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DORSET COUNTY COUNCIL

EDUCATION COMMITTEE



ANNUAL REPORT ON THE SCHOOL
HEALTH SERVICE

1968

ANNUAL REPORT

OF THE


PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1968

A. F. Turner

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



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FOREWORD

The major re-arrangements of the School Health Section in the county area which were completed in 1967 have continued to function in a very satisfactory manner. The plans for testing vision and hearing, the screening of school entrants for tubercle by the Heaf test and polio and tetanus boosting have all been undertaken by the health visitors and school medical staff and it is confidently believed that very few children are now missed whose education may be affected by defects of hearing or sight.

During the year immunisation against measles was continued and all eligible children whose parents consented have now received the necessary protection. This will make a considerable reduction in the number of school days lost through illness as measles is now the major infectious disease of childhood. Up to 5,000 cases per year can still be notified. The second common infectious disease is now whooping cough and since immunisation was introduced the figure never reaches 300 notifications per annum.

I would like to take this opportunity of thanking all school staff for their ready and willing co-operation in this new procedure. I think all heads now appreciate that new immunisation schemes are started in schools but that in the course of one or two years the existing school age population is dealt with and in future generations the children will arrive at school having been protected in clinics or by general practitioners. They are not therefore involved in a continuing and growing school service.

I would like to draw attention to Dr. Mary Townsend's remarks on handicapped pupils on page fourteen of this report. A very useful and happy partnership has been evolved in the Dorchester Clinic where Dr. Vulliamy, the Consultant Paediatrician and Dr. Townsend have a most successful assessment clinic for all types of handicapped children. This is of great help in getting their early placement in special schools and in having an accurate forecast available for the Education Department for their programme of special schools in the future.

The overall findings of the report show a steady improvement in the health of Dorset school children.

I would like to thank Dr. Townsend, Mr. Clarke and all members of the school health section for their interest and enthusiasm in running the service and also once again to all head teachers for their help and encouragement.

A. F. TURNER

Principal School Medical Officer

County Hall,
Dorchester.

June, 1969.



SCHOOL HEALTH SERVICE ESTABLISHMENT
(At 31st December, 1968)

CENTRAL STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER

A.F. Turner, M.B., B.Ch., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

G.F. Willson, M.B., D.P.H.

SENIOR MEDICAL OFFICER

Mary Townsend, M.B., B.S., M.R.C.P., D.Ch.

SCHOOL MEDICAL OFFICERS

K.J. Adams, M.R.C.S., L.R.C.P., D.P.H.

W.E. Hadden, M.B., B.S., D.P.H., D.A.,
D.T.M. & H.

G.B. Hopkins, M.B., Ch.B., D.P.H.

Esther Jackson, M.B., Ch.B., D.P.H.

N.F. Pearson, M.R.C.S., L.R.C.P.,
D.P.H.

Jill C. White, M.B., B.S., M.R.C.S.,
L.R.C.P., D.P.H., D.C.H.

Elizabeth M.S. Wotherspoon, M.B., Ch.B.
(Part-time)

SUPERINTENDENT NURSING OFFICER

Bridget C. Thornton, S.R.N., S.C.M.,
H.V. Cert.

SCHOOL NURSES (23)

SPEECH THERAPISTS

Nora M. O'Driscoll, L.C.S.T. (Senior)

Gwenyth, E. Marston, L.C.S.T.

Charlotte, A.C. Tone, L.C.S.T.

PRINCIPAL SCHOOL DENTAL OFFICER

J.S. MacLachlan, L.D.S., R.C.S.

DEPUTY PRINCIPAL SCHOOL DENTAL
OFFICER

J.M. Paterson, L.D.S., R.C.S.

SENIOR DENTAL OFFICER

D.G. Greenfield, L.D.S., R.C.S.

DENTAL OFFICERS

N.P. Bronsdon, L.D.S., M.R.C.S.,
L.R.C.P.

N.J. Dyer, B.D.S., L.D.S., R.C.S.

K.E.J. Fletcher, L.D.S., R.C.S.

Edna G. Laylee, L.D.S. (Part-time)

I.H. Maddick, M.A., B.D.S., L.D.S.,
R.C.S.

P.H.W. Maynard, L.D.S., R.C.S.

A. Simpson, L.D.S., R.F.P.S.

DENTAL AUXILIARY

Janice C. Gale

DENTAL HYGIENISTS

Roberta J. Revitt

Vacancies (2)

DENTAL SURGERY ASSISTANTS (10)

SENIOR ADMINISTRATIVE OFFICER

V.W.V. Clarke, D.P.A.

POOLE BOROUGH STAFF

BOROUGH SCHOOL MEDICAL OFFICER
J. Hutton, M.D., D.P.H.

BOROUGH DENTAL OFFICER
F.E.R. Williams, L.D.S.

SCHOOL MEDICAL OFFICERS
A. McCutcheon, M.B., Ch.B., D.P.H.
Rosa Strunin, M.D. (Berlin)
H.C. Williamson, M.B., B.Ch., D.P.H.
I.R.S. Paterson, M.B., Ch.B., D.P.H.

DENTAL OFFICERS
A.C.S. Barnard, L.D.S., R.C.S.
A.E.G. Gapper, L.D.S., R.C.S.
C. Green, L.D.S., R.C.S.

BOROUGH NURSING OFFICER
Marion Davies, S.R.N., S.C.M.
H.V. Cert.

DENTAL SURGERY ASSISTANTS (4)

SPEECH THERAPIST
Helen V.A. Barrett, L.C.S.T.

SCHOOL NURSES (15)

SOUTH DORSET DIVISIONAL EXECUTIVE AREA STAFF

AREA MEDICAL OFFICER
E.J.G. Wallace, M.B., Ch.B., D.P.H.

SENIOR DENTAL OFFICER
R.H.J. Fairney, L.D.S., R.C.S.

SCHOOL MEDICAL OFFICER
Pauline M. Seymour-Cole, M.B., B.S.,
M.R.C.S., L.R.C.P., D.C.H.

DENTAL OFFICERS
Marguerite D. Mason, B.Dent.Sc.,
(Part-time)
S.H. Smith, L.D.S., R.C.S. (Part-time)

SCHOOL NURSES (8)

DENTAL SURGERY ASSISTANTS (4)

JOINT SERVICES

CHILD GUIDANCE
Consultant Psychiatrist
W.H. Whiles, M.R.C.S., L.R.C.P.,
D.P.M.
County Educational Psychologist
J.S. Aston, B.A., B.Sc., A.B.Ps.S.
Educational Psychologist
T.W. Crabtree, B.A., Dip.Ed.
Psychiatric Social Workers
Astrid D. Filliter
Sheila M. Sparkes
Joan G. Hardy (Part-time)
Joy L. Shires (Part-time)

ORTHODONTICS
Consultant Orthodontist
J.D. Hooper, L.D.S., D.Orth.,
R.C.S.
Senior Orthodontic Registrar
B. Holmes, B.D.S., D.Orth.,
L.D.S., R.C.S.
Dental Surgery Assistant (Part-time) (1)

THE SCHOOL HEALTH SERVICE 1968

ADMINISTRATION

The school health section and maternity and child welfare section are merged to form a child health section, with administrative responsibility for the child from birth to school leaving age ensuring greater efficiency with less opportunity for a child in need of help to be overlooked.

POPULATION

The Registrar General's latest estimated population of Dorset is 343,240.

Average numbers on the school registers on 31st December, 1968:-

	Primary	Secondary Modern	Comprehensive	Grammar	Specials	Totals 1968 (1967)
County Districts Poole Excepted	16,321	4,731	3,936	2,726	108	27,822 (27,056)
Area	8,820	4,248	-	1,584	-	14,652 (14,370)
South Dorset Divisional Area	5,345	1,143	-	2,193	-	8,681 (8,439)
Totals	30,486	10,122	3,936	6,503	108	51,155 (49,865)

Number of Schools

Type	South Dorset Area	Poole Area	County Area	Totals
Primary	24	23	144	191
Secondary Modern	5	8	11	24
Comprehensive	-	-	7	7
Grammar	1	2	8	11
Special	-	-	2	2
Totals	30	33	172	235

MEDICAL INSPECTION

NUMBER OF PUPILS EXAMINED

The following table relates to the whole county including Poole Excepted Area and South Dorset Divisional Executive.

	1966	1967	1968
Routine examination of entrants	7,309	5,682	4,768
Routine examination at all other ages	5,878	6,244	7,312
Re-inspections	4,297	5,743	4,573
Special examinations	12,188	9,795	9,094
Totals	29,672	27,464	25,747

During 1968, all children were examined in their first year at school, and only those children selected as a result of the questionnaires were examined in their second year at the secondary school.

In the Poole and South Dorset areas the routine medical examinations were continued with four examinations during school life in Poole and three examinations in the South Dorset area.

DEFECTS OF VISION

ROUTINE TESTING

In the County Area the routine testing of vision was carried out on five year old children by the health visitors and on children of other age groups by part-time staff on Keystone vision screeners. Children tested by the Keystone machines are only referred if their vision according to the screener is 6/15 or worse. In other cases, the children are re-examined after one year, and if there is still doubt they are seen by the school medical officers. In Poole these re-examinations are carried out every three years and in the South Dorset area they are done at the time of the routine intermediate and leavers medical examinations.

COLOUR VISION

Colour vision is now tested at nine years on the Keystone Vision Screener. Those children who fail this test are seen at the selective medical examination and retested on the Ishihara charts.

Giles Archer lanterns have been provided for each area medical officer so that those children who need still further testing do not need to travel so far.

PERSONAL HYGIENE

During the year 43,854 personal hygiene inspections were carried out by the school health visitors and 177 children were found to have lice or nits in the hair. These figures apply to the whole county and show no change in the incidence of infestation. However, in the County Area more children were inspected than in the previous year and, therefore, as the percentage incidence of infestation for children remains the same more individuals were found with infestation.

	No. of children inspected		No. found verminous		
	1967	1968	1967	1968	
County Area	6,513	14,663	65	99	(0.8%)
Poole	18,660	17,005	80	61	(0.4%)
South Dorset	15,530	12,186	31	17	(0.1%)
Whole County	40,703	43,854	176	177	(0.4%)

MINOR AILMENTS

The following table relates to the Poole and South Dorset Area only as such clinics are not held in the remainder of the county. The figures relate to children who have been referred as a matter of convenience for detailed examination of defects discovered at previous school medical inspections besides children who have sought advice concerning some recently acquired minor ailment. It will be seen from the following table that the number of cases attending has dropped to almost a tenth of the corresponding number five years ago.

Cases dealt with at minor ailment clinics:-

	1964	1965	1966	1967	1968
Poole	442	392	82	68	40
South Dorset	61	54	19	26	17
Totals	503	446	101	94	57

AUDIOLOGY SERVICE

In November, Miss M. Andress retired after many years invaluable service to the audiology service and in order to use trained staff to the best advantage the service in the County and South Dorset areas has been reorganised.

Screening tests are carried out by the health visitors on all babies from seven months as in previous years but the other work was divided into two parts:-

- (a) Sweep testing in schools is now undertaken by a part-time member of staff, who also does the clerical work associated with this.
- (b) Audiology clinics for children referred by health visitors, medical officers and those who fail the sweep test at school are held by a health visitor trained to do this work by Miss Andress and Mr. H. Glendenning the County Teacher of the Deaf.

Special audiology clinics are held from time to time at Dorchester clinic attended by Dr. Townsend, Mr. Glendenning and one of the speech therapists. Any children with difficult problems are referred to this clinic for further diagnosis, but in general children are referred direct from the audiology clinics to the E.N.T. consultants, by agreement with the child's medical practitioner.

This scheme appears to be working well and it seems that more children will be examined than under the old system. I have been particularly impressed by the accuracy of the screening, the number of referrals to the special clinic being very few; usually children who are deaf and backward or not deaf at all but severely subnormal.

In the whole county fifteen children were provided with hearing aids during the year.

Our thanks are again extended to Mr. R. Whittaker and Mr. P. Adlington, the consultant E.N.T. surgeons, who have contributed much to the success of the service.

STATISTICS RELATING TO THE ASCERTAINMENT OF DEAFNESS AMONGST CHILDREN IN THE COUNTY AND SOUTH DORSET AREAS

SCREENING OF SCHOOL ENTRANTS

	South Dorset	County Area	Totals
No. of children given screen tests	801	3,509	4,310
No. of children failed screening tests	38	262	300 †
No. referred for treatment after investigation	9	85	94

ANALYSIS OF CASES REFERRED FOR FULL AUDIOMETRIC INVESTIGATION

1. Sources

	South Dorset	County Area	Totals
Children who failed screening tests	38	240	278
Children referred by health visitors	6	67	73
Children referred by Medical Officers	18	102	120
Children referred by Speech Therapists	6	12	18
Children referred by Head Teachers	2	2	4
Children referred by Parents	-	15	15
Children referred by General Practitioners	6	9	15
Children referred by E.N.T. Specialists	23	14	37
Children referred by Paediatricians	-	11	11
Children referred from other sources	7	7	14
Totals	106	479	585 †

2. Findings of the Audiometrician

	South Dorset	County Area	Totals
No significant loss recorded	50	202	252
Referred to E.N.T. Specialist	17	107	124
For Retest 1969	27	75	102
Other action	1	22	23
Totals	95	406	501 *

*Thirty-five appointments not kept or declined.

†Includes cases outstanding 31st December, 1968.

3. Results of cases referred to E.N.T. Specialists

	South Dorset	County Area	Totals
No treatment advised	2	10	12
To be reviewed	5	14	19
Tonsils and adenoids to be removed	6	15	21
Tonsils to be removed	-	-	-
Adenoids to be removed	-	18	18
Other operative treatment advised	1	15	16
Other treatment advised	-	18	18
Reports still outstanding	3	17	20
	<hr/>		
Totals	17	107	124

STATISTICS RELATING TO THE ASCERTAINMENT OF DEAFNESS IN POOLE

In Poole, screening tests with the pure tone audiometer are carried out on all children in primary schools shortly after their admission and, in addition, the audiometrician completes a full audiogram on any other children suspected of deafness.

Number tested during 1968	No significant hearing loss	Still under observation	Referred to medical officer
1,712	1,358	153	201

Children failing the tests may be referred for further investigation or treatment by the medical officer to the minor ailment clinic, the family doctor, the hospital consultant or the Audiology Unit.

CHILD AND FAMILY GUIDANCE SERVICE

The following report has been provided by Dr. W.H. Whiles, Consultant Children's Psychiatrist:-

The work of the Child and Family Guidance Service has continued as in previous years to be based on Poole and Dorchester. In those areas there are good premises for full diagnostic and treatment needs. Weekly sessions continue to be held in Weymouth using the Wyke Regis Clinic. A whole day a fortnight is done at Bridport in the Health Centre and the alternative week sessions are held at Sherborne and Gillingham.

During the year 320 new cases have been seen at the various Clinics which is thirteen more than in the previous year. Each year there is a steady increase of new referrals. During 1968 the total number of children seen at the various clinics by a member of the Child and Family Guidance team was 1,029. This is an increase of 108 on the previous year. The number of children waiting their first appointment with any member of the clinic staff at the end of the year has been reduced to twenty-two, this compares with forty-five at the end of last year and is chiefly due to the third full-time psychiatric social worker taking up her appointment in April. She works in the Weymouth, East Dorset and North Dorset areas and this is making it possible for the first appointment with families with the psychiatric social worker to be done much more promptly. On the basis of this it is decided which cases are most urgent to be seen for the Consultant Psychiatrist's diagnostic assessments.

The new educational psychologist for the Poole area took up his duties at the beginning of July. This has enabled us to return to the full team method of working in that area and has also made it possible to build up once again a closer and better relationship with the schools and teachers in that area. It also makes it possible for teachers to be better informed about the children in their schools who attend the clinics as they have the opportunity of discussing them with the educational psychologist when he visits the schools.

During this year I have done one session a fortnight working with the Consultant Paediatrician in the Paediatric Unit of the Dorchester County Hospital. From the beginning of this year my successor will be doing a weekly session there. This is found to be a very valuable link between the two children's services and makes it possible for emotional factors in physical illness to be allowed for and if necessary treated at an early stage. A monthly session has also been devoted to children coming into care and under observation at the Reception Centre in Dorchester. After this session a Case Conference is held with the Children's Department. It is hoped that my successor will be able to increase this to fortnightly sessions for these children who because of separation or problems in their home background are often severely disturbed. It is important that assessment is made early on so that their needs can be planned for.

General practitioners and school medical officers remain the chief source of all referrals and make up practically 70% of all new cases. During the year fourteen boys and girls have been seen while on remand so that special reports can be submitted to the Juvenile Court.

The Day Remedial Centre for Maladjusted Children at Greenways in Poole has continued to be extremely valuable. Twenty-one cases seen at the Poole Clinic were recommended during the year as in need of the kind of help which this unit could provide in order to build up confidence and help in general personality development. These are children who are thought not to need more intensive psychotherapy at the clinic itself. A total of forty-two children attend Greenways for one to six sessions a week. It is a great pity that facilities are not available for children to be there for the whole day. There are some children who cannot attend ordinary

school who could benefit by full-time education at a Unit of this kind. Penwithen Hostel is also a most valuable part of our treatment facilities for emotionally disturbed children. This enables full environmental as well as individual treatment to be given. The psychiatric social workers keep in touch with the families of children who are at Penwithen Hostel and a combined case conference between the Child Guidance Clinic team and the Hostel residential staff is held once a month. All other children who are residentially placed as maladjusted children in other schools or hostels are seen by the Consultant Psychiatrist during holidays and the psychiatric social workers keep in close touch with their families. We continue to have a combined conference each term between the clinic team, the school medical officer and the Education Department to discuss the future of these children.

CHILD GUIDANCE SERVICE - STATISTICS

Number of children seen during the year 1968	1,029
New cases seen during 1968	320
Children awaiting investigation on 31.12.68	22
Total children awaiting first Psychiatric appointment on 31.12.68	54
Cases closed during 1968	488
Total number of cases under observation or treatment on 31.12.68	541

ANALYSIS OF NEW CASES INVESTIGATED DURING 1968

Sources of referral of new cases:

General Practitioners and Hospitals	145
School Medical Officers	77
Education Officer and Headteachers	35
Children's Officer	36
Probation Officer	9
Other Sources	18
	<u>320</u>

Problems for which children were referred:

Behaviour problems	140
Nervous symptoms	64
Educational Problems	22
Enuresis	10
Psychosomatic	38
Special Advice	46
	<u>320</u>

Age groups:

Pre-school	28
Infant school	37
Junior school	150
Secondary school (Modern)	87
Secondary school (Grammar)	15
Left school	3
	<u>320</u>

Recommendations made of new cases:

Still under investigation	30
Diagnosis and advice only	82
Supporting treatment	101
Intensive treatment advised	59
Residential treatment advised	22
Admitted to Hospital for treatment or investigation	4
Special Day school for Maladjusted Children - Poole	22
	<u>320</u>

ANALYSIS OF CASES CLOSED DURING 1968

Diagnosis and advice only needed	226
Transferred to other agencies	48
Removed from area	24
Satisfactory adjustment after Child Guidance treatment	74
Improved after Child Guidance treatment	90
Unco-operative or unimproved	25
Died	<u>1</u>
	488

PSYCHIATRIC INTERVIEWS

Diagnostic	297
Re-examination	298
Treatment	959
Total interviews with children	1,554
Total interviews with parents and others	403
Total interviews by Psychiatrist	1,957

PSYCHIATRIC SOCIAL WORKERS

Number of home visits by Psychiatric Social Workers	515
Number of clinic interviews with parents by Psychiatric Social Workers	1,090
Number of interviews with other officials	284
Visits to schools	51

SPEECH THERAPY

The full establishment of four full-time speech therapists, three in the county area and one in Poole, was maintained throughout the year. There was a significant increase in referrals of pre-school children in the South Dorset area and although some of them have been too young for formal training it has been beneficial to see them with their mothers for advice and supervision.

The following statistics for the year relate to the whole county including Poole (corresponding figures for the previous year are given in brackets):-

Cases treated	Discharged	Under treatment	Cases tested	In need of treatment	Not in need	School Visits	Home Visits
631 (558)	236 (234)	395 (324)	103 (93)	66 (60)	37 (33)	31 (32)	11 (3)

The Senior Speech Therapist, Miss N. O'Driscoll, has provided the following report:-

It is now known that failure of development of the brain before birth and minor brain damage occurring at the time of birth are more often factors in retardation of speech and language than had formerly been believed. Consequently possible congenital factors as well as environmental and emotional causes must always be carefully considered when speech fails to develop during the first two years.

The great value in seeing children with retarded speech development (and those with no speech) early, is that there is an optimum time for learning speech and language and once this is passed the task of parent, teacher and speech therapist becomes more difficult.

A knowledge of the work of educational psychologists and of the teaching techniques which can be employed in difficult cases is essential when dealing with the physically and mentally handicapped. Abnormally silent children need to be encouraged to speak by placing them in specially devised situations. It has become apparent that speech (i.e. words) cannot be taught in isolation but only as an integral part of language (i.e. meaning). Increasing use is therefore made of pictures which can be named and described, and a library of scrap books of common objects has been built up. Particularly useful are pictures in which some action is shown as these can be made the basis of many exercises which stimulate language by encouraging the use of sentences and enlarging the vocabulary. The correction of specific difficulties in articulation must not, of course, be neglected but these are dealt with most effectively in a wider and more stimulating context.

Stammering and another fluency disorder, cluttering, have also been the subject of recent research in respect of both aetiology and treatment. Cluttering is the term applied to the disorder shown by children who have a poor speech pattern which becomes seriously disorganised on excitement. Usually these children have difficulties in reading and writing although they may appear of normal intelligence in other respects. The therapeutic approach to such children is now through language with correction of articulatory error as part of the scheme and includes help with reading and writing. It is naturally essential that the closest possible liaison is maintained with the teachers of these children.

During the past year a number of stammerers have been treated by means of the electronic metronome. The principle of this technique is the helping of the patient to develop and maintain the rhythm of normal speech. During treatment a beat adapted to the patient's personal rhythm is heard through ear phones by both therapist and patient. In the majority of cases, by being conscious of this constant steady beat, the patient is enabled to produce normal speech.

A smaller personal instrument is loaned to the patient so that he can continue to practise at home and also, if he wishes, use it to steady himself when actually talking.

The technique has the advantages of being suitable for use by intelligent adolescents on their own and also of producing a natural sounding speech. Cost of the equipment has limited the extent to which this method has been used but it is hoped that a gradual extension will, nevertheless, be possible.

During the past three years members of my staff have been enabled to attend the annual courses on modern developments in speech therapy organised by the Education and Training Committee of the Provincial Councils for Local Authorities' Services in the South West. These have been much appreciated and have proved valuable in aiding the introduction of new methods and techniques such as those described above.

NOCTURNAL ENURESIS

The school health service keeps a stock of buzzer alarm units for issue on loan to children suffering from persistent nocturnal enuresis. Eighteen units are held for use in Poole and thirty-six for use in the rest of the county. Cases are referred from both private medical practitioners and the school medical officers, a total of 141 being treated during the year compared with 150 in 1967, and 154 in 1966. The majority of cases are aged 7 or 8, experience showing that younger children are often not able to co-operate sufficiently. The health visitors take the units to the homes in order to explain their use and also to confirm that satisfactory arrangements can be made. Clearly the unit cannot be used if a child has to share a bed, and inconvenience to others will also result if the room is shared. The health visitors supervise progress at appropriate intervals and are responsible for the return of the units when it has been decided that treatment should cease, which may be after as short a period as three weeks but is more often after two or three months.

HANDICAPPED PUPILS

As a result of the creation of one child health department in the county area, the early ascertainment of handicapped children is now facilitated, and serves two purposes. Firstly, the parents of the children concerned can be helped in the early years so that by the time the child reaches school age, they are better adjusted to his handicap. In practice it has been found, in the case of backward babies, that serial observations are of much greater value than a single test, and if these are carried out at six or twelve monthly intervals one can predict the child's possible potential with much greater accuracy. Secondly, the future demand for places in special schools can be predicted more accurately. This is shown in a recent survey of young spina bifida babies. Most of these have been seen and tested by the time they reach the age of two years and we therefore have a good idea of the type of schooling they are likely to need. It should be stressed, however, that the actual placement of each child will be made as in previous years as a result of examination much nearer school entry age.

The following statistics relate to the whole county including Poole.

During 1968, 279 children were assessed as requiring special educational treatment and in addition sixteen children of compulsory school age were assessed under Section 57(4) of the Education Act as being incapable of receiving education in school.

Whenever possible handicapped children are retained in ordinary schools if this can be done without detriment to themselves or to other children in the school, as there are often profound advantages in such children being able to live at home and receive their schooling in a completely normal environment. This policy must not, however, be carried too far, as without the specialised facilities, both educational and therapeutic, available at some special schools certain children may not develop to their full potential.

The largest single group of handicapped children is the educationally subnormal. These mostly attend as day pupils at Wimborne Special School (fifty-seven on the register at the end of the year) or at special classes attached to ordinary schools. Sixteen primary schools and sixteen secondary schools have special classes attached to them and during 1968 the average attendance at these classes was 749. In addition, thirty-seven educationally subnormal children were at residential schools, thirty of them being at Clyffe House School.

The educational arrangements for partially hearing children in Dorset are dictated by the low density of population and the absence of any large concentration of population outside Poole. Whereas the latter is able to support two day units for partially hearing children attached to ordinary schools, units attended from time to time by children from the adjoining county area, the rest of the county is served by qualified peripatetic teachers of the deaf. Two full-time and one part-time teacher of the deaf are engaged in this work. They use portable auditory equipment and are responsible both for training pre-school children and guiding their parents and the supervision and additional teaching of children with hearing loss who remain in ordinary schools. The number of Dorset children attending residential schools for the deaf in other counties is now very small indeed and whenever such placement is considered necessary every effort is made to postpone it until understanding and communication between parent and child have been established.

The following list classifies the children at residential schools or hostels at the end of 1968 in the categories specified in the Ministry's "Handicapped Pupils Regulations, 1959", and gives the numbers attending at each school.

BLIND

Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

Conover Hall Special School, Conover, Nr. Shrewsbury, Salop.	1
Ysgol Penybont School for Visually Handicapped Children, Bridgend, Glamorgan.	2
Chorleywood College for the Blind, Chorleywood, Herts.	2
Dorton House School, Seal, Nr. Sevenoaks, Kent.	1
Ellen Terry Home, Wray Park Road, Reigate, Surrey.	1
Hethersett Centre for Adolescent Blind, Reigate.	1

PARTIALLY SIGHTED

Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or their educational development but can be educated by special methods involving the use of sight.

The West of England School for the Partially Sighted, Topsham Road, Countess Wear, Exeter.	5
Dorton House School, Seal, Sevenoaks.	1
Blatchington Court School for Partially Sighted, Seaford, Sussex.	1

DEAF

Pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

The Royal West of England School for the Deaf, Topsham Road, Exeter.	6
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PARTIALLY HEARING

Pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities, though not necessarily all the educational methods used for deaf pupils.

The Royal West of England School for the Deaf, Topsham Road, Exeter.	2
St. Loyes College for the Rehabilitation of the Disabled, Exeter, Devon.	1
Mary Hare Grammar School for the Deaf, Arlington Manor, Newbury, Berks.	1
School for the Partially Deaf, Brighton.	1

EPILEPTIC

Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

Lingfield Hospital School, Lingfield, Surrey.	1
Chalfont Colony, Chalfont St. Peter, Buckinghamshire.	1

EDUCATIONALLY SUBNORMAL

Pupils who by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

All Soul's Special School, Pield Heath House, Hillingdon.	1
Withycombe House School, Withycombe Raleigh, Nr. Exmouth, Devon.	2
Kingsdon Manor School, Kingsdon, Bristol.	1
Clyffe House School, Tinkleton, Nr. Dorchester.	30
Chelfham Mill School, Chelfham, Barnstapel, Devon.	1
Croydon Hall School, Minehead, Bristol.	1
Lankhills School, Winchester.	1

MALADJUSTED

Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

The Marchant-Holliday School Ltd., North Cheriton, Templecombe, Somerset.	2
Chelfham Mill School, Chelfham, Nr. Barnstapel, Devon.	2
Bedales School, Petersfield, Hants.	1
The New School, Kings Langley, Herts.	1
The Royal Wanstead School, Wanstead, London, E.11.	1
Peredur Home-School, East Grinstead, Sussex.	2
Camphill Rudolf Steiner, Bielside, Aberdeen.	1
The Bicknell School, Petersfield Road, Boscombe East, Bournemouth.	4
Crichel Hostel, Totnes, Devon.	2
Southfields Hostel, Ilminster, Somerset.	1
Penwithen Hostel, Winterborne Monkton, Nr. Dorchester.	16
Clyffe House School, Tinkleton, Dorset.	4
Sibford Ferris Friends' School, Banbury, Oxford.	1
Pitt House School, Torquay, Devon.	1
Byland School, Stratford Turgis, Nr. Basingstoke.	1
St. Francis School, Hooke, Dorset.	1
Walton Elm School, Marnhull, Dorset.	2

PARTIALLY HANDICAPPED

Pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime or ordinary schools.

Victoria Home and School, 12 Lindsay Road, Branksome Park, Poole.	9
Dame Hannah Rogers School, Ivybridge, Devon.	3
Ingfield Manor School, Five Oaks, Billingshurst, Sussex.	1
The Shelling Curative Schools, Ashley, Ringwood, Hants.	1
Chailey Heritage, Craft School and Hospital, Chailey, Nr. Lewes, Sussex.	5
Burton Hill House, Malmesbury, Wiltshire.	2
Halliwick Cripples' School, Bush Hill Road, Winchmore Hill, London, N.21.	2
Hephaistos School, Farley Castle, Farley Hill, Nr. Reading, Berks.	3

Hinwick Hall Special School, Nr. Wellingborough, Northants.	1
St. Loyes College for the Rehabilitation of the Disabled, Exeter, Devon.	3
Suntrap Open Air School, Sea Front, Hayling Island.	1
Florence Treloar School, Holybourne, Nr. Alton, Hants.	1
Wilford Pickles School, Stamford, Lincs.	1
St. Catherine's Home and School, Ventnor, Isle of Wight.	2
Park Place School, Henley-on-Thames, Oxon.	1
Lord Mayor Treloar College, Alton, Hants.	1
Meldreth Training School, Meldreth, Royston, Herts.	1
St. John's Open Air School, Woodford Bridge, Essex.	1

SPEECH DEFECT

Pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

None

DELICATE

Pupils not falling under any other category in the Regulations who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

St. Dominic's Open Air School, Mount Oliver, Hambledon, Nr. Godalming, Surrey.	2
St. Patrick's Open Air School, Sea Front, Hayling Island.	2
Meath House School, Ottershaw, Surrey.	1
Boarder at Beaminster School.	1

TUITION AT HOME OR IN HOSPITAL

During the year thirty-three children suffering from a variety of handicaps which prevented them from attending school received a total of 3,295 hours home tuition.

Tuition was also given to children in the following hospitals:-

	Number of Children	Hours of Tuition
Weymouth and District Hospital	104	345
Portland Hospital	5	70
Dorset County Hospital	144	370

INFECTIOUS DISEASES

There were again no cases of diphtheria or poliomyelitis among school children in 1968, the last occasion when they occurred being 1957 and 1960 respectively.

The number of notifications of the common infections during the past ten years have been as follows:-

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Measles	3,350	1,702	5,431	606	5,255	1,595	3,652	1,559	4,469	493
Scarlet Fever	227	140	55	53	61	57	106	29	37	34
Whooping Cough	161	110	238	38	111	156	79	64	236	106

IMMUNISATION AGAINST POLIOMYELITIS, DIPHTHERIA, WHOOPING COUGH TETANUS AND MEASLES OF CHILDREN UNDER SIXTEEN YEARS OF AGE

	County Area		Poole Area		South Dorset Area		Totals	
	P	R	P	R	P	R	P	R
	Poliomyelitis - Oral	2,385	3,210	1,378	1,679	845	964	4,608
Poliomyelitis - Salk	-	-	-	-	-	-	-	-
Diphtheria	2,038	3,790	1,258	2,056	717	2,584	4,013	8,430
Whooping Cough	1,919	1,601	1,174	937	689	520	3,782	3,058
Tetanus	2,246	4,193	1,306	2,083	788	2,518	4,340	8,794
Measles	5,268		2,647		942		8,857	

P = Primary Course R = Reinforcing Dose

TUBERCULOSIS

Number of children in maintained schools notified during 1968	Pulmonary	1
	Non-Pulmonary	-
Number of children on tuberculosis register attending maintained schools at 31st December, 1968	Pulmonary	44
	Non-Pulmonary	4

The pulmonary notification was a ten year old child in the Shaftesbury rural district.

PREVENTION OF TUBERCULOSIS

(a) X-Ray of Staff

All teachers appointed are required to have an up-to-day x-ray examination.

Five domestic staff starting work in boarding houses, Clyffe House School and Penwithen Hostel were also x-rayed with negative results.

(b) Heaf testing of school entrants

All children starting school are given a tuberculin skin test and the families of any children with positive reactions are investigated in an effort to determine the source of the infection.

	No. of children tested	No. positive excluding those previously given B.C.G.	No. positive who had had previous B.C.G.
County Area	2,630	21 (0.8%)	75
Poole	1,023	2 (0.1%)	23
South Dorset	901	8 (0.8%)	46

(c) B.C.G. Vaccination

The arrangements for the B.C.G. vaccination of children in or near their thirteenth year continued as usual. Results of the Heaf test are read after seven days, four or more indurated papules being accepted as a positive result. The interpretation of mild reactions is notoriously difficult and is liable to considerable observer variation. Furthermore, it is not possible to distinguish between mild reactions due to the waning of previous strong specific sensitivity and those due to non-specific sensitivity. For these reasons the number of children showing second, third and fourth degree reactions to the Heaf test might be expected to provide a more stable indication of the amount of tuberculous disease in the community than if the children with mild or dubious reactions were included. Throughout the whole county the grading of the Heaf positive reactions are, therefore, now recorded in every case, the results being given below.

The positive reactors were all x-rayed but none were found to have any active lesion.

	1967	1968
Number of schools visited	61	57
Number of children eligible	5,208	4,892
Number of parental consents	4,667	4,269
Number of children tuberculin tested	4,358	4,069
Positive reactors	474 (10.9%)	405 (9.95%)
Negative reactors vaccinated	3,488	3,244
Absentees	309	270

The variation in incidence in the different administrative areas of the county of children recorded as being positive reactors to the Heaf test was as follows:-

	Number of children tested		No. positive excluding those previously given B.C.G.	
	1968	1967	1968	1967
County Area	2,279	2,543	161 (7.0%)	104 (5.9%)
Poole	1,107	1,185	168 (15.2%)	292 (24.6%)
South Dorset	683	630	76 (11.1%)	78 (12.4%)

The grading of the Heaf positive reactions was as follows:-

Grade of positive reaction	Number of children
First degree	236
Second degree	107
Third degree	55
Fourth degree	7
	<hr/>
	405
	<hr/>

If grade one reactions are ignored the percentage of children who are positive reactors to the Heaf test is 10.6% in Weymouth, 2.9% in Poole and 2.8% in the rest of the county. X-ray examination of the positive reactors did not disclose any active cases of tuberculosis and the apparent higher incidence in the urban areas remains unexplained.

SCHOOL MILK AND MEALS

SCHOOL MILK

All schools in the county with the exception of four maintained and one non-maintained, are supplied with bottled pasteurised milk. Three of the excepted schools receive bottled untreated milk and the remaining two are supplied with untreated milk in a bulk container from a nearby producer/retailer. In 1969 one of these will receive bottled pasteurised milk but the other school is in a remote part of the county and efforts to obtain a bottled supply have been unsuccessful.

Regular sampling of milk supplied to schools and school kitchens during the year has been maintained and the following is a statistical summary of the samples obtained by sampling officers of the County Health Department.

Methylene blue test	Pasteurised		Untreated		Total number of samples	
	Pass	Fail	Pass	Fail		
*842	39	936	5	33	1	975

*Sixty samples of pasteurised milk were not submitted to the methylene blue test as the atmospheric shade temperature exceeded the prescribed 70°F on the days the samples were taken.

The percentage of pasteurised milk samples which failed the methylene blue test is 4.4 which is the same as for 1967. Two pasteurising establishments were involved with twenty failures and full investigations were carried out at these dairies which resulted in improvements being made in the methods for dealing with school milk.

The five phosphatase failures involved two batches of samples and were from one pasteurising dairy. The fault was traced to an error in the operation of the plant and when this was corrected repeat specimens complied with the test.

Sampling of milk supplied to the forty-three schools in the Borough of Poole is undertaken by the Borough Public Health Inspectors.

During the year 134 samples were taken for bacteriological examination and twenty-two failed the methylene blue test. Most of the unsatisfactory samples were from a supplier in the area of an adjoining authority and following appropriate action, further specimens proved satisfactory.

During the year officers of the County Health Department and public health inspectors of the county districts co-operated in the investigation of complaints of unsatisfactory bottles of school milk. The complaints were generally in respect of particles of glass in the milk although there were a few cases of milk being supplied in a dirty bottle. In each case appropriate action was taken.

As long as returnable containers are used for milk, particularly the glass bottle, the risk of an unsatisfactory specimen being supplied to the consumer will remain despite the very stringent measures which most dairies have adopted to guard against this happening.

Schools can assist the suppliers considerably if bottles are rinsed in clean water after use but unfortunately instances still occur when they are returned to the dairy in a grossly unsatisfactory condition. This greatly adds to the burden of responsibility which the dairyman has of ensuring that milk is supplied in a properly cleansed bottle.

It is a matter for regret that, on economic grounds, a non returnable container cannot be used for school milk.

As a check on the cleanliness of school milk bottles, 235 rinses of washed bottles were obtained at dairy premises and submitted for laboratory examination. Six of the specimens were not of a satisfactory standard.

At the 31st December, the percentage of pupils attending maintained primary schools who were taking school milk was 87.92 and in respect of non-maintained schools it was 74.20.

The supply of milk to Grammar and Secondary Modern Schools ceased in September, 1968.

SCHOOL MEALS

The following information has been supplied by the County Education Officer and relates to the whole of the administrative county including the Borough of Poole.

Meals (day pupils only).

No. of schools or departments receiving meals at 1st January, 1968	242
No. of schools or departments NOT receiving meals at 1st January, 1968	1
No. of schools or departments receiving meals at 31st December, 1968	233
No. of schools or departments NOT receiving meals at 31st December, 1968	1
No. of new kitchens opened in 1968	4*
No. of new dining centres (not classrooms) opened in 1968	-
No. of schools provided with new or improved wash-up facilities in 1968	1
No. of day pupils present 1968	46,982
No. of day pupils taking meals 1968	35,416
Percentage taking meals	75.38

* includes one replacement of an old kitchen

In connection with the Food Hygiene Regulations 152 visits of inspection were made to school kitchens during the year. A very satisfactory standard of hygiene has been maintained at each premise.

To check the efficiency of the washing up process at school kitchens, swabs and rinses of cleaned crockery and cutlery have been obtained and examined at the public health laboratory. Of 298 specimens submitted, 261 were of a satisfactory standard. In the case of the unsatisfactory reports, advisory visits were made by the School Meals organisers and repeat specimens were generally satisfactory.

Various foodstuffs totalling 5 cwt. 83 lbs. were examined at school kitchens during the year and found to be unfit. In most cases replacement was made by the supplier, although some foodstuffs became unusable as a result of refrigerators failing at a week-end due to electrical storms.

SCHOOL SWIMMING

A further three primary schools completed the building of a learner type swimming pool during the year and two primary schools provided a portable or garden type pool.

At the end of the year the total number of school swimming pools in the county, including

the Borough of Poole, was sixty-one. Seven of these are garden pools, four are portable (33' x 17') and the remainder are purpose built pools, generally of a standardised learner design although competition pools of twenty-five metres length have been provided at four grammar/secondary modern schools. With two exceptions all pools are open air and only in the case of the two covered pools and one open air pool is the water heated.

Apart from four garden type pools, the water is recirculated through an approved filtration plant and in most cases chlorination is carried out by automatic chlorinator using a solution of sodium hypochlorite.

The County Health Department maintains a close supervision of all school swimming pools excepting those in Poole where supervision is undertaken by the Borough public health inspectors.

During the year 254 samples of swimming bath water were submitted for bacteriological examination and 239 gave a satisfactory report. In the case of the fifteen unsatisfactory samples, the necessary investigations were made and repeat samples proved satisfactory.

In addition to the bacteriological sampling, 190 spot tests were made for chlorine residual and six samples of pool water were submitted for chemical analysis, each of which produced a satisfactory report.

During the year the building of swimming pools was commenced at three schools and proposals for the installation of portable pools were received in respect of an additional five schools; all are expected to be in use in 1969.

It is very evident that school swimming pools are playing a most important part in the physical education programmes and, apart from the benefits derived from the healthful exercise, very many children are now able at an early age to receive expert tuition in the art of swimming. To be able to swim efficiently is a great asset and can, in certain circumstances, mean the saving of a life.

WATER SUPPLIES

At the 1st January, 1968 there were nine educational establishments in the county not connected to a public main supply of water.

During the year one school was closed so that at the end of the year the number was reduced to eight which included two school camps.

In five cases water is obtained from private estate supplies, one school has a bore hole, another a well and the remaining school has water rammed from a spring. Owing to the uncertain bacteriological quality of the water, automatic chlorinators have been installed at two schools.

Regular sampling of the water has been carried out at all eight premises and a total of 118 specimens were submitted for bacteriological examination. Eight were not of a satisfactory standard. The necessary investigations were made and repeat specimens were satisfactory.

SCHOOL CAMPS

There are two school camps in the county, both situated in the Wareham and Purbeck rural district.

Regular visits of inspection were made during the camping season and on each occasion it was found that a very satisfactory standard of hygiene was being maintained.

The County Public Health Officer receives excellent co-operation from Mr. Hayfield, the County Organiser for Physical Education and this, plus the very ready help of the Camp Warden, has resulted in the high standards to be found at both camps.

SCHOOL HYGIENE

There is now only one school in the county without water-borne sanitation. No doubt as soon as main drainage becomes available in the village - and this is expected to be provided in the near future - w.c's will be substituted for the existing chemical closets.

It has been possible during the year to effect improvements in the sanitary accommodation at seven schools, mainly by the provision of additional lavatories. In addition, temporary classrooms have been provided at twenty-four schools to cater for increasing number on roll.

The Authority is fully aware of the need to provide indoor lavatories and cloakrooms at all schools and as many schemes as possible are included in each year's minor works programme so far as the allocation of funds permit.

HEALTH EDUCATION IN SCHOOLS

Details are given below of the talks on health subjects given in schools in 1968. These were mostly given by school medical officers, dental officers, health visitors and dental hygienists, many of which were illustrated by films.

	Number of talks and/or films	Audience
Dental Hygiene	536	16,801
Child Care and Mothercraft	47	863
Personal Hygiene	2	83
Smoking and Health	9	2,060
Home Safety	3	33
Drugs, V.D., etc.	2	35

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER
J.S. MacLachlan, L.D.S., R.C.S.Eng.

STAFF

Resignations

S.J. Emery, Dental Officer, Weymouth (31st January, 1968)
I.H. Maddick, Dental Officer, Wareham (31st December, 1968)

Appointments

S.H. Smith, Dental Officer, Weymouth (1st March, 1968)

Transfers

J.M. Paterson from Dental Officer, Dorchester Rural Area to
Deputy Chief Dental Officer (1st October, 1968).

On the 31st December, 1968, there were fourteen whole-time and three part-time dental officers on the staff. A proportion of their time was occupied in duties for the maternal and child health services so that the whole-time equivalent of dental officers engaged in the school dental service amounted to 13.5. One dental auxiliary and one hygienist were also employed.

In last year's report I took pleasure in announcing the appointment of two young dental officers. I regret to report that these have now both resigned, one on promotion to another authority and the other on transfer to the general dental service. The average age of the staff has therefore now reverted to its former level of about fifty years.

ROUTINE VISITS TO SCHOOLS

Slightly more children have again been inspected during the year and the position with regard to routine visits to schools is shown below at Table A.

TABLE A
Approximate interval in months between visits

	1963	1966	1967	1968
Blandford	12	12	15	12
Bridport	30	24	20	20
Dorchester Rural	18	14	16	18
Dorchester Borough	30	14	14	12
Gillingham	24	12	12	14
Shaftesbury	36	18	14	18
Sherborne	24	9	12	9
Wareham	18	24	16	16
Wimborne	12	9	12	9
Weymouth	24-36	15	15	12
Portland	24-36	9	9	9

While these figures show little change from those of the previous year they do serve to demonstrate the need for additional staff in the Southern half of the County. Although it is hoped that the re-allocation of schools between the Bridport and Sherborne areas will do something to improve the turn-round in the former, without gravely injuring the latter, it does not seem likely that anything can be done to improve the situation in the Wareham area without additional staff, the provision of which was deferred until 1970 as the result of the financial position.

The inspection figures over the past five years are shown in Table B.

TABLE B
Inspection figures over the past five years

	1964	1965	1966	1967	1968
Percentage of school population inspected	80	76	85	83	84
Percentage of those inspected who were found to require treatment	61	62	60	54	53
Percentage of those offered treatment who were treated by the school dental service	67	66	67	71	72

Last year I expressed some doubt that the drop in the percentage requiring treatment might be the beginning of a trend. That this year there is a continued slight drop does nothing to alter my opinion that this doubt is justified: the drop is, however, cheering.

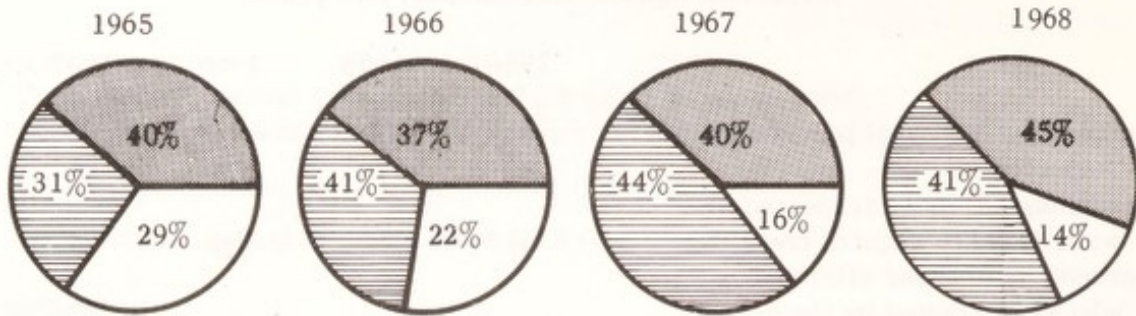
This year as in previous years records have been kept of the number of children who, in the opinion of the dental officers, are receiving treatment from either branch of the National Dental Service. These figures are given below for the County Area and South Dorset less Wimborne which, as it enjoys a naturally fluoridated water supply and consequently less dental decay, would present a false picture:

Percentage of those inspected who:

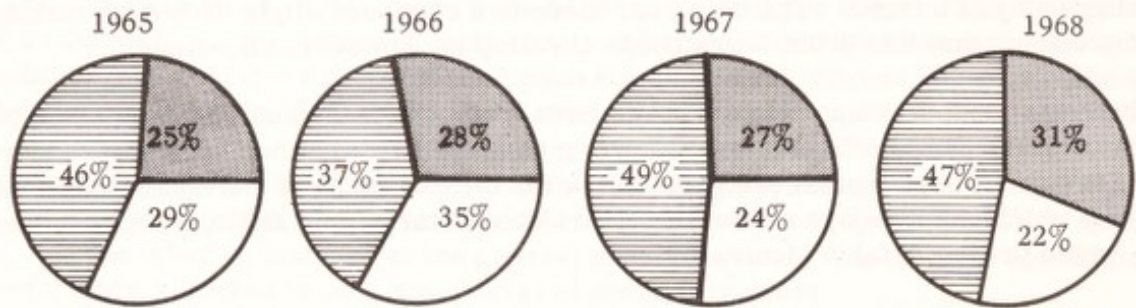
	Urban	Rural
Receive regular dental treatment from General Dental Service	45	31
Receive regular dental treatment from School Dental Service	41	47
Receive no regular treatment	14	22
Accept treatment from School Dental Service	45	56
Would, in a fully staffed School Dental Service, receive no regular treatment	10	13



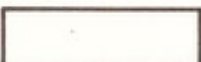
Although these figures are marginally better than those of the previous year, it must be remembered that too much weight must not be placed on them as they are based upon the opinion of the inspecting officers so that they, together with those shown in Fig. 1 are, therefore, only indicative of the position in general.

FIGURE 1
URBAN AREA



RURAL AREA



<p>School Dental Service</p>		<p>Percentage receiving treatment from School Dental Service</p>
<p>General Dental Service</p>		<p>Percentage of those inspected receiving regular treatment from General Dental Service</p>
<p>No Regular Treatment</p>		<p>Percentage receiving no regular treatment</p>

The average amount of work carried out per treatment session is shown at Table C.

TABLE C

	1964	1965	1966	1967	1968
Treatments per session	2.16	2.36	2.4	2.18	2.24
Attendances per session	5.85	6.1	5.9	5.85	6.1
Fillings per session	5.6	6.0	5.7	6.2	6.2
Extractions per session	1.7	1.6	1.7	1.4	1.8

The rise in the number of extractions is partly due to the fact that the hitherto relatively neglected areas of Dorchester Rural and Wareham were extensively treated during the year, and partly due to the amount of orthodontic work that is being carried out by extractions only and without the use of appliances. The fact that the amount of attendances, fillings and extractions have not yet started to fall is indicative of the fact that the school dental service in Dorset is proving itself to be efficient as a reparative service rather than as a preventive one, which cannot be measured by the yardstick of output of work. In fact, the more efficient the service, the greater will be the number of children treated and the less the items of treatment performed.

ORTHODONTICS

To date three dental officers have been enabled to improve their knowledge of this speciality by attending Mr. Hooper's clinics in Dorchester and all are now able to devote more time to this work, which is doing a great deal to enhance the image of the school dental service in Dorset. During the year 589 children received orthodontic treatment, an increase of fifty-two on the previous year. For the first time for four years the number of cases referred to the consultant has also shown an increase, this latter probably being due to the fact that dental officers generally are becoming more aware of the importance of this work.

My thanks are due to Mr. Hooper for all he is doing for the County.

DENTAL HEALTH EDUCATION

Last year I emphasised the importance of limiting the between-meals-eating of fermentable carbohydrates and, during the year, this matter has again been considered by the Dental Group of the Society of Medical Officers of Health which has asked local authorities to provide information concerning tuck shops and eating habits in schools. Although the results of this survey are not yet complete the figures for Dorset are of interest and are reproduced below:

Schools	Total Number	Number prohibiting eating of decay producing items during school hours	Number selling decay producing items	Number selling only non-decay producing items
Infants only	24	6	7	3
Juniors only	21	2	8	2
Infants and Juniors	143	30	25	12
Secondary	42	4	26	1
Total	230	42	66	18

For some time teachers and dental staff alike have had some doubt about the value of the system operating in the county whereby members of the dental staff appeared out of the blue, lectured a class or a group for a period, and disappeared again, not to re-appear for a further year. The result, as I have mentioned in my previous reports, was that most of the children in the county seemed to know the basic facts of the need for oral hygiene and would give lip service to the idea. Whether any actual benefit was obtained from their knowledge was highly problematical.

In an attempt to improve the effectiveness of our efforts an experimental project was started at Broadmayne County Primary School based on Nuffield type discovery lessons, in which children are encouraged to "increase their knowledge and widen their experience by seeking the answers to their questions by reasoning and experiment". To my surprise this project has excited very special interest and has, in some quarters, been hailed as a "break-through" in methods of propagating dental health education amongst school children, obtaining wide publicity in both dental and educational professional literature. It is to be demonstrated at the Annual Conference of the British Dental Association in 1969 and is probably to be the subject of an education film in the near future.

The idea, which sprang from a simple question concerning the correct method of cleaning teeth, led to an investigation by children which eventually embraced virtually the whole school curriculum and ranged from the right way of cleaning teeth, through the fact that some mouths were more difficult to clean than others, the availability of dental care, the reasons why some teeth are harder than others, to studies into the teeth of the ancient Britons and Iron Age men and included history, geography, mathematics, and English and proved very interesting to all concerned. It is hoped to extend this type of dental health project to other interested schools.

1968 has been a year of consolidation and, although apparently not a very exciting one, may prove to have lasting results. It may be summarised as follows:

Effective dental officer strength	+	3.5%
Number of children inspected	+	6%
Number treated	+	2%
Number of permanent teeth filled	+	6%
Deciduous teeth filled	+	6%
Orthodontic cases under treatment	+	10%

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENTS

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total	(Total for 1967)
First visit	6,400	4,826	1,048	12,274	11,995
Subsequent visits	9,510	10,684	2,460	22,654	20,244
Total visits	15,910	15,510	3,508	34,928	32,239
Additional courses of treatment					
commenced	989	777	160	1,926	1,865
Fillings in permanent teeth	5,707	12,507	4,268	22,482	22,370
Fillings in deciduous teeth	11,227	1,698	-	12,925	11,913
Permanent teeth filled	4,850	11,103	3,690	19,643	18,591
Deciduous teeth filled	10,272	1,456	-	11,728	10,998
Permanent teeth extracted	295	1,666	312	2,273	2,035
Deciduous teeth extracted	6,511	1,516	-	8,027	5,728
General anaesthetics	1,211	499	32	1,742	2,190
Emergencies	903	357	74	1,334	1,336
				984	882
Number of pupils x-rayed				2,868	2,635
Prophylaxis				2,381	2,961
Teeth otherwise conserved				87	186
Number of teeth root-filled				5	16
Inlays				79	57
Crowns				13,353	12,420
Courses of treatment completed					

ORTHODONTICS

Cases remaining from previous year	336	266
New cases commenced during year	253	271
Cases completed during year	183	156
Cases discontinued during year	17	45
Number of removable appliances fitted	312	349
Number of fixed appliances fitted	13	7
Pupils referred to Hospital Consultant for treatment	87	44

PROSTHETICS

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total	(Total for 1967)
Pupils supplied with F.U. or F.L. (first time)	-	1	-	1	3
Pupils supplied with other dentures (first time)	4	17	14	35	48
Number of dentures supplied	4	18	16	38	55

	Total	(Total for 1967)
ANAESTHETICS		
General Anaesthetics administered by Dental Officers	12	102
INSPECTIONS		
First inspection at school. Number of pupils	34,381	33,316
First inspection at clinic. Number of pupils	8,335	6,744
Total inspected	42,716	40,060
Number found to require treatment	22,776	21,726
Number offered treatment	17,026	16,875
Pupils re-inspected at school or clinic	3,596	3,234
Number of those re-inspected found to require treatment	2,324	2,411
SESSIONS		
Sessions devoted to treatment	5,710	5,525
Sessions devoted to inspection	424	396
Sessions devoted to Dental Health Education	359	200

SCHOOL CLINICS - LOCATION, TYPE AND NUMBER OF SESSIONS PER WEEK

(as at 31.12.68)

The Clinic, Hogshill Street, Beaminster.	1 Speech	Branksome Clinic, Layton Road, Parkstone.	18 Dental 2 Speech
Health Clinic, Salisbury Street, Blandford.	1 Hearing Assessment (per month) 2 Dental 1 Speech	Central Clinic, Park Road, Poole.	1 Hearing Assessment 8 Dental 7 Speech 2 Physiotherapy 3½ Child Guidance
Bovington Modern Schools, Bovington.	1 Speech	Oakdale Clinic, 337, Wimborne Road, Poole.	1 Enuresis
Health Clinic, North Allington, Bridport.	1 Hearing Assessment (per month) 2 Dental 3 Speech 2 Child Guidance (per fortnight)	Health Clinic, Fortuneswell, Portland.	1 Minor Ailments 6 Dental 1 Speech
Health Clinic, Glyde Path Road, Dorchester.	2 Hearing Assessment (per month) 17 Dental 2 Speech 5 Child Guidance (2 Psychiatrist)	Health Clinic, Secondary Modern School, Shaftesbury.	1 Hearing Assessment (per month) 1 Speech 4 Dental
Health Clinic, Victoria Road, Ferndown.	2 Speech 2 Dental	Health Clinic, Horsecastles, Sherborne.	1 Hearing Assessment (per month) 2 Dental 2 Speech 1 Child Guidance (per fortnight)
Health Clinic, St. Martin's, Gillingham.	1 Hearing Assessment (per month) 4 Dental 1 Speech 1 Child Guidance (per month)	St. Aldhelms School, Sherborne.	1 Speech
Health Clinic, Lanark Close, Hamworthy.	6 Dental 1 Speech	Health Clinic, Green Close, Sturminster Newton.	1 Hearing Assessment (per month) 1 Speech
Health Clinic, High Street, Swanage.	1 Hearing Assessment (per month) 2 Dental 1 Speech	Health Clinic, Sturminster Newton.	1 Hearing Assessment (per month) 1 Speech
St. Francis School, Hooke.	1 Child Guidance (per fortnight)	Health Clinic, High Street, Swanage.	1 Hearing Assessment (per month) 2 Dental 1 Speech
Junior C.E. School, Lyme Regis.	1 Speech	The Parish Hall, Wareham.	1 Hearing Assessment (per month)
		County Modern School, Wareham.	1 Speech

Hillbourne Clinic, Kitchener Crescent, Waterloo, Poole.	6 Dental	Health Clinic, Rowlands Hill, Wimborne.	2 Dental 1 Hearing Assessment (per month) 2 Speech
Health Centre, Westham Road, Weymouth.	5 Minor Ailments 16 Dental 3 Speech	Wimborne Day Special School, Wimborne.	1 Speech
The Clinic, Wyke Regis, Weymouth.	1 Speech 1 Child Guidance		

STATISTICAL APPENDIX

YEAR ENDED - 31st DECEMBER, 1968

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - PERIODIC MEDICAL INSPECTIONS

P = Poole area S.D. = South Dorset Area C = Remainder of County

Age Groups inspected (by year of birth)	(1)			(2)			(3)			(4)			(5)			(6)			(7)			(8)							
	P	S.D.	C	P	S.D.	C	P	S.D.	C	P	S.D.	C	P	S.D.	C	P	S.D.	C	P	S.D.	C	P	S.D.	C					
																									No. of pupils who received a full medical examination			Physical condition of pupils inspected	
1964 and later	2	-	-	1	3	2	1	3	-	-	-	-	-	-	-	1	-	-	1	3	-	-	2	-	-				
1963	844	475	1282	2601	844	465	1280	2589	-	-	-	-	-	-	-	22	18	30	70	189	87	96	372	168	89	79	336		
1962	391	364	1271	2026	390	364	1269	2023	1	-	-	-	-	-	-	19	11	30	60	60	69	105	270	70	89	105	264		
1961	494	31	181	706	494	31	181	706	-	-	-	-	-	-	-	37	2	5	44	104	3	20	127	114	5	20	139		
1960	770	22	132	924	769	22	132	923	1	-	-	-	-	-	-	57	-	5	62	205	5	14	224	209	5	16	230		
1959	305	28	115	448	305	28	115	448	-	-	-	-	-	-	-	25	2	7	34	107	4	13	124	101	6	14	121		
1958	122	591	95	808	121	589	94	804	1	2	1	4	-	-	-	6	72	4	82	59	107	4	170	54	159	9	222		
1957	428	220	51	699	428	220	51	699	-	-	-	-	-	-	-	67	29	3	99	153	30	7	190	184	49	9	242		
1956	749	46	151	946	747	46	151	944	2	-	-	-	-	-	-	78	3	20	101	148	8	11	167	185	11	28	224		
1955	263	20	266	549	262	19	266	547	1	1	-	2	-	-	-	818	818	32	4	18	54	70	4	43	117	75	7	48	130
1954	201	218	180	599	201	216	180	597	-	2	-	2	-	-	-	360	360	46	26	18	90	68	42	21	131	96	57	34	187
1953 and earlier	1007	512	162	1681	1006	512	162	1680	1	-	-	1	-	-	-	33	33	149	105	29	283	156	76	14	246	248	159	36	443
TOTALS	5576	2527	3887	11990	5569	2512	3882	11963	7	15	5	27	-	-	-	1211	1211	539	272	169	980	1331	462	348	2141	1506	636	398	2540

Col. (3) as a percentage of Col. (2)

P	S.D.	C	Total
99.9	99.41	99.87	99.77

Col. (4) as a percentage of Col. (2)

P	S.D.	C	Total
0.1	0.59	0.13	0.23

TABLE B - OTHER INSPECTIONS

	Poole	South Dorset	Remainder of County	Totals
Number of Special Inspections	599	978	7,517	9,094
Number of Re-inspections	1,450	392	2,731	4,573
Totals	2,049	1,370	10,248	13,667

TABLE C - INFESTATION WITH VERMIN

	Poole	South Dorset	Remainder of County	Totals
Total number of individual examinations of pupils by school nurses or other authorised persons	17,005	12,186	14,663	43,854
Total number of individual pupils found to be infested	61	17	99	177
Number of pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	-	-	-	-
Number of 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

DEFECT OR DISEASE	PERIODIC INSPECTIONS												TOTALS			SPECIAL INSPECTIONS						
	ENTRANTS				LEAVERS				OTHERS				Totals	P	S.D.	C	Totals	P	S.D.	C	Totals	
	P	S.D.	C	Totals	P	S.D.	C	Totals	P	S.D.	C	Totals										P
	T	29	18	34	81	9	8	17	69	16	8	8	37	44	14	28	86	9	243	5	18	23
Skirt	O	6	9	27	42	5	2	9	33	3	1	2	25	32	13	-	45	-	122	-	-	3
	T	7	4	-	11	7	2	9	18	7	-	-	25	32	13	-	45	-	122	-	-	3
	O	4	1	14	19	6	-	6	31	-	2	2	33	41	1	16	58	-	122	-	-	3
Eyes - (a) Vision	T	42	32	84	158	195	132	327	302	108	85	495	539	272	169	980	272	169	980	3	54	845
	O	38	141	135	314	73	25	98	311	41	52	404	422	207	187	816	207	187	816	1	1	527
	T	29	18	34	81	9	8	17	69	16	8	93	107	42	42	191	42	42	191	2	2	-
Ears - (a) Hearing	O	6	9	27	42	5	2	9	33	3	1	37	44	14	28	86	14	28	86	-	-	-
	T	7	4	-	11	7	2	9	18	7	-	25	32	13	-	45	-	-	45	-	-	-
	O	4	1	14	19	6	-	6	31	-	2	33	41	1	16	58	-	-	58	-	-	-
Ears - (b) Otitis Media	T	8	7	25	40	2	10	12	13	11	9	33	23	28	34	85	10	20	110	10	20	140
	O	32	9	118	159	9	2	11	40	8	17	65	81	19	135	235	1	28	106	135	2	2
	T	11	11	1	23	1	1	2	7	2	1	10	19	14	2	35	-	-	35	-	-	-
	O	29	2	11	42	3	-	3	16	-	2	16	48	2	11	61	-	-	61	-	-	-
	T	6	-	3	9	2	-	2	8	1	-	9	16	1	3	20	2	-	20	2	-	2
	O	24	1	6	31	5	1	6	33	-	-	33	62	2	6	70	-	-	70	-	-	-
Nose and Throat	T	31	32	25	88	21	4	25	66	19	1	86	118	55	26	199	2	10	2	10	2	14
	O	126	54	107	287	20	8	173	7	11	191	319	118	69	118	506	-	-	506	-	-	2
Speech	T	12	14	37	63	3	5	8	21	1	2	24	36	20	39	95	2	3	3	3	3	8
	O	41	16	91	148	8	1	9	39	4	5	48	88	21	96	205	1	-	205	1	-	6
Lymphatic Glands	T	-	2	1	3	-	-	-	1	-	-	1	1	2	1	4	-	-	4	-	-	-
	O	13	13	12	38	7	3	10	22	1	-	23	42	17	12	71	-	-	71	-	-	-
Heart	T	2	3	1	6	-	2	2	3	1	1	5	5	6	2	13	-	-	13	-	-	-
	O	12	7	33	52	10	4	14	27	3	9	39	49	14	42	105	-	-	105	-	-	1
Lungs	T	13	20	14	47	7	10	17	22	15	4	41	42	45	18	105	3	1	105	3	1	5
	O	35	5	48	88	22	1	23	61	2	9	72	118	8	57	183	1	-	183	1	-	2
Developmental - (a) Hernia	T	2	3	8	13	1	1	2	2	3	-	5	5	7	8	20	-	-	20	-	-	1
	O	9	1	24	34	1	1	2	17	1	-	18	27	3	24	54	2	-	54	2	-	4
	T	-	7	8	15	2	3	5	17	8	4	29	19	18	12	49	-	-	49	-	-	2
	O	34	75	63	172	6	1	7	87	23	8	118	127	99	71	297	-	-	297	-	-	4
Orthopaedic - (a) Posture	T	-	-	1	1	16	6	22	29	5	2	36	45	11	3	59	-	-	59	-	-	1
	O	3	6	3	12	9	8	17	11	6	6	23	23	20	9	52	-	-	52	-	-	-
	T	56	14	57	127	22	9	31	121	12	31	164	199	35	88	322	1	10	322	1	10	8
	O	46	23	196	265	26	10	36	125	10	40	175	197	43	236	476	3	-	476	3	-	14
	T	34	1	3	38	12	6	18	49	8	1	58	95	15	4	114	4	-	114	4	-	4
	O	26	2	32	60	21	5	26	68	1	7	76	115	8	39	162	-	-	162	-	-	1
Nervous System - (a) Epilepsy	T	1	1	4	6	4	-	4	12	1	2	15	17	2	6	25	-	-	25	-	-	2
	O	2	-	11	13	2	2	4	5	1	2	8	9	3	13	25	-	-	25	-	-	2
	T	-	5	10	15	-	2	2	-	1	2	3	-	8	12	20	-	-	20	-	-	2
	O	1	3	33	37	4	1	5	12	2	10	24	17	6	43	66	-	-	66	-	-	3
Psychological - (a) Developmental	T	1	3	30	45	15	3	45	213	3	2	218	255	7	5	267	121	-	267	121	-	17
	O	12	3	30	45	15	3	15	68	8	10	86	95	11	40	146	2	-	146	2	-	25
	T	8	13	6	27	1	1	2	38	5	8	51	47	19	14	80	109	-	80	109	-	4
	O	77	9	83	169	15	-	15	106	4	17	127	198	13	100	311	1	1	311	1	1	10
Abdomen	T	2	-	5	7	2	1	3	5	2	2	9	9	3	7	19	-	-	19	-	-	-
	O	4	1	18	23	4	2	6	15	1	1	17	23	4	19	46	-	-	46	-	-	-
Other	T	10	6	7	23	27	8	35	56	11	6	73	93	25	13	131	3	-	131	3	-	1
	O	27	9	26	62	25	4	29	54	8	13	75	106	21	39	166	1	-	166	1	-	7

