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DORSET COUNTY COUNCIL

EDUCATION COMMITTEE



ANNUAL REPORT ON THE SCHOOL

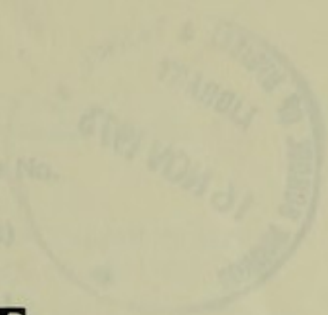
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1972



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ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1972

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

D.C. 1972

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FOREWORD

During 1972 the school population of the county increased to 58,325 compared with 56,790 the previous year and 44,122 at the end of 1962.

The Child and Family Guidance Service which had previously been handicapped by lack of staff was able to fill two vacancies for psychiatric social workers bringing the county total to three. Unfortunately, it still did not prove possible to attract a suitable applicant to the post of Principal Psychiatric Social Worker. By re-arrangement of the work areas of the consultant children's psychiatrists it was possible to increase the weekly number of sessions for Poole and the east of the county to seven. The net result of these changes was an increase in the number of children seen during the year and also an increase in the number of children seen for the first time.

The establishment of speech therapists was increased to five and it was possible to improve the situation at some clinics with waiting lists. Regular sessions are being provided for children in day special schools and improved arrangements have been made for treating adult patients either in hospital, at their own homes or as out-patients in the local authority clinics.

With the appointment of Miss Patricia Parish as Health Education Officer I am at last able to announce the establishment of a specialist health education unit the staffing of which has since been completed (in 1973) by the addition of a second health education officer and a technical assistant. It has been accepted as logistically impossible for health education staff to reach more than a minute fraction of all school children, to say nothing of other members of the public, if they adopt a direct teaching role themselves. Instead it is proposed to work through the large number of professionally trained persons in many fields who are already available. In particular in-service training for teachers is to be promoted so that the latter can undertake health education themselves within the context of the school curriculum. The gratifyingly enthusiastic reception offered to the new unit shows that it is going to satisfy a long felt need and the very willing co-operation offered by the County Education Officer and his professional staff is greatly appreciated.

The effectiveness of the school dental service has significantly increased during recent years. In 1964 the average interval between routine visits to schools was twenty-four months; by 1972 the interval had been reduced to twelve and a half months. It is now much easier than in the past for children to receive orthodontic treatment as the majority of the dental officers have received training in practical orthodontics from the consultant orthodontist, Mr. J D Hooper. Thus it was possible for more children to receive orthodontic care nearer their homes than in the past. Consultant advice was also required for 121 children and 79 needed orthodontic treatment from him.

There are now the equivalent of thirteen and a half full-time dental officers in the county area and three more in Poole. This is a far cry from the situation in 1912 when the appointment of a "Lady Dentist" laid the foundations of the present service. The first inspections were carried out in the neighbourhoods of Bridport and Sherborne and revealed that about seventy per cent of six to eight year olds had defective teeth. 485 children were treated over a period of six months and between them experienced 659 fillings and 1,159 extractions!

In April 1974 responsibility for the running of the school health service will pass from the Education Committee of the County Council to the Area Health Authority. The statutory point of contact between the new County Council and the Area Health Authority will be the Joint

Consultative Committee but it will be essential that close contacts are also maintained at all levels if the present smooth and effective running of the service is to continue.

The results of the deliberations of the School Health Service Sub-Committee of the Working Party on Collaboration have recently been published and recommend arrangements to secure effective co-operation between the authorities concerned. In addition a major Review of the Child Health Service (including the School Health Service) is in the offing and the members of the proposed team under the chairmanship of Professor Court are at present being nominated.

Other relevant advice is already promised by the Department and the next few months should see the publication of the following circulars:-

School Health Services: preparatory action by Joint Liaison Committees
Organisation of Health Education and Advice on Collaboration with Education
Authorities
Children's Health Services (including School Health Services)
School Health Services Regulations

It is unlikely that any report on the school health service published next year will consist of more than the appropriate statistics for 1973 as the staff responsible for producing it will be heavily engaged on other matters and the County Council's Education Committee which normally receives the report will cease to exist on 31 March next. I should like, therefore, to take this opportunity of thanking the chairman and members of the Education Special Services Sub-Committee for the courtesy and consideration which they have always extended both to myself and members of my department. I am also grateful to the County Education Officer and his staff and to all head teachers for their willing co-operation over the years. Dr. Townsend supported initially by Mr. Toop and latterly by Mr. Fox has borne the main burden of the day to day administration of the service and my deputy, Dr. Adams and Chief Administrative Officer, Mr. Clarke, have again been largely responsible for the preparation of this report. To them and to all my staff I extend my thanks.

G. F. WILLSON

County Medical Officer

Health Department,
County Hall,
Dorchester,
Dorset.

August, 1973.

SCHOOL HEALTH SERVICE STAFF

(At end of year)

CENTRAL STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER

G F Willson MD MFCM DPH

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

K J Adams MRCS LRCP MFCM 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
Eileen E Hodgson MB ChB DPH
G B Hopkins MB ChB DPH
Esther Jackson MB ChB MFCM DPH
D C Pinder MB B Chir DPH
G E Thomas MB BS DObst RCOG
MFCM DPH
Jill C White MB BS MRCS LRCP DPH DCH
Elizabeth M S Wotherspoon MB ChB
(Part-time)

DIRECTOR OF NURSING SERVICES

Bridget C Thornton SRN SCM HV Cert

SCHOOL NURSES (38)

SPEECH THERAPISTS

Charlotte A C Tone LCST (Senior)
Clare P Bailward LCST
Susan A Burton LCST
Angela M Legg LCST

HEALTH EDUCATION OFFICER

M Patricia Parish SRN SCM HV Cert
Dip H ED

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
J F Wilson LDS DDPH RCS
J M Paterson LDS RCS

DENTAL OFFICERS

N J Dyer BDS LDS RCS
K E J Fletcher LDS RCS
T B Forward LDS RCS
C Gait BDS
R W Hall BDS
Edna G Laylee LDS (Part-time)
A V Robson LDS RCS
A Simpson LDS RFPS
R G Taylor BDS

DENTAL AUXILIARIES

Jane Lewis
Margaret Meech (Part-time)

DENTAL HYGIENISTS

Miranda Foggon (Part-time)

DENTAL SURGERY ASSISTANTS (19)

CHIEF ADMINISTRATIVE OFFICER

V W V Clarke DPA FHA

POOLE BOROUGH STAFF

BOROUGH SCHOOL MEDICAL OFFICER

J Hutton MD MFCM DPH

BOROUGH DENTAL OFFICER

F E R Williams LDS

SCHOOL MEDICAL OFFICERS

A McCutcheon MB ChB DPH

Pauline Keating LRCP & S(I) LM

MFCM DCH

Heather May Inter B Sc MB ChB MRCP

Rosa Strunin MD (Berlin)

DENTAL OFFICERS

A C S Barnard LDS RCS

A E G Gapper LDS RCS

C Green LDS RCS

DENTAL SURGERY ASSISTANTS (4)

BOROUGH NURSING OFFICER

Marion Davies SRN SCM HV Cert

SPEECH THERAPIST

Helen V A Barrett LCST

SCHOOL NURSES (21)

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

Christine Y L Drew

Astrid D Filliter

Judy M Hood

ORTHODONTICS

Consultant Orthodontist

J D Hooper LDS DOrth RCS

Senior Orthodontic Registrar

B D Collin BDS FDS 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 373,060

Average numbers on the school registers on 31 December 1972:-

	Primary	Middle	Secondary	Compre- hensive	Grammar	Specials	Totals	
							*1971	1972
County Districts	23,368	1,558	6,242	6,403	3,522	210	40,265	41,303
Poole Excepted Area	7,526	3,441	4,368	-	1,495	192	16,525	17,022
Totals	30,894	4,999	10,610	6,403	5,017	402	56,790	58,325

* Includes Junior Training Centres

Number of Schools

	Poole Area	County Area	Totals
Primary	19	162	181
Middle	7	5	12
Secondary Modern	7	11	18
Comprehensive	-	10	10
Grammar	2	8	10
Special	2	4	6
Totals	37	200	237

MEDICAL INSPECTION

NUMBER OF PUPILS EXAMINED

The following table relates to the whole county including Poole Exceeded Area.

	1970	1971	1972
Routine examination of entrants	5,729	5,254	4,696
Routine examination at all other ages	6,750	6,471	4,117
Re-inspection	3,397	2,389	3,266
Special examinations	15,924	18,975	13,821
Totals	31,800	33,089	25,900

During 1972, 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 Poole routine medical examinations were continued with four examinations during school life, and in South Dorset three examinations until the end of the school year when the selective questionnaire was introduced.

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 biennially 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 condition 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 Weymouth area the screening is done on four occasions during school life.

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 57,154 personal hygiene inspections were carried out by the school health visitors throughout the whole county and 342 children were found to have lice or nits in the hair.

	No. of children inspected		No. found verminous	
	1971	1972	1971	1972
County Area	32,820	38,284	160	219 (0.6%)
Poole	15,267	18,870	38	123 (0.6%)
Whole County	48,087	57,154	198	342 (0.6%)

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-three 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 AREA, EXCLUDING POOLE

SCREENING OF SCHOOL ENTRANTS

No. of children given screening tests	4,526
No. of children failed screening tests	559
No. referred for treatment after investigation	230

ANALYSIS OF CASES REFERRED DURING 1972 FOR FULL AUDIOMETRIC INVESTIGATION

1. Sources

Children who failed screening tests	559
Children referred by health visitors	170
Children referred by Medical Officers	191
Children referred by Speech Therapists	36
Children referred by Head Teachers	2
Children referred by Parents	70
Children referred by General Practitioners	45
Children referred by ENT Specialists	209
Children referred from other sources	70

5 Total 1,352

2. Findings of the Audiometrician

No significant loss recorded	447
Referred to ENT Specialists	366
Report to ENT Specialists	297
For Retest	147
Other Action	<u>61</u>
Total	1,318

One hundred and twenty additional appointments were not kept or declined.

3. Results of cases referred to ENT Specialists

No treatment advised	32
To be reviewed	49
Tonsils and adenoids to be removed	58
Tonsils to be removed	1
Adenoids to be removed	44
Other operative treatment advised	101
Other treatment advised	62
Reports still outstanding	17
Moved out of county	<u>2</u>
Total	336

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 1972	No significant hearing loss	Still under observation	Referred to medical officer
2,948	2,471	240	237

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:-

During 1972, there have been further changes in the members of the Child Guidance Teams. Owing to re-arrangement of work areas, Doctor Zinna no longer works in the Poole area, but Doctor Warrick commenced work there in June, and is able to give three sessions weekly to the Child Guidance Clinic. This means that there are now seven consultant psychiatric sessions weekly held in Poole, where children from the Borough of Poole and the adjacent County area are seen.

Halfway through the year, a further Psychiatric Social Worker was appointed, Miss Drew working in the west of the County and south and east as far as and including Weymouth and Portland. Miss Filliter continues to serve the Poole area, with Miss Hood the surrounding areas to the north and east including the Purbeck area. All have a very heavy case load in order to leave as small an area as possible uncovered by a Social Worker. It has still not yet been possible to appoint one for the north of the County.

The overall plan of assessment of the child by the Educational Psychologist, with the Social Worker seeing the parents to hear about the problems, prior to consultation with the Psychiatrist, continues and is realised for approximately half the children referred. It is undoubtedly to the benefit of the child for the referral to include assessment by the Educational Psychologist, and is of course helpful to myself.

There was an increase in the total number of children seen during the year, and also in the number of children seen for the first time. While many of these can be helped by advice, and may only need to be seen on one or two occasions, approximately one in eight require more intensive and regular treatment over a considerable period. With increased numbers, it is becoming more difficult to give this group of children all the help they need.

Residential treatment for disturbed children continues at the Penwithen Hostel and most of them are able to attend local schools. However, since the opening of the Adjustment Unit, it has been possible to admit to the Hostel some children who are only able to attend ordinary school part-time, and who spend half of each day at the Adjustment Unit. When the Adjustment Unit is able to have pupils for a full day, it would be valuable if some of the children with more severe disturbances, who need full-time special schooling as well as residential treatment, could be resident at the Hostel instead of attending out-County schools for the maladjusted. It is likely that the most severely disturbed children will continue to need help in the special residential schools for some time to come.

The pattern of referrals, both as to age groups and problems, shows little overall change during the past 3-4 years. Behavioural problems are the largest group, with nervous or educational problems the second or third largest groups. School refusal continues to be a problem, and it is helpful that in many cases these children are now referred earlier.

Regular conferences of the Child Guidance team continue to be important: a number of head teachers attended conferences during the year, and this has proved beneficial. Regular meetings continue with staff at Greenways and at the Penwithen Hostel and Adjustment Unit and it is hoped to increase those with the Social Services Department by having fortnightly meetings in Poole as well as Dorchester.

CHILD AND FAMILY GUIDANCE SERVICE - STATISTICS

Total number of children seen during the year 1972	987
New cases seen during the year 1972	399
Children awaiting investigation on 31 12 72	30
Total children awaiting first Psychiatric appointment on 31 12 72	53
Cases closed during 1972	391
Total number of cases under observation or treatment on 31 12 72	617
Number of failed appointments during the year 1972	360

ANALYSIS OF NEW CASES INVESTIGATED DURING 1972

Sources of referral of new cases: -

General practitioners and hospitals	178
School Medical Officers	54
Educational Psychologists	45
Education Officer and Headteachers	23
Social Services Department	56
Probation Officers	2
Other sources	41
	399

Problems for which children were referred: -

Behaviour problems	203
Nervous symptoms	59
Educational problems	61
Enuresis	21
Psychosomatic	5
Social problems	72
School refusal	22
Others:	20
Insomnia 1	463
Sleeping problems 1	1
Retarded development 4	1
Encopresis 9	1
Depression 1	1
Hallucinations 1	1
Autistic 1	1
Attempted suicide 1	1
Epilepsy 1	1

Age Groups: -

Pre-school	40
Infant school	47
Junior school	144
Secondary school	168
Left school	-
	399

Recommendations made for new cases:-

Still under investigation	24
Diagnosis and advice only	153
Treatment	131
Intensive treatment advised	52
Residential treatment advised	16
Admitted to Hospital for treatment or investigation	5
Special Day School for Maladjusted Children	18
	<u>399</u>

ANALYSIS OF CASES CLOSED DURING 1972

Improved	181
Diagnosis and advice only	88
Unco-operative or unimproved	70
Transferred to other agencies	33
Removed from area	19
	<u>391</u>

PSYCHIATRIC INTERVIEWS

Diagnostic	369
Surveys	697
Treatment	976
Total number of Interviews of Children	2,042
Total number of Interviews of Parents and Others	1,212
Total number of Interviews by Psychiatrist	3,254

PSYCHIATRIC SOCIAL WORKERS

Number of home visits by Psychiatric Social Workers	578
Clinic interview with parents	1,222
Interview with other officials	131
Visits to schools	29

	A Predominantly Language	A Predominantly Articulation	B Predominantly Fluency	D Predominantly Voice
Simple	1.64% (3.37%)	53.79% (66.69%)	7.12% (8.81%)	1.97% (1.34%)
Mixed	13.3% (8.96%)	15.3% (12.4%)	3.64% (2.43%)	7.52% (1.36%)
Total	16.97% (14.51%)	69.09% (72.78%)	10.76% (9.24%)	9.49% (2.64%)

HEALTH EDUCATION

The establishment of a Health Education Section within the Health Department commenced with the appointment of a Health Education Officer in August 1972. Health education was already being given in clinics, schools, and through voluntary societies, so that there were some very firm foundations upon which to build. The policy of the Health Education Section will be to promote health education on the broadest possible basis, working across disciplines, and through all the community care services, particularly education. It is not intended to establish a peripatetic teaching service, but to encourage health education through teachers of all disciplines.

In schools the aims of the service will be four-fold. We must promote in-service training through individuals or groups of teachers, to give the knowledge and any additional skills needed to enable teachers to do their own health education, within the context of the school curriculum. We must also establish an audio-visual aid and reference centre as a back-up service. Liaison with the Education Audio-Visual centre will be close, the two services complementing each other. Thirdly a library must be established and finally the service must be in a position to make available to schools guest speakers on specialist subjects.

In the realm of further education contact has also been made and discussions held with the Weymouth College of Education, the South Dorset Technical College and Poole Technical College. The Health Education Officer is working closely with and through the Education Advisers and looks forward to having a service which will be of real help to teachers and all colleagues in the educational field.

The following health education sessions took place during the year:-

	Number of talks and/or films	Audience
Dental Hygiene	203	8,456
Smoking, Drugs, etc.	4	240
Child Care and Mothercraft	41	720
Personal Hygiene	2	60

SPEECH THERAPY

From April 1972 the establishment of speech therapists was increased by one full-time therapist. This brings the full complement in the County to five. In May we were very pleased to welcome Miss Clare Bailward who was appointed to the newly created post and we have been able to increase sessions at the clinics which had previously been under the greatest pressure with a consequent reduction of the waiting list in those areas.

Since May, two speech therapists have started treating children in day special schools, visiting them one session a week. This is proving to be a most stimulating form of work, with helpful co-operation from the teaching staff. During the year some extra time was spent treating adult patients either in hospital or at their own homes, or as out-patients in the local authority clinics. The local hospitals concerned were financially responsible for this service on a sessional basis. Talks were given by speech therapists to the Ladies' Circle at Bridport and the National Housewives Register at Weymouth.

The numbers of children seen during the year were as follows (corresponding figures for the previous year in brackets):

	<u>County Area</u>	<u>Poole</u>	<u>Totals</u>
No. of children treated	646 (487)	263 (265)	909 (752)
No. of children discharged	217 (147)	81 (74)	298 (221)
No. of children under treatment	192 (169)	59 (57)	251 (226)
No. of children under observation	252 (168)	123 (134)	375 (302)
No. of children assessed	94 (165)	38 (33)	132 (198)
No. of children in need of treatment	75 (125)	20 (18)	95 (143)
No. of children not needing treatment	30 (41)	18 (15)	48 (56)
No. of children referred awaiting assessment	44 (33)	21 (7)	65 (40)
No. of children on waiting list	116 (158)	41 (25)	157 (183)
No. of school and home visits	27 (23)	21 (103)	48 (126)

"The number of children assessed" includes all new children seen during the year who were found not to need treatment together with those who, although assessed, were still awaiting treatment at the end of the year.

We have again divided the children seen in the County Area into categories according to their speech disorders (last year's figures in brackets).

	A Predominantly Language	B Predominantly Articulation	C Predominantly Fluency	D Predominantly Voice
Simple	3.64% (5.57%)	53.79% (60.69%)	7.12% (6.81%)	1.97% (1.34%)
Mixed	13.3% (8.96%)	15.00% (12.45%)	3.64% (2.83%)	1.52% (1.30%)
Total	16.97% (14.51%)	68.79% (72.78%)	10.76% (9.63%)	3.49% (2.64%)

We are using more accurate assessment techniques with the result that a larger number of children are being found with one or more aspects of their speech affected. It is interesting to note that many of the children referred because of articulation problems prove also to have lower language levels than might be expected from their general level of ability. It is much easier to notice that a child's articulation is affected than it is to realise that his language is poor, unless this is specifically tested. A child may not talk much because he is shy, for example; conversely he may appear shy when he does not talk much, though his reason for not talking much may be that he has fewer words than his peers. It is important to distinguish here between the child whose language is poor because he is not very intelligent or has not received sufficient stimulation, and the child with a true language disorder.

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 121 being treated during the year compared with 150 in 1971 and 139 in 1970. 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.

We have again divided the children seen in the County Area into categories according to their speech disorders (last year's figures in brackets).

The number of children assessed includes all new children seen during the year who were found not to need treatment together with those who, although assessed, were still awaiting treatment at the end of the year.

	A	B	C	D
	Predominantly Language	Predominantly Articulation	Predominantly Fluency	Predominantly Voice
Simple	1,043 (8,373)	51,795 (60,632)	7,126 (9,812)	1,936 (1,347)
Mixed	12,336 (8,967)	12,036 (12,432)	3,643 (2,832)	1,736 (1,302)
Total	10,975 (14,340)	63,795 (73,064)	10,769 (12,644)	3,672 (2,649)

HANDICAPPED PUPILS

As a result of the creation of a single child health section 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 he is 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.

Statistics in this passage relate to the whole county including Poole. During 1972, 221 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, which since April 1971 has included the severely subnormal children. Most of these severely educationally subnormal children attend the day special schools, Wyvern in Weymouth, Mountjoy in Bridport, Sturminster Newton and Montacute School in Poole. Meanwhile less severe subnormal children attend Wimborne Day Special School, or special classes attached to ordinary schools. Forty-one educationally subnormal children were at residential schools, twenty-five of them being at Clyffe House School. There were also eight day pupils in attendance 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. They also supervise and give additional teaching to 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 1972 in the categories specified in the Ministry's "Handicapped Pupils Regulations 1959", and gives the numbers attending at each school.

BLIND

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

Conover Hall Special School, Conover, Nr Shrewsbury, Salop.	1
Ysgol Penybont School, Bridgend, Glamorgan.	1
Dorten House School, Seal, Sevenoaks, Kent.	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.	6
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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.	2
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.	3
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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.

Dene Park, Shipbourne Road, Tonbridge.	1
Maristow House School, Near Roborough, Devon.	3
Clyffe House School, Dorchester, Dorset.	29
High Close School, Wokingham, Berks.	1
Fairmead Day Special School, Yeovil, Somerset.	5
Sheiling School, Thornbury, Gloucester.	1
Monkton Priors, Pickeridge Close, Taunton, Somerset.	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.	5
Peredur Home-School, East Grinstead, Sussex.	2
The Bicknell School, Boscombe, Bournemouth.	2
Stinsford School, Dorchester, Dorset.	2
Philpots Manor School, West Heathly, East Grinstead, Sussex.	1
Bessels Leigh School, Bessels Leigh, Nr Abingdon, Berks.	1
Penwithen Hostel, Winterborne Monkton, Dorchester, Dorset.	8
St Francis School, Hooke, Dorset.	2
Sutcliffe School, Winsley, Bradford Upon Avon, Wilts.	3
St Monica's School, Upton, Poole, Dorset.	1
Southlands School, Bolde, Lymington, Hants.	1
Chilton Canteld House, Yeovil, Somerset.	1
Boveridge House, Boveridge Park, Cranborne, Dorset.	1
Childscourt School, Lattiford House, Wincanton.	1
Pitt House, Torquay.	1
Lord Weymouth School, Warminster, Wilts.	2

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.	8
Dame Hannah Rogers School, Ivybridge, Devon.	1
Ingfield Manor School, Billingshurst, Sussex.	1
Chailey Heritage Craft School, Chailey, Sussex.	5
Burton Hill House, Malmesbury, Wilts.	5
Hephaistos School, Near Reading, Berks.	1
Uplands School, Sandecotes, Parkstone, Poole, Dorset.	1
Princes Margaret School, Taunton, Somerset.	4
Langside School, Langside Avenue, Parkstone, Poole, Dorset.	9 (day)
Trueloves School, Ingatestone, Essex.	3
Thomas Delarue School, Tonbridge, Kent.	1
Meldreth Manor School, Royston, Herts.	1
Craig-y-Parc School, Pentyrch, Cardiff.	1
St Dominics School, Hambledon, Godalming, Surrey.	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.	1
Pilgrims School, Seaford, Sussex.	2
Convent of Sacred Hearts, Carlton Road, Weymouth, Dorset	1 (day)
St Catherine's School, Ventnor, Isle of Wight.	2
Devonport House for Children, Hapstead Village, Buckfastleigh, Devon.	1
Meath School, Ottershaw.	1

TUITION AT HOME OR IN HOSPITAL

During the year twenty-six children suffering from a variety of handicaps which prevented them from attending school received a total of 2,112½ hours home tuition. Tuition was also given to children in the following hospitals: -

	Number of Children	Hours of Tuition
Weymouth and District Hospital	-	-
Portland Hospital	1	20
Dorset County Hospital	256	361
Poole General Hospital	150	753

INFECTIOUS DISEASES

There were again no cases of diphtheria or poliomyelitis among school children in 1972, 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:-

	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Measles	5,255	1,595	3,652	1,559	4,469	493	698	1,549	1,439	345
Scarlet Fever	61	57	106	29	37	34	37	41	32	28
Whooping Cough	111	156	79	64	236	106	27	32	91	14

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

Vaccine	County Area		Poole Area		Totals	
	P	R	P	R	P	R
Poliomyelitis - Oral	3,118	6,815	1,473	1,018	4,591	7,833
Diphtheria	3,059	4,909	1,462	1,099	4,521	6,008
Whooping Cough	2,991	851	1,235	220	4,226	1,071
Tetanus	3,165	6,912	1,470	1,136	4,635	8,048
Measles	2,548	-	1,126	-	3,674	-
Rubella	1,047	-	154	-	1,201	-

P = Primary Course

R = Reinforcing Dose

TUBERCULOSIS

Number of children in maintained schools notified during 1972	Pulmonary	2
	Non-Pulmonary	-
Number of children on tuberculosis register attending maintained schools at 31 December 1972	Pulmonary	30
	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.

(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	3,696	60 (1.6%)	67
Poole	835	8 (1.0%)	6

(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.

	1971	1972
Number of schools visited	64	58
Number of children tuberculin tested:		
County Area	2,461	3,587
Poole	1,315	1,139
Number of reactors:		
(1) Previously received BCG vaccination	209	194
(2) 2nd, 3rd and 4th degree reactions	157	156
Number of children vaccinated	3,914	3,592
Absentees	432	404

The number of children showing second, third and fourth degree reactions to a Heaf test provide an indication of the amount of tuberculous disease in the community. Throughout the whole county the grading of the Heaf reactions was as follows:-

Grade of reaction	Number of children
Second degree	137)
Third degree	15) 3.3%
Fourth degree	<u>4)</u>
	156

The table shows that throughout the County, of the 4,726 children who were tuberculin skin tested, only 156 (3.3%) showed any significant positive reaction which is indicative of a satisfactory low level of infection in the community.

SCHOOL MILK AND MEALS

SCHOOL MILK

Children in infant and nursery schools up to the end of the summer term after they attain the age of seven, and all pupils in special schools, receive a free supply of milk. In addition, other children in primary schools and juniors in all age and middle schools are entitled to a free supply of milk in schools where the school medical officer certifies that this is necessary for the child's health.

Pasteurised milk in $\frac{1}{3}$ rd pint bottles is supplied to all but three schools. The excepted schools are in rural areas and receive untreated milk in bottles from two local producer/retailers whose herds are on the accredited list under the Brucellosis (Accredited Herds) Scheme.

Under the direction of the County Public Health Officer the two technical assistants maintained a regular sampling routine of milk supplied to schools and school kitchens, the samples being submitted to the statutory tests at the public health laboratory, Dorchester. Of a total of 786 samples of pasteurised milk twenty-two (2.8%) failed the methylene blue test and one specimen did not satisfy the phosphatase test. A further ten samples were not submitted to the methylene blue test as the atmospheric shade temperature exceeded 70° F on the days they were obtained.

With regard to the three schools receiving untreated milk, fifteen samples were taken during the year and all were satisfactory.

The sampling of milk supplied to schools in Poole is undertaken by the Borough Public Health Inspectors. During 1972, 42 specimens were taken, three of which failed the methylene blue test.

In addition to the samples taken for bacteriological quality a check was made of the compositional quality of the milk and 69 specimens were submitted for testing (including 42 in Poole). All were of a satisfactory standard.

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.

In connection with the Food Hygiene (General) Regulations the County Public Health Officer made visits of inspection to all school kitchens except those in Poole where this work is undertaken by the Borough Public Health Inspectors. The general standard of hygiene at school kitchens has been found to be very satisfactory and in this connection the acknowledged fact is mentioned in the work undertaken by the School Meals Officers and of the results of the visits which the County Public Health Officer receives from these officers and from officers of the County Architect's Department who are concerned with the layout of school kitchens. To test the efficiency of the washing-up procedure at school kitchens swabs and rinses of washed cutlery and crockery were taken at a number of selected kitchens during the year and examined at the public health laboratory. The results indicated that in the main the cleaning was satisfactory, in the case of the kitchen at the school at the time of the investigation was made and advice given. Repeat tests of swabs and rinses in these kitchens usually produced a good report.

PROVISION OF MILK AND MEALS 1972

<u>Milk (including boarders)</u>	No. of pupils present	No. of pupils taking milk	Percentage
Maintained Schools (Primary) including Special Schools	31,483	11,954	37.97
<u>Meals (day pupils only)</u>	County and South Dorset	Poole	Total
No. of schools or departments receiving meals at 1 January 1972	205	33	238
No. of schools or departments NOT receiving meals at 1 January 1972	1	-	1
No. of schools or departments receiving meals at 31 December 1972	208	35	243
No. of schools or departments NOT receiving meals at 31 December 1972	1	-	1
No. of new kitchens opened in 1972	5	2	7
No. of new dining centres (not classroom dining) opened in 1972	2	-	2
No. of schools provided with new or improved washing-up facilities in 1972	7	1	8
No. of day pupils present 1972 (Primary and Secondary)		53,939	
No. of day pupils taking meals 1972		34,602	
Percentage taking meals 1972		64.15%	

In connection with the Food Hygiene (General) Regulations the County Public Health Officer made visits of inspection to all school kitchens except those in Poole where this work is undertaken by the Borough Public Health Inspectors. The general standard of hygiene at school kitchens has been found to be very satisfactory and in this connection due acknowledgement must be made of the work undertaken by the School Meals Organisers and of the ready co-operation which the County Public Health Officer receives from these officers and from officers of the County Architect's Department.

To test the efficiency of the washing up processes at school kitchens swabs and rinses of washed cutlery and crockery were taken at a number of selected kitchens during the year and examined at the public health laboratory. The results indicated that in the main the cleaning was effective, but, in the case of an unsatisfactory report the kitchen was revisited and an investigation was made and advice given. Repeat tests of swabs and rinses in these instances usually produced a good report.

Courses for kitchen staff arranged by the Training Officer in the School Meals Service have been held during the year and the syllabus has included the important subject of Food Hygiene.

Suspect foodstuffs reported from time to time by cooks in charge have been examined and during the year a total of 1 cwt 100 lbs was inspected and found to be unfit.

SCHOOL SWIMMING

At the end of the year there were ninety-four educational establishments in the county with swimming pools, a further four having been completed during 1972. Six of these pools are covered and heated, three are covered but not heated and there are sixteen open air pools with means for heating the water.

Most are of permanent construction although there are 13 sectional pools and 10 small country schools have a portable type.

Apart from the portable pools where the pool is emptied and refilled as necessary, the water is recirculated through a filter - in the majority of cases the pressure sand variety - and chlorination is undertaken either by the addition of sodium hypochlorite through an automatic hypochlorinator or by the application of chlorinated cyanurate in prepared packs. In 1972 there was an increase in the number of schools where this latter method was used for chlorinating the pool water due to the comparative ease by which chlorination can be effected - an important consideration particularly in the case of the smaller schools. Exceptions to the foregoing methods of water treatment are two training pools at secondary schools where gas chlorinating equipment has been installed.

The supervision of water treatment and the hygienic condition of school pools is under the control of the county public health officer. During the period when they are in use regular frequent visits are made by the two technical assistants working under his direction.

A total of 498 such visits were made during the year and pool-side tests were undertaken to check the efficiency of chlorination. In some cases samples were also obtained for examination at the public health laboratory and generally reports were satisfactory. It can be said that the standard of hygiene at school swimming pools has been maintained at a satisfactory level.

In the Borough of Poole school swimming pools are supervised by the Borough Public Health Inspectors. During the year they made 284 pool-side tests for adequate chlorination and submitted 94 samples of pool water to the Public Health Laboratory for bacteriological examination. All were satisfactory.

WATER SUPPLIES

Regular sampling was maintained during the year of water provided at eight educational establishments in the county not supplied by a public main. At four establishments, including two schools camps, water is provided from private estate supplies whilst in the four remaining instances water is derived 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 domestic type filter is used at a small rural school obtaining water from a private supply and this has proved quite effective.

The total number of samples taken during the year was 335 of which 18 were not of the required standard. Most of the unsatisfactory samples were from a private estate supply and as a result of investigations it was considered that the most likely cause was disturbance to the distribution system during maintenance work. Subsequent samples from this supply, which is not chlorinated, generally were of a satisfactory standard.

Five samples from three school supplies (1 borehole, 1 estate supply and 1 spring) were submitted for chemical examination and all produced a satisfactory report.

SCHOOL CAMPS

There are two school camps in the county, both situated in the Wareham and Purbeck rural district. The camps are under the supervision of a warden who resides at one of the camps during the camping season.

The County Public Health Officer made visits of inspection to both camps during the period that they were in use and as in previous years he found that a very satisfactory standard of hygiene was maintained. Credit for this must go to the Warden and the County Advisor for Physical Education who is responsible for the administration of the camps.

Due acknowledgement is made of the every ready co-operation which the County Public Health Officer has received from both officers, in connection with his visits to the camps and any subsequent recommendations which he has made.

SCHOOL HYGIENE

All schools in the county have water-borne sanitation, and with the exception of four schools in rural areas, they are supplied with water from a public main supply. Generally a satisfactory standard of hygiene is maintained at schools but over-crowding can cause problems and this is a matter to which the County Education Officer has constant regard. From information which he has kindly supplied it is noted that in major projects either started or completed in 1972 RSLA blocks were provided at seven schools and a total of twenty-one temporary classrooms were installed at ten schools.

Improvements to sanitary accommodation were undertaken at two schools and minor improvements were carried out at 11 primary and 6 secondary schools. Alterations to the heating system were made at 8 educational establishments.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

J S MacLachlan LDS RCS

1972 was a year in which we had more than our fair share of loss of working time due to illness and staff changes. Although we were nearly back to full strength by the end of the year, this had its inevitable effect upon the efficiency of the service, especially in the south of the county. It is salutary to realise that this state of affairs is the rule in most authorities and that we in Dorset are extremely fortunate in being able to attract and retain the services of staff of a high calibre. Despite these problems I am happy to be able to report that the average age of our staff, so long hovering around the fifty mark, has now dropped to forty-six.

STAFF

Resignations

Mrs L Siegle, Dental Hygienist (10 March 1972)
 P H W Maynard, Dental Officer, Wareham and Purbeck (28 April 1972)
 Mrs P Savage, Dental Officer, Dorchester Rural East (6 July 1972)
 R Woolcott, Senior Dental Officer, Weymouth (14 December 1972)

Appointments

R Taylor, Dental Officer, Dorchester Rural West (1 February 1972)
 C Gait, Dental Officer, Dorchester Rural East (6 July 1972)
 J F Wilson, Dental Officer, Weymouth (3 July 1972) promoted to Senior Dental Officer (14 December 1972)
 T B Forward, Dental Officer, Weymouth (28 December 1972)

On 31 December 1972 there were fourteen dental officers, two dental auxiliaries, and one hygienist on the staff in the County area 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 3.3 officers in Poole and 11.4 in the remainder of the County. This total of 14.7 officers represents a decrease of three-quarters of an officer upon the previous year. About the same amount of time as in 1971 was devoted to dental health education and rather more to administration, so that during the year these two activities accounted for the time of rather more than two officers.

ROUTINE VISITS TO SCHOOLS

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

TABLE A

Area	1964	1971	1972
Blandford	12	12	12
Bridport	30	12	13
Dorchester	24	11	12
Gillingham	24	12	11
Portland	30	6	8
Shaftesbury	36	9	12
Sherborne	24	11	13
Wareham	18	12	11
Weymouth	30	14	16
Wimborne	12	14	12
Poole	24	13	13
Average interval	24	13	12½

As anticipated last year it has proved possible by ongoing reorganisation of dental officers' areas to render the figures in the last column more uniform, the notable exception being Weymouth where, with half the staff absent through illness for much of the year, no schools were inspected between June and December. It is feared that the situation there will take some time to recover.

INSPECTION AND TREATMENT

The analysis of dental inspection and treatment is set out below:

	1962	1968	1972	1972 (Poole)	1972 (County less Poole)
Percentage of school population inspected	78	84	89	90	89
Percentage of those inspected found to require treatment	58	53	59	55	63
Percentage of those offered treatment who were treated	63	72	75	45	86

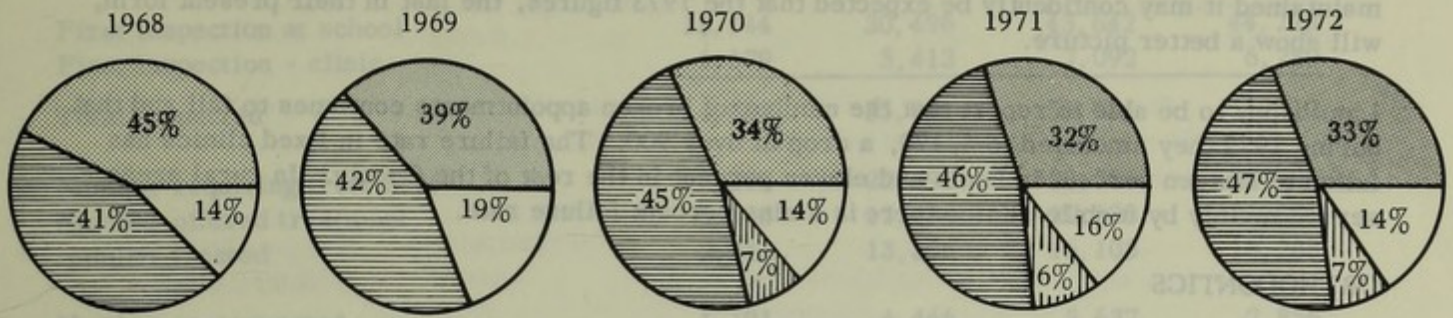
It will be seen that despite our staffing problems we have been able to inspect nearly ninety percent of the school population, but also that the percentage of those found to require treatment is rising. The former is surprising; the latter is not. So long as we as a nation give only lip service to the idea that children must receive an adequate diet without the addition of sweet and sticky between meal snacks we must expect that dental decay will increase.

The large difference between the percentage treated in Poole and in the rest of the County underlines the difficulties of running a school dental service in an urban area where patients have to make their own way to a fixed clinic often sited at some distance from their homes. It is to be hoped that in the not too far distant future it will be possible to equip Poole with mobile dental clinics.

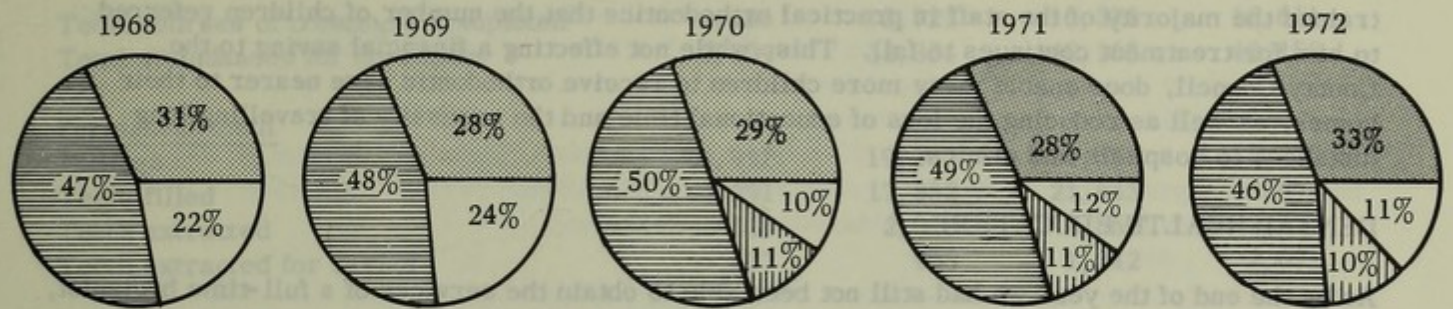
The details of children receiving regular care are set out below and illustrated in Figure 1. As usual they apply to the County less Wimborne and Poole.



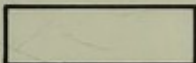

	Urban	Rural
(a) Proportion of children receiving regular care from the general dental service	33%	33%
(b) Proportion of children who receive regular care from school dental service	47%	46%
(c) Proportion of children who receive no regular care	20%	21%
(d) Proportion of children found to be naturally dentally fit	7%	10%
(e) Proportion of children in need of treatment and not receiving it	13%	11%

FIGURE 1
URBAN AREA



RURAL AREA



-  School Dental Service Percentage receiving treatment from School Dental Service
-  General Dental Service Percentage of those inspected receiving regular treatment from General Dental Service
-  No Regular Treatment Percentage receiving no regular treatment
-  FIT Percentage not requiring treatment

Although from the partisan point of view we might feel disappointed that the general dental service shows gains in both the urban and rural areas, we ought to take the broader view and congratulate ourselves that our efforts in dental health education are having the effect of persuading more parents to seek treatment for their children. It is not important who treats them; what is important is that they are getting the treatment they require and that the number not receiving it is dropping.

Average output per session	1962	1971	1972	1972 (Poole)	1972 (County)
Children Treated	2.04	2.6	2.7	2.1	2.8
No. of visits per session	5.5	6.4	6.7	5.95	6.9
Fillings	5.2	6.3	6.2	5.7	6.4
Extractions	1.9	1.5	1.5	1.3	1.6

The overall figures are remarkably constant and, although the number of fillings inserted has dropped marginally, this is compensated for by a commendable rise in the number treated - and here I must pay tribute to Poole for their increased output during the year. If this can be maintained it may confidently be expected that the 1973 figures, the last in their present form, will show a better picture.

I am happy to be able to report that the number of broken appointments continues to fall and that during 1972 they amounted to 5,170, a drop of over 900. The failure rate in fixed clinics has fallen to sixteen percent in Poole and eleven percent in the rest of the County. In rural areas served mainly by mobile clinics there is a nine percent failure rate.

ORTHODONTICS

During the year 810 children received orthodontic treatment from officers of the school dental service who also referred seventy-nine patients to the Hospital Service for treatment and a further 121 officially for advice. We are, as always, grateful to Mr Hooper who has now so trained the majority of the staff in practical orthodontics that the number of children referred to him for treatment continues to fall. This, while not effecting a financial saving to the County Council, does enable many more children to receive orthodontic care nearer to their homes, as well as reducing the loss of educational time and the necessity of travelling long distances to hospitals and clinics.

DENTAL HEALTH EDUCATION

As by the end of the year we had still not been able to obtain the services of a full-time hygienist, the full burden of providing dental health education for the school population remained on the shoulders of our already fully occupied auxiliaries who, with the help of a temporary part-time hygienist, managed to give a total of 229 talks to 8,848 children - a great improvement on last year's effort. The value of these talks, directed almost exclusively at the younger age groups and emphasising the advantages of correct dietary control, is greatly enhanced by the co-operation of our teachers who devote so much time to following up these talks and to the mounting of dental health projects in the Broadmayne tradition. My thanks are due to them all.

GENERAL

It is customary for me to end my annual report by drawing conclusions from the facts presented and forecasting the future. This report, the penultimate to be presented for the school dental service in the Dorset we know, cannot attempt to forecast the future. It can look back to the Education Committee Report of 20 and 27 July 1912 which estimated that an expenditure of £205 would cover the cost of a scheme over a six month period which would enable a dental officer to be appointed to "reside at various convenient Centres in the County, visiting the schools at each Centre and those within reach". Since then, the Education Committee had done everything within their power to ensure that the School Dental Service in Dorset has been as well organised as was financially possible. If our proposed masters are as well disposed towards progress, the future is assured.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

	Poole	County (ex Poole)	Total	(Total for 1971)
First inspection at school	13,144	30,498	43,642	44,723
First inspection - clinic	1,679	5,413	7,092	6,789
Total inspected	14,823	35,911	50,734	51,512
Number requiring treatment	8,215	22,490	30,705	29,956
Number offered treatment	6,146	15,454	21,600	21,640
Number treated	2,742	13,366	16,108	16,288
Number re-inspected	1,191	4,466	5,637	7,856
Number re-inspected requiring treatment	611	2,538	3,149	4,090
Number re-inspected who were treated	591	2,036	2,627	2,827
Total courses of treatment completed	2,655	13,721	16,376	16,611
Total attendances for treatment	7,809	32,354	40,163	40,158
<u>Permanent teeth</u>				
Fillings	4,912	19,167	24,079	25,800
Teeth filled	4,291	17,352	21,643	23,676
Teeth extracted	539	2,023	2,562	2,579
Teeth extracted for caries	437	905	1,342	2,071
<u>Deciduous teeth</u>				
Fillings	2,567	10,988	13,555	13,621
Teeth filled	2,435	10,357	12,792	13,098
Teeth extracted	1,278	5,204	6,482	6,663
General Anaesthetics administered	616	703	1,319	1,504
Emergencies	330	1,177	1,507	1,349
Pupils X-rayed	580	1,109	1,689	1,565
Prophylaxes	477	3,921	4,398	4,162
Teeth otherwise conserved	153	1,387	1,540	1,691
Teeth root filled	13	48	61	48
Crowns	16	53	69	61
Inlays	1	-	1	3
<u>Orthodontics</u>				
Cases commenced	63	286	349	339
Cases completed	38	168	206	231
Cases discontinued	4	29	33	30
Removeable appliances fitted	87	385	472	523
Fixed appliances fitted	2	-	2	5
Cases referred to consultant for treatment	2	77	79	99
Full dentures fitted	2	7	9	3
Partial dentures fitted	5	33	38	50
Inspection sessions	158	414	572	542
Treatment sessions	1,312	4,714	6,026	6,252
Dental Health Education Sessions	4	154	158	175

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

The Clinic Hogshill Street Beaminster	2 Speech	Junior CE School Lyme Regis	1 Speech
Health Clinic Salisbury Street Blandford	1 Hearing Assessment (per month) 5 Dental 3 Speech	Central Clinic Park Road Poole	1 Hearing Assessment 8 Dental 6 Speech 1 Enuresis 2 Physiotherapy 8 Child Guidance
Bovington Modern School Bovington	1 Speech	Health Clinic Lanark Close Hamworthy Poole	6 Dental 1 Speech
Health Centre North Allington Bridport	1 Hearing Assessment (per month) 4 Dental 2 Speech 1 Child Guidance	Branksome Clinic Layton Road Parkstone	20 Dental 2 Speech
Mountjoy School Bridport	1 Speech	Hillbourne Clinic Kitchener Crescent Waterloo Poole	6 Dental
Health Clinic Glyde Path Road Dorchester	2 Hearing Assessment (per month) 26 Dental 3 Speech 2 Child Guidance	Health Clinic Fortuneswell Portland	3 Dental 1 Speech 1 Hearing Assessment (per fortnight)
County Infants School Dorchester	2 Dental	Tophill Junior School Portland	3 Dental
The Reception Centre Gloucester Road Dorchester	2 Child Guidance (per month)	Health Clinic Secondary Modern School Shaftesbury	1 Hearing Assessment (per month) 1 Speech 3 Dental
Health Clinic Victoria Road Ferndown	3 Speech 4 Dental	Health Clinic Horsecastles Sherborne	1 Hearing Assessment (per month) 5 Dental
Health Clinic St Martin's Gillingham	1 Hearing Assessment (per month) 6 Dental 1 Speech		1 Speech 1 Child Guidance (per fortnight)

St Aldhelm's School Sherborne	1 Speech	Health Centre Westham Road Weymouth	5 Minor Ailments 21 Dental 4 Speech 2 Hearing Assessment
Sherborne Abbey School Sherborne	1 Speech	The Clinic Wyke Regis Weymouth	1 Speech 1 Child Guidance
Health Clinic Green Close Sturminster Newton	1 Hearing Assessment (per month) 1 Speech	Wyvern School Weymouth	1 Speech
Health Clinic High Street Swanage	1 Hearing Assessment (per month) 2 Dental 1 Speech	Wimborne Day Special School Wimborne	1 Speech
The Parish Hall Wareham	1 Hearing Assessment (per month)	Health Clinic Rowlands Hill Wimborne	5 Dental 1 Hearing Assessment (per month) 3 Speech
Teachers Centre Wareham Infants School Wareham	2 Speech		

Total	Examinations	Questionnaires	
208	208	118	College of Education Examinations
158	40	25	Teachers
35	10	2	Lecturers
5	5	5	Young Teachers
102	12	150	School Meals Staff
90	34	60	Caretakers, Cleaners, Domestic Staff
43	11	32	Critical Staff in Schools, Laboratory
8	8	4	Assistants, School Bus Drivers
766	773	320	Examinations on behalf of authorities outside Dorset

OCCUPATIONAL HEALTH

Reference has not been made previously in Annual Reports to medical advice given to the Education Authority concerning the health of staff. In 1952 it was necessary to give an opinion upon 122 staff and college entrants. In 1972 the health of 766 staff and college entrants required assessment, a six-fold increase in numbers over the twenty year period.

This increase has caused the department to consider carefully how this work shall be accomplished without using Medical Officer time unnecessarily. Candidates for appointment are required to complete a health questionnaire. Those whose questionnaires are not straightforward may be given a medical examination, but sometimes an enquiry direct to the consultant or family doctor who has been caring for the candidate may resolve a health problem. All staff must have a chest X-ray and in addition school meals staff need to complete a questionnaire requiring previous history of bowel infection.

Medical standards for candidates who are College of Education entrants are laid down in detail by the Department of Education and Science. As may be expected there is reference to such diseases as epilepsy and tuberculosis and to the assessment by a medical officer of such disabilities as deafness, poor eyesight and mental ill health. Reference to the accompanying table will show the frequency of the need to assess the health of the various categories of Education department staff and demonstrates that the medical examination of college entrants is the largest component. In addition to this work, the department was called upon to give medical advice concerning three staff in service.

1972 COUNTY OF DORSET EXCLUDING THE BOROUGH OF POOLE MEDICAL EXAMINATIONS, AND QUESTIONNAIRES EXAMINED FOR EDUCATION DEPARTMENT STAFF AND COLLEGE OF EDUCATION ENTRANTS

	<u>Questionnaires</u>	<u>Examinations</u>	<u>Total</u>
College of Education Entrants	-	268	268
Teachers	118	40	158
Lecturers	25	10	35
Youth Leaders	2	-	2
School Meals Staff	150	12	162
Caretakers, Cleaners, Domestic Staff	66	24	90
Clerical Staff in Schools, Laboratory Assistants, School Bus Drivers	32	11	43
Examinations on behalf of authorities outside Dorset	-	8	8
	<u>393</u>	<u>373</u>	<u>766</u>

STATISTICAL APPENDIX

YEAR ENDED - 31 DECEMBER 1972

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

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of birth)	(1)		(2)		(3)		(4)		(5)		(6)		(7)		(8)	
	No. of pupils who received a full medical examination		Physical condition of pupils inspected		Unsatisfactory		No. of pupils found not to warrant a medical examination		Pupils found to require treatment and infestation with vermin for any other condition		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		Total individual pupils			
	P	C	P	C	P	C	P	C	P	C	P	C	P	C	P	C
	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
1968 and later																
1967	594	1,858	4	4	1	1	-	-	19	23	42	61	1	124	185	76
1966	512	1,727	2,240	2,451	-	1	-	-	11	24	35	49	104	153	56	104
1965	68	269	337	336	1	1	-	-	4	5	9	11	9	20	15	11
1964	333	135	468	467	1	1	-	-	7	1	8	23	7	30	30	7
1963	216	99	315	313	1	1	2	-	6	8	14	18	8	26	24	13
1962	178	248	426	422	4	4	-	809	17	13	30	17	52	69	33	54
1961	206	89	295	294	1	1	-	-	7	4	11	25	11	36	30	11
1960	405	117	522	522	-	-	-	5	34	3	37	21	5	26	54	8
1959	185	248	433	433	-	-	-	847	6	5	11	10	24	34	16	27
1958	41	247	288	288	-	-	-	584	2	15	17	6	42	48	8	52
1957 and earlier	451	582	1,033	1,033	-	-	-	13	30	74	104	33	39	72	62	99
TOTALS	3,189	5,624	8,813	8,802	9	2	11	2,258	143	175	318	274	426	700	404	511

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

P	C	TOTAL
0.30	0.04	0.12

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

P	C	TOTAL
99.70	99.96	99.88

TABLE B - OTHER INSPECTIONS

	Poole	Remainder of County	Totals
Number of Special Inspections	166	13,655	13,821
Number of Re-inspections	328	2,938	3,266
	494	16,593	17,087

TABLE C - INFESTATION WITH VERMIN

	Poole	Remainder of County	Totals
Total number of individual pupils examined by school nurses or other authorised persons	18,870	38,284	57,154
Total number of individual pupils to be infested	123	219	342
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

DEFECT OR DISEASE	T = TREATMENT			O = OBSERVATION			PERIODIC INSPECTIONS			OTHERS			TOTALS			SPECIAL INSPECTIONS		
	ENTRANTS			LEAVERS			TOTALS			TOTALS			TOTALS			TOTALS		
	P	C	Totals	P	C	Totals	P	C	Totals	P	C	Totals	P	C	Totals	P	C	Totals
Skin	T 4	31	35	7	31	38	16	15	31	27	77	104	-	43	43	-	-	-
	O 6	44	50	10	6	16	35	10	45	51	60	111	-	1	1	-	-	-
Eyes - (a) Vision	T 16	70	86	29	71	100	86	34	120	131	175	306	9	86	95	5	73	78
	O 42	167	209	46	18	64	149	27	176	237	212	449	4	2	6	4	2	6
(b) Squint	T 15	45	60	2	-	2	24	1	25	41	46	87	1	1	2	1	1	2
	O 12	30	42	9	1	10	36	-	36	57	31	88	-	-	-	-	-	-
(c) Other	T 3	2	5	1	-	1	8	1	9	12	3	15	-	-	-	-	-	-
	O 3	23	26	1	-	1	33	4	37	37	27	64	1	-	1	-	-	1
Ears - (a) Hearing	T 3	37	40	-	1	1	7	13	20	10	51	61	5	1	6	5	1	6
	O 21	238	259	3	3	6	46	40	86	70	281	351	3	12	15	3	12	15
(b) Otitis Media	T 2	13	15	2	-	2	3	-	3	7	13	20	-	-	-	-	-	-
	O 25	50	75	6	-	6	39	6	45	70	56	126	2	-	2	2	-	2
(c) Other	T -	3	3	1	-	1	2	-	2	3	3	6	-	-	-	-	-	-
	O 16	26	42	2	1	3	63	4	67	81	31	112	1	-	1	-	-	1
Nose and Throat	T 9	36	45	2	3	5	19	7	26	30	46	76	3	4	7	3	4	7
	O 74	140	214	6	1	7	128	4	132	208	145	353	1	5	6	1	5	6
Speech	T 11	26	37	1	1	2	14	1	15	26	28	54	7	11	18	7	11	18
	O 39	130	169	-	1	1	40	9	49	79	140	219	8	6	14	8	6	14
Lymphatic Glands	T -	3	3	-	-	-	3	-	3	3	3	6	-	-	-	-	-	-
	O 40	31	71	3	4	7	59	1	60	102	36	138	1	1	2	1	1	2
Heart	T 1	5	6	-	-	-	3	2	5	4	7	11	1	-	1	-	-	1
	O 9	58	67	4	3	7	21	7	28	34	68	102	4	1	5	4	1	5
Lungs	T 3	11	14	3	2	5	9	9	18	15	22	37	1	1	2	1	1	2
	O 14	54	68	4	-	4	52	14	66	70	68	138	1	-	1	-	-	1
Developmental - (a) Hernia	T 1	4	5	-	-	-	-	-	-	1	4	5	1	2	3	1	2	3
	O 3	15	18	-	-	-	15	2	17	18	17	35	-	-	-	-	-	-
(b) Other	T -	4	4	-	-	-	5	2	7	5	6	11	-	1	1	-	1	1
	O 7	77	84	2	2	4	28	6	34	37	85	122	5	-	5	-	-	5
Orthopaedic - (a) Posture	T -	2	2	4	-	4	8	1	9	12	3	15	-	2	2	-	2	2
	O 6	14	20	8	1	9	28	2	30	42	17	59	1	-	1	-	-	1
(b) Feet	T 3	35	38	1	1	2	21	16	37	25	52	77	5	12	17	5	12	17
	O 21	258	279	8	5	13	59	26	85	88	289	377	3	14	17	3	14	17
(c) Other	T 3	3	6	1	-	1	8	-	8	12	3	15	3	-	3	-	-	3
	O 10	62	72	4	2	6	27	7	34	41	71	112	8	1	9	1	7	8
Nervous System - (a) Epilepsy	T 1	4	5	2	3	5	7	-	7	10	7	17	4	1	5	4	1	5
	O 3	12	15	-	-	-	8	4	12	11	18	29	1	2	3	1	2	3
(b) Other	T -	5	5	-	-	-	2	1	3	2	6	8	-	2	2	-	2	2
	O -	80	80	1	2	3	12	6	18	13	88	101	1	7	8	1	7	8
Psychological - (a) Developmental	T 3	4	7	4	1	5	6	4	10	13	9	22	27	3	30	27	3	30
	O 18	38	56	5	1	6	51	8	59	74	47	121	20	13	33	20	13	33
(b) Stability	T -	6	6	-	-	-	6	12	18	6	18	24	6	-	6	6	-	6
	O 27	73	100	5	5	10	99	34	133	131	112	243	9	9	18	9	9	18
Abdomen	T -	12	12	-	2	2	3	9	9	3	23	26	-	2	2	-	2	2
	O 7	20	27	2	1	3	11	9	20	20	30	50	-	1	1	-	1	1
Other	T 2	10	12	2	2	4	7	2	9	11	14	25	1	10	11	1	10	11
	O 3	32	35	1	3	4	17	10	27	21	45	66	2	7	9	2	7	9

PART III - TREATMENT OF PUPILS

TABLE A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with		
	Poole	Remainder of County	Totals
External and other, excluding errors of refraction and squint	-	1	1
Errors of refraction (including squint)	-	2,191	2,191
Totals	* -	2,192	2,192
Number of pupils for whom spectacles were prescribed	* -	101	101

* 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	Remainder of County	Totals
Received operative treatment for:-			
(a) diseases of the ear	* -	85	85
(b) for adenoids and chronic tonsillitis	* -	185	185
(c) for other nose and throat conditions	* -	16	16
Received other forms of treatment	* -	-	-
Totals	* -	286	286

* 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 1972	5	18	23
(b) in previous years	25	119	144

TABLE C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated		
	Poole	Remainder of County	Totals
(a) At Clinics or out patient departments	-	61	61
(b) At school for postural defects	-	310	310
Totals	-	371	371

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	Remainder of County	Totals
Ringworm - (a) Scalp	-	-	-
(b) Body	-	-	-
Scabies	31	12	43
Impetigo	-	-	-
Other skin diseases	-	11	11
Totals	31	23	54

TABLE E - CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated		
	Poole	Remainder of County	Totals
At Child Guidance Clinics	535	452	987

TABLE F - SPEECH THERAPY

	Number of cases known to have been treated		
	Poole	Remainder of County	Totals
By Speech Therapists	263	646	909

TABLE G - OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with		
	Poole	Remainder of County	Totals
Minor Ailments	-	9	9
Received BCG Vaccination	1,139	3,076	4,215
Received breathing exercises at an Asthma Clinic	85	-	85
Received treatment for nocturnal enuresis (Buzzer Alarm)	63	58	121
Totals	1,287	3,143	4,430

TABLE D - DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table C of Part I)

NUMBER OF CASES KNOWN TO HAVE BEEN TREATED

Disease	Number of cases known to have been treated	
	Pool	Remainder of County
Scabies	31	11
Impetigo	11	11
Other skin diseases	31	23
Totals	31	23

TABLE E - CHILD GUIDANCE TREATMENT

Treatment	Number of cases known to have been treated	
	Pool	Remainder of County
At Child Guidance Clinics	232	432
Totals	232	432

TABLE F - SPEECH THERAPY

Therapy	Number of cases known to have been treated	
	Pool	Remainder of County
At Speech Therapies	202	646
Totals	202	646

TABLE G - OTHER TREATMENT GIVEN

Treatment	Number of cases known to have been treated	
	Pool	Remainder of County
Minor Ailments	1,139	3,076
Received BCG Vaccination	82	82
Received breathing apparatus at Airtone and Clearfont - 2 plants	82	82
Asthma Clinic	82	82
Received treatment for psoriasis at Airtone	82	82
emutants (Ruxor Alamo)	82	82
Totals	1,287	3,148

