

[Report 1965] / School Medical Officer of Health, Portsmouth.

Contributors

Portsmouth (England). Council.

Publication/Creation

1965

Persistent URL

<https://wellcomecollection.org/works/j94e7uy2>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

AC.

4417



CITY OF PORTSMOUTH EDUCATION COMMITTEE

THE HEALTH OF PORTSMOUTH SCHOOL CHILDREN 1965

PETER G. ROADS

M.D.(Lond.,) D.P.H.

*Principal School Medical Officer and
Medical Officer of Health*

REPORT OF THE SCHOOL HEALTH SERVICE



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b2999603x>



CITY OF PORTSMOUTH
EDUCATION COMMITTEE

REPORT OF THE
SCHOOL
HEALTH SERVICE

PETER G. ROADS
M.D. (Lond), D.P.H.

*Principal School Medical Officer and
Medical Officer of Health*

PORTSMOUTH

1965

EDUCATION COMMITTEE

AS AT DECEMBER 1965

The Right Worshipful the Lord Mayor

ALDERMAN F. LINES, J.P.

Chairman

COUNCILLOR E. O. BATESON

Vice-Chairman

COUNCILLOR A. L. BLAKE, M.C., LL.B.

Aldermen

W. G. EDWARDS, M.B.E., J.P.
(died 3.12.1965)

A. W. JAMIESON

Councillors

MISS H. M. BRADY

G. E. CLARK

D. D. CONNORS

H. T. CORBEN

F. A. J. EMERY-WALLIS

W. J. EVANS, M.I.MECH.E., M.I.PROD.E.

W. G. HUNT

MRS. H. M. KER, M.B.E., B.SC.

MRS. E. MACK, J.P.

MRS. MARY MARKS

J. M. MCSWEENEY

MRS. M. A. PAGE

B. T. PICKERING

L. C. ROGERS

*MISS K. I. D. STANLEY

B. H. G. TYLER

* Married in 1966 and now Mrs. K. I. D. Stanley Edwardes

Co-opted Members

HON. ALDERMAN A. N. B. BIRCH, M.A.

MR. N. J. COLLINGS

REV. W. H. DAVIES, B.A., B.D.

REV. G. DWYER

MISS D. DYMOND, C.B.E., M.A.

REV. CANON C. FOSTER,

M.A., B.SC., PH.D.

MR. E. G. FRANCIS

MR. S. W. B. LEATHLEAN,
M.SC.ENG.(LOND.), M.I.E.E.

MR. J. MIDDLETON

MRS. E. M. SMITH

REV. J. R. STURGES, D.P.A., J.P.

MISS M. W. SUTCLIFFE, S.R.N., S.C.M.

THE STAFF OF THE SCHOOL HEALTH AND ASSOCIATED SERVICES

AS ON 31ST DECEMBER 1965

Principal School Medical Officer and Medical Officer of Health

PETER G. ROADS, M.D.(LOND.), D.P.H.

Deputy Principal School Medical Officer and Deputy Medical Officer of Health

THOMAS HALL, M.A., M.B., B.CHIR.(CANTAB.), M.R.C.S., L.R.C.P., D.P.H.

Senior Medical Officer

DENIS D. HILTON, M.B., CH.B.(MANCH.), D.R.C.O.G., D.T.M. & H., D.P.H.

School Medical Officers and Assistant Medical Officers of Health

EILEEN BROOKS, M.B., B.CH., B.A.O.(DUBLIN)

CHRISTOPHER P. HALLETT, M.B., CH.B.(BRISTOL)

OWEN McCANN, B.SC., M.B., B.CH.(WALES)

ANN W. KILPATRICK, M.B., B.CH., B.A.O.(BELFAST), D.C.H., D.P.H. (Part-time)

JOAN M. BARNARD, M.B., B.S.(LOND.), M.R.C.S., L.R.C.P. (Part-time)

AUDIOLOGICAL CLINIC (IN ASSOCIATION WITH THE HEALTH DEPARTMENT)

Medical Officer, Hearing Clinic

DOROTHY KLEIN, M.B., CH.B.(EDIN.), D.OBST.R.C.O.G., DIP.AUD.(MANCH.)

Consultant Ophthalmic Surgeon (Part-time)

A. NORMAN ASHWORTH, M.D.(MANCH.), D.O.M.S.

Principal School Dental Officer

P. D. BRISTOW, L.D.S., R.C.S.(ENG.)

School Dental Officers

W. U. AUERBACH, D.S., M.D.(BERLIN)

J. H. FRENCH, L.D.S., R.C.S.(ENG.)

P. G. McNAMARA, L.D.S., R.C.S.(ENG.)

MRS. A. E. M. BURKE, B.D.S.(U.DURH.)

D. J. STEWARD, L.D.S., R.C.S.(ENG.)

R. T. HALE, L.D.S., R.C.S.(ENG.)

B. S. MEAD, M.B.E., T.D., L.D.S., R.C.S.(ENG.)

Dental Auxiliary

MISS J. C. SALISBURY

Superintendent Health Visitor and School Nurse

MISS E. M. BUSSBY, S.R.N., S.C.M., Q.N., H.V.CERT., D.N.(LOND.)

Deputy Superintendent Health Visitor and School Nurse

MISS D. O. LEARMONT, S.R.N., S.C.M., H.V.CERT., Nursing Admin. Cert. Public Health

Health Visitors in Charge of Areas

MISS A. G. BRENTON, R.F.N., S.R.N., S.C.M., H.V.CERT.
MISS M. EVANS, S.R.N., S.R.M.N., H.V.CERT.
MISS V. A. ALBERTOLLI, S.R.N., S.C.M., H.V.CERT.
MISS G. J. M. SPRATT, S.R.N., S.C.M., H.V.CERT.

Health Visitors and School Nurses

MRS. E. L. ANDERSON, S.R.N., H.V.CERT.
MRS. E. J. ANDREWS, S.R.N., S.C.M., H.V.CERT., HOSP. ADMIN. CERT.
MRS. J. V. ANGELL, S.R.N., S.C.M., H.V.CERT.
MISS M. P. BALDWIN, S.R.N., S.C.M., H.V.CERT.
MISS L. M. BARNES, S.R.N., H.V.CERT.
MRS. D. R. COX, S.R.N., S.C.M., H.V.CERT.
MISS P. DISBROWE, S.R.N., H.V.CERT.
MISS D. B. FITZSIMONS, S.R.N., S.C.M., H.V.CERT.
MISS H. J. FULFORD, S.R.N., S.C.M., H.V.CERT.
MRS. M. K. GODDEN, S.R.N., S.C.M., B.T.A.CERT., H.V.CERT.
MISS O. I. JAMIESON, S.R.N., R.M.N., H.V.CERT.
MISS C. G. LERWILL, S.R.N., H.V.CERT.
MISS D. E. MAHONEY, S.R.N., S.C.M., H.V.CERT.
MISS E. M. MARDEN, S.R.N., S.C.M., H.V.CERT.
MISS M. P. MATTHEWS, S.R.N., H.V.CERT.
MISS J. W. ROGERS, S.R.N., S.C.M., H.V.CERT.
MISS M. J. SAGE, R.F.N., S.R.N., S.C.M., Q.N., H.V.CERT.
MRS. P. M. BOTTING, S.R.N., S.C.M., H.V.CERT.
MISS D. SMITH, S.R.N., S.C.M., H.V.CERT.
MISS V. TEDRAKE, S.R.N., S.C.M., H.V.CERT.
MISS D. M. WATTS, S.R.N., S.C.M., H.V.CERT.
MRS. O. WELCH, S.R.N., S.C.M., H.V.CERT.
MRS. E. M. WHITE, S.R.N., S.C.M., H.V.CERT.

School Nurses

MISS A. E. SCOTT, S.R.N.	MISS K. MITCHELL, S.R.N.
MRS. F. A. BOYCE, S.R.N., Q.N.	MRS. E. M. TAYLOR, S.R.N., S.C.M., Q.N.
MISS B. MAYBURY, S.R.N., S.C.M., R.S.C.N.	MRS. H. G. PEDDER, S.R.N., Q.N.
MRS. W. B. STALLARD, S.R.N.	MISS J. PELL, S.R.N.
MRS. E. SOPER, S.R.N., R.S.C.N.	MISS P. DOOLE, S.R.N., Q.N.
	MRS. M. LENTON, S.R.N.

Physiotherapist

MISS E. E. HARVEY, M.C.S.P. (Part-time)

Dental Surgery Assistants

MISS M. FERBRACHE	MISS C. HOPKINS	MRS. M. A. ROSE
MRS. M. J. MEREDITH	MISS I. G. SMITH	MRS. B. THORN
MRS. A. FISHLOCK	MRS. K. M. H. WITHEY	

Clerical Department

Administrative Assistant — S. E. C. CORNEY

MRS. D. M. NOYCE	MISS P. A. SANBURY	MISS S. WEARN
MISS S. TERRY	MRS. J. THORN	MISS S. E. PUGSLEY

CHILD GUIDANCE SERVICE

Consultant Psychiatrist (Part-time)

CHRISTOPHER HAFFNER, M.D.(EDIN.), D.P.M.

Senior Educational Psychologist

H. J. WRIGHT, B.SC.(LOND.), F.B.P.S.S.

Educational Psychologists

MISS P. WALLACE, B.A.(LEEDS), L.C.S.T.

T. COX, B.A.(LOND.)

MISS A. A. FREW, B.A.(QUEENSLAND), D.E.P.

Psychiatric Social Worker

MISS S. ALDWORTH

Social Workers

MISS P. E. HEWITT

MISS S. B. TAYLOR

MRS. A. M. CHILES

Clerical Staff

MRS. W. JACKSON

MRS. B. BUTT

MISS S. RICHARDSON

MISS M. POFFLEY

Speech Therapy Service

MRS. C. E. DELAP, L.C.S.T., *Senior Speech Therapist*

MISS C. L. BOUSFIELD, L.C.S.T.

MRS. J. SMITH, L.C.S.T.

PUBLIC HEALTH DEPARTMENT

Senior Medical Officer. Maternity, Child Welfare and Geriatric Service

MERCY PLOWRIGHT, M.B., CH.B.(BIRM.), D.C.H., D.P.H.

Senior Medical Officer. Mental Health Services

ROGER G. CONGDON, M.B., B.S.(LOND.), D.P.M.

Assistant Medical Officer. Maternity and Child Welfare

AUDREY E. STEWART, M.B., CH.B.(MANCH.), D.OBST.R.C.O.G.

Medical Officer. Vaccination and Immunisation Section

ERIC D. B. WOLFE, E.D., M.B., CH.B.(ST. AND.), D.P.H.

HEALTH EDUCATION

Assistant Superintendent Health Visitor

MRS. D. L. COVINGTON, S.R.N., S.C.M., H.V.CERT.

FOREWORD

To the Chairman and Members of the Education Authority.

My Lord Mayor, Ladies and Gentlemen,

I have the honour to present for your consideration my report on the health of Portsmouth school children and the work of the School Health Service for the year ended 31st December, 1965. This is the fifty-eighth in this series of annual reports.

GENERAL COMMENTS

It has become increasingly evident in recent years that most children at school now enjoy good health and have reasonably good standards of behaviour. The School Health Service has adapted itself to changing circumstances by increased emphasis on preventive measures, and is gradually becoming more and more concerned with investigating problems and disabilities, providing guidance for handicapped pupils and introducing modern techniques of health education to parents, teachers and the children themselves.

I am always conscious of the very high standards set in the past in this City by the School Health Service and the teaching staffs of the schools, who work in close and admirable liaison, and I am determined to ensure that in the future Portsmouth will continue to have the most effective preventive services that can be devised for the greater benefit of school children. Accordingly, I now consider the time opportune for a revision and intensification of health education services for children of school age. I have elaborated on this topic in the section on future developments.

SICKNESS ABSENCE

Dr. Hall gives an account of a preliminary survey into sickness absence among girls attending secondary schools. Whilst the results obtained have not, in themselves, been very significant, or broken much new ground, they have, I think, indicated the need for a more complete study of the problem. This will be carried out in 1966/67, and discussed in a future report.

PROVISION FOR CHILDREN WITH SPECIAL TYPES OF HANDICAP

The Education Committee can be proud of its record in establishing a wide range of special educational facilities for such children and, as I have commented in previous reports, provision in Portsmouth has always been generous in this respect. The difficulty in identification and diagnosis of the child who has autism is dealt with at some length in the article by Dr. R. G. Congdon. Numerically this problem seems to be small and special local provision for the autistic child alone would, unfortunately, not prove a very practical proposition. Looked at nationally, however, the problem assumes a different appearance, and some detailed research is urgently needed into this particular type of handicap.

EPIDEMIC VOMITING AT ST. LUKE'S SCHOOL

In October, 1965, there was an epidemic of vomiting at St. Luke's Church of England Secondary School for Girls, Frederick Street, Portsmouth. Whilst the clinical features of some of the initial cases suggested an organic cause, it became apparent as the epidemic progressed that many subsequent cases were purely functional. No positive bacteriological findings could be demonstrated, and epidemiological investigations were inconclusive.

Epidemics of this type are occasionally reported from various parts of the country, and the epidemiology often remains obscure.

A full retrospective analysis of the Portsmouth outbreak is, at present, being made, and it is hoped that this may result in a more scientific assessment of epidemics of this kind.

DEVELOPMENTS DURING THE YEAR

- (a) The unit for young children with speech and language difficulties commenced operations in September. This type of day unit is, as yet, rather unique and consequently has aroused considerable interest in many other parts of the country. It is hoped to include an assessment of its initial period of development in next year's report.
- (b) Facilities for mid-week hostel placement for maladjusted children became available in September, 1965, with the opening of Anmore Lodge, Denmead. The Senior Educational Psychologist remarks in his report that this is a progressive start, and it now remains to assess how effective this pioneer scheme will be in meeting the needs of local children.
- (c) Centralisation of the school medical records at the Central School Clinic started in 1964 and was almost complete by the end of 1965. This arrangement is in keeping with present day concepts of record storage, although it undeniably involves the present staff in more clerical work. When the new School Health Service premises at Battenburg Avenue are built the transfer of records should now be more easily and smoothly accomplished.
- (d) During the year the first aid boxes in schools were reviewed and more realistic arrangements adopted. This was necessary because opinion regarding the essential medical content of a first aid box has changed in recent years, and many items found in the schools' boxes are now no longer fashionable according to current medical standards.

FUTURE DEVELOPMENTS

The Health Services Councils' Report on Health Education in 1964 recommends that the onus for the further development of these Services should be entrusted to a specially trained health education team. This team would make use of up to date advertising techniques geared to the increasing tempo of the age. The team would be headed by a professional health educator supported by appropriate administrative and clerical staff working under the direction of the Principal School Medical Officer/Medical Officer of Health, and would be responsible to him for the organisation and implementation of the Health Education programme. Such a team should work jointly for both Education and Health Committees, and this would ensure that the health education programme in schools became an integral part of the plan for the community as a whole.

Another proposed venture in keeping with modern trends is the replacement of the present system of intermediate routine school medical inspections by a selective examination based on a questionnaire to parents. Adoption of this scheme would have certain advantages and should lead to much closer co-operation between school medical officers and teachers. It will, however, be appreciated that a proposal of this nature could not possibly function without the fullest co-operation of the headteachers and their staffs. I hope to be able to report further developments along these lines in a subsequent report.

CONCLUSION

It is with regret that I record the retirement of Mr. L. J. Threlfall, Principal School Dental Officer, who joined the service on 20th October, 1930. Mr. Threlfall made many valuable contributions to the health of the City during this long period of duty and his work and likeable personality will be sadly missed by his colleagues. I should like to wish him many years of happy and active retirement, and I extend a warm welcome to his successor Mr. P. D. Bristow who took up his appointment on 1st September, 1965.

To the Deputy Principal School Medical Officer, the staff of the School Health Service, the Education Department and other Officers of the Corporation, Headteachers, teaching staffs and the medical profession within the City, I should like to offer my grateful thanks for their continued help and co-operation.

Finally I should like, on behalf of the entire staff and myself, to say how grateful we all are to the Education Committee for their encouragement, advice and support during 1965.

I am Ladies and Gentlemen,

Your obedient Servant,

PETER G. ROADS,

*Principal School Medical Officer
and Medical Officer of Health.*

ACKNOWLEDGEMENTS

Contributions:

MISS P. BANKART, Assistant Education Officer.
MR. F. T. BENTLEY, Headmaster, Cliffdale Junior School.
MRS. B. BRISSENDEN, School Meals Organizer.
MR. P. D. BRISTOW, Principal School Dental Officer.
DR. E. BROOKS, School Medical Officer.
MISS E. N. BUSSBY, Superintendent Health Visitor and School Nurse.
MR. W. J. CHILES, Youth Employment Officer.
DR. R. G. CONGDON, Senior Medical Officer, Mental Health Service
MRS. C. DELAP, Senior Speech Therapist.
MR. S. R. HALL, Chief Education Officer.
DR. T. HALL, Deputy Principal School Medical Officer.
DR. D. D. HILTON, Senior Medical Officer, School Health Service.
MR. M. A. JERROLD, Headmaster, Cliffdale Secondary School.
DR. D. KLEIN, Medical Officer, Hearing Clinic.
The Speech Therapists.
MR. W. J. VERLING, Headmaster, Harbour View School.
DR. E. D. B. WOLFE, Medical Officer, Vaccination and Immunisation
Section.
MR. H. J. WRIGHT, Senior Educational Psychologist.

Editing:

DR. T. HALL, DR. D. D. HILTON, MR. S. E. C. CORNEY and the Clerical
Staff.

CONTENTS

EDUCATION COMMITTEE	ii
STAFF OF SCHOOL HEALTH AND ASSOCIATED SERVICES	iii
FOREWORD	vi
ACKNOWLEDGEMENTS	ix
ANNUAL REVIEWS:	
Progress in the School Health Service	2
Health Education	5
School Dental Service	7
Child Guidance Service	11
Audiology Service	14
Speech Therapy Service	16
Health Visiting and School Nursing Service	20
HANDICAPPED PUPILS:	
The Fatcher School of Recovery	22
Cliffdale Junior Mixed School	22
Cliffdale Senior School	23
Harbour View School	25
Provision for Children with Partial Hearing	26
Summary of Statistics	27
EMPLOYMENT OF HANDICAPPED YOUNG PERSONS AND CHILDREN ..	27
THE SCHOOL ENVIRONMENT:	
School Meals Service	30
ROAD ACCIDENTS	30
SPECIAL ARTICLES:	
1. Sickness Absence in Schools	34
2. The Concept of Early Infantile Autism	35
APPENDICES:	
I Staff Changes	40
II General Statistics	42
III Statutory Statistics	46
IV Clinics	53

ANNUAL REVIEWS

PROGRESS IN THE SCHOOL HEALTH SERVICE 1965

DR. D. D. HILTON, Senior Medical Officer for the School Health Service, writes:—

In the past, comparison has been made between the estimates in different years of the physical conditions of pupils, showing that there has been a trend recently towards fewer pupils being regarded as 'unsatisfactory' on examination.

PERIODIC MEDICAL INSPECTION 1965 (Corresponding Figures for 1964 in brackets)

<i>Age Group</i>	<i>No. Inspected</i>	<i>Required Treatment</i>
Entrants	2,913 (3,121)	282 (305)
Intermediate ..	2,429 (2,420)	127 (152)
Leavers	2,536 (2,715)	161 (179)

% of children considered unsatisfactory on examination — 0·78 %

The figures for the ten years from 1956 to 1965 inclusive are as follows:—

CHILDREN % 'UNSATISFACTORY' ON EXAMINATION 1956-1965

Year	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Unsatisfactory ..	3·00	5·99	10·58	5·97	3·17	2·10	1·42	1·51	0·90	0·78

In the 1962 Annual Report of the School Health Service, it was remarked that:

"There are admittedly no objective tests by which the 'unsatisfactory' children in this sense can be recognised; it is clear that different medical officers apply different standards."

It is, however, rather disturbing to find that a paper read to a branch of the Society of Medical Officers of Health in May, 1965 was entitled 'A Study of Types and Epidemiology of poor Physique in Army Recruits'. In mentioning this, it is not suggested that our present position is in any way comparable to that in April, 1903 when the Director General of the Army medical services wrote a memorandum calling attention to the large numbers of potential recruits who might be rejected on account of poor physique. No-one familiar with the present physical standards in our secondary schools expects a second 'Inter-departmental Committee on Physical Deterioration' such as reported in 1904. Yet there are a number of indications to remind us that we would be unwise to relax our efforts to improve the nutrition of the general population, e.g. the recent rediscovery in Glasgow of increasing numbers of infants and young children showing signs of rickets (Wattie, 1964)*, the fact that we see a number of children who are markedly over weight, the low standards of dental health and the fact mentioned by Taylor in a recent article:

"When a class of over thirty soldiers were asked how many had not eaten breakfast that day, at least half of them put up their hands (this is habit as well as laziness)."

* Wattie, N.I. Public Health (London), 78, 213.

** Taylor, R. Y. Public Health (London), 80, 146.

SOME DEVELOPMENTS

(1) *Unit for Children with Difficulties of Communication by Means of Speech.*

The planning of this Unit was mentioned in the Report last year and as expected, it became operational during 1965. A Panel was set up to consider the children who might be suitable for the Unit and later to decide how their educational needs might best be met from the consideration of their progress in the Unit, reports from the teacher and others directly concerned with the child. The Panel, therefore, includes the Principal School Medical Officer, the teacher, the speech therapist, the educational psychologist and the Medical Officer of the Hearing Clinic. By the end of 1965, it was clear that the Unit was meeting a real need in a highly satisfactory fashion, but in some cases, in order to prevent a blockage by long-term cases, it was necessary to retain contact with the special residential units so that older children might be transferred there later if need be. These sort of arrangements require a considerable expenditure of time both in gaining the confidence of the parents and in explaining to them the differing needs of individual children and the range of facilities available both nationally and locally.

(2) *Pre-School Study Case Conference*

Following the survey carried out last year on some of the cases dealt with at the Pre-School Study Case Conference, it was felt that a change of emphasis was necessary and during 1965 some modifications of procedure were tried. It is now clear, however, that these modifications were only partly successful and a flexible re-assessment programme will be adopted for the future.

(3) *Special Schools*

The increased medical contact with the special schools continued throughout the year and close liaison maintained with head teachers and staff. It was unfortunately not possible during 1965 to replace the physiotherapist at the Fitcher School of Recovery.

The proposed scheme intended to prepare Cliffdale school leavers for future work in industry has not yet become a reality, although still under active consideration and arousing a good deal of national interest.

The diagnostic units intended to serve the Portsea and Paulsgrove areas have been provided with medical cover and a small panel meets each term to consider the progress and future of children at the units.

(4) *Child Guidance*

In Mr. Wright's report this year, there is special interest in that the Hostel for Maladjusted Pupils, known as Anmore Lodge, has opened and quickly shown itself to be meeting a real need. The close association between representatives of the School Psychological Service and representatives of the School Health Services continues to the greater benefit of the child and the parents.

(5) *The Hearing Clinics*

Dr. Klein's report at Page 14 is again of particular interest and includes information that approximately 27% of 156 children born in 1959 and who attended the Hearing Clinic as a result of failing the school sweep test of hearing, still required review because of continued hearing loss.

If one relied only on referrals from parents, it would appear from this report that 50% of children with conductive hearing losses would be missed. The value of screening tests of hearing in school is, therefore, underlined.

(6) *Centralisation of the School Medical Records*

The centralisation of all school medical record cards from the Education Authority's schools began in September, 1964 and was almost complete by the end of 1965. Although the records are now stored at the Central School Clinic and are more readily available to the staff there, the scheme has resulted in a greater amount of work for the clerical staff in preparation for medical inspection work in schools.

(7) *First Aid Boxes*

Following a survey by school nurses, meetings were held between representatives of the medical and nursing staff of the School Health Service and teachers having a responsibility for the first aid within schools, to consider the formulation of an approved list of items for first aid boxes. The survey revealed a very varied and sometimes strange selection of items in the existing boxes. Considerable thought was given to realistic first aid needs of school staff and particular attention was directed towards the avoidance of items which could be dangerous if improperly used by untrained personnel. An approved list of items has now been circulated to all schools, and replacements are available from the Central School Clinic.

(8) *Health Education*

I have described some of the year's effort at page 5. The School Health Services should primarily emphasise the prevention of disease. Are we, however, satisfied that health education plays a sufficiently important part in the work of these services? This is not to suggest that only members of various parts of the School Health Services should have any responsibility for health education, because as Professor Kilander has said: "A well-planned school health programme involves everybody on the school staff in one way or another."*

At a later point in his book, he says: "There is a gap between that which we know and that which we do, and there is a gap between what we believe and what we do. Without the needed information or understanding, our practise may lack direction or be wrong or be absent. Without favourable motivation through attitudes, the desirable actions do not occur. It has been said that, 'Knowledge without action is sterile', and that, 'Action without knowledge is blind'. Sometimes when we say 'we don't like', the meaning is 'we don't understand'."

Many opportunities occur to increase understanding and not all of these are acted upon, e.g. how often is the tuberculin testing session for children preceded by a class period devoted to the topic, so that the procedure makes the student not only more ready for the test but with a much better understanding of the principle of infection and immunity.

(a) *Personal Relationships*

The recent report by Michael Schofield has indicated the need for further action in this field, e.g. he says "As the situation is at present many of those who receive sex education in school are inattentive because they

* School Health Education. H. F. Kilander. 1962, MacMillan Co., New York.

think they already know all there is to know about sex. If sex education comes too late, they will not listen because their ideas and prejudices about sex have already been formed.

"Half the boys and 14% of the girls did not receive any sex education at school. In all types of state schools, including grammar schools, as often as not, there was no sex education for the boys. The lack of sex education was exactly where it was most needed; it was the working class boys who were least likely to learn about sex from their parents and were least likely to receive sex education at school."

He also comments, "There is a danger that a teenager may feel he is exceptional because he has not had sexual intercourse. Our results have made it clear that pre-marital sexual relations are a long way from being universal among teenagers, as over two-thirds of the boys and three-quarters of the girls in our sample have not engaged in sexual intercourse."

(b) Dental Health Education

Evaluation of health education work is an exceedingly difficult matter. It is all the more pleasing, therefore, to see the analysis which Mr. C. Allmark and Mr. P. D. Bristow have carried out in connection with their work of dental health education. The result would come as a surprise to many who feel that the answer to achieving an effective impact lies in bigger and better visual aids. One could argue, of course, that this merely indicates that the films were not satisfactory whereas the person giving the talk was well aware that he would later be carrying out some analysis of the work, and would, therefore, have a very personal interest in insuring that his contact with his clients was effective. When attempting to cover the whole range of age and interest and ability of school children, the answer must lie in a many-pronged attack, and we can see that the Apple Scheme is making a valuable contribution towards changing eating habits with the intention of improving the dental state of our school boys and girls.

REPORT ON HEALTH EDUCATION

DR. D. D. HILTON, Senior Medical Officer for the School Health Service, reports:—

(a) SMOKING AND HEALTH CAMPAIGN

Direct attacks on the problem of smoking in young people were made as follows during the year:—

1. Talks to Youth Clubs

These were enlivened by use of the Ministry of Health film 'Smoking and You', and there was useful discussion.

2. The Portsmouth Public Health Department Bookmarks—designed by Mr. K. H. Holmes.

These were distributed to schools for use in their libraries.

3. A Confidential Questionnaire at Youth Employment Medical Examinations

Children attending the School Clinics for medical examination in connection with their employment as newspaper delivery boys, part-time shop assistants, etc., were presented with a questionnaire form to be

completed in the waiting room. Although the questions were superficially mere inquiries into present attitudes and present smoking habits, several were 'loaded' with the intention of producing some positive health thoughts, e.g. Question No. 4 — 'Do you think that any competitor in the big cycling races smokes cigarettes? — Yes/No.' The result of this inquiry has not yet been analysed.

4. *College of Education*

Continuing our efforts to ensure that the smoking and health problem will be adequately dealt with in schools, arrangements have now been made, through the kind co-operation of the College of Education, to inoculate one of the mainstreams of information flowing towards the children with some of the basic arguments against smoking cigarettes. The Senior Medical Officer for the School Health Services has spoken to teachers in training at the College of Education. The Ministry of Health film 'Smoking and You' has been shown and the whole matter ventilated by discussion.

(b) PORTSMOUTH COUNCIL OF SOCIAL SERVICES EXHIBITION, MAY 1965

Several parties of school children visited this Exhibition. The Public Health Department contribution showed several facets of the work of the Department colourfully and lucidly displayed on a large area of pegboard material, interestingly arranged and illuminated in a foyer of the Guildhall. Leaflets on several topics were available from a leaflet dispenser and the display was manned until 8.0 p.m. each evening by a rota of Health Visitors and Public Health Inspectors. The display was further enlivened by the inclusion of a colour film on 'Mouth to Mouth Resuscitation'.

Talks and Demonstrations given by Mrs. D. L. Covington, Assistant Superintendent Health Visitor

1. *Parent Craft*

Three courses, each consisting of fourteen talks, were given to girls in Secondary Modern Schools.

2. *Mothercraft*

Two series of twelve talks were given by the Assistant Superintendent Health Visitor, to groups of twenty or twenty-five Secondary Modern School girls.

3. *Child Care*

Talks were given on this subject to girls at Secondary Modern Schools, to the St. John's Ambulance Brigade, the British Red Cross Society and the Girl Guides.

4. *Safety*

A set of six talks on 'Safety' was given to the following three groups:—

- (a) Girls at Secondary Modern Schools who were taking part in the Duke of Edinburgh Award Scheme.
- (b) Girl Guides.
- (c) Rangers.

5. *Student Teachers*

Three talks and demonstrations were given to student teachers at the College of Education on 'Minor Ailments', 'First Aid', 'Emergency Resuscitation' and 'Infectious Diseases'.

6. *Personal Relationships*

A one-day conference was arranged by the Education Department on this topic, when Headteachers, members of the School Health Service and Education Department officials met together to hear the Headmaster of Kingswood Grammar School, Gloucestershire, and a member of his staff describe the Gloucestershire Scheme for Education in Personal Relationships. There was a general discussion following contributions from the Principal School Medical Officer, Dr. P. G. Roads and the Senior Educational Psychologist, Mr. H. J. Wright.

THE SCHOOL DENTAL SERVICE

MR. P. D. BRISTOW, Principal School Dental Officer, writes:—

A high standard of review has been set by my predecessor, Mr. Threlfall, who retired at the end of August after thirty-five years with this authority.

HISTORY.

Mr. Threlfall qualified in 1923 and joined the staff as a Dental Officer in October, 1930. In October, 1936 he was promoted to the position of Senior Dental Officer. This was subsequently changed to Principal School Dental Officer in 1953.

A study of the files and appointment books shows one that the authority has lost an able and unstinting member of staff.

STAFF

There have been many changes but the year ended with a better staff position than ever before. Two full-time officers, Mr. Steward (previously part-time) and Mr. French and one part-time officer, Mrs. Burke, have joined the staff since last September. There are now five full-time officers and three part-time officers making a full-time equivalent of 6.3. In addition, a full-time auxiliary is still employed.

When the dental surgery at the new dental suite now being built at Northern Parade is available, it will provide accommodation for a further dental auxiliary. There was a good response to our advertisement for a dental surgery assistant, over seventy replies having been received. This goes to show that people are still glad of the opportunity of an interesting post, working with children despite the low salary. As a result, three new dental surgery assistants were appointed bringing the total to eight. This allows one extra to cover absence of staff. The staff position generally in the School Dental Service has for long been a chronic problem due to the lower salary paid compared to other colleagues in the profession. Despite this, we are able to report an improved situation.

MATERNITY AND CHILD WELFARE

As it is known, officers spend a small part of their time on this work. This past year it amounted to a full-time equivalent of half a session per week.

SURGERIES

The number and distribution of surgeries remains the same but we are looking forward to the completion of a new surgery at the Langstone Day Training Centre and the arrival of the dental caravan early in 1966. The new surgery suite at Northern Parade should be ready in the Spring and will provide the necessary accommodation for another dental auxiliary, as mentioned above.

INSPECTIONS

This concludes the first year in which the new collation of annual figures required by the Department of Education and Science has been in operation. This new arrangement of figures has been brought into being in order that the out-put of the General Dental Service can be compared with the School Dental Service. This should produce some interesting figures.

There have been many changes of staff this year, so that there has not been full employment of all surgeries. The number inspected fell to 22,971—approximately 78% of the total school population. However, the improved staff position reported should lead to every school being visited at least once next year. Even this is far from satisfactory; a six monthly visit should be our aim. The acceptance rate was 44% (43% 1964).

TREATMENT

The ratio of permanent teeth filled to those extracted is always a useful guide. This year it was 7.31:1 (6.87:1 in 1964). For deciduous teeth there is similar improvement and for the first time there are more fillings than extractions, the ratio being 1.15:1 (0.87:1 in 1964). This is encouraging and shows that parents are beginning to appreciate the value of the first teeth.

DENTAL HEALTH

Health Education is a perennially difficult problem in that one is always trying to equate expenditure with results. Mr. Allmark and the Principal School Dental Officer have started a pilot survey of the effectiveness of films as opposed to a short, simple talk. The results below, which are the figures to date, suggest that a simple talk in class is more effective and less time absorbing for the school:—

ANALYSIS OF IMPACT OF FILMS v TALKS

No. involved to date = 250.

	Percentage giving correct answers	
	Following Films	Following Talks
CAUSES OF DECAY		
Lack of Cleaning	100	100
Sticky Foods	40	60
Sweets	90	95
PREVENTION		
Sweets after meals only	0	50
No snacks between meals	35	70
the correct tooth brushing technique ..	0	40

APPLES SCHEME

This continues to function well. During the Autumn term 23,000 apples weekly were being sold at a 1d. each, which is an increase on the number sold last year. Unfortunately the price for the apples will be increased to 1½d. for the Spring of 1966 as they were sold at a loss last year. This will probably mean a drop in sales. Many authorities already provide portions of apple with school meals. This authority might well consider subsidising the apples during the Spring term only to maintain the price at a 1d. each and this would be cheaper than providing them at school meals (assuming this were to be considered). The price at which they are sold to schools enables a profit to be made in a similar way to the profit made on biscuits and sweets.

In fact, the important aspect of the sale of apples is to substitute them for biscuits and sweets in tuckshops. The dichotomy of interests of the Education Department has always been a difficult problem. The School Dental Service, which is a part of the Education Department, spends a lot of valuable time preaching the gospel of no snacks between meals, especially sweets and biscuits, whilst other departments do their best to sell just these things. We are well aware, and fully sympathetic, with the desire for a healthy amenities fund and many valuable improvements have been made from this source. Some schools, of course, have no tuck shops and others sell only apples, nuts and raisins and potato crisps. We do not pretend that children can be prevented from buying biscuits, sweets and cakes outside school, but there is really no justification for doing so in school. The co-operation of teachers in not providing cariogenic foods in schools would go a long way in assisting the dental officers to combat the most prevalent disease in our society.

SCHOOL DENTAL SERVICE STATISTICS

It will be noted that the figures are offered in a slightly revised form this year.

This is because the Department of Education and Science has instituted a new collation of figures starting from 1965, for use in the future. A comparison can then be drawn between the School Dental Service and the General Dental Services. It seems logical, therefore, to set out the figures in the Annual Report in a manner that is readily related to the statistics required by the Ministry.

**PART IV—DENTAL INSPECTION AND TREATMENT CARRIED
OUT BY AUTHORITY DURING THE YEAR ENDED
31ST DECEMBER 1965**

No. of pupils on the registers of maintained primary and secondary schools (including nursery and special schools) in January 1966 as in Forms 7, 7h, 8b and 11 Schools 28,116

INSPECTIONS

First inspection at school	22,156
First inspection at clinic	815
Total No. of first inspections	22,971
Re-inspection at school or clinic	3,748
Number offered treatment	11,517
Number actually treated	5,139
Acceptance rate	44%

SESSIONS

Total number of visits by patients	13,106
Total number of sessions (half-days) devoted to:	
(a) School Inspections	195
(b) Treatment	2,370
(c) Health Education	273

TREATMENT

(a) Conservation:	
Fillings in permanent teeth	7,166
Permanent teeth filled	7,004
Fillings in deciduous teeth	3,454
Deciduous teeth filled	3,121
(b) Extraction:	
Permanent teeth	953
Deciduous teeth	2,778
(c) General Anaesthetics:	
No. administered	973
(d) Prosthetics (artificial teeth):	
No. of dentures (full or partial) supplied	24
(e) Orthodontics:	
Cases carried over from 1964	21
New cases	53
Cases completed	37
Cases discontinued	6
Appliances fitted	67
Cases referred for Consultant opinion and/or treatment	70
(f) Other Operations:	
Root fillings	30
Inlays	4
Crowns	26
Miscellaneous	1,302

THE CHILD GUIDANCE SERVICE

MR. H. J. WRIGHT, Educational Psychologist writes:—

The report this year does not attempt to summarise the work being done but to draw attention to new developments and changes which are occurring.

THE CHILD GUIDANCE CLINIC

Clinic activities followed the same pattern as in previous years. Treatment facilities were increased by the opening of the hostel at Anmore Lodge to provide mid-week help. Mr. Wood, who also teaches at Harbour View was appointed Warden, and Mrs. Wood, Matron. Both have had considerable experience with maladjusted children. The hostel was available at once for five to seven children, and the Department of Education and Science agreed to its use for ten children provided certain extensions were made. It was soon evident that the hostel had a lot to offer. One very difficult lad who had consistently run away from boarding school to get back to his mother and whose behaviour was very difficult, was placed there. He was attention seeking to adults, cruelly critical of any unusual feature in other people, suspicious and at times withdrawn. He had been placed in boarding school because of the disturbance he had caused in the neighbourhood and his need for specialised help, but his anxiety over his home seemed to prevent identification with the school. Placement at the hostel has enabled him to go home each week-end and to have regular psychiatric help. At first he was placed in an ordinary day school, but arrangements were later made for him to attend the Tutorial Class at the Clinic as he became very suspicious and withdrawn. At the Tutorial Class his hostile criticism affected the attendance of other pupils and presented acute problems to his teachers, but some of these difficulties have now been resolved and his influence is much less disturbing. At the hostel he settled in, taking a great interest in the activities there and shadowing the house mother as a pre-school toddler following his mother. There has been no running away, and the lad is gradually stabilising with the help of all the facilities available, in particular the support of the warden and his wife who have kept close contact with his mother.

There have been further examples of adjustment, including that of an E.S.N. maladjusted boy whose class teacher reports a remarkable change from delinquent disturbing behaviour to one of co-operation.

This is a promising start; it illustrates the value of the policy the authority have adopted of pioneering with mid-week hostelling to see how far this can meet the residential needs of maladjusted children.

We again failed to attract a psychotherapist to work jointly in our service and with the Hospital Unit for Children and Parents at St. James. This situation was aggravated as Miss Kingerlee, a Senior Psychologist at the Hospital who had been giving a session a week to this work, left to go to Australia. Miss Kingerlee had worked closely with our Service for several years and it was with considerable regret that we heard about her appointment at Perth.

The new buildings for the Department of Child Psychiatry were nearing completion by the end of the year, and staff were appointed for the new therapeutic school. The Headteacher, Mr. Shaw, came from Worthing where he had had experience running a day unit for maladjusted children. Mr. Groves, who had a post of responsibility at Harbour View, was appointed deputy head. The staff include Miss Vaughan, who has taught the children in the residential unit for some years, Mrs. Coles from Cliffdale Primary

School, and Mr. Cornwell from Harbour View. The school caters mainly for children in residence; some are Portsmouth children, but most come from other parts of the Regional Hospital Board area. The hospital unit has been renamed 'The Wessex Unit for Children and Parents' thus emphasizing its fundamental role of family treatment. Outpatients as well as Inpatients are seen at the Unit, and many of our schools have contact with its work.

The similarities and differences between Milton Ford School and Harbour View are worth commenting upon. Both cater for maladjusted children, but the hospital unit also receives those who are psychotic or who suffer from organic conditions. It is diagnostic in character and provides treatment for a period of up to one or two years, after which other arrangements are usually made. The school is part of an intense diagnostic and treatment unit. Harbour View takes those children with behaviour problems who need special educational treatment, and they may be educated there for four or five years if this is necessary. It does not set out to help those who are psychotic or brain damaged. Psychiatric, psychological and social case work help is regularly available, but the main purpose is educational and the youngsters who go there have already been diagnosed or judged to be in need of this form of special educational treatment. There is some overlap, and indeed some of the children at Milton Ford may well transfer to Harbour View for long term educational provision.

THE SCHOOL PSYCHOLOGICAL SERVICE

The Advisory Service to Schools was handicapped during the year as Mr. Thomas was appointed Educational Psychologist to Exeter City early in the year; we were short staffed until Miss Frew joined the staff in September. She is an experienced teacher trained in Educational Psychology at Birmingham University. The psychologists from the training units who came to Portsmouth for field experience were very helpful to us and waiting lists did not become too long.

Miss Aldworth has built up an effective Social Work department and has improved case work facilities in spite of staff changes. Miss Taylor was seconded to attend a year's course; Mrs. Morgans left for America with her husband, and was replaced by Miss Hewitt; Miss Treseder left to go on a Psychiatric Social Worker training course and Mrs. Chiles was appointed in her place. We were fortunately able to get Miss Whittingham as a temporary replacement for Miss Taylor.

Ascertainment work has continued in co-operation with the School Health Service. It was again impossible to complete full Forms 2 H.P. on all the children entering the E.S.N. schools but arrangements were made for this documentation to take place later. The present flexible system makes this quite possible; there is now a trend towards arranging earlier medical examinations before any decision about special schooling is taken so that effective and early medical treatment can be considered whatever the educational handicap. It now seems more appropriate to establish our own record forms to include medical, social and psychological reports and to reserve the official 2 H.P. form for those cases in which parents say they wish to appeal. Such a form, supplemented with a psychiatric report in the case of maladjustment, etc., would be useful whatever the handicap. Its main purpose would be to summarise the needs of the child so that effective help can be considered to act as a base for decisions on special educational assistance, and to give information to the teacher who will be responsible for such special educational help.

With the setting up of Anmore Lodge the Harbour View Admission Panel has taken on the job of approving entry to the Hostel. Miss Wallace is specialising in much work with handicapped children, especially those with speech difficulties, and is a member of the admission panel for the Non-Communicator's Unit. The pre-school diagnostic unit for Cerebral Palsied Children at Queen Alexandra Hospital has been set up by Dr. Tyler, with Miss Wallace providing the psychological advisory service.

The Remedial Service helped one hundred and sixty-seven boys and forty-three girls during the year. The discrepancy between numbers of boys and girls continues to be very marked. At the end of the year there were one hundred and forty-three pupils being treated and thirty-two on the waiting list.

The service co-operated with the Reading Research Unit in carrying out research on the value of I.T.A. (Initial Teaching Alphabet) in a remedial situation. Mr. Ingram had an I.T.A. group and a T.O. (Traditional Method) group at New Road, and Mrs. Forsythe two similar groups at Fratton Remedial Centre. In addition to this Portsea Modern School for Boys and Cliffdale Secondary School are making observations for the University on the use of the new Alphabet with Secondary E.S.N. pupils.

The Tutorial Units gave very valuable supportive help to maladjusted youngsters. Mr. Lewington made a careful study of seventeen children helped during the year and reported completely successful rehabilitation in six cases; partial success with optimistic prognosis in eight, and little change in attitude in three. Twelve of these youngsters were aggressive and anti-social and five timid and inhibited. All of the pupils showed emotional malfunctioning and fifteen out of the seventeen were underfunctioning intellectually. Twelve had severe problems of relationship at home, and six had had problems at school, including finding work too hard through wrong placement. The service was brought up to strength by the appointment of Mr. Biles in September.

Research undertaken during the year included (in addition to the I.T.A. work already summarised) the completion of the report on Educational Handicap in the city and its distribution. Changes were recommended in Educational Guidance procedure to enable early ascertainment to be made and to ensure reviews at appropriate stages. Attention was directed to the need for consideration of differential staffing for primary schools according to their established need, for setting up of special units in Secondary Schools, and for review of the contribution of remedial centres and consideration of early preventive work, after discussion with other departments concerned.

A further research project was set up with the Youth Employment Service to study the possible value of group tests of ability and aptitude towards the end of the secondary school period. In particular it was hoped to find out:—

1. If they could achieve a base for comparison of pupils which would overcome the difficulty caused by the fact that school areas vary greatly in their intake of ability.
2. If they could offer any new and relevant knowledge to add to the school information.

Sets of American and British tests were used for this purpose, so that a comparison could be made of these.

The course for Teachers on Behaviour Problems in the Classroom was completed in the Spring term and a further course for teachers to help them with special educational treatment for slow learning children in ordinary schools was undertaken in co-operation with the College of Education.

A special exhibition of teaching machines and other material associated with programmed learning was arranged at the Fratton Centre, and Mr. Edwards, who was founder Chairman of the Association for Programmed Learning, assisted.

On the Clerical side, Miss M. Poffley joined us as Clerk/Receptionist in January. Mrs. W. Jackson left at the end of December to start her family. She has given the service invaluable help during her five years with us.

THE AUDIOLOGY SERVICE

DR. D. KLEIN, Medical Officer, Hearing Clinic, writes:—

THE HEARING CLINIC

Number of Patients attending the Clinic 1965

New — 700 Old — 770 Total — 1,470

New Cases Referred by:

Infant Welfare Clinic	..	..	90
School Medical Officers	..	..	82
Schools	..	..	13
Eye and Ear Hospital	..	..	180
General Practitioners	..	..	43
Other Consultants	..	..	26
Speech Therapists	..	..	29
Educational Psychologists	..	..	22
Parents	..	..	59
Sweeps Tests	..	..	156

The work of the Hearing Clinic continued on the same lines as in 1964. Changes of staff did not occur.

During the first 3½ years about 650 new cases and 750 old cases were seen annually. Clinical information gradually increased and with it the difficulty of extracting data. In order to facilitate this, it was decided to transfer all the available information on to a punch card. The review of all case-papers, extraction of relevant data and completion of cards was started in late 1965 and will be finished in 1966.

Numbers of children attending the clinic remained steady — about one-third were referred by sources outside the School Health and Psychological Services.

As before, all the health services have been most willing to help these children, as have the schools — to them and to the clerical staff at the School Clinic who cope with enquiries and appointments, I offer my thanks.

SWEEP TESTING

Sweep tests of hearing for five years olds at school were continued and children who failed the test were seen at the clinic. Of 2,755 children who were born in 1960, 279 were referred to the clinic for further examination.

Review of 156 children born in 1959 who attended the clinic as a result of failing the school sweep test of hearing.

TABLE

Total number of children	.. .. .	156
Hearing within normal limits (First Visit)	..	83
Hearing within normal limits (Second Visit)	..	31
Still under review— continued hearing loss	}	42
<hr/>		
Binaural Conductive Hearing Loss	30—49 d.b.	35
	50—69 d.b.	1
Monaural Conductive Hearing Loss	30—49 d.b.	33
	50—69 d.b.	3
Binaural Perceptive Hearing Loss	30—49 d.b.	2
Monaural Perceptive Hearing Loss	30—49 d.b.	1
	90+ d.b.	1

Standard Used for 'Normal Hearing' in School. In 1962 and 1963 the school hearing test was given at 10 d.b. loss for the frequencies 500—4,000 c.p.s., in 1963 and 1964 this was raised to 20 d.b. loss and in 1965, to 30 d.b. loss. Lowering of the standard was necessary because ambient noise in schools was such that the failure rate was exorbitant and led to an inflow of new cases which could not be dealt with adequately at the clinic. Prior to lowering the standard, advice was sought from Dr. Mary Sheridan, an expert in this field, and it was thought that as in most cases a child only has difficulty with hearing in a classroom when his audiogram shows hearing to be at or below 30 d.b. loss, such a level would be satisfactory if due attention were paid to the views of the teacher and parent.

Method of Recording Hearing Loss. An average was taken of the hearing loss for pure tone thresholds at 500—4,000 c.p.s. for each ear. This has produced a satisfactory picture for the child with a flat conductive loss, but bizarre results in the less numerous cases of high frequency loss only.

Even this small investigation has emphasised the uselessness of the pure tone audiogram only as a means of investigating a child's hearing, i.e. the lack of correlation between the first audiogram and the child's ability to discriminate speech. Only 36 parents of children with conductive hearing losses had at some time wondered if their child could hear well and in the four children who had a perceptive hearing loss, only two parents had thought there might be a difficulty. A small minority were thought to be hard of hearing in school. As the numbers are small and the time period short, accurate conclusions cannot be made; the review is used to illustrate the relatively high proportion of young children who may at some time during their attendance at an Infant school be educationally 'at risk' through inability to hear.

Investigation at the Clinic. Assessment of hearing is made with attention being paid to:—

1. Parent's and teachers' opinion of the child's ability to hear speech.
2. The child's general health and condition of the upper respiratory tract and ears.
3. Results of pure tone audiogram and monitored live voice speech tests of hearing.

Although the pure tone audiogram is used as a screening mechanism and a diagnostic procedure to attempt to determine the type of hearing loss, in the management of the case more emphasis is laid on the child's physical condition, his ability to hear speech and to use it for communication and his development and behaviour. Re-tests are not routine and in many cases are left to the discretion of home doctor, parent or teacher.

Variability of Hearing. Again this is well shown in the cases under review. A child may be recorded as having binaural hearing loss, monaural hearing loss and normal hearing within a period of months. This is the problem mainly found in the child with catarrhal deafness where there is often not only a seasonal variation, but alterations in hearing from day to day. This produces the typical remarks, 'he hears when he wants to', 'he's sometimes inattentive and lacking in concentration at school', 'he's not very intelligent at times'. This variability is difficult to accept in either the home or school situation. At the clinic all that can be said is that at such a time the child responded in such a way to sound — results for the following day or week might be totally different. The child with a perceptive hearing loss is equally liable to have upper respiratory infection and ear infections which can lead to a superimposed conductive deafness, but his hearing never returns to the accepted normal.

Management of Cases. Many of these children had normal hearing on clinic tests (114) and in these cases the parents were asked to contact the home doctor and Hearing Clinic if they felt the child's hearing had deteriorated and had remained poor over a period of weeks. Those children with chronic upper respiratory infections or ear disease were asked to consult their own doctors or to attend the hospital for treatment. All hospital appointments were made with the approval of the General Practitioner and both medical services were generous in the help they gave to the children. Many of these children attended more than once before seeing an E.N.T. Consultant so that a reasonably reliable picture of the hearing at intervals during six/nine months could be given.

Only four children had audiograms indicative of perceptive hearing loss. All were asked to consult their own doctors and parents were given advice concerning education and general management.

Results of all hearing tests were sent to General Practitioners and schools. Suggestions were made as to the most advantageous position for the child in the classroom and information about the hearing difficulty given.

42 children still have hearing difficulties and must, therefore, remain under the surveillance of the clinic.

SPEECH THERAPY

THE SPEECH THERAPISTS, write:—

From January — July of 1965 the Speech Therapy Service continued to operate as in the previous year. Mrs. Smith was appointed in January to replace Miss Whaley in the Fratton area, and a full staff of four Speech Therapists were employed.

In September Mrs. Matthews resigned to take up a post as Speech Therapist in charge of a school for Non-Communicating Children in Northern Ireland, and unfortunately it has not been possible to find a replacement;

but Miss Bousfield has maintained a skeleton service in the Cosham area and has been treating the most severe cases, as well as being responsible for the North End—Stamshaw Clinics.

The number of referrals at Hillside continues to be heavy. Severe and persisting speech problems are encountered and are often related to the poor environmental conditions in the Paulsgrove area. Many parents do not attend for interviews when requested and home visits have to be arranged. Group work has proved a satisfactory way of coping with large numbers and is continuing.

Similar group therapy was given by Mrs. Matthews and Miss Bousfield at Cliffdale Junior School for Educationally Sub-normal children. This enabled a higher proportion of the many speech defective children to benefit from a less formal means of approach, which stimulated language development and improved articulation. It also allowed those children who needed extra individual work to receive treatment twice weekly. It would appear that E.S.N. children with their limited powers of retention require this amount of therapy to benefit. Since September treatment has of necessity been less often and it is apparent that many of them retain very little from one week to the next, and therefore progress is much slower.

Owing to the re-organisation of Stamshaw Junior and Infant Schools in September the Speech Clinic was moved over the road. The new premises are noisier, being adjacent to the playground and have the disadvantage of being without a waiting room. But Miss Bousfield has easy access to the infant section and the closer contact with the staff is of great value. The Northern Parade Clinic decorations were completed this year, and the room has an attractive appearance. Children requiring treatment from the infant school are brought over by the ancillary helper and liaison with both schools and parents continues to be excellent.

It is interesting that at the Central Clinic, 161 Victoria Road North, the majority of patients treated by Mrs. Smith (George Street and Fratton Area) are dyslalic and there are few stammerers; at George Street Clinic the proportion of cases is normal, whereas at St. Georges' Clinic, the number of children who stammer is particularly high. Eighteen children attend and in view of the large number needing help and the limited time available, they are usually seen in pairs. The exceptional co-operation from schools in this area is much appreciated and parental interest is often surprising and welcome.

The Secondary School for E.S.N. pupils has been visited two mornings a week, and a variety of cases treated by Mrs. Delap and Mrs. Smith. A session was also devoted to Harbour View, but owing to staffing shortage this had to be temporarily suspended. The results from treatments were encouraging and arrangements have now been made for Speech Therapy to be resumed.

In the Southsea area the unit for children with difficulties in communicating by the spoken word was opened at Cottage Grove Infants School in September. Four children were admitted between the ages of four and seven years whose difficulty was mainly in the expression, rather than the comprehension of language. Mrs. Clarke is in charge of the Unit, assisted by a nursery nurse, and the children receive individual Speech Therapy four mornings a week from Mrs. Delap. Two of them had been attending a normal infant school, another was at a special unit, and the fourth a small private school. Although they had acquired a limited vocabulary of monosyllabic single words, they were unable to use sentences. For the first few

weeks no great demands were made upon them; they were allowed to play for part of the time in the nursery and have gradually become integrated into a group.

With a greater feeling of security and confidence, more formal work has been gradually and carefully introduced. Progress is slow, but with patient and persistent help, constantly reinforced by concrete material and personal experiences, they are acquiring some meaningful speech and language, and have made considerable advances in reading, writing, and number work. Two further children have been admitted, bringing the number to six. They are all integrating with the main infant school for such activities as physical education, music and movement, and school dinners, and have benefitted by socialisation and individual attention in a small unit.

Mrs. Delap spent a week observing the work done at Moor House, the Residential School for children with speech defects, and was particularly interested in the problems of the dysphasic patients. She was also able to visit the Junior Department of the school, 'The John Horniman School' at Worthing, as well as Dr. Minski's unit at the Belmont Hospital.

Provision had been made for the appointment of another Speech Therapist to work four to five sessions per week, but it has not been possible to find one. With four mornings devoted to this unit, and one to Cliffdale Secondary, treatment sessions in the Southsea area have of necessity been reduced. All new referrals have been interviewed and while the most urgent are taken on for treatment, many have been placed under observation and seen at three monthly intervals. This together with a shortage in the Cosham area, accounts for the slight fall in the number of cases treated during 1965, and the rise in the figures under observation.

The observation sessions at the Cerebral Palsy Unit by each of the Therapists in turn has been valuable. Their experience of the teaching staff and Speech Therapist, which they so readily shared with us, have increased both our theoretical and practical knowledge in this specialised field.

Mrs. Delap attends the Pre-School Study Group and the Clearing House meetings. All the Speech Therapists attend a Speech and Hearing Diagnostic Clinic at the Audiology Unit in turn. Referrals of pre-school children continue to grow and useful work is achieved by giving a tentative diagnosis and parental advice. Dr. Klein's knowledge and enthusiasm over all problems of speech and hearing makes the link between the two services of real value. We would also like to express our appreciation of the expert and willing help we receive from the Schools Psychological and Child Guidance Service with opportunity for Psychiatric advice if this is considered necessary, as well as from the School Medical Officers and administrative staff.

Regular school visits have been carried out during the year — particularly to the infants schools. Fewer visits than is ideal, but close co-operation has been maintained and should the full complement of 4½ Speech Therapists for the City be reached in the near future, it is hoped the visits will become more numerous and further expansion of the Speech Therapy Service in other directions be possible.

SESSIONS HELD DURING 1965

Central Clinic — 99 Victoria Road North

Central Clinic — 161 Victoria Road North.

George Street Clinic

Cliffdale Secondary Modern School

St. Georges Clinic

Cliffdale Junior School

Stamshaw Clinic

Harbour View

Northern Parade Clinic

Paulsgrove East Infants

Portsmouth Clinic

Paulsgrove West Infants

Unit for Non-Communicating Children, Cottage Grove.

Diagnostic Session for speech and hearing, Audiology Unit.

SPEECH THERAPY SERVICE STATISTICS 1965

NEW CASES

<i>Area</i>	<i>Therapist</i>	1964	1965
Southsea ..	Mrs. Delap ..	76	68
Fratton ..	Mrs. Smith ..	50	55
North End ..	Miss Bousfield ..	34	63
Cosham ..	Mrs. Matthews *	74	34
	TOTAL ..	234	220

* 8 months only.

ALL CASES — DIAGNOSIS AND DISPOSAL

<i>Defect</i>	<i>New Cases</i>	<i>Cases Treated</i>	<i>Observation or Temporary Suspension</i>	<i>Discharged or Discontinued</i>
Dyslalia	152	255	66	126
Stammer and Clutter ..	30	66	18	26
Dyslalia and Stammer ..	9	10	4	4
Dyseneia	7	12	3	3
Dysarthria	4	14	3	2
Dysphonia	3	7	1	3
Rhinolalia	4	11	6	2
Dysphasia	6	14	2	2
Alalia or Withdrawal ..	5	4	2	1
TOTAL	220	393	105	169

REPORT OF THE HEALTH VISITING AND SCHOOL NURSING SERVICE

MISS E. M. BUSSBY, Superintendent Health Visitor, writes:—

During the year the Health Visitors and School Nurses have continued visiting the schools for the purpose of carrying out hygiene inspections, vision testing, and assisting the School Medical Officers with medical inspections.

There has been a number of staff changes and we were sorry to lose the valuable services of Miss Codd who retired in May after 15 years' service and Miss Buckett who retired in September after 20 years' service. Miss Blowe left in July to return to hospital work and Mrs. Stallard, Mrs. Soper and Miss Mitchell joined the School Nursing Staff.

Owing to the high incidence of children with verminous heads last year, the School Nurses, aided by Mrs. Guernsey, have worked extremely hard to improve this situation and I am pleased to report that the number of children attending the Disinfestation Clinic has dropped by 50%. This has meant continuous supervision of families prone to infection and visiting those schools with a high incidence each month.

Vision testing has again been carried out in all junior schools and this valuable service has now been extended to cover all senior modern schools. In addition, it has been thought advisable to test all children over the age of 12 years for 'Colour Blindness', thus preventing children thinking of a career from which they would be debarred later, if found to be 'Colour Blind'.

Miss Maybury and Mrs. Pedder have continued to assist Dr. Klein in the Audiology Unit and screen testing in the schools has been undertaken on all children born in 1960.

The Minor Ailment Clinics have continued as last year and the attendances have been much the same except at Cosham where there is a small decline in numbers.

The Health Visitors have continued to visit the homes of school children where there are social problems. These visits have increased during the year from 450 in 1964 to 633 visits in 1965. The Health Visitors have also been available to give talks in schools on health subjects and have acted as examiners for the practical part of the Child Care Examination of the National Association of Maternal and Child Welfare. I continue to act as Health Tutor to the Nursery Nurse Course at John Pounds Senior Modern School.

During the year a standard first aid pack for all schools has been adopted and a smaller first aid kit for various sections of the school. This will simplify ordering and lessen time spent in replacing first aid equipment.

I would like to express my sincere thanks to the Head Teachers and staff for their willing and helpful co-operation. Without their help the work of the School Nursing Service could not be carried out so successfully.

HANDICAPPED CHILDREN SCHOOL REPORTS

EMPLOYMENT OF HANDICAPPED YOUNG PERSONS

CHILDREN IN EMPLOYMENT

EDUCATION OF HANDICAPPED PUPILS

FUTCHER SCHOOL OF RECOVERY, DRAYTON

DR. E. BROOKS, School Medical Officer, writes:—

There has been no change in the teaching staff of this school during the past year. The number of children attending there remains fairly consistent.

The increase in the number of more severely handicapped children being educated there emphasises the need to provide the necessary facilities for their accommodation.

The provision of a 'hoist' in the lavatory has made it possible for those children confined to wheel chairs to continue their studies at the school. Prior to this, the increasing size and weight of some children requiring assistance with their toilet needs had imposed such a burden on the physical strength of the staff that consideration was being given to recommending that their education be continued at home.

Liaison between the children's families, the school and the medical and teaching staff concerned with their education and future continues to be maintained by Mrs. Cox, Health Visitor.

A Physiotherapist now attends for three sessions a week to treat the children requiring physiotherapy.

EDUCATIONALLY SUB-NORMAL PUPILS

CLIFFDALE JUNIOR SCHOOL

MR. F. T. BENTLEY, the Headmaster, writes:—

At the end of the 1965 School Year there were 163 pupils on roll.

This is the tenth Annual Report and the second since the occupation of our new premises with their increased facilities. The progress in the depth of the 'all-round' education we are able to provide (reported last year) continued.

At the end of the School Year we were able to recommend the transfer to 'normal' secondary schools of four pupils, confident that they had matured sufficiently to be able to hold their own, with the support of the receiving schools and their homes.

The Diagnostic Unit, which receives pupils of doubtful educability, found that four children had made such good progress that they were ready for transition to the Reception Class.

A most welcome addition to the curriculum during the School Year has been the use of the Learners' Swimming Pool—Stage 1 of the project—the open air pool. Obviously its use has been limited by the weather but, even so, the enthusiasm of even the younger pupils is most rewarding. When, in next year's report, we can say that Stage 2—the covering and heating, has been successfully completed, we are confident that the acquisition of this skill will have progressed considerably, giving a much needed boost to the children's confidence.

Throughout the School Year we have maintained the integration of what we recognise now as the usual extra curricula activities into our school life—weekly and termly team contests for the Shield and Challenge Cup awards; School Sports with awards for individual and team effort; School Outing; Open Evening for Parents; Harvest Service with the emphasis on help to the sick, the aged and the hungry; Nativity Play and Christmas Activities; Prize-giving, etc.

Visits from H.M. Inspectors, doctors, nurses, social workers, students and practising teachers have always been welcomed. We have again co-operated with our own Training College in this respect and also with the Salisbury Training College. Help has also been afforded Portsmouth students from other Colleges during vacation periods.

The report would not be complete without a reference to the continued team work of the whole of the staff and the liaison between School and the several services — School Medical, Child Guidance, School Meals, the Staff of the Chief Education Officer and others — without whose help we would find it extremely difficult to provide education in its fullest sense.

CLIFFDALE SECONDARY SCHOOL

MR. M. A. JERROLD, the Headmaster, writes:—

At the end of the Summer term, there were 89 boys and 90 girls on roll. 27 children left at the end of July and with the intake of 38 children from Cliffdale Junior School and 8 from Secondary Modern Schools in the City, there are now 97 boys and 101 girls

STAFFING

Mr. Lowman obtained promotion with the post of Deputy Head Teacher at the Middle Park School at Leigh Park. As this appointment was made the day before the official time for giving notice, it was impossible to obtain a replacement, therefore the school was once again re-organised into nine classes. Mr. Harrison obtained a post of special responsibility at Kingston Modern Boys School and Miss Ottley, a post specialising in Art at North End Modern Girls School. Mr. Freeborn was transferred to the school for maladjusted.

The following joined the staff in September. Mr. A. Harrison came from Northern Parade Junior Boys School. Mr. B. Kelly from Cardinal Godfrey School, Middlesex. Mr. R. Hurst from Shoreditch Training College (this being his first teaching appointment). Mr. D. Eades from Hanley Castle E.S.N. School, Worcester, and Mrs. Crowley-Smith from Milton Primary School.

On 8th October, Mr. A. Shepherd will be starting on his year's course at Southampton University for Teachers of E.S.N. children.

LEAVERS FOR EMPLOYMENT

17 boys and 10 girls left and as far as our information goes, all are gainfully and happily employed in local industry with the exception of one boy who is an epileptic. Through the good offices of a local firm he was given a trial for some six weeks at various simple jobs in the firm but was unable to cope with any of them and is now at Langstone House Training Centre.

LEAVERS MEETINGS

These seem to increase in popularity and as many as 102 attended on one occasion and very seldom has the number been less than 70 or 80 and has again proved valuable in helping to iron out difficulties and problems which have caused some ex-pupils worry and anxiety.

LEAVERS — 'END ON' COURSE FOR INDUSTRIAL EXPERIENCE FOR THE LESS MATURE

Since the various meetings with the personnel as outlined in the last report, discussions have taken place with H.M. Inspectors of Schools. The Chief Education Officer pointed out the possibility of obtaining business premises which may be vacated at Christmas. Parents, colleagues and business people both local and throughout the country and indeed in one instance from abroad, have shown extreme interest in the proposed scheme and have emphasised the necessity for some such undertaking and it is hoped that Portsmouth will now go ahead with this as it will fulfill a very important need.

VISITS

Visits to various local firms continued to be made by the boys and girls in the two top classes and prove valuable in giving the children some idea of what goes on in local industry.

SPORTING ACTIVITIES

1. *Swimming.* One boy was placed second in the Free Style event for his age group and was selected to represent Portsmouth at Bournemouth in September. The School Pool is used from March until October.

2. *Other Sports.* The usual inter-House Sports were held with a competition for the 'Rex Lindsey' Cup. As usual boys and girls were entered for the Portsmouth Schools Athletic Championships and were fortunate to secure some points for the school. One boy was placed sixth in the Javelin event and another second in Putting the Shot. One boy came eighth in the Portsmouth Schools Cross Country Race out of a field of 16 teams.

The usual matches were played with local school teams; and with High View School, Chigwell, Essex at cricket and football. The School team spent the morning at the Science Museum, Kensington before going on to Chigwell for the match.

3. *Cycling.* In the Easter holidays, a member of the staff and a Sergeant from the City Police, instructed and examined a group of the children in cycling proficiency and several children received their certificates and badges.

4. *Gym Club.* On Tuesday and Thursday after school a voluntary Gym Club has been organised by a member of the staff and is well supported.

5. *Sailing.* With the help of masters, a dinghy has been built by the boys and two separate week's sailing have been enjoyed by a party of boys at the Sailing Centre and regular instruction has been given at the creek. A film has been produced showing our boys sailing and crewing *Enterprises* entirely on their own. A 15 foot clinker built boat has been presented to the school by a local business man, and this, with an outboard motor attached, will be used as a safety boat when the boys are sailing and crewing. We are grateful to the students and staff concerned of the Highbury Technical College who installed a temporary ramp opposite the school gate down into the creek. This has been a great help.

MUSIC AND DANCING FESTIVAL

A group from the school took part in this and some of the older children were included in the massed choir to give a recital at the Guildhall, bringing great credit upon the school and particularly upon themselves.

LIAISON WITH OTHER ESTABLISHMENTS

The Headmaster was elected to represent Division 7 of the N.U.T. to serve on the National Advisory Committee for Special Schools and has attended two meetings. These are most interesting and instructive when a wide range of subjects are discussed appertaining to other types of special schools. It is encouraging to note that in comparison with other authorities, Portsmouth can be proud of its facilities for Special Education.

FRIENDS OF CLIFFDALE SCHOOL ASSOCIATION

These functions have been extremely well attended by parents, staff and friends. Funds in hand from these activities now top the £700 mark and we are now awaiting estimates from various firms for having the swimming pool heated and covered in. Interest and support have been received from Cosham Rotary Club and Inner Wheel. In addition to the usual activities, an Orchestral Concert has taken place through the good services of a member of the Orchestra who is a parent of one of the children at the school.

PRIZE GIVING

This year the prizes were presented by the Chief Constable of Portsmouth Mr. O. Flynn, who accompanied by his wife, were the chief guests of the afternoon. Miss Sutcliffe, a member of the Governors presided and the vote of thanks was given by Mr. Davies, H.M.I., and the Head boy and girl of the school.

NATIVITY PLAY

Three performances of this were given again this year and were much enjoyed and appreciated by all those who attended.

HARBOUR VIEW SCHOOL

MR. W. J. VERLING, the Headmaster, writes:—

Harbour View has now been open for three years and 76 children have been entered on roll. 31 of these have either returned to normal schools or obtained employment. We are now full and, of course, there is always a waiting list.

We still have frequent visits from psychologists and psychiatrists, and the School Medical Officer always comes at least once a month. In addition we have a Speech Therapist attending once a week.

Our Open Evening for parents every Monday is now flourishing and many parents come to ask for help and advice and our teachers do their best for them in a purely voluntary capacity. The staff also make many domiciliary visits to help and encourage both children and parents.

Our swimming pool, which this time last year was only a dream, is now a reality, thanks to the help of the Portsmouth College of Education and the Portsmouth Mental Health Association. The children have spent many happy hours in it, and we feel it is perhaps the best therapeutic medium we have.

Our aim this year is to heat and cover the pool, and to do our best to develop the adventure playground.

We are now getting so many requests from students and teachers who want to visit the school, that we have had to refuse some of them. However, numerous lectures have been given to students of Universities and Colleges of Education.

Our visiting group has been out and about again this year and has visited many places of interest, from the Royal Counties Show to the local Police Station.

We also have a 16mm. sound projector which is a great boon as we are able to have a film show once a week and although the films are mainly educational, we do throw in a cartoon now and again.

The Red Cross Group is still doing sterling work and we have had several meetings to present badges and certificates.

Many of our former pupils still visit us and it is most encouraging to see them happy and well.

PROVISION FOR CHILDREN WITH PARTIAL HEARING

MISS P. BANKART, Assistant Education Officer, writes:—

A major development occurred in the provision made for partially hearing children when in September 1965 an additional teacher was appointed to the Unit, fitted by her training to deal particularly with children of Secondary age. After careful consideration it was decided that this third teacher should not have her teaching-base at Penhale Road, but should work in association with the Heads of the two Hilsea Secondary Modern Schools. All Secondary children requiring special help could then be allocated to one or other of these centrally-situated schools, and would not, therefore, lose time in travelling from their ordinary classroom to the specially equipped room in order to receive auditory training. The first pupils receiving this training were five in number and all boys.

The increase in the number of specially trained teachers made possible further developments in the service. The teacher of the Secondary children, after spending each morning at Hilsea, was then free to go to Penhale Road, where she could help to give training to the unusually large number of children of the Junior age-range. She also devoted part of her time to visiting Cliffdale Secondary E.S.N. School to help a few pupils suffering from hearing defects.

At the same time, the teacher primarily responsible for Infants at Penhale Road had a very small number of pupils requiring her attention. She was, therefore, seconded in the afternoons to Cliffdale Primary E.S.N. School to give auditory training to a large number of pupils needing this kind of help.

In September 1965 the number of children attached full-time to the Unit was as follows:—

Infants	...	...	6
Juniors	...	...	13
Secondary	...	...	5

At the beginning of the year four children were on the roll of other schools and attending at Penhale Road for some auditory tuition. Later the number fell to three. It is anticipated that, now the teacher force has been increased, very few children will have to spend their time in travelling.

HANDICAPPED PUPILS — SUMMARY OF STATISTICS

The following table gives a summary of handicapped pupils receiving special educational treatment, whether in residential special schools, day special schools or having home tuition, together with the number on the waiting list: (these are the figures forwarded to the Department of Education and Science in February 1966 for their official 1965 return on Form 21M).

	<i>In Residential Special or Hospital Schools</i>	<i>In Day Special Schools or Classes</i>	<i>Having Home Tuition</i>	<i>On Waiting List for Special School Res. Day</i>	
Blind	4	—	—	—	—
Partially Sighted	3	1	—	—	—
Deaf	6	—	—	—	—
Partially-Hearing	1	23	—	—	—
Delicate	8	21	—	—	—
Physically Handicapped	8	27	3	—	—
Educationally Sub-Normal	13	337	—	—	—
Maladjusted	43	36	—	3	—
Epileptic	2	1	—	—	—
Speech Defects	2	—	—	—	—
Non-Communicating	—	4	—	—	—

In addition there were 27 pupils at the Cerebral Palsy Unit at Queen Alexandra Hospital, 10 from Portsmouth and 17 from the County: 6 pupils receiving education in Saint Mary's Hospital, 2 from Portsmouth and 4 from other areas: 60 children in attendance at the Remedial and Diagnostic Units.

HANDICAPPED YOUNG PERSONS

MR. W. J. CHILES, the Youth Employment Officer, writes:—

When dealing with handicapped children it is important for the Youth Employment Officer to have early contact with them and to maintain this contact so that their confidence can be gained. The Youth Employment Officer likes to co-operate closely with the staff of special schools, seeks to understand their problems and pays careful attention to the information that they give about their pupils. Detailed reports of the ability and educational attainments of prospective leavers, together with full medical reports, are essential if adequate vocational guidance is to be given. The vocational guidance interview is conducted with special care, in many cases more than one interview may be necessary. Attention is paid to home circumstances and so on. The facts obtained from the reports and the interviews have to be interpreted in terms of job requirements.

The Youth Employment Officers' knowledge of industry enables him to select employment suited to the various types of handicap. It is helpful if he knows that certain employers are sympathetic to disabled boys and girls. Because the initial period of entry into employment can be critical for these young people, the greatest care is taken to ensure that the employment is suitable and that the employer understands their special difficulties. In considering the placement of handicapped boys and girls, the Youth Employment Officer bears in mind the persons and organisations available to give specialist help, e.g. the Disablement Resettlement Officer, or the Spastic Society, etc., as some young people may need special training before entering employment.

The Youth Employment Officers interviewed 48 boys and 36 girls with some disablement this year. All found employment, although not always in their first choice. The Service placed approximately 70% of them. The range of employment entered was as wide as for normal young people. While one boy with a deformed hand needing sheltered employment was placed with Remploy, a girl with Epilepsy was placed in an office, and a E.S.N. boy was placed in repetition engineering work.

The registration of handicapped young people is a voluntary procedure and not every handicapped young person becomes registered. The Disablement Register at the end of the period was as follows:—

	Boys	Girls
Diabetics	—	1
Ear Defects	—	2
Epilepsy	—	3
Eye Defects	2	—
Heart Diseases	2	2
Injuries and Diseases of the Limbs ...	—	3
Organic Nervous Diseases	—	2
Skin Diseases	—	1
	4	14

EMPLOYMENT OF CHILDREN

The Licensing and Byelaws Committee met on ten occasions when 134 alleged contraventions of the Byelaws were considered.

Employment cards issued during the year under review totalled 1,288 as against 1,289 in the preceding period.

Employment cards were issued to children engaged in the following occupations:—

	Boys	Girls
Newspapers	762	252
Confectioners	3	19
Shoe Shop	—	11
Hairdressers	—	21
Household Goods	3	6
Garments	—	14
Clerical	1	6
Catering	1	7
Multiple Stores	2	58
Chemists	5	9
Grocer	15	33
Greengrocer	10	6
Dog Parlour	—	2
Record Shop	—	1
Dry Cleaners	—	1
Bakers	—	4
Vanboys	1	—
Off-Licence	13	—
Ironmongers	5	—
Butchers	12	—
Outfitters (Mens)	1	2
Wood Delivery	—	—
Boot Shop	—	2
TOTAL	834	454

The Town Clerk was authorised to take proceedings against one person for contravening the Byelaws relating to Street Trading.

THE SCHOOL ENVIRONMENT

ROAD ACCIDENTS

SCHOOLS MEALS SERVICE

MRS. B. BRISSENDEN, School Meals Organiser, writes:—

1965 has seen a further increase in the output of meals and the number served during the year was well above 2½ million. This represents approximately 14,000 meals served each school day.

There has been a further increase in the number of free meal cases and by December the number had reached 2,481. This appears to be partly due to the revision of the scale for the remission of charges for school dinners introduced in March 1965.

With the opening of the new St. Jude's Primary School and the completion of the extensions to St. Paul's Primary School two further kitchens were brought into use. However, in spite of these extra facilities most kitchens produced more meals per day than for which they were originally built.

With the introduction of additional and extra equipment in some of the older kitchens, it has been possible to make more variation in the type of food served and also improve the quality of the meal.

The following information has been extracted from the return submitted to the Department of Education and Science in October 1965. The figures quoted refer to children only.

Schools	No. of Children Present	Total Taking Milk		Total Taking Meals	
		No.	Percentage	No.	Percentage
Maintained Primary and Secondary Schools including Special and Nursery Schools	26,163	21,798	83.3% (85.0%)	12,171	46.5%
Non-Maintained Schools	2,953	1,857	62.9% (67.8%)	763	25.8% (23.1%)

ROAD ACCIDENTS INVOLVING PORTSMOUTH SCHOOL CHILDREN

MR. S. R. HALL, the Chief Education Officer, writes:—

The information contained in this Report, for the year ended 31st December, 1965, has been prepared from details supplied each month by the Chief Constable.

The number of accidents in 1965 was the lowest recorded since 1947.

The number of primary school children involved fell from 87 in 1964 to 83 in 1965, and there was a decrease from 77 to 54 in respect of secondary school children. It is encouraging to note that the number of accidents to child cyclists fell from 51 to 38. (In 1955 there were 151 child cyclists involved in accidents).

The one fatal accident was:—

A seven year old boy, attending Portsdown Junior School, who was knocked down whilst crossing Southampton Road, east of Sevenoaks Road, at 9.55 a.m. on Saturday 23rd January, 1965.

1. *Total number of school children involved during the years 1955-1965 (inclusive):*

Year	No. of children involved			No. of Fatal Accidents
	Girls	Boys	Total	
1955	93	172	265	4
1956	55	156	211	2
1957	73	125	198	2
1958	61	130	191	2
1959	57	104	161	Nil
1960	56	125	181	1
1961	49	103	152	2
1962	46	102	148	Nil
1963	49	113	162	2
1964	60	108	168	4
1965	50	91	141	1

(The figures below are for the year ended 31st December, 1965, while those in brackets relate to the previous year.)

2. *Number of children concerned, arranged in age groups:*

<u>4—5</u>	<u>5—6</u>	<u>6—7</u>	<u>7—8</u>	<u>8—9</u>	<u>9—10</u>	<u>10—11</u>	<u>11—12</u>
1	8	18	9	17	17	13	16
(2)	(12)	(13)	(15)	(20)	(12)	(13)	(20)
<u>12—13</u>	<u>13—14</u>	<u>14—15</u>	<u>15 & over</u>	<u>Not known</u>		<u>Total</u>	
15	10	8	5	4		141	
(15)	(14)	(17)	(11)	(4)		(168)	

3. *Cause of Accidents:*

Knocked down whilst crossing road (unmasked by vehicles)	...	...	...	...	...	57	(49)
Cycling	...	...	...	...	...	38	(51)
Running or walking into road (unmasked by vehicles)	...	...	...	...	...	31	(42)
On a pedestrian or controlled crossing	...	...	...	...	...	7	(3)
Boarding or alighting from a moving vehicle	...	...	...	...	...	2	(2)
Injured whilst a passenger in a vehicle	...	...	...	...	...	2	(5)
Knocked down whilst playing in road	...	...	...	...	...	1	(6)
Injured by vehicle whilst standing on or near a kerb	...	...	...	...	...	1	(5)
Cyclist knocked down child in alley-way	...	...	...	...	...	1	(Nil)
Driving a motor cycle, scooter, etc.	...	...	...	...	...	Nil	(2)
Stealing a ride on a moving vehicle	...	...	...	...	...	Nil	(1)
No details supplied	...	...	...	...	...	1	(2)
						141	(168)

4. *Nature of Injuries sustained*

<i>Cuts Bruises and Abrasions</i>	<i>Fractures or Suspected Fractures</i>	<i>Head Injuries</i>	<i>No. Apparent Injury</i>	<i>Shock</i>	<i>Fatal Injuries</i>
102 (100)	15 (21)	12 (19)	8 (14)	2 (9)	1 (4)
		<i>Concussion</i>	<i>Internal Injuries</i>		
		1 (Nil)	Nil (1)		

5. *Time of Occurrence:*

(i) OCCURRING ON SCHOOL DAYS —					
Between 8.30 a.m. and 4.30 p.m.	...	...	...	45	(40)
Outside the above hours	...	...	...	40	(52)
(ii) OTHER THAN ON SCHOOL DAYS	...	...	...	56	(76)
				<hr/> 141	<hr/> (168)

6. *Location of Accidents:*

Southsea Main Roads	...	...	...	...	17	(15)
Milton Road and Eastney	...	...	...	...	13	(7)
Paulsgrove	...	...	...	...	12	(18)
Stamshaw	...	...	...	...	12	(11)
Copnor Road and District	...	...	...	...	11	(14)
Wymering	...	...	...	...	9	(14)
Southsea Minor Roads	...	...	...	...	8	(12)
Cosham—Farlington Main Roads	...	...	...	...	8	(16)
Hilsea	...	...	...	...	8	(6)
London Road and North End...	...	...	...	...	6	(12)
Fratton Road and District	...	...	...	...	6	(6)
Commercial Road and District	...	...	...	...	5	(6)
Eastern Road and District	...	...	...	...	5	(8)
Kingston Road and District	...	...	...	...	4	(5)
Old Portsmouth and Portsea	...	...	...	...	4	(4)
Lake Road and District	...	...	...	...	4	(5)
Arundel Street and District	...	...	...	...	3	(2)
New Road and Buckland	...	...	...	...	3	(4)
Cosham—Farlington Minor Roads	...	...	...	...	2	(1)
Guildhall Square and District	...	...	...	...	1	(2)
					<hr/> 141	<hr/> (168)

SPECIAL ARTICLES

SICKNESS ABSENCE IN SCHOOLS

DR. T. HALL, Deputy Principal School Medical Officer, reports:—

Sickness absence from school has been a subject of interest to both medical officers and statisticians for many years. A number of studies into sickness absence rates have been carried out from time to time, notably in Kilmarnock in 1952¹ and in Pittsburg, U.S.A., in 1964². Results from both these indicated that, where medical causes of absenteeism were considered, girls showed a markedly higher incidence than boys, and that by far the greater percentage of absences were of one day or less.

In teenage girls the prevalence of symptoms associated with menstruation is well known. Dalton, in two papers³, concluded also that there is a strong and demonstrable relationship between menstrual symptoms and delinquency. It therefore seemed that, perhaps, some local research into sickness absence rates in Portsmouth Schools might prove worthwhile.

Rogers and Reese², in the Pittsburg survey, commented on the relative ineffectiveness of the practice of questioning and examining the children themselves on their return to school. Having regard to this, it was decided to carry out, initially, a small pilot study into a specific age and sex group of children, viz., teenage girls, by first approaching the headteachers and asking them to complete a brief questionnaire and then study the actual absences recorded in the school's registers.

A period of one month, June/July, 1965, was chosen, and Dr. P. D. Laxton, one of the Department's part-time medical officers, drew up the questionnaire which enquired into loss of school time with specific questions about any known menstrual difficulties. Dr. Laxton visited all the schools taking part, and held discussions with the Headteachers.

Preliminary analysis of results has proved somewhat disappointing. It has revealed a considerable amount of short term absence, which confirms the findings of the previous surveys quoted. No apparent relationship can, however, be demonstrated with known delinquency, and although a correlation exists between absence and apparent menstrual disturbance, any definite conclusion about the significance of this must be approached with great caution.

Another larger and more detailed study into sickness absence in all Portsmouth schools at different periods in the year now needs to be carried out, and it is expected that one of the Department's medical officers will undertake this research during the years 1966/67. It may then be possible not only to arrive at some definite and significant conclusions, but also to recommend a worth while course of remedial action. This is, after all, the practical end result hoped for in all research projects.

List of References:

- | | | |
|-------|-----------------------------|---|
| 1. | Nisbet, B. R. | A Study of Absence from School — 'The Medical Officer', 3rd August, 1956. |
| 2. | Rogers, K. D. and Reese, G. | Health Studies — Presumably Normal High School Students — 'Amer. J. Dis. Child', Vol. 109, January, 1965. |
| 3.(a) | Dalton, K. | Effect of Menstruation on Schoolgirls' Weekly Work — 'British Medical Journal', 30th January, 1960. |
| (b) | Dalton, K. | Schoolgirls' Behaviour and Menstruation — 'British Medical Journal', 3rd December, 1960. |

THE CONCEPT OF EARLY INFANTILE AUTISM

by

DR. R. G. CONGDON, Senior Medical Officer for the Mental Health Services.

The first references to 'autistic' disturbances in the young in modern psychiatric literature appeared around about 1942, when Kanner¹ described a group of children whose extreme withdrawal, self-absorbed inaccessibility and inability to form the usual relationships with those around them, had been noticed from the beginning of their lives. This group, originally described as suffering of an 'autistic disturbance of affective contact' was noticed on the basis of striking similarities perceived in their case histories (there were eleven children in Kanner's group at Johns Hopkins Hospital) over a number of years.

As so frequently is the case in syndromes described or identified recently as 'new', retrospective identification of autistic behaviour in a child can be traced back into earlier literature. Haslam², in 1809 wrote of a patient admitted to the Bethlem Asylum in 1799, "... upon admission to the asylum he wept but briefly (the child was then aged 5 years), and in a short time had acquired a striking talent for mimicry. On physical examination his health was good, but he appeared to have very incorrect ideas of distances; he would frequently stretch out and attempt to grasp objects beyond his reach', Haslam goes on: "To watch other boys ... gave him great satisfaction but he never joined them nor did he ever become attached to any one of them". He played in an absorbed, isolated fashion with toy soldiers, "retained several tunes, and was able to whistle them very correctly", but he would not be taught to read. "Although he was acquainted with the names of many things and also with expressions which characterize passion, he applied them in an insulated way". Haslam completes his description of the child's unusual behaviour by remarking that in speech the patient never used the first person singular but was "always speaking of himself in the third person".

In this single case (while it is not possible to rule out post encephalitic syndrome) are described many of the signs which later (by 150 years) have been incorporated in Kanner's grouping to constitute the syndrome of 'autistic disturbance'.

The diagnosis of 'autistic' disturbance in children is a difficult and frequently time consuming exercise. There are features of the syndrome which are reduplicated in part by other morbid conditions, which themselves are sometimes easy and sometimes difficult to identify. Among the former are deafness and mental subnormality, and among the latter are less common and incompletely understood states resulting in impaired or perhaps complete failure in communication between the index child, its parents and others.

Autistic children are generally recognised as manifesting excessive 'aloneless' in what is a failed relationship with those with whom, under normal circumstances, 'closeness' and 'warmth' would be natural, especially, of course, parents of the child. Autistic children almost always display an anxious, obsessive desire for preservation of the 'status quo'. This may be in the manner of play, (which may be narrowed in interest to overwhelming concentration on one set of objects or a particular item) or by a display of frenzied anger when interference occurs by an outsider in a child's play ritual. This perseveration of response and apparent subjective desire to retain a degree of perceptual constancy (a conclusion which can only be guessed at by the observer) has features in common with the behaviour sometimes seen in severe obsessive-compulsive neuroses in adults. The manneristic behaviour and frenzied excitement may, on the other hand, be analogous to that seen in catatonic states in adults, although this remains speculative.

Language difficulties in autistic children contributing to 'non-communication' commonly include mutism, verbal negation, literalness and inability to accept synonyms. Echolalic type repetition of whole phrases is sometimes heard, and almost pathognomonic of the condition as far as language formulation is concerned is the expression of pronominal reversal. In this, the child refers to himself as 'you' and to the person addressed as 'I'. Private language, irrelevant utterances and occasional incoherence found in other psychiatric conditions affecting speech and hearing may form part of the language distortion of the autistic child³. Voice tone and expressiveness are often abnormal, and appear 'foreign' to the person.

Earlier it was stated that diagnostic formulation of each case presenting as an 'autistic' child is a long and frequently difficult exercise. Much of the difficulty devolves around the meaning of the term 'infantile autism'. Some of the features of infantile autism occur in psychotic reactions of other types in children, and it is only in the last twenty years or so, that psychotic reaction types with differing clusters of signs and symptoms are becoming apparent. Evidence is accumulating⁴ to suggest that in the absence of discernible organic abnormality, childhood psychotics are not a homogeneous group but include cases arising from differing aetiologies. A working party (B.M.J., 1961) recently formulated nine points which it was thought distinguished 'early childhood psychosis' or 'schizophrenic syndrome in children'. The nine points have been summarised as follows⁵:

1. gross and sustained impairment of emotional relationships with people;
2. apparent unawareness of his own personal identity to a degree inappropriate to his age;
3. pathological preoccupation with particular objects or certain characteristics of them, without regard to their accepted functions;
4. sustained resistance to change in the environment and a striving to maintain or restore sameness;
5. abnormal perceptual experience (in the absence of discernible organic abnormality);
6. acute, excessive and seemingly illogical anxiety as a frequent phenomenon;
7. speech either lost, or never acquired, or showing failure to develop beyond a level appropriate to an earlier age;
8. distortion in motility patterns;
9. a background of serious retardation in which islets of normal or near normal or exceptional intellectual function or skill may appear.

A recent review of 100 cases seen at Great Ormond Street Hospital showed that a proportion of those children originally seen as 'autistic' subsequently had definite organic pathology (excluding deafness and blindness) which became apparent only during special diagnostic testing. (e.g. an air-encephalogram revealing tuberosc sclerosis, in one case, later confirmed at autopsy). Thus it appears that autistic withdrawal can feature in organic brain disease in children, without discernible evidence of disease being necessarily seen in the first instance. Of the 100 cases reviewed the incidence of epilepsy was twelve times that of a control group of normal children, and boys appeared affected several times more frequently than the girls. The

diagnosis, educational treatment, and ultimate outcome of these cases is being keenly observed. The diagnosis of early infantile autism in the sense implied by Kanner applies to children autistic from birth. Difficulties in history taking from the parents often confuses the issue as to whether autistic withdrawal has been present from birth or is a later event in the development of the child. Regression and withdrawal somewhat similar to that which occurs in schizophrenic reactions are seen in children who have initially made some developmental progress and to this group it is possible to apply the term 'childhood schizophrenia'. Thus infantile autism and childhood schizophrenia both display features of impaired communications but their separation into different nosological entities is often difficult. Careful diagnostic testing and observation to exclude organic disease has always made incidence figures difficult to decide, but it is suggested that two to four children in 10,000 will have difficulties in communication of the type described in this article and their understanding and education is advancing only slowly.

1. Kanner, L. (1942-43), *Nerv Child*, 2. 217.
2. Haslam, J. (1809) 'Observations on Madness and Melancholy'. London: G. Hayden.
3. Luria, A. R. (1961) 'Role of Speech in the Regulation of Normal and Abnormal Behaviour'. Pergamon Press.
4. Rimland, B. (1962), in 'Infantile Autism' Methuen, London.
5. Creak, M. Brit., *J. Psychiat* (1963) 109. 84.

APPENDICES

APPENDIX I

STAFF CHANGES

MEDICAL

Dr. C. P. Hallett was appointed as School Medical Officer as from 20th September 1965.

DENTAL

Mr. R. T. Hale was appointed School Dental Officer as from 1st January 1965.

Mr. P. G. McNamara was transferred from part-time School Dental Officer to full-time School Dental Officer as from 1st January 1965.

Mr. D. J. Steward was appointed as a part-time School Dental Officer on 26th July 1965 and transferred to full-time School Dental Officer on 18th October 1965.

Mr. J. H. French was appointed School Dental Officer as from 1st September 1965.

Mr. P. D. Bristow was appointed Principal School Dental Officer as from 1st September 1965.

Mrs. A. E. M. Burke was appointed Part-time School Dental Officer as from 2nd November 1965.

Miss J. Perry was appointed Dental Surgery Assistant as from 12th April 1965 and resigned this appointment on 2nd July 1965.

Mrs. M. A. Rose was appointed Dental Surgery Assistant as from 24th November 1965.

Mrs. A. Fishlock was appointed Dental Surgery Assistant as from 1st December 1965.

Mrs. K. M. H. Withey was appointed Dental Surgery Assistant as from 10th December 1965.

Mr. E. C. Bevis resigned as Part-time School Dental Officer on 21st January 1965.

Mr. L. J. Threlfall resigned as Principal School Dental Officer on 31st August 1965.

Mrs. J. M. Bassett-James resigned as Part-time School Dental Officer on 10th February 1965.

Mr. D. N. L. Thomas resigned as Part-time School Dental Officer on 30th April 1965.

Mr. T. B. Bassett-James resigned as School Dental Officer on 31st August 1965.

Mr. T. P. Morrison resigned as School Dental Officer on 27th October 1965.

Mrs. P. J. Humphries resigned as a Dental Surgery Assistant as from 30th November 1965.

CHILD GUIDANCE SERVICE

Miss A. A. Frew was appointed as Educational Psychologist as from 1st September 1965.

Mr. D. J. Thomas resigned as Educational Psychologist on 13th March 1965.

Mr. T. Cox resigned as Educational Psychologist on 31st December 1965.

Miss P. E. Hewitt was appointed as Social worker as from 3rd October 1965.

Mrs. G. E. L. Morgans resigned as a Social Worker on 31st March 1965.

Miss J. Treseder resigned as a Social Worker on 14th September 1965.

SPEECH THERAPY

Mrs. J. Smith was appointed as a Speech Therapist as from 1st February 1965.

Mrs. V. S. Matthews resigned as a Speech Therapist on 30th September 1965.

NURSING

Mrs. E. E. M. Soper was appointed School Nurse as from 20th September 1965.

Miss K. J. T. Mitchell was appointed temporary School Nurse as from 1st October 1965.

Miss E. E. M. Codd resigned as School Nurse as from 5th May 1965.

Miss O. M. Buckett resigned as School Nurse as from 30th September 1965.

Miss E. M. Blowe resigned as a Temporary School Nurse as from 30th June 1965.

CLERICAL

Miss M. Poffley was appointed Clerk/Receptionist at the Child Guidance Clinic as from 18th January 1965.

Miss S. E. Pugsley was appointed Shorthand/Typist as from 2nd August 1965.

Mrs. E. A. Filleul resigned as Shorthand-Typist as from 31st July 1965.

Mrs. W. Jackson resigned as a Clerk as from 31st December 1965.

APPENDIX II

GENERAL STATISTICS

POPULATION AND COST OF SERVICES

Total Population (Registrar General's Estimate):								
Mid-June, 1964	..	..	..	..	..	..	..	221,470
Education Rate in the £ Levied, 1965-66	..	..	..	..	..	..	..	9s. 11.65d.
Produce of 1d. Rate (Actual), 1964-65	..	..	..	..	..	..	..	£37,910
Cost of School Health Service, 1964-65:								
Gross Expenditure	..	..	..	..	..	..	..	£85,322
Less Income	..	..	..	..	..	..	..	£4,638
								£80,684

SCHOOL POPULATION BY DEPARTMENTS OR SCHOOLS

Type of School or Department								Departments	On Roll
Primary	..	..	..	..	..	..	..	67	16,254
Secondary Modern	..	..	..	..	..	..	..	22	7,679
Secondary Grammar and Technical	..	..	..	..	..	..	..	5	3,504
Special	..	..	..	..	..	..	..	4	461
TOTALS								98	27,898

FINDINGS OF PERIODIC MEDICAL INSPECTION

Year			Number Inspected	No. Requiring Treatment	Percentage Requiring Treatment
1961	..	..	8,603	1,250	14.52
1962	..	..	8,814	998	11.32
1963	..	..	8,172	871	10.65
1964	..	..	8,256	636	7.70
1965	..	..	7,878	570	7.23

GENERAL CONDITIONS OF PUPILS

Year			Number Inspected	Satisfactory	Unsatisfactory
1961	..	..	8,603	97.89	2.10
1962	..	..	8,814	98.57	1.42
1963	..	..	8,172	98.48	1.51
1964	..	..	8,256	99.09	0.90
1965	..	..	7,878	99.21	0.78

MEDICAL EXAMINATION OF TEACHERS AND OTHER ADULTS

Year			Teachers and Lecturers	Other Employees (Clerks, Caretakers, etc.)	Students prior to entry to Training College	Total
1961	..	..	169	183	97	449
1962	..	..	201	186	112	499
1963	..	..	259	426	132	817
1964	..	..	240	434	159	833
1965	..	..	252	499	189	940

DENTAL INSPECTION

	1962	1963	1964	1965
Periodic age groups	19,445	21,034	25,454	22,156
Specials examined ..	1,621	1,408	965	815
	21,066	22,442	26,419	22,971

MEDICAL INSPECTION AND TREATMENT AT SCHOOL CLINICS

Year	Treatment	Inspections (new and old)
1961	28,044	2,752
1962	16,947	1,176
1963	13,629	660
1964	7,671	600
1965	5,795	537

VISION EXAMINATIONS AT SCHOOL

No. Examined	Referred for further Investigation
6,990	184

VISION EXAMINATIONS AT THE CENTRAL SCHOOL CLINIC

New	Old	Total	Glasses Pres.	Ref. Eye and Ear
381	835	1,216	685	24

WORK OF PHYSIOTHERAPIST

	1965
Number of old cases	19
New cases taken during the year	35
Total number treated	54
Cases discharged	37
Remaining on treatment at end of year	17
Total attendance for treatment	490

UNCLEANLINESS

Year	No. of examinations	No. of individual children unclean	Percentage of school population found to be verminous
1961 ..	48,019	521	1.73
1962 ..	39,431	418	1.42
1963 ..	44,208	454	1.54
1964 ..	34,536	546	1.93
1965 ..	36,912	569	1.98

PARASITIC INFESTATION
PEDICULOSIS
(Seen at Disinfestation Clinic)

	Boys	Girls	Total
Infested	34	37	71
Non-Infested	4	6	10
Total of First Attendances	38	43	81
Subsequent Attendances	35	36	71

SCABIES
(Seen at Disinfestation Clinic)

	Boys	Girls	Total
Infested	6	7	13
Non-Infested	4	3	7
Total of First Attendances	10	10	20
Subsequent Attendances	5	7	12

IMMUNISATION
DIPHTHERIA, TETANUS AND POLIOMYELITIS
(Children from 5 to 15 years, inclusive)

Type of Immunisation	
Diphtheria and Tetanus—Primary	318
Supplementary	2,675
Diphtheria Only—Supplementary	5,279
Poliomyelitis—Primary	1,163
4th Doses	1,637

B.C.G. VACCINATION IN L.E.A. SCHOOLS

	1964	1965
No. of visits to schools	31	21
Forms sent out	2,203	1,613
No. of acceptances	1,970 (89.4%)	1,545 (95.7%)
No. tested	2,206	1,639
Already attending the Chest Clinic	9	16
Negative reactors (vaccinated)	1,802 (89.2%)	1,351 (89.6%)
Positive reactors (X-rayed)	218 (10.8%)	157 (10.4%)

No. of Schools Visited	No. Tested	Negative Reactors (Vaccinated)	Positive Reactors (X-rayed)
1	60	54	4

PROVISION OF CLOTHING AND FOOTWEAR

	1964	1965
Issued free	640	609
Issued at half cost	88	125
Applications refused	38	28
TOTAL APPLICATIONS	766	762

APPENDIX III

STATUTORY RETURNS

MEDICAL INSPECTION AND TREATMENT

Return for the year ended 31st December, 1965

PORTSMOUTH LOCAL EDUCATION AUTHORITY

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1966	(i) Form 7 Schools	...	28,116
	(ii) Form 7M	...	480
	(iii) Form 11 Schools	...	42
	TOTAL	...	28,638

PART I — MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (including Nursery and Special Schools)

TABLE A — PERIODIC MEDICAL INSPECTION

Age groups inspected (by year of birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1961 & later	45	45	—	—	3	3
1960 ..	1,253	1,245	8	44	84	122
1959 ..	1,316	1,303	13	51	88	134
1958 ..	232	230	2	12	7	18
1957 ..	111	110	1	4	5	9
1956 ..	56	56	—	1	2	3
1955 ..	134	133	1	5	7	12
1954 ..	1,881	1,865	16	27	64	86
1953 ..	576	573	3	6	29	34
1952 ..	59	59	—	3	3	6
1951 ..	645	640	5	18	20	36
1950 & earlier	1,570	1,557	13	48	64	107
TOTAL ..	7,878	7,816	62	219	376	570

Column (3) total as a percentage of Column (2) total .. 99.21%

Column (4) total as a percentage of Column (2) total .. 0.78%

TABLE B — OTHER INSPECTIONS

NOTES:—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 the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	2,110
Number of Re-inspections	... ..	8,900
TOTAL	... ..	<u>11,010</u>

TABLE C — INFESTATION WITH VERMIN

NOTES:—All cases of infestation, however slight, should be included in Table C.

The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	36,912
(b) Total number of individual pupils found to be infested	569
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—
(e) Number of individual children referred to Public Health Department Disinfestation Clinic	22

**PART II —DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR**

Defect Code No. (1)	Defect or Disease (2)						Periodic Inspections				Special Inspec- tions
							Entr'nts	Leavers	Others	Total	
4	Skin	T O	10 80	24 73	8 20	42 173	1 1
5	Eyes (a) Vision	T O	110 216	72 188	37 137	219 541	— 1
	(b) Squint	T O	26 38	2 1	1 5	29 44	— —
	(c) Other	T O	1 19	2 17	1 9	4 45	— 2
	Ears (a) Hearing	T O	35 131	11 24	10 17	56 172	100 239
	(b) Otitis Media	T O	10 29	6 17	2 7	18 53	1 —
6	(c) Other	T O	2 13	— 8	— 6	2 27	1 1
	Nose and Throat	T O	5 226	4 70	3 63	12 359	6 6
7	Speech	T O	11 83	1 3	1 5	13 91	— —
8	Lymphatic Glands	T O	1 105	1 19	— 6	2 130	— —
9	Heart	T O	10 59	6 26	3 17	19 102	— 3
10	Lungs	T O	7 116	3 37	1 30	11 183	5 8
11	Developmental	(a) Hernia	..	..	T	3	—	—	3	—
					O	10	3	7	20	—	
					T	7	6	23	36	59	
					O	115	43	33	191	17	
12	Orthopaedic	(a) Posture	..	..	T	—	2	7	9	7
					O	16	22	23	61	14	
		(b) Feet	..	..	T	20	9	13	42	35
					O	128	76	43	247	5	
		(c) Other	..	..	T	10	7	3	20	1
					O	80	75	19	174	4	
13	Nervous System	(a) Epilepsy	..	..	T	2	1	1	4	—
					O	11	4	3	18	2	
		(b) Other	..	..	T	—	1	3	4	—
					O	35	9	14	58	5	
14	Psychological	(a) Development	..	..	T	5	1	1	7	3
					O	44	6	10	60	13	
		(b) Stability	..	..	T	3	1	3	7	6
					O	105	16	36	157	18	
15	Abdomen	T	2	—	1	3	1
						O	22	14	14	50	2
16	Other	T	3	9	16	28	11
						O	130	134	80	344	34

PART III —TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (including Nursery and Special Schools)

TABLE A — EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	789
Errors of refraction (including squint)	1,603
Total	2,392
Number of pupils for whom spectacles were prescribed ..	1,008

TABLE B — DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:	
(a) for diseases of the ear	44
(b) for adenoids and chronic tonsilitis	93
(c) for other nose and throat conditions	42
Received other forms of treatment	52
Total	231
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1965	16
(b) in previous years	52

TABLE C — ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments ..	1,041
(b) Pupils treated at school for postural defects ..	—
Total	1,041

TABLE D — DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm (a) Scalp	5
(b) Body	8
Scabies	13
Impetigo	16
Other skin diseases	717
Total	759

TABLE E — CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics	592

TABLE F — SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists	393

TABLE G — OTHER TREATMENT GIVEN

	Number known to have been dealt with
(a) Pupils with minor ailments	314
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	1,351
(d) Other than (a), (b) and (c) above: Please specify—	
Minor injuries	761
Minor injuries at hospital out-patients	4,283
Total (a)–(d) ..	6,709

SCHOOL DENTAL SERVICE

PART IV — RETURN FOR THE YEAR ENDED 31ST DECEMBER, 1965

2. Number of Pupils on the Register of Maintained Primary and Secondary Schools including Nursery and Special Schools in January 1966 as in Forms 7, 7m and 11 schools 28,638

3. ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	1. 2,586	12. 2,123	23. 430	5,139
Subsequent visits	2. 3,610	13. 3,523	24. 834	7,967
Total visits	6,196	5,646	1,264	13,106
Additional courses of treatment commenced	3. 326	14. 249	25. 59	634
Fillings in permanent teeth ..	4. 1,593	15. 4,137	26. 1,436	7,166
Fillings in deciduous teeth ..	5. 3,192	16. 262	—	3,454
Permanent teeth filled ..	6. 1,998	17. 3,753	27. 1,253	7,004
Deciduous teeth filled	7. 2,921	18. 200	—	3,121
Permanent teeth extracted ..	8. 110	19. 728	28. 115	953
Deciduous teeth extracted ..	9. 2,057	20. 721	—	2,778
General anaesthetics	10. 625	21. 314	29. 34	973
Emergencies	11. 240	22. 118	30. 39	397

Number of Pupils X-rayed	31. 140
Prophylaxis	32. 1,037
Teeth otherwise conserved	33. 125
Number of teeth root filled	34. 30
Inlays	35. 4
Crowns	36. 26
Courses of treatment completed	37. 4,284

4. ORTHODONTICS

Cases remaining from previous year	21
New cases commenced during year	38. 53
Cases completed during year	39. 37
Cases discontinued during year	40. 6
No. of removable appliances fitted	41. 67
No. of fixed appliances fitted	42. —
Pupils referred to Hospital Consultant	43. 70

5. PROSTHETICS

	Ages 5 to 9		Ages 10 to 14		Ages 15 and over		Total
Pupils supplied with F.U. or F.L. (first time)	44.	—	47.	—	50.	1	1
Pupils supplied with other den- tures (first time)	45.	—	48.	14	51.	2	16
Number of dentures supplied ..	46.	—	49.	20	52.	4	24

6. ANAESTHETICS

General Anaesthetics administered by Dental Officers	53.	38
--	-----	----

7. INSPECTIONS

(a) First Inspection at school. Number of Pupils	A.	22,156
(b) First Inspection at clinic. Number of Pupils	B.	815
Number of (a)+(b) found to require treatment	C.	9,841
Number of (a)+(b) offered treatment	D.	9,268
(c) Pupils re-inspected at school clinic	E.	3,748
Number of (c) found to require treatment	F.	2,249

8. SESSIONS

Sessions devoted to treatment.. ..	X.	2,370
Sessions devoted to inspection	Y.	195
Sessions devoted to Dental Health Education	Z.	273

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
CENTRAL CLINIC	Minor Ailment Dental	Minor Ailment Dental Physio-therapy Audiology Speech	Minor Ailment Doctor Audiology & E.N.T. Speech	Minor Ailment Doctor Audiology Speech	Minor Ailment Dental Refraction Audiology Speech	Minor Ailment Dental Audiology Speech	Minor Ailment Dental Physio-therapy Audiology Speech	Minor Ailment Dental Physio-therapy Audiology Speech	Minor Ailment Doctor Refraction Audiology Speech	Minor Ailment Doctor Audiology Speech
COSHAM	Minor Ailment Dental	Dental	Minor Ailment Dental	Dental	Minor Ailment Dental	Doctor Dental	Minor Ailment Dental	Dental	Minor Ailment Dental	Dental
HILLSIDE		Minor Ailment		Doctor		Minor Ailment			Minor Ailment	
NORTHERN PARADE	Dental	Dental	Dental Speech	Dental	Dental	Dental	Dental Speech	Dental	Dental	Dental
GEORGE STREET	Dental Speech	Dental	Dental	Dental Speech	Dental	Dental	Dental Speech	Dental Speech	Dental	Dental Minor Ailment
ST. GEORGE'S	Minor Ailment		Speech		Minor Ailment				Minor Ailment	
PAULSGROVE	Dental	Dental	Dental	Dental	Dental	Dental	Dental	Dental	Dental	Dental

Speech Therapy is also available at the following Centres:—

Cliffdale J.M. School; Cliffdale Sec. School; Portsdown Speech Clinic, Portsdown Modern School for Girls; Stamshaw Speech Clinic, Stamshaw Infants School; Hillside Speech Clinic, Hillside J. Boys' School; Paulsgrove East and West Infants School; Fitcher School of Recovery, Drayton; Harbour View School.

COASBY & Co LTD
Printers
St. James's Road, SOUTHSEA



