	1958	1959
Children found to be infested ...	1,137	944	805	822	831	366	252	233	226
Percentage of school population	3.1	2.2	1.9	1.9	1.9	0.8	0.7	0.5	0.5
Cleansing notices issued ...	142	217	172	193	146	91	51	30	26

Figures for primary and secondary modern schools and those taking children of all ages are given below.

Primary Schools (Boys 13,956. Girls 13,555. Total 27,511)

				<i>Children Infested</i>		
				<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Aged	4	...	...	—	4	4
	5	...	...	8	14	22
	6	...	...	11	22	33
	7	...	...	5	19	24
	8	...	...	9	18	27
	9	...	...	4	20	24
	10	...	...	3	16	19
	11	...	...	1	1	2
				41	114	155
Percentage of number on roll				0.29	0.84	0.56

Secondary Modern Schools (Boys 6,451. Girls 5,951. Total 12,402)

				<i>Children Infested</i>		
				<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Aged	11	...	...	5	8	13
	12	...	...	4	19	23
	13	...	...	1	14	15
	14	...	...	—	11	11
	15	...	...	—	1	1
				10	53	63
Percentage of number on roll				0.15	0.89	0.51

Schools with pupils of all ages (Boys 1,605. Girls 1,464. Total 3,069)

				<i>Children Infested</i>		
				<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Aged	7	...	...	—	3	3
	8	...	...	4	1	5
				4	4	8
Percentage of number on roll				0.24	0.27	0.26

More girls than boys were found to be infested, and although the rate for boys was higher in the primary schools than in secondary modern schools, the reverse was the case in respect of girls.

It needs to be understood that a child found at school to be infested with lice is not to be regarded only as an individual needing treatment, but may indicate that others in the family are also infested so that these cases should always be considered as family problems. Cleanliness examinations in schools therefore have a value beyond the detection of infested school children, as a means of helping their families also, and in addition should afford an opportunity for health education in the school.

SKIN CONDITIONS AND OTHER MINOR AILMENTS

The numbers of children attending at the three minor ailment clinics, and of those discovered by school nurses at their routine school inspections to have skin infections, are given in the following table, with comparative figures for 1958 in brackets.

	Attended Minor Ailments Clinic			Reported by School Nurse	Total
	Salisbury	Trowbridge	Lydiard Park		
Skin Conditions :—					
Ringworm : (a) Scalp	— (—)	— (—)	— (—)	— (2)	— (2)
(b) Body	— (—)	— (1)	— (—)	18 (13)	18 (14)
Scabies	— (—)	1 (—)	— (—)	15 (7)	16 (7)
Impetigo	— (—)	— (—)	1 (2)	39 (64)	40 (66)
Others :	112 (130)	31 (19)	4 (3)	13 (13)	160 (165)
Warts	52	—	2	—	54
Veruccae	8	31	—	—	39
Boils	4	—	—	—	4
Dermatitis	6	—	—	—	6
Alopecia	1	—	—	2	3
Rashes	1	—	1	1	3
Psoriasis	1	—	—	—	1
Dandruff	10	—	—	—	10
Skin Spots	29	—	1	1	31
Sores	—	—	—	8	8
Eczema	—	—	—	1	1
					234 (254)
External Eye Conditions :					
Blepharitis	12 (21)	— (—)	— (—)	2 (—)	14 (21)
Conjunctivitis	— (—)	— (—)	— (—)	44 (84)	44 (84)
Other Minor Ailments	105 (126)	38 (72)	36 (45)	— (—)	179 (243)
No. of Children who attended ...	229 (277)	70 (92)	41 (50)	— (—)	340 (419)
Total Attendances	498 (599)	78 (126)	235 (422)	— (—)	811 (1147)

The total number treated for skin conditions was slightly fewer than in 1958, 234 compared with 254, and the total of attendances at the clinics for all conditions was considerably lower, 811 compared with 1,147. This was particularly so at Lydiard Park, where the clinic was established at the school only as recently as March, 1958, because of the bad conditions under which many of the children had to live, and because communications are too poor for them to visit their general practitioners readily. The families have gradually been rehoused elsewhere, and there have consequently been fewer children attending the school, which it is anticipated may shortly be closed. Fewer children were also recorded by the school medical officers at periodic medical examinations to need treatment for skin conditions, the number being 256 compared with 416 in 1958, or 20.1 compared with 26.5 per thousand children examined.

There was no significant outbreak of skin infection at any one school. The 40 cases of impetigo were scattered and occurred at intervals throughout the year. Of the 44 cases of conjunctivitis, 23 occurred at five urban schools in the Bradford, Trowbridge, Melksham and Westbury areas, the highest number at any one school being seven. The remaining 21 cases were sporadic.

Special foot inspections were undertaken during the year at four schools. Three of these were at rural schools in the Mere and Tisbury district and were undertaken because a report had been received from the Principal School Medical Officer for Dorset that cases of veruccae were occurring at a swimming bath at Shaftesbury used by children from the three Wiltshire schools in question. At two of the schools none of the children were found to have foot infections and at the third school only one case of verucca was detected. The other school at which an inspection was made was a secondary modern girls' school in Salisbury, where nine children were found to have veruccae and two had athlete's foot.

Other Examinations

Special examinations for the following purposes are undertaken by the school medical officers.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

The employment of children before school hours in approved occupations and for specific periods is permitted under the Bylaws made by the Education Authority under Part II of the Children and Young Persons Act, 1933, provided a certificate is given by the school medical officer that such employment will not be prejudicial to his health or physical development and will not render him unfit to obtain proper benefit from his education. Applications for such certificates were received in respect of 265 children, and were refused for only eight of them. The numbers in 1958 were 297 and eight respectively. Children who are employed before school are kept under observation by the medical officers at their periodic visits to the schools.

CHILDREN IN CARE

The Regulations require that children who are boarded-out with foster parents shall have a medical examination once a year. Those of school age are examined by the medical officers when they visit the schools in the ordinary way, but any who are then absent are examined by the general practitioners as are children under school age. The number of children examined by the school medical officer was 95 and was the same as in the previous year.

The Conduct of Children's Homes Regulations also require that the children in them shall be medically examined at regular intervals, quarterly for those between the ages of one and five years and annually for older children. These visits too are undertaken by the school medical officers who are generally the same as those who examine the children in school. Apart from affording continuity of medical supervision and recording, this arrangement gives an opportunity for contact to be maintained generally between the County medical staff and the children's homes.

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION

Local education authorities are required by the Ministry of Education to arrange for the medical examinations of entrants to teacher training colleges and of certain categories of direct entrants to the teaching profession. At Trowbridge and Salisbury these examinations are usually undertaken at the school clinics, and elsewhere at the end of ordinary child welfare sessions. During 1959, 120 entrants to training colleges and 19 to the teaching profession were examined, compared with 58 and 17 in 1958.

Special Forms of Diagnosis and Treatment

AUDIOMETRY

The routine audiometric testing of children in their first year at school continued. The audiometrician visits each infants' school once a year, if possible in the same term as, but before, the routine medical examination of entrants so that the medical officer has the results of audiometry when he examines the children. Those with a loss of 20 decibels at two or more frequencies in either ear are considered to have failed the test and in every case a full audiogram is completed for them.

Mrs. Coulter, part-time audiometrician, resigned on 31st October, 1958 and her successor, Mrs. Brewis, commenced duty on 22nd December, 1958. At the beginning of the year there were consequently considerable arrears of work and to avoid any children missing audiometry altogether the arrears had to be cleared before she could begin the work which would otherwise have been undertaken earlier. By undertaking some additional sessions, however, the year's full work was very nearly completed; 259 or 95.6% of the 271 schools with five year old children in them were visited, but at these schools only 4,068 or 81.3% of the entrant group were tested. Of the remainder in the schools visited 302 (6.0%) were absent and 366 (7.3%) could not be tested because of lack of time. Both these groups of children will be included in the testing carried out in 1960.

One difficulty which resulted from the arrears was that the audiometrician had to visit some schools after the medical officer and at the end of the year 151 children who had failed the test were awaiting examination by the medical officer. So that no child with a gross hearing loss should suffer through delay in receiving treatment, children whose audiograms indicated that further investigation by a specialist was desirable were referred to the ear, nose and throat clinic without waiting for them to be seen by the medical officer.

Besides the routine testing of entrants to school, the audiometrician tests as special cases any children who are suspected by school medical officers, general practitioners, school nurses, head teachers or parents of having defective hearing. Children who are backward and awaiting examination as possibly educationally sub-normal are also referred to the audiometrician for testing whenever possible. A visit was also paid to the Spastic Day Unit, Salisbury, to test the entrants. Included as "special cases" are children who previously missed audiometry.

The results of audiometry and the action taken in the case of the children who failed the test are set out below.

	<i>Entrants</i>	<i>Specials</i>	<i>Total</i>
Children tested	4068	1558	5626
No positive result	153	8	161
Children who failed test	500	450	950
Percentage of failures in children completing test ...	12.3%	28.9%	16.9%
Audiogram repeated and result satisfactory	3	21	24
Audiogram repeated and referred E.N.T. Clinic ...	3	10	13*
Audiogram to be repeated and result awaited at the end of the year	105	61	166
No action necessary after further investigation ...	31	29	60
Awaiting examination by school medical officer ...	93	58	151
Already under observation at E.N.T. clinics and audiograms forwarded to clinics	10	49	59
Referred to family doctors	7	8	15
Referred to paediatrician	—	1	1
Referred to E.N.T. clinics	227	208	435†
Removed to other areas	24	15	39

* Included in †

Of the 435 children who were referred to the ear, nose and throat clinics, 277 attended before the end of the year. Ten (seven entrants and three special cases) failed to keep the appointments arranged for them and 148 (73 entrants and 75 special cases) were awaiting appointments at the end of the year.

The results of attendance at the ear, nose and throat clinics are summarised in the following table :

	<i>Entrants</i>	<i>Specials</i>	<i>Total</i>
Loss of hearing due to wax; wax removed and hearing satisfactory	11	7	18
Tonsils and adenoids removed or other operation performed, and hearing then satisfactory	13	6	19
Had treatment other than operation and hearing then satisfactory	2	1	3
Discharged from clinic after one or more visits and no treatment. Hearing found to be within normal limits	61	42	103
Non-congenital and congenital deafness; no treatment advised beyond sitting in a favourable position in class	—	5	5
Repeat audiogram in school advised because :			
(a) No loss of hearing found at clinic	1	2	3
(b) Amount of hearing loss (if any) doubtful, etc.	5	—	5
Awaiting removal of tonsils and/or adenoids	24	17	41
Awaiting other operation (e.g. sinus drainage), etc.	3	1	4
Still under observation at clinic on 31.12.59	29	37	66
Hearing aid recommended or child already wearing one	—	2	2
Referred to paediatrician or other consultant for opinion.			
E.N.T. condition closed	—	1	1
Default after first clinic appointment	4	—	4
Left Wiltshire before investigated fully	1	1	2
T. & A. operation advised but parents refused	—	1	1

EAR, NOSE AND THROAT CLINICS

The arrangements with the Regional Hospital Boards for the examination and treatment of children through ear, nose and throat clinics remained unchanged during the year. The following tables show the work done and the waiting lists at the end of the year.

Clinic	Attendances	Children Ex.	Operations Performed					Otherwise Treated	
			Nose and Throat			Ear		Nose and Throat	Ear
			T. & A.	Other (without T. & A.)	Other (in addition to T. & A.)	Mastoid	Other		
Bath	181 (51)	163 (46)	13 (—)	18 (—)	3 (2)	— (—)	3 (—)	— (—)	3 (2)
Bristol	2 (—)	2 (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Chippenham	153 (35)	105 (28)	11 (—)	26 (1)	2 (—)	2 (—)	1 (—)	3 (—)	4 (1)
Corsham	191 (136)	137 (96)	22 (18)	10 (5)	4 (4)	1 (—)	— (1)	1 (2)	10 (3)
Devizes	27 (25)	15 (16)	— (1)	2 (2)	— (2)	— (—)	— (—)	2 (—)	2 (1)
Malmesbury	44 (33)	40 (27)	6 (6)	3 (—)	— (—)	— (—)	— (—)	— (—)	6 (8)
Melksham	42 (23)	31 (19)	15 (—)	5 (—)	— (—)	1 (—)	— (—)	1 (—)	— (—)
Salisbury	550 (529)	408 (333)	327 (336)	22 (11)	4 (3)	1 (—)	13 (6)	15 (30)	19 (20)
Savernake	91 (31)	76 (27)	1 (1)	5 (—)	1 (—)	— (—)	2 (—)	2 (1)	2 (1)
Shaftesbury	10 (—)	8 (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)	— (—)
Swindon	359 (98)	245 (79)	52 (19)	28 (—)	4 (2)	— (—)	4 (—)	24 (7)	6 (1)
Trowbridge	150 (151)	101 (86)	4 (4)	5 (—)	4 (6)	— (1)	1 (—)	— (2)	6 (6)
Warminster	41 (4)	30 (3)	1 (—)	1 (—)	2 (—)	— (—)	— (—)	1 (—)	1 (—)
Westbury	— (19)	— (16)	— (7)	— (2)	— (10)	— (—)	— (—)	— (—)	— (—)
TOTALS	1,841 (1,135)	1,361 (776)	452 (392)	125 (21)	24 (29)	5 (1)	24 (7)	49 (42)	59 (43)

E.N.T. Clinic Waiting List as at 31st December, 1959 :—

Bath	5	(23)
Chippenham	7	(10)
Corsham	2	(11)
Devizes	Nil	(—)
Malmesbury	15	(8)
Melksham	Nil	(1)
Salisbury	14	(23)
Savernake	8	(19)
Shaftesbury	Nil	(—)
Swindon	8	(24)
Trowbridge	13	(9)
Warminster	2	(5)
Totals	74	(133)

E.N.T. Operation Waiting List as at 31st December, 1959 :—

Bath Ear, Nose and Throat Hospital ...	30	(34)
Bath R.U.H. (and St. Martin's Hospital) ...	56	(14)
Bristol Children's Hospital	6	(2)
Chippenham Hospital	13	(5)
Devizes Hospital	9	(10)
Malmesbury Hospital	11	(5)
Melksham Hospital	9	(5)
Salisbury (Odstock) Hospital	55	(32)
Savernake Hospital	3	(1)
Swindon Victoria Hospital	10	(10)
Warminster Hospital	1	(—)
Totals	203	(118)

The figures in brackets show the corresponding numbers for 1958.

It will be seen that the number of children examined increased by 75.4 per cent. This reflects the number of children referred to ear, nose and throat specialists as a result of audiometry and the reduction of waiting lists for the clinics. The waiting time at the Malmesbury clinic is still long, about 4 months, but elsewhere from two weeks to eight weeks. The waiting time for operations varies between two months and eleven months at different hospitals.

At the end of 1959 there were 40 children attending maintained schools in this County who had hearing aids, 14 of them having been provided with their aids in 1959 and the others previously.

HEART CLINICS

The arrangements, described in the report for 1958, for children suspected of heart disease to be examined at special clinics or at out-patient departments of hospitals, continued. In addition, children living in the Malmesbury area were referred to Dr. J. Apley at the Malmesbury and District Hospital.

The following table shows the numbers of children who attended.

	Salisbury	Trowbridge	Corsham	Swindon	Savernake	Malmesbury	Total
New patients ...	14	11	12	6	—	5	48
Old patients ...	35	26	21	1	1	1	85
Total attendances	58	37	34	7	1	6	143

The results of the examination of the 48 new patients were :—

Congenital heart disease	5
Acquired heart disease	2
No organic disease	39
Not finally diagnosed	2
	—
	48
	—

It will be seen that by far the greater number of new patients were diagnosed as having no organic disease. One of the most important functions of the heart clinics is to establish a diagnosis in doubtful cases so that, wherever possible, children who have heart murmurs which prove to be insignificant can be reassured and encouraged to lead a normal life.

The Working Party set up by the British Council for Rehabilitation in 1955 recommended that every child in whom an abnormal physical sign had been detected during examination of the heart should be referred to a cardiologist. Although it appears undesirable to go to this extreme, school medical officers cannot always be certain the signs are of no significance. In this they are not helped by the conditions under which the examinations in schools have to take place. Frequently there is noise from the rest of the school or a nearby road, and often no examination couch is available. It is, therefore, desirable to refer the child to a cardiologist so that if it is confirmed that he has a normal heart, the possibility of his becoming a cardiac invalid through the discovery of the murmur can be prevented.

It is also important that all doubtful murmurs should be investigated so that any children with heart conditions which are amenable to surgery can have the benefit of it, and so that precautions, such as a prophylactic course of penicillin to reduce the possibility of infective endocarditis, can be taken if indicated. In addition, the cardiologist's opinion is sought about the need for special care in the event of a child needing dental extractions and about his fitness for physical activities in school. Four of the new patients seen during the year were recommended for such precautions in the event of dental treatment, and four have been restricted or partly restricted in their physical activities at school.

Comparison with figures for the rest of England and Wales suggests that Wiltshire has a relatively high number of children found at medical examinations to require treatment for heart conditions. This reflects the number referred to the heart clinic in order that children with doubtful heart conditions may be investigated.

ORTHOPAEDIC TREATMENT

In 1959, 990 children were referred as a result of school medical examination for orthopaedic treatment, as compared with 1,548 in 1958. This is 7.1 per cent of those examined, compared with 9.7 in 1958 and 9.4 in 1956.

The conditions for which treatment was advised were recorded as :—

	<i>No. of Children</i>				<i>Percentage of Children Examined</i>			
	1959	1958	1956	1955	1959	1958	1956	1955
Defects of posture ...	327	492	331	383	2.6	3.1	2.6	3.7
Foot conditions ...	402	642	444	283	3.2	4.0	3.4	2.7
Other conditions ...	261	414	434	616	2.0	2.6	3.4	5.9

The number of children referred for treatment in each of the age groups was as follows :—

	<i>Entrants</i>	<i>Intermediates (including other periodic examinations)</i>	<i>Leavers</i>	<i>Special cases</i>
Posture	60	102	165	1
Foot conditions	115	127	160	3
Other conditions	73	92	96	3
	248	321	411	7
Percentage of children who were referred for treatment	6.0	5.9	12.9	4.2

School medical officers, when recommending treatment for these defects, either referred the children to the orthopaedic clinics or to the remedial instructresses for treatment by exercises. In addition, recommendations are received from general practitioners and other specialist clinics for attendance at the orthopaedic clinic.

A summary of the work done in 1959 is given below. Comparative figures for 1958 are given in brackets.

(a) Orthopaedic Clinics and Hospital Treatment

The number of children who attended at the clinics for the first time during 1959 and of those who were referred in previous years and remained under observation was as follows :—

Clinic	Children attending for the first time during 1959		Children referred in previous years and remaining under observation		Total	
CALNE	33	(21)	75	(94)	108	(115)
CHIPPENHAM	65	(28)	76	(84)	141	(112)
CORSHAM	23	(26)	45	(61)	68	(87)
DEVIZES	30	(17)	74	(111)	104	(128)
MALMESBURY	37	(21)	97	(106)	134	(127)
SALISBURY	95	(127)	76	(185)	171	(312)
SAVERNAKE	8	(5)	2	(0)	10	(5)
SWINDON	27	(29)	Nil	(11)	27	(40)
TROWBRIDGE	62	(64)	204	(293)	266	(357)
WARMINSTER	26	(27)	95	(141)	121	(168)
	406	(365)	745	(1,086)	1,150	(1,451)

The total number of attendances was 2,796.

One hundred and thirty seven children received in-patient treatment at the Bath and Wessex Orthopaedic Hospital and eight at the Lord Mayor Treloar Orthopaedic Hospital, Alton.

(b) Remedial Exercises Classes

The remedial instructresses visit schools or hold classes in convenient centres. The whole-time instructresses, Miss Jones and Mrs. Hett, whose areas were roughly the northern and southern halves

of the County respectively, were assisted part-time by Mrs. Blakeney in Trowbridge, Calne and Chippenham and Mrs. Sharman at Wilton. In addition, at 13 grammar and secondary modern schools, instruction in the exercises was given by physical education teachers on the staff of the schools.

The difficulty in dealing adequately with the work with this staff was explained in the report for 1958. Authority was given for the appointment of an additional whole-time instructress; Miss E. M. Coakham had been appointed but had not commenced duty at the end of the year.

It will be seen from the table on page 20 that the highest percentage of children referred from medical examinations for treatment was in the leaver group. As far as those referred for remedial exercises are concerned, this presents a difficulty for the remedial instructresses because there is insufficient time for effective treatment to be given. Usually a year's treatment is necessary to alter a faulty posture or correct a foot fault. It seems that a number of children develop orthopaedic conditions between the ages of 11 and 14, and further consideration is being given to the question of how these can be discovered before it is too late for a full course of remedial exercises to be provided before a child leaves school.

Head teachers and mothers are bringing to the notice of remedial instructresses children who may be suffering from foot and posture faults. This enables the instructress to advise in suitable cases that the child should be examined as a special case at the next visit of the medical officer or taken to the family doctor. This, however, is not so effective in helping to discover conditions in older children as in younger, because the remedial instructresses do not visit regularly all the secondary modern schools as in some the remedial classes are taken by a suitably qualified physical education teacher.

The number of schools visited and the children treated are shown in the following table :—

	Total	Mrs. Hett	Miss Jones	Mrs. Blakeney	Mrs. Sharman	P.E. Teachers
(a) Number of schools visited, including those where P.E. teachers conducted classes	246 (235)	94 (92)	128 (134)	7 (15)	4 (4)	13 (10)
(b) Number of children treated	2,222(2,169)	876 (896)	845 (895)	276 (341)	95 (73)	130 (175)
(c) Number of children discharged during the year included under (b)	611 (649)	251 (242)	317 (259)	32 (133)	21 (15)	—

The defects treated were mainly as follows :—

	Mrs. Hett	Miss Jones	Mrs. Blakeney	Mrs. Sharman	Total
Valgus ankles and flat feet	362 (329)	318 (352)	150 (209)	13 (15)	843 (905)
Club and varus feet	12 (—)	1 (3)	3 (1)	1 (—)	17 (1)
Knock knee	97 (90)	225 (196)	51 (59)	33 (21)	406 (366)
Curling and overlapping toes	46 (40)	46 (45)	26 (31)	2 (2)	120 (118)
Hallux valgus	17 (14)	16 (11)	7 (11)	1 (1)	41 (37)
Faulty posture (i.e. juvenile kyphosis, scoliosis and lordosis)	448 (440)	333 (374)	131 (145)	28 (26)	940 (985)
Faulty thorax development(and asthma)	121 (130)	100 (78)	43 (52)	23 (16)	287 (276)
TOTALS	1,103(1,043)	1,039(1,056)	411 (508)	101 (81)	2,654(2,688)

Children are also referred from ear, nose and throat clinics for deep breathing exercises and for general physical improvement. The numbers were :—

Mrs. Hett	Miss Jones	Mrs. Blakeney	Mrs. Sharman	Total
10	2	1	—	13

EYE CLINICS

The number of children examined by school medical officers in the periodic age groups or as special cases who were found to need ophthalmic advice or were already receiving such treatment was 1,556 or 12.1% compared with 11.0% in 1958. The conditions for which the children had been referred to the eye clinics were as follows :—

					<i>Periodic Examinations</i>	<i>Special Examinations</i>
Vision	...	...	...	...	1,273	19
Squint	...	...	...	...	215	6
Other	...	...	...	...	40	3
					<u>1,528</u>	<u>28</u>

Routine sight testing at the age of eight by the school nurses continued and is now undertaken at all the schools which take pupils of this age. The arrangements were, however, modified so that instead of all the children being tested in the first term of the school year, which caused administrative difficulty, a proportion of the schools was visited each term. The immediate result of this change was that fewer children were tested in 1959, but they will be tested in 1960 and no child will be missed. There are 273 schools which admit children of eight, of which 32 are in the area covered by the pilot scheme which provides for the medical examination of an additional age group and where children are examined by the medical officers at the age of eight. Of the remaining 241 schools, 106 were visited by the school nurse and at one there were no eight year old children in attendance. One thousand eight hundred and forty children were tested by the school nurses with the following results. Figures for 1958 are given in brackets.

Normal vision	...	...	...	...	...	...	...	1,489	(2,598)
Slight visual defect ; for observation by medical officer at next school visit	...	...	...	...	...	...	...	219	(289)
Referred to eye clinic	...	...	...	...	...	...	...	132	(133)
								<u>Total</u>	<u>1,840 (3,020)</u>

Two thousand four hundred and thirty-eight children compared with 1,301 in 1958 attended the eye clinics during the year as follows :—

Eye conditions other than errors of refraction and squint	...	...	...	...	...	...	...	39	(30)
Errors of refraction and squint	...	...	...	...	...	...	...	2,399	(1,271)
Number of children for whom glasses were prescribed	...	...	...	...	...	...	...	1,478	(867)
Total attendances of children	...	...	...	...	...	...	...	4,337	(2,931)

(The figures in brackets are those for 1958)

The increase in the number attending the clinics resulted mainly from the efforts which were made to reduce the waiting lists which were particularly heavy at Salisbury, and where in May the Hospital Management Committee provided the services of an additional ophthalmologist for three sessions a month. There was, however, a break in the service at the Trowbridge and Corsham clinics following the resignation of Dr. Hickson in May and I should like to express my appreciation of her help at these centres for so many years. She is continuing with the clinics at Chippenham and Mr. Colley, from the Bath Eye Infirmary, carried on the Corsham and Trowbridge clinics until Mr. Neatby took over at the end of October.

At the end of the year there were waiting lists for all the clinics, but except at Corsham and Chippenham they were not heavy. Discussions took place with the Regional Hospital Board to consider how the position at these centres could be met and provision was made for some additional sessions to be arranged early in the new year. Priority of attendance at clinics is given to children whose cases are urgent and they do not, therefore, have to wait long for appointments.

OTHER SPECIALIST CONSULTATION AND TREATMENT

One hundred and eighty-eight children whom the medical officers considered needed specialist advice for conditions not provided for under the clinic arrangements already mentioned were referred to the consultants in the hospital out-patient departments as follows :—

Paediatric	101
Skin	44
Surgical	35
Plastic	8

The family doctors are informed beforehand so that if they prefer they may make the appointments themselves. Copies of the reports on children whom they see at the request of school medical officers are sent by the consultants to the family doctors. On the other hand, reports are received from the consultants about children who have been referred to them by their doctors for investigation and advice or have received in-patient treatment, and there is thus a considerable exchange of information between the hospitals, general practitioners and school health service. During the year some thousand reports were received from hospitals; these are attached to the children's school health records and give valuable information to the school medical officers when they next see the children at school. They also enable appropriate advice to be given to teachers when modification of the normal school regime is desirable on health grounds and are sometimes the starting point of ascertainment of the need for special educational provision.

CHIROPODY

The arrangements with chiropodists in practice at Trowbridge, Melksham, Chippenham, Malmesbury and Salisbury for treatment of children referred to them through the school health service at the expense of the Education Committee continued unchanged. At Swindon such treatment is provided through the Hospital Management Committee. One hundred and twenty-five children received treatment of whom 101 had veruccae. This is a contagious condition but cases were mostly sporadic and called for no special measures or investigation, except at one school at Salisbury where foot inspection disclosed nine children with veruccae.

The conditions for which the children received treatment were as follows. The figures in brackets relate to 1958.

Veruccae	101	(74)
Corns	19	(17)
Ingrowing toe nails	2	(—)
Callosities	3	(8)

Child Guidance

The child guidance team during 1959 consisted of :

Dr. K. C. P. Smith, Psychiatrist.

Dr. T. A. Hunter, Psychiatrist.

Mr. R. A. Dare, Educational Psychologist. Commenced 1.1.59

Mrs. N. Varga, Psychiatric Social Worker. Resigned 7.2.59

Mrs. D. J. Runswick, Psychiatric Social Worker.

Miss M. Silcox, Secretary.

Centres

The child guidance sessions have been held at the following centres :—

The County Council Clinic, The Halve, Trowbridge	...	Mondays all day except first Monday in the month, afternoon only.
The Baptist Church Institute, Brown Street, Salisbury	...	1st, 2nd, 3rd, and 5th Tuesday mornings.
The Clinic, 81 Bath Road, Swindon	... ..	Every Thursday, all day.
The Clinic, Priory Road, Swindon	... ..	1st Tuesday morning
The County Council Clinic, Fuller Avenue, Corsham	...	3rd Tuesday afternoon.

During the greater part of 1959 the child guidance work continued without frequent changes of staff such as had occurred in some previous years but was hampered by having one instead of two psychiatric social workers. The post which Mrs. Varga vacated on 7th February was unfilled at the end of the year, no suitable application for the post having been received. Consequently in the northern half of the County the psychiatrist had to see children at the centres without the benefit of prior social reports and cases could not be followed up in their homes. In the case of all new patients, however, health visitors are asked as a routine for social information they may already have from their knowledge of the family.

The volume of work continued to increase, more patients were seen at the centres than ever before and difficulty was experienced in keeping the waiting lists to reasonable lengths. At the end of the year 59 children were awaiting first appointments, the waiting time varying between five months and two months at the various centres.

In March 1959 The Ministry of Education issued Circular No. 347 and as a result the future shape of the child guidance arrangements is being considered. The recommendations in the Circular include the suggestion that the service should be extended to children attending independent schools and to young people over school age, and these provisions have already been implemented.

The following tables show the work done during the year :

Case Load

In 1959, 227 children referred to the child guidance centre were seen by the Psychiatrist and Educational Psychologist at the respective centres. When possible the homes were previously visited by the social worker.

	1959	1958
(a) Number of initial interviews with children and parents	227	211
(b) Number of children brought forward to 1959 for further treatment	219	*
(c) Number of children seen as a consultation only	5	14
(d) Number of children seen regularly by Psychiatrist	441	316
(e) Number of children discharged by Psychiatrist	116	111
(f) Number of children carried forward to 1960 for further treatment	330	219
(g) Total number of therapeutic interviews with children and parents by Psychiatrist	880	703
(h) Initial home visits by Psychiatric Social Worker	143	*
(i) Follow up home visits by Psychiatric Social Worker	123	*
(j) Other visits by Psychiatric Social Worker	36	*

*No comparable figures for 1958 are available.

The distribution of the 227 new cases for 1959 as regards the Centres was as follows :—

	1959	1958	1956
Trowbridge	76	61	62
Salisbury	57	49	33
Swindon	86	92	57
Corsham	8	9	—

New Cases

The 227 children were referred in the first instance by :—

	1959	1958	1956
School Medical Officer	96	60	38
Chief Education Officer	7	7	2
Children's Officer	7	11	8
Head Teachers	7	7	15
Parents	8	2	7
General Medical Practitioners	31	68	20
Probation Officers	2	3	6
Medical Specialists	30	7	6
Miscellaneous	—	—	1
Swindon Borough School Medical Officer (including other sources of reference in Swindon as listed above)	39	46	35

Children's Problems

The problems for which the 227 children were referred are summarised under the following classifications :—

	1959	1958	1956
(1) Nervous Disorders (e.g. Fear, Seclusiveness, Depression, Excitability or Obsessions)	22	21	20
(2) Habit Disorders and Physical Symptoms (e.g. Speech, Sleep, Movement, Feeding and Excretory Disorders, Nervous Pains, Fits)	89	88	52
(3) Behaviour Disorders (e.g. Unmanageable, Temper, Aggressiveness, Jealousy, Demanding Attention, Stealing, Lying, Truancy, Sex difficulties)	87	62	58
(4) Educational and Vocational Difficulties (e.g. Backwardness, Inability to concentrate, Special disabilities)	20	26	2
(5) Special Examination (e.g. Educational advice, Vocational guidance, Court examination)	9	14	2

Analysis of Closed Cases

	Improved before Appointment	Improved	Unchanged		Total
			Treatment unsuccessful	Other reasons	
Ascertained as E.S.N.	—	72 (76)	1	(1)	1 (1)
Treatment completed	—	— (3)	1	(—)	73 (76)
Recommended special education	—	—	3	(2)	3 (5)
Left school, removed from district, and/or referred to other agencies	—	18 (10)	4	(—)	32 (18)
Closed at parents request	—	4 (7)	—	(2)	4 (7)
Non-co-operation of parents	—	— (2)	—	(2)	3 (4)
TOTALS		94 (98)	4 (2)	18 (11)	116 (111)

TREATMENT OF NOCTURNAL ENURESIS

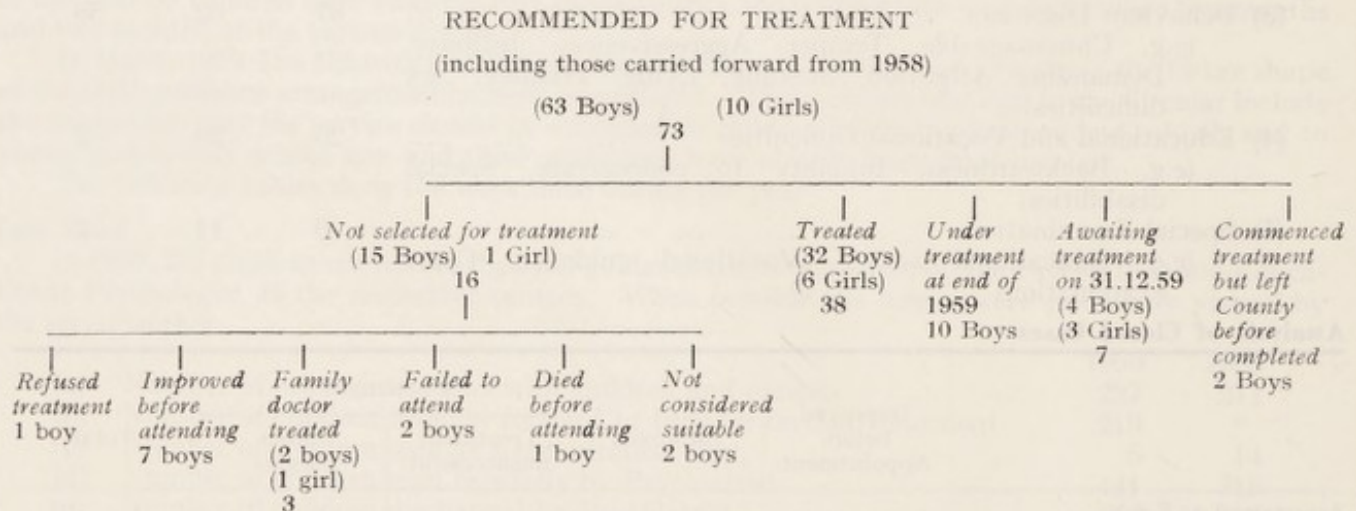
The experimental scheme for the treatment of nocturnal enuresis by the bell apparatus, which was described in the report for 1958, continued. At the beginning of the year, 8 children were under treatment and 20 were awaiting appointments. During the year, 45 more patients were recommended for treatment. Of these, 12 were referred by general practitioners, 3 by paediatricians and the remainder by school medical officers. At the end of the year the waiting time for new patients was about three months.

Difficulties are still encountered because the apparatus is not completely reliable, mainly because an entirely satisfactory type of sheet to be put into the patient's bed has not been found. Those with wires sewn into them become badly stained and therefore objectionable in appearance. The wires break easily unless treated with care, and when broken can scratch or puncture the patient's skin. The metal foil sheets, which have been mostly used recently, are more satisfactory, but wear out very quickly. One pair of sheets will often not last long enough to complete a course of treatment for one patient.

When the scheme started, it was thought that six weeks' treatment might be enough. Experience has shown that this is often insufficient. All patients are still asked to report progress at the end of six weeks. Some are found to have cleared up quickly, but others need another six weeks or even longer. Some clear up but relapse and clear up again after further treatment.

At the end of 1959, letters were sent to the parents of 17 children who had been discharged from treatment more than six months previously as the bed wetting had cleared up, and from whom no news of relapse had been received. One did not reply. Of the other 16, 12 were still satisfactory, but 4 had relapsed. One was referred to the child guidance centre, a request that he should have an appointment there having already been received for other reasons. At the end of 1959 the other three were awaiting a further course of treatment. At the time of writing two are still under treatment, but the third has cleared up again. It is not yet known whether this is a permanent cure.

The results of this year's work are shown in the following diagram :—



The following table shows the results of the 38 children treated according to ages.

	5-7 years	7-11 years	11 years and over	Total	Percentage of those treated
Successful	3 Boys	1 Girl 13 Boys	3 Boys	20	52.7
Relapsed after first treatment, successful after second course	—	1 Girl	1 Boy	2	5.3
Relapsed after successful treatment, and awaiting another course	—	2 Boys	2 Boys	4	10.5
Improved, awaiting a further course	—	1 Boy	—	1	2.6
Failed to benefit :					
(a) Did not co-operate fully	1 Boy	—	2 Girls	3	7.9
(b) Too young	1 Boy	—	—	1	2.6
(c) Possible maladjustment referred to child guidance centre	—	2 Boys 1 Girl	2 Boys	5	13.2
(d) Bell did not waken her, referred to family doctor for sleep lightening drugs	—	1 Girl	—	1	2.6
(e) Enuresis associated with asthma and only occurs with attacks of asthma	—	—	1 Boy	1	2.6
TOTALS	6	21	11	38	

Children attending child guidance centres are treated, where appropriate, with similar apparatus, which is at the disposal of the psychiatrist. The results of these have not been included in the statistics of the trial because it was intended that the trial should only include children whose enuresis was not accompanied by symptoms of emotional maladjustment.

Speech Therapy

The work of the Clinics was interrupted by changes in staff. Miss Hall, one of the two speech therapists, left in March and the post was vacant until 1st July, when Mrs. Evans commenced duty. During this period Miss Tovey continued single-handed but five clinics had to be suspended, as well as visits to the Odstock Spastic Unit and Burton Hill House special school for physically handicapped girls at Malmesbury. In September a third speech therapist, Miss Dalton, was appointed, and by the middle of the month all the clinics which had been closed were re-opened and sessions at the two special units were resumed. There was some re-organisation of areas, and additional clinics were opened at Bradford-on-Avon and Westbury.

The total number of children seen by the speech therapists during the year was 427. Forty-nine of these were considered not suitable for, or in need of treatment. Of the remaining 378, 276 received treatment, but for 102 treatment was deferred and they are being kept under occasional observation by the speech therapists with advice to the parents and teachers as necessary. The comparable figures for 1958 were 237 treated and 41 kept under observation. During the year 137 children were discharged from treatment and 24 transferred to other clinics, and at the end of the year there were 217 children still under observation or treatment. The number then waiting to be seen by the speech therapists for the first time was 136 compared with 185 in December 1958.

Further details are given in the following tables.

(A) Children who attended speech clinics and disposal :—

	Corsham	Chippenham	E.S.N. School Rowdeford	Malmesbury	Trowbridge	Bradford-on-Avon	Burton Hill House	Calne	Odstock Spastic U.	Salisbury	Warminster	Mere	Westbury	Amesbury	Devizes	Marlborough	Melksham	Swindon	Total
Total children seen by speech therapists during year	27	66	11	30	43	18	6	17	6	47	16	18	7	13	37	27	17	27	427
Not accepted for treatment	6	5	—	5	3	1	—	—	—	10	1	—	—	—	11	5	—	2	49
Treatment deferred but kept under observation	2	7	—	6	8	1	—	6	—	16	3	6	1	8	13	11	4	10	102
Treated during year	19	48	11	19	32	16	6	11	6	21	12	12	6	5	13	11	13	15	276
Discharged	13	19	4	12	12	10	—	9	—	15	5	6	2	2	11	7	4	6	137
Transferred to another clinic	4	5	—	2	4	—	—	1	—	1	2	—	—	—	—	3	—	2	24
Under treatment or observation at end of year	4	31	7	11	24	7	6	7	6	21	8	12	5	11	15	12	13	17	217
Awaiting appointment	3	7	—	12	3	—	1	4	—	29	2	3	—	17	12	12	5	26	136

(B) Conditions for which children received treatment or are under observation.

	Corsham	Chippenham	E.S.N. School Rowdeford	Malmesbury	Trowbridge	Bradford-on-Avon	Burton Hill House	Calne	Odstock Spastic U.	Salisbury	Warminster	Mere	Westbury	Amesbury	Devizes	Marlborough	Melksham	Swindon	Total
Dyslalia	17	37	6	19	28	12	—	9	1	24	5	12	1	8	17	11	11	17	235
Stammer	3	12	3	5	8	4	—	4	—	10	10	4	4	2	4	7	2	6	88
Dyslalia and Stammer	1	3	1	1	3	1	—	—	—	1	—	1	—	2	1	2	2	—	19
Alalia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2
Spastic	—	—	—	—	—	—	6	—	5	—	—	—	—	—	—	—	1	—	12
Cleft Palate	—	2	—	—	—	—	—	1	—	—	1	—	2	—	3	—	1	—	10
Partially Deaf	—	—	1	—	—	—	—	3	—	—	—	—	—	—	1	—	—	—	5
Others	—	1	—	—	1	—	—	—	—	1	—	1	—	1	—	1	—	1	7
	21	55	11	25	40	17	6	17	6	36	16	18	7	13	26	22	17	25	378

The following is the joint report of the three speech therapists :—

The majority of children—62%—who attended the speech clinics during 1959 were found to be dyslalic. A very small number of children with cleft palate were also attending but such cases appear to be diminishing in number with the advances in the field of plastic surgery. The majority of the remaining children were stammerers falling into all age groups and both categories of stammering—primary and secondary.

The appointment of a third speech therapist during the year enabled home visits to be made to children who would otherwise not have been seen without delay at the clinics and many of these cases were kept under observation and their treatment deferred until there was opportunity for them to attend at the clinics, or in some cases until they were ready for treatment. This accounts for the relatively large number included under this heading in table A on page 28.

Handicapped Children

Details relating to handicapped children in the various categories are given in the table in Appendix II. It will be seen that during 1959, 210 children examined by the school medical officers were newly ascertained to be in need of special educational provision, including three for whom home tuition was advised. One hundred and thirteen of the children—all of whom were educationally subnormal—were recommended for special educational treatment in ordinary schools. The remaining 94 children were recommended for admission to special day or residential schools, but vacancies could only be found for 48, and at the end of the year there were 217 children awaiting special school places including those recommended in previous years who were still unplaced.

With the exception of 14 all were educationally subnormal and special educational provision for such children still remains a serious problem, which is becoming more so now that it is possible with the strengthened medical staff to undertake more fully the ascertainment of children thought to be handicapped, although it seems probable that ascertainment is still far from complete.

In the report for 1958 it was noted that the 240 examinations made that year because of backwardness were more than ever before. In 1959 there was a further increase in these examinations, 288 having been undertaken in the year. The results and recommendations made were as follows:—

Admission to school for educationally sub-normal pupils	...	...	...	...	85
Special educational treatment in an ordinary school	...	...	...	...	113
Unsuitable for education in school	...	...	...	...	15
For statutory supervision after leaving school	...	...	...	...	6
For informal supervision after leaving school	...	...	...	...	2
Supervision after leaving school not necessary	...	...	...	...	12
To return to ordinary school from special school	...	...	...	...	5
To remain in special school	...	...	...	...	2
Referred to child guidance centre for advice	...	...	...	...	4
Decision deferred and noted for further observation	...	...	...	...	11
Decision deferred pending investigation by a consultant	...	...	...	...	12
No disability of mind	...	...	...	...	20
Examined as possibly unsuitable for education in school but found to have been already so reported in another county	...	...	...	...	1
					288

The number of children recommended for admission to special schools for the educationally sub-normal exceeds by 18 the number shown in the table on page 53 as newly ascertained during 1959 as requiring admission to special schools. This is because the figure given above includes some who were previously known to be educationally sub-normal but for whom another examination was required so that recent reports would be available to support an application for admission to a special school or to replace documents destroyed in the fire in 1958.

It will be seen from the table on page 53 that, although 67 children were newly assessed as needing admission to special schools during the year, only 20 were placed in such schools; at the end of the year there were 6 less awaiting admission to special schools than at the end of 1958. Fifty-three children's names were removed from the list during the year. Some of these have left the County, but the removal of by far the greater number was due to their having reached school leaving age. It is very unsatisfactory that so many children who need special schooling should leave school without receiving the benefit of it, and this indicates the urgent need for the building of the special school for 120 boys at Chippenham, for which approval has now been received for inclusion in the programme for 1960/61. The existing school at Rowdeford will be used for girls when the new school for boys is completed.

Comment was made in the report from 1959 on the number of educationally sub-normal children who needed special educational treatment in an ordinary school but for whom the necessary facilities

are not available. The number who had been found to be needing such treatment increased during the year from 102 to 194. In the case of 78 of these children the reading age was assessed at the time of the examination as being two years or more less than the mental age. Many of these children could be taught to read with special tuition. There is a need for special classes with remedial teachers, where necessary to deal with the problem of educationally sub-normal children in ordinary schools. In the meantime those who might be taught to read are not receiving the benefit from that part of the school curriculum which depends on this achievement, and many of them will leave school less well equipped than they need. However, ascertainment by a medical officer would be a necessary preliminary to the admission to special classes to ensure that all the medical aspects of the child had been considered and that defects (especially of sight or hearing) which might cause backwardness had not been missed.

With regard to other groups of handicapped children, it is difficult to find vacancies for maladjusted children of secondary school age who need long term placing.

For physically handicapped children vacancies can usually be secured without too long a wait although there is sometimes difficulty in placing those with multiple handicaps or who are spastic and have low I.Q.'s. The objection remains, however, that invariably they have to go to schools at a considerable distance from Wiltshire, the selection of the school depending upon the nature of each child's disability. The only school for physically handicapped children in Wiltshire is the Shaftesbury Society's School for girls at Malmesbury, but the numbers needing vacancies are not sufficiently large to justify special provision being made in the County by the Wiltshire Education Authority alone. Discussions with neighbouring authorities of the possibility of their sharing in the establishment of a special school in or near Wiltshire have led to no result.

Blind and partially sighted children can also usually be placed without too much delay. The former are mostly sent to the school at Westbury-on-Trym, Nr. Bristol, and the latter to the West of England School for Partially Sighted Children at Exeter. Deaf children in Wiltshire are usually sent to the Royal West of England School for the Deaf at Exeter, or if they are under the age of 8 to Donnington Lodge School at Newbury. There were no children in these three categories awaiting placement at the end of the year.

Reference was made in last year's report to the problem of the partially deaf child and the desirability of special classes being established for such children in Wiltshire equipped with group hearing aids and other special apparatus. There have been further discussions with the ear, nose and throat surgeons and provision has been made in the estimates for a special class to be established in Swindon at which suitable children from outside the Borough within reasonable travelling distance would also attend. It is hoped that this may begin in 1960. The possibility of similar arrangements being made later at Bath and possibly at Salisbury is being kept under review. At present vacancies are sought for partially deaf children who need special educational facilities which cannot be provided in their own schools at residential schools which do not also admit deaf children. The nearest of these to Wiltshire are probably those at Needwood (Staffordshire) and Brighton.

Towards the end of the year a hearing therapist was appointed whose services will be shared between the Health and Education Committees. He was, however, unable to commence duty until January, 1960. He will be primarily concerned with pre-school children who have been found to have a hearing loss and will give advice and instruction in the home to help children and parents especially with problems of learning to speak. In this way it is hoped that when the time comes admission to an ordinary school with the provision of a hearing aid, if necessary, will be achieved for more children instead of admission to a special residential school or class for partially deaf children. The appointment will also enable some children with a hearing loss who are already attending school to be given adequate supervision with advice to the pupils and to the teaching staff. It should also prove a valuable link with the hospital ear, nose and throat departments.

Arrangements are made for as many as possible of the handicapped pupils who are in residential schools to be seen by the school medical officers once a year while they are at home on holiday so as to keep their health and progress under review. Delicate children in open air schools who are mostly short-stay cases do not usually come home for holidays and are, therefore, not visited and pupils who are educationally sub-normal are usually not followed up in this way. During 1959, 54 children were visited.

At the end of the year there were eight severely handicapped spastic children in attendance at the spastic day unit at Odstock Hospital, Salisbury. Whole-time teaching is provided by the Education Authority and the Hospital Management Committee provides physiotherapy daily and other treatment. Transport to take the children to and fro is arranged through the County Ambulance Service and the unit provides an extremely good example of happy co-operation between the Hospital Service, the Local Health Authority and the Education Authority. One valuable feature of the year's work has been the increased efforts made to widen the outlook of these children which have included, for example, arrangements on a voluntary basis for journeys by train to the seaside, boat trips, and visits to a fire station, an aerodrome and a bakery. Some had a week's holiday at the seaside as a group. Attendance at School plays and other social activities arranged in local primary schools provided opportunity for social contacts with normal children. Regular visits are made to the Unit by the Senior Medical Officer so that their progress can be observed. Weekly visits are paid by the speech therapist and the children are also seen at intervals by the educational psychologist. A similar unit is in operation at Swindon which one child from outside the Borough is attending.

Tuition is also provided at Odstock Hospital by the Education Authority for children who are likely to remain as in-patients long enough to benefit. Teaching was given under this arrangement to 42 children during 1959, of whom 12 were from neighbouring counties.

Dental Examination and Treatment

REPORT OF PRINCIPAL SCHOOL DENTAL OFFICER, W. H. LIEBOW, L.D.S.

The establishment of dental staff in the County is one Principal School Dental Officer, one Orthodontist one Assistant Orthodontist, and fourteen school dental officers, including three in the Excepted District of Swindon. During the year an Assistant Orthodontist was appointed but was later unable to take up the post. At the time of writing, however, another has been appointed. It is regretted that there were two resignations during the year, Mr. H. H. Greenhalgh ceasing duties on 30th April to take up private practice and Mrs. E. Robertson on 31st March on leaving the district. There are now five vacancies for school dental officers in the County, including two in Swindon.

The continuing drift of dentists away from employment by local authorities to general practice under the National Health Service Act, and insufficient accommodation at dental hospitals for training new entrants to the profession, has brought about a serious position in the school dental service generally. In order to increase the intake of dental students, one new dental hospital is proposed, two are in an advanced stage of planning, and proposals for extensions for extended intake at some existing hospitals have been agreed. This will, no doubt, eventually ease the burden on the profession generally, but will not necessarily assist recruitment to local authorities while the financial rewards remain so much higher in practice under the Act. In any case, the increase in the number of dentists will not be observed for some years.

In the meantime, various inducements are offered by local authorities in order to attract candidates for employment. These are :—

1. Voluntary paid evening sessions.
2. Provision of housing accommodation.
3. Private practice.

During the year, a summary of replies to a questionnaire in connection with these inducements was received in respect of forty-four counties and seventy-three county boroughs, and gives information with regard to the country generally. Details were also given of the number of dental officers employed compared with the approved establishment. In counties and county boroughs the number employed was only

fifty-one per cent of the establishment, compared with sixty-nine per cent in Wiltshire, including the Excepted District of Swindon.

The number of school children per dental officer was :—

Counties	7,709
County boroughs ...	9,070
Average of both ...	8,082
Wiltshire	5,705

1. Voluntary paid evening sessions

These sessions have been in force in Wiltshire for some years and were allowed by 19 counties and 17 county boroughs, or 30.8 per cent of the total. It appears to have had little effect in attracting dentists, the number of patients per dental officer being as follows :—

Counties	7,783
County boroughs ...	8,948

2. Provision of housing accommodation

This was offered by 10 counties and 14 county boroughs, or 20.5 per cent of the total number of authorities. It has not improved the position in counties and has had little effect in county boroughs. This inducement is offered in Swindon, but candidates for employment are not forthcoming.

The number of children per dental officer in these areas is as follows :—

Counties	9,531
County boroughs ...	8,680

3. Private practice

Allowed by 10 counties and 11 county boroughs, or 17.9 per cent of the total number of authorities. In six areas the number of hours permitted is restricted. This inducement appears to have a good effect in counties, but none in county boroughs, the number of children per dental officer being :—

Counties	5,549
County boroughs ...	10,999

In some cases, newly qualified dentists may accept a full-time appointment with a local authority as a temporary measure until their private practice has developed sufficiently to provide full-time employment. Extension of private practice to existing staff may cause further resignations from the local authority service.

It will be seen from the above that the inducements are inadequate and of little value in attracting dentists to local authority work. The future of the school dental service may then depend upon the training and employment of ancillary workers, as proposed under Section 41 of the Dentists' Act, 1957. These workers will undergo a course in dentistry of two years' duration and, on completion, will be employed by local authorities. Their work will be limited to the extraction of deciduous teeth and simple fillings in deciduous and permanent teeth, and will be carried out under the supervision of a dentist. In order to reduce to the minimum the time spent in supervision, dual or adjoining dental surgeries will be necessary. These already exist at the County clinics at the Health Centre and the Priory Road Clinic, Swindon, and are included in the proposed new clinic at Salisbury. The first course for ancillary workers will commence in October, 1960, and there will be an annual intake of 60 women. There will, therefore, be no appreciable effect upon the school service for some years.

The resignation of two dental officers has reduced the time devoted to school children during the year to the equivalent of less than eight full-time officers. The remaining time has been devoted to inspection and treatment of expectant and nursing mothers and children under five years of age. This decrease in dental staff will probably continue owing to the advancing age of some of the staff.

The work done during the year can be examined in the following table .—

(1) Number of pupils inspected by the Authority's Dental Officers :—						
(a) At Periodic Inspections	...	...	16,507	}	Total (9)	19,022
(b) As Specials	...	...	2,515			
(2) Number found to require treatment	...	...	...			13,710
(3) Number offered treatment	...	...	...			12,597
(4) Number actually treated	...	...	...			8,293
(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h)	...	...	...			23,435
(6) Half days devoted to :						
(a) Periodic (School) Inspection	...	...	207	}	Total (6)	4,059
(b) Treatment	...	...	3,852			
(7) Fillings :						
(a) Permanent Teeth	...	...	10,998	}	Total (7)	13,812
(b) Temporary Teeth	...	...	2,814			
(8) Number of Teeth filled :						
(a) Permanent Teeth	...	...	10,196	}	Total (8)	12,943
(b) Temporary Teeth	...	...	4,747			
(9) Extractions :						
(a) Permanent Teeth	...	...	1,987	}	Total (9)	8,841
(b) Temporary Teeth	...	...	6,854			
(10) Administration of general anaesthetics for extraction	...	...	...			817
(11) Orthodontics :						
(a) Cases commenced during the year	...	...	...			183
(b) Cases brought forward from previous year	...	...	...			665
(c) Cases completed during the year	...	...	...			152
(d) Cases discontinued during the year	...	...	...			68
(e) Pupils treated with appliances	...	...	...			181
(f) Removable appliances fitted	...	...	...			365
(g) Fixed appliances fitted	...	...	...			35
(h) Total attendances	...	...	...			4,039
(12) Number of pupils supplied with artificial teeth	...	...	...			90
(13) Other operations :						
(a) Permanent Teeth	...	...	5,428	}	Total (13)	8,222
(b) Temporary Teeth	...	...	2,794			

I have been employed by the Wiltshire County Council for more than 32 years, most of the time as Principal School Dental Officer, and this is my final report. I would like, therefore, to express my appreciation of the advice given by the Principal School Medical Officer, the co-operation of the medical officers and of the clerical staff of all departments, the decisions of the various committees and, finally, the assistance so freely given by members of the teaching profession, without which no scheme for the welfare of children could be successful.

Hygiene in Schools

Regular inspections of school premises by school medical officers and the County Public Health Inspector have continued during the year. By now most of the records destroyed by the fire have been reconstituted. This has entailed a considerable amount of work in recording all the details, and preparing sketch plans of the buildings. Much work has been undertaken during the year on improvements to school premises but it should still be remembered that many schools in the County fall below the required standards.

SCHOOL MEALS HYGIENE

The County Health Inspector has continued his routine inspections of premises where meals are prepared or served in the school meals service. I drew attention in last year's report to the unsatisfactory condition of many school sculleries where meals are served and washing up undertaken. While improvements have been made during the past year there are still many schools where the sculleries leave much to be desired.

SCHOOL MILK

I am indebted to the Chief Education Officer for the following information which shows the amount of milk drunk on an average day in October :—

	<i>No. of children</i>	<i>Percentage of Children</i>
Pasteurised	33,709 (34,021)	99.83% (99.83%)
Tuberculin Tested	60 (57)	.17% (.17%)
Non-designated	— (—)	— (—)
	33,769 (34,078)	

Figures in brackets are those for the year 1958.

The County Health Inspector has continued to sample school supplies regularly and in addition has supervised the pasteurising plants at which most of the milk is heat treated.

In addition to the milk supplied to maintained schools, arrangements have been made to supply 61 non-maintained schools where 5,339 children were drinking milk when the Chief Education Officer made his survey in October.

SCHOOL MEALS

The Chief Education Officer has kindly provided the following details concerning school meals, from the returns submitted in October.

Number of children being supplied with meals	...	...	19,101	(17,511)
Number of children being supplied with free meals	...	...	1,343	(1,189)

(The figures in brackets relate to the same period in 1958)

The proportion of children having school meals was 43% of those present when the return was made and 44 per cent of those for whom meals were available.

Comparable figures for the previous five years were as follows :—

	1958	1957	1956	1955	1954
Percentage of children present taking meals	40.0	37.6	36.2	37.3	39.3
Percentage of children for whom meals were available who had them	41.0	38.6	40.9	40.1	40.2

(The figures for 1957 were probably influenced by the fact that, when the return was made, influenza was prevalent, and the average level of school attendance was low.)

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

Mass Radiography of School Staffs

Teachers and school meals helpers are encouraged to have their chests X-rayed whenever mass radiography units visit their area, not only in their own interests but as a precautionary measure against the risk of their conveying infection to the children. Information is given by the regional hospital boards when their X-ray units are to visit the County and special periods are allotted in the programmes for the attendance of school staffs. Unfortunately during 1959 the units visited only four centres and appointments could not be offered for more than 482 teachers and school meals helpers, or approximately 17 per cent of the total County staff. The proportion in 1958 was 34.9 per cent. Three hundred and seventeen attended for X-ray which was 65.6 per cent of those for whom appointments were offered compared with 71.2 per cent in 1958. The number who attended was, however, only 11.1 per cent of the total staff, and was a disappointingly small proportion. It is hoped that a more comprehensive survey will be made in 1960, and judging by the programmes in operation at the time of writing this report it seems likely that this will be the case.

The centres at which the units attended are given below with the numbers and percentage of staff who attended at each.

<i>Centre</i>	<i>Total number of Staff invited</i>	<i>Number attended</i>	<i>Percentage</i>
Melksham	92	39	42.4
Bradford on Avon	73	59	80.8
Chippenham	194	139	71.6
Malmesbury	123	80	65.0
	482	317	65.6

B.C.G. Vaccinations

B.C.G. vaccination against tuberculosis is now offered for all school children over the age of 13 years and younger children in the same classes, as well as for students at technical and further education colleges, teacher training colleges and universities. These arrangements are described more fully in my report as Medical Officer of Health. During 1959, 2,515 children were vaccinated compared with 1,718 in the previous year.

INFECTIOUS DISEASES IN SCHOOLS

Head teachers are asked to inform the Principal School Medical Officer when children who are absent from school have, or are suspected of having certain infectious illnesses or are contacts. The information is sent also to the district medical officer of health, who is concerned with the control of infectious disease in his district. Often he is also the school medical officer and this arrangement facilitates consultation between the Principal School Medical Officer and district medical officers of health when investigations or special measures may be necessary in school.

During the year information was received from head teachers in respect of the following conditions:—

Influenza : Many children were absent from this cause. Cases were reported from 26 schools, mainly in urban districts, and the largest outbreaks were in the Chippenham, Devizes, Trowbridge and Salisbury areas during February and March.

Measles : Cases were reported from 89 schools mainly in the Calne, Chippenham, Melksham and Wootton Bassett areas during the first three months of the year.

German measles occurred at 20 schools, those worst affected being in the Chippenham area.

Mumps : Six hundred and sixty-five children from 68 schools had mumps. The largest outbreak occurred in the Highworth Rural District where 137 cases were reported from six schools mainly during the period from April to July.

Chickenpox was reported from 76 schools during April to July and again in November and December, and was not confined to any particular area.

Scarlet Fever : One hundred and ten children at 27 schools were reported to have scarlet fever. The cases were most numerous in the Chippenham and Highworth Districts.

Whooping Cough : Seventy-one cases of whooping-cough were reported from 23 schools in various parts of the County. The largest outbreak was at one infants school in the Melksham Urban District with 14 cases.

Sonne dysentery occurred at 14 schools. The areas worst affected were the Calne and Chippenham Rural District where some 70 cases were reported at four schools, and the Cricklade and Wootton Bassett Rural District where there were approximately 40 cases also at four schools. At one of the remaining six schools there were two cases and at the other five schools only one case in each. At three of the schools in the Calne and Chippenham Rural District and three in the Cricklade and Wootton Bassett Rural District special measures were taken in collaboration with the district medical officers to reduce the risk of further spread of the infection by scrupulous attention to hand washing followed by rinsing in a suitable disinfectant solution (benzalkonium chloride) and the use of paper towels. Children and contacts were excluded from school and not allowed to return until bacteriological tests had been carried out.

No school was closed during the year because of infectious illness. The average rate of attendances throughout the year was 90.5 per cent, and the lowest monthly average was in February—81.8 per cent. The highest level of attendance was in September when it reached 93.8 per cent.

Special investigations were undertaken at three schools where a child had been found to have active tuberculosis. Medical officers visited the schools and with the parents' consent gave tuberculin tests to all class contacts. The numbers tested at each school and the results were as follows :—

					<i>No. tested</i>	<i>Results</i>
School A	...	...	...	...	32	22 negative 9 positive 1 left area before result read
School B		...	...	...	39	35 negative 2 positive 1 absent 2 left area before result read
School C	...	...	...	...	98	47 negative 51 positive

At the first school, in view of the comparatively high proportion of positive results, it was considered advisable that the children with such reactions should be referred to the chest clinic for further investigation. This was arranged and none was found to have any active infection.

At the second school the results were within normal limits and no further investigation was considered necessary.

In view of the preponderance of positive reactions to the tuberculin test at the third school arrangements were made for the 51 children concerned to have chest X-rays by miniature radiography, the unit visiting the school. Two of the pupils had left the County before the visit took place but the results in respect of the other 49 pupils were satisfactory.

Excepted District of Swindon

REPORT OF THE PRINCIPAL BOROUGH SCHOOL MEDICAL OFFICER
FOR THE YEAR 1959

SUMMARY OF STATISTICS

A summary of the principal statistics for the year 1959 with comparable figures for 1958 is given below :—

	1958	1959
Number of primary and secondary school children on register at end of December 1959	15,466	16,154
Number of children examined at routine medical inspection	3,105	4,054
Number found to require treatment for diseases and defects	478	792
Number of dental inspections	1,886	5,669
Number referred for dental treatment	1,700	4,839
Number of children treated	1,388	4,561
Number of children examined for part-time employment	116	144

SCHOOL POPULATION

The estimated total population of the Borough of Swindon at mid-year 1959 was 82,660—an increase of 2,400 compared with the previous year. 1959 also showed a comparable increase in the number of Swindon school children. At the end of 1959 there were 16,154 children on the registers of Swindon's primary and secondary schools (including the Central School)—688 more than at the end of 1958.

STAFF

The following changes in staff took place during the year :—

1. Medical

Dr. W. M. Hiscock	resigned	25. 9.59
Dr. J. L. Evans	commenced	12.11.59

2. Dental

Mr. S. H. House	commenced	5. 1.59
Miss G. Ellis	commenced	12. 1.59
Mr. W. Simkins	resigned part-time	3.10.59
Mr. W. M. Boyle	commenced part-time	5.10.59

3. Speech Therapists

Mrs. M. Watt	resigned part-time	28. 2.59
Miss A. Self	commenced	2. 3.59

MEDICAL EXAMINATIONS

During the year periodic medical examinations were carried out in accordance with the School Health Service and Handicapped Pupils Regulations 1953 (and, since 1st April 1959, with the new School Health Service Regulations 1959).

As in previous years, the majority of periodic medical examinations of grammar school pupils were carried out at school clinics during the summer holidays in order to avoid interfering with school work as far as possible.

Year	1959	1958	1957	1956	1955
No. of children examined	4,054	3,105	4,330	3,084	3,519
No. of children found to have defects needing treatment	792	478	1,184	852	1,121
Percentage of children examined needing treatment ...	19.53	15.39	27.3	27.6	31.8

It will be seen that 949 more children were medically examined during 1959 than in 1958. This was achieved despite the fact that the number of injections against poliomyelitis given by the department's staff rose by more than 50% compared with 1958.

It should also be noted that the medical staff was one below establishment for seven weeks during the Christmas term.

The drop in the percentage of children found to have a defect requiring treatment during 1959 was not fully maintained. Nevertheless the figure (19.5%) showed a definite decrease over the year 1957 (27.3%) and previous years.

Details of the findings at periodic medical inspections are given in the following table, together with the comparable data for 1958.

Defects found by Medical Inspection in the Year Ended 31st December, 1959, with Comparable Figures for 1958

Defect or Disease	Periodic Inspections No. of Defects			
	Requiring treatment		Requiring to be kept under observation but not requiring treatment	
	1958	1959	1958	1959
Skin	34	84	39	55
Eyes :—				
(a) Vision	215	329	210	167
(b) Squint	29	22	28	18
(c) Other	5	3	7	3
Ears :—				
(a) Hearing	19	11	26	26
(b) Otitis Media	13	21	20	18
(c) Other	2	5	4	2
Nose or Throat	32	93	84	66
Speech	17	25	27	19
Lymphatic Glands	3	4	10	18
Heart and Circulation	14	36	92	125
Lungs	25	51	95	101
Developmental :—				
(a) Hernia	1	3	2	2
(b) Other	9	19	46	28
Orthopaedic :—				
(a) Posture	31	52	27	24
(b) Feet	15	58	23	16
(c) Other	26	40	42	53
Nervous System :—				
(a) Epilepsy	4	4	10	16
(b) Other	11	9	24	1
Psychological :—				
(a) Development	4	7	6	22
(b) Stability	9	21	47	46

Removal of Tonsils

At the request of the Ministry, we continued to keep records of the number of children who had undergone tonsillectomy prior to their periodic examinations.

The results are tabulated below and show no significant change from the figures for 1958. Nowadays, tonsillectomy is only carried out when there are strong indications for it; where there is doubt the Surgeon usually prefers to delay operation and see the child later, when symptoms may have subsided rendering tonsillectomy unnecessary.

Age Group	Sex	No. Examined	No. undergone Tonsillectomy	Percentage with Tonsils removed
INFANTS	Boys	402	36	8.95%
	Girls	361	21	5.82%
JUNIORS	Boys	682	127	18.62%
	Girls	665	117	17.59%
SECONDARY AND GRAMMAR ...	Boys	857	143	16.68%
	Girls	878	194	22.34%
TOTALS	Boys	1941	306	15.76%
	Girls	1904	332	17.22%

CLASSIFICATION OF PHYSICAL CONDITION

As in the past three years the nutritional status and general physical condition of the children was classified as either "satisfactory" or "unsatisfactory."

In all age groups more than 99% were assessed as "satisfactory," 0.27% of the total number of children examined being found to be "unsatisfactory."

In 1958 0.13% were found to be "unsatisfactory" so that a very slight deterioration has been observed.

Age Group	No. Examined	No. Satisfactory	% Satisfactory	% Unsatisfactory
School Entrants 1959 ...	820	816	99.5%	0.5%
10-11 year old 1959	1377	1374	99.8%	0.2%
School leavers 1959 (14 years and over) ...	1759	1755	99.8%	0.2%
Others	98	98	100%	0%
Total	4054	4043	99.73%	0.27%

CLEANLINESS

During 1959 the School Nurses carried out a total of 22,059 inspections for uncleanliness, and a total of 223 individual children were reported as infested (1.32% of the school population) compared with 253 in 1958 (1.63% of the school population).

Although small this is a change in the right direction. Looking over the figures for the past ten years, it can be seen that there was a decided improvement from 5.2% infested in 1951 to 1.39% in 1952. Since then, however, the percentage has varied only within narrow limits, the highest being 2.37% in 1954 and the lowest 0.98% in 1957.

It seems, therefore, that this small percentage represents the "hard core" of cases that, although treated successfully, become re-infested again from other members of the family. The eradication of this persistent source of infestation requires a great deal of hard work and valuable time from school nurses who have been, and still are, in short supply.

SCHOOL CLINICS

Eastcott Hill and Pinehurst are still the main clinics in Swindon, but on the 4th June, 1959, a new clinic was opened at Priory Road, Park South.

The three clinics are used as follows :—

Eastcott Hill Clinic

Minor Ailment Clinics are held on Monday and Friday mornings each week.

Speech Therapy Clinics are held on Tuesdays, Wednesdays, and Thursdays all day.

Dental Clinics—Monday, Tuesday, Thursday, Friday (Saturday alternate).

Child Guidance—Two sessions monthly.

The Clinic is also used for special and routine school medical inspections, observations, etc.

Pinehurst Clinic

Minor Ailment Clinics held each Tuesday morning.

Speech Therapy—on Monday all day.

Dental—Wednesday and Thursday (all day) Friday a.m.

The Clinic is also used for special and routine school medical inspections, observations, etc.

Priory Road Clinic

Speech Therapy—all day Fridays.

Speech Therapy—all day Mondays (Wilts. County Council) (from 1st Sept. 1959).

From the above, it can be seen that several changes have occurred. The number of speech therapy sessions has increased following the appointment of Miss Self on a full-time basis. The number of dental clinics has increased following the appointment of Mr. House as full-time School Dentist.

The minor ailment clinics have been reduced in number from 6 to 2 each week, owing to a steady reduction in the number of children attending.

OBSERVATION CLINICS

The practice of holding special observation clinics was continued. Children who are found, at a periodic or special examination to have any defect which requires special observation, are seen at these clinics.

During 1959—542 consultations were held at these clinics.

OTHER MEDICAL INSPECTIONS

Special medical inspections and re-inspections were carried out on 1,170 primary and secondary school children. The figures for 1959 and 1958 are as follows :

			1958	1959
Number of Inspections	...	...	1,279	1,170
Number of re-inspections	...	...	715	718

An analysis of the 1959 and 1958 figures is shown in the following table of special examinations.

Defects Found at Special Examinations in the Year Ended 31st December, 1959, with Comparable Figures for 1958

Defect or Disease	Special Examinations No. of Defects			
	Requiring Treatment		Requiring to be kept under observation but not requiring treatment	
	1958	1959	1958	1959
Skin	855	480	109	35
Eyes :—				
(a) Vision	116	112	92	73
(b) Squint	5	5	1	1
(c) Other	95	46	7	11
Ears :—				
(a) Hearing	16	11	7	6
(b) Otitis Media	3	5	1	—
(c) Other	51	27	14	11
Nose and Throat	53	40	36	25
Speech	20	24	9	12
Lymphatic Glands	—	—	—	—
Heart and Circulation	5	5	21	28
Lungs	32	20	35	46
Developmental :—				
(a) Hernia	—	—	—	1
(b) Other	4	3	10	19
Orthopaedic :—				
(a) Posture	13	10	14	8
(b) Feet	58	32	27	26
(c) Other	259	49	56	25
Nervous System :—				
(a) Epilepsy	—	1	—	1
(b) Other	33	—	19	—
Psychological :—				
(a) Development	2	1	2	1
(b) Stability	11	38	3	26

It should be noted that these figures for "special" inspections include examinations for physical or mental handicap, examinations at the special request of teacher or parent, juvenile employment examinations and all first examinations at minor ailment clinics.

PLANTAR WARTS

No one school had a particularly high incidence of plantar warts in 1959 and the special treatment clinics were discontinued, treatment being provided instead at the ordinary Minor Ailment Clinics. 194 cases were treated in 1959 despite every effort to limit the spread of the infection.

CONSULTANT CLINICS

Consultant clinics in Swindon are now held on Regional Hospital Board premises and any child found on examination by a School Medical Officer to need hospital treatment, or a specialist's opinion, is referred to the appropriate clinic. In every case the family doctor is notified of the intention to refer children to these clinics and is given the opportunity to deal with the case himself if he so desires.

OPHTHALMIC CLINIC

The Ophthalmic Specialists held their clinics in the ophthalmic Department of Community House, Faringdon Road, Swindon, and the table below gives details of the number of school children who attended during the year.

		1958	1959
Number of clinics held	... ..	178	255
Number of attendances	... ..	2,415	2,412
Number of new cases referred during the			
year	... ..	294	287
Number of old cases	... ..	976	1,064

ORTHOPAEDIC CLINIC

During 1959, 11 school children were referred to the Orthopaedic Clinic held in the G.W.R. Hospital as compared with 18 in 1958.

EAR, NOSE AND THROAT CLINICS

40 children were referred in 1959, as compared with 45 in 1958. There has been an improvement in the waiting period for consultation and operation and there is no delay in obtaining appointments to see the specialist.

Number of cases known to have received operative treatment during 1959 :—

(a) for diseases of the ear	... ..	41
(b) for adenoids and chronic tonsillitis	... ..	295
(c) for other nose and throat conditions	... ..	47
No. of cases known to have received other		
forms of treatment	... ..	16
No. of cases known to have been provided		
with hearing aids during 1959	... ..	18

PAEDIATRIC CLINIC

40 children were referred to this clinic by School Medical Officers in 1959 as compared with 34 in 1958. As in 1958 the children were seen with little delay; the full reports were sent to the School Medical Officer by Dr. N. R. Butler, the consultant paediatrician. Dr. Butler also sends us a report on any school child referred to him from other sources.

OTHER SPECIALIST CLINICS

The following number of children have been referred for specialist opinion :—

Skin Specialist	... ..	27
Surgical Specialist	... ..	6
Chiropodist	... ..	2

SPECIAL CLINICS

REMEDIAL EXERCISES. Number of children receiving treatment at the end of 1959 :—

Infant School Children	... ..	40
Junior School Children	... ..	87
Secondary Modern and Secondary Grammar School		
Children	... ..	142
		<hr/>
		269
		<hr/>

These 269 received treatment for the following defects :—

Poor Posture	73
Foot and Leg defects	114
Breathing exercises	82

A number of these children received treatment for more than one defect.

Overweight children seem to benefit a lot from intrinsic foot exercises, especially when these are started early in the child's school life. Games, and physical education lessons are also of great help to this type of child.

Poor posture is seen mostly in children of secondary school age, especially girls. A big factor in producing this poor posture is the child's mental attitude, as it is uncommon to find any physical cause. Teachers and parents can be, and often are, of great help in encouraging a more optimistic view of life.

Although many children with chest trouble, such as asthma, grow out of it, breathing exercises appear to speed up the recovery and prevent permanent chest deformity or lung damage.

During 1959 instruction and supervision in remedial exercises have been given to all children referred by the School Medical Officers to the Remedial Gymnast, a total of 151 children being referred during the year. The progress of the children was supervised closely, 290 children being seen for review and reassessment during the year.

Of these, 192 children were discharged from treatment either because their condition had improved sufficiently or because it was considered further treatment would not benefit them.

SPEECH THERAPY

In 1959 the County Council speech therapist, Miss Hall, devoted two sessions each week to Swindon children until the end of April.

Mrs. Watt continued her duties as speech therapist on a part time basis, devoting five sessions each week to Swindon children, until 27.2.59. Miss Self commenced full-time on 2.3.59.

Of the cases treated a large number showed stammering symptoms, and the rest were speech defective, (dyslalic), because of general backwardness or emotional disturbance.

There was one case of cleft palate, and one of partial deafness.

Speech consciousness is lacking in the schools generally, and there does not appear to be enough consideration for the problems of the stammerer, possibly due to a shortage of teachers and overcrowded class-rooms.

A long waiting list necessitated that school visits be cut to a minimum ; however, in those cases where meeting with the teachers was possible, and parental co-operation enlisted, results were more rapid.

Unfortunately, speech therapy is denied to children below a certain level of intelligence, because of the large number of speech defectives of normal intelligence who claim priority.

A number of children have been referred to the E.N.T. Dept. of the Regional Hospital, and the help received has been of the greatest value.

The table below gives details of the service provided in 1959 :—

	Boys	Girls	Total
Number of children seen	88	28	116
Number of attendances	1,364	317	1,681
Number of children discharged	30	9	39

HANDICAPPED PUPILS

The Educational Authority is responsible for the ascertainment of all handicapped children over the age of 2 years who require special educational treatment.

As a general principle handicapped children attend ordinary schools provided they are able to benefit by the education offered and do not disturb other children by their presence.

Children are not removed from their homes to residential institutions unless they would obviously benefit from the transfer or unless their presence in the day school is prejudicial to other children. A few of these children are ascertained in early infancy and referred to the School Health Service when they reach the age of 2 years. Many are referred by the head teachers shortly after admission or at the first periodic medical inspection and some are brought to notice after illness or prolonged hospital treatment.

In 1959 the number and type of handicapped pupils in Swindon remained substantially similar to the findings of 1958.

The number of handicapped pupils ascertained to be in need of special educational treatment in 1959 was 29. The number of pupils placed in special schools was 24 in 1959 and there were 2 children still awaiting places in boarding special schools at the end of the year. There were 3 on the waiting list for the Central Primary School at the end of the year.

At the end of 1959 there were 80 children in the Central Primary School (75 in 1958) and 25 children in boarding special schools (27 in 1958).

One physically handicapped child was receiving home tuition at the end of the year (2 in 1958), and 7 were attending the Spastic Unit, including 1 County child.

During 1959/6 children were reported to the Local Health Authority under Section 57 (3) of the Education Act 1944 none were notified under Section 57 (4), and 2 were notified under Section 57 (5) as ineducables.

Details regarding the different categories of handicapped pupils requiring special educational treatment are contained in the "School Health Services and Handicapped Pupils Regulations, 1953" as follows:—

(a) **Blind Pupils**

"Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight."

Number of Blind Children ascertained during the year	...	...	...	...	Nil
Number of Blind Pupils admitted to Special Schools for the Blind during the year	...	...	...	...	Nil
Total number of blind pupils in Special Schools for the Blind	...	...	...	...	2

These two children are:—

One girl (aged 8 years) at the Royal School of Industry for the Blind, Westbury on-Trym.

One boy (aged 14 years) admitted to the West of England School for the Blind, Exeter, in August, 1958.

(b) **Partially Sighted Pupils**

"Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight."

Number of partially sighted pupils ascertained during the year	...	...	...	...	Nil
Number of partially sighted pupils admitted to Special Schools during the year	...	...	...	...	1
Total number of partially sighted pupils in special schools for partially sighted children	...	...	...	...	4

The following 3 children attend the West of England School for Partially Sighted Pupils:—

One boy aged 13 years has been attending since January, 1953.

One boy aged 11 years has been attending since September, 1953.

One boy aged 12 years has been attending since February, 1956.

The fourth child, a girl aged 6 years (transfer in), was admitted to Barclays School for Partially Sighted Girls, Little Paddocks, Sunninghill, Ascot, Berks.

(c) Deaf Pupils

" Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language."

Number of deaf pupils ascertained during the year	...	...	...	...	Nil
Number of deaf pupils admitted to special schools during the year	...	...	...	...	Nil
Total number of pupils in special schools for the deaf	...	...	...	...	9

These are as follows :—

One boy aged 11 years has been attending St. Thomas' School, Basingstoke, since May, 1953.
 One boy aged 13 years has been attending St. Thomas' School, Basingstoke, since January, 1954.
 One girl aged 9 years has been at The Royal Institute for the Deaf, Derby since January, 1956.
 One girl aged 16 years has been at the Royal School for Deaf and Dumb, Margate since June, 1956.

One boy aged 8 years was transferred from Donnington Lodge School for the Deaf, Newbury, to St. Thomas' School, Basingstoke during 1959.

One boy aged 12 years is attending St. John's Residential School for the Deaf.

One boy aged 12 years is attending the Royal West of England School for the Deaf.

One girl aged 13 years has been at the Royal Institute for the Deaf, Derby, since September, 1953.

One girl aged 15 (transfer in) is at the Nutfield Priory Boarding School for the Deaf, Nutfield, Redhill, Surrey.

(d) Partially Deaf Pupils

" Pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education, special arrangements or facilities though not necessarily all the educational methods used for deaf pupils."

Number of partially deaf pupils admitted to special schools during the year	...	...	...	...	Nil
Total number of pupils in special schools for partially deaf children	...	...	...	...	Nil
Number of children known to have been provided with hearing aids	...	...	...	...	18

Special Class for Partially Deaf School Children

During the year approval in principle was given to the establishment of a special class for young partially deaf children in one of our infant schools.

The object of this class is to train these partially deaf children to make the optimum use of their remaining hearing, so that they may, with the help of deaf aids, eventually take their place in the normal school and in society.

The class room chosen will have to be modified to eliminate extraneous noise and echo and will be equipped with the apparatus necessary for teaching a group of partially deaf children. A teacher specially trained in the teaching of such children will have to be appointed and she will work in close collaboration with the school medical officer, the consultant ear, nose and throat surgeons and the head mistress of the school.

The number of children in the class will have to be limited up to a maximum of 10 as each child will require individual attention. To start with the children will be taught in the special class most of their time but will join the other children for subjects which do not require hearing. As they progress in the use of their hearing they will be gradually integrated with the normal classes in the school.

It is hoped this class will be established during the coming year and will cater for the partially deaf children not only in Swindon but in the surrounding county areas.

(e) Educationally Sub-normal Pupils

" Pupils who be reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools."

After ascertainment educationally sub-normal pupils are admitted to the Central School, unless it is considered that they should continue at their ordinary school with extra tuition in the basic subjects.

During 1959, 41 new cases were examined and were grouped as follows :—

Number of E.S.N. children recommended for admission to the Central School	8
Number of E.S.N. children recommended for special educational treatment at the ordinary School	26
Number of E.S.N. children recommended for education at a residential school for E.N.S. pupils	1
Number of children reported to the Local Authority as being ineducable during the year	6
Total number of E.S.N. children on the register at the Central School	80
Total number of E.S.N. children at ordinary schools	83

24 children already classified as educationally sub-normal were re-examined during the year and the following recommendations were made :—

- 2 were notified as requiring statutory supervision after leaving school (under Section 57 (5) of the Education Act 1944).
- 2 continue to receive special educational treatment within the ordinary school.
- 5 were placed under the friendly supervision of the Local Health Authority after leaving school.
- 7 were recommended for education at a special day school for educationally sub-normal pupils.
- 3 to continue to receive education at a special day school for educationally sub-normal pupils.
- 1 was recommended for admission to a residential school for educationally sub-normal and Delicate pupils.
- 3 were recommended for return to the ordinary school system.
- 1 no longer classified as Educationally Sub-normal.

(f) **Epileptic Pupils**

“ Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.”

Number of epileptic pupils ascertained during the year	1
Number of epileptic pupils admitted to special schools during the year	1
Total number of epileptic pupils in special schools for epileptic pupils	2

(g) **Maladjusted Pupils**

“ Pupils who show evidence of emotional instability or psychological disturbance, and require special educational treatment in order to effect their personal, social or educational re-adjustment.”

Number of pupils with psychological disturbance ascertained during the year	Nil
Number of Maladjusted pupils admitted to special schools for maladjusted pupils during the year	Nil
Total number of maladjusted pupils in special schools, hostels, etc.	Nil

One boy aged 12 years was discharged from The Mount Special School, Chepstow during 1959.
One boy aged 9 years was discharged from Southfields Hostel, Ilminster during 1959.

(h) **Physically Handicapped Pupils**

“ Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.”

Number of physically handicapped pupils ascertained during the year	3
Number of physically handicapped children admitted to special schools for handicapped pupils	2
Total number of physically handicapped children in special schools for physically handicapped, Spastic Unit, or having home tuition	12

(i) **Pupils suffering from Speech Defect**

" Pupils who on account of defect or lack of speech not due to deafness, require special educational treatment."

Number of pupils with speech defect ascertained during the year	...	...	One
(this boy is also educationally subnormal)			
Number of pupils with speech defect admitted to special schools during the year			Nil
Total number of children with speech defect in special schools	...	...	Nil

(j) **Delicate Pupils**

" Pupils not falling under any other category who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development be educated under the normal regime of ordinary school."

Number of delicate pupils ascertained during the year	...	...	...	...	Nil
Number of delicate pupils admitted to special open air schools during the year					Nil
Total number of delicate pupils in residential open air schools	...	...	...	...	Nil
One boy aged 16 years left Park Place School, Henley-on-Thames, in December 1959.					
One by aged 16 years left The Hatchford Park Special School in March, 1959.					

SPASTIC PARALYSIS

The Spastic Unit continued to function in the Regional Hospital Board's premises at the Physiotherapy Department, Community House, Faringdon Road, but at the end of the year plans were well advanced for transferring the Unit to Princess Margaret Hospital.

At the end of 1959 there were, as in 1958, 7 pupils on the roll, 6 being Swindon children; the other one was a County child. For teaching purposes, they have gradually been separated into two age groups, viz. three five year olds and four who are between 10 and 12 years.

During the year each Swindon child was examined in his or her own home by a Medical Officer and an assessment of their progress made. The amount of progress made varied with the child but in general it was good.

Dr. J. B. Stewart, the Consultant-in-Physical-Medicine, and his staff, arranged regular physiotherapy and speech therapy was provided daily by the hospital Speech Therapist.

School meals and milk were provided by the School Meals Service with the help of a subsidy from the Hospital Management Committee.

PHYSICAL WELFARE OF CHILDREN

I am indebted to the Borough Education Officer for the details of the School Milk and School Meals given below.

Milk in Schools Scheme

Total number primary children taking milk 7,835 representing 92% of children attending school at the time (7,636 representing 92.2% in 1958).

Total number secondary children taking milk, 5,361 representing 82.8% of children attending school at the time (4,863 representing 80.1% in 1958).

Total number Central Primary children taking milk, 62, representing 87.3% of children attending school at the time (68 representing 87.2% in 1958).

Number of school departments supplied is 52.

All milk supplied to schools is pasteurised and samples are examined at regular intervals, and any complaints regarding it are reported to the Principal Borough School Medical Officer.

MEALS IN SCHOOLS

	1958	1959
Number of school canteens	53	52
Number of school children taking meals ...	3503	4112
Number of children taking free meals ...	145	277

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The vaccination of children of the 13-14 year age group against Tuberculosis continued in 1959, using freeze dried B.C.G. vaccine instead of the fresh liquid B.C.G. vaccine used previously.

The parents of all children of this age group were circularised and the nature and the advantage of B.C.G. vaccination were explained in a leaflet.

Although 1,258 children were eligible for B.C.G. Vaccination, only 708 acceptances were received, viz. 56%, a response which was disappointing. As a result of Tuberculin Testing, it was found that 139 children had already some protection against tuberculosis and therefore vaccination was not necessary. 569 children were vaccinated with B.C.G.

All these children were followed up six weeks later when a further skin test was carried out to check upon the protection afforded by the vaccination.

Number of children eligible for vaccination	1,258
Number skin tested	708 (56.2%)
Number of negative reactors	569 (80.36%)
Number of positive reactors	139 (19.64%)
Complications of B.C.G. Vaccination	Nil

All these figures are comparable with those of last year.

MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION

In accordance with the Ministry of Education Circular 249, candidates applying for admission to training colleges are examined by the School Medical Officers of the areas where they live.

During 1959, 42 examinations of such candidates were carried out by the School Medical Officers in Swindon.

THE CHILDREN'S ACT, 1948

Boarded-out children attending school in the Borough are examined annually by the School Medical Officers as required by the Act.

During 1958, 24 such examinations were made.

SCHOOL PREMISES

School premises, including school meal kitchens, are inspected by the Medical Officers at the conclusion of routine medical inspections. Any defects noted are reported to the Education Committee.

SCHOOL DENTAL SERVICES

The amount of school dental work undertaken showed a marked increase over the previous year, due largely to the appointment of a full-time dental officer, Mr. S. H. House, on 5th January, 1959.

Mr. W. Simkins continued with 3 sessions weekly until his resignation in October 1959. Mr. W. M. Boyle was appointed to fill the part-time vacancy, doing 5 sessions a week for two months, and, since December, one session per week. Mr. Randerson continued in his part-time capacity doing 3 sessions weekly.

There is enough school dental work in the Borough to occupy at least five full-time dental officers. The new Priory Road clinic contains two dental suites, but because we have been unable to recruit dental officers these suites have not been equipped.

The following shows the work done during 1959 :—

DENTAL INSPECTION AND TREATMENT CARRIED OUT DURING THE YEAR 1959

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

(a) At Periodic Inspections	...	...	...	...	...	...	...	...	...	2,464
(b) As Specials	...	...	...	...	...	...	...	...	...	3,205
									Total	5,669
Number found to require treatment	...	...	...	...	...	...	...	...		4,839
Number offered treatment	...	...	...	...	...	...	...	...		4,839
Number actually treated	...	...	...	...	...	...	...	...		4,561
Number of attendances made by pupils for treatment	...	...	...	...	...	...	...	...		5,367
Half days devoted to : Periodic (Schools) Inspection	...	...	...	...	...	...	...	...		25
Treatment	...	...	...	...	...	...	...	...		708
									Total	733
Fillings :										
Permanent Teeth	...	...	...	...	...	...	...	...		1,664
Temporary Teeth	...	...	...	...	...	...	...	...		112
									Total	1,776
Number of teeth filled :										
Permanent Teeth	...	...	...	...	...	...	...	...		1,540
Temporary Teeth	...	...	...	...	...	...	...	...		110
									Total	1,650
Extractions :										
Permanent Teeth	...	...	...	...	...	...	...	...		1,133
Temporary Teeth	...	...	...	...	...	...	...	...		1,526
									Total	2,659
Administration of general anaesthetics for extraction	...	...	...	...	...	...	...	...		587
Other operations :										
Permanent Teeth	...	...	...	...	...	...	...	...		598
Temporary Teeth	...	...	...	...	...	...	...	...		772
									Total	1,370

APPENDIX I

Clinics provided directly by the Education Authority and under arrangements with Regional Hospital Boards

Type of Clinic	Treatment or Examination provided by Education Committee	
Child Guidance ...	Trowbridge: County Council Clinic 2nd, 3rd, 4th and 5th Mondays, 10 a.m. and 1.30 p.m.; 1st Monday, 1.30 p.m. Salisbury: Baptist Church Institute, Brown Street 1st, 2nd, 3rd and 5th Tuesdays, 10 a.m.	Swindon: 81 Bath Road Thursday, 10 a.m. and 1.30 p.m. Swindon: The Clinic, Priory Road 1st Tuesday, 10 a.m. Corsham: County Council Clinic 3rd Tuesday, 1.30 p.m.
Dental ...	Bradford on Avon: Lambert Memorial Hall 1st and 3rd Fridays, 10 a.m. Chippenham: 41 New Road 2nd and 4th Fridays, 10 a.m. and 1.30 p.m. Saturday, 10 a.m. Corsham: County Council Clinic, Fuller Avenue 1st and 3rd Fridays, 2 p.m. Saturday, 10 a.m. Devizes: St. James's Home 1st and 3rd Fridays, 2 p.m. Saturday, 10 a.m. Marlborough: 118 High Street Friday, 2 p.m.; Saturday, 10 a.m. Mere: The Lecture Hall, Salisbury Street As and when required	Salisbury: The General Infirmary Monday, 9.30 a.m., Tuesday, 9.30 a.m., 2 p.m. Meyrick Close, Coombe Road Monday and Saturday, 10 a.m. Swindon: School Dental Clinic, Health Centre Saturday, 10 a.m.; 1st and 3rd Fri., 2 p.m. Trowbridge: County Council Clinic, The Halve As and when required Warminster: Congregational Lecture Hall, The Close Friday, 9.30 a.m.; Saturday, 10 a.m.
Minor Ailments	Salisbury General Infirmary Monday, Thursday and Friday, 9 a.m.—10 a.m.; Wednesday morning from 9 a.m.; Monday to Friday by appointment after 4 p.m.	Trowbridge: County Council Clinic, The Halve Tuesday, 10 a.m.
Speech Therapy ...	Amesbury: Antrobus House Friday, 9.30 a.m. Chippenham: St. Andrew's Church Hall Wednesday, 9.30 a.m.—1.30 p.m. Corsham: Fuller Avenue Monday, 9.30 a.m. Devizes: Scouts' Hall Wednesday, 9.30 a.m. and 1.30 p.m. Malmesbury: Secondary Modern School Tuesday, 1.30 p.m. Marlborough: Methodist Church Room Thursday, 9.30 a.m. Melksham: Old Bank House Tuesday, 1.30 p.m.	Mere: Lecture Hall Friday, 1.30 p.m. Salisbury: Baptist Church Institute, Brown Street Tuesday, 9.30 p.m.—1.30 p.m. Monday, 9.30 a.m. Trowbridge: County Council Clinic, The Halve Thursday, 9.30 a.m. and 1.30 p.m. Warminster: George Street Methodist Schoolroom Friday, 9.30 a.m. Swindon: Priory Road, Park South Friday, 9.30 a.m. and 1.30 p.m. Bradford on Avon: Lambert Memorial Room, Friday, 1.30 p.m. Calne: Youth Centre, Anchor Road Thursday, 9.30 a.m. Westbury: Methodist Schoolroom, Station Road Wednesday, 9.30 a.m.

Type of Clinic	Treatment or Examination provided by Education Committee	
Heart	Corsham: County Council Clinic, Fuller Avenue 3rd Friday in month, 2.30 p.m. Salisbury General Infirmary Arranged as necessary on a Wednesday, 2 p.m.	Trowbridge & District Hospital 2nd Wednesday in month, 2.30 p.m.
Ophthalmic ...	Chippenham and District Hospital Tuesday, 9.30 a.m.; 2nd Wednesday, 9.30 a.m. Corsham: County Council Clinic, Fuller Avenue Wednesday (by arrangement) 10 a.m. and 1 p.m. Devizes and District Hospital Monday, 2 p.m. Malmesbury and District Hospital 1st and 3rd Fridays in the month, 3 p.m. Savernake Hospital Thursday (1st and 3rd in month), 2 p.m.	Salisbury General Infirmary Tuesday, 1.15 p.m.; Wednesday, 2 p.m.; 1st, 2nd, 4th and 5th Tuesdays, 9.30 a.m. Swindon: Ophthalmic Dept., Princess Margaret Hospital, Okus Road Monday, 2 p.m. Trowbridge: County Council Clinic, The Halve Wednesday (by arrangement) Warminster: Methodist Schoolroom, George Street 2nd, 4th and 5th Friday in month, 2.30 p.m.
Orthopaedic ...	Calne: The Surgery, 1 London Road Surgeon attends 2nd Tuesday at 10.30 a.m. Sister attends every Tuesday at 10.30 a.m. Chippenham: Parish Church Rooms Corsham: County Council Clinic, Fuller Avenue These two clinics are run in conjunction with each other. Surgeon attends at one or other on 1st Wednesday in month Sister attends at each Clinic every Wednesday Devizes: Scouts' Hall Surgeon attends 3rd Thursday in month, 10.15 a.m. Sister attends 2nd and 4th Thursdays, 10.15 a.m.	Malmesbury and District Hospital Surgeon attends 1st Thursday in month, 10.30 a.m. Sister attends 1st, 2nd, 3rd and 4th Thursdays, 10—10.30 a.m. Salisbury General Infirmary Surgeon attends each Wednesday (morning and afternoon) Swindon: Casualty Department, G.W.R. Hospital, Taunton Street (in place of St. Margaret's Hospital, Stratton St. Margaret) Surgeon attends 1st and 3rd Tuesdays, 10.30 a.m. Sister attends every Tuesday, 10.30 a.m. Trowbridge: County Council Clinic, The Halve Surgeon attends 4th Friday in month, 10.30 a.m. Sister attends every Friday, 10.30 a.m. Warminster: District Hospital Surgeon attends on 1st Monday in month, 10.30 a.m. Weekly clinics held by After-Care Sisters every Monday
Ear, Nose and Throat	Chippenham and District Hospital Thursday, 3.15 p.m. Corsham: County Council Clinic, Fuller Avenue 2nd and 4th Saturdays in month, 9.30 a.m. Devizes and District Hospital 2nd and 4th Tuesdays in month, 10.45 a.m. Malmesbury and District Hospital 2nd Thursday, 9.15 a.m. Melksham and District Hospital 1st Wednesday in month, 3.15 p.m.	Salisbury General Infirmary Tuesday, 9.30 a.m., Wednesday, 10 a.m. Savernake Hospital 2nd, 3rd and 4th Fridays, 4 p.m. Swindon: Princess Margaret Hospital Wednesday, 2.30 p.m. Trowbridge: Trowbridge and District Hospital 1st, 3rd and 5th Mondays in month, at 9.30 a.m. 4th Thursday in month at 9.30 a.m. Warminster and District Hospital 1st Tuesday afternoon

N.B.—Children for examination at these Clinics should be referred through the Principal School Medical Officer. Eye clinics and heart clinics are held *as required* on the days and at the times stated in the table, and are not regular fixed sessions. The dental clinics listed in the table are the normal regular sessions for special and emergency cases. The premises are, however, used also by the dental officers when they are carrying out the routine treatment of children from schools in the neighbourhood.

