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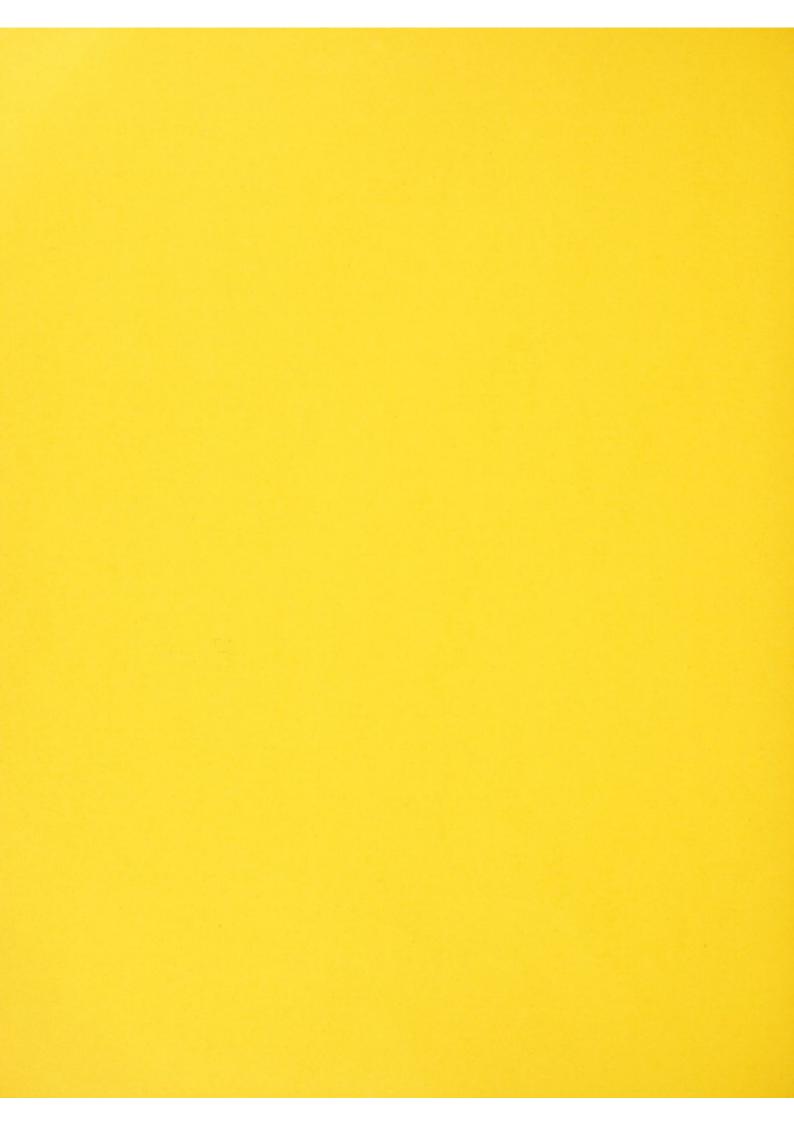




# ANNUAL REPORT ON THE SCHOOL

HEALTH SERVICE

1971



# ANNUAL REPORT

### OF THE

## PRINCIPAL SCHOOL MEDICAL OFFICER

## FOR THE YEAR

1971

G.F. WILLSON
M.D., D.P.H.

# ANNUAL REPORT

THE BOOK TO

PRINCIPAL SCHOOL MIDICAL OFFICER

FOR THE YEAR

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#### 21V TT-505

SOURCE DISEASE

#### FOREWORD

During the ten years since 1961, the school population of Dorset has increased from 44,027 to 54,700 although the number of schools has diminished from 252 to 235. In the same period, the number of medical examinations carried out annually by the school medical officers has increased from 18,232 to 33,089.

On the whole, the work of the past year has been one of steady progress in the already existing services, although the Child and Family Guidance Service worked under the great handicap of having no Psychiatric Social Worker in the County Area, mainly owing to the national shortage of such staff. However, I am pleased to report that two vacancies have since been filled and a new post of Principal Psychiatric Social Worker is at present being advertised.

Pressure on the speech therapy service continued and we were fortunate to recruit a fourth full-time speech therapist during the year.

As a result of a change in national policy, since the commencement of the autumn term 1971 the supply of milk to school children has been limited to those in special schools, children aged up to between seven and eight and to any children not beyond junior age who are recommended for milk on health grounds by the school medical officers. Up to the time of writing (June, 1972) seventeen children in the county area and thirteen children in Poole have been recommended for milk by the school medical officers. A proportion of these are diabetic children who require mid-morning milk as an integral part of their diet.

In order to be sure that children's development is not suffering through this restriction in the supply of milk, a long term investigation has been arranged by the Department of Education and Science and Dorset is one of the authorities selected to take part.

The section of the report dealing with school hygiene records the welcome news of the conversion to waterborne sanitation of the last maintained school in the county without it. Ten years ago, about eighteen schools were still lacking in this respect.

The completion of a further nine swimming pools at primary schools in the county has brought the number of schools with pools to ninety. The value of these pools in minimising the possibility of drowning fatalities, particularly in a maritime county such as Dorset, can hardly be over estimated. There is a growing interest in the provision of pools with water heating equipment which, in our uncertain and often depressing climate, is a sensible way of extending the swimming season and getting maximum value from the pool.

My thanks are due to the staff of the County Education Officer and to all Head Teachers for their very willing co-operation throughout the year. I am also most grateful to all my own staff and in particular to Dr. Townsend and Mr. Toop who have borne the main burden of the day to day administration of the service and also my Deputy, Dr. Adams and Chief Administrative Officer, Mr. Clarke, who have played a large part in the preparation of this report.

G. F. WILLSON

County Medical Officer

Health Department, County Hall, Dorchester, Dorset.

June, 1972.



# SCHOOL HEALTH SERVICE STAFF (At end of year)

#### CENTRAL STAFF

# PRINCIPAL SCHOOL MEDICAL OFFICER G F Willson MD DPH

# DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER K J Adams MRCS LRCP DPH

# SENIOR MEDICAL OFFICER FOR CHILD HEALTH Mary Townsend MB BS MRCP DCH

#### SCHOOL MEDICAL OFFICERS

W E Hadden MB BS DPH DA DTM & H
A J Hargreaves BA MRCS LRCP DTM & H
G B Hopkins MB ChB DPH
Esther Jackson MB ChB DPH
K J Kimmance MB BS DObst RCOG DPH
E J G Wallace 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 (36)

#### SPEECH THERAPISTS

Charlotte A C Tone LCST (Senior) Susan A Burton LCST Angela M Jones LCST

# PRINCIPAL SCHOOL DENTAL OFFICER J S MacLachlan LDS RCS

# DEPUTY PRINCIPAL SCHOOL DENTAL OFFICER L Richardson BDS LDS

#### SENIOR DENTAL OFFICERS D G Greenfield LDS RCS R Woollcott 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
Marguerite D Mason BDentSc (Part-time)
J M Paterson LDS RCS
A V Robson LDS RCS
A Simpson LDS RFPS
Patricia R Savage BDS LDS RCS

#### DENTAL AUXILIARIES

Margaret Meech Jane Lewis

#### DENTAL HYGIENISTS

Miranda Foggon (Part-time) Linda Siegle (Part-time)

DENTAL SURGERY ASSISTANTS (19)

CHIEF ADMINISTRATIVE OFFICER
V W V Clarke DPA

#### POOLE BOROUGH STAFF

BOROUGH SCHOOL MEDICAL OFFICER
J Hutton MD DPH

SCHOOL MEDICAL OFFICERS
A McCutchion MB ChB DPH
Rosa Strunin MD (Berlin)
M W Kiddle MB BS

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

#### 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
Gillian Sewell BSc DipEd
Psychiatric Social Workers
Astrid D Filliter
Judy M Hood

ORTHODONTICS
Consultant Orthodontist
J D Hooper LDS DOrth RCS
Senior Orthodontic Registrar

J D Crooks BDS FDS RCPS DOrth 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 364, 420.

Average numbers on the school registers on 31 December 1971:-

	Primary	Middle	Secondary Modern	Compre- hensive	Grammar	Specials	Tot *1971	als 1970
County Districts Poole Excepted	17,610	1,113	4,460	5,468	2,228	147	31,026	29,901
Area South Dorset	9,082	885	4,880	-	1,593	85	16,525	15,772
Divisional Area	5,563	-	2,423		1,194	59	9,239	9,027
Totals	32,355	1,998	11,763	5,468	5,015	291	56,790	54,700

<sup>\*</sup> Includes Junior Training Centres

#### Number of Schools

South Dorset Area	Poole Area	County Area	Totals
24	23	139	186
-	2	3	5
4	7	10	21
-	-	8	8
1	2	7	10
1	1	3	5
30	35	170	235
	Area 24 - 4 - 1 1	Area Area  24 23 - 2 4 7 1 2 1 1	Area Area Area  24 23 139 - 2 3 4 7 10 - 8 1 2 7 1 1 3

#### MEDICAL INSPECTION

#### NUMBER OF PUPILS EXAMINED

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

	1969	1970	1971
Routine examination of entrants	5,363	5,729	5,254
Routine examination at all other ages	6,618	6,750	6,471
Re-inspection	3,961	3,397	2,389
Special examinations	15,971	15,924	18,975
Totals	31,913	31,800	33,089
		hill young	

During 1971, 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 test card at six metres. 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 to have the condition investigated. These cases are carefully followed up later at school to check whether their defect has been corrected by lenses or whether the conditions has not proved amenable to treatment so that advice to teaching staff is necessary. 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 48,087 personal hygiene inspections were carried out by the school health visitors throughout the whole county and 198 children were found to have lice or nits in the hair.

	No. of childre	en inspected	No. found	d vermino	ıs
	1970	1971	1970	1971	
County Area	16,376	18,303	127	124	(0.6%)
Poole	18,576	15,267	68		(0.2%)
South Dorset	14,926	14,517	19		(0.2%)
Whole County	49, 878	48,087	214	198	(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 23 children were provided with hearing aids during the year.

Out 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	915	3,627	4,542
No. of children failed screening tests	96	465	561
No. referred for treatment after investigation	46	180	226

#### ANALYSIS OF CASES REFERRED FOR FULL AUDIOMETRIC INVESTIGATION

#### 1. Sources

	South Dorset	County Area	Totals
Children who failed screening tests	96	465	561
Children referred by health visitors	33	137	170
Children referred by Medical Officers	30	98	128
Children referred by Speech Therapists	4	33	37
Children referred by Head Teachers	-	1	1
Children referred by Parents	13	48	61
Children referred by General Practitioners	2	25	27
Children referred by ENT Specialists	115	80	195
Children referred from other sources	40	11	51
Totals	333	898	1,231

#### 2. Findings of the Audiometrician

	South Dorset	County Area	Totals
No significant loss recorded	89	351	440
Referred to ENT Specialists	101	230	331
For Retest 1972	40	86	126
Other Action	10	12	22
Totals	240	679	919*

<sup>\*</sup> Sixty-seven additional appointments not kept or declined.

In addition to the above 152 children were given hearing tests for the information of and at the request of the ENT Specialists.

#### 3. Results of cases referred to ENT Specialists

or regard of cubes referred to and open	South Dorset	County Area	Totals
No treatment advised	8	16	24
To be reviewed	33	70	103
Tonsils and adenoids to be removed	16	8	24
Tonsils to be removed	-	-	-
Adenoids to be removed	all from time to the	1	1
Other operative treatment advised	16	86	102
Other treatment advised	to and particles - other con	19	19
Reports still outstanding	28	21	49
Moved out of county	11 11002-	6	6
Totals	101	227	328

#### 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 1971	No significant hearing loss	Still under observation	Referred to medical officer
2,428	2,051	121	256

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

#### CHILD AND FAMILY GUIDANCE SERVICE

The following report has been provided by Dr Audrey J Belsham, Consultant Children's Psychiatrist:-

The pattern of Child Guidance Work has continued as far as possible as before, but the work has been hampered by lack of a Psychiatric Social Worker except in the Poole area. More time has therefore been spent with parents and other adults responsible for the children: indeed, two-fifths of all psychiatric interviews were with parents or other adults. Apart from this increase, the statistics show little change.

There is now a Social Worker covering Dorchester and the South Dorset area, and with Miss Filliter continuing to cover the Poole area and some of the adjacent county, this means that approximately half of the area is now served by a Social Worker. This is better than in the previous year, but it is not always possible to provide the families in other areas with all the support they need. It is hoped that during this year two more Psychiatric Social Workers will be appointed to the vacancies.

There are now three Educational Psychologists working in the county area and one in the Poole area, thus enabling children referred to the Service to be seen more quickly. It has not yet been possible to arrange for children in the county area to be seen by the Educational Psychologist and their parents by the Psychiatric Social Worker, before they are seen by the Consultant Psychiatrist. This is still the aim but, apart from lack of staff, its implementation creates quite a number of difficulties in a rural area, where three children may be referred in one week and then none for perhaps six or eight weeks.

The Day Adjustment Unit at the Penwithen Hostel has done excellent work since its inception. The work has been limited because of there being only one teacher and one classroom, but it is hoped that this will be remedied before long. At least three classes are needed in order to cater for the whole range of age and ability, and to allow sufficient flexibility. It is hoped that with expansion there will be sufficient educational facilities to enable disturbed children to receive full-time education there when necessary. At present, the number on the roll has not exceeded ten, not more than five disturbed children being present for either the morning or the afternoon sessions. The Greenways Remedial Unit in Poole is, of course, able to help a considerably larger number of children, but again only on a part-time basis.

One tenth of the total number of referrals were of pre-school children; many of these come from disturbed backgrounds or from families where parents have not themselves experienced a stable and supportive home. It is important to help these children before they reach infant school; and many of them need the stimulus and opportunities provided by a nursery school or playgroup. There are insufficient of these, and it is particularly difficult for children from rural areas, where, if there are facilities available, there are frequently transport problems.

More time has been given this year to discussion with all those involved in the treatment and care of any particular child. There is an ever-increasing need for more conferences and better communications; these are time-consuming but essential. It has now been possible to arrange for weekly conferences of the whole Child Guidance team in the county area as well as in the Poole area. Conferences at the Penwithen Adjustment Unit are held each term, and it is hoped to increase these as the unit grows. There are, of course, frequent informal conferences there with either the Educational Psychologist or the Consultant Psychiatrist.

#### CHILD AND FAMILY GUIDANCE SERVICE - STATISTICS

Total number of children seen	during the year	944
New cases seen by Psychiatris	t during the year	308
Children awaiting investigation	n on 31 12 71	53
Total children awaiting first P	sychiatric appointment on 31 12 71	48
Cases closed during 1971		361
Total number of cases under of	observation or treatment on 31 12 71	583
Number of failed appointments	during the year	351
ANALYSIS OF NEW CASES INVEST	FIGATED DURING 1971	
Sources of referral of new cases:-		
General practitioners and hosp	pitals	142
	and the second s	
Educational Psychologists		20
Education Officer and Headtea	chers	26
Children's Officer		50
Probation Officers		4
Other sources		41
		327
Problems for which children were	referred:-	
Behaviour problems		172
		47
Enuresis		25
School refusal		20
Others:		18
Asthma	1 of the Common Language of the Land	391
	10	
Retarded development	6	
	1 Times of he was a language borroften in	
Junior school		128
Secondary school		118
		1
		327

#### Recommendations made for new cases:-

Still under investigation (by Psychiatrist)	25
Diagnosis and advice only	119
Treatment	99
Intensive treatment advised	38
Residential treatment advised	16
Admitted to Hospital for treatment or investigation	1
Special Day School for Maladjusted Children	23
ANALYSIS OF CASES CLOSED DURING 1971	
Improved	160
Diagnosis and advice only	93
Unco-operative or unimproved	48
Transferred to other agencies	25
Removed from area	34
Deceased	1
	361
PSYCHIATRIC INTERVIEWS	
Diagnostic	313
Surveys	624
Treatment	1,010
Total Interview children	1,947
Total Interview parents and others	1,451
Total Interview by Psychiatrist	3,398
PSYCHIATRIC SOCIAL WORKERS	
Number of home visits by Psychiatric Social Workers	290
Clinic interview with parents	934
Interview with other officials	90
Visits to schools	11

#### SPEECH THERAPY

In September 1971 we were delighted to welcome Miss A Jones our fourth full-time speech therapist. While we waited for the vacancy to be filled we were fortunate to have the services of Miss O'Driscoll (two sessions per week) and Mrs Scoular (two session per week between January and Easter). In spite of their help, sessions had to be curtailed or omitted in several clinics, so again the discharge-rate has dropped slightly because more children had their treatment interrupted and more new cases were seen.

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

Cases treated	Dis- charged	Under treat- ment	Under obser- vation	Cases assessed		Not in need of treat- ment	Referred awaiting assess- ment	Waiting list	School and home visits
752	221	226	302	198	143	56	40	183	126
(674)	(201)	(181)	(292)	(127)	(75)	(42)	(97)	(175)	(52)

It may be noticed that while there are fewer children awaiting assessment this year, there are more that have been assessed as in need of treatment and placed on the waiting list.

#### DISORDERS OF SPEECH

The children seen during 1971 in the County and South Dorset areas (excluding Poole) were divided into four categories.

#### A. Predominantly Language Disorder

- (a) Children who use fewer words than their peers.
- (b) Children with disordered syntax.

This group excludes those whose poor language is caused by deafness or whose language matches a low level of general ability. The severity of these disorders in this group range from a slight insufficiency of vocabulary and poor syntax, to absence of spoken language.

#### B. Predominantly Articulation Disorder

Children who omit sounds, or substitute the right sound with the wrong one. This can vary from children with a "lisp" to those whose speech is fluently unintelligible.

#### C. Predominantly Fluency Disorder

This group includes children with a stammer, a clutter of words, or a neurological lack of fluency. This disorder ranges from a slight hesitation to intermittent utterings.

#### D. Predominantly Voice Disorder

Children with damage to the larynx, malfunction or misuse of the larynx, or too much or too little nasal resonance. This disorder ranges from slight huskiness or nasality of "code id the dose" to absence of voice.

Many children have two or more aspects of their speech affected. Some children who have for example, a clutter also suffer from a paucity of language and, as the fluency decreases, so does the clarity of articulation. In the figures set out below, an attempt has been made to record the percentage of children treated under the various categories. When the diagnosis was straightforward and only one category was involved the percentage is entered beside the legend "simple". When a child's speech disorder fell into two or more categories the percentage is recorded against the legend "mixed" under the heading appropriate to the most severe disorder.

	A Predominantly Language	B Predominantly Articulation	C Predominantly Fluency	D Predominantly Voice
Total	14.51%	72.78%	9.63%	2.64%
Simple	5.57%	60.69%	6.81%	1.34%
Mixed	8.96%	12.45%	2.83%	1.30%

#### NOCTURNAL ENURESIS

The school health service keeps a stock of buzzer alarm units for issue on loan to children suffering from persistent nocturnal enuresis. Units are held for use in Poole and for use in the rest of the County. Cases are referred from both private medical practitioners and the school medical officer, a total of 150 being treated during the year compared with 139 in 1970 and 163 in 1969. The majority of cases are aged seven or eight, experience showing that the 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 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 that in the case of backward babies, 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 1971, 284 children were assessed as requiring special educational treatment.

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 (57 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 1971 the average attendance at these classes was 700. In addition, forty-one educationally subnormal children were at residential schools, twenty-four 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 classifies the children at residential schools or hostels at the end of 1971 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	
Blatchington Court School, Seaford, Sussex.	1	
Heathersett Training Centre, Reigate, Surrey.	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
Woodford School, South Woodford, London.	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	5
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.

#### 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.

#### 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
Peredur Home-School, East Grinstead, Sussex.	3
The Bicknell School, Boscombe, Bournemouth.	2
Croft House School for Girls, Shillingstone, Dorset.	1
Stinsford School, Dorchester, Dorset.	1
Philpots Manor School, West Heathly, East Grinstead, Sussex.	1
Bessels Leigh School, Bessels Leigh, Nr Abingdon, Berks.	1
Burnt Norton School, Chipping Campden, Glos.	1
Penwithen Hostel, Winterborne Monkton, Dorchester, Dorset.	17
Clyffe House Special School, Tincleton, Dorchester, Dorset	8
Turner's Court, Benson, Oxford.	1
St Francis School, Hooke, Dorset.	4
Sutcliffe School, Winsley, Bradford Upon Avon, Wilts.	3
St Monica's School, Upton, Poole, Dorset	1
Clouds House School, East Knoyle, Salisbury, Wilts.	1
Southlands School, Bolde, Lymington, Hants	3
Grangewood Hall, St John's Hill, Wimborne, Dorset.	2
Dennington College, Barnstaple, Devon.	1
Whitstone Head School, Holsworthy, Devon.	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.	12
Dame Hannah Rogers School, Ivybridge, Devon.	2
Ingfield Manor School, Billingshurst, Sussex.	1
Chailey Heritage Craft School, Chailey, Sussex.	4
The Star Centre for Youth, Ullenwood Manor, Gloucester.	1
Burton Hill House, Malmesbury, Wilts.	3
Hephaistos School, Near Reading, Berks.	2
Uplands School, Sandecotes, Parkstone, Poole, Dorset.	1
Princess Margaret School, Taunton, Somerset.	3
Lord Mayor Treloar College, Alton, Hants.	2
St Monica's, The Yarrels, Upton, Poole, Dorset.	1
Langside School, Langside Avenue, Parkstone, Poole, Dorset.	6
Wilfred Pickles School, Stamford, Lincs.	1
St Loyes Training College, Exeter, Devon.	1
Florence Treloar School, Alton, Hants.	1
Pilgrims School, Seaford, Sussex.	1
Dene Park Further Education Centre, Tonbridge, Kent.	1
Queen Elizabeth's Foundation, Leatherhead, Surrey.	1
Trueloves School, Ingatestone, Essex.	2
Thomas Delarue School, Tonbridge, Kent.	1
Meldreth Manor School, Royston, Herts.	1

#### 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 in the normal regime of ordinary schools.

Park Place School, Henley-on-Thames.	1
Suntrap School, Hayling Island, Hants.	2
St Dominic's Open Air School, Hambledon, Surrey.	1
St Patrick's Open Air School, Hayling Island, Hants.	3
Pilgrims School, Seaford, Sussex.	2
Convent of Sacred Hearts, Carlton Road, Weymouth. Dorset.	1
St Catherine's School, Ventnor, Isle of Wight.	2
Devonport House for Children, Hapstead Village, Buckfastleigh, Devon.	1
Meath School, Ottershaw.	1
St Loyes College, Exeter, Devon.	1
Periton Mead School, Minehead, Somerset.	1

#### TUITION AT HOME OR IN HOSPITAL

During the year thirty-four children suffering from a variety of handicaps which prevented them from attending school received a total of 2,048 hours home tuition.

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

	Number of Children	Hours of Tuition
Weymouth and District Hospital	78	176
Portland Hospital	-	-
Dorset County Hospital	141	562
Poole General Hospital	105	440

#### INFECTIOUS DISEASES

There were again no cases of diphtheria or poliomyelitis among school children in 1971 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:-

	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971
Measles	606	5,255	1,595	3,652	1,559	4,469	493	698	1,549	1,439
Scarlet Fever	53	61	57	106	29	37	34	37	41	32
Whooping Cough	38	111	156	79	64	236	106	27	32	91

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

					South	Dorset		
	County Area		Poole Area A		Aı	rea	Tot	als
	P	R	P	R	P	R	P	R
Poliomyelitis - Oral	2,360	5,443	1,454	1,398	732	1,488	4,546	8,329
Poliomyelitis - Salk	- 70 0		-	-	-	- 1	I	h 1
Diphtheria	2,295	2,896	1,437	1,354	736	2,137	4,468	6,387
Whooping Cough	2,212	689	1,234	228	713	172	4,159	1,089
Tetanus	2,496	4,765	1,522	1,413	743	2,140	4,761	8,318
Measles	2,210	-	1,351	-	553	-	4,114	- 1 1
Rubella	1,038	-	934	-	565	-	2,537	192-11

P = Primary Course R = Reinforcing Dose

#### TUBERCULOSIS

Number of children in maintained schools notified during 1971	Pulmonary Non-Pulmonary	1
Number of children on tuberculosis register attending	Pulmonary	38
maintained schools at 31 December 1971	Non-Pulmonary	5

#### PREVENTION OF TUBERCULOSIS

#### (a) X-Ray of Staff

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

Eight 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	2,527	34 (1.3%)	63
Poole	1,392	5 (0.36%)	9
South Dorset	781	1 (0.12%)	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 and those children who have either no reaction or a grade one reaction are given BCG vaccination.

	1970	1971
Number of schools visited	61	64
Number of children tuberculin tested	5,001	4,517
Number of reactors:		
(1) Previously received BCG vaccination	322	209
(2) 1st degree reactor	212) 7 0507	219) 0 220
(3) 2nd, 3rd and 4th degree reactions	186) 7.95%	157) 8.32%
Number of children vaccinated:		
(1) 1st degree reactors	115	180
(2) Negative reactors	4,108	3,734
Absentees	370	432

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:-

		of children sted	No. positive excluding those previously given BCG		
	1970	1971	1970	1971	
County Area	3,096	2,461	199 ( 6.4%)	126 (5.1%)	
Poole	1,226	1,315	161 (13.1%)	201 (15.2%)	
South Dorset	679	741	38 (1.5%)	49 (6.6%)	

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 reactions was as follows:-

Grade of reaction	Number of children
First degree Second degree Third degree Fourth degree	219 126) 24) 3.5% of those tested 
	376

The table shows that throughout the County, of the 4,517 children who were tuberculin skin tested, only 157 (3.5%) showed any significant positive reaction which is indicative of a satisfactory low level of infection in the community.

#### SCHOOL MILK AND MEALS

#### SCHOOL MILK

Under the provisions of the Education (Milk) Act 1971, as and from the commencement of the Autumn Term 1971 local education authorities are restricted in the supply of free milk to the following classes of school children:-

- all pupils in special schools;
- children in infant and nursery schools up to the end of the summer term next after they attain the age of 7;
- other children in primary schools, and juniors in all age and middle schools where a school medical officer certifies that the child's health requires that he should be provided with milk at school.

This has resulted in a considerable reduction in the amount of milk suppled to schools and the number of children receiving free milk. At the beginning of the year 26,500 pupils at maintained primary schools were having milk but the number dropped to 12,000 from the commencement of the autumn term.

Two schools have untreated milk from a local producer/retailer and the remainder are supplied with pasteurised milk. In all cases the milk is delivered in one third pint bottles.

With regard to the untreated milk, the producer's herd is on the list of accredited herds under the Brucellosis (Accredited Herds) Scheme.

The County Public Health Officer has maintained close supervision of milk supplies to schools and school kitchens and regular sampling has been undertaken.

During the year a total of 804 specimens were obtained at the 171 schools and 105 school kitchens to which milk is supplied and they were examined at the public health laboratory in Dorchester. Fourteen samples (1.7%) failed the prescribed methylene blue test and this is slightly higher than for 1970. Six suppliers were involved with the failed samples and in each case an investigation was carried out including the taking of further samples which generally proved to be satisfactory.

In Poole the sampling of school milk is undertaken by the borough public health inspectors and during the year a total of 70 specimens were obtained from 20 maintained primary schools in the borough. Three samples failed the methylene blue test.

A total of 99 samples of school milk (60 in Poole) were examined for compositional quality and all were of a satisfactory standard.

It is satisfactory to be able to report that no complaints were received by the County Health Department in respect of milk being supplied in a dirty bottle.

#### 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.

#### PROVISION OF MILK AND MEALS 1971

Milk (including boarders)	No of pupils present	No. of pupils taking milk	Percentage
Maintained Schools (Primary)	31,037	11,988	38.62
Meals (day pupils only)	County and South Dorset	Poole	Total
No. of schools or departments receiving meals at 1 January 1971	203	31	234
No. of schools or departments NOT receiving meals at 1 January 1971	1	seeming at meditality is profiled tradeger to Seem after other believes	1
No. of schools or departments receiving meals at 31 December 1971	205	33	238
No. of schools or departments NOT receiving meals at 31 December 1971	1	ru mingge off to 2	1
No. of new kitchens opened in 1971	ж 6	2	8
No. of new dining centres (not classroom dining) opened in 1971	2	the because who	2
No. of schools provided with new or improve washing-up facilities in 1971	* 6	1	7
No. of day pupils present 1971		52,523 (Primar	y and Secondary)
No. of day pupils taking meals 1971		31,547	
Percentage taking meals 1971		60.01%	

<sup>\*</sup> includes 2 replacement kitchens

The County Public Health Officer made 147 visits to school kitchens during the year in connection with the Food Hygiene (General) Regulations. Generally, the standard maintained at these premises is very satisfactory but in some instances it was necessary to advise on matters requiring attention. Whenever possible prompt action was taken by the County Architect and County Education Officer and their ready co-operation in this connection is appreciated.

As a check on the efficiency of the washing-up processes at school kitchens, tests were carried out on washed crockery, cutlery and food containers at several premises using the Agaroid sausage technique. A total of 334 items were checked and 317 (95%) were of a satisfactory standard. Where a poor result was obtained an investigation was made and advice given.

<sup>\*</sup> includes 4 ROSLA units

In cases where the cook-in-charge questioned the fitness of a foodstuff, an examination was undertaken and during the year a total of 16 cwt 66 lbs was inspected and found to be unfit. Approximately two thirds of this weight of food was fish supplied during the autumn term. This matter was fully investigated by the County Education Officer and as a result it was decided to invite new tenders for the supply of fish to school kitchens.

#### SCHOOL SWIMMING

Swimming pools were built and brought into use during the year at a further nine primary schools in the county bringing the total number of schools with swimming pools to ninety including eight in Poole.

Three of the pools, opened in 1971, have arrangements for heating the water and it is becoming evident that there is a growing interest by head teachers and Parent Teachers Associations in this as a means of extending the swimming season. At the end of the year there were 11 school pools with water heating equipment including three which are covered.

The type of swimming pool varies from the 25 metre competition pool to a small portable 'garden' type pool. The latter, few in number, have been provided at small country schools and the majority of school pools are of the learner pattern being  $41\frac{1}{2}$  ft long by 20-24 ft wide. In the majority of cases pool water is treated by the addition of sodium hypochlorite via a hypochlorinater although the use of chlorinated cyanurates was extended to many more pools in 1971 as a result of the trials with this chemical which were undertaken in the previous year.

Gas chlorinating equipment is provided at two competition size pools at upper schools.

Due to cold weather in late May and early June there was a late start to the swimming season except in the case of the covered and heated pools. However, warm weather extended well into October and what time was lost at the commencement was more than made up with swimming lessons being held at many schools for several weeks of the Autumn term.

Most schools make full use of their swimming pool and indeed in some cases the bathing load can be described as heavy considering the size of the pool. In all cases it is particularly important that the pool water is maintained in a satisfactory condition both bacteriologically and chemically and for this purpose the County Public Health Officer supervises the water treatment of all school swimming pools in the County with the exception of the Borough of Poole where the work is undertaken by the Borough Public Health Inspectors.

During the year regular visits were made to the school swimming pools and spot checks were made for residual chlorine in the water. In addition, and where appropriate, samples were obtained and submitted for examination at the public health laboratory.

In those cases where it was considered that the chlorine residual was inadequate, on the spot advice was given.

In general the condition of the water at school pools has been maintained at a satisfactory standard.

#### WATER SUPPLIES

There are eight educational establishments in the County with independent or estate supplies of water. Private estate water sources serve four establishments, including two school camps whilst the remaining four derive water from springs, two boreholes and a deep well.

The water from the springs, boreholes and deep well is chlorinated by means of automatic hypochlorinators and one estate supply is similarly treated. A small domestic type filter has been provided at a small rural school supplied with water from a private estate. Close supervision has been maintained of all these supplies and regular sampling has been carried out. A total of 300 samples were examined at the public health laboratory and twenty were not of a satisfactory standard. Most of the unsatisfactory samples were obtained at a school in a rural area following a change over from an independent spring to the estate supply to the village, which is not chlorinated. Investigations were carried out but although the cause was not identified repeat samples produced a satisfactory report.

#### SCHOOL CAMPS

During the camping season the County Public Health Officer made visits of inspection to the two school camps, both of which are sited in the Wareham and Purbeck rural district. A very satisfactory standard of hygiene has been maintained at both camps and in this respect due acknowledgement must be made of the parts played by both the Warden and his wife (Mr and Mrs White) and of the ever ready co-operation which the County Public Health Officer receives from the County Adviser for Physical Education, who is responsible for the running of the camps.

#### SCHOOL HYGIENE

During the year conversion to waterborne sanitation was carried out at the one remaining school with chemical closets and the premises have been connected to a recently completed sewage scheme for the village. All maintained schools in the county now have waterborne sanitation.

The County Education Officer has kindly supplied me with the following information relating to works which have been undertaken under Minor Works Schemes and Major Projects for 1971/72.

To relieve overcrowding temporary classrooms have been provided at two middle schools, twenty-one primary schools, nineteen secondary schools and one technical college. Improvements to sanitary accommodation have been made at three schools and minor improvements of a general nature have been undertaken at eighteen primary and twelve secondary schools.

With regard to major schemes, three new schools and extensions to three others were completed.

During the year work started on the building of a further five new schools including a Day Special School and RSLA extensions at four schools. Major projects also commenced at ten aided schools.

#### HEALTH EDUCATION IN SCHOOLS

Details are given below of the talks on health subjects given in schools in the county, excluding Poole, in 1971. 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	Audiend
Dental Hygiene	101	3,978
Drugs	3	221
Home Safety	1	15
Smoking and Health	2	200
Mothercraft	18	307
Health Services	4	61
General Health	2	47
Home Nursing	2	34
VD etc	2	29
Immunisation	1	15

# REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER | S MacLachlan LDS RCS

We were all shocked to learn of the sudden death in March 1971, of Mr R H J Fairney, Senior Dental Officer, South Dorset. Coming to us from general practice in 1965, his unfailing kindness and untiring efforts to ensure that those under his care received the best possible treatment rapidly endeared him to all with whom he came into contact. Although for seven years the doyen of the staff, his output of work put many a younger man to shame. He is greatly missed.

#### STAFF

#### Resignations

L Jones, Deputy Chief Dental Officer (30 October 1971) Miss J Horton, Dental Hygienist (15 January 1971)

#### Appointments

R Woolcott, Senior Dental Officer, South Dorset (14 September 1971)

Mrs J Lewis, Dental Auxiliary, Wimborne (9 August 1971)

Mrs M Foggon, Part-time Dental Hygienist (7 June 1971)

Mrs L Siegle, Part-time Dental Hygienist (24 September 1971)

On 31 December 1971 there were fourteen dental officers, two dental auxiliaries and two dental hygienists on the staff in the County and South Dorset, which, with four dental officers in Poole, gave a whole-time equivalent, based upon the number of clinical sessions worked in the school dental service of 3.45 dental officers in Poole and 12.0 in the remainder of the County - an increase of the equivalent of three-quarters of a dental officer. Slightly less time was devoted to dental health education and to administration, and, during the year these two non-clinical activities amounted to the equivalent of two dental officers time.

#### ROUTINE VISITS TO SCHOOLS

The approximate interval in months between routine visits to schools is shown below in Table A.

#### TABLE A

	1964	1970	1971	
Blandford	12	11	12	
Bridport	30	13	12	
Dorchester Rural	18	12	12	
Dorchester Town	30	9	10	
Gillingham	24	12	12	
Shaftesbury	36	9	9	
Sherborne	24	9	11	
Wareham	18	12	14	
Wimborne	12	17	14	
Weymouth	30	12	14	
Portland	30	6	6	
Poole	?	12	14	
Average	24	12	13	

No dental service can be considered to be really efficient until it can offer bi-annual inspections coupled with the offer of all necessary treatment. It is a sad reflection on modern thought that the acceptable minimum by the Department of Education and Science is an annual inspection and that this is all too rarely attainable. Although we may take some consolation from the fact that the position has greatly improved since 1964 and that the average interval between visits has almost been halved, we have still a long way to go. As it seems incongruous that choice of residence should determine the frequency and availability of offers of dental care, continued re-organisation throughout the County area is being carried out: it is hoped that by the end of the current year the figures shown in the right hand column will be more uniform.

#### INSPECTION AND TREATMENT

The inspection figures since 1961 are shown at two yearly intervals in Table B.

TABLE B Inspection figures over the past ten years

	1961	1963	1965	1967	1969	1971	1971 Poole	1971 County and South Dorset
Percentage of school population inspected	77%	74%	76%	83%	88%	91%	81%	94%
Percentage of those inspected found to require treatment	60%	57%	62%	54%	55%	58%	51%	61%
Percentage of those offered treatment	00/0	37/0	02/0	04/0	33/0	30/0	31/0	01/6
who were treated by the school dental service	58%	64%	66%	71%	71%	75%	51%	83%
0011100	00/0	- 4/0	00/0	. 270	/0	. 0/0	02/0	50/0

These figures demonstrate the continued improvement in the services provided over the past ten years, and show that there is an increased demand. That proportionally less children were found to require treatment in Poole and received treatment is to be expected: it is much easier for those living in an urban area with ample public transport to make arrangements for dental care than for those living in isolated rural areas. That three quarters of those offered treatment, accepted it and were treated in 1971 as compared with half of those offered treatment in 1961 is indicative of the increased efficiency of our dental staff. We are indeed fortunate in being able to attract officers of such a high calibre.

The details of the children receiving regular care are shown below and illustrated in Figure 1. To be the more comparable with previous years, the figures apply to the County less Wimborne and Poole.

The slight differences in the figures appear to be directly attributable to the increase in school population. The General Dental Service loses slightly to the School Dental Service in the urban area and remains constant in the rural area where the school dental service shows a marginal decrease. In both areas, the numbers receiving no regular care has risen.

	Company of White half of the	The feet minery three and o	Urban	Rural
(a)	Percentage of children v dental care from genera		32%	28%
(b)	Percentage of children venture dental care from the sc		46%	49%
(c)	Percentage of children vergular care from either		22%	23%
(d)	Proportion found to be n	naturally dentally	6%	11%
(e)	Proportion in need of tr no regular care	eatment and receiving	16%	12%
		FIGURE 1		
		URBAN AREA		
1967	1968	1969	1970	1971
40%	45%	39% 42% 19%	34% 45% 14%	32% 46% 6%
		RURAL AREA		
1967	1968	1969	1970	1971
27% 49% 24%	47%	28%	29% 50% 11%	28% 12% 11%
School Dental School		Percentage receiving t	treatment from School	ol Dental Service
Gener Dental S		Percentage of those in from General Dental		gular treatment
No Re		Percentage receiving I	no regular treatment	
FI	T	Percentage not require	ing treatment	

The increase in the output per treatment session in the last ten years is shown below in Table C.

TABLE C
Average output of work per treatment session

	1961	1969	1970	1971	Poole 1971	County 1971
Children treated	1.85	2.34	2.5	2.6	1.9	2.8
Visits for treatment	6.05	6.2	6.3	6.4	5.5	6.7
Fillings	4.7	6.2	6.2	6.3	5.2	6.6
Extractions	1.9	1.5	1.5	1.5	1.2	1.5

It is surprising that the almost unnoticeable improvements each year can amount to so great an improvement over a ten year period. A real increase of 40% in the numbers treated and of 34% in the numbers of fillings is sure evidence of the increased efficiency of the school dental service in Dorset. It is all the more regrettable that the desired end is not being reached - the more work that is done, the more there remains to be done.

Last year I drew attention to the great waste of time occasioned by broken appointments, and during 1971 these amounted to 6,084, in man-power terms equivalent to the loss of two dental officers. The failure rate in fixed clinics has dropped to 12% in the County and 17.5% in Poole, remaining constant at about 10% in those areas treated mainly with mobile clinics.

#### ORTHODONTICS

During the year 879 children received orthodontic treatment from officers of the school dental service who also referred ninety-nine patients to the Hospital Service for treatment and a further ninety officially for advice. I use the word "officially" with intent - Mr Hooper is so generous with his help that those of our staff who work in adjoining surgeries can always obtain valuable, if unrecorded, advice. We are as always greatly in his debt.

The main factors governing the amount of dental decay that may be found in any mouth are heredity and environment. About the former one can only accept one's lot or extol the chance that provided the individual with its genes. Setting aside the proven advantages of fluoridation of the public water supplies, the main way in which the environment may be controlled is by limiting the number of times that acid is allowed to attack the teeth.

Every thinking adult is aware that the greatest single cause of dental decay is the frequent between meal consumption of articles of food containing fermentable carbohydrates, but not all parents are aware that their own child is eating a far from perfect diet. Eventual recognition of this fact may be made when gross caries of the primary dentition is discovered. In general it may be said that whenever gross caries is found in an otherwise healthy child it is due to frequent sweet eating - not to too many sweets in total, but to eating sweets too often. Parents may be told - and this fact has for years been emphasised in our talks on dental health - but it is necessary that they be convinced.

To this end a pilot study has been started in the West of the County whereby diet sheets, in which all items of food eaten over a three day period are entered, are being completed by parents. The effect is salutary, many forms being returned uncompleted after thirty-six hours by parents aghast at what is actually consumed.

Although the amount of time given to the dissemination of dental health education was less than in the previous year, 101 talks were given to a total of 3,978 school children in addition to the increasing amount of time being devoted to the subject as part of the school curriculum. I must thank the Head Teachers of Dorset for their co-operation in this matter as well as for their efforts in reducing the consumption of between meal snacks. Table D below illustrates the results of a recent survey of the numbers of schools banning or discouraging between meal eating.

TABLE D
Schools banning or discouraging consumption of sweet things

Туре	Number of	Number of	Number banning consumption of	Number specifying some control or
	Schools	Replies	sweets, biscuits and chocolates	discouragement
County area				
Primary and Middle				
Schools	140	139	40	20
Poole				
Primary Schools	23	23	4	1
South Dorset				
Primary Schools	24	19	6	2
Special Schools	2	2		
County area				
Secondary Schools	25	25	1	relation works with
Poole				
Secondary Schools	10	6	-	- 1871
South Dorset				
Secondary Schools	5	4	-	1

It has been demonstrated in this report that despite an increased - and it is to be hoped an increasing - efficiency in the school dental service we are making little real headway against dental disease. The rising population, the increased demand for the more attractive forms of treatment such as orthodontics, and the high failure rate are all contributory factors and it becomes necessary to question whether we are correct in focussing our attention upon the provision of a treatment service, devoted to the repairing of the ravages of the disease rather than upon measures to prevent the disease occurring. If we are not to fluoridate the water supplies and can only claim limited success in the field of dental health education, we must consider other methods of improving our efficiency. I consider that in future less use should be made of fixed clinics to which patients are invited and that there should be an increased usage of mobile dental clinics sited in schools and neighbourhood centres so that more treatment is taken to the child and may always be rendered available where and when it is required both in urban and rural areas.

It may well be that the future of the School Dental Service may lie in the organisation of a fleet of fully used mobile dental clinics based upon three or four fixed clinics staffed by senior members of the profession specialising in the provision of the more difficult and time consuming items of treatment.

# DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

	Poole	County (ex Poole)	Total		al for 1970)
		(ex a dole)			1970)
First inspection at School	12,134	32,589	44,723	(43	,163)
First inspection - Clinic	1,519	5,270	6,789		203)
Total Inspected	13,653	37, 859	51,512	(50,	366)
Number requiring treatment	6,904	23,050	29,956	(29,	148)
Number offered treatment	5,391	16,248	21,640		278)
Number treated	2,747	13, 541	16,288		129)
Number re-inspected Number re-inspected requiring	1,387	6,469	7,856	(7,	190)
treatment	778	3,321	4,090	(3,	949)
Number re-inspected treated	719	2,108	2,827		411)
Total courses of treatment completed	2,917	13,694	16,611	(15.	560)
Total attendances for treatment	7,789	32,369	40,158		265)
Fillings in permanent teeth	4,772	21,028	25,800	(24.	462)
Permanent teeth filled	4,249	19,427	23,676		091)
Permanent teeth extracted	438	2,141	2,579		532)
Permanent teeth extracted for caries	361	1,710	2,071	( -,	002)
Fillings in deciduous teeth	2,769	10,863	13,621	(13.	584)
Deciduous teeth filled	2,663	10,405	13,098		054)
Deciduous teeth extracted	1,304	6,399	6,663	(6,	
General Anaesthetics administered	574	930	1,504	( 1	573)
Emergencies	351	998	1,349		160)
Pupils X-rayed	513	1,052	1,565	(1,	
Prophylaxes	471	3,691	4,162		136)
Teeth otherwise conserved	203	1,488	1,691		057)
Teeth root filled	19	29	48	( -,	53)
Crowns	11	48	59	ì	61)
Inlays	11117	3	3	(	11)
Orthodontic cases commenced	71	258	339	(	301)
Orthodontic cases completed	45	186	231	93	249)
Orthodontic cases discontinued	3	27	30	(	30)
Removable appliances fitted	94	429	523	( 4	450)
Fixed appliances fitted	4	1	5	(	4)
Cases referred to consultant for treatmen	t 11	88	99	(	76)
Full dentures fitted	1	3	3	(	9)
Partial dentures fitted	4	46	50	(	50)
Inspection sessions	115	427	542	( 5	501)
Treatment sessions	1,440	4,812	6,252	7	.02)
Dental Health Education Sessions	-	175	175		(46)

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

The Clinic Hogshill Street	1 Speech	Central Clinic Park Road	1 Hearing Assessment 8 Dental
Beaminster		Poole	7 Speech
Deallimotes			1 Enuresis
			2 Physiotherapy
Health Clinic	1 Hearing Assessment		6 Child Guidance
Salisbury Street	(per month)		
Blandford	5 Dental		
1901-911	2 Speech	Health Clinic	6 Dental
		Lanark Close	1 Speech
Bovington Modern	1 Speech	Hamworthy	and the state of the state of
School		Poole	
Bovington			
		Branksome Clinic	18 Dental
Health Centre	1 Hearing Assessment	Layton Road	2 Speech
North Allington	(per month)	Parkstone	
Bridport	4 Dental		
7 (-15, 61)	3 Speech		
	2 Child Guidance	Hillbourne Clinic	6 Dental
	(per fortnight)	Kitchener Crescent	
		Waterloo	
		Poole	
Health Clinic	2 Hearing Assessment		
Glyde Path Road	(per month)		
Dorchester	35 Dental	Health Clinic	6 Dental
	2 Speech	Fortuneswell	1 Speech
	2 Child Guidance	Portland	
The Reception Centre		Health Clinic	1 Hearing Assessment
Gloucester Road	(per month)	Secondary Modern	(per month)
Dorchester		School	1 Speech
		Shaftesbury	3 Dental
Health Clinic	2 Speech		
Victoria Road	4 Dental	Health Clinic	1 Hearing Assessment
Ferndown		Horsecastles	(per month)
		Sherborne	5 Dental
			1 Speech
Health Clinic	1 Hearing Assessment		1 Child Guidance
St Martin's	(per month)		(per fortnight)
Gillingham	6 Dental		
	1 Speech		
		St Aldhelm's School	1 Speech
		Sherborne	
Junior CE School	1 Speech		
Lyme Regis			

Health Clinic	1 Hearing Assessment	Health Centre	5 Minor Ailments
Green Close	(per month)	Westham Road	21 Dental
Sturminster Newton	1 Speech	Weymouth	3 Speech
Health Clinic	1 Hearing Assessment	The Clinic	1 Speech
High Street	(per month)	Wyke Regis	1 Child Guidance
Swanage	2 Dental	Weymouth	
	1 Speech		
		Health Clinic	5 Dental
The Parish Hall	1 Hearing Assessment	Rowlands Hill	1 Hearing Assessment
Wareham	(per month)	Wimborne	(per month)
			2 Speech
County Modern	1 Speech		

County Modern School Wareham

# STATISTICAL APPENDIX

# YEAR ENDED - 31 DECEMBER 1971

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

TABLE A - PERIODIC MEDICAL INSPECTIONS

(2) (4) Satisfactory (5) (5) (6) (6) (6) (7) (8) (8) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(2) (3) (4) (5) (5) (6) (7) (7) (17) (17) (17) (17) (17) (17)	Age Groups inspected		No. of pupils who received a full medical examination	s who i	received	ъ-	Phy	rsical co	Physical condition of pupils inspected	dnd Jo	ls ins	pecte		lo. of	pupils	No. of pupils found		Pupils	s foun	d to r	equire	treat	tment	exc.	Pupils found to require treatment (excluding dental diseases and infoeration with vormin)	dental	disea	ses a	ĕ
(2) (3) (4) (5) (7) (7) (8) (7) (8) (8) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	(8) (8) (7) (8) (8) (10) (10) (10) (10) (10) (10) (10) (10	(By year of						Sat	isfactor	~	2	nsatis	sfacto		redica	l exar	ninatik		for de	efectiv	ve vis		for a	iny of	her		Tota	l indiv	idual	Ο.
For SD C Total P S	For SD C Total P S	(1)		2	0				(3)				(4)			(2)			4	(9)	5		3	3				3	•	
- 523 35 526 - 523 3 526 - 6 - 7 - 7 - 7 - 55 1 56 - 48  - 558 1334 2528 8 99 355 1332 2526 - 7 - 7 - 7 - 7 - 7 - 55 1 1 56 - 48  - 615 44 1253 1912 614 44 1250 1908 1 - 3 4 - 7 - 7 - 19 5 30 67 157 56 100 311 149 57 14  - 296 32 147 475 295 32 1447 474 1 - 7 1 - 1 19 5 30 5 4 113 8 95 216 105 10  - 296 32 147 475 295 32 147 474 1 - 7 1 - 1 19 5 30 5 4 113 8 95 216 105 10  - 296 32 147 475 295 32 147 474 1 - 7 1 - 1 19 5 30 5 4 113 8 95 210 105 10  - 558 28 28 28 28 28 28 29 2 147 8 18 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	- 523 3 526 - 523 3 526 - 523 3 526 - 6 - 7 - 7 - 7 - 7 - 55 1 56 - 48  839 355 1334 2528 839 355 1332 2526 - 7 - 2 2 9 36 67 157 56 100 313 149 57 11  849 355 134 2528 839 355 1332 2526 - 7 - 2 2 9 3 6 67 157 56 100 313 149 57 11  856 32 147 475 295 32 147 474 1 1 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1		Д	SD	O	Total		SD		Total		SD	C	Total	Ь											tal		SD	O	Tot
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119   191   78   388   119   191   78   388     7   17   1   25   58   20   5   83   51   34     541   38   65   644   541   38   65   644     14   17   3   5   5   5   3   60   114   2   6   122   142   7     545   24   147   830   659   24   147   830     14   17   3   3   9   85   113   -   13   126   13     545   24   244	119   191   78   388   119   191   78   388     7   17   1   25   58   20   5   83   51   34     541   38   65   644   541   38   65   644     14   14   14   14   14	1962	252	578	93	923	252	578	93	923	•	•		0	ı				23 6	52	7			41		80		95	15	
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ALS 5206 2654 3865 11725 5203 2654 3860 11717 3 - 5 8 - 1816 1816 463 244 139 846 996 226 311 1533 1244 417  Col (3) as a percentage of Col (2)  P SD C TOTAL	ALS 5206 2654 3865 11725 5203 2654 3860 11717 3 - 5 8 - 1816 1816 463 244 139 846 996 226 311 1533 1244 417  Col (3) as a percentage of Col (2)  Results 5206 2654 100 99.87 99.93  Col (4) as a percentage of Col (2)  Col (6) as a percentage of Col (2)	1957	162	459	181	802	162	459	181	802	1	•		1	,	-										89	52	75	32	
5206 2654 3865 11725 5203 2654 3860 11717 3 - 5 8 1816 1816 463 244 139 846 996 226 311 1533 1244 417  Col (3) as a percentage of Col (2)  P SD C TOTAL	S206 2654 3865 11725 5203 2654 3860 11717 3 - 5 8 1816 1816 463 244 139 846 996 226 311 1533 1244 417  Col (3) as a percentage of Col (2)  P SD C TOTAL  99.94 100 99.87 99.93 0.07	1956 and earlier	920	158	181	1259	920	158	181	1259				,			12						56	13			252	45	24	
(3) as a percentage of Col (4) as a percentage of SD C TOTAL P SD C	(3) as a percentage of Col (2)  SD		5206	2654	3865		5203	2654		11717	65	•	20	90				816 4	63 24	14 13				26 3	11 15			117	393	
(3) as a percentage of Col (2)  SD C TOTAL P SD C	(3) as a percentage of Col (2)  SD C TOTAL P SD C  100 99.87 99.93 0.06 0 0.13																													11
SD C TOTAL P SD C	SD C TOTAL P SD C 100 99.87 99.93 0.06 0 0.13					Col	(3) as	a perce	ntage o	(Col (2)								Co1 (	4) as	a per	centag	o of C	201 (2)							
	100 99.87 99.93 0.13					Ь	S			POTAL								д	S	Q	O		OTAL							

#### TABLE B - OTHER INSPECTIONS

	Poole	South Dorset	Remainder of County	Totals
Number of Special Inspections Number of Re-inspections	503 558	1,183 191	17,289 1,640	18,975 2,389
	1,061	1,374	18,929	21,364

#### 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	15,267	14,517	18,303	48,087
Total number of individual				
pupils found to be infested	38	36	124	198
Total number of pupils in respect of whom cleansing notices under Section 54(2)				
Education Act 1944, were				
issued	-	-	-	-
Total 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

O = OBSERVATION T = TREATMENT

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3	Š
1	3
720	á
Sici	5
f	7
È	ś
3	Ş
Q Z	2

Skin  Eyes - (a) Vision  (b) Squint																			No.
Skin  Eyes - (a) Vision  (b) Squint		Q.	SD		Totals		SD C		als P		0				Totals	8	SD	O	Tota
Byes - (a) Vision (b) Squint	L	34	10	11											189		,	2	
Byes - (a) Vision (b) Squint	0	30	,	44											165	•	,	2	
(b) Squint	T	41	23	93	157	181 1	133 1			.1 88					842	•	79	3373	345
(b) Squint	0	69	137	151				18 106	9 195			30 262	19 207	199	725	1	46	1701	1748
	I	32	0.	33	74	5				23	+				125	1	1	47	
	0	17	9	16	36	9		1		0.	2	- 31			77	1	1	4	
(c) Other	H	7	-	4	12	-			1	-	,	- 11			24		-	1	
	0	N)		17	22	00		1	9	-	_	1 23			54		ì	,	
Ears - (a) Hearing	T	S	12	14	31	5		I	3	0	9	6 32			99	13	2	5	_
	0	28	46	132	236	9	2	4	2 3	7	5	3 55			303	•		14	14
(b) Oritis Media	H	00	7	6	24							4			28	•	•		
	0	31	16	43	06	1		10	6 1	6	_	3 23	51 17	51	119	•	٠	1	
(c) Other	T	7	33	-	11	1	,		1 1	-		- 11		-		•	•		
	0	35	16	18	69	1	,	1		3	_	- 44		19		1	1	,	
Nose and Throat	ь	32	16	53	77	7	4	1		9	9	1 43		31		3	,	60	9
		143	12	63	248	12	1	1 14		1	10	2 138		96		12		3	
Speech		30	12	31	73	-	4		5 1	00	3	2 23	49 19	33		1	S	3	
	0 1	86	35	101	195	S	_			+	_	3 48					-	7	
Lymphatic Glands	+			-	1					1		-				•			
	0	22	3	24	46	,	2		2 1	9						•		r	
Heart	H	-	1	60	S	7	-	,		,	_					•	,		
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	0 8	37	4	32	73	16	_	4 2		00	23	4 45					,	,	
Developmental - (a) Hernia	H (	2 9	en (	12	17					-						•	,		
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(b) Omer	- (	200	0 0	- 0-	2 10		7	-		0 5	0 '	01 7					4	-	
Outhorsoids - (a) December	O F	00 e	36	20	127	- 4	7 -	9 1	90			4 51	12 28	97	184			4	4
Autopacare (a) Course	. 0	o w	4		14	0 4						120							
(b) Feer	) H	63.0	0 10	5.4	102	+ 00		2		200							-	=	
	0	27		219	259	17	w	7 2								•		12	
(c) Other	L	17		9	24	9	2	1				2 22						2	
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Nervous System-(a) Epilepsy	T	3	3	7	13	1	1	2		4	+					•			
	0	1	-	00	10	-	_			3						•	,	2	
(b) Other	H	2	,	8	I/O	-	-			5	_					•	,	1	
	0	00	2	51	19	-	,	2		1 ,	33						,	4	
Psychological - (a) Develop-	L	2	1	4	10	47	2	9		2	*					150		17	-
mental	0	30	21	30	81	13	2	3 1		5 0	0			44		,	-	22	
(b) Stability	Т	10	2	4	16	9	1	2 9		9	53		62 5	6		20		3	
	0	84	14	89	166	15	2	7 2			7			93	286			14	
Abdomen	H	1	3	2	9	2	,	1		9	_		6	4	17	•	,	,	
	0	90	2	10	20	4	-	1		2	5		24 5	11	40	1	•	1	
Other	L	4	6	00	21	19	65	3		7	53	- 33	54 14	11	79	1	,	cı	
	0	22	2	48	72	18	3			0		9 63	6 06	62	161	1	6	13	

#### 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	-	-	-	_
Errors of refraction (including squint)	-	499	391	890
Totals	*-	499	391	890
Number of pupils for whom spectacles were prescribed	*_	65	102	167

<sup>\*</sup> 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	*-	6	-	6
(b) for adenoids and chronic tonsillitis	* -	166	85	251
(c) for other nose and throat conditions	* -	18	19	37
Received other forms of treatment	*-	-	-	
Totals	*-	190	104	294

<sup>\*</sup> 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 1971	4	5	14	23
(b) in previous years	24	22	74	120

#### TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

Number of cases known to have been treated

(a) At Clinics or out patient	Poole	South Dorset	Remainder of County	Totals
departments (b) At school for postural defects	-	45	360	45 360
Totals	-	45	360	405

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

Number	of cases	known	to have	heen	treated
number	or cases	KHOWH	to nave	Deen	treateu

	Poole	South Dorset	Remainder of County	Totals	
Ringworm - (a) Scalp	-	-	-	-	
(b) Body	-	_	1	1	
Scabies	9	12	7	28	
Impetigo	-	-	4	4	
Other skin diseases		14	22	36	
Totals	9	26	34	69	

#### TABLE E - CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated			
	Poole	South Dorset	Remainder of County	Totals
At Child Guidance Clinics	487	4	57	944

#### TABLE F - SPEECH THERAPY

N	umber	of	cases	known	to	have	heen	treated
17	umper	OI	cases	KHOWH	LO	nave	peen	treateu

	Poole	South Dorset	Remainder of County	Totals
By Speech Therapists	265	120	367	752

#### TABLE G - OTHER TREATMENT GIVEN

#### Number of cases known to have been dealt with

	Poole	South Dorset	Remainder of County	Totals
Minor Ailments	_	8	Ed Bard men gyad	8
Received BCG Vaccination	1,131	619	2,164	3,914
Received breathing exercises at an				
Asthma Clinic	45	-	-	45
Received treatment for nocturnal				
enuresis (Buzzer Alarm)	79	11	60	150
Totals	1,255	638	2,224	4,117
	100%			

