

**[Report 1961] / School Medical Officer of Health, Cheshire County Council.**

**Contributors**

Cheshire (England). County Council.

**Publication/Creation**

1961

**Persistent URL**

<https://wellcomecollection.org/works/jmh2kym7>

**License and attribution**

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

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

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



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

489  
**CHESHIRE COUNTY COUNCIL**

**EDUCATION COMMITTEE**



**REPORT**

**for the year 1961**

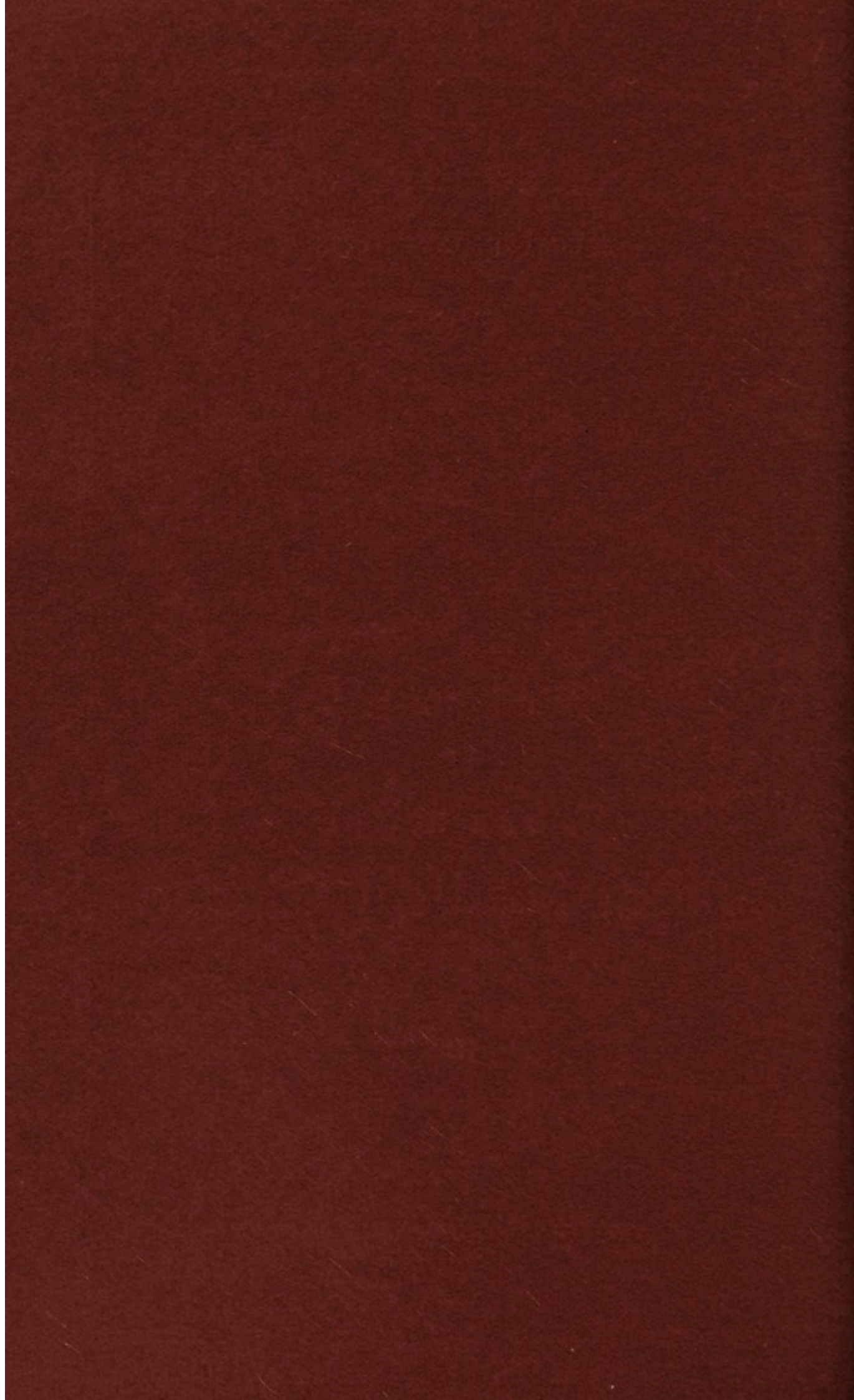
**BY**

**The Principal**

**School Medical Officer**



PHILLIPSON AND GOLDER (PRINTERS) LTD., CHESTER



## STAFF

### *Principal School Medical Officer:*

ARNOLD BROWN, M.B., CH.B., D.P.H.

### *Deputy Principal School Medical Officer:*

B. G. GRETTON-WATSON, M.A., M.B., B.CH., D.P.H., Barrister-at-Law

### *Senior School Medical Officer:*

H. CRAIG, L.R.C.P. & S., L.R.F.P.S.

### *Assistant County Medical Officers:*

JESSIE ANDERSON, M.B., CH.B., D.P.H.	AITOLIA ENGLISH, M.R.C. ., L.R.C.P., M.B., B.S., D.C.H.
R. CARGILL, M.B., CH.B.	BETTY HINCHLIFFE, M.B., CH.B.
S. CARUANA, M.D., B.Sc., D.T.M.&H., D.P.H.	BARBARA JONES, M.B., CH.B.
MARGARET CATON, M.R.C.S., L.R.C.P.	JANET JONES M.B.,CH.B.
JENNY CRAIG, M.B., CH.B., D.P.H.	MARJORIE JUKES, M.B., CH.B., D.P.H.
MARGARET CROSLAND, M.B., CH.B.	CITA KERSHAW, M.B., CH.B.
HILDA DEAN, M.R.C.S., L.R.C.P.	HILDA LEVIS, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H.
	JESSIE TOUGH, M.B., CH.B., D.P.H.

### *Divisional School Medical Officers:*

Altrincham—W. H. PARRY, M.D., D.P.H.	Nantwich—R. K. HAY, M.D., B.CH., B.A.O., D.P.H.
Bebington—F. S. MELVILLE, M.B., CH.B., D.P.H.	N.E. Cheshire—T. W. BRINDLE, M.B., CH.B., D.P.H.
Cheadle and Wilmslow— J. A. LEITCH, M.B., CH.B., D.C.H., D.P.H.	Runcorn—J. L. PATTERSON, M.B., CH.B., D.P.H.
Crewe—D. G. CRAWSHAW, M.B., M.R.C.S., D.C.H., D.P.H.	Sale and Lymm—E. H. GORDON, M.D., B.CH., B.A.O., D.P.H.
Deeside—J. HATTON, M.D., D.P.H.	S.E. Cheshire—L. RICH, M.B., CH.B., M.R.C.O.G., D.P.H.
Hyde—W. TURNER, M.B., CH.B D.P.H., LL.B.	S.W. Cheshire—W. A. POLLITT, M.R.C.S., L.R.C.P., D.P.H.
Macclesfield—W. R. PLEWS, L.R.C.P. & S., D.R.C.O.G., D.P.H.	Stalybridge and Dukinfield— T. HOLME, M.B., CH.B., D.P.H.
Mid-Cheshire—F. SEYMOUR, M.B., CH.B., D.P.H.	

### *Paediatrician (Part-time):*

J. D. ALLAN, M.D., F.R.C.P.

*Ophthalmic Surgeons (Part-time):*

- |  |   |
|--|---|
| B. BOAS, M.D.  | A. HOLMES-SMITH, M.A., M.B.,<br>B.CHIR., D.O.M.S. |
| J. F. COGAN, M.B., CH.B., F.R.C.S.                     | C. JACOBS, M.D., M.B., B.S.                       |
| W. H. G. DOUGLAS, M.B., CH.B.,<br>D.O.M.S.             | E. RILEY, M.B., CH.B., D.O.M.S.                   |
| J. D. E. EDWARDS, M.B., CH.B.,<br>D.O.M.S., R.C.P.S.I. | DOROTHY SIMMONS, M.B., CH.B.                      |

*Child Psychiatrists (Part-time):*

- |   |  |
|---|--|
| J. ERULKAR, M.B., B.S., D.C.H.,<br>M.R.C.P., D.P.M. | K. M. FRASER, M.B., CH.B., D.C.H.,<br>D.P.M. |
| D. M. ZAUSMER, B.Sc., M.B., B.S., D.P.M.            |  |

*Orthopaedic Surgeons (Part-time):*

- |                                     |  |
|-------------------------------------|--|
| T. JACKSON, M.R.C.S., L.R.C.P.      | G. T. PARTRIDGE, M.A., M.B.,<br>F.R.C.S.     |
| E. M. KUPFER, M.B., B.S., F.R.C.S.  | R. ROAF, M.A., F.R.C.S.                      |
| J. L. MANGAN, F.R.C.S.I.            | G. A. WETHERELL, M.B., M.CH.,<br>F.R.C.S.    |
| K. L. MARKS, F.R.C.S., M.CH.        | V. H. WHEBLE, M.A., B.M., B.CH.,<br>F.R.C.S. |
| T. McSWEENEY, M.B., M.CH., F.R.C.S. |  |
| A. G. O'MALLEY, M.CH., F.R.C.S.     |  |

*Ear, Nose and Throat Surgeons (Part-time):*

- O. T. TAYLOR, M.B., CH.B.
- J. M. KODICEK, M.B., B.S., F.R.C.S., L.R.C.P.

*Consultants in Audiology (Part-time):*

- PROFESSOR SIR ALEXANDER EWING      DR. I. G. TAYLOR

*School Dental Surgeons:*

- |  |  |
|--|--|
| A. F. HELY, C.B., L.D.S. (Principal)           | R. H. HURST, L.D.S.                      |
| A. E. ALLEN, L.D.S., R.F.P.S.                  | H. JACKSON, L.D.S.                       |
| EDITH ANDREW, L.D.S.                           | LISBETH KIPPEN, L.D.S., D.P.D.           |
| J. B. ANDREW, L.D.S., R.C.S., B.D.S.           | IRENE KURER, B.D.S. ( <i>part-time</i> ) |
| J. M. ARANY, M.D., L.D.S., R.F.P.S.            | A. N. LEICESTER, B.D.S.                  |
| M. K. BARON, L.D.S.                            | H. P. MEED, L.D.S.                       |
| ELIZABETH CLARK, B.D.S.                        | RUTH OWEN, L.D.S.                        |
| DOROTHY COATES, L.D.S.                         | H. W. S. SHEASBY, L.D.S.                 |
| G. H. CRAINE, B.D.S.                           | K. V. SHUTE, L.D.S.                      |
| MARGARET DAVIS, B.D.S. ( <i>part-time</i> )    | E. J. TAYLOR, L.D.S.                     |
| D. M. DODD, B.D.S.                             | DOROTHY WALKER, L.D.S.                   |
| JEAN HALL, L.D.S., R.C.S. ( <i>part-time</i> ) | R. S. WOOD, L.D.S.                       |
| G. J. HARTLEY, L.D.S.                          |  |

*Chief Administrative Assistant:*

- B. O'CONNOR, M.A., Barrister-at-Law

*Health Visitors and School Nurses: 119.*

- Dental Nurses and Attendants: 28.      Clerk-Attendants: 14.*

*Speech Therapists:*

GILLIAN BARLOW, L.C.S.T.      GILIAN HOWARD, L.C.S.T.  
SUSAN BARLOW, L.C.S.T.      KATHLEEN JONES, L.C.S.T. (Part-time)  
RAYLEEN EATON, L.C.S.T.      MARGARET JOHNSON, L.C.S.T.  
MELBA LOYNES, L.C.S.T. (*part-time*)

*Occupational Therapist :*

ANNABEL NOAKE †

*Physiotherapists :*

CHRISTINA COOKE      JOYCE URMSON. †

*Psychologists :*

T. W. CRABTREE      CHRISTINE POTTER (*Part-time*)  
ELIZABETH LONG      NORA SCOTT  
J. WALKER

*Psychological Social Workers :*

ELLEN HOWITT      PHYLLIS REDFARN  
CHRISTOBEL WALKER

*Peripatetic Teachers of the Deaf :*

P. R. BUCKINGHAM

†Appointed for treatment of children suffering from cerebral palsy

## INTRODUCTION

*To the Chairman and Members  
of the County Education Committee*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the School Health Service for the year 1961.

It is with the greatest regret that I have to report two deaths amongst Divisional School Medical Officers; Dr. Longbottom who worked in the Altrincham Division died in Sept., 1961, and Dr. Birchall of the South-West Cheshire Division died in March, 1962. They were both exceedingly popular and able Medical Officers who have been sadly missed in their respective areas.

Dr. Summers, Assistant Medical Officer in the Stalybridge and Dukinfield area, received promotion to a post of Medical Officer of Health to County Districts in a neighbouring County. He had obtained his Public Health qualification whilst working as an Assistant and pursued his studies under the County assisted scheme.

Since the last Annual Report Dr. Cyril Jacobs has resigned his post as ophthalmologist after 40 years part-time service to the Education Authority. He was much loved by the children and I must pay tribute to his loyal and efficient service throughout all these years. In accordance with the principle that ophthalmologists, whenever possible, should have a hospital appointment in the area in which they conduct clinics, it has been agreed with the Manchester Regional Hospital Board to make a joint appointment of consultant ophthalmologist in the South Cheshire area.

I regret to report the death of two ophthalmologists, Dr. Devlin, who conducted clinics in the Wirral area, and Dr. Rose, who worked at Crewe. They had both given excellent service at their respective clinics and were very popular with the children and the County staff.

The steadily increasing population of the County has necessitated two additional appointments of Assistant Medical Officers, making 17 in all.

On 31st December, 1961, the number of enrolments in maintained schools was 133,576, of whom 81.4% received school milk and 60.1% took school dinners. Only 0.8% of pupils examined during the year at periodic inspection were thought to be in unsatisfactory physical condition.

It is always interesting to compare the number of defects found at periodic inspection with those discovered in previous years. In the last 10 years the proportion of children showing defects of the nose and throat has decreased from 13.9% to 8.2% and the percentage of children requiring treatment for such conditions from 5.0% to 1.7%; incidence of enlarged lymph glands in the neck was 2.2% in 1961 as against 3.4% ten years previously.

On the other hand, and perhaps largely because more attention is now paid to these conditions, hearing defects have increased from 0.88% in 1951 to 2.4% in 1961, and the proportion of children showing defects in psychological stability has risen from 0.42% to 2.23% in the year under review. The percentage of children found to have errors or refraction remains approximately the same (24%).

There are fewer children suffering from tuberculosis and receiving residential education than in 1951, and as a result of reorganisation of Torpenhow Open-Air School fewer beds are available and the number of delicate children admitted there for education is correspondingly less. On the other hand 52 blind and partially-sighted children were receiving education in special residential schools during 1961 as against 20 in 1951, and the numbers in other categories of handicapped pupils at boarding schools have also risen, *e.g.* deaf and partially-deaf children from 73 in 1951 to 118 in 1961, educationally subnormal from 107 to 182, epileptics from 11 to 18, and maladjusted children from 2 to 14.

In co-operation with the consultant chest physician certain 5-year old children attending schools at Macclesfield, Marple, Bredbury and Hazel Grove were skin tested to find evidence of past tuberculous infection. A total of 709 children were tested in this way, 28 showed a positive result, of whom nine had received B.C.G. vaccination in infancy. 19 of these children in their first year of school therefore, or 2.8%, had already been infected earlier in life. They and their household contacts were all carefully examined both clinically and by X-ray without finding any sign of active tuberculous disease.

There was a slight increase in the dental staff during the year, but the number of school children per school dentist (5,875) is far too high. A visit to the Training School for Dental Auxiliaries at New Cross, London, revealed the high standard of training which auxiliaries receive. Unfortunately none of the auxiliaries lived in areas convenient for posts in Cheshire so that it was not possible to make any appointment. There can be no doubt that these girls can do excellent work within the limits of their training. Provision has been made in recently erected clinic centres for auxiliaries' surgeries where they can work under the direction of experienced dental surgeons. Some applications for posts on the County Dental staff have been received from dentists willing to do part-time work for three or four sessions weekly for a short period whilst they are building up a private practice. It is felt that such appointments would be of little use and the applications have not been entertained; for a good dental service continuity is essential. Excellent appointments have, however, been made of dentists who after being in private practice for many years have entered the public service for the first time and have derived great satisfaction therefrom.

Much greater use has been made of the Ear, Nose and Throat clinics conducted by Dr. Taylor and a sound basis of co-operation has been developed between these clinics and those attended by Sir Alexander



Ewing and his team from Manchester University. It has been found necessary to increase these latter clinics from 20 to 30 annually by establishing new ones at Ellesmere Port and Northwich.

The Manchester Regional Hospital Board have seconded Dr. Erulkar as consultant psychiatrist to the Handforth Child Guidance Clinic for two sessions weekly, and Dr. Hugh Craig continues to attend at the other clinics in the eastern portion of the County. The greatest difficulty has been that of staff. There are still vacancies on the establishment both for psychologists and for social workers. One psychologist has just returned from a year's course in clinical and educational psychology at the Tavistock Clinic, London, another has been seconded to a similar course. Certain school medical officers are attending at Child Guidance Clinics to obtain insight into psychiatric methods.

58 school children were reported during 1961 to the Education Committee as being educationally subnormal and possibly unsuitable for education in school. They were all examined as a result. Three were allowed to remain at school, three were admitted to special schools for educationally subnormal pupils, a decision was deferred in three cases and the remaining 49 were reported to the County Health Committee as unsuitable for education in school.

I wish to thank most sincerely and deeply the Chairman and members of the Special Services Sub-Committee of the Education Committee, the Director of Education and the County Architect for their great help afforded to me on all possible occasions. As always the Headmasters and Teachers have been most co-operative at all times and have been unsparing in their assistance, and I must express my grateful thanks to the professional and lay staff of my own department for their loyalty and zeal throughout the year.

I beg to remain,

Your obedient servant,

ARNOLD BROWN.

*Principal School Medical Officer.*

August, 1962

## General Statistics

The Administrative County of Cheshire comprised 42 County Districts, namely 10 Municipal Boroughs, 22 Urban Districts and 10 Rural Districts.

The population estimated by the Registrar-General at mid-1961 was 923,630.

The total number of schools in the educational area at 31/12/61 with their enrolments was as follows:—

Primary	.....	.....	.....	.....	.....	456	80,923
Secondary (Grammar)	.....	.....	.....	.....	.....	26	20,566
Secondary (Modern)	.....	.....	.....	.....	.....	74	32,087

At the end of 1961 there were 103,330 children in maintained schools receiving school milk (81.4% of those present) and 76,089 receiving school meals (60.1% of those present). Of the 76,089 meals 2,346 were supplied free.

## The School Dental Service in 1961

*(from Mr. A. F. Hely)*

### (1) General

In this report on the Cheshire County Dental Services for 1961, it would have given me much pleasure to state that any improvement shown in the dental condition of the children under the care of the County dental officers was due to the fact that the incidence of dental disease was declining. It is regrettable that this is not the case; the reverse is noticeable. Any improvement seen is due to the efforts of dental surgeons in preventing or arresting the progress of dental disease in individual children.

It has been authoritatively stated that 98% of the population of the country is prone to dental disease, and since a large amount of this is preventable, it is lamentable that so little effort is made by individuals, especially those responsible for the care of children, to combat this scourge. The sales of chocolate and sugar sweets in 1961 amounted to £272 million, and as these are generally recognised as cariogenic agents, it is depressing to read that expenditure on these dentally dangerous articles is still rising despite the constant propaganda and informative talks which bring before the public simple rules of oral hygiene and diet, which if practised, would do much to maintain healthy, functional mouths.

The general condition of dental fitness remains reasonable. One area only, namely the Longdendale Valley, was not visited during the year owing to the lengthy illness of the dental officer in charge of it. Arrangements were made to treat emergency cases at the Hyde or Stalybridge Clinics. A regular inspection and treatment routine will be in operation in the first quarter of 1962.

Difficulties have been encountered from time to time in rural areas when emergency cases occur between the visits of the dental officer, and transport problems to fixed clinics arise.

The school population again shows an increase, and as this trend is likely to continue, a programme of regular yearly inspection and treatment is impossible to organise in all districts. The policy has been to try to visit regularly each year those schools, which by their geographical situation, are not within easy reach of a fixed clinic or other centre where dental treatment is available.

In October I was invited by the Education Committee to accompany the Principal School Medical Officer on a visit to the Training School for Dental Auxiliaries at New Cross, London. We were most impressed by the standard and scope of the training of the students, and I was gratified by the action of the Education Committee in adding three auxiliaries to the establishment of dental staff. Some time will probably elapse before students will qualify in sufficient numbers to fill this establishment, but I am certain that the integration of auxiliaries into the dental service will be an important and progressive move.

Liaison between the Liverpool and Manchester Dental Schools has been strongly and cordially maintained. That few newly qualified dental surgeons enter the County service is due to the great difference in financial reward in the first few years of practice. A newly qualified dental surgeon can command an income of between £1,800 and £2,200 in his first year of practice.

A research project in conjunction with the Department of Preventative Dentistry of the Manchester Dental School was started by Mr. D. Dodd who is in charge of the Northwich area. The project is associated with an investigation into the causes of dental caries. Mr. Dodd hopes to publish a progress report towards the end of 1962.

Assistance and co-operation was also given to the North Western Branch of the British Dental Association in their Dental Health Exhibition at the Liverpool Show.

## (2) **Staffing**

- (a) There were 15 applications for posts during the year. After a preliminary investigation, three candidates were presented to the Committee and appointed. Two were whole-time officers and one part-time.

The other candidates did not offer a sufficient number of sessions or were not prepared to offer a term of service which could be considered satisfactory.

- (b) Two officers, Mr. E. Poulter and Mr. E. Bradley, retired on pension during the year. These were the first dental officers to be pensioned in the Service and they both served the County loyally and efficiently for many years. Their loss will be keenly felt.

- (c) Mr. G. Hartley returned from his post-graduate course in the U.S.A. His general opinion was that America had little new to teach in children's dentistry.
- (d) Sickness was responsible for the loss of 401 sessions. Four officers were involved in the loss of 306 sessions of this total. Two were afflicted with disc trouble, and two with nervous complaints.
- (e) Mrs. B. Petrie and Mr. G. McCracken resigned from the Service. The former for family reasons, the latter to take up a post at the Liverpool Dental Hospital with the intention of gaining an orthodontic qualification. Mr. McCracken hopes to return to the County Dental Service on completion of his course.

### (3) Clinics

- (a) All clinics were inspected and several major items of equipment were renewed.
- (b) The dental surgeries at the new Ellesmere Port Centre were opened for operations on the 1st of September. The spaciousness and modern equipment are appreciated by both public and staff.
- (c) At Macclesfield, the Pierce Street Clinic was completely re-equipped, a renovation which was very necessary.

### (4) Statistics

#### (a) Staff

The strength of the dental staff expressed in terms of whole-time dental officers was 23.9 plus the Principal Dental Officer, an increase of 1.9 on the previous year. This was made up of 19 whole-time officers who completed a full year; 2 whole-time officers who retired before completing a full year; 3 whole-time officers who joined the staff at varying times during the year; and 4 part-time officers whose total sessions amounted to the equivalent of 1.98 dental officers.

The following table shows dental officers in age groups:—

21-30 years	31-40 years	41-50 years	51-60 years	over 60 years
4	10	5	7	1

A happier situation would be recorded if the first group were numerically stronger. Two only in this group are whole-time officers.

#### (b) Inspections

The average number of children per dental officer in 1961 was 5,875. This shows a decrease from the 1960 figure of 6,048, but it is still far too high. The percentage figure of children inspected rose from 67.7% in 1960 to 72.1% in 1961.

Children found to require treatment numbered 58.9% of those inspected compared with 60.6% in 1960.

Of the children found to require treatment, 88.9% were referred for treatment compared with 84.9% in the previous year.

(c) *Children Treated*

The number of children actually accepting treatment in County clinics was 58.4% of those referred, an increase of 1.3% on the figure for 1960.

A recorded figure of parents who stated that their children were receiving dental treatment from their family dentist, amounted to 30.9% of the children offered treatment which leaves 10.7% not recorded. It is estimated that about 2—3% of children do not receive any regular dental treatment at all.

(d) *Fillings and Extractions*

The emphasis was again on conservative dentistry.

The number of permanent fillings per 100 children rose from 141 in 1960 to 155 in 1961.

Temporary fillings also rose from 21 in 1960 to 25 in 1961 per 100 children.

There were 37 permanent teeth per 100 children extracted in 1961 against 40 in 1960, and temporary teeth extracted numbered 85 per 100 children in 1961 compared with 88 in 1960.

The decrease in the number of extractions balanced by the increase in the number of fillings is an indication of the general dental health of the County.

**(5) Orthodontic and Other Operations**

(a) Attendances at County clinics for orthodontic treatment numbered 2,443, an increase of 729 on the figure for 1960. Cases referred for specialist treatment numbered 268 compared with 260 in 1960.

(b) The number of children who were fitted with artificial dentures rose from 236 in 1960 to 262 in 1961. This increase, which is also reported from other parts of the country, is noticed every year and, since practically all these dentures replace permanent incisor teeth which have become carious beyond repair, no satisfaction is derived from reporting this increase.

(c) Crowns were fitted in 21 cases compared with 27 cases in the previous year. Gold inlays were inserted in two cases.

**(6) Holiday Appointments**

Appointments made for dental treatment during school holidays were reasonably well kept. A further increase, from 66% to 68% is reported.

**(7) Special Schools and Homes**

(a) Torpenhow, Grappenhall Hall, Capenhurst Grange, Massey Hall and Wrenbury Hall were all visited and the necessary work was carried out on the premises.

(b) The children attending Junior Training Centres were also treated.

## (8) Acknowledgments

I again record my thanks to Headmasters and Teachers in County Schools for their help and co-operation throughout the year. This has been greatly appreciated. I am grateful to the Principal School Medical Officer for his unfailing courtesy, help and guidance.

On behalf of the dental staff I record my thanks and appreciation to the staff of the County Medical Officer at County Hall and in the field for the ready and efficient manner in which they have helped.

### **School Buildings.**

The following major works were completed or in progress during 1961:—

#### *New Schools Completed*

Macclesfield Ivy Road, Primary School  
Handforth, Spath Lane, Primary School  
Hazel Grove, Eyam Road, Junior School  
Stockton Heath, The Cobbs, Primary School  
Ellesmere Port, Atherton, Infants School  
Partington, Wood Lane, Primary School  
Hale Barns, Elmridge, Primary School  
Cheadle, Orrishmere, Primary School  
Crewe, Training College—Hostel No. 5

#### *Extensions to existing Schools completed*

Thelwall Primary School—Extensions  
Neston Secondary Modern School—Extensions  
Northwich, Darwin Street, Primary School—Extensions

#### *New Schools in course of erection*

Ellesmere Port, Sutton, Secondary Modern School  
Crewe Training College—Hostel No. 6  
Mid-Cheshire College of Further Education  
Bramhall, Chip Hill, Primary School  
Hyde, Oakfield, Primary School  
Upton, Plas Newton, Primary School  
Greasby, Brookdale, Primary School  
Wilmslow, Ashdene, Primary School  
Holmes Chapel Primary School  
Marple, High Lane, Primary School  
Alsager, Cranberry Lane, Primary School  
Macclesfield, Hurdsfield, Junior School  
Cheadle, Outwood, Junior School  
Hazel Grove Secondary Modern School  
Cheadle Secondary Modern School  
Hartford Secondary Modern School  
Wilmslow Secondary Modern School  
Wilmslow, Gorse Bank, Primary School  
Ellesmere Port Girls Grammar School  
Eastham Carlett Park College of Further Education  
North Cheshire College of Further Education

*Extensions and Alterations in course of erection*

Ellesmere Port, The Grange, Secondary Modern Schools—  
extensions

Crewe County Training College—Major Extensions

Helsby County Grammar Schools—New Kitchen and Dining  
Rooms

Alsager County Training College—Re-development

Bromborough, Mendell Primary School—Extensions

In addition, a heavy programme of smaller contracts for demountable classrooms, science laboratories, craft rooms and extensions to kitchens and dining rooms, has been completed during the year and many such contracts were still in progress at the end of the year.

## SPECIAL SERVICES REPORTS

### Ear, Nose and Throat Service

(From Dr. O. T. Taylor)

With the completion of the first year of E.N.T. clinics for some time, it is possible to get a clearer picture of the value of such a service collateral as it is to the service provided by hospital out-patient departments. The undoubted benefit lies in the fact that children in scattered areas may be seen almost on the door-step, and parents who are either sometimes reluctant to make a far journey, or in other cases disinclined to attend a busy hospital department, are much more ready to co-operate. One can never overstress the unique feature of these clinics in so far as the health visitor is in attendance and can supply a most helpful description of the home conditions in all cases. So helpful is this that not only may a firmer diagnosis be made in a number of cases, but treatment itself may be modified as a direct outcome of this intimate knowledge. An initial disadvantage appeared to be the prejudice of one or two general practitioners to make use of the service. This, however, is becoming noticeably less, due in the main to the energies and tactful approach of the school medical officers.

The County is indeed fortunate in having the services of Professor Sir Alexander Ewing and his staff. In their audiology clinics one is presented with a complete assessment of the type of deafness and its degree. For the children for whom no surgery is likely to be of benefit, a whole educational requirement is outlined and the deaf child is able to live and develop in a world with a meaning that formally did not exist. Patience is always a requirement of those concerned with the deaf—these clinics provide one with its highest example.

It seems only just, in such a report, to pay tribute to the School Medical Officers, to whom all credit lies in most cases for making the initial diagnosis in these E.N.T. children.

### ATTENDANCES AT E.N.T. CLINICS, 1961

(School Children only)

Alsager	—	—	—	97	Hazel Grove	—	—	34
Cheadle	—	—	—	94	Macclesfield	—	—	123
Congleton	—	—	—	89	Northwich	—	—	87
Crewe	—	—	—	111	Poynton	—	—	36
Dukinfield	—	—	—	144	Sandbach	—	—	68
Ellesmere Port †	—	—	—	108	Winsford	—	—	59

† A Consultant from Chester Hospital Management Committee attends this clinic.



## Ophthalmic Service

(from Dr. A. Holmes-Smith)

As the statistics below show, the work of the School Ophthalmic Service has continued satisfactorily during the year. Staffing of the service has not caused difficulties but the increasing age of ophthalmologists coupled with the lower numbers taking special ophthalmic qualifications and the increasing number of doctors emigrating must cause some anxiety about the future of the Service, if standards are to be maintained. This problem of staff was referred to last year in the orthoptic department. Other specialities are also affected.

Research during the year has cast light upon a problem of special interest to the ophthalmologist working with school children. It has been shown that certain cases previously thought to be retinal tumours and therefore calling for treatment by removal of the eye are, in fact, due to an infection by a nematode-toxocara—which is ingested with dirt by mouth and spends the rest of its life cycle in the dog. These cases need therefore no longer lose their eyes—always a tragedy, but more so in the child. It is hoped that a skin test will be found to aid in the certain diagnosis of such cases. Whilst such cases are rare one has passed through my hands during the year, and I recall four similar ones in the past ten years.

It is interesting to note the steady diminution of cases of chronic blepharitis and corneal infection—presumably due to the better housing and feeding at the present day. Such persistent cases as your surgeon has seen have been in large families in poor general conditions such as were common in the past. This condition would seem to be following such diseases as ophthalmia neonatorum into rarity.

The benefits of the association of ophthalmologists with hospitals continues to be felt and your ophthalmologist is pleased to report that in his area the waiting time for operation for squint will rarely exceed four months. This is of great benefit to the patient and parents, apart from the continuity of treatment which results.

New clinics continue to be built in the County and provide improved working conditions which are much appreciated. The work of the health visitors continues to be invaluable whether in premises old or new.

### ATTENDANCES AT EYE CLINICS, 1961.

Alsager	—	—	—	288	Dukinfield	—	—	—	521
Bollington	—	—	—	177	Ellesmere Port	—	—	—	592
Bredbury	—	—	—	177	Frodsham	—	—	—	279
Cheadle	—	—	—	248	Hale	—	—	—	306
Cheadle Hulme	—	—	—	125	Hazel Grove	—	—	—	130
Congleton	—	—	—	443	Heswall	—	—	—	416
Crewe—Ludford Street	—	—	—	776	Hoole	—	—	—	113
Stalbridge Road	—	—	—	358	Hoylake	—	—	—	446

Hyde	—	—	—	381	Poynton	—	—	—	123
Knutsford	—	—	—	173	Runcorn	—	—	—	371
Lymm	—	—	—	296	Sale	—	—	—	436
Macclesfield	—	—	—	1258	Sandbach	—	—	—	771
Marple	—	—	—	204	Stalybridge	—	—	—	409
Middlewich	—	—	—	245	Stockton Heath	—	—	—	254
Nantwich	—	—	—	374	Tarporley	—	—	—	67
Neston	—	—	—	156	Weaverham	—	—	—	329
New Ferry	—	—	—	993	Wilmslow	—	—	—	196
Northwich	—	—	—	1154	Winsford	—	—	—	212

## Paediatric Service

*(from Dr. J. D. Allan)*

The County Paediatric Service has continued as in previous years on the general basis of three consultative clinics per month based in the towns of Crewe and Northwich (two clinics in Crewe and one in Northwich). There is a continuous reference of patients by the general practitioners. From these clinics, as and when necessary, children requiring further investigation for diagnosis are admitted to hospital, generally in Macclesfield. Both these clinics continue to fulfil very useful purposes in that a wealth of clinical material is uncovered through this agency, a fact which is due largely to the circumstances that neither Northwich nor Crewe have any official Regional Board Paediatric cover. I should say that the general practitioners are continuing to make increasing and adequate use of the service which we provide—this being particularly true of Northwich. As in previous years we have used the local hospitals for the more routine investigations and x-rays to avoid any unnecessary use of the ambulance service and to try to avoid loss of work and inconvenience to parents. It has been our experience that any hospital approached thereby has co-operated invariably whole-heartedly.

The Cerebral Palsy peripatetic team continues to thrive and it is felt that this has been an unqualified success. We are still operating on the premise of trying to find and diagnose the cerebral palsied child as early in life as possible on the basis that full calibration of disability established early will result in an adequate orientation of necessary therapy at the earliest possible time. There can be no doubt that this service is useful and justified. Perhaps one of the best indications that the project is worthwhile is the enthusiasm and appreciation of the parents which in turn is reflected in the very high standard of attendance achieved at these clinics. The educational assessment as provided by the specially trained school medical officer is also proving increasingly useful.

The ward rounds for School Medical Officers continue to be held once a month and continue to be valuable to all concerned.

## ATTENDANCES AT PAEDIATRIC CLINICS, 1961

(School Children only)

Crewe, Ludford Street	—	39		—	29
Crewe, Stalbridge Road	—	17	Northwich, Darland House	—	29

### Orthopaedic Service

The orthopaedic service is the financial responsibility of Regional Hospital Boards under the National Health Service Act. The methods of ascertainment remain the same, children being referred to the surgeons by private doctors, or (with the approval of the private doctor) by school medical officers after medical inspection at schools or minor ailment clinics.

## ATTENDANCES AT ORTHOPAEDIC CLINICS, 1961

(School Children only)

Dukinfield	—	—	—	679	Northwich	—	—	—	343
Ellesmere Port	—	—	—	178	Runcorn	—	—	—	398
Hyde	—	—	—	507	Stalybridge	—	—	—	672
New Ferry	—	—	—	233					

Children attending for sunlight treatment are the responsibility of the local authority unless referred for it by the specialist. The following were the attendances during 1961 by school children at the clinics specified:—

Dukinfield	—	1918
Hyde	—	2736
New Ferry	—	342
Sale	—	327
Stalybridge	—	1164

### Psychological Service

The Sandbach and Handforth Child Guidance Clinics were operating for the whole of 1961 and were conducted by Dr. Hugh Craig, the Senior School Medical Officer, with three psychologists for most of the year and one psychiatric social worker. The Ellesmere Port Child Guidance Clinic opened in October, 1961, and this clinic and that at Clatterbridge Hospital were conducted by Dr. D. M. Zausmer and Dr. K. M. Fraser, Consultant Child Psychiatrists, with one psychologist and one psychiatric social worker. The details of the attendances at the County Clinics during the year were as follows:—

<i>Clinics</i>	<i>New Cases</i>	<i>Total attendances</i>
Handforth	41	382
Sandbach	46	215
Ellesmere Port (from 31/10/61)	20	44
Total	107	641

Dr. Hugh Craig reports as follows with regard to work in his area in 1961.

With the opening of the new Clinic at Sandbach, where there are facilities for the diagnosis and treatment of cases generally dealt with under the heading of Child Guidance, there has been the inevitable increase in demand for help not only from General Practitioners but, as in other years, from magistrates and members of various departments concerned with the welfare of children.

There is still a serious shortage of trained social workers, and with the loss of one psychologist on study leave, a certain amount of borrowing from other clinics has taken place. In spite of these demands, however, we have been able to accede to a request from the Children's Officer for the help of a psychologist to enable their Consultant Psychiatrist to make a more complete investigation of the children coming in to their Reception Centre.

Including 55 children remanded for psychiatric reports by the magistrates of the Cheshire Juvenile Panels, there are at the present time 222 cases on the books. This, of course, includes the new cases dealt with during the year at Sandbach. Of these, 183 young people have had a full psychological assessment and visits and reports have been made by the social workers in all cases. I append the usual summary of types of cases dealt with during the year, and would express my thanks once again to all who have contributed in helping these disturbed children.

- (1) BEHAVIOUR PROBLEMS:—truancy 17, wandering 4, lying 9, stealing 31, difficult behaviour 37.
- (2) PSYCHOSOMATIC DISORDERS:—enuresis 11, encopresis 10, asthma 2, others 6.
- (3) EDUCATIONAL PROBLEMS:—backwardness 16, school difficulties 18, suitability for grammar school 3, suitability for boarding school 10, Specific reading disability 2.
- (4) PERSONALITY DISORDERS:—aggressiveness and cruelty 21, fears and nervousness 26, sex difficulties 5, others 8.
- (5) OTHERS:—suitability for adoption 2, speech difficulties 7, E.S.N. and severe subnormality 4, early psychosis 10.

### **Audiology Service**

During the year more than a thousand children were noted at routine medical inspection as having a defect of hearing, requiring treatment or observation. All such children, and any others whose hearing is thought to be impaired, or whose speech is defective (referred by parents, teachers or health visitors) are followed up by the assistant county medical officers. Each of the latter is now equipped with an audiometer; with three of these the hearing by bone conduction can

also be tested, thus making it possible to differentiate the type, as well as the degree, of hearing loss.

Where this is indicated, a child is referred (with the consent of his family doctor) for otological opinion, either at one of the County E.N.T. clinics or at a Hospital Out-patient Department. In many cases the child is also referred to one of the peripatetic teachers of the deaf, for help in assessment of the extent to which the impairment of hearing is likely to affect his progress at school.

Where children present an educational problem, or difficulty in diagnosis, they are seen at one of the consultant audiology clinics which are now held at eight centres in the County. These are conducted by Professor Alexander Ewing or Dr. Ian Taylor, from Manchester University, and attended by the medical officers and the peripatetic teacher for the area. At more than half the clinics we now have the help of one of the consultant otologists, and this team approach is found to be most valuable.

During the year, 136 new cases were seen at these clinics, of whom 61 were school children, and 75 were under five years old. In addition a number of children were seen at the audiology clinics held at Clatterbridge Hospital and at the University Department in Manchester. It is gratifying that more children with impaired hearing are now being found before attaining school age, some of these coming to light at routine screening tests done by the health visitors, and others found on investigation of late or defective speech development. The necessary help can then be started, and their educational needs considered before they commence school.

At the end of the year 121 Cheshire children were attending special schools for the deaf and partially deaf. 250 children attending ordinary schools were known to have a significant impairment of hearing (in one or both ears) and of these 115 were using hearing aids, under the guidance of the peripatetic teachers. There are, of course, many more children with fluctuating hearing losses which may cause periodic difficulty in school.

The two peripatetic teachers of the deaf, each of whom covers a wide area, hold sessions in a number of clinic centres to give regular help to those children who require it, also giving guidance to the parents. In addition to this they visit schools for consultation with the teachers. A proportion of the children under their care are felt to require a great deal more special help than can be given at a brief weekly session. This raises the question of the desirability of establishing, for children handicapped by impaired hearing, special units attached to ordinary schools.

AUDIOLOGY CLINICS—1961

CENTRE	New Cases			Attendances		
	Under-fives	School	Total	Under-fives	School	Total
Cheadle	16	4	20	18	9	27
Chester	16	9	25	23	17	40
Crewe	11	9	20	14	15	29
Ellesmere Port	2	2	4	3	7	10
Hale	16	2	18	30	7	37
Macclesfield	10	15	25	12	21	33
Northwich	0	5	5	0	7	7
Romiley	4	15	19	4	17	21
<b>TOTAL</b>	<b>75</b>	<b>61</b>	<b>136</b>	<b>104</b>	<b>100</b>	<b>204</b>

CHILDREN UNDER THE CARE OF THE PERIPATETIC  
TEACHERS OF THE DEAF, 1961

(a) EAST CHESHIRE

CENTRE	Number of Children Seen			Attendances
	New Cases	Seen Regularly	Total	
Cheadle	5	5	15	78
Crewe	10	13	24	160
Hale	3	4	8	86
Macclesfield	10	13	28	190
Romiley	13	9	36	133
Sale	1	4	7	80
<b>TOTALS</b>	<b>42</b>	<b>48</b>	<b>118</b>	<b>727</b>

(b) WEST CHESHIRE

CENTRE	Number of Children Seen			Attendances
	New Cases	Seen Regularly	Total	
Heswall	13	9	17	100
Little Sutton	15	16	40	223
Northwich	31	25	49	265
Runcorn	8	11	23	164
<b>TOTAL</b>	<b>67</b>	<b>61</b>	<b>129</b>	<b>752</b>

## Cerebral Palsy

The cerebral palsy peripatetic team of a physiotherapist and an occupational therapist which was started in April, 1956, continues to operate at clinic centres at Cheadle, Crewe, Macclesfield and Weaverham, and once a month at each clinic Dr. J. D. Allan, the Consultant Paediatrician, attends. The team works in close contact with the appropriate speech therapist and has the services of an assistant county medical officer specially trained in the ascertainment of intelligence in physically handicapped children. Twice each year a special meeting is held of all officers concerned to review all cases attending the clinics. Children usually attend the clinics for treatment once or twice each week. The object is to start the treatment of a cerebral palsied child as early in life as possible, and there have been several cases which have shewn remarkable improvement over a period as short as six months.

The table below gives details of the children attending the clinics during 1961:—

CEREBRAL PALSY CLINICS

	New Cases Seen			Attendances all Cases		
	Pre-School	School	Total	Pre-School	School	Total
Cheadle .....	1	1	2	238	254	492
Crewe .....	—	1	1	287	475	762
Macclesfield .....	—	2	2	123	403	526
Weaverham .....	2	1	3	196	365	561
<b>Total</b> .....	<b>3</b>	<b>5</b>	<b>8</b>	<b>844</b>	<b>1497</b>	<b>2341</b>

### Torpenhow Open Air School

The school is situated on the hill at Frankby overlooking the estuary of the River Dee.

In 1961 there was accommodation for 78 pupils suffering from malnutrition, general debility and chest conditions such as asthma, bronchitis and bronchiectasis. In addition, children who are contacts of cases of open pulmonary tuberculosis are segregated from the source of infection by being admitted to the school. School children of both sexes within the age range of 7-11 years are admitted.

Children suitable for admission are selected by the school medical officers at medical inspections and enter Torpenhow Open-Air School initially for a period of at least two terms, this being renewed if found to be necessary. Pupils remain at Torpenhow throughout the year with the exception of the month of August and a few days over Christmas, and attend the school during the normal school term. During the school holidays a number of recreational activities such as walks, picnics, games and visits to places of interest are organised.

Owing to the general improvement in the health of children and housing conditions generally over the past few years the demand for open-air school education by Cheshire children has declined. In 1961, therefore, it was decided to reduce the number of pupils the school would accommodate to 50, with intakes four times each year, and to give priority for admission to cases of asthma, bronchitis and bronchiectasis etc. Only if there are then vacancies are cases of general debility admitted. These new arrangements started after Christmas, 1961.

The School Dental Service was responsible for treating 60 pupils after carrying out 136 inspections during the year. During the year two children from other authorities attended the school and altogether 98 children were admitted and 116 were discharged. They were classified according to their various disabilities as follows:—

	<i>Admissions</i>		<i>Discharges</i>	
	<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>
General Debility	38	25	49	33
Asthma	14	4	11	5
Bronchitis	8	4	5	5
Bronchiectasis	—	—	1	—
Eczema and Asthma	2	1	6	—
Psoriasis	—	2	—	—
Diabetes	—	—	1	—
	62	36	73	43

### **Grappenhall Hall School**

This school has 100 places for educationally sub-normal boys generally within the I.Q. range of 55-75 aged 8-16 years, who suffer from additional difficulties such as poor environment, maladjustment, delinquent tendencies. In certain cases boys are admitted for a trial period in order to determine whether or not they are suitable for education when this is in doubt.

The progress of the boys is kept under constant review and those who prove to be unsuitable for education are excluded. At the other end of the scale a watch is constantly kept for the boy who makes exceptionally good progress which may justify his re-entry to an ordinary school. As a result of this constant review, there is an indication that the majority of boys remaining at the school to the age of 16 years will be able to take up ordinary employment.

The school was fully occupied all year, during which there were 16 new admissions taking the place of children discharged.

The school dental surgeon carried out 198 inspections at the school in 1961, and 65 boys found to require treatment were treated before the end of the year.



### **Capenhurst Grange School**

There are 38 places for girls at this school which accepts the same type of child and is conducted on the same general lines as the Grappenhall Hall School. These places were fully occupied throughout 1961 when there were 11 new admissions replacing children discharged.

During the year, the school dental surgeon made 38 inspections at the school, as the result of which 14 girls received treatment.

### **Milk in Schools Scheme**

All milk supplies under this Scheme are subject to the approval of the County Medical Officer, and the County Health Department supervises all supplies by means of systematic sampling, and by routine inspections of dairies within their jurisdiction from which school milk supplies emanate.

Any new supply proposed for any particular school is first referred by the Director of Education to the Health Department for approval.

So far as the approval of particular sources is concerned, a suitable supply of pasteurised milk is obtained wherever possible. If this is not available, a supply of tuberculin-tested (raw) milk has, so far, been accepted.

As will be seen from the table at the end of this section, at the end of the year, only six of the 662 schools in the county were being supplied with raw tuberculin-tested milk. This is two less than last year, and the whole of the remainder have a supply of pasteurised milk.

No school in the county was without a supply of liquid milk at any time during the year.

During 1961, sampling of all school milk supplies throughout the County continued, all samples being collected as the milk was being delivered to the schools themselves. A total of 2,030 samples was collected, as compared with 1,705 in 1960. All the schools in the administrative county are visited with the exception of the 32 schools in the area of the Crewe Borough Council. Here the Borough Health Department carry out regular school milk sampling by arrangement with the County Health Department and notify all results. During 1961, 59 samples were collected at the Crewe schools. All were satisfactory on both the methylene blue test and the phosphatase test.

Of the 1,925 samples of pasteurised milk collected by the County Health Department, 81 samples failed the methylene blue test (for cleanliness and keeping quality), and eight samples failed the phosphatase test (for adequate pasteurisation).

Immediate action in the case of sample failures is taken by the County Health Inspector.

The 81 methylene blue test failures were a very substantial increase on the figures for 1960, when only three samples failed this test. The failures occurred mainly in the summer months and were widespread, involving the majority of the supplies. The big increase was no doubt largely due to the new Regulations governing the carrying out of the test, which operated from 1st January, 1961, under the Milk (Special Designation) Regulations, 1960. The new Regulations had the effect of making the test more stringent so that, in effect, both pasteurised milk and tuberculin-tested (raw) milk must now conform to a higher standard of keeping quality and cleanliness in order to be able to pass the methylene blue test throughout the year. As part of this higher standard, the methylene blue test is not now void until the atmospheric shade temperature during storage overnight exceeds 70°F., whereas previously the temperature was 65°F. Thus in 1960, in 74 cases the test was void, while in 1961, in only 17 cases was the test void.

Appropriate action was taken in the case of all these failures, and repeat samples were taken to ensure that a satisfactory standard was attained.

The eight samples which failed the phosphatase test compare with five failures on 1,670 samples in 1960. Six dairies were concerned with the failures, one being situated in the area of an adjoining County Borough and referred to the Health Department of that authority for appropriate action. It is understood that a wrong setting on the pasteurising plant was the reason for this very bad failure.

The remaining failures were from dairies situated in Cheshire. Three were samples taken on the same day from three different schools supplied by the same firm. The milk was practically raw, and although intensive investigations were made, the cause of the error could not be traced. All that could be said was that something very extraordinary had occurred in the dairy on the Sunday which would not have been detected unless these samples had been collected en route to the schools the next morning. Two other cases occurred where the samples were raw or very nearly raw milk. One was from one of the best and largest dairies in the county, from which sample failures are exceedingly rare. Again the trouble occurred on a Sunday when power failures occurred and at the same time the manager, assistant manager and chief laboratory technician were all absent. The second was from one of the medium-sized dairies, and here again the trouble occurred on a Sunday when the Manager was away, and an inexperienced assistant manager was in charge. The pasteurising plant broke down and could not be put into working order again without some delay. Bulk milk was accordingly obtained from another dairy, which was thought to be pasteurised milk, but in fact was raw milk, only brine-cooled. This milk was bottled as pasteurised and duly supplied to a number of schools the next day. The whole of this operation was, in fact, illegal,

as pasteurised milk must in any case be bottled where it is processed, and, of course, what actually happened was that raw milk was bottled as pasteurised.

The two other phosphatase failures were cases of inadequate pasteurisation due in one instance to the use of a small stand-by boiler while alterations were being carried out in the dairy, and in the other instance to the use of inaccurate plant thermometers.

In all these cases, severe warnings were given to the dairies concerned. However, these failures, and the circumstances under which they were obtained and which they disclosed, serve to underline the value of this sampling which is carried out in course of, or at the time of, delivery to the schools.

In addition 46 samples of tuberculin-tested (raw) milk were collected, and of these nine samples failed the methylene blue test for cleanliness and keeping quality. In 1960, 33 samples of such milk were collected and none failed the test. The remarks given above regarding the higher standard now imposed by the test apply again here. The sample failures were immediately notified to the Ministry of Agriculture, Fisheries and Food, who is responsible for clean milk production on the farms, with a request for appropriate action. Repeat samples were then, in general, found to be satisfactory, but in one case a total of nine samples were collected during the year, of which five were unsatisfactory. This is the supply to a school in a very isolated area where no pasteurised milk is available and where there is difficulty in obtaining alternative sources of supply. Both the Ministry and the producer were pressed for improvement, and the Ministry had to go to the length of statutory action before substantial improvement could be obtained. I am pleased to report that at the time of writing this report all samples of this milk obtained during 1962 have been satisfactory.

In addition to the examinations quoted above, these raw T.T. supplies are given special attention by way of biological examination in view of the fact that they *are* raw milks.

During the year, 30 samples were examined by the guinea-pig test for the presence of the organisms of tuberculosis and abortus fever, and in one case the organisms of abortus fever were detected. This supply was immediately stopped and it was found possible to replace it by a supply of pasteurised milk.

The efficiency of the washing of school milk bottles at the dairies licensed by the County Council was checked by the collection of 327 washed school milk bottles from these dairies when the sampling officers were visiting for the purpose of other sampling under the Milk and Dairies Regulations. On the colony count (a test for the bacteriological cleanliness of the bottles), 301 were found to be satisfactory, 20 fairly satisfactory, and six unsatisfactory. Appropriate action was taken in the latter cases.

It is thus seen that a considerable amount of work is carried out to try and ensure that each day while the schools are open, the whole of the 114,000 or so pupils who take school milk receive an article which is clean and free from all pathogenic organisms and is delivered in clean undamaged containers.

Occasional complaints do arise regarding dirty bottles, cracked or broken bottles, foreign bodies in the milk (including, sometimes, glass splinters), dirty condition of crates and unsatisfactory service. In the case of foreign bodies in the milk, these cases are dealt with by the Weights and Measures Department which investigates and deals with the matters appropriately, if necessary instituting proceedings. The remaining matters are dealt with by the County Health Inspector, in some cases in co-operation with the local health departments.

In almost all instances, the bottles are satisfactorily dealt with at the schools, i.e. the bottles are emptied completely, caps and straws removed and the bottles placed for collection the next day. Under these circumstances, and even though no rinsing of school milk bottles is carried out at the schools, the dairies should have no difficulty in seeing that all bottles are adequately cleansed before refilling, thus complying with their legal responsibilities. It inevitably happens however, from time to time, that a certain number of school milk bottles are mislaid or misused, and it does mean in these cases that the dairies must give such bottles special treatment to get them into a clean and sterile condition again, and fit for use as milk containers.

Tables are given below showing the sampling which was carried out during 1961 and the results of such sampling, also the position regarding school milk supplies at the end of the year.

#### SCHOOL MILK SAMPLES AND EXAMINATIONS, 1961

	Total Samples Collected	Phosphatase Test		Methylene Blue Test*	
		Passed	Failed	Passed	Failed
Pasteurised Tuberculin-tested (raw)	1984	1976	8	1886	81
	46	—	—	37	9
TOTALS	2030	1976	8	1923	90

\*The Methylene Blue test was void in 17 cases owing to high atmospheric shade temperature.

At the end of 1961, the position in the county regarding school milk supplies could be summarised as follows:—

Type of Milk	Schools sampled by Cheshire C.C.		Schools sampled by Crewe M.B.C.		No. of Children supplied	
	No. of different supplies of milk	No. of schools supplied	No. of different supplies of milk	No. of schools supplied	Total	As % Total
Pasteurised Tuberculin-tested (raw)	29	624*	1	32†	114,109	99.8%
	6	6§	—	—	140	0.1%
TOTALS:	35	630	1	32	114,249	—

‡ Figures obtained from a census taken on a selected day in October, 1961.

\* Includes 102 non-maintained School.

† Includes 1 non-maintained School.

§ Includes 1 non-maintained School.

(The milk in Schools Scheme has applied to non-maintained schools since 1st September, 1956, and all children attending both maintained and non-maintained Schools are entitled to one-third of a pint of milk free daily).

## HANDICAPPED CHILDREN

### Numbers Attending Special Schools, 1961

BLIND AND PARTIALLY SIGHTED	Boys	Girls	Total
Birkenhead, Sight Saving Classes	1	2	3
Chorley Wood, College for the Blind	—	2	2
Coventry, Exhall Grange School for Partially Sighted	5	3	8
Kettering, Rushton Hall	1	—	1
Kingswinford, Sunshine House	1	—	1
Leamington Spa, Sunshine House School for Blind Infants	1	—	1
Liverpool, St. Vincent's School for the Catholic Blind	3	3	6
Liverpool, Wavertree School for the Blind	6	3	9
Old Trafford, Henshaw's Institution for the Blind	4	1	5
Preston, Fulwood School for the Partially Sighted	6	2	8
Seaford, Blatchington Court	1	—	1
Shrewsbury, Condover Hall	2	—	2
Shrewsbury, Royal Normal College for the Blind	2	—	2
Southport, Sunshine House Nursery School	2	—	2
Wellington, Overley Hall Sunshine Home	—	1	1
Worcester, College for the Blind	3	—	3
DEAF AND PARTIALLY DEAF			
Burton-on-Trent, Needwood School for the Partially Deaf	2	4	6
Harewood, Bridge House School	1	—	1
Liverpool, Crown Street Day School for the Deaf	1	—	1
Manchester, Royal Residential Schools for the Deaf	38	38	76
Newbury, Mary Hare Grammar School	—	2	2
Penn, Raynor's School	—	1	1
Southport, Liverpool School for the Partially Deaf	17	13	30
Stoke-on-Trent, North Staffordshire School for the Deaf	1	—	1
DELICATE AND VARIOUS			
Ashton-under-Lyne, General Hospital	1	6	7
Bebington, Clatterbridge Hospital	153	159	312
Birkenhead, St. Catherine's Hospital	4	2	6
Birmingham, Children's Hospital	1	—	1
Chester, City Hospital	19	15	34
Davyhulme, Park Hospital	3	3	6
Frankby, Torpenhow Open-Air School	79	55	134
(Inc. one boy from Montgomeryshire and one girl from Chester City)			
Heswall, Cleaver Hospital	10	7	17
Heswall, Royal Liverpool Children's Hospital	9	12	21
Liverpool, Alder Hey	8	14	22
Littleborough, Lake View Hospital	1	—	1
Macclesfield, West Park Hospital	57	42	99
Manchester, Booth Hall Hospital	2	3	5
Manchester, Royal Manchester Children's Hospital	6	2	8
Marple, Children's Hospital	—	3	3
Salford, Hope Hospital Special School	2	3	5
Southport, Children's Convalescent Home	5	6	11
Stockport, Cherry Tree Hospital	13	11	24

DELICATE AND VARIOUS— <i>continued</i>	Boys	Girls	Total
Stockport, Stepping Hill .....	4	3	7
Stoke, City General Hospital .....	1	1	2
Thingwall, Royal Liverpool Children's Hospital .....	6	2	8
Wallasey, Leasowe Hospital .....	9	4	13
West Kirby, Children's Convalescent Home and School .....	5	2	7

#### EDUCATIONALLY SUB-NORMAL

Aberdeen, Camphill School (Rudolf Steiner) .....	2	1	3
Audenshaw, Hawthorns Day Special School .....	1	—	1
Bolton, Eden Grove School .....	1	—	1
Bradford, Grange Street Day School .....	—	1	1
Capenhurst, Capenhurst Grange School .....	—	46	46
Cockerham, Crookhey Hall School .....	2	—	2
Grappenhall, Grappenhall Hall School .....	112	—	112
Liverpool, Allerton Priory R.C. School .....	—	1	1
Longridge, Woodville School .....	1	1	2
Middlewich, Bostock Hall .....	—	2	2
Reigate, Salmon's Cross School .....	2	—	2
Ringwood, West Mount (Rudolf Steiner) .....	1	1	2
Ripon, Spring Hill School .....	1	—	1
Southborough, Meadow House School .....	1	—	1
Stroud, Farmhill House School .....	1	—	1
Thelwall, Massey Hall Residential School .....	—	1	1
Tunbridge Wells, Broomhill Bank School .....	—	1	1
Whaley Bridge Taxal Lodge School .....	1	—	1
Worcester, Besford Court Residential School .....	1	—	1
Wythenshawe, Park Day School .....	—	2	2

#### EPILEPTIC

Alderley Edge, Colthurst House School .....	5	3	8
Chelford, Soss Moss School .....	—	1	1
Kendal, Sedgwick House School .....	1	—	1
Lingfield, School for Epileptics .....	1	—	1
Liverpool, Maghull School .....	4	3	7

#### MALADJUSTED

Congleton, Buglawton Hall .....	1	1	2
Harmer Hill, Shotton Hall .....	3	—	3
Horbury, St. Peter's .....	—	1	1
Long Hope, Salesian School .....	3	—	3
Thelwall, Chaigeley .....	2	—	2
Towcester, Potterspury Lodge .....	1	—	1
Wem, Trench Hall .....	—	1	1
Wetherby, Wennington School .....	—	1	1

#### PHYSICALLY HANDICAPPED

##### *Crippled (non-tuberculous)*

Alton, Lord Mayor Treloar Hospital .....	1	—	1
Alverstoke, Sunshine House School .....	—	1	1
Ashton-under-Lyne, General Hospital .....	—	1	1
Aylesbury, Stoke Mandeville Hospital .....	1	—	1

PHYSICALLY HANDICAPPED— <i>continued</i>	Boys	Girls	Total
Bebington, Clatterbridge Hospital	13	7	20
Biddulph, Orthopaedic Hospital	3	1	4
Bolton, Birtenshaw Hall Special School	2	—	2
Carshalton, Queen Mary's Hospital	1	1	2
Cheadle, Bethesda Home for Crippled Children	8	6	14
Exeter, St. Loyes College	—	1	1
Glossop, Talbot House School	—	1	1
Harpenden, Elmfield School	—	2	2
Heswall, Royal Liverpool Children's Hospital	3	5	8
Killinghall, Ian Tetley Hospital Home	1	—	1
Leatherhead, Queen Elizabeth's Training College	2	—	2
Liverpool, Abbot's Lea Residential School	1	—	1
Liverpool, Alder Hey Children's Hospital	—	1	1
Liverpool, Children's School of Recovery	3	1	4
London, Gt. Ormond St.	1	—	1
London, Halliwick Cripples' School	—	1	1
Macclesfield, West Park Hospital	1	—	1
Marple, Children's Orthopaedic Hospital	9	10	19
Mobberley, Margaret Barclay	2	3	5
Oswestry, Orthopaedic Hospital	20	35	55
Southport, The Bradstock Lockett School	2	4	6
Wallasey, Leasowe Hospital	6	5	11
West Didsbury, Lancasterian Special Day School	—	4	4

### Heart

Ashton-under-Lyne, General Hospital	—	1	1
Bebington, Clatterbridge Hospital	1	—	1
Davyhulme, Park Hospital	1	1	2
Heswall, Royal Liverpool Children's Hospital	5	2	7
Liverpool, Children's School of Recovery	—	1	1
Wallasey, Leasowe Hospital	—	1	1
West Kirby, Children's Convalescent Home and Special School	1	—	1

### Tuberculosis

Abergele, Chest Hospital	—	1	1
Bebington, Clatterbridge Hospital	2	—	2
Heswall, Cleaver Hospital	10	17	27
Macclesfield, West Park Hospital	—	1	1
Marple, Children's Orthopaedic Hospital	2	—	2

### Resident in Boarding Homes and Attending Ordinary Schools, 1961

DIABETIC	Boys	Girls	Total
Kersal, St. George's Hostel	1	—	1

### MALADJUSTED

East Grinstead, St. George's Hostel	1	—	1
Preston, The Larches Hostel	1	—	1



# MEDICAL INSPECTION RETURNS

Year ended 31st December, 1961

**TABLE I**  
**Medical Inspection of Pupils attending Maintained**  
**Primary and Secondary Schools**

**A.—PERIODIC MEDICAL INSPECTIONS**

Age Groups Inspected (By year of birth)	Number Inspected	Physical Condition of pupils inspected		Pupils found to require treatment (excluding dental diseases and infestation with Vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any of the other conditions recorded in table III	Total individual pupils
1957 and later	256	255	1	3	11	14
1956	5235	5211	24	114	649	749
1955	5149	5136	13	116	539	647
1954	1044	1041	3	55	149	198
1953	655	652	3	39	71	106
1952	2016	2003	13	153	182	325
1951	5125	5118	7	315	357	642
1950	3370	3360	10	255	257	500
1949	818	817	1	102	67	159
1948	1699	1697	2	145	115	248
1947	5045	5625	20	525	414	897
1946 and earlier	5633	5628	5	614	331	920
<b>Total</b>	<b>36645</b>	<b>36543</b>	<b>102</b>	<b>2436</b>	<b>3142</b>	<b>5405</b>

The physical condition of 99.72% of the total number of pupils examined at periodic inspections was considered satisfactory.

**B.—OTHER INSPECTIONS**

Number of Special Inspections	—	—	—	—	3980
Number of Re-Inspections	—	—	—	—	12645
			<b>Total</b>	—	<b>16625</b>

**TABLE II.**  
**Infestation with Vermin**

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	—	156994
(ii) Total number of <i>individual</i> pupils found to be infested	—	3824
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—	2095
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—	193

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1961  
A—PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS										TOTAL	
		Entrants		Leavers		Others		Requiring treatment (9)	Requiring observation (10)				
		Requiring treatment (3)	Requiring observation (4)	Requiring treatment (5)	Requiring observation (6)	Requiring treatment (7)	Requiring observation (8)						
4	Skin	102	213	243	245	150	155	495	613				
5	Eyes— (a) Vision (b) Squint (c) Other	305 221 31	711 212 51	1184 71 21	1123 71 33	947 99 28	1143 129 50	2436 391 80	2977 412 134				
6	Ears— (a) Hearing (b) Otitis Media (c) Other	109 30 8	415 208 42	30 14 7	83 43 10	65 21 10	178 72 30	204 65 25	676 323 82				
7	Nose and Throat	411	1562	90	256	112	558	613	2376				
8	Speech	145	304	20	36	47	55	212	395				
9	Lymphatic Glands	14	521	3	121	1	160	17	802				
10	Heart	33	112	23	111	17	80	73	303				
11	Lungs	72	370	21	125	43	219	136	714				
12	Developmental— (a) Hernia (b) Other	26 31	62 160	2 14	6 48	13 55	19 121	41 100	87 329				
13	Orthopaedic— (a) Posture (b) Feet (c) Other	23 112 65	117 387 262	55 74 114	188 234 217	38 64 63	182 309 145	116 250 242	487 930 624				
14	Nervous System— (a) Epilepsy (b) Other	10 4	22 39	7 7	15 21	15 14	15 36	32 25	52 96				
15	Psychological— (a) Development (b) Stability	2 18	94 306	3 9	94 241	1 15	120 230	6 42	308 777				
16	Abdomen Other	19 73	64 158	39 47	16 124	19 54	45 154	77 174	125 436				

TABLE III. (Continued)

B.—SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin	40	27
5	Eyes— <i>a.</i> Vision	414	304
	<i>b.</i> Squint	36	21
	<i>c.</i> Other	14	12
6	Ears— <i>a.</i> Hearing	38	132
	<i>b.</i> Otitis Media	8	25
	<i>c.</i> Other	6	9
7	Nose and Throat	68	133
8	Speech	62	48
9	Lymphatic Glands	2	15
10	Heart	7	40
11	Lungs	14	94
12	Developmental—		
	<i>a.</i> Hernia	4	9
	<i>b.</i> Other	4	14
13	Orthopaedic—		
	<i>a.</i> Posture	16	23
	<i>b.</i> Feet	14	38
	<i>c.</i> Other	28	50
14	Nervous system—		
	<i>a.</i> Epilepsy	18	19
	<i>b.</i> Other	1	23
15	Psychological—		
	<i>a.</i> Development	45	100
	<i>b.</i> Stability	24	106
16	Abdomen	11	14
17	Other	30	47

**TABLE IV**

**Treatment of Pupils attending Maintained  
Primary and Secondary Schools**

**GROUP 1—EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint — — — —	1165
Errors of Refraction (including squint) — — — —	8727
Total — — — —	<u>9892</u>
Number of pupils for whom spectacles were prescribed — — — — — —	3472

**GROUP 2—DISEASES AND DEFECTS OF EAR, NOSE AND  
THROAT**

	Number of cases known to have been treated
Received operative treatment	
(a) for diseases of the ear — — — —	5
(b) for adenoids and chronic tonsillitis — — — —	64
(c) for other nose and throat conditions — — — —	31
Received other forms of treatment — — — —	766
Total — — — —	<u>866</u>
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1961 — — — — — —	44
(b) in previous years — — — — — —	95

**GROUP 3—ORTHOPAEDIC AND POSTURAL DEFECTS**

(a) Number of pupils known to have been treated at clinics or out-patient departments — — — —	799
(b) Pupils treated at school for postural defects — — — —	33
Total — — — —	<u>832</u>

**GROUP 4—DISEASES OF THE SKIN (excluding uncleanliness, for  
which see Table II)**

	Number of cases known to have been treated
Ringworm— (i) Scalp — — — — — —	—
(ii) Body — — — — — —	2
Scabies — — — — — —	6
Impetigo — — — — — —	51
Other skin diseases — — — — — —	246
Total — — — —	<u>305</u>

## GROUP 5—CHILD GUIDANCE TREATMENT

No. of pupils receiving treatment at Child Guidance Clinics	—	—	—	—	—	199
---	---	---	---	---	---	-----

## GROUP 6—SPEECH THERAPY

Total number of sessions at Clinics	—	—	—	—	—	1527
No. of pupils referred for Speech Therapy	—	—	—	—	—	389
No. of pupils treated	—	—	—	—	—	368
Total attendances at Clinics	—	—	—	—	—	9925
No. of visits to Schools	—	—	—	—	—	200
No. of children examined at Schools	—	—	—	—	—	351
No. of visits to the homes of pupils	—	—	—	—	—	185

## GROUP 7—OTHER TREATMENT GIVEN

Miscellaneous Minor Ailments	—	—	—	—	—	2409
Pupils who received B.C.G. vaccination	—	—	—	—	—	8574
U.V.L. treatment	—	—	—	—	—	598

**TABLE V**

### Dental Inspection and Treatment carried out by the Authority

<b>(1) Number of pupils inspected by the Authority's Dental Officers—</b>						
	(a) At Periodic Inspections	—	—	—	—	90565
	(b) As Specials	—	—	—	—	7908
					<b>Total (1)</b>	98473
(2)	Number found to require treatment	—	—	—	—	58089
(3)	Number offered treatment	—	—	—	—	51379
(4)	Number actually treated	—	—	—	—	27910
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11 (h) overleaf	—	—	—	—	54834
(6)	Half-days devoted to : Periodic (School) Inspection	—	—	—	—	782
	Treatment	—	—	—	—	8530
					<b>Total (6)</b>	9312
(7)	Fillings	Permanent Teeth	—	—	—	43211
		Temporary Teeth	—	—	—	6972
					<b>Total (7)</b>	50183
(8)	Number of teeth filled : Permanent Teeth	—	—	—	—	34841
	Temporary Teeth	—	—	—	—	6392
					<b>Total (8)</b>	41233

(9) Extractions :	Permanent Teeth	—	—	—	10352
	Temporary Teeth	—	—	—	23713
				<b>Total (9)</b>	<u>34065</u>
(10) Administration of general anaesthetics for extraction—					<u>9296</u>
(11) Orthodontics :					
(a) Cases commenced during the year	—	—	—	—	238
(b) Cases carried forward from the previous year	—	—	—	—	167
(c) Cases completed during the year	—	—	—	—	124
(d) Cases discontinued during the year	—	—	—	—	23
(e) Pupils treated with appliances	—	—	—	—	300
(f) Removable appliances fitted	—	—	—	—	278
(g) Fixed appliances fitted	—	—	—	—	34
(h) Total attendances	—	—	—	—	<u>2443</u>
(12) Number of pupils supplied with artificial dentures	—	—	—	—	<u>262</u>
(13) Other Operations :	Permanent Teeth	—	—	—	8050
	Temporary Teeth	—	—	—	1729
				<b>Total (13)</b>	<u>9779</u>

**TABLE VI**  
**Number of handicapped pupils examined in School**

Defect	Number of	
	New Cases	Re-exams.
Blind	1	—
Partially Sighted	12	36
Deaf	4	13
Partially Deaf	26	32
Delicate	25	115
Diabetic	12	27
E.S.N.	49	233
Epileptic	33	75
Maladjusted	2	7
Physically Handicapped	54	226
Speech Defect	25	40

**TABLE VII.**

Medical Examinations at School Clinics	—	—	—	—	1117
Number of children examined for part-time employment	—	—	—	—	972
Number of Special Reports completed on children examined at—					
Schools	—	—	—	—	274
School Clinics	—	—	—	—	180
Homes of Pupils	—	—	—	—	547
					1001

## LIST OF SCHOOL CLINICS

Clinic	Address	Type of Clinic	Day held
ALSAGER	15, Centre Court, Alsager.	Minor Ailment	1st & 3rd Fri. a.m.
		Doctor's Sessions	1st & 3rd Fri. (11 a.m.—12-15 p.m.)*
		E.N.T. Eye	3rd Fri. p.m. 1st & 3rd Wed. a.m.
ALTRINCHAM	12, The Mount, Altrincham. 145, Park Road, Timperley. 69 Station Bldgs, Altrincham.	Minor Ailment	Mon. a.m. (9-10 a.m.)
		Doctor's Sessions	2nd and 4th Mon. a.m.*
		Minor Ailment Doctor's Sessions Speech	Wed. a.m. 1st & 3rd Wed. a.m.* Tues. a.m. & p.m. Thurs. p.m.
BARNTON	Methodist School Room, Runcorn Road, Barnton.	Minor Ailment	2nd & 4th Wed. p.m. (2-2-30 p.m.)
BEBINGTON	Council Offices, Bromborough. 218, Bebington Road, Bebington.	Minor Ailment	4th Tues. p.m.
		Doctor's Sessions	4th Tues. p.m.
	Speech	Mon. a.m. & p.m. Wed. a.m.	
	New Ferry Park, New Ferry. The Rake, Eastham.	Minor Ailment Doctor's Sessions Eye Eye	Wed. a.m. Wed. a.m. Thurs. a.m. 2nd & 4th Thurs. p.m.
BOLLINGTON	Wellington Rd., Bollington, Macclesfield.	Minor Ailment	1st Tues. a.m.*
		Doctor's Sessions	1st Tues. a.m.*
		Eye	2nd Tues. p.m.
BREDBURY	Lower Bents Lane, Bredbury.	Eye	1st, 2nd & 5th Thurs. a.m.
CHEADLE	Brookfield, Wilmslow Road, Cheadle.	Minor Ailment	1st & 2nd Mon. a.m.
		Doctor's Sessions	1st & 2nd Monday a.m.*
		Eye	Tues. a.m.
		E.N.T. Speech	4th Wed. a.m. Thurs. a.m. Fri. a.m.
		Lip Reading Classes	Thursday a.m.
CHEADLE HULME	Parish Hall, Church Road, Cheadle Hulme.	Eye	2nd & 3rd Thurs. a.m.
CONGLETON	Park Street, Congleton.	Minor Ailment	Friday a.m.*
		Doctor's Sessions	1st Friday a.m.*
		E.N.T. Eye	4th Tues. p.m. 2nd Wed. p.m.
		Speech	Tues. a.m. & p.m.

\*If required



CREWE	201 Edleston Rd., Crewe.	Speech	Wed. a.m. & p.m. Thurs. p.m.
	Ludford Street, Crewe.	Minor Ailment Doctor's Sessions E.N.T. Eye	Monday a.m.* Mon. & Wed. a.m.* 3rd Wed. a.m. 1st, 2nd, 4th & 5th a.m.
	Stalbridge Road, Crewe.	Paediatric Minor Ailment Doctor's Sessions Eye Paediatric Lip Reading Classes	3rd Fri. p.m. Tues. a.m. Tuesday a.m.* 2nd & 4th Fri. p.m. 1st Fri. p.m. Tues. a.m. & p.m.
DUKINFIELD	King Street, Dukinfield.	Minor Ailment Doctor's Sessions E.N.T. Eye	Tuesday a.m. Tues. a.m.* 4th Mon. a.m. 1st, 2nd & 4th Fri. p.
ELLESMERE PORT	Stanney Lane, Ellesmere Port.	Minor Ailment Doctor's Sessions E.N.T. Eye Speech Lip Reading Classes	Thursday a.m. Thurs. a.m.* Alt. Mon. a.m. Fri. a.m. Tues. a.m. Thurs. a.m. & p.m. Wed. a.m.
FRODSHAM	The Rock Clinic, High Street, Frodsham.	Eye Speech	2nd Wed. a.m. 4th Thurs. a.m. Friday a.m.
HALE	Lister House, 9 Broomfield Lane, Hale.	Minor Ailment Doctor's Sessions Eye	Friday p.m. 1st & 3rd Friday p.m. Tues. a.m.
HAZEL GROVE	253, London Rd., Hazel Grove.	Minor Ailment Doctor's Sessions E.N.T. Eye Speech	2nd Tues. a.m. 2nd Tues. a.m.* 1st Fri. p.m. odd mths 1st & 4th Thurs. a.m. Mon. a.m. & p.m.
HESWALL	Telegraph Road, Heswall.	Minor Ailment Doctor's Sessions Eye Speech Lip Reading Classes	1st Tuesday p.m. 1st Tues. p.m.* 1st & 3rd Friday a.m. Wed. a.m. & p.m. Mon. & Fri. a.m.
HOLLING- WORTH	Wedneshaugh Green, Hollingworth.	Minor Ailment	Tues. p.m.
HCOLE	55, Hoole Road, Hoole.	Minor Ailment Doctor's Sessions Eye Speech	1st Monday p.m.* 1st Monday p.m.* 2nd & 5th Thurs. p.m. Fri. a.m. & p.m.
		*If required	
HOYLAKE	Broomfield, Meols Drive, Hoylake.	Minor Ailment Doctor's Sessions Eye Speech	Friday (9-10 a.m.) Friday a.m.* 1st, 3rd & 5th Mon. p. Thurs. a.m. & p.m.

HYDE	Reform Club Buildings, Market Place, Hyde.	Minor Ailment Doctor's Sessions Eye (Specialist) Speech	Monday a.m. Mon. a.m.* 1st Tues. a.m. 3rd. Fri. p.m. Wed. a.m. & p.m. Thurs. a.m.
KNUTSFORD	County Offices, Bexton Road, Knutsford.	Minor Ailment Doctor's Sessions Eye Speech	2nd Wed. a.m. 2nd Wed. a.m.* 3rd Thurs. p.m. Tuesday a.m.
LITTLE SUTTON	Chester Road, Little Sutton,	Speech Lip Reading Classes	Wed. p.m. Fri. p.m.
LYMM	29, Eagle Brow, Lymm.	Minor Ailment Doctor's Sessions Eye	Wed. a.m. Wed. a.m. 4th & 5th Thurs. p.m.
MACCLESFIELD	Hurdsfield House, Brocklehurst Ave., Macclesfield, Pierce Street, Macclesfield.	Lip Reading Classes Minor Ailment Doctor's Sessions E.N.T. Eye	Friday a.m. Tues. & Friday 9-15—10 a.m. Friday a.m.* 3rd Mon. a.m. 1st Mon. p.m. 1st, 3rd & 4th Tues. p.m., 4th Thurs. a.m.
MARPLE	52, Bridge St., Macclesfield. Stockport Rd., Marple.	Speech Minor Ailment Doctor's Sessions Eye Speech	Tues. a.m. & p.m. & Fri. a.m. 2nd Wed. a.m. 2nd Wed. a.m.* 3rd Thurs. a.m. Thurs. p.m.
MIDDLEWICH	The Priory, 85, Wheelock St., Middlewich.	E.N.T. Eye	Even Mths. 4th Thurs. a.m. 3rd Tues. p.m. & 1st Thurs. p.m.
NANTWICH	The Dowery, Barker Street, Nantwich.	Minor Ailment Doctor's Sessions Eye Speech	2nd & 4th Mon. a.m.* 2nd & 4th Mon. a.m.* 1st, 3rd & 5th Wed. p.m. Tues. p.m.
NESTON	Mellock Lane Neston.	Minor Ailment Doctor's Sessions Speech Eye	1st Tues. a.m. 1st Tues. a.m.* 2nd & 4th Mon. p.m.
*If required			
NORTHWICH	Parkfield, Middlewich Rd., Northwich. Darland House, Winnington Hill, Northwich.	E.N.T. Eye Lip Reading Classes Minor Ailment Paediatric Speech	2nd Wed. a.m. 1st, 2nd & 3rd Thurs. a.m. 1st Friday p.m. Tues. & Thurs. a.m. Tues. (1-30-2 p.m.) 4th Mon. p.m. Mon. a.m. & p.m. Thurs. a.m. Friday a.m.

POYNTON	Park Lane, Poynton.	Minor Ailment Doctor's Sessions E.N.T.  Eye	3rd Tues. p.m.* 3rd Tues. p.m.* Even Mths. 3rd Wed. p.m. 2nd Tues. p.m.
RUNCORN	28, Halton Road, Runcorn.	Minor Ailment Doctor's Sessions Eye Speech Lip Reading Classes	2nd Fri. a.m.* 2nd Fri. a.m.* Tues. p.m. Mon. a.m. & p.m. Tues. & Thurs. p.m.
SALE	70, Chapel Road, Sale.	Minor Ailment Doctor's Sessions Eye Speech  Lip Reading Classes	Wed. a.m. Wed. a.m.* Mon. p.m. Mon. a.m. Thurs. a.m. & p.m. Wednesday a.m.
SANDBACH	Platt Avenue, Sandbach.	Minor Ailment Doctor's Sessions  E.N.T. Eye Speech	1st & 3rd Fri. a.m. 1st & 3rd Fri. a.m. (9-15 a.m. to 10-30 a.m.)* 4th Fri. a.m. 2nd, 3rd & 4th Mon. p.m. Tuesday a.m.
STALYBRIDGE	High Street, Stalybridge.	Minor Ailment Doctor's Sessions Eye Speech	Mon. a.m. Mon. a.m.* 2nd, 3rd, 4th Mon. p.m. Fri. a.m. & p.m.
STOCKTON HEATH	65 Whitefield Rd. Stockton Heath.	Eye Speech	4th Tues. p.m. Wed. a.m. & p.m.
TARPORLEY	Victory Hall, Tarpoley.	Eye	1st Thurs. p.m.
WEAVERHAM	Church Lane, Weaverham.	Minor Ailment Eye Speech	Fri. a.m. 1st Thurs. a.m. Thurs. a.m. & p.m.
WILMSLOW	3, Alma Lane, Wilmslow.	Minor Ailment Doctor's Sessions Eye Speech	Thurs. a.m. 1st Thurs. a.m.* 1st Tues. p.m. Wed. a.m. & p.m.
WINSFORD	98, Weaver St., Winsford.	Minor Ailment E.N.T. Eye	2nd Fri. (2-2-30 p.m.) 2nd Tuesday p.m. 2nd, 3rd & 4th Thurs. p.m.

\*If required



