[Report 1971] / School Medical Officer of Health, East Riding of Yorkshire County Council.

Contributors

East Riding of Yorkshire (England). County Council.

Publication/Creation

1971

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EAST RIDING OF YORKSHIRE COUNTY COUNCIL

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1971

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ANNUAL REPORT

BHT TO

PRINCIPAL SCHOOL MEDICAL OFFICER

THE YEAR OF

Report of the Principal School Medical Officer

To the Chairman and Members of the Education Committee

I have the honour to submit the Annual Report on the work of the School Health Service for the year 1971.

There were no changes in the medical staff; two additional Educational Psychologists were appointed and commenced duty in September.

As a result of the appointment of the two Educational Psychologists it has been possible to implement the multi-disciplinary approach for the ascertainment and continuous assessment of all educationally subnormal children in the County.

Pre-school children are assessed developmentally by means of routine screening tests, and these are usually carried out in Child Health Centres. Even in the early months or years of a child's life, a fairly accurate assessment can be made of the extent of the child's handicap, and at this stage consultation between parents, psychologists, medical officers, speech therapists, social workers, etc., is carried out whenever this is indicated. In order to achieve their full potential, children with multiple handicaps may, in addition, require the help of various consultants in the Hospital Service.

During the first year in school all children have a routine medical examination and specific screening tests, and a handicapped child who has not been discovered during pre-school years should be picked out at this stage.

Following the implementation of the Education (Handicapped Children) Act, 1970, from the 1st April, 1971, arrangements have been made for a Senior School Medical Officer to be responsible for advising the staff in all special schools in the County on any problems arising in connection with mentally handicapped children, and visits will be made to schools informally as frequently as possible each term.

In some areas there has been an increase in head infestation, and as a result the arrangements for carrying out routine head inspections were reviewed. In 1963 it was agreed to limit routine head inspections in secondary schools to girls under the age of fifteen years but since then it has become fashionable for boys to let their hair grow longer, and the possibility of infestation occurring in their hair has, therefore, considerably increased. In view of this it was agreed that both boys and girls in secondary schools under the age of fifteen years should have a routine examination at least once a year in the autumn term.

In recent years it has been difficult to recruit speech therapists and in order to improve the present position arrangements were made for joint appointments between the Local Authority and the Hospital Management Committees in the area so that therapists could work in both fields if they so wished. Emphasis was also given to the opportunity that exists for speech therapists to develop special interests in association with University Departments or other academic bodies. Despite these inducements and repeated advertising no applications were received, and at the end of the year the equivalent of 2.2 therapists were in post out of an establishment of four.

I am indebted to the Chairman and Members of the Committee, and the Chief Education Officer and his staff, for their continued encouragement and support in the work of the School Health Service.

W. FERGUSON Principal School Medical Officer

April, 1972

GENERAL STATISTICS

Number of Schools-Primary	151
Secondary	21
Nursery	1
Special	3
Number of Pupils-Primary	26,324
Secondary	16,418
Nursery	40
Special (a) From the County	192
(b) From other Authorities	29
Total	43,003

Number of		attending	special	schools	in	other	
Authorities	areas						132

MEDICAL INSPECTIONS

The number of pupils who received a full medical examination was 7,789 compared with 7,939 in 1970. In addition 3,820 pupils were screened but not examined. The details relating to these examinations are shown in the tables on page 21.

General Condition

The assessment of the general condition of all children examined at routine medical inspections is based on the individual opinion of each doctor. Medical Officers record the general condition of the children when examined as either 'satisfactory' or 'unsatisfactory'. The results over the last ten years are shown in the following table:—

Year	No. of pupils inspected	No. found in "unsatisfactory" condition	Percentage
		· · · · · · · · · · · · · · · · · · ·	
1962	8,776	2	0.02
1963	9,251	5	0.05
1964	8,724	3	0.03
1965	8,298	2	0.03
1966	8,693	5	0.06
1967	7,416	1	0.01
1968	8,126	3	0.03
1969	7,949	1	0.01
1970	7,939		0.00
1971	7,789	_	0.00

WORK OF SCHOOL NURSES

The school nurses carried out regular routine health surveys in schools and paid follow-up visits where necessary. Their work also included attendance at routine and special examinations in schools, minor ailment clinics and home visits when required.

The following tables show the total number of visits, the number of children examined, and the number found infested:—

Visits to schools:	1970	1971
Number of routine health survey examination sessions	549	548
Number of health survey examinations		
carried out	71,245	67,261
Number of children found infested	533	427
Number of follow-up visits	94	77
Visits to homes:		
Number of homes visited	907	764
Number of children seen for:		
Uncleanliness	488	382
Minor ailments	72	96
General condition	9	5
Other reasons	539	474
Totals	1,108	957
	success we assure	

The following table gives particulars of cleanliness inspections carried out over the last ten years:----

Year	Number of examinations	Number of children infested	School population	Percentage of school population infested
1962	56,797	356	33,608	1.1
1963	59,868	408	33,635	1.2
1964	62,466	567	33,899	1.7
1965	62,091	415	34,618	1.2
1966	55,740	427	35,390	1.2
1967	60,607	404	36,839	1.09
1968	61,236	277	38,214	1.72
1969	60,941	372	39,739	0.94
1970	71,245	533	41,195	1.3
1971	67,261	427	43,003	0.99

VISUAL DEFECTS AND EXTERNAL EYE DISEASES

Refraction clinics continued to be held at Anlaby, Beverley, Fulford, Howden and Pocklington.

A doctor seconded by the Regional Hospital Board staffs the Anlaby and Beverley clinics and a School Medical Officer, who has been specially trained in refraction work, staffs the clinics in the Howdenshire area.

The total number of children seen at the five clinics was 520 and of these 222 were given prescriptions to obtain spectacles from opticians of their own choice.

In those areas of the County where it has not been possible to hold clinics children have continued to be referred to hospital consultants through their family doctors.

EAR, NOSE AND THROAT DEFECTS AND DEFECTIVE HEARING

Forty-nine children were found at routine and special medical examinations to be in need of treatment for defects of the ear, nose and throat. In addition 1,100 children were referred for observation.

Special audiometric sessions were held throughout the County and 3,174 children were examined by means of the pure tone audiometer. Eighty cases in which some degree of deafness was discovered were referred to ear, nose and throat consultants through the family doctor.

A part-time teacher of the deaf is employed by the Authority to visit hearing impaired children in their homes in order to carry out assessment when necessary. In addition, parents of these children were instructed by this teacher in the techniques necessary to help their children so that maximum use can be made of the available hearing. Where a hearing aid has been provided parents are instructed in its use.

MINOR AILMENTS

Minor ailment sessions are conducted by the school nurses who refer any case of a more serious nature to the child's family doctor or to the school medical officer.

The table overleaf shows the number of children who attended the minor ailment clinics and the various types of defects which were treated together with the number of children who received home visits by the school nurses.

er turning an hard	19	970	1971 No. of children	
Defects	No. of	children		
	attend- ing clinics	receiving home visits	attend- ing clinics	receiving home visits
Ringworm (head)	23	8		2
Ringworm (body)		1		
Scabies	22	22	25	9
Impetigo	12	5	11	4
Other skin diseases	181	15	111	5
Minor eye defects Minor ear defects	47	3	43	21
and deafness Minor injuries,	31	1	21	9
bruises, etc.	514	1	542	4
Totals	812	56	753	54

The number of attendances for treatment of minor ailments was 1,486 compared with the previous year's figure of 1,711. In addition, school nurses made 96 home visits.

CHIROPODY

A chiropody service has continued to be provided for school children in the Beverley area. A weekly foot clinic is held by one of the Authority's full-time chiropodists to which some 135 children made 487 visits for treatment. The chiropodist's services were required mainly for the treatment of verrucae.

B.C.G. VACCINATION

B.C.G. vaccination against tuberculosis is available to school children over the age of 13 years and in certain instances it may be offered to children over 10 years of age. It is also available to students at universities and training colleges.

Vaccination was offered to 2,157 children of whom 1,904 (i.e. 88.3%) accepted. A total of 1,642 children were skin tested and of these 1,298 (i.e. 79.0%) showed a negative result and, therefore, required vaccination. Arrangements were made as far as possible for all children who had a positive skin test to be x-rayed and for this facility to be extended to the members of their families.

Year	No. of school children skin tested	Positive reactors	Negative reactors	Number vaccinated
1962	2,608	735 (28.2%)	1,844	1,767
1963	2,634	586 (22.2%)	1,938	1,907
1964	2,276	368 (16.2%)	1,839	1,838
1965	2,272	490 (21.6%)	1,741	1,726
1966	2,705	488 (18.0%)	2,151	2,137
1967	1,874	260 (13.8%)	1,581	1,573
1968	2,891	308 (10.7%)	2,486	2,444
1969	1,831	86 (4.7%)	1,694	1,683
1970	2,119	258 (12.2%)	1,828	1,806
1971	1,642	339 (20.6%)	1,298	1,298

The following table gives the details of the B.C.G. vaccinations carried out during the past ten years:—

SPEECH THERAPY

In December, the staff comprised one full-time Senior Therapist and three part-time therapists who together provided the equivalent of 2.2 Therapists. At the beginning of the year one part-time speech therapist resigned and despite regular advertising there were no applications for the vacant post. The problem of obtaining sufficient therapists to staff this service adequately is a national one. It was impossible, therefore, to maintain a regular service in all areas of the County, but all children referred were seen by a speech therapist and those with the greatest need were selected for treatment which was given in most cases on a weekly basis.

The authority have encouraged speech therapists to keep up to date in their field of work; the Senior Therapist attended a course of instruction in the assessment of the language of the pre-school child, and another Therapist spent two days studying the use of the electronic metronome for the stammerer. All Therapists attended a series of evening lectures on linguistics and the application of new ideas in speech therapy.

Closer co-operation with health visitors has been encouraged and this has resulted in the early referral of the pre-school child who has not developed the fluency of communication appropriate to his age. This has enabled the speech therapists to assess the need for therapy and give treatment where indicated before these children started school.

Arrangements have been approved for a residential course to be held in 1972 to provide intensive treatment for stammerers.

Type of speech defect	No. of children receiving treatment at end of year	No. of childrer whose treatment was completed
Articulation defects	56	120
Delayed speech	73	83
Dysphasia	9	2
Voice disorder	1	3
Cleft palate	6	2
Cerebral palsy		3
Stammer	13	22
Other defects	7	9
Totals	165	244

The following table shows the various types of speech defects treated:-

PROVISION OF MILK AND MEALS

The Education (Milk) Act, 1971, became operative on the 1st September and this restricted the supply of school milk to three categories of pupils, namely, children in special schools, pupils at infants' schools up to the age of seven, and those at primary schools up to the age of twelve years who had been certified by a School Medical Officer as being in need of school milk on health grounds.

At the end of the year 8,694 children were receiving school milk compared with 20,766 in 1970.

In April the Department of Education and Science increased the price of school meals and this resulted in an immediate reduction from 65% to 53% in the number of pupils taking school meals. There has been a gradual improvement in the latter half of the year and 61% of the pupils are now receiving meals.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

The number of dental officers has remained fairly static. The vacancy created by the departure of a dental officer towards the end of 1970 was filled by April, 1971. Mr. Elphick who had been with the authority for ten years retired in September. Mr. Elphick brought a period of stability to the dental position on the western side of the County and his efforts were much appreciated by teachers and parents. Mr. Fletcher who was appointed to replace him took up his duties on 1st October.

Mrs. Fry, the dental auxiliary, left the authority at the end of June after a stay of two years. Although demand for auxiliaries throughout the country is much greater than supply, it is hoped a replacement will be obtained during 1972.

The authority received a visit from a dental officer of the Department of Education and Science in September and the report which was received at the end of December showed that output of work compared more favourably with national figures. It also suggested a graded staff structure.

Over 500 children took part in a survey carried out by Mr. J. Gardiner of Sheffield University.

Dental Health

Dental health education has been maintained despite the departure of the dental auxiliary. The visits to schools have got a little behind schedule and the yearly visits will not be possible in some cases. Films are an invaluable aid to dental health teaching and by their means a more varied and interesting programme has been provided for the children. For the purposes of dental health some dental officers have visited a number of schools and have reinforced the work of the ancillaries. Parent/Teacher organisations have shown greater interest in dental health and it is expected that more meetings will be arranged.

Inspection and Treatment

The figures for inspection show that the authority is nearer to the goal of inspecting each child annually. Out of a school population of 43,000 the number of children who received an inspection was 35,128. Approximately half this number of children required treatment but only 6,813 children made a first visit for treatment.

A total of 10,070 children are, therefore, left in need of treatment. Some, it is true, will be attending private practitioners but the bulk are refusing treatment from either source — school service or private practitioner service. It is indeed regrettable that more use is not made of the facilities which are specially organised and are readily available for all children.

The treatment figures reflect, to a certain extent, the pattern presented by the inspection figures. Fillings are increased and extractions are decreased compared with the figures for 1970. As many of the children are being seen at least annually, this is to be expected. The number of dentures supplied remained constant. Fewer general anaesthetics were administered and while the number administered by dental officers remained approximately the same, administrations by medical personnel were reduced. Orthodontic patients were more numerous, 19 new cases being commenced over and above the previous year's figures. Discontinued cases fell slightly and it is hoped that this drop will continue to apply. Figures for teeth root filled, inlays, and crowns showed a remarkable similarity but more patients received an x-ray.

The appointment of a full-time orthodontist to Hull Royal Infirmary has resulted in a larger number of patients being referred, some for treatment and some for opinion. This service is much appreciated. Consultant services in York have also been helpful. Fewer surgical problems arose but these were dealt with most adequately.

Whilst fluoride is still missing from the water supplies some children have been receiving fluoride in tablet form and others have had fluoride applications to teeth yet the addition of one part per million of fluoride to water supplies would provide the readiest and most satisfactory means of protecting children's teeth from caries and benefit all.

I am grateful to those who have contributed to the smooth running of the Dental Service throughout the year.

G. R. SMITH, Principal School Dental Officer.

CHILD GUIDANCE SERVICE

The Regional Hospital Board provided the services of a locum Consultant Child Psychiatrist for nine months of the year, and during this time he attended four sessions per week at the child guidance clinic. This increase in consultant time enabled the clinic staff to deal with more cases than hitherto. Shortly before the end of the year the locum completed his period of service, and the position is now only marginally better than it was a year ago with the Consultant Child Psychiatrist spending six sessions per month at the clinic.

In September two further Educational Psychologists were appointed and this permitted additional peripheral child guidance clinics to be started and existing ones to be held more frequently.

Arrangements were made for an Educational Psychologist to visit all the E.S.N. special schools and classes to carry out a programme of intelligence testing and regular re-assessment as part of the multidisciplinary approach.

The new Educational Psychologists were each given an area of the County, divided equally according to school population and they undertake duties in connection with the School Psychological Service, intelligence testing of E.S.N. children and attend peripheral child guidance clinics in their own area.

One new clinic was opened at Anlaby and at the end of the year it was being held at weekly intervals.

A total of 185 cases were referred for child guidance, an increase of 33 over the figure for 1970, these referrals being mainly from medical and educational sources. Four hundred and eighty-nine clinic sessions were held. The Medical Officer, Educational Psychologists and the Social Workers also made 361 visits to schools and 292 home visits. Of the 185 children referred 99 attended the various clinics regularly for treatment. One hundred and sixty-five cases were closed, and a summary of these cases is given on the following page. At the end of the year 72 children were attending clinics for treatment and 43 cases were on the waiting list.

The following table is a summary of the main types of cases examined by the clinic staff:—

Habit disorders	12
Nervous disorders	11
Behaviour disorders	153
Educational problems	9
Total	185

Cases seen at the clinic for the first time were, after diagnosis, placed into the following broad categories according to the type of problem and further clinic work that they would require:—

Advisory Advisor	y Advisory	Not followed up
122 7	1	15

Total

165

ENURETIC CLINIC

A total of 36 cases were referred to this clinic mainly from child health clinics or by Medical Officers following school medical inspections. A few cases were referred by General Practitioners and Consultant Paediatricians. Seventeen cases were also brought forward from the previous year.

No. of attendances made	161
No. of cases completed	26
No. of uncompleted cases	21
No. of children on the waiting list	3
No. of children who failed appointments	3

HANDICAPPED PUPILS

The Education (Handicapped Children) Act, 1970, became operative on the 1st April, 1971, and the effect of this was to bring all mentally handicapped children from the age of 2 years within the scope of the education system. Section 57 of the Education Act, 1944, which gave the power to exclude such children from education was repealed and children so determined as being unsuitable for education at school are now regarded as requiring special educational treatment in accordance with Section 34 of that Act.

The responsibility for the Junior Training Centre at Driffield was transferred on the 1st April from the Health Committee to the Education Committee and it is now known as the Driffield Special School. A school was also opened at the Brandesburton Hospital but limited facilities enabled only existing inpatients to receive education; arrangements are, however, in hand to extend these facilities. Some educational facilities have also been provided for 6 children in the Winestead Hospital. At the end of the year a further 20 children were attending special schools (formerly Junior Training Centres) outside the County and 38 children were awaiting admission to special schools.

The total number of children ascertained as handicapped during 1971 was 91 and the following table shows the various categories in which they were placed together with the recommendations for their education:—

Category	Recommended for education in special schools	Recommended for education in prim./sec. schools	Recom- mended for home tuition
Blind	_	_	-
Partially Sighted	1	2	-
Deaf	-		-
Partially Hearing	8	2	-
Educationally Sub-normal	33	24*	_
Epileptic		1	-
Maladjusted	1		-
Physically Handicapped	5	2	1
Delicate	1	10	
Speech	-	-	-
Totals	49	41	1

*Included in this figure are 18 children who were recommended for admission to special classes for educationally sub-normal children.

SPECIAL ASCERTAINMENT EXAMINATIONS

As a result of the appointment of 2 additional Educational Psychologists, arrangements were made for the implementation of the multi-disciplinary approach to the ascertainment and continuous assessment of mentally handicapped children.

It was agreed that all Head Teachers would submit the names of pupils who were two or more years retarded and, after receipt of reports each child would be assessed by those disciplines which were appropriate to his case.

The educationally subnormal child who has no other handicap is now examined by a School Medical Officer and an Educational Psychologist and after discussion with the child's Head Teacher and parent a recommendation is made about the type of education which should be provided.

The more severely mentally handicapped child frequently has multiple handicaps and in such cases it is often necessary to bring in other disciplines, i.e. Consultant Paediatrician and/or Consultant Psychiatrist, to ensure that the full potential of the child is realised.

Health Visitors have been asked to forward details of any mentally handicapped pre-school children discovered whilst working in child health clinics or during visits to homes. This method of early referral may enable guidance to be given to the parent and social training to the child. It also assists the Chief Education Officer in his advance planning for the provision of special school places. During the year 93 children were specially examined and results of these examinations are shown in the following table:—

Recommended for notification to the Local Health Authority under Section 57(4)	3
Recommended for admission to a special school for educationally subnormal children	33
Recommended for admission to day special classes	18
Recommended to remain at ordinary school	6
Recommended for remedial teaching	7
Not educationally subnormal	11
Decision deferred	4
Re-examination	11
Total	93

ASSESSMENT CENTRES

The Leeds Regional Hospital Board has plans to provide assessment centres in hospitals at Hull and York to enable handicapped children to have a comprehensive examination and assessment. In addition to providing a medical assessment for handicapped children, as many of these children are also educationally subnormal, it is anticipated that the School Health Service staff, including Medical Officers, Educational Psychologists, Speech Therapists, etc., will attend at the assessment centres to examine and test children. The total number of children on the Register of Handicapped Pupils at the 31st December, 1971, is shown in the following table:—

Totals	Boys Girls Total	3 13 14 27 6 5 14 27 6 5 11 20 251 164 415 27 17 6 23 84 27 23 39 84 27 23 50 23 27 23 50 23
mmended ation in schools	Not attending school	~ = -
Not recommended for education in special schools	Attending prim./sec. schools	12 19 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10
	Not attending school	3 3 5 1 1 4
or education chools and classes	Attending prim./sec. schools	6 - 6
Recommended for education in special schools and special classes	Attending Attending Attending special special prim./sec. schools classes schools	79
Recon	Attending special schools	219 219 219 219 29 29 29
	Category	Blind Blind Partially-sighted Partially-sighted Partially-beaf Partially-hearing Partially-hearing Physical Phy

Category	Special School	Maintained 31.12.70	Admitted during 1971	Discharged during 1971	Maintaineo 31.12.71
Blind and	Wold Road, Hull	5	3	2	6
Partially Sighted	Condover Hall, Shrewsbury St. Vincents School, Liverpool. Royal College for the Blind,	1	=	-	1 2
	Shrewsbury	1	-	_	1
	Northfield Open Air, York Tapton Mount Sc., Sheffield	3	1	_	4 3
	Exhall Grange, Warwickshire .		-	-	ĭ
Deaf and Partially	St. John's School, Boston Spa. York. Res. School,	2	-	1	1
Hearing	Doncaster Sutton School, Hull Royal School for the Deaf,	4 21	15	12	4 24
	Cheadle Hulme	1		1	-
	Elmete Hall, Leeds	3	-	-	3
	Partially-hearing Unit, York Mary Hare Grammar School	- 4	-	1	1
	for the Deaf, Newbury	1	-	1	
	Bridge House School, Harewood	1	1	-	2
Education ly	Etton Pasture, Beverley	92	31	17	106
Sub-normal	Teskey-King School, Hull Woodlands School, Scarborough	2	2	1	3
	Fulford Cross School, York Rossington Hall, near Doncaster		-	-	2
		w.e.f. 1.4.71	-	_	
	Driffield Special School Lidgett Grove, York		6	6	65 3
	Holden Special School, Hull	15	-	-	15
	Rawcliffe Special School. Brandesburton Hosp. Spec. Sc. Rudolf Steiner, Aberdeen		Ξ	=	21 1
	a service of the service of	Maintained 31.12.70			
Epileptic	Sedgwick House, Kendal	31.12.70	1	1	3
Maladjusted	Friends' Sch., Gt. Ayton	1	_	_	1
	Pitt House School, Torquay Breckenbrough School,				
	Thirsk Cliff House School, Leeds Conyboro School,	_	1	1	1
	Cooksbridge, Sussex Moor Top School, Ackworth Peredur Home School,	1	1	=	1 2
	East Grinstead Bladon House, Newton Solney Monken Hadley School,		1 2	1	12
	Newton Stewart Dennington College,	-	1		1
	Swimbridge Eden Grove, Bolton, Nr.		1	_	1
	Appleby Rudolf Steiner, Aberdeen	=	1	=	1
	Knoll School, Woburn Sands, Bletchley	-	1		1
	Dedisham School for Autistic	1 235		in the second	1
	Children, Slinfold	-			1

Details of handicapped pupils admitted to and discharged from special schools during the year are as follows:—

continued overleaf

Physical	Larchfield School, Harrogate Frederick Holmes School,	1	-	on-lo	1
	Hull	16	6	3	19
	Welburn Hall, Kirbymoorside	2	i		3
	Hawkshead Hospital School,				
	Southport	2	-	2	-
	Irton Hall, Holmrook	1	-		1
	Bethesda Special School,				
	Cheadle	2		1	1
	Cottingham Road Special School, Hull			1	
	Valence School, Westerham	i	I IIII CALLS		1.1
	Thieves Wood School,		1		
	Nr. Mansfield	1	_	1	_
	Chantrey School, Sheffield	2	1	-	3
Delicate	Linton Res. School,		1	1	
Deneare	Abbots Lea School, Liverpool.	1		-	1
	Welburn Hall, Kirbymoorside	2	1	1	2
	Cottingham Road Special	-			-
	School, Hull .	1	1	1	1
	Children's Convalescent Home				
	and School, West Kirby	-	1	T	1
Speech	Moor House School, Oxted	1		1	

The number of children attending special schools during the past ten years is as follows:—

1962 1963	sighted 8	hearing	and the second se			handi- capped	Deneure	Speech
1963		15	87	1	6	16	8	
	9	14	89	4	7	19	9	
1964	10	20	86	2	7	18	9	
1965	7	23	99	4	7	18	14	_
1966	8	25	104	4	6	22	9	
1967	10	30	111	3	9	25	10	
1968	15	35	108	2	9	27	7	1
1969	14	35	106	2	8	29	6	2
1970	16	35	99	3	6	29	4	1
1971	18	35	219	3	15	29	5	_

PHYSICAL EDUCATION

More old primary schools were replaced last year with new buildings which include halls suitable for indoor physical education. These were most welcome additions to facilities and the pupils concerned enjoyed regular indoor lessons. Apart from the obvious benefits to health which regular exercise brings, it also gives pupils a more settled approach to work in the classroom throughout the day. A parallel to this is seen in the secondary schools where sports halls have been built, allowing modified but satisfying games programmes to be carried out throughout the winter when water-logged or frozen playing fields cannot be used.

The new swimming pools at primary schools in Hessle were opened during the summer and other schools are at present raising money to build their own pools. Each year more school parties participate in outdoor activities and are taken by their teachers out of the East Riding on such activities as walking, canoeing, ski-ing and even soccer holidays abroad. This aspect of physical education is to be welcomed as it encourages boys and girls to become keen on a sport which they can pursue when they leave school.

HYGIENE IN SCHOOL PREMISES

Sixty-six reports on the sanitary conditions at schools have been made by the Medical Officers and any defects have been brought to the notice of the Chief Education Officer.

MEDICAL EXAMINATION OF CANDIDATES FOR ADMISSION TO TRAINING COLLEGES, ETC.

A total of 360 candidates for admission to training colleges and 45 entrants to the teaching profession were examined by the medical staff of the School Health Service.

CO-OPERATION WITH TEACHERS, SCHOOL WELFARE OFFICERS AND VOLUNTARY BODIES

As in the past years, the co-operation of school staffs has been invaluable in dealing with the clerical work in connection with medical and dental inspections. For this assistance and for that given by the school welfare officers, I would like to record my appreciation.

CLINICS

At the end of the year the following clinics were being held:-

	Type of Clinic	Location	Frequency of sessions
Λ.	Minor Ailment and other non- specialist exami- nations and treat- ment	Anlaby Clinic. Beverley, Coltman Avenue Clinic. Beverley School Clinic, Lord Roberts Road. Beverley Longcroft School. Bridlington, Oxford Street Clinic. Cottingham Clinic Etton Pasture (E.S.N.) School. Hessle C.E. Infants School. Hessle Penshurst School. Hornsea C.S. School. South Holderness C.S. School. Thorngumbald Clinic.	Health Visitors use most of the premises mentioned in the previous column as their offices and they are available for about one hour each week-day for the treatment of minor ailments
Β.	Dental	Anlaby Dental Clinic Beverley Dental Clinic Bridlington Dental Clinic Driffield Dental Clinic Pocklington Dental Clinic Withernsea Dental Clinic	12 sessions weekly 6 sessions weekly 10 sessions weekly 2 sessions weekly 6 sessions weekly 4 sessions weekly
C.	Speech Therapy	Anlaby Clinic Beverley Clinic Bridlington, Oxford Street Clinic Cottingham Clinic Driffield Clinic Hessle C.E. School Hessle Penshurst School Hornsea County Library Kirkella C.E. School Pocklington Health Centre Withernsea Clinic Willerby Carr Lane C.P. School	1 session weekly 2 sessions weekly 4 sessions weekly 1 session weekly 2 sessions weekly 1 session weekly
D.	Ultra Violet Light	Beverley School Clinic, Lord Roberts Road	As required
E.	Enuretic	Child Guidance Clinic, Beverley	1 session weekly
F.	Chiropody	Beverley School Clinic, Lord Roberts Road	1 session weekly

*In addition 7 mobile clinics were in use. †In addition, the speech therapists regularly visited 12 village schools.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1971

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

	Number of	Physical c pupils i	No. of pupils	
Age groups inspected (by year of birth)	pupils inspected	Satisfactory	Unsatisfactory	screened but not
(1)	(2)	(3)	(4)	examined (5)
1967 and later	66	66		
1966	2,648	2,648	-	-
1965	1,442	1,442		16
1964	410	410		68
1963	290	290		433
1962	127	127	-	27
1961	537	537	_	460
1960	905	905	-	917
1959	316	316		152
1958	26	26		15
1957	682	682	-	848
1956 and earlier	340	340	_	884
Totals	7,789	7,789		3,820

PERIODIC MEDICAL INSPECTIONS

PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding dental diseases and infestation with vermin)

Age groups inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For other conditions (3)	Total individual pupils (4)
1967 and later		2	2
1966	28	46	73
1965	19	31	48
1964	18	12	28
1963	4	6	7
1962	4	2	6
1961	19	18	36
1960	27	37	64
1959	12	8	19
1958	1		1
1957	27	6	31
1956 and earlier	17	8	25
Totals	176	176	340

OTHER INSPECTIONS

Number of special					
Number of re-insp	ections	 	 		3,429
	Total	 	 		3,826

INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	67,261
(b)	Total number of individual pupils found to be infested	427
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	22
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	2 201

PITER FOUND TO REQUER TREATMENT AT PRODIC

Country Asthe Moderation and Information which werman.

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

N.B.-The symbol 'T' indicates need for treatment and 'O' indicates need for observation,

Defect				Periodic Ins			
Code No.	Defect or Disease		Entrants	Leavers	Others	Total	Special Inspection
4	Skin	T O	7 90	2 21	11 30	20 141	2 3
5	Eyes— a. Vision	ТО	62 351	44 146	70 269	176 766	14 39
	b. Squint	T O	8 120		1 15	9 136	
	c. Other	TO	16	5	14	35	=
6	Ears— a. Hearing	TO	10 310	5 29	12 145	27 484	3 18
	b. Otitis Media	TO	175	3	19	197	
	c. Other	TO	1 13	=	1 5	2 18	=
7	Nose and Throat	TO	5 273	2 27	8 75	15 375	27
8	Speech	TO	27 139		6 8	33 149	3 11
9	Lymphatic Glands	TO	64			71	=
10	Heart	TO	4 57	21	1 31	5 109	8
11	Lungs	TO	1 144	23	44	1 211	
12	Developmental— a. Hernia	TO	2 14		1 2	3 17	
	b. Other	TO	12 152	17	13 44	26 203	2 6
13	Orthopaedic— a. Posture	TO	1 24	15	14	1 53	-9
	b. Feet	T O	173	7	5 48	5 228	2 4
	c. Other	T O	2 51	20	15	2 86	10
14	Nervous System— a. Epilepsy	TO	28	-6	-9	43	1 14
	b. Other	T O	20	1 6	19	1 45	4
15	Psychological— a. Development	TO	2 46	6	6 22	8 74	2 53
	b. Stability	TO	3 157	3 18	9 64	15 239	3 21
16	Abdomen	TO	25	7	14	46	
17	Other	T	1 60	23	2 57	3 140	1 2

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	known to have been dealt with
External and other, excluding errors of refraction and squint Errors of refraction (including squint)	
Total	520
Number of pupils for whom spectacles were prescribed	222

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

				Number of cases known to have been treated
Received ope	erative tr	reatment-	to it monito of electronic and	con nonita
			ar	4
(b) Fo	r adenoi	ids and ch	ronic tonsillitis	55
(c) Fo	or other	nose and	throat conditions	1
Received oth	ner form	s of treat	ment	12
			Total	72
				and a <u>17</u>
Total numbe	r of pup	ils in scho	ools who are known to have been	
		earing aid		
(a) In	1971	caring are		3
(b) In	previous	Neare		12
(0) III	previous	s years	*****	12
		ORTHOPA	EDIC AND POSTURAL DEFECTS	A Sumple
				Number of cases
				known to have
				been treated
a) Pupils	treated a	t clinics o	r out-patients departments	10
			or postural defects	
and a sub-				
			Total	10
	DISE	ASES OF TI	HE SKIN (excluding uncleanliness)	
Diaman				Number of cases known to have been treated
Ringworm-	6			known to have been treated
(a) Sca	alp		ā kara	known to have
(a) Sca (b) Bo	alp dy			known to have been treated
(a) Sca (b) Bo Scabies	alp dy			known to have been treated $\frac{2}{34}$
(a) Sca (b) Bo Scabies	alp dy			known to have been treated $\frac{2}{34}$ 15
(a) Sca (b) Bo Scabies	alp dy			known to have been treated $\frac{2}{34}$
(a) Sca (b) Bo Scabies	alp dy			known to have been treated 2 34 15 116
(a) Sca (b) Bo Scabies	alp dy			known to have been treated $\frac{2}{34}$ 15
(a) Sca (b) Bo Scabies	alp dy			known to have been treated 2 34 15 116
(a) Sca (b) Bo Scabies	alp dy		Total	known to have been treated 2 34 15 116
(a) Sca (b) Bo Scabies	alp dy		Total	known to have been treated 2 34 15 116 167 —
(a) Sca (b) Bo Scabies	alp dy		Total	known to have been treated 2 34 15 116 167 —
(a) Sca (b) Bo Scabies	alp dy		Total	known to have been treated 2 34 15 116
(a) Sca (b) Bo Scabies	alp dy		Total	known to have been treated 2 34 15 116 167 Number of cases
(a) Sca (b) Bo Scabies Impetigo Other skin d	alp dy iseases	Сніці	Total	known to have been treated 2 34 15 116 167
(a) Sca (b) Bo Scabies Impetigo Other skin d	alp dy iseases	Сніці	Total	known to have been treated 2 34 15 116 167
(b) Bo Scabies Impetigo Other skin d	alp dy iseases	Сніці	Total D Guidance Treatment ce Clinics	known to have been treated 2 34 15 116 167
(a) Sca (b) Bo Scabies Impetigo Other skin d	alp dy iseases	Сніці	Total D Guidance Treatment ce Clinics Speech Therapy	known to have been treated 2 34 15 116 167 Number of cases known to have been treated 99
(a) Sca (b) Bo Scabies Impetigo Other skin d	alp dy iseases d at Chil	Сніці	Total D Guidance Treatment ce Clinics Speech Therapy	known to have been treated 2 34 15 116 167 Number of cases known to have been treated 99 Number of cases
(a) Sca (b) Bo Scabies Impetigo Other skin d	alp dy iseases d at Chil	Сніці	Total D Guidance Treatment ce Clinics Speech Therapy	known to have been treated 2 34 15 116 167 Number of cases known to have been treated 99 Number of cases known to have
(a) Sca (b) Bo Scabies Impetigo Other skin d	alp dy iscases	CHILI d Guidan	Total D Guidance Treatment ce Clinics Speech Therapy	known to have been treated 2 34 15 116 167 Number of cases known to have been treated 99 Number of cases

OTHER TREATMENT GIVEN

	OTHER TREATMENT OIVEN	Number of cases known to have been treated
(a)	Pupils with minor ailments	807
(b)	Pupils who received convalescent treatment under School	
	Health Service arrangements	
(c)	Pupils who received B.C.G. vaccination	1,298
(d)	Other than (a), (b) or (c) above,	
	Chiropody	135
	Total	2,240

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

		Number of pupils				
1.	INSPECTIONS	Inspected	Requiring treatment	Offered		
	(a) First inspection-school	31,981	16,883	16 600		
	(b) First inspection—clinic	3,147		16,588		
	(c) Re-inspection—school or clinic	3,683	1,913	1,847		
	Totals	38,811	18,796	18,435		
		and the second se				

the second second second second second	the second s	the second s	A REAL PROPERTY AND INCOME.
Ages 5-9	Ages 10-14	Ages 15 and over	Total
3,755 3,997 7,752	2,561 4,591 7,152	497 1,201 1,698	6,813 9,789 16,602
329 4,084 —	227 2,788 —	66 563 —	622 7,435 6,513
1.1.2			
4,333 4,978 3,109 4,524 139 2,910 820 162	7,017 376 5,812 347 588 902 297 80	2,085 	13,435 5,354 10,733 4,871 831 3,812 1,139 257
	5-9 3,755 3,997 7,752 329 4,084 4,333 4,978 3,109 4,524 139 2,910 820	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c c c c c c c c c c c c c c c c c c c $

	Number of pupils X-rayed	360
		2,768
	Teeth otherwise conserved	319
	Teeth root filled	22
	InlaysCrowns	2
	Crowns	42
5. ORTHODO	ONTICS	
2,240	New cases commenced during the year	101
	Cases completed during the year	85
	Cases discontinued during the year	13
	Number of removable appliances fitted	140
	Number of fixed appliances fitted	
	Number of pupils referred to Hospital	
	Consultants	17

6. DENTURES 6. DENTURES

	CONTRACTOR OF A DESCRIPTION OF A DESCRIP	IC REAL PROPERTY AND ADDRESS OF	THE PARTY NAMES IN COLUMN 2 IN COLUMN 2 IN COLUMN	the second se
Aligor to benut	Ages 5-9	Ages 10-14	Ages 15 and over	Total
Number of pupils fitted with dentures for the first time— (a) with full denture	2 3	- 6	5	2 14
Total	5	6	5	16
Number of dentures supplied (first or or subsequent time)	5	11	9	25

7. ANAESTHETICS

Number of general anaesthetics administered by Dental Officers..... 546

8. SESSIONS

		Number of clinical sessions worked in the year					
533	Admini-	101	School Service			M. & C.W. Service	
012,0	strative	Inspection at school	Treatment	Dental Health Education	Treatment	Dental Health Education	Total sessions
Dental Officers (inc. P.S.D.O.)	270	262	3,373	6	52	63	4,026
Dental Auxiliaries	-	10,2	130	53	39	2	224
Dental Hygienists	-	3-1	205	213	bot <u>as</u> ning botasning	17	435
Total	270	262	3,708	272	91	82	4,685

DENTAL AUXILIARIES

1. Visits	Ages 5-9	Ages 10-14	Ages 15 and over	Total
First visit in the calendar year Subsequent visit	64 201	35 74	9 25	108 300
Total visits	265	109	34	408
2. Courses of Treatment				
Additional courses commenced Total courses commenced Courses completed	64	35	9	108 95
3. Treatment				
Fillings in permanent teeth Fillings in deciduous teeth Permanent teeth filled Deciduous teeth filled Deciduous teeth extracted Prophylaxis	117 214 81 185 19	148 11 113 10 11 	47 36 —	312 225 230 195 30 92

DENTAL HYGIENISTS

Ages 5-9	Ages 10-14	Ages 15 and over	Total
314	396	121	831
314	396	121	831
34 348 —	44 440 —	18 139 —	96 927 927
—	-	-	927
	5-9 314 314 314 348	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$

DENTAL AUXILIARIES

DENTAL HYGIENISTS



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