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# THE HEALTH OF THE SCHOOL CHILD IN DORSET



ANNUAL REPORT  
of the  
Principal School Medical Officer  
for the year  
1955

A. A. LISNEY, M.A., M.D., D.P.H.



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A. A. LISNEY, M.A., M.D., D.P.H.

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## FOREWORD

The health of school children in Dorset continues to be satisfactory and the statistics for nutrition, cleanliness, infectious disease and physical defects all show satisfactory trends. It is unfortunate, however, that, in common with the experience of the country as a whole, the incidence of dental caries has increased. Caries can be prevented, and an adequate dental staff is required with facilities to carry out the necessary instruction in the care of the teeth as well as the routine dental treatment. Although excellent facilities exist in certain parts of the county, there are several areas where new clinics are urgently required and where their absence is having an adverse effect on the efficiency of the service.

### *Tuberculosis*

B.C.G. vaccination of thirteen-year-old children was continued during the year. The results of the large scale trials taking place in certain parts of this country since 1949 on the effectiveness of B.C.G. vaccination against the disease are awaited with great interest, and already preliminary reports are most encouraging.

### *Whooping Cough*

In February, 1955, the County Council adopted a scheme for the vaccination of children against whooping cough. In 1954 there were 134 deaths from whooping cough in the county; exactly the same number died from poliomyelitis. In addition, the complications of whooping cough leave many children with severe physical defects.

### *Infectious Disease*

In my last annual report, I remarked upon the low incidence of infectious disease in general during the year; in 1955, however, the total number of cases of measles notified was the highest for ten years. Poliomyelitis did not reach epidemic proportions, but the incidence was unfortunately twice that of the previous year and it was considered necessary to close certain schools on three occasions.

### *Nutrition*

During the year education authorities were informed that the classification of the nutritional condition of pupils would be reduced from three to two categories. This change has been made possible because of the considerable improvement in the nutrition of school children.

### *Maladjusted Children*

The Underwood Committee, appointed by the Ministry of Education in 1950, issued their Report on maladjusted children towards the end of the year. The terms of reference were 'To enquire into and report upon the medical, educational and social problems relating to maladjusted children, with reference to their treatment within the educational system.' The recommendations embodied in the Report coincide in general with the scheme for child guidance established in Dorset some years ago and the Report emphasises the importance of the team consisting of psychiatrist, psychologist and psychiatric social worker.

It is recommended that the service should be available to all school children, including pupils at independent schools and those under five years of age; it also goes further and suggests that young persons who have left school should have access to the child guidance service up to eighteen years of age.

As in previous years this report has been compiled by my deputy, Dr. A. F. Turner, and Mr. V. W. V. Clarke. To them, the school medical and dental officers, and to the staff in the department generally, I wish to tender my thanks and express my appreciation for their loyal and willing support.

ARTHUR A. LISNEY,  
*Principal School Medical Officer.*

March, 1956.

## STAFF OF SCHOOL HEALTH SERVICE

### Central Staff

*Principal School Medical Officer;  
County Medical Officer of Health.*

LISNEY, A. A., M.A., M.D., D.P.H.

*Deputy Principal School Medical Officer;  
Deputy County Medical Officer of Health.*

TURNER, A. F., M.B., Ch.B., D.P.H.

*Administrative Assistant.*

CLARKE, V. W. V., D.P.A.

*Senior School Medical Officer,  
Senior Medical Officer.*

MACLEOD, M. C., M.D., D.P.H. (Commenced 1/7/55).

SCOTT, A. G., M.B., Ch.B., D.P.H. (Resigned 15/5/55).

*School Medical Officers,*

*Assistant County Medical Officers of Health.*

ARMIT, A., M.B., Ch.B., D.P.H.

EVANS, L. S., M.R.C.S., L.R.C.P., D.P.H.

LAWRENCE, I. B., B.Sc., M.B., Ch.B., D.P.H.

MAYES, J. B. M., M.B., B.S., D.P.H.

O'KEEFFE, E. J., M.R.C.S., L.R.C.P., D.P.H.

PEARSON, N. F., M.R.C.S., L.R.C.P., D.P.H.

*Principal School Dental Officer.*

PRETTY, P. J., L.D.S.

*School Dental Officers.*

FLINT, M. F., L.D.S.

FOREMAN, W. R., L.D.S.

HODGES, W. V. A., L.D.S.

MACGREGOR, J. A. E., L.D.S. (Resigned 31/8/55).

O'CONNOR, MISS M. P., L.D.S.

*Consultant Children's Psychiatrist.*

WHILES, W. H., M.R.C.S., L.R.C.P., D.P.M.

*Educational Psychologist (Education Staff).*

TAYLOR, R. J. M., M.A., B.Ed.

*Psychiatric Social Worker.*

FILLITER, MISS A. D.

*Superintendent Health Visitor.*

RANKLIN, MISS I. F., S.R.N., S.C.M., H.V.CERT.

*Assistant Superintendent Health Visitors.*

HEATHER, MISS G., S.R.N., S.C.M., H.V.CERT.

HUNT, MISS R., S.R.N., S.C.M., H.V.CERT.

*School Nurses and Health Visitors.*

ALLEN, MISS F. N., S.R.N., S.C.M., H.V.CERT.

BULLOCK, MRS. M. E., S.R.N., S.C.M., H.V.CERT.

CRISP, MISS I. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

FOULDS, MISS M. J., S.R.N., S.C.M., H.V.CERT.

FULLER, MISS M. E., S.R.N., S.C.M., H.V.CERT.

HARWIN-RICKETTS, MRS. M. V., S.R.N., S.C.M.

JORGENSEN, MISS P. K., S.R.N., S.C.M., H.V.CERT.

MANSBRIDGE, MISS D. E. A., S.R.N., S.C.M., H.V.CERT.

POTT, MISS J. F., S.R.N., S.C.M., H.V.CERT.

READ, MISS L. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

RICHARDSON, MISS I. F., S.R.N., S.C.M., H.V.CERT.

TROTMAN, MISS V., S.R.N., S.C.M., H.V.CERT.

TRUSCOTT, MISS M. R. S., S.R.N., S.C.M., H.V.CERT., D.S.A.

TUFF, MISS M. E., S.R.N., S.C.M., H.V.CERT.

WALKER, MISS M. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

WARVILL, MISS E. J., S.R.N., S.C.M., H.V.CERT.

WHEELER, MISS C. R., S.R.N., S.C.M., H.V.CERT.

WHITE, MISS W. M., S.R.N., S.C.M., H.V.CERT.

*Speech Therapists.*

O'DRISCOLL, MISS N. M., L.C.S.T.

DARBOURNE, MISS S. M., L.C.S.T.

*County Sanitary Officer and Sanitary Engineer.*

KING, F. M. W., F.S.E., F.I.S.E., F.R.S.H., M.S.I.A.

*Assistant County Sanitary Officer.*

PARRY, A. H., M.R.S.H., M.S.I.A.

*Oral Hygienist.*

ROYLE, MRS. P. M. (Resigned 4/11/55).

*Dental Attendants.*

BANKS, MISS A. A.

BASCOMBE, MRS. L. D.

CLARKE, MISS S. M. S.

GORDON ALLARDYCE, MRS. M. (Resigned 20/3/55).

HARDING, MISS M. P.

RICHARDS, MRS. G. A. (Resigned 27/12/55).

STUDLEY, MISS Q.

### Poole Excerpted Area

*Area School Medical Officer,  
Poole Area Medical Officer.*

HUTTON, J., M.D., D.P.H.

*School Medical Officers,*

*Assistant County Medical Officer of Health.*

PARKEN, D. S., M.B., B.S., D.C.H., D.P.H.

(Commenced 19/12/55).

SINCLAIR, J. A., M.B., Ch.B., D.P.H. (Retired 30/9/55).

CAIRNS, K. M., M.B., B.S., M.R.C.S., L.R.C.P.

WILLIAMSON, H. C., M.B., B.Ch., D.P.H.

*Dental Officer.*

RIMMER, W. K., L.D.S.

*School Dental Officers.*

SULLIVAN, J. M., L.D.S.

THOMAS, C. E., L.D.S.

*Assistant Superintendent Health Visitor.*

KINGSBURY, MISS M. M., S.R.N., S.C.M., H.V.CERT.

*School Nurses and Health Visitors.*

BROOKS, MISS H. E., S.R.N., S.C.M., H.V.CERT.

COWLEY, MISS C., S.R.N., S.C.M., H.V.CERT.

(Commenced 1/11/55).

HALL, MRS. V. M., S.R.N., S.C.M., H.V.CERT.

KOSTER, MISS I. E., S.R.N., S.C.M., H.V.CERT.

KUSEL, MISS V. M., S.R.N., S.C.M., H.V.CERT.

LEVER, MISS L. B., S.R.N., S.C.M., S.R.F.N.

NARBETT, MRS. V., S.R.N., S.C.M., H.V.CERT.

PHILLIPS, MISS M. A., S.R.N., S.C.M., H.V.CERT.

PORTER, MISS K. F., S.R.N., S.C.M., S.R.F.N., H.V.CERT.

(Resigned 14/8/55).

STAPLEY, MRS. M., S.R.N., S.C.M., H.V.CERT.

*Dental Attendants.*

ALLEN, MISS J. E. (Commenced 21/3/55).

FORREST, MISS G. J.

MATTISON, MRS. E. T.

NICHOLLS, MISS R. N. (Resigned 28/2/55).

## South Dorset Divisional Executive

### *South Dorset Area Medical Officer.*

WALLACE, E. J. G., M.B., Ch.B., D.P.H.

### *School Medical Officers,*

#### *Assistant County Medical Officers of Health.*

BARR, M. M. E., M.B., Ch.B. (Commenced 1/6/55)  
(Temporary).

WARD, C. A. G., M.B., B.S.

### *School Dental Officers.*

GIBSON, A. N. R., L.D.S. (Resigned 31/12/55).

MASON, MRS. M. D., B.D.S. (Part-time).

### *School Nurses and Health Visitors.*

ALLGOOD, MISS D. B., S.R.N., S.C.M., H.V.CERT.

BROCK, MISS L. M., S.R.N., S.C.M., H.V.CERT., D.S.A.

HUGHES, MRS. V. M., S.R.N., S.C.M., H.V.CERT.

RICHARDSON, MISS G. F., S.R.N., S.C.M., H.V.CERT.

STEMBRIDGE, MISS I., S.R.N., S.C.M., H.V.CERT.

SUNDERLAND, MISS D., S.R.N., S.C.M., R.S.C.N., H.V.CERT.,  
D.S.A.

### *Dental Attendants.*

BRIGGS, MRS. M. J.

WOOD, MISS A. B.

## POPULATION

The population of Dorset as estimated by the Registrar-General at June, 1955, was 302,000.

### *Schools and Scholars*

At the end of 1955 there were 263 maintained schools in the county. The types of schools can be seen from the following table:—

<i>Type</i>	<i>South Dorset Area</i>	<i>Poole</i>	<i>County Area</i>	<i>Total</i>
Primary .. ..	26	24	177	227
Secondary Modern .. ..	4	5	9	18
Grammar .. ..	2	2	13	17
Art (Poole School of Art) ..	—	1	—	1
Totals ..	32	32	199	263

The average numbers of children on the school registers during the month of September, 1955, were as follows:—

<i>Area</i>	<i>Primary</i>	<i>Secondary Modern</i>	<i>Secondary Grammar</i>	<i>Total</i>
County Districts .. ..	15,619	2,775	3,461	21,855
Poole Excepted Area .. ..	7,637	2,602	1,299	11,538
South Dorset Divisional Executive	4,873	1,458	863	7,194
Totals ..	28,129	6,835	5,623	40,587

The total of 40,587 pupils may be compared with the figure of 39,377 in 1954, 34,954 in 1951 and 32,598 in 1948.

## CO-ORDINATION

There have been no administrative changes during the year. Since 1948 the medical staff establishment has remained unchanged although the school population has risen by 8,000, which is more than the equivalent of one full-time school medical officer.

The reason why the service can still be carried out efficiently is due to the fact that preventive measures have reduced the incidence of many diseases which previously involved a considerable amount of time, both in arranging for the treatment of cases and undertaking measures to check the spread of infection. For example, in 1948, there were fifty-three cases of ringworm, in 1955 only five; one case of ringworm necessitates the examination of the entire class and a visit to the child's home to examine contacts can occupy, with travelling time, at least half a day. The saving in time due to the decrease in ringworm alone is, therefore, significant. The same remarks apply to scabies, of which there were 82 cases in 1948, and 7 in 1955, and to other infections and infestations.

Some of the time saved by this decrease in morbidity rate has been absorbed in new commitments such as B.C.G. vaccination and other vaccinations and inoculations against infectious disease, but eventually this time will be more than offset by the decrease in handicapped and delicate children requiring ascertainment, observation and treatment. It is hoped to bring about a similar improvement in the school dental service.

An efficient dental health service should effect a decrease in dental caries by health propaganda directed towards nutrition, including fluoridation of water supplies, proper feeding habits and dental hygiene.

The school health service is contributing to the promotion of physical health and the reduction of sickness in the county, but at the same time is being contained within financial limits. The medical, nursing and administrative staff can derive satisfaction from the fact that this is one of the few welfare services in this happy position at the present time.

## MEDICAL INSPECTION

There has been no change in the arrangements for routine medical inspections during the year, and all children attending maintained schools are examined in accordance with the provisions of the Education Act, 1944, at the following ages:—

- (a) As school entrants at the age of five years;
- (b) During the child's last year in the primary school at the age of ten to eleven years;
- (c) As school leavers. In practice this examination takes place at the age of fourteen to fifteen years, as it is not always known which pupils will be remaining at school after the statutory school leaving age.

Special inspections of children found to have defects which require to be kept under observation are also undertaken as required.

### FINDINGS AT MEDICAL INSPECTIONS

#### *Uncleanliness*

The figures for scabies, verminous conditions and ringworm again show slight reductions, and the statistical table indicates that the situation all over the county is very satisfactory especially the low incidence of ringworm. In my report for 1954, the observations of the health visitors were given on the necessity for continuing head inspections in schools, and these measures have been followed during 1955, a total of 98,015 examinations having been carried out.

		<i>County Area</i>	<i>Poole</i>	<i>South Dorset</i>	<i>Totals</i>
Scabies .. ..	..	—	—	7	7
Verminous ..	..	103	130	32	265
Ringworm ..	..	—	1	4	5

#### *Nutrition*

It was suggested in the last report that consideration might be given to the reduction in the number of categories of nutrition from three to two, as the general health of the school child was improving and there was a marked tendency for all in the 'B' group to move into the 'A' or top category. The Ministry of Education have now officially recommended that this step should be taken, and in future there will only be two categories comprising a large group of 'normal' children and a small group who are for various reasons below this standard.

#### *Nose and Throat Conditions*

Three hundred and thirty-nine defects were found requiring treatment and 638 cases were kept under observation during the year. One thousand and forty-five cases received operative treatment for adenoids and chronic tonsillitis—of this total 478 children lived in the county area, 165 in South Dorset and 402 in Poole.

#### *Respiratory Diseases*

Seventy-four cases were found during the year requiring some form of treatment and 150 cases were kept under observation.

#### *Defects of Vision*

Two thousand five hundred and thirty-seven children with errors of refraction were dealt with and glasses were prescribed in 1,426 cases. These figures are compatible with the figures for the last few years bearing in mind that the total school population continues to rise. Two hundred and sixty-nine cases of external eye disease were also dealt with.

#### *Ear Disease and Hearing*

Particular attention has been paid to the ascertainment of partially deaf children during the year and 161 cases were detected and kept under observation.

The education authority has no audiology centres of its own but full investigation of hearing can be carried out by the hospitals in the authority's area (with the exception of peep show tests).

During the year, a great advance was made by the appointment of a full-time teacher of the deaf. This peripatetic teacher is available for lip reading and teaching any child in the authority's area who is in need and not attending a special school. The appointment is a joint one between the Wilts and Dorset Association for the Deaf and the Education and Health Departments. No audiometricians or other specially trained personnel are used.

Thirteen cases of otitis media were found requiring treatment and 34 cases were kept under observation.

#### *Dental Defects*

It is the general opinion of school medical officers that the marked improvement in dental health observed in the post-war period is not being maintained, and it is believed that the increased consumption of sugar and sweets is partly responsible for it.

## INFECTIOUS DISEASE

Unfortunately, the incidence of poliomyelitis rose to a higher level towards the end of the year when it normally decreases, and the final figures for the county were thirty-three paralytic cases and seven non-paralytic compared with eighteen and nine respectively in 1954. Of the former, twenty-two school children were affected, fifteen being paralytic and seven non-paralytic. The total number for a county with a population of 300,000 is not large, but the cases give rise to an appreciable amount of dislocation in the schools, and a great deal of worry and anxiety on the part of the parents.



## DIPHTHERIA IMMUNISATION

Further improvement in the number of children immunised is required. In 1954, a total of 50,201 children under fifteen years of age had received immunisation at some time during their lives, in 1955, the figure was 50,593, an increase of 392. These figures are still not satisfactory and further propaganda is required.

*(Number of children as at 31/12/55, who had completed a course of diphtheria immunisation at any time before that date)*

	<i>Children under 5 at 3/12/55.</i>						<i>Children 5—14 (inc.) at 31/12/55</i>			<i>Totals</i>
	<i>Under 1</i>	<i>1—</i>	<i>2—</i>	<i>3—</i>	<i>4—</i>	<i>Total</i>	<i>5—9</i>	<i>10—14</i>	<i>Total</i>	
County Area .. .. .	213	1,285	1,639	1,511	1,635	6,283	11,616	8,469	20,085	26,368
Poole .. .. .	10	564	787	808	921	3,090	6,314	5,163	11,477	14,567
Weymouth and Portland ..	95	381	497	496	548	2,017	4,201	3,440	7,641	9,658
<b>Totals ..</b>	<b>318</b>	<b>2,230</b>	<b>2,923</b>	<b>2,815</b>	<b>3,104</b>	<b>11,390</b>	<b>22,131</b>	<b>17,072</b>	<b>39,203</b>	<b>50,593</b>

## B.C.G. VACCINATION

The 1955 programme is set out below. The 1941 birthday group comprises South Dorset and Poole only as the county area figures were included in last year's report.

The 1942 birthday group showed part of the county area and the South Dorset area as the county area and Poole were not completed in the calendar year 1955.

The initial testing with P.P.D.1/1000 and conversion testing remains as reported last year and is giving very satisfactory results.

1955

*Routine B.C.G. Vaccination of School Children against Tuberculosis*

1941 Age Group

<i>Area</i>	<i>Number in age group</i>	<i>Number of acceptances</i>	<i>Number tested</i>	<i>Number of positive reactors</i>	<i>Number vaccinated</i>	<i>C/F to 1942 age group</i>	
						<i>For retest</i>	<i>Absentees</i>
South Dorset Area ..	571	442	418	123	295	—	24
Poole Area .. .. .	729	456	439	73	364	2	17
<b>Totals ..</b>	<b>1,300</b>	<b>898</b>	<b>857</b>	<b>196</b>	<b>659</b>	<b>2</b>	<b>41</b>

1942 Age Group

<i>Area</i>	<i>Number in age group</i>	<i>Number of acceptances</i>	<i>Number tested</i>	<i>Number of positive reactors</i>	<i>Number vaccinated</i>	<i>C/F to 1943 age group</i>		<i>1941 Retests</i>				
						<i>Number for retest</i>	<i>Absentees</i>	<i>Number for retest</i>	<i>Number tested</i>	<i>Number absent for reading</i>	<i>Number positive</i>	<i>Number vaccinated</i>
South Dorset Area ..	647	519	446	93	353	—	73	24	9	—	4	5
County Area (part) ..	876	691	667	108	538	21	24	28	24	1	3	20
<b>Totals ..</b>	<b>1,523</b>	<b>1,210</b>	<b>1,113</b>	<b>201</b>	<b>891</b>	<b>21</b>	<b>97</b>	<b>52</b>	<b>33</b>	<b>1</b>	<b>7</b>	<b>25</b>

## FOLLOWING-UP

The following-up of defects until they have been remedied continues as in previous years. Parents are advised to take their children to the family doctor or to one of the school health service clinics, and in the very few instances where the advice has not been followed and the visit of a school nurse has been of no avail, the Inspector of the National Society for the Prevention of Cruelty to Children is called in to visit the family.

## MEDICAL TREATMENT

Before referring a child to a hospital for investigation and possible treatment, a notification is passed to the family doctor and he is given the option of taking the necessary action himself. In order to expedite treatment, he is informed at the same time that if he does not reply to the communication within seven days it will be automatically understood that he wishes the school health service to make all necessary arrangements. The family doctor is, of course, kept in touch with all developments.

Statistics from hospitals regarding discharges of school children are submitted on a weekly return, and these most important details are now regularly received.

### *Minor Ailments*

Minor ailments requiring clinic treatments are now non-existent in the county area, and numbers have continued to fall in the Poole and South Dorset areas. In 1948, attendances at the minor ailment clinics in Poole were 13,378 and in the South Dorset area 6,505, and in the remainder of the county there were 1,327 attendances. The figures for 1955 were 560 in Poole, 956 in South Dorset and none in the remainder of the county. This reflects the greatly improved standard of child care, and the consequent elimination of the majority of preventable conditions such as impetigo, scabies, ringworm, verminous conditions, running ears and septic cuts.

### Clinics—Location of school clinics, type and number of sessions

Location	Number of Sessions per week								
	Minor Ailments	Dental	Ophthalmic	Orthopedic	Orthopaedic (Remedial)	Speech	Cleansing	Asthma	Child Guidance
The Clinic, Hogshill Street, Beaminster ..	—	—	—	—	—	1	—	—	—
Castleman House, Salisbury Street, Blandford ..	—	11*	—	—	—	—	—	—	—
Church Hall, Salisbury Street, Blandford ..	—	—	—	—	—	1	—	—	—
Bovington Primary School .. ..	—	—	—	—	—	1	—	—	—
County Clinic, Downe Street, Bridport ...	—	11*	—	—	—	1	—	—	1 (as required)
County Clinic, Glyde Path Road, Dorchester ..	—	9	—	—	1	2	—	1	1½
Woodmead Hall, Lyme Regis ..	—	—	—	—	2	—	—	—	—
The Clinic, 67, Market Street, Poole .. ..	1	1	—	—	—	—	—	—	—
Branksome Clinic, Shillito Road, Parkstone, Poole	2	22	—	—	—	—	—	1	—
'Torvaine', 4, St. Peter's Road, Parkstone, Poole ..	—	—	3	6	—	—	—	—	—
3, Bristowes Chambers, High Street, Poole ..	—	8	—	—	—	—	—	—	—
Burlea Towers, 55, Parkstone Road, Poole ..	—	—	—	—	6	4	2	—	1½
Hamworthy Clinic, Legion Road, Hamworthy ..	2	3	—	—	—	1	—	—	—

*Clinics—continued*

<i>Location</i>	<i>Number of Sessions per week</i>								
	<i>Minor Ailments</i>	<i>Dental</i>	<i>Ophthalmic</i>	<i>Orthop-tic</i>	<i>Ortho-pædic (Remedia!)</i>	<i>Speech</i>	<i>Cleansing</i>	<i>Asthma</i>	<i>Child Guidance</i>
Kemp Welch School, Herbert Avenue, Parkstone, Poole ..	1	—	—	—	—	—	—	—	—
Henry Harbin School, Wimborne Road, Poole ..	1	—	—	—	—	—	—	—	—
Broadstone Women's Institute, Poole ..	1	—	—	—	—	—	—	—	—
Sylvan School, Livingstone Road, Poole ..	1	—	—	—	—	—	—	—	—
Trinidad School, Herbert Avenue, Parkstone, Poole ..	1	—	—	—	—	—	—	—	—
Easton Methodist Schoolroom, Easton, Portland ..	—	—	—	—	—	1	—	—	—
Tophill Junior Mixed School, Easton, Portland ..	2	—	—	—	—	—	—	—	—
Clinic, Shaftesbury Secondary Modern School, Shaftesbury .. ..	—	11*	—	—	—	1	—	—	—
County Clinic, Horsecastles, Sherborne ..	—	11*	—	—	2	1	—	—	1
Oldfeld House, The Grammar School, Swanage ..	—	—	—	—	—	1	—	—	—
Wesleyan Memorial Hall, Swanage ..	—	—	—	—	—	—	—	Monthly	—
The Secondary Modern School, Wareham ..	—	—	—	—	—	1	—	—	—
Broadway Secondary Modern School, Redlands, Weymouth ..	2	—	—	—	—	—	—	—	—
Health Centre, Westham Road, Weymouth ..	6	17	—	—	—	3	—	—	1
Wyke Regis Infants' School, Weymouth ..	1	—	—	—	—	—	—	—	—
Civic Centre, Wimborne ..	—	—	—	—	—	1	—	—	—

\* Denotes number of sessions when school dental officers are working at these clinics.

### *Vision*

By the time the age of eight years has been reached the vision of every school child has been specially tested. When defects are discovered the parents are advised, and given the option of the child being referred to a consultant ophthalmologist at one of the sight testing clinics in the county or making their own arrangements. The great majority of parents request that their children be examined at the school ophthalmic clinic.

Colour vision is tested at the intermediate examination by the Ishihara Colour Vision Test.

### *Ophthalmic Treatment*

An excellent school ophthalmic service is provided by the two hospital management committees, and a short report on every child seen is provided.

### *Provision of Spectacles*

Defective eyesight is a very serious handicap to children at school and the provision of spectacles is of more importance to them than for any other section of the public. I am glad to report, therefore, that there is no delay in the provision of spectacles throughout the county, and the arrangements for repair and replacement are excellent.

### *External Eye Disease*

The number of external eye complaints fell from 297 in 1954 to 269 in 1955.

### *Other Eye Diseases*

Minor eye conditions are dealt with at minor ailments clinics or by the family doctor, the more serious defects being referred either to the latter or to the ophthalmic specialist direct.

### *Orthopaedic Treatment*

There is no change in the arrangements for the treatment of minor orthopaedic defects; provision is made for twelve long-stay cases in the Westhaven Hospital, Weymouth, and the accommodation is used to full capacity. Arrangements are made by the Education Department for teaching staff at the hospital for these long-stay cases and the orthopaedic surgeon reports very favourably on this arrangement.

## **DENTAL INSPECTION**

The Principal School Dental Officer reports on the work of the dental officers in the county as follows:—

‘The gradual increase in the number of dental officers on the staff during the past few years has, unfortunately, not been maintained. There were eleven at the beginning of the year and of these, one has resigned and another changed to a part-time appointment. This leaves, at the end of the year the equivalent of nine and a half dental officers in an establishment of twelve.

‘Since the establishment was approved in 1949 there has been an increase in the school population of approximately 7,000, which would justify the appointment of two additional dental officers, but as the original establishment was never attained, the County Council did not consider an increase justifiable.

‘There is a general shortage of dentists throughout the country and the majority prefer to enter general practice, the main reason being the difference in remuneration between the two services. This applies especially to the newly qualified dental surgeon who would normally be appointed in the school dental service at the minimum of the salary scale. Once he is established in general practice it is unlikely that he would transfer at a later date to the Local Authority employ.

‘The result of this shortage of staff is that school children are not receiving dental inspections as frequently as desirable, which should be at least once a year. When the intervals between visits exceed this time, dental decay can reach such an advanced stage that it is necessary to extract many teeth which could otherwise have been conserved.

‘It is not anticipated that this shortage will be overcome in the near future, as the number of students entering the dental profession is decreasing. Further, the average age of the existing practitioners is high and many of them will be retiring in 1958 when they have completed ten years’ service under the National Health Service Act. It is anticipated that by that time there will be fewer names on the Dental Register than there are at the present time.

‘The programme for building a series of new clinics, referred to in previous reports has, unfortunately, not progressed as expeditiously as desired. It was expected that the one at Swanage would by now be nearing completion, but building has not yet been commenced. The need for a clinic there is urgent, not only for dental treatment but for the other services administered by this authority; this observation also applies to Blandford where the existing clinic premises are quite inadequate.

‘The unsuitability of some of the existing clinics in hired premises has a detrimental effect on the amount of work carried out, aggravated by the shortage of staff.

‘An oral hygienist was appointed to fill an existing vacancy, but she resigned before the end of the year to get married. It has not yet been possible to replace this officer as the training of oral hygienists was terminated several years ago and very few of them are now available. It is unfortunate that this type of training has been allowed to lapse as these appointments were a valuable asset to the service in carrying out scaling and instruction in oral hygiene, saving an appreciable proportion of the time of the dental officers, thus enabling them to concentrate on other routine treatment.

‘It is only possible to carry out orthodontic treatment to a limited extent in the rural areas, but more is done at the Dorchester, Poole and Weymouth clinics. As already reported there is a specialist orthodontist at Boscombe Hospital to whom cases in East Dorset may be referred, but a service of this kind is required for the remainder of the county.

'Circular 288 (12th July, 1955) was received from the Ministry of Education referring to orthodontic treatment in the school service. The circular suggested that local authorities should review their existing arrangements and advise regional hospital boards whether or not their assistance was required. In view of the position in the county, the South West Metropolitan Regional Hospital Board was informed accordingly but no extension to the service had taken place by the end of the year.'

### REMEDIAL EXERCISES

The following report has been prepared by Miss Sebestyen, the remedial exercises organiser:—

'This year the emphasis in remedial work has been on the encouragement of children to supplement their school remedial classes by practising the necessary exercises at home, and with this aim in view many opportunities have been taken for meeting parents and demonstrating the exercises. Illustrated home exercise pamphlets have been produced and these have proved efficacious as good teaching in the school combined with daily practice shows the best results.

'The total number of schools having remedial classes in 1955 was one hundred, the highest total so far reached, including some eighty-four schools in the county area—an increase of nineteen—where children required individual treatment and advice. It is impossible to carry out sufficient visits to maintain adequate supervision, but the use of home exercise pamphlets may help to overcome this.

'A full-time remedial teacher was appointed during the year to visit schools, chiefly in the South Dorset area.

'Two successful courses were held for teachers during the year. One was a week's residential course at Clyffe House combining remedial work with Physical Education for women teachers in Secondary schools, and the other a sessional course at Poole for primary teachers during the autumn term.

'A second remedial film is in production and should be completed by the Spring.

'Asthma clinics have been held at Dorchester, Swanage and Poole.

#### *Poole*

'New premises became available at Poole, and with these much improved facilities it should be possible to treat more children.

#### *Swanage*

'Accommodation at Swanage for the Asthma clinic is still unsuitable, but regular monthly sessions have been held as usual.

#### *Dorchester*

'This clinic has been continued throughout the year on Saturday mornings, and is attended chiefly by children living in rural areas.'

### SPEECH THERAPY

During 1955, the Speech Therapy Service has established a valuable link with the Regional Hospital Board, which enables a very strictly limited number of adult cases to be treated. There is now most helpful co-operation with the Instructor in Lip-Reading, in the treatment of partially deafened patients, and the Plastic Unit at Odstock Hospital gives most valuable assistance in cases of cleft plate and other conditions requiring plastic surgery.

During the past two years it has been possible, in the Weymouth session, to accept a fair number of stammerers very soon after their defect becomes noticeable. These children show a better recovery rate than those admitted when they are older, which agrees with the results of a detailed survey undertaken at Newcastle-upon-Tyne.

In twenty cases of stammer of all ages selected at random from the Weymouth session during 1953 and 1954, approximately 40 per cent may be classed as recovered.

### OPEN-AIR EDUCATION

Dorset enjoys a considerable coastline to the English Channel, is a rural, well-wooded county with a high number of hours of sunshine and a mild and healthy climate. The new schools being erected and those already built under post-war development are planned to make full use of our natural gifts, and the very few children so delicate that special residential schooling is required are admitted to schools sponsored by other authorities.

### CO-OPERATION OF PARENTS

Very few parents refuse to allow their children to be examined at routine school medical inspections, and when such circumstances do arise a friendly explanatory letter usually results in a parent presenting the child at the next inspection.

Talks have been given to parent/teacher associations on various matters during the year, including B.C.G. vaccination, diphtheria and whooping cough immunisation, poliomyelitis, and many interesting discussions resulted.

The National Survey of the Health and Development of a group of children born in the first week of March, 1946, controlled by the Institute of Child Health (London University) and in which all local authorities are co-operating, is still proceeding. The assistance afforded by parents to the school nurses when they call to bring the questionnaire up-to-date, is very much appreciated by all concerned.

## CO-OPERATION OF TEACHERS

On the whole the co-operation of teachers remains excellent, and the efficiency of the school health service depends very much on this fact. In these modern times official forms play a large part in the scheme of things, and I take this opportunity of thanking those teachers who have cheerfully and efficiently completed the many returns and reports sent to them during the year.

## CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS

This has remained excellent, and to our mutual advantage. Where a medical examination is involved, the school attendance officer requests an investigation by a school medical officer and difficulties are often cleared up by consultation with the general practitioner. Prolonged absence from school and cases of illness are discovered by the school attendance officers in the course of their duties and are fully reported, often before such matters have been brought to notice by other means.

## CO-OPERATION WITH GENERAL PRACTITIONERS

The general practitioner is kept fully informed of all action proposed to be taken regarding the reference of children on his list to a hospital specialist. He can, under the system in force, be saved the trouble of making the necessary arrangements himself and, at the same time, rest assured that he will be kept in touch with all developments. By these arrangements the confidence and co-operation of the general practitioners throughout the county is assured.

## CO-OPERATION OF VOLUNTARY BODIES

There has been excellent co-operation with all voluntary bodies dealing with the care of children, and it is a pleasure to place on record the valuable assistance rendered by the various voluntary organisations in the county.

## PROVISION OF MILK AND MEALS

### *Provision of Milk*

The position regarding the supply of milk to schools remained satisfactory during 1955. In a few instances there was a change in the grade of milk supplied, and at the 31st December, 1955, the position was as follows:—

Number of schools receiving pasteurised milk .. ..	240
Number of schools receiving raw tuberculin tested milk .. ..	20
Total .. ..	260

Due to their remote position, six schools receive milk in bulk containers from local tuberculin tested milk producers. This matter is kept under periodic review and it is hoped that, in the near future, it will also be possible to obtain supplies of milk in one-third pint bottles for these schools.

With over 97 per cent of schools receiving bottled milk, it is important that close supervision be maintained of the cleanliness of the bottles before milk is put into them and rinses of these containers are obtained from time to time at the dairies concerned. During the year some 249 rinses were taken, and the results in most cases were satisfactory. In connection with the cleaning of milk bottles, schools could materially assist the dairymen in this operation if they were to ensure that after use each bottle was rinsed in cold water.

The following table gives particulars of the samples taken for bacteriological examination during 1955:—

<i>Pasteurised</i>		<i>Tuberculin Tested</i>		<i>Total number of samples</i>	<i>Number of schools sampled</i>
<i>Pass</i>	<i>Fail</i>	<i>Pass</i>	<i>Fail</i>		
1,804	91	132	33	2,060	229*

\* *Sampling of milk at 31 schools in the Borough of Poole was carried out by the borough sanitary inspectors.*

It will be seen that, out of a total of 2,060 samples, 124 (6 per cent) failed the tests. Of the unsatisfactory samples of pasteurised milk twenty-five failed on account of inadequate or improper, pasteurisation, the remainder being in respect of keeping quality.

In addition to the above-mentioned samples, which were submitted for bacteriological examination, sixteen specimens of school milk were subjected to examination for tubercle bacilli and all proved negative.

### *Provision of Meals*

I am grateful to the county education officer for supplying the following information relating to the provision of meals to schools in the county:—

Number of schools in the county receiving meals at 1st January, 1955 .. ..	258
Number of schools in the county not receiving meals at 1st January, 1955 .. ..	2
Number of schools in the county receiving meals at 31st December, 1955 .. ..	263
Number of schools in the county not receiving meals at 31st December, 1955 .. ..	2
Number of new kitchens opened in 1955 .. ..	3
Number of new dining-rooms (not classroom arrangements) opened in 1955 .. ..	6
Number of schools provided with washing-up facilities in 1955 .. ..	1
Daily average number of meals served in 1955 .. ..	21,225
Percentage of school population taking meals .. ..	52.39

The Food Hygiene Regulations, 1955, which were made by the Minister of Health jointly with the Minister of Agriculture, Fisheries and Food under sections 13 and 123 of the Food and Drugs Act, 1955, came into operation on the 1st January, 1956, and school kitchens and canteens are included in the definition of 'business' to which the regulations apply. The purpose of the regulations is to secure a satisfactory standard of hygiene in the preparation and handling of foodstuffs, and this is of particular importance in respect of school meals service.

Generally, the standard of hygiene at school kitchens and canteens throughout the county is very satisfactory and, in most matters, will be found to meet the requirements of the new regulations. However, as by far the largest caterers in Dorset the county council's responsibilities in this whole matter are considerable.

#### *Food Poisoning*

During the year investigations were carried out into outbreaks of sickness at three schools, but there was nothing to confirm that the cause at two of them was due to the consumption of school meals. The symptoms were typical of bacterial toxin infection.

### **SCHOOL SWIMMING**

During the year learner pools were constructed at Dorchester and Wareham secondary modern schools. A sum of £200 was allocated for the construction of each pool and work was undertaken by pupils supervised by members of the teaching staff; the only skilled assistance being in connection with the rendering of the concrete.

The swimming pool at Dorchester was completed in time for opening for a short period at the beginning of the autumn term. Water is obtained from the local authority's main and chlorinated by hand dosage with a chypchlorite solution under supervision, frequent tests being made during the time the pool is in use to ensure that a satisfactory residual of free chlorine is maintained. Similar arrangements will be made for treating the water in the swimming pool at Wareham secondary modern school.

There is no doubt that these learner pools, which were constructed as an experiment, will be invaluable in the giving of swimming instruction to the pupils, and it is possible that further pools of this type will be provided at other schools in the county.

A total of nineteen samples of water were submitted for bacteriological examination in respect of two other swimming baths, at which organised swimming instruction is given to school children during the summer term. Each of the samples was reported to be satisfactory.

### **HEALTH EDUCATION**

Lectures by the medical staff and the principal school dental officer have continued during the year, frequently illustrated by films.

The attendances at meetings of parent/teacher associations where such lectures have been given, and the quality of the group discussions clearly demonstrate that this personal contact is of the greatest value in furthering health education.

Some very helpful films have been shown and these, together with series of lectures and practical demonstrations, have stimulated a real interest in the care and treatment of children with postural defects.

### **PHYSICAL EDUCATION**

The County Physical Education Officer reports as follows:—

'The staffing position as to women specialist teachers in physical education is not so satisfactory, owing to the continuing scarcity of specialist teachers, but there is an adequate supply of men teachers.

'There is a marked improvement in the resurfacing of school playgrounds. The loose gravel type of playgrounds which are liable to cause accidents are being eliminated.

'Sheds for storage of equipment are gradually being provided, but many are still required.

'The primary schools are well equipped with small apparatus, and the larger climbing apparatus continues to be provided.

'A successful week's residential course in physical education and remedial exercises for women teachers in secondary schools was held at Clyffe House during August. The course consisted of lectures, demonstrations, teaching practice and discussions on modern trends in physical education and remedial work.

'Training courses for teachers have been arranged in physical education, athletics and folk dancing. The official coach for the All England Women's Hockey Association visited all parts of the county for coaching sessions with the teachers responsible for hockey in schools.

'There has been further development of playing fields and an improvement in their maintenance.

'During 1955, learners' swimming pools were constructed by the staff and pupils at Dorchester and Wareham modern schools. It is hoped that similar pools will be constructed by other schools during the coming year.

'The county school camps at Carey, Wareham and Blashenwell, Kingston, near Corfe Castle, again had a successful season. At Carey a total of 1,423 campers attended, and at Blashenwell there were 232 campers.'

## HANDICAPPED CHILDREN

The following table gives the numbers of pupils graded as handicapped in each category. As far as numbers are concerned the important categories are the educationally subnormal, maladjusted and physically handicapped.

*Handicapped Pupils in Dorset—Position as at 31/12/55.*

Categories of Handicapped Pupils	1		2		3		4		5		6		7		8		9		10		11		12		
	Pupils attending Residential Special School		Pupils admitted to Special Residential Schools during the year		Pupils discharged from Special Residential Schools during the year		Pupils added to Special Residential Schools waiting list during the year		Total number of pupils with names on one or more waiting lists		Pupils recommended for education in Special Residential Schools and not yet on waiting lists		Pupils attending Special Classes		Pupils not attending any School on the recommendation of the Principal School Medical Officer		Pupils receiving Home Tuition under Section 56 of the Act		Pupils whose parents refuse to give consent for admission to Special Schools or Classes.		Pupils receiving Special Educational Treatment in ordinary schools		Pupils attending Special Day Schools		
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	
(a) <i>Blind</i> ..	6	1	3	1	2	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—		
(b) <i>Partially Sighted</i> ..	4	2	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	
(c) <i>Deaf</i> ..	11	9	—	1	3	2	—	—	1	—	1	—	—	—	—	—	—	—	—	1	—	—	—		
(d) <i>Partially Deaf</i>	6	1	2	—	—	—	1	—	1	1	2	—	—	—	—	—	—	—	—	1	—	5	4	—	—
(e) <i>Educationally Subnormal</i>	49	16	11	5	15	7	22	9	27	3	—	1	—	—	5	5	1	1	16	13	209	127	33	14	
(f) <i>Epileptic</i> ..	3	1	2	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	2	—	—	—	
(g) <i>Maladjusted</i> ..	9	6	5	2	4	2	2	2	3	—	3	—	—	—	—	—	—	—	—	2	—	14	8	—	—
(h) <i>Physically Handicapped</i>	5	8	3	5	1	2	4	2	3	—	—	—	—	—	4	4	6	7	2	1	17	10	—	—	
(i) <i>Speech Defects</i>	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(j) <i>Delicate</i> ..	3	4	4	4	4	7	2	2	1	—	—	—	—	—	1	—	1	—	1	—	19	20	—	—	
<i>Totals</i> ..	96	48	32	18	29	21	32	15	36	4	8	1	—	—	10	10	8	8	23	15	267	170	33	14	

B—Boys

G—Girls

### *Educationally Subnormal Children*

It is unlikely that any measures can be taken to increase intelligence, and the children in this group should not be considered abnormal. They represent the lowest ten per cent of normal children and are balanced at the other end of the scale by the same proportion of exceptionally clever children. It has not been finally decided exactly how these children should be dealt with. For various reasons some obviously require special schooling while some can benefit in a special class; others can make fairly satisfactory progress in an ordinary school. In some quarters there is a growing tendency to concentrate on social training and development of practical aptitudes.

### *Maladjusted Children*

Eleven children were officially graded as maladjusted during the year compared with eight in 1954.

### *Physically Handicapped and Delicate Pupils*

Twenty-eight children were officially graded in these two categories and every avenue should be explored to reduce the incidence, especially in the number of delicate children. Many different factors influence the total number of delicate and handicapped children, but the ante-natal and health visiting services, the effectiveness of local health authority immunisation and vaccination campaigns and effective health propaganda, all play their part. It is disappointing, therefore, to note that there has been a rise in the numbers categorised in these groups in 1955, a total of seventeen physically handicapped and eleven delicate being ascertained during the year.

### *Deaf and Partially Deaf Pupils*

No new cases of deafness were ascertained. Five cases of partially deaf children were ascertained for the first time. There has been no marked fall in the numbers of children ascertained in this category and it appears that a 'hard core' of cases has been reached, resistant to ordinary preventive measures. Further investigation into the cause of these cases is required.

### *Epileptics*

Two new cases were ascertained during the year.



## Mental Defectives

A total of eighteen cases were graded under section 57 of the Education Act. These cases pass out of the educational system and are followed up by the mental health welfare officers and home teachers. Other facilities are available: for instance, arrangements can now be made under Ministry of Health Circular 5/52 for parents to obtain temporary relief from the care of the defective by his admission to an institution or home for a short period without formal certification.

## Statistics—Whole County

### Examinations of Handicapped Pupils during 1955

	No. ascertained as handicapped pupils for the first time during 1955	No. of handicapped pupils re-examined during 1955 and retaining the same category	No. of handicapped pupils re-examined and regraded under the following categories during 1955	Totals
Blind .. ..	1	—	—	1
Partially Sighted ..	—	2	—	2
Deaf .. ..	—	—	—	—
Partially Deaf ..	5	1	1	7
Delicate .. ..	11	9	—	20
Educationally Subnormal	94	81	3	178
Epileptic .. ..	2	1	—	3
Maladjusted .. ..	11	3	3	17
Physically Handicapped	17	7	—	24
Multiple Defects ..	8	10	2	20
Section 57 (3) cases ..	16	—	8	24
Section 57 (4) cases ..	—	—	—	—
Section 57 (5) cases ..	2	—	16	18
Removed from list ..	—	—	16	16
Totals ..	167	114	49	330

These figures only give the numbers of examinations where a definite grading was made, and a large number of children were also examined who were not graded educationally. Some of these are found to be normal, or more likely to have some disability which required medical treatment only and not special education.

## CHILD GUIDANCE

The following is a report of the consultant children's psychiatrist:—

'This year has, unfortunately, had to be one of retrenchment rather than of expansion. We had 177 new children referred to us which is the greatest number we have ever had in one year, and is 23 more than the average for the four years the service has been established. A total of 487 children have been seen during the year. With this number, we need more clinical staff than is available at present. One psychiatric social worker cannot possibly cover the whole county for even diagnostic and intensive treatment needs and, therefore, those parents who need help in sorting out the less serious problems cannot be assisted and we are unable to do any real prophylactic work. We have had to close every possible case and unfortunately among the 73 closed as "diagnosis and advice only", there are many families who need more intensive psychiatric social work than we can give. In order to economise the present psychiatric social worker's time, we have had to close down clinic sessions at Bridport, Sherborne and Shaftesbury, as they take up too much travelling time. We are now concentrating the work on three centres, at Poole, Dorchester and Weymouth, and can now only undertake new cases who can travel into these centres. Fortunately, Dr. Hucker has been able to see some children for us in the Sherborne and Shaftesbury areas, but he can do very little in the way of treatment without the help of a psychiatric social worker to see the parents.

'The most important development has been the opening of the new child guidance premises at Burlea Towers which we began to use in September. Now, for the first time in Poole, we have been able to work in satisfactory rooms and have our own equipment around us. There are separate rooms for the psychiatric social worker, the educational psychologist and psychiatrist, with a pleasant waiting room and separate office for records. The fact that these rooms are now our own and are available at any time, without having to be shared with other clinics, has made it possible to develop the work very considerably in the Poole area. The psychiatric social worker is now able to work with mothers, not only in surroundings which encourage confidence and co-operation, but is able to work on a more fluid time-table. We are also able to arrange an extra psychiatric session there and the educational psychologist hopes to build up again the remedial teaching which has fallen into abeyance owing to the lack of suitable premises.

'In addition to the regular child guidance work, all members of the team visit Penwithen Hostel regularly and the psychiatric social worker visits the parents of those children who are in other residential places. I am hoping to be able to give a diagnostic opinion on all "long stay" children admitted to the Gloucester Road Reception Centre and to start case conferences with the Children's Department on these children.

'We have been encouraged throughout the year by the co-operation we have had from doctors and social workers in other branches of children's work, and this has added a great deal to the success of our work.'

## Statistics

Total number of children seen during 1955	..	487
Children carried forward from 1954	..	310
New cases seen during 1955	..	177
Children awaiting investigation on 31/12/55	..	15
Cases closed during 1955	..	166
Total number of children under observation or treatment on 31/12/55	..	321

### Analysis of new cases investigated during 1955

#### Sources of referral of new cases:

School Medical Officers	..	64
General Practitioners	..	61
Education Office and Head Teacher	..	23
Children's Officer	..	10
Speech Therapist	..	1
Probation Officer	..	7
Other Sources	..	11

#### Problems for which children were referred:

Behaviour problems	..	85
Nervous symptoms	..	37
Educational problems	..	17
Enuresis	..	16
Speech problems	..	5
Special advice	..	11
Psycho-somatic symptoms	..	6

#### Age Groups:

Pre-School age	..	10
Infant school age	..	30
Junior school age	..	74
Secondary school age (Modern)	..	37
(Grammar)	..	23
Left school	..	3

#### Recommendations made on new cases:

Still under investigation	..	30
Diagnosis and advice only	..	48
Superficial treatment	..	65
Intensive treatment advised	..	24
Referred to other agencies	..	4
Left area	..	1
Residential treatment advised	..	5

### Children under intensive treatment during 1955:

Carried forward from 1954	..	25
Commenced treatment during 1955	..	31
Stopped treatment during 1955	..	30
Carried forward to 1956	..	26

### Analysis of intensive psychiatric treatment

#### Cases closed during 1955:

Satisfactory adjustment	..	21
Partially improved	..	4
Admitted to residential schools or hostels	..	1
Removed from area	..	1
Unco-operative	..	3

### Analysis of all cases closed during 1955

Diagnosis and advice only	..	73
Transferred to other agencies	..	13
Removed to other areas	..	16
Satisfactory adjustment after C.G. Treatment	..	42
Unco-operative or unsatisfactory response	..	14
Improved but not entirely satisfactory	..	8

### Psychiatric interviews

Diagnostic	..	177
Re-examination	..	226
Treatment	..	652
Total interviews with children	..	1,016
Total interviews with parents and others	..	240
Total interviews by Psychiatrist	..	1,256

### Psychiatric Social Worker

Number of visits made by Psychiatric Social Worker	..	290
Number of clinic interviews by Psychiatric Social Worker	..	552
Number of interviews with other officials	..	41
Number of visits to schools	..	10

### Educational Psychologist

Number of clinic sessions by Educational Psychologist	..	134
Number of children interviewed by Educational Psychologist	..	410

## JUVENILE DELINQUENCY

Children who are to attend at juvenile courts are previously medically examined, and a special report is made to the magistrates giving details of any physical or mental defects and any important family history affecting the welfare of the child. During 1955, 2,830 such reports were issued in the county area. The consultant children's psychiatrist issues special reports when the children concerned are known to the child guidance team, or in cases where a psychiatric report is specifically requested by the magistrates.

Once again I should like to take this opportunity to express my thanks to the principal probation officer and his staff for assistance rendered during the year.

## EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

The system of supplying the Youth Employment Officer with a special report on every child who receives his last routine medical inspection has continued and during 1955 a total of 2830 reports were completed.

This information is most useful to the youth employment officer at the time of the vocational guidance interviews, particularly in placing handicapped pupils in suitable employment.

Bye-laws with respect to the employment of children are in force and these are chiefly concerned with the prohibition of certain employments, and the regulation of the laws of employment in allowed occupations. Licences are issued to those who are allowed to be engaged in this manner.

## SCHOOL HYGIENE

During the year the undermentioned works of improvement to sanitation were carried out at schools in the county:—

### *County and Controlled schools*

- Main water provided at 4 schools;
- Waterborne sanitation provided at 5 schools;
- Wash-hand basins provided at 9 schools;
- Sanitary accommodation improved at 11 schools.

In addition, works were in hand at the end of the year for the provision of main water, waterborne sanitation and improvements generally to the sanitary accommodation at two schools.

### *Aided schools*

- Main water provided at 4 schools;
- Waterborne sanitation provided at 4 schools;
- Wash-hand basins provided at 9 schools;
- Sanitary accommodation improved at 5 schools.

Further improvement schemes have been prepared for county, controlled and aided schools, and the overall position regarding sanitation is now much more satisfactory.

**STATISTICAL APPENDIX**  
**TO THE SCHOOL MEDICAL OFFICER'S REPORT**  
**Year ended 31st December, 1955.**

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING SPECIAL SCHOOLS).

*A.—Periodic Medical Inspections.*

*P* = Poole Area.      *S.D.A.* = South Dorset Area.      *C* = Remainder of County.

Number of Inspections in the prescribed Groups:—

	<i>P.</i>	<i>S.D.A.</i>	<i>C.</i>	Totals
First year of compulsory school attendance ..	1,314	829	2,846	4,989
Last year in primary school .. ..	1,142	770	2,556	4,468
Last year of compulsory school attendance ..	842	472	1,516	2,830
Totals .. ..	3,298	2,071	6,918	12,287
Additional Periodic Inspections .. ..	—	—	—	—
Grand Totals .. ..	3,298	2,071	6,918	12,287

*B.—Other Inspections.*

	<i>P.</i>	<i>S.D.A.</i>	<i>C.</i>	Totals
Number of Special Inspections .. ..	1,126	1,250	3,028	5,404
Number of Re-inspections .. ..	2,011	656	3,717	6,384
Totals .. ..	3,137	1,906	6,745	11,788

*C.—Pupils found to require Treatment.*

<i>Group.</i> (1)	<i>For defective vision (excluding squint). (2)</i>				<i>For any of the other conditions recorded in Table II A. (3)</i>				<i>Total Individual Pupils. (4)</i>			
	<i>P.</i>	<i>S.D.A.</i>	<i>C.</i>	Totals	<i>P.</i>	<i>S.D.A.</i>	<i>C.</i>	Totals	<i>P.</i>	<i>S.D.A.</i>	<i>C.</i>	Totals
First year of compulsory attendance ..	20	41	37	98	583	120	324	1,027	486	160	309	955
Last year of primary school .. ..	116	68	126	310	333	100	265	698	390	168	348	906
Last year of compulsory attendance ..	116	58	60	234	221	27	84	332	298	78	127	503
Totals .. ..	252	167	223	642	1,137	247	673	2,057	1,174	406	784	2,364
Additional Periodic Inspections ..	—	—	—	—	—	—	—	—	—	—	—	—
Grand Totals .. ..	252	167	223	642	1,137	247	673	2,057	1,174	406	784	2,364

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1955.

Defect Code No.	Defect or Disease. (1)	Periodic Inspections.								Special Inspections.							
		No. of Defects.								No. of defects.							
		Requiring Treatment. (2)				Requiring to be kept under observation, but not requiring treatment. (3)				Requiring Treatment. (4)				Requiring to be kept under observation, but not requiring treatment. (5)			
		P.	SDA	C.	Totals	P.	SDA	C.	Totals	P.	SDA	C.	Totals	P.	SDA	C.	Totals
4	Skin .. ..	68	17	11	96	22	—	49	71	36	127	2	165	13	—	5	18
5	Eyes—(a) Vision ..	252	167	223	642	17	105	289	411	93	28	171	292	1	6	223	230
	(b) Squint ..	49	25	22	96	9	4	68	81	25	1	3	29	—	—	12	12
	(c) Other ..	16	7	11	34	12	1	53	66	123	60	7	190	15	—	13	28
6	Ears—(a) Hearing ..	34	3	6	43	63	4	35	102	6	1	5	12	1	—	3	4
	(b) Otitis Media ..	12	1	—	13	3	—	31	34	—	1	—	1	—	—	—	—
	(c) Other ..	7	—	3	10	3	—	23	26	35	15	1	51	7	—	1	8
7	Nose and Throat ..	240	20	43	303	219	14	388	621	31	1	4	36	—	2	15	17
8	Speech .. ..	7	7	16	30	39	6	48	93	7	—	7	14	2	1	7	10
9	Cervical Glands ..	9	8	2	19	37	9	66	112	7	1	—	8	—	2	2	4
10	Heart and Circulation	26	4	—	30	28	4	44	76	—	—	4	4	—	—	1	1
11	Lungs .. ..	49	8	8	65	29	12	98	139	—	—	9	9	—	2	9	11
12	Developmental:—																
	(a) Hernia ..	6	4	7	17	4	—	19	23	—	—	—	—	—	—	2	2
	(b) Other ..	10	44	2	56	37	34	25	96	—	1	1	2	—	2	2	4
13	Orthopaedic:—																
	(a) Posture ..	59	31	115	205	35	3	78	116	9	3	10	22	—	3	4	7
	(b) Flat Foot ..	121	46	105	272	14	7	85	106	26	7	9	42	—	—	13	13
	(c) Other ..	376	16	273	665	81	8	232	321	102	88	27	217	13	1	49	63
14	Nervous System:—																
	(a) Epilepsy ..	3	3	1	7	6	4	7	17	—	—	6	6	—	—	—	—
	(b) Other ..	5	—	3	8	5	2	14	21	3	—	5	8	4	—	1	5
15	Psychological:—																
	(a) Development ..	1	4	2	7	18	9	39	66	82	1	150	233	—	—	1	1
	(b) Stability ..	11	3	2	16	43	2	19	64	13	—	17	30	—	—	—	—
16	Other .. ..	28	4	41	73	11	15	240	266	293	864	28	1185	39	3	75	117

B.—Classification of the General Condition of Pupils Inspected in the year in the Age Groups.

Age Groups.	'A' (Good)							
	P.		S.D.A.		C.		Totals	
	No.	%	No.	%	No.	%	No.	%
First year of compulsory attendance ..	777	59.13	349	42.1	1,790	62.89	2,916	58.45
Last year in primary school .. ..	771	67.51	415	54.00	1,730	67.68	2,916	65.26
Last year of compulsory attendance ..	540	64.13	279	59.1	1,062	70.05	1,881	66.47
Other Periodic Inspections .. ..	—	—	—	—	—	—	—	—
Totals ..	2,088	63.31	1,043	50.3	4,582	66.23	7,713	62.78

<i>Age Groups.</i>	<i>'B' (Fair)</i>							
	<i>P.</i>		<i>S.D.A.</i>		<i>C.</i>		<b>Totals</b>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
First year of compulsory attendance ..	530	40·34	466	56·2	1,045	36·68	<b>2,041</b>	<b>40·91</b>
Last year in primary school ..	367	32·14	351	45·5	821	32·12	<b>1,539</b>	<b>34·45</b>
Last year of compulsory attendance ..	297	35·27	191	40·5	453	29·88	<b>941</b>	<b>33·25</b>
Other Periodic Inspections ..	—	—	—	—	—	—	—	—
Totals ..	1,194	36·20	1,008	48·7	2,319	33·52	<b>4,521</b>	<b>36·79</b>

<i>Age Groups.</i>	<i>'C' (Poor)</i>							
	<i>P.</i>		<i>S.D.A.</i>		<i>C.</i>		<b>Totals</b>	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
First year of compulsory attendance ..	7	0·53	14	1·7	11	0·38	<b>32</b>	<b>0·64</b>
Last year in primary school ..	4	0·35	4	0·5	5	0·11	<b>13</b>	<b>0·29</b>
Last year of compulsory attendance ..	5	0·60	2	0·4	1	0·06	<b>8</b>	<b>0·29</b>
Other Periodic Inspections ..	—	—	—	—	—	—	—	—
Totals ..	16	0·49	20	1·0	17	0·24	<b>53</b>	<b>0·43</b>

TABLE III.  
*Infestation with Vermin.*

	<i>P.</i>	<i>S.D.A.</i>	<i>C.</i>	<b>Totals</b>
(i) Total number of examinations in the schools by the school nurses or other authorised persons ..	25,505	25,599	46,911	<b>98,015</b>
(ii) Total number of individual pupils found to be infested ..	130	32	103	<b>265</b>
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ..	—	—	—	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ..	—	—	—	—

TABLE IV.  
TREATMENT TABLES.

GROUP 1.

*Diseases of the Skin (excluding uncleanliness, for which see Table III).*

				Number of cases treated or under treatment during the year.									
				By the Authority.				Otherwise.					
				P.	S.D.A.	C.	Totals	P.	S.D.A.	C.	Totals		
Ringworm—	(i) Scalp	..	..	1	—	—	—	1	—	—	—	—	—
	(ii) Body	..	..	—	4	—	—	4	—	—	—	—	—
Scabies	..	..	..	—	7	—	—	7	—	—	—	—	—
Impetigo	..	..	..	4	61	—	—	65	—	—	2	—	2
Other Skin diseases	..	..	..	32	58	—	—	90	—	1	—	—	1
Totals			..	37	130	—	—	167	—	1	2	—	3

GROUP 2.

*Eye Diseases, Defective Vision and Squint.*

				Number of cases dealt with.									
				By the Authority.				Otherwise.					
				P.	S.D.A.	C.	Totals	P.	S.D.A.	C.	Totals		
External and other, excluding errors of refraction and squint	..	..	..	113	59	—	—	172	68	28	1	—	97
Errors of refraction (including squint)	..	..	..	—	—	—	—	—	1,494	212	831	—	2,537
Totals			..	113	59	—	—	172	1,562	240	832	—	2,634
Number of pupils for whom spectacles were:—													
(a)	Prescribed	..	..	—	—	—	—	—	791	130	505	—	1,426
(b)	Obtained	..	..	—	—	—	—	—	779	?	?	—	?

GROUP 3.

*Diseases and Defects of Ear, Nose and Throat.*

				Number of cases treated.										
				By the Authority.				Otherwise.						
				P.	S.D.A.	C.	Totals	P.	S.D.A.	C.	Totals			
Received operative treatment :														
(a)	for diseases of the ear..	..	..	—	—	—	—	—	30	6	3	—	39	
(b)	for adenoids and chronic tonsillitis	..	..	—	—	—	—	—	402	165	478	—	1,045	
(c)	for other nose and throat conditions	..	..	—	—	—	—	—	35	23	8	—	66	
Received other forms of treatment				..	..	..	..	..	39	15	—	—	54	69
Totals			..	39	15	—	—	54	468	241	510	—	1,219	

GROUP 4.

*Orthopaedic and Postural Defects.*

	Number of cases treated.							
	By the Authority.				Otherwise.			
	P.	S.D.A.	C.	Totals	P.	S.D.A.	C.	Totals
(a) Number treated as in-patients in hospitals .. .. .	60	6	49	115				
(b) Number treated otherwise e.g. in clinics or out-patient departments ..	67	—	—	67	342	7	236	585
Number of children receiving or who have received remedial exercises in schools .. .. .	621	422	1,100	2,143	—	—	—	—

GROUP 5.

*Child Guidance Treatment.*

	Number of cases treated.							
	In the Authority's Child Guidance Clinics.				Elsewhere.			
	P.	S.D.A.	C.	Totals	P.	S.D.A.	C.	Totals
Number of pupils treated at Child Guidance Clinics .. .. .	170	96	221	487	—	—	—	—

GROUP 6.

*Speech Therapy.*

	Number of cases treated.							
	By the Authority.				Otherwise.			
	P.	S.D.A.	C.	Totals	P.	S.D.A.	C.	Totals
Number of pupils treated by Speech Therapists .. .. .	67	65	152	284	—	—	—	—

GROUP 7.

*Other Treatment given.*

	Number of cases treated.							
	By the Authority.				Otherwise.			
	P.	S.D.A.	C.	Totals	P.	S.D.A.	C.	Totals
(a) Miscellaneous minor ailments ..	560	956	—	1,516	—	—	—	—
(b) Other than (a) above ( <i>specify</i> ):—								
1. In-patients .. .. .	—	—	—	—	283	109	500	892
2. Out-patients .. .. .	—	—	—	—	705	342	932	1,979
Totals .. .. .	560	956	—	1,516	988	451	1,432	2,871



TABLE V.

*Dental Inspection and Treatment carried out by the Authority.*

						P.	S.D.A.	C.	Totals
(1)	Number of Pupils inspected by the Authority's Dental Officers:—								
	(a) At periodic Inspections .. .. .					5,948	2,615	9,756	18,319
	(b) As Specials .. .. .					742	1,606	365	2,713
	Totals (1) .. .. .					6,690	4,221	10,121	21,032
(2)	Number found to require treatment .. .. .					4,778	3,595	8,014	16,387
(3)	Number offered treatment .. .. .					3,475	3,438	6,981	13,894
(4)	Number actually treated .. .. .					2,540	2,381	3,984	8,905
(5)	Attendances made by pupils for treatment .. .. .					7,797	5,074	10,642	23,513
(6)	Half-days devoted to: Periodic Inspection .. .. .					69	19	112	200
	Treatment .. .. .					1,162	769	2,150	4,081
	Totals (6) .. .. .					1,231	788	2,262	4,281
(7)	Fillings: Permanent Teeth .. .. .					4,192	2,373	7,006	13,571
	Temporary Teeth .. .. .					237	886	768	1,891
	Totals (7) .. .. .					4,429	3,259	7,774	15,462
(8)	Number of teeth filled: Permanent Teeth .. .. .					3,659	2,094	6,018	11,771
	Temporary Teeth .. .. .					230	819	1,006	2,055
	Totals (8) .. .. .					3,889	2,913	7,024	13,826
(9)	Extractions: Permanent Teeth .. .. .					1,102	712	1,493	3,307
	Temporary Teeth .. .. .					2,643	1,853	4,097	8,593
	Totals (9) .. .. .					3,745	2,565	5,590	11,900
(10)	Administration of general anaesthetics for extraction .. .. .					1,998	1,270	1,763	5,031
(11)	Other operations: Permanent Teeth .. .. .					774	1,701	1,835	4,310
	Temporary Teeth .. .. .					44	1	817	862
	Totals (11) .. .. .					818	1,702	2,652	5,172

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