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HAMPSHIRE COUNTY COUNCIL
HEALTH AND SCHOOL HEALTH SERVICES, 1971

ON LOAN

ANNUAL REPORTS OF THE COUNTY MEDICAL OFFICER AND
PRINCIPAL SCHOOL MEDICAL OFFICER — Dr. I. A. MacDOUGALL, O.B.E.



INDEX

	<i>Page</i>		<i>Page</i>
Ambulance Service	8, 17	Nursing Homes	16
Ambulance Car Service	8	Populations	3
Audiology Service – Pre-School	5	Prevention of Dental Decay – The Fluoridation of Water Supplies	12
Births – Live and Still	3	School Health Service:	
Care of Mothers and Young Children	15	Audiometry and Hearing Defects	22
Cervical Cytology	12	B.C.G. Vaccination	38
Chiropody	13	Child Guidance Service	25
Congenital Malformations – Notification of	5	Deaths of School Children	38
County Nursing Services	6	Dental Service	29
Deaths	3	Diagnostic Unit	36
Dental Service – Priority Cases	31	General Statistics	39
Family Planning	6	Handicapped Pupils	34, 36
Fluoridation of Water Supplies – The Prevention of Dental Decay	12	Infectious Diseases	37
General Practitioner Attachment Scheme	5	Meals and Milk	38
Health Centres	5	Medical Inspection and Treatment	19
Health Education	10	Rest Home Scheme	37
Liaison with General Practitioners	5	School Eye Clinics	21
Liaison with Hospital Services	7	School Psychological Service	26
Live and Still Births	3	Speech Therapy Service	24
Medical Loan Scheme	12	Verminous Conditions	38
National Health Service	5	Vision – Defects of	20
		Statistics:	
		General and Vital	3
		Local Health Authority	15
		Tuberculosis	18
		Vaccination and Immunisation	7, 16
		Venereal Diseases	14
		Vital Statistics	3

Cover:—*The photograph shows the Local Health Authority Team leaving a Health Centre at the commencement of the day's visiting.*


Photograph by Mr. N. D. Dale, Technical Assistant, Health Education Section.

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HAMPSHIRE COUNTY COUNCIL

ANNUAL REPORT
of the
COUNTY MEDICAL OFFICER
and
PRINCIPAL SCHOOL MEDICAL OFFICER
1971

INTRODUCTION

To the CHAIRMAN and MEMBERS of the HAMPSHIRE COUNTY COUNCIL.

I have the honour to present my Report for the year 1971, covering both the Health and School Health Services.

A major event within the Department during the year under review was of course the handing over of certain services to the Education Department and to the new Social Services Department. This was effected smoothly and efficiently, much previous preparation having gone into it. Amongst the functions handed over was the Mental Health Service, a service which for the last ten years had been supervised by Dr. E. B. McDowall. I take great pleasure in paying tribute to the magnificent way in which Dr. McDowall brought the County Council's Mental Health Service to a high standard of efficiency, largely due to the excellent working relationship he established with the various Mental Hospitals serving this county.

A great deal of what we are doing just now is designed towards the ultimate unification of the National Health Service, which we know is to take place in April 1974. This Department has for very many years now worked towards an ever closer integration of the Local Health Authority medical services with those of the family doctors and of the hospitals, and this should greatly facilitate the smooth evolution of the new unified service. In this connection members will I am sure read with interest the section in this Report on the County Council Nursing Services, contributed by Miss Maughan, the County Nursing Officer. It is a particular pleasure to me that at last a full realisation is dawning of the immense contribution to the efficiency of community medical care which is made by nurses practising either as District Nurses, Midwives or Health Visitors. So very often a decision regarding a hospital admission or an early discharge from hospital is made largely on the availability and the skill of the community based nurses.

In concluding this introduction to my Report there are certain staff matters to which I must refer. Mr. Chadwick resigned during the year, having held the appointment of Chief Dental Officer to the County Council since 1946. During that time he built up a Dental Service of which any county could be very proud indeed. It is sad that his resignation was brought about by ill health and all members of my Department would join in wishing him a long and happy retirement. Dr. Neville Bailey has succeeded Dr. Bacon as Deputy County Medical Officer, an appointment which gives me especial pleasure as he served previously on my staff as a Senior Medical Officer, leaving to become Deputy County Medical Officer to Worcestershire. Dr. John Dawe, lately Deputy Medical Officer of Health of Havant and Waterloo U.D.C., has joined my staff as Principal Medical Officer, and the Department is indeed fortunate to get a doctor of his great ability at a time when so much change and uncertainty is in the air.

Finally, I would wish most sincerely to thank all members of my staff for their high standard of work throughout the year. I am as always deeply grateful to the Chairman and members of my Committee for their constant help and encouragement.

I. A. MACDOUGALL,
County Medical Officer.

PRINCIPAL OFFICERS

County Medical Officer and Principal School Medical Officer:

I. A. MacDougall, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:

N. M. Bailey, M.D., M.Sc., Ch.B., M.R.C.S., L.R.C.P., D.P.H., D.Obst.R.C.O.G., M.R.C.G.P.

Principal Medical Officer:

J. G. Dawe, M.B., B.S., D.P.H.

Senior Medical Officer:

M. J. Chapman, M.B., Ch.B.

Chief Dental Officer and Principal School Dental Officer:

M. V. Symes, L.D.S., R.C.S. (Eng.)

Deputy Chief Dental Officer:

D. M. Carpenter, B.D.S. (Lond.), L.D.S., R.C.S. (Eng.)

Child Guidance Teams and School Psychological Staff:

Medical Director and Consultant Child Psychiatrist: I. Hadfield, B.M., Ch.B., D.P.M.

Senior Educational Psychologist: Dr. L. F. Lowenstein, M.A., Dip.Psych., Ph.D.

Senior Psychiatric Social Worker: Miss W. Barnes, A.A.P.S.W.

Chief Speech Therapist:

A. P. Tolfree, F.C.S.T., L.R.A.M., L.G.S.M., M.R.S.T.
(part-time)

Senior Audiologist:

R. M. Macpherson

County Nursing Officer:

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

County Ambulance Officer:

G. E. Turner, F.I.A.O.

Health Education Officer:

Miss P. J. Pitcairn-Jones, S.R.N., S.C.M., H.V.Cert.,
Dip.H.E.

Chief Administrative Officer:

P. L. Lloyd, D.M.A., F.I.L.G.A.

GENERAL AND VITAL STATISTICS

Population

The population of the Administrative County estimated by the Registrar General in Mid-1971 was as follows:

Urban Districts .. .. .	..	..	623,260
Rural Districts .. .. .	..	..	389,870
Administrative County .. .. .	..	..	1,013,130

Year	Population	Year	Population
1960	765,130	1966	905,060
1961	775,160	1967	932,350
1962	801,740	1968	955,960
1963	822,830	1969	977,280
1964	854,790	1970	992,610
1965	879,500	1971	1,013,130

Vital Statistics

Live births	17,752
Live births—rate per 1,000 population	17.5
Illegitimate live births per cent. of total live births	6.0
Still births	214
Still birth rate per 1,000 live and still births	12.0
Total live and still births	17,966
Infant deaths (deaths under 1 year)	274
Infant mortality rate per 1,000 live births—total	15.0
Infant mortality rate per 1,000 live births—legitimate	15.0
Infant mortality rate per 1,000 live births—illegitimate	26.0
Neo-natal (deaths under four weeks) per 1,000 live births	11.0
Early Neo-natal (deaths under one week) per 1,000 total live births	9.0
Perinatal (still births and deaths under one week) per 1,000 total of live and still births	20.0
Maternal deaths (including abortions)	3
Maternal mortality rate per 1,000 live and still births	0.2

Live and Still Births

	Male	Female	Total	Rate per 1,000 Population	
				Hampshire	England and Wales
Live Births:					
Legitimate	8,439	8,250	16,689	16.5	
Illegitimate	559	504	1,063	1.0	
			17,752	17.5	16.0
Still Births:					
Legitimate	96	102	198	0.19	
Illegitimate	10	6	16	0.01	
				0.20	—
Total Live and Still Births	9,104	8,862	17,966	17.70	—

Deaths

Male	Female	Total	Rate per 1,000 Population	
			Hampshire	England and Wales
5,142	4,830	9,972	9.8	11.6

The main causes of death continue to be diseases of the circulatory system and cancer.

	Number of Deaths					
	1971	1970	1969	1968	1967	1966
Diseases of the circulatory system	5,154	5,283	5,140	5,339	4,938	4,869
Cancer	2,215	1,977	2,034	1,912	1,888	1,772
Pneumonia	657	682	674	724	557	617
Bronchitis	358	401	452	439	348	362

Deaths of Infants Under One Year

	Number	Administrative County			England and Wales		
		1969	1970	1971	1969	1970	1971
Total infants per 1,000 live births	274	15.0	15.5	15.0	18.0	18.0	18.0
Legitimate infants per 1,000 legitimate births	246	15.0	15.6	15.0	17.0	17.0	17.0
Illegitimate infants per 1,000 illegitimate births	28	28.0	14.5	26.0	25.0	26.0	24.0

Deaths of Infants Under Four Weeks

	Number	Rate per 1,000 total live births
Neo-Natal deaths (deaths under four weeks)	188	10.6
Early Neo-Natal (deaths under one week)	159	9.0
	1971	1970
The number of babies dying under the age of four weeks was as follows:		
Dying before 24 hours	108	113
Dying between 1 day and 1 week	57	60
Dying between 1 week and 4 weeks	23	24
Total	188	197
	Number	Rate per 1,000 total live and still births
Perinatal (still births and deaths under 1 week combined) ..	373	20.8

	Total	Rate per 1,000 live births	Rate per 1,000 total live and still births
County Nursing Officers	1,001	1.0	1.0
County Ambulance Officers	198	0.13	0.13
Health Visitors	18	0.01	0.01
	1,217	1.14	1.14

	Total	Rate per 1,000 live births	Rate per 1,000 total live and still births
	1,217	1.14	1.14

The main causes of death continue to be diseases of the circulatory system and cancer.

NATIONAL HEALTH SERVICE ACT, 1946

Co-ordination, Co-operation and Integration

The policy of the County Council over the past 17 years has been to work as closely as possible with the general practitioner and hospital services; to co-ordinate, co-operate and integrate the Services to an ever increasing degree and in every variety of ways. It is, I am convinced, only by such development that the patient can receive the maximum benefit from the Health Service.

In my report for 1967 I dealt fully with the many aspects of this policy as it has been applied in Hampshire and in particular emphasised the over-riding importance of the **General Practitioner Attachment Scheme**, whereby health visitors, district nurses and midwives are attached to family doctors, and **Health Centres**.

During the year two new purpose-built Health Centres were opened at New Milton and Andover. The New Milton Centre provides accommodation for six General Practitioners and a wide range of Local Health Authority Services. Andover Health Centre, on a split-level site on three floors, is physically connected to the Andover Hospital, providing accommodation for eight General Practitioners, together with Local Health Authority, Dental, Child Guidance, Speech Therapy, Audiology, Child Health and Family Planning Services. A Nursing Officer will also be based there from 1972.

An interesting innovation during the year has been the appointment of a Health Centre Manager at Andover. It is hoped that this type of appointment will relieve the General Practitioners of many non-medical matters, provide a day-to-day control and help towards integrating all the services within the Centre.

By the end of the year another three Health Centres were under construction at Aldershot, Totton and Fareham.

In the forthcoming year work will commence on the Phase II development at Basingstoke together with extensions to Rowner (Gosport) and Hythe Health Centres.

Building will also start at Alton, Chandler's Ford, Yateley, Tadley and at Christchurch, Denmead and Havant.

Medical Officers attached to G.P.'s.

During 1970, an experimental attachment of a Medical Officer in Department to a family doctor practice took place. This experiment has continued, and in addition three other practices have commenced similar medical officer attachment schemes. Discussions are in progress with several other practices at this stage and it seems probable that this will become an increasing feature of the medical scene. The advantages of integration of this sort are great and in particular the communication established between the Local Authority doctor and the family doctors concerned improves enormously. It is to be hoped that many more opportunities for the extension of this approach will occur in the coming year.

Notifications of Congenital Malformations

The scheme for the notification to Medical Officers of Health of congenital defects apparent at birth has continued to operate throughout the year. No substantial changes in the usual pattern of congenital defects has been apparent but a useful amount of information continues to be accumulated through the system.

Pre-School Audiology Service

Screening Tests

6,052 Screening Tests were carried out during the year which is disappointing since the policy is that all children should have their hearing tested at about nine months, and approximately 17,000 births a year take place in the County. This can only be attributed to the relatively low staffing ratio of Health Visitors which still exists. Of the children screened, 5,116 were routine and 936 "at risk". 546 of these were reviewed at the bi-monthly assessment clinic. New cases resulting from diagnostic tests numbered 12, and 10 cases were referred from other sources, making a total of 22 new cases for training during the year.

The cause of deafness in a high percentage of the new cases was maternal rubella.

Domiciliary Visits and Auditory Training—Parent Counselling

There were 54 children under weekly training during the year. As an extension of weekly sessions of parents' advice, evening group sessions where both father and mother can be present have been arranged in appropriate areas of the County. These are proving to be of great therapeutic value—especially to parents in the early stages of adjustment to the problem of an handicapped child.

The Hampshire Branch of the National Deaf Children Society, which is organised and run by the parents of County deaf children, has been active in promoting public interest in the problems of deafness in childhood, and several speakers from various disciplines have attended the parents' meeting through the year.

A "toy library" has been established by the region, from which parents can borrow play materials to continue the work in auditory training, which is discussed during the weekly visits of the Audiologist and teachers.

Lectures and Training Sessions

The Audiologists have again given lectures, on request, to Health Visitors, Medical Officers, and other Specialists at various Centres, including Southampton and London University.

Family Planning

The Wessex Branch of the Family Planning Association continued to provide a Family Planning Service for the greater part of the Administrative Area. From April, 1971, the Family Planning Association Agency Scheme No. 6 has operated, whereby free consultation and free supplies have been made available to medical cases only. The Authority however decided that the system of assessment based on income and family size should continue, if help is requested in a 'non-medical' case.

1,681 cases were seen during the year, of which 20 were social cases, whilst 8 medical cases were seen at clinics outside the Administrative County, and 328 cases at a Family Planning Centre not affiliated to the Family Planning Association.

The Domiciliary Service came into being during the year in the Basingstoke and Bordon areas where 40 and 80 patients respectively were seen.

Since July 1971, Havant and Waterloo U.D.C. as a Delegate Authority, have operated a directly administered service and some 420 cases have been seen.

Gosport M.B., the other Delegate Authority, continued to provide a directly administered service, seeing 1,251 cases throughout the year.

County Nursing Services

The Hampshire Local Health Authority Nursing Service has an establishment of 445 staff with a variety of qualifications, State Enrolled Nurses (a recent addition to the team), State Registered Nurses, State Certified Midwives and Health Visitors with a variety of responsibilities for district nursing, midwifery, health visiting and management.

There is nothing very dramatic in the development of these services, but steady growth in areas of work undertaken, changes in methods of working, modernisation of equipment and improvement in working conditions for staff have all shown this to be a service ready to play its full part in community care and adapt to changing needs both locally and nationally.

District Nursing

With virtually 100% of the staff working within the medical group practices in the County the nurse is in increasing demand by her medical colleagues and in Health Centres and new surgery premises is able to give nursing treatment to patients in treatment rooms, a practice convenient for the ambulant patient and efficient both in standard of care and use of valuable nursing time. She is extending her skills and by working more closely with the doctors is able to relieve her medical colleagues of work which so often in the past they have done themselves rather than seek the appropriate nurse for a particular address.

The district nurse training course continues to assist in raising the standard of nursing care, increasing understanding of the needs of patients in their own homes and of knowledge of the other services available to those in need.

The gradual introduction of the State Enrolled Nurse into the practice team is proving to be an asset in making the State Registered Nurse available for more responsible work and at the same time giving a new career for the State Enrolled Nurse in community nursing.

Following a pilot scheme in 1970 in Gosport, Fareham and Havant, a Night Nursing Service was in 1971 established throughout the County to give care to patients in terminal illness, to assist those who are awaiting hospital admission and to relieve relatives of some of the burden of caring for the elderly and chronic sick at home.

In my report for 1970 I mentioned the trial of the Hampshire Dressing Aid, developed by Miss P. Simon, then Deputy County Nursing Officer. I am pleased to report that although Miss Simon left the County in May 1971, to become Director of Nursing Services for Derbyshire, the trials were successfully completed. The manufacturers are now in production and a tape recording and photographic slides have been made for the instruction of nurses in the technique. Interest has been shown by the Department of Health and Social Security and by many other Local Health Authorities and hospitals. It is anticipated that during 1972 all Hampshire nurses will be instructed in the technique and supplies of the pack will be made available.

When writing on equipment, I must also make mention that an increasing variety of nursing aids are made available to patients in their own homes from the Health Department and from Red Cross Depots, the British Red Cross Society continues to give invaluable service as the County agent in the distribution of this equipment.

Midwifery

Midwives in the urban areas and nurse/midwives in the more rural areas continue to give care to the mothers and infants of Hampshire. The number of home confinements continues to decrease, giving place to the obstetrically safer practice of hospital confinement, preceded by thorough and careful antenatal care in the group practice by the doctor and the County midwife. Following confinement, post-natal care of the increasing number of mothers who are able to return to their own homes after 48 hours in hospital is carried out by these midwives, thus giving the mother the maximum safety for confinement and the pleasure of returning quickly to her own home with her new baby, her family around her and confidence in the knowledge that she continues to have professional care at home.

In many areas the Local Health Authority midwife is able to take the patient into the general practitioner unit, attend the mother at confinement and then nurse her at home; this has proved popular with mothers and midwives, and a great deal of co-operation from hospital staff has made this a happy step towards a unified maternity service.

I am pleased to report that towards the end of 1971 it was possible to arrange for the nurses and midwives to work a long-awaited five-day week by increasing their off-duty by two days in every twenty-eight days. An establishment of twenty whole-time equivalent staff was allowed for this improvement in nursing conditions.

Health Visiting

The work of the Health Visitor was, for many years, the most misunderstood branch of the Local Health Authority Nursing Services, but, I believe in no small part due to the attachment of these staff to group practices, started in this county in 1954, it is now a service which is recognised by Hampshire family doctors as a very vital part of community care.

Hampshire County Council continue to sponsor students for Health Visitor Training at Southampton University and Reading College of Technology. Members of the health visiting staff who are Field Work Instructors assist in this training by giving field experience and teaching the students. Nine students trained during 1970/71, all qualified and are now members of my staff.

The increasing population, extension of the range of duties, the fast growing utilisation of the service by General Practitioners and the national shortage of these highly qualified staff, result in great demands being made upon the health visiting staff.

The health visitor does not see quick or dramatic results from her work but on her depends much early detection of physical, mental or social defects, the constant encouragement to ensure the continued immunisation rate and the teaching of all age groups in any matters relating to complete health.

School Nursing

In addition to the health visitors' responsibilities within the School Health Service, a team of State Registered Nurses work in the schools on vision testing, audiometry, hygiene and assisting the Medical Officer at medical examinations, thus giving the health visitor more time to concentrate on her work of health education and home visiting among the school population.

Part-time Staff

A large team of married nurses, midwives and health visitors give invaluable service to the County by working as temporary part-time staff at times of holiday, sickness, vacancies and increased pressure of work. These staff cheerfully work as many or as few hours as may be needed at any one time and without them the service would on occasion be very seriously stretched.

Hospital Liaison

Increasing importance is attached to the liaison between the hospital services and the L.H.A. nursing services to ensure continuity of patient care on admission from and discharge to the home. In 1964, Miss M. Wadham was appointed Hospital Liaison Officer, and over the years has developed good contacts between the paediatric and geriatric hospital departments and the Local Health Authority nursing staff, laying a good foundation for the approaching integration of the Health Services in 1974.

Management

In his consultative document, the Secretary of State emphasised the need for good management within the National Health Service. In 1969 a working group at the Department of Health and Social Security produced the Mayston Report, outlining a new management structure for the Local Health Authority Nursing Service. The implementation of this report has been under discussion during 1971 and I anticipate that it will be introduced in Hampshire in 1972. This will mean an increase in the number of first-line managers (Assistant Area Nursing Officers).

To recruit, co-ordinate and administer a service which employs mainly women, an increasing number of whom are married, involves a constant turnover of staff; to ensure the training and development of staff and advising on policy requires a strong team of nurse managers and an increase of staff at first-line level will greatly assist in improving communications with nursing staff and the allied professions.

In addition to the nursing officers, the nursing and child health section of my department with its administrative and clerical staff make an important contribution in keeping staff informed and supplied in order to enable the patients and families to receive the high standard of nursing service they have come to expect in Hampshire.

We know that increasing demands will be made in the future with greater emphasis on community care, but I face the future with confidence in the certain knowledge that the Hampshire Nursing Service will continue to give of its best.

Vaccination and Immunisation

Since the 1st July, 1967, all births and immunisations and vaccinations have been recorded on the computer. The County area was phased on to the computer and by 1970 appointment lists were produced for all areas for over 400 doctors. Facilities were also provided for over 100 County Council Clinics where Medical Officers carry out the immunisations and vaccinations.

The computer produces lists for General Practitioners setting out the children who are due for routine immunisation and vaccination and provides appointment cards. At the beginning of May, 1971, the Immunisation and Vaccination Scheme was transferred on to the County Council's new IBM computer. During the transition period several improvements were made to the scheme to give a better service to both G.P.'s and parents.

Following the recommendation of the Department of Health and Social Security in their circular 12/71, dated 28th July, 1971, smallpox vaccination is not now advised as a routine procedure in early childhood. With effect from 9th August, 1971, smallpox appointments ceased to be made by the computer. Smallpox vaccinations given during 1971, therefore, show a considerable decrease over previous years.

The statistical table set out on page 17 shows the acceptances for children who completed their primary courses by 31st December, 1971. The acceptance rates for 1969 are shown but for 1970 and 1971 no figures are included, as the recommended schedule of timings is now widely used in the County. This means that children do not complete their primary course of injections until the second year of life. Consequently no acceptance rate figures will be available for children born in 1970 until 1972.

Vaccination against Rubella

Rubella vaccination has been offered to all girls between their 11th and 14th birthdays, and by the end of the year 12,474 girls were vaccinated.

In the year 1972/73 Local Health Authorities will be required to carry out rubella vaccination of 11-year-old girls only.

Ambulance Service

Operations

The Family Doctor Immediate Care Scheme for road accident victims and other emergencies in the Hythe area continued to function satisfactorily and of 165 incidents during the year doctors attended 102.

An exercise was held prior to the opening of the M.3 motorway in order that the method of coning off lanes could be demonstrated, and the positioning of emergency services vehicles practised.

Stations

A start on the proposed new Ambulance Station at Andover has been delayed awaiting a decision on the construction of the Northern Link Road, but work is now expected to begin in the summer of 1972.

Vehicles

Fifteen new vehicles were delivered during the year. Special features incorporated were a second rotating beacon on the roof, twin flashing blue lights at the front of the vehicle, a suction unit deriving its power from the engine, but also being capable of being operated by hand away from the ambulance, and a centre locking device for one ambulance trolley to give all-round access to a patient needing intensive care. The newer ambulances have automatic transmission to give a patient the smoothest possible ride under all driving conditions.

Staff

At both the new Station at Basingstoke and the busy Station at Havant, additional staff were recruited to enable full 24-hour manning to be introduced and stand-by duty dispensed with.

The volunteer drivers of the Ambulance Car Service continued to provide a valuable supplementary service. Again some 100 enquiries were received from new volunteers, 72 of these were interviewed by the Deputy County Ambulance Officer and 48 subsequently enrolled, both to replace drivers who had retired and also to meet increasing demands.

Equipment

During the year under review spinal boards and cervical collars designed at the Ambulance Training School and made jointly by the school staff and Mount Industries, Bishopstoke, were introduced on the Ambulances with the intention of reducing the risk of spinal injury, particularly in the case of an injured patient who has to be extricated from a vehicle involved in a road accident.

At a major accident during the hours of darkness, emergency lighting can make the task of the Ambulance Service much easier. Bearing in mind the potential on the M.3 motorway for a multi-vehicle accident, it was decided to purchase and keep in readiness at the new Basingstoke Ambulance Station, a new type of floodlight, known as a Spar-lite. This equipment is housed in a container on the roof of a four-wheel-drive Landrover ambulance, and can be elevated to a height of ten feet in a matter of seconds. The light is surmounted by a beacon of over one million candle power, which will facilitate recognition of the incident from a distance.

Further battery-operated portable aspirators were donated to the Service during the year, a second one by the Inner Wheel Club of Gosport and two each by the Fareham Ladies' Circle, the Romsey Abbey Young Wives' Group and the Andover Ladies' Circle. The gift of these valuable items of equipment was very much appreciated.

Training

During the year six six-week courses, one two-week course and one officers' course were run at the Southern Ambulance Training School at Bishops Waltham, plus a special course for potential Instructors. A week was also devoted to day courses attended by all staff in the Service to acquaint them with the use of Entonox, motorway procedures and the spinal boards and cervical collars to which I referred above.

Other Authorities again assisted me greatly by loaning Instructors but, in view of the recognition of the school by the Local Government Training Board, to which I referred in my last report, it was decided to appoint two full-time Assistant Training Officers to the permanent staff at the School.

Two further Hampshire staff attended the Department of Health Instructors' Courses and successfully qualified.

Consideration was given to the provision of additional space at the School for lectures, under-cover training with vehicles and to other general improvements. Plans were approved and the work will be carried out in 1972.

Undoubtedly the most important development in the training field was the Authorities' decision to support the Medical Commission on Accident Prevention's pilot scheme, whereby selected Ambulancemen would undergo a course of training in hospitals to learn special skills such as intubation and intravenous infusion, in addition to other techniques which might be thought necessary to enable the Ambulance Service to cope adequately with seriously injured patients who might be faced with a long journey to the nearest accident and emergency centre before they could receive supportive treatment.

Initially a four-week course was tried and this achieved a great measure of success, but high-lighted the need for a certain amount of pre-training in anatomy and physiology to prepare students for their spell in hospital. I am very grateful to the Medical Officer of Health of the County Borough of Bournemouth, and to his Ambulance Officer for the assistance given in organising this training locally.

In 1972 those Ambulancemen who have been pronounced proficient will be provided with a special kit so that they may put into practise the skills they have learnt. It has still to be discovered whether the extra training increases the survival rate from the time of the crash to the time of admission to hospital. The assistance of the hospitals is being sought in order to follow up cases so that complete case histories can be obtained linked with the Ambulance Service records. It is envisaged that assessment of the value of the scheme will take place over a period of a year or more.

Health Education

In last year's report the Health Education Officer noted "A need in the Service, which had been well founded and expanded, to select priorities and streamline the use of time and scarce resources". It is therefore satisfactory to report the findings of a Departmental Working Party set up to "Consider the objectives of Health Education in Hampshire, the immediate targets for the next three or four years, their order of priority and resources required to meet these targets, and to make recommendations, taking into account the possible re-allocation of existing resources and the expenditure likely to be authorised". This Working Party, after 15 meetings, produced its report in September, 1971, and this report called for two major changes:

Stimulation of other agencies and persons to provide the necessary Health Education advice and help.

Priority concentration of time on children of school age and pre-school age and their parents (including the ante-natal period).

An increase of establishment of Health Education Officers from two to four in order to implement this policy was agreed.

This proposal and the time spent in the re-appraisal of Health Education in the Department, provided encouragement to the Health Education team and their work this year has been concerned with preparing material for the new programmes while maintaining the existing service and seeking to improve it.

Preparation

The Assistant Health Education Officer attended two weeks of in-service training, on "Health Education, the Broadening Vista", whose theme concentrated on the sort of re-appraisal of Health Education which the Working Party considered, and one on "Statistics and Epidemiology". The Art Assistant attended a week's course at Bristol Technical College on "Health Education Displays".

Two members of the Department staff are attending a day-release course on Health Education run by Highbury Technical College. This course is a pilot project of the College, working closely with the Health Education Council. Its aim is to give practising health educators a more concentrated course of in-service training than local authorities are able to give in either a week's refresher course or the day staff training programme. The course intake was limited to twelve persons and the Local Health Authorities of Portsmouth, Brighton, West Sussex, Worthing, the Isle of Wight and Hampshire have seconded students. Miss Pitcairn-Jones was elected to serve on the Steering Committee and has also lectured on the course with her two colleagues from West Sussex and Portsmouth. Discussion meetings about the aim of the course and its progress were held with our two students, with the support of the Area Nursing Officer, the Community Nurse Training Officer and a Tutor from Southampton University.

Three Health Visitors and Mr. Brand also attended a half-day release course on Health Education in Schools, at Southampton Institute of Education on ten alternate Wednesdays. This course was sponsored by the Area Training Organisation and planned by a Committee representing the Department of Education and Science, the Institute of Education of Southampton and representatives from the Education and Health Departments of Hampshire, Southampton and the Isle of Wight. Dr. Bailey and Miss Pitcairn-Jones have served on this Committee. All these courses will contribute to the staff development programmes recommended by the Working Party and being drawn up by the Health Education Section to begin next year.

Maintaining the Service

The monthly Health Education Bulletin has been sent out to all Medical and Nursing Members of the Department staff. Copies have also gone to the Ambulance Training School, the Dental Health Lecturers and to all Sections in the Department, as well as to the Education and Social Services Departments. These bulletins have carried descriptions of all Health Education Meetings and Conferences attended by the Health Education Officers, and reports sent in by field staff. New films seen, new material bought and new posters and leaflets available have been reviewed. Advance notice of Health Education Programmes in Schools and Colleges have been printed.

The Health Education Co-ordinating Committee has met in Winchester on four occasions and in four areas of the County with speaker, panel or visit on the subject chosen by the staff of the area.

In Winchester in January a Question Panel of a General Practitioner, Parent, Health Visitor and Headteacher met at the Health Centre to discuss "Health Education". At Lyndhurst in April one of Her Majesty's Inspectors of Schools and two Headmasters formed a panel to answer questions on "Health Education in Schools".

In June a visit was arranged to a new Psychiatric Day Hospital at Havant. In October, Surgeon Captain Ian Colley spoke on "Noise, its effect on Health" at Fareham. In December, Mrs. Margaret Stuart, County Pre-School Playgroup Organiser, spoke in Basingstoke on "The Beginnings of Communication".

Display Work

Three large displays of photographs to illustrate the work of the Department's Nursing Service, The Care of the Elderly and the Service to the Under-Five's have been made for a new Health Centre opening, a pre-School playgroup exhibition, and an open day at a hospital. Subsequently, they have been used in the display window in the High Street, Winchester, and in the waiting or entrance areas of all the Health Centres. Smaller displays for teaching on specific topics are changed at the thirteen Health Clinics every month. These have been on Child Development, Personal Hygiene, Weight Control, Drug Misuse and Venereal Disease.

Adult Health Education

Requests for talks during the year have indicated a general trend towards the need for more help and advice on behavioural disease problems. The subject of drugs misuse has continued to be much in demand with a significant rise in the number of sessions for Parent/Teacher Associations. There has been a marked increase in safety, accident prevention and first aid education. Special attention has been given to smoking and V.D., as described elsewhere in this report. As in 1970 the great majority of talks were on Mothercraft, Baby and Child Care, including Ante-natal Class sessions. The provision of more "Fathers' Evenings" was also noteworthy. Continuing interest has been shown in Nutrition, Weight Control, Hygiene and Family Planning. Motivation for talk requests may have been based partly on publicity in the mass media but also has come from individual needs expressed at group meetings and passed on to us as requests.

Smoking and Health

The year opened with publication of the Royal College of Physicians Report "Smoking and Health Now". The Health Education Council launched a series of national publicity campaigns in the press and on television and produced some new publications including the leaflets "Why Should I Stop Smoking" and "How to Stop Smoking" which have been widely distributed in the County, and a useful booklet "The Deadly Cloud". In order to maximise the effect of this publicity, special sessions on smoking have been run by Health Education Officers during the year in schools and colleges. The Health Education Council posters on this subject were displayed in clinics and Health Centres throughout the County. We have also distributed some good material from the Scottish Health Education Unit. Health Education Officers who attended the A.S.H. (Action on Smoking and Health) Conference and the World Conference on Smoking and Health, heard leading authorities on this subject. Much useful information on methods adopted and progress made in smoking reform was gained. The Report "On the State of Public Health" published in October, summarised a number of conclusions from these developments. Cigarette smoking is the largest, single, avoidable cause of death in Britain today, with the bulk of deaths attributable to three main areas—lung cancer, bronchitis and coronary heart disease. Few can still be unaware that a danger exists, but many do not accept that the hazard is real and applies to them. As a result, this is still predominantly a smoking community, giving every incentive to children and adolescents to follow the foolish habits of their elders. One of the most frequently emphasised needs is still to make the habit socially unacceptable. The Health Education Council's efforts were being aimed specially towards stopping the young from starting to smoke or, if they had started, from becoming addicted. There had been a 6% reduction in the consumption of cigarette tobacco following the January report, which had continued into the year. Other steps taken during the year included warning notices on cigarette packets and in advertisements, advice on the consequences of smoking in pregnant women, wider use of "No Smoking" notices, and further restrictions on smoking in public transport.

Venereal Disease Education

We are certainly progressing in creating opportunities to inform at least school children, their teachers and in some cases their parents about the nature of these infections and their early symptoms. We are participating in the creation of a climate in which these diseases can be discussed freely as part of the health hazards of living in a society where permissive sexual behaviour appears to be accepted.

Unlike the other health hazards, there is little information available on the sexually transmitted diseases and even where it is offered, people are reluctant to seem to need advice. Leaflets are available from the Family Planning Clinics and the Family Doctor Publications print a booklet which sells at 10p in chemists and book shops called the "Sexually Transmitted Diseases". A deliberate attempt to discuss the venereal diseases at all teachers' centres was made last year and reported in the last annual report.

However this still remains one of the subjects about which teachers feel that they need help in presenting the clinical picture and in answering questions about symptoms and sickness.

Because of the involvement of sexual activity in these diseases, there are emotional, psychological, and social factors. Teachers, particularly House Tutors, deal with this aspect of the problem after the reception of information. In this way the promotion of a healthy attitude and choice of behaviour is encouraged. We say explicitly that these diseases are dangerous and cannot lightly be acquired with the attitude that "a shot of penicillin will cure". To this end we have tended to present teaching on these diseases in the following way:

1. A factual lecture describing the incidence of the diseases and the annual rise in Wessex of about 10%.
2. A break-down of the diseases into groups with a description, sometimes illustrated with colour slides. The techniques of examination and the treatment; the confidentiality of the service at the special clinics is described and this is also illustrated with slides taken in the clinics in Hampshire. The clinical service is described as being efficient and easily obtained, but the fact that treatment requires check-ups and follow-up visits is also stressed.
3. Tracing of contacts is described as a difficulty which can be overcome by more education to appreciate the need for this, and more staff to carry out this time-consuming activity.

We have played very little part in mass education on this subject. The Consultant Venereologist has appeared on Southern Television at peak viewing time, and this has been used by us to discuss the impact of the programme.

We have used the central display sites in Health Clinics and Surgeries and in schools and teachers' centres, which are seen by only a limited section of the public, albeit an important one. We look to the Health Education Council to promote public education through the press and on national television.

Health Education in Schools

In March the Education Department held a conference at their residential centre at Pennington in order to study the findings of the Department of Education and Science's Survey of Health Education in Hampshire Primary and Secondary Schools.

Health Department staff attending were Dr. Margaret Chapman and Dr. Joy Colley, Mr. M. V. Symes, Chief Dental Officer, and Miss Pitcairn-Jones. The Inspectors from the Department of Education and Science explained their survey and it was generally agreed that there were great diversities in the quantity and spread of formal health teaching in schools.

It was considered necessary to review the 1964 Report, "New Approach to Health Education", and to prepare a book which would consist of examples of good practice and resources of useful speakers and teaching materials from which teachers could make the programme which best met the needs of the pupils, the area and the times. To this end a basic checklist was drawn up at the conference which was called "Learning to Care—Health Aspects of Education", the sub-headings being "Care of One's Self", "Care within the Family and Other Near Groups" "Care within Society at Large".

This document was printed and sent to each school with enough copies for every teacher. The Health Department also circulated this list with the monthly Health Education Bulletin and these checklists have formed the basis for study in Teachers' Centres, in schools and at staff meetings of School Doctors and Health Visitors.

The Conference also appointed a Working Party to gather together the examples of practical health education sent in by those who had studied this document which would form the new report.

Meetings were held at all six Teachers' Centres to introduce this checklist, discussion groups were formed on such aspects of the checklist as "Parental Co-operation, Teacher Training, Parent Craft, Inter-disciplinary Contributions, Bridging the Gap between Schools, Drugs Education and Moral Education". One of the Health Education Officers attended each of the Teachers' Centre meetings and has joined in discussion meetings as they were able.

Following a letter from the County Medical Officer to the Convenor of the groups offering the help of the staff, some members have attended the discussion groups of their choice.

These meetings and the circulation of the checklist have stimulated schools to increase their requests to the Health Education Officer for advice on Programme Planning, and Visual Aids material and also for practical support.

There has been a welcome tendency for the practical help required to be in participating or in co-ordinating our own staff rather than providing a programme.

We have been able to meet all these requests with the help and co-operation of the Nursing Officers and Health Visitors.

Until there are more Health Education Officers we can do no more than meet requests. When we are able to offer help for all schools, this will go a great way to co-ordinate the health teaching each child receives. "**The Visual Teaching Aids Book 1971**". This fifth edition was completed during the year and is an enlarged and comprehensive guide to all the teaching materials available for the use of the staff of the Department, and for the guidance of colleagues from other agencies.

Prevention of Dental Decay — the Fluoridation of Water Supplies

The position in regard to this most important of preventive measures, the introduction of which would have such a beneficial impact in reducing the scourge of tooth decay, regrettably remains as for previous years—namely that the recommendation by the Health Committee to introduce the fluoridation of water supplies has still to be implemented by the County Council.

Medical Loan Scheme

In addition to the valuable contribution made by the British Red Cross Society towards the care and comfort of the sick and handicapped in their own homes through the Local Medical Loan Depots, my Department continues to provide and install the special equipment items which require the skill and attention of the technical assistant for this particular service.

During 1971, 1,015 "specialised" items of equipment were delivered and installed, 217 "service" visits were made, involving a total of 22,913 miles—an average of 7.8 visits and 90.2 miles for every working day.

Cervical Cytology

During the year 44 sessions were carried out in five County Council Clinics and 642 women attended for cervical smears to be taken. Of these only two were referred to their own doctor for further examination of possible malignancy.

The figures show a disappointing fall in the demand for this Service and, as a result, I propose to strengthen the publicity for it wherever possible. With the co-operation of the Hampshire Executive Council and the doctors practising in Basingstoke, I propose to send to all their women patients of 35 years of age and over a letter from their own doctor advising them of the availability of this Service, either in the surgeries or in the County Council Clinics.

This scheme will be spread over twelve months and the necessary statistics kept to enable it to be properly evaluated on its completion.

Cervical Cytology—Clinic attendances

Clinic and date of commencement	1967		1968		1969		1970		1971	
	Number of sessions	Patients seen	Number of sessions	Patients seen	Number of sessions	Patients seen	Number of sessions	Patients seen	Number of sessions	Patients seen
Eastleigh 3.1.67	56	1,215	12	224	14	236	10	173	13	155
Basingstoke 2.2.67	38	705	14	238	3	45	23	378	9	123
Aldershot 6.3.67	30	548	19	317	6	92	13	203	9	165
Winchester 4.5.67	31	506	15	217	22	332	24	384	10	148
Christchurch 24.11.67	5	107	27	467	12	185	8	113	3	51
Fareham 10.1.68	—	—	44	765	15	227	11	133	—	—

Chiropody

The Chiropody Service continues to be carried out on an agency basis by the British Red Cross Society and the Hampshire Council of Social Service, for the elderly, the physically handicapped and, to a very limited extent, expectant mothers.

Number of persons treated:	1971	1970
(a) Aged 65 years and over	11,151	10,845
(b) Expectant mothers	5	3
(c) Others	258*	109
	<u>11,414</u>	<u>10,960</u>
Number of treatments given:		
(a) In Clinics	47,862	43,378
(b) In Patients' homes	11,770	11,528
(c) In Old People's Homes	130	1,137
(d) In Chiropodists' surgeries	3,119	1,425
	<u>62,881</u>	<u>57,468</u>

*This figure includes 252 physically handicapped or otherwise disabled persons under the age of 65 years—separate figures for this category were not kept in previous years.

Chiropody—Treatments given

Tables for 1970 and 1971 showing separate figures for the two agencies

	1970			1971		
	BRCS	HCSS	Total	BRCS	HCSS	Total
1. Clinics	26,620	16,758	43,378	30,124	17,738	47,862
2. Patients' homes	8,012	3,516	11,528	7,985	3,785	11,770
3. Old People's Homes	1,131	6	1,137	—	130	130
4. Chiropodists' surgeries	147	1,278	1,425	1,821	1,295	3,119
Total	35,910	21,558	57,468	39,933	22,948	62,881

Venereal Diseases

I am indebted to Dr. Warren, Director of V.D. Services, for the following section:

(a) <i>Wessex Clinics</i>	<i>New Patients</i>				<i>Attendances</i>			
	1968	1969	1970	1971	1968	1969	1970	1971
Southampton	2,987	3,299	3,424	3,968	8,969	9,405	10,361	11,624
Portsmouth	1,824	2,236	2,464	3,065	5,155	5,698	7,661	8,137
Winchester	267	294	351	367	614	570	759	823
Bournemouth	903	1,159	1,443	2,846	3,192	4,063	5,968	10,155
Poole	313	358	134		998	1,331	628	
Weymouth	122	102	138	158	547	314	489	514
West Dorset	31	52	43	64	163	193	184	241
Isle of Wight	146	172	182	228	411	430	541	658
Salisbury	180	259	333	379	608	739	892	1,009
Total	6,773	7,931	8,512	11,075	20,657	22,743	27,483	33,161

(b) <i>Adjoining S.W. Met. R.H.B. Area Clinics</i>									
Aldershot	251	332	326	285	768	999	907	Not available	
Chichester	141	275	348	486	483	944	1,139		
Guildford	370	496	526	582	1,362	1,697	1,823		
Total	762	1,103	1,200	1,353	2,613	3,640	3,869	—	
Grand Total ..	7,535	9,034	9,712	12,428	23,270	26,383	31,352	—	

NOTES ON WORK OF SPECIAL TREATMENT CLINICS

Syphilis

The numbers of cases of early infectious syphilis remains static 39 (39), although the national trend is slightly downwards. Southampton 15 (25) showed a significant drop, Portsmouth 10 (3) showed a compensatory rise as did Bournemouth 13 (7).

Of all these infections those acquired locally 15 (16) are closely matched by overseas infections 14 (19).

This year the Wessex Clinics are participating in a national study of homosexual infections and by next year interesting information should be available.

Gonorrhoea

The figures for Wessex reflect the national concern over the incidence of infections, 1,719 (1,372) represents an increase of 25%. Southampton 576 (437), Bournemouth 521 (388) and Portsmouth 463 (391) are the major contributors to this relentlessly rising tide.

During the past year a whole-time contact tracer has been appointed to the Southampton Clinic, a joint appointment with the City of Southampton, the County Health Authority and the University Hospital Management Committee co-operating most effectively.

Other Conditions

In 1971 the figures in this category were 9,254 (7,420). This steady increase may reflect the impact of health education and also a change in attitude on the part of the public to the special clinics. There seems to be much less reluctance to take advantage of the service offered and the stigma of such attendance is diminishing most encouragingly. This change in attitude is justified when it is realised that 9/11 of our work falls outside the field of the statutory venereal disease. It is not easy accurately to predict future demands but the increase in our work-load is likely to increase at least as rapidly in the future as it has in the past and we must make provision to deal with this problem as it presents.

The Boscombe and Poole Clinics have now been amalgamated into the Gloucester Road Clinic and the service is now available Monday to Friday from 2 to 7 p.m. This has been made possible by the welcome appointment of Dr. J. O. Doyle to the Consultant Staff of the Wessex Region.

In addition, the male and female clinics at Southampton are now similarly open daily from 10 a.m. until 7 p.m. This improvement in our service has already shown results in the Bournemouth area by greatly increased attendances both of new patients and follow-up cases and the trend appears to be significantly upwards, also in Southampton.

STATISTICS FOR 1971

ANTE-NATAL CLINICS AND RELAXATION CLASSES (Position at 31.12.70 shown in brackets)

<i>Ante-Natal Clinics</i>				<i>Relaxation Classes</i>	
<i>No. of Women who Attended</i>		<i>No. of Sessions held by</i>			
<i>For Ante-Natal Examination</i>	<i>For Post-Natal Examination</i>	<i>L.H.A. Midwives</i>	<i>G.P.'s Employed on Sessional Basis</i>			No. of Women who Attended
274 (580)	9 (20)	291 (317)	52 (52)	4,086	(4,086)

CHILD HEALTH CLINICS

<i>Year</i>	<i>L.H.A. Clinics</i>		<i>At G.P. Surgery with H.C.C. H.V. Attending</i>		<i>Percentage of Children Born during Year who Attended</i>		
	<i>Average Sessions per Month</i>	<i>No. of Children who Attended</i>	<i>Average Sessions per Month</i>	<i>No. of Children who Attended</i>	<i>L.H.A. Clinic</i>	<i>G.P. Surgery Clinic</i>	<i>Total</i>
1969	542	32,671	270	13,996	68	27	95
1970	522	31,998	301	15,151	68	28	96
1971	582	32,114	375	15,149	67	29	96

CARE OF PREMATURE BABIES

<i>Weight at Birth</i>	<i>No. Born Alive</i>	<i>Died in First 24 Hours</i>	<i>Died in 1-27 Days</i>	<i>Percentage Surviving Neo-Natal Period</i>		
				1971	1970	1969
2 lb. 3 oz. or less	59	17	5	63	73	60
Over 2 lb. 3 oz.	52	15	7	58	69	64
Over 3 lb. 4 oz.	195	7	8	92	90	91
Over 4 lb. 6 oz.	268	3	9	95	96	96
Over 4 lb. 15 oz.	540	6	7	97	98	97
Total	1,114	48	36	92	93	90

DISTRIBUTION OF NATIONAL WELFARE FOODS

Distribution Centres				1969	1970	1971
Child Health Clinics				152	135	133
W.V.S. Centres, Shops, etc.				164	153	167
				<hr/>	<hr/>	<hr/>
				316	288	300
				<hr/>	<hr/>	<hr/>
Issues						
National Dried Milk (tins)				53,162	51,016	30,592
Cod Liver Oil (bottles)				12,850	15,901	7,684
Vitamin A and D Tablets (packets)				12,853	23,179	13,718
Children's Vitamin Drops A, D & C (bottles) (from 4.4.71)				—	—	13,802
Orange Juice (bottles)				308,834	438,877	331,109

WORK OF HEALTH VISITORS. (Position at 31.12.70 shown in brackets)

1		<i>Cases Visited</i>		<i>Total Visits</i>	
1	Children aged up to five years	59,176	(66,168)	180,533	(191,095)
2	Persons aged 65 or over	6,924	(5,196)	19,566	(17,537)
3	Number included in line 2 who were visited at the special request of a G.P. or hospital	4,176	(3,391)	—	(—)
4	Mentally disordered persons	1,026	(735)	2,971	(2,229)
5	Number included in line 4 who were visited at the special request of a G.P. or hospital	512	(435)	—	(—)
6	Persons, excluding maternity cases, discharged from hospital (other than mental hospitals)	942	(840)	1,349	(1,278)
7	Number included in line 6 who were visited at the special request of a G.P. or hospital	624	(526)	—	(—)
8	Number of tuberculosis households visited	728	(532)	1,300	(1,193)
9	Number of households visited on account of other infectious diseases	339	(411)	385	(524)
10	Other cases	4,882	(8,283)	8,411	(14,487)

WORK OF DISTRICT MIDWIVES

Year	Domiciliary Confinements Attended			No. of cases delivered in hospitals, etc., but discharged to care of District Midwives before tenth day
	Doctor not booked	Doctor booked	Total	
1969	29	3,173	3,202	7,262
1970	48	2,414	2,462	7,854
1971	51	1,737	1,788	10,528

NURSING MIDWIFERY AND HEALTH VISITING SERVICE

Staff Employed at 31st December, 1971 (position at 31. 12. 70 shown in brackets)

	Whole-time	Part-time	
		Number	Whole-time Equivalent
Health Visitors/School Nurses ..	142 (134)	13 (5)	5.82 (1.98)
School Nurses ..	2 (3)	27 (29)	18.92 (19.54)
D.N./Midwife/Health Visitors ..	13 (14)	— (—)	— (—)
District Midwives ..	41 (40)	5 (3)	3.34 (1.17)
District Nurse/Midwives ..	101 (99)	5 (4)	2.38 (2.26)
District Nurses ..	70 (65)	45 (43)	28.52 (27.10)
Clinic Nurses ..	1 (—)	6 (3)	2.52 (1.49)
Total ..	370 (355)	101 (87)	61.50 (53.54)

Administrative Staff Establishment

County Nursing Officer ..	1 (1)
Deputy County Nursing Officer ..	1 (1)
Community Nurse Training Officer ..	1 (1)
Area Nursing Officers ..	5 (5)
Assistant A.N.O.s ..	3 (5)
Hospital Liaison Officer ..	1 (1)

WORK OF DISTRICT NURSES

Year	No. of Persons Nursed during Year	Persons Nursed who were aged:			
		Under Five Years		65 Years and Over	
		No.	%	No.	%
1970	17,479	534	3	10,788	62
1971	21,485	600	3	13,010	61

NURSING HOMES

Number Open at End of Year	Beds			Closed	Opened
	Total	Maternity	Others		
1968 36	706	64	642	1	—
1969 38	713	64	649	4	6
1970 36	651	36	615	4	2
1971 38	677	36	641	1	3

VACCINATION AND IMMUNISATION

Smallpox Vaccinations

Year	Vaccinations					Re-vaccinations			Grand Total
	Under 1 Year	1 Year	2-4 Years	5-15 Years	Total	2-4 Years	5-15 Years	Total	
1969	288	7,074	2,758	758	10,878	366	2,633	2,999	13,877
1970	220	7,877	3,509	693	12,299	392	2,325	2,717	15,016
1971	117	2,943	6,868	655	10,583	382	2,035	2,417	13,000

Measles Vaccinations

	<i>Under 1 Year</i>	<i>1 Year</i>	<i>2 Years</i>	<i>3 Years</i>	<i>4-7 Years</i>	<i>8-16 Years</i>	<i>Total</i>
1970	37	6,291	5,562	1,671	4,235	634	18,430
1971	22	7,335	6,450	3,446	4,495	432	22,180

Diphtheria, Whooping Cough, Tetanus and Poliomyelitis

Completed Primary Courses for children under 16 years during year ended 31st December, 1971

<i>Vaccine</i>	<i>Year of Birth</i>					<i>Others Under 16</i>	<i>Total</i>
	1971	1970	1969	1968	1964-67		
Quadruple: (Diphtheria, Whooping Cough, Tetanus, Polio)	—	—	—	—	—	—	—
Triple: (Diphtheria, Whooping Cough, Tetanus)	803	11,088	3,784	679	331	48	16,733
Diphtheria/Tetanus	10	896	452	107	740	153	2,358
Diphtheria only	—	—	—	—	6	3	9
Tetanus	—	6	4	9	24	514	557
Polio Salk	—	—	—	—	—	—	—
Polio Sabin	690	11,404	4,208	782	1,150	253	18,487
Total Diphtheria	813	11,984	4,236	786	1,077	204	19,100
Total Whooping Cough	803	11,088	3,784	679	331	48	16,733
Total Tetanus	813	11,990	4,240	795	1,095	715	19,648
Total Polio	690	11,404	4,208	782	1,150	253	18,487

Reinforcing doses for children under 16 years during year ended 31st December, 1971

<i>Vaccine</i>	<i>Year of Birth</i>					<i>Others Under 16</i>	<i>Total</i>
	1971	1970	1969	1968	1964-67		
Quadruple: (Diphtheria, Whooping Cough, Tetanus, Polio)	—	—	—	—	—	—	—
Triple: (Diphtheria, Whooping Cough, Tetanus)	6	559	1,407	480	1,756	472	4,680
Diphtheria/Tetanus	5	151	351	230	11,027	3,139	14,903
Diphtheria	—	—	2	—	29	549	580
Tetanus	—	—	—	—	3	1,227	1,230
Polio Salk	—	—	—	—	—	—	—
Polio Sabin	5	571	1,417	599	12,873	4,104	19,569
Total Diphtheria	11	710	1,760	710	12,812	4,160	20,163
Total Whooping Cough	6	559	1,407	480	1,756	472	4,680
Total Tetanus	11	710	1,758	710	12,786	4,838	20,813
Total Polio	5	571	1,417	599	12,873	4,104	19,569

Acceptance Rates Primary Courses completed by 31st December, 1971

<i>Vaccine</i>	1969	1968	1967
Triple (Diphtheria, Whooping Cough, Tetanus)	93.9%	91.1%	97%
Polio	93.4%	86.7%	89%

Rates for 1970 and 1971 will not be available until 1972 and 1973 due to the recommended timing of fourteen months for complete courses.

AMBULANCE SERVICE

<i>Year</i>	<i>Ambulance Service</i>		<i>Ambulance Car Service</i>		<i>Totals</i>		<i>Railway Transport</i>	
	<i>Miles</i>	<i>Patients</i>	<i>Miles</i>	<i>Patients</i>	<i>Miles</i>	<i>Patients</i>	<i>Miles</i>	<i>Patients</i>
1970	1,494,885	172,055	2,531,441	228,940	4,026,326	400,995	47,777	807
1971	1,578,158	186,716	2,776,903	280,537	4,355,088	467,253	53,777	831

Classification of patients carried by Ambulance Service vehicles

Year	Road Accidents	Other Accidents	Sudden Illness	Maternity	Mental	Infectious	Other Cases	Total
1970	5,025	3,044	4,497	2,850	679	298	155,662	172,055
1971	5,008	4,721	4,721	2,912	613	298	170,106	186,716

TUBERCULOSIS STATISTICS

Deaths from Pulmonary and Non-Pulmonary Tuberculosis

Year	Pulmonary		Non-Pulmonary	
	No.	Rate per 100,000 Population	No.	Rate per 100,000 Population
1969	10	1.0	12	1.2
1970	4	0.4	13	1.3
1971	13	1.3	4	0.4

THE SCHOOL HEALTH SERVICE

TABLE 1 PERIODICAL MEDICAL INSPECTIONS

Age Groups Inspected (by years of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number (3)	% of Col. 2 (4)	Number (5)	% of Col. 2 (6)
(1)	(2)				
1967	—	—	—	—	—
1966	5,733	5,732	99.98	1	0.02
1965	12,993	12,990	99.98	3	0.02
1964	1,818	1,817	99.94	1	0.06
1963	757	756	99.87	1	0.13
1962	468	468	100.00	—	—
1961	372	371	99.73	1	0.27
1960	247	247	100.00	—	—
1959	361	361	100.00	—	—
1958	337	337	100.00	—	—
1957	215	215	100.00	—	—
1956 and earlier	566	566	100.00	—	—
Total	23,867	23,860	99.97	7	0.03

TABLE 2 PUPILS FOUND TO REQUIRE TREATMENT AT PERIODICAL MEDICAL INSPECTIONS (excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (by years of birth)	Number of Pupils Inspected	For Defective Vision (excluding Squint)		For any other conditions recorded in Table 4		Total Individual Pupils	
		Number (3)	% of Col. 2 (4)	Number (5)	% of Col. 2 (6)	Number (7)	% of Col. 2 (8)
		(1)	(2)				
1967	—	—	—	—	—	—	—
1966	5,733	113	1.97	553	9.64	640	11.16
1965	12,993	266	2.05	1,099	8.44	1,320	10.15
1964	1,818	31	1.71	150	8.25	176	9.68
1963	757	17	2.25	65	8.59	77	10.17
1962	468	15	3.20	33	7.05	46	9.82
1961	372	13	3.49	35	9.40	47	12.60
1960	247	5	2.02	15	6.07	19	7.69
1959	361	9	2.49	27	7.54	35	9.69
1958	337	11	3.26	23	6.82	33	9.88
1957	215	2	0.93	14	6.51	16	7.44
1956 and earlier	566	12	2.12	27	4.77	36	6.36
Total	23,867	494	2.06	2,041	8.55	2,445	10.24

TABLE 3 OTHER INSPECTIONS

Number of Special Inspections	7,292
Number of Re-inspections	24,961
Total	32,253

TABLE 4

ANALYSIS OF DEFECTS FOUND AT PERIODIC AND SPECIAL INSPECTIONS IN THE YEAR ENDED 31st DECEMBER, 1971

Defect or Disease	Entrants No. 18,726						Periodic Inspections—Age Groups						Total No. 23,867						Special Inspections No. 7,292					
	No. of Defects			No. of Defects			No. of Defects			No. of Defects			No. of Defects			No. of Defects			No. of Defects					
	Requiring Treatment	Incidence per 1,000	Observations	Requiring Treatment	Incidence per 1,000	Observations	Requiring Treatment	Incidence per 1,000	Observations	Requiring Treatment	Incidence per 1,000	Observations	Requiring Treatment	Incidence per 1,000	Observations	Requiring Treatment	Incidence per 1,000	Observations	Requiring Treatment	Incidence per 1,000	Observations			
Skin ..	133	7.1	674	36.0	55	10.7	162	31.5	188	7.9	836	35.0	46	6.3	152	20.8								
Eyes—(a) Vision ..	379	20.2	1,124	60.0	115	22.4	343	66.7	494	20.7	1,467	61.5	121	16.6	294	40.3								
(b) Squint ..	175	9.3	339	18.1	35	6.8	84	16.3	210	8.8	423	17.7	17	2.3	54	7.4								
(c) Other ..	28	1.5	97	5.2	6	1.2	27	5.3	67	1.4	124	5.2	2	0.3	44	6.0								
Ears—(a) Hearing ..	136	7.3	2,093	111.9	31	6.0	429	83.6	167	7.0	2,522	105.7	50	6.9	668	91.7								
(b) Otitis Media ..	89	4.8	729	38.9	12	2.3	122	23.7	101	4.2	851	35.7	12	1.6	72	9.9								
(c) Other ..	30	1.6	231	12.3	10	1.9	46	8.9	40	1.7	277	11.6	13	1.8	56	7.7								
Nose and Throat ..	309	16.5	1,971	105.3	63	12.3	346	67.4	372	15.6	2,317	97.1	54	7.4	353	48.4								
Speech ..	214	11.4	737	39.4	31	6.0	80	15.6	245	10.3	817	34.2	82	11.2	199	27.3								
Lymphatic Glands ..	23	1.2	483	25.8	2	0.4	83	16.1	25	1.1	566	23.7	—	—	26	3.6								
Heart ..	37	2.0	304	16.2	10	1.9	72	14.0	47	2.0	376	15.8	10	1.4	80	11.0								
Lungs ..	78	4.2	660	35.3	16	3.1	156	30.3	94	3.9	816	34.2	17	2.3	229	31.4								
Developmental—(a) Hernia ..	37	2.0	71	3.8	4	0.8	10	1.9	41	1.7	81	3.4	5	0.7	4	0.5								
(b) Posture ..	50	2.7	546	29.2	14	2.7	119	23.1	64	2.7	665	27.9	25	3.4	169	23.2								
(c) Feet ..	10	0.5	131	7.0	6	1.2	57	11.1	16	0.7	188	7.9	6	0.8	44	6.0								
(c) Other ..	42	2.2	308	16.4	16	3.1	70	13.6	171	7.2	630	26.4	36	4.9	109	14.9								
Orthopaedic—(a) Epilepsy ..	133	7.1	534	28.5	38	7.4	96	18.7	58	2.4	378	15.8	13	1.8	129	17.7								
(b) Posture ..	8	0.4	75	4.0	2	0.4	14	2.7	10	0.4	89	3.7	7	1.0	47	6.4								
(c) Other ..	15	0.8	197	10.5	4	0.8	67	13.0	19	0.8	264	11.1	12	1.6	156	21.4								
Nervous System—(a) Developmental ..	41	2.2	317	16.9	17	3.3	78	15.2	58	2.4	395	16.6	66	9.1	179	24.5								
(b) Stability ..	118	6.3	911	48.6	21	4.1	187	36.4	139	5.8	1,098	46.1	97	13.3	435	59.7								
Abdomen ..	24	1.3	229	12.2	3	0.6	51	9.9	27	1.1	280	11.7	7	1.0	63	8.6								
Other ..	27	1.4	422	22.5	11	2.1	123	23.9	38	1.6	545	22.8	16	2.2	220	30.2								
Menstruation ..	—	—	—	—	1	*0.2	6	*1.2	1	*0.04	6	*0.3	2	*0.3	33	*4.5								
Total Defects ..	2,136	114.0	13,183	702.0	523	101.7	2,828	550.1	2,659	111.4	16,011	671.1	716	98.2	3,815	523.1								

*The rates per 1,000 girls are approximately double the figures shown

The number of medical examinations undertaken showed a small increase over 1970, and the number of pupils found unsatisfactory decreased. There were no significant changes in the pattern of defects found.

TABLE 5
ANNUAL VISION TESTING

Number of children with normal vision	127,865
For re-test	6,745
Referred to S.M.O. or Eye Clinic	3,457
Others (with or without glasses whose vision may not be normal but cannot be improved)	3,824
Total tested	141,891

The intention remains that every child should have his vision tested each year, though once again the percentage tested at 81.6% has still not achieved this ideal.

TABLE 6
COLOUR VISION (Boys in 1st Year of Secondary School only)

Total tested	6,852
Total defective	357
Percentage defective	5.21%

The incidence of colour vision defect remains constant at a little over 5%.

TABLE 7
INCIDENCE OF SQUINT FOUND PER 1,000 SCHOOL ENTRANTS AT PERIODIC MEDICAL INSPECTIONS

Year	Referred for		Total
	Treatment	Observation	
1966	11.2	21.6	32.8
1967	17.8	21.2	39.0
1968	10.7	24.1	34.8
1969	10.0	20.7	30.7
1970	9.9	14.0	23.9
1971	9.3	18.1	27.4

TABLE 8
SUMMARY OF WORK OF SCHOOL EYE CLINICS

	New Cases	Re-examinations	Total 1971	Total 1970
Number of Children seen	2,045	2,604	4,649	5,330
Total Attendances	2,045	4,122	6,167	6,714
Glasses ordered for the first time	807	596	1,403	1,478
Lenses changed	—	1,094	1,094	1,221
Glasses discontinued	—	18	18	35
Recommended for orthoptic treatment	—	—	34	43
Referred for advice re operative treatment	—	—	49	61

During 1971 consultant staffing problems occurred in several clinic areas and, therefore, the number of cases seen fell. Alternative arrangements have had to be made in some instances for children to be seen in order to prevent a large build-up of waiting lists.

Audiometry and Hearing Defects

In 1971 pure tone audiometric testing of selected children referred by the School Medical Officers from the School Medical Inspection and by Head Teachers was continued, and the results are shown in Table 9 below.

TABLE 9
AUDIOMETRY

Age	No. of Children Tested for the First Time	No. of Re-Tests	Children newly found to have Hearing Loss
5	2,006*	143	559
6	1,523	640	758
7	833	1,071	344
8	586	618	299
9	404	401	198
10	188	317	124
11	104	471	103
12	215	268	100
13	131	120	75
14	40	103	39
15	39	54	20
16	15	18	9
17	6	6	5
Total	6,090	4,230	2,633

*This figure includes 1,092 children in the Havant Delegated Area, where routine sweep testing of "entrants" is undertaken.

The figure 2,633 for children newly found to have a hearing loss represents 1.50% of the school population: the corresponding figures in 1970 was 1.43%. The hearing testing of certain special groups of school children was continued as previously:—

Children with cerebral palsy: 17 tested and found to be within normal limits.

Children with speech defects: 260 were tested for the first time and 75 had a hearing loss.

Children with hearing aids of whom there were 188 in 1971 in ordinary schools.

Educational Services for Children with Impaired Hearing

I am indebted to the County Education Officer for the following report by Mr. F. D. Priddle, Senior Peripatetic Teacher of the Deaf.

Provision and Staff

The Peripatetic Staff for children of school age consists of one senior teacher and two assistants. Each covers a sector of the County. Each area is significantly different from the others in respect of population distribution and therefore, in the way that provision has been organised.

Children with Hearing Aids

Of a total of 173 school-aged children fitted with hearing aids and attending schools in Hampshire (other than the School for the Deaf), 79 were found in the South-east, 53 in the North and 41 in the South-west.

In the South-east 23 of the 79 children between the ages of 5 and 16, were in the care of the teacher in charge at the Wallisdean Unit in Fareham. Six children between the ages of 5 and 11 years in the North who previously received help from the Unit teacher at Cove Manor, Farnborough are, this year, included among the peripatetic cases as the Unit has been without a teacher. There are no Unit facilities in the South-west.

Educational Placement

In this South-western area there will be found among the 41 cases under the care of the Assistant Teacher, children similar to:—

those found in the Wallisdean and Cove Units, and

those peripatetic cases in the North and South-east who live outside the catchment area of the Unit.

The allocation of each teacher's time therefore varies considerably.

The primary responsibility of each teacher is to assess and review the audibility of a child's present educational placement in relation to alternative provision. To do this it is necessary to assess the amount of support needed by the child in relation to the help available. During the year 16 pre-school children have attended the Nursery Unit at Wicor Infant School, Portchester for this purpose. Eight are at present in attendance. Of those who have left three were transferred to Ovingdean School, Brighton, two to St. Thomas' School, Basingstoke, one to Condoval Hall, one to Wessex Regional Unit and one to the Partial Hearing Unit at Wallisdean, Fareham.

Support

Support for an individual child ranges from an annual review of educational and social progress to direct weekly teaching supplemented by advisory work carried out in the school, counselling the parents at home and effecting liaison with Medical and Social Services.

Testing

In order to review a child's education and social development in relation to his disability it is usually necessary to carry out certain hearing, linguistic, and educational tests. These need to be interpreted from an audiological point of view. Knowledge about these tests and their interpretation is not contained in the training of a teacher of the deaf. The Authority is, therefore, extremely fortunate that the assistant teachers working in a peripatetic capacity have achieved a high standard of skill in this work. This skill has resulted from interest, ability and experience obtained in Schools for the Deaf and Partially Hearing as well as in the normal school and Schools for the Educationally Sub-normal. However, since April of this year, children who attend establishments previously designated as Junior Training Centres and Mental Subnormality Hospital Schools have been afforded educational services. At the same time, wider recognition is being given to retardation of the developmental aspects of auditory response (as distinct from deafness) as a contributory factor in the development of communication skills. When these two facts are linked and related to fashionable terminology such as Autism, Language Disorder and Dyslexia, it will be appreciated that demands concerning advice on educational placement and treatment are being placed on the service which were not envisaged when it was created and the staff were appointed. Experience gained during the year in which I attended Manchester University and obtained the Diploma in Audiology, is now proving to be most rewarding, but my time has been divided and I am no longer able to carry out a satisfactory teaching programme. I have increased my support to colleagues, in both the peripatetic and the unit work. By so doing, I hope to ensure that:—

1. Children are tested in familiar surroundings;
2. Teachers gain some experience of using different testing techniques;
3. There is opportunity for me to review the balance of provision in each area.

In addition to the children referred to the team, for an educational opinion, and included in the table at the end of this report, other children were seen. These included:—

1. 93 children seen for the first time, assessed in schools and found to be neither in need of, nor likely to develop the need for, support from the team; and
2. Similar children found among the 96 who attended clinics held in Havant and Fareham which were also attended by Mrs. Stancliffe.

As Senior Teacher, personal duties additional to those already mentioned included special visits to Compton Diagnostic Unit and to Clinics and Special Schools outside my teaching area. I attended a week's course on communication, organised by the Spastics Society, a week-end Conference called by the Deaf-Blind and Rubella Society and the Heads Conference at the Department of Education and Audiology at Manchester University. During the year I have represented the Authority as the invited observer at Committee Meetings of the local branch of the National Deaf Children's Society. Addresses to both professional and lay societies about our work have been given.

Against this background the following analysis should be read.

Analysis of Work of the Peripatetic Teachers

	<i>Weekly Teaching</i>		<i>Regular Review</i>		<i>Infrequent Visits</i>		<i>Total</i>
	<i>Children with aids</i>	<i>Children without aids</i>	<i>Children with aids</i>	<i>Children without aids</i>	<i>Children with aids</i>	<i>Children without aids</i>	
Mr. Priddle (North)	9	1	11	3	33	5	62
Mrs. Stancliffe (S.E.)	11	2	28	6	17	23	87
Miss Kitching (S.W.)	14	2	18	9	9	47	99
Total	34	5	57	18	59	75	248

I am indebted to my own colleagues, colleagues working at St. Thomas' School for the Deaf and to both Mr. Macpherson and Mr. Walsh of the County Medical Department for organising a most successful meeting of parents during the Easter vacation.

TABLE 10
AUDIOLOGY CLINICS

	Aldershot						Fareham				Havant			
	Pre-School		School Children		Adults		Pre-School		School Children		Pre-School		School Children	
	New	Re-Ex	New	Re-Ex	New	Re-Ex	New	Re-Ex	New	Re-Ex	New	Re-Ex	New	Re-Ex
No. of Cases	3	1	1	—			12	—	53	1	22	11	31	16
No. of Attendances	3	1	1	—			12	2	53	5	22	7	31	13
Recommended Hospital Treatment	—	—	—	—			2		21		8	1	12	1
Recommended Hearing Aids	—	—	—	—			3		8		3	—	3	2
Referred to Other Specialists	—	—	—	—			—		2		1	—	2	2
Recommended S.E.T.	—	—	—	—			1		1		2	—	1	—
Discharge	2		1	—			12		49		6	1	10	3

School Speech Therapy Service

Report by Mr. A. P. Tolfree, F.C.S.T., Chief Speech Therapist

The total approved establishment (11.55) of speech therapists remained unchanged throughout the year, but the actual staff (equivalent of 6.77) on 1st January, increased to 9.45 by 31st December, having reached, for a short period in November, an all-time peak of 10.73, but the improved staffing position did not begin until the middle of the year. The total number of therapists (13) at the end of the year was the same as at the beginning, but the composition was different—six whole-time and seven part-time therapists (i.e. three more whole-time and three fewer part-time). In view of the continuing national shortage of speech therapists the improvement in staffing was encouraging, but nevertheless it was regrettably necessary in July, temporarily to close the speech clinics in the Alton and Petersfield districts and they were still unserved at the end of the year with no prospect of early re-opening. Fortunately it was possible to resume services, suspended in 1970, at Lankhill's School and at the Compton Diagnostic Unit.

In some instances speech clinics had to be accommodated in premises not really suitable, or outside the district where most needed, e.g. additional sessions urgently required at Hythe had to be transferred to Totton owing to pressure on accommodation at the Hythe Medical Centre. An expanding service resulting from increasing population necessarily puts a strain on accommodation facilities and problems of servicing are not always due to lack of staff. As the new Medical Centres are opened, e.g. more recently at Andover and New Milton, the greatly improved working conditions are much appreciated by all concerned.

My speech therapy colleagues are very keen as visitors to our quarterly staff meetings testify. Intending speech therapy students are welcomed to clinics and talks are given to groups of parents. The speech therapists are encouraged to attend day and other courses relevant to their clinical duties.

In addition to the work accomplished during the year as detailed in the following tables, the new Special Schools (formerly Training Centres) and Hampshire Training Industries establishments were visited as much as time permitted but it has proved impracticable to summarise particulars of the work undertaken which was mainly of an advisory character.

TABLE 11
SPEECH CLINICS

Clinic sessions held	2,612
Consultations	631
Treatments	11,801
New cases referred during the year	811
Cases treated:	
(a) New cases commencing during the year	600
(b) Continued from 1970	1,080
	1,680
Children discharged	527
Number on Register 31.12.71:	
(a) Under treatment	1,108
(b) Awaiting treatment after consultation	45
	1,153
Waiting list (awaiting consultation) on 31.12.71	311

TABLE 12
SPEECH CLINICS

Children discharged—Results of treatment

Reason for Discharge	No Improvement	Improved	Speech Satisfactory
Found unsuitable for treatment ..	4	3	—
Failure to continue attendance ..	22	55	7
No further response anticipated ..	—	81	243
Left School	2	26	13
Left district	11	55	5
Total	39	220	268

Grand Total Discharged .. 527

TABLE 13
SPEECH THERAPY

The following table shows the number of boys and girls under treatment (including those awaiting treatment after consultation) on 31.12.71 by Speech Therapist for each type of defect.

Defect	Boys	Girls	Total
Dyslalia	479	221	700
Dysarthria	10	2	12
Stammer	86	23	109
Cleft Palate	13	7	20
Delayed Speech Development ..	105	42	147
Dual defects	60	16	76
Others	55	34	89
Total	808	345	1,153

Child and Family Guidance Service

In my report last year mention was made of the proposal that the administration and clerical work of the Service should no longer be centralised on Winchester. During the past year this policy has been implemented and local offices with clerks have now been established at each of the nine Child Guidance Clinics in the County area. The local support thus available to the Clinic staff is greatly appreciated and obviously improves the effectiveness of the work. A greater number of Educational Psychologists and Psychiatric Social Workers are being employed now than before, and it is hoped that further increases in the establishment will be approved.

Towards the end of the year the Consultant Psychiatric Staff was augmented by the appointment of Dr. P. Copus to cover the Andover and Basingstoke Clinics, and Dr. A. Harbott to cover the Gosport Clinic. The areas of the existing Psychiatrists have been adjusted accordingly.

A Child Guidance Advisory Committee has been established consisting of representatives of the four disciplines involved in the service, i.e. Psychiatrists, Educational Psychologists, Psychiatric Social Workers, and an Administrator at which a member of my senior medical staff attends. The aim is to provide a focus for the unification of the ideas of the various disciplines and to indicate ways in which policy changes might be made to improve the effectiveness of the service.

TABLE 14
CHILD GUIDANCE SERVICE

New cases referred during the year	1,062
Old cases re-opened	55
	<hr/>
	1,117
	<hr/>
Reasons for Referral	
Behaviour disorders	684
Habit and physical disorders	121
Educational and vocational advice	109
Nervous disorders	83
Failing to attend school	60
Advice replacement	39
Breach of recognisance	5
Miscellaneous	16
	<hr/>
	1,117
	<hr/>

School Psychological Service

Dr. L. F. Lowenstein, Senior Educational Psychologist, reports as follows:—

1. Introduction

The School Psychological Service is extremely grateful to the County for the interest it has taken in its development. It is hoped, in the near future, to have one psychologist per 10,000 school children and to aim for a better ratio in view of added responsibilities, such as for the severely sub-normal, pre-school children, etc. The School Psychological Service of 12, now caters for a school population of over 171,000. While certain areas of the County, such as Winchester, are now better served than ever before, many other areas are still struggling with limited professional resources.

As in previous years, a harmonious relationship has continued between the School Psychological Service and the Child Guidance Clinic as well as the Medical and Social Services Departments. Another close liaison exists with the Peripatetic Teaching staff of the County.

Perhaps the single greatest change in direction, is the decentralisation of the County into six areas, details of which are outlined below. There has been a commensurate increase in psychiatric time and psychiatric social workers, providing for the County an ever-increasing resource of preventive and therapeutic expertise. Despite this improvement, there is still some anxiety among psychologists that they are unable to cater intensively enough with many children, and parents, who require long-term therapy or support.

TABLE 15

2. Analysis of Referrals

Psychologists	Catchment area	School population Jan. 1971	Seen	Waiting	Total
A. McInnes, M.A., M.Ed.	Winchester	15,210	267	54	321
N. Rosier, B.A. Dip. Psych.					
Mrs. J. Stockley, B.A.	Eastleigh	12,045	106	14	120
Dr. J. Cummings, Ph.D. (6 sessions)	Andover	10,196	126	30	156
A. Potton, B.A.	Basingstoke	16,337	259	90	349
C. Dalais, B.A., Dip. Psych.	Havant	25,604	497	168	665
J. Warner, M.A.					
P. Stevens, B.Sc.	Christchurch	16,487	61	53	114
Mrs. L. Kaplin, B.A. (2 sessions)					
Miss P. Beaumont, B.Sc.	Hythe	9,291	80	21	101
Mrs. V. Forster, B.A.	Gosport	32,524	164	163	327
P. Kendall, B.A.	Aldershot	33,638	399	260	659
Totals		171,332	1,959	853	2,812

During 1971 there has been a decrease in the number of referrals made to the School Psychological Service. Mainly responsible for this phenomenon is the increasing number of courses given to teachers in Hampshire to deal with problems in the school and also the greater number of visits paid by psychologists to schools to advise on how teachers may, themselves, cope with difficult situations in the classroom. It was also reassuring to note that in some areas the waiting list of the previous year had been considerably decreased as a result of more staff and more effective use of resources, by involving the peripatetic teachers and through the training of teachers in schools.

In other sectors there are still long waiting lists, i.e. Havant, Gosport and Aldershot. It is hoped in the near future that these areas may be better supported by additional psychologists being appointed.

As a result of additional staff, psychologists have been able to treat children in greater depth than previously. They have carried out more preventive work in the form of lectures to parents, teachers, and other professional staffs.

It must be noted that psychologists are individuals, with different methods of working, hence, the varying numbers of children seen by different psychologists. In many cases, when fewer children were seen, these were seen on a more intensive basis.

TABLE 16

SOURCE OF REFERRAL

	Boys (1970)	Girls (1970)	Total (1970)
Head teacher	1,003 (1,450)	537 (696)	1,540 (2,142)
S.M.O.	273 (215)	94 (105)	367 (320)
Psychiatrist	217 (149)	105 (58)	322 (207)
C.E.O.	105 (86)	46 (63)	151 (149)
Court	39 (25)	29 (14)	68 (39)
Parent	43 (67)	27 (28)	70 (95)
Social Services	7 (15)	4 (6)	11 (21)
Probation Officer	1 (4)	— (—)	1 (4)
G.P.	50 (44)	24 (15)	74 (59)
Other	146 (72)	71 (33)	217 (105)
Totals	1,884 (2,127)	937 (1,014)	2,821 (3,141)

The main source of referrals came from Head Teachers. This was followed by School Medical Officers and Psychiatrists.

TABLE 17
REASON FOR REFERRAL

	Boys	(1970)	Girls	(1970)	Total	(1970)
Assessment	1,044	(1,370)	571	(630)	1,615	(2,000)
Backward	222	(178)	91	(100)	313	(278)
E.S.N.	154	(217)	66	(110)	220	(327)
Advice	80	(63)	33	(37)	113	(100)
Behaviour	146	(172)	76	(105)	222	(277)
Reading and Spelling	98	(23)	33	(8)	131	(31)
Emotional	22	(25)	7	(9)	29	(34)
School Phobia	4	(7)	4	(5)	8	(12)
Dyslexic	4	(27)	2	(5)	6	(32)
Pilfering	2	(6)	1	(2)	3	(8)
Speech	11	(8)	2	(—)	13	(8)
Hearing	7	(5)	2	(—)	9	(5)
Other	90	(26)	49	(3)	139	(29)
Totals	1,884	(2,127)	937	(1,014)	2,821	(3,141)

The most common reason for referral was for assessment for problems, whose etiology was uncertain.

TABLE 18
AGE DISTRIBUTION OF REFERRED CASES

Age	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18+	Others	Total
Boys	9	16	73	145	351	297	257	195	147	105	101	65	50	25	3	7	38	1,884
Girls	5	10	38	73	174	164	110	84	50	45	63	47	32	18	5	1	18	937
Totals	14	26	111	218	525	461	367	279	197	150	164	112	82	43	8	8	56	2,821

As in previous years, the great bulk of referrals came from the seven-year-olds, with children of eight, nine, ten and six being most liberally represented in that order respectively. In previous years many young children under three were referred by parents and others. The School Psychological Service has attempted to make the community aware of the importance of early diagnosis and treatment. In many cases, parents have received guidance on how to deal with children who have been diagnosed as being at risk for a variety of reasons. This has taken the place of the old fatalistic notion that nothing can be done for the very young, or the "He'll grow out of it" attitude.

TABLE 19
INTELLIGENCE RANGE OF REFERRED CASES SEEN

	25-39	40-54	55-69	70-84	85-114	115-129	130-144	145-160	Others	Total
Boys	4	28	114	276	452	107	23	4	321	1,329
Girls	1	15	93	133	189	46	8	3	142	630
Total	5	43	207	409	641	153	31	7	463	1,959

The most commonly represented I.Q. was that between 85 and 114, which corresponds with what one might expect from the normal curve, in that most individuals are of average intelligence. This was followed by I.Q.'s 70 to 84 which includes children with moderate learning difficulties and generally slow-learning children, who frequently have other problems also.

I.Q.'s were not always available for the very severely retarded I.Q. range 28-39, because psychological tests for this intellectual level are generally not as valid or useful. Other measures of assessment were therefore used with children of very severe difficulties and severe learning difficulties. These do not always yield an I.Q. result, but do suggest areas where help can be given. Psychologists have spent much more time in schools for the severely sub-normal than previously as a result of such centres coming within the orbit of education.

3. Staffing

Mr. Warner was appointed in January 1971 as a Trainee Psychologist. Mrs. Forster, Mr. McInnes and Mr. Potton were appointed as Area Psychologists to work in the Gosport, Winchester and Basingstoke areas respectively. Mrs. Stockley was appointed as Assistant Psychologist and works in the Eastleigh area. Mr. Rosier, also appointed, divides his time equally between the Winchester Special Schools and his commitments with the Social Services.

During the course of the year the School Psychological Service establishment has increased from 10.6 to 11.6 (including seven area psychologists, three assistant psychologists, and one trainee).

4. Area Information

(a) Andover Area

A new clinic has been established at the Andover Health Centre. There has also been the appointment of a new psychiatrist and a full-time psychiatric social worker. There has been close co-operation with Mr. Turner, the Peripatetic Teacher, and a survey of reading problems is planned in the near future. Dr. Cummings also took part in a panel of speakers to parents of severely sub-normal children and pre-school organisers.

(b) New Forest Area

A close relationship has been achieved between Mr. Stevens, the area psychologist, and Mr. Wellings, the Peripatetic Advisory Teacher. Miss Beaumont has worked very effectively in the Hythe and Totton area since taking over in October, 1971. Accommodation has been some source of difficulty, however, there is a great hope for the utilisation of the administrative block of the old Christchurch Police Station as a clinic in the late Spring, 1972. Mr. Stevens has been doing "Group" testing in schools and this figure (about 100) has not been included in the "total seen" (Table 15).

(c) Winchester Area

Mr. McInnes found a large back-log of work when he began in September 1971. It has been considerably reduced and he, Mrs. Stockley and Mr. Rosier have encouraged referral by Head Teachers to the School Psychological Service. They have also participated in lectures on the treatment of children with severe reading problems. Mrs. Stockley has worked mainly in the Eastleigh area.

(d) Basingstoke Area

Mr. Potton has taken over the Basingstoke area and has already reduced the waiting list considerably there. He has drawn up a schedule of regular visits to secondary and other schools. He has also established a link with School Medical Officers, and has participated in talks to Parents and School Associations.

(e) Aldershot Area

The psychologist at Aldershot, Mr. Kendall, has worked under some pressure during 1971; this year brought a rise in the school population of some 4,000, with several new schools. There was, however, a welcome decrease in the number of children referred for reading difficulties due largely to the valuable work of Mr. Thompson, peripatetic teacher. More younger children with specialised problems were seen, notably those with delayed language development and unusual physical handicaps. Pilot schemes were planned for regular joint school visits with School Medical Officers, and for closer links with local paediatricians and G.P. group practices. As always, so much more could be done with an additional psychologist.

(f) Havant Area

Mr. Dalais, the Area Psychologist, was joined in April 1971, by Mr. Warner, who had previously done much valuable work in the Basingstoke area. Together they have been involved in a summer camp for socially and emotionally deprived children, helping at a unit for emotionally disturbed children recently opened in Havant and contributed to a course on Health Education at the Technical College in Cosham. More lecturing has taken place, also courses, themes for these were "Pre-school topics, Child development, Screening procedures, The problem child" and, at secondary level, a session on "Adolescence". Visits have continued to Compton Diagnostic Unit three times a term. Attending case conferences at the Wessex Unit have given better opportunity of improving working relationships with clinical colleagues. They also sat on a number of special services sub-committees, presenting cases.

5. Lectures and Courses

Many lectures and courses were given by Dr. Lowenstein during the year. These included the following audiences:

(i) For Teachers

- (a) Courses on the use of intelligence and attainment testing
- (b) The treatment of underachievement
- (c) Children with severe learning difficulties

(ii) For Parents

- (a) Preventing emotional problems in children
- (b) The treatment of underachievement

(iii) Pre-School Playgroup Courses

- (iv) Child development course to Nurses and Health Visitors
- (v) Lectures to School Counsellors.

Further lectures and courses were conducted on the very popular subject of "Teachers are Human Too". Its object was to help teachers, through discussion, to develop more effective attitudes towards teaching and their relationships with other members of staff.

6. Surveys, Investigations and Other Activities

- (i) In the latter part of the year a survey was completed on the subject of able children in the County. This is to be followed up during 1972 with a course of lectures throughout the County on the identification, diagnosis and treatment of very able children in the normal school. The survey showed that there were a good number of children who were very able and yet had a variety of emotional and educational, as well as social, problems. A booklet has been written on the subject of the teacher and the able child.

- (ii) A new assessment form was developed by the School Psychological Service in Hampshire, which provides better information, and a more thorough analysis, of problems referred by teachers and others to the service. It is hoped to use this new form as a basis for more intensive treatment and follow-up.
- (iii) Teachers of children with severe learning difficulties have been engaged in helping the School Psychological Service to develop intellectual norms for children in their school. This is to help future screening of children at an early age so that they may receive, as soon as possible, help in the appropriate educational setting.

7. Possible Areas of Development

- (i) There has been some increase in the school population, especially in the Gosport and Aldershot areas. Despite recent increases in staff, there is a great need to give priority to these areas, where the psychologist is working under a great deal of pressure. It is hoped that the establishment throughout the County will be increased so that these two areas may soon receive help (on the basis of one psychologist per 10,000 school children).
- (ii) More preventive work needs to be done for parents and children, reaching them earlier with useful information. Help should be provided, more quickly, for infants and pre-school children.
- (iii) A link has already been established between the School Psychological Service of Hampshire and the University of Southampton, where a course is being planned for the training of educational psychologists. It is expected to offer training facilities for students attending the University. Training facilities and other liaison has also continued to exist between the School Psychological Service and King Alfred Teachers' Training College, Reading, and Birmingham Universities.

COUNTY DENTAL SERVICE

Report of the Chief Dental Officer and Principal School Dental Officer—Mr. M. V. Symes.

Dental Staff

Mr. C. C. Chadwick, who was appointed Chief Dental Officer in 1946, retired at the end of January, during which 25-year period the Dental Service, under his guidance, had developed to a very high degree indeed.

Mr. D. M. Carpenter was appointed Deputy Chief Dental Officer with effect from 19th July, 1971.

The whole-time equivalent number of Dental Officers employed by the County in 1971 increased by 7.18 giving a total of 49.24. This figure includes seven part-time Dental Officers employed for the whole-time equivalent of 3.03 and it is extremely satisfying to report that the overall improvement is due to the appointment of full-time staff. In this context it is of interest to record that there appears to be a welcome change in the pattern of recruitment, with newly qualified applicants expressing their intention of making a career in the School Service rather than to use the Authority as a springboard to General Practice. Fourteen dental surgeons, with an average age of 36, made successful applications during the year and of that number eight were female and six male, the former having an average age of 28.

The whole-time equivalent for Dental Auxiliaries also increased, but to a lesser degree than that for Dental Officers, from 10.23 in 1970 to 13.44 in 1971.

A Dental Hygienist, employed at the beginning of the year in a peripatetic capacity working throughout the County, returned a whole-time equivalent of 0.82.

The number of Medical Anaesthetists, for the third year running, remained at 10 giving a whole-time equivalent of 1.5.

Clinic Premises

Andover Health Centre was occupied in November and the premises previously utilised at Junction Road were vacated. Four surgeries provide accommodation for two Dental Officers and two Dental Auxiliaries, each surgery being equipped for low-seated dentistry and the entire Unit offers an attractive presentation to patients as well as providing excellent working conditions for staff.

A Health Centre at New Milton was likewise completed at the end of the year and occupied in October, the accommodation being a great improvement over the Medical Room facilities previously utilised at Ashley Primary School. The equipment in both surgeries is of a high standard and, as for Andover, has been planned to provide facilities for the practice of low-seated dentistry.

The rooms being loaned to Dental Officers at Stakes Hill Road, Waterlooville, have been re-decorated and re-organisation has provided a much needed second surgery with improvement of equipment in the main dental surgery.

One mobile dental trailer was withdrawn from service after thirteen years' continuous use and two trailers were acquired from Berkshire County Council, both of which had recently been constructed to the same specification as those supplied to this County, with the result that the fleet now numbers 28. The policy of replacing obsolete trailers has therefore commenced and there is no doubt that the image of the Service will improve accordingly.

Dental Inspection and Treatment—School Children

The percentage of children receiving a first inspection at school has risen from 54% in 1970 to 63% in 1971, but with the present staffing position, this figure should be improved. The number of children inspected at school for the first time rose by 21,353 over the 1970 figure. Relating the school population to the number of dental officers, a ratio of 3,537 school children to each officer is obtained.

The rate of consent remains at a high level of 66.1%, although a fall of 1.6% is revealed from 1970.

With the improvement of 17% in the actual dental officer establishment there has been a 23% improvement in the number of teeth filled and a corresponding rise in most other forms of treatment with the notable exception of teeth extracted for carious reasons. The histogram on page 33 illustrates a comparison, over the last ten years, of the steadily improving ratio between teeth extracted for carious purposes and teeth filled.

Orthodontic treatment continues to be in demand with an increase in all aspects, particularly for the provision of removable appliances which rose by 279 over the 1970 figure representing a 30% increase. There is also an impressive rise in orthodontic attendances from 19,937 in 1970 to 33,926 in 1971 and there is an indication that dental officers are exercising rather more care in selecting those children who will persevere with the inconvenience and frequent visits often occasioned by this particular field of dentistry.

As the training and subsequent utilisation of Dental Auxiliaries is designed to relieve the pressure of routine treatment from Dental Officers, the latter, despite having to exert what is at times rather irksome time-consuming supervision, are tending to increase their output of the more skilled type of treatment involving crowns, inlays and root fillings. This is particularly evident in the crowning of teeth, the numbers for which improved over 1970 by 218, this difference in one year alone being greater than the total number of crowns fitted in any year prior to and including 1968.

With the latest evidence pointing to the removal of dental plaque as being an important factor in reducing decay, the emphasis on prophylaxis is vital as a preventive measure and the rapid increase in this form of treatment since 1962 is illustrated on page 33.

Allocation of Staff Time

The relative constancy over the last few years in the allocation of staff time is being maintained and the following figures serve to compare the position with that pertaining ten years ago:—

	Education	Health
1962	95.9%	4.1%
1971	90.7%	9.3%

The demand by expectant and nursing mothers continues and it is anticipated, with the increasing interest in the building and completion of Health Centres, that this important priority group will take up an increasing amount of clinical time in the future; the ease and convenience of referral by medical and nursing staff, occupying the same premises as Dental Surgeons, being of inestimable value.

Mental Health Patients

With the number of treatment sessions and all forms of treatment decreasing the aberrant trend for 1970, which recorded an increase in the amount of treatment carried out, has been reversed, but this has also, of course, been influenced by the Education (Handicapped Children) Act of 1970.

It is noticeable that the Dental Auxiliaries and Oral Hygienists are increasing their interest in this group in respect of prophylaxis.

Special Clinic at Friarsgate, Winchester

A pilot trial to investigate the possibility of satisfactorily treating patients, who are untreatable by normal procedures, was embarked upon at this Central Clinic in 1969 and has now developed into a highly effective unit dealing with patients for whom it is necessary to carry out treatment under prolonged anaesthesia. The team consists of a Senior Dental Officer, having a specific responsibility for the Unit, a Medical Anaesthetist and high qualified ancillary staff.

Referrals are effected from all parts of the County and the Special Clinic is operating on a regular sessional basis.

Dental Health Education

With the exception of adult groups the pattern of Dental Health Education is in the process of being radically altered in Hampshire with an increasing emphasis being placed upon project involvement and relegation of the routine talk to a secondary position. In consequence, the following Table, although being included as a record of routine work as carried out in previous years, is not a complete record of the programme as has started to develop in 1971:—

TABLE 20
DENTAL HEALTH EDUCATION

	No. of Visits		No. of Talks given	
	1971	1970	1971	1970
School	347	348	773	772
Training Centres	21	23	21	23
Ante-Natal Clinics	137	147	147	147
Child Health Clinics	23	13	23	29
Parent Teacher Association, Young Wives Group, etc.	31	29	31	29
	<u>559</u>	<u>560</u>	<u>995</u>	<u>1,010</u>

Meetings for Dental Health Educators have been convened on a regular basis, so that ideas may be exchanged and at which expert speakers in this specialised field provide the benefit of their experience to those members of staff concerned.

Mobile Dental Trailer No. 6 has been stripped of dental equipment and re-organised internally to provide a dental health unit which will act in a support capacity by being sited in the environs of schools involved with projects.

Dental health programming has been localised to a large extent with the result that the Dental Health Lecturers have been given an area with which to deal and are responsible for making direct contact with Head Teachers and other interested parties. In this way it is anticipated that personal responsibility and direct involvement will stimulate interest.

There has been a rapid development of Playgroups during the year, which provides an excellent opportunity to develop projects for combined groups, and there is little doubt that a concentrated attack at this level must be of benefit to future generations.

This being my first Report, I would like to put on record my sincere appreciation to the Staff, all of whom have given, throughout the year, their wholehearted support without which the Service could not have maintained any measure of efficiency.

Finally, on behalf of the County Dental Staff, I should like to thank the Teaching Staff of the Authority for their invaluable co-operation and help in the work of the County Dental Service and also the members of the Dental Section at Headquarters for their assistance during the year, which has greatly contributed to the efficient running of the Dental Service in this County.

TABLE 21
PRIORITY DENTAL SERVICES

A. Dental Inspection—Pre-School Children, Expectant and Nursing Mothers, Mental Health

	First examination during year				Second and subsequent examination during year			
	No. Inspected	No. found to require treatment	No. offered treatment	No. Consenting for treatment	No. Inspected	No. found to require treatment	No. offered treatment	No. Consenting for treatment
Pre-school ..	7,357	4,469	4,371	4,360	714	499	481	481
Mothers ..	493	482	479	472	39	36	36	36
Mental health ..	653	493	455	416	190	135	125	120

TABLE 22

B. Dental Treatment—Pre-School Children, Expectant and Nursing Mothers, Mental Health

	Pre-School		Mothers		Mental Health	
	1971		1971		1971	
1. Attendances including emergencies ..	13,218	(5,587)	1,449	(14)	931	(20)
2. Emergencies ..	586	(107)	95	(—)	40	(—)
3. Number actually treated ..	4,314	(2,164)	470	(3)	415	(—)
4. Additional courses of treatment commenced ..	643	(295)	34	(—)	122	(—)
5. Fillings—Permanent Teeth ..	—	(—)	1,122	(—)	440	(—)
Deciduous Teeth ..	10,134	(5,003)	—	(—)	55	(—)
6. Extractions—Permanent Teeth ..	—	(—)	311	(—)	93	(—)
Deciduous Teeth ..	1,921	(25)	—	(—)	50	(—)
7. General anaesthetic administered by:						
Medical Anaesthetist ..	746	(—)	129	(—)	43	(—)
Dental Officer ..	57	(—)	2	(—)	—	(—)
8. Number of patients X-rayed ..	67	(17)	129	(—)	30	(—)
9. Prophylaxis ..	3,749	(2,177)	362	(17)	404	(20)
10. Gum treatment ..	184	(21)	182	(5)	89	(—)
11. Teeth otherwise conserved ..	1,974	(258)	—	(—)	70	(—)
12. Other operations—Permanent Teeth ..	—	(—)	248	(—)	80	(—)
Deciduous Teeth ..	2,071	(779)	—	(—)	5	(—)
13. Teeth Root Filled ..	40	(—)	13	(—)	—	(—)
14. Inlays and Crowns ..	—	(—)	20	(—)	2	(—)
15. Number of Dentures fitted ..	—	(—)	41	(—)	10	(—)
16. Courses of treatment completed ..	4,468	(1,964)	372	(3)	499	(20)

The figures in brackets represent the contribution made by the Dental Auxiliaries.

TABLE 23
DENTAL INSPECTION—SCHOOL CHILDREN, INCLUDING SPECIAL SCHOOLS

	First examination during year				Second and subsequent examinations during year			
	No. inspected	No. found to require treatment	No. offered treatment	No. consenting for treatment	No. inspected	No. found to require treatment	No. offered treatment	No. consenting for treatment
No. inspected at school ..	109,215	75,002	70,624	38,355	6,985	4,677	4,417	3,127
No. inspected at clinic ..	22,464	19,622	19,382	19,175	6,643	5,520	5,245	5,232
Total inspected at school and clinic ..	131,679	94,624	90,006	57,530	13,628	10,197	9,662	8,359

TABLE 24
ALLOCATION OF SESSIONS

Clinic Treatment				Inspections			
Schools and Special Schools	..	..	23,377	Schools and Special Schools	..	..	906
Pre-School	..	..	2,022	Child Welfare Centres	..	..	62
Expectant and Nursing Mothers	..	..	226	Mental Health	..	..	26
Mental Health	..	..	148				
Total Clinic Treatment	..	..	25,773*	Total Inspections	..	..	994

Dental Health Education			
Dental Officers, Dental Auxiliaries and			
Dental Hygienist	..	..	367*
Dental Health Lecturers	..	..	280
Total Dental Health Education	..	..	647

*This total includes 523 evening sessions and 110.5 Dental Officer Anaesthetist sessions.

*This total includes 5 evening sessions.

TABLE 25
DENTAL TREATMENT—SCHOOL CHILDREN, INCLUDING SPECIAL SCHOOLS

	1971				1970
	Age 5-9	Age 10-14	Age 15+	Total	
1. Attendances for treatment including 'Emergency' and 'Orthodontic'	78,376 (16,190)	64,261 (3,366)	10,231 (509)	152,868 (20,065)	127,652 (15,830)
2. Emergencies	3,292 (529)	1,675 (78)	265 (12)	5,232 (619)	4,355 (374)
3. Number actually treated	29,684 (4,565)	20,875 (949)	3,308 (98)	53,867 (5,612)	47,743 (4,806)
4. Additional courses of treatment completed	3,519 (670)	2,527 (107)	406 (11)	6,452 (788)	7,023 (1,311)
5. Fillings:					
Permanent Teeth	26,864 (6,885)	50,011 (3,549)	10,964 (682)	87,839 (11,116)	72,304 (7,937)
Deciduous Teeth	52,919 (13,138)	5,288 (521)	44 (—)	58,243 (13,659)	45,649 (9,333)
6. Teeth filled:					
Permanent Teeth	22,936 (5,690)	44,454 (3,021)	9,778 (562)	77,168 (9,273)	63,548 (6,633)
Deciduous Teeth	47,390 (11,514)	4,824 (412)	36 (—)	52,258 (11,926)	41,306 (8,158)
7. Extractions—Cariou:					
Permanent Teeth	779 (—)	2,367 (—)	456 (—)	3,602 (—)	3,145 (—)
Deciduous Teeth	15,163 (425)	4,544 (118)	76 (1)	19,783 (544)	17,992 (391)
8. Extractions—Orthodontic:					
Permanent Teeth	298 (—)	2,926 (—)	186 (—)	3,410 (—)	3,021 (—)
Deciduous Teeth	2,108 (94)	1,250 (22)	34 (1)	3,392 (117)	3,143 (78)
9. No. of general anaesthetics:					
by Medical Anaesthetists	5,122 (—)	2,250 (—)	156 (—)	7,528 (—)	6,864 (—)
by Dental Officers	789 (—)	236 (—)	3 (—)	1,028 (—)	1,218 (—)
10. Patients X-rayed	1,645 (173)	3,321 (157)	804 (42)	5,770 (372)	4,846 (303)
11. Prophylaxis	14,224 (3,996)	14,257 (1,071)	2,641 (135)	31,122 (5,202)	25,076 (5,359)
12. Gum treatment	1,077 (98)	1,213 (66)	253 (11)	2,543 (175)	2,547 (191)
13. Teeth otherwise conserved	8,709 (714)	2,549 (61)	229 (4)	11,487 (779)	12,656 (548)
14. Other operations:					
Permanent Teeth	1,641 (311)	4,626 (286)	1,301 (67)	7,568 (664)	6,627 (7,300)
Deciduous Teeth	8,148 (2,109)	994 (109)	27 (2)	9,169 (2,220)	8,999 (1,962)
15. Teeth Root Filled	359 (—)	204 (—)	37 (—)	600 (—)	565 (—)
16. Inlays	5 (—)	15 (—)	5 (—)	25 (—)	21 (—)
17. Crowns	101 (—)	259 (—)	85 (—)	445 (—)	227 (—)
18. Number of Dentures fitted	16 (—)	93 (—)	30 (—)	139 (—)	105 (—)
19. All courses of treatment completed	29,829 (4,396)	20,035 (1,005)	3,353 (125)	53,217 (5,526)	47,205 (4,683)
	1971	1970			
20. Orthodontics:					
(a) Cases remaining from previous year	1,353	1,352			
(b) New cases commenced during year	2,120	1,791			
(c) Cases completed during year	1,462	1,187			
(d) Cases discontinued during year	375	365			
(e) Number of removable appliances fitted	1,142	879			
(f) Number of fixed appliances fitted	2	4			
(g) Cases referred to hospital consultant	554	300			
(h) Attendances for orthodontics	22,865	19,937			

The figures in brackets represent the contribution made by Dental Auxiliaries

Histogram to illustrate the ratio between extracted teeth and teeth filled over a ten-year period. The same diagram also incorporates a comparison, over the same period, of prophylactic treatment.

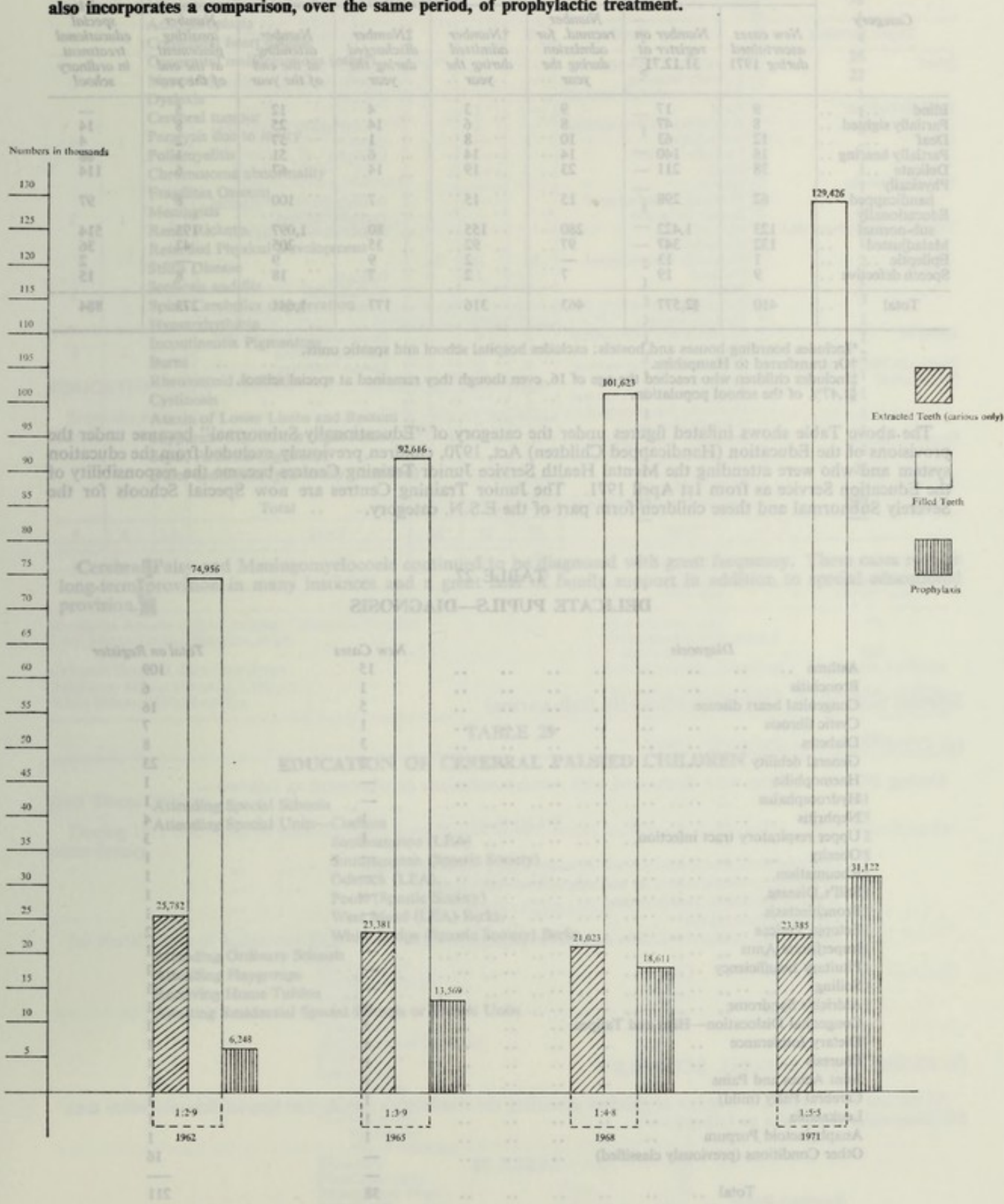


TABLE 26
HANDICAPPED PUPILS, 1971

Category	Ascertainment		*Special Schools					Number receiving special educational treatment in ordinary school
	New cases ascertained during 1971	Number on register at 31.12.71	Number recmnd. for admission during the year	†Number admitted during the year	‡Number discharged during the year	Number attending at the end of the year	Number awaiting placement at the end of the year	
Blind	9	17	9	3	4	12	5	—
Partially sighted ..	8	47	8	6	14	25	8	14
Deaf	12	63	10	8	1	57	2	4
Partially hearing ..	16	140	14	14	6	51	1	88
Delicate	38	211	23	19	14	67	6	114
Physically handicapped ..	62	298	15	15	7	100	8	97
Educationally sub-normal ..	123	1,422	280	155	80	1,097	193	514
Maladjusted	132	347	97	92	35	205	42	36
Epileptic	1	13	—	2	9	9	—	2
Speech defective ..	9	19	7	2	7	18	8	15
Total	410	2,577	463	316	177	1,641	273	884

*Includes boarding houses and hostels: excludes hospital school and spastic units.
 †Or transferred to Hampshire.
 ‡Includes children who reached the age of 16, even though they remained at special school.
 §1.47% of the school population.

The above Table shows inflated figures under the category of "Educationally Subnormal" because under the provisions of the Education (Handicapped Children) Act, 1970, children previously excluded from the education system and who were attending the Mental Health Service Junior Training Centres became the responsibility of the Education Service as from 1st April 1971. The Junior Training Centres are now Special Schools for the Severely Subnormal and these children form part of the E.S.N. category.

TABLE 27
DELICATE PUPILS—DIAGNOSIS

Diagnosis	New Cases	Total on Register
Asthma	15	109
Bronchitis	1	6
Congenital heart disease ..	5	16
Cystic fibrosis	1	7
Diabetes	3	8
General debility	2	23
Haemophilia	—	1
Hydrocephalus	—	1
Nephritis	1	4
Upper respiratory tract infection ..	1	3
Obesity	—	1
Rheumatism	—	1
Still's Disease	—	1
Bronchiectasis	—	1
Ectopia Vesicae	1	2
Imperforate Anus	—	1
Pituitary Insufficiency	—	1
Soiling	—	1
Aldrich's Syndrome	1	1
Congenital Dislocation—Hips and Talipes ..	1	1
Dietary Intolerance	1	1
Enuresis	1	1
Joint Aches and Pains	1	1
Cerebral Palsy (mild)	1	1
Leukaemia	1	1
Anaphylactoid Purpura	1	1
Other Conditions (previously classified) ..	—	16
Total	38	211

Four children with diabetes were sent on holidays organised by the Diabetic Association.

PHYSICALLY HANDICAPPED PUPILS—DIAGNOSIS

Diagnosis	New Cases	Total on Register
Cerebral Palsy	24	110
Meningomyelocele (including Hydrocephalus)	15	76
Achondroplasia	—	1
Congenital heart disease	1	4
Congenital malformations (other)	—	26
Myopathy	5	22
Dyslexia	—	1
Cerebral tumour	—	1
Paralysis due to injury	1	6
Poliomyelitis	—	8
Chromosome abnormality	—	1
Fragilitas Osseum	—	1
Meningitis	1	1
Renal Ricketts	—	1
Retarded Physical Development	—	1
Still's Disease	2	2
Scoliosis and fits	1	1
Spino-Cerebellor degeneration	3	3
Hypsarrhythmia	1	1
Incontinentia Pigmentosa	1	1
Burns	2	2
Rheumatoid Arthritis	1	1
Cystinosis	1	1
Ataxia of Lower Limbs and Rectum	1	1
Suppurative Periostitis (right femur)	1	1
Septic Arthritis (right hip)	1	1
Other conditions (previously Classified)	—	23
Total	62	298

Cerebral Palsy and Meningomyelocele continued to be diagnosed with great frequency. These cases require long-term provision in many instances and a great deal of family support in addition to special educational provision.

TABLE 29

EDUCATION OF CEREBRAL PALSIED CHILDREN

Attending Special Schools	41
Attending Special Units—Cosham	23
Southampton (LEA)	2
Southampton (Spastic Society)	8
Odstock (LEA)	3
Poole (Spastic Society)	3
West Mead (LEA) Berks.	3
White Lodge (Spastic Society) Berks.	1
Attending Ordinary Schools	21
Attending Playgroups	1
Receiving Home Tuition	3
Awaiting Residential Special Schools or Spastic Units	1
	<u>110</u>

TABLE 30
CHILDREN WITH MULTIPLE HANDICAPS
As at 31st December, 1971

<i>Double Defect Cases</i>					<i>Triple Defect Cases</i>			
<i>Major Handicap</i>	<i>Secondary Handicap</i>	<i>M</i>	<i>F</i>	<i>T</i>	<i>Combination of Defects</i>	<i>M</i>	<i>F</i>	<i>T</i>
Blind	Physically Handicapped	—	1	1	Partially Hearing Educationally Sub-normal Delicate	2	—	2
	Partially Hearing	—	1	1				
Partially Sighted	Educationally Sub-normal	1	—	1	Educationally Sub-normal	—	1	1
	Deaf	—	1	1				
Deaf	Educationally Sub-normal	—	1	1	Blind Epileptic	—	1	1
	Maladjusted	1	—	1				
Partially Hearing	Partially Sighted	1	—	1	Educationally Sub-normal Partially Sighted Physically Handicapped	1	1	2
	Blind	1	—	1				
Educationally Sub-normal	Speech	1	—	1	Epileptic Maladjusted Educationally Sub-normal	—	1	1
	Physically Handicapped	3	—	3				
Epileptic	Speech Defective	1	—	1	Educationally Sub-normal Partially Hearing Speech Defective	1	—	1
	Epileptic	1	6	7				
Physically Handicapped	Maladjusted	5	—	5	Educationally Sub-normal	—	1	1
	Physically Handicapped	10	4	14				
Maladjusted	Delicate	3	1	4	Educationally Sub-normal	—	1	1
	Blind	1	—	1				
Speech Defective	Partially Hearing	1	—	1	Educationally Sub-normal Partially Hearing Speech Defective	1	—	1
	Partially Sighted	2	—	2				
Delicate	Educationally Sub-normal	3	4	7	Educationally Sub-normal Partially Hearing Speech Defective	1	—	1
	Deaf	1	—	1				
Physically Handicapped	Educationally Sub-normal	4	2	6	Educationally Sub-normal	—	1	1
	Epileptic	4	—	4				
Maladjusted	Educationally Sub-normal	7	—	7	Educationally Sub-normal	—	1	1
	Physically Handicapped	1	—	1				
Speech Defective	Partially Hearing	1	1	2	Educationally Sub-normal	—	1	1
	Physically Handicapped	—	1	1				
Delicate	Educationally Sub-normal	3	—	3	Educationally Sub-normal	—	1	1
	Partially Sighted	1	—	1				
Delicate	Partially Hearing	—	1	1	Educationally Sub-normal	—	1	1
	Educationally Sub-normal	—	1	1				
Total		57	25	82	Total	4	3	7
Total 1970		45	19	64	Total 1970	1	3	4

Special Schools for the Educationally Sub-normal

(a) COMPTON DIAGNOSTIC UNIT

During 1971 19 children were discharged with recommendations or placement as follows:—

TABLE 31

To attend residential special schools for educationally sub-normal pupils	9
To attend day special school for educationally sub-normal pupils	7
To attend school for autistic pupils	1
To receive home tuition	1
Left County—to attend school for maladjusted pupils	1
	19

(b) RESIDENTIAL SPECIAL SCHOOLS

At the end of the year the number of children attending the Authority's Residential Special Schools (other than the Diagnostic Unit) was as follows:—

TABLE 32

Rosemary Portal	60
Lankhills	126 (including 15 day pupils)

(c) DAY SPECIAL SCHOOLS

At the end of the year the number of children attending the Authority's Day Special Schools was as follows:—

TABLE 33

Aldershot, The Grange*	45
Alton, Whitedown*	38
Andover, Icknield*	38
Andover, Norman Gate	101
Basingstoke, Limington House*	51
Basingstoke, Maple Ridge†	78
Christchurch, John Farmer*	31
Eastleigh, Tankerville*	49
Farnborough, Greencroft	96
Gosport, Foxbury	116
Gosport, St. Francis*	71
Havant, Middle Park	112
Havant, Rachel Madocks*	55
Totton, Forest Edge	81
Totton, Salterns*	40
Winchester, Greenacres*	40
	1,042

†Opened Easter 1971.

*Former Junior Training Centres transferred to Education Authority as Day Special Schools for Severely Sub-normal Pupils, 1.4.71.

EDUCATIONALLY SUB-NORMAL SCHOOL LEAVERS

Sixty-three children were recommended for care or guidance after leaving school and information concerning them was passed to the Director of Social Services.

TABLE 34
HOSPITAL SCHOOLS, 1971

Hospital School	Type of case chiefly dealt with	Number of H.C.C. children attended during year
Bursledon Annexe to Southampton Children's Hospital	General long stay	90
Lord Mayor Treloar Hospital, Alton	Orthopaedics and general short stay	399
Coldeast Hospital, Sarisbury Green	Severe learning difficulties	No. figures available
Tatchbury Mount Hospital, Calmore	Severe learning difficulties	No. figures available
White House, Milford-on-Sea		
		489

Rest Home Scheme

During 1971 two children were sent to a Rest Home for two weeks each under this scheme. Both were from the same family.

TABLE 35
INFECTIOUS DISEASES

(a) Notification of Infectious Disease in Children aged 5—14 *

Scarlet Fever	84
Whooping Cough	157
Measles	1,415
Erysipelas	—
Pneumonia	1
Meningococcal Infection	7
Poliomyelitis	—
Encephalitis:	
Infective	1
Post-Infective	—
†Tuberculosis:	
Pulmonary	7
Non-Pulmonary	1
Dysentery	24
Food Poisoning	17
Paratyphoid Fever	—
Tetanus	—
Infective Hepatitis	116

(b) Non-notifiable Infectious Diseases Reported by Head Teachers

German Measles	333
Mumps	190
Chickenpox	1,462

*Includes children attending Private Schools.

†Aged 5-19.

Infectious Hepatitis notifications have returned to nearer the 1969 figure (the first year this disease was notifiable).

TABLE 36

B.C.G. VACCINATION OF SCHOOL CHILDREN, 1971

(a) Number offered vaccination	15,720
(b) Number tuberculin tested	13,429—85.42% of (a)
Positive Results	1,229—9.15% of (b)
Negative Results	11,548
Absent from reading	652
(c) Number vaccinated	11,459—72.89% of (a)

The number of children vaccinated this year shows a substantial increase over 1970.

TABLE 37

CHILDREN FOUND VERMINOUS WITH HEAD LICE

School Groups	Numbers on Registers	Total Inspections	Total found verminous for the first time during year (nits with or without lice)					
			Boys		Girls		Both Sexes	
			No.	%	No.	%	No.	%
Primary or Nursery School Children	105,734	29,745	202	0.38	275	0.52	477	0.45
Secondary School Children	67,355	3,478	17	0.05	42	0.12	59	0.09
All ages	173,089	33,223	219	0.25	317	0.37	536	0.31

Note—These percentages are based on the assumption that there are equal numbers of both sexes on the register.

TABLE 38

DEATHS OF SCHOOL CHILDREN

Malignant disease (including leukaemia)	12
Heart and circulatory disease	3
Other diseases of respiratory system	3
Diseases of the Nervous system	1
Influenza	—
Pneumonia	8
Bronchitis	—
Nephritis and Nephrosis	1
Motor Vehicle Accidents	14
All other accidents	14
Other conditions	11
	67

It is worthy of note that the deaths from accident have risen to 28 in 1971 from 20 in 1970. It is to be hoped that continuing education and care will reduce this figure during the coming years.

School Meals and Milk

The County Education Officer has provided the following information about the supply of meals and milk for pupils:—

SCHOOL MEALS

During the year, 465 departments were supplied with meals cooked on the premises and 79 with container meals supplied from other Schools or Cooking Depots.

The daily number of meals provided for pupils in each of the last six years (as determined from a return obtained on a sample day in the Autumn Term of each year) was:—

1966	98,930	1969	115,521
1967	106,015	1970	117,292
1968	109,807	1971	100,903

Of a total of 159,079 children in School on a day in September, 1971, 63.42% took a school meal.

One Cooking Depot, at Portchester, continues to be operated, its output being 1,000 meals per day.

The reduction in the number of school meals served in 1971 is due to the fact that the charge was raised by 3p, to 12p per meal, in April of that year. Initially, the percentage of children taking meals fell from 74.6% in October, 1970, to 53.8% during the 1971 Summer Term. At the beginning of the Autumn Term 1971, the percentage demand increased to 63.4% and there are indications that some further recovery has since continued.

SCHOOL MILK

By the provisions of the Education (Milk) Bill, 1971, the Authority ceased to be responsible, as from September, 1971, for the provision of milk for children above the age of seven years, except for those attending Special Schools and pupils of primary school age who were certified by the School Medical Officer as being in need of milk on grounds of health.

The number of children receiving free milk on a day in October, 1971, is as follows:—

Nursery and Infant Schools	34,521	(97.11%)
Maintained Special Schools	1,164	(98.14%)

278 children of junior school age had, by February, 1972, been certified as being in need of milk on health grounds.

A scheme allowing for the sale of milk in primary schools commenced in January 1972. Schemes have so far been approved in 23 Schools.

TABLE 39
GENERAL STATISTICS

Number of School Children on Registers of Maintained Schools—174,385 (September 1971)

	<i>Nursery Schools</i>	<i>Special Schools*</i>	<i>Primary Schools</i>	<i>Secondary Schools</i>	<i>Totals</i>
New School or Departmental Premises Opened	—	1	18	1	20
Permanent Closures	—	—	3	—	3
Number of Schools at 31.12.71:					
County	1	20**	290	74	385
Voluntary	—	—	152	7	159
Total	1	20	442	81	544
Average number of children on School Registers in School Year 1970-71	34	933	108,177	62,423	171,567

Opening and Closures are for Calendar Year 1971

The number of children attending maintained schools has increased by approximately 9,000 in the past year, and 62,000 in the past ten years.

*Not including 4 Hospital Schools.

**Including 10 Schools which became the responsibility of the Education Authority from 1st April, 1971.

Of a total of 159,079 children in school on a day in September, 1971, 63,421 took a school meal. One Cooking Depot at Portchester, continues to be operated, its output being 1,000 meals per day. The reduction in the number of school meals served in 1971 is due to the fact that the charge was raised by 3p. In April of that year, initially, the percentage of children taking meals fell from 74.6% in October, 1970, to 53.8% during the 1971 Summer Term. At the beginning of the Autumn Term 1971, the percentage demand increased to 63.4% and there are indications that some further recovery is possible.

TABLE 36

SCHOOL MILK

By the provisions of the Education (Milk) Bill, 1971, the Authority ceased to be responsible, as from September, 1971, for the provision of milk for children above the age of seven years except for those attending Special Schools and pupils of primary schools who were certified by the School Medical Officer as being in need of milk on grounds of health.

The number of children receiving free milk on a day in October, 1971, is as follows:-
 Primary and Infant Schools 14,521
 Junior School 1,104
 Total 15,625

278 children of junior school age had, by February, 1972, been certified as being in need of milk on health grounds. A scheme allowing for the sale of milk in primary schools commenced in January 1972. Schemes have so far been approved in 23 Schools.

TABLE 39

GENERAL STATISTICS

Number of School Children in Regions of Maintained Schools—1st, 2nd (September 1971)		Number of School Children in Regions of Maintained Schools—1st, 2nd (September 1971)	
Region	Number	Region	Number
North	108,177	North	108,177
West	62,421	West	62,421
South	18,177	South	18,177
East	1,104	East	1,104
Total	170,879	Total	170,879

The number of children attending maintained schools has increased by approximately 6,000 in the past year, and Opening and Closing are for October 1971. *Not including 4 Hospital Schools. **Including 10 Schools which became the responsibility of the Education Authority from April 1971.

School Meals and Milk

The County Education Officer has provided the following information regarding the supply of meals and milk to pupils:-

SCHOOL MEALS

During the year, 665 departments were supplied with school meals. The supply of meals is provided by the County Education Officer through the supply of meals and milk to pupils.

The supply of meals is provided by the County Education Officer through the supply of meals and milk to pupils.

1971	1970	1969	1968
170,879	164,879	158,879	152,879



