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COUNTY BOROUGH OF WALLASEY
EDUCATION COMMITTEE



REPORT

OF THE

Principal School Medical Officer
For the Year 1970



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STAFF

Medical Officer of Health and Principal School Medical Officer: Dr. H.W.HALL, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health & Deputy Principal School Medical Officer: Dr. W.F. CHRISTIAN, M.B., Ch.B., D.P.H.

Assistant Medical Officers of Health and School Medical Officers:

Dr. SHEILA BELL, M.B., Ch.B.
 Dr. ESME I. GRANT, M.R.C.S., L.R.C.P.
 (part-time sessional basis)
 Dr. RUTH MEACHIM, L.R.C.P. (E), L.R.C.S.
 (E), L.R.F.P. & S. (G) (part-time sessional basis)

Principal School Dental Officer:
 Mr. W.J.MEAKIN, L.D.S., R.C.S.

School Dental Officers:
 Mr. W.A.HENDERSON, L.D.S.
 Mr. E.G. MASON, L.D.S.

Dental Surgery Assistants:
 Mrs. U. BROWN
 Mrs. A. HENDER
 Mrs. K. MASON
 Mrs. W.A. HEYES

Superintendent Health Visitor/School Nurse:
 Mrs. K. SCHOFIELD, S.R.N., S.C.M., H.V.
 Certificate

Health Visitors/School Nurses:
 Mrs. E.E.P. NOLAN, S.R.N., S.C.M., H.V.
 Certificate (part-time)
 Miss E.M. MORGAN, S.R.N., S.C.M., H.V.
 Certificate
 Miss E. WHITBURN, S.R.N. S.C.M. H.V. Cer-
 tificate
 Miss K.E. HIGGINS, S.R.N., S.C.M., (Part 1),
 H.V. Certificate
 Miss M. HUGHES, S.R.N., S.C.M., (Part 1),
 H.V. Certificate
 Miss J. LITTLEMORE, S.R.N., S.C.M., H.V.
 Certificate
 Miss P. REYNOLDS, S.R.N., S.C.M., (Part 1),
 H.V. Certificate
 Mrs. M.J. GRIFFITHS, S.R.N., S.C.M., H.V.
 Certificate
 Miss W. LACY. S.R.N.. S.C.M.. H.V. Certificate

Mrs. E.E.BROWN, S.R.N., S.C.M., H.V. Certificate (part-time) resigned 30.9.70.
 Mrs. A.P. MENET, S.R.N. (Part 1) H.V. Certificate
 Mrs. D. WINTERBURN, S.R.N., S.C.M., (Part 1) H.V. Certificate (part-time) appointed 7.9.70.
 Mrs. P.I. WILSON, S.R.N., Q.I.D.N.S.
 Mrs. M.D. ROWLANDS, S.R.N. (Part-time)
 Mrs. M.S. EDWARDS, S.R.N. (part-time)

Visiting Specialists:

Mr. J.D. ELLIOTT EDWARDS, M.B., Ch.B., D.O.M.S. (Ophthalmic Specialist)
 Mr. J.C. SANDEMAN, M.B., M.Ch. Ortho. F.R.C.S., F.C.S. (S.A.), F.R.C.S.E. (Orthopaedic Specialist)

Dr. G. EGAN, M.D., Ch.B., D.P.M. (Psychiatrist)

Physiotherapists:

Mr. K. JONES, M.C.S.P.
 Mrs. P. A. PENNY, M.C.S.P. (Part-time)

Speech Therapist:

Mrs. M. A. Salsbury, L.C.S.T. (part-time) resigned 24.5.70.
 Miss M. J. MacKEDDIE, L.C.S.T. appointed 19.2.70.

Educational Psychologist:

Mr. B. A. BOURNE, B.A. (Hons.) Cert. Ed.

Social Worker:

Mrs. U. BARRETT-LENNARD, Diploma in Social Science

Administrative Staff:

Mr. W. R. KIDD
 Mrs. B. RADCLIFFE
 Mrs. E. E. HILL (part-time)
 Mrs. G. V. PATTINSON
 Mrs. B. H. MAUNDER (part-time) resigned 28.6.70.
 Mrs. M. G. HENDERSON (part-time) appointed 19.6.70.

Audiometrician:

Mrs. J. E. RODGERS (part-time) resigned 27.11.70.
 Mrs. J. WEBSTER (part-time) appointed 16.11.70.

Health Education Officer:

Dr. J. FERGUSSON, L.M.S.S.A., M.I.H.E., M.R.S.H., F.R.S.A. (part-time)

Town Hall,
Wallasey.
May 1971.

To the Chairman and Members of the
Education Committee:

Ladies and Gentlemen,

I have pleasure in submitting my Report on the
School Health Service for the year 1970.

The general standard of health of the school child in
Wallasey remains very high and, on the whole, the ser-
vice offered is well received by parents, but it is re-
gretted that there are a few exceptions to this. As it will
be seen throughout the Report, advice is freely available
through School Medical Officers, the School Health Visitors
and Nurses, Dental Officers and others engaged in the ser-
vice, in relation to all matters of health and hygiene.
Despite warnings over the years, it is still unfortunate
that many parents do not show real concern for their
children's dental health. The Principal School Dental
Officer has pointed out this on numerous occasions in
previous reports.

It is pleasing to record the excellent co-operation
which exists between the Health Visitors, the Educatio-
nal Psychologist and the Speech Therapist, in the ear-
liest possible ascertainment of handicapped children. I
would like to express my appreciation to Dr. A.M. Brown,
Principal Medical Officer (School Health), Liverpool,
for the interest he has shown in assessing Wallasey
children with hearing difficulties, particularly in regard
to pre-school children, who are able to attend the Olive
Street Assessment Centre with their parents for pre-
school training and, in certain cases, for subsequent
admission to the Alice Elliott School for the Deaf.

It will be seen, from the body of the Report, That as
from 1st April 1971, the Junior Training Centre, pre-
viously administered by the Health Committee, will be
transferred to the Education Committee and will be
renamed the Moreton Cross School. Severely handicapped
children will no longer be regarded as being unsuitable
for education in school. I am sure this will be welcomed
by parents of these children and, in fact, by all who have
the interest of handicapped children at heart.

I should like to acknowledge the support and co-
operation of the Director of Education and his Staff, and
the interest shown by the Members of the Education
Committee.

I am,
Your obedient Servant,
HOWARD W. HALL.
Principal School Medical Officer.

ANNUAL REPORT - SCHOOL HEALTH SERVICE 1970

Staff

During the year we were fortunate in securing the services of a full time Speech Therapist - who commenced in February. The previous Therapist, who had been working on a part-time basis, was unable to continue on account of domestic commitments. There still remains a part-time vacancy, and consequently there is a growing waiting list of cases needing attention.

The increasing number of incontinent and severely handicapped children being admitted to the Elleray Park Day Special School has put an increasing burden on the nurse, who works exclusively at this school. As a result the committee were asked to make her appointment a full time one and this was done. However, the situation is still not satisfactory. We have now reached the point when additional nursing help is needed and the Committee have agreed to the appointment of a nursing auxiliary to start early in 1971.

Liaison with Hospitals

The Department continues to receive notifications from hospitals when children are discharged, giving the diagnosis on discharge. This enables us to arrange follow up visits where these are indicated - e.g. in cases of poisoning, the School Health Visitor will call on the home and advise on the correct storage of dangerous substances and drugs, or if the child appears to be handicapped, investigations will be made by the School Medical Officer to decide whether placement in a special school would be advisable. At present there are approximately 15 severely handicapped children in Elleray Park School suffering from spina bifida, with or without hydrocephalus who need regular supervision by paediatric or orthopaedic surgeons. To obviate the need for these children to attend hospital, the surgeons concerned visit Elleray Park each term, together with representatives of the appliance firms, and examine these children and order any investigation or changes in appliances which are indicated.

Liaison with General Practitioners

Children suffering from conditions other than ocular, orthopaedic or psychological, who require the advice of a consultant, are referred first of all to their family doctors with a letter advising them of the condition present. In the case of ocular, orthopaedic or psychological disorders, the children are referred to the local authority's own consultants who attend various local

authority clinics each week. When a direct referral to a consultant takes place in this way, a letter is sent to the general practitioner following the medical examination, informing him of the consultant's findings. General practitioners are also advised when their patients have been ascertained by the School Medical Officer as requiring special education and have been placed in a special school.

Ascertainment of Children with Mental Handicap

Under the provisions of the Education Act, 1944, mentally handicapped children have to be ascertained by a medical officer of the local authority and recommended to the authority as being unsuitable for education at school. If the authority decides that the child is unsuitable for education at school, the training of the child then becomes the responsibility of the Health Committee. Until this year there has been no provision below the age of 7 years for children who are of doubtful educability, other than the Junior Training Centre. However, from September of this year, two Assessment Progress Units have been opened. One at Eastway School and one at Park School. These Units are intended to accept children between the ages of 4 to 7 years. The maximum number of children at each Unit being 10. These Units should prove of great value as it is often extremely difficult to decide on the educability of some of these children, even after several examinations, and when placed in the ordinary infants' schools for a trial period they can impose a heavy burden on the class teacher, who already has a class of 40 boisterous children to cope with. There has been a need for such provision for a long time.

Another impending change in this aspect of school health work is the abolition of the distinction between those who are suitable and those who are unsuitable for education at school on account of mental handicap. Under the Education (Handicapped Children) Act, 1970, Junior Training Centres will become part of the school system and this Act will come into force from 1st April 1971. In future, therefore, all children, when they reach school age, will become the responsibility of the Education Department. However, pre-school assessment will still be necessary to decide the appropriate placement for the child and this is one function of the Units described above, but movement between the new special school and the infants' schools will be facilitated as both will be administered by the Education Department. Under the existing legislation parents have a right of appeal against the decision of the Education Authority that their child is unsuitable for education at school. In future an appeal, if made, will be against the type of school recommended

for their child, and no doubt the present procedure for this type of appeal will continue to be followed.

Ascertainment of Children with Hearing Defects

To an increasing extent, children below school age with defective hearing are being referred to us from various sources - e.g. The E.N.T. Consultant, Wallasey, the E.N.T. Consultant, Birkenhead Children's Hospital, and Dr. Llewellyn at Clatterbridge Hospital. As the Education Authority are responsible for providing special educational treatment for handicapped children from the age of two years, these children are referred to Liverpool's Assessment Clinic at Olive Street, attending once a week initially. There is a growing need for a unit for partially hearing children, with appropriately trained staff, in Wallasey.

On reaching school age, new entrants are tested for impaired hearing by a part-time audiometrician. During the year, her sessions were increased from four to eight per week, but these were still insufficient to enable full screening to be carried out. As the Audiometrician found she was unable to give us eight sessions per week, she resigned, and authority was obtained from the Committee to appoint a successor for ten sessions per week. As this new appointment was made at the end of November, the full effect will not be seen in this year's figures.

Medical Inspections

The number of Periodic Medical Inspections carried out during the year was as follows; the figures for the previous two years are shown for comparison:

Entrants			Leavers			Others		
1970	1969	1968	1970	1969	1968	1970	1969	1968
1,550	1,647	1,743	1,286	827	1,095	1,647	1,500	1,756

Special Inspections (which include cases seen at school at the request of the staff or school nurse and cases seen for the first time by the school medical officers at the clinics).

1970	1969	1968
1,113	1,148	974

Reinspections (children noted at previous periodic inspection as suffering from some defect or disability which required periodic review).

1970	1969	1968
388	196	196

The general condition of pupils examined at routine inspections was as follows:-

	Number	Percentage
Satisfactory	4,483	100%
Unsatisfactory	NIL	NIL

Elleray Park Day Special School for Physically Handicapped Children and Claremount Day Special School for E.S.N. children were visited monthly by Dr. Christian.

The children on the registers of these two day special schools are medically examined prior to their transfer to these schools and regularly (approximately once a year) as long as they remain there. This closer medical supervision of the handicapped children is necessary to ensure that the measures prescribed to mitigate or alleviate the handicaps are being conscientiously adopted by the parents, as for example the wearing of hearing aids for deafness, the attendance at the clinic or hospital for treatment for discharging ears or for the provision or repair of spectacles, and regular physiotherapy when the muscles of the limbs are affected by cerebral palsy or poliomyelitis.

As a result of these medical inspections, a variety of medical and psychological conditions are brought to light which require treatment or observation. The tables on pages XXVII and XXVIII show the number of defects found during the year.

All children at the intermediate medical inspection are tested with the Ishihara Charts for any defects of colour vision. Head teachers are informed when a defect is found as this knowledge may help in deciding on a career.

The visual acuity of school children is tested at the following times by the School Health Visitors:-

- (a) School Entry. As very few children know their letters at this inspection, the "E" test is used.
- (b) Between 7 and 8 years.
- (c) During the first year in the Grammar or Secondary School.

- (d) During the last year in the Grammar or Secondary School.

When defects are found, arrangements are made for the affected children to attend the school eye clinics where they will be examined by a specialist, or if they so wish they can visit a sight testing optician.

Of course parents can, at any time, bring their children to see the school doctor at the clinic if they suspect the presence of an ocular defect, and if a defect is found an appointment will be made to see the Eye Specialist.

The following facilities are provided for the school-children in the Borough:-

Minor Ailments Clinics

Staffed by a nurse, at which minor injuries, skin sepsis, warts, sprains, are treated. To enable the nurses to spend more time inspecting children in school, sessions were reduced during the year. The numbers of children attending these clinics have fallen in recent years.

Consultation Clinics

Attended by a Medical Officer at which medical and psychological problems can be investigated in more detail than is possible at a school inspection. Children with warts that do not respond to treatment at the minor ailments clinics, are also treated with carbon dioxide "snow" at these clinics.

Audiology Clinics

For the assessment of children's hearing, using a pure tone audiometer, and for the treatment of those children whose hearing is found to be defective.

Speech Therapy Clinics

At which a qualified speech therapist treats a variety of speech disorders.

Eye Clinics

At which a visiting ophthalmic specialist carries out refractions and orders spectacles where necessary.

Orthopaedic Clinics

At which a visiting orthopaedic surgeon examines and prescribes treatment for children with defects of bones, joints or musculature.

Child Guidance Clinic

At which a team consisting of a visiting child psychiatrist, an educational psychologist, and a social worker, treat children with a variety of educational and psychological problems.

Ultra Violet Light Clinics

At which debilitated children and children with certain skin conditions are exposed to the rays from an ultra violet lamp.

Enuresis Clinics

At which suitable cases are recommended to use an electric alarm device to cure their bedwetting.

Convalescence

Arrangements are made for children for whom no other provision would be adequate, to be sent to a convalescent home for a period of four to eight weeks.

Parents of children can avail themselves of any of the services listed above, or, if they wish, can obtain treatment through their family doctors.

Other Duties of School Medical Officers

As well as medically inspecting school children, the school medical officers carry out the following duties:-

The ascertainment of children who require special educational treatment in an ordinary school, a day special school, or a residential special school.

The testing of children in the secondary schools for evidence of tuberculin sensitivity and the vaccination with B.C.G. vaccine of those showing no sensitivity. This vaccine will protect the children from tuberculosis for a number of years.

The inoculation of children to protect them against diphtheria, whooping cough, tetanus, poliomyelitis, measles and German measles (girls 11-13 years).

The examination of children who wish to take up employment out of school hours, to take part in public entertainment, or to go to school camps.

The medical examination of candidates for training colleges, and teachers appointed to this authority.

The examination of all persons employed in the school meals service who are concerned with the handling, preparation, or cooking of food.

The visiting in their own houses of those children who are receiving home teaching under the provisions of Section 56 of the Education Act 1944. During the year 4 children were receiving home teaching.

An important aspect of our work is health education. No opportunity is lost during the performance of the aforementioned functions to advise both parents and children on matters of health.

The medical staff are available to visit Junior and Secondary Schools to give talks on health matters and to show films on subjects such as the dangers of smoking, at the request of head teachers.

The school medical officers are seeing an increasing number of overweight children, who should be kept to a fairly strict diet, to prevent their condition leading to orthopaedic deformities. However, parents are reluctant to keep their children to a diet, or limit their carbohydrate intake.

Dr. Bell has supervised those children who have been referred to the service with intractable enuresis, and during the year 21 enuresis machines were loaned to parents. Success was achieved in 9 cases, but 12 cases were not successful. In the 9 who achieved success, one was completely dry in one month, and the other 8 were dry after 2 to 3 months. Lack of success in the other 12 was due to a number of reasons. In 5 cases the child was such a heavy sleeper that the alarm did not wake the child, but woke brothers and sisters, and so was not continued. In 3 cases the machine was only effective when the schools were on holiday, and this presupposes there was a psychological reason for the enuresis associated with school. In 3 cases the children lived in disturbed, overcrowded households in which there was lack of continuity in the use of the machine.

Orthopaedic Clinic

We are fortunate to have the services of Mr. Sandeman,

Orthopaedic Surgeon, who visits the Wallasey school clinics each week to examine children referred to him by school medical officers and family doctors. During the year he saw 409 new cases and re-examined 910 cases. Of these 14 were admitted to hospital for surgery. A table showing in more detail the work done during the year, is given later in the Report. The abnormalities were for the most part in the lower limbs and the use of heel seats or heel cups to correct the position of the foot, instead of having the shoes altered, has been continued. This method has proved cheaper and easier to administer and, in addition, the results have improved. Cases for whom heel seats have been prescribed, have now been followed up for three years, and has proved long enough for prognostic evaluation. Mr. Sandeman intends to publish an article in due course on the use of heel seats.

Patients with curvature of the spine are referred to Professor Roaf, where they receive specialised therapy, at the Royal Liverpool Children's Hospital.

Mr. Sandeman is now seeing all children with cerebral palsy or club feet at the school clinics, as the physiotherapy is of such a standard that in this way the best results are achieved.

Report on the work of the Orthopaedic Clinic

Number of Sessions held at the Authority's Clinics	54
Number of New Cases	409
Number of Re-examinations	910
Number of Cases discharged cured	223

Anatomical Classification of Conditions	New Cases				Re-examinations				Discharged			
	Pre-Sch Age		School Age		Pre-Sch Age		School Age		Cured	Left	Treatment Refused	Hospital
	M.	F.	M.	F.	M.	F.	M.	F.				
Foot	59	24	108	99	84	72	235	199	143	11	7	4
Lower Limb	24	21	10	19	48	51	59	77	68	3	3	4
Pelvis	-	-	-	-	-	-	-	-	-	-	-	-
Spine & Thorax	4	3	4	8	15	8	18	16	5	2	1	3
Upper Limb	1	1	2	-	-	-	3	1	3	-	-	-
Face & Skull	-	-	-	-	-	-	-	-	-	-	-	-
Central Nervous System	2	2	1	-	-	3	10	8	2	1	-	2
Other Conditions	1	1	1	2	2	-	-	1	2	-	-	1
Nothing Abnormal Diagnosed	2	2	3	5	-	-	-	-	-	-	-	-

Physiotherapy Report 1970

Total Cases on Register	2,021
Attendances for Treatment	3,577
New Cases for Physiotherapy Treatment	112
Orthopaedic Cases of School Age treated	963
" " treated at School ...	27
New " " of School Age	306
" " " " " " discharged	178
Number of heel seats fitted	578
" " Orthopaedic Cases admitted to Hospital	14

Physiotherapy Report 1970

	Visiting Orthopaedic Surgeon's Clinic			Artificial Sunlight Clinic		Asthma		Remedial Exs. incl Breathing/ Exs other than Asthma		Electrotherapy	
	New Pts.	Total Atts.	Disch.	New	No. Trts.	New	No. Trts.	New	No. Trts.	New	No. Trts.
January ..	23	85	10	14	333	1	11	3	103	4	2
February ..	22	106	17	1	209	-	15	1	155	1	16
March ..	34	194	35	1	224	-	7	1	123	-	14
April ..	36	100	21	-	209	1	2	6	94	12	8
May ..	38	89	7	-	172	1	3	7	159	2	12
June ..	32	91	15	2	159	-	2	-	160	-	13
July ..	50	141	32	2	-	-	3	-	94	-	17
August ..	18	76	19	-	-	-	-	-	-	-	-
September	24	101	14	10	179	2	4	5	133	2	6
October ..	57	114	21	16	220	2	2	2	124	3	11
November ..	27	121	10	10	156	1	9	2	126	7	12
December ..	48	101	22	-	190	-	1	-	75	-	10
TOTALS ..	409	1,319	223	56	2,051	8	59	27	1,346	31	121

School Psychological Service

This valuable service continues to be conducted by a team consisting of Dr. Egan, Psychiatrist, Mr. Bourne, Educational Psychologist, and Mrs. Barrett-Lennard, Social Worker. Dr. Egan visits on a sessional basis and Mr. Bourne and Mrs. Barrett-Lennard are full time members of the Department.

Dr. Egan reports that the case load is growing and, if a satisfactory service is to be given to meet the requirements of the Borough, two psychiatric sessions per week will be insufficient. He suggests there is a need for two more sessions each week, especially in view of the proposed building of a school for maladjusted children.

1970 was an auspicious year in the history of the Educational & Child Guidance Services in Wallasey, for not only were the services of three extra remedial teachers made available to it but in addition two Assessment/Progress Classes were opened in the Borough, where children in the 4 to 7 year age range with learning or behaviour difficulties could be placed. Such provision, although not sufficient to cope with the total demand, at least now ensures that children referred to both the Educational and Child Guidance Services, for whom previously only advice could be given, can now receive practical help. Moreover, the proposed extension of remedial help into Middle Schools from September will be an additional service upon which the Educational and Child Guidance Clinics can call after children have been referred to the Clinic on account of educational retardation.

The Younghusband report of 1959 defines the liaison between services for the assessment and treatment of children as "co-ordination between allies", and it is particularly gratifying in this regard to place on record a practical example of such liaison between the staff of the Medical Officer of Health and the Educational Guidance Service, for no less than 21 new cases of pre-school age during 1970 were referred either by the Medical Officer of Health, Health Visitors, or the Speech Therapist, which is 24% of total referrals to the Service during this very vital pre-school period, the referrals of new cases from all sources at this early age accounting for 28% of the total, compared with 16% in the previous year.

The two Assessment/Progress Classes referred to above, one in Eastway School and one in Park School, have at present a total of 19 children on roll, 6 of pre-school age, and it is particularly rewarding to witness the benefits which these children have received, linguistically, socially and educationally, by early placement in a teaching situation which can often afford tuition on an individual basis. One hopes that such provision will be further extended in the near future thereby reducing the travelling involved, particularly for children in the New Brighton and Leasowe areas of the Borough.

The Remedial Service in Schools, which was extended from September 1970, would seem to be contributing significantly to the amelioration of the reading difficulties of the majority of children who are included in the small groups for extra help, but there are a few children who even in such small groups do not make satisfactory progress, particularly those suffering from dyslalia or severe articulation defects. It would appear, moreover, from the result of a Survey carried out in December, that such children, irrespective of intelligence, are virtually certain to be retarded in reading, a wastage of educational potential which could perhaps best be combated by the provision of a Speech Unit for such children between the ages of 5 to 9, where attendance would be full time, the class size would be small, and the teaching would be highly specialised, supported of course by the frequent visits of the Speech Therapist.

If 1970 was a particularly gratifying one locally as far as extra provision for the handicapped pupil is concerned, then 1971 would appear to augur equally as well, with the transfer of Training Centres to the Education Service from April, the opening of a Partial Hearing Unit in September, the promise of a school for Maladjusted Pupils, and the setting up in January under the control of the new Social Services Department, of a Reception Assessment Centre at Wimbrick Hey. Such provision will, of course, add to the pressures upon an already overburdened service, but nonetheless it will be accepted as both a challenge and as a significant advancement in the assistance which is being offered to the handicapped pupil in Wallasey.

An analysis of the work of the Clinic is made below:—

CASES REFERRED

Current cases, 1st January, 1970.		91
To be reviewed		2
New Cases.	1970.	91
Cases re-opened.	1970.	20
		<hr/>
		<u>204</u>

The new cases were referred from the following sources, through either the Director of Education or the Principal School Medical Officer:—

Head Teachers		39
Parents		21
Family Doctor		9
Medical Officer of Health		11
Director of Education		2
Health Visitors		5
Psychiatric Social Worker		1
N.S.P.C.C.		1
Consultant Psychiatrist		1
Consultant Paediatrician		1
		<hr/>
		<u>91</u>

The disposal of the cases dealt with during the year falls under the following headings:—

Cases Closed during 1970		127
Improved	82	
Report and advice only	40	
Left the district	2	
Social work only	2	
Residential School recommended	1	
Current Cases at 1.1.71.		<hr/>
		<u>77</u>
		<hr/>
		<u>204</u>

The diagnoses of new cases referred during 1970 are classified below:—

Behaviour disorders	38
Delinquent tendencies	18
Emotional instability	17
School refusal	4
Habit disorders	6
Truancy	4
Educational advice	1
Speech difficulties	3
	<hr/>
	91

Referrals by age to both the Child Guidance Clinic and the School Psychological Service, (i.e. registered cases.)

Age	Child Guidance	Educational (registered)	Educational (investigation in school)
Pre-school	8	32	1
5-6	8	10	1
6-7	6	15	4
7-8	9	23	5
8-9	6	9	2
9-10	10	6	4
10-11	9	3	7
11-12	4	2	1
12-13	11	4	-
13-14	11	1	-
14-15	12	-	-
15-16	3	-	-
16-18	-	2	-
	<hr/>	<hr/>	<hr/>
	97*	107	25

* Six of these cases not referred by Psychiatrist.

The cases referred to the Educational Child Guidance Clinic or those investigated in School only for Educational advice were referred from the following sources:—

	Tests in Educ. C.G.C.	Tests in Schools
Head Teachers	49	20
School Medical Officer, including Health Visitors	24	2
Director of Education	3	1
Speech Therapist	7	-
Parents	2	2
Physiotherapist	1	-
Consultant Psychiatrist	1	-
Cases reviewed and re-tested	20	-
	<u>107</u>	<u>25</u>

TOTAL 132

The work of the Psychiatrist, Psychologist, Social Worker and Remedial Teacher is set out in the following tables:—

Psychiatrist:

New Case Diagnostic Interviews	91
Re-opened Case Interviews	20
Treatments	127
	<u>238</u>

Psychologist

Psychological Tests and Interviews (Clinic)	204
Psychological Tests and Interviews (Schools)	25
Psychological Reports	224
Remedial Sessions	28
School Visits	191
Parent Interviews	219

Social Worker:—

	Clinic Cases	School Welfare Cases
Home Visits	796	13
Clinic Interviews	694	20
School Enquiries	244	14
Other Consultations	822	14
	<u>2,556</u>	<u>61</u>

Remedial Teachers:—

Remedial Sessions	1,320
Courses	2
Surveys	1

Speech Therapy

At present we have one full time Speech Therapist who reports that there is an urgent need for another full time Therapist. The importance of speech therapy in assisting children to make adequate education progress is mentioned in the previous section dealing with the Schools Psychological Service. However, in the past we have had no response to repeated advertisements and are unlikely to be more successful in the future as there is a national shortage of Speech Therapists.

Because the problem is less deep rooted, the Speech Therapist would like to be able to devote more attention to the pre-school child with articulatory and language difficulties and in addition if the mothers' interest can be aroused she can do a great deal in the home to help.

Fortunately, our Health Visitors are alert to the problem of the child with defective hearing and refer these children at an early age. Miss MacKeddie has thus been able to form a number of stimulation groups for these children.

Speech Therapy

Total number of attendance	2,473
Number of patients receiving regular treatment during this period	72
Number of patients receiving treatment at intervals during this period	29
Number of patients admitted	101
Number of patients discharged	47

Classification of Patients admitted:

Dyslalia (defect of articulation) and or ..	}	50
Retarded speech or language development		
Dyseneia		4
Stammer		28
Voice disorders		5
Normal Non-fluency		14
	Total	101

Classification of Patients Discharged:

Cured	37	
Left district	3	
Unco-operative	6	
Left school	1	
	Total	47

Classification of the Waiting List:

Patients interviewed and awaiting treatment	67	
Patients not yet interviewed	42	
	Total	109

Finally the staff of the School Health Service would like to thank the teaching staff of the schools visited for their assistance throughout the year in enabling the work of the department to proceed smoothly.

MEDICAL EXAMINATION OF TEACHERS OR INTENDING
TEACHERS.—Min. of Education Circ. 249 of 1952
Total Number Examined. 1970

Teachers		Intending Teachers	
Male	12	Male	33
Female	10	Female	77
	<hr/>		<hr/>
Total	22	Total	110

School Meals Service

During the year 48 new staff were medically examined and X-rayed on entering the Service.

Minor Ailments Clinics

Minor Ailments Clinics are held at each of the School clinics as follows:—

Merton Road Clinic—Wednesday morning.

Water Street Clinic—Monday, Wednesday and Friday mornings up to 10.0 a.m.

Moreton Clinic—Monday, Wednesday and Friday mornings up to 10.0 a.m.

Hudson Road Clinic—Monday to Friday mornings up to 10.0 a.m.

A doctor is in attendance at Merton Road Clinic each Wednesday morning and at Water Street Clinic each Monday morning. A variety of minor ailments, such as infected ears, infected eyes, impetigo, cuts, burns and warts are treated at these clinics, whilst at the doctors' sessions, medical and psychological problems, as distinct from the minor ailment, can be investigated and the appropriate advice or treatment given.

EXAMINATIONS OF CHILDREN FOR EMPLOYMENT, ENTERTAINMENT, HOLIDAYS ABROAD, ETC.

Employment	203
Entertainment	1
Holidays Abroad, etc.	-
	<hr/>
	204

B.C.G. VACCINATION

No. of children offered (per parents)	
B.C.G. Vaccination	1,931
No. of children accepting (per parents)	
B.C.G. Vaccination	1,552
Percentage of Parents accepting vaccination	80.37%
No. of children Mantoux tested	1,529
No. of children found Mantoux positive	52
Percentage of children Mantoux positive	3.40%
No. of children found Mantoux negative	1,483
No. of children vaccinated with B.C.G. Vaccine	1,462

SUMMARY OF THE WORK CARRIED OUT BY THE SCHOOL HEALTH VISITORS DURING THE YEAR 1970

Health Surveys and Infestation with Vermin

Health Surveys	79
No. of Clinics Sessions re Cleansing	17
No. of Examinations	21,040
No. of individual children found unclean	889

Home Visits

Cleanliness	563
Medical Treatment	243
Hospital References	16
Miscellaneous	401
Ineffective visits, i.e. No. Access	193

Other

Visits to Nursery School	12
Visits to Special Schools	43

ELLERAY PARK DAY SPECIAL SCHOOL FOR PHYSICALLY HANDICAPPED/DELICATE CHILDREN

The physically handicapped children are well provided for at Elleray Park Day Special School, and in order to cope with the problems of incontinence and lack of mobility which are a special feature of children with spina bifida and hydrocephalus, the staff of the school includes a nurse full-time, two nursery assistants who assist in the classrooms, and two house mothers who assist with toileting some of the children and bringing them from the classroom for physiotherapy. Many severely handicapped children are admitted from Birkenhead County Borough and a few from Cheshire County area, and the statistics below show the number involved. We are getting increasing pressure from child specialists and ear, nose and throat consultants to admit children to the school before they are five years of age, but at present the staffing position is such that this is not feasible.

During the year, a total of 25 children were admitted to the school, 21 being Wallasey children and 4 from Birkenhead. The classification of their defects or diseases being as follows:—

Wallasey Children

Delicate						5
Asthma	..	..	..	..	..	2
Epilepsy	..	..	..	..	..	2
Brain damage	..	..	..	..	..	2
Congenital heart disease				..	..	1
Scoliosis	..	..	..	..	..	1
Perthes disease			..	..	..	1
Spina bifida	..	..	..	..	..	2
Hydrocephalus		..	..	..	..	1
Migraine	..	..	..	..	..	1
Spastic quadraplegia			..	..	..	1
Congenital dislocation of hip	..	..			..	1
Fallots tetralogy	..	..	..	..	..	1

Birkenhead Children

Cerebral tumor	..	..	..	..	1
Muscular dystrophy		..	..	..	1
Heart defect	..	..	..	..	1
Spastic paraplegia	..	..	..	..	1

During 1970, a total of 24 children left the school, 18 being Wallasey children, 4 from Birkenhead and 2 from the Cheshire County area, for the following reasons:—

Wallasey Birkenhead Cheshire

Attained 16 years of age	6	1	1
Transferred to ordinary schools	3	-	-
Transferred to Claremount Day Special School	1	-	-
Transferred to school for the deaf	1	-	-
Transferred to hospital school	1	-	-
Transferred to Junior Training Centre	3	-	-
Transferred to residential special schools	2	1	1
Left the district	1	-	-
Withdrawn	-	1	-
Deceased	-	1	-

The total number of children in attendance at Elleray Park School as at the 21st January 1971, was 105. The classification of their defects or diseases is as follows:- Cerebral palsy 14, spina bifida 17, muscular dystrophy 3, haemophilia 1; post poliomyelitis 1, congenital and rheumatic heart disease 11, congenital deformities of limbs 3, Perthes disease 1, other physical handicaps 22, partially sighted 1, partially hearing 2, delicate 17, E.S.N. 1, epilepsy 8, speech defects 3. Of these, 80 are Wallasey Children, 19 Birkenhead and 6 from Cheshire County.

Report of the Principal School Dental Officer.

Wallasey has had a fairly reasonable dentist/patient ratio compared with many towns in the North West, and the effects arising from a reduction during the year in the number of general dental practitioners in the Central Wallasey area had the result of underlining the interdependence of two services, one centrally governed, the other locally controlled, though centrally subsidised in part.

From the statistics, it will be noted that the number of treatment sessions was less than in 1969. Following this reduction of dental practitioners, already mentioned, our two part-time dental officers, who have been employed since 1967, found themselves fully committed to their own local practices, and gradually reduced their sessions, until by the end of the year they had resigned from our service. Mrs. W. Wynne, whose place they had filled when she resigned as a full-time officer, kindly agreed to help out with one session per week.

The present staffing position, apart from Mrs. Wynne, is myself and two full-time dental officers who, having served the Authority for over 30 years, are within sight of retirement. It is a paradox that whilst Central Government is anxious to have a viable school service, it provides such a radical contrast in its conditions of employment, that unless the Authority is prepared to offer favourable incentives, its chances of filling full-time posts are negligible. The absence of any applications from young married men during my eight years in Wallasey is indicative of the poor career prospects, and nobody will dispute that a service which fails to attract the entry of such persons, whether it be in dentistry or any other profession, should give rise to concern. When nearly 30 students qualify at Liverpool University alone at the end of each year, the excuse of a national shortage, which may have been valid in the early days of the National Health Service when all treatment was free, no longer holds good.

The effect of this, albeit probably temporary, shortage of dentists in Wallasey was to result in the pursuit of

potential patients in search of a dentist, and statistically to increase the number of children brought to our clinics by over 500. This increased demand has been difficult to meet, and towards the end of the year was reflected in a sharp rise at gas sessions of emergency treatments. It was intriguing to note how easily parents, who could not get an early appointment with a National Health Service dentist, expected to be provided with treatment without delay from our service which, despite its noble beginnings 50 years ago as a social service, suffered in status when in 1948 the "private dentist", an inaccurate terminology, but used with great aplomb by all sections of democracy, supplied treatment free from the state instead of the old service free from the rates.

As a result of a visit by a dental officer from the Department of Education and Science, my previous request for aspirators was granted and, with the increase in gas cases, these were welcome to reduce to some degree the inevitable hazards associated with general anaesthetics, which ought not to be regarded lightly by laymen. The Department of Education and Science has played a considerable role in improving Local Authorities' dental services, and its recommendations do bear out that our requests are valid, though I would not agree that under its present wide terms of reference the school service can function in an effective form.

The decision not to implement the scheme for a Health Centre is another illustration of the close association of two sections of the overall Health Services, for whilst that group of general medical practitioners are frustrated in their willingness to work within a Local Authority building, so our service cannot leave a sub-standard dental clinic at Merton Road, and the future development of our service is halted.

Following the Council's decision to rescind their previous approval to fluoridation of the water supplies, the Health Committee requested a resume of other preventive measures, which was given by me, and from this list it was decided to supply the toddlers with oral hygiene kits. I cannot pretend that this is going to accomplish much, but I was impressed by the sincerity of some of the members who regretted the fluoridation decision and wanted to make some contribution, and I thank the Health Committee for this active form of concern.

Finally I would like to comment on the proposed increased National Health dental charges, which are to take place early next year, and will eventually reduce free treatment below the age of eighteen. The idea of placing more responsibility on the individual to look after

his own teeth is sound, if it is recognised that dental caries is, in the main, a neglect disease. The more frequent the visits, the less arduous is the treatment, and the cost to the patient will be reduced. Unfortunately this is only a pipe dream because neither Central nor Local Government have taken all the preventive and legislative measures either singly or in concert to prepare the new citizen. At the age of eighteen the young adult has not reached full dental maturity, and the cost of treatment will be a deterrent, as previous charges have proved. I fear that this action will reduce dental standards and undo the long and tedious efforts which the school service began in the nineteen twenties, and to which it is still committed under the Education Act to ensure that each child leaves school in a state of reasonable dental fitness. Until we can achieve this, and it will not be accomplished by treating the effect and not the cause, it is difficult to understand this policy, for dental caries exists in epidemic proportions, is the most widespread disease known to man, and involves the country in a greater cost than any other physical disease.

The answer lies in Central Government realising that if it wants to cut the massive cost of treatment, it must release more money to Local Authorities who, bedevilled with ever increasing financial burdens, may be to some degree forgiven if they are saved some expenditure when the state treats through its service instead of ours, and feel relieved about it. It is not in this atmosphere of economic difficulty that fluoridation should become a question of cost. When the state takes upon itself the full cost of implementing what each successive government of both political parties believe essential to reducing dental caries, when it is willing to ensure that each school meal ends with a fibrous cleansing foodstuff instead of a plateful of pudding, by subsidising the cost, when the tax on toothpaste is removed and not left at a higher rate than sweetstuffs, then it will have shown by example what the parent can do to prevent his child's teeth decaying.

I should like to thank all Head Teachers and their staff, together with those members of public health, who try to get the message across that decayed teeth are not an inevitable part of life and false teeth the culmination.

MEDICAL INSPECTION, 1970.

MAINTAINED PRIMARY AND SECONDARY SCHOOLS

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.—PERIODIC MEDICAL INSPECTIONS

Number of pupils on register 17,415

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col.2	No.	% of Col.2
		(3)	(4)	(5)	(6)
1966 and later	31	31	100.00	-	-
1965	417	417	100.00	-	-
1964	1,037	1,037	100.00	-	-
1963	65	65	100.00	-	-
1962	38	38	100.00	-	-
1961	17	17	100.00	-	-
1960	20	20	100.00	-	-
1959	430	430	100.00	-	-
1958	796	796	100.00	-	-
1957	346	346	100.00	-	-
1956	118	118	100.00	-	-
1955 and earlier	1,168	1,168	100.00	-	-
TOTAL	4,483	4,483	100.00	Nil	Nil

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS
(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1966 and later	-	17	17
1965	22	157	132
1964	66	396	303
1963	8	25	18
1962	8	16	11
1961	3	13	8
1960	4	11	9
1959	21	138	133
1958	93	193	212
1957	49	93	97
1956	19	34	32
1955 and earlier	285	359	415
TOTAL	578	1,452	1,387

TABLE C.—OTHER INSPECTIONS

Number of Special Inspections	1,113
Number of Re-inspections	388
Total	1,501

TABLE D.—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	21,040
(b) Total number of individual pupils found to be infested	889
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	2
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	2

PART II—DEFECTS FOUND BY MEDICAL INSPECTION
DURING THE YEAR

PART II TABLE A. — PERIODIC INSPECTIONS

Defect or Disease (2)	PERIODIC INSPECTIONS							
	Entrants		Leavers		Others		Total	
	(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
Skin	50	57	127	80	94	89	271	226
Eyes—(a) Vision	104	132	299	46	175	107	578	285
(b) Squint	72	43	17	4	26	15	115	62
(c) Other	13	13	6	10	13	15	32	38
Ears—(a) Hearing	55	79	8	21	17	40	80	140
(b) Otitis Media	18	68	5	20	12	44	35	132
(c) Other	28	26	19	7	15	24	62	57
Nose and Throat	62	362	18	102	19	149	99	613
Speech	22	24	5	1	6	10	33	35
Lymphatic Glands	5	183	—	24	7	42	12	249
Heart	5	19	4	15	5	9	14	43
Lungs	39	56	14	9	27	45	80	110
Developmental—								
(a) Hernia	6	12	1	4	3	2	10	18
(b) Other	25	70	24	69	24	96	73	235
Othopaedic—								
(a) Posture	1	11	10	9	6	25	17	45
(b) Feet	131	151	64	85	105	112	300	348
(c) Other	21	39	19	35	27	38	67	112
Nervous System—								
(a) Epilepsy	7	9	8	—	10	5	25	14
(b) Other	3	5	3	5	7	12	13	22
Psychological—								
(a) Development	5	12	1	11	5	24	11	47
(b) Stability	30	89	13	25	16	54	59	168
Abdomen	3	11	3	4	3	8	9	23
Other	10	3	21	4	4	2	35	9

PART II TABLE B.—SPECIAL INSPECTIONS

Defect or Disease	SPECIAL INSPECTIONS	
	Pupils requiring Treatment	Pupils requiring Observation
Skin	37(466)*	-
Eyes-(a) Vision	30	4
(b) Squint	9	-
(c) Other	28	-
Ears-(a) Hearing	4	-
(b) Otitis Media	7	1
(c) Other	42	3
Nose and Throat	13	1
Speech	9	1
Lymphatic Glands	-	-
Heart	1	-
Lungs	6	-
Developmental-		
(a) Hernia	-	-
(b) Other	-	-
Orthopaedic-		
(a) Posture	-	-
(b) Feet	38	2
(c) Other	5	-
Nervous System-		
(a) Epilepsy	1	-
(b) Other	4	-
Psychological-		
(a) Development	7	-
(b) Stability	2	-
Abdomen	1	-
Other	105	13

* No. of pupils found to require treatment for Warts or Verrucae and the majority of these cases were treated with carbon dioxide snow.

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

PART III TABLE A.—EYE DISEASES AND DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	239
Errors of refraction (including squint)	1,778
Total	<u>2,017</u>

Number of pupils for whom spectacles were prescribed 786

TABLES 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	2
(b) for adenoids and chronic tonsillitis	128
(c) for other nose and throat conditions	22
Received other forms of treatment ...	121
Total	<u>273</u>
Hearing Tests - Undertaken by Audiometrician-	
New Cases	684
Re-tests	408
Cases referred to School M.O.	452
Cases referred to own doctor	20
Cases referred to consultants	4
Total	<u>1,568</u>
Total number of pupils in schools who are known to have been provided with hearing aids-	
(a) in 1970	12
(b) in previous years	27

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out- patient departments	963
(b) Pupils treated at school for postural defects	27
Total	<u>990</u>

TABLE D.—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table D of Part 1)

	Number of cases known to have been treated
Ringworm-(a) Scalp	-
(b) Body	-
Scabies	5
Impetigo	65
Other skin diseases	55
Total	<u>125</u>

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	204

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Received regular treatment	72
Received treatment at irregular intervals	29
Total pupils treated by Speech Therapist	<u>101</u>

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	1,936
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	1,462
(d) Pupils who received Hospital in-patient treatment—	
Medical	316
Surgical	161
Orthopaedic	78
Total (a) - (d)	<u>3,953</u>

PART IV.—DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visits	1,454	1,476	293	3,223
Subsequent visits ...	1,259	2,248	419	3,926
Total visits	2,713	3,724	712	7,149
Additional courses of treatment commenced	163	108	24	295
Total courses of treat- ment commenced ...	1,617	1,584	317	3,518
Courses of treatment completed				2,960
Fillings in permanent teeth	1,134	2,867	688	4,689
Fillings in deciduous teeth	458	49	-	507
Permanent teeth filled	891	2,408	547	3,846
Deciduous teeth filled	425	48	-	473
Permanent teeth extracted	116	501	117	734
Deciduous teeth extracted	1,347	555	-	1,902
General anaesthetics	841	581	62	1,484
Emergencies	371	192	42	605

Number of Pupils x-rayed	183
Prophylaxis	1,080
Teeth otherwise conserved	330
Number of teeth root filled	11
Inlays	2
Crowns	4

ORTHODONTICS

New cases commenced during year ...	25
Cases completed during year	56
Cases discontinued during year	2
No. of removable appliances fitted ...	56
No. of fixed appliances fitted	4
Pupils referred to Hospital Consultant	66

PROSTHETICS

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	-	-	-	-
Pupils supplied with other dentures (first time)	1	5	8	14
Number of dentures supplied	1	7	8	16

ANAESTHETICS

General Anaesthetics administered by Dental Officers 761

INSPECTIONS

(a) First inspection at school Number of Pupils	10,078
(b) First inspection at clinic Number of Pupils	1,940
Number of (a) + (b) found to require treatment	4,990
Number of (a) + (b) offered treatment	4,985
(c) Pupils re inspected at school clinic	326
Number of (c) found to require treatment ...	286

SESSIONS

Sessions devoted to treatment	1,260
Sessions devoted to inspection	99
Sessions devoted to Dental Health Education	6

Minor Ailments and other Clinics

Monday	(a.m.)	Child Welfare Centre, Oakenholt Rd., Moreton	Minor Ailments
		Child Welfare Centre, Water Street, Wallasey	Minor Ailments and S.M.O.'s Clinic
		Health Clinic, Hudson Road, Leasowe ...	Minor Ailments
	(p.m.)	School Clinic, Merton Road, Wallasey	Ophthalmic Clinic 2nd and 4th only (Mr. E. Edwards by appointment only)
Tuesday	(a.m.)	School Clinic, Merton Road, Wallasey ...	Ophthalmic Clinic (Mr. E. Edwards by appointment only)
		Health Clinic, Hudson Road, Leasowe ...	Minor Ailments
	(p.m.)	-	-
Wednesday	(a.m.)	School Clinic, Merton Road, Wallasey ...	S.M.O.'s Clinic Minor Ailments
		Child Welfare Centre, Oakenholt Rd., Moreton	Minor Ailments
		Health Clinic, Hudson Road, Leasowe ...	Minor Ailments
		Child Welfare Centre, Water Street, Wallasey	Minor Ailments
	(p.m.)	School Clinic, Merton Road, Wallasey ...	Immunisation (1st Wednesday each month)

Thursday (a.m.)	<p>Child Welfare Centre, Oakenholt Rd., Moreton</p> <p>Health Clinic, Hudson Road, Leasowe ...</p>	<p>Ophthalmic Clinic (Mr. Edwards 1st Thursday by appointment only)</p> <p>Minor Ailments</p>
(p.m.)	-	-
Friday (a.m.)	<p>School Clinic, Merton Road, Wallasey ...</p> <p>Child Welfare Centre, Oakenholt Rd., Moreton</p> <p>Child Welfare Centre, Water Street, Wallasey Health Clinic, Hudson Road, Leasowe ...</p>	<p>Ophthalmic Clinic (Mr. Edwards 2nd, 4th & 5th by appointment only)</p> <p>Ophthalmic Clinic (Mr. Edwards 3rd Friday by appointment only) Minor Ailments</p> <p>Minor Ailments</p> <p>Ophthalmic Clinic (Mr. Edwards 1st Friday by appointment only) Minor Ailments</p>
(p.m.)	<p>School Clinic, Merton Road, Wallasey ... Health Clinic, Hudson Road, Leasowe ...</p> <p>Child Welfare Centre, Oakenholt Rd., Moreton</p>	<p>S.M.O.'s Clinic (1st, 3rd & 5th Friday) Immunisation (3rd Friday each month)</p> <p>Immunisation (2nd & 4th Friday each month)</p>

Speech Therapy Clinics

Monday	(a.m.) (p.m.)	School Clinic, Hudson Road, Leasowe. Clare Mount School, Wallasey.
Tuesday	(a.m.) (p.m.)	School Clinic, Merton Road, Wallasey. Elleray Park School, Wallasey.
Wednesday	(a.m.) (p.m.)	School Clinic, Oakenholt Road, Moreton. School Clinic, Hudson Road, Leasowe.
Thursday	(a.m.) (p.m.)	Elleray Park School, Wallasey School Clinic, Merton Road, Wallasey.
Friday	(a.m.) (p.m.)	School Visits. School Clinic, Water Street, Wallasey.

Physiotherapy Clinics

Monday	(a.m.) (p.m.)	School Clinic, Merton Road, Wallasey (U.V.L. and Individual Treatments) School Clinic, Merton Road, Wallasey. (Individual Treatments)
Tuesday	(a.m.) (p.m.)	Welfare Centre, Oakenholt Road, Moreton. (Remedial Exercises & Individual Treatments) School Clinic, Merton Road, Wallasey. (Individual Treatments)
Wednesday	(a.m.) (p.m.)	School Clinic, Merton Road, Wallasey (Individual Treatments) Elleray Park Special School, Wallasey (Individual Treatments) Elleray Park Special School, Wallasey (Individual Treatments)
Thursday	(a.m.) (p.m.)	Orthopaedic Specialist Clinic, School Clinic, Merton Road, Wallasey. Elleray Park Special School, Wallasey (Individual Treatments) Welfare Centre, Oakenholt Road, Moreton (U.V.L. and Individual Treatments)
Friday	(a.m.) (p.m.)	School Clinic, Merton Road, Wallasey (U.V.L. and Individual Treatments) Elleray Park Special School, Wallasey. (Individual Treatments) School Clinic, Merton Road, Wallasey. (Individual Treatments) Elleray Park Special School, Wallasey. (Individual Treatments)

School Dental Clinics

Monday	(a.m.)	Child Welfare Centre, Water Street, Wallasey. Child Welfare Centre, Oakenholt Road, Moreton. Child Welfare Centre, Hudson Road, Leasowe. School Clinic, Merton Road, Wallasey.
	(p.m.)	As Monday a.m.
Tuesday	(a.m.)	Child Welfare Centre, Water Street, Wallasey. School Clinic, Merton Road, Wallasey.
	(p.m.)	Child Welfare Centre, Oakenholt Road, Moreton. Child Welfare Centre, Water Street, Wallasey. School Clinic, Merton Road, Wallasey. Child Welfare Centre, Oakenholt Road, Moreton. Child Welfare Centre, Hudson Road, Leasowe.
Wednesday	(a.m.)	Child Welfare Centre, Water Street, Wallasey. School Clinic, Merton Road, Wallasey. Child Welfare Centre, Oakenholt Road, Moreton. Child Welfare Centre, Hudson Road, Leasowe.
	(p.m.)	As Wednesday a.m.
Thursday	(a.m.)	School Clinic, Merton Road, Wallasey. Child Welfare Centre, Oakenholt Road, Moreton.
	(p.m.)	Child Welfare Centre, Hudson Road, Leasowe. Child Welfare Centre, Water Street, Wallasey. School Clinic, Merton Road, Wallasey. Child Welfare Centre, Oakenholt Road, Moreton. Child Welfare Centre, Hudson Road, Leasowe.
Friday	(a.m.)	As Thursday p.m.
	(p.m.)	As Thursday p.m.

CHILD GUIDANCE CLINIC

(Psychiatric Department)

Town Hall, Wallasey, Dr. G. Egan; M.D., CH.B., D.P.M.,

Tuesday afternoons and Thursday mornings.

Handicapped Pupils - Year 1970

Year Ended 31st December, 1970	Blind	Partially Sighted	Deaf	Partially Deaf	Physically Handicapped	Delicate	Mel-adjusted	E.S.N.	Epileptic	Speech Defects	Total
(1) Newly assessed as needing special Educational Treatment at Special Schools or Boarding Homes	1	1	-	-	8	1	1	18	1	-	31
(2) Newly placed in Special Schools or Boarding Homes	1	-	-	-	8	1	-	10	1	-	21
(3) As at 31st January, 1971 Pupils on Registers of Maintained Special Schools:- (a) Day Pupils (b) Boarding Pupils	- -	1 -	7 1	7 -	73 -	17 -	- -	117 7	8 -	3 -	233 8
(4) Pupils on Registers of Non-Maintained Special Schools:- (a) Day Pupils (b) Boarding Pupils	1 3	- 4	- 2	- 1	- -	- -	- 1	- -	- 2	- -	1 13
(5) On the Registers of Independent Schools under arrangements made by the Authority	-	-	-	-	1	-	3	1	-	-	5
(6) Pupils requiring places in Special Schools:- (a) Day (b) Boarding	4 -	5 1	10 -	6 -	74 2	17 -	4 1	125 10	10 -	3 -	260 13
(7) Pupils being educated under the provisions of Sec. 56 of the Education Act, 1944:- (a) In Hospitals (b) At Home	- -	- -	- -	- -	- 4	- -	- -	- -	- -	- -	- 4

CHILDREN FOUND UNSUITABLE FOR SCHOOL-YEAR ENDING 31st DECEMBER, 1970.

Informal Ascertainment 4
 Under Sec. 57(4) of the Education Act, 1944 6
 Number of decisions cancelled under Sec. 57A(2) of the Education Act, 1944. 4

