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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 1971

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

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4th August, 1972.

*To the Chairman and Members of the
Derbyshire Education Committee.*

The work of the school health service was reviewed in detail during the course of the year and in November a report about it was made to the Special Services Sub-committee of the Education Committee. The basic obligation of the school health service is to provide routine medical examinations for a school population of 100,000 children, involving some 30,000 examinations each year by doctors. In addition some 4,000 children are required to be seen because of handicap. These children also involve a substantial volume of work for doctors visiting homes to talk to parents, discussions with teachers and educational psychologists, visits to special schools, attendance at admission panels and so on.

It was pointed out that the most important work of the school health service is to identify children with medical problems as soon as possible and to devote the necessary time to studying their special medical and educational needs in co-operation with the teaching profession. It was thought that much of the time spent on the routine medical examination of normal children could be better used.

A developmental paediatric scheme for pre-school children was designed in 1971 and implemented early in 1972. The medical staff of the department were specially trained in the techniques of developmental paediatrics by consultants at the Derbyshire Children's Hospital. These techniques aim to detect handicap at a very early age, well before the child goes to school. It was hoped that in 1972 this system would become well established and in the academic year 1972/73 a consultancy system would gradually replace the present school medical examinations for all children after the school entry examination. This should permit far closer contact between doctors and teachers in schools.

At the time of writing good progress has been made with the plan proposed, and there is confidence that when the health service and the local government services are re-organised in 1974 the new system will be established and the closest co-operation between the health and education authorities will take place.

The dental service was also reviewed and plans made for the re-organisation and modernisation of the service, its re-equipment, and an increase in the staff towards the required establishment. At the time of writing the number of school dental surgeons in Derbyshire has increased from 7 to 14, and it is hoped that during the course of the next year this number will again increase very

substantially as new staff come into the service. It is pleasing to record that close links have been made with Sheffield University dental school and the University Department of anaesthetics, and I am extremely grateful to Professor P. A. Bramley, Dean of the Dental School, Professor P. H. Burke, Professor of Preventive Dental Health, and Professor J. A. Thornton, Head of the Department of Anaesthetics, for their advice and support.

In collaboration with staff of the Education Department plans were made for the provision of increased health education in schools. A working party was established to go into the subject in detail and it is hoped that in the academic year 1972/73 the fruits of their work will begin to appear.

An increased number of routine medical inspections was carried out during the year—just over 20,900 pupils were examined, 4,930 more than in 1970. Altogether, nearly 4,000 children were noted as requiring treatment for various conditions, but less than 50 of them were regarded as being in an unsatisfactory physical condition. Reports received from the individual school doctors show that the health and well-being of the pupils is in general good. Very little scabies or impetigo was seen. Last year it was necessary to comment on an increase in the number of pupils found to be infested with nits and head lice. There was a slight improvement in 1971, but the number found was still 700 more than the figure for 1968.

A counselling service for mature students was introduced at the Matlock Training College. Departmental medical officers hold special clinics to advise students about their particular problems.

A senior speech therapist has been appointed from May, 1972, and a serious effort is being made to attempt to increase the number of speech therapists, which remains well below the establishment.

I wish to thank the Chairman of the Education Committee and the Chairman of the Special Services Sub-committee for their interest and support. I am grateful to the Director of Education and members of his staff for their ready co-operation at all times.

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 1971 was as follows:-

Municipal Boroughs	..	..	148,410
Urban Districts	..	..	240,270
Rural Districts	..	..	276,950
			<hr/>
Total administrative county	..		665,630

The rateable value on 1st April, 1971, was £24,303,298, and the product of a 1p rate, £231,964.

Schools and boarding homes

			<i>Number on register 1/9/71</i>
Number of primary schools	..	404	67,528
Number of secondary schools	..	86	43,665
			<hr/>
			111,193
Number of nursery schools	..	1	71
Number of nursery classes	..	22	688
			<hr/>
			759

DAY SPECIAL SCHOOLS:

Educationally subnormal	7	883
Maladjusted	1	94
ESN/Maladjusted ..	1	36

CENTRES	4	95
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RESIDENTIAL SPECIAL SCHOOLS:

Educationally subnormal	3	243
Maladjusted	1	30
Cerebral palsy	1	30
Hospital	2	115

BOARDING HOMES (maladjusted)	2	48
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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, 1971 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 ..	12	8	8.99	4.1
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 ..	7	—	1.9	—
(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	88	6	27.60	2.7
(ii) Nurses NOT holding Health Visitors Certificate				
(a) employed solely in clinics	—	—	—	—
(b) employed in clinics and elsewhere	6	—	4.8	—
(iii) Nurses' assistants—				
(a) employed solely in clinics	—	—	—	—
(b) employed in clinics and elsewhere	12	4	10.6	1.0
(c) Other Staff:-				
(i) Senior Speech Therapist ..	—	—	—	—
(ii) Speech Therapist ..	1	3	2.8	7.2
(iii) Assistant Speech Therapist ..	—	—	—	—
(iv) Audiometricians	2	—	2	—
(v) Chiropodists	—	—	—	—
(vi) Orthoptists	—	—	—	—
(vii) Physiotherapists	—	—	—	—

General condition of pupils

Just over 20,900 pupils were examined at routine school medical inspections (4,930 more than in 1970). Only 46 children (0.22% of those examined) were classified as being in an "unsatisfactory" physical condition, compared with 0.73% last year and 0.38% in 1969. A total of 3,948 children were found to require treatment for a variety of conditions (just under 19%, compared with 20.5% last year). Details of the defects found are given in Appendix A of this Report.

Infestation with vermin

During the course of just over 123,000 inspections and re-inspections of pupils, the Health Visitors/School Nurses discovered 1,682 individual children to have either nits or lice in their hair. This is 117 less than last year, but is still more than 700 higher than the figure for 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

The number of swimming pools at schools is gradually increasing. At the end of the year the total had reached 13, an increase of three on the previous year. The full list reads as follows:-

Indoor heated :

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

Outdoor unheated:

Ashbourne Bath;
Ecclesbourne County Secondary School, Duffield.

Outdoor heated:

Hope Valley College.

Of this list, eight are learner-type pools (Purley).

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. 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.

As reported last year, bacteriological sampling has been suspended as a routine, but is done when special circumstances warrant it. Chemical sampling is done occasionally. Thirty-eight bacteriological samples were taken and five chemical ones.

General hygienic conditions continue to be satisfactory and the County Health Inspector receives every co-operation from head teachers and attendants in the effort to achieve high standards at the school baths.

Mention was made last year of the "Mermaid" fibre glass filter at the Ironville and Codnor Park School. Experience has shown that with the present bathing load this filter is adequate, provided the fibre glass pads are regularly cleaned and renewed as required.

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:-

<i>Baths and size in gallons</i>	<i>Attendances</i>
Ashbourne (57,000)	18,316
Ilkeston (Bennerley) (13,500)	14,300
Ironville and Codnor Park (13,500)	4,052
Long Eaton (Brooklands) (11,000)	20,000 (estimated)
Long Eaton (Sawley) (13,500)	13,251
New Mills (20,000)	8,600
Sandiacre (13,500)	2,175 (from November)
Swadlincote (33,000)	24,833
Tupton Hall (33,000)	42,953
Whaley Bridge (13,500)	1,206 (from July)

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

The following table gives particulars of the meals and milk provided on a day in October, 1971:-

	Primary Schools	Secondary Schools
Number of children present	57,810	35,394
<i>Meals provided:</i>		
No. of meals	44,199	21,098
% of number present ..	76.45%	59.61%
<i>Milk provided:</i>		
Number of bottles ..	23,125	—
% of number present ..	40%	—

From September, 1971, school milk is supplied free of charge to children attending special schools, and in the case of those attending ordinary schools up to the end of the summer term next after they reach seven years of age. Children aged seven to eleven years (inclusive) are entitled to receive free milk if a school medical officer certifies that the pupil's health requires such provision. School medical officers have been requested to identify such children; head teachers have been asked to bring to the attention of the school health service any child who they feel should be examined in this connection. At the end of the year, 295 children were receiving free milk on health grounds.

Source and quality of supplies of milk

The Education Committee endeavours at all times to obtain the highest grades of milk. At the end of 1971, out of 406 establishments (including independent schools), 400 were receiving pasteurised milk.

There are five sources supplying raw untreated milk to six schools, including an independent school. This situation is carefully watched and efforts are made to substitute pasteurised milk wherever possible. One such change was made during the year.

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 63 suppliers of milk to schools under the Milk-in-Schools Scheme, but only 22 sources of supply, including the five 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
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	
Pasteurised	51	1	—	—	—	—	52
Untreated ..	—	—	—	—	7	—	7

The one phosphatase test failure—the first from a school milk sample for some years—was from milk processed in a “holder” type plant in a County establishment. Checks showed that there had been lack of supervision of the time/temperature control. As two dealer samples taken the same day failed similarly, action to deal with the matter was carried out under the Milk (Special Designation) Regulations.

Clinics

Brimington clinic

A new clinic at Church Street, Brimington, was completed and came into operation in February, 1971.

Eckington clinic/health centre

The existing clinic at Gosber Street, Eckington, has been 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, and came into use as a health centre in October, 1971.

Ashbourne health centre

Work commenced in January, 1972, on 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 new health centre is expected to be completed by December, 1972.

Chesterfield borough—health centre

A health centre is to be erected on a site at Saltergate, Chesterfield, to provide accommodation for 12 general medical practitioners and facilities for the local authority's health services.

Tibshelf health centre

It is proposed to provide a health centre by an extension based on the existing modern purpose-built doctors' surgery in High Street, Tibshelf, thus providing facilities for the local authority health services as well as the three general practitioners.

Clowne health centre

The existing clinic at Clowne is to be adapted and extended to provide a health centre for three general medical practitioners in addition to the present local health authority 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, 1971: 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, 1971 27

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

<i>Examination and/or treatment</i>	<i>Number of premises available as at 31st December, 1971</i>
Minor ailment	26
Audiology	22
Audiometry	22
Ophthalmic	19
Speech therapy	9
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, 1971.

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	8	—	8.0
a. working in Child Guidance Clinics	—	—	2.1
b. working in School Psychological Service	—	—	5.9
iii. Psychiatric Social Workers	1	—	1.0
iv. Psycho-therapists	—	—	—
v. Social Workers — Unqualified	—	1	0.7
vi. Remedial Teachers	15	—	15.0
vii. Others (excluding clerical staff)	—	—	—

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.	11	—	11	512
Other bodies	—	—	—	—

Minor ailments

During the year, 315 children were treated for 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 his time to this service; he has reported as follows:-

"The audiology service has continued to function during 1971 on the lines established in the previous year and which were indicated in the report for 1970.

During 1971 the number of clinical sessions conducted was 214, in the course of which 998 children were seen. Of these there were 546 new referrals. The number of cases closed was 195.

Of the 546 new cases 130 were found to have significant hearing impairment in the following distributions:-

Bilateral conductive deafness	..	99
Bilateral perceptive deafness	..	11
Monaural perceptive deafness	..	20

Altogether 180 cases were referred for the opinion of an otologist.

The number of children fitted with hearing aids in 1971 was as follows:-

Pre-school children	..	11
Children in ordinary schools	..	24"

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	..	..	..	314
Number of pupils treated	..	..	..	2,365
Total number of attendances	..	..	..	3,708

Speech therapy

During the year 635 Derbyshire pupils received speech therapy.

The establishment authorises the employment of eleven speech therapists (including one in Chesterfield Excepted District and one at Talbot House Special School). At the end of 1971 we had the services of five officers (equal to 3.2 whole-time), one of whom served on four sessions a week at the special school.

Maladjusted children

The Sheffield Regional Hospital Board employs two consultant children's psychiatrists, each for 9/11ths of whole-time, 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. Salfeld, 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.

Negotiations are 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 eight Educational Psychologists, one Psychiatric Social Worker and one part-time Social Worker.

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 1971:-

"Regrettably, one must first record that our two Social Workers, Mrs. Jones and Mrs. Thompson, have left. Their help was invaluable and their loss has meant a reduction in the time we can give and the interest that we can bring to bear on any given case.

We welcome Mrs. Woods, our new Secretary, and look forward to a happy relationship.

Our associations and contacts with other departments have necessitated meeting old friends in new places, and finding alternative channels for contact with the newly formed Department of Social Services. We hope and look forward to closer contact in the coming years with its officers.

The residential places available at Stretton House for referral of disturbed boys are invaluable. We can only hope that they will be increased during the coming years and that admission to them will be seen by the parents as an advantage in increasing the child's maturity and not as an action of punishment.

Brambling House Child Guidance Centre	126
Matlock County Clinic	10
Eckington County Clinic	3
Stretton House	5
Holly House Hostel	7
	<hr/>
	151
	<hr/>

Total number of interviews with patients at	
Brambling House	550
Total number of interviews with parents at	
Brambling House	432"

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 1971:-

"We are fortunate in having acquired the services of Mrs. Dexter, Social Worker, who started her duties in June, 1971. The Psychological Service is now taken care of by Mr. Jeffrey, who

unfortunately cannot give us all the time he really would need. We are therefore fortunate in continuing as a full Child Guidance Team, although not yet working at full strength.

The types of children referred to the Child Guidance Clinic have remained very much the same as before, although there is a considerable variation from year to year as to the source of referrals, which is possibly explained by the small total number of referrals, which has remained fairly constant. The year before there were 114 new cases, and last year 118.

Co-operation with various Welfare Departments has continued satisfactorily and has been frictionless and satisfying."

Dental service

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

"A better staffing position in 1971 brought about a marked improvement and expansion of the school dental service. There were no staff losses and six new officers were recruited which brought the total staff to 15, the highest for a number of years. Nine were whole-time and 6 part-time, giving an equivalent of 12 whole-time officers. Of the new staff, 4 were whole-time and 2 part-time. One whole-time and one part-time commenced duty in the first half of the year and the others in the second half. Two more part-time appointments were made for duty to begin early in 1972.

To assist the new staff, additional whole-and part-time dental surgery assistants were required and were obtained without undue difficulty.

As unstaffed clinics became operative, the general anaesthetic machines previously in use were replaced by up-to-date models incorporating special safety devices. This was the continuation of a policy to equip all the clinics to a high standard for general anaesthetic work. High vacuum aspiratory apparatus was also acquired as a further safeguard in extraction work under general anaesthesia and as an additional aid in conservative work with water-cooled high speed drills.

The initial steps of a scheme to modernise the clinics to present-day standards were put in hand. Renewal of equipment will be phased over a period of time on a priority basis. The major items will be improved high speed drills, better operating lights, motorised dental chairs of the couch type which adapt to the body and can be used in various positions from the upright to the horizontal.

This will facilitate the introduction of four handed dentistry in which the dental surgery assistant plays a much more active part in the operative procedures. The design of this equipment is such that both the dentist and assistant can work in the seated position with greater efficiency and less fatigue.

These alterations are considered necessary to keep abreast of modern dentistry, provide a first class service, attract staff and encourage them to make a career in the school service.

The detailed statistics of the year's work are given in the tables of the appendix; those in the paragraphs which follow are in round numbers:-

Of the school population of 110,000, 49,730 had inspections, 45,770 at school and 3,960 at the clinics. This was 45% of the enrolment compared with 33% in 1970. In addition, 2,470 had re-inspections, some at school others at the clinics. 25,800 were found with defects and offers of treatment given to 23,800. Acceptances varied from district to district and those from the secondary schools were generally much lower than from the primary schools. This followed the pattern of previous years and again it was noted that many children attended their family dentist.

The increase in the number of inspections, 13,300 would have been greater if the augmented staff had been effective for the whole year and, granted stability, a greater improvement can be expected in 1972.

The staff being still short of establishment, the policy of limiting the number of schools which could be inspected and treated yearly was continued, with priority given to the primary schools. This did not necessarily exclude secondary schools as the response to the offers of treatment governed the number to be treated and the rate of getting round the schools in a catchment area.

The number of children treated was 12,470 and they made a total of 23,000 attendances, increases of 3,320 and 4,320 respectively over 1970. 10,000 courses of treatment were completed, including some second courses for children re-inspected. There was the usual number who failed to return for completion and were a disappointment after the efforts expended.

The bulk of the treatment consisted of fillings, extractions, prophylaxis and to a lesser extent the provision of dentures and orthodontic treatment.

In the conservative work, 21,680 fillings were done (an increase of 7,150), 13,190 for the preservation of permanent teeth and 8,500 for temporary teeth. The ratio of permanent teeth saved to permanent teeth lost, which rose from 4 to 1 to 6 to 1 approximately, showed that more timely preventive treatment was carried out.

The amount of extraction work varied little from 1970 and was done chiefly under general anaesthesia, with Halothane used as an adjunct to the "gas" and oxygen. There were 3,410 administrations and occasionally intra-venous anaesthetics were used for special cases.

8,460 temporary and 1,940 permanent teeth were extracted. Some of the permanent teeth were sound teeth, removed in the course of orthodontic treatment, to relieve overcrowding or balance the dentition after the loss of other teeth through decay.

Orthodontic treatment (the correction of irregularities of the teeth and jaws) continued at a slightly higher level. Seventy-four new cases were taken in hand, some of them requiring lengthy treatment. Twenty-seven others of a more complicated nature were dealt with by the hospital consultant and specialist services. The corrective appliances used were of the removable type, and made to specification by a private dental laboratory. By the end of the year twenty-one cases had been satisfactorily completed while six failed to continue treatment. The successful outcome of this work requires close co-operation from both parent and patient.

Dentures were supplied to 61 children; one aged fifteen required a full denture and the others between 10 and 14 years of age had partial dentures fitted to replace front teeth, most of which were lost through accident.

Dental health education has been part of the service for many years and was carried out on as large a scale as possible, the efforts being directed to imparting knowledge of the teeth and methods of home care. Use was made of posters, charts, friezes and models supplemented by gifts of tooth brushes, paste and beakers to the younger children. Film shows and talks were given at schools, ante-natal clinics and associations such as young mothers' clubs.

The work was co-operative and thanks are due to the staff of the health education section who maintained a steady supply of materials and films, to school staff who helped with arrangements and to those health visitors who undertook this work in addition to their own duties."

Handicapped pupils

The following table sets out a summary of a return recently submitted to the Department of Education and Science, relating to the position in Derbyshire, including Chesterfield Excepted District, during 1971, or on 20th January, 1972, as the case may be, and the figures in brackets show the corresponding position a year ago.

The return as a whole deals with 1,705 children (1,362) of whom 234 (270) were newly assessed as requiring special education. Of the children newly assessed 171 (191) were admitted to special schools together with 56 (58) who were already on waiting lists. There are now 56 (92) children awaiting places in special schools.

Of 1,395 (1,142) pupils placed in special schools some 92% attend maintained special schools, 6% non-maintained special schools, and 2% independent schools.

The transfer of responsibility for 374 mentally handicapped children from the County Health Committee and the Hospital Service to the Education Committee on 1st April, 1971 is reflected in these figures. These children have been placed in the "educationally subnormal" category.

Return of handicapped children

Categories	Blind	Partially sighted	Deaf	Partially hearing	Physically handicapped	Delicate	Maladjusted	Educationally sub-normal	Epileptic	Speech defect	Total
For the calendar year ended 31st December, 1971:-											
A. Handicapped pupils newly assessed as needing special education in special schools or boarding homes	6	5	14	8	11	6	28	152	1	1	232
B. (i) Of the children included at A. number newly placed in special schools (other than hospital special schools) or boarding homes	2	3	9	8	8	4	24	113	—	—	171
(ii) Of children assessed prior to January, 1971, number newly placed in special schools (other than hospital special schools) or boarding homes ..	2	2	—	7	1	3	8	32	—	1	56
20th January, 1972:-											
C. (i) Number of handicapped pupils requiring places in special schools											
(a) day places	—	—	—	—	—	—	—	24	—	—	24
(b) boarding	6	5	3	1	4	2	4	4	1	1	31
(ii) Included at C (i) who had not reached the age of 5 and were awaiting											
(a) day places	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places	4	1	2	—	1	—	—	—	—	—	8
(iii) Included at C (i) who had reached the age of 5 but whose parents had refused consent to admission were awaiting.											
(a) day places	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places	—	1	—	—	—	—	—	—	—	—	1
(iv) Included at C (i) had been awaiting admission to special schools for more than 1 year											
(a) day places	—	—	—	—	—	—	—	1	—	—	1
(b) boarding places	2	3	1	1	2	—	1	—	—	—	10
D. (i) Were on the registers of special schools (other than hospital schools)											
1. Maintained											
(a) day places	—	1	11	3	27	13	71	891	—	—	1,017
(b) boarding places	14	12	9	2	31	13	30	154	1	1	267
2. Non-Maintained											
(a) day places	—	—	10	1	—	—	—	—	—	—	11
(b) boarding places	7	5	26	3	12	5	3	5	3	1	70
(ii) Were on the registers of independent schools, under arrangements made by the Authority	—	—	1	—	10	3	10	6	—	—	30
(iii) Were boarded in homes, and not already included in D (i)	—	—	—	—	—	1	29	—	—	—	30
TOTAL	21	18	57	9	80	35	143	1,056	4	2	1,425
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	27	23	60	10	84	37	147	1,084	5	3	1,480
On 20th January, 1972, the number of handicapped pupils receiving education under Section 56 of the Education Act, 1944:-											
(i) in groups or units	—	—	—	—	2	—	19	89	—	—	110
(ii) at home	—	—	—	—	21	3	3	9	2	—	38

Health Education

Whilst some health education is inevitably included incidentally in general education, the need for it to be given greater emphasis has been increasingly recognised. The basic concept that health education must be a planned activity is now acknowledged, and the isolated talk or film show is fortunately becoming a thing of the past. Teaching on health topics by the teachers themselves, using the health education advisory service and making very full use of the audio-visual aids library has shown considerable growth, and as well as the incidental health education carried out by field staff of the county health department during their routine visits, the valuable contribution they make in more formal teaching situations must not be overlooked.

The following table of statistics for lectures, film shows, etc. involving the health education service shows both the number of sessions and the variety of subjects in the health education programme:-

Sex education and personal hygiene	..	883
Dental health	.. ..	455
Drug addiction and alcoholism	.. ..	366
Child care and development	.. ..	264
Nutrition	.. ..	280
Smoking and cancer education	.. ..	487
Home safety	.. ..	659
General health	.. ..	921
Food hygiene	.. ..	154
Resuscitation	.. ..	204
Others	.. ..	662
		<hr/> 5,335 <hr/>

During May, a series of sessions on health education in infant and junior schools was held for the health visiting staff, and the stimulation these provided was apparent in the increase in activity in this area, particularly with regard to dental health. Using simple means to demonstrate the desirability of oral hygiene and re-inforcing the message with colouring and modelling competitions much valuable work was carried out. For the youngest children the approach must be largely practical, and the teacher has many opportunities for incidental references to health and welfare through occurrences such as a fall, visits to doctors and dentists, etc.

The introduction of health education into the already overloaded secondary school curriculum provides many difficulties, and it is therefore all the more gratifying that so many teachers are participating. However, without a carefully prepared approach to the subject as a whole there is considerable risk that much of its long term effectiveness will be lost through diffuse and unco-ordinated presentation. The interest shown by ever larger numbers of teachers

led to consideration of this problem, and as a result a working party of teachers and officers of the health and education departments has been established to consider how best health education in schools can be developed. A syllabus has been prepared which will form the basis of a comprehensive programme of health education, and it is intended to provide courses for teachers who are prepared to take a special interest in this subject and to teach it in schools. Naturally such a project absorbs a great deal of thought and work, but good progress was made during 1971, and it is anticipated that introduction of the scheme will commence in the Autumn of 1972.

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:-

	<i>Primary immunisation</i>	<i>"Booster" doses</i>
Diphtheria	585	8,194
German measles	3,971	
Measles	1,444	
Poliomyelitis	619	9,410
Tetanus	1,115	10,052
Whooping cough	282	2,221
B.C.G. (tuberculosis) ..	5,052	

Medical examinations of children for employment

During the year, 175 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	665
Entrants to the teaching profession	57
X-ray examinations of entrants to the teaching profession, temporary teachers and entrants to colleges of education	487

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 standard of health amongst the children attending Borough Schools was satisfactory and despite the difficulties of

recruiting whole-time medical staff the number of routine examinations was increased on the previous year. 4,386 examinations were carried out, and 657 pupils were found to require treatment.

Again there was a slight increase in the incidence of scabies, 52 as against 44 in 1970 and of the 25,492 individual examinations of pupils for infestation 181 were found to need treatment.

School Health clerks continued with the audiometric screening of entrants, referring all cases with defects to the School Medical Officer who gave advice according to the nature of the condition.

The emotionally disturbed child has continued to be provided for at the Children's Centre at Frank Merifield School.

Speech therapy was again limited to a part-time service owing to shortage of staff, but 62 children received treatment during the year.

The standard of dental health was maintained at a high level and there were no changes in the Dental staffing. Dental health education was continued in the form of talks, showing of films and distribution to new school entrants of dental kits.

During the year the former Ashbrook Junior Training Centre and the Special Care Unit became the administrative responsibility of the Borough Education Department and considerable time was spent in drawing up medical records of these children and carrying out audiometric screening tests on each child."

APPENDIX A

TABLES OF THE DEPARTMENT OF EDUCATION
AND SCIENCE

Medical Inspection and Treatment—Return for the year ended
31st December, 1971—Local Education Authority, Derbyshire.

Number of pupils on registers of maintained primary, secondary,
special and nursery schools in January, 1972, 115,256.

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

<i>Age Groups inspected (By year of Birth)</i>	<i>No. of Pupils who have received a full medical exam- ination</i>	<i>Physical con- dition of pupils inspected</i>		<i>No. of pupils found not to warrant a medical exam- ination</i>	<i>Pupils found to require treat- ment (excluding dental diseases and infestation with vermin)</i>		
		<i>Satis- factory</i>	<i>Unsatis- factory</i>		<i>For defective vision (excluding squint)</i>	<i>For any other condition recorded at Part II</i>	<i>Total Individual pupils</i>
		<i>No.</i>	<i>No.</i>				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1967 and later	830	827	3	—	17	99	101
1966	4,347	4,343	4	—	170	699	859
1965	4,521	4,514	7	—	199	794	901
1964	2,461	2,457	4	—	118	440	523
1963	810	805	5	—	28	151	161
1962	349	346	3	—	21	83	83
1961	356	352	4	—	30	60	78
1960	1,535	1,533	2	—	65	265	275
1959	1,229	1,227	2	—	80	190	241
1958	707	703	4	—	62	70	104
1957	1,262	1,258	4	—	85	145	221
1956 and earlier	2,521	2,517	4	—	160	284	401
TOTAL . .	20,928	20,882	46	—	1,035	3,280	3,948

Column (3) total as a percentage of Column (2) total 99.78 %

Column (4) total as a percentage of Column (2) total 0.22 %

TABLE B—OTHER INSPECTIONS

Number of special inspections	..	1,526
Number of re-inspections	..	4,933
Total	..	<u>6,459</u>

TABLE C—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	.. .. .	123,014
(b) Total number of individual pupils found to be infested	.. .. .	1,682
(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 210	61	172	443	22
		O 146	55	43	244	18
5	Eyes: (a) Vision ..	T 504	245	286	1,035	168
		O 854	315	332	1,501	77
	(b) Squint ..	T 200	25	37	262	21
		O 81	18	48	147	11
	(c) Other ..	T 46	2	13	61	5
		O 29	15	19	33	11
6	Ears: (a) Hearing ..	T 130	11	42	183	53
		O 305	24	90	419	125
	(b) Otitis Media ..	T 92	17	18	127	9
		O 267	18	105	390	19
	(c) Other ..	T 24	8	6	38	8
		O 118	24	38	180	13
7	Nose and Throat ..	T 298	18	40	356	29
		O 736	33	66	835	36
8	Speech	T 105	5	24	134	21
		O 262	12	36	310	27
9	Lymphatic Glands ..	T 49	1	3	53	2
		O 530	11	29	570	8
10	Heart	T 25	7	14	46	4
		O 100	39	43	182	11
11	Lungs	T 162	16	39	217	12
		O 237	17	45	299	12

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS				SPECIAL INSPECTION
		Entrants	Leavers	Others	Total	
12	Developmental: (a) Hernia T	24	2	11	37	1
	O	107	3	16	126	4
	(b) Other T	76	18	29	123	15
	O	187	22	66	275	10
13	Orthopaedic: (a) Posture T	12	2	13	27	2
	O	45	14	24	83	8
	(b) Feet T	407	41	50	498	14
	O	214	62	62	338	14
	(c) Other T	65	22	47	134	12
	O	390	41	75	506	35
14	Nervous System: T	31	6	27	64	14
	(a) Epilepsy O	22	5	10	37	3
	(b) Other T	50	5	22	77	6
	O	81	6	19	100	8
15	Psychological: T	37	2	121	160	6
	(a) Development O	87	19	131	237	22
	(b) Stability T	60	23	53	136	41
	O	341	8	46	395	74
16	Abdomen T	31	4	17	52	6
	O	41	6	17	64	5
17	Other T	147	26	48	221	27
	O	171	28	43	242	30

**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**

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of re- fraction and squint	26
Errors of refraction (including squint) ..	3,529
Total ..	3,555
Number of pupils for whom spectacles were prescribed	965

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

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear	42
(b) for adenoids and chronic tonsillitis	378
(c) for other nose and throat conditions	43
Received other forms of treatment ..	47
Total ..	510
Total number of pupils still on the register of schools at 31st December, 1971, known to have been provided with hearing aids—	
(a) during the calendar year 1971 ..	30
(b) in previous years	74

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments	140
(b) Pupils treated at schools for postural defects	8
Total ..	148

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

	<i>Number of pupils known to have been treated</i>
Ringworm—(a) Scalp	2
(b) Body	—
Scabies	52
Impetigo	6
Other skin diseases	358
Total ..	418

TABLE E—CHILD GUIDANCE TREATMENT

	<i>Number known to have been treated</i>
Pupils treated at Child Guidance clinics ..	640

TABLE F—SPEECH THERAPY

	<i>Number known to have been treated</i>
Pupils treated by speech therapists ..	635

TABLE G—OTHER TREATMENT GIVEN

	<i>Number known to have been treated</i>
(a) Pupils with minor ailments	315
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccin- ation	5,052
(d) Physiotherapy at special schools ..	24
(e) Children receiving hydrotherapy ..	10
Total (a)-(e) ..	5,401

SCREENING TESTS OF VISION AND HEARING

	Whole County Excluding Chesterfield Exceeded District	Chesterfield Exceeded District
1. (a) Is the vision of entrants tested as a routine within their first year at school (b) If not, at what age is the first routine test carried out?	Yes.	Yes.
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, 13, 14, 15 years.
3. (a) Is colour vision testing undertaken? (b) If so, at what age? (c) Are both boys and girls tested?	Yes. 10-11 years. Yes.	Yes. 10-11 years. Yes.
4. (a) By whom is vision testing carried out? (b) By whom is colour vision testing carried out?	Referred cases by School Medical Officer. Referred cases by School Medical Officer.	School Health clerks. 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? (b) If not, at what age is the first routine audiometric test carried out? (c) By whom is audiometric testing carried out?	Yes. Referred cases by School Medical Officer.	Yes, if referred as special cases. 6-7 years. 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.		
		Adminis- trative duties	Clinical duties	
			School service	M. & C.W. service
Dental Officers employed on a salary basis:				
Principal School Dental Officer	1	0.6	0.3	0.1
Dental Officers (including orthodontists)	8	—	8.2	0.1
Dental Officers employed on a sessional basis (including orthodontists)	6	—	2.9	0.1
Total	15	0.6	11.4	0.3
Other Staff	<i>Number</i>	Full-time equivalent		
*Dental Technicians ..	—	—		
Dental Surgery Assist'ts ..	16	12.3		

*Work done by private dental laboratory.

2. SCHOOL DENTAL CLINICS

	Fixed Clinics				Mobile Clinics		
	No. with ONE surgery only	No. with TWO or more sur- geries	Total number of surgeries		Total number of clinics		Total number of sessions worked in 1970
			Avail- able	In use	Avail- able	In use	
Provided directly by the Authority	22	3	28	15	—	—	—

3. INSPECTIONS

(a) First inspection at school. Number of Pupils ..	45,776
(b) First inspection at clinic. Number of Pupils ..	3,964
Number of (a)+(b) found to require treatment ..	25,811
Number of (a)+(b) offered treatment	23,852
(c) Pupils re-inspected at school or clinic	2,477
Number of (c) found to require treatment ..	1,634

4. VISITS (for treatment only)

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
First visit in the calendar year	7,515	4,421	538	12,474
Subsequent visits	5,998	4,025	531	10,554
Total visits	13,513	8,446	1,069	23,028

5. COURSES OF TREATMENT

Additional courses commenced	814	558	81	1,453
Total courses commenced ..	8,329	4,979	619	13,927
Courses completed	—	—	—	10,811

6. TREATMENT

Fillings in permanent teeth ..	4,366	7,709	1,118	13,193
Fillings in deciduous teeth ..	8,062	441	—	8,503
Permanent teeth filled ..	3,625	6,729	1,016	11,370
Deciduous teeth filled ..	6,222	412	—	6,634
Permanent teeth extracted ..	345	1,369	230	1,944
Deciduous teeth extracted ..	6,820	1,649	—	8,469
Number of general anaesthetics	2,306	1,013	93	3,412
Number of emergencies ..	281	172	19	472

Number of pupils x-rayed	54
Prophylaxis	5,615
Teeth otherwise conserved	1,863
Teeth root filled	32
Inlays	—
Crowns	2

7. ORTHODONTICS

New cases commenced during the year	74
Cases completed during the year	21
Cases discontinued during the year	6
Number of removable appliances fitted	81
Number of fixed appliances fitted	—
Number of pupils referred to Hospital Consultants	27

8. DENTURES

Number of pupils fitted with dentures for the first time:-	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
(a) with full denture ..	—	—	1	1
(b) with other dentures ..	1	50	9	60
Total ..	1	50	10	61
Number of dentures supplied (first or subsequent time) ..	1	50	10	61

9. ANAESTHETICS

Number of general anaesthetics administered by
Dental Officers 1,124

10. SESSIONS

	<i>Admini- strative sessions</i>	Number of clinical sessions worked in the year					<i>Total sessions</i>
		<i>School Service</i>			<i>M. & C.W. Service</i>		
		<i>Inspection at School</i>	<i>Treat- ment</i>	<i>Dental Health Education</i>	<i>Treat- ment</i>	<i>Dental Health Education</i>	
Dental Officers (incl. P.S.D.O.)	231½	306	3,175*	79	130½	not apportionable	3,922
Dental Auxiliaries	—	—	—	—	—	—	—
Dental Hygienists ..	—	—	—	—	—	—	—
Total	231½	306	3,175	79	130½	not apportionable	3,922

*includes 130 dental officer anaesthetist sessions.

11. DENTAL HEALTH EDUCATION

Talks to student health visitors; Films and group talks at school and ante-natal clinics; Displays of posters at schools and clinics; Distribution of leaflets, painting books and dental kits; Display of models; Poster design and dental projects at school.

APPENDIX B

MEDICAL AND DENTAL STAFF

(at 31st December, 1971)

COUNTY MEDICAL OFFICER OF HEALTH

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

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH

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.

PRINCIPAL MEDICAL OFFICER, SCHOOL HEALTH SERVICE

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

PRINCIPAL MEDICAL OFFICER, PREVENTIVE AND NURSING SERVICES

K. CARTWRIGHT, M.B., Ch.B., D.P.H., D.P.M.

MEDICAL OFFICER FOR CHESTERFIELD BOROUGH

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

DEPARTMENTAL MEDICAL OFFICERS

- JILL BETHELL, 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)
 SHEILA OLIVE COBURN, M.R.C.S., L.R.C.P. (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)
 MYRTLE P. DANIELS, B.Sc., M.B., B.S., D.R.C.O.G.
 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.
 N. U. HASNAIN, M.B., B.S. (part-time)
 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)
 BETI ROBERTA LEVICK, M.B., B.Ch. (part-time)
 HELEN J. McGRATH, M.B., Ch.B. (part-time)
 MAITRAYEE MITRA, M.B., B.S. (part-time)
 THELMA H. W. MORKS, B.A., M.B., B.Ch., B.A.O.
 *W. J. MORRISSEY, M.B., B.Ch., B.A.O., D.P.H. (part-time)
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