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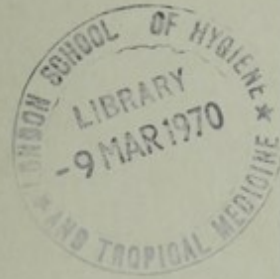
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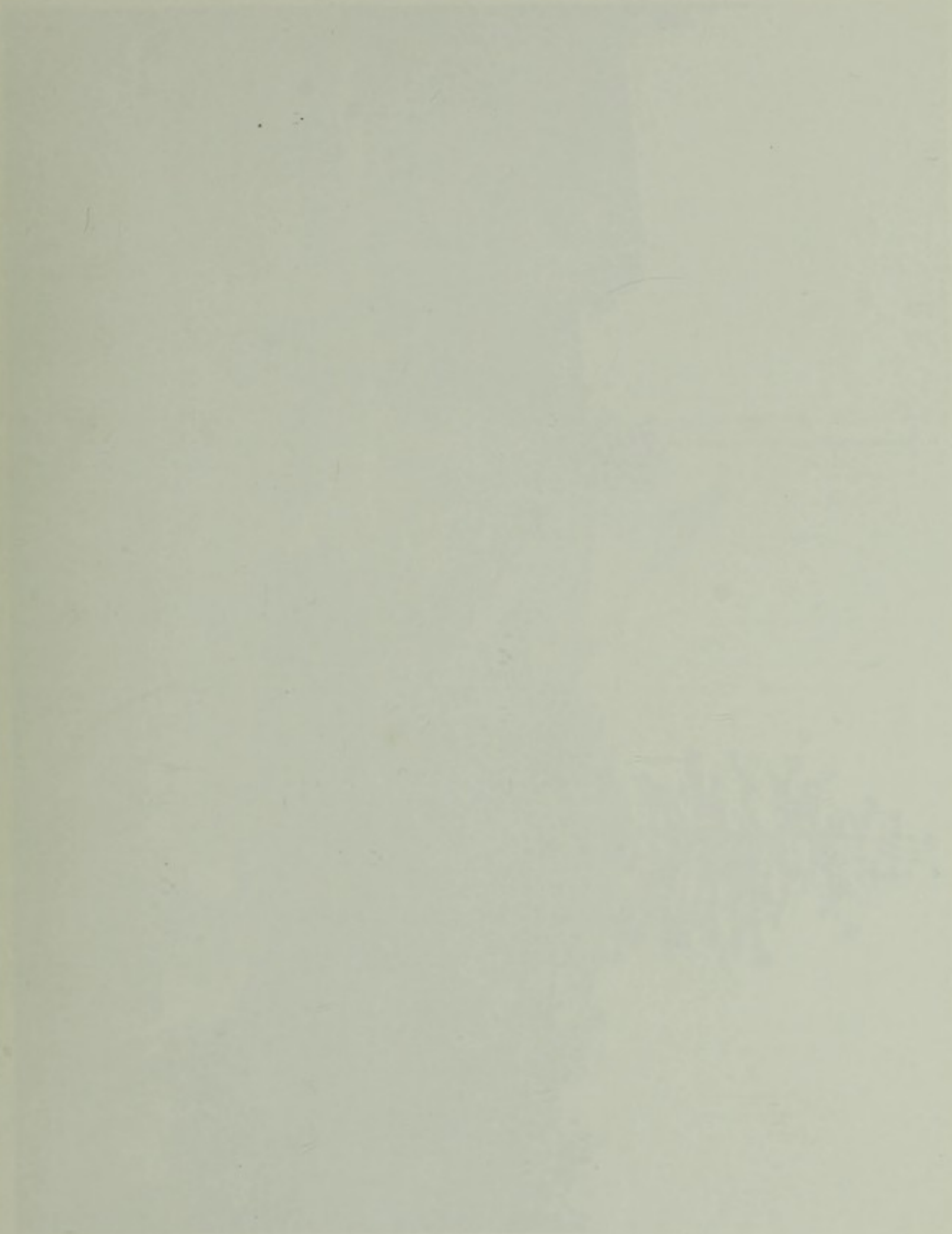
**THE HEALTH of
NORTHAMPTONSHIRE
in 1967**

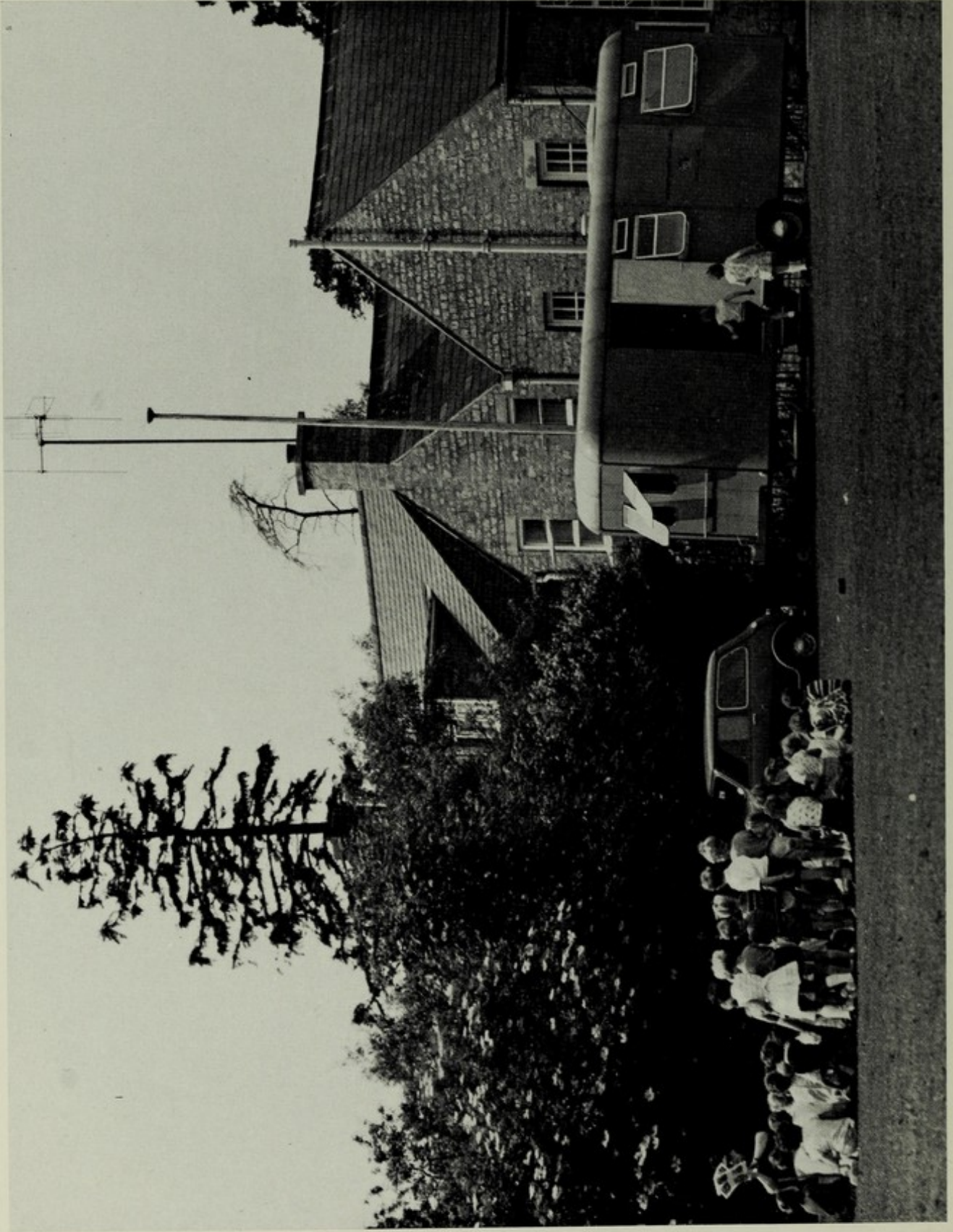
PART II

**Report of the
Principal School
Medical Officer**



NORTHAMPTONSHIRE COUNTY COUNCIL





Dental health education is frequently combined with routine inspection and treatment in fixed and mobile clinics, one of which is shown here.

NORTHAMPTONSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE

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April 1967

SCHOOL HEALTH SERVICE
ANNUAL REPORT
1967

Principal School Medical Officer:

W. J. McQUILLAN

M.B., B.Ch., L.M., D.P.H., D.C.H.

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Principal School Medical Officer:
W. J. McQUILLAN
M.A., B.S., D.M., D.C.H.

THE SCHOOL HEALTH DEPARTMENT,
GUILDHALL ROAD,
NORTHAMPTON.

April, 1968.

TO THE CHAIRMAN AND MEMBERS OF THE NORTHAMPTONSHIRE EDUCATION COMMITTEE

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present my first annual report, which is the sixtieth annual report on the health of schoolchildren in Northamptonshire.

The reorganisation of the School Health Service continued during the year, despite staffing difficulties. The chronic shortage of medical staff was aggravated by the ban imposed by the British Medical Association on advertisements for public health posts and, as a result, at the end of the year there was a considerable backlog of work. During the year, the Education and Health Committees approved recommendations that general practitioners be integrated into the child health services of this authority, and discussions with the various parties concerned are at present taking place. It is thought that this will eventually prove to be an important development. There was a further extension in the system of selecting children in the intermediate age group for medical examination. Although the system has its defects, it is a considerable improvement on the routine examination which it is replacing. The informal discussions between school health staff and teachers, which are an important part of the system, are helping to improve communications between teachers and staff of the School Health Service. This is important, and it is hoped that the introduction of the new record card which will be retained in the school by teachers, and the organisation of seminars for head teachers on health education and child guidance, which were planned to take place in the early part of 1968, will lead to mutual understanding of the importance of education in health and of health in education.

The health of the schoolchildren in Northamptonshire continues to be in general satisfactory. Only too often, however, this state of health does not persist throughout life, being marred by illnesses some of which could have been prevented had people been educated from childhood to accept responsibility for the maintenance of their own health. For this reason, health education in schools is considered to be a vital part of the School Health Service, the ultimate aim being to ensure that it is an accepted part of the curriculum in every school in the county. Although we are gradually gaining ground, shortage of staff and of finance and, not least, uninformed attitudes towards health education, continue to retard progress.

During the year, Kingsley Special School was established as a separate school for physically handicapped children, and educationally subnormal children who were once catered for at this school now attend Isebrook School.

Four new speech therapists were appointed to the staff in September, following a recruitment drive and the reorganisation of this service. These staff frequently have to work under unsatisfactory conditions, and it is hoped that the health centre at Daventry, and two converted mobile clinics, will provide them with better facilities. A review of the vision and hearing

screening services was also carried out during the year, and it is hoped that the new arrangement will lead to greater efficiency. It is satisfactory to record that the advent of Dr. R. M. Ingram, Ophthalmic Surgeon, Kettering and District Group of Hospitals, resulted in a marked reduction in the number of children awaiting to be seen by ophthalmologists in the northern part of the county.

The Child Guidance Service, which is jointly provided by the County Council and County Borough of Northampton, continued to operate under difficulties. It is under-established; suitable clinic accommodation is not available in all areas; and there is a lack of residential accommodation for maladjusted children.

Despite staffing difficulties, the Dental Service continued to develop, with special emphasis on dental health education and on orthodontics, and the link with Mr. J. R. Pettman, Consultant Orthodontist, Northampton and Kettering and District Hospital Management Committees, has proved invaluable.

No progress has yet been made towards the fluoridation of water supplies in the county, although in November, 1962, the County Council approved the recommendation of the Health Committee that this should be carried out. It has not yet been possible to implement this because the county shares its water supplies with nine other authorities, some of which have not yet agreed that this is a valuable and safe contribution to the prevention of dental caries. The county is served by four water boards, only one of which has approved fluoridation. The Higham Ferrers and Rushden Water Board which serves a population of 34,000 in Northamptonshire and about 800 in Bedfordshire, with the agreement of the Health Committee, instructed consultants to investigate the possibility of adding fluoride to its public water supplies, subject to the Board being granted a complete indemnity in connection with any such arrangements, and to the local health authorities bearing all the costs and expenses. This investigation was carried out but, unfortunately, owing to the small size of water undertaking, and to the number of sources from which supplies are gathered, it was estimated that the cost of fluoridation would work out at about 4/- per head for the first year; 3/6d per head for the next five to six years; and about 2/8d per head thereafter. This was in marked contrast with the figure of 10d per head suggested by the Ministry of Health as being reasonable and economical. Under the circumstances, the Health Committee decided to take no action for the time being.

This report has been largely the work of the Deputy Principal School Medical Officer, Dr. J. Sarginson, and I am most grateful to him, to the Senior Medical Officer, Dr. V. V. Tracey who supervises the day-to-day running of the School Health Service, and to the entire staff of the School Health Service, both professional and administrative, for their support. I would also like to thank the members of the Medical Inspection and Treatment Committee for the interest which they continued to show in the development of the School Health Service.

The year saw the resignation of Dr. J. J. A. Reid, during whose term of office the reorganisation of the School Health Service began. I shall pay tribute to him in the introduction to Part I of The Health of Northamptonshire in 1967, for his outstanding work in this county.

I have the honour to be,

Your obedient servant,

W. J. McQUILLAN,

Principal School Medical Officer.

SCHOOL MEDICAL INSPECTIONS

Schools

The number of schools in the Authority's area at 31st December, 1967 was :

Comprehensive	4
Primary	223
Technical	1
Grammar	9
Modern	28
Nursery	2
Special	5
TOTAL	272

Total number of pupils on the registers at autumn term 1967 : **50,431**

Medical examinations

The pattern of physical defects found in the course of medical examinations and calling for treatment is indicated in the following table :

TABLE 1

<i>Defect</i>	<i>No. of defects recorded as requiring treatment (9,344 pupils examined)</i>	<i>Rate of defects ascertained per 1,000 children examined</i>		
		1967	1966	1965
Vision	138	14.77	17.60	33.00
Nose and throat	311	33.28	12.26	13.37
Orthopædic—posture	8	0.82	0.55	0.29
—feet	25	2.67	2.12	5.65
—other	13	1.39	0.65	2.67
Squint	14	1.49	1.84	4.56
Skin	19	2.03	2.21	3.86
Developmental—hernia	3	0.32	0.46	0.99
—other	11	1.17	0.46	1.49
Lungs	44	0.47	1.94	1.98
Heart and circulation	9	0.96	0.37	0.99
Otitis media	7	0.64	0.18	1.28

For a full table see pages 32 and 33.

Comments

The increase in the incidence of defects of the nose and throat was due mainly to the increased number of children referred for treatment on account of enlarged tonsils. Most

of the increases in lung conditions found requiring treatment were due to minor acute chest infections which were referred to family doctors.

Difficulties due to staff shortages were more acute during the year; 420 fewer medical officer sessions were available during 1967 than in 1966 and as a result fewer medical examinations were carried out than in the previous year. A further extension of selective examinations in the intermediate age group has enabled most children about whom teachers or parents were concerned to be examined in a reasonable period; nevertheless a serious build-up of numbers of children awaiting examination has occurred, as may be seen from Table 2.

TABLE 2
Children awaiting examination

	December, 1967	December, 1966
Entrants	988	832
Leavers	835	158
Others	1282	680

The selection procedure during 1967 was similar to that followed in 1966. A questionnaire was sent to parents and the children in the intermediate age group were discussed by the school health and teaching staff.

TABLE 3

	1967	1966
Number of pupils examined (all age groups) ...	9,344	10,851
Pupils considered for intermediate examination ...	3,903	2,633
Pupils selected for intermediate examination ...	1,114 (28.5%)	1,147 (40%)
Pupils selected for intermediate examination who required (or were receiving) treatment ...	87 (7.8%)	55 (4.8%)

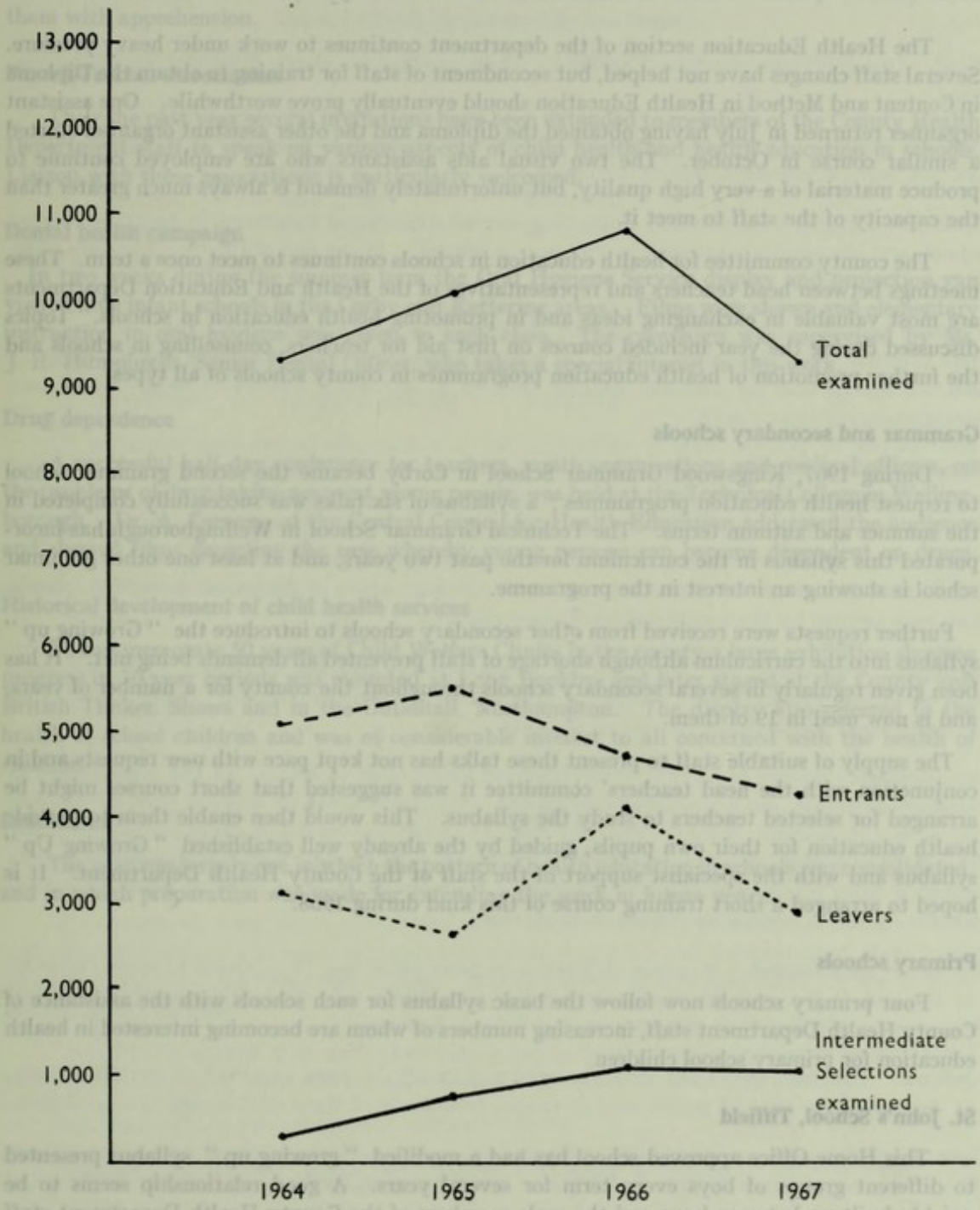
Due to the shortage of doctors 939 children in the intermediate age group in 71 schools were not considered for selection in 1967, but it is hoped that selective examinations will be extended to children in this age group in all schools in the County in 1968. No extension of selection procedures to school leavers has yet been attempted, but when all the intermediate group is covered the situation will be reviewed.

The Education Committee approved a report concerning the employment of family doctors on a sessional basis to perform routine medical examinations in schools. Initially this scheme will only apply to entrant examinations in infants' schools. Informal discussions have been held in selected areas and it is hoped to implement pilot schemes in 1968.

Individual medical officers' reports state that the vast majority of children in county schools are healthy, and they stress the need for an extension of health education in schools.

From time to time teachers have said they do not have adequate information in school regarding particular children. This usually relates to a handicapped child, or to one needing special placement in class, or needing restriction of physical activity. To overcome the difficulty in communication a record card has been introduced which is to be kept by the teachers in the schools. It is used for recording the result of vision and audiometric screening tests and other information and advice about the management of the child which would be of help to the teachers. It is hoped that this will prove to be a useful record which will be available in school at all times for any child with a problem in his educational progress.

NUMBER OF PUPILS EXAMINED



HEALTH EDUCATION

The Health Education section of the department continues to work under heavy pressure. Several staff changes have not helped, but secondment of staff for training to obtain the Diploma in Content and Method in Health Education should eventually prove worthwhile. One assistant organiser returned in July having obtained the diploma and the other assistant organiser started a similar course in October. The two visual aids assistants who are employed continue to produce material of a very high quality, but unfortunately demand is always much greater than the capacity of the staff to meet it.

The county committee for health education in schools continues to meet once a term. These meetings between head teachers and representatives of the Health and Education Departments are most valuable in exchanging ideas and in promoting health education in schools. Topics discussed during the year included courses on first aid for teachers, counselling in schools and the further promotion of health education programmes in county schools of all types.

Grammar and secondary schools

During 1967, Kingswood Grammar School in Corby became the second grammar school to request health education programmes; a syllabus of six talks was successfully completed in the summer and autumn terms. The Technical Grammar School in Wellingborough has incorporated this syllabus in the curriculum for the past two years, and at least one other grammar school is showing an interest in the programme.

Further requests were received from other secondary schools to introduce the "Growing up" syllabus into the curriculum although shortage of staff prevented all demands being met. It has been given regularly in several secondary schools throughout the county for a number of years, and is now used in 19 of them.

The supply of suitable staff to present these talks has not kept pace with new requests and in conjunction with the head teachers' committee it was suggested that short courses might be arranged for selected teachers to study the syllabus. This would then enable them to provide health education for their own pupils, guided by the already well established "Growing Up" syllabus and with the specialist support of the staff of the County Health Department. It is hoped to arrange a short training course of this kind during 1968.

Primary schools

Four primary schools now follow the basic syllabus for such schools with the assistance of County Health Department staff, increasing numbers of whom are becoming interested in health education for primary school children.

St. John's School, Tiffield

This Home Office approved school has had a modified "growing up" syllabus presented to different groups of boys every term for several years. A good relationship seems to be quickly built up between boys and the male members of the County Health Department staff who visit the school. This makes for some very interesting group discussions concerning their views of adolescence and life generally.

First aid for teachers

The response to invitations for two one-day courses held in November at Knuston Hall was so overwhelming that further courses will continue to be arranged. The teachers attending remarked that in future they hoped to be able to deal with situations which previously filled them with apprehension.

Parent/Teacher Association

Over the past year several invitations have been extended to members of the County Health Department staff to speak on various aspects of child health and health education in schools. Liaison with these associations is particularly welcomed.

Dental health campaign

In two weeks during the summer term the Oral Hygiene Service display and projection van visited nine infant schools in the Corby and Kettering areas. Films were shown and elementary instruction in oral hygiene was given to each class. The campaign was supervised by Mr. J. R. Humphreys, Senior Dental Officer, who takes a special interest in this work.

Drug dependence

A successful half-day conference for teachers, youth organisations and medical officers, on the problems of drug taking amongst young people, was held at the Technical College in Wellingborough. Dr. A. Caruana of the Central Council for Health Education addressed the audience and showed films depicting the ease whereby young persons can become dependent on drugs.

Historical development of child health services

To commemorate 50 years of Child Welfare Clinics in the county a large exhibition showing progress in 10 year periods was mounted at Long Buckby, and later staged at the County and British Timken Shows and in the Guildhall, Northampton. The display also referred to the health of school children and was of considerable interest to all concerned with the health of children.

Conclusion

The year was largely one in which the pattern of health education in schools was consolidated, and in which preparation was made for extending the work in future years.

HANDICAPPED PUPILS

Blind. One child was ascertained as blind. There are now ten pupils in special schools for the blind.

Partially sighted. Two pupils were assessed during the year, and ten partially sighted pupils are now being educated in special schools.

Deaf. Two pupils were assessed as needing special educational treatment in boarding special schools and one similarly assessed in 1966 was so placed. At the end of the year 13 pupils were in boarding schools.

Partially hearing. Five partially hearing children were ascertained during the year and two were placed in boarding special schools. At the end of the year 13 pupils were in boarding schools and the special unit for partially hearing children at Kettering Avondale Junior School was accommodating eight pupils.

Educationally sub-normal. One hundred and seventeen children were examined following reports from head teachers and school doctors of failure to maintain progress in school and, of this number, 90 were recommended for transfer to day or boarding special schools.

At the end of the year special education was being provided for 317 educationally sub-normal pupils and there were 114 remaining unplaced, although offers of placement in special schools had been refused by the parents of 69 of these children.

Epileptic. Four pupils were ascertained as handicapped on account of epilepsy. Three of these and one who was ascertained in 1966 were admitted to boarding schools. Seven pupils were receiving such education at the end of the year.

Maladjusted. Sixteen pupils were recommended for transfer to schools for the maladjusted or to boarding homes, and six of them were placed. Six pupils similarly assessed prior to January 1st were also suitably placed. The fact that 13 pupils are on the waiting list (four having waited over twelve months) indicates the difficulties in finding accommodation for pupils suffering from maladjustment. At the end of the year 28 children were in boarding special schools and 11 in hostels (Holyrood or Rostrevor).

Physically handicapped. Nineteen children were ascertained and 17 admitted to special schools. At the end of the year 45 physically handicapped pupils were receiving special educational treatment, including 26 at Kingsley Special School, Kettering.

Delicate. Fourteen new cases were reported and in all, 13 were admitted to special schools. At the end of the year 32 pupils were in special schools, 24 of them in Kingsley Special School.

Speech defects. One pupil has been referred to Moor House Special School for assessment but there were no pupils with speech defects in boarding special schools at the end of the year.

SPECIAL SCHOOLS

Special schools maintained by the County:

Name of school	Type	Location	No. of pupils	
			M	F
Loddington Hall	Boarding—E.S.N.	Loddington	58	—
Brookfield	Boarding/Day* E.S.N.	Wellingborough	32	64*
Firdale	Day E.S.N.	Corby	45	38
Isebrook	Day E.S.N.	Kettering	37	28
Kingsley	Day P.H.	Kettering	35	17

* This school has 25 girl boarders.

In addition to the foregoing the following special unit is attached to an ordinary school.

Name of school	Type	Location	No. of pupils	
			M	F
Avondale	Partially Hearing	Kettering	2	6

Of particular note during the year was the separation of educationally subnormal and physically handicapped pupils at Kettering. The educationally subnormal children are now accommodated at Isebrook School and Kingsley Special School caters for the physically handicapped. It is expected that there will be a continuing need for places at Kingsley School, but already the pattern of needs may be seen by an attempt to classify the types of handicap of children attending the school.

Asthma	...	...	3	Heart disease	...	...	2
Arthritis	...	...	1	Hirschsprung's disease	...	...	1
Bronchitis	...	...	2	Hydrocephalus	...	...	1
Cerebral palsy	...	...	7	Maladjusted	...	...	1
Cranium bifidum	...	...	1	Minimal brain damage	...	...	4
Delicate	...	...	2	Muscular dystrophy	...	...	2
Diabetes	...	...	1	Partially hearing	...	...	1
Enuresis	...	...	1	Partially sighted	...	...	1
Epidermolysis bullosa	...	...	2	Spina bifida	...	...	6
Epilepsy	...	...	5	Thalassaemia major	...	...	1

The number of spina bifida cases reflects the success of early surgical treatment of these children and the success of immunisation against poliomyelitis is also demonstrated, there being no cases of paralysis following this disease. It is of interest to note that there are few cases of asthma and bronchitis.

These figures suggest that more places are going to be required for long-stay pupils, whilst it is possible that there will be fewer cases suitable for return to an ordinary school.

Last year eight pupils returned to ordinary schools.

The report on Kingsley School was prepared from notes submitted by Dr. I. J. Cope.

Avondale School

The special unit for partially hearing school children in the Avondale Primary School

has during the year established its place in the varied provision made for county children with impaired hearing.

The children are handicapped in different degrees ; the educational needs of each therefore vary widely, but, with nearly all, the improvement of speech and the development of oral and of written language must receive greater emphasis than with normal children. Wide individual differences and a wide age range are characteristic of the unit at present. These features present the teacher with considerable problems, which have noticeably diminished this year, because the over-age children have left and no very young children have been admitted, and also because the children with poor attainment have made such progress that there is less retardation in the class. A further factor is that both the Junior and the Infants' schools have helped so freely to give the children the combined advantages of a normal environment and of specialist teaching.

In July, 1967 three children left the unit, two going to residential schools and one to a normal secondary school. One child was admitted in September, 1967 and there were eight children in the unit at the end of the year.

This report was compiled from notes submitted by Mr. W. A. Smith, the senior peripatetic teacher for the deaf.

DEFECTIVE VISION

Vision

A total of 2,546 examinations or re-examinations was carried out and 943 pairs of spectacles were prescribed at 179 clinic sessions conducted by ophthalmologists whose services were made available by the Regional Hospital Board.

On the 1st January 1967, the waiting list of children to be seen by ophthalmologists included 866 names, but Table 4 shows that the appointment of a consultant for the Northern part of the county made a big improvement. Consultants in other areas continued to hold clinics and by the 31st December the total waiting list numbered only 283.

TABLE 4

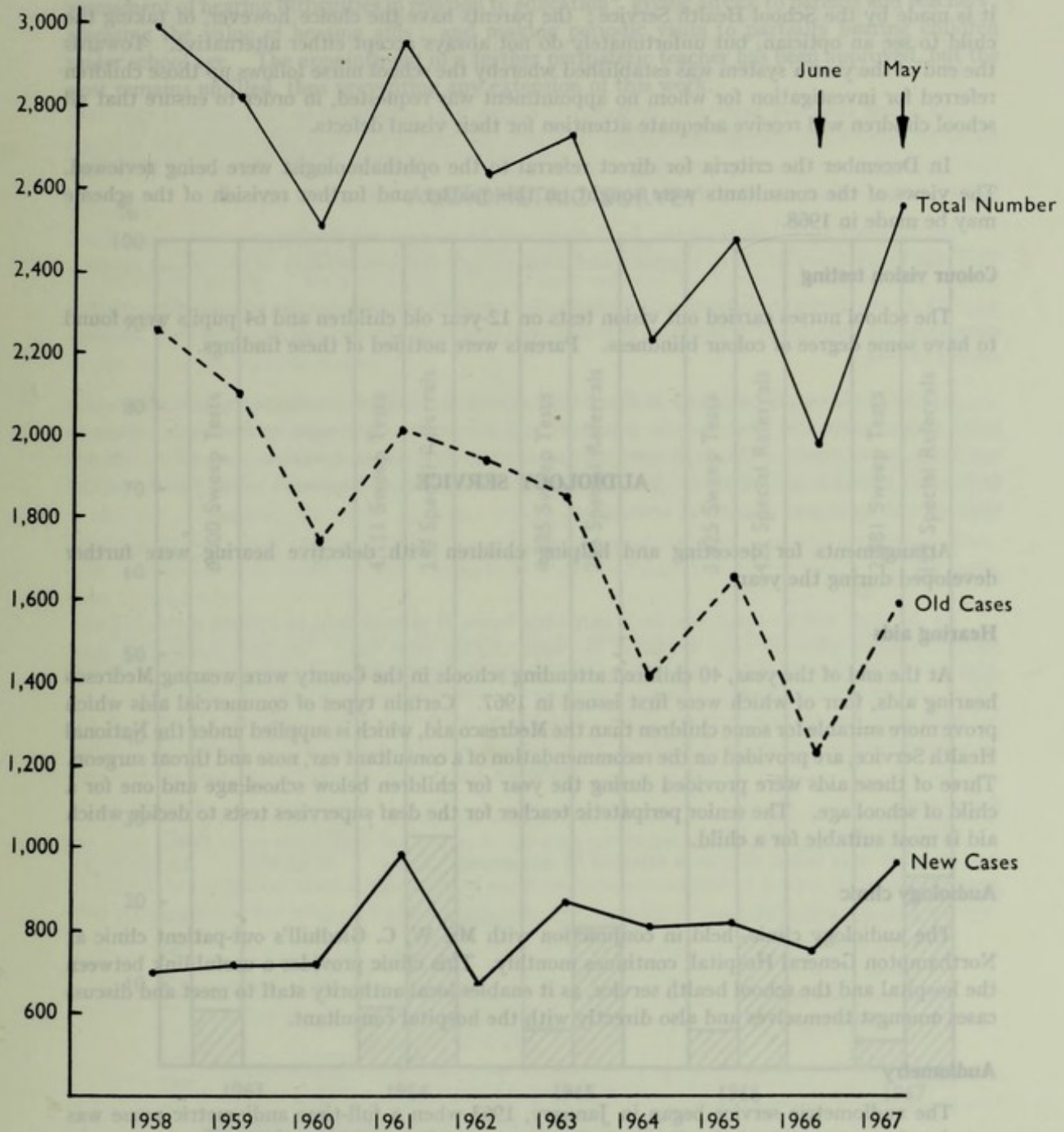
Number of children on waiting list

<i>Centre</i>	<i>1st January, 1967</i>	<i>31st December, 1967</i>
Corby	328	60
Kettering	358	46
Rushden	68	19
Wellingborough	46	103
Northampton	66	55
Totals	866	283

Vision screening in schools

Following the undoubted success of the Keystone telebinocular vision screener which was introduced into the Corby/Kettering areas last year, another machine was purchased in May, 1967 to cover the Wellingborough/Rushden area. The Snellen card continues to be used in the rest of the county.

NO. OF CHILDREN EXAMINED BY OPHTHALMOLOGISTS



The arrows indicate introduction of Keystone Vision Testers for use in screening

Children who have poor visual acuity are recommended to be seen by an ophthalmologist and a reply pre-paid card is sent to the parents with this advice. If an appointment is requested it is made by the School Health Service; the parents have the choice however, of taking the child to see an optician, but unfortunately do not always accept either alternative. Towards the end of the year a system was established whereby the school nurse follows up those children referred for investigation for whom no appointment was requested, in order to ensure that all school children will receive adequate attention for their visual defects.

In December the criteria for direct referral to the ophthalmologist were being reviewed. The views of the consultants were sought on this matter and further revision of the scheme may be made in 1968.

Colour vision testing

The school nurses carried out vision tests on 12-year old children and 64 pupils were found to have some degree of colour blindness. Parents were notified of these findings.

AUDIOLOGY SERVICE

Arrangements for detecting and helping children with defective hearing were further developed during the year.

Hearing aids

At the end of the year, 40 children attending schools in the County were wearing Medresco hearing aids, four of which were first issued in 1967. Certain types of commercial aids which prove more suitable for some children than the Medresco aid, which is supplied under the National Health Service, are provided on the recommendation of a consultant ear, nose and throat surgeon. Three of these aids were provided during the year for children below school age and one for a child of school age. The senior peripatetic teacher for the deaf supervises tests to decide which aid is most suitable for a child.

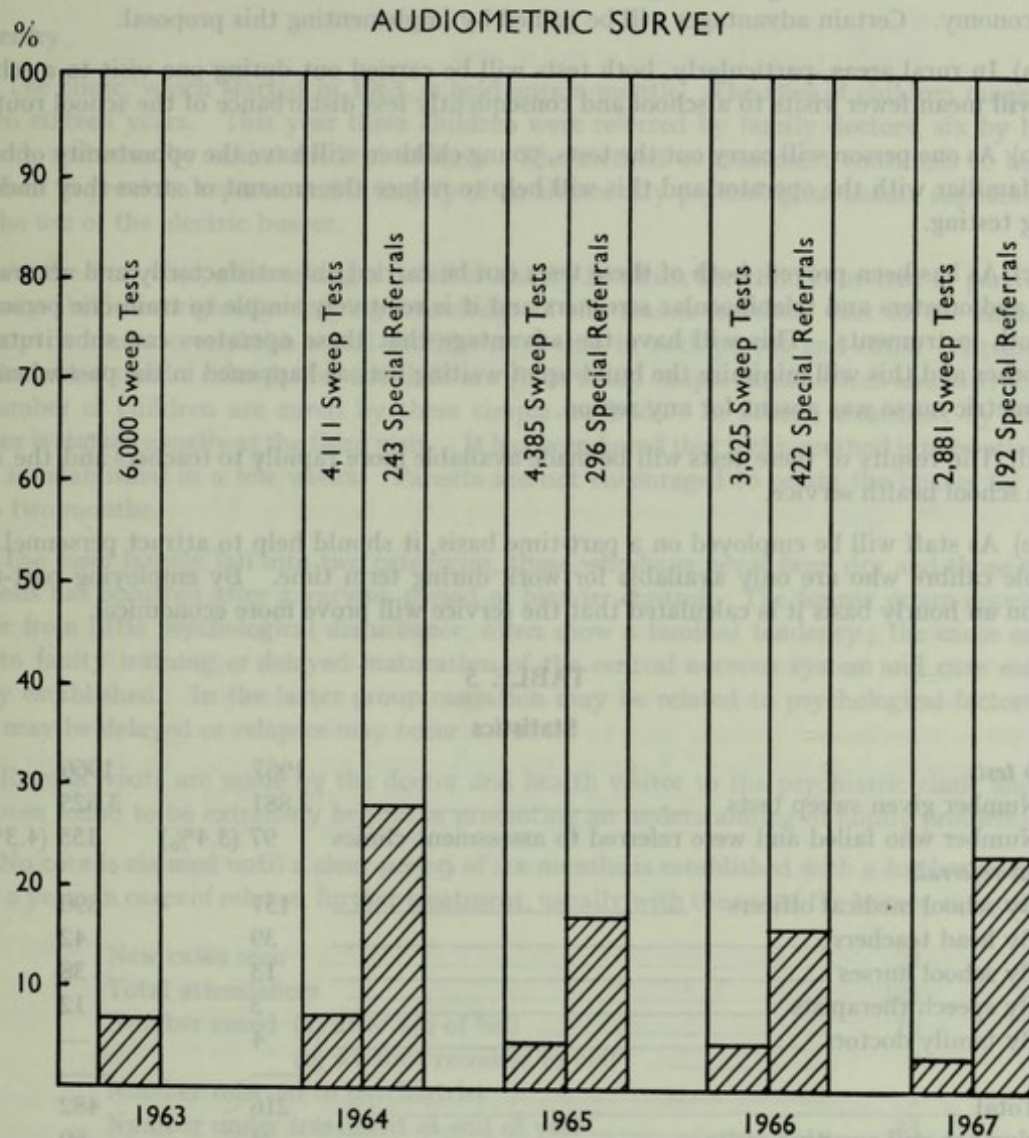
Audiology clinic

The audiology clinic, held in conjunction with Mr. W. C. Gledhill's out-patient clinic at Northampton General Hospital, continues monthly. This clinic provides a useful link between the hospital and the school health service, as it enables local authority staff to meet and discuss cases amongst themselves and also directly with the hospital consultant.

Audiometry

The audiometric service began in January, 1963 when a full-time audiometric nurse was appointed to carry out routine hearing screening tests on all children at the age of six and to test, in addition, special referrals from school medical officers, head teachers, educational psychologists and others. Those who fail the initial test are referred to assessment clinics where more detailed examinations are carried out by a specially trained school medical officer. If he decides that certain children need further investigation he then refers them to a consultant otologist with the consent of the family doctor.

As a natural extension of this service a Senior Peripatetic Teacher for the Deaf was appointed by the Education Department in September 1965. His duties may be summarized as follows: assessment of hearing difficulties in relation to education ; giving advice to parents and teachers ; assessing the value of hearing aids ; and making periodic visits to partially hearing children under school age. The appointment of a further peripatetic teacher has been approved, but the post remains unfilled, thus preventing any extension of this work.



The numbers of tests in each group are given in the upper part of each ' box '.

The lower shaded portion shows the percentage of children referred to assessment clinics.

Review of vision and hearing screening service

For the last two years the audiometric nurse has been unable to carry out all the six-year old screening tests as well as dealing with the ever increasing number of special cases referred to her, and a backlog of work has built up. For personal reasons the nurse retired from her post in October, 1967 and the opportunity was taken to review the screening services.

As a first step two part-time audiometric nurses were appointed so that most of the work could be carried out during term time. Towards the end of the year agreement was reached that the vision and hearing screening services should be combined in the interests of efficiency and economy. Certain advantages will be gained by implementing this proposal.

(a) In rural areas, particularly, both tests will be carried out during one visit to a school. This will mean fewer visits to a school and consequently less disturbance of the school routine.

(b) As one person will carry out the tests, young children will have the opportunity of being more familiar with the operator and this will help to reduce the amount of stress they undergo during testing.

(c) As has been proved, both of these tests can be carried out satisfactorily and accurately using audiometers and telebinocular screeners and it is relatively simple to train one person to use both instruments. This will have the advantage that these operators can substitute for each other and this will minimise the build-up of waiting lists as happened in the past when the audiometric nurse was absent for any reason.

(d) The results of these tests will be made available more rapidly to teachers and the staff of the school health service.

(e) As staff will be employed on a part-time basis, it should help to attract personnel of a suitable calibre who are only available for work during term time. By employing part-time staff on an hourly basis it is calculated that the service will prove more economical.

TABLE 5
Statistics

	1967	1966
<i>Sweep tests</i>		
Number given sweep tests	2,881	3,625
Number who failed and were referred to assessment clinics	97 (3.4%)	155 (4.3%)
<i>Special referrals</i>		
By school medical officers	157	390
By head teachers	39	42
By school nurses	13	38
By speech therapists	3	12
By family doctors	4	—
Total	216	482
Number still awaiting visits	24	60
Number seen	192	422
Number who were found to have a defect and were referred to assessment clinics	45 (23.4%)	68 (16.1%)

ENURESIS CLINICS

The following reports have been submitted by Dr. Dawkins and Dr. Goodchild, who hold monthly clinics at Daventry and Corby respectively.

Daventry

The clinic, which started in 1963, is held once a month. The ages of children range from six to sixteen years. This year three children were referred by family doctors, six by health visitors and nine by school medical officers. The method of treatment continues to be that outlined in previous reports, and is largely of an elementary psychological nature supplemented by the use of the electric buzzer.

At the first visit, after taking a detailed history in which the child is invited to participate—many children originally denying knowledge of the reason for their visit to the clinic—an attempt is made to establish a real confidence of cure in both parent and child. A pamphlet for the parents and a calendar for the child are given to aid simple explanations and instructions. A number of children are cured by these simple methods. In others, treatment by electric buzzer is started usually at the third visit. It has been found that if this method is to be effective, cure is established in a few weeks. Parents are not encouraged to retain the buzzer for more than two months.

The cases largely fall into two categories, those who have never been dry and those whose enuresis has occurred after a varying period of bladder control. The former group appears to suffer from little psychological disturbance, often show a familial tendency; the cause can be due to faulty training or delayed maturation of the central nervous system and cure may be easily established. In the latter group causation may be related to psychological factors and cure may be delayed or relapses may occur.

Regular visits are made by the doctor and health visitor to the psychiatric clinic and this has been found to be extremely helpful in promoting an understanding of family problems.

No cure is claimed until a clear period of six months is established with a further follow-up after a year. In cases of relapse, further treatment, usually with the use of the buzzer, is necessary.

New cases seen	23
Total attendances	121
Number cured (a) after use of bell	19
(b) without recourse to bell	7
Number referred to psychiatrist	1
Number under treatment at end of year	33
Number on waiting list at end of year	4

Corby

The Corby Enuresis Clinic, which is usually held at monthly intervals, continued to be well attended and useful. The rapport between health visitor, children attending and the doctor remains as good as ever. Some older children were referred with the agreement of the general

practitioner to the child psychiatrist, with whom the clinic doctor personally discussed each case.

There is no doubt that where the social conditions are bad and apparently unalterable, a cure is very difficult to achieve.

New cases seen	46
Total attendances	136
Number cured (a) after use of bell	14
(b) without recourse to bell	14
Number referred to psychiatrist	4
Number under treatment at end of year	42
Number on waiting list at end of year	18

SPEECH THERAPY

The following report incorporates notes submitted by Mrs. A. Hudson, Senior Speech Therapist.

Grave staff shortages early in the year reduced the service to an equivalent of two whole-time therapists but the recruitment drive in the early part of the year was successful and four newly qualified speech therapists commenced duties at the beginning of September.

The service to the Corby Diagnostic Centre, The Park Hospital, Wellingborough and St. Mary's Hospital, Kettering, which was suspended owing to the shortage of speech therapists during the first part of the year, was restarted in September; each of the newly appointed therapists is now spending one session a week in one of these hospitals. Work early in the year had been confined to clinics but by the end of the year it was once more extended to ordinary and special schools, and training centres. Some of the back log of cases have been seen and much more work is being done; however, the staff cannot cope with all the demands made. An estimated staff of 11 would be needed in order to reach a case load of 100 per therapist (as recommended by the College of Speech Therapy). The present establishment of 5½ therapists will operate during 1968 and it is expected that the position regarding treatment will therefore remain serious.

Diagnostic clinics are now held each month in a different area. These are attended by all the speech therapists who are presented with case notes of two children; the children are then seen and afterwards their problems discussed. Where possible consultants and other members of the Health Service involved with these children are invited to join the meetings.

Some of the smaller rural schools, especially in the south of the county, have poor facilities for speech therapy. Towards the end of the year two ex-Civil Defence ambulances were purchased for conversion to mobile school clinics. The clinics will be used by the therapists and also for audiometric and vision screening, but at least half the time will be for speech therapy purposes. It is hoped to have both clinics in operation early in 1968.

SPEECH THERAPY

TABLE 6

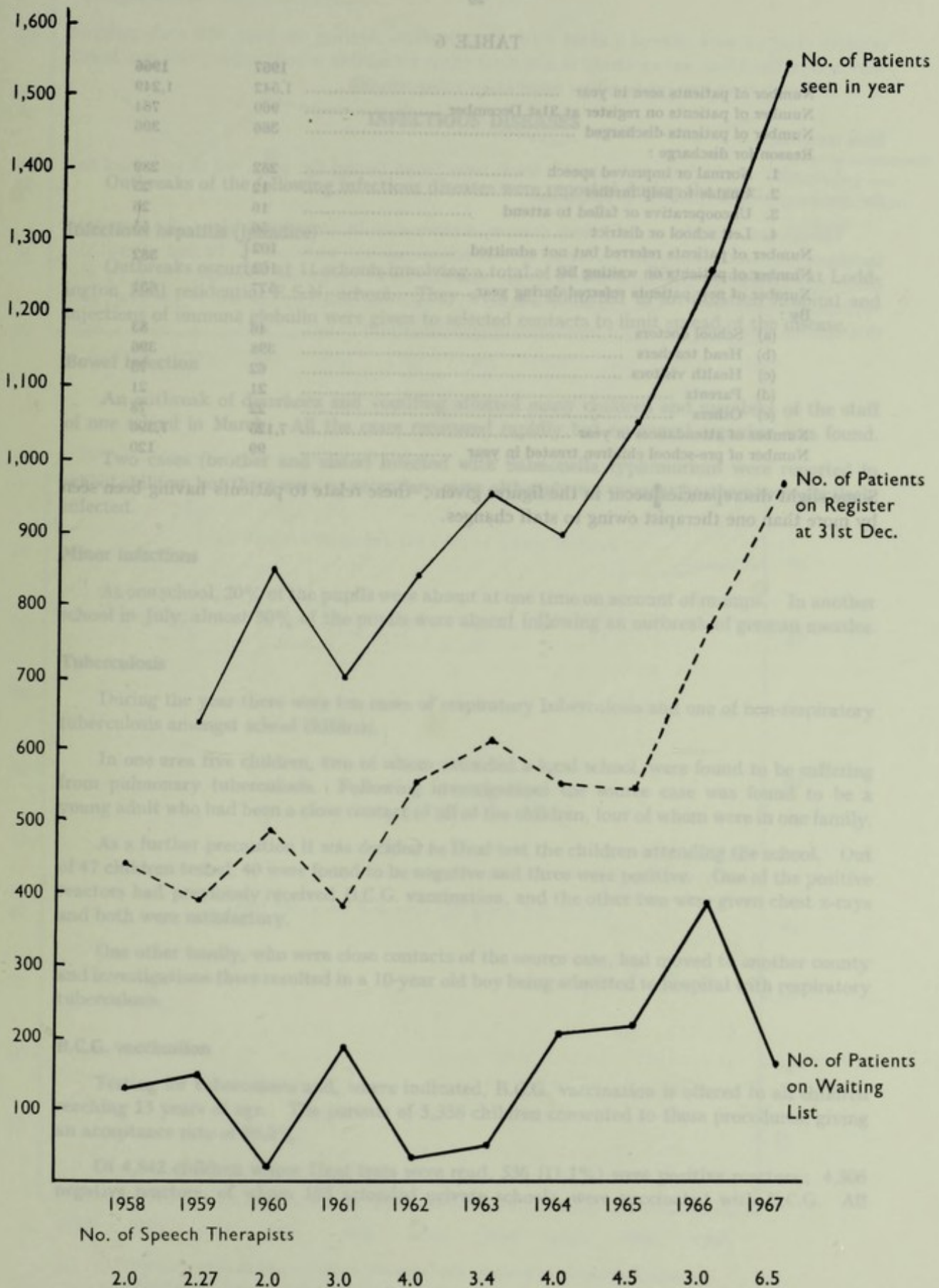
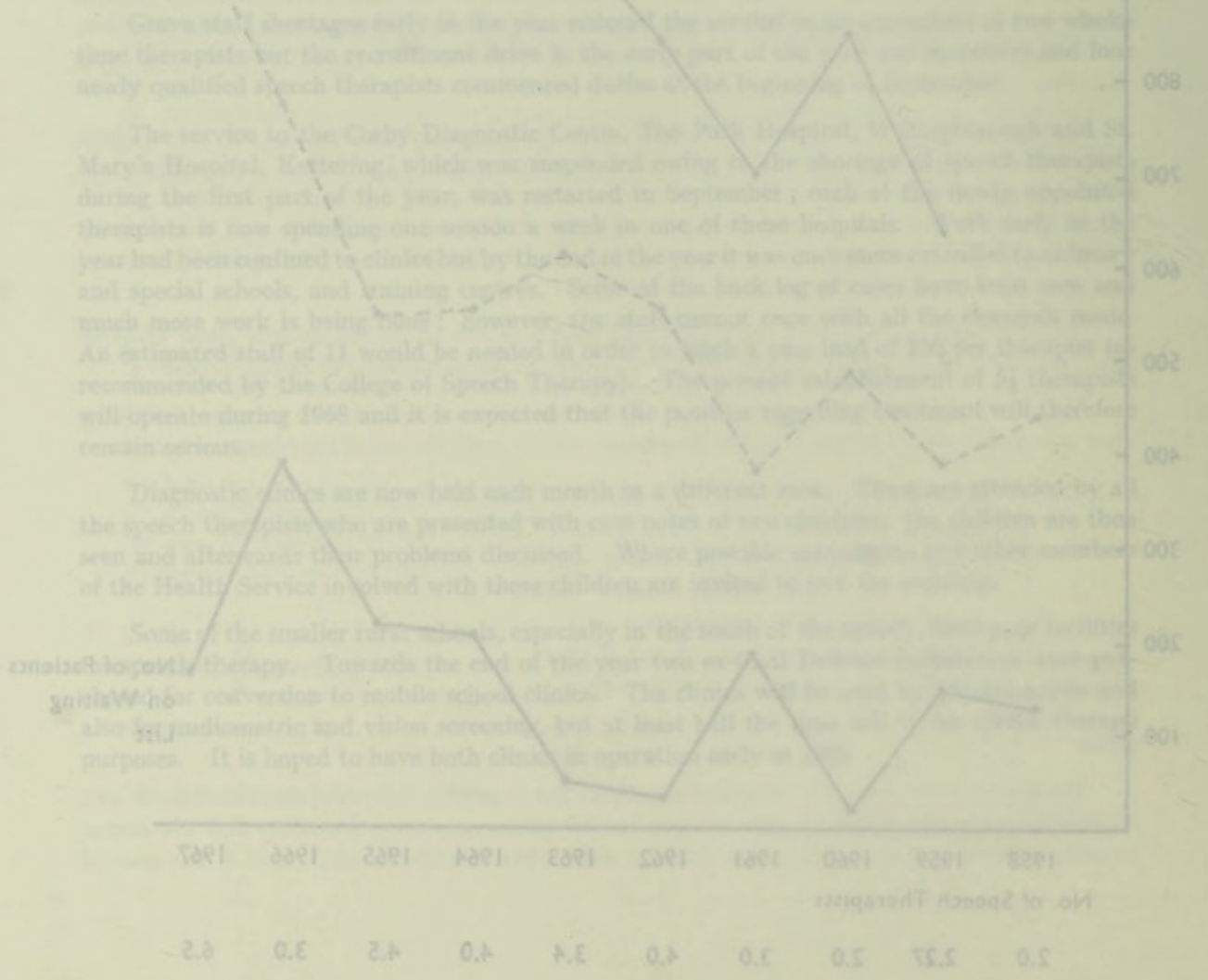


TABLE 6

	1967	1966
Number of patients seen in year	1,542	1,249
Number of patients on register at 31st December	960	764
Number of patients discharged	366	396
Reason for discharge :		
1. Normal or improved speech	282	289
2. Unable to help further	12	25
3. Uncooperative or failed to attend	16	26
4. Left school or district	56	55
Number of patients referred but not admitted	102	382
Number of patients on waiting list	162	
Number of new patients referred during year	577	651
By :		
(a) School doctors	46	83
(b) Head teachers	398	396
(c) Health visitors	62	73
(d) Parents	21	21
(e) Others	22	78
Number of attendances in year	7,125	7,396
Number of pre-school children treated in year	99	120

Some slight discrepancies occur in the figures given ; these relate to patients having been seen by more than one therapist owing to staff changes.



INFECTIOUS DISEASES

Outbreaks of the following infectious diseases were reported during the year:

Infectious hepatitis (jaundice)

Outbreaks occurred at 11 schools involving a total of 24 cases. Six cases occurred at Loddington Hall residential E.S.N. school. They were all admitted to an isolation hospital and injections of immune globulin were given to selected contacts to limit spread of the disease.

Bowel infection

An outbreak of diarrhoea and vomiting affected many children and members of the staff of one school in March. All the cases recovered rapidly but no causal organism was found.

Two cases (brother and sister) infected with *Salmonella typhimurium* were reported in school children but there were no secondary cases although two younger brothers were similarly infected.

Minor infections

At one school, 20% of the pupils were absent at one time on account of mumps. In another school in July, almost 30% of the pupils were absent following an outbreak of german measles.

Tuberculosis

During the year there were ten cases of respiratory tuberculosis and one of non-respiratory tuberculosis amongst school children.

In one area five children, two of whom attended a local school, were found to be suffering from pulmonary tuberculosis. Following investigations the source case was found to be a young adult who had been a close contact of all of the children, four of whom were in one family.

As a further precaution it was decided to Heaf test the children attending the school. Out of 47 children tested, 40 were found to be negative and three were positive. One of the positive reactors had previously received B.C.G. vaccination, and the other two were given chest x-rays and both were satisfactory.

One other family, who were close contacts of the source case, had moved to another county and investigations there resulted in a 10-year old boy being admitted to hospital with respiratory tuberculosis.

B.C.G. vaccination

Testing for tuberculosis and, where indicated, B.C.G. vaccination is offered to all children reaching 13 years of age. The parents of 5,358 children consented to these procedures, giving an acceptance rate of 98.2%.

Of 4,842 children whose Heaf tests were read, 536 (11.1%) were positive reactors; 4,306 negative reactors, of whom 153 attended private schools, were vaccinated with B.C.G. All

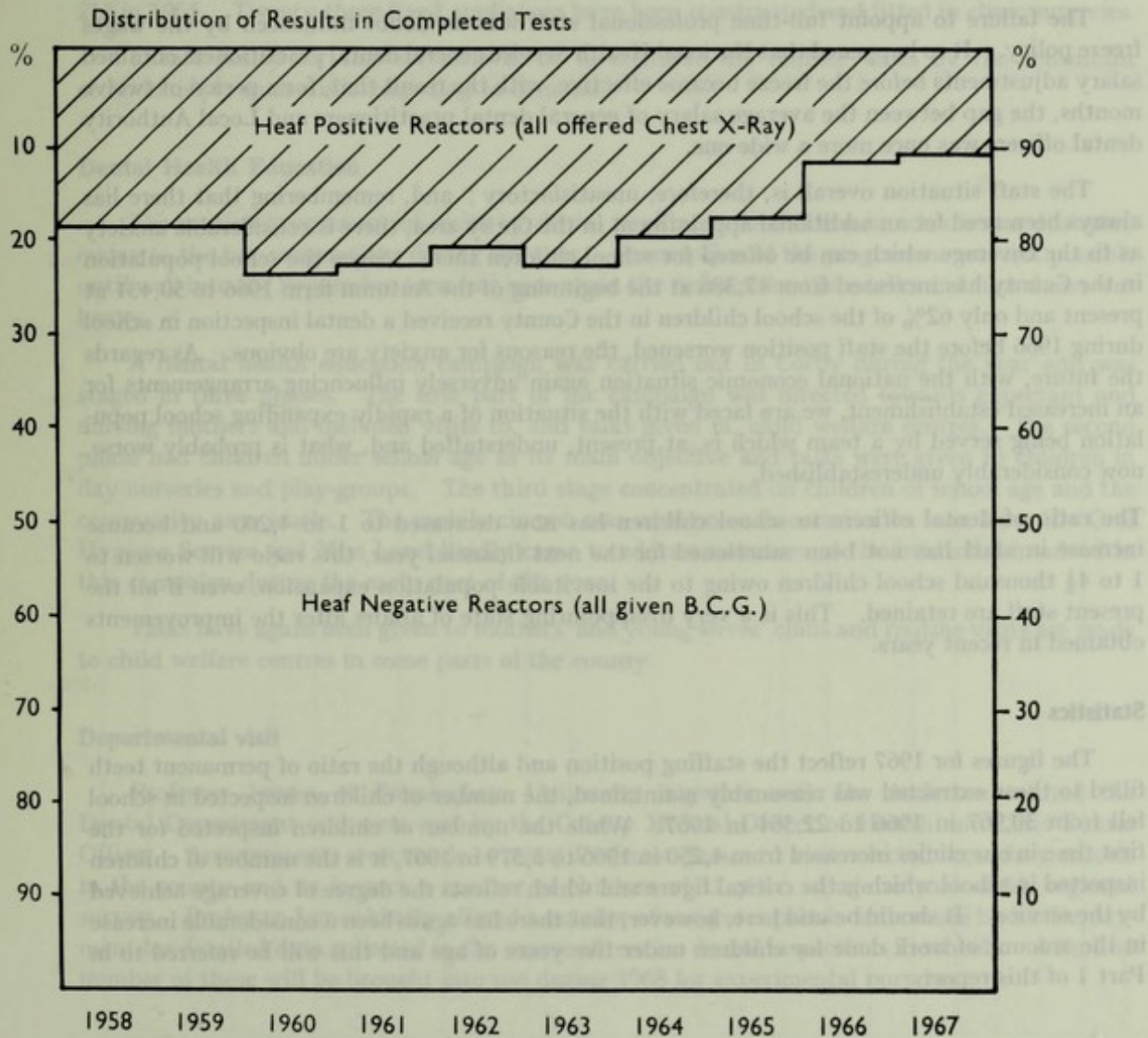
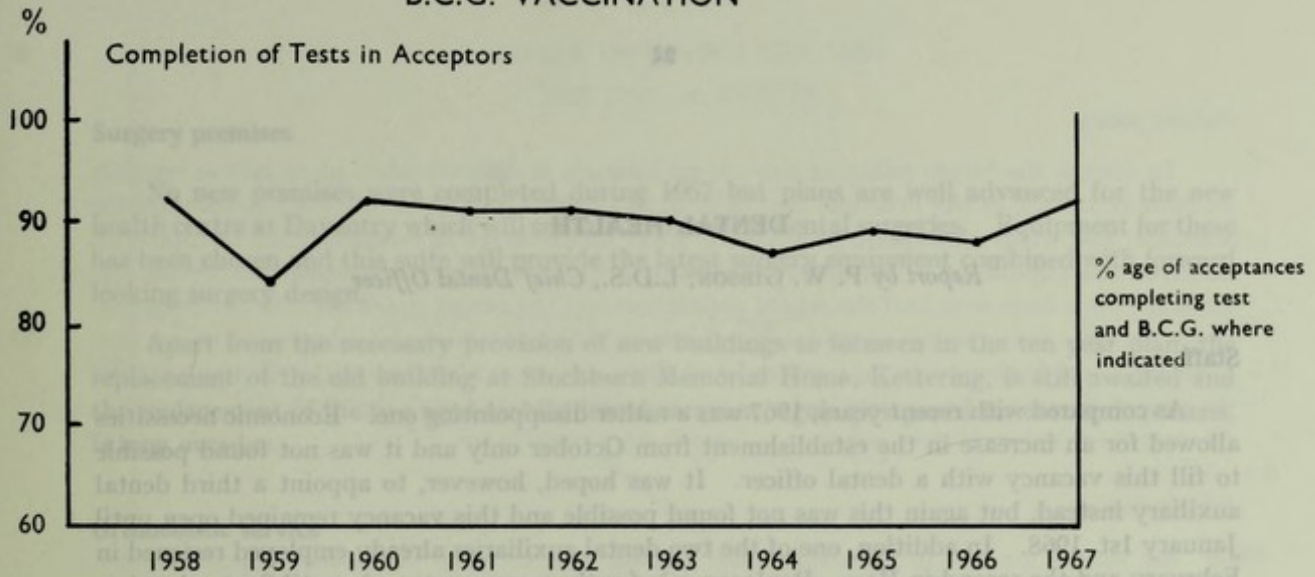
positive reactors were offered a chest x-ray examination. During the year, 660 such children were x-rayed and four were referred to the chest clinic for further investigation ; one was found to be suffering from low grade active respiratory tuberculosis.

Skin conditions

A number of children with plantar warts were found during the year, but in no school did the incidence reach epidemic proportions.

Though not strictly an infectious disease, scabies may be considered here. An increased incidence was noted early in 1967 and several school surveys were made. In one school, six children and one teacher were found to be infested, all of whom were rapidly cured by the appropriate treatment. The situation seemed to be settling down by the end of the year, and this opinion was supported by a consultant dermatologist.

B.C.G. VACCINATION



Children previously having had B.C.G. have been excluded in compiling % ages of Positive and Negative reactors on this graph.

DENTAL HEALTH

Report by P. W. GIBSON, L.D.S., Chief Dental Officer

Staff

As compared with recent years, 1967 was a rather disappointing one. Economic necessities allowed for an increase in the establishment from October only and it was not found possible to fill this vacancy with a dental officer. It was hoped, however, to appoint a third dental auxiliary instead, but again this was not found possible and this vacancy remained open until January 1st, 1968. In addition, one of the two dental auxiliaries already employed resigned in February and the second in May. Replacements for these were not made until September 1st. Further, a full-time dental officer resigned in December and it was not found possible to appoint a replacement.

The failure to appoint full-time professional staff was no doubt influenced by the wages freeze policy. It so happened that National Health Service general dental practitioners obtained salary adjustments before the freeze became effective, with the result that, for a period of twelve months, the gap between the average salary of general dental practitioners and Local Authority dental officers was once more a wide one.

The staff situation overall is, therefore, unsatisfactory ; and, remembering that there has always been need for an additional appointment in the Corby area, there is considerable anxiety as to the coverage which can be offered for school children there. Since the school population in the County has increased from 47,386 at the beginning of the Autumn term 1966 to 50,431 at present and only 62% of the school children in the County received a dental inspection in school during 1966 before the staff position worsened, the reasons for anxiety are obvious. As regards the future, with the national economic situation again adversely influencing arrangements for an increased establishment, we are faced with the situation of a rapidly expanding school population being served by a team which is, at present, understaffed and, what is probably worse, now considerably underestablished.

The ratio of dental officers to school children has now decreased to 1 to 4,200 and because increase in staff has not been sanctioned for the next financial year, this ratio will worsen to 1 to 4½ thousand school children owing to the inevitable population expansion, even if all the present staff are retained. This is a very disappointing state of affairs after the improvements obtained in recent years.

Statistics

The figures for 1967 reflect the staffing position and although the ratio of permanent teeth filled to those extracted was reasonably maintained, the number of children inspected in school fell from 30,967 in 1966 to 22,364 in 1967. While the number of children inspected for the first time in our clinics increased from 4,250 in 1966 to 5,579 in 1967, it is the number of children inspected in school which is the critical figure and which reflects the degree of coverage achieved by the service. It should be said here, however, that there has again been a considerable increase in the amount of work done for children under five years of age and this will be referred to in Part 1 of this report.

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Surgery premises

No new premises were completed during 1967 but plans are well advanced for the new health centre at Daventry which will contain two modern dental surgeries. Equipment for these has been chosen and this suite will provide the latest surgery equipment combined with forward looking surgery design.

Apart from the necessary provision of new buildings as foreseen in the ten year plan, the replacement of the old building at Stockburn Memorial Home, Kettering, is still awaited and the replacement of the two aged mobile dental caravans, again postponed for economic reasons, is long overdue.

Orthodontic service

Fortunately the orthodontic service has developed well and all full-time staff have had the advantage of teaching visits by the consultant orthodontist in their own clinics. Three hundred and fifty-four new cases were commenced during the year as compared with 319 in 1966 and 213 in 1965. Twenty-three fixed appliances have been constructed and fitted in clinic surgeries.

Future policy for this service will be to continue the routine visits by the consultant orthodontist to each clinic according to demand.

Dental Health Education

The routine programme of visits by dental auxiliaries to children in schools was disrupted owing to the two resignations during the year. Resumption of the programme was not possible until well into the September term but once again the demand for these talks and film shows was heavy.

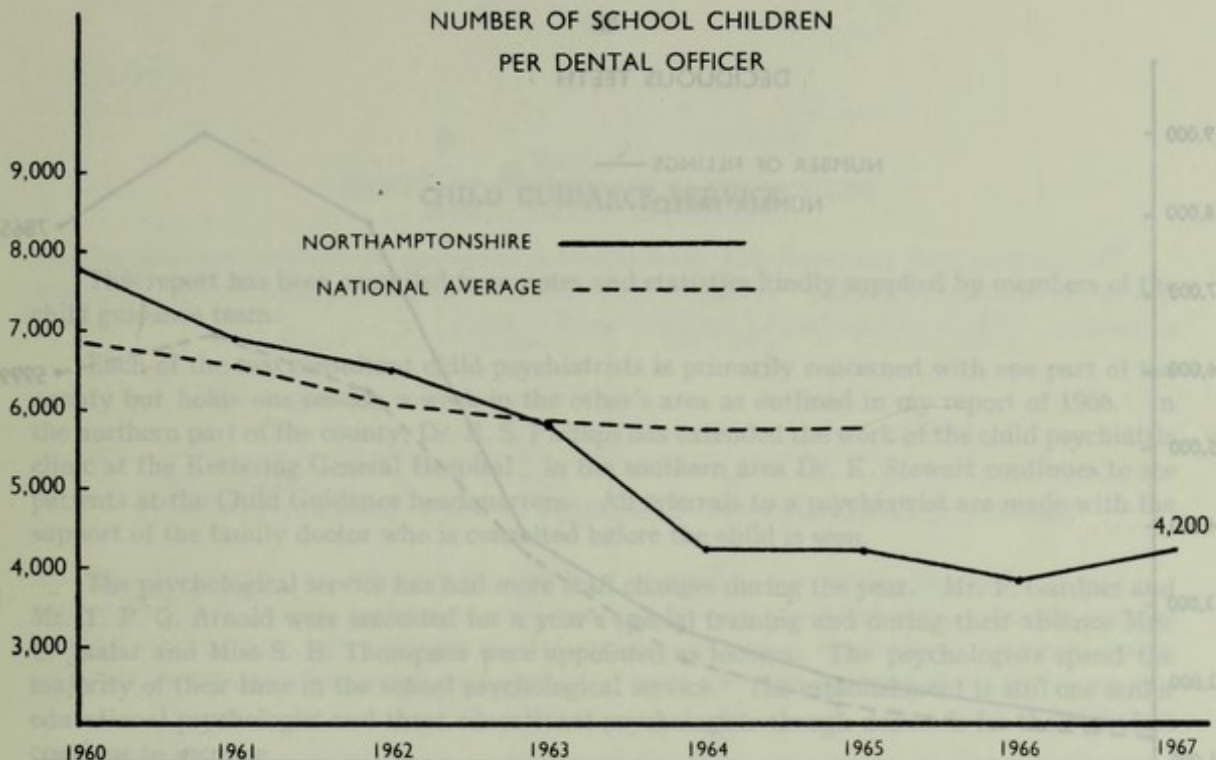
A dental health education campaign was carried out in Corby during the year and was staged in three phases. The first part of the campaign was directed towards expectant and nursing mothers and included visits to, and talks given in, child welfare centres. The second phase had children under school age as its main objective and talks were given to children in day nurseries and play-groups. The third stage concentrated on children of school age and the community as a whole. The mobile cinema was used on each occasion on loan from the Oral Hygiene Service and Miss Land kindly came to address members of the field staff involved in this campaign during the early part of the year.

Talks have again been given to mothers' and young wives' clubs and routine visits are made to child welfare centres in some parts of the county.

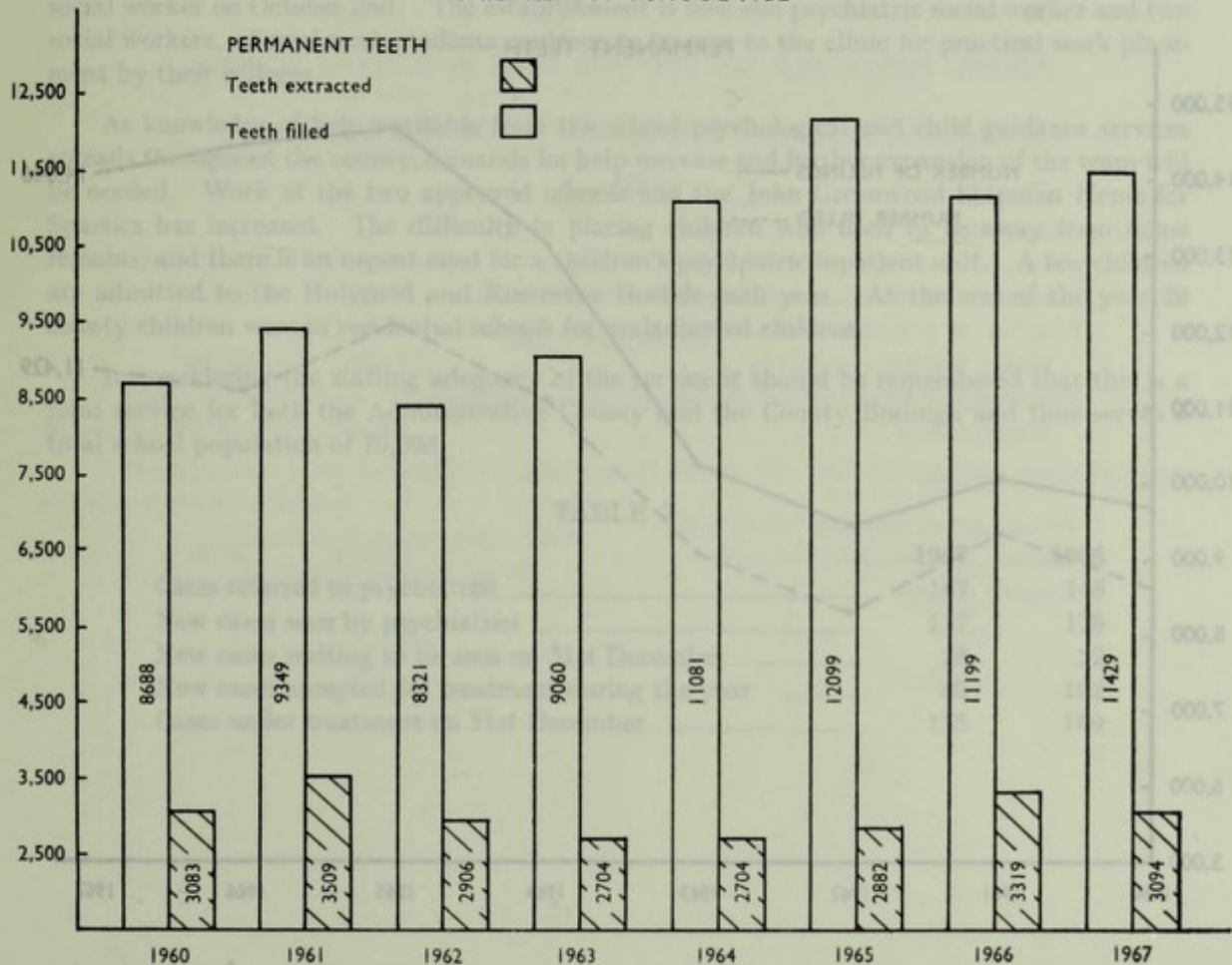
Departmental visit

Professor James, of Birmingham University, together with Dr. Anderson, visited the Dental Department and were met by the County Medical Officer of Health and Chief Dental Officer. Arrangements were made to assist Professor James to visit selected secondary schools in the county and to inspect a number of children of 12 years of age as part of his regional survey. Professor James kindly offered a number of computer punch cards made by his Department for detailed data collected in the course of routine dental inspections in schools. A limited number of these will be brought into use during 1968 for experimental purposes.

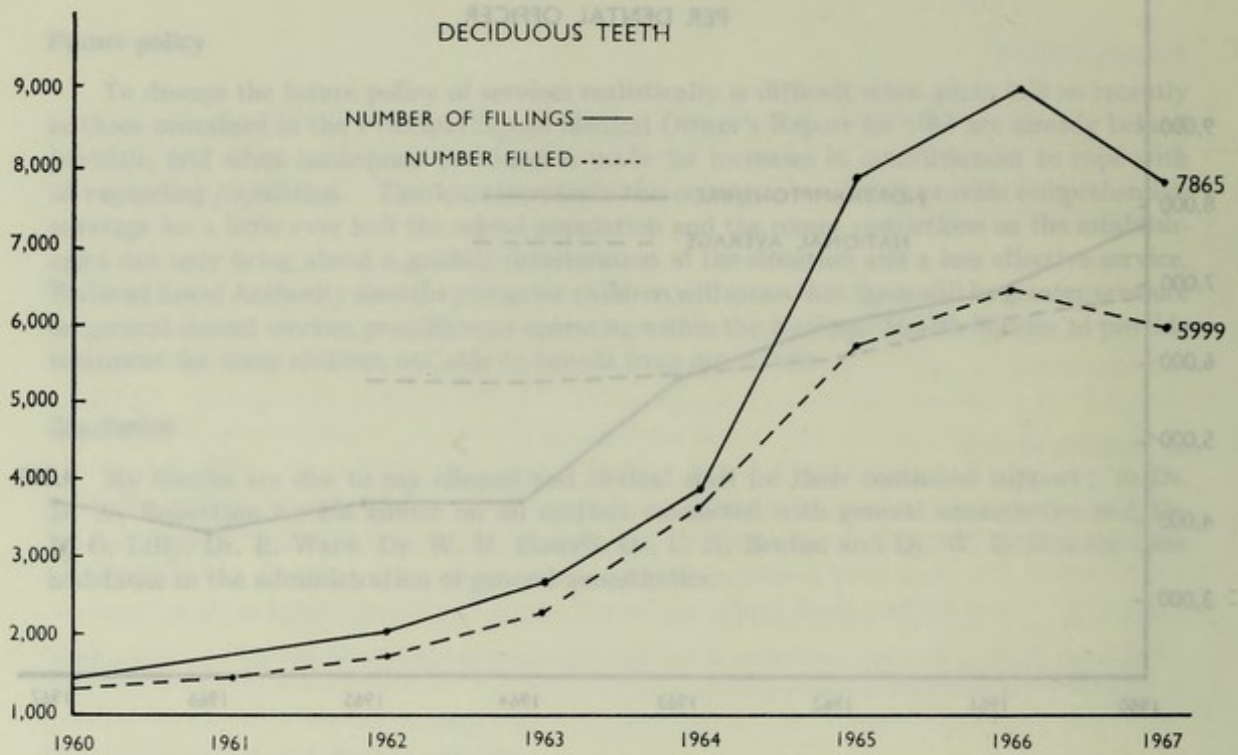
NUMBER OF SCHOOL CHILDREN
PER DENTAL OFFICER



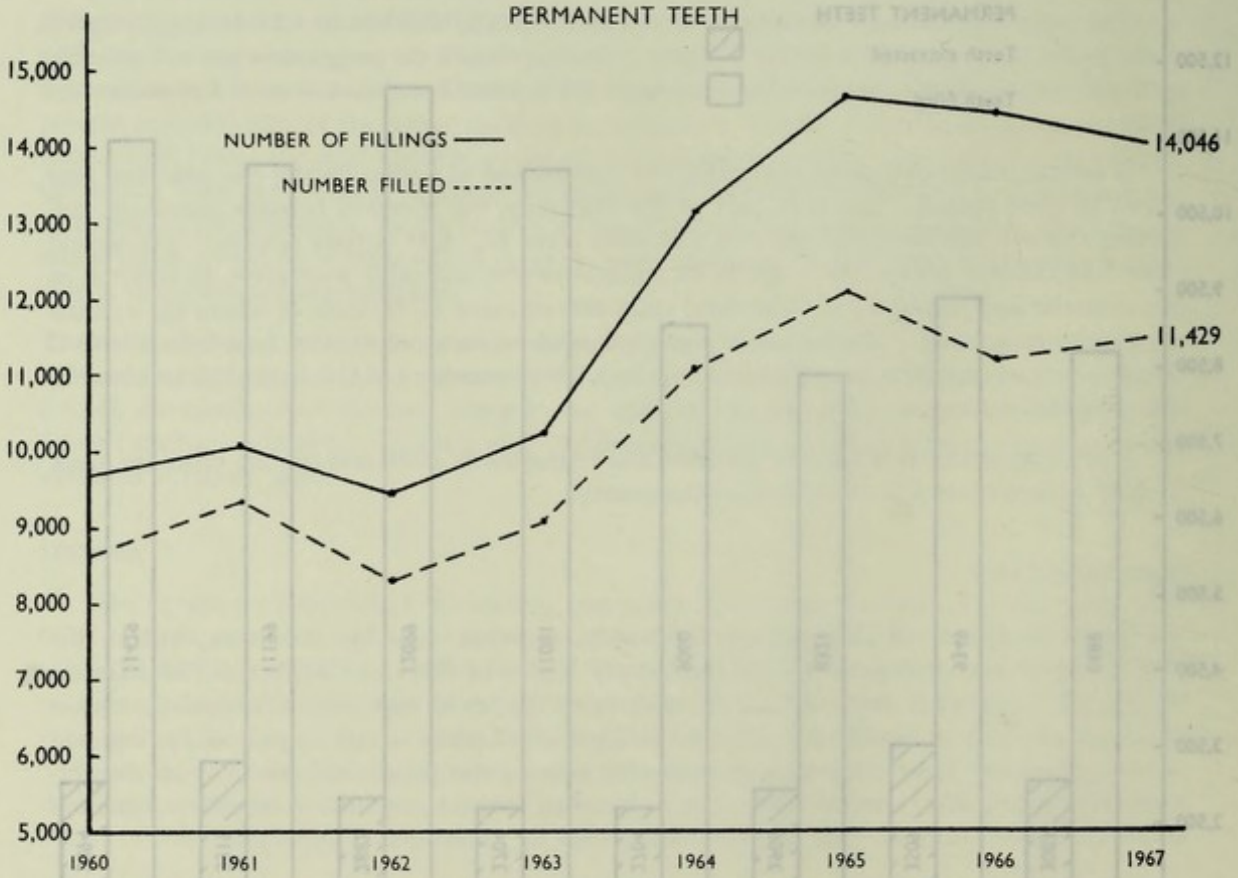
CHILDREN OF SCHOOL AGE



NUMBER OF SCHOOL CHILDREN
PER DENTAL OFFICE
DECIDUOUS TEETH



PERMANENT TEETH



CHILD GUIDANCE SERVICE

This report has been compiled from notes and statistics kindly supplied by members of the child guidance team.

Each of the two consultant child psychiatrists is primarily concerned with one part of the county but holds one session a week in the other's area as outlined in my report of 1966. In the northern part of the county, Dr. B. S. Phillips has extended the work of the child psychiatric clinic at the Kettering General Hospital; in the southern area Dr. K. Stewart continues to see patients at the Child Guidance headquarters. All referrals to a psychiatrist are made with the support of the family doctor who is consulted before the child is seen.

The psychological service has had more staff changes during the year. Mr. P. Gardner and Mr. T. P. G. Arnold were seconded for a year's special training and during their absence Mrs. C. Jaafar and Miss S. B. Thompson were appointed as locums. The psychologists spend the majority of their time in the school psychological service. The establishment is still one senior educational psychologist and three educational psychologists though demands for their services continue to increase.

The social work team has been strengthened by Miss F. M. Kinross who was appointed social worker on October 2nd. The establishment is now one psychiatric social worker and two social workers. Social work students continue to be sent to the clinic for practical work placement by their colleges.

As knowledge of help available from the school psychological and child guidance services spreads throughout the county, demands for help increase and further expansion of the team will be needed. Work at the two approved schools and the John Greenwood Shipman Home for Spastics has increased. The difficulty in placing children who need to be away from home remains, and there is an urgent need for a children's psychiatric inpatient unit. A few children are admitted to the Holyrood and Rostrevor Hostels each year. At the end of the year 28 county children were in residential schools for maladjusted children.

In considering the staffing adequacy of the service it should be remembered that this is a joint service for both the Administrative County and the County Borough and thus serves a total school population of 70,093.

TABLE 7

	1967	1966
Cases referred to psychiatrist	167	148
New cases seen by psychiatrist	117	126
New cases waiting to be seen on 31st December	28	52
New cases accepted for treatment during the year	89	102
Cases under treatment on 31st December	155	189

MEDICAL EXAMINATION OF TEACHERS

The medical staff examined 323 candidates for admission to teachers' training colleges and to the teaching profession. A further seven candidates were examined on behalf of other authorities. None was classified as medically unfit to teach.

MEDICAL EXAMINATION OF CHILDREN IN PART-TIME EMPLOYMENT

One hundred and eighty-nine children in part-time employment were examined by school medical officers. None had to be advised to discontinue on medical grounds but one boy had ceased part-time employment upon the insistence of his parents; the school medical officer who examined the boy agreed with the parents' opinion that continued employment would be prejudicial to his health.

SCHOOL MEALS SERVICE AND THE MILK IN SCHOOLS SCHEME

The Chief Education Officer has kindly supplied the following figures :

TABLE 8

School meals service

	Autumn 1967	Autumn 1966
Number of canteens and dining centres	229	221
Number of primary and secondary school children taking midday meal daily	27,455	25,896
Percentage of primary and secondary school children taking meals	59.94%	57.86%

Milk in schools scheme

Percentage of children taking milk :		
Primary and secondary schools	81.40%	80.84%
Nursery schools	98.57%	98.55%

TABLE 9
Periodic medical inspections

Age groups inspected (By year of birth) (1)	No. of pupils who have received a full medical examination (2)	Physical condition of pupils inspected	
		Satisfactory (3)	Unsatisfactory (4)
1963 and later ...	35	35	—
1962	1288	1287	1
1961	2567	2567	—
1960	608	607	1
1959	189	189	—
1958	195	195	—
1957	774	774	—
1956	544	544	—
1955	156	156	—
1954	201	201	—
1953	1130	1126	4
1952 and earlier ...	1657	1656	1
Total ...	9344	9337	7

Col. (3) total as a percentage of Col. (2) total 99.93%

Col. (4) total as a percentage of Col. (2) total 0.07%

TABLE 10

Other inspections

A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of special inspections ...	...	...	396
Number of re-inspections ...	...	...	1351
Total ...	...	...	1747

TABLE 11

Defects found by periodic and special medical inspections during the year

Note: All defects, including defects of pupils at Nursery and Special Schools, noted at periodic and special medical inspections are included in this table, whether or not they were under treatment or observation at the time of the inspection.

Defect code No.	Defect or disease	Periodic inspections				Special inspections
		Entrants	Leavers	Others	Total	
4	Skin T	7	10	2	19	5
		O 8	5	1	14	4
5	Eyes—(a) Vision T	48	61	29	138	6
		O 174	38	12	224	3
	(b) Squint T	14	—	—	14	1
		O 38	—	2	40	3
	(c) Other T	1	—	2	3	—
		O 17	3	2	22	—
6	Ears—(a) Hearing T	7	1	4	12	5
		O 59	13	8	80	3
	(b) Otitis media T	3	1	3	7	—
		O 47	6	3	56	—
	(c) Other T	1	1	16	18	—
		O 13	1	4	18	2
7	Nose and throat T	155	133	23	311	39
		O 477	18	21	516	29
8	Speech T	14	2	1	17	2
		O 127	3	4	134	8
9	Lymphatic glands T	10	—	1	11	1
		O 61	—	2	63	1
10	Heart T	5	2	2	9	1
		O 44	8	1	53	8
11	Lungs T	33	6	5	44	2
		O 121	14	11	146	10
12	Developmental—(a) Hernia T	3	—	—	3	—
		O 12	—	—	12	—
	(b) Other T	7	1	3	11	4
		O 106	4	10	120	5

Handicapped pupils requiring education at special schools or boarding in boarding homes
(From Chief Education Officer's Report to Department of Education and Science)

Table 11 continued

Defect code No.	Defect or disease				Periodic inspections				Special inspections
					Entrants	Leavers	Others	Total	
13	Orthopædic—(a) Posture ...	T	...	...	5	1	2	8	2
					O	32	11	3	46	4
	(b) Feet...	T	...	...	17	6	2	25	2
					O	139	32	12	183	4
	(c) Other ...	T	...	...	5	7	1	13	—
					O	45	11	6	62
14	Nervous system—(a) Epilepsy	T	...	...	—	—	—	—	1
					O	13	3	1	17	5
	(b) Other ...	T	...	...	3	—	1	4	2
					O	43	3	9	55	3
15	Psychological—(a) Development	T	...	...	1	—	—	1	4
					O	73	21	4	98	18
	(b) Stability ...	T	...	...	6	—	1	7	2
					O	140	22	3	165	7
16	Abdomen ...	T	...	...	—	1	2	3	1
					O	27	3	1	31	2
17	Other ...	T	...	...	12	22	11	45	6
					O	72	18	8	98	17

T=Requiring treatment, or already under treatment.
O=To be kept under observation.

Special Inspections	Physical Inspections				Total
	Total	Other	Developmental	Other	

TABLE 12

Pupils found to require treatment at periodic medical inspections
 (including those already receiving treatment, but excluding dental diseases and infestation with vermin)

Age groups inspected (by year of birth)	For defective vision (excluding squint)	For any other condition recorded	Total individual pupils
1963 and later ...	—	1	1
1962 ...	16	121	133
1961 ...	24	153	172
1960 ...	5	35	38
1959 ...	3	5	8
1958 ...	1	4	5
1957 ...	13	51	64
1956 ...	12	28	40
1955 ...	3	4	7
1954 ...	6	8	14
1953 ...	22	32	53
1952 and earlier...	33	41	74
Total ...	138	483	609

Special Inspections	Physical Inspections				Total	
	Total	Other	Developmental	Other		
7	156	177	33	366	28	
8	18	127	4	149	2	
9	10	81	2	93	2	
10	8	44	2	54	1	
11	25	121	4	150	2	
12	Developmental—(a) Heredity ...	T	2	—	2	—
		O	12	—	12	—
	(b) Other	T	7	1	11	—
		O	105	4	109	—

TABLE 13

Handicapped pupils requiring education at special schools or boarding in boarding homes

(From Chief Education Officer's return to Department of Education and Science)

During the calendar year ended 31st December, 1967	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially hearing		(5) Physically handicapped (6) Delicate		(7) Maladjusted (8) Education- ally sub-normal		(9) Epi- leptic	(10) Speech Defects	(11) Diag- nostic Unit	TOTAL Cols. 1-11 (12)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
A. How many handicapped pupils were newly assessed as needing special educational treatment at special schools or in boarding homes?	1	2	2	5	19	14	16	90	4	1	5	159
B. (i) of the children included at A, how many were newly placed in special schools (other than hospital special schools) or boarding homes?	—	—	1	2	11	11	6	36	3	—	—	70
(ii) of the children assessed prior to 1st January, 1967, how many were newly placed in special schools (other than hospital special schools) or boarding homes?	—	1	4	—	6	2	6	20	1	—	—	40
Total (B(i) and B(ii))	—	1	5	2	17	13	12	56	4	—	—	110

On 18th January, 1968, how many handicapped pupils from the Authority's area—

C. (i) were requiring places in special schools—												
(a) day	—	—	—	—	3	—	—	59	—	—	—	62
(b) boarding	3	2	—	3	4	2	13	55	1	1	—	84
(ii) included at (i) had not reached the age of 5 and were awaiting (a) day places	—	—	—	—	2	—	—	—	—	—	—	2
(b) boarding places	3	1	—	—	—	—	—	—	—	—	—	4
(iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, were awaiting—												
(a) day places	—	—	—	—	1	—	—	29	—	—	—	30
(b) boarding places	—	—	—	—	—	2	4	40	—	—	—	46
(iv) included at (i) had been awaiting admission to special schools for more than one year	2	—	—	—	—	—	4	69	—	—	—	75
D. (i) were on the registers of												
1. maintained special schools as,												
(a) day pupils	—	—	—	—	26	24	—	228	—	—	6	284
(b) boarding pupils	1	5	—	7	5	1	7	84	—	—	—	110
2. non-maintained special schools as,												
(a) day pupils	—	—	—	—	—	—	—	—	—	—	—	—
(b) boarding pupils	9	5	13	8	12	7	5	4	7	—	—	70
3. independent schools under arrangements made by the Authority	—	—	—	—	—	—	16	1	—	—	—	19
4. Special classes and units not forming part of a special school												
(i) were boarded in homes and not already included under D. (i) above	—	—	—	7	—	—	—	—	—	—	—	7
(ii) were boarded in homes and not already included under D. (i) above	—	—	—	—	—	—	11	—	—	—	—	11
Total (D)	10	10	13	22	45	32	39	317	7	—	6	501
E. On 18th January, 1968, how many handicapped pupils (irrespective of the areas to which they belong) were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944												
(i) in hospitals	—	—	—	—	—	2	—	1	—	—	—	3
(ii) in other groups (e.g. units for spastics, convalescent homes)	—	—	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	1	—	6	1	1	—	—	—	—	9

TABLE 14

School eye clinics

Centre	No. clinic sessions held	No. old cases	No. new cases	Total seen
Corby Nuffield Diagnostic Centre	22	253	218	471
Daventry School	8	35	24	59
Kettering—School Lane Clinic	26	382	199	581
—General Hospital	6	35	60	195
Northampton—Guildhall Road Clinic	12	78	42	120
—General Hospital	15	123	78	201
Rushden Memorial Clinic	32	209	103	312
Towcester Secondary School	6	25	18	43
Wellingborough Oxford Street Clinic... ..	33	273	155	428
	160	1513	897	2410
	(134)	(1168)	(683)	(1851)
The figures in brackets refer to 1966.				
Brackley Cottage Hospital	10	42	26	68
Banbury—Horton General Hospital	9	27	41	68
	179	1582	964	2546

No. of pupils for whom spectacles were prescribed—943.

TABLE 15

Eye diseases, defective vision and squint

Number of cases known to have been dealt with

External and other, excluding errors of refraction and squint	1
Errors of refraction (including squint)	2546
Total	2547

TABLE 16

Orthopaedic and postural defects

Number of cases known to have been treated

(a) Pupils treated at clinics or out-patient departments	Not known
(b) Pupils treated at school for postural defects	13
Total	13

TABLE 17
Diseases and defects of ear, nose and throat

	<i>Number of cases known to have been dealt with</i>
Received operative treatment	
(a) for diseases of the ear	<i>Not known</i>
(b) for adenoids and chronic tonsillitis	816
(c) for other nose and throat conditions	—
Received other forms of treatment	2
Total	818
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1967	7
(b) in previous years	49

TABLE 18
Infestation with vermin

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	9,811
(ii) Total number of individual pupils found to be infested	350
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	Nil
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil

TABLE 19
Diseases of the skin

(Excluding uncleanliness, for which see Table 18)

	<i>Number of cases known to have been treated</i>
Ringworm—(i) Scalp	—
(ii) Body	6
Scabies	25
Impetigo	7
Other skin diseases	20
Total	58

TABLE 20

Dental inspection and treatment

Attendances and treatment	Ages			Total
	5 to 9	10 to 14	15 and over	
First visit	5110	3660	589	9359
Subsequent visits	6458	7312	1361	15131
Total visits	11568	10972	1950	24490
Additional courses of treatment commenced	1529	1241	202	2972
Fillings in permanent teeth	3600	8457	1989	14046
Fillings in deciduous teeth	7297	568	—	7865
Permanent teeth filled	2867	7028	1534	11429
Deciduous teeth filled	5597	402	—	5999
Permanent teeth extracted	543	2205	346	3094
Deciduous teeth extracted	6738	1504	—	8242
General anaesthetics	3148	1483	134	4765
Emergencies	673	400	52	1125
Number of pupils X-rayed ... ..	...	...	...	1747
Prophylaxis ... ..	...	...	...	1034
Teeth otherwise conserved ... ..	...	...	...	675
Number of teeth root filled ... ..	...	...	...	241
Inlays ... ..	...	...	...	5
Crowns ... ..	...	...	...	90
Courses of treatment completed ... ..	...	...	...	9145
Orthodontics				
Cases remaining from previous year ... ..	...	...	...	401
New cases commenced during year ... ..	...	...	...	354
Cases completed during year ... ..	...	...	...	245
Cases discontinued during year ... ..	...	...	...	70
No. of removable appliances fitted ... ..	...	...	...	349
No. of fixed appliances fitted ... ..	...	...	...	23
Pupils referred to hospital consultant ... ..	...	...	...	526
Prosthetics				
	5 to 9	10 to 14	15 and over	Total
Pupils supplied with full upper or full lower denture (first time)	—	—	6	6
Pupils supplied with other dentures (first time)	9	26	21	56
Number of dentures supplied	9	26	27	62
Anaesthetics				
General anaesthetics administered by Dental Officers ... ..	...	...	...	2110
Inspections				
(a) First inspection at school. Number of pupils ... ..	...	...	...	22364
(b) First inspection at clinic. Number of pupils ... ..	...	...	...	5579
Number of (a) + (b) found to require treatment ... ..	...	...	...	19278
Number of (a) + (b) offered treatment ... ..	...	...	...	13924
(c) Pupils re-inspected at school or clinic ... ..	...	...	...	6863
Number of (c) found to require treatment ... ..	...	...	...	4072
Sessions				
Sessions devoted to treatment ... ..	...	...	...	5546
Sessions devoted to inspection ... ..	...	...	...	239
Sessions devoted to dental health education ... ..	...	...	...	182

TABLE 21

Child guidance clinic

	Boys	Girls	Total
No. of cases referred during year	111	56	167
No. of cases waiting to be seen on January 1st, 1967	33	19	52
No. of cases seen by psychiatrist	75	42	117
No. of cases not seen	26	10	36
No. of cases waiting to be seen on December 31st, 1967	18	10	28
Cases under treatment on January 1st, 1967	135	54	189
New cases taken on for treatment during year	58	31	89
No. under treatment on December 31st, 1967	102	44	146
No. of cases discharged from treatment during year	91	41	132
REFERRED BY :			
General practitioners	36	20	56
Parents	5	—	5
Schools	2	—	2
School Health Service	22	22	44
School Psychological Service	25	4	29
School welfare officers	—	—	—
Health visitors	3	—	3
Courts	3	1	4
Probation officers	6	—	6
Children's officer	7	5	12
Hospital consultants	2	4	6
Chief Education Officer	—	—	—
Other	—	—	—
REFERRED FOR :			
Nervous disorders	14	6	20
Habit disorders	9	8	17
Behaviour disorders	82	39	121
Organic disorders	1	1	2
Psychotic behaviour	1	—	1
Educational and vocational difficulties	4	2	6
Unclassified	—	—	—
No. of children discharged from Holyrood Hostel during year			8
No. of children admitted to Holyrood Hostel			5
No. of children removed against advice			—
No. of children discharged from Rostrevor Hostel during year			3
No. of children admitted to Rostrevor Hostel			1
No. of children removed against advice			—
No. of children in residential schools for maladjusted children			22

CLINICS ATTENDED BY SCHOOL CHILDREN DURING 1967

Dental

Corby—Pen Green Lane
—Stuart Road
Kettering—Stockburn Memorial Home
Northampton—Guildhall Road
Rushden—Rectory Road

Refractions

Banbury—Horton Hospital
Brackley—Cottage Hospital
Corby—Diagnostic Centre
Daventry—Secondary School (to June)
Kettering—School Lane
Northampton—Guildhall Road (to June)
—General Hospital (from June)
Rushden—Memorial Hospital
Towcester—Secondary School (to June)
Wellingborough—Oxford Street

Vaccination and Immunisation

Corby—Pen Green Lane
Kettering—School Lane
Northampton—Guildhall Road
Rushden—Rectory Road
Wellingborough—Oxford Street

Audiology

Corby—Stuart Road
Kettering—Stockburn Memorial Home
Northampton—Guildhall Road
Rushden—Rectory Road
Wellingborough—Oxford Street

Enuresis

Corby—Stuart Road
Daventry—Secondary School

Child Guidance

Corby—Pen Green Lane
—Stuart Road
Kettering—School Lane
—Stockburn Memorial Home
Northampton—Cliftonville Road
Wellingborough—Oxford Street

Ear, Nose and Throat

Corby—Diagnostic Centre
Kettering—General Hospital
Northampton—General Hospital
Rushden—Memorial Clinic

Speech Therapy

Corby—Stuart Road
—Diagnostic Centre
Kettering—Stockburn Memorial Home
—St. Mary's Hospital
Northampton—Guildhall Road
Oundle—Glaphthorn Road Hospital
Rushden—Rectory Road
Wellingborough—Oxford Street
—Park Hospital

Mobile Clinics

A mobile medical and three mobile dental clinics are used in certain parts of the county.

