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DERBYSHIRE EDUCATION COMMITTEE

REPORT

OF THE

Principal School Medical Officer

ON THE

Health and Well-being of School Children

For the Year 1970

A. H. SNAITH, M.D., F.R.C.Path., D.P.H.
Principal School Medical Officer

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21st September, 1971

To the Chairman and Members of the
Derbyshire Education Committee.

This is my first annual report as Principal School Medical Officer for Derbyshire. Most of the work for the year was carried out while my predecessor, Dr. J. B. S. Morgan, was still in office and the format of this Report is virtually the same as in previous years but it has been shortened.

The number of routine school medical inspections carried out during 1970 was 15,998, which was nearly 2,000 less than in the previous year. This low figure for medical inspections carried out was due to continued shortage of medical staff. The number of fresh applicants for local health authority medico-clinical work has not kept pace with the numbers leaving this service in recent years. It is the intention to review the work content and deployment of the existing medical staff as well as to explore the possibilities of attracting part-time staff from other branches of the medical profession in order to give to the county as a whole a more evenly distributed, as well as a reasonably comprehensive, child health service. At the time of writing considerable progress has been made to this end.

It is regrettable to have to report a further even larger increase of infestation from head lice in schoolchildren this year. This appears to be a national experience and naturally more of the health visitors'/ school nurses' time has to be taken up in dealing with it. Regular inspection and prompt exclusion of any affected children until the infestation has been satisfactorily treated remains the best method of dealing with this problem.

There was a further welcome increase in the number of swimming pools provided at county schools. The County Public Health Inspector continues to advise on the maintenance of adequate cleanliness and chlorination at these pools.

Reference is made in the body of the report to the provision of new health centres and clinics within the county. Where appropriate, accommodation will be provided for certain school medical services within these health centres in the same way as in clinics. This will help to provide closer liaison with the School Health Service for the general medical practitioners whom we are pleased to accommodate at these health centres.

The audiology service has been expanded by the appointment of two audiometricians to conduct routine testing of children in schools. The number of audiology clinics has also been increased in the north of the county. The provision of a comprehensive pre-school and

school audiology service is an essential contribution to the amelioration of the handicap of deafness, and close links are maintained with the teams of teachers for the deaf and are also being developed with the hospital ear, nose and throat departments and general medical practitioners.

Reference is also made to the continuing shortage of speech therapists.

The child guidance service has experienced a welcome increase in the number of social workers during the year, which has allowed a better service to be provided.

The school dental service has adopted a policy of giving priority to primary schools and of confining dental inspection to the number of schools which could be treated within the year. It is hoped to attract more dental staff in the future, including part-time general dental practitioners where appropriate. In the meantime, a review of dental equipment and methods of dentistry is currently taking place. The introduction of fluoridation of the public water supplies could go a long way to solving the problems of shortage of dental manpower.

Dental and other forms of health education are carried out within the schools with the co-operation of the teachers, health education staff, and health visitors. Health education is a developing field and the techniques are becoming increasingly sophisticated—as they need to be in this modern world. Much attention will need to be paid in the future not only to the content and scope of health education but also to the manner of its dispensation.

I wish to thank the Chairmen of the Education Committee and its Special Services Sub-Committee for their interest and support; the Director of Education and members of his Department for their co-operation; and the staff of the Health Department for their assistance, particularly Dr. Sylvester, my Deputy, Dr. Corrigan, the Senior Medical Officer for School Health, and Mr. Dilks, Senior Administrative Officer.

A. H. SNAITH

Principal School Medical Officer.

General information and statistics

Area, population and rateable value

The administrative county of Derby comprises twenty-nine sanitary districts, four of which are municipal boroughs, sixteen urban districts and nine rural districts.

The county has an area of 619,002 acres, 98,074 in municipal boroughs and urban districts and 520,928 in rural districts.

The population of the administrative county as estimated by the Registrar-General at the middle of 1970 was as follows:-

Municipal Boroughs	148,920
Urban Districts	239,960
Rural Districts	282,660
Total administrative county ..	671,540

The rateable value on 1st April, 1970, was £23,923,048, and the product of a new penny rate, £230,306.

Schools and boarding homes		*Number on register* 1/1/70	
Number of primary schools ..	406	68,828	
Number of secondary schools	84	42,118	
			110,946
Number of nursery schools ..	1	68	
Number of nursery classes ..	16	633	
			701
DAY SPECIAL SCHOOLS:			
Educationally subnormal	5	634	
Maladjusted	1	100	
ESN/Maladjusted ..	1	33	
RESIDENTIAL SPECIAL SCHOOLS:			
Educationally subnormal	2	188	
Maladjusted	1	30	
Cerebral palsy	1	30	
Hospital	2	59	
BOARDING HOMES (maladjusted)	2	44	

Schemes of divisional administration

(1) Under a scheme of Divisional Administration approved by the Minister of Education on 25th June, 1945, the administrative area of the Authority (excluding the Borough of Chesterfield which is an Excepted District) has been partitioned into five Divisions.

So far as the School Health Service is concerned, it is a function of the various Divisional Executives to consider reports of the Principal School Medical Officer and to make, where necessary, recommendations to the Authority relating to that Service.

(2) The Borough of Chesterfield is an Excepted District for which the Divisional Executive is the Borough Council. A scheme of Divisional Administration made by the Borough Council was approved by the Minister of Education on 7th November, 1945.

The functions exercised by the Borough Council remained as described in the Annual Report for 1961.

Staff

The Department of Education and Science requested a numerical return of the staff of the School Health Service on 31st December, 1970 and the following information was provided:-

STAFF OF THE SCHOOL HEALTH SERVICE

(excluding staff of Child Guidance and Dental services)

Principal School Medical Officer .. .. .. Dr. A. H. Snaith

	Number of officers employed		Number in terms of full-time officers employed	Vacancies full-time equivalent
	f.t.	p.t.		
(*a*) Medical Officers (including Principal School Medical Officer):-				
(i) solely School Health Service	—	—	—	—
(ii) *a.* part-time School Health Service/rest of time with Local Health Service ..	10	8	8·24	4·4
b. part-time School Health Service/rest of time as General Practitioner ..	—	1	0·2	—
c. part-time School Health Service/rest of time on other medical work ..	6	—	1·1	—
(iii) Ophthalmic Specialists ..	—	—	—	—
(iv) Other Consultants and Specialists	—	—	—	—
(*b*) Nurses and Health Visitors:-				
(i) Nurses holding Health Visitors Certificate:-				
(*a*) employed solely in clinics	—	—	—	—
(*b*) employed in clinics and elsewhere ..	87	3	27·15	1·5
(ii) Nurses NOT holding Health Visitors Certificate				
(*a*) employed solely in clinics	—	—	—	—
(*b*) employed in clinics and elsewhere ..	5	—	4·3	—
(iii) Nurses' assistants—				
(*a*) employed solely in clinics	—	—	—	—
(*b*) employed in clinics and elsewhere ..	14	3	10·1	2·5
(*c*) Other Staff:-				
(i) Senior Speech Therapist ..	—	—	—	—
(ii) Speech Therapist	—	3	1·9	8·1
(iii) Assistant Speech Therapist	—	—	—	—
(iv) Audiometricians	2	—	2	—
(v) Chiropodists	—	—	—	—
(vi) Orthoptists	—	—	—	—
(vii) Physiotherapists	—	—	—	—

General condition of pupils

In this County, three general medical inspections of the school children take place, generally arranged so that every pupil is inspected during (i) the first year of compulsory school attendance, (ii) the first year of attendance at a secondary school, and (iii) the last year of compulsory school attendance. (Exceptionally, arrangements may be made for children to be examined in the last year at a junior school, instead of during the first year at a secondary school if there is pressure on the available accommodation).

In addition, children under five years old are inspected as soon as possible after they begin to attend school, and pupils who stay beyond the age of fifteen years are inspected during their last year at school. Pupils specially brought forward are also examined, and those previously observed to have defects requiring observation or treatment are re-examined. As no routine general medical inspection is normally carried out in the "junior" departments or schools, School Medical Officers have been requested to make a point of getting in touch with the Headteachers of such departments or schools at least once a year to afford them an opportunity of bringing forward any children they require to be specially examined or in need of re-examination.

The number of pupils examined at routine school medical inspections was 15,998 (compared with 17,876 last year). In the course of these examinations, 3,282 children were found to require treatment for a variety of conditions (20·5% of those examined, compared with 23·8% last year). Of these, however, only 117 were classified as being in an "unsatisfactory" physical condition. This represents 0·73% of the number examined (compared with 0·38% last year, and 0·65% in 1968).

Infestation with vermin

The Health Visitors/School Nurses carried out 140,052 inspections and re-inspections of pupils during the year (compared with 173,482 last year). They discovered 1,799 individual children to have either nits or lice in their hair—a regrettable increase of 612 over the previous year, and 843 more than in 1968.

Hygienic conditions of schools

It is customary for School Medical Officers on completing routine school medical inspections to submit to the Principal School Medical Officer a report on the school premises, including brief notes on cleanliness, heating, lighting, ventilation, water supply, washing arrangements, cloakroom facilities, sanitary arrangements, and the playground. Matters which appear to require attention or investigation are brought to the notice of the Director of Education.

Improvements to the sanitary, cloakroom and washing facilities, as well as heating and lighting installations, where this is desirable at some of the older schools in various parts of the County, have continued to be made.

Swimming baths

By the end of the year nine school swimming baths were in operation, three more than previously reported. These are as follows:-

Indoor heated:

Ironville and Codnor Park Junior Mixed School, Alfreton;
Tupton Hall Comprehensive School, Clay Cross;
Bennerley County Secondary School, Ilkeston;
Brooklands Junior Mixed School, Long Eaton;
Sawley Junior Mixed School, Long Eaton;
New Mills Comprehensive School;
Swadlincote County Secondary School.

Outdoor unheated:

Ashbourne Bath;
Ecclesbourne County Secondary School, Duffield.

In addition, a new uncovered heated bath has been completed at the Hope Valley College but will not be brought in use until Spring 1971.

The treatment plants at all of these baths comply with the Ministry of Health's publication, "The Purification of Water in Swimming Baths". The County Public Health Inspector pays regular visits to the baths, for the purpose of checking chlorine and pH levels etc. Samples have also been taken for bacteriological examination, and for chemical analysis, as required. After due consideration and discussion with the Director of the Derby Public Health Laboratory, it has now been decided not to continue routine bacteriological sampling after 1970, but to rely on chemical spot checks and laboratory chemical examinations, except where circumstances justify closer testing. Breakpoint chlorination is used in all baths, even with the smaller plants where pH correction has sometimes to be made by hand dosing. However, by regular comparator testing this sort of operation can be effectively carried out by the attendants concerned.

One or two interesting developments have taken place during the year. First, there has been the installation of small sand filtration units at one new bath and an existing bath; this type of filter will, it is hoped, now be standard equipment on all small installations. They may well be as efficient as diatomaceous earth filters and certainly are much easier to maintain and operate. The other innovation was the installation of a "Mermaid" fibre glass filter unit at the new bath at Ironville and Codnor Park School. How well this unit will perform under load conditions is being watched with interest.

Bacteriological sampling figures during 1970 showed that a total of 146 samples were taken (73 inlet 73 outlet). Of these, 107 were satisfactory, while in the remaining 39 cases there were either plate counts in excess of 10 or coliform present. Only in 10 samples (4 inlet 6 outlet) were Esch. coliform present and these were from

heavily loaded baths and one bath newly commissioned. In spite of these results only very infrequently was the chlorine content found to be deficient.

Cleanliness at the baths continues to be satisfactory. For the future it is hoped to standardise both pool and treatment plant installations, through collaboration with the County Architect's Department, with benefit to those who have to use and maintain them afterwards.

The following figures (kept by the attendants or the school staffs) give an indication of the size and use of various baths during the year:-

Baths and size in gallons	*Attendances*
Ashbourne (57,000)	21,745
Ilkeston (Bennerley) (13,600) ..	11,798 (out of use March to May)
Ironville and Codnor Park (13,500) ..	1,487 (from November)
Long Eaton (Brooklands) (11,000) ..	20,000 (estimated)
Long Eaton (Sawley) (13,500) ..	934 (from November)
New Mills (20,000)	6,000 (from April)
Swadlincote (33,000)	26,000
Tupton Hall (33,000)	33,807

Provision of meals, and the milk-in-schools scheme

The following table gives particulars of the meals and milk provided on a day in September, 1970.

	Primary Schools	Secondary Schools
Number of children present	56,571	34,470
Meals provided:		
No. of meals	41,030	23,716
% of number present ..	72·53%	68·80%
Milk provided:		
Number of bottles ..	51,451	—
% of number present ..	90·95%	—

Source and quality of supplies of milk

The Education Committee endeavours at all times to obtain the highest grades of milk, and it is pleasing to know that at the end of 1970, out of 436 establishments (including independent schools), 429 were receiving pasteurised milk.

There are six sources supplying raw untreated milk to seven schools, including an independent school. This situation is carefully watched and efforts are made to substitute pasteurised milk wherever possible.

Sampling of school milk supplies was carried out by Mr. Rowley, the County Public Health Inspector. Pasteurised milks are submitted to the phosphatase test (for efficiency of pasteurisation). Regular sampling of raw milk supplies is carried out for evidence of brucella abortus infection.

At the end of the year there were 66 supplies of milk to schools, but only 22 sources of supply, including the six raw milk sources.

The following table shows the sampling figures for the school drinking milk:-

	Phosphatase		Tubercle bacilli		Brucella abortus		Total No. of samples submitted
	Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	
Pasteurised	53	—	—	—	—	—	53
Untreated ..	—	—	—	—	11	—	11

Clinics

Shirebrook health centre

This new health centre came into operation in October, 1970. Conveniently located near to the market place, it replaced a clinic which had hitherto been held in rented premises. The health centre accommodates a group practice of five general medical practitioners and a dentist undertaking general dental services, as well as providing facilities for the authority's health services.

Brimington clinic

A new clinic at Church Street, Brimington, was in course of erection during the year, and came into operation in February, 1971.

Eckington clinic/health centre

The existing clinic at Gosber Street, Eckington, is being adapted and extended in order to provide health centre facilities for two practices of three and two general medical practitioners, in addition to the authority's health services. It is expected to come into use as a health centre in October, 1971.

Ashbourne health centre

Plans have been prepared for the erection of a health centre in Compton, Ashbourne, to accommodate two group practices, each of three general medical practitioners, together with the authority's health services. The erection of this new health centre is expected to commence towards the end of 1971.

Chesterfield borough—health centre

It is proposed to erect a health centre on a site at Saltergate, Chesterfield, to provide accommodation for 12 general medical practitioners as well as facilities for the local authority's health services.

Number and types of school clinics

The Department of Education and Science asked for a return showing the school clinic facilities as at 31st December, 1970: a copy of the information given appears below.

(1) *Number of school clinics* (i.e. premises at which clinics are held for school children) provided by the Local Education Authority for the medical examination and treatment of pupils attending maintained primary and secondary schools:-

Number of school clinics as at 31st December, 1970 .. 27

(2) *Type of examination and/or treatment* provided at the school clinics.

Examination and/or treatment	*Number of premises available as at 31st December, 1970*
Minor ailment	26
Audiology	22
Audiometry	22
Ophthalmic	20
Speech therapy	12
School Medical Officer's special examination	26

(3) *Child Guidance clinics:* Staffing of Child Guidance clinics and the School Psychological Service as at 31st December, 1970.

Staff	Number employed		Number in terms of full time officers
	full time	part time	
i. Psychiatrists — a. employed by the local education authority	—	—	—
b. employed under arrangements made with Hospital Authority	—	2*	1·6
ii. Educational Psychologists	9	—	9·0
a. working in Child Guidance Clinics	—	—	2·6
b. working in School Psychological Service	—	—	5·8
iii. Psychiatric Social Workers	1	—	1·0
iv. Psycho-therapists	—	—	—
v. Social Workers — Qualified	2	1	2·7
vi. Remedial Teachers — Unqualified	—	—	—
vii. Others (excluding clerical staff)	—	—	—

*The County Council pays two notional half days salary to the hospital authorities in respect of each of these two Psychiatrists.

Provided by	No. of Clinics	No. of Clinics		Total No. of sessions worked in those Clinics in part-time use during 1970
		In full-time use	In part-time use	
The L.E.A.	8	—	8	418
Other bodies	—	—	—	—

Minor ailments

During the year, 395 children made 852 attendances for the treatment of minor ailments.

Audiology

Close co-operation is maintained with the hospital authorities and the Education Department's staff, which includes peripatetic teachers of the deaf and teachers of the deaf in special Units. Babies are tested for hearing before the age of one year by the Health Visitors, who are specially trained to carry out simple "distraction tests" suitable for children aged 9 to 12 months: any baby who fails the test is referred for more thorough investigation. Children of all ages may have an audiology test at the request of their family doctor, a medical officer or a teacher.

Arrangements have been made for one of the health department's medical staff, Dr. J. Duthie, to devote most of his time to this service; he has reported as follows:-

"In the past year, 198 sessions in clinical audiology were conducted, in the course of which 332 new cases were seen; of these, 118 required the attention of an otologist.

The network for hearing testing in schools was expanded by the appointment of two audiometricians to conduct routine testing of children in schools. Their first three months were spent on introductory observation and practice at audiology clinics and in schools. In September they attended a one-week course at Manchester University which provided theoretical background to their work. The audiometricians embarked on a full programme of work in mid-September, and from then until December 31st six-and-a-half thousand children in the infant schools were tested. The intake of new entrants to infant schools in the county in 1970 was nearly 10,000. It is envisaged that the service should soon be able to spread and include junior sections.

The south of the county has been well established with audiology clinics for some years. In the past twelve months there has been increasing penetration of the north of the county with particular emphasis on areas such as Glossop and Shirebrook. Clinical sessions can be arranged for any area as the demand dictates.

Liaison continues to develop with general medical practitioners, who are making steadily increasing use of the service for infants and school children. The arrangement for attachment of health visitors to

surgeries is probably partly accountable for this. There is also evidence that E.N.T. consultants regard the service as providing useful follow-up work both during treatment and after discharge.

Facilities in clinics have improved from an accoustic standpoint. New clinics of recent design incorporate a specially treated room, and among these are Shirebrook Health Centre, Brimington and Swadlincote Clinics, and the new health centre to be built at Ashbourne. Proposals for the improvement of the testing conditions in older clinics have been submitted by the architects and are at present under consideration.

Educational provision for the partially hearing has been enlarged by the opening in October 1970 of an infant partially hearing unit within the Aldercar Infant School, Heanor. This means that there are now within the county complete facilities for the education of partially hearing children, i.e. units for the four-to sixteen-year-olds, and home training for the infants and children to four years under the peripatetic service."

Visual defects

Ophthalmic treatment is provided at the authority's clinics under two schemes as follows:-

(*i*) *Supplementary Ophthalmic Services*

A medical officer on the Ophthalmic List attended a clinic in the north west of the County, and was paid on a sessional basis by the authority, which recovers from the Supplementary Ophthalmic Services Committee of the Executive Council a fee for each refraction carried out. Prescriptions for glasses are written on a form provided by the Supplementary Ophthalmic Services Committee and sent to the secretary of that committee so that arrangements may be made for the glasses to be provided.

(*ii*) *Hospital Eye Service*

Fifteen eye clinics are conducted by ophthalmic consultants who have contracts with the Sheffield Regional Hospital Board. The spectacles which are prescribed are provided under arrangements made by the hospital and specialist services.

School children, like other members of the community, may consult their own doctors with a view to treatment and glasses being provided under the National Health Service.

Health Visitors are informed of the treatment prescribed for patients who attend the eye clinics, in order that they may be followed up and if there is any neglect in securing the treatment advised a report can be made with a view to the matter being rectified.

Number of clinics	16
Number of sessions held	353
Number of pupils treated	2,991
Total number of attendances ..	4,442

Speech therapy

During the year 661 Derbyshire pupils received speech therapy.

Although the establishment authorises the employment of eleven speech therapists (including one in Chesterfield Excepted District and one at Talbot House Special School), the shortage of candidates is such that at the end of 1970 we had the services of only four part-time officers (equal to 2·3 whole-time) one of whom served on four sessions a week at the special school. The highest number we have ever been able to appoint was six whole-time and two part-time officers.

Maladjusted children

The Sheffield Regional Hospital Board employs two consultant children's psychiatrists, each for 9/11ths of whole-time, the County Council paying 2/11ths of their respective salaries, whose programmes include visits to hospitals, hostels, special schools and the County Council's child guidance clinics. Throughout the year the consultant children's psychiatrist serving in the south of the County was Dr. D. J. Salfield, and in the north-east Dr. R. A. Bugler. With regard to the north-west of the County, the Manchester Regional Hospital Board have not been successful in making arrangements for a consultant children's psychiatrist to attend the authority's clinics at Buxton and Glossop. Cases in this area are referred to the appropriate psychiatrists under the National Health Service. Whilst this cannot be regarded as satisfactory, it was the best solution that could be arrived at under the circumstances. At the end of the year negotiations were still taking place with the Board on this matter.

The County Council's establishment authorises the appointment of nine Educational Psychologists who work partly in the schools psychological service and partly in the child guidance service; four Psychiatric Social Workers; and two non-medical Psychotherapists. At the end of the year we had the services of nine Educational psychologists, one Psychiatric Social Worker and two full-time and one part-time Social Workers.

Dr. R. A. Bugler has provided the following report on the work done in the Child Guidance Service in the North-east of the County during 1970:-

"During the past year we were delighted to welcome Mrs. Jones and Mrs. Thompson, Social Workers, who joined the staff of the Clinic. They have already made a significant contribution and enabled the Clinic to provide a better service.

We occasionally hear that it is felt that we fail to communicate with Headteachers and others in contact with the children and parents that attend the Clinic. We do try to ensure that there is a feed-back, but for various reasons this may not occur, at least within a reasonable time. In any particular case we should be pleased to respond to a request for information, possibly by informal discussion on the telephone.

Brambling House Child Guidance Centre	121
Matlock County Clinic	19
Eckington County Clinic	11
Stretton House	5
Holly House Hostel	4
	160
Total number of interviews with patients at Brambling House	615
Total number of interviews with parents at Brambling House	530."

Dr. D. J. Salfield has provided the following report on the work done in the Child Guidance Service in the South of the County during 1970:-

"The work of the Child Guidance Clinic has become considerably more comprehensive and enlivened by the addition of staff. Mr. Rapkin, Psychiatric Social Worker, started duties on 7th September, 1970, and Mr. Bloom, Educational Psychologist, has been working for the Clinic half time from the 1st September, 1970, spending the rest of his time as a School Psychologist. We have therefore a full traditional child guidance team and can again take into our work more efficiently the whole family and the school.

Co-operation with the Children's Department, and in particular the Children's Reception Home has continued most satisfactorily and the work in Springhill is expanding rapidly so that more staff time is desirable there. Liaison with other services, like paediatricians, etc. has been maintained. All these changes are most pleasing and it is to be expected that the service will soon further develop when the establishment for Clinical Psychologist can be filled.

In the Child Guidance Clinics 114 new cases were seen, referred by: general practitioners—53; educational psychologists—35; speech therapists—3; child care officers—5; school medical officers —9; educational welfare officers—1; hospital doctors—2; health visitors—3; Medical Officer of Health—2; parents—1."

Dental service

Mr. H. E. Gray, the Principal School Dental Officer, has provided the following report:-

"Staff shortage was a constant problem throughout the year and governed the scope and comprehensiveness of the service. The equivalent of full-time staff fell short of the establishment of 21 by approximately two-thirds. At the beginning of January the staff comprised 6 full and 4 part-time officers. Later in the month, this was augmented by another part-time officer, but in February this addition was almost nullified by the loss, for domestic reasons, of a part-time officer appointed six months previously. A further loss occurred in late September by the retirement of a full-time member,

and although there were staffing inquiries and contacts made with county scholarship students nearing qualification, no recruitment resulted and the year ended without further change with the 5 full- and 4 part-time staff, the equivalent of just over 7 full-time officers.

In these circumstances, the general policy of inspection and treatment was to give priority to the primary schools and limit the inspections to as many schools as could be treated in the year. In this way the best use was made of the manpower, and at the same time gave opportunities for the service to be widened, dependant upon the amount of follow-up treatment and the number of children who will not require further attention at subsequent inspections.

The tables in the appendix contain the statistical details of the service and in the following enumeration of the principal items of work, the totals stated are to the nearest hundred.

Inspections. 36,400 children received inspections, 32,100 at school and 4,300 at the clinics. This was apprpximately one third of the school population and was in accord with the available manpower. 18,100 were found with defects and offers of treatment were given to 16,300. Not all the offers were accepted, in some districts they were disappointingly low, over 50% of parents refused or ignored them.

Following the inspections, 9,100 children were treated and made 18,700 attendances. Some had second courses of treatment, 10,000 courses of treatment were begun, 9,300 of which were completed by the end of the year.

The inspections showed the standard of dental fitness to be generally good and the fact that roughly half of those examined did not require treatment was partly due to those who attended their family dentist, a number on a 6 monthly recall system.

Conservation. 10,200 fillings were inserted in permanent teeth and 5,000 in temporary teeth. The number of permanent teeth conserved exceeded those extracted by more than 4 to 1. This ratio could be much improved if it were possible to have shorter intervals between successive school inspections and if those parents who failed to keep appointments realised that later on it was often impossible to save the teeth in question. Some parents still question the need to fill temporary teeth, but when it is pointed out to them that certain of these teeth should remain until about 12 years of age and that their premature loss often affects their successors, they are readily agreeable to have the treatment prescribed.

Extractions were done chiefly under general anaesthetics of which there were 3,700 administrations, the majority being given by the school medical officers. 1,900 permanent and 8,800 temporary teeth were extracted.

Orthodontics. This is a branch of dentistry which deals with the correction of crowded and irregular teeth and malrelationship of the jaws.

Consultant advice or treatment was obtained where necessary, otherwise these patients were treated by the individual officers. Appliances of the removable type were used, and were constructed to specification by a private firm of technicians. This treatment is often lengthy and requires considerable co-operation from both patient and parents, and when completed gives great satisfaction to all concerned.

55 new cases were taken in hand, 58 appliances fitted and 42 patients had treatment satisfactorily completed.

Dentures. A 15 year old pupil had a full denture fitted and 43 others between 10 and 14 years of age had partial dentures supplied to replace front teeth lost chiefly through accidents.

Dental health education was carried out in co-operation with the health education staff and the health visitors and consisted of group talks and films at school, displays and demonstrations, the use of posters, leaflets, booklets and the distribution of dental kits to the younger children.

In some schools periodical lessons in oral hygiene and tooth brush drill were part of the curriculum and in others pupils given dental projects sometimes sought information personally or by letter to the dentist. This was supplied and opportunity taken to stimulate further interest.

Dental health was part of the work of the clinical sessions. Parents were interviewed, treatment explained, problems discussed and advice given on particular needs and care in general.

After long and careful consideration a beginning was made in the autumn with the fluoridation of the water supplies in the southern part of the county. This may well have far reaching effects on the school dental service in the years ahead, such as re-assessment of manpower, with simplification of treatment techniques, less of an ordeal for the patient, less of a strain on the dentist and financial economy, for it is now well established that at home and abroad where the fluoride content of the water has been adjusted, there has been a dramatic reduction of about 60% in dental decay. No other health measure has, so far, been found to have such an influence on the control of decay. Over the years, numerous and careful investigations have been carried out in natural and adjusted fluoride areas and no untoward effects have been observed."

Handicapped pupils

A summary of the return submitted to the Department of Education and Science is given on page 18. This relates to the position in Derbyshire, including Chesterfield Borough Excepted District, during 1970 or on 22nd January, 1971 as the case may be. (The figures in brackets below show the corresponding position a year ago.)

The return as a whole deals with 1,362 children (1,282), of whom 270 (215) were newly assessed as requiring special education. Of the children newly assessed 191 (119) were admitted to special schools, the remaining 79 (30) being added to the waiting lists, which now stand at 92 (80).

Of 1,142 (1,063) pupils placed in special schools, some 90 per cent attend maintained special schools, 7 per cent non-maintained special schools, and 3 per cent independent schools.

The situation remains substantially as for the previous year, one notable point being a slight reduction in the number of educationally subnormal children awaiting placement in special schools despite an increase of 31 in the number of children newly assessed. This reflects the position following the opening of the new Bennerley Fields day special school, Ilkeston, for educationally subnormal pupils in April, 1970.

Return of handicapped children

Catergories	Blind	Partially sighted	Deaf	Partially hearing	Physically handicapped	Delicate	Maladjusted	Educationally sub-normal	Epileptic	Speech defect	Total
For the calendar year ended 31st December, 1970:-											
A. Handicapped pupils newly assessed as needing special education in special schools or boarding homes	3	4	3	10	10	5	45	187	1	2	270
B. (i) Of the children included at A. number newly placed in special schools (other than hospital special schools) or boarding homes	—	1	2	2	8	—	32	146	—	—	191
(ii) Of children assessed prior to January, 1970, number newly placed in special schools (other than hospital special schools) or boarding homes ..	1	—	—	1	9	—	5	42	—	—	58
21st January, 1971:—											
C. (i) Number of handicapped pupils requiring places in special schools											
(a) day places	—	—	—	—	—	—	—	24	—	—	24
(b) boarding	5	5	1	3	12	6	10	22	1	3	68
(ii) Included at C (i) who had not reached the age of 5 and were awaiting											
(a) day places	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places	2	—	—	2	2	—	—	—	—	—	6
(iii) Included at C (i) had been awaiting admission to special schools for more than 1 year											
(a) day places	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places	2	2	—	—	1	—	—	1	—	1	7
D. (i) Were on the registers of special schools (other than hospital schools)											
1. *Maintained*											
(a) day places	—	1	10	—	24	15	76	651	—	—	777
(b) boarding places	12	15	8	4	32	15	34	133	2	1	256
2. *Non-Maintained*											
(a) day places	—	—	8	—	—	—	—	—	—	—	8
(b) boarding places	7	4	26	4	13	4	1	4	5	—	68
(ii) Were on the registers of independent schools, under arrangements made by the Authority	—	—	—	—	11	4	12	6	—	—	33
(iii) Were boarded in homes, and not already included in D (i)	—	—	—	—	—	1	29	—	—	—	30
TOTAL ..	19	20	52	8	80	39	152	794	7	1	1,172
Number of children from the Authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes	24	25	53	11	92	45	162	840	8	4	1,264
On 21st January, 1971, the number of handicapped pupils receiving education under Section 56 of the Education Act, 1944:-											
(i) in groups or units ..	—	—	—	—	3	—	19	—	—	—	22
(ii) at home	—	—	—	—	13	2	5	4	—	1	25

Health Education

The part health education has to play in a child's growth towards maturity is now becoming widely recognised in schools and this is reflected in the spiralling demand for the services of the health education section.

During the course of their routine visits to schools the staff of the Department are all involved in health education on a personal level at all times, and the value of this contribution is frequently overlooked. On a more formal level, the programme in schools is organised in two ways. In most schools health education is carried out at all levels by the Health Visitors, with a contribution on dental health by the department's Dental Officers. The high level of activity established in previous years has been maintained with just over 4,000 film shows and lectures being given in schools on subjects ranging through the whole field of health education. Special emphasis is laid on the health hazards of smoking, and of the total 391 lectures were given on this subject. Drug abuse (269 lectures), and sex education and personal hygiene, including venereal disease (723 lectures), also formed important parts of the programme.

A number of the Health Visitors have a special interest in this work and have developed complete programmes within the time-tables of some schools in their areas. Using techniques appropriate to the children concerned they range from simple talks and competitions in infant and junior schools through classroom and project work in secondary schools to fully fledged lecture sessions in colleges of further education.

In about one-third of the secondary schools, health education is carried out almost entirely by the teaching staff, with the advice and assistance of the health education section, and very full use is made of the services available. On occasion Health Visitors, School Medical Officers etc. are called upon as lecturers when the teacher feels that specialist knowledge would be an advantage.

The participation of increasing numbers of teachers in the schools programme has led to a corresponding growth in the provision of the visual aids required. There is also a steadily rising demand for information on the subject of health education as a whole, as well as on its individual topics, by both teachers and student teachers, as they become increasingly aware of the importance of systematic health education.

Immunisation against infectious diseases

The health authority has arrangements under which children may be immunised against certain infectious diseases. The following table shows the numbers of children between five and fifteen years of age who were immunised during the year:-

	Primary immunisation	*"Booster" doses*
Diphtheria	737	7,349
German measles ..	1,338	
Measles	2,775	
Poliomyelitis	731	8,652
Smallpox	770	534
Tetanus	1,386	8,020
Whooping cough	324	2,115
B.C.G. (tuberculosis) ..	3,872	

Medical examinations of children for employment

During the year, 202 pupils were examined who desired to undertake part-time employment. A certificate of fitness was given in every case.

Medical examination of teachers

The following examinations were carried out during the year:-

Entrants to colleges of education, departments of universities and approved art schools	645
Entrants to the teaching profession ..	57
X-ray examinations of entrants to the teaching profession, temporary teachers and entrants to colleges of education ..	203

Report from the Excepted District of Chesterfield

The following report has been received from Dr. H. Bailey, the Borough School Medical Officer, concerning the Excepted District of Chesterfield:-

"The general health of the school children attending Borough schools remains satisfactory. 3,112 pupils were examined and of these, 361 were found to require treatment.

More cases of scabies were treated during 1970 than in the past few years.

There were 29,450 individual examinations for infestation and 141 were found to be infested with head lice; this is a decrease on the previous year.

Audiometric screening tests continue to be done by School Health clerks and any child failing the test is seen by the school doctor and treatment arranged where necessary. Those children requiring special educational treatment are admitted to the Partially Hearing Units within the Borough, or to residential schools for the deaf, depending on the degree of impairment.

The Children's Centre and the Frank Merifield School continued to provide a service for the emotionally handicapped children.

Difficulties were again experienced during the year in the provision of speech therapy services, owing to the national shortage of qualified personnel. Similar difficulties were also experienced in the recruitment of medical staff, but due attention has been given to the assessment of handicapped pupils, as this would appear to be the more important function of the School Health Service.

No change has taken place in dental staffing and the dental health of school children was maintained at a high level. It has been found possible to continue the dental health talks to school children and to distribute dental kits to the school entrants; this appears to encourage children to develop an interest in their own teeth."

APPENDIX A

TABLES OF THE DEPARTMENT OF EDUCATION AND SCIENCE

Medical Inspection and Treatment—Return for the year ended 31st December, 1970—Local Education Authority, Derbyshire.

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1971, 112,735.

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

(including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	*No. of Pupils who have received a full medical examination*	Physical condition of pupils inspected		*No. of pupils found not to warrant a medical examination*	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	*Unsatisfactory*		*For defective vision (excluding squint)*	*For any other condition recorded at Part II*	*Total Individual pupils*
		No.	*No.*				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1966 and later	642	636	6	—	14	79	91
1965	3,466	3,446	20	—	117	553	788
1964	2,816	2,808	8	—	101	452	596
1963	973	966	7	—	39	126	151
1962	475	462	13	—	24	75	76
1961	351	336	15	—	26	108	131
1960	388	377	11	—	21	96	114
1959	1,745	1,731	14	—	109	263	332
1958	1,386	1,381	5	—	86	170	246
1957	699	692	7	—	51	84	150
1956	1,192	1,188	4	—	133	164	278
1955 and earlier	1,865	1,858	7	—	173	198	329
TOTAL ..	15,998	15,881	117	—	894	2,368	3,282

Column (3) total as a percentage of Column (2) total 99·27%
Column (4) total as a percentage of Column (2) total 0·73%

TABLE B—OTHER INSPECTIONS

Number of special inspections ..	1,108
Number of re-inspections	3,289
Total ..	4,397

TABLE C—INFESTATION WITH VERMIN

(*a*)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	140,052
(*b*)	Total number of individual pupils found to be infested	1,799
(*c*)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(*d*)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

PART II—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

NOTE : All defects, including defects of pupils at Nursery and Special Schools, noted at periodic and special medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	*Defect or Disease* (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTION
			Entrants	*Leavers*	*Others*	*Total*	
4	Skin	T	141	94	98	333	18
		O	126	40	54	220	13
5	Eyes: (*a*) Vision ..	T	271	266	357	894	131
		O	526	274	301	1,101	50
	(*b*) Squint ..	T	106	15	33	154	16
		O	36	18	39	93	6
	(*c*) Other ..	T	21	16	20	57	4
		O	25	16	15	56	6
6	Ears: (*a*) Hearing ..	T	85	22	38	145	70
		O	219	34	46	299	100
	(*b*) Otitis Media	T	30	10	12	52	4
		O	88	5	17	110	5
	(*c*) Other ..	T	6	8	12	26	6
		O	35	2	7	44	4
7	Nose and Throat ..	T	135	6	28	169	10
		O	370	22	93	485	17
8	Speech	T	72	4	23	99	26
		O	161	10	49	220	31
9	Lymphatic Glands ..	T	26	1	1	28	1
		O	247	1	25	273	2
10	Heart	T	25	4	13	42	4
		O	88	15	29	132	9
11	Lungs	T	95	20	56	171	10
		O	154	22	45	221	13

Defect Code No. (1)	*Defect or Disease* (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTION
			Entrants	*Leavers*	*Others*	*Total*	
12	Developmental: (*a*) Hernia	T	19	3	6	28	3
		O	69	1	20	90	—
	(*b*) Other	T	43	12	43	98	10
		O	125	15	47	187	5
13	Orthopaedic: (*a*) Posture	T	10	7	2	19	5
		O	52	13	18	83	6
	(*b*) Feet . .	T	131	26	89	246	11
		O	156	44	58	258	12
	(*c*) Other	T	46	19	48	113	12
		O	221	22	59	302	10
14	Nervous System: (*a*) Epilepsy	T	18	5	15	38	12
		O	12	1	7	20	7
	(*b*) Other . .	T	24	3	16	43	9
		O	50	6	21	77	3
15	Psychological: (*a*) Development	T	42	2	128	172	36
		O	84	18	88	190	23
	(*b*) Stability . .	T	38	8	37	83	37
		O	160	5	31	196	39
16	Abdomen	T	20	4	6	30	5
		O	20	8	9	37	1
17	Other	T	117	19	43	179	19
		O	154	28	71	253	14

PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (including Nursery and Special Schools)

NOTES—This part of the return gives the total numbers of—
(i) cases treated or under treatment during the year by members of the Authority's own staff;
(ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
(iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	4
Errors of refraction (including squint) ..	3,566
Total ..	3,570
Number of pupils for whom spectacles were prescribed	846

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(*a*) for diseases of the ear	24
(*b*) for adenoids and chronic tonsilitis	367
(*c*) for other nose and throat conditions	19
Received other forms of treatment ..	27
Total ..	437
Total number of pupils still on the register of schools at 31st December, 1970, known to have been provided with hearing aids—	
(*a*) during the calendar year 1970 ..	11
(*b*) in previous years	56

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(*a*) Pupils treated at clinics or out-patients departments	17
(*b*) Pupils treated at schools for postural defects	8
Total ..	25

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm—(*a*) Scalp	—
(*b*) Body	1
Scabies	44
Impetigo	2
Other skin diseases	235
Total ..	282

TABLE E—CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics ..	685

TABLE F—SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists ..	661

TABLE G—OTHER TREATMENT GIVEN

	Number known to have been treated
(*a*) Pupils with minor ailments	395
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	—
(*c*) Pupils who received B.C.G. vaccination	3,872
(*d*) Physiotherapy at special schools ..	32
Total (*a*)-(*d*) ..	4,299

SCREENING TESTS OF VISION AND HEARING

	Whole County Excluding Chesterfield Excepted District	*Chesterfield Excepted District*
1. (*a*) Is the vision of entrants tested as a routine within their first year at school	Yes.	Yes.
(*b*) If not, at what age is the first routine test carried out?		
2. At what age(s) is vision testing repeated during a child's school life?	Age of 8, 10, 11, 14, 15, 16 years.	Age of 6, 8, 10, 11, 14, 15 years.
3. (*a*) Is colour vision testing undertaken?	Yes.	Yes.
(*b*) If so, at what age?	10-11 years.	10-11 years.
(*c*) Are both boys and girls tested? ..	Yes.	Yes.
4. (*a*) By whom is vision testing carried out?	Referred cases by School Medical Officer.	School Health clerks.
(*b*) By whom is colour vision testing carried out?	Referred cases by School Medical Officer.	School Health clerks, doubtful cases checked by School Medical Officer.
5. (*a*) Is routine audiometric testing of entrants carried out within the first year at school?	Yes.	Yes, if referred as special cases.
(*b*) If not, at what age is the first routine audiometric test carried out?		6-7 years.
(*c*) By whom is audiometric testing carried out?	Referred cases by School Medical Officer.	School Health Clerks. Children failing screen test at school referred to School Medical Officer for further audiometry. Special cases referred for joint consultations with School Medical Officer and Teacher of the Deaf.

SCHOOL DENTAL SERVICE

1. STAFF

	Number of Officers	Total full-time equivalent inclusive of extra paid sessions worked.		
		Administrative duties	Clinical duties	
			School service	M. & C.W. service
Dental Officers employed on a salary basis:				
Principal School Dental Officer	1	0·4	0·5	0·1
Dental Officers (including orthodontists)	4	—	4·2	0·1
Dental Officers employed on a sessional basis (including orthodontists)	4	—	1·8	0·1
Total	9	0·4	6·5	0·3

Other Staff	Number	Full-time equivalent
*Dental Technicians	—	—
Dental Surgery Assist'ts ..	10	7·9

*Work done by private dental laboratory.

2. SCHOOL DENTAL CLINICS

	Fixed Clinics				Mobile Clinics		
	No. with ONE surgery only	No. with TWO or more surgeries	Total number of surgeries		Total number of clinics		Total number of sessions worked in 1970
			Available	In use	Available	In use	
Provided directly by the Authority	18	2	22	13	—	—	—

3. INSPECTIONS

(*a*)	First inspection at school. Number of Pupils ..	32,141
(*b*)	First inspection at clinic. Number of Pupils ..	4,281
	Number of (*a*)+(*b*) found to require treatment ..	18,126
	Number of (*a*)+(*b*) offered treatment	16,317
(*c*)	Pupils re-inspected at school or clinic	1,423
	Number of (*c*) found to require treatment ..	938

4. VISITS (for treatment only)

	Ages 5 to 9	*Ages 10 to 14*	*Ages 15 and over*	*Total*
First visit in the calendar year	5,304	3,367	485	9,156
Subsequent visits	4,803	4,089	657	9,549
Total visits	10,107	7,456	1,142	18,705

5. COURSES OF TREATMENT

Additional courses commenced	472	314	44	830
Total courses commenced ..	5,776	3,681	529	9,986
Courses completed	—	—	—	9,323

6. TREATMENT

Fillings in permanent teeth ..	2,774	6,184	1,251	10,209
Fillings in deciduous teeth ..	4,750	340	—	5,090
Permanent teeth filled ..	2,340	5,376	1,098	8,814
Deciduous teeth filled ..	4,401	318	—	4,719
Permanent teeth extracted ..	313	1,375	240	1,928
Deciduous teeth extracted ..	6,779	2,087	—	8,866
Number of general anaesthetics	2,521	1,106	88	3,715
Number of emergencies ..	266	138	17	421

Number of pupils x-rayed	29
Prophylaxis	3,434
Teeth otherwise conserved	3,271
Teeth root filled	5
Inlays	—
Crowns	8

7. ORTHODONTICS

New cases commenced during the year ..	55
Cases completed during the year	42
Cases discontinued during the year	1
Number of removable appliances fitted ..	58
Number of fixed appliances fitted	—
Number of pupils referred to Hospital Consultants	21

8. DENTURES

Number of pupils fitted with dentures for the first time:-	*Ages 5 to 9*	*Ages 10 to 14*	*Ages 15 and over*	*Total*
(*a*) with full denture ..	—	—	1	1
(*b*) with other dentures ..	1	31	10	42
Total ..	1	31	11	43
Number of dentures supplied (first or subsequent time) ..	1	31	11	45

9. ANAESTHETICS

Number of general anaesthetics admistered by Dental Officers 1,241

10. SESSIONS

	Administrative sessions	Number of clinical sessions worked in the year					*Total sessions*
		School Service			*M. & C.W. Service*		
		Inspection at School	*Treatment*	*Dental Health Education*	*Treatment*	*Dental Health Education*	
Dental Officers (incl. P.S.D.O.)	148	223½	2,783½*	62½	100	not apportionable	3,317½
Dental Auxiliaries	—	—	—	—	—	—	—
Dental Hygienists ..	—	—	—	—	—	—	—
Total	148	223½	2,783½	62½	100	not apportionable	3,317½

*includes 131 dental officer anaesthetist sessions.

11. DENTAL HEALTH EDUCATION

Dental Health Education comprising:- group talks to children and expectant mothers; Use of charts, posters and films in school and at ante-natal clinics; Demonstrations and displays; Use of dental exhibition caravan; Distribution of literature, booklets and dental kits; Instruction to student teachers. Dental Health Month held in co-operation with health education staff and health visitors with widespread publicity on all aspects of dental health.

APPENDIX B

MEDICAL AND DENTAL STAFF

(at 31st December, 1970)

COUNTY MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

A. H. SNAITH, M.D., F.R.C.Path., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

P. K. SYLVESTER, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.R.C.O.G., D.P.H.

SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH

JULIA M. D. CORRIGAN, M.B., B.Ch., B.A.O., D.P.H.

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER FOR CHESTERFIELD BOROUGH

H. BAILEY, M.B., Ch.B., D.P.H.

DEPARTMENTAL MEDICAL OFFICERS

KATHLEEN M. BELK, M.B., Ch.B. (part-time)
MARGARET CAMERON, M.B., Ch.B. (part-time)
*MARGARET J. CASH, M.R.C.S., L.R.C.P., D.P.H. (part-time)
*A. F. CROWLEY, M.B., B.Ch., B.A.O., D.R.C.O.G., D.P.H. (part-time)
BARBARA M. DANCE, M.B., Ch.B. (part-time)
J. DUTHIE, M.B., Ch.B.
HAZEL M. FEARN, M.B., Ch.B.
J. A. GAWTHORPE, M.B., Ch.B.
WINIFRED GOW, M.B., Ch.B.
EVELYN B. HORTON, M.B., Ch.B. (part-time)
J. A. HOWE, M.B., Ch.B., L.R.C.P., M.R.C.S. (part-time)
MARY HUGHES, M.B., Ch.B. (part-time)
JOAN B. M. LEITH, M.B., B.Ch., B.A.O. (Chesterfield Borough)
HELEN J. McGRATH, M.B., Ch.B. (part-time)
MAITRAYEE MITRA, M.B., B.S. (part-time)
*W. J. MORRISSEY, M.B., B.Ch., B.A.O., D.P.H. (part-time)
*H. E. NUTTEN, M.B., Ch.B., D.P.H. (part-time)
ELEANOR M. SINGER, M.Sc., L.R.C.P., M.R.C.S., D.C.H. (part-time)
HELEN B. SPINK, M.R.C.S., L.R.C.P. (part-time)
TEISI URTSON, Med-Dip. (University of Tartu)
*P. WEYMAN, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H. (part-time)
*C. G. WOOLGROVE, M.B., Ch.B., D.P.H.

*Also District Medical Officer of Health.

DENTAL STAFF

Chief Dental Officer: H. E. GRAY, L.D.S.

Area Dental Officers: J. S. BENNETT, B.D.S.
EDITH M. HAGUE, L.D.S.

Dental Officers:
PATRICIA M. CADDICK, B.D.S. (Part-time)
VIVIENNE B. SHUFF, B.D.S. (Part-time)
SHEILA D. WELBOURN, B.D.S. (Part-time)
IRENE M. KELLY, B.D.S. (Part-time)

Chesterfield Borough: C. C. GRANT, L.D.S., Senior Dental Officer
W. F. O'DALY, L.D.S.

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