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COUNTY COUNCIL OF ESSEX



ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE YEAR

1971



COUNTY COUNCIL OF ESSEX



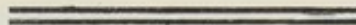
ANNUAL REPORT

OF THE


Principal School Medical Officer

FOR THE YEAR

1971



J. A. C. FRANKLIN, M.B., B.S., D.P.H.
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PREFACE

85-89 New London Road,
Chelmsford.

To The Chairman and Members of the Education Committee

It is my pleasure as Principal School Medical Officer to present my Annual Report for the year 1971. As is customary, the Report which includes the report of the Principal School Dental Officer has been prepared on the basis of draft material submitted by the Divisional School Medical Officers and other Senior members of staff of the Department who are concerned particularly with the School Health Service.

The Report serves as a record of work carried out in the interests of the children of Essex and shows the function of the service which remains, as ever, to keep the children of the County under supervision while in their formative years and to identify those who require special help medically or educationally.

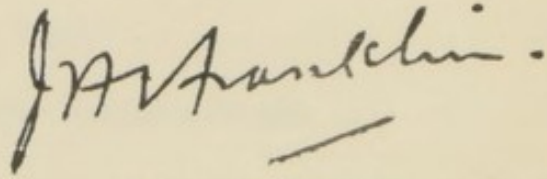
The measles immunisation and rubella immunisation programme has continued and a good response has been achieved indicating that parents are aware of the importance of this and it has now proved possible to extend the rubella immunisation to 11 year old girls.

The Milk and Meals (Amendment No. 2) Regulations 1971, imposed an unenviable task on School Medical Officers to decide which child required the daily 1/3rd pint of milk which they were empowered to recommend on health grounds, and arrangements had to be made for the necessary medical examinations, which placed an additional burden on the service, particularly in some parts of the County where difficulty was experienced in distinguishing between requests made on social rather than on medical grounds.

The continuing demand for health education has increased during this year and is being met as far as is possible within the limitation of staff available. Some improvement in staffing of the dental service continues and the appointment of the County Speech Therapist in September has helped ease the difficulties experienced in recruitment of speech therapists, though to some extent the benefit is offset by the ever increasing numbers of school children in Essex. The present uncertainty of the future of the School Health Service due to the pending legislation is a factor that does not help with the recruitment or stability of staff, and changes are becoming more frequent, making continuity within the service more difficult in all sectors.

The transfer of the former Junior Training Centres to the Education Department as schools for the severely subnormal has brought these into the School Health system, creating a further expansion of the service, which has only been achieved by a close working liaison between all staff concerned.

In conclusion I wish to record my thanks and appreciation to the Education Committee for their consideration and support throughout the year, to the Chief Education Officer and his staff for the helpful co-operation, and to my own staff and all others who have in any way been concerned with the School Health Service.

A handwritten signature in dark ink, appearing to read "J. H. Franklin". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Principal School Medical Officer

COUNTY COUNCIL OF ESSEX

EDUCATION COMMITTEE

(as at 31st December 1971)

Chairman: Mrs. B. C. Platt, M.A., C.Eng., A.F.R.Ae.S.

Vice-Chairman: R. H. Dyball, O.B.E., T.D., M.A.

County Council Members

Aldermen:

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Mrs. F. L. Coker
Brigadier T. F. J. Collins,
C.B.E., D.L.
J. L. M. Crofton
G. C. S. Curtis, O.B.E.

A. Jones, M.B.E., J.P.
J. E. Tabor, O.B.E., M.A.
Brigadier J. T. de H. Vaizey, C.B.E.
G. C. Waterer, B.Sc.
S. S. Wilson, O.B.E., J.P.
W. R. Wright, M.Inst., M.S.M.

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M. J. Cullen
J. J. Davidson
G. A. Detmaur
R. W. Dixon-Smith
P. R. Elliott
D. J. Fisher
H. W. Frost
Mrs. D. E. Golding
P. J. Harty
Mrs. M. D. Hutton
Group Capt. H. P.
Johnston, O.B.E.
F. W. Limer

J. A. Mackintosh
Mrs. J. C. Martin
Mrs. B. McGreal
E. C. Metson, M.C., F.C.C.S.
E. J. Milo
A. C. Moles
W. P. O'Donoghue, M.B.E.
E. G. Perry, M.B.E.
A. V. Stockley
Miss M. L. Tabor
Mrs. E. M. Tuck
Brigadier J. C. B. Wakeford, C.M.G.
P. E. W. White
Mrs. J. Woods
P. R. Wormell

Representatives of Divisional Executives

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Mrs. C. M. Cock
Mrs. M. W. Davies
E. P. Duffield

J. W. Lobley
W. A. Nichols, J.P.
E. Trippier, M.R.S.H., M.Inst.B.E.
T. F. Williams

Representatives of Universities

I. T. Cook, Ph.D.
F. C. C. Edmonds, M.A.

H. Marriott, B.Eng, B.Sc.Econ.,
F.I.E.E.
G. H. R. Newth, M.A.

Persons of Experience in Education:

C. R. Allison, M.A.
B. S. Coker, F.C.A.
Mrs. M. E. Edwards
Hon. Mrs. J. Franklin, J.P.

L. F. Grant, O.B.E.
The Rev. Father L. Heston
W. G. Ingram, M.A.
The Rev. Canon M. M. Martin, M.A.

Representatives of Teachers:

Miss M. A. L. Colleer
J. R. Prince

A. Dyer
A. W. A. Ellis
Miss B. Wilkins

STAFF OF THE SCHOOL HEALTH SERVICE

(as at 31st December 1971)

CENTRAL OFFICE

Principal School Medical Officer

J. A. C. Franklin, M.B., B.S., D.P.H.

Deputy Principal School Medical Officer

R. D. Pearce, M.R.C.S., L.R.C.P., D.P.H.

Principal Medical Officer

Elizabeth M. Sefton, M.R.C.S., L.R.C.P., D.P.H., D.C.H., L.M.

Principal School Dental Officer

J. C. Timmis, L.D.S., D.D.P.H., R.C.S.

Director of Nursing Services

Miss J. Carré, S.R.N., S.C.M., Q.N., H.V.Cert.

County Health Inspector

M. E. Rousell, M.A.P.H.I.

County Health Education Officer

C. E. Williams, M.R.S.H.

County Speech Therapist

Miss Hilary C. Smith, L.C.S.T.

Statistician

W. H. Leak, B.A., F.S.S.

DIVISIONAL STAFF

Divisions

Divisional School Medical Officers

North East Essex	M. F. H. Bush, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Mid-Essex	J. A. Slattery, M.R.C.S., L.R.C.P., D.P.H.
South East Essex	D. A. Smyth, M.B., B.S., C.P.H., D.P.H.
Thurrock	T. D. Blott, B.Sc., M.B., B.S., D.P.H.
West Essex	A. Afnan, M.D., D.P.H., D.L.O., L.A.H.
Harlow	I. Ash, M.D., D.P.H.
Basildon	P. X. O'Dwyer, M.B., B.Ch., D.P.H.
Colchester	M. F. H. Bush, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

OTHER DIVISIONAL STAFF

(excluding staff employed by Regional Hospital Boards)

	Number employed *	Aggregate of time given to School Health Service (in terms of whole-time officers)
School Medical Officers (including D.S.M.O's)	75	27.5
Area Dental Officers	8)	
)	36.4
Dental Officers	44*)	
Health Visitors/School and Ancillary Nurses	270	99.9
Dental Surgery Assistants	52	44.6
Dental Auxiliaries	9	8.3
Speech Therapists	23	12.9
Psychiatric Social Workers	7	4.3
Social Workers	9	10.7

**Includes sessional officers*

GENERAL STATISTICS

The Registrar General's estimate of population for the Administrative County at mid-year 1971 was 1,196,840 of whom 195,820 were aged between 5 and 15.

School Population Mid-Year 1971

	Primary† Schools	Secondary Schools	Special Schools	Total
North-East Essex	14,416	8,173	326	22,915
Colchester	8,213	6,793	364	15,370
Mid-Essex	29,612	19,054	438	49,104
South-East Essex	15,869	8,444	134	24,481*
Thurrock	13,004	8,884	476	22,364
West Essex	15,126	9,991	306	25,423
Harlow	10,993	9,243	200	20,436
Basildon	16,607	11,296	300	28,203
Boarding Schools	-	737	-	737
Total 1971	123,840	82,615	2,544	209,033
Total 1970	119,112,	80,241	1,594	200,947

†This figure includes children at nursery schools

**Includes 34 pupils at partially hearing unit.*

Number of Schools

Nursery Schools	2
Primary Schools	529
Secondary Schools	103
Special Schools	33
Technical and other Colleges	11

Distribution of Special Schools

The 33 Special Schools in the Administrative County (including 8 former Junior Training Centres and 2 Hospital Schools) transferred under the Education (Handicapped Children) Act, 1970 cater for handicapped pupils in the following way:-

Category of Handicapped Pupil	Divisional Executive	Day Schools	Residential Schools	Hospital Schools	Sex	Accommodation
Educationally Subnormal	Colchester	2	-	-	Mixed	220
		-	-	1	Mixed	180
	North East	2	-	-	Mixed	160
		-	1	-	Mixed	120
	Mid-Essex	4	-	-	Mixed	335
		-	1	-	Boys	58
	South East	2	-	-	Mixed	170
	Basildon	3	-	-	Mixed	330
	West Essex	-	1	-	Boys	100
		1	-	-	Mixed	110
		-	1	-	Girls	50
	Harlow	3	-	-	Mixed	275
	Thurrock	3	-	-	Mixed	360
		-	-	1	Mixed	160
	Total	20	4	2		2,628
Maladjusted	North East	-	2	-	Boys	95
	West Essex	-	1	-	Mixed	40
	Basildon	1	-	-	Mixed	50
	Total	1	3	-		185
Delicate and/or physically handicapped	North East	-	1	-	Mixed	90
	Thurrock	1	-	-	Mixed	100
	Mid-Essex	-	-	1	Mixed	70
	Total	1	1	1		260

Number of School Clinics

Minor Ailments	41
Dental	58 (+ 2 Mobile)
Ophthalmic	21
Speech Therapy	56
Physical Medicine	2
Orthoptic	6
Enuresis	1
Audiology	5
Audiometry	29

(Further details are referred to in Appendix "I")

MEDICAL INSPECTIONS

During the year ended 31st December 1971, 39,236 pupils were seen at periodic medical inspections, and 10,280 at special inspections in comparison with 42,007 and 14,045 for the previous year.

SELECTIVE SCHOOL MEDICAL EXAMINATIONS

A scheme for selective medical inspections continued to operate throughout the County during 1971.

In the light of experience some modifications were made to the questionnaire completed by parents, assisting medical staff to more easily identify children with particular health problems, and to use their time more beneficially with these children.

FINDINGS AT MEDICAL INSPECTIONS

(See also Appendix 'A')

Physical Conditions of School Children

The number of children found to be unsatisfactory at medical inspections increased from 51 in 1970 to 78 in 1971. A total of 2,625 pupils were found to require treatment, 519 less than in the previous year leaving 36,611 free from defects.

Periodic Medical Inspections: Number of children with defects 1971

Age groups inspected (by year of birth)	Number of children inspected	Number of children with defects requiring treatment	Percentage of children with defects to children inspected
1967 and later	284	24	8.5
1966	6,469	453	7.0
1965	11,590	712	6.1
1964	1,576	85	5.4
1963	1,004	71	7.1
1962	2,958	136	4.6
1961	1,713	78	4.6
1960	931	103	11.1
1959	606	70	11.6
1958	1,634	78	4.8
1957	4,195	238	5.7
1956 and earlier	6,276	577	9.2

Percentage found to require treatment

	Defective Vision	Other Conditions
1967 and later	0.7	8.1
1966	1.1	6.2
1965	1.1	5.4
1964	1.5	4.4
1963	2.2	5.0
1962	1.4	3.5
1961	2.0	3.0
1960	3.4	7.6
1959	3.8	7.9
1958	2.3	2.5
1957	3.1	2.9
1956 and earlier	5.5	3.9

A total number of 39,236 pupils received a full medical examination a reduction of 2,771 compared with the previous year.

Under the 'Selective System', 10,280 pupils (for whom questionnaires were completed by the parents) were found not to warrant a medical examination.

The percentage of pupils requiring treatment for defective vision decreased slightly at primary school ages but for 'school leavers' there was a slight increase as compared with the previous year.

Cleanliness Inspections

During 1971, 146,816 pupils were inspected and 959 were found to be infested compared with 108,266 and 873 last year. Thirty eight cleansing notices were issued under Section 54(2) of the Education Act 1944, and 15 cleansing orders under Section 54(3).

The percentage of children inspected and found to be infested was 0.67 a slight but welcome reduction on last year.

School Meals Service and Milk in Schools Scheme

The Milk and Meals (Amendment No. 2) Regulations 1971 lowered the age range of children entitled to free school milk, and those aged from 7 to 11 years were no longer provided with 1/3 pint daily at schools as a matter of routine.

Exceptions, on health grounds, could be made and School Medical Officers examined 1,414 children by the end of 1971 for this reason. Of those examined 324 were given a certificate recommending the provision of 1/3 pint milk daily for medical reasons.

The Chief Education Officer has once again been kind enough to arrange for me to have a report on the School Meals Service and the Milk in Schools scheme as shown in Appendix 'B'.

TREATMENT OF DEFECTS

(See also Appendix 'A')

Diseases of the Lungs

56 pupils were found at periodic school medical inspections to need treatment for diseases of the lung, 30 as school entrants, 14 school leavers and 12 others. In addition, 663 pupils were recommended to be kept under observation.

At special inspections a further 5 pupils were found to require treatment and 51 were referred to observation.

Heart Disease

At periodic medical inspections during 1971, 28 pupils were found to require treatment for heart conditions and 422 were referred for observation, 18 and 246 of these, respectively, were found amongst school entrants. In addition, at special inspections 20 pupils were referred for observation for heart defects.

Diseases of the Ears

Hearing

The number of children found at periodic medical inspections to require treatment for hearing difficulties reduced from 367 in 1970 to 252 in 1971. 198 of these were found in the "entrants" group, 78 less than in 1970. Those referred for observation also reduced from 1,340 to 1,106, 677 being in the "entrants". Over and above these figures 27 pupils at special inspections were found to require treatment for hearing defects and 135 were referred for observation.

Otitis Media

During the year 53 pupils were found at periodic inspections to need treatment for otitis media and 388 were referred for observation. Once again the majority, i.e. 46 and 287 were found in the new school entrants.

Other

31 pupils were found at periodic inspections to require treatment for other defects of the ear as against 45 for 1970 and the number of pupils referred for observation decreased from 203 to 137. Two pupils were found at special inspections to need treatment for other ear defects and 13 were referred for observation.

Orthopaedic Defects

Posture

The number of pupils found at periodic medical inspections to require treatment and observation for postural defects dropped from 18 and 162 in 1970 to 17 and 130 in 1971.

In addition, 5 pupils were found at special inspections to require treatment for postural defects and 11 were referred for observation.

Feet

During 1971, 143 pupils were found at periodic medical inspections to require treatment for defects of the feet and 860 were referred for observation. The majority of these, i.e. 111 and 601 were once again in the entrants group.

At special inspection 13 pupils were referred for treatment and 51 for observation for defects of the feet.

Other

44 pupils were found at periodic medical inspections in 1971 to require treatment for other orthopaedic defects, 23 less than 1970 and 514 were referred for observation, a reduction of 124 on the previous year.

Skin Conditions

During the year the number of children found at periodic medical inspections to require treatment for skin conditions was 169, i.e. 3 less than in 1970 and the number referred for observation decreased from 1,061 to 805.

Minor Ailments

The following table shows the number of pupils treated at Minor Ailment Clinics during the year under review, with comparative figures for 1970.

	1971	1970
External and other eye diseases, excluding errors of refraction and squint	88	54
Diseases of the ear, nose and throat (non-operative treatment)	180	178
Skin diseases, excluding uncleanliness	1,754	1,571
Miscellaneous minor ailments (including enuresis)	1,827	2,038

Enuresis

During 1971 the Enuresis Clinic at Harlow continued to operate and the following report has been received from Dr. I. Ash, Divisional School Medical Officer:-

"Unfortunately due to pressure of work in other directions it was necessary to drop one of the weekly clinics when a part-time medical officer resigned. The waiting list is still quite long and the number of children being referred continues to show that the clinic is fulfilling a need.

There were 51 children still under treatment at the end of the year and 30 still on the waiting list.

Given below is an analysis of the cases discharged.

	New cases	Old cases	Receiving further treatment after relapse
Cured	1 (1)	24 (8)	1 (1)
Greatly improved	- (-)	- (-)	- (1)
Failed to continue treatment	2 (4)	18 (9)	1 (1)
Referred to Child Guidance Clinic ..	- (-)	1 (-)	- (-)
Temporarily closed	- (-)	1 (1)	- (-)
Closed at parents request	- (1)	1 (2)	- (1)
Spontaneous recovery	1 (-)	- (1)	- (-)
Withdrawn before treatment	7 (10)	- (-)	- (-)

Note: The figures in brackets relate to 1970

Diseases of the Eye and Defective Vision

At periodic medical examinations during 1971, 3,558 children were found to have diseases of the eye, made up as follows:-

	Requiring Treatment	Observation
Vision	881	1,835
Squint	159	387
Other defects	106	190
	1,146	2,412

Recuperative Holidays

Eighty-six children were provided with recuperative holidays during 1971, under arrangements made through the School Health Service.

SPEECH THERAPY

The following report has been received from Miss Hilary Smith, the County Speech Therapist:-

"I have only been in the County since September and can therefore only comment on the speech therapy situation during the last four months of 1971.

The staffing situation has been stronger than ever before, by 31st December we had 23 therapists working the equivalent of almost 13 full-time posts, but we were still badly in need of therapists, particularly to cover Basildon, the Grays Tilbury area and Saffron Walden/Dunmow.

In December an increase in our establishment was agreed as the figures had not been revised since 1961 when the school population was much smaller and before the service extended its focus from simple articulation work to cover language deprived and pre-school children, or to include visits to special schools. It was unfortunate that the necessary money for these posts could not be made available as it seems highly likely that we should have been able to fill these posts and so offer a more comprehensive service for the future.

My post of County Speech Therapist has enabled me to link up the service throughout the County and try to combat the feeling of isolation previously felt by many of the therapists. I have started by strengthening contacts within each Area and from these meetings some very useful discussions have arisen.

I have also been able to visit schools, talk to teachers, doctors and others dealing with children who might be suffering from speech problems, and have also talked to groups of teachers, play group leaders and mothers.

Links with the audiology service have been built up by my attendance at Mr. Cammock's clinics and I have found the opportunity to advise mothers of pre-school children, without hearing losses, on speech and language development, very valuable. The meeting with other members of the audiology team has also proved useful for discussion of problem cases in the County.

I am full of admiration for how most of the speech therapists are managing to cover heavily populated and widely spread areas and still manage to visit most of the special schools, although all would agree that at present it is impossible to spend an adequate amount of time in the schools.

A number of students from the London Speech Therapy Training School are regularly visiting some of the clinics and I hope that a few of these may later be attracted to return to work in Essex."

The following table gives details of speech therapy referrals etc. for 1971 with comparable figures for 1970:-

	1971	1970
Referred for Speech Therapy	1,315	1,313
Commenced treatment	1,150	1,034
No. receiving treatment at end of year	1,241	852
No. on waiting list at the end of year	452	860
Total treated during year	2,263	1,633

CHILD GUIDANCE SERVICE

The Child Guidance Service continued throughout the year and details can be found in Appendix 'C'.

The staffing establishment and the numbers in post at 31st December 1971 are shown in Appendix 'I'.

The following is an extract from a report made by Dr. Beatrice Crocket the Medical Director of the Colchester and N.E. Essex Child Guidance Clinic:-

"This has been a very eventful year in the North East Essex Child Guidance Clinic and in the services for children in our area generally. The Social Services Departments were formed in July 1971 and have been re-arranging their work since that time and setting up their area departments. We have not yet had the opportunity of working out any definite plans for liaison with these new Departments, but we have had the opportunity to meet the Heads of Departments in Clacton, Colchester Borough and Colchester District in order to discuss mutual plans for co-operation in the future. We hope that we shall be able to have more contact with the new Departments during 1972.

Our hopes for increasing liaison with the adult psychiatrists, specialists in subnormality, and the paediatricians, have progressed very satisfactorily this year. There are now definite plans for registrars in Psychiatry to be involved in a training scheme in our area, which will include training at the North East Essex Child Guidance Clinic. Dr. Richard Fox has been appointed Clinical Tutor at Severalls, Dr. Marcus Lynch at the Royal Eastern Counties Hospital, and myself as Tutor in Child Psychiatry. We hope to shortly organise a post-graduate training programme.

There are also increasing links now between the Child Guidance staff and the Paediatricians. Dr. Christopher Nourse, Dr. Michael Bush and myself, have formed a District Child Health Committee and representatives from the Education Department, the Department of Social Services, the Central Office of the Health Department and from the relevant medical and surgical specialities have been invited to attend this Committee to co-ordinate plans for Child Health Services in the area. Plans for the new District General Hospital include 80 paediatric beds, and the child psychiatrist, and the community physician, will be involved in the work there.

The number of referrals to the Clinic remained fairly steady this year. The only significant changes are an increase in referrals from the Paediatrician, which has risen by 12 (from 22 - 34), and from Head Teachers, which has risen by 22."

Dr. J. Vincenzi, Medical Director at the Chelmsford Clinic has contributed the following report on the Service:-

"This was a difficult year, as until July 31st there were only four psychiatric sessions per week, out of which the sessions at Newport House and St. John's Hospital had to be taken. This resulted in a considerable build up of referrals and at August 1st the waiting list was considerable and there were also a large number of referrals of Dr. Calder's cases which had to be closed rather precipitately when she left. During this six months we were greatly helped by having the assistance of Dr. Zoe Slattery and Dr. Eva Waller, otherwise the position would have been very much worse.

Since August 1st there has been a reduction in the waiting list time, which is now about ten weeks, as it was in 1970, and it is hoped that during 1972 the waiting time will be less than two months.

My sessions are, in a lot of cases, interim examinations and further work to be done with the case is transferred to the Clinic.

Clinic Premises

It was disappointing that our requests for a more extensive building have been turned down, as the necessity for doubling up in rooms obviously handicaps the usefulness of professional staff."

I am indebted to Dr. Runes, Medical Director, Basildon Clinic, for the following report relating to cases dealt with during the year in Basildon and South East Essex Area.

Staff Changes

"As regards psychiatric sessions, these have remained unchanged. The waiting list is fairly moderate but the lack of a Psychotherapist makes it impossible to offer long term psychotherapy. We still can only arrange periodic treatment and, if need be, educational help in the form of tutorial classes. The difficulty of finding vacancies for very disturbed children, especially cases of school phobia or severe habit disorder, has remained acute. More regret has to be expressed about the failure to establish a Unit for Disturbed Children in the newly established Basildon District Hospital.

We are, at the moment, fully staffed as regards Educational Psychologists and, with the arrival of a Senior Psychiatric Social Worker, Miss Meadows, and a Social Worker, Mrs. Smith, the establishment as regards Social Workers is complete.

Treatment difficulties

We are handicapped by the lack of an Adolescent Unit in this area. In acute cases we can occasionally ask the Canterbury Adolescent Unit to offer a vacancy. This can only happen if no case from that part of Kent requires admission. We have been able to keep up our co-operation with the Paediatric Department at the Southend Hospital. We have regular clinical conferences at the Clinic which are occasionally attended by Children's Department Officers and Probation Officers who are concerned with particular cases. I feel that we ought to have, from time to time, a meeting with Headmasters as well as a meeting with School Medical Officers, so as to obviate misunderstandings about the help we are able to provide.

Referrals

The number of referrals has dropped considerably and this discrepancy arose mainly on account of fewer referrals from the School Medical Officers (new referrals : 72 in 1970 versus 28 in 1971). The drop in referrals accounts, to some extent, for the reduction in our waiting list.

We noticed with regret that during the year the special consideration to our recommendation for early school attendance had ceased to be implemented; all that remains for us to do in cases of mounting difficulty between mother and a child of near school age, is to advise the parents to make their own application. In at least one case in particular the parents were successful.

Accommodation

As foreseen at the time of building the Clinic, we now experience a marked shortage of accommodation. Both our playrooms are now used by our professional staff as offices. There are increasing parking difficulties for which a solution will have to be found in the near future."

Reference has been made on a number of occasions since the Division was reorganised in 1965 to the need for a child guidance clinic in Saffron Walden to provide a service for children attending schools in the Dunmow — Saffron Walden districts. Although a clinic was established in Saffron Walden in 1970, it is staffed only by an Educational Psychologist; there are no psychiatrist sessions and children in need of psychiatric investigation travel to clinics at Cambridge, Chelmsford or Harlow. The absence of a psychiatrist at Saffron Walden to deal with urgent cases has been highlighted during the year and the question of seconding a psychiatrist for duty at Saffron Walden child guidance clinic has again been raised with the East Anglian Regional Hospital Board.

The following is an extract from a report by Dr. J. Waldman, Medical Director of the Loughton Child Guidance Clinic:-

"Although much of our work has continued more or less on the same lines in terms of family casework on the one hand and consultative work with other agencies – schools, Social Services Department, Probation Service on the other, there have been a number of developments worth noting –

- (1) The very welcome return of Mrs. Jacobs – unfortunately only a one session release from her work as tutor at Hatfield Polytechnic on the degree course in Applied Social Studies.
- (2) We are also taking students from this course under the supervision of Mrs. Harris, another experienced Psychiatric Social Worker, who is also an extremely welcome half-term recruit to our at present sadly inadequately staffed social worker contingent.
- (3) Mrs. Lovelock and Mrs. Webb both served valuably as social workers, but both have now left us.
- (4) There has been an expansion of the Educational Psychologists' Department with Miss Proffitt joining Mrs. Knapp three days a week and covering the Epping and Waltham Abbey areas. This has allowed of valuable auxiliary services developing with the help of Mrs. Knapp – Mrs. Noonan (Waltham Abbey and Nazeing) and Mrs. Biebuyck (Loughton and Chigwell) serving as Remedial Advisers.
- (5) Miss Proffitt has just started a small group of Junior School age children with educational and/or socialising difficulties.
- (6) On the initiative of Mrs. Jacobs, a nursery group has been established in Loughton. This is of course an education facility which it is hoped will meet a keenly felt need.

The multi-disciplinary group run by our psychotherapist, Mr. Kareem, continues to operate successfully.

On the negative side, the new clinic premises have proved extremely unsatisfactory in terms of inadequate sound-proofing of the dividing partitions. This is due to be remedied (but only partially) in the near future."

For the Thurrock Area Dr. Danos has continued at the Child Guidance Clinic as Medical Director. New referrals continue to be seen within a few weeks of referral, hence the diagnostic waiting list is small, and there is an improvement in the number of cases awaiting first treatment appointments. However, intensive treatment can only be given to a few patients in the six sessions allotted to the psychiatrist.

Mrs. Lepage and Mr. Seager continued as remedial reading teachers until July when Mrs. Lepage left to take up another appointment, leaving Mr. Seager to work one complete day a week at the clinic.

General

Several groups of student nurses, medical laboratory students and student health visitors, have visited the clinic for lectures and clinical experience. Multi-disciplinarian Case Conferences have been held to discuss certain problem families and regular Clinical conferences were arranged with Dr. Leibeschuetz and family doctors to discuss mutual patients.

The following extract is from the report by Dr. R. St. Blaize-Molony the Medical Director of the Harlow Child Guidance Clinic:-

"Galen House has been fortunate in having Psychotherapists on its staff whose role it has been to offer selected children an intense and ongoing individual psychotherapeutic experience. We are about to lose our present incumbent Miss P. Vignals-Sames who is returning to her native France and whom we all wish well for her future career. It is to be hoped that we will quickly secure a replacement.

I would like to pay tribute to my predecessor Dr. Ronald Gabriel who initiated the first stages of a plan to change from the classical "Child Guidance" approach during the latter part of 1967. I quote from his report of that year - "The School Psychological Service, which is now an autonomous entity has divided the schools in the area so that each Psychologist has a certain number with which to cope. A Social Worker has been paired with each Psychologist in order to augment the School Psychologist Service and new referrals are handled in the first instance by this agency. Exceptions are made where the referral is of an exclusively medical character. This has resulted in a widening of the skills of the School Psychological Service and a preservation of psychiatric time for those children requiring psychiatric examination and treatment." Our aim is to develop even further this extension of the traditional Educational Psychologist team, Mr. M. Woods, Mr. A. Allison, Mrs. E. Griffiths and Mrs. J. Latto, supported by Mr. Robb, have instituted good working relationships with teachers and pupils within the schools and have gained the advantage of becoming figures familiar to all within these establishments, available not only formally for technical assessments, but also, and perhaps more importantly, informally for consultation, counselling and liaison between schools, clinic, Education Department, Social Services and parents.

To maintain the communication and participation necessary to deploy to the utmost these therapeutic skills within this extended community, the clinic staff is divided into teams which have separate conferences for discussion of case material. In these teams a Social Worker works closely in contact with each Psychologist. There is also, once a month, a whole conference embodying all clinic staff. Visiting Social Work students are assigned to Social Workers and join in all conferences. I have been able to extend into the milieu of the School Psychological Service by carrying out the equivalent of domiciliary visits to patients homes, viz. attending at various schools with their Psychologist and members of staff for consultation about specific problems.

I have had the pleasure of meeting the headmasters of the area. Some useful procedural changes emerged from this occasion. The form for the school report was considered inadequate and a new one has been drafted in consultation with the teachers and the procedure for liaison about the progress of children with the School Psychological Service clarified. A further extension into the community is the weekly visit to Hargrave House by Mr. Buxton and myself, for discussion with staff and review of boys' progress. Since many of the boys resident there have initially been seen at the clinic, this presents also a valuable continuity of care. In this section of work also it has been of considerable contributing help to visit the homes in selected cases. A luncheon to meet General Practitioners in the area was kindly provided by Roche. This proved a good opportunity to describe the interest of clinic staff in developing Child Guidance as part of a community psychiatric approach. In the furtherance of this approach I would personally like to meet other significant community figures such as Magistrates and Housing Managers and also to meet with General Practitioners more intimately within their practices to gain a closer idea of their views and needs.

Our two immediate aspirations are to provide a unit for children with autistic features whom we feel are not sufficiently catered for within existing facilities and to extend the home tuition service by remedial teaching within the clinic itself."

Referrals

The following table shows the number of referrals to Child Guidance Clinics and the source:-

Source of Referral	Number	Per Cent
School Medical Officers and Health Visitors . . .	270	17.5
General Practitioners	303	19.6
Consultants	92	5.9
Educational Psychologists	340	22.0
Head Teachers	91	5.9
Children's Officers	73	4.7
Probation Officers	25	1.6
Magistrates	15	1.0
Direct referrals	270	17.5
Others	66	4.3
Total	1,545	100.0

The School Psychological Service

Once more I am indebted to the Chief Education Officer for the report by the Psychologist to the Education Committee which can be found in Appendix 'D'.

AUDIOLOGY SERVICE

The Audiology Clinics in Chelmsford, Colchester, Harlow, Rayleigh and Thurrock continued throughout the year under the supervision of Mr. A. N. Cammock, The County Audiologist.

From the beginning of June to mid-September, Mr. Cammock was absent on sick leave and the staff of these clinics are to be complimented on the standard of service that was maintained during this period.

Where possible the School Medical Officer responsible for the Audiology Clinic holds a joint appointment as honorary clinical assistant to the E.N.T. Consultant at the appropriate hospital, which promotes close liaison with the hospital department and steps are being taken with a view to achieving this for each Clinic.

The work of the Peripatetic Teacher of the Deaf is closely associated with the Audiology Clinics and a report by the Advisory Teacher of the Deaf is given in Appendix 'E'.

HANDICAPPED PUPILS

Blind and Partially Sighted Pupils

19 pupils were registered as blind at the end of 1971, 4 less than last year; 12 were at residential schools, 2 at a day special school, and 5 (4 under 5 years of age) awaiting placement. Sixty-five children were registered as partially sighted, 23 were at day special schools, 25 at residential special schools and one at ordinary school. Sixteen (one under five years of age) were not considered to require special educational treatment.

Deaf and Partially Hearing Children

During 1971, 3 children were newly assessed as deaf and 22 as partially hearing. At the end of the year 58 children were ascertained as deaf and 240 as partially hearing.

The placement of the deaf children was 32 at day special schools, 23 at residential special schools, none at ordinary school and 3 were awaiting placement. 94 of the partially hearing pupils were at day special schools, 41 at residential special schools, 26 at ordinary schools and 1 elsewhere. Of these, 20 were under five years of age. Nine pupils (2 under 5 years) were awaiting placement and 69 (4 under 5 years) were not considered to require special educational treatment.

I am indebted to Dr. A. Smyth, Divisional School Medical Officer, for the South East Essex Division, for the following extract from reports on the special units for partially hearing at the Edward Francis County Junior School, Glebe County Infants School and the Sweyne Secondary Comprehensive School Partially Hearing Unit:-

Edward Francis County Junior School Partially Hearing Unit

"In January 1971 there were 15 children in the Unit aged 7-12 years with hearing losses ranging from moderate to severe.

In July 3 senior children left the Unit to become the first intake for the Secondary Partially Hearing Unit newly established at the Sweyne School.

In September 4 children from the Glebe Infant Unit came to join us, bringing our total to 16 (9 girls and 7 boys). This means that the Unit now accommodates the maximum number of children consistent with fulfilling their educational needs, particularly as far as integration is concerned.

A number of teachers and students have visited the Unit during the year and two have undertaken course studies connected with our partially hearing children.

All children placed in the Unit are making at least satisfactory progress, although it has been decided to recommend that one boy remains here for an extra year before proceeding to the Secondary stage.

The continual interest and co-operation of the teaching staff has enabled us to maintain a high degree of successful integration with the normal school. However, the success of integration has been threatened more than once this year by shortage of classrooms. At present the situation is satisfactory.

All children have made regular visits to the Nuffield Centre or their local Audiology Clinics, and the Unit has benefited greatly from the regular services of the Advisory Teacher of the Deaf, the School Psychologist and Southend General Hospital Hearing Aid Department."

Glebe County Infants' School Partially Hearing Unit

"In January 1971 there were : 8 Infant Children
9 Nursery Children

In July 4 children transferred to the Junior Partially Hearing Unit, and I was transferred to a school for the deaf.

September 1971: A third class was started in the Unit for profoundly deaf 4½ to 5 year olds.

A number of visitors have been to the Unit, and a student from the London Diploma Course for Teachers of the Deaf spent a month with the Infant class last summer. The children were taken out to the beach in Southend and also a farm.

As usual, the children have joined in the May Queen Concert, Sports afternoon, Harvest Festival and the Nativity Play. The children of infant age integrate as and when they are able with children of their own age in school classes.

Since the beginning of the Summer term mothers of children in the Unit have been invited to spend a day at school observing the activities which take place and the teaching of language and speech. Parents have expressed their appreciation of this opportunity to see the Unit in action and of discussing their children's progress with the teachers."

The Sweyne Secondary Comprehensive School Partially Hearing Unit

"There are three children in the Partially Hearing Unit here. The teacher in charge of these has not been trained for this work, but he is a retired teacher with great experience of handling children with various sorts of difficulties. He spends 2½ days a week here in the school and it is quite clear that the children are very happy to have a chance of working with him. All three have settled into the school remarkably well, thanks to exceptional co-operation from the staff and spontaneous help from the rest of their class.

By now they are almost fully integrated into all lessons and activities and the master in charge is able to work with them in many of their lessons. A limited remedial time is used each week to deal with special problems which arise from time to time.

Their general health has been quite satisfactory due I feel, to their ability and willingness to take part in P.E. and organised games."

Delicate Pupils

There were 415 children on the register ascertained as delicate at the end of 1971, of these 73 were at day special schools, 107 at residential special schools, 29 at ordinary schools, 8 elsewhere, 24 awaiting placement and 174 not thought to require special educational treatment. 8 of these children were under 5 years of age.

I am indebted to Dr. T. D. Blott, Divisional School Medical Officer for the following report on the Branwood Open Air School at Thurrock:-

Branwood School

"The number of children on roll has risen slightly to eighty-three from a larger catchment area which now includes Canvey Island. There has been a decrease in the number of children in the general category of "Delicate" with increases in the number of children with a specific respiratory condition or physical handicap.

Staffing has been further improved with the appointment of a physiotherapist and special school attendant to cover the hours that the school is in session. Thus there are now five medical/welfare members of staff plus one part-time member of staff.

The management of the incontinent children continues to present problems and generally speaking the sanitary facilities are not equal to the demands which are made on them. Under the present circumstances some restrictions will have to be placed on the admission to children who require special medical facilities. The school is still without shower or changing facilities and the provision for bathing is inadequate.

Facilities for the children with a respiratory handicap are inadequate, treatments for these children have to be carried out in the hall where all the children congregate during recreational periods in inclement weather, and also where the School dinners are served.

This year has seen an increase in the number of children who have been transferred to residential schools and also an increase in the average length of stay by the children attending this school.

The school has continued to provide special diets, extra milk and malt extract. Prescribed medicines are given daily together with any necessary breathing exercises, postural drainage and physiotherapy. All children are given a head, hand and foot inspection twice a term. Those children attending the swimming pool have a weekly "verruca" and clean feet inspection. Audio-metric tests are performed yearly and eye tests are given to new admissions and at yearly intervals.

The number of children attending Blackshots Swimming Pool has been restricted by the lack of adequate changing facilities for handicapped children. However the school fund now stands at approximately £3,200 and a pool can be provided as soon as the future of Branwood has been decided."

Educationally Subnormal Pupils

This is the category of handicap with the largest number of pupils, i.e. 1,842, an increase of 56 on 1970. In addition the Education (Handicapped Children) Act 1970, made provision to bring within the educational system those children who had previously been classified as unsuitable for education at school, and consequently the former Junior Training Centres have now become Special Schools for Severely Sub-Normal pupils. There are 598 pupils registered at the 31st December 1971.

The placements of these pupils were as follows:-

Day Special Schools	1,685 (479)
Residential Special School	275 (41)
Ordinary Schools	47 (-)
Elsewhere	44 (27)
Awaiting placement	269 (33)
Registered but not requiring special educational treatment	120 (18)
	2,440 (598)

The figures in parenthesis indicate the numbers of pupils included for the first time from the former junior training centres as severely subnormal.

With this addition to this category of handicap it is no longer practicable to include, as in previous years, specific details of reports concerning individual schools.

The facilities of the School Health Service have been extended to include these newly transferred schools and every effort has been made to ensure that services are provided on the same basis as with the existing E.S.N. Schools. School Health staff have assisted where possible with local difficulties experienced in dealing with pupils at the new schools and it is to the credit of all staff concerned that the transfer of responsibility from the Health Department to the Education Department went so smoothly.

Parents no longer have to face the stigma of their child being excluded from the educational system and by entering a wider field the children benefit by being able to join in more activities with children from other schools.

Maladjusted Pupils

474 children were on the register at the end of 1971 ascertained as maladjusted. 85 of those were newly ascertained during the year. Twenty-four of those ascertained were at day special schools, 316 at residential special schools, three at an ordinary school and 12 elsewhere. 76 children were awaiting placement and 43 were not thought to require special educational treatment.

Dr. P. X. O'Dwyer, Medical Officer of Health, Basildon, has reported as follows regarding:-

Fairview Day School for the Maladjusted

"The School total at the end of the Autumn Term 1971 stood at 37, 27 boys and 10 girls. 3 more boys will be admitted during the current term.

During the Autumn Term one boy was transferred to the Homestead School, Colchester.

One boy was admitted to hospital during the year for a minor operation.

There has been a significant increase in the number of children suffering from verrucae. 5 cases have been identified during the period covered by this report, some of which have been treated at the Clinic, some by private arrangements made by parents.

A number of absences have been recorded for minor ailments, including enteritis, but there have been no instances of prolonged absence caused by illness and no major outbreaks.

One boy was escorted to Orsett Hospital for x-ray examination of the hand but no fractures were revealed.

The school has received regular weekly visits from Dr. E. Danos, Consultant Psychiatrist.

Mrs. Tadd, the School Nurse, has paid a regular termly visit to the School and each child has had an audio test during the year."

Epileptic Pupils

At the end of 1971 there were 88 children on the register who had been ascertained as epileptic, 5 of whom were newly ascertained during the year. Of these, 14 were at residential special schools, 6 at day special schools and 5 at ordinary school or elsewhere. There were 2 children awaiting placement and 61 not thought to require special educational treatment.

Physically Handicapped Pupils

There was a total of 562 children on the register as physically handicapped at the end of the year. Of these, 78 (28 under 5 years of age) were newly ascertained during the year. The placement of these pupils was as follows:-

At Day Special School	92
At Residential Special Schools	83
At Ordinary Schools	28
Elsewhere	42
Awaiting Placement	27
Not requiring special educational treatment	290
Total	562

B.C.G. VACCINATION

School children and students in attendance at establishments for further education continued to receive vaccination protection against tuberculosis during 1971.

The following table gives details of the vaccination carried out:-

Division (1)	Number of Children Skin Tested (2)	Positive Reactions at Preliminary Test		Number of Children who received B.C.G. Vaccination (5)
		Number (3)	Percentage (4)	
North-East Essex	1,540	67	4.4	1,414
Mid-Essex	3,743	170	4.5	3,573
South-East Essex	1,351	43	3.2	1,169
West Essex	2,138	109	5.1	1,932
Harlow	819	44	5.4	702
Thurrock	1,531	89	5.8	1,133
Basildon	2,113	92	4.4	1,860
Colchester	1,283	29	2.3	1,174
Administrative County	14,510	643	4.4	12,957

INFECTIOUS DISEASES

Appendix 'G' of this Report gives a table showing the number of notifications of infectious and other notifiable diseases received during 1971 in respect of school children.

HEALTH EDUCATION

The blue-print for health education renamed "Health Education for Young People" was completed in the form of a handbook for use by teachers, parents, and others concerned in establishing the principle of healthy living in children and young people. The book has been widely distributed to all schools within the Administrative County as a guide to teachers in all grades of schools. It is hoped that it will go some way to ensuring that health education takes its rightful place in the school curriculum. The response to the book to date has been most encouraging.

During the year under review, health education courses, excluding those dealing with dental health and smoking which are referred to elsewhere, were undertaken in some 30 schools. Every opportunity was therefore taken to obtain greater involvement in the teaching of health education by school staff in an effort to reduce the pressures on health education staff. These courses ranged from six to ten sessions to those designed to cover the full academic year. In addition, concentrated courses of 3, 4 or 5 days duration have been carried out in certain schools. In the main, these latter courses were designed to involve fourth year pupils and in such courses "pupil involvement" was considered to be most important. The pupils were given tasks connected with the course, including organisation, internal arrangements, and printing of programmes with particular regard to the listing of discussion groups, thus ensuring that these groups are ready to take an active part in discussions at the end of each session, and obviating necessity of selecting groups at that time. The pupils were also given the task of arranging for refreshments to be available at breaktimes and it was felt that this involvement stimulated the pupils concerned, as not only did it tend to increase their interest but gave them a feeling of being something other than one of the mass. School staffs were, of course, very much involved as group leaders during these courses.

It has been found to be very important that adequate time be given to enable group discussions to take place following the presentation of each subject and also that sufficient time is made available for the asking and answering of questions. The final session of these courses takes the form of an "any questions" forum, the panel being made up of the speakers who have taken part in the course.

Any course of instruction has its merits and demerits and it is appreciated that courses similar to the one described and relatively easy to fit in with the school timetable, are beneficial to most pupils. There are some however for whom such a course would be too much to comprehend and in such cases the full participation of the teaching staff helps a great deal.

The increase of interest in health education by schools is most encouraging and the appointment of Area Health Education Officers in those Health Areas which had been without such a member on their staff will go some way to meeting the many demands being made in this direction.

A series of study days was held during the year for head teachers of senior schools, school counsellors and other persons interested in the welfare of young people, to discuss contraception, the venereal diseases, and their associated problems, particularly as they concerned young people today, including the misuse of drugs.

Much interest was shown at these study days and the consensus of opinion appeared to be that the audiences must feel that they are now more able to deal with the problems of their pupils particularly where the matters under discussion are concerned.

Smoking and Health

The second phase of the smoking and health campaign in junior schools continued during the year with all junior schools in the Lexden and Winstree Rural and Harwich districts of the North East Essex Area receiving their biennial visits. Pupils of the top two years received the programme presented by the Health Education team, and accordingly, all available children have been informed of the dangers of smoking to health before they reach secondary school level. Where the topic of "Smoking" is not included in the curriculum at secondary level, special visits are usually made to the schools concerned for this purpose.

The publication of the Royal College of Physicians' report in January, and subsequent publicity by the mass media, gave rise to a period of increased awareness of the dangers but unfortunately, this had abated towards the end of the year.

Elementary evaluation has been attempted in secondary schools and it was interesting to note that fewer children admit to smoking where they have received information at junior schools than where no such information was received. The decrease was in the region of 30%.

Arrangements have been made to complete this second phase by the summer of 1972 allowing the third phase to commence in September 1972.

Dental Health

Dental health education is going ahead in schools in the southern part of the County and without exception has been well received by the children, and their parents and teachers. Where parents' open days can be arranged, they are well attended and it is very encouraging to know of the parents' continued interest in this aspect of their children's health.

Full details of this aspect in schools can be seen in the Chief Dental Officer's Report.

PHYSICAL EDUCATION

I am once again indebted to the Chief Education Officer for the Report (Appendix 'H') by the Senior Adviser of Physical Education.

SCHOOL SWIMMING POOLS

The following comments are made by Mr. M. E. Rousell, the County Health Inspector:-

There are more than 130 pools in use at Schools in the County.

The great majority have satisfactory water re-circulation systems and mechanical chlorinating apparatus.

The preparation of a comprehensive booklet to guide Pupil/Teachers Associations, teachers and others who are concerned with the installation and maintenance of pools is being undertaken with the co-operation of Officers from the following Departments of the County Council, i.e. Architects, Supplies, Health and Education.

Copies of a leaflet prepared by the County Health Department have been issued to Public Health Inspectors of district Councils who have agreed to inspect pools. The leaflet advises on general health matters including water chlorination and maintenance of correct pH values.

ROAD ACCIDENTS

Once again I have to thank the Chief Constable of Essex and Southend-on-Sea Joint Constabulary for the following information relating to road accidents in the County Police District in which children under 16 years of age were involved.

During 1971 there were 18 fatal accidents. Of the children concerned 6 were killed as pedestrians 8 as pedal cyclists.

Child pedestrians injured	609
Child pedal cyclists injured	332
Children injured (other than as pedestrians or pedal cyclists)	523

Casualties by age groups 1971

0 - 1	27	
1 - 2	29	(1)
2 - 3	50	
3 - 4	76	(1)
4 - 5	93	(1)
5 - 6	80	
6 - 7	109	(2)
7 - 8	118	(2)
8 - 9	104	
9 - 10	104	(5)
10 - 11	97	(1)
11 - 12	89	(1)
12 - 13	118	(1)
13 - 14	137	(1)
14 - 15	105	
15 - 16	146	(2)
	<hr/>	
	1,482	(18)

The figures in parenthesis denote the numbers killed.

Children up to 5 years were responsible for 104 accidents and from 5 to 15 years 679 accidents.

The main causes of accidents for which children were responsible are shown below:-

	Up to 5 years	5–15 years
Pedestrians crossing road NOT masked by a vehicle	42	246
Pedestrians crossing road masked by stationary or moving vehicle	40	164
Cyclists turning right without due care	1	51
Cyclists pulling out from offside or nearside without due care	1	25
Cyclists not paying attention	-	26
Cyclists losing control or inexperienced	-	15
Cyclists turning left without due care	-	11

N.B. Figures are not available for persons responsible for
accidents 16 years of age.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER 1971

Staff

The full-time equivalent of 36.4 dental officers of all grades were in post at 31st December 1971, compared with 35.2 at 31st December 1970, out of an authorised establishment of 50, consisting of the Principal School Dental Officer, one Orthodontic Specialist, 8 Area Dental Officers and 40 Dental Officers. Due to increased dental officer staff, the number of sessions devoted to treatment during the year was 12,426, compared with 11,994 sessions during 1970. The total number of sessions would have been higher but for two members of the staff having to undergo lengthy periods of hospitalization, partly offset by the Principal School Dental Officer undertaking some clinical work.

The level of staffing continued to vary from Division to Division, being up to establishment in Colchester, Basildon and S.E. Essex, improved in West Essex, the same as in previous years in North-East, Mid-Essex and Harlow, and remaining very inadequate in Thurrock. In this connection, a letter was sent to dental officers in Divisions adjoining Thurrock asking if, without detriment to their existing workload, they would be willing to work a session or two each week in Thurrock. It is to be regretted that this letter brought about no improvement in the Thurrock Division.

The post of orthodontist was repeatedly advertised without success during the year although it has since proved possible to appoint a suitable person to take up duty in April 1972. Every effort has continued to attract suitable staff and there were signs by the end of the year that some success was being attained.

Dental Ancillary Workers

The full-time equivalent of 8.3 dental auxiliaries were in post at 31st December 1971, compared with 4.3 at 31st December 1970, it having been possible to appoint 4 auxiliaries in September who had completed their training in July. This increase in the number of dental auxiliaries is reflected in the number of sessions devoted to treatment, 1,581 compared with 637 in 1970. Dental auxiliaries are contributing significantly to the amount of treatment that can be given to the children, and working under the supervision of dental officers, reinforce their efforts to improve the standards of dental health.

The full-time equivalent of 44.6 (40.2 in 1970) dental surgery assistants were in post at the end of the year, the increase almost exactly matching the greater number of dental officers and dental auxiliaries. In general, one dental surgery assistant works with each dental officer and auxiliary, with additional sessional assistants to cover recovery room duties during general anaesthetic sessions.

A clerk-receptionist was appointed at the busy multi-surgery central clinic at Colchester to enable the dental surgery assistants to assist the dental officers at the chairside uninterrupted by telephone calls and requests for appointments.

No dental hygienists or dental technicians were employed during the year.

It will be seen that whilst there has been a modest improvement in the dental staffing during 1971 there can be no room for complacency since the increase is barely keeping pace with the increasing number of school children.

Following the introduction, through Whitley Council, of a new grade of Senior Dental Surgery Assistant having responsibility for the training and supervision of other D.S.A's, one such appointment was made in the Colchester Division.

Clinics and Equipment

At the end of the year, there were 38 fixed clinics with one surgery only and 11 clinics with two or more surgeries, giving a total of 61 surgeries available, of which 58 were in use. Additionally the mobile dental clinics provided two more surgeries and both of these were in use during the year. Laindon Health Centre opened in August providing 3 school dental surgeries in the Local Authority suite, and the old Laindon clinic closed. One whole-time dental officer, one whole-time dental auxiliary together with a part-time dental officer work in up-to-date and well designed accommodation at this health centre.

Work commenced during the year on building new health centres at Stifford Clays, Thurrock, where there will be provided 1 school dental surgery, and at Vange, Basildon, with two school dental surgeries.

No. 1 mobile clinic remained all the year in the West Essex Division, used by a dental auxiliary. The following extract from the report of the West Essex Area Dental Officer is of interest:

"During the year, water and electrical points and drainage gullies were fitted to seven schools in the Division, and the first school to be visited by the mobile dental unit was Blackmore County Primary. The mobile unit spent nearly 3 weeks at the school, and the dental auxiliary completed treatment for 45 pupils. The Regulations governing the employment of dental auxiliaries permit a suitably experienced auxiliary to carry out her work without a dental officer being present all the time. The dental officer still has to examine each patient and prescribe the treatment which the dental auxiliary is to perform, but he does not have to be present whilst the treatment is being carried out. Both the dental auxiliaries on the staff are now suitably experienced and so it was possible at Blackmore School for a dental officer to be present for only an hour or so each day in order to carry out his supervisory duties. For the rest of the time the dental auxiliary was able to work on her own, leaving the dental officer free to work at another clinic. The mobile unit was well liked by both children and their parents and thanks to the co-operation of the teaching staff the visit was judged to be a great success. Visits to other schools are now being planned."

No. 2 mobile dental clinic started the year at Hullbridge and was used in the Mid-Essex Division during the summer months visiting Ford End C.P. and Mountnessing C.P. Schools before returning in September to South East Division for use on a whole-time basis by the dental auxiliary at Thundersley clinic.

With the installation of electric and water points at some 18 schools and 6 clinics throughout the county, far better use can be made of mobile clinics and their advantages of being able to be moved to wherever treatment is most needed exploited.

Parents' and patients' difficulties in travelling long distances to obtain treatment at fixed clinics, alluded to in previous annual reports, became particularly apparent in the Halstead rural area and approval was obtained for the purchase of a third mobile clinic of similar design to that of the initial two, for delivery in 1972. Comment from Heads and parents alike has shown that by treating pupils at school the amount of school time lost is reduced and parents appreciate not having to make time-consuming journeys to fixed clinics.

Monitoring of all staff concerned with x-rays was repeated during the year and one part-time member of staff was shown to have received an above average dose of radiation. After painstaking investigation, this was found to originate from an x-ray apparatus used during employment other than with the County Council and repeat monitoring after discovery of this faulty apparatus confirmed no undue radiation dosage during employment with the County Council. This occurrence does however underline the importance of annual monitoring to ensure that no possible hazard exists.

Inspection and Treatment

The totals of dental inspections, attendances and all types of treatment carried out during the year appear on page 49. The figures appearing in parenthesis hereunder refer to the previous year, 1970.

A total of 106,126 (87,592) children, together with 27,732 (26,403) inspected at clinics, were routinely inspected at school. Some 133,858 (113,995) pupils out of a total school population of 209,033 received a dental inspection during the year, i.e. approximately 64% (57%). This improvement in the percentage ratio of pupils routinely inspected is welcomed and reflects the somewhat better staffing position during 1971 compared to previous years. Nevertheless the objective of the School Dental Service must be to inspect every school child at least once a year, offering treatment to all those requiring it, and there is considerable improvement still to be made. The achievement of a 100% annual inspection of pupils is contingent upon staffing up to the authorised establishment. Pending such a position, policy remains to provide emergency cover for all children and to concentrate available staff time to the inspection and treatment of the younger age groups with a view to early prevention and conservation of the dentition.

54,429 (50,976) pupils were found to require treatment as a result of inspection, i.e. 40.7% and 52,336 (48,947) were offered treatment. A further 9,068 (9,885) children were re-inspected at school or at clinics during the year, of whom 4,939 (5,090) were found to need treatment.

32,051 (29,140) individual children made 81,523 (73,765) attendances for treatment during the year, the average number of visits per child being 2.5 (2.5). 35,969 (32,134) courses of treatment were undertaken, of which 28,545 (24,276) were completed, i.e. 79%. In addition, 3,098 (2,723) emergency cases were seen.

31,205 (26,627) fillings in 27,963 (23,824) deciduous teeth and 42,590 (39,219) fillings in 36,152 (33,532) permanent teeth were carried out. 13,052 (13,362) deciduous teeth and 3,547 (3,518) permanent teeth were extracted, the ratio of permanent teeth extracted to permanent teeth filled being at the commendably high figure of 1 to 10.2 (1 to 9.5). 6,094 (6,349) general anaesthetics, all of which except for 122 (184) by dental officers were administered by medically qualified specialists.

523 (526) new orthodontic cases were started during the year and 374 (404) were completed. 165 (119) children requiring more complex orthodontic diagnosis and treatment were referred to hospital consultants. 710 (697) removable orthodontic appliances were fitted.

61 (70) dentures were supplied together with 165 (128) crowns and 9 (12) gold inlays.

The pattern of treatment during the year shows increasing emphasis in preserving the teeth, rather than extraction, but of course conservative treatment is far more time-consuming than extraction. The volume of such conservative treatment has increased as shown by the number of fillings and indeed as would be expected from the increased number of sessions devoted to treatment by both dental officers, 12,426 (11,994) and dental auxiliaries, 1,581 (637). In the case of fillings, the output per session by dental officers and dental auxiliaries was almost 5.3 (5.2).

Inevitably, some dislocation of work occurred during the early months of the year due to industrial action leading to interruption in the electric supply and postal services.

Dental Health Education

The importance of dental health education in schools and clinics in preventing dental disease has been stressed in previous annual reports. The continuing emphasis on prevention is reflected in the increased number of sessions spent on dental health education by dental officers, 212 (139) and by

dental auxiliaries, 375 (143). The full-time dental health assistant has been fully occupied during the school year teaching and demonstrating dental health to children in schools. Dental health education, involving the full dental health exhibition, was concentrated in the Thurrock Division throughout the year where some 20 primary schools were visited. By request of the Heads, the full dental health teaching was also carried out at 2 schools in the N.E. Essex Division, 1 school in the West Essex Division and 1 school in the Mid-Essex Division. Additionally, the dental health assistant made follow-up visits to the schools in the West Essex Division where the full teaching had been carried out in previous years. At all schools visited by the exhibition and teaching, parents were invited to come along and meet the dental health education staff and school dental officer. Such meetings provide the opportunity of explaining the aims to parents and for them to ask questions. Once again, thanks are due to the staff of the County Health Education Department who have supported the work by ably organising transport and erection of exhibits, projectors and equipment.

With a greater number of dental auxiliaries in post it was possible to increase the amount of time they could spend on dental health education in schools and at welfare clinics, each auxiliary, on average, spending almost two half-day sessions a week, on such work.

Special Investigations

The Zircate Project

In the latter part of 1969 and the early part of 1970, Mr. J. M. Carr, the Thurrock Area Dental Officer, obtained advanced information concerning a new form of preventive treatment against dental decay originating in the United States of America and as then untried outside that country. Being interested in obtaining any possible benefit for the school children of the Thurrock Division it was suggested that this new method be introduced as a means of preventive dental treatment as all the available evidence was most encouraging. It was decided, however, that before introduction it would be advantageous for a controlled clinical trial to be carried out over a period of 3 years to measure the degree of effectiveness obtained under European conditions, and the Area Dental Officer was invited to make the necessary arrangements for this to be done.

The method consists of children brushing their teeth twice a year under the supervision of members of the dental staff with Zircate paste (9% stannous fluoride-zirconium silicate) carried out on school premises. Some 800, 11 year old children are involved in the clinical trial and special parental consent to their children taking part was obtained. To eliminate any bias, half the children brushed with the zircate paste, the other half with an inert placebo paste, which group using which paste being unknown to the dental staff until the conclusion of the trial after 3 years.

Final approval for the trial was given late in 1970 by the Secretary of State for Health and by the Department of Education and Science. The design of the trial was carried out in co-operation with the Dental Health Study Unit of the London Hospital which is under the direction of one of the world's leading dental authorities, Professor Slack. Other bodies consulted and being worked in conjunction with include the Medical Research Council, the Radiological Protection Service, the Chief Education Officer and the Statistician of the County Health Department. Help and encouragement has been given by the Chief Dental Officer, who is also closely associated with the trial.

Head Teachers of all the Thurrock Secondary Schools were approached and gave a great deal of encouragement and help in the vital early stages of setting up the trial. In addition, liaison with the local press to give coverage when required, has been established.

The World Health Organisation Dental Unit in Geneva was informed, and will be kept informed, on the progress of the trial, and contact is being maintained with research workers in the United States of America. A member of the dental staff visiting the United States in 1970 was invited to spend three days at the University of Indiana to meet Professor Muhler and members of his staff, the originator of the Zircate preventive treatment. The visit proved to be of the greatest interest and enabled a valuable contact to be established.

This is an important project which it is hoped will lead to beneficial results in the field of preventive dentistry being made available to the school children in the Area.

Dental disease, particularly decay, is the most common disease affecting civilised man at the present time. Because it is now known to be to a large extent preventable, it is felt that every effort should be put into this aspect of dental care rather than directing our efforts solely to the task of trying to repair damage to the teeth which need never have occurred in the first place. Whilst the Zircate treatment has aroused widespread interest throughout the world and trials are being planned to take place on the Continent and elsewhere, the trial in Thurrock is the first outside the United States. It is also the first time that any public dental service of a local authority has carried out such a project in this country.

In addition to its major objective of assessing the degree of effectiveness under local conditions, it is felt that the trial will have several important subsidiary benefits, for example:-

1. It will provide an opportunity for teaching dental health in Secondary Schools as an integral part of the project.
2. A closer liaison with the schools will be established.
3. It will establish an excellent relationship with the local press and with other news media with beneficial results in terms of public health awareness in the area.
4. A valuable association with the London Hospital has been established.
5. Valuable publicity for the Essex County Council health services, which may yield results in attracting dental graduates to work in dental service in Thurrock.

The first stage of the trial, consisting of base-line clinical and radiographic examination of the 800 children aged 11 years, followed by supervised brushing, took place during March. The second stage consisting of a second supervised brushing by the children, took place six months later, in September. Six-monthly brushing under supervision will continue throughout 1972 and 1973 with, in March of each year, full clinical and radiographic assessment of the dental condition. Results of the trial will not be available before 1974 and whilst the progress of the trial is being watched with great interest, it will not be possible to forecast or assess the degree of benefit obtained before 1974.

The 3 Year Old Birthday Card Scheme

A pilot study to assess the effectiveness of sending each child a birthday card on its 3rd birthday containing an invitation to attend a dental clinic or advising a visit to a general dental practitioner for check-up was started in November from the Stanford-le-Hope clinic in the Thurrock Division to cover the population of Stanford and Corringham. The purpose of this effort is to encourage the mothers of young children to visit the dentist at a sufficiently early age for advice and for any necessary treatment.

The Colchester Survey

In the Colchester Division a medical and dental survey was carried out amongst children attending one school to ascertain whether there were any differences in the physical and dental well-being in the following groups:-

- (F) children having free school meals
- (P) children having school meals paid for
- (S) children bringing sandwiches

The dental findings, together with an analysis prepared by the County Statistician are as follows:

Dental caries in 6's, D's and E's for three groups of Colchester children

6's

	Group P			Group F			Group S		
	No. of children	DMF Teeth	Av. DMF teeth per child	No. of children	DMF teeth	Av. DMF teeth per child	No. of children	DMF teeth	Av. DMF teeth per child
1960-61	10	21	2.1	6	9	1.5	7	15	2.1
1961-62	9	17	1.9	13	28	2.2	12	23	1.9
1962-63	14	27	1.9	13	15	1.2	7	16	2.3
1963-64	13	22	1.7	6	8	1.3	4	9	2.2
Total	46	87	1.9	38	60	1.6	30	63	2.1

E's

	Group P			Group F			Group S		
	Teeth present	Teeth D or F	% of teeth D or F	Teeth present	Teeth D or F	% of teeth D or F	Teeth present	Teeth D or F	% of teeth D or F
1960-61	14	4	29	12	6	50	16	6	38
1961-62	26	4	15	38	23	61	30	19	63
1962-63	45	25	56	40	14	35	19	13	68
1963-64	39	14	36	23	6	26	13	8	62
Total	124	47	38	113	49	43	78	46	59

D's

	Group P			Group F			Group S		
	Teeth present	Teeth D or F	% of teeth D or F	Teeth present	Teeth D or F	% of teeth D or F	Teeth present	Teeth D or F	% of teeth D or F
1960-61	6	2	33	10	3	30	11	4	36
1961-62	24	6	25	27	14	52	8	3	38
1962-63	41	12	29	41	12	29	16	7	44
1963-64	39	13	33	24	5	21	13	6	46
Total	110	33	30	102	34	33	48	20	42

In the tables the following abbreviations are used:-

Group P	—	Children having school meals which were paid for.
Group F	—	Children having free school meals.
Group S	—	Children having sandwiches.
6's	—	The first permanent molar teeth.
D's	—	The first deciduous molar teeth.
E's	—	The second deciduous molar teeth.
D	—	Decayed tooth.
M	—	Missing (presumed extracted) tooth.
F	—	Filled tooth.
∴ DMF	—	Total number of decayed, missing and filled teeth.

**Dental caries in groups of Colchester children having school meals paid for,
having free school meals and bringing sandwiches**

The number of children in the survey is given in the following table in educational age groups:-

Months of birth	School Meals paid for (Group P)	Free School meals (Group F)	Sandwiches (Group S)	Children
Sept. 1960 – Aug. 1961	10	6	7	23
Sept. 1961 – Aug. 1962	9	13	12	34
Sept. 1962 – Aug. 1963	14	13	7	34
Sept. 1963 – Aug. 1964	13	6	4	23
All ages	46	38	30	114

The results for children of all groups are as follows:-

Teeth	Teeth present							Cari- ous teeth
	1960-61	1961-62	1962-63	1963-64	Upper Jaw	Lower Jaw	Total	
1	92	133	135	78	211	227	438	2
2	90	131	114	43	168	210	378	2
3	51	40	8	2	28	73	101	
4	56	50	17	1	69	55	124	2
5	42	16	6	1	38	27	65	3
6	92(2)	136(1)	136(1)	89(2)	226	227(6)	453(6)	210(6)
7	16	3	-	-	3	16	19	4
A	-	1	-	11	12	-	12	1
B	-	2	10	36	34	14	48	1
C	34	84	119	90	185	142	327	12
D	27	59	98	76	140	120	260	87
E	42	94	104	75	168	147	315	142

For the deciduous dentition the final column refers to filled or decayed teeth. For permanent teeth it includes teeth missing for reasons other than trauma. The six teeth involved were all 6's and have also been included in the number of teeth present as indicated by the figures in brackets.

It is clear that the only types of teeth for which the number of carious teeth is large enough for meaningful comparison between the three groups of children are 6's, D's and E's. The results for each are given separately on the attached table, 6's as the average number of DMF teeth (the 3 unerupted teeth being assumed sound) and D's and E's as the percentage of teeth present found to be decayed or filled.

It will be seen that for each type of tooth, Group S has the highest caries rate. The Group S rates for 6's, and D's are not significantly higher than the Group P and F rates but for E's the percentage of teeth decayed or filled for children having sandwiches is just significantly higher than that for those having school meals.

($X^2 = 4.9$, $V = 1.0$, $P = 0.05$) For each type of tooth the difference is more marked for the young children than for the older children.

The average total number of carious teeth per child (i.e. DMF for permanent and DF for temporary teeth) is 3.5 for the 1960-61 group, 4.3 for the 1961-62 group, 4.4 for the 1962-63 group and 4.0 for the 1963-64 group. As the average number is nearly constant for the three youngest age groups a comparison of the total number of carious teeth has been made for these age groups for group S and groups P and F combined. The average number per child was found to be 4.7 for group S compared with 4.0 for groups P and F but this difference is not statistically significant.

The conclusion from the survey is thus that there is some evidence that children who bring a packed lunch to school may suffer more caries than those who eat the school dinner but that the sample of children examined was too small to enable a definite conclusion to be drawn.

Every encouragement is given to dental staff to undertake worthwhile research work, subject to its causing no detriment to the treatment services, since progress in dentistry can only be made through the gaining of more information, for which the school dental service is in a unique position. The undertaking of such work offers variety and interest to the work of the school dental officer as well as a better understanding of the wider implications of dental diseases.

Post-Graduate Courses

In conformity with the County Council's decision that one dental officer each year should be assisted to attend the London course for the D.D.P.H., Mr. A. D. French, Area Dental Officer, West Essex, obtained this diploma by examination in July. Mr. P. R. Deasy, a whole-time dental officer in Mid-Essex attended the same course in London at his own expense and also successfully obtained the diploma in July.

Mr. J. M. Carr, Area Dental Officer, Thurrock, commenced his studies in London for the diploma in October.

Four whole-time dental officers attended the Annual Conference of the British Dental Association held in Eastbourne for 3 days in June. The opportunities afforded at such meetings of meeting colleagues from other parts of the country and discussing problems with them are valuable in addition to the more formal programme of lectures.

The Chief Dental Officer and one other whole-time dental officer were invited to attend a one-day conference in London in November on "Dental Health Education" arranged by the Health Education Council.

General Observations

The Chief Dental Officer was elected Hon. Secretary of the Public Dental Officers Group of the British Dental Association in April and Mr. A. D. French, Area Dental Officer, West Essex, assumed the Chairmanship of the Dental Group of the Society of Medical Officers of Health. Both the C.D.O. and Mr. French are members of the Local Dental Committee of the Essex Health Executive Council and their membership of both national and local professional bodies ensures close liaison with other branches of the profession. With reorganisation of the health services scheduled to take place in 1974, close collaboration with other branches and other disciplines has become of increased importance.

The year under review has shown a continuing improvement in the dental staffing position resulting in more children being inspected and more treatment carried out. It is to be hoped that reorganisation proposals for the School Health Services will not long be delayed since uncertainty about the future militates against retention of staff to whom career prospects are all important. There is no evidence that the treatment needs of children and adolescents are diminishing and maintenance of adequate dental staff is essential if the children are to grow up with sound dentitions. In this respect, the following extract from the introductory chapter to the Annual Report of the Chief Medical Officer of the Department of Health and Social Security for the year 1970 "On the State of the Public Health" is of interest:

"The most efficient and safest method of reducing caries is, of course, by fluoridation of the public water supply, and it is lamentable that this is still obstructed by prejudice unsupported by credible scientific evidence of any kind. In New Zealand 75% of the population on a piped water supply has fluoridated water; in Britain less than 5% have the benefit of the amount of fluoride they need in their drinking water and so their children are condemned to double the amount of dental decay they need suffer."

Due tribute is paid to the valuable work the dental auxiliaries are doing in providing treatment for children. There is little doubt that greater utilisation of dental ancillary personnel will need to be made in the future since it is unlikely that the numbers of fully qualified dentists will be sufficient to meet the needs of the population in the foreseeable future.

J. C. TIMMIS, LDS, DDPH, RCS
Principal School Dental Officer

APPENDIX 'A'

MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31ST DECEMBER 1971

Part I — Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

Table 'A' — Periodic Medical Inspections

Age Group inspected (By year of Birth) (1)	No. of Pupils who have received a full medical examination (2)	Physical condition of pupils inspected		No. of Pupils found not to warrant a medical examination (5)	Pupils found to require treatment (excluding dental diseases and infestation with vermin).		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint) (6)	for any other condition recorded at Part II (7)	Total individual pupils (8)
		No. (3)	No. (4)				
1967 and later	284	283	1	-	2	23	24
1966	6,469	6,456	13	-	70	400	453
1965	11,590	11,573	17	-	123	627	712
1964	1,576	1,570	6	1	23	69	85
1963	1,004	1,003	1	1,117	22	50	71
1962	2,958	2,957	1	2,781	40	105	136
1961	1,713	1,710	3	1,332	34	52	78
1960	931	916	15	990	32	71	103
1959	606	602	4	398	23	48	70
1958	1,634	1,633	1	174	38	41	78
1957	4,195	4,194	1	1,496	129	123	238
1956 and earlier	6,276	6,261	15	1,991	345	243	577
TOTAL	39,236	39,158	78	10,280	881	1,852	2,625

Col. (3) total as a percentage of
Col. (2) total = 99.80%

Col. (4) total as a percentage of
Col. (2) total = 0.20%

TABLE 'B' — Other Inspections

Number of Special Inspections	6,727
Number of Re-inspections	11,609
Total	<u>18,336</u>

TABLE 'C' — Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	146,816
(b) Total number of individual pupils found to be infested	959
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ..	38
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ..	15

PART II – Defects found by Medical Inspections during the year

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections				Special Inspection
			Entrants	Leavers	Others	Total	
4	Skin	*T	59	61	49	169	84
		*O	441	176	188	805	23
5	Eyes – a. Vision	T	210	408	263	881	98
		O	947	385	503	1,835	315
	b. Squint	T	107	18	34	159	3
		O	244	21	122	387	59
	c. Other	T	12	6	88	106	3
		O	88	41	61	190	7
6	Ears – a. Hearing	T	198	15	39	252	27
		O	677	68	361	1,106	135
	b. Otitis Media	T	46	2	5	53	1
		O	287	17	84	388	11
	c. Other	T	16	11	4	31	2
		O	78	28	31	137	13
7	Nose and Throat	T	174	43	84	301	21
		O	1,468	152	443	2,063	94
8	Speech	T	124	4	20	148	41
		O	423	27	112	562	71
9	Lymphatic Glands	T	13	-	4	17	-
		O	335	8	123	466	8
10	Heart	T	18	7	3	28	-
		O	246	51	125	422	20
11	Lungs	T	30	14	12	56	5
		O	425	67	171	663	51
12	Developmental – a. Hernia	T	23	3	11	37	1
		O	65	7	24	96	4
	b. Other	T	42	4	17	63	7
		O	464	40	140	644	40
13	Orthopaedic – a. Posture	T	7	3	7	17	5
		O	67	20	43	130	11
	b. Feet	T	111	14	18	143	13
		O	601	34	225	860	51
	c. Other	T	19	14	11	44	5
		O	346	57	111	514	27

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections				Special Inspection
			Entrants	Leavers	Others	Total	
14	Nervous System – a. Epilepsy	T	2	3	5	10	-
		O	30	26	21	77	14
	b. Other	T	6	1	5	12	5
		O	178	33	114	325	10
15	Psychological – a. Development	T	19	4	16	39	120
		O	304	43	191	538	212
	b. Stability	T	21	6	14	41	8
		O	631	51	319	1,001	136
16	Abdomen	T	7	1	4	12	2
		O	144	18	40	202	7
17	Other	T	76	37	33	146	14
		O	268	98	100	466	63

*T = Treatment

*O = Observation

PART III – Treatment Tables

Table 'A'. Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction squint	1,988
Errors of refraction (including squint)	7,843
Total	<u>9,831</u>
Number of pupils for whom spectacles were prescribed	3,660

Table 'B'. Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment –	
(a) for diseases of the ear	50
(b) for adenoids and chronic tonsillitis ...	870
(c) for other nose and throat conditions ..	227
Received other forms of treatment –	337
Total	<u>1,484</u>
Total number of pupils in schools who are known to have been provided with hearing aids –	
(a) in 1971	62
(b) in previous years	322

Table 'C'. Orthopaedic and Postural Defects

	Number of cases known to have been dealt with
(a) Pupils treated at clinics or out-patients departments	1,240
(b) Pupils treated at school for postural defects	7
Total	<hr/> 1,247 <hr/>

Table 'D'. Diseases of the Skin (excluding uncleanliness,
for which see Table C of Part I)

	Number of Pupils known to have been treated
Ringworm	
(a) Scalp	--
(b) Body	-
Scabies	1
Impetigo	24
Other skin diseases	1,729
Total	<hr/> 1,754 <hr/>

Table 'E'. Child Guidance Treatment

	Number of Pupils known to have been treated
Pupils treated at Child Guidance Clinics	2,078

Table 'F'. Speech Therapy

	Number of Pupils known to have been treated
Pupils treated by Speech Therapists	2,263

Table 'G'. Other Treatment Given

	Number of Pupils known to have been treated
(a) Pupils with minor ailments	1,450
(b) Pupils who received convalescent treatment under School Health Service arrangements	86
(c) Pupils who received B.C.G. Vaccination	12,957
(d) Other than (a), (b) and (c) above:- Enuresis	280
Total	14,773

Dental Inspection and Treatment carried out by the Authority

Inspections

(a) Pupils inspected at school	106,126
(b) Pupils inspected at clinic	27,732
Number of (a) and (b) found to require treatment . . .	54,429
Number of (a) and (b) offered treatment	52,336
(c) Pupils re-inspected at School or clinic	9,068
Number of (c) found to require treatment	4,939

Attendances and Treatment

Total visits	81,523
Additional courses of treatment commenced	3,918
Courses of treatment completed	28,545
Visits for emergency treatment	3,098

Fillings:

(a) Permanent teeth	42,590	
(b) Deciduous teeth	<u>31,205</u>	73,795

Teeth filled:

(a) Permanent teeth	36,152	
(b) Deciduous teeth	<u>27,963</u>	64,115

Teeth extracted:

(a) Permanent teeth	3,547	
(b) Deciduous teeth	<u>13,052</u>	16,599

General anaesthetics administered	6,094
Pupils X-rayed	2,399
Prophylaxis	6,641
Teeth otherwise conserved	6,072
Teeth root filled	288
Inlays	9
Crowns	165
Orthodontics	
New cases commenced during year	523
Cases completed during year	374
Cases discontinued during year	71
Number of removable appliances fitted	710
Number of fixed appliances fitted	13
Pupils referred to Hospital Consultant	149
Prosthetics	
Pupils supplied with full upper and lower dentures (first time)	-
Pupils supplied with other dentures (first time)	50
Number of dentures supplied	61
Sessions	
Sessions devoted to treatment	14,007
Sessions devoted to inspection	790
Sessions devoted to Dental Health Education	587
Dental Auxiliaries	
Total visits	6,331
Fillings	
(a) Permanent Teeth	4,219
(b) Deciduous Teeth	<u>4,022</u>
Deciduous Teeth Extracted	255
Prophylaxis	1,112

APPENDIX 'B'

Report on the Catering and School Meals Service and Milk in Schools

Mr. D. T. Powell has given the following report:-

A survey on the nutritional content of the school meals carried out at the request of the Education Committee by Professor Bender of Queen Elizabeth College, London University has now been completed. The purpose of the survey was to ensure that the best possible standard of meals is achieved and to reduce deficiencies.

Active steps have been taken to meet criticisms on the average nutritional content of the meals served, bearing in mind that there is still a divergence of opinion among the experts.

A choice of food is provided in most secondary schools and the use of linked or concurrent menus in primary schools is being encouraged to make better use of the cooking equipment and to improve the standard of cooking and service.

During the year a large number of new kitchens were provided at new and existing schools. A number of existing kitchens were also improved considerably.

A summary of the relative figures on the consumption of milk and meals is given below:-

Date	No. of Day Pupils Present	No. having Dinner	Per cent of Pupils having Dinner	No. having Milk	Per cent of Pupils having Milk
Autumn 1965	154,360	100,382	65.0	122,847	79.5
Autumn 1966	158,283	107,608	68.0	124,981	79.0
Autumn 1967	165,067	117,426	71.1	129,582	78.7
Autumn 1968	171,448	120,627	70.3	96,473*	91.2
Autumn 1969	180,138	124,085	68.9	101,877	91.6
Autumn 1970	188,890	124,702	66.0	105,616	92.1
Autumn 1971	195,895	107,192†	54.8	44,668*	92.3

* From Autumn 1968, free milk was provided only for children in primary and special schools and from Autumn 1971 this was further amended to exclude children who had attained the age of 7 years by the end of the summer term 1971, except for children in special schools and pupils in respect of whom the School Medical Officer had issued a certificate stating that milk was required on health grounds. The percentages therefore are calculated on the numbers present and entitled to receive free milk.

† In addition 24,685 pupils (12.6%) brought sandwich meals.

APPENDIX 'C'

Child Guidance Tables 1971

Table 1 – Cases referred, treated and awaiting treatment

	Colchester	Chelmsford	Basildon	Grays	Harlow	Lough-ton	All Clinics
New cases referred or re-opened during 1971	315	376	501	214	233	109	1,748
Cases seen at the clinic for the first time following referral or re-opening:							
(i) Seen once for diagnostic interview only	72	31	25	56	28	1	213
(ii) Diagnosed and referred for further treatment	93	228	285	83	76	51	816
(iii) Others (e.g. those seen only by members of the team other than the Psychiatrist)	37	75	17	10	67	47	253
Old cases who attended the Clinic	63	218	142	153	114	106	796
Total cases treated	265	552	469	302	285	205	2,078
Cases at the end of the year:							
(i) Awaiting first appointment	28	90	40	16	67	18	259
(ii) Other current cases	361	468	266	318	210	174	1,797

Table 2 – Cases referred, by age, sex and Division

Division	Under 5		Over 5		Total
	Boys	Girls	Boys	Girls	
North-East Essex	2	3	74	60	139
Mid-Essex	19	7	200	95	321
South-East Essex	21	14	77	48	160
West Essex	11	3	80	68	166*
Harlow	19	7	67	49	142
Thurrock	11	3	123	61	198
Basildon	24	14	160	75	273
Colchester	4	-	108	34	146
Admin. County	111	51	889	490	1,545*

*Includes 4 Families

APPENDIX 'D'

SCHOOL PSYCHOLOGICAL SERVICE

The total number of children seen by the Psychologists during the year was 3,812. While it is true that in the Child Guidance Service no significant alteration in the mode of working from previous years has taken place, there are certain clear indications of important developments in the role of the Educational Psychologist. These can be seen in the evolving use of the Psychologist made by the Divisional Education Officers and the local Senior Psychologists. There is of course a difference between areas in the method of working, but particularly in the Basildon and South-East area and Harlow and West-Essex the general trend is clearly discernible towards involvement along a broader professional front than the previous exclusive concern with learning difficulties or emotional problems. The Psychologists in these areas share with their colleagues in the rest of Essex an increasing involvement with the In-Service Education programme for teachers with curricular change and with the promotion of surveys.

As an example of this evolving role, the surveys carried out by the Senior Psychologist for Basildon is noteworthy. She has carried out the fourth annual survey of reasoning ability among first year pupils in comprehensive schools, and these have been reported to the Divisional Education Officer and to the Basildon Committee for Education. The Chairman of that Committee has expressed gratitude at the way in which those differences between the catchment areas of the individual comprehensive schools concerned have now been quantified, and as a result it has been possible to consider, from an informed basis, appropriate action to help the schools with the greatest need.

Careers Guidance Research Project

A research project was started at King John School, Thundersley, in September 1970. The aim was to see whether the use of certain psychological tests at 3rd, 4th and 5th form levels would result in an improvement in guidance for individual children. The plan of this research has been determined, in the closest co-operation with the Department of Education and Science by the Headmaster, the Senior Psychologist concerned and the Psychologist to the Education Committee. An interim report will be written during 1972 and it is hoped that results will be made available nationally.

The School Psychological Service is actively involved in all of the Education Centres in Essex, both as Committee members, lecturing and organising courses. A relatively new development is the rapid increase in the demand for staffroom discussion groups within the schools. Other lecturing commitments include courses on child development for pre-school playgroup leaders, talks to Parent/Teacher Associations, lectures to Careers Officers, Trainee Health Visitors and occasional lectures to a wide variety of groups, e.g. College of Education Students, Area Training Organiser/Department of Education and Science course members and Sixth formers.

A further developing demand which psychologists are experiencing is for advice on severely subnormal children. They are also involved with a range of special classes throughout the County, for example in Colchester and North-East Essex where a very vigorous remedial teaching service has been established under the direction of Mr. D. Coles, working in close co-operation with the Senior Psychologist. In the same Division there are special classes for retarded children, gifted children, and, at Stockwell Street, Colchester, for children with severe learning difficulties.

The particular problem posed in the districts of Tilbury and Ockendon are much more clearly identified as a result of the work of Mrs. Beattie and her colleagues in the Thurrock Division. In addition to carrying out surveys to establish the level of reading ability in junior schools, she has become personally

involved with a long and arduous series of 'workshop' courses on reading for teachers. These are much appreciated, but they make very heavy calls on her time and energy and it should be recognised that if this kind of demand is to persist she will need some help.

The maladjusted Tutorial class attached to Shaw Junior School, South Ockendon, has provided educational and therapeutic assistance for 12 children whose difficulties, behaviour and emotional, preclude normal school attendance. Another Tutorial class is due to commence next term.

The system of assessment panels for Dacre and Treetops special schools has been expanded to include children recommended to Millards School and to South Ockendon Hospital School, to the Diagnostic Observation Unit based at Treetops School, and to the Branwood School. This has been in the nature of a co-operative, multi-disciplinary approach towards the educational placement of handicapped children, and is a trend which is to be greatly welcomed. It is hoped that improvements in organisational strategy, resources and the integration of professional disciplines within the Division will continue to be fostered in the future, to the benefit of all children in need.

The Psychologist to the Education Committee organised many courses within the In-Service Education Programme for teachers. These covered subjects ranging from the "Education of the Autistic Child", "The Problems of Primary/Secondary Transfer", "Education of Slow Learning Children" and the "Education of Gifted Children". In addition to these, two residential courses were organised at Wansfell College. These were attended by head teachers and were felt to be extremely useful.

APPENDIX 'E'

Report by the Advisory Teacher of the Deaf 1971

In May Mrs. Dickson resigned from the peripatetic service for family reasons. We were, however, glad to welcome Mr. Griffiths from a London Partially Hearing Unit who commenced in January and Miss Brignall from the Hawkswood School in September. This service is again fully established with four teachers.

Comparative number of children supervised by the peripatetic staff are:

	1971	1970
Pre-School	31	31
Primary	86	85
Secondary	102	96
	<u>219</u>	<u>212</u>

Late in the year a qualified teacher of the deaf was appointed to take charge of the Nursery/Infant Partially Hearing Unit which will be opening at Lexden County Primary School, Colchester, in January 1972. Further junior and secondary units are planned in due course. Locally available nursery provision will reduce the need to place pre-school, hearing impaired children in distant residential schools.

In the Rayleigh area, a third class of more severely deaf infants was formed as part of the Glebe Partially Hearing Unit and three partially hearing children proceeded to the Swayne School where they will form the nucleus of an eventual two-class secondary partially hearing unit when a qualified teacher of the deaf is appointed. However, the present staffing shortage in the Rayleigh units is particularly acute.

Of 96 children presently attending county units 47 are infants, 36 are juniors and 13 are of secondary age.

It is encouraging to note that an increasing number of the Authority's teachers are applying for secondment to train as teachers of the deaf. When qualified they should in some measure meet the growing demand created by the planned extension of unit provision.

APPENDIX 'F' Children on the Handicapped Pupils Register

	Newly assessed as handicapped in 1971		Receiving special educational treatment						Requiring but not receiving special educational treatment		On register but not requiring special educa- tional treatment	
			At Day Special School	At Resi- dential Special School	At Ordinary School	Else- where	Total All Ages	Total under 5 years				
Blind	1	-	2	12	-	-	14	-	5	4	-	-
Partially sighted	4	1	23	25	1	-	49	-	-	-	16	1
Deaf	3	3	32	23	-	-	55	2	3	1	-	-
Partially hearing	22	17	94	41	26	1	162	20	9	2	69	4
Physically handicapped	78	28	92	83	28	42	245	11	27	3	290	39
Delicate	56	12	73	107	29	8	217	4	24	2	174	2
Maladjusted	85	7	24	316	3	12	355	5	76	3	43	1
E.S.N.	310	36	1,206	234	47	17	1,504	13	236	12	102	3
S.S.N.	50	21	479	41	-	27	547	16	33	5	18	5
Epileptic	5	2	6	14	1	4	25	4	2	-	61	3
Speech Defects	30	27	4	4	3	23	34	26	9	8	4	-
Total	644	154	2,035	900	138	134	3,207	101	424	40	777	58

APPENDIX 'G'

Notification of Infectious and other Notifiable Diseases in Children between the ages of 5 and 15 - 1971

Division (1)	Scarlet Fever (2)	Whooping Cough (3)	Measles (4)	Dysentery (5)	Food Poisoning (6)	Infective Jaundice (7)	Tuberculosis		Others † (10)	Total (11)
							Respiratory (8)	Other (9)		
North-East Essex	19	19	193	-	-	2	1	1	-	235
Mid-Essex	63	47	482	1	1	17	-	-	1	612
South-East Essex	47	34	109	12	14	3	3	-	-	222
West Essex	18	22	192	3	2	18	1	-	-	256
Harlow	27	42	320	-	2	5	2	-	-	398
Thurrock	23	27	64	-	23	8	1	2	-	148
Basildon	43	19	205	1	-	2	1	2	1	274
Colchester	8	29	28	2	-	3	1	-	-	71
Total	248	239	1,593	19	42	58	10	5	2	2,216

† Others = 1 Acute Meningitis and 1 Acute Encephalitis (post infectious)

APPENDIX 'H'

This Report by the Senior Advisor for Physical Education has been submitted by the Chief Education Officer

Momentary reflection upon the past year is sufficient to indicate that, once again, it was a successful and progressive year. A closer study, however, reveals the existence of certain less pleasing features which do, in fact, give rise to some concern.

For example, buildings and facilities in general have all increased in a positive effort to keep pace with the rising school population, but in many instances these facilities have been unavoidably produced to minimum Departmental standards because of the excessively high building costs within the County.

In line with these improved facilities there has been a corresponding increase in the range and variety of physical/recreational activities offered to our pupils in Secondary Schools and there is little doubt that most needs and interests can now be catered for. However, the ever widening academic curriculum is steadily demanding a greater share of time to the extent that, often, over-large groups are participating together thus making organisation more essential than teaching, and in some instances an actual reduction in Physical Education lesson time has been necessary in order to make room for the range of academic subjects required.

Nevertheless it should be remembered that true physical education today is not simply a subject, it is an integral part of the educative process and as such, has a vital role to play in the total education of every school child.

The most significant feature of the year within the Physical Education Department, was the retirement of Mr. Crabtree who was the Senior County Adviser for 34 years. His enthusiastic leadership during that time resulted in a seemingly endless list of achievements and successes within the broadest field of physical education.

His successor as Senior County Adviser is Mr. R. Morris who, although when appointed was County Adviser for Berkshire, served many earlier years in Essex as an Area Adviser and so is aware of the considerable historical progress of physical education within the County.

During the past year Physical Education at a Primary level has continued to be encouraged and taught on 'child centred' lines. A wide range of courses were again organised and run within the areas covered by Advisers as well as at the County's residential week at Crystal Palace. Dance, Gymnastics, Games, Swimming, Athletics and Country Dancing were all catered for in an attempt to maintain the focus on an all round, balanced programme. The Plowden Report of 1967, which was the outcome of the investigation into 'Children and their Primary Schools' laid special emphasis on the need for a balanced programme of activities. In addition the report urged that the work of younger children should be of an experimental and exploratory nature but that older children should be subjected to more planned and directed work which should be taxing, demanding and strenuous. To carry out the purposeful aims of 'Plowden' necessitates at least one period of physical education per day for Primary children, but again there were regrettable signs last year that physical education time was being cut due to overcrowding, television demands upon the hall and also to accommodate the ever widening curriculum of the Primary School. One encouraging new development at the Primary level was the introduction of outdoor Play Areas. It has now been accepted that well planned and constructed Play Areas offer children rich opportunities for physical, social and imaginative play and the advisers hope that all future new Primary Schools will have such a challenging area incorporated into the basic design. An experimental Play Area was set up at a new Wickford Primary School involving an undulating landscape of mounds and hollows together with a range of structures varying in shape, size and design.

In the Secondary Schools, the physical education programme continued to expand and in the mildest terms could now be described as extensive. Despite the prevalence of the upper school 'Optionals Programme', a strong and positive encouragement was given to the continuation of a basic course of fundamental skills for young pupils.

Gymnastics, Games, Athletics, and wherever possible Dance and Swimming, continued to be the core of the lower school work. From the fourth year onwards and particularly for the school leavers 'taster' and purposeful short courses were encouraged in a wide range of recreational activities. Archery, Golf, Table Tennis, Riding and Outdoor Pursuits became normal rather than abnormal activities and in this way the Physical Education programme continued to contribute to 'bridging the gap' between school and adult community life.

This school and community blend was further encouraged during the year by the continued development of Dual Use Sports Halls and Sports Complexes based at Secondary Schools. In October the first dual provision/use Sports Hall in Essex was opened by the Minister of Sport, Mr. Eldon Griffiths, and there are already 20 more dual use provisions on the drawing board. These facilities, plus the existing 27 schools Sports Hall provide Essex with the formidable total of 47 large indoor games and practice areas. With the existence of two divisional nets thereby dividing the Hall into three teaching areas, it is quite possible to teach up to 60 children in a number of activities at one time. Courses and discussions on time-tabling and programming Sports Halls/complexes are to be held with Head Teachers and Heads of P.E. Departments during the current year. Possibly the most vital and significant feature of Secondary education during the past year was centred around the discussion table. With the school leaving age being raised to sixteen from September 1972, it was necessary to devote immeasurable time to the consideration of the educational needs of pupils during that 'Extra Year'. It was recognised that physical education could make a major contribution through the fields of Recreational activities and particularly Outdoor Pursuits which, by their very nature, necessitate movement away from the immediate school environment.

During the past year the County's residential Centres have both consolidated and expanded their programmes. The pursuits centre at Maes-y-lade, South Wales and the Sailing Centre at Bradwell-on-Sea were in full demand during the Winter months and under the severest pressure during the Summer months. An exciting new venture for the year was an expedition from Bradwell to France, and back, in dinghies.

School sailing from the Broxbourne Sailing Club survived the uncertainty of change in the Lea Valley and ended the season with its future existence more sure. In contrast the sailing base at Ardleigh Reservoir did not get under way because of building difficulties with toilets and changing rooms.

Canoeing activity continued to flourish with local courses being held in various parts of the County. In addition a canoe surfing course took place at Bude in Cornwall. A full time warden was appointed to the Harlow Pursuits Centre to give professional assistance to teachers and leaders who see this activity as a desirable addition to their programmes.

In mountaineering many schools conducted their own expeditions, particularly into Wales and the Lake District. Generally they were well run but there were instances where equipment and experience did not justify the ambitious routes which were tackled.

For the first time skiing courses were organised on a County basis to Austria and Italy. Thus young teachers, or those with limited experience of the sport, could venture into this aspect of Outdoor Pursuits with help from the County's professional staff.

As always, particular attention was paid to safety precautions in all aspects of Physical Education. Every educational establishment in the County was circularised with a copy of basic 'Safety Precautions' which covered the normal

range of indoor and outdoor work. In addition courses were run for all new or inexperienced specialist teachers in trampolining and from now on no teacher will be permitted to take trampolining without attending a basic County course on safety precautions or alternatively holding a certificate qualification from the British Trampoline Federation. Interesting and pleasing liaison took place during the year between the Physical Education Advisers and the County Health Department. Following a one day 'refresher course' in life saving and resuscitation, the liaison extended into the organisation of courses for teachers who were involved in the teaching of swimming to children. It is hoped that further courses on resuscitation will be jointly run by the Health and Education Departments, for clearly there is a vital need for all teachers involved in the supervision or instruction of Swimming to be confidently versed in life saving methods.

The County training programme has also continued for teachers involved with water sports. Sailing courses (including assessment) were run from the Bradwell Field Studies and Sailing Centre and also from the Broxbourne (Nazeing) Sailing Club. In addition a considerable training programme in Canoeing was conducted on the estuaries of Essex, the River Wye in Wales and there was an advanced surfing course in Cornwall. The Pursuits Centre at Maes-y-lade programmed courses for teachers and youth leaders in outdoor pursuits including an introductory week for those wishing to take the mountain leadership certificate. Inevitably, it is extremely difficult for potential mountain leaders from Essex to generate essential experience in mountain activities and it is emphasised to all involved with the organisation of such activities that the standards laid down in County regulations are but minimum requirements.

As already indicated, continued progressive strides were made during the year in the development of water sports and activities. Both sea and inland water sailing flourished, and canal, river, lake and surf canoeing were very much in evidence. With this drive and development on the one hand it was of particular and serious concern that on the other hand the teaching of swimming to school children was considerably curtailed. The excellent widespread County programme of Swimming Instruction built up during recent years was severely restricted by cuts in financial aid from the County to Divisional Executives. Divisional Education Officers, Headmasters, Teachers and Instructors have nevertheless made every effort to retain the best possible swimming programme for children within the financial limits imposed.

During the year, Training Centres for the Severely Subnormal became the responsibility of the County's Education Department. In 1969 a course on the use of physical education apparatus and in Minor Games, was held in the Junior Training Centre in Chelmsford and it was extremely well attended by representatives from all Centres in Essex anxious to learn how they could use sport in its widest sense to help the children in their centres. It is hoped that the 1969 blue print will be used from now on for regular courses for both teachers and pupils alike from Junior and Adult Centres throughout the County.

The report on the County Schools Sports Associations is once again to be admired. The really excellent achievements of Essex pupils in Inter-County, Regional and National sporting events is a just reflection of the tireless efforts and high coaching standards of the officials who voluntarily run these Associations. A detailed inclusion of all successes of all sports during the past year would be impracticable, but a clear indication of overall achievements can be gleaned from the following brief selected extracts.

Association Football

In all, a total of 40 boys were in the County training squad for both Under-15 and Under-19 teams. Six County matches were played. Three boys were selected and played for the Home Counties XI.

Athletics

In all, 60 pupils represented the County in National Championships and eight became National Champions:-

Girls' Intermediate Cross-Country
Girls' 800m
Girls' Hurdles/Long Jump
Boys' High Jump
Boys' 800m
Boys' Shot
Boys' Javelin – Junior
Boys' Javelin – Intermediate

Basketball

The Essex Girls' Under-19 and Under-16 Teams became National Champions and the Boys' Under-19 and Under-16 Teams reached the semi-finals of the National Divisional Championships.

Golf

30 boys competed in the County Championships and four of these represented the County in National Competitions.

Gymnastics

14 girls and 14 boys represented the County in both Regional and National Championships. In the Regional Championships, Essex teams were:-

Under-13 Girls – 2nd	Under-13 Boys – 1st
Under-15 Girls – 1st	Under-15 Boys – 2nd
Over-15 Girls – 3rd	Over-15 Boys – 1st

Netball

The Colchester County High School team represented Essex in the Regional Championships and were 1st. In the National Championships they were 7th out of 16 teams.

Hockey

Three Essex girls were selected and played for the Regional Junior Hockey XI. In all, a squad of 22 girls trained and formed the County's representative teams.

Rugby

In the Under-15 age group:-

- 16 boys played for the County.
- 16 boys played for the Eastern Counties.
- 7 boys played for London Schools.
- 2 boys were awarded England trials.

In the Under-19 age group:-

- 12 boys played for the Eastern Counties.
- 3 boys played for London Schools.
- 1 Netteswell schoolboy played for England v. Wales.

Swimming

40 girls and boys represented the County. Two girls were selected and competed for England.

Table-Tennis

Nine girls and boys represented the County. Two girls gained International Honours.

Trampolining

36 pupils represented the County. Six pupils, three girls and three boys were selected and competed for England.

The Dolphin Trophy – Organised by the National Water Safety Committee

National Winners	}	Schools with 100% swimmers at 100 yards
Divisional Winners		

Kent Hill Junior School, Benfleet
Fedsden School, Harlow (Independent)
Little Waltham C. of E. School, Chelmsford

Progress Award

National Winners – Messing Primary School, Colchester.

Awards of Distinction

In all, 12 primary schools within the County gained Awards of Distinction because 100% of their school-leavers were able to swim at least 25 yards.

The excellence of these statistics is a sound indication of the strength, stamina, skill and fitness of the pupils in our schools. It is sincerely hoped that the true value of the County's Physical Education programme will continue to be recognised and that it will be permitted to strive towards its primary objective – which is the physical well-being of every child in every school.

APPENDIX 'I'

CLINICS

COLCHESTER (DELEGATED)

Health Services Clinic, Shrub End, Colchester	Friday p.m.
Central Clinic, East Lodge Court, High Street, Colchester	Mondays to Fridays p.m.
Health Services Clinic, Queen Elizabeth Way, Colchester	Wednesdays p.m.
Health Services Clinic, Blackthorn Avenue, Greenstead	Mondays a.m.

MID-ESSEX DIVISION

Health Services Clinic, Coggeshall Road, Braintree	2nd Monday a.m.
Health Services Clinic, Burnham-on-Crouch	4th Friday a.m.
Health Services Clinic, Coval Lane, Chelmsford	Alternate Mondays a.m.
Health Services Clinic, Wantz Chase, Maldon	1st, 3rd and 5th Fridays a.m.
Health Services Clinic, Melbourne Avenue, Chelmsford	2nd Tuesday a.m.
St. Peter's Room, Coggeshall	2nd Monday a.m.
St. Mary's, Kelvedon	3rd Friday a.m.
Health Services Clinic, Guithavon Street, Witham	1st and 3rd Thursday a.m.
Health Services Clinic, 39 Queen's Road, Brentwood	Tuesdays a.m.
Health Services Clinic, Cherry Avenue, Brentwood	1st and 3rd Tuesdays a.m.
Health Services Clinic, Coram Green, Hutton, Brentwood	2nd, 4th and 5th Wednesdays a.m.
Health Services Clinic, Lilac Close, Moulsham Estate, Chelmsford	4th Thursday p.m.

SOUTH-EAST ESSEX DIVISION

Health Services Clinic, Great Wakering	Thursdays p.m.
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Health Services Clinic, Eastwood Road, Rayleigh	Tuesdays a.m.
Health Services Clinic, Kenneth Road, Thundersley	2nd and 4th Thursdays a.m.
Health Services Clinic, Furtherwick Road, Canvey Island	1st, 3rd and 5th Mondays a.m.
Health Services Clinic, High Road, South Benfleet	1st and 3rd Fridays a.m.
Health Services Clinic, London Road, Hadleigh	4th Tuesdays a.m.
Health Services Clinic, Spa Road, Hockley	Alternate Wednesdays a.m.
Health Services Clinic, Ferry Road, Hullbridge	2nd Mondays a.m.

THURROCK DIVISION

Health Services Clinic, Hall Road, Aveley, South Ockendon	Thursdays a.m.
Health Services Clinic, Grays Park, Bridge Road, Grays	Wednesday a.m.
Health Services Clinic, London Road, Tilbury	Fridays a.m.
Health Services Clinic, Wharf Road, Stanford-le-Hope	1st, 3rd, 4th & 5th Thursdays a.m.
Health Services Clinic, Stifford Long Lane, Grays	Thursdays a.m.
Health Services Clinic, River View, Chadwell St. Mary	Mondays a.m.
Health Centre, Darenth Lane, South Ockendon	Fridays a.m.
Health Services Clinic, Community Centre, Horndon-on-the-Hill	1st Thursday p.m.
Health Services Clinic, Giffords Cross Road, Corringham	4th Wednesday a.m.

WEST ESSEX DIVISION

Health Services Clinic, 56 New Street, Dunmow	2nd and 4th Mondays a.m.
Health Services Clinic, 15 Regent Road, Epping	1st and 3rd Tuesdays a.m.
Health Services Clinic, Loughton Hall, Rectory Lane, Loughton	Wednesdays a.m.

Health Services Clinic, 69 High Street, Saffron Walden	As Required
Quaker Meeting House, Stansted	2nd Thursday p.m.
Health Services Clinic, The Cedars, Waltham Abbey	2nd and 4th Mondays a.m.
Health Services Clinic, Bowes Field, Ongar	1st and 3rd Tuesdays a.m.
Health Services Clinic, Buckhurst Way, Buckhurst Hill	1st and 3rd Wednesdays a.m.

HARLOW DIVISION

Addison House, Fourth Avenue, Harlow	Alternate Tuesdays a.m.
Keats House, Bush Fair, Harlow	Alternate Wednesdays a.m.

BASILDON DIVISION

Health Services Clinic, Laindon Road, Billericay	Thursdays a.m.
Health Services Clinic, Craylands, Basildon	Wednesdays a.m.
Health Services Clinic, Great Oaks, Basildon	Fridays a.m.
The Health Centre, Laindon	Wednesdays a.m.
Health Services Clinic, High Road, Pitsea	Thursdays a.m.
Health Services Clinic, Market Road, Wickford	Mondays a.m.

SPECIALIST CLINICS — 1971

Type of Clinic	No. of Sessions Monthly	Name of Specialist
Colchester Division:		
Ophthalmic	12	Dr. H. S. Sweet
Audiology	2	Mr. A. N. Cammock
North-East Essex Division:		
Ophthalmic	8	Dr. H. S. Sweet
Ear Nose and Throat	2	Dr. R. W. Turner
Mid-Essex Division:		
Ophthalmic	30	Mr. Das-Gupta Dr. D. J. S. Nicol Dr. J. J. Reilly Dr. H. S. Sweet
Audiology	2	Mr. A. N. Cammock
South-East Essex Division:		
Ophthalmic	2	Dr. B. C. Dench
Audiology	2	Mr. A. N. Cammock
Thurrock Division:		
Ophthalmic	12	Dr. W. H. Clark
Audiology	2	Mr. A. N. Cammock
In addition there are 8 Orthoptic sessions a month		
West-Essex Division:		
Ophthalmic	7	Dr. A. G. Karseras Dr. M. N. Laybourne
Orthopaedic	1	Mr. K. Dalliwall
In addition there are 2 Orthoptic sessions a week		
Harlow Division:		
Orthopaedic	2	Mr. H. Poirier
Audiology	1	Mr. A. N. Cammock
	(quarterly)	
Basildon Division:		
Ophthalmic	10	Dr. D. J. S. Nicol Dr. W. H. Clark

CHILD GUIDANCE CLINICS

Address of Clinic	Estimated Population Served	Establishment of Staff	Posts filled at 31.12.71.	No. Weekly Sessions
Galen House, Town Centre, Harlow.	(Harlow (20,320 (West Essex (13,264	Psychiatrists (Part-time - 6 sessions weekly) Psychologists (Whole-time - 3) Social Workers (Whole-time - 2) Psychotherapist (Whole-time - 1) Clerks (Whole-time - 3)	1 3 4 1 3	6 - - - -
St. Nicholas School Loughton	12,536	Psychiatrists (Part-time - 4 sessions weekly) Psychologists (Whole-time - 2) Social Workers (Whole-time - 1) Clerks (Whole-time - 3)	1 2 1.6 * 1 (Part-time)	4 - - -
Winsley's House, High Street, Colchester.	38,806	Psychiatrists (Part-time - 8 sessions weekly) Psychologists (Whole-time - 3) Social Workers (Whole-time - 3) Psychotherapist (Whole-time - 1) Remedial Teacher (Whole-time - 1) Clerks (Whole-time - 4)	2 2½ 1.6 1 1 4	8 - - - - -
Rannoch Lodge, 146 Broomfield Road, Chelmsford.	49,895	Psychiatrist (Part-time - 9 sessions weekly) Psychologists (Whole-time - 4) Social Workers (Whole-time - 3) Psychotherapist (Whole-time - 1) Remedial Teacher (Whole-time - 1) Clerks (Whole-time - 6)	2 3½ 1.8 1 3 (Part-time) 3 (Part-time) 4 (Whole-time)	9 - - - - - -

* excess posts held against vacancies at other clinics

Address of Clinic	Estimated Population Served	Establishment of Staff	Posts filled at 31.12.71.	No. Weekly Sessions
Great Oaks, Basildon.	54,107	Psychiatrists (Part-time - 11 sessions weekly) Psychologists (Whole-time - 5) Social Workers (Whole-time - 3) Psychotherapist (Whole-time - 1) Remedial Teacher (Whole-time - 4) Clerks (Whole-time - 4)	2 5 1.8 1 4 4	11 - - - - -
Whitehall Cottage, Whitehall Lane, Grays.	22,506	Psychiatrists (Part-time - 6 sessions weekly) Psychologists (Whole-time - 3) Social Worker (Whole-time - 1) Psychotherapist (Whole-time - 1) Clerks (Whole-time - 3) Peripatetic Remedial Teacher (Whole-time - 1)	2 3 1 1 3 2 (Part-time)	6 - - - - -

