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EDUCATION COMMITTEE



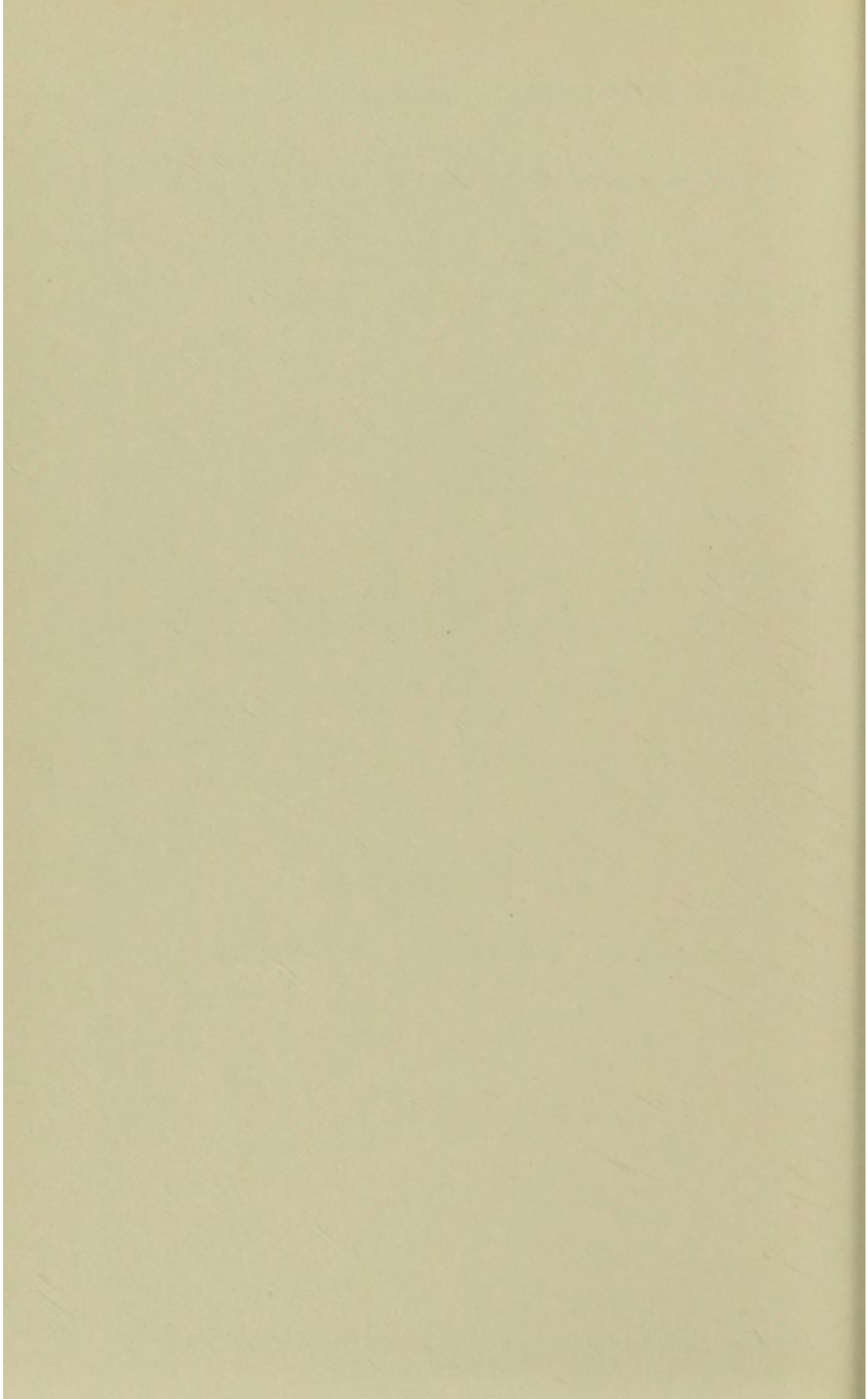
REPORT

for the year 1965

BY

**The Principal
School Medical Officer**





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 Officers:

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

IRENE CHESHAM,
M.B., CH.B., D.P.H.

County Psychiatrist:

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

Assistant County Medical Officers:

MARY ALLISON, M.B., CH.B.	ANNE LEE, B.A., M.B., B.CH., B.A.O., D.R.C.O.G. (part-time)
JESSIE ANDERSON, M.B., CH.B., D.P.H. (part-time)	HILDA LEVIS, M.R.C.S., L.R.C.P., M.B. B.S., D.P.H.
HELEN BRASS, M.B., B.A.O., B.CH.	HILDA LLOYD, M.R.C.S., L.R.C.P.
MARGARET BROOK, B.A., M.B., CH.B.	MARY MacCULLOCH, M.B., CH.B. (part-time)
MARGARET CROSLAND, M.B., CH.B. (part-time)	JOAN McCANN, M.B., CH.B. (part-time)
JEAN DOWLER, M.D., CH.B. (part-time)	L. P. MOORE, M.A., M.R.C.S., L.R.C.P.
AITOLIA ENGLISH, M.R.C.S., L.R.C.P., M.B., B.S., D.C.H.	W. SNAPE, M.R.C.S., L.R.C.P.
BRENDA EVANS, M.B., CH.B.	ELIZABETH SOUTH, M.B., CH.B. (part-time)
JEAN HALLIWELL, M.B., CH.B., M.R.C.S., L.R.C.P., D.R.C.O.G., D.C.H.	JESSIE TOUGH, M.B., CH.B., D.P.H.
BETTY HINCHLIFFE, M.B., CH.B.	MARGARET WINTON, M.B., CH.B.
BARBARA JONES, M.B., CH.B.	EILEEN ZIMMERMAN, M.B., CH.B.
CITA KERSHAW, M.B., CH.B.	

Divisional School Medical Officers:

Altrincham—E. H. GORDON, M.D., B.CH., B.A.O., D.P.H.	Nantwich—R. K. HAY, M.D., B.CH., B.A.O., D.P.H.
Bebington—H. C. JENNINGS, M.B., CH.B., D.P.H.	N.E. Cheshire—T. W. BRINDLE, M.B., CH.B., D.P.H.
Cheadle & 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 & Lymm—R. STALKER, M.B., CH.B., D.P.H.
Deeside—D. R. MORRIS, M.B., CH.B., 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., D.C.H., 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):

F. W. C. BROWN, M.D., CH.B., D.P.H.	E. M. JENKINS, M.B., CH.B., D.P.H.
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.
A. HOLMES-SMITH, M.A., M.B., B.CHIR., D.O.M.S.	

Child Psychiatrists (Part-time):

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

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)	MARGARET DAVIS, B.D.S. (part-time)
D. M. DODD, B.D.S. (Deputy Principal)	T. P. DYKES, L.D.S.
A. E. ALLEN, L.D.S., R.F.P.S.	LORNA FERNLEY, L.D.S., B.CH.D.
EDITH ANDREW, L.D.S.	PATRICIA GASS, L.D.S., R.C.S.
J. B. ANDREW, L.D.S., R.C.S., B.D.S.	JOY HARRYMAN, L.D.S. (part-time)
P. J. ATKINSON, B.D.S. (part-time)	G. J. HARTLEY, L.D.S.
J. M. ARANY, M.D., L.D.S., R.F.P.S.	R. H. HURST, L.D.S.
ELIZABETH BROWN, L.D.S.	H. JACKSON, L.D.S.
BERYL CLARKSON, B.D.S.	ANNE JORDAN, B.D.S. (part-time)
ELIZABETH CLARK, B.D.S. (part-time)	LISBETH KIPPEN, L.D.S., D.P.D.
DOROTHY COATES, L.D.S.	IRENE KURER, B.D.S. (part-time)
G. H. CRAINE, B.D.S.	MAUREEN LLOYD-BAKER, B.D.S.
MARGARET DAVIDSON, L.D.S. (part-time)	A. N. LEICESTER, B.D.S.

J. W. LANGDON,
L.D.S.
H. P. MEED,
L.D.S.
F. R. MORREY,
L.D.S.
W. N. L. MORREY,
L.D.S.
RUTH OWEN,
L.D.S.
D. J. ROBINSON,
L.D.S., R.C.S.
SUSAN SCANLAN,
B.D.S.

K. V. SHUTE,
L.D.S.
E. J. TAYLOR,
L.D.S. (part-time)
MARGARET THOMSON,
B.D.S.
DOROTHY WALKER,
L.D.S.
DOREEN WILSON,
L.D.S. (part-time)
R. S. WOOD,
L.D.S. (part-time)

Chief Administrative Assistant:

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

Health Visitors and School Nurses: 153

Dental Nurses and Attendants: 38

Clerk-Attendants: 22

Speech Therapists:

MARY COOPER
RAYLEEN EATON
JUDITH KAY
MELBA LOYNES

SUSAN WILLIAMS
KATHLEEN JONES,
(part-time)
JOAN WREN

Occupational Therapist:

ROBERTA NANCARROW†

Physiotherapists:

RHONA WHITE
ELIZABETH WHITTAKER†

Psychologists:

ELIZABETH LONG,
B.A.
MIRIAM LEE,
B.SC. (part-time)
NORA SCOTT,
B.A. (part-time)
J. WALKER,
B.A.
P. N. FORSHAW,
B.A.

Psychological Social Workers:

ELLEN HOWITT
PHYLLIS REDFARN
MILDRED TOWNSEND

Peripatetic Teachers of the Deaf:

P. R. BUCKINGHAM
T. A. HARRISON
D. L. PERRY
ELIZABETH LAYFIELD

†Appointed for treatment of children suffering from cerebral palsy.

SCHOOL MEDICAL REPORT

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

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the Schools Health Service for the year 1965.

On 31st December, 1965, school enrolments were 10,000 in excess of the figures at the end of the previous year. Such an increase obviously affected the work of schools medical inspection and it was found necessary to increase the establishment of school doctors by two, from 19 to 21. Undoubtedly great difficulty is experienced in recruiting doctors, many advertisements attracting no applicants, but Cheshire is fortunate in containing within its boundaries extensive favoured residential areas, so that eventually married women doctors apply for posts and a vacancy does not normally exist for more than three months. In-post training is given to all new medical staff on educational subnormality and accurate estimation of hearing, and school doctors go to many short courses of training, particularly in the field of mental health. At the time of writing there is one vacancy for which, as yet, no firm application has been received.

Recruitment of dentists is better than for some years, and six new dentists were appointed whilst only one resigned.

The greatest difficulty in recruitment has been connected with the Child Guidance Service, which has never been able to fill the established posts. In the eastern part of the County, the full-time County Psychiatrist, and a Consultant Psychiatrist whom it was very fortunately possible to appoint for six sessions weekly, are able to provide the medical staff at the Child Guidance Clinics in the Manchester Regional Hospital Board's part of the County, supplementing the two sessions weekly which is the time allotted to this part of Cheshire (population 700,000) by the Regional Board for a Child Psychiatrist. It is quite unusual for a suitable application to be received for advertised posts of Psychologist or Social Worker.

The great influx of children from overspill housing areas into Cheshire schools has created some difficulties for the dental staff because they seem to require a greater amount of work and time to render them dentally fit than do those Cheshire children who might be termed 'old residents'. It is pleasing to report that year by year the number of conservative treatments is greater compared with the number of extractions, but they do take longer to perform.

It became clear that the work required of the Senior School Medical Officer was too much for one man, and the additional

appointment was made of Dr. Chesham who for some years had been a most valuable and experienced school doctor.

The Ear, Nose and Throat Clinics again attracted a greater number of school children than previously. Commencing with the screening tests applied to infants by the Health Visitors and continuing through the Young Children's Clinics, the Consultant Audiology and E.N.T. Clinics and the Teachers of the Deaf, the Schools Health Service aims to ascertain deafness in children and to provide suitable remedial and educational treatment at the earliest possible age. To this end the establishment of peripatetic teachers of the deaf has been increased to six.

The clinic nurses recently appointed are reducing the time previously spent by Health Visitors in cleanliness inspections and in clinics within the Schools Health Service.

In place of the former full medical inspection of all school leavers a scheme of selective examinations has been organised. The principle is that every school child shall be fully examined as soon as possible after his entry to the primary school and then to the secondary school, and that in each case the head teachers and teaching staff shall be aware of any deviations from normal affecting the education of children in their care. The most useful conferences with the Youth Employment Officers regarding individual school leavers have continued with excellent results.

A higher proportion of children examined by School Doctors required treatment than in the previous year. Excluding defective vision the proportion of children requiring treatment for various conditions increased from 11 per cent. to 13 per cent.

Only 0.16 per cent. of pupils examined by the doctors at periodic inspection were considered to be in other than satisfactory physical condition, a truly excellent result. The number of children examined by the nurses who were found to be infected with vermin, and this includes even the slightest cases of nit infestation was 4,256, out of a school population of 140,000.

Dr. Holmes Smith, in his section of this Report dealing with Ophthalmological services, rightly draws attention to the work of health visitors. It must not be forgotten that it is largely through the follow-up work done by health visitors and teaching staff that so many school children are examined by the Eye Specialists and are supplied with spectacles when appropriate. The fact that only 23 per cent. of the eye defects found at periodic inspection were discovered among school entrants points out the need for some more easily applicable method for testing visual acuity accurately amongst five-year old children.

Sixty-eight per cent. of all instances of deafness were reported at the first examination. It will be noted that 130 pupils have been provided with hearing aids.

A successful School Health Service can only be achieved through the willing co-operation between Health and Education staff. The visits of the School Doctor can extend over several days in a large school which must necessarily cause some disruption of school work. I wish to accord my appreciation of the co-operation and help received from the Director of Education and his administrative staff, head teachers and teachers at all times.

This is the last occasion on which I shall present my Annual Report on the Schools Health Service and I wish to thank the Chairman and Members of the Education Committee and particularly of the Special Services Sub-Committee for their invariable kindness and ready appreciation of the needs of the service. It seemed appropriate to include a note in this Report showing the different points of emphasis at the present time compared with those at the commencement of work under the 1944 Education Act, and this will be found on page 7.

I must express my most grateful thanks to the medical, dental, nursing, and lay staff of the Schools Health Service for their kindness and loyalty over many years during which time many advances have been achieved and, I hope, very many school children and school leavers have been able to lead happier and fuller lives.

I beg to remain,

Your obedient servant,

ARNOLD BROWN,

Principal School Medical Officer.

24th August, 1966.

General Statistics

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

The population estimated by the Registrar-General at mid-1965 was 1,004,730.

The total number of schools in the educational area at 31/12/65 with their enrolments was as follows:—

Primary	...	...	...	...	475	94528
Secondary (Grammar)	...	...	...	...	29	22098
Secondary (Modern)	...	...	...	...	86	34042
						<hr/>
						150,668

At the end of 1965 there were 115,399 children in maintained schools receiving school milk (83.68% of those present) and 98,497 receiving school meals (71.51% of those present). Of the 98,497 meals 3,738 were supplied free (2.71% of those present).

Review

The present is a convenient time to review the changes made in the Schools Health Service since 1947, the first full year of working under the Education Act, 1944, and to pick out the cumulative effect of gradual alteration of emphasis in the work done.

In these, approximately 20 years, the school population of Cheshire has risen from 83,000 to 150,000, the number of school doctors employed from 13 to 23 (including two Senior Medical Officers) and school dental officers have been increased from 21 to 33.

In 1946, virtually the whole of the work of the school doctors was in medical inspection of pupils and in school minor ailment clinics, today the picture has changed, very few minor ailment clinics are attended by doctors and in their place the doctors conduct child welfare centres and young children's clinics where children showing signs of handicap between the ages of two and five attend by appointment.

New services are those for the diagnosis and treatment of cerebral palsy, the child guidance service, work on behalf of maladjusted pupils, and the wide range of activities involving infant screening, deafness and audiology clinics and clinics served by peripatetic teachers of the deaf. B.C.G. vaccination against tuberculosis is an accepted part of school life, and for handicapped school leavers the regular meetings between school doctors and the youth employment officers ease entry into suitable employment.

When the school doctor visits a school for periodic inspection with the clerk/attendant the equipment carried includes modern means of examining eyes, ears, nose and throat, an audiometer and test material for estimation of intelligence levels and for colour

sense. Whilst physical examination remains the main part of the work, far more emphasis is now placed upon mental attributes and attitudes, as is shown in the comparative figures:—

COMPARISON BETWEEN 1947 AND 1965

Defect	1947		1965	
	No. referred for treatment or observation	% of school pupils examined	No. referred for treatment or observation	% of school pupils examined
Squint	429	1.6	1021	3.0
Defective Hearing ...	151	0.6	1810	5.4
Otitis media	152	0.6	864	2.5
Defective vision ...	1215	4.8	5939	17.2
Diseases of ear, nose and throat ...	3095	12.0	3738	8.0
Foot defects	369	1.3	1147	3.4
Speech defects	166	0.6	1020	3.0
Psychological development	418	1.6	676	2.0
Psychological stability	122	0.5	1574	4.6
Known to have had operations for tonsils, etc.	1541	5.8	320	1.0
Referred for child guidance	143	0.54	459	1.4
Referred for speech therapy	—	—	293	0.9
Wearing a hearing aid	—	—	130	—
Referred for eye refraction	2861	10.7	12529	37.4
Attendances at all minor ailments clinics (nurses' clinics)	83949	—	3640	—
Percentage of children in school found to be verminous		7.1		2.8

This table shows clearly the dramatic fall in attendances at minor ailment clinics since the establishment of the National Health

Service, and the five-fold diminution in the number of operations for the removal of tonsils and adenoids.

The greater emphasis on detection of hearing defects and defects of vision is also evident as is the attention given to mental health at school medical inspection.

The increase noted in hearing defects and otitis media is attributed not to there being more pupils showing these effects, but rather to improved means of diagnosis. Similarly it is not supposed that there were eight times as many pupils with some psychological instability in 1965 as in 1947, the answer is that far more attention is focussed and school doctors are able themselves to advise parents and teachers, or in the more serious cases, to refer the children for psychiatric investigation.

Fifty-five per cent. of school children examined dentally in 1947 were found to require dental treatment and in 1965 the percentage was 56 per cent., a sorry result after years of dental education. Truly here is the outstanding justification for fluoridation of water supplies.

Annual Report of the Principal School Dental Officer, 1965

1. General

As in previous years, the year 1965 produced the usual interesting and sometimes worrying sequence of events. In common with other categories of the community, the wind of change increased in intensity and at no time was it possible to plan for a secure and efficient future.

The continuing increase in overspill population continues to bring its special problems of encouraging people to accept the facilities for regular dental treatment for their children.

The training of new staff, both dental surgeons and dental attendants, continues to absorb a proportion of operative time; time which I consider well spent provided they remain in the service of the County. The introduction of a new system of recording dental inspections and treatment by the Department of Education and Science caused some initial difficulties. These have gradually been eradicated but, despite collective conferences to discuss the correct way to maintain these records and the issue of simple printed instructions, I have been surprised by the number of varying interpretations which individuals can make of what appears to be a perfectly simple instruction.

Selected Local Education Authorities in England and Wales, of which Cheshire was one, were invited by the Department of Education and Science to take part in a survey of the dental condition of a 10% sample of boys and girls aged 15 years. This survey was organised so that the Health Departments could assess the proportion

of children who were dentally fit on leaving school. Most dental officers on the County staff took part in this survey, the result of which is not yet published, and, though it was an interesting exercise for those taking part, the preparation involved, and the actual examinations did take up a certain amount of operative time.

Three visits were made, during the year, by dental officers from the Department of Education and Science. Two of these visits were courtesy visits, the third was a four days visit of inspection of the Authority's dental services. As some years have elapsed since such an inspection was made, this visit was welcomed. Mr. Rodgers, the inspecting dental officer, made a thorough and efficient examination of administration, clinics and equipment, and his final report was satisfactory. Note was made by him of certain points which he thought needed attention, but most of these were known and will be remedied in time.

Our experience with auxiliaries has not proved completely satisfactory. These girls are well trained, within the limits of the work which they are allowed to do, but we have not had sufficient experience of their services to assess their value.

I believe that there is a place for these girls in Local Authority Clinics, provided the rules governing their supervision are somewhat relaxed and some guarantee of their length of stay can be given. Very small children who have become conditioned to dental treatment at the hands of these capable girls are often disappointed when they find that their favourite dental operator is no longer available.

The increase in establishment mentioned in my last report has helped considerably in coping with the ever increasing school population. Applications for posts with the Authority have been frequent and careful selection was essential to make certain that those appointed are not just 'birds of passage'. Another interesting trend was noticeable in certain districts. A number of applications were received from dental surgeons who have found there is not sufficient work to be found in the mouths of the patients who attend their surgeries, and their incomes had been reduced to such a low level that the continuance of their practices on a full-time basis was uneconomical. This trend occurs in districts which are residentially attractive and where the number of dentists per head of population is high.

The general standard of dental fitness throughout the County is good and in most of the Grammar Schools it is very good. It has been reported, by dental officers, that dentists in private practice now appear to be accepting pre-school children in increasing numbers in some areas, and, at school dental inspections, children in the five year old entry group are seen to have had far more conservative treatment than in previous years.

An arrangement was made with the Manchester Dental Hospital towards the end of the year to use the services of a consultant

orthodontist at one of the Sale Clinics for two sessions a week. This consultant not only deals with the more difficult orthodontic cases in the area, but also directs the treatment of less complicated cases which can be treated by the school dental officers under supervision. The great advantage of this plan is that the Hospital will provide a successor to the present consultant, should he resign his appointment in Manchester, and a continuity in treatment will be maintained according to a set plan, which is so important in the sphere of orthodontics.

I had hoped that the year 1965 would have seen the introduction of fluoridation of water supplies in the County and I feel that it is most regrettable that this has not been the case.

Much of the effort of the dental staff is being expended in repairing the ravages of dental decay which would not have occurred if water had been fluoridated, and the future dental health of thousands of children would be safeguarded and much pain avoided, if this perfectly safe and harmless public health measure were adopted.

Mr. J. B. Andrew, the Senior Dental Officer in charge of the Ellesmere Port Dental Clinic, continued his survey on the dietary habits of children attending his clinic. He is to be commended on his enthusiasm in the face of a good deal of apathy. A short report of his activities is attached to this report.

The liaison existing between the teaching hospitals at Liverpool and Manchester has continued to, I believe, our mutual advantage and the freedom of access which I am allowed in both these hospitals is something which I appreciate.

The cordial relationship existing with other hospitals and with our colleagues in practice in Cheshire, through the Local Dental Committee, has also helped in settling minor difficulties before they assume unnecessary proportions.

2. Staffing

The appointment of a Deputy Principal Dental Officer during the year has proved very helpful. Mr. D. Dodd, a dental officer already in the employ of the County, was promoted to this new appointment and, in a year of more than usual change, his assistance has been most welcome.

One dental officer only resigned during the year. He had only been with us a short time and he had never really settled down. After he had been involved in a motor car accident in a fog, he decided that he was too nervous to drive a car and he resigned. His loss was not really felt.

Five whole-time dental officers joined the staff during the course of the year. In addition, two part-time dental officers were also recruited, one of whom has increased her sessions to whole-time. As

has been referred to earlier, the full value of this increase in staff has not yet been shown as some time had to be devoted to training in the requirements of the school dental service, especially with the younger and more recently qualified. Dental attendants for this additional staff had also to be found and trained in administrative systems before they were attached to the dental surgeon with whom they were to work. There was a higher sickness rate amongst dental officers during the year than is usual and 493 sessions were lost as a result. Three dental officers were mainly responsible for this high figure, one suffered from coronary thrombosis, another was absent as the result of an operation for the removal of his gall bladder and the third suffered from some intestinal trouble.

3. Courses

Mr. Dodd, the Deputy Principal Dental Officer, attended a course held at Sutherland Dental School, Newcastle-on-Tyne, on New Developments in Local Authority Dentistry. This course was most interesting and instructive.

4. Dental Health

The General Dental Council's Dental Health Trailer was not used this year at the Chester and Altrincham Shows. I came to the conclusion, after assessing its value for two consecutive years, that, excellent though this trailer was, agricultural shows were not the place to display it, and interest shown in the display was more casual than real.

Dental health talks to school children and to nursing and expectant mothers continue to be given in schools and clinics, but I feel that a new approach is needed to this very important subject in order to arouse fresh interest and enthusiasm in speakers and audiences. I have no ideas on this matter, unfortunately, but after nearly forty years of propagating the same doctrine in the same way and with the same basic material an assessment of success is, to say the least disappointing. There is no doubt that an increasing number of the population is more dentally conscious and that more children are seen in schools whose mouths and teeth are receiving good, regular attention, but there is a minority who are still unapproachable on the subject of dental care and who are extremely difficult to convert. Much emphasis is given to preventative dentistry and since diet and eating habits generally are closely associated with this, no great advance is apparent in this direction. Foods and confectionery, which encourage the onset of dental decay, are so pleasant and attractive that it is difficult to see how their consumption can be controlled in these days of affluence.

5. Statistics

(a) Staff

Expressed in terms of whole-time dental officers, the numerical strength of the dental staff was 28.56 plus the Principal Dental Officer, an increase of 3.86 from 1964.

Twenty-one dental officers plus the Principal Dental Officer completed a full year of whole-time service, which is two more than the strength shown in 1964. One member of the whole-time staff resigned early in the year and five whole-time dental officers were recruited during the year.

Four part-time dental officers remained on the staff throughout the year, although one was absent on maternity leave for a total of eleven months, two part-time dental officers joined us in the course of the year and two whole-time officers changed to part-time service.

(b) Inspections

The school population numbered 151,737, compared with 146,004, which was the comparable figure for 1964. Of this number, 104,628 or 68.9% of the total school population was dentally inspected during the year. This figure is 3.9% less than the figure shown in the preceding year. I believe that a number of children will be missed at school inspections for some years since the overspill population will be entering schools after the normal yearly school inspection has taken place and it would be uneconomical in dental officers time to re-visit schools in order to check these increases.

Of the children inspected, 56.3% were found to require some form of dental treatment. This figure is about the same as that found in 1964, when 56.2% was the comparable figure.

Children actually referred for treatment numbered 90.5% of those found to require treatment which is 3% higher than in 1964.

(c) Children Treated

The percentage number of children accepting treatment in County Clinics was 50.4% of those referred for treatment, which is 3.4 lower than the preceding year. As I stated last year, I believe that changes in staff and a new population are responsible for this decline in the acceptance figure.

The recorded figure of children whose parents stated that they were receiving dental treatment from the family dentist and children who obviously were attending a dentist in private practice when inspected at school, showed that of those inspected 44% fell into this category.

(d) *Fillings and Extractions*

For some years now, I have commented on the increase of fillings inserted in permanent teeth compared with the number of permanent teeth extracted. The year 1965 shows the same upward trend. For every permanent tooth extracted, 4.8 permanent teeth were filled compared with 4.5 in 1964.

The temporary dentition showed a similar trend, for every deciduous tooth extracted 0.58 deciduous teeth were filled compared with 0.46 in the previous year.

The number of permanent teeth extracted per 100 children treated was 27.8, which shows a slight increase on the figure for 1964 when 27.1 was recorded.

The number of temporary teeth extracted per 100 children treated also showed an increase from 75.0 in 1964, to 78.1 in 1965.

This increase, in both cases, appears to be most noticeable in those districts affected by overspill populations.

The number of permanent teeth filled per 100 children treated was 132.1, an increase of 9.1 from the figure recorded in the previous year.

Temporary teeth filled per 100 children treated also increased from 35.1 in 1964 to 44.9 in 1965.

6. Orthodontic Treatment

I have referred earlier to the appointment of a consultant orthodontist in the Sale area. His appointment will, I am sure, make a valuable contribution in the future to the dental services in Cheshire. I find also that a number of the younger entry are keen to devote a certain amount of time to this important branch of dental science, and the assistance given to them by the consultant orthodontists at Runcorn and Chester has proved most useful.

Orthodontic attendances at County Clinics numbered 2,135 during the year and 112 cases were completed during this period.

7. Dentures and Other Operations

A reduction in the number of dentures supplied to school children was pleasing to note. One hundred and ninety dentures were fitted compared with 270 in the previous year.

Crowns were fitted in 21 cases and ten inlays were inserted.

Other operations, which include root fillings, scalings, cleaning and dressings, numbered 1,809.

8. Special Schools

Residential schools at Grappenhall, Torpenhow, Capenhurst and Massey Hall were visited throughout the year and the necessary dental treatment was given to the children residing in them.

Treatment was also given to the children attending Junior Training Centres in the County.

9. Holiday Appointments

Dental treatment carried out during school holidays was again satisfactory and appointments were reasonably well kept; 67% of the children for whom appointments were made attended for treatment.

10. Clinics

All clinics were inspected during the year. The programme of replacing older types of equipment for modern units proceeded normally. New clinics were opened in Macclesfield, Greasby, Pensby and Runcorn, and these will provide a service in areas which are some distance from clinics already established.

11. Acknowledgements

As in past years, the County Medical Officer has given me every help and guidance. For this and his invariable kindness and courtesy, I am most grateful.

On behalf of the dental staff, I wish to record my thanks and appreciation to the Chief Administrative Assistant and the Staff of the County Medical Officer's department at County Hall for their willing and efficient assistance during the year.

Our thanks are due, also, to Divisional Medical Officers and their staffs for the help and assistance which they so readily offer in their divisions.

Head Teachers and Teachers throughout the County have, as usual, given us every help. Their co-operation and patience with the demands made on their time is sincerely appreciated and we are most grateful.

Clinic for Preventative Dentistry

By Mr. J. B. Andrew, L.D.S., B.D.S.

The object of starting this experimental clinic was primarily to discover how interested parents were in co-operating in an experiment to assess how far dental decay can be controlled by simple methods of regulating the intake of cariogenic foods with normal habits of dental hygiene.

An increase in interest was displayed during the year when ten mothers stated that they would like to take part in the experiment.

As in 1964, parents were asked to take away and complete a specially prepared chart on which they were asked to record, for three consecutive days, everything which their child ate or drank from awaking to going to sleep and the times at which this occurred. The times at which the child carried out its normal routine dental hygiene were also noted.

Four mothers only returned the charts completed, and in each case the parents expressed surprise at the amount of decay-forming food which their children were consuming daily, and also how much food and drink were habitually consumed after the final tooth-brushing exercise of the day.

Only by bringing home to parents, in this practical way, the bad dietary habits of their children are they convinced that they are not really carrying out the rules of dental hygiene correctly, and that their children are consuming so much cariogenic food.

School Buildings

The following major works were completed or in progress during 1965:—

New Schools, etc., completed during the year

North Cheshire Central College of Further Education

Macclesfield, Ivy Bank, Primary School

Marple Girls' Grammar School

Macclesfield, Tytherington, Secondary School

Partington County Secondary School

Wilmslow Girls' Grammar School

Ellesmere Port, Stanney, Girls' Secondary School

Altrincham, Hale Lodge, Primary School

Hazel Grove, Norbury Hall, Infants' School

Hattersley, Hare Hill, Primary School

Poynton, Mill Hill, Primary School

Runcorn, Town Hall Estate, Junior School

Cheadle, Lum Head, Junior School

Wilmslow, Handforth Hall Infants' School

Cheadle, Bruntwood Primary School

Great Boughton Infants' School

Hattersley, Pinfold, Infants' School

Moore County Primary School

Runcorn, Picow Farm, Junior School

Stalybridge, Ridge Hill, Infants' School

Hattersley, Arundale, Primary School

Extensions and Alterations completed during the year

Ellesmere Port, The Grange, Secondary School—Extensions

Nantwich and Acton Grammar School—Extensions

Neston County Secondary School—Extensions

Buglawton Primary School—Alterations

Marbury C.E. (Controlled) Primary School—Extensions

Mellor County Primary School—Alterations and Extensions

New Schools in Course of Erection during the year

Crewe Central College of Further Education
Altrincham, Bradbury Girls' Secondary School
Sale West Secondary School
Bramhall Grammar School
Knutsford Girls' Secondary School
Macclesfield, Ryles Park, Girls' Secondary School
West Kirby, Black Horse Hill, Girls' Secondary School
Hyde, Hattersley, Secondary School
Winsford, Wharton Junior School
Bromborough, Brookhurst County Primary School
Eastham, Mill Park Infants' School
Marple, Dale Road County Primary School
Macclesfield, Upton Priory Junior School
Sale, Moorlands Junior School
Winsford, Girls' Secondary School—Phases II & III
Waverton County Primary School
Winsford, The Grange, County Primary School
Appleton Hall Grammar School
Barnston, Heswall Hills, County Primary School
Little Neston Junior School
Gawsworth County Primary School
Partington, Lock Lane Infants' School
Runcorn Girls' Secondary School
Winsford, Wharton Infants' School
Tarvin County Primary School

*Extensions and Alterations in Course of Erection
during the year*

Calday Grange Grammar School—Extensions
Alsager County Training College—Redevelopment
Wirral Grammar Schools—Alterations and Extensions
Altrincham Girls' Grammar School—Extensions
Helsby Secondary School—Conversion to Primary School
Kelsall County Primary School—Extensions
Sale, Park Road Primary School—Kitchen and Dining Room
Extensions
Shavington County Secondary School—Extensions
Congleton Boys' Secondary School—Conversion to Primary
School

In addition, a large programme of smaller contracts for demountable classrooms, etc. has been carried out, many of which were still in progress at the end of the year.

SPECIAL SERVICE REPORTS

Ear, Nose and Throat Service

(from Dr. O. T. Taylor)

During the past year there has been a good attendance at the County E.N.T. Clinics. With one or two exceptions, full numbers have been seen. As more and more new patients attend with hearing difficulties, however, the follow-up rate also increases. This at times becomes a figure difficult to accommodate, and the ever increasing need for audiograms poses a problem. Of enormous help, with this, however, is the unflagging support of the school medical officers, the trained health visitors, the peripatetic teachers, and part-time helpers. Audiograms are of very great importance, particularly when checking the progress of the child with a temporary, although long term deafness. Since these children need to be followed up at three, six or twelve monthly intervals, often for a number of years, the extent of the long term accumulation of numbers can be imagined. The final results are satisfactory, and would well appear to justify the time devoted to these children.

The hospital waiting lists have so far shown no dramatic decrease for the tonsil and adenoid operation. This is not due to any actual increase in the numbers listed. Indeed, a fair proportion of borderline cases are often reviewed in the clinics after varying periods, and discharged if there is good indication of improvement in symptoms. One very obvious cause of lengthened waiting lists lies in the increase of local population, due to recent over spills—Macclesfield, Winsford and Crewe are three obvious ones. Others may be similarly increased in the future, and add to this problem.

Finally, one would like to pay tribute to the County Health Department as a whole. It would be difficult to find an organisation where courtesy and loyalty are so prevalent, where all are so deeply interested in what they are doing, and where time is given freely and with so good a grace.

ATTENDANCES AT E.N.T. CLINICS, 1965

(School Children only)

Alsager	152	Hazel Grove	163
Cheadle	297	Macclesfield	103
Congleton	75	Northwich	86
Crewe	120	Poynton	23
Dukinfield	208	Sandbach	92
Ellesmere Port†	185	Winsford	133

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

Audiology Service

The earliest possible ascertainment and diagnosis of hearing disorders continues to be the policy and aim of the County's service, so that help and advice can be given when it is most required, that is, as soon as possible after the defect has been acquired. If the defect is congenital, then education (in the sense of ancillary help such as a hearing aid, guidance to the parents, and auditory training) should start in infancy to be fully effective. The policy of offering screening tests of hearing to all infants in the County at seven to nine months of age has, therefore, been continued. During the year, 58 pre-school children with hearing impairments were receiving help from the Peripatetic Teachers of the Deaf and from the Special Health Visitors who have had training in guidance.

Hearing tests are repeated through the pre-school years, either by Health Visitors or Medical Officers, where indicated, or on request from parents, General Practitioners or Hospital Consultants.

On school entry, all children are examined for hearing defects by the Medical Officers, although audiometry is carried out on a proportion only. In 1965, 1,810 were noted as having a defect of hearing requiring observation or treatment; this was 5.4% of the total number of children examined. 1,075 of those in the entrant group came into this category. In addition to these, otitis media was noted in 864 children, and a defect of speech in 1,020, all of whom would require to be investigated further concerning their hearing, as should those who show retardation or psychological disturbance.

Every Medical Officer is equipped with an audiometer and has had training at the Department of Audiology, Manchester University, in the ascertainment of hearing defects. A large proportion of the cases found in school is referred for otological advice and treatment. The Peripatetic Teachers of the Deaf (of whom there are now four) are informed of these cases, so that they can provide remedial help if required, ascertain the degree of difficulty the child is experiencing at school and give advice to the school on the best means of alleviating the child's difficulties. The co-operation of the school and its staff in all these cases is of the utmost importance.

A hearing aid may be required, and this is supplied through the National Health Service, except in those cases where a special type of aid is necessary for certain kinds of hearing loss, e.g. the severe perceptive high-frequency type. These special aids are still not available through the National Health Service, and the County continues to supply them on loan in those cases where a Consultant Audiologist or Otologist has recommended this course of action. There are now 130 children using hearing aids in ordinary schools in the County, who are under supervision by the Peripatetic Teachers of the Deaf; Speech Training Units providing high fidelity amplification are used

by the Teachers of the Deaf to help speech production and correction and in certain cases are loaned to some children for use in the home—particularly in the pre-school child.

The Peripatetic Teachers spend part of their time in clinic sessions with the child and parent, and part of their time visiting schools to provide guidance and advice to the school, and to assess the child's difficulties in the school situation. Half of the staff of the Teachers of the Deaf specialise in the age group 0—7 years and the other half in the age group 7—18 years; the needs of the younger and older groups are different in quality, and this type of specialisation has been shown to be more satisfying and efficient to both patient and teacher. The full complement of staff of Peripatetic Teachers has not yet been reached, due in part to the national shortage of Teachers of the Deaf.

Wherever possible, the partially hearing child is kept in the ordinary school, with guidance and help from the Peripatetic Teachers; but where difficulty or educational problems arise, special education has to be considered. Unit provision, which it is hoped will be available in the near future, will be of great benefit to some children, particularly perhaps those who just fail to cope adequately in the ordinary school, by reason of their hearing difficulties. At the end of the year, 98 children were attending schools for the deaf and partially hearing, of whom eight were under five years of age.

Regional Audiology Clinics continue to be held quarterly at eight centres in the County, attended by Professor I. G. Taylor of the Department of Audiology, Manchester University, and Sir Alexander Ewing, for those children presenting special problems of diagnosis and management. One hundred and twenty-nine new cases were seen during the year. A Consultant Otologist also attends at these clinics and on some occasions the County Educational Psychologist, together with Medical Officers and Peripatetic Teachers, so that medical and educational assessment can be considered together with the audiological findings; this opportunity for a full team approach to discuss the needs of each child continues to prove extremely valuable.

AUDIOLOGY CLINICS—1st January to 31st December, 1965

Centre	New Cases			Re-Attendances		
	Pre-School	School	Total	Pre-School	School	Total
Cheadle	12	11	23	1	7	8
Crewe	7	6	13	8	10	18
Ellesmere Port	10	3	13	16	4	20
Hale	9	8	17	8	3	11
Macclesfield	12	4	16	7	3	10
Northwich	5	4	9	7	3	10
Stalybridge	7	14	21	2	3	5
Upton	12	5	17	10	4	14
TOTAL	74	55	129	59	37	96

Ophthalmic Service

(from Dr. A. Holmes-Smith)

The work of the Ophthalmic Clinics in the County has shewn no falling off in the present year. There are, however few new points to comment upon.

In the Southern part of the County the Orthoptic Department at Crewe Hospital is likely to re-open and this will assist greatly in the routine treatment of squint patients. The experienced Orthoptist at Macclesfield proves a great help to your Ophthalmologist. The complete supervision of the very young squint patient—in whom such treatment is most essential—is time-consuming and exacting, and a clinic carrying a large number of squinting infants may tax the patience of both parents and surgeon, due to the time which must be spent in waiting since the infant cannot be hurried in examination if one is to obtain accurate information. It is in these patients that the Orthoptist is most useful and her work may prevent the development of lazy eyes.

Reports may have been seen in the Press of the difficulties which may arise from the wearing of contact lenses and the demand for this device from young people continues to rise for purely cosmetic reasons—i.e., the dislike of being seen to wear glasses. It would seem sound to say that, apart from the matter of expense, the wearing of contact lenses is only desirable where there is a definite medical indication and that their fitting should be carried out by competent, trained persons. There is a wide variety of spectacle frames at the present time and it seems unreasonable that young people will refuse to wear glasses when they are needed.

In general Ophthalmology, reports are published of the use of the Laser for treatment of conditions which were formerly much treated by Light Coagulation (as mentioned in 1960)—this is an indication of the rapidity with which advances in specialist treatment can occur at the present day.

No report would be complete without some mention of the invaluable work of the Health Visitors in the Ophthalmic Clinics—above all their work ensures continuity of treatment.

ATTENDANCES AT EYE CLINICS, 1965

(School Children only)

Alsager	172	Crewe:—	
Barnton	212	Ludford Street	480
Bollington	121	Stalbridge Road	356
Bredbury	249	Dukinfield	231
Cheadle	241	Eastham	427
Cheadle Hulme	75	Ellesmere Port	511
Congleton	427	Frodsham	178

Grappenhall	96	Northwich	1102
Hale	435	Partington	183
Hazel Grove	174	Poynton	111
Heald Green	168	Runcorn	380
Heswall	332	Sale—Chapel Road	229
Hoylake	492	Meadway	31
Hyde	281	Sandbach	648
Knutsford	217	Stalybridge	329
Lymm	132	Stockton Heath	100
Macclesfield	1278	Tarporley	74
Marple	277	Upton	169
Middlewich	117	Weaverham	321
Nantwich	619	Wilmslow	217
Neston	358	Winsford	265
New Ferry	776		

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 promise of trying to find and diagnose the cerebral palsied child as early in life as possible on the basis that a 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 wards rounds for School Medical Officers continue to be held once a month and continue to be valuable to all concerned.

ATTENDANCES AT PAEDIATRIC CLINICS, 1965

(School Children only)

Crewe, Ludford Street ...	31	Northwich, Darland House	80
Crewe, Stalbridge Road ...	14		

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. During the year a clinic was started at Congleton to save a group of children from that district travelling to Macclesfield. 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 1965:—

	Cheadle	Congleton	Crewe	Macclesfield	Weaverham
Number of Children:					
(a) Attending at the end of the year ...	17	3	8	11	16
(b) Under five years of age	6	—	3	8	10
(c) Unsuited for education	—	—	2	—	3
(d) Improved sufficiently to:					
(i) attend school	1	1	—	1	—
(ii) have home tuition	—	—	—	—	—
(e) Already at school	10	2	5	1	2
(f) Already receiving home tuition	—	—	—	2	1
(g) Who were admitted to clinic during year	4	—	—	5	5
(h) Transferred to other centres	1	—	—	3	1
(i) Who ceased attendance	—	—	—	1	—
(j) Fit for discharge	1	—	—	1	—
(k) Discharged as unsuitable	—	—	—	—	—

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, 1965 (School Children only)

Dukinfield	747	Hyde	920
Ellesmere Port	98	Stalybridge	744

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 1965 by school children at the clinics specified:—

Dukinfield	1329
Hyde	773
New Ferry	120
Sale	129
Stalybridge	1488

Child Guidance Service

Clinics

Ellesmere Port	New Cases	54
	Total Attendances	834
	Cases Closed	33
Hazel Grove	New Cases	35
	Total Attendances	396
	Cases Closed	16
Sale/Northwich (pt.)/ Grappenhall	New Cases	45
	Total Attendances	359
	Cases Closed	24
Sandbach/Congleton/ Northwich (pt.)/ Macclesfield/Alsager	New Cases	90
	Total Attendances	669
	Cases Closed	44
Stalybridge	New Cases	36
	Total Attendances	385
	Cases Closed	27
Wilmslow	New Cases	66
	Total Attendances	391
	Cases Closed	41

The above figures constitute a numerical indication of an expanding service for children and their parents. What may not be so obvious is the amount of effort expended on the environmental and community setting of these young people. We have to remind ourselves continually that behaviour is a social concept and many of

the child's aberrations of behaviour and personality are reflected in his ability to form and maintain good interpersonal relationships whether in the home, the school or in the community generally. Hence the need for enlisting the co-operation of the parents and later the teachers when he goes to school. For only by so doing can we hope for adequate treatment of a more lasting nature. It is unfortunate that the supply of trained personnel—both Psychologists and Psychiatric Social Workers—still lags behind the demand. In spite of these handicaps the existing staff has maintained a good level of service to these young people and I am happy to acknowledge its loyalty and support.

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 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.

A Speech Therapist visits the School for one session weekly.

The School Dental Service was responsible for treating 12 pupils after carrying out 47 inspections during the year.

During the year one child from another authority attended the School and altogether 62 children were admitted and 69 were discharged. They were classified according to their various disabilities as follows:—

	Admissions		Discharges	
	Boys	Girls	Boys	Girls
Coeliac	1	—	—	—
General Debility	16	15	24	19
Asthma	7	1	13	1
Bronchitis	7	7	2	3
Bronchiectasis	—	1	3	—
Eczema and Asthma	3	3	2	2
Hydronephritis	1	—	—	—
	<hr/> 35	<hr/> 27	<hr/> 44	<hr/> 25

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 18 new admissions taking the places of children discharged.

The School Dental Surgeon carried out 89 inspections at the School in 1965, and 52 boys were found to require treatment, all of which was completed 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 1965 when there were 4 new admissions replacing children discharged.

Thirty-seven girls received a dental inspection and 19 received treatment during the year.

B.C.G. Vaccination

Under the County Health Committee's Care and After Care Scheme, B.C.G. vaccination can be offered to school children of 13 years of age and upwards and students attending Universities, Teacher Training Colleges, or other establishments of further education.

With the co-operation of the teaching staff the following work was carried out by Divisional Medical Officers and Assistant County Medical Officers in 1965.

School Children Scheme

Number of consent forms issued	11407
Number of consents received	9197

Skin Tests

Number tested	8978
Number positive	1233
Number Negative	7424
Number vaccinated with B.C.G.	7405

Immunisation against Tetanus and Diphtheria

On school entry arrangements are usually made by the Divisional School Medical Officer for children to be offered immunisation against Tetanus and Diphtheria, and during 1965, 8,519 school children received booster doses and 1,091 were given a primary course of injections.

Milk in Schools Scheme

In view of the extreme importance attached to ensuring that all milk supplied under the above scheme (one-third pint each day to every school child while attending school) is clean and safe, all milk supplies under the scheme are subject to the approval of the County Medical Officer. The County Health Inspector's Section supervises all supplies by means of systematic sampling, and by routine inspections of processing dairies, milk storage and handling premises within their jurisdiction.

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 the aim is to provide a suitable supply of pasteurised milk. This aim has now been almost completely achieved.

As will be seen from the table at the end of this report only two of the schools in the County were being supplied with 'Untreated' (raw) milk. These are two isolated schools involving 46 pupils. It appears that under present circumstances and owing to the rural nature of these schools a supply of Untreated milk will have to be accepted for the present.

Pasteurised milk by virtue of the pasteurisation process is, of course, a 'safe' milk from the bacteriological standpoint whereas Untreated (raw) milk can be, and from time to time is, found to be infected with pathogenic organisms particularly brucella abortus.

With these factors in mind the sampling frequency is as follows:—

- (a) Schools receiving a supply of pasteurised milk. Twice yearly.
- (b) Schools receiving a supply of untreated (raw) milk. Monthly samples from the school and three sets of bulk herd samples taken at the farm, per year.

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

During 1965, sampling of all school milk supplies throughout the County continued, all samples being collected in the course of retail delivery to the schools themselves. A total of 1,529 samples was collected, as compared with 1,628 in 1964. All the schools in the Administrative County are sampled by the County Health Department Milk Sampling Officers, 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.

Of the 1,451 samples of pasteurised milk collected by the County Health Department 44 samples (3.1%) failed the methylene blue test (for cleanliness and keeping quality) and two samples failed the phosphatase test (for adequate pasteurisation).

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

The 44 methylene blue test failures was a slight increase on the 1964 figure, when 33 samples failed. This small increase could well be due to weather conditions during the year. It follows the same pattern as for sample results from other premises. The number of samples which have been declared void is less, indicating that conditions generally were somewhat cooler, but that from a methylene blue test point of view conditions were more critical, i.e. temperatures during the 'storage' period were not usually so high as to render the test void, but were sufficiently high to cause an increase in test failures. Thus the generally improved level since 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 methylene blue test failures and repeat samples were taken to ensure that a satisfactory standard was attained. It is interesting to note that of the 44 sample failures 28 were processed and bottled at dairies outside the administrative county. With the exception of one 'out-county' dairy the failures were fairly uniformly dispersed throughout the various processors taking into account the quantities of milk involved. The question of the 'out-county' dairy from which a number of failures emanated was taken up with the appropriate County Health Inspector, who was aware of the problem and was in the course of making a full investigation. The cause of the trouble was difficult to locate but I am pleased to report that this trouble was resolved. Needless to say a close watch is now being kept on this supply.

The two phosphatase test failures occurred on samples obtained on the same day from different schools but on milk processed at the same dairy. These were immediately investigated at the dairy, where it was found that owing to an incorrect adjustment of the recording thermometer milk was passing through the processing plant at below the correct pasteurising temperature. An immediate adjustment was made and instructions for the regular checking of thermometers were given by the dairy management to their dairy staff to ensure that incidents of this nature do not occur in the future. This was an isolated incident at the dairy and no further trouble has been experienced.

The Crewe Borough Council took 65 samples of pasteurised milk, of which seven failed the methylene blue test. All the schools in the

Crewe area are supplied by the same 'out-county' dairy mentioned above. Samples taken in the late summer proved satisfactory.

In addition 23 samples of Untreated (raw) milk were collected. Of these one failed the methylene blue test for cleanliness and keeping quality. This is a considerable improvement on last year when four samples failed the test. This failure was immediately notified to the Ministry of Agriculture, Fisheries and Food which is responsible for clean milk production on farms, with a request for appropriate action. These two schools which have a supply of 'Untreated' milk are, of course, in a very isolated area where no pasteurised milk is available.

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

The 23 school samples and also six sets of herd samples involving 19 bulk milk samples from the two herds concerned were submitted for these examinations during 1965. In no case was 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 396 washed school 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), 324 were found to be satisfactory, 23 fairly satisfactory and 49 unsatisfactory. These figures follow a similar pattern to last year when 414 bottles were submitted, 345 were satisfactory, 34 fairly satisfactory and 35 unsatisfactory. These examinations showed that at three dairies the washing of school milk bottles was much below standard. One of these dairies has now closed; at another a new liquid detergent was introduced and a very close laboratory control is being kept on the washer and the situation has improved. The position at the third premises is rather unusual. Two old bottle washers were replaced by one large new modern washer. This produced an extremely satisfactory one pint bottle but unsatisfactory one-third pint bottles. Following talks between the dairy management and the manufacturer various experiments were carried out and it was found that the standard water jets in the washer were too large for the smaller bottles, and instead of inverted bottles being washed and sterilised they just became filled with water. This has now been remedied by the fitting of smaller water jets which do not appear to have impaired the washing of the one-pint bottles.

Following the rejection of the tetrahedron type carton by the County Education Committee, another dairy contracted to supply a new rectangular-shaped carton. This was accepted for a limited number of schools in the western part of the County for a trial period of one year. I am pleased to say that this supply of cartoned

milk has so far proved satisfactory both to the Education Department and to my Department, and a three year contract has been given for it to be supplied to all schools in one Education Division.

During the trial year a comprehensive sampling programme was carried out. There were one or two methylene blue test failures during the first few weeks which could have been due to teething troubles at the processing and cartoning dairy but these troubles were rapidly ironed out and no further trouble has been experienced. This was only the second dairy in the whole of the country to have this type of cartoning equipment installed.

From a public health point of view cartoned milk has many advantages. As will be seen from the earlier part of this report about 18% of all one-third pint washed bottles examined did not come within the completely satisfactory category; the dangers of foreign objects and pieces of glass being in the milk can to all intents and purposes be ruled out in the case of cartons, noise is reduced, the weight of a standard crate containing 72 one-third pint cartons is less than a crate of 30 one-third pint bottles, and the hazard of dirty and cracked bottles and of having glass bottles on school premises is ruled out completely. There are of course some disadvantages. For instance it is difficult to see if cartons are empty and very occasionally 'leaking' cartons do occur.

During the trial year the supplier in co-operation with the County Authority carried out some improvements to the scheme. During the early days it was found that the standard school drinking straw was not suitable for piercing the prepared perforation in the carton. These were replaced with plastic straws and this problem was resolved. Also plastic bag liners are now provided to each crate, so that there is no danger of milk spilling on to the floor from a leaking carton or from the empty cartons returned to the crate ready to be collected by the dairy for disposal.

In addition to the one-third pint cartons, quart cartons are also being supplied to school canteens in two of the divisions in the County. I think this is another instance where Cheshire in co-operation with the dairy industry is taking full advantage of modern methods of milk distribution with its associated advancements.

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 126,000 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. In recent years, complaints of mis-use of school milk bottles on the school premises have become extremely rare although this point is raised from time to time by the various bottling dairies.

Tables are given below showing the sampling which was carried out during 1965 and the results of such sampling, also the position regarding school milk supplies at the end of the year.

SCHOOL MILK SAMPLES AND EXAMINATION, 1965

	Total Samples Collected	Phosphatase Test		Methylene Blue Test*	
		Passed	Failed	Passed	Failed
Pasteurised	1451	1449	2	1398	44
Untreated	23	—	—	22	1
TOTALS	1474	1449	2	1420	45

*The Methylene Blue Test was void in nine cases owing to high atmospheric shade temperature.

At the end of 1965, 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.		No. of Children Supplied‡	
	No. of different suppliers of milk	No. of schools supplied	No. of different suppliers of milk	No. of schools supplied	Total	As per cent. of Total
Pasteurised	63	669*	1	31	126017	99.96
Untreated (raw) ...	2	2	—	—	46	0.04
TOTALS	65	671	1	31	126063	—

‡Figures obtained from a census taken on a selected day in September, 1965.

*Includes 94 non-maintained schools.

(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 three 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. The County has carried out further improvements to three of these: Calday, Lymm and Christleton; including enclosure and heating and the provision of changing and sanitary accommodation. These three pools are now used by a number of schools situated in their particular Division.

The Cheshire Education Committee issued a memorandum in February, 1962, on its 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. A conference of officials from the County Architect's, Health and Education Departments respectively, was held in January, 1966, when the present arrangements for dealing with swimming baths at County Primary and Secondary Schools were considered in detail. Subject to minor amendments regarding day-to-day maintenance and annual servicing it was agreed that the arrangements were satisfactory.

There are now 11 schools in the County with their own pools. It was hoped that another indoor pool would have been completed as this was in the advanced planning stage at the time of writing last year's report, but unfortunately owing to the current financial restrictions this scheme is in abeyance for the time being.

Details of the pools in use are as follows:—

1. King's School, Chester 37,000 gallons capacity. Pressure sand filter. Automatic chlorinator using chlorine gas. Indoor, heated.
2. Calday Grange County Grammar School 95,500 gallons capacity. Diatomaceous earth filter. Automatic chlorinator using chlorine gas. Indoor, heated.
3. Capenhurst Grange Special School 'Purley' learner pool. 4,200 gallons capacity. Purley 'filtration' and liquid hypochlorite automatic chlorinator. Outdoor, not heated.
4. Christleton County Secondary School 80,000 gallons capacity. Diatomaceous earth filter. Automatic chlorinator using chlorine gas. Indoor, heated.

- | | |
|---|---|
| 5. Astley County Grammar School, Dukinfield | 72,000 gallons capacity. Diatomaceous earth filter. Automatic chlorinator using chlorine gas. Outdoor, not heated. |
| 6. Greasby County Junior School | Learner pool. 14,000 gallons capacity. Diatomaceous earth filter. Liquid hypochlorite automatic chlorinator. Outdoor, not heated. |
| 7. Lymm Grammar School | 76,000 gallons capacity. Pressure sand filter. Automatic chlorinator using chlorine gas. Indoor, heated. |
| 8. Norbury Booths County Junior School, Knutsford | Learner pool. 15,000 gallons capacity. Diatomaceous earth filter. Liquid hypochlorite automatic chlorinator. Outdoor, not heated. |
| 9. Sandbach Grammar School | 80,000 gallons capacity. Diatomaceous earth filter. Automatic chlorinator using chlorine gas. Outdoor, heated. |
| 10. Stockton Heath Church of England Aided Primary School | Learner pool. 15,000 gallons capacity. Diatomaceous earth filter. Liquid hypochlorite automatic chlorinator. Outdoor, heated. |
| 11. Gorsey Bank County Primary School, Wilmslow | Learner pool. 18,750 gallons capacity. Diatomaceous earth filter. Liquid hypochlorite automatic chlorinator. Outdoor, heated. |

The enclosed pools do, of course, enable swimming instruction to be given all the year round. With our English weather outdoor pools can only receive a very limited use. The provision of electric water heating apparatus at two of the outdoor learner pools does extend the season by some weeks. It is hoped that another outdoor pool will have a water heater installed during this present season (1966).

Regular routine visits by the County Health Inspector or his Deputy were made in 1965, 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 the pH value. Also a check is carried out on the condition of the footbath to ensure that this is satisfactory.

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. In the early part of the year a number of

samples of foot-bath water were also submitted for bacteriological examination.

The two recognised methods of operating chlorination in a swimming bath are referred to as 'marginal' and 'breakpoint' chlorination. The difference between the two is quite simple, a difference in the nature of the chlorine residual carried in the bath water. In Cheshire breakpoint chlorination is used at the four enclosed pools and marginal chlorination at the outdoor. For marginal chlorination the residual is almost entirely combined chlorine (chloramine) and we use a recommended residual chlorine figure of between 0.5 and 1.0 parts per million. The Ministry of Health originally recommended that the total chlorine, as determined by the ordinary orthotolidine test (one of these testing sets is provided at all our pools) should be maintained at a concentration not less than 0.2 or more than 0.5 parts per million, but in practice this is found to give insufficient reserve to allow of effective control under conditions of varying load. Hence the higher recommended figures now in use. In the case of breakpoint chlorination the pools operate with a total residual chlorine in excess of 1.0 part per million and of this approximately 0.2 to 0.5 parts per million will be free chlorine residual. These readings are taken at the outlet end of the pools and, of course, are aimed at ensuring the rapid destruction of harmful organisms. These levels of residual chlorine can be perfectly well tolerated, and indeed if complaints of eye irritation do arise they are almost always due to failure to maintain a correct pH value, throughout the pool. (The pH value is an indication of the acidity or alkalinity of the water, a value of 7.0 being neutral, and values below 7.0 indicating increasing acidity, and above 7.0 alkalinity). Swimming pool water must be maintained within the pH range of 7.4 to 8.0, and it is important to check this reading frequently in addition to the figure of residual chlorine. Pools in which chlorine gas is used tend to become increasingly acid, and it is necessary to provide continuous dosing with alkali to correct this. On the other hand pools in which hypochlorite solutions are used do not usually require other chemical treatment to maintain a satisfactory pH value, though occasionally in this case the water may become too alkaline when it is necessary to add some form of acid to correct the position.

A total of 185 pool water samples was taken during 1965, this being a substantial increase on the 1964 figure when 65 samples were submitted. The reason for this is that all the 11 pools were in full use during 1965, whereas in 1964 four of the pools were not in use or were completed at the very end of the season. Of the 185 pool water samples taken 177 were satisfactory and eight were unsatisfactory. The eight unsatisfactory samples were associated with three inspections at different pools and the results were anticipated as on each occasion the residual chlorine was low. The necessary action to remedy this was immediately taken and repeat samples proved satisfactory and no further difficulties were experienced.

In the early part of the year 15 footbath water samples were submitted for bacteriological examination. Only one of these samples was found to be unsatisfactory, and in this case it was found that the type of disinfectant being used was not suitable for this purpose and immediately arrangements were made to remedy this situation. Now all schools use a brand of bactericide/fungicide which also contains a detergent. When this is added to the water it produces a brown discolouration which gradually disappears as the footbath is used and the preparation loses its disinfecting strength. It is therefore an easy matter for the person in charge to maintain proper control of the footbath water. In view of this development and at the request of the Public Health Laboratory Service which found that the method of testing was not suitable for this type of preparation the sampling of footbath water was discontinued.

For a short period at one pool, trouble was experienced with pH control. In this particular case the pH value dropped below 7.0 (into acidity) and this produced a number of complaints of smarting eyes and also a brown discoloration of the water which was due to iron oxide from pipe work and from iron filtration/chlorination equipment. The reason for this was a fault in the pump which introduces soda ash in liquid form into the pool water to counteract the acidity produced by the use of chlorine gas. This was quickly overcome and until the pump was replaced hand dosing was used.

No outbreaks of illness or foot or other conditions associated with the use of swimming pools have been reported at schools having or using school pools.

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 the pool cannot be over-emphasised. The condition of the water in a pool with fluctuating bathing load can change very quickly necessitating plant adjustment, particularly of the chlorinator. I am pleased to say that at each of our pools there is a responsible person in charge, and I feel that their efforts coupled with the routine inspections and advice given by the County Health Inspectors have made a big contribution to the excellent record reported above.

School Sanitation

The Department maintains constant liaison with the County Education Department on questions affecting School Sanitation, and particularly in connection with the elimination of conservancy systems from the few schools where these are still in operation. The County Health Inspector's work in connection with Rural Water Supplies and Sewerage Schemes also enables him to keep the Education Department informed of the progress of this work and

of villages where public sewers have become available or are likely to do so in the near future.

The Education Department is constantly striving to eliminate this system from all the schools within its jurisdiction, but the severe 'pruning' which takes place each year in the Authority's Minor Capital Works Programme means that the number of improvement schemes which can be carried out each year is much less than it would otherwise be.

A further factor is the overall planning of school building. If a school is due to be replaced by a new school on a different site within a relatively short period it can hardly be justified to spend money on a scheme to provide water-borne sanitation, especially as it frequently happens that no public sewer is available and it is necessary to provide a sewage treatment plant to serve the school only.

In July, 1966, a review of progress was made, when the position was found to be that the number of schools without water-borne sanitation had been reduced to 25. These could further be analysed as follows:—

To be dealt with in the 1966—67 programme	10
On reserve list for the 1966—67 programme	4
Due to be replaced by new schools	10
No date yet fixed for conversion of closets, but village sewerage schemes being carried out	1
	<hr/>
	25

The Department will continue its close interest in these matters with a view to these remaining schools being dealt with at the earliest possible date.

HANDICAPPED CHILDREN

Numbers Attending Special Schools, 1965

BLIND AND PARTIALLY SIGHTED	Boys	Girls	Total
Birkenhead, Sight Saving Class	2	1	3
Coventry, Exhall Grange School for Partially Sighted	8	4	12
Exeter, West of England School for Partially Sighted	2	1	3
Liverpool, St. Vincent's School for the Catholic Blind	4	2	6
Liverpool, Wavertree School for the Blind	12	5	17
Old Trafford, Henshaw's Institution for the Blind	5	3	8
Preston, Fulwood School for the Partially Sighted	1	5	6
Sheffield, School for Blind Children	1	1	2
Shrewsbury, Conover Hall School for the Blind	1	1	2
Shrewsbury, Royal Normal College for the Blind	1	1	2
Wellington, Overley Hall Sunshine Home	—	1	1
Worcester, College for the Blind	1	—	1
DEAF AND PARTIALLY HEARING			
Bolton, Thomasson Memorial Special School	5	2	7
Boston Spa, St. John's Residential School for the Deaf	1	2	3
Burton-on-Trent, Needwood School for the Partially Deaf	1	1	2
Fallowfield, Whitebrook Day School for Deaf Children	4	1	5
Liverpool, Crown Street Day School for the Deaf	3	1	4
London, Oak Lodge Day School	—	1	1
Manchester, Royal Residential Schools for the Deaf	26	26	52
Margate, Royal School for the Deaf	1	—	1
Newbury, Mary Hare Grammar School	2	5	7
Southport, Liverpool School for the Partially Deaf	15	16	31
DELICATE AND VARIOUS			
Congleton, Great Moreton Hall	1	—	1
Frankby, Torpenhow Open-Air School (including one boy from Salop)	59	40	99
Loggerheads, Colomendy School	1	—	1
EDUCATIONALLY SUB-NORMAL			
Aberdeen, Camphill School (Rudolf Steiner)	4	3	7
Alne, Aldwalk Manor School	1	—	1
Birkenhead, Claughton Road Day School	1	—	1
Birmingham, St. Francis Residential School	—	1	1
Bolton, Eden Grove School	1	—	1
Bramhope, Hilton Grange School	2	—	2
Bramley, Gosden House School	1	—	1
Brighton St. John's Boarding Special School	1	—	1
Bristol St. Christopher's School (Rudolph Steiner)	2	—	2
Burlton, Petton Hall School	1	—	1
Capenhurst, Capenhurst Grange School	—	41	41
Cockermouth, Crookhey Hall	1	—	1
Edgeworth, Crowthorn Hall School	—	1	1
Grappenhall, Grappenhall Hall School	116	—	116
Haywards Heath, Staplefield Place School	1	—	1
Hillingdon, Field House School	—	1	1
Manchester, Gorton Special Day School	—	2	2
Middlewich, Bostock Hall	1	—	1

EDUCATIONALLY SUBNORMAL— <i>continued</i>	Boys	Girls	Total
Ormskirk, Pontville R.C. Special School	4	—	4
Ringwood, West Mount (Rudolf Steiner)	—	1	1
Shifnal, Haughton Hall School	—	1	1
Southborough, Meadow House School	1	—	1
Thornbury, Thornbury Park School (Rudolf Steiner)	1	—	1
Ulverston, Stone Cross Special School	1	—	1
Warrington, Green Lane Day School	—	1	1
Whaley Bridge Taxal Lodge School	1	—	1
Worcester, Besford Court	1	—	1
Wythenshawe, Park Day School	1	1	2

PHYSICALLY HANDICAPPED

Cheadle, Bethesda School	13	6	19
Ely, The Palace School	—	1	1
Exeter, St. Loyes' College	—	2	2
Farley Hill, Hephaistos School	1	—	1
Glossop, Talbot House School	—	2	2
Kersal, Oaklands School	—	1	1
Killinghall, Ian Tetley Hospital Home	2	—	2
Leatherhead, Queen Elizabeth's Training College	1	—	1
Liverpool, Children's School of Recovery	2	—	2
Llandudno, Special School	—	1	1
Mansfield, Portland Training College	2	—	2
Mobberley, Margaret Barclay	7	6	13
Newcastle-under-Lyne, Blackfriars School	—	1	1
Oswestry, Derwen Cripples' Training College	1	—	1
Pentrych, Craig-y-Park School	2	—	2
Southport, The Bradstock Lockett School	—	3	3
Stroud, St. Rose's R.C. School	—	1	1
Wallasey, Ellera Park Day School	1	1	2
West Didsbury, Lancasterian Special Day School	1	6	7
West Kirby, Children's Convalescent Home	3	1	4
Widnes, Peel House School	—	2	2

MALADJUSTED

Aberdeen, Camphill (Rudolph Steiner)	1	—	1
Ashley, Ashley Residential School	1	—	1
Box, Cotswold Chine Home/School	1	—	1
Bristol, St. Christopher's School	1	—	1
Chipping Campden, Burnt Norton School	3	—	3
Congleton, Buglawton Hall	—	2	2
Crowborough, Netherfield School	—	1	1
Deansgate, Deansgate Day School	1	—	1
East Grinstead, Horncastle School	1	1	2
East Sutton, Red Hill School	1	—	1
Harmer Hill, Shotton Hall	3	—	3
Horbury, St. Peters'	—	4	4
Longhope, Salesian School	2	—	2
Mersham-le-Hatch, Caldecott Community Centre	1	—	1
Mickleton, St. Hilliard's School	3	—	3
Newmarket, Cheveley Rectory School	1	—	1
Rainhill, St. Joseph's School	—	1	1
Ruthin, Clwyd Hall	1	—	1
Thelwall, Chaigeley	2	—	2
Thirsk, Breckenborough School	1	—	1
Towcester, Potterspury Lodge	—	—	—
Wennington, Wennington Hall School	1	—	1
Wetherby, Wennington School	1	1	2

**Resident in Boarding Homes and
Attending Ordinary Schools, 1965**

MALADJUSTED

Boys Girls Total

East Grinstead, St. George's Hostel

1 — 1

DIABETIC

Kingsdown, St. Monica's Hostel

— 1 1

Year	Physical Condition of Pupils Inspected		Pupils found to require treatment (excluding dental disease and infestation with vermin)		Total
	Number	Percentage	Number	Percentage	
1961	101	100	—	—	101
1960	6417	13	150	187	1098
1959	6737	8	187	74	1152
1958	1877	7	74	153	328
1957	784	6	77	153	187
1956	593	1	63	90	140
1955	1279	3	173	174	312
1954	2693	2	336	320	604
1953	2677	6	309	328	581
1952	1374	4	139	133	321
1950	2000	2	290	412	1136
1951	3033	1	332	320	618
and earlier					
TOTAL	33486	33433	2291	4366	6237

The physical condition of 99.84 per cent of the total number of pupils examined at periodic inspections was considered satisfactory.

B—OTHER INSPECTIONS

Year	Number of Re-inspections	Number of Special Inspections
1958	12897	101
1959	14893	11
Total	27790	112

TABLE II

Infestation with Vermin

- (i) Number of individual pupils in respect of whom cleaning orders were issued (Section 24 (2) Education Act, 1944)
- (ii) Number of individual pupils found to be infested
- (iii) Number of individual pupils in respect of whom cleaning orders were issued (Section 24 (2) Education Act, 1944)
- (iv) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons
- (v) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons

Medical Inspection Returns

Year ended 31st December, 1965

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)		Total Individual Pupils
		Satisfactory	Unsatisfactory	For Defective Vision (excluding Squint)	For any other Condition recorded in Table III	
1961 and later	101	101	—	—	12	12
1960	6430	6417	13	120	1038	1117
1959	6735	6727	8	185	1125	1258
1958	1884	1877	7	74	270	328
1957	770	764	6	57	123	167
1956	593	592	1	62	90	140
1955	1582	1579	3	175	174	315
1954	2695	2693	2	336	329	604
1953	2683	2677	6	309	328	581
1952	1378	1374	4	139	133	251
1950	5602	5600	2	799	415	1136
1951 and earlier	3033	3032	1	335	329	618
TOTAL	33486	33433	53	2591	4366	6527

The physical condition of 99.84 per cent. of the total number of pupils examined at periodic inspections was considered satisfactory.

B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	1998
Number of Re-Inspections	...	...	...	...	...	12895
Total	...	...	...	...	...	<u>14893</u>

TABLE II
Infestation with Vermin

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	321174
(ii) Total number of individual pupils found to be infested	4256
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	2260
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	301

TABLE III

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

DEFECTS OR DISEASES		PERIODIC INSPECTIONS				SPECIAL IN- SPECTIONS
		Entrants	Leavers	Others	Total	
Skin	T	238	203	236	677	30
	O	403	187	227	817	28
Eyes:—						
(a) Vision	T	373	1140	1078	2591	307
	O	1022	747	985	2754	287
(b) Squint	T	335	70	153	558	29
	O	235	58	109	402	32
(c) Other	T	60	19	43	122	9
	O	87	33	47	167	10
Ears:—						
(a) Hearing	T	123	33	49	205	50
	O	952	134	289	1375	180
(b) Otitis Media ...	T	110	21	22	153	21
	O	457	51	153	661	29
(c) Other	T	29	12	25	66	8
	O	73	10	27	110	12
Nose and Throat ...	T	806	90	185	1081	77
	O	1789	196	479	2464	116
Speech	T	188	8	45	241	44
	O	559	32	85	676	59
Lymphatic Glands ...	T	31	—	7	38	11
	O	942	32	155	1129	32
Heart	T	55	15	15	85	17
	O	263	68	95	426	49
Lungs	T	139	40	65	244	6
	O	719	107	246	1072	121
Developmental:—						
(a) Hernia	T	51	5	9	65	4
	O	116	6	19	141	3
(b) Other	T	52	20	80	152	19
	O	327	40	157	524	20
Orthopædic:—						
(a) Posture	T	16	32	18	66	9
	O	72	69	93	234	25
(b) Feet	T	129	45	74	248	15
	O	521	91	235	847	37
(c) Other	T	101	63	53	217	14
	O	289	157	127	573	34
Nervous System:—						
(a) Epilepsy	T	19	11	20	50	10
	O	45	19	15	79	20
(b) Other	T	24	16	11	51	5
	O	185	38	67	290	29
Psychological:—						
(a) Development ...	T	18	7	51	76	8
	O	197	93	178	468	124
(b) Stability	T	64	13	77	154	44
	O	800	117	315	1232	144
Abdomen	T	42	32	39	113	8
	O	179	66	108	353	30
Other	T	113	54	102	269	26
	O	245	85	231	561	50

T — Requiring Treatment.

O — Requiring Observation.

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	488
Errors of Refraction (including squint)	12529
Total	13017
Number of pupils for whom spectacles were prescribed	4181

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	14
(b) for adenoids and chronic tonsillitis	320
(c) for other nose and throat conditions	19
Received other forms of treatment	835
Total	1188
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1965	29
(b) in previous years	101

GROUP 3—ORTHOPÆDIC AND POSTURAL DEFECTS

(a) Number of pupils known to have been treated at clinics or out patient departments	803
(b) Pupils treated at school for postural defects	—
Total	803

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	—
Scabies	8
Impetigo	16
Other skin diseases	152
Total	176

GROUP 5—CHILD GUIDANCE TREATMENT

No. of pupils receiving treatment at Child Guidance Clinics ... 459

GROUP 6—SPEECH THERAPY

Total number of sessions at Clinics ...	1660
No. of pupils referred for Speech Therapy ...	280
No. of pupils treated ...	293
No. of attendances at Clinics ...	9778
No. of visits to Schools ...	155
No. of children examined at Schools ...	255
No. of visits to the homes of pupils ...	130

GROUP 7—OTHER TREATMENT GIVEN

Miscellaneous Minor Ailments ...	770
Pupils who received B.C.G. vaccination ...	7420
U.V.L. treatment ...	797

TABLE V

Dental Inspection and Treatment carried out by the Authority.

Attendances and Treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit ...	12232	9879	2127	24238
Subsequent visits ...	11977	15279	3641	30897
Total visits ...	24209	25158	5768	55135
Additional courses of treatment started ...	1257	1051	179	2487
Fillings in permanent teeth ...	9920	23124	6011	39055
Fillings in deciduous teeth ...	11319	766	—	12085
Permanent teeth filled ...	7663	19254	5104	32021
Deciduous teeth filled ...	10178	709	—	10887
Permanent teeth extracted ...	979	4506	1151	6636
Deciduous teeth extracted ...	14639	4286	—	18925
General anæsthetics ...	4990	2620	407	8017
Emergencies ...	2051	1128	254	3433
Number of pupils X-rayed ...				542
Prophylaxis ...				4426
Teeth otherwise conserved ...				1749
Number of teeth root filled ...				60
Inlays ...				10
Crowns ...				21
Courses of treatment completed ...				20132

Orthodontics

Cases remaining from previous year ...	258
New cases commenced during year ...	219
Cases completed during year ...	112
Cases discontinued during year ...	26
No. of removable appliances fitted ...	239
No. of fixed appliances fitted ...	34
Pupils referred to Hospital Consultant ...	117

Prosthetics

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time) ...	—	1	5	6
Pupils supplied with other dentures (first time) ...	6	101	53	154
Number of dentures supplied ...	7	118	69	194

Anæsthetics

General Anæsthetics administered by Dental Officers ... 1940

Inspections

(a) First inspection at school. Number of pupils ... 91151
 (b) First inspection at clinic. Number of pupils ... 13477
 Number of (a) + (b) found to require treatment ... 58966
 Number of (a) + (b) offered treatment ... 53396
 (c) Pupils re-inspected at school clinic ... 12543
 Number of (c) found to require treatment ... 6641

Sessions

Sessions devoted to treatment ... 9609
 Sessions devoted to inspection ... 1024
 Sessions devoted to Dental Health Education ... 157

TABLE VI
Number of handicapped pupils examined in School

Defect	New Cases	Number of Re-exams
Blind	—	1
Partially Sighted	15	28
Deaf	2	7
Partially Hearing	31	109
Delicate	38	81
Diabetic	7	30
E.S.N.	129	401
Epileptic	33	100
Maladjusted	27	13
Physically Handicapped	80	226
Speech Defect	4	12

TABLE VII

Medical Examinations at School Clinics ... 4963
 Number of children examined for part-time employment ... 359
 Number of Special Reports completed on children examined at:—
 Schools ... 445
 School Clinics ... 146
 Homes of Pupils ... 252
 ————— 843

LIST OF SCHOOL CLINICS

Clinic	Address	Type of Clinic	Day held
ALSAGER	15, Centre Court, Alsager	Doctor's Sessions E.N.T. Eye	1st Fri., a.m. 3rd Fri., p.m. 4th Tues., a.m.
ALTRINCHAM	12, The Mount, Altrincham 145, Park Road, Timperley 3a, Market Street, Altrincham	Speech Doctor's Sessions Doctor's Sessions Dental Dental	Tues., a.m. & p.m. 2nd & 4th Mon., am.* 1st & 3rd Wed., a.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	Doctor's Sessions Speech Dental Doctor's Sessions Eye Eye Dental Teacher of the Deaf	4th Tues., a.m. Mon., a.m. & p.m., Wed., a.m. * Wed., a.m.* Thurs., a.m. 2nd & 4th Thurs., p.m. * Thurs., a.m.
BOLLINGTON	Wellington Rd., Bollington, Macclesfield	Doctor's Sessions Eye Dental	1st & 3rd Tues., a.m.* 2nd Tues., p.m. *
BREDBURY	Lower Bents Lane, Bredbury	Eye Dental	3rd, 4th & 5th Fri., p.m. *
CHEADLE	Brookfield, Wilmslow Road, Cheadle Councillor Lane, Adswold, Cheadle	Doctor's Sessions Eye E.N.T. Speech Teacher of the Deaf Doctor's Sessions Speech Dental Eye	2nd & 4th Mon., a.m.* 2nd, 4th & 5th Tues., a.m. 1st & 3rd Mon., a.m. Thurs., a.m. & p.m. Fri., p.m. Fri., p.m. 1st Mon., a.m.* Mon., a.m. Fri., a.m. * 2nd Thurs., a.m.
CHEADLE HULME	Parish Hall, Church Road, Cheadle Hulme	Eye	3rd Thurs., a.m.

*When required.

Clinic	Address	Type of Clinic	Day held
CONGLETON	Nursery Lane, Congleton	Doctor's Sessions E.N.T.	4th Fri., a.m.* 4th Tues., p.m., 2nd Thurs., p.m.
		Eye Speech Teacher of the Deaf Dental	2nd & 4th Mon., a.m. Tues., a.m. & p.m. Tues., a.m. ★
CREWE	201, Edleston Rd., Crewe	Speech	Wed., a.m. & p.m. Fri., a.m.
		Doctor's Sessions E.N.T. Eye	2nd & 4th Mon., a.m. 1st Wed., p.m. 1st & 5th Fri., p.m. 3rd, 4th & 5th Wed., a.m. 3rd Fri., p.m.
	Stalbridge Road, Crewe	Pædiatric Dental	★
		Doctor's Sessions Eye	1st & 3rd Tues., a.m.* 1st Tues., p.m., 2nd & 4th Fri., p.m.
	Pædiatric Teacher of the Deaf Dental	1st Fri., p.m. Tues., a.m. ★	
DUKINFIELD	King Street, Dukinfield	Doctor's Sessions E.N.T. Eye Teacher of the Deaf	Tues., a.m.* 1st & 2nd Tues., p.m. 1st, 2nd & 4th Fri., p.m. Thurs., a.m.
	212, Astley Street, Dukinfield	Dental	★
ELLESMERE PORT	Stanney Lane, Ellesmere Port	Doctor's Sessions E.N.T. Eye Speech Teacher of the Deaf Dental	Thurs., a.m.* 1st & 3rd Mon., a.m. Fri., a.m. Tues., a.m. Thurs., a.m. & p.m. Wed., & Fri., a.m. ★
FRODSHAM	The Rock Clinic, High Street, Frodsham	Eye	4th Tues., a.m. 2nd Wed., a.m.
		Speech Dental	Fri., a.m. ★
GRAPPENHALL	Springfield Ave., Grappenhall	Eye	1st Thurs., a.m.
GREAT SUTTON	Old Chester Road, Great Sutton	Speech Teacher of the Deaf Dental	Wed., p.m. Fri., p.m. ★

*When required.

Clinic	Address	Type of Clinic	Day held
GREASBY	Greasby Road	Eye	1st Thurs., p.m.
HALE	Lister House, 9, Broomfield Lane, Hale	Doctor's Sessions Eye Teacher of the Deaf Dental	1st & 3rd Fri., p.m.* 2nd Fri., p.m. 3rd, 4th & 5th Wed., a.m. Wed., p.m. *
HANDFORTH	The Green, Wilmslow Road, Handforth	Speech Teacher of the Deaf Doctor's Sessions Eye	Fri., p.m. Thurs., p.m. 1st Mon., a.m. 1st Wed., a.m.
HAZEL GROVE	253, London Road, Hazel Grove	Doctor's Sessions E.N.T. Eye Speech Dental	2nd Tues., a.m.* 2nd & 4th Mon., a.m. 1st & 4th Thurs., a.m. Mon., a.m. & p.m. *
HEALD GREEN	Queensway, Heald Green	Eye Doctor's Sessions Dental	1st & 3rd Wed., a.m. 1st Wed., a.m. *
HESWALL	Telegraph Road, Heswall	Doctor's Sessions Eye Speech Teacher of the Deaf Dental	1st Tues., p.m.* 1st & 3rd Fri., a.m. Wed., a.m. Mon., a.m., Wed., p.m. *
HOYLAKE	Broomfield, Meols Drive, Hoylake	Doctor's Sessions Eye Speech Dental	Fri., a.m.* 2nd & 4th Mon., a.m. Thurs. & Mon., a.m. *
HYDE	Reform Club Buildings, Market Place, Hyde	Doctor's Sessions Eye (Specialist) Speech Teacher of the Deaf Dental	Mon., a.m.* 1st Tues., a.m., 3rd Fri., p.m. Wed., a.m. & p.m. Thurs., a.m. Thurs., p.m. *
KNUTSFORD	County Offices, Bexton Road, Knutsford	Doctor's Sessions Eye Speech Teacher of the Deaf Dental	Thurs., p.m. (Alt. months) 1st Thurs., p.m., 4th Tues., p.m. Tues., a.m. Mon., p.m. *

*When required.

Clinic	Address	Type of Clinic	Day held
LYMM	29, Eagle Brow, Lymm	Doctor's Sessions Eye Dental	2nd Wed., p.m. 2nd & 5th Thurs., p.m., 1st Thurs., a.m. *
MACCLESFIELD	Hurdsfield House, Brocklehurst Ave., Macclesfield Pierce Street, Macclesfield	Teacher of the Deaf Dental Doctor's Sessions E.N.T. Eye Dental	Fri., p.m. * Fri., a.m.* 3rd Mon., p.m. 1st Mon., p.m. 1st, 3rd & 4th Tues., p.m., 4th Thurs., a.m. *
	52, Bridge Street, Macclesfield Sanders Square, Macclesfield	Speech Dental	Tues., a.m. & p.m. & Fri., a.m. *
MARPLE	Stockport Road, Marple	Doctor's Sessions Eye Speech Dental	Wed., a.m.* 1st, 3rd, 4th & 5th Tues., p.m. Thurs., p.m. *
MIDDLEWICH	The Priory, 85, Wheelock St., Middlewich	Eye Dental Doctor's Sessions	3rd Tues., p.m. * 1st Thurs., a.m. (alt. months)
NANTWICH	The Dowery, Barker Street, Nantwich	Doctor's Sessions Eye Speech Teacher of the Deaf Dental	Mon., a.m.* 2nd, 3rd, 4th & 5th Thurs., a.m., 2nd, 3rd & 5th Tues., a.m. & p.m. Tues., p.m. Wed., p.m. *
NESTON	Mellock Lane, Neston	Doctor's Sessions Eye Dental Speech	1st Tues., a.m.* 2nd & 4th Mon., p.m. * Tues., a.m.
NORTHWICH	Parkfield, Middlewich Rd., Northwich	E.N.T. Eye Dental Teacher of the Deaf	3rd Wed., p.m. 2nd & 3rd Thurs., a.m., 1st, 2nd & 4th Fri., p.m. * Mon. & Thurs., a.m.
	Darland House, Winnington Hill, Northwich	Pædiatric Speech Dental	4th Mon., p.m. Mon., a.m. & p.m., Tues., a.m. *

*When required.

Clinic	Address	Type of Clinic	Day held
PARTINGTON	Central Road, Partington	Eye Speech Teacher of the Deaf Dental	1st & 2nd Wed., a.m. Mon., p.m. Thurs., a.m. *
POYNTON	Park Lane, Poynton	Doctor's Sessions E.N.T. Eye Dental	3rd Tues., p.m.* Even Months, 2nd Wed., p.m. 2nd Tues., p.m. *
RUNCORN	34, Halton Road, Runcorn	Doctor's Sessions Eye Speech Teacher of the Deaf Dental	2nd Fri., a.m.* Tues., p.m. Mon., a.m. & p.m. Tues. & Thurs., pm. *
SALE	70, Chapel Road, Sale	Doctor's Sessions Eye Speech Teacher of the Deaf Dental	Wed., a.m.* Mon., a.m. Thurs., a.m. & p.m. Wed., a.m. *
SALE	Meadway, Sale	Eye	1st Tues., a.m.
SANDBACH	Platt Avenue, Sandbach	Doctor's Sessions E.N.T. Eye Speech Teacher of the Deaf Dental	3rd Fri. a.m.* 1st Mon., p.m. 2nd, 3rd & 4th Mon., p.m. Thurs., p.m. Fri., a.m. *
STALYBRIDGE	20, Stamford St., Stalybridge	Doctor's Sessions Eye Speech Dental	Mon., a.m.* 2nd, 3rd & 4th Tues., a.m. Fri., a.m. & p.m. *
STOCKTON HEATH	65, Whitefield Rd., Stockton Heath	Eye Speech Dental	4th Tues., p.m. Wed., a.m. & p.m. *
TARPORLEY	Community Centre, Tarporley	Eye	3rd Fri., p.m.
UPTON	Weston Grove, Upton	Doctor's Sessions Eye Speech	1st Tues., a.m.* 1st Tues., a.m. & p.m. Fri., a.m. & p.m.

*When required.

Clinic	Address	Type of Clinic	Day held
WEAVERHAM	Church Lane, Weaverham	Eye Speech Dental	3rd Fri., p.m. Thurs., a.m. & p.m. *
WILMSLOW	3, Chapel Lane, Wilmslow	Doctor's Sessions Eye Speech Dental	1st Mon., a.m.* 1st & 3rd Tues., a.m. Wed., a.m. *
WINSFORD	98, Weaver Street, Winsford	E.N.T. Eye Speech Teacher of the Deaf Dental	3rd Tues., p.m. 3rd & 4th Thurs., p.m. Thurs., a.m. Tues., a.m. *

*When required.

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School Medical Office

Name	Address	Type of Clinic	Days Held
WEAVERHAM	Church Lane Weaverham	Eye Speech Dental	3rd Fri., p.m. Thurs., a.m. & p.m.
WILMSLOTE	1 Church Lane Wilmsloste	Doctor's Sessions Eye Speech Dental	1st Mon., a.m.* 1st & 3rd Thurs., a.m. Wed., a.m.
WINSFORD	24 Weaver Street, Winsford	S.H.T. Eye Speech Teacher of the Deaf Dental	3rd Tues., p.m. 3rd & 4th Thurs., p.m. Thurs., a.m. Tues., a.m.

*When required.



