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CHESHIRE COUNTY COUNCIL

EDUCATION COMMITTEE



REPORT

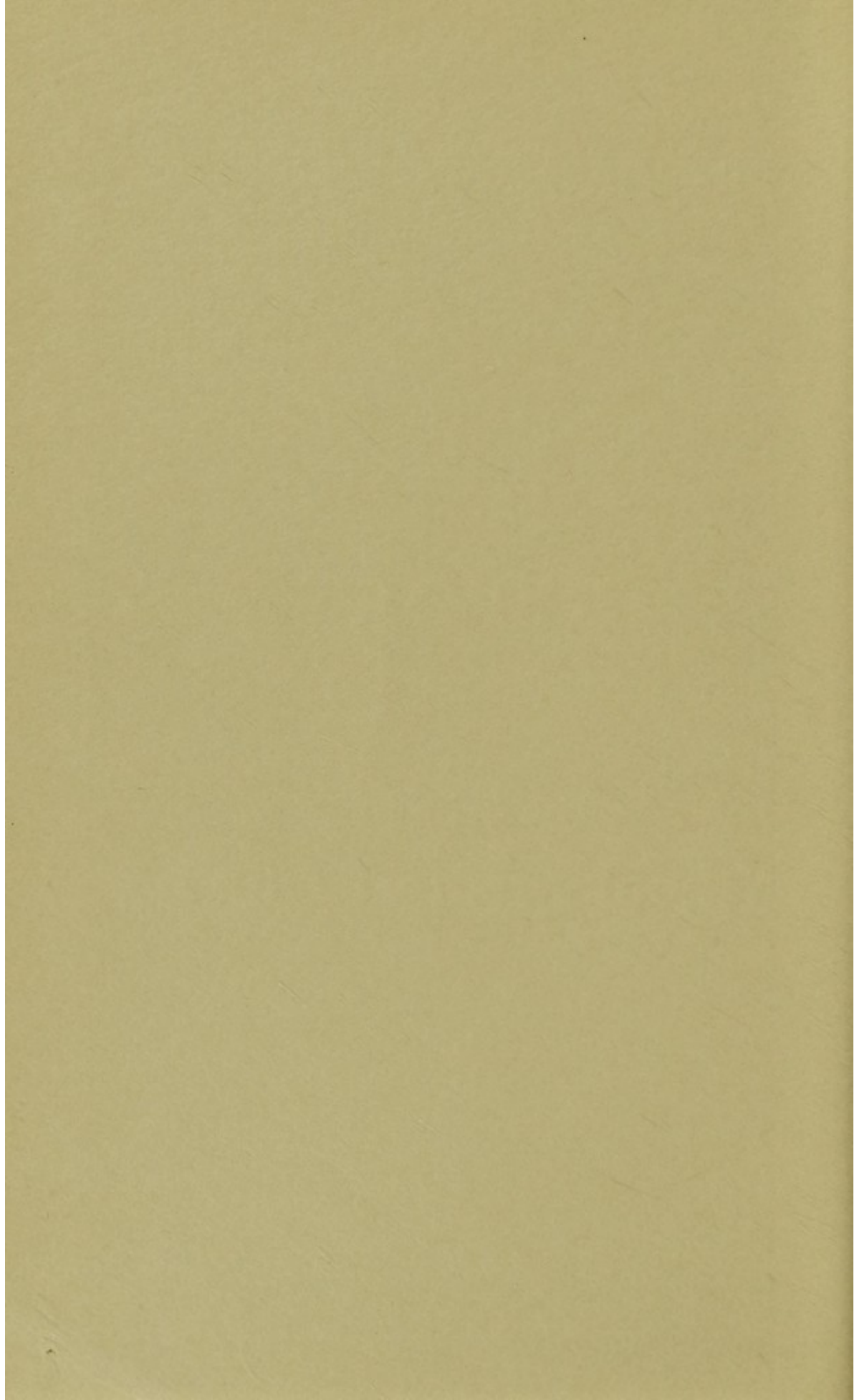
for the year 1963

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:

R. CARGILL, M.B., CH.B.

County Psychiatrist:

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

Assistant County Medical Officers:

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BETTY HINCHLIFFE, M.B., CH.B.	ELIZABETH SOUTH, M.B., CH.B. (part-time)
	JESSIE TOUGH, M.B., CH.B., D.P.H.
	MARGARET WINTON, M.B., CH.B.

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.D., 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—A. S. DARLING, M.B., B.CH., B.A.O., D.P.H.	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):

- | | |
|--|---|
| J. F. COGAN, M.B., CH.B., F.R.C.S. | A. HOLMES-SMITH, M.A., M.B.,
B.CHIR., D.O.M.S. |
| J. D. E. EDWARDS, M.B., CH.B.,
D.O.M.S., R.C.P.S.I. | A. K. MITRA, M.B., D.G.O., D.O. |
| NORA ENGLISH, M.B., B.CH.,
B.A.O., D.O. | E. RILEY, M.B., CH.B., D.O.M.S. |
| D. W. ELLIS-JONES, M.B., CH.B.,
D.T.M. & H., D.O. | DOROTHY SIMMONS, M.B., CH.B. |

Child Psychiatrists (Part-time):

- | | |
|---|---|
| J. ERULKAR, M.B., B.S., D.C.H.,
M.R.C.P., D.P.M. | D. M. ZAUSMER, B.SC., M.B., B.S.,
D.P.M. |
| MARIA ROGERS, M.B., CH.B., B.A.O., D.P.M. | |

Orthopaedic Surgeons (Part-time):

- | | |
|------------------------------------|--|
| E. M. KUPFER, M.B., B.S., F.R.C.S. | V. H. WHEBLE, M.A., B.M., B.CH.,
F.R.C.S. |
|------------------------------------|--|

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

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

Consultants in Audiology (Part-time):

- SIR ALEXANDER EWING, M.A., PH.D.
I. G. TAYLOR, M.D., D.P.H.

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. | I. L. JONES, L.D.S., R.C.S. |
| J. B. ANDREW, L.D.S., R.C.S., B.D.S. | LISBETH KIPPEN, L.D.S., D.P.D. |
| J. M. ARANY, M.D., L.D.S., R.F.P.S. | IRENE KURER, B.D.S. (<i>part-time</i>) |
| ELIZABETH BROWN, L.D.S. | A. N. LEICESTER, B.D.S. |
| DOROTHY COATES, L.D.S. | H. P. MEED, L.D.S. |
| G. H. CRAINE, B.D.S. | RUTH OWEN, L.D.S. |
| MARGARET DAVIDSON, L.D.S. | K. V. SHUTE, L.D.S. |
| MARGARET DAVIS, B.D.S. (<i>part-</i> | E. J. TAYLOR, L.D.S. |
| D. M. DODD, B.D.S. <i>time</i>) | MARGARET THOMSON, B.D.S. |
| T. P. DYKES, L.D.S. | DOROTHY WALKER, L.D.S. |
| LORNA FERNLEY, L.D.S., B.CH.D. | DOREEN WILSON, L.D.S. (<i>part-time</i>) |
| G. J. HARTLEY, L.D.S. | R. S. WOOD, L.D.S. |

Chief Administrative Assistant:

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

Health Visitors and School Nurses: 136.

Dental Nurses and Attendants: 35. Clerk-Attendants: 19.

Speech Therapists:

RAYLEEN EATON
MARGARET JOHNSON
JUDITH KAY

MELBA LOYNES (Part-time)
ELIZABETH SMITH
SUSAN WILLIAMS

Occupational Therapist :

ANNABEL NOAKE †

Physiotherapists :

RHONA WHITE

JOYCE URMSON. †

Psychologists :

T. W. CRABTREE, B.A.

ELIZABETH LONG, B.A.

MIRIAM LEE, B.Sc., (Part-time) NORA SCOTT, B.A. (Part-time)

J. WALKER, B.A.

Psychological Social Workers :

ELLEN HOWITT

PHYLLIS REDFARN

CHRISTOBEL WALKER, B.A.

Peripatetic Teachers of the Deaf :

P. R. BUCKINGHAM,

D. L. PERRY

†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 1963.

As is the custom, the report contains the annual contributions from the Principal Dental Officer, Ophthalmologist, Paediatrician, Psychiatrist, Audiologist and Otologist, and to them I tender my thanks.

The last year has been one of great difficulty in maintaining the efficiency and completeness of school medical inspections. The rapidly increasing school population necessitated two additional medical officers during 1964 and in this same period the loss of no fewer than six doctors had to be made good. Two of these vacancies arose through promotion within the county service, one by promotion to a senior post in another authority, two for family reasons and one through transfer to the hospital service. The resulting eight vacancies have now all been filled, but several of the medical officers' areas have necessarily been understaffed for varying periods.

The ward classes conducted by the County Paediatrician at Macclesfield have been well attended by medical officers, who have thereby been enabled to keep abreast of modern developments in paediatrics as well as to profit by the means of discussing clinical difficulties with a consultant paediatrician and amongst themselves. Seven medical officers have attended special courses on various subjects of importance in the Schools Health Service during this year. In addition a lecture on partially sighted children was given to School Medical Officers by Dr. Huss of the Ministry of Education, and this was followed by discussion.

Additional child guidance clinics have been opened in the new clinic centres at Sale, Stalybridge, Hazel Grove and Grappenhall, although the grave shortage of psychiatric social workers persists. The consultant psychiatric cover supplied by the Manchester Regional Hospital Board cannot for the present be extended to more than two sessions weekly, occupied at the Handforth clinic. It is fortunate that one recently appointed full-time medical officer had considerable experience and special qualifications in child psychiatry, so that she could be allocated four consultant sessions weekly at Stalybridge and Hazel Grove. The extension of the child guidance service enabled the full-time service of Dr. Hugh Craig to be utilised in psychiatry, but in so doing he had to relinquish the post of Senior School Medical Officer. This post was filled by the promotion of Dr. Cargill.

The previous number of dental surgeons employed by the Authority has been maintained, but this is not sufficient to carry out dental inspections at all schools in the county in any one year. In 1963, 72% of children at schools were inspected. Approximately one half of school children inspected required treatment and 55% of those requiring treatment obtained it through the county service. The percentage of children attending the clinics varied greatly throughout the county. In some localities which are poorly supplied with dentists in the National Health Service, or where these dentists prefer not to undertake child dentistry, the acceptance rate is very high, in certain schools it is 90%. The deployment of the County Dental Surgeons takes account of these variations. There can be no doubt that the high standard of equipment provided at the county clinics is greatly appreciated by Cheshire parents and it would be a grave mistake to think that the children, even the young ones, do not recognise and feel the value of modern equipment in dentistry.

The school population of Cheshire at the end of 1963 was 140,395, an increase of approximately 4,000 over the previous figure. The numbers of school children taking school milk and school meals increased similarly. In this connection it will be noted that in 99.85% of children examined by school medical officers, the physical condition was pronounced to be satisfactory.

The pattern of the findings of school medical officers has undoubtedly changed in the last ten years. In this period medical officers have been much better equipped with instruments and material for the testing of vision, hearing and intelligence levels, and the result has been a greater number of children found to have defective eyesight, to be deaf or partially hearing, or to be below normal intelligence. The number of children ascertained to have defective vision, requiring observation or treatment, increased from 2,831 to 6,972, those with defective hearing from 443 to 777. Children reported to have some psychological instability were 176 in 1953 but 1,167 in 1963, showing the much greater emphasis placed upon mental development and condition than formerly. The number of children suffering from tuberculosis requiring education in special school fell in these ten years from 260 to 15, a truly dramatic reduction, and those requiring treatment, usually operative, for defects of the nose and throat, have declined from 1,628 to 953.

The process of ascertainment of defective hearing indeed starts at 9 to 10 months of age with the screening tests carried out by health visitors, and continues through pre-school life at the young children's clinics. It is then the function of the specialist audiology clinics, held in conjunction with the Manchester University Department for the Education of the Deaf, and usually attended by the consultant ear, nose and throat surgeons, to determine the best method of education of these children, whether at a special school or in ordinary school

supplemented by tuition from the peripatetic teachers of the deaf. The case load of the peripatetic teachers is now such as to need more such staff as insufficient attention can be given to individual children. The greatly improved procedure for ascertainment and educational treatment of school children is an example of the co-operation between health visitors, teachers, school doctors consultant surgeons and Manchester University and one must recognise the wonderful pioneer work of Professor Sir Alexander Ewing in this important subject.

In the Mid. and South Cheshire areas the work of the consultant ophthalmologists has been hampered by the lack of orthoptists. Clinic facilities for this purpose were offered to and accepted by the Hospital Management Committees concerned, but unfortunately trained orthoptists are somewhat rare and a suitable appointment could not be made.

I am deeply grateful to the Director of Education and his staff, the Head Teachers, and indeed all the Teachers throughout the country, for their help and willing co-operation during the year.

My thanks are also due to the Chairman and Members of the Education Committee and of the Special Services Sub-Committee and the County Architect for their valuable and constant support.

Lastly, I must thank most warmly the professional and lay staff of the Schools Health Service for their keenness and loyalty, which contribute so much to its efficiency and value.

I beg to remain,

Your obedient servant,

ARNOLD BROWN.

Principal School Medical Officer.

September, 1964.

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-1963 was 960,980.

The total number of schools in the educational area at 31/12/63 with their enrolments was as follows:—

Primary	.....	.....	.....	.....	.....	471	86,914
Secondary (Grammar)	.....	.....	.....	.....	.....	27	21,771
Secondary (Modern)	.....	.....	.....	.....	.....	81	31,710

At the end of 1963 there were 117,503 children in maintained schools receiving school milk (83.02% of those present) and 79,793 receiving school meals (62.75% of those present). Of the 79,793 meals 2,868 were supplied free (2.25% of those present).

Annual Dental Report, 1963

(1) General

It was announced in July that the Minister of Health had arranged with the Minister of Education that his Chief Dental Officer, Surgeon Rear Admiral W. Holgate, would act for the Minister of Education in a similar capacity. In addition to this appointment, the Senior Dental Officer of the Ministry of Health, at present responsible for advising local authorities on the priority dental services, is to accept the same responsibility for the school dental service. The advisory staff of the Ministry of Education is to be further augmented by two additional appointments of dental officers.

This announcement, and what it entails, is welcomed, and it is hoped that a fresh impetus will be given to the school dental service by this new organisation and the action of Admiral Holgate in arranging regional meetings with Principal Dental Officers of local authorities to discuss problems.

The fear existing in some quarters that the future of the school dental service was doubtful has been largely dispelled by these events, and dental officers in post feel more secure in their careers, whilst dental surgeons contemplating joining the service can now feel more confident in taking the step.

Although every area in the County was covered during the year and no clinic was closed because of staff shortages, the dental manpower situation has not yet reached a satisfactory state. This, combined with the increasing flow of children from neighbouring cities into newly built housing areas in Cheshire, makes the organisation of an efficient yearly inspection and treatment service difficult. Families arrive in these areas before any private practitioner dental services are available

to share the burden of the demand for dental treatment and this throws an extra strain on our already over-taxed resources.

Cheshire is fortunate in that it attracts more than its share of dental surgeons into general practice within the County. The ratio of dentists in practice to the population at the beginning of the year was 1-4,300 compared with the ratio of 1-5,700 school dental officers to child population. Without the assistance of our private practitioner colleagues, the school dental service would certainly find itself in far greater difficulties.

The distribution of this available dental manpower is not even and districts offering the best amenities, educational facilities, and easy communications to large town centres naturally attract the greatest number of dentists.

A reasonable standard of dental fitness has been maintained throughout the County during the year, but there can be no feeling of complacency about the task with which we are faced and the inadequacy of our efforts in dealing with it in a completely satisfactory manner.

Mr. Dodd, the Dental Officer for the Northwich area, continued his survey on the dental health of the children in the district under his care. A brief summary of his findings is attached to this report.

Our liaison with the Manchester and Liverpool Dental Hospitals has been cordially maintained and the staffs of these hospitals have been most helpful. The dental departments of the Clatterbridge and Chester hospitals have been most helpful also in offering assistance when asked, whilst the smaller hospitals have been most co-operative in offering the use of their available facilities.

(2) **Staffing**

It is with regret that I report the death of Mr. Michael Baron in July. He was the dental officer in charge of the Bebington clinic and came to the County from private practice in 1959. He was an extremely efficient dental surgeon and a valued member of the dental staff.

Two whole-time dental officers and one part-time dental officer resigned during the year. Mrs. Clarke from Macclesfield resigned for family reasons and hopes to re-join us at some later date; Miss Taylor from Stockton Heath left us to return to Scotland to marry; Miss Hall from Bebington gave up her post on leaving the district.

There were 10 applicants for posts in 1963, 7 from men and 3 from women. Of the women, 2 were appointed to whole-time posts and only 1 of the men was prepared to accept the conditions of employment offered. As I have previously reported, a number of candidates offer no continuity of service and wish to make their own conditions which are associated with building their own practices. The overall number of dental officers lost to the County during the year amounted to 3 full-time and 1 part-time officer whilst the number of fresh appointments numbered 3 full-time officers.

In the year under review, an increase in the sickness rate was noted, 421 sessions being lost from this cause compared with 314 sessions in 1962. Influenza was the cause of most of this loss, but mumps in the case of one dental officer and an internal operation in the case of another accounted for rather long periods of absence.

(3) Courses

Post-graduate courses were attended by three dental officers, who reported that the courses were most instructive and well organised. Attendance of dental officers on these courses is recommended by the Ministries, and there is no doubt that in these days of changing ideas it is decidedly beneficial to the County service that vacancies should be accepted to enable selected dental officers to attend and examine their methods in the light of new developments. We are grateful to the Authority for authorising attendance.

(4) Dental Health

More time has been devoted to the propagation of dental health. Talks have been given to children and at ante-natal preparation classes in clinics. The Dental Health Trailer, which is owned and equipped by the General Dental Council, has been used at the Cheshire and Altrincham Shows and a good deal of interest was taken in the display. Although it is difficult to estimate the value of this kind of exhibition, I believe that by constantly bringing before the public the importance of dental health, some part of the lesson may be absorbed. Little progress in changing eating habits known to be injurious to teeth is observed despite more intensive propaganda and it is perhaps interesting to quote from the report on the condition of children's teeth written by the school dental officer in Wilmslow in 1916. He writes, "I have come to the conclusion that the chief cause of so much decay is that many children seem to be almost continually eating sweets or something else, the result being that the mouth is never clean. I think that the evil effects of this ought to be constantly pointed out to the children by the teachers, and eating anything at all ought to be prohibited during school hours".

I do feel that organised teaching of dental health should be in the hands of more competent teachers than the average dental surgeon, who, although he knows the subject matter of his propaganda, is really not trained in the art of speaking and bringing out the lessons.

(5) Statistics

(a) Staff

The numerical strength of the dental staff expressed in terms of whole-time dental officers over the year was 24.5 plus the Principal Dental Officer, an increase of 0.6 compared with 1962.

An analysis of this figure shows that 20 dental officers plus the Principal Dental Officer completed a full year of whole-time service,

and two part-time dental officers a full year of part-time service. Six whole-time dental officers and one part-time officer did not complete a full year.

(b) Inspections

The percentage number of the school population who were dentally inspected was 72.1 which despite the rise in children attending school, was only 0.4% lower than the preceding year.

Of the children inspected, 57.7% were found to require treatment compared with 57.9 in 1962.

Children referred for treatment numbered 88.04% of those found to require treatment against 88.9% in 1962.

That a difference exists between those found to require treatment and those referred for treatment is explained by the fact that every lesion existing in the mouth of a child is recorded at inspections, but in some cases there is no need for immediate remedial treatment.

(c) Children Treated

The percentage number of children accepting treatment in County dental clinics was 55.2% of those referred. This figure shows a slight drop from the relevant figure for 1962, which was 56.4%. This figure includes children who had accepted treatment late in 1963 and whose treatment had not been started until 1964.

So far as can reasonably be ascertained, 31.4% of the children referred for treatment stated that they would attend their family dentist.

(d) Fillings and Extractions

In comparing the ratio of fillings to extractions, the trend towards more fillings and fewer extractions which has been noticeable during the last decade, continues. For every permanent tooth extracted, 3.7 permanent teeth were filled in 1962, whereas 4.3 permanent teeth were filled to every permanent tooth extracted in 1963. The ratio of temporary teeth extracted to temporary teeth filled in 1962 was 1: 0.31, the comparable figure for 1963 being 1: 0.40.

The number of permanent teeth extracted amounted to 28.9 per 100 children treated, compared with 33.9 per 100 children treated in 1962.

Temporary teeth extracted numbered 74.1 per 100 children treated against 83.8 per 100 children treated in 1962.

Permanent fillings per 100 children numbered 154.3 compared with 155.6 in 1962 and temporary fillings amounted to 33.8 per 100 children treated compared with 29.2 per 100 in 1962.

(6) Orthodontics and Other Operations

- (a) There were 2,482 attendances at County clinics for orthodontic treatment and 309 cases were referred for specialist treatment.

(b) 253 children were fitted with artificial dentures during the year, an increase of seven compared with 1962.

(c) Crowns were fitted in 20 cases and inlays in 3.

(7) **Holiday Appointments**

Appointments made for dental treatment during school holidays were again reasonably well kept and the figure of 68% of appointments kept is the same as 1962.

(8) **Special Schools**

Treatment was given to the children resident at Capenhurst Grange, Grappenhall Hall, Massey Hall, and Torpenhow Special Schools.

Children attending Junior Training Centres for the mentally sub-normal were also treated in the course of the year.

(9) **Clinics**

An inspection of all dental clinics in the County was carried out during the year. Several items of equipment which had become obsolete and for which spare parts were unobtainable, were replaced.

Two new clinics, one at Grappenhall, which supplies the need of a dental clinic in a new area, and one at Congleton, which replaces an old centre, were opened in 1963. Both these clinics are much appreciated by the public and the dental staff who work in them.

(10) **Acknowledgements**

The Headmasters and Teachers throughout the County have, as in the past, afforded us every help and co-operation. For this we are most grateful.

I acknowledge with gratitude the courtesy, help, and guidance, which has always been readily available to me from the Principal School Medical Officer.

I record my thanks and appreciation on behalf of the dental staff to the Chief Administrative Officer and the staff at County Hall, and the Divisional Medical Officers and their staffs, for their efficient and willing assistance.

Further Details of two Surveys on the Dental Health of School Children in the Northwich Area 1963

By D. M. Dodd, B.D.S., L.D.S.

At five years of age the number of missing teeth exceeded those filled by nearly 2 : 1, whereas at eleven years old there was a reversal of this ratio in that the filled teeth exceeded those missing by 2 : 1.5. Here then could be seen some measure of success in treatment as provided by the resources available in the area.

Seventy temporary teeth in the younger group, and 86 permanent in the older group, had been extracted per 100 children, 96.5% of the latter extractions involving the first permanent molar.

There was no obvious relationship between the d.m.f. and D.M.F.* indices, and the educational ability or environment of the children inspected, however, more fillings were seen in the mouths of children coming from homes in the higher income groups.

It was observed that 65% of the caries was to be found in the first permanent molars, moreover only 6% of these teeth were caries free, whilst 23% were filled. Of this latter figure, one fifth showed caries developing on surfaces other than those which had been filled. During a child's school life much valuable time is spent trying to preserve these particular teeth. One may well wonder whether routine extraction of the six year molar between the ages of ten years and twelve years would be more advantageous than large scale efforts at conservation. If this plan were followed, the dental surgeon would have more time to concentrate on other less carious teeth. This point is emphasised on observing that the percentage of caries free mouths drops from 9.6% to 0.4% between the ages of 5 years and 11 years.

The second permanent molar and many of the pre-molars are beginning to erupt between the ages of eleven and twelve. Of the former 58.2% and of the latter 13.7% were decayed, missing or filled, whilst the corresponding figure for the incisor and canine teeth was 5.5% and 0.15%. The above high percentage of the second permanent molar indicates a tendency to rapid decay, and suggests that the amount of caries seen in a tooth is directly related to the number of fissures in it, bearing out the accepted view that stagnation areas predispose caries.

The percentage of post-normal occlusions almost doubled between the ages of 5 years and 11 years, the actual figures being 10% and 19%. Class III cases remained static at between 3% and 4%. It would appear that the age gap under review is a critical period so far as Class II cases are concerned, and frequent orthodontic checks should be made from the age of 5 years.

At the age of 11 years an increase of 11% in the number of children showing gingival lesions was noticed. This deterioration may be due to two causes. Firstly, the fact that an additional six years has been experienced of masticatory trauma, and secondly, it may be due to a mild hormonal change occurring with the onset of puberty. These gingival disturbances, as might be expected from the hormonal theory, were more noticeable in girls.

* d.m.f. *decayed, missing and filled teeth in 5 year old group.*

D.M.F. *decayed, missing and filled teeth in 11 year old group.*

School Buildings

The following major works were completed or in progress during 1963:—

New Schools etc., completed during the year

Macclesfield, Hurdsfield, Junior School
Hazel Grove Secondary Modern School
Cheadle Secondary Modern School
Hartford Secondary Modern School
Wilmslow Secondary Modern School
Ellesmere Port Girls Grammar School
Ellesmere Port, Mansfield, Primary School
Cheadle Heald Green Primary School
Hyde, Pinfold, Primary School
Runcorn, Weston Point, Primary School
Neston, Raby Road, Primary School
Handforth West Primary School
Pensby Infants School
Macclesfield College of Further Education
Hazel Grove, Norbury Moor, Primary School
Nantwich, Marsh Lane, Primary School
Woodley Primary School

Extensions and Alterations to Existing Schools completed during the year

Helsby Grammar School—New Kitchen and Dining Room
Marple Boys Grammar School—Extensions
Weaverham Secondary School—Extensions

New Schools in course of erection during the year

Eastham Carlett Park College of Further Education
North Cheshire College of Further Education
Macclesfield, Ivy Bank, Primary School
Marple Girls Grammar School
Macclesfield Tytherington Secondary School
Congleton Boys Secondary School
Ellesmere Port, Woodlands, Junior School
Ellesmere Port, Woodlands, Infants School
Frodsham Junior School
Romiley, Compstall Road, Primary School
Runcorn, The Grange, Junior School
Partington County Secondary School
Wilmslow Girls Grammar School
Hyde, Lodge Lane, Junior School
Hyde, Lodge Lane Infants School
Congleton Girls Secondary School
Ellesmere Port, Stanney, Girls Secondary School
Bredbury Green Junior School
Crewe Central College of Further Education

Extensions and Alterations in course of erection during the year

Ellesmere Port, The Grange, Secondary School—Extensions
Alsager County Training College—Redevelopment
Cheadle Girls Grammar School—Extensions
Frodsham Secondary School—Extensions
Altrincham Boys Grammar School—Extensions
Alsager Secondary School—Extensions
Marple All Saints C.E. School—Extensions
Nantwich and Acton Grammar School—Extensions
Lymm County Secondary School—Adaptations
Rudheath Secondary School—Extensions
Harthill Primary School—Extensions

In addition, a large programme of smaller contracts for demountable classrooms, science laboratories, craft rooms and extensions to kitchens etc., has been carried out, a number of which were still in progress at the end of the year.

SPECIAL SERVICES REPORTS

Otology and Audiology

Ear, Nose and Throat Service

(From Dr. O. T. Taylor)

The last year has seen a further increase in attendances at the County E.N.T. Clinics. This has resulted in the need to increase a number of these. One of the consequences of this in at least one clinic has been to replace the Health Visitor with a Clinic Nurse. This, of course, is a necessary change to prevent the monopolising of the Health Visitor's time, and the Nurses engaged have proved both pleasant and efficient, but one must regret to some extent the loss of the intimate knowledge of family background which the Health Visitor provided and which was such a unique feature of the County Clinics.

As ever, the deaf child has proved a problem and a challenge, and in the condition of exudative otitis media a good deal of success has attended examination under the microscope and the aspiration of the abnormal middle ear content. In a number of cases this relatively simple procedure has resulted in a permanent improvement. Even in those cases where repetition of the manoeuvre was necessary the value to the child of short and intermittent periods of improvement during the educational years cannot be over-emphasised.

Of interest to those working in the speciality during the last year was a case of Cartegena's syndrome—keratosis obturans, chronic sinusitis and bronchiectasis—occurring in twins. Both were quite deaf at one period but simple removal of the waxy epithelial casts present in both external meatuses resulted in quite a considerable improvement in hearing. This has been maintained up to the time of writing.

With the conclusion of yet another year one is further convinced of the special advantages offered by the County Clinic Services.

ATTENDANCES AT E.N.T. CLINICS, 1963

(School Children only)

Alsager	—	—	73	Hazel Grove	—	—	105
Cheadle	—	—	302	Macclesfield	—	—	123
Congleton	—	—	79	Northwich	—	—	105
Crewe	—	—	114	Poynton	—	—	19
Dukinfield	—	—	163	Sandbach	—	—	130
Ellesmere Port †	—	—	286	Winsford	—	—	104

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

Audiology Service

By means of routine screening tests in infancy, and full investigation of all who fail in these, or show any retardation in speech development, it is our aim to find all those children with serious impairment of hearing well before school age. Parent guidance can then be started, and expert help and treatment given, before a decision needs to be made regarding special schooling. Twenty seven pre-school children with serious impairment of hearing were receiving help during the year, through individual hearing aids, auditory training and parent guidance. Many of these children will require special education, and at the end of the year 105 County children (three of whom were under five years old) were attending special schools for the deaf or partially hearing.

Apart from routine tests, all children referred by parents, teachers, health visitors, and family doctors, suspected of having defective hearing or who show any delay in speech development, are carefully tested, and in addition to those showing serious auditory loss, an even greater number of young children are found to have moderate impairment (usually conductive), are referred for treatment, and their progress observed. It is hoped that in this way delay in speech and language development can be prevented in a great many cases. After starting school an increasing number of children is found (at routine medical inspection) to have some impairment of hearing, 1,741 being noted in 1963 as having a defect of hearing requiring observation or treatment. This was 3.9% of the total number of children examined, while 6.7% of those in the entrant group came into this category. This figure, although increasing year by year, still falls short of the 10% which can be expected in this age group

In addition to these, otitis media was noted in 569 children, and a defect of speech in 942, all of whom required further investigation and follow-up with regard to hearing, as also did those who were backward, disturbed mentally or otherwise handicapped. This work is done by the assistant county medical officers, each of whom is equipped with an audiometer, with which the severity of hearing loss can be measured, and in many cases the type ascertained. A large proportion of cases are referred for otological opinion (either at the County F.N.T. Clinics, or the various hospital out-patient departments) and treatment where this is indicated. The help of the peripatetic teacher for the area is frequently enlisted also, to assess the extent to which impairment of hearing is likely to affect school progress.

Where improvement cannot be expected, or is likely to be delayed, a hearing aid may be required, and this can usually be supplied through the National Health Service. In a few cases a special type of aid, only obtainable commercially, has been shown to give more adequate help, and this has been provided by the Authority on loan. More than twenty school children were supplied with hearing aids during the year, and there are now over 150 children using hearing aids in ordinary

schools in the County. All these children are under the supervision of the peripatetic teachers of the deaf, who hold regular sessions at a number of clinic centres, and offer guidance to the parents and teachers concerned. Speech training hearing aids, providing high-fidelity amplification, are used in these clinic sessions, and in selected cases are loaned to children for daily use in the home.

Over 340 children attending ordinary schools (including those using hearing aids) are known to have a significant impairment which is likely to be permanent, and may cause difficulty in a classroom situation. All of these are under the supervision of the peripatetic teachers, but it is not possible for the two teachers employed to give regular help to all. At least 20% of these children are considered to need more help than can be given at brief sessions held fortnightly, or at best, weekly as many are seriously retarded, particularly in the field of language development.

Regional audiology clinics continue to be held (approximately quarterly) at eight centres in the County, where children presenting difficulty in diagnosis, or with problems concerning speech, hearing, and educational treatment, can be seen by Sir Alexander Ewing or Professor Ian Taylor. 122 new cases (more than half of whom were under five years old), were seen during the year, referred by the assistant county medical officers, who also attend for consultation, as do the peripatetic teachers, both important members of the team. At more than half the clinics the help of one of the consultant otologists is a great asset, and on several occasions the County educational psychologist has also been present. This has meant that both medical treatment and educational assessment can be considered together with the audiological findings, and the opportunity for all members of the team to discuss the needs of each child has proved of tremendous value.

AUDIOLOGY CLINICS—1963

CENTRE	New Cases			Attendances		
	Pre-School	School	Total	Pre-School	School	Total
Hale	17	8	25	23	8	31
Romiley	5	14	19	10	18	28
Chester	11	9	20	15	13	28
Ellesmere Port	9	2	11	14	10	24
Cheadle	4	8	12	5	13	18
Crewe	6	1	7	13	10	23
Macclesfield	9	10	19	13	16	29
Northwich	2	7	9	5	14	19
TOTAL	63	59	122	98	102	200

CHILDREN UNDER THE CARE OF THE PERIPATETIC
TEACHERS OF THE DEAF, 1963

(a) EAST CHESHIRE

CENTRE	No. of Children on Register	No. of New Cases admitted	No. of Children discharged	Total Attendances*
Crewe & Nantwich	22	2	—	99
Hale & Knutsford	14	5	—	36
Dukinfield & Hyde	63	8	—	135
Macclesfield	24	2	—	77
Sale & Partington	15	—	—	63
Cheadle	44	6	—	74
Sandbach & Congleton	29	5	—	115
TOTAL	211	28	—	599

(b) WEST CHESHIRE

CENTRE	No. of Children on Register	No. of New Cases admitted	No. of Children discharged	Total Attendances*
Heswall	55	16	4	255
Little Sutton	71	34	9	299
Northwich	59	8	6	283
Runcorn	30	8	2	136
TOTAL	215	66	21	973

*including School & Home visits

Ophthalmic Service

(from Dr. A. Holmes-Smith)

The work of the Ophthalmic Clinics has been greatly eased by the full staff of Ophthalmologists now appointed. Both the new members are associated with hospital appointments and the work of the clinics is now largely up to date and will certainly be so by mid-1964. Statistics appear below.

The treatment of squint cases is handicapped by the continuing difficulties in obtaining Orthoptists—particularly in the South East part of the County. Although many cases of squint can be given a satisfactory cosmetic appearance there are many who would develop full binocular vision with the help of exercises and the Orthoptist also performs a valuable duty in both assessing the visual acuity and seeing that it is maintained—especially in the younger patient. This work is time-consuming and exacting and its legitimate removal from the Ophthalmologist's hands is always a great help.

In earlier reports reference was made to the trend for defective sight in children to result from congenital rather than acquired causes. One of these conditions has been congenital cataracts where treatment has not always given good results on account of the difficulties of attaining macular stimulation in the baby wearing glasses. Cases were shown during the year of infants of 6-12 months of age fitted with contact lenses following needling of the cataracts. The results appear excellent and although the method is only suitable where the parent is intelligent in handling both the child and the lenses, it would seem to mark a real step forward in the treatment of these difficult cases.

A further cause of trauma which is noticed more frequently is that of breakage of plastic toys. Several cases have now been seen where perforation of the eye has resulted and parents would be wise to see that hard plastic toys are of sound construction, since breakage of some results in jagged, sharp and dangerous fragments.

Further new clinic buildings have been opened during the year and the improved conditions of work are greatly appreciated. Our thanks should also be paid to the Health Visitors whose work has been mentioned in the past. They not only provide smoothly working clinics but are most helpful in those cases such as squint where knowledge of the family history is required. Thanks to their work the regular attendance of patients is assured in the majority of patients (there will always be a small number of difficult families where co-operation cannot be achieved by any means).

ATTENDANCES AT EYE CLINICS, 1963.

(School Children only)

Alsager	—	—	—	129	Lymm	—	—	—	616
Bollington	—	—	—	145	Macclesfield	—	—	—	1283
Bredbury	—	—	—	158	Marple	—	—	—	338
Cheadle	—	—	—	263	Middlewich	—	—	—	183
Cheadle Hulme	—	—	—	118	Nantwich	—	—	—	438
Congleton	—	—	—	345	Neston	—	—	—	252
Crewe—Ludford Street	—	—	—	391	New Ferry	—	—	—	685
Stalbridge Road	—	—	—	221	Northwich	—	—	—	1067
Dukinfield	—	—	—	298	Partington	—	—	—	144
Eastham	—	—	—	297	Poynton	—	—	—	140
Ellesmere Port	—	—	—	579	Runcorn	—	—	—	337
Frodsham	—	—	—	210	Sale (Chapel Road)	—	—	—	325
Hale	—	—	—	224	Sale (Meadway)	—	—	—	9
Hazel Grove	—	—	—	131	Sandbach	—	—	—	626
Heswall	—	—	—	335	Stalybridge	—	—	—	251
Hoole	—	—	—	77	Stockton Heath	—	—	—	178
Hoylake	—	—	—	365	Tarporley	—	—	—	57
Hyde	—	—	—	221	Weaverham	—	—	—	259
Knutsford	—	—	—	130	Wilmslow	—	—	—	90
					Winsford	—	—	—	265

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 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 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, 1963

(School Children only)

Crewe, Ludford Street	43	Northwich, Darland House	44
Crewe, Stalbridge Road	15		

Cerebral Palsy

The cerebral palsy peripatetic team of a physiotherapist and an occupational therapist 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. Children

usually attend the clinics for treatment once or twice each week. Twice each year a special meeting is held of all officers concerned to review all cases attending the clinics.

The table below gives details of the children attending the clinics during 1963:—

CEREBRAL PALSY CLINICS

	Cheadle	Crewe	Macclesfield	Weaverham
Number of children:				
(a) Attending at the end of the year	23	20	16	19
(b) Under 5 years of age	7	8	7	9
(c) Unsuitable for education	5	8	5	5
(d) Improved sufficiently to:				
(i) attend school	1	—	—	1
(ii) have home tuition	—	—	—	—
(e) Already at school	13	7	4	3
(f) Already receiving home tuition	—	1	2	4
(g) Who were admitted to clinic during year	3	2	3	7
(h) Transferred to other centres	7	1	2	1
(i) Who ceased attendance	1	1	2	2
(j) Fit for discharge	—	—	—	—
(k) Discharged as unsuitable	—	—	1	—

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, 1963

(School Children only)

Dukinfield	2706	Northwich	200
Ellesmere Port	144	Runcorn	140
Hyde	764	Stalybridge	2994

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 1963 by school children at the clinics specified:—

Dukinfield	1499
Hyde	2326
New Ferry	422
Sale	534
Stalybridge	1758

Psychological Service

(from Dr. H. Craig)

<i>Ellesmere Port</i>	New Cases	38
	Total attendances	246
	Cases Closed	37
<i>Northwich</i>	New Cases	18
	Total Attendances	156
	Cases Closed	2
<i>Sale</i>	New Cases	12
	Total Attendances	28
	Cases Closed	—
<i>Sandbach</i>	New Cases	65
	Total Attendances	362
	Cases Closed	16
<i>Handforth</i>	New Cases	101
	Total Attendances	206
	Cases Closed	57

During the year five new clinics have been opened and four of these have been used by the members of the psychological team so that since writing last year's report there are facilities for the diagnosis and treatment of psychological cases at Sale, Grappenhall and also Stalybridge and Hazel Grove. While this makes for an extension of the service throughout the County it has also made it possible to increase the number of children to be seen in the areas where they live. In addition a number of cases have been transferred from the existing clinics to the new areas, e.g. 11 cases have been transferred from Handforth to Sale and similar transfers are being arranged for Hazel Grove and Stalybridge.

The extension of the service has necessitated the resuscitation of the full-time post of county psychiatrist, and a recently appointed assistant county medical officer is qualified to undertake part-time consultant work and is attending four sessions a week at the Hazel Grove and Stalybridge clinics.

The position regarding the establishment of five psychologists, two being part-time, was maintained during the year, but there are still only four psychological social workers, and it has not been possible to appoint a fully qualified psychiatric social worker so far.

With the opening of the new Cheshire Remand Home in the Wirral the demands on the services have been much less as far as the preparation of reports for Magistrates of the various Juvenile panels throughout the County is concerned. Most cases are now seen by a Psychiatrist seconded by the Liverpool Regional Hospital Board at the new Remand Home, The Marfords, Bromborough, and only nineteen were seen at Boothstown, near Manchester.

There is no doubt that the Cheshire Psychological service is developing and increasingly meeting the needs of young people requiring help, and I am happy to acknowledge the assistance given by all who are contributing to meet that need.

Torpenhow Open Air School

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

The School accommodates 50 children and priority for admission is given to cases of asthma, bronchitis and bronchiectasis etc. Only if there are then vacancies are cases of general debility 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.

The School Dental Service was responsible for treating 19 pupils after carrying out 49 inspections during the year. During the year three children from other authorities attended the school and altogether 68 children were admitted and 68 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	20	16	24	16
Asthma	7	1	2	2
Bronchitis	12	9	14	9
Bronchiectasis	1	—	—	—
Eczema and Asthma	1	1	1	—
	<hr/> 41	<hr/> 27	<hr/> 41	<hr/> 27

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 20 new admissions taking the places of children discharged.

The school dental surgeon carried out 118 inspections at the school in 1963, and 87 boys were found to require treatment. Treatments were completed in 15 cases 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 1963 when there were 15 new admissions replacing children discharged.

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 four of the 676 schools in the County were being supplied with raw tuberculin-tested milk. The current position (May, 1964) is that all schools with the exception of two isolated County Primary Schools involving 44 pupils now receive a supply of pasteurised milk. It appears that under present circumstances and owing to the rural nature of these two schools a supply of raw tuberculin-tested milk will have to be accepted for the present.

No school in the County was without a supply of liquid milk at any time during the year. Considering the exceptionally severe weather early in 1963, this is a very good record.

During 1963, 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 1,592 samples was collected as compared with 1,686 in 1962. All the schools in the administrative County are visited with the exception of the 31 schools in the area of Crewe Borough Council. Here the Borough Health Department carries out regular school milk sampling by arrangement with the County Health Department and notifies all results. During 1963, 43 samples were collected at the Crewe schools. All were satisfactory on both the methylene blue test and the phosphatase test.

Of the 1,503 samples of pasteurised milk collected by the County Health Department 27 samples failed the methylene blue test (for cleanliness and keeping quality) and no samples failed the phosphatase test (for adequate pasteurisation).

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

The 27 methylene blue test failures were six fewer than in the previous year. Thus the substantial improvement on the 81 failures in 1961 has been maintained. There is little doubt that this improvement in the hygienic quality of the milk is due to the constant surveillance of the Department.

Appropriate action was taken in the case of all the failures and repeat samples were taken to ensure that a satisfactory standard was attained. Seven of the failures all occurred in a short space of time on one supply of milk from a dairy situated outside the County. Discussions took place between the County Health Inspector, the Dairy Manager and the Company Bacteriologist. The Dairy Company then commenced to code the foil caps of their bottles in order that the age of the milk could be checked at the time of sampling. Repeat samples proved satisfactory and there has been no further trouble with this supply.

The absence of phosphatase test failures is a further improvement on the previous year when three samples failed on this test. Routine inspections are carried out at the processing dairies under the control of the County Council by the County Health Inspector or his Deputy, and this, I am sure, has made a big contribution to this excellent record.

In addition 46 samples of tuberculin-tested (raw) milk were collected. Of these six samples failed the methylene blue test for cleanliness and keeping quality. This is an improvement on 1962 when seven out of 37 samples failed. The sample failures were immediately notified to the Ministry of Agriculture, Fisheries and Food, which is responsible for clean milk production on the farms, with a request for appropriate action. In the early part of the year serious trouble was experienced with one producer, in fact five of the six failures are from this supplier. 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. Visits were made to the farm and discussions took place with the supplier, and the Milk Production Officer was pressed for action to secure an improvement. It appears that this

trouble has been resolved as no failures have occurred on this supply since the summer of 1963.

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

During the year, 30 school and 12 sets of bulk farm samples were submitted for biological and cultural examination. In no case were the organisms of tuberculosis or brucellosis isolated.

The efficiency of the washing of school milk bottles at the dairies licensed by the County Council was checked by the collection of 379 washed school milk bottles from these dairies when the Sampling Officers were visiting for the purposes of other sampling under the Milk and Dairies Regulations. On the colony count (a test for the bacteriological cleanliness of the bottle) 316 were found to be satisfactory 26 fairly satisfactory and 37 unsatisfactory. These figures are an improvement on 1962 when out of 335 bottles submitted for examination 266 were satisfactory, 18 fairly satisfactory and 51 unsatisfactory. Almost one third of the fairly satisfactory and unsatisfactory bottles were obtained from one of our larger dairies which was being pressed for improvements and has now replaced its old bottle washer with a new machine. The remaining unsatisfactory bottles were fairly evenly spread over the remaining dairies, i.e. they were isolated incidents which did not recur.

It is thus seen that a considerable amount of work is carried out to try to ensure that each day, while the schools are open, the whole of the 117,500 or so pupils who take school milk receive a food 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. Cases of foreign bodies in the milk 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 re-filling, 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. In some counties, the use of non-returnable containers (cartons) is being experimented with, and it may well be that this will eventually be the answer to the snags which do sometimes arise in the case of the glass container. One supplier has during the current year (1964) commenced supplying a limited number of schools with cartoned milk. This will act as a pilot scheme in Cheshire and it will be interesting to note over a period of 12 months or so what difficulties are met with.

Tables are given below showing the sampling which was carried out during 1963 and the results of such sampling, also the position regarding school milk supplies at the end of the year.

SCHOOL MILK SAMPLES AND EXAMINATIONS, 1963

	Total Samples Collected	Phosphatase Test		Methylene Blue Test*	
		Passed	Failed	Passed	Failed
Pasteurised Tuberculin-tested (raw)	1503	1503	—	1472	27
	46	—	—	37	6
TOTALS	1549	1503	—	1509	33

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

At the end of 1963, 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 % of Total
Pasteurised Tuberculin-tested (raw)	65	641*	1	31	117,333	99.86
	4	4†	—	—	170	0.14
TOTALS:	69	645	1	31	11,7503	—

† Figures obtained from a census taken on a selected day in Sept., 1963.

* Includes 95 non-maintained Schools.

† 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).

School Swimming Pools

Swimming instruction forms an important part of physical education for the older children from the County Junior Schools and pupils from Secondary and Grammar Schools. Bathing facilities have until recent years been arranged where practically possible at the nearest public, or, in two instances, privately-owned pools. In many cases owing to the distance of the pool from the school transport has to be arranged with obvious disadvantages and complications.

In recent years a number of schools have, by one means or another, constructed or are negotiating for the construction of their own swimming pools. In some counties the provision of school pools has gone ahead at a greater pace than in Cheshire, and it is thought that in Cheshire this trend will develop.

The Cheshire Education Committee issued a memorandum in February, 1962, on their policy for the "Provision of Swimming Baths". This laid down that all pools must be provided with a filtration plant (including automatic chlorination equipment) satisfactory to the Principal School Medical Officer.

By the summer of 1963, there were five schools with their own open-air swimming pools, another was in the course of construction and several more were in the planning stage for construction in the near future.

Details of the pools in use during 1963 are as follows:—

1. Calday Grange County Grammar School 56,500 gallons capacity. "Fill and Empty" system. Hand chlorination using liquid hypochlorite.
2. Capenhurst Grange Special School "Purley" learner pool. 4,200 galls capacity. Purley "filtration" and liquid hypochlorite automatic chlorinator.
3. Astley County Grammar School, Dukinfield 72,000 gallons capacity. Diatomaceous earth filter. Liquid chlorine automatic chlorinator.
4. Greasby County Junior School Learner pool. 14,000 gallons capacity. Diatomaceous earth filter. Liquid hypochlorite automatic chlorinator.
5. Lymm Grammar School Heated. 72,000 gallons capacity. Pressure sand filter. Automatic chlorinator using chlorine gas.

Of these, the Calday Grange and Lymm pools have been in use for a number of years. At Calday Grange School there has been some delay in providing automatic filtration and chlorination plant. This has been due to the decision to carry out a comprehensive scheme of modernisation and enclosure of the pool when filtration, chlorination and heating will be included in the one scheme. Work on the project is in

progress at the time of writing this report. The enclosure and provision of heating at two other pools are also proceeding. The provision of facilities which will enable swimming instruction to be given all the year round has obvious advantages. With our English weather open-air pools can only receive very limited use.

Regular routine visits by the County Health Inspector or his Deputy were made in 1963, during the period when the pools were in use and any problems which may have arisen were discussed. Records kept by the person in charge of the pool were inspected and a check was made of the residual chlorine in the water, and if necessary the pH value.

Samples for bacteriological examination were also taken and submitted to the Public Health Laboratory Service for examination.

Normally three samples were taken on each occasion, one each from the inlet, outlet and centre section of the pools. By this means a representative picture was obtained of the bacteriological condition of the water in the pool.

A total of 61 samples was taken during the season. 56 of these were satisfactory, five were unsatisfactory. These figures include a total of 15 samples which were taken from the "fill and empty" pool (12 satisfactory, 3 unsatisfactory) when this pool was in use and under close supervision by the County Health Inspector, for a period of less than a fortnight while the preliminary heats for, and the school gala, were held. This again confirmed the Department's opinion that a pool of this size must have automatic filtration and chlorination plant. The pool was thoroughly cleansed before filling and was emptied and cleansed once during the short period of use. The two other unsatisfactory samples were obtained on the same day from one pool prior to the pool coming into use after extensive repairs had been carried out. In this case the residual chlorine was at the lower limit of the suggested concentration. Repeat samples taken immediately all proved satisfactory.

The number of unsatisfactory samples is less than last year. This is thought to be due to the maintenance of a higher residual chlorine figure. The recommended residual chlorine figure of between 0.5 to 0.8 p.p.m. has worked well in practice and does allow for a sufficient reserve of free chlorine should there be a sudden increase in the bathing load.

The need for having a suitably trained person with time to devote to ensure that the filtration and chlorination plant is properly maintained and working satisfactorily and to take regular readings of the condition of water in a pool cannot be over-emphasised. The condition of the water in a pool with a fluctuating bathing load can change very quickly necessitating plant adjustment, particularly of the chlorinator.

HANDICAPPED CHILDREN

Numbers Attending Special Schools, 1963

BLIND AND PARTIALLY SIGHTED	Boys	Girls	Total
Birkenhead, Sight Saving Class	1	2	3
Chorley Wood, College for the Blind	—	1	1
Coventry, Exhall Grange School for Partially Sighted	5	7	12
Exeter, West of England School for Partially Sighted	1	1	2
Kettering, Rushton Hall	1	1	2
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	7	5	12
Old Trafford, Henshaw's Institution for the Blind	3	5	8
Preston, Fulwood School for the Partially Sighted	3	3	6
Seaford, Blatchington Court	1	—	1
Sheffield, School for Blind Children	1	1	2
Shrewsbury, Condover Hall School for the Blind	1	—	1
Shrewsbury, Royal Normal College for the Blind	3	—	4
Wellington, Overley Hall Sunshine Home Special School	—	1	1
Worcester, College for the Blind	1	—	1
DEAF AND PARTIALLY HEARING			
Bolton, Thomasson Memorial Special School	5	3	8
Boston Spa, St. John's Residential School for the Deaf	1	2	3
Burton-on-Trent, Needwood School for the Partially Deaf	2	3	5
Fallowfield, Whitebrook (Day) School for Deaf Children	1	1	2
Liverpool, Crown Street Day School for the Deaf	2	—	2
Manchester, Royal Residential Schools for the Deaf	33	34	67
Newbury, Mary Hare Grammar School	1	3	4
Penn, Raynor's School	—	1	1
Southport, Liverpool School for the Partially Deaf	18	14	32
DELICATE AND VARIOUS			
Abergele, Chest Hospital	1	1	2
Aintree Hospital School	—	1	1
Ashton-under-Lyne, General Hospital	9	4	13
Bangor, Minffordd Hospital	1	—	1
Bebington, Clatterbridge Hospital	108	54	162
Birkenhead, St. Catherine's Hospital School	11	3	14
Chester, City Hospital	24	23	47
Congleton, Great Moreton Hall	1	—	1
Davyhulme, Park Hospital	1	2	3
Frankby, Torpenhow Open-Air School (including 2 boys from Chester City and 1 girl from Warrington)	56	30	86
Heswall, Cleaver Hospital	9	9	18
Heswall, Royal Liverpool Children's Hospital	26	14	40
Leasowe, Hospital	9	3	12
Liverpool, Alder Hey	15	9	24
London, Great Ormond Street	1	—	1
Macclesfield, West Park Hospital	34	46	80
Manchester, Booth Hall Hospital	7	2	9

DELICATE AND VARIOUS—*continued*

	Boys	Girls	Total
Manchester, Royal Manchester Children's Hospital	9	8	17
Salford, Hope Hospital Special School	—	1	1
Stockport, Cherry Tree Hospital	8	10	18
Stockport, Stepping Hill Hospital	—	4	4
Stoke-on-Trent, City General Hospital	—	2	2
Styal, Manchester Residential School	5	2	7
Thingwall, Royal Liverpool Children's Hospital	3	—	3
West Kirby, Children's Convalescent Home and Special School	4	4	8
Whiston, County Hospital	1	—	1
Wrightington Hospital	—	1	1
Wythenshawe Hospital	15	11	26

EDUCATIONALLY SUB-NORMAL

Aberdeen, Camphill School (Rudolf Steiner)	7	2	9
Audenshaw, Hawthorns Day Special School	1	—	1
Birmingham, St. Francis Residential School	1	2	3
Bolton, Eden Grove School	1	—	1
Bramley, Gosden House School	1	—	1
Brighton, St. John's Boarding Special School	1	—	1
Bristol, St. Christopher's School (Rudolf Steiner)	2	—	2
Capenhurst, Capenhurst Grange School	—	54	54
Grappenhall, Grappenhall Hall School	118	—	118
Haywards Heath, Staplefield Place School	1	—	1
Liverpool, Allerton Priory R.C. School	—	2	2
Middlewich, Bostock Hall	1	1	2
Ormskirk, Pontville R.C. Special School	5	—	5
Stocksfield Hindley Hall Residential Special School	1	—	1
Ringwood, West Mount (Rudolf Steiner)	—	1	1
Reigate, Salmon's Cross	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
Ulverston, Stone Cross Special School	1	—	1
Whaley Bridge Taxal Lodge School	1	—	1
Wythenshawe, Park Day School	—	2	2

EPILEPTIC

Alderley Edge, Colthurst House School	7	6	13
Chelford, Soss Moss School	—	1	1
Liverpool, Maghull School	3	4	7
Much Hadam, St. Elizabeth's School and Home	—	1	1
Surrey, Lingfield Epileptic Colony	1	—	1

PHYSICALLY HANDICAPPED

Crippled

Ashton-under-Lyne General Hospital	1	—	1
Aylesbury, Stoke Mandeville Hospital	1	—	1
Bebington, Clatterbridge Hospital	12	10	22
Bexhill-on-Sea St. Mary's School	—	1	1
Biddulph, Orthopaedic Hospital	3	2	5

PHYSICALLY HANDICAPPED— <i>continued</i>						Boys	Girls	Total
Birkenhead, Day Special School for Spastics	—	—	—	—	—	1	—	1
Bolton, Birtenshaw Hall Special School	—	—	—	—	—	1	—	1
Cardiff, Prince of Wales Hospital	—	—	—	—	—	—	1	1
Cheadle, Bethesda School	—	—	—	—	—	12	6	18
Davyhulme, Park Hospital	—	—	—	—	—	1	—	1
Ely, The Palace School	—	—	—	—	—	—	1	1
Exeter, St. Loyes College	—	—	—	—	—	—	1	1
Glossop, Talbot House School	—	—	—	—	—	—	2	2
Kersal, Oaklands School	—	—	—	—	—	—	1	1
Killinghall, Ian Tetley Hospital Home	—	—	—	—	—	2	—	2
Leasowe, Hospital	—	—	—	—	—	2	1	3
Leatherhead, Queen Elizabeth's Training College	—	—	—	—	—	1	—	1
Liverpool, Alder Hey Children's Hospital	—	—	—	—	—	1	1	2
Liverpool, Children's School of Recovery	—	—	—	—	—	2	1	3
Llandudno, Special School	—	—	—	—	—	—	1	1
Macclesfield, West Park Hospital	—	—	—	—	—	8	5	13
Manchester, Royal Manchester Children's Hospital	—	—	—	—	—	1	1	2
Mansfield, Harlow Wood Orthopaedic Hospital	—	—	—	—	—	—	1	1
Marple, Children's Orthopaedic Hospital	—	—	—	—	—	17	26	43
Mobberley, Margaret Barclay	—	—	—	—	—	6	3	9
Newcastle-under-Lyne, Blackfriars School	—	—	—	—	—	—	1	1
Oswestry, Derwen Cripples' Training College	—	—	—	—	—	1	—	1
Oswestry, Orthopaedic Hospital	—	—	—	—	—	27	39	66
Southport, The Bradstock Lockett Hospital	—	—	—	—	—	1	4	5
Standon Hall, Orthopaedic Hospital	—	—	—	—	—	1	—	1
Wallasey, Elleray Park Day School	—	—	—	—	—	—	1	1
West Didsbury, Lancasterian Special Day School	—	—	—	—	—	—	4	4
West Kirby, Children's Convalescent Home	—	—	—	—	—	1	—	1
Whiston, County Hospital	—	—	—	—	—	1	—	1
Wrightington, Hospital	—	—	—	—	—	1	—	1

Heart

Ashton-under-Lyne, General Hospital	—	—	—	—	—	—	1	1
Bebington, Clatterbridge Hospital	—	—	—	—	—	—	1	1
Heswall, Royal Liverpool Children's Hospital	—	—	—	—	—	1	1	2
Manchester, Royal Manchester Children's Hospital	—	—	—	—	—	1	—	1
Rainhill, St. Joseph's Heart Hospital	—	—	—	—	—	1	—	1
Sheffield, King Edward VII General Hospital	—	—	—	—	—	1	—	1
West Kirby, Children's Convalescent Home and Special School	—	—	—	—	—	2	1	3

Tuberculosis

Abergele, Chest Hospital	—	—	—	—	—	—	1	1
Heswall, Cleaver Hospital	—	—	—	—	—	2	5	7
Liverpool, Alder Hey	—	—	—	—	—	1	—	1
Macclesfield, West Park Hospital	—	—	—	—	—	1	—	1
Wrightington Hospital	—	—	—	—	—	4	1	5

Diabetic

Chester City Hospital	—	—	—	—	—	1	6	7
Manchester, Royal Manchester Children's Hospital	—	—	—	—	—	1	—	1

MALADJUSTED

	Boys	Girls	Total
Congleton, Buglawton Hall	1	1	2
Harmer Hill, Shotton Hall	4	—	4
Horbury, St. Peter's	1	1	2
Long Hope, Salesian School	2	—	2
Mersham-le-Hatch, Caldecott Community Centre	1	—	1
Mickleton, St. Hilliard's School	1	—	1
Thelwall, Chaigeley	3	—	3
Thirsk, Breckenborough School	1	—	1
Towcester, Potterspurty Lodge	2	—	2
Wetherby, Wennington School	1	1	2
Wennington; Wennington Hall School	1	—	1

**Resident in Boarding Homes and
Attending Ordinary Schools, 1963**

MALADJUSTED

	Boys	Girls	Total
East Grinstead, St. George's Hostel	1	—	1

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1963

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
1959 and later	157	157	—	5	19	23
1958	6491	6467	24	144	759	907
1957	6502	6483	19	173	884	1025
1956	1515	1511	4	78	193	257
1955	673	669	4	56	66	116
1954	2297	2293	4	209	200	384
1953	6007	6000	7	505	497	946
1952	3552	3538	14	325	346	643
1951	879	877	2	114	75	179
1950	1872	1868	4	158	122	318
1949	4106	4098	8	436	415	827
1948 and earlier	5788	5781	7	749	472	1162
Total	39839	39742	97	2952	4048	6787

The physical condition of 99·85% of the total number of pupils examined at periodic inspections was considered satisfactory.

B.—OTHER INSPECTIONS

Number of Special Inspections	—	—	—	—	4213
Number of Re-Inspections—	—	—	—	—	14060
				Total	18273

TABLE II.
Infestation with Vermin

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	—	—	—	—	122040
(ii) Total number of <i>individual</i> pupils found to be infested	—	—	—	—	3656
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—	—	—	—	1212
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—	—	—	—	237

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1963

A—PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS										TOTAL	
		Entrants		Leavers		Others		Requiring treatment		Requiring observation		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 —	155	305	260	220	224	223	639	748				
5	Eyes— (a) Vision — (b) Squint — (c) Other —	424 263 52	920 213 67	1155 87 24	939 55 83	1373 130 39	1277 131 86	2952 480 115	3136 399 236				
6	Ears— (a) Hearing — (b) Otitis Media — (c) Other —	173 56 19	722 321 63	46 28 30	136 39 26	84 23 16	230 62 35	303 107 65	1088 422 124				
7	Nose and Throat —	625	1952	77	187	162	556	864	2695				
8	Speech —	155	407	26	40	52	94	233	541				
9	Lymphatic Glands —	42	1866	8	103	5	390	55	2359				
10	Heart —	31	195	22	81	21	92	74	368				
11	Lungs —	91	598	27	140	61	254	179	992				
12	Developmental— (a) Hernia — (b) Other —	40 58	59 293	5 21	12 73	20 52	21 237	65 131	92 603				
13	Orthopaedic— (a) Posture — (b) Feet — (c) Other —	11 155 101	106 559 354	47 69 99	132 271 251	44 94 84	172 358 181	102 318 284	410 1188 786				
14	Nervous System— (a) Epilepsy — (b) Other —	11 9	34 80	10 11	12 30	29 7	24 71	50 27	70 181				
15	Psychological— (a) Development — (b) Stability —	10 33	210 453	5 20	93 241	18 50	191 223	33 103	494 917				
16	Abdomen — Other —	27 57	111 142	29 20	35 129	26 97	77 206	82 174	223 477				

TABLE III. (Continued)

B.—SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)
4	Skin ————	39	42
5	Eyes— <i>a.</i> Vision ————	452	432
	<i>b.</i> Squint ————	31	36
	<i>c.</i> Other ————	6	10
6	Ears— <i>a.</i> Hearing ————	102	248
	<i>b.</i> Otitis Media ————	16	24
	<i>c.</i> Other ————	1	7
7	Nose and Throat ————	89	122
8	Speech ————	91	77
9	Lymphatic Glands ————	2	60
10	Heart ————	17	71
11	Lungs ————	26	96
12	Developmental—		
	<i>a.</i> Hernia ————	2	8
	<i>b.</i> Other ————	13	31
13	Orthopaedic—		
	<i>a.</i> Posture ————	19	20
	<i>b.</i> Feet ————	18	28
	<i>c.</i> Other ————	36	50
14	Nervous system—		
	<i>a.</i> Epilepsy ————	12	27
	<i>b.</i> Other ————	6	21
15	Psychological—		
	<i>a.</i> Development ————	74	180
	<i>b.</i> Stability ————	30	117
16	Abdomen ————	8	18
17	Other ————	45	55

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 — — — —	1708
Errors of Refraction (including squint) — —	9019
Total —	<u>10727</u>
Number of pupils for whom spectacles were prescribed — — — —	3862

**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 — — — —	8
(b) for adenoids and chronic tonsillitis — —	173
(c) for other nose and throat conditions — —	18
Received other forms of treatment — — — —	840
Total —	<u>1039</u>
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1963 — — — —	21
(b) in previous years — — — —	130

GROUP 3—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number of pupils known to have been treated at clinics or out-patient departments — — — —	899
(b) Pupils treated at school for postural defects — —	54
Total —	<u>953</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 — — — —	23
Impetigo — — — —	50
Other skin diseases — — — —	300
Total —	<u>375</u>

GROUP 5—CHILD GUIDANCE TREATMENT

No. of pupils receiving treatment at Child
Guidance Clinics — — — — — 225

GROUP 6—SPEECH THERAPY

Total number of sessions at Clinics — — 1729
No. of pupils referred for Speech Therapy — — 448
No. of pupils treated — — — — 551
Total attendances at Clinics — — — — 14047
No. of visits to Schools — — — — 183
No. of children examined at Schools — — — — 485
No. of visits to the homes of pupils — — — — 221

GROUP 7—OTHER TREATMENT GIVEN

Miscellaneous Minor Ailments — — — 2188
Pupils who received B.C.G. vaccination — — — 6736
U.V.L. treatment — — — — 870

TABLE V

Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers—			
(a) At Periodic Inspections	—	—	94251
(b) As Specials	—	—	6649
		Total (1)	100900
(2) Number found to require treatment	—	—	58207
(3) Number offered treatment	—	—	51243
(4) Number actually treated	—	—	27364
(5) Number of attendances made by pupils for treatment, <i>excluding</i> those recorded at heading 11 (h)		—	54054
(6) Half-days devoted to : Periodic (School) Inspection	—		818
Treatment	—	—	8566
		Total (6)	9384
(7) Fillings	Permanent Teeth	—	42237
	Temporary Teeth	—	9232
		Total (7)	51469
8) Number of teeth filled : Permanent Teeth	—	—	33457
	Temporary Teeth	—	8165
		Total (8)	41622

(9) Extractions :	Permanent Teeth	—	—	7933
	Temporary Teeth	—	—	20282
				<u>28215</u>
			Total (9)	<u>28215</u>
(10) Administration of general anaesthetics for extraction—				<u>9587</u>
(11) Orthodontics :				
(a) Cases commenced during the year	—	—		279
(b) Cases carried forward from the previous year	—	—		159
(c) Cases completed during the year	—	—		166
(d) Cases discontinued during the year	—	—		33
(e) Pupils treated with appliances	—	—		306
(f) Removable appliances fitted	—	—		262
(g) Fixed appliances fitted	—	—		32
(h) Total attendances	—	—		<u>2482</u>
(12) Number of pupils supplied with artificial dentures				<u>253</u>
(13) Other Operations :	Permanent Teeth	—	—	9882
	Temporary Teeth	—	—	1984
				<u>11866</u>
			Total (13)	<u>11866</u>

TABLE VI
Number of handicapped pupils examined in School

Defect	Number of	
	New Cases	Re-exams.
Blind	—	—
Partially Sighted	26	33
Deaf	2	7
Partially Deaf	72	81
Delicate	59	105
Diabetic	20	28
E.S.N.	267	271
Epileptic	51	95
Maladjusted	9	10
Physically Handicapped	102	222
Speech Defect	8	42

TABLE VII

Medical Examinations at School Clinics	—	—	—	—	1916
Number of children examined for part-time employment	—	—	—	—	1117
Number of Special Reports completed on children examined at—					
Schools	—	—	—	—	226
School Clinics	—	—	—	—	142
Homes of Pupils	—	—	—	—	653
				—————	1021

LIST OF SCHOOL CLINICS

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

*When required

Clinic	Address	Type of Clinic	Day held
CREWE	201 Edleston Rd., Crewe	Speech	Wednesday a.m. & p.m.
		Minor Ailment	Fri. a.m.
	Ludford Street, Crewe	Doctor's Sessions	Monday a.m.*
		E.N.T.	2nd & 4th Monday a.m.
		Eye	1st Wednesday p.m.
		Paediatric	1st & 5th Fri. p.m.
		Dental	3rd, 4th & 5th Wed. a.m.
		Minor Ailment	3rd Fri. p.m.
		Doctor's Sessions	*
		Eye	Tuesday a.m.
DUKINFIELD	King Street, Dukinfield	Minor Ailment	1st & 3rd Tues. a.m.*
		Doctor's Sessions	1st Tues. p.m., 2nd & 4th Fri. p.m.
	212 Astley Street, Dukinfield.	E.N.T.	1st Friday p.m.
		Eye	1st & 3rd Tuesday a.m.
		Lip Reading	*
		Classes	Tuesday a.m.
		Dental	Tuesday a.m.*
		Minor Ailment	4th Monday a.m.
		Doctor's Sessions	1st, 2nd & 4th Fri. p.m.
		E.N.T.	2nd & 4th Thurs. a.m.
ELLESMERE PORT	Stanney Lane, Ellesmere Port.	Minor Ailment	Thursday a.m.
		Doctor's Sessions	Thursday a.m.*
	The Rock Clinic, High Street, Frodsham	E.N.T.	1st & 3rd Monday a.m.
		Eye	Friday a.m.
		Speech	Tuesday a.m.
		Lip Reading	Thursday a.m. & p.m.
		Classes	Wednesday a.m.
		Dental	*
		Eye	4th Tuesday a.m.
		Speech	2nd Wednesday a.m.
FRODSHAM	Springfield Avenue	Speech	Friday a.m.
		Dental	*
	Lister House, 9 Broomfield Lane, Hale	Eye	1st Tuesday a.m.
		Minor Ailment	Friday p.m.
		Doctor's Sessions	1st & 3rd Friday p.m.*
		Eye	2nd Thursday p.m.
		Lip Reading	3rd, 4th & 5th Wed. a.m.
		Classes	1st & 3rd Wed. p.m.
		Dental	*
		Doctor's Sessions	1st Monday a.m.
HANDFORTH	253 London Road Hazel Grove.	Minor Ailment	2nd Tuesday a.m.
		Doctor's Sessions	2nd Tuesday a.m.*
	The Green, Wilmslow Road	E.N.T.	1st Monday a.m.
		Eye	1st & 4th Thurs. a.m.
		Speech	Monday p.m.
		Dental	*

*When required.

Clinic	Address	Type of Clinic	Day held
HEALD GREEN	Queensway, Heald Green	Eye	1st & 3rd Tues. a.m.
HESWALL	Telegraph Road, Heswall.	Minor Ailment Doctor's Sessions Eye Speech Lip Reading Classes Dental	1st Tuesday p.m. 1st Tuesday p.m.* 1st & 3rd Friday a.m. Wed. & Mon. a.m. Mon. & Fri. a.m. *
HOLLING- WORTH	Wedneshaugh Green, Hollingworth.	Minor Ailment	Tuesday p.m.
HOOLE	55, Hoole Road, Hoole	Minor Ailment Doctor's Sessions Eye Speech	1st Monday p.m.* 1st Monday p.m.* 2nd Tuesday All Day Fri. a.m. & p.m.
HOYLAKE	Broomfield, Meols Drive Hoylake	Minor Ailment Doctor's Sessions Eye Speech Dental	Friday (9-10 a.m.) Friday a.m.* 1st, 2nd & 4th Mon. a.m. Thursday a.m. *
HYDE	Reform Club Buildings Market Place, Hyde.	Minor Ailment Doctor's Sessions Eye (Specialist) Speech Lip Reading Classes Dental	Monday a.m. Monday a.m.* 1st Tues. a.m. 3rd Fri. p.m. Wednesday a.m. & p.m. Thursday a.m. 1st & 3rd Thursday p.m. *
KNUTSFORD	County Offices, Bexton Road, Knutsford.	Minor Ailment Doctor's Sessions Eye Speech Lip reading Dental	4th Thursday p.m. 4th Thurs., p.m. (Alt. months) 1st Thursday p.m., 4th Tuesday p.m. Tuesday a.m. 1st & 3rd Monday p.m. *
LITTLE SUTTON	Chester Road, Little Sutton.	Speech Lip Reading Classes Dental	Wednesday p.m. Friday p.m. *
LYMM	29, Eagle Brow, Lymm	Minor Ailment Doctor's Sessions Eye Dental	Wednesday a.m. 2nd Wednesday p.m. 2nd & 5th Thurs. p.m., 1st Thursday a.m. *
MACCLESFIELD	Hurdsfield House Brocklehurst Ave., Macclesfield.	Lip Reading Classes Dental	1st & 3rd Friday p.m. *

*When required.

Clinic	Address	Type of Clinic	Day held
MACCLESFIELD— <i>Cont.</i>			
	Pierce Street, Macclesfield	Minor Ailment Doctor's Sessions E.N.T. Eye	Friday 9-15-10 a.m. Friday a.m.* 2nd Wednesday p.m. 1st Monday p.m. 1st, 3rd & 4th Tuesday p.m., 4th Thurs. a.m. *
	52 Bridge St., Macclesfield.	Dental Speech	Tuesday a.m. & p.m. and Friday a.m. *
	Sanders Square, Macclesfield.	Dental	*
MARPLE	Stockport Rd., Marple.	Minor Ailment Doctor's Sessions Eye	2nd Wednesday a.m. Wednesday a.m.* 1st, 3rd 4th & 5th Tues. p.m.
		Speech Dental	Tues. & Thur p.m. *
MIDDLEWICH	The Priory, 85 Wheelock St., Middlewich.	Eye Dental	3rd Tuesday p.m. *
NANTWICH	The Dowery, Barker Street, Nantwich.	Minor Ailment Doctor's Sessions Eye	2nd Monday a.m. * 2nd & 4th Monday a.m.* 2nd, 3rd, 4th & 5th Thurs. & 5th Tues. a.m. & p.m.
		Speech Lip Reading Classes Dental	Tuesday a.m. & p.m. 2nd & 4th Wed. p.m. *
NESTON	Mellock Lane Neston.	Minor Ailment Doctor's Sessions Eye Dental	2nd & 4th Tuesday a.m. 1st Tuesday a.m.* 2nd & 4th Monday p.m. *
NORTHWICH	Parkfield, Middlewich Rd., Northwich.	E.N.T. Eye	2nd Wednesday a.m. 1st, 2nd & 3rd Thurs. a.m. 1st Friday p.m. *
		Dental Lip Reading Classes	Tues. & Thurs. a.m. 4th Monday p.m.
	Darland House, Winnington Hill, Northwich.	Paediatric Speech	Monday a.m. & p.m. Tuesday a.m. *
PARTINGTON	Central Road, Partington.	Dental Eye Speech Lip Reading Classes Dental	1st & 2nd Wed. a.m. Thursday a.m. 1st & 3rd Monday a.m. *
POYNTON	Park Lane, Poynton.	Minor Ailment Doctor's Sessions E.N.T. Eye Dental	3rd Tuesday p.m.* 3rd Tuesday p.m.* Even Months, 3rd Wed p.m. 2nd Tuesday p.m. *

*When required.

Clinic	Address	Type of Clinic	Day held
RUNCORN	34, Halton Road, Runcorn	Doctor's Sessions Eye Speech Lip Reading Classes Dental	2nd Friday a.m.* Tuesday p.m. Monday a.m. & p.m. Tues. & Thurs. p.m. *
SALE	70, Chapel Road, Sale	Minor Ailment Doctor's Sessions Eye Speech Lip Reading Classes Dental	Wednesday a.m. Wednesday a.m.* 1st, 3rd & 5th Mon. a.m. Mon. a.m., Thurs. p.m. 1st & 3rd Wed. a.m. *
SALE	Meadway, Sale	Eye	2nd & 4th Monday a.m.
SANDBACH	Platt Avenue, Sandbach.	Minor Ailment Doctor's Sessions E.N.T. Eye Speech Lip Reading Classes Dental	3rd Friday a.m. 3rd Friday a.m.* 4th Wednesday p.m. 2nd, 3rd & 4th Mon. p.m. Tuesday p.m. 1st & 3rd Friday a.m. *
STALYBRIDGE	20 Stamford St. Stalybridge	Minor Ailment Doctor's Sessions Eye Speech Dental	Monday a.m. Monday a.m.* 2nd, 3rd & 4th Tues a.m. Friday a.m. & p.m. *
STOCKTON HEATH	65 Whitefield Rd., Stockton Heath	Eye Speech Dental	4th Tuesday p.m. Wednesday a.m. & p.m. *
TARPORLEY	Victory Hall, Tarporeley	Eye	3rd Friday p.m.
WEAVERHAM	Church Lane, Weaverham	Minor Ailment Eye Speech Dental	Friday a.m. 3rd Friday p.m. Thursday a.m. & p.m. *
WILMSLOW	3, Alma Lane, Wilmslow	Minor Ailment Doctor's Sessions Eye Speech Dental	Thursday a.m. 1st Thursday a.m.* 3rd Tuesday a.m. Wednesday a.m. & p.m. *
WINSFORD	98 Weaver Street, Winsford	Minor Ailment E.N.T. Eye Speech Dental	2nd Fri. (2-2-30 p.m.) 2nd Thursday p.m. 3rd & 4th Thurs. p.m. 2nd Tuesday p.m. Thursday a.m. *

*When required.

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