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DORSET COUNTY COUNCIL

EDUCATION COMMITTEE



ANNUAL REPORT ON THE SCHOOL HEALTH SERVICE

1970

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1970

A. F. Turner

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



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FOREWORD

This report will be the last to appear under the name of Dr. A. F. Turner who retired on the 31st May 1971. Dr Turner was Principal School Medical Officer for seven years and before that Deputy Principal School Medical Officer for thirteen years. There can be few Head Teachers in the county who did not at some time meet him and appreciate the keen personal interest in the school health service which he always displayed. From the time of his arrival in Dorset until his retirement, the school population increased by 20,000, from 34,444 in 1950 to 54,700 in 1970 and during this time many refinements in the medical supervision of school children were introduced. It is of interest that twenty years ago, the only prophylactic generally given to children was against diphtheria. Now, in addition, the majority receive routine protection against whooping cough, tetanus, poliomyelitis, measles, rubella and tuberculosis, many of the immunisation procedures, both primary and booster, being carried out in school. The latest of these to be introduced is, of course, protection against rubella which was commenced early in 1970. It is offered to 13-year-old schoolgirls, with the object of protecting them against attacks in later life when, if pregnant, congenital deformity of the developing baby could result.

Dr. Belsham's report on the Child Guidance Service mentions the opening of the Day Adjustment Unit at Penwithen Hostel. This important adjunct to the service makes education available to children who are too disturbed to attend local schools and thus makes it possible for the first time to admit such children to the hostel.

On the 1st April 1971, responsibility for the junior training centres was transferred to the Education Department. These are now classified as special schools and the children in them can be medically supervised through the school health service.

Under active consideration at present are plans for a day special school and centre for physically handicapped children to be built at Dorchester in 1973-4, the establishment of a health education section staffed by full-time officers and the computerisation of the immunisation services.

I should like to thank Dr. Townsend, Mr. Clarke and Mr. Toop who have borne the main burden of the day-to-day administration of the service, all other members of the school health section and also all head teachers for their continued willing co-operation.

G. F. Willson

Principal School Medical Officer

County Hall,
Dorchester.

September 1971

SCHOOL HEALTH SERVICE ESTABLISHMENT
(At end of year)

CENTRAL STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER
A F Turner MB BCh DPH

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER
G F Willson MD DPH

SENIOR MEDICAL OFFICER
Mary Townsend MB BS MRCP DCH

SCHOOL MEDICAL OFFICERS

K J Adams MRCS LRCP DPH
W E Hadden MB BS DPH DA DTM & H
G B Hopkins MB ChB DPH
Esther Jackson MB ChB DPH
Jill C White MB BS MRCS LRCP DPH DCH
Elizabeth M S Wotherspoon MB ChB
(Part-time)

SUPERINTENDENT NURSING OFFICER

Bridget C Thornton SRN SCM HV Cert

SCHOOL NURSES (25)

SPEECH THERAPISTS

Charlotte A C Tone LCST (Senior)
Susan A Burton LCST

PRINCIPAL SCHOOL DENTAL OFFICER
J S MacLachlan LDS RCS

DEPUTY PRINCIPAL SCHOOL
DENTAL OFFICER
L Jones BDS

SENIOR DENTAL OFFICER
D G Greenfield LDS RCS

DENTAL OFFICERS

N J Dyer BDS LDS RCS
K E J Fletcher LDS RCS
R W Hall BDS
Edna G Laylee LDS (Part-time)
P H W Maynard LDS RCS
J M Paterson LDS RCS
L Richardson BDS LDS
A Simpson LDS RFPs
Patricia R Savage BDS LDS RCS

DENTAL AUXILIARY
Margaret Meech

DENTAL HYGIENIST
Jennifer M Horton

DENTAL SURGERY ASSISTANTS (13)

CHIEF ADMINISTRATIVE OFFICER
V W V Clarke DPA

POOLE BOROUGH STAFF

BOROUGH SCHOOL MEDICAL OFFICER

J Hutton MD DPH

SCHOOL MEDICAL OFFICERS

A McCutcheon MB ChB DPH

Rosa Strunin MD (Berlin)

H C Williamson MB BCh DPH

I R S Patterson MB ChB DPH

BOROUGH NURSING OFFICER

Marion Davies SRN SCM HV Cert

SCHOOL NURSES (17)

BOROUGH DENTAL OFFICER

F E R Williams LDS

DENTAL OFFICERS

A C S Barnard LDS RCS

A E G Gapper LDS RCS

C Green LDS RCS

DENTAL SURGERY ASSISTANTS (4)

SPEECH THERAPIST

Helen V A Barrett LCST

SOUTH DORSET DIVISIONAL EXECUTIVE AREA STAFF

AREA MEDICAL OFFICER

E J G Wallace MB ChB DPH

SCHOOL MEDICAL OFFICER

K J Kimmance MB BS DObst RCOG DPH

SCHOOL NURSES (8)

SENIOR DENTAL OFFICER

R H J Fairney LDS RCS

DENTAL OFFICERS

Marguerite D Mason BDentSc (Part-time)

A V Robson LDS RCS

DENTAL SURGERY ASSISTANTS (4)

JOINT SERVICES

CHILD GUIDANCE

Consultant Psychiatrist

Audrey J Belsham MB BS DPM DCH

County Educational Psychologist

J S Aston BA BSc ABPsS

Educational Psychologists

T W Crabtree BA DipEd

A M Rigby BA DipPsych

Psychiatric Social Worker

Astrid D Filliter

ORTHODONTICS

Consultant Orthodontist

J D Hooper LDS DOrth RCS

Senior Orthodontic Registrar

J D Muir BDS DOrth FDS RCS

THE SCHOOL HEALTH SERVICE

ADMINISTRATION

As mentioned in previous reports, the school health section and maternity and child welfare section are merged to form one 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 357,370.

Average numbers on the school registers on 31 December 1970:-

	Primary	Secondary Modern	Comprehensive	Grammar	Specials	Totals	
						1970	(1969)
County Districts	17,296	5,076	4,532	2,888	109	29,901	(28,827)
Poole Exceeded Area	9,523	4,683	-	1,566	-	15,772	(15,202)
South Dorset Divisional Area	5,498	2,331	-	1,198	-	9,027	(8,873)
Totals	32,317	12,090	4,532	5,652	109	54,700	(52,902)

Number of Schools

Type	South Dorset Area	Poole Area	County Area	Totals
Primary	24	23	139	186
Secondary Modern	4	8	11	23
Comprehensive	-	-	8	8
Grammar	1	2	8	11
Special	-	-	2	2
Totals	29	33	168	230

MEDICAL INSPECTION

NUMBER OF PUPILS EXAMINED

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

	1968	1969	1970
Routine examination of entrants	4,768	5,363	5,729
Routine examination at all other ages	7,312	6,618	6,750
Re-inspections	4,573	3,961	3,397
Special examinations	9,094	15,971	15,924
Totals	25,747	31,913	31,800

During 1970, 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 VISION TESTING

In the County Area a child's vision is checked at school entry by the local health visitor using the conventional Snellen test card. The child's vision is subsequently tested biannually by specialist health visitors using modern vision screening machines. The parents of children shown by either method to have a defect of vision are advised of the defect and offered an appointment at a school eye clinic, these cases being carefully followed up to ensure that all children with defective sight are properly investigated. Where the defect of vision is found by the screening process to be only marginal, ie not greater than 6/9 either eye, the child is included in those to be retested the following year. In Poole vision screening is carried out every three years and in the South Dorset area the screening is done at the time of the three routine medical examinations.

COLOUR VISION

Colour vision is now tested on the vision screeners at nine years of age and children who fail this test are brought forward at the selective medical examination for retesting with Ishihara charts.

Giles Archer lanterns have been provided for each area medical officer so that those children who need still further investigation can be seen locally.

PERSONAL HYGIENE

During the year 49,878 personal hygiene inspections were carried out by the school health visitors throughout the whole county and 214 children were found to have lice or nits in the hair.

It will be seen from the following table that a greater number of children were inspected in the current year than in 1969, but there was a decrease in the number of children found to be verminous, the incidence of infestation for the whole county falling from 0.5% to 0.4%.

	No. of children inspected		No. found verminous	
	1969	1970	1969	1970
County Area	13,662	16,376	92	127 (0.8%)
Poole	19,877	18,576	151	68 (0.4%)
South Dorset	14,555	14,926	15	19 (0.1%)
Whole County	48,094	49,878	258	214 (0.4%)

AUDIOLOGY SERVICE

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

- (a) Sweep testing in schools is 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.

Special audiology clinics are held from time to time at Dorchester clinic attended by Dr Townsend and Mr Glendenning, the County Teacher of the Deaf. 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 ENT consultants, by agreement with the child's medical practitioner.

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

Our thanks are again extended to the consultant ENT 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	785	3,622	4,407
No. of children failed screening tests	61	332	393 +
No. referred for treatment after investigation	33	146	179

ANALYSIS OF CASES REFERRED FOR FULL AUDIOMETRIC INVESTIGATION

1. Sources

	South Dorset	County Area	Totals
Children who failed screening tests	61	378	439
Children referred by health visitors	21	102	123
Children referred by Medical Officers	57	118	175
Children referred by Speech Therapists	3	65	68
Children referred by Head Teachers	1	1	2
Children referred by Parents	12	43	55
Children referred by General Practitioners	-	20	20
Children referred by ENT Specialists	80	46	126
Children referred from other sources	63	7	70
Totals	298	780	1,078 +

2. Findings of the Audiometrician

	South Dorset	County Area	Totals
No significant loss recorded	134	390	524
Referred to ENT Specialists	82	231	313
For Retest 1971	66	40	106
Other Action	-	29	29
Totals	282	690	972*

*Includes appointments not kept or declined

+Includes cases outstanding 31 December 1970

3. Results of cases referred to ENT Specialists

	South Dorset	County Area	Totals
No treatment advised	14	9	23
To be reviewed	29	77	106
Tonsils and adenoids to be removed	30	29	59
Tonsils to be removed	-	1	1
Adenoids to be removed	-	2	2
Other operative treatment advised	5	62	67
Other treatment advised	-	33	33
Reports still outstanding	4	13	17
Moved out county	-	5	5
Totals	82	231	313

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 1970	No significant hearing loss	Still under observation	Referred to medical officer
1,996	1,643	144	209

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.

There has been little change in the number of children referred for a psychiatric opinion during 1970, and the pattern of holding Clinics in Dorchester, Poole, Weymouth, Bridport and Sherborne has continued. The total number of children seen during this period is 1,027, an increase of 109 on the previous year. The weekly session in the Paediatric Unit of the Dorset County Hospital is hardly adequate for the number of referrals: and with the opening of the extension of the Paediatric Unit and consequent increase in the number of children admitted, the number of referrals from there is likely to increase. There has been a slight increase in the number of children awaiting investigation at the end of the year.

Work during 1970 has been severely handicapped by the lack of any Psychiatric Social Workers in the County area since May. This has meant that the Consultant Children's Psychiatrist has had to spend more time with parents, and less time has been available for children in need of specific treatment. It is important to emphasise how vital is the work of the Psychiatric Social Worker to the efficient treatment of families referred. Miss Filliter continues to do valuable work in Poole in this capacity, and is also seeing families in the area adjacent to Poole in order to relieve some of the pressures there.

The additional Educational Psychologist for the County area took up his appointment in September and is working in the Weymouth, West Dorset and North Dorset areas. This has enabled more children to be seen by the Psychologist, and also more quickly: and is also facilitating communication between schools and Child Guidance Service. It is now possible for the Educational Psychologist to give a regular weekly session for child guidance referrals, although unfortunately it is not possible to hold these at the same time as the Child Guidance Clinics. In Poole Mr Crabtree now has two sessions weekly allocated to child guidance work, and continues to see the majority of children before they are seen by the Consultant Psychiatrists. It is hoped that eventually this will be possible in the County Area, and that when new Psychiatric Social Workers are appointed the full team method of work will be established over the whole County.

The scope and value of the help given to disturbed children in the County has been increased by the opening of a Day Adjustment Unit last September at Penwithen Hostel. This provides part-time education for disturbed children, who either travel daily to the Unit, or who are resident at the Hostel. This Unit is fulfilling a long-felt need, but as with the Greenways Remedial Unit at Poole, provision of full time education for such disturbed children is needed. Previously the work of the Penwithen Hostel has of necessity been limited to children who could attend the local schools, although in fact many of them needed a great deal of help from the Hostel and Schools staff to enable them to do so. With the opening of the Adjustment Unit, it is now possible to admit children to the Hostel who were too disturbed to attend school full-time, but who are able to do so part-time. If full-time educational provision can be provided at the Adjustment Unit, this should enable a higher proportion of the disturbed children in the County to remain within the County area whilst receiving the specific education and treatment that is necessary.

Close liaison with other agencies concerned with the children referred to the Consultant Psychiatrist is essential and is maintained by means of regular conferences with the various services. These are invaluable in ensuring that all factors having a bearing on the child's health are known to all concerned with his wellbeing, and are taken into consideration in planning for his future treatment and care.

CHILD AND FAMILY GUIDANCE SERVICE - STATISTICS

Total number of children seen during the year 1970	1,027
New cases seen by Psychiatrist during 1970	334
Children awaiting investigation on 31 12 70	43
Total children awaiting first Psychiatric appointment on 31 12 70	62
Cases closed during 1970	414
Total number of cases under observation or treatment on 31 12 70	613

ANALYSIS OF NEW CASES INVESTIGATED DURING 1970

Sources of referral of new cases:-

General practitioners and hospitals	162
School Medical Officer	56
Educational Psychologist	38
Education Officer and Headteachers	19
Children's Officer	48
Probation Officers	10
Other sources	37
	<u>370</u>

Problems for which children were referred:-

Behaviour problems	195
Nervous symptoms	53
Educational problems	81
Enuresis	31
Psychosomatic	13
Social problems	39
School refusal	17
Others:	17
Claustrophobic symptoms	1
Encopresis	11
Epilepsy	2
Schizophrenic	1
Retarded development	1
Assessment following an accident	1
	<u>446</u>

Age Groups:

Pre-school	34
Infant school	46
Junior school	141
Secondary school	144
Left school	5
	<u>370</u>

Recommendations made for new cases:-

Still under investigation	12
Diagnosis and advice only	121
Treatment	93
Intensive treatment advised	43
Residential treatment advised	32
Admitted to Hospital for treatment or investigation	6
Special Day school for Maladjusted Children	27
	<u>334</u>

ANALYSIS OF CASES CLOSED DURING 1970

Diagnosis and advice only	85
Transferred to other agencies	34
Removed from area	41
Improved	175
Unco-operative or unimproved	79
Died	---
	<u>414</u>

PSYCHIATRIC INTERVIEWS

Diagnostic	334
Surveys	581
Treatment	1,012
Total interview children	1,927
Total interview parents and others	1,185
Total interview by Psychiatrist	3,112

SPEECH THERAPY

In August 1970, Miss O'Driscoll retired after twenty-four years as Senior Speech Therapist. She pioneered the speech therapy service in Dorset just after the war and has watched and helped the service grow from one to four full-time therapists. We shall miss her experience and wisdom but are very fortunate that she has offered us two sessions a week in 1971 until the fourth vacancy is filled. We have also been fortunate in securing the part-time services of Mrs Scoular who has been working two sessions a week since September.

The number of cases dealt with during the year was as follows (corresponding figures for the previous year given in brackets):-

Cases treated	Discharged	Under treatment	Under observation	Assessed	In need of treatment	Not in need of treatment	Referred awaiting assessment	School and home visits
674	201	181	292	127	75	42	97	52
		473						
(631)	(280)	(395)		(132)	(80)	(52)		(11)

In Dorset County (excluding Poole) between September and December twenty-two sessions per week were worked instead of full-time sessions of thirty per week. Some children were placed under periodic observation as regular weekly therapy could no longer be offered. This resulted in a higher case load than in 1969, and in fewer children being discharged.

The number of children in the County Area awaiting treatment rose from 134 in September to 175 in December.

Survey

The survey mentioned in last year's (1969) Annual Report was completed in 1970. The table below sets out the complete figures, but some points need further comment.

Although many children with language and fluency disorders were found, it could not be claimed that all were. The survey gave us a picture of the articulation and voice defects in the same children at five, six and seven years.

In spite of the statistically low numbers (when we embarked on the survey we had not envisaged such a high wastage number) it is interesting to note how close the figures are to those of two national surveys.

- (a) Seebohm Report in which 27% of five year olds are expected to have defective speech.
- (b) National Child Development Study (1958 Cohort) gives 23.3% of seven year olds having defective speech.

Children regarded as having significant speech defects were those found in categories 4, 5 and 7. (22.7%).

Another point noted was that the number of children showing a sigmatism ("lisp") at seven years (categories 4 and 5) were higher than at five or six years. But a large proportion were in the process of shedding their milk teeth and the sigmatism was judged to be temporary in most cases.

So many children were found to have trouble with "th" and "r" (categories 1, 2 and 3) that we began to wonder whether this should be considered normal.

Summary

Although the survey was carried out on a statistically small sample - the figures correlate with two national surveys.

The percentage of children judged to be in need of treatment and/or advice was higher than the Ministry figures of one speech therapist per 10,000 school children would suggest.

These figures were recommended in 1944, when children with an IQ of under seventy-five were not usually accepted for speech therapy and little or no provision was made for the pre-school child. Since then the service for the handicapped and especially the pre-school child has been very much increased.

Category of Defect	1968 (5 years)		1969 (6 years)		1970 (7 years)	
1. "th"	41	18.2%	31	16.9%	18	10.8%
2. "r"	9	4%	12	6.6%	32	19.2%
3. "th" & "r"	47	20.8%	53	28.9%	38	22.7%
4. sigmatism	9	4%	4	2.3%	3	1.7%
5. sigmatism and "th" and/or "r"	33	14.5%	15	8.3%	23	13.7%
6. blends only	-	-	1	0.5%	-	-
7. complex severe (needing further investigation advice or treatment)	44	19.3%	14	7.6%	12	7.4%
8. complex slight	27	11.8%	24	13.1%	16	9.6%
9. Perfect (adult)	<u>17</u>	7.4%	<u>29</u>	15.8%	<u>25</u>	14.9%
Children examined	<u>227</u>		<u>183</u>		<u>167</u>	
10. Excluded (absent, left school or treated)	-		49		54	
11. Treated - Improved	-		-		6	
12. Treated - Discharged	-		-		8	

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 officer, a total of 129 being treated during the year compared with 163 in 1969 and 141 in 1968. 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, the 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.

The following statistics relate to the whole county including Poole.

During 1970, 220 children were assessed as requiring special educational treatment and in addition eight 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 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-five on the register at the end of the year) or at special classes attached to ordinary schools.

Twenty-four primary schools and twenty-three secondary schools have special classes attached to them and during 1970 the average attendance at these classes was 705. In addition, thirty-eight educationally subnormal children were at residential schools, twenty-six 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, 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 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 classified the children at residential schools or hostels at the end of 1970 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.

Condover Hall Special School, Condover, Nr Shrewsbury, Salop.	1
Ysgol Penybont School, Bridgend, Glamorgan.	2
Chorleywood College, Chorleywood, Herts.	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, Exeter.	7
Exhall Grange School, Exhall, Warwickshire.	1
Dorton House School, Deal, Sevenoaks, Kent.	1
Blatchington Court School, Seaford, Sussex.	1
Royal West of England School, Exeter, Devon.	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, Exeter.	4
St Loye's College for the Disabled, Exeter.	1
Mary Hare Grammar School, Newbury, Berks.	1

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, Exeter.	3
St Loye's College for the Disabled, Exeter.	1
Mary Hare Grammar School, Newbury, Berks.	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	3
--	---

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.

St Christopher's School, Westbury Park, Bristol.	1
Maristow House School, Near Roborough, Devon.	2
Clyffe House School, Dorchester, Dorset.	26
Chelfham Mill School, Barnstaple, Devon.	1
High Close School, Wokingham, Berks.	1
Fairmead Day Special School, Yeovil, Somerset.	2
Croydon Hall School, Minehead, Somerset.	2
Lankhills School, Winchester, Hants.	1
St John's School, Brighton, Sussex.	1
Sheiling School, Ringwood, Hants.	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 re-adjustment.

The Marchant-Halliday School Ltd, North Cheriton, Somerset.	2
Wynstones School, Whaddon, Glos.	1
Peredur Home-School, East Grinstead, Sussex.	2
The Bicknell School, Boscombe, Bournemouth.	5
Croft House School for Girls, Shillingstone, Dorset.	1
Stinsford School, Dorchester, Dorset.	2
Philpots Manor School, West Hoathly, East Grinstead, Sussex.	1
Camphill Rudolf Steiner, Bielside, Aberdeen.	1
Bessels Leigh School, Bessels Leigh, Nr Abingdon, Berks.	1
St Vincent's School, St Saviour's Road, St Leonard's on Sea.	1
Burnt Norton School, Chipping Campden, Glos.	1
Penwithen Hostel, Winterborne Monkton, Dorchester.	20
Clyffe House Special School, Tincleton, Dorchester, Dorset.	6
Sibford Ferris Friends' School, Banbury, Oxon.	1
Pitt House School, Torquay, Devon.	1
Turner's Court, Benson, Oxford.	1
St Francis School, Hooke, Dorset.	3
St Leonard's School, Shaftesbury, Dorset.	1

PHYSICALLY 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 of ordinary schools.

Victoria Home and School, Poole, Dorset.	10
Dame Hannah Rogers School, Ivybridge, Devon.	2
Ingfield Manor School, Billingshurst, Sussex.	1

The Sheiling Curative Schools, Ringwood, Hants.	1
Chailey Heritage Craft School, Chailey, Sussex.	5
The Star Centre for Youth, Ullenwood Manor, Gloucester.	1
Burton Hill House, Malmesbury, Wilts.	2
Hephaistos School, Near Reading, Berks.	3
Uplands School, Sandecotes, Parkstone, Poole.	1
Princess Margaret School, Taunton, Somerset.	3
Lord Mayor Treloar College, Alton, Hants.	2
St Monica's, The Yarrels, Upton, Poole.	1
Langside School, Langside Avenue, Parkstone, Poole.	5
Park Place School, Henley-on-Thames, Oxon.	1
Wilfred Pickles School, Stamford, Lincs.	1
St Loyes Training College, Exeter, Devon.	2
Florence Treloar School, Alton, Hants.	1

SPEECH DEFECT

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

Moor House School, Hurst Green, Oxted.	1
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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.

Park Place School, Henley-on-Thames.	1
Suntrap School, Hayling Island, Hants.	1
St Dominic's Open Air School, Hambledon, Surrey.	1
St Patrick's Open Air School, Hayling Island, Hants.	2
Pilgrims School, Seaford, Sussex.	2
Convent of Sacred Hearts, Carlton Road, Weymouth.	1
St Catherine's School, Ventnor, Isle of Wight.	2
Carruthers Corfield House Hostel, Rustington, Sussex.	2
Devonport House for Children, Hapstead Village, Buckfastleigh, Devon.	1

TUITION AT HOME OR IN HOSPITAL

During the year twenty-nine children suffering from a variety of handicaps which prevented them from attending school received a total of 2,209 hours home tuition.

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

	Number of Children	Hours of Tuition
Weymouth and District Hospital	107	219
Portland Hospital	3	41
Dorset County Hospital	139	382
Poole General Hospital	108	440

INFECTIOUS DISEASES

There were again no cases of diphtheria or poliomyelitis among school children in 1970 the last occasion when they occurred being in 1957 and 1960 respectively.

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

	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Measles	5,431	606	5,255	1,595	3,652	1,559	4,469	493	698	1,549
Scarlet Fever	55	53	61	57	106	29	37	34	37	41
Whooping Cough	238	38	111	156	79	64	236	106	27	32

IMMUNISATION AGAINST POLIOMYELITIS, DIPHTHERIA, WHOOPING COUGH TETANUS, MEASLES AND RUBELLA 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	2,404	5,072	1,447	1,448	681	1,409	4,532	7,929
Poliomyelitis - Salk	-	-	-	-	-	-	-	-
Diphtheria	2,268	3,028	1,515	1,359	667	2,279	4,450	6,666
Whooping Cough	2,156	838	1,337	264	645	201	4,138	1,303
Tetanus	2,541	4,553	1,593	1,480	690	2,288	4,824	8,321
Measles	2,597	-	1,452	-	667	-	4,716	-
Rubella	816	-	240	-	131	-	1,187	-

P = Primary Course

R = Reinforcing Dose

TUBERCULOSIS

Number of children in maintained schools notified during 1970	Pulmonary	6
	Non-Pulmonary	-
Number of children on tuberculosis register attending maintained schools at 31 December 1970	Pulmonary	44
	Non-Pulmonary	4

PREVENTION OF TUBERCULOSIS

(a) X-Ray of Staff

All teachers appointed are required to have an up-to-date 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 any children with positive reactions are x-rayed and, if necessary, investigated in an effort to determine the source of the infection.

	No. of children tested	No. positive excluding those previously given BCG	No. positive who had had previous BCG
County Area	2,862	38 (1.3%)	87
Poole	1,327	6 (0.45%)	12
South Dorset	735	2 (0.27%)	30

(c) BCG Vaccination

The arrangements for the BCG vaccination of children in or near their thirteenth year continued as usual. Results of the Heaf test are read after seven days. 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.

After seeking advice from the Chest Consultants concerned it has now been decided that children who show only a grade one reaction to a tuberculin skin test should be given a BCG vaccination. The modern school of thought maintains that to have achieved a satisfactory level of natural immunity to tuberculosis the subject should show a well defined reaction to the skin test which would be graded by an observer as second degree.

	1969	1970
Number of schools visited	64	61
Number of children tuberculin tested	3,093	5,001
Number of reactors:		
(1) Previously received BCG vaccination	212	322
(2) 1st degree reactor	107	212
(3) 2nd, 3rd and 4th degree reactions	128	186
Number of children vaccinated:		
(1) 1st degree reactors	107	115
(2) Negative reactors	2,533	4,108
Absentees	284	370

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 BCG	
	1969	1970	1969	1970
County Area	1,446	3,096	63 (4.3%)	199 (6.4%)
Poole	1,041	1,226	145 (13.5%)	161 (13.1%)
South Dorset	606	679	27 (4.4%)	38 (5.5%)

The number of children showing second, third and fourth degree reactions to a 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 was as follows:-

Grade of reaction	Number of children	
First degree	212	
Second degree	156)	
Third degree	22)	3.7% of those tested
Fourth degree	8)	
	<u>398</u>	

This table shows that throughout the County, of the 5,001 children who were tuberculin skin tested, only 186 (3.7%) showed any significant positive reaction which is indicative of a satisfactory low level of infection in the community.

SCHOOL MILK AND MEALS

SCHOOL MILK

Towards the end of the year it was found possible to obtain a supply of bottled pasteurised milk for the one school in the county that had previously received untreated milk in bulk from a local producer/retailer.

It is therefore satisfactory to be able to report that all schools having milk under the Milk in Schools Scheme are receiving it in one-third pint bottles and that 98% of the milk supplied is pasteurised.

Close supervision has been maintained throughout the year of the milk supplied to schools and school kitchens and regular sampling has been undertaken by the sampling officers of the county health department. The results of the laboratory examination of the samples are given below:-

Pasteurised				Untreated		
Methylene blue test		Phosphatase test		Methylene blue test		Total number
Pass	Fail	Pass	Fail	Pass	Fail	of samples
*733	8	791	1	22	3	817

*Fifty-one 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.

Approximately one per cent of pasteurised milk samples failed the methylene blue test, which is about the same as for 1969. One specimen failed the phosphatase test and this involved an HTST plant at a dairy with an excellent record for milk samples. Although a detailed investigation was carried out with the full co-operation of the management the cause for the milk failing the test could not be established.

In the Borough of Poole samples of school milk are obtained by the Borough public health inspectors and during the year they submitted a total of ninety-six specimens for laboratory examination. All satisfactorily complied with the prescribed methylene blue and phosphatase tests.

Forty-four rinses of cleaned school milk bottles were taken by the county health department sampling officers at six dairies supplying milk to schools. Seven bottles were not of a satisfactory standard and six of these involved one dairy. This matter was investigated and appropriate action was taken by the management which resulted in subsequent rinses indicating a satisfactory standard of cleanliness.

Once again it can be said that, in general, a satisfactory standard was maintained during the year in respect of milk supplied to schools and school kitchens.

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 1 January 1970	234
No. of schools or departments NOT receiving meals at 1 January 1970	1
No. of schools or departments receiving meals at 31 December 1970	233
No. of schools or departments NOT receiving meals at 31 December 1970	1
No. of new kitchens opened in 1970	5*
No. of new dining centres (not classroom dining) opened in 1970	-
No. of schools provided with new or improved washing-up facilities in 1970	3
No. of day pupils present 1970	50,437
No. of day pupils taking meals 1970	36,394
Percentage taking meals 1970	72.16%

*includes replacement of three old kitchens

During the year the county public health officer made 151 visits of inspection to school kitchens in connection with the Food Hygiene (General) Regulations and, where necessary, advised on matters requiring attention.

Checks on the efficiency of washing-up were made at several school kitchens using the Agaroid sausage technique. Some 411 tests were carried out on various cleaned articles of crockery, cutlery and other kitchen equipment and over 90% indicated a satisfactory standard. Where a poor result was obtained the kitchen was re-visited and advice given to the staff following which further checks were made which invariably proved satisfactory.

During the year various foodstuffs have been examined at school kitchens with a view to their fitness for consumption. As a result the total weight of food condemned as unfit was six cwt.

SCHOOL SWIMMING

During the year four learner pools and one competition pool were completed and brought into use bringing the total number of schools in the county with swimming pools to seventy including six in the Borough of Poole. In addition a further six schools had projects under way at the end of the year and it is expected that each will have a swimming pool in use during the summer term in 1971.

The parent/teachers' association at one school financed the covering and heating of an existing open-air pool. This work was completed in the first half of the year and there are now two schools in the county with indoor heated pools which are in use throughout the year. Three other schools have heated open-air pools which allows them to be used for an extended period. In most cases treatment of the pool water is by the application of sodium hypochlorite through a hypochlorinator except in the case of seven garden type pools where the chemical is added by hand.

However, as an experiment, chlorinated cyanurates were used at several pools during the swimming season of 1970 and apart from one or two instances where, initially, correct dosing was not carried out, generally the results proved satisfactory. This comparatively easy and time saving method of water treatment was, on the whole, well received by head teachers and it is likely that it will be adopted at more schools in 1971.

There are two competition pools in the county where water sterilisation is carried out by gas chlorination.

The county health department pays close attention to the maintenance of swimming pools from the points of view of general hygiene and water treatment and during the year 572 samples of pool water were submitted for laboratory examination. Ninety per cent of the specimens indicated a satisfactory bacteriological standard.

In addition to taking samples of the water, the technical assistants working under the direction of the county public health officer, made a total of 532 spot checks on the efficiency of the chlorine dosage.

Four samples of water from the two indoor heated pools were submitted for chemical analysis and each produced a satisfactory report.

The county public health officer works closely with the county adviser for physical education in the matter of school swimming pools and acknowledgement is again made of the very ready and helpful co-operation which he receives from this officer.

WATER SUPPLIES

During the year an educational boarding establishment was opened in the Lyme Regis area and this property has its own water supply derived from springs. Laboratory reports on samples of the water indicated that it is liable to bacteriological fluctuation and as a result it was advised that an automatic chlorinator be installed. This was done together with other works of improvement to the supply and subsequent reports on the regular samples taken throughout the year have proved satisfactory.

With this additional establishment the total number in the county not connected to a public main supply, including two school camps and one village school in temporary use was eight. However, the school in temporary use was closed towards the end of the year so that the number at 31 December was seven.

Regular sampling of the water at these premises has been carried out and during the year the technical assistants of the county health department submitted a total of 212 specimens for laboratory examination. Thirty-seven produced unsatisfactory reports and twenty-seven of these were in respect of investigatory sampling undertaken in connection with the boarding establishment supply referred to above. With regard to the remaining ten unsatisfactory samples, which involved two schools and a school camp, investigations were carried out and subsequent specimens produced satisfactory reports.

SCHOOL CAMPS

There are two school camps and both are situated in the Wareham and Purbeck rural district. In each case water is obtained from a private estate supply and chlorination is carried out at source in one instance.

Before the 1970 camping season commenced the County Council renewed lengths of piping to the larger of the two camps and this resulted in a much improved flow of water at all times during the season.

Visits of inspection were made to both camps by the county public health officer and on each occasion it was found that a very satisfactory standard of hygiene was being maintained.

SCHOOL HYGIENE

There is only one school in the county without waterborne sanitation but at the end of the year the work of sewerage the village in question was well advanced and it is expected that the school will be connected to the new public sewer during the first half of 1971.

Much work was done during the year under the major and minor works schemes of the Local Education Authority's projects for 1970/71, and has included the provision of temporary classrooms at thirty-eight schools (including twelve in Poole) to relieve overcrowding and mobile lavatory blocks have been installed at six schools.

The programme includes the carrying out of improvements to the sanitary accommodation at eight educational establishments.

HEALTH EDUCATION IN SCHOOLS

Details are given below of the talks on health subjects given in schools in the county, excluding Poole, in 1970. 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	285	9,087
Child Care and Mothercraft	51	607
Drugs, VD, etc	8	223
Personal Hygiene	6	123
Home Safety	5	67
Smoking and Health	1	300

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

J S MacLachlan LDS RCS Eng

During 1970, as forecast in my previous report, a new system of recording the statistical information required by Central Government was introduced. The system was designed by the Organisation and Methods Officer during his review of the Dental Services in Dorset in 1967 to "provide the Chief Dental Officer with monthly statistical management information to enable him to ascertain quickly the inspection and treatment service standard achieved by each dental officer in the County and to note any variations in the potential treatment requirement." It was introduced on a pilot basis, running concurrently with the previous system, during the last quarter of 1969 and was taken into general use in the County and South Dorset in January 1970. To date the system is working as planned, producing considerably more information than before and, by reducing the volume of clerical work formerly done by dental surgery assistants, has proved itself to be a very real aid to efficiency. As shortly after the introduction of the system to Poole in October it became apparent that there had been significant differences between the Poole and the County figures they are, for the first time for five years, considered separately.

Generally speaking the new system, by introducing an element of management by objective, does a great deal to free the headquarters staff from its close supervisory function and, by allowing the field staff greater freedom in planning their programme, helps in producing greater job satisfaction.

STAFF

Appointments

L Jones LDS, Deputy Chief Dental Officer (1 February 1970)

Mrs P Savage, BDS LDS RCS, Dental Officer, Dorchester, Rural East (1 November 1970)

On 31 December 1970, there were fifteen dental officers, one dental auxiliary and one dental hygienist on the staff of the County and South Dorset areas which with four dental officers in Poole, gave a whole-time equivalent, based on the number of clinical and administrative sessions worked in the School Dental Service, of 3.3 in Poole and 11.4 in the remainder of the County. The equivalent of 1.8 officers' time was devoted to administration and just over half an officer's time was devoted to dental health education. Apart from the administrative time of the head-quarter staff in Dorchester and Poole, very little administration is performed by the field staff, save when they are prevented from carrying out chairside duties by such unforeseen eventualities as power-cuts, non-arrival of mobile dental clinics and adverse weather conditions which may render travelling for patients or surgeons difficult or dangerous.

ROUTINE VISITS TO SCHOOLS

The frequency of visits to schools is shown below at Table A, together with the fitness rate (the percentage of children found to be dentally fit on first inspection in the year).

TABLE A
Approximate interval in months between visits

	1964	1966	1968	1970	Fitness Rate 1970
Blandford	12	12	15	11	36%
Bridport	30	24	20	13	16%
Dorchester Rural E	18	14	12	12	28%
Dorchester Rural W				12	
Dorchester Urban	30	14	12	9	44%

TABLE A (CONT'D)
Approximate interval in months between visits

	1964	1966	1968	1970	Fitness Rate 1970
Gillingham	24	12	14	12	17%
Shaftesbury	36	18	18	9	52%
Sherborne	24	9	9	9	34%
Wareham	18	24	16	12	22%
Wimborne	12	9	9	17	44%
Weymouth	24-36	15	12	12	45%
Portland	24-36	9	9	6	41%
Poole				12	63%*

*Last quarter only

With the exception of the Wimborne area the majority of the children in Dorset are now being inspected annually at routine visits to schools; additionally, many children of tooth conscious parents are recalled during holiday periods at from four to six-monthly intervals. The extremely rapid increase in population in the Wimborne area coupled with the efforts of an enthusiastic dental officer has so improved the acceptance rate as to increase the time-lag between visits. Every effort is being made by alteration in areas and the appointment of additional staff to bring the turn-round to acceptable limits but it is feared that the population explosion, especially noticeable in this lovely part of Dorset, will beat us.

INSPECTION AND TREATMENT

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

TABLE B
Inspection figures over the past five years

	1966	1967	1968	1969	1970	1970 Poole	1970 County & S D
Percentage of school population inspected	85%	83%	84%	88%	93%	100%	90%
Percentage of those inspected found to require treatment	60%	54%	53%	55%	58%	46%	63%
Percentage of those offered treatment who were treated by the school dental service	67%	71%	72%	71%	71%	50%	79%

It appears from the rise in the number of children inspected that we are at last over the hump and that the far-sighted provision made by the Education Committee for the development of the Service is now showing results. It may well be that the time is not far distant when the school service will be able to guarantee an annual inspection backed up by a regular recall system at more frequent intervals. This situation has been the norm in Poole for some time, the County figures depressing the average, as they have done for the numbers requiring treatment, the increase here being exactly proportional to the additional numbers inspected. Exactly the

reverse is however true for the proportion of those offered and accepting treatment, where the County figure is nearly half as much again as the Poole figure. The reason for this difference is not entirely clear, but is being investigated, and it is hoped that by the end of 1971 when the full picture for a whole calendar year is available, the position will be greatly clarified.

The details of the children receiving regular care from the two branches of the dental service are shown below and illustrated in Figure 1, and this year, due to the improved system of recording details of inspections, are felt to be very much more accurate, being based upon the total number of children inspected and reinspected. They also show the number of children who require no dental care by being naturally dentally fit. It will be seen that in urban areas the general dental service has treated rather fewer and the school dental service rather more, the proportion receiving no regular dental care having risen to 21%. As 7% of the latter are naturally fit, those requiring treatment and not receiving it amount to 14%. In the rural areas both the services have made marginal gains, the numbers receiving no regular care again being 21% but, as 11% of these are naturally dentally fit, the proportion requiring treatment and not receiving it amounts to 10%.

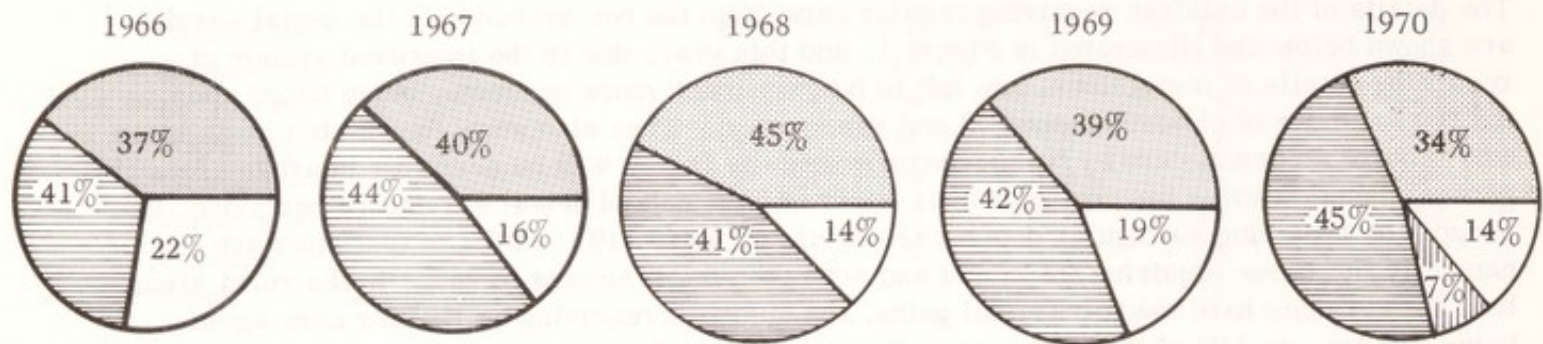
This hard core of nearly 5,000 children who owe no allegiance to either branch of the general dental service and only visit a dental surgeon when driven by pain appears to come from the ranks of the less privileged and the ignorant. Now that routine visits to schools are becoming more frequent it should be possible for dental officers by exhortation and precept to convert many of these suspicious and fearful families, always ready - often literally - to bite the hand that cares for them, into conscientious and willing patients.

To be the more comparable with previous years, the figures apply as usual to the County less Poole and Wimborne.

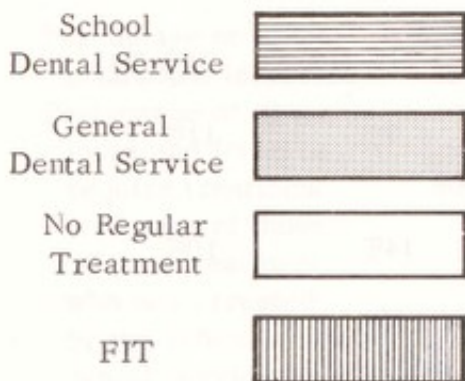
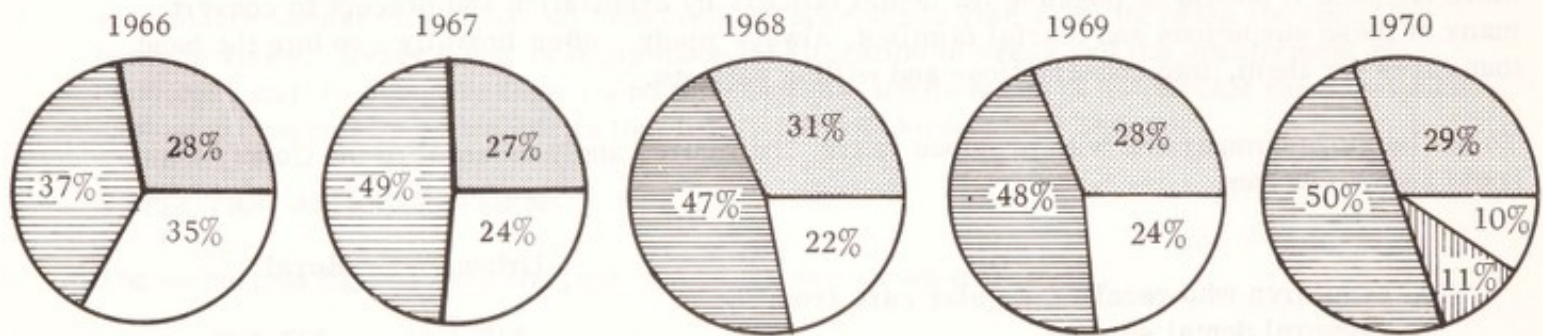
	Urban	Rural
(a) Children who received regular care from the general dental service	34% (39)	29% (28)
(b) Children who received regular dental care from the school dental service	45% (42)	50% (48)
(c) Children who received no regular care from either service	21% (19)	21% (24)
(d) Proportion found to be naturally dentally fit	7%	11%
(e) Proportion requiring treatment and receiving no regular care	14%	10%

Figures in parentheses are those for 1969.

FIGURE 1
URBAN AREA



RURAL AREA



Percentage receiving treatment from School Dental Service

Percentage of those inspected receiving regular treatment from General Dental Service

Percentage receiving no regular treatment

Percentage not requiring treatment

TABLE C
Average amount of work per treatment sessions

	1966	1967	1968	1969	1970	Poole 1970	County 1970
Treatment	2.4	2.18	2.24	2.34	2.5	2.05	2.6
Attendances	5.9	5.85	6.1	6.2	6.3	5.5	6.5
Fillings	6.0	5.7	6.2	6.2	6.2	5.4	6.5
Extractions	1.7	1.4	1.8	1.5	1.5	1.4	1.5

Again it appears that the overall output per treatment session has remained constant - an always heartening finding as it demonstrates that the law of diminishing returns has not yet begun to take effect and that the staff is still just able, by working at full stretch, to contain their responsibilities.

A useful guide to the value of the service in the eyes of the consumer is provided by a record of the numbers of appointments not kept and throughout the year in the county, and during the last quarter in Poole, a total of 4,455 appointments were broken or cancelled at such short notice as to prevent new appointments being made. In man-power terms this is equivalent to the loss of one and a half dental officers. While some cancellations will be inevitable due to illness, forgetfulness or unforeseen commitments, this figure seems excessive and every effort is being made to reduce it. As might be expected it is lower, varying in the main from 4% to 12% and averaging 9% in those areas where treatment is largely performed in mobile dental clinics in the schools, than in the areas where treatment is performed in fixed clinics, with an average of 19% in the County and slightly more in Poole. Due to increased fares for public transport many parents find it difficult to bring their children from Easton to Fortuneswell in Portland and here the failure rate amounts to 30%. It is hoped to improve this situation by siting a no longer roadworthy mobile clinic permanently in the premises of Portland St George's School.

ORTHODONTICS

During the year Mr Hooper has enabled another dental officer to gain added experience and instruction in this speciality; in all, six of our present staff have now received this valuable post-graduate training, increasing the interest of their work, greatly reducing the travelling and loss of educational time of their patients and enhancing the image of the local authority dental service in Dorset.

My thanks are as always due to Mr Hooper for his enthusiastic efforts in raising the standards of orthodontic treatment in the school dental service in Dorset.

During the year 718 children received orthodontic treatment from officers of the school service which also referred seventy-six to the Hospital Service for treatment and eighty officially for advice.

TABLE D
Orthodontic treatment over the past five years

Year	Number treated	Increase over past year
1966	455	34%
1967	537	16%
1968	589	9%
1969	660	12%
1970	718	9%

It now seems that the demand for orthodontic treatment may well be levelling off, although the volume of the work has more than doubled since 1965.

DENTAL HEALTH EDUCATION

Although for much of the year we enjoyed the services of both a hygienist and a dental auxiliary, so many schools are now incorporating dental health education within the school curriculum, that much of the effort previously directed toward the instruction of children has now been used for the more informal advising of the school staffs upon the dental and technical aspects of this important subject. The Dental Health projects produced by the children showed, as was demonstrated in the film "Out of the Mouths" produced at Bere Regis in 1969, how interest in this one subject can involve all aspects of teaching.

During the year 246 sessions were devoted to Dental Health Education including the giving of 279 talks to 9,080 children, emphasising as always the dangers of indiscriminate between-meal snacks.

GENERAL

Hitherto and thanks to the very real interest taken by the Education Committee in the dental welfare of the school children in Dorset, it has been possible adequately to plan for the future and to show in my annual report the effects of past planning. Now, however, with the future of the local authority dental services in the melting-pot, it is no longer possible to plan further ahead than 31 March 1974, the probable last date on which the Dorset we know will be in existence. It is unfortunate that in the course of two Green Papers upon the future of the Health Service issued by the previous Government, and in the recent White Paper on the Reform of Local Government, no mention has been made of the School Dental Service, which, being a treatment service, presents different problems from that of the largely advisory School Health Service of which it forms a part. Although it appears inconceivable that such a valuable service, which in Dorset, by taking the treatment to the child, cares for 50% of the population, could ever be disbanded, uncertainty as to its future can and is already beginning to have a harmful effect. It is vital for long-term planning that an early decision should be made as to whether the school dental service should remain under the aegis of the Education Committee or should be transferred to the control of some other body. It must always be remembered that any loss of efficiency in the dental service will be reflected by an increase in the suffering of those under its care.

TABLE II

Orthodontic treatment over the past five years

Year	Number treated	Number referred
1965	425	100
1966	512	115
1967	585	125
1968	605	135
1969	685	145
1970	715	155

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

	Poole	County (ex Poole)	Total	(Total for 1969)
First Inspection at School	12,842	30,321	43,163	(40,052)
First Inspection - Clinic	<u>2,655</u>	<u>4,548</u>	<u>7,203</u>	<u>(6,242)</u>
Total Inspected	15,497	34,869	50,366	(46,294)
Number requiring treatment	7,185	21,963	29,148	(25,645)
Number offered treatment	5,595	15,663	21,278	(18,585)
Number treated	2,779	12,350	15,129	(13,209)
Number re-inspected	750	6,440	7,190	(4,823)
Number requiring treatment	410	3,539	3,949	(2,888)
Number treated	344	3,067	3,411	(1,625)
Total courses of treatment completed	2,561	12,999	15,560	(13,507)
Total visits	7,450	30,815	38,265	(35,128)
Fillings in permanent teeth	4,521	19,941	24,462	(23,757)
Permanent teeth filled	4,265	17,826	22,091	(21,832)
Permanent teeth extracted	422	2,110	2,532	(2,629)
Fillings in deciduous teeth	2,762	10,822	13,584	(11,733)
Deciduous teeth filled	2,642	10,412	13,054	(11,104)
Deciduous teeth extracted	1,490	5,049	6,559	(6,039)
General Anaesthetics administered	649	942	1,573	(1,526)
Emergencies	318	842	1,160	(1,033)
Pupils X-rayed	254	940	1,194	(1,155)
Prophylaxes	475	3,661	4,136	(2,923)
Teeth otherwise conserved	433	1,624	2,057	(1,757)
Teeth root filled	17	36	53	(81)
Crowns	12	49	61	(51)
Inlays	1	10	11	(14)
Orthodontic cases commenced	65	236	301	(281)
Orthodontic cases completed	26	223	249	(221)
Orthodontic cases discontinued	4	26	30	(32)
Removable appliances fitted	61	389	450	(319)
Fixed appliances fitted	-	1	1	(4)
Referred to consultant for treatment	2	74	76	(40)
Full dentures fitted	1	8	9	(4)
Partial dentures fitted	3	47	50	(33)
Inspection sessions	106	395	501	(440)
Treatment sessions	1,358	4,744	6,102	(5,641)
Dental Health Education Sessions	3	243	246	(119)

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

The Clinic Hogshill Street Beaminster	1 Speech	Central Clinic Park Road Poole	1 Hearing Assessment 8 Dental 7 Speech 1 Enuresis 2 Physiotherapy 5 Child Guidance
Health Clinic Salisbury Street Blandford	1 Hearing Assessment (per month) 5 Dental 1 Speech	Health Clinic Lanark Close Hamworthy Poole	6 Dental 1 Speech
Bovington Modern School Bovington	1 Speech	Branksome Clinic Layton Road Parkstone	18 Dental 2 Speech
Health Clinic 45 South Street Bridport	1 Hearing Assessment (per month) 4 Dental 2 Speech 2 Child Guidance (per fortnight)	Hillbourne Clinic Kitchener Crescent Waterloo Poole	6 Dental
Health Clinic Glyde Path Road Dorchester	2 Hearing Assessment (per month) 22 Dental 1 Speech 2 Child Guidance	Health Clinic Fortuneswell Portland	6 Dental 1 Speech
The Reception Centre Gloucester Road Dorchester	2 Child Guidance (per month)	Health Clinic Secondary Modern School Shaftesbury	1 Hearing Assessment (per month) 1 Speech 5 Dental
Health Clinic Victoria Road Ferndown	1 Speech 2 Dental	Health Clinic Horsecastles Sherborne	1 Hearing Assessment (per month) 5 Dental 1 Speech 1 Child Guidance (per fortnight)
Health Clinic St Martin's Gillingham	1 Hearing Assessment (per month) 6 Dental 1 Speech	Health Clinic Green Close Sturminster	1 Hearing Assessment (per month) 1 Speech
Junior CE School Lyme Regis	1 Speech		

Health Clinic High Street Swanage	1 Hearing Assessment (per month) 3 Dental 1 Speech	Health Centre Westham Road Weymouth	5 Minor Ailments 10 Dental 3 Speech
The Parish Hall Wareham	1 Hearing Assessment (per month)	The Clinic Wyke Regis Weymouth	1 Speech 1 Child Guidance
County Modern School Wareham	1 Speech	Health Clinic Rowlands Hill Wimborne	2 Dental 1 Hearing Assessment (per month) 1 Speech

STATISTICAL APPENDIX

YEAR ENDED - 31 DECEMBER 1970

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)	No of pupils who received a full medical examination				Physical condition of pupils inspected				No. of pupils found not to warrant a medical examination				Pupils found to require treatment (excluding dental diseases and infestation with vermin)				Total individual pupils											
					Satisfactory				Unsatisfactory				for defective vision (excluding squint)				for any other condition				(8)							
	(2)				(3)				(4)				(5)				(6)				(7)							
	P	SD	C	Total	P	SD	C	Total	P	SD	C	Total	P	SD	C	Total	P	SD	C	Total	P	SD	C	Total	P	SD	C	Total
1966 and later	-	-	2	2	-	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1965	886	408	1409	2703	885	400	1409	2694	1	8	-	9	-	-	-	20	16	34	70	105	57	88	250	101	60	102	263	
1964	672	353	1382	2407	672	341	1382	2395	-	12	-	12	-	-	-	21	13	28	62	98	71	102	271	96	72	110	278	
1963	588	52	159	799	587	50	159	796	1	2	-	3	-	-	-	22	4	6	32	106	11	7	124	98	13	10	121	
1962	797	48	101	946	797	46	101	944	-	2	-	2	-	-	-	44	1	6	51	129	7	9	145	145	7	11	163	
1961	360	30	75	465	360	30	75	465	-	-	-	-	-	-	-	23	3	5	31	84	4	8	96	90	6	13	109	
1960	150	594	77	821	150	592	77	819	-	2	-	2	-	-	-	10	83	8	101	72	77	12	161	70	132	18	220	
1959	499	252	59	810	499	250	59	808	-	2	-	2	-	-	-	52	35	4	91	108	38	13	159	133	68	14	215	
1958	622	44	149	815	622	43	149	814	-	1	-	1	-	-	67	68	11	15	94	102	11	19	132	147	19	30	196	
1957	279	29	294	602	279	29	294	602	-	-	-	-	-	-	1098	1098	25	4	24	53	62	5	47	114	69	6	61	136
1956	234	170	161	565	233	170	161	564	1	-	-	1	-	-	496	496	25	20	15	60	51	12	20	83	66	32	30	128
1955 and earlier	950	414	180	1544	950	411	180	1541	-	3	-	3	-	-	3	137	116	28	281	130	64	19	213	231	163	42	436	

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

P	SD	C	TOTAL
99.95	98.67	100	99.71

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

P	SD	C	TOTAL
0.05	1.33	0	0.29

TABLE B - OTHER INSPECTIONS

	Poole	South Dorset	Remainder of County	Totals
Number of Special Inspections	485	1,108	14,331	15,924
Number of Re-inspections	765	315	2,317	3,397
	1,250	1,423	16,648	19,321

TABLE C - INFESTATION WITH VERMIN

	Poole	South Dorset	Remainder of County	Totals
Total number of individual pupils examined by school nurses or other authorised persons	19,877	14,926	16,376	51,179
Total number of individual pupils found to be infested	151	19	127	297
Total number of pupils in respect of whom cleansing notices under Section 54(2) Education Act 1944, were issued	NIL	NIL	NIL	NIL
Total number of pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944)	NIL	NIL	NIL	NIL

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

T = TREATMENT O = OBSERVATION

PERIODIC INSPECTIONS

DEFECT OR DISEASE	ENTRANTS				LEAVERS				OTHERS				TOTALS				SPECIAL INSPECTIONS			
	P	SD	C	Totals	P	SD	C	Totals	P	SD	C	Totals	P	SD	C	Totals	P	SD	C	Totals
Skin	T 17	18	2	37	42	20	3	65	56	22	4	82	115	60	9	184	-	1	-	1
	O 45	3	21	69	19	-	2	21	75	2	3	80	139	5	26	170	-	-	3	3
Eyes - (a) Vision	T 41	46	111	198	162	132	36	330	244	140	21	405	447	318	168	933	-	78	2002	2080
	O 60	114	132	306	109	17	46	172	302	38	16	356	471	169	194	834	-	31	1264	1295
(b) Squint	T 26	23	34	83	7	3	4	14	39	8	1	48	72	34	39	145	-	1	-	1
	O 16	4	19	39	4	-	1	5	29	1	-	30	49	5	20	74	-	-	-	-
(c) Other	T 11	1	5	17	2	1	-	3	11	-	-	11	24	2	5	31	-	-	1	1
	O 11	-	5	16	5	-	2	7	34	-	1	35	50	-	8	58	-	-	1	1
Ears - (a) Hearing	T 5	19	25	49	1	8	2	11	15	15	3	33	21	42	30	93	4	4	3	11
	O 55	23	132	210	9	1	3	13	68	17	5	90	132	41	140	313	-	-	19	19
(b) Otitis Media	T 8	2	-	10	-	-	-	-	9	-	-	9	17	2	-	19	-	-	-	-
	O 30	3	10	43	2	-	1	3	28	1	-	29	60	4	11	75	-	-	-	-
(c) Other	T 5	1	-	6	1	3	-	4	8	-	-	8	14	4	-	18	-	-	-	-
	O 46	1	3	50	11	-	-	11	84	1	1	86	141	2	4	147	-	-	-	-
Nose and Throat	T 33	15	22	70	6	7	1	14	39	13	1	53	78	35	24	137	-	1	1	2
	O 164	20	61	245	10	-	2	12	167	8	2	177	341	28	65	434	-	-	3	3
Speech	T 22	11	54	87	1	1	1	3	21	3	4	28	44	15	59	118	-	2	10	12
	O 67	23	88	178	5	-	3	8	60	3	2	65	132	26	93	251	-	-	24	24
Lymphatic Glands	T 1	2	1	4	-	-	-	-	-	-	-	-	1	2	1	4	-	-	-	-
	O 26	11	4	41	1	1	-	2	25	5	-	30	52	17	4	73	-	-	-	-
Heart	T 1	4	3	8	-	1	-	1	1	-	2	3	2	5	5	12	-	-	-	-
	O 15	5	36	56	8	-	1	9	22	1	3	26	45	6	40	91	-	-	2	2
Lungs	T 15	10	6	31	8	10	1	19	27	13	5	45	50	33	12	95	4	-	1	5
	O 58	7	27	92	20	1	1	22	82	1	9	92	160	9	37	206	-	-	3	3
Developmental - (a) Hernia	T 2	-	7	9	-	1	1	2	3	-	1	4	5	1	9	15	-	-	-	-
	O 10	1	26	37	-	3	3	13	13	-	-	13	23	1	29	53	-	-	2	2
(b) Other	T 3	3	4	10	4	3	1	8	4	11	1	16	11	17	6	34	-	6	1	7
	O 45	19	67	131	3	-	2	5	98	13	3	114	146	32	72	250	-	-	2	2
Orthopaedic - (a) Posture	T 2	1	-	3	6	-	3	9	7	3	-	10	15	4	3	22	-	-	1	4
	O 4	2	8	14	1	-	6	7	22	2	-	24	27	4	14	45	-	-	1	1
(b) Feet	T 27	17	40	84	12	9	11	32	69	8	14	91	108	34	65	207	-	6	14	20
	O 42	14	166	222	28	-	18	46	86	4	19	109	156	18	203	377	-	1	15	16
(c) Other	T 7	7	-	20	6	2	2	10	21	1	-	22	34	10	8	52	2	-	2	4
	O 43	3	63	109	15	2	5	22	54	2	5	61	112	7	73	192	-	-	2	2
Nervous System - (a) Epilepsy	T 2	2	9	13	5	1	1	7	6	2	3	11	13	5	13	31	1	-	2	3
	O 3	-	11	14	3	1	1	5	8	1	-	9	14	2	12	28	-	-	2	2
(b) Other	T -	3	3	6	-	-	-	-	5	2	-	7	5	5	3	13	-	-	2	2
	O 6	11	46	63	5	2	-	7	11	9	2	22	22	22	48	92	-	-	3	3
Psychological - (a) Developmental	T 1	1	13	15	43	-	16	59	155	3	5	163	199	4	34	237	108	-	14	122
	O 51	18	27	96	9	1	3	13	109	9	5	123	169	28	35	232	1	-	22	23
(b) Stability	T 4	1	7	12	3	1	5	9	96	3	5	104	103	5	17	125	128	-	2	130
	O 103	1	59	163	7	-	2	9	122	5	9	136	232	6	70	308	-	-	8	8
Abdomen	T 2	-	1	3	-	3	-	3	7	1	-	8	9	4	1	14	-	-	-	-
	O 9	1	15	25	2	-	-	2	13	-	1	14	24	1	16	41	-	-	-	-
Other	T 9	5	3	17	34	1	1	36	65	12	3	80	108	18	7	133	-	-	1	1
	O 17	7	12	36	18	5	2	25	79	8	8	95	114	20	22	156	-	1	8	9

PART III - TREATMENT OF PUPILS

TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with			
	Poole	South Dorset	Remainder of County	Totals
External and other, excluding errors of refraction and squint	-*	-	7	7
Errors of refraction (including squint)	-*	588	874	1,462
Totals	-*	588	881	1,469
Number of pupils for whom spectacles were prescribed	-*	84	275	359

*Poole General Hospital does not furnish returns

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

	Number of cases known to have been dealt with			
	Poole	South Dorset	Remainder of County	Totals
Received operative treatment for:-				
(a) diseases of the ear	-*	1	-	1
(b) for adenoids and chronic tonsillitis	-*	136	30	166
(c) for other nose and throat conditions	-*	14	57	71
Received other forms of treatment	-*	-	29	29
Totals	-*	151	116	267

*Poole General Hospital does not furnish returns

Total number of pupils in schools who are known to have been provided with hearing aids:-

(a) in 1970	1	6	13	20
(b) in previous years	25	20	63	108

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated			
	Poole	South Dorset	Remainder of County	Totals
(a) At Clinics or out patient departments	-	48	-	48
(b) At school for postural defects	-	-	360	360
Totals	-	48	360	408

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

Number of cases known to have been treated				
	Poole	South Dorset	Remainder of County	Totals
Ringworm - (a) Scalp	-	-	-	-
(b) Body	-	-	-	-
Scabies	38	5	6	49
Impetigo	-	-	11	11
Other skin diseases	-	15	-	15
Totals	38	20	17	75

TABLE E - CHILD GUIDANCE TREATMENT

Number of cases known to have been treated				
	Poole	South Dorset	Remainder of County	Totals
At Child Guidance Clinics	538		489	1,027

TABLE F - SPEECH THERAPY

Number of cases known to have been treated				
	Poole	South Dorset	Remainder of County	Totals
By Speech Therapists	257		417	674

TABLE G - OTHER TREATMENT GIVEN

Number of cases known to have been dealt with				
	Poole	South Dorset	Remainder of County	Totals
Minor Ailments	-	16	-	16
Received BCG Vaccination	1,033	567	2,639	4,239
Received breathing exercises at an Asthma Clinic	38	-	-	38
Received treatment for nocturnal enuresis (Buzzer Alarm)	85	-	44	129
Totals	1,156	583	2,683	4,422

