

[Report 1962] / School Medical Officer of Health, Warrington County Borough.

Contributors

Warrington (England). County Borough Council.

Publication/Creation

1962

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COUNTY BOROUGH OF WARRINGTON



ANNUAL REPORT

TO THE

EDUCATION COMMITTEE

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

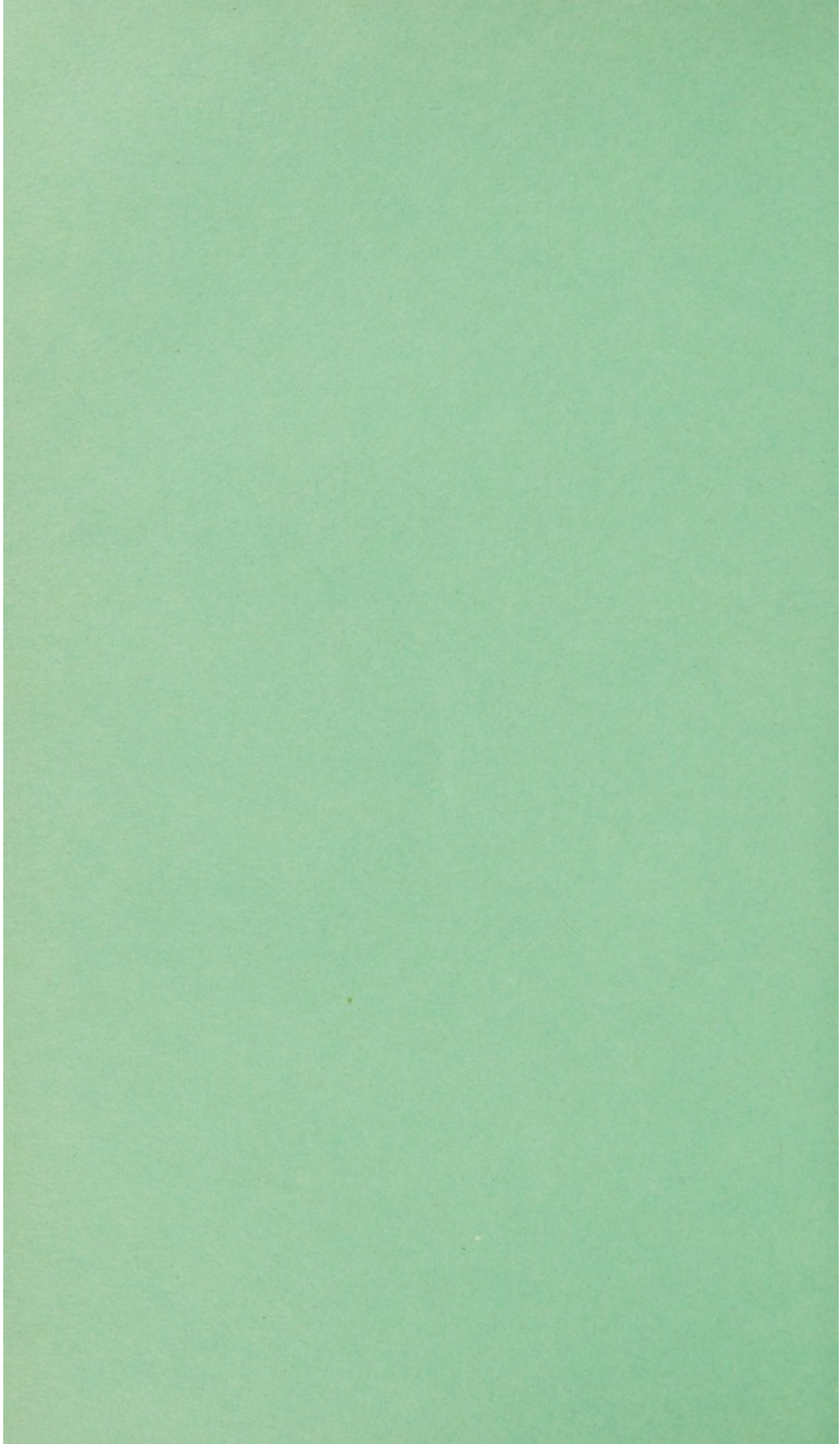
1962

ERIC H. MOORE

B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

*Medical Officer of Health and
Principal School Medical Officer*

HEALTH DEPARTMENT, SANKEY STREET, WARRINGTON



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SCHOOL MEDICAL SERVICE SUB-COMMITTEE

(As at 31st December, 1962)

Chairman :

Alderman E. MARSHALL, M.B.E., J.P.

Alderman J. CANON BARDSLEY, M.A., J.P.

Alderman H. HARDING

Alderman P. MARTIN, J.P.

Councillor B. S. ARNOLD

Councillor R. G. CROCKER

Councillor H. GRAY, J.P.

Councillor Mrs. M. HARDMAN

Councillor W. H. HEALEY

Councillor Mrs. A. L. HINDLE, J.P. (Mayor)

Rev. J. A. CUNNINGHAM, O.S.B.

Rev. J. RUSSELL

Ex-Officio :

Rev. CANON E. DOWNHAM, B.A.
(Deputy-Chairman of the Education Committee)

Chief Education Officer : H. M. PHILLIPSON, M.A.

STAFF

(As at 31st December, 1962)

Principal School Medical Officer :

ERIC H. MOORE, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer :

PERCY THOMAS REGESTER, M.R.C.S., L.R.C.P., D.P.H.

(Resigned 18.2.62)

ANGELA MANNING, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.P.H.

(Appointed 19.2.62)

School Medical Officers :

MARY GRAHAM, M.B., Ch.B., D.P.H.

THOMAS F. LEONARD, M.B., Ch.B., D.P.H.

WILLIAM G. CHARLESWORTH, M.B., Ch.B. (Appointed 3.9.62)

Principal School Dental Officer :

A. P. FINLAY, L.D.S., R.F.P.S.(Glas.)

School Dental Officers :

Mrs. PHYLLIS E. LAWTON, L.D.S.

A. C. CRAWFORD, L.D.S., R.C.S.(Eng.)

J. S. BENNETT, L.D.S. (Resigned 30.6.62)

Mrs. F. N. WILLIAMS, L.D.S. (part-time)

D. J. O'CALLAGHAN, B.D.S. (part-time)

C. H. TAYLOR, B.D.S. (part-time)

Educational Psychologist :

Mrs. C. M. RIVETT, B.A.(Lond.), M.A.(Manc.), Post-graduate
Certificate in Education (Lond.)

Superintendent Nursing Officer :

Miss A. N. AGAR, S.R.N., S.C.M., H.V.(Cert.)

Speech Therapist :

FRANCES G. BATESON, L.C.S.T. (Resigned 16.5.62)

Visiting Consultants :

Ophthalmic : SYDNEY B. SMITH, M.R.C.S., L.R.C.P., D.O.M.S.(R.C.P. & S.)

Ear, Nose and Throat :

P. B. O'NEILL, M.B., F.R.C.S., D.L.O.

Child Psychiatrist : K. M. FRASER, M.B., Ch.B., D.C.H., D.P.M.

Orthodontist : J. ANGELMANN, L.D.S., H.D.D., F.D.S., R.C.S.(Edin.)

SCHOOL CLINICS

A. PROVIDED BY LOCAL EDUCATION AUTHORITY

INSPECTION CLINIC

Mon., Wed., Fri., Examination of cases referred by Teachers,
9-0 a.m. to 9-45 a.m. Education Welfare Officers, School
Nurses, etc.

MINOR AILMENTS CLINIC

Monday to Friday Treatment of contagious diseases of the
9-0 a.m. to 9-45 a.m. skin, eyes, etc.
Saturday Vaccination and immunisation.
10-0 a.m. to 12 noon

DENTAL CLINIC

Monday to Friday Dental treatment (including orthodontic
(by appointment) treatment)
Daily 9-20 a.m. to Emergency treatment.
10 a.m.

EAR, NOSE AND THROAT CLINIC

Examinations: Alternate Wednesdays, 1-30 p.m.
Out-Patient treatment: Daily (by appointment).
Operations are performed at the Warrington General Hospital on
Tuesday and Wednesday mornings.

CHILD GUIDANCE CENTRE

Child Psychiatrist (Monday a.m. and Wednesday p.m.—by
appointment).
Educational Psychologist (Daily by appointment).

CHIROPODY SERVICE

Cases seen by appointment.

B. PROVIDED BY REGIONAL HOSPITAL BOARD

PÆDIATRIC CLINIC (Warrington General Hospital)

Wednesday Afternoons (by appointment).

ORTHOPÆDIC CLINIC (Warrington General Hospital)

Examinations—Every fourth Tuesday, 10-0 a.m.

Treatment:

Friday Treatment of postural and crippling defects,
9-30 a.m. to 11 a.m. etc.

OPHTHALMIC CLINIC (Warrington General Hospital)

Monday, 1-30 p.m. Examination and treatment of errors of
Friday, 9-30 a.m. refraction and squint.
(by appointment)

ORTHOPTIC CLINIC (Warrington General Hospital)

Monday, 9-0 a.m. to 4-30 p.m. }
Tuesday, 9-0 a.m. to 12 noon } Treatment of cases of squint.
Wednesday, 9-0 a.m. to 12 noon }
Friday, 9-0 a.m. to 3-0 p.m. }

To the Chairman and Members of the Education Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

During the year the service has operated in a most satisfactory manner, but I regret I am unable to report the continuance of the full establishment of staff which we enjoyed in the previous year. The loss of the Speech Therapist in May, and one whole-time Dental Officer in June has been disappointing. During the year under review it was not possible to fill either of these posts but the Dental deficiency was, to some extent, offset by the employment of part-time staff.

The development of the Child Guidance Clinic has been most gratifying, there being an increase in the number of families referred and the sources of referral. This clinic forms a valuable link between the Education Service and child psychiatry since the Consultant Psychiatrist works in both and has very considerable experience of both sides of the activity.

It will be noted that there have been a very large number of skin conditions requiring treatment and most of these have been due to verrucae. This high incidence, which I reported last year, has continued and is most marked in Senior Girls' Schools.

The system of selective medical examinations has been continued, the main emphasis of the service being on the detection of handicapped children and the provision of appropriate medical treatment and education for their special disabilities.

I wish to acknowledge the great interest and support which I have received from the Chairman and Members of the School Medical Service Sub-Committee. The conscientious and painstaking work of the medical, clerical and ancillary staffs has resulted in the maintenance of good relations between the Education Department, School Health Service and the staffs of the schools. I would particularly acknowledge the valuable co-operation I have received from the Chief Education Officer.

I have the honour to be,

Your obedient Servant,

ERIC H. MOORE,

Principal School Medical Officer.

THE SERVICE

The service continued to operate on the same lines as in the previous year and selective medical inspection has continued to prove satisfactory. The service aims primarily at the ascertainment of handicaps and recommending appropriate educational treatment most suited to the child. The attachment of a school medical officer to specified schools with periodic informal visiting has continued.

The co-operation between all branches of the National Health Service has remained excellent and I am very grateful for the ready co-operation received both from general practitioners and hospital staff.

MEDICAL INSPECTION

The system of inspecting routinely only entrants and leavers was continued, the gap between being covered by the visits of school medical officers to the schools to which they are attached.

The statistics of medical inspection are contained in Table 'A' and 'B' of Parts I and II of the Appendix.

Special medical examinations were carried out at the request of teachers, school nurses, parents and other bodies when children were suspected of needing medical or other educational treatment. Special examinations were also carried out on 261 children to ascertain their fitness for employment and 1 was found to be unfit.

EAR, NOSE AND THROAT CLINIC

Clinics have been held regularly twice a month under the direction of Mr. P. B. O'Neill, the Consultant Ear, Nose and Throat Surgeon.

The main work of this clinic is the detection and treatment of the deaf child and many of the patients attending the clinic are those who have been found by routine audiometric examination to be suspected of defective hearing.

AUDIOMETRY

Routine audiometric examinations are carried out on all school entrants, and on all children suspected of defective hearing. Preliminary testing is carried out in schools, but failures are re-tested at the clinic, double failures being referred to the Ear, Nose and Throat Consultant at his Special Clinic, and in special cases, to the Department for the Deaf of the University of Manchester.

A nurse is employed part-time on this work. The table below gives details of tests carried out, and the disposal of the cases where a double failure was recorded.

Audiometric Tests

Primary Tests					
Number of schools visited	...	...	...	...	32
Number of group tests	...	...	...	...	113
Number of children tested	...	...	...	...	1693
Number of Primary failures	...	...	...	...	187
Secondary Tests					
Number of group tests	...	...	...	...	76
Number of children tested	...	...	...	...	269
Number of double failures	...	...	...	...	101
Disposal of Cases					
Nothing abnormal found after treatment	...	...	...	...	21
Receiving treatment	...	...	...	...	9
Referred for operative treatment	...	...	...	...	33
Treatment not beneficial	...	...	...	...	8
Still receiving treatment (from previous years) or investigation	...	...	...	...	11
Treatment refused	...	...	...	...	2

TREATMENT

A minor ailments clinic is held each morning to which teachers may refer children. Cases may also be sent by parents and general practitioners. The types of defects referred are usually in need of nursing attention. 755 children attended the clinic in 1962.

The arrangements for the treatment of visual defects continued through the hospital service as in previous years, except when parents wish otherwise. The statistics will be found in Table A, Part III of the Appendix. 494 schoolchildren and 397 pre-schoolchildren were the recorded attendances at the Orthoptic Clinic at Warrington General Hospital in respect of Borough children.

A special clinic is held to which Ear, Nose and Throat cases are referred for Consultant advice. During the year 109 children made 251 attendances at this special clinic. Many children are also referred by general practitioners to the hospital service for E.N.T. treatment.

Orthopædic problems are referred to the hospital service.

General medical problems are referred to the Pædiatric Out-Patient Clinic, and considerable assistance is received in the reports of the Consultant Pædiatrician.

SPEECH THERAPY CLINIC

The Authority, unfortunately, were without a Speech Therapist from mid-May, when Miss F. G. Bateson resigned to take up an appointment at the Moor House School, Oxted, Surrey.

The figures given below are for the four-and-a-half months at the beginning of the year.

Every effort is being made to fill the vacancy of Speech Therapist.

1. *Investigation of Cases referred :*

No. of new patients seen	...	...	...	...	...	35
No. of new patients accepted for regular treatment	...				...	19
No. of new patients placed under observation	...				...	8
No. of new patients not requiring treatment	...				...	7

2. *Treatment of Cases :*

No. of cases treated	...	...	...	...	...	80
No. of attendances made	...				...	609
No. of cases discharged :						
(a) Speech normal	...				...	14
(b) Non-attendance	...				...	5
(c) No longer requiring observation	...				...	10
(d) Refused treatment	...				...	4

THE WORK OF THE SCHOOL NURSES

School nurses are allocated certain schools for which they are responsible to a School Medical Officer, each School Medical Officer thus being able to give special attention to a group of schools and also being able to consider the cases referred by the School Nurses of the particular group of schools. By this arrangement a closer degree of co-operation between Head Teacher, School Medical Officer and School Nurse is possible which is greatly to the benefit of pupils.

A cleanliness inspection of all children is carried out in every school each term. The school nurse endeavours to complete this inspection as early in the term as possible. Each child is examined for pediculosis, cleanliness of body and clothing, and condition of footwear. Any unsatisfactory condition is dealt with and followed up on subsequent visits to the school. Where necessary, domiciliary visits are made to effect a remedy.

A nurse accompanies the medical officer on all routine medical inspections. Her duties include the weighing and measuring of children, vision testing, and the preparation of the children for examination. In addition, she prepares the children for immunisation where necessary, and obtains any information required from the teachers regarding the health of the children to be examined and of any other children whom the teacher may wish to bring to the notice of the medical officer. The school nurses carry out routine vision testing on all schoolchildren in alternate years. The testing is done by classes in schools. School nurses also give lectures on selected subjects of Health Education at the request of Head Teachers.

At the clinic, the nurse is engaged in the treatment of the children for minor ailments and disinfestation.

In the cases of uncleanness the course of action laid down in Section 54 of the Education Act is followed. Cleansing Notices were issued in 27 cases. It was not necessary to issue any Cleansing Orders for the compulsory cleansing of children at the cleansing station. No prosecutions were ordered in the year under review.

Some brief details of the work carried out by the school nurses are given below :—

	1962	1961
Visits to homes of children (in many cases assisting with treatment)	193	227
Attendance at medical inspections in schools ...	256	205
Visits to schools for cleanliness inspections and re-inspections	458	573
Number of cases of uncleanness treated at the school clinic	87	145
Number of attendances of uncleanness cases at the school clinic	289	401

CHILD GUIDANCE CLINIC

REPORT OF THE CONSULTANT PSYCHIATRIST

During the year under review the work of the Clinic has continued to expand both in numbers of families referred and in the sources from which the cases originated.

The close co-operation of the other Departments has been invaluable, especially in facilitating residential care and treatment of children who were showing evidence of disturbance in their own homes.

49 new cases were seen by the Psychiatrist and 346 consultations were carried out as out-patients.

No. of sessions held	...	...	...	...	...	85
No. of new cases	...	...	...	...	...	49
No. of visits made	...	...	...	...	...	346
No. of children who received in-patient treatment	...					10
No. of children seen for 1 session only :						
Court reports, etc.	...	...	...	...	...	4
No. of closed cases	...	...	...	...	...	20

New Cases :

From whom referred :

Educational Psychologist	...	...	...	...	8
School Medical Officers	...	...	...	...	8
Probation Officer	...	...	...	...	2
Children's Officer	...	...	...	...	1
General Practitioners	...	...	...	...	7
Pædiatrician	...	...	...	...	16
Miscellaneous	...	...	...	...	7
					—
					49
					—

THE WORK OF THE EDUCATIONAL PSYCHOLOGIST

When children fail to progress in the basic subjects under ordinary forms of instruction, they may be referred by school medical officers or by head teachers to the school psychological service for an estimate of intellectual capacity and of their lag in attainments. The service is now ten years old.

Despite a period of absence, the work of the psychologist with sub-normal, maladjusted and difficult children has gone forward, and the value of our closer liaison with the Regional Hospital Board has been shown in cases of children in-patients, or living nearer to our clinic than to a distant Out-patient department. The child psychiatrist refers some of his cases to the psychologist for measurement and for the study of personality reactions. Pupils spend some 28 hours a week in school, and those who are emotionally disturbed frequently display reluctance at

going to school, feelings of inferiority, even a sense of persecution, or else give vent to outburst of anger and destructiveness. Some preventive treatment characterises the school health service and the psychologist provides a link with the teachers of such children.

Duller children also require rapid supportive treatment from time to time, and after an interview with a parent, management of the child may improve temporarily, or some degree of mental cruelty may be averted. As an increasing number of mentally disturbed adults are attempting adjustment and independence in society, the home-life is reflected in the learning difficulties of all our cases, and the behaviour of the young ones shows their reactions to the strain. Where there is no social worker the maintenance of personal links and of adequate records is no less essential. However, through the combined effort of mental welfare officers, education welfare officers, health visitors and school nurses, guidance is usually speedy. The service has gained the confidence of head teachers who ask for advice or action in a variety of problems.

A summary of the work during 1962 is set out below :

New cases undertaken	...	...	...	...	104
Referred by School Medical Officers	...	...	...	...	14
Referred by Head Teachers	...	...	...	...	66
Referred by Consultant Psychiatrist	...	...	...	...	21
Other sources	...	...	...	...	3
Additional tests	...	...	...	...	65
Retests	...	...	...	...	30
Total number of tests administered	...	...	...	...	199
Return visits of old cases	...	...	...	...	91
No. of visits paid to schools	...	...	...	...	69
No. of cases dealt with in schools	...	...	...	...	354

The distribution of work reflects the changing pattern of head teachers' demands and the testing for purposes of child guidance.

Now that there are overlapping forms of instruction in the various types of education provided, certain of the children need re-assessment with a view to transfer. Some children are re-examined annually in the day special school and the junior training centre. In addition, past cases are reviewed every second year through follow-up reports provided by their teachers.

The psychologist participates in the ascertaining of many of the educationally subnormal pupils, when full account is taken of physical, social and emotional factors. The newly-revised Terman-Merrill Scale L-M is now in use.

Age range of children interviewed (Total 104)

Ages ...	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15
Year of birth	1957	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947
Number ...	9	9	14	12	15	15	10	9	3	7	1

I.Q. range of children tested on Terman-Merrill Scale (Total 91) :

I.Q. Range	Below 55	56-70	71-85	86-95	96-105	106-115	Over 115	Total
Boys ...	1	10	24	11	8	4	2	60
Girls ...	1	7	12	6	4	-	1	31

Twice as many boys are referred as girls.

On regular school visits the psychologist conveys information about new books, apparatus and articles, and describes the scope of the service to newly-appointed head teachers.

The diagnoses offered by the school psychological service need to be pursued by more varying provision for special educational treatment within the framework of every school. For each child that attends the day special school, there may be seven who can manage without such a transfer, if taught in imaginatively organised conditions. Those fewer cases where children suffer from developmental aphasia or from minor forms of auditory or visual imperception will probably continue to fail, unless they are grouped for specific individual treatment under a remedial teacher. It is hoped that this will become possible as staffing conditions improve.

HANDICAPPED PUPILS

NUMBERS OF HANDICAPPED PUPILS

The following table gives the numbers of pupils on the Handicapped Pupils' Register on the 31st December, 1962, together with the numbers ascertained during the year.

Classification	No. ascertained during year	Total ascertained at 31.12.62
Partially-sighted	-	3
Deaf	1	4
Partially-hearing	1	5
Delicate	1	10
Physically-handicapped	-	5
Educationally sub-normal	39	199
Maladjusted	-	1
Totals	42	227

PROVISION OF SPECIAL EDUCATION

The table below gives details of the numbers of pupils for whom special educational facilities have been provided.

Classification	Attending special school as		Receiving education under arrangements made under Section 56 of Education Act, 1944		Total
	Day Pupils	Boarders	In Hospital	At Home	
Deaf	-	3	-	-	3
Partially-hearing	-	5	-	-	5
Delicate	-	4	4	3	11
Physically- handicapped...	-	3	-	1	4
Educationally sub-normal ...	164	12	-	-	176
Maladjusted ...	-	1	-	-	1
Totals ...	164	28	4	4	200

The following handicapped pupils requiring special educational provision are still unplaced :—

Deaf	...	...	...	...	...	1
Delicate	...	...	...	...	...	3
Educationally sub-normal	...	...	...	...	...	23
Physically handicapped	...	...	...	...	...	1

The Special Day School for Educationally Sub-normal children has made good progress during the year.

EDUCATIONALLY SUB-NORMAL PUPILS

There are 199 pupils ascertained as educationally sub-normal of whom 12 are in special residential schools. The needs of the majority of the others are met in the day special school.

In addition a number of children have been ascertained in this category who, although not requiring accommodation in special schools, do require special treatment in the ordinary schools. These, of course, are in the higher grades of sub-normality.

During the year 49 children were tested, with the following results :—

Suitable for special (day) schools	...	...	...	...	...	38
Suitable for special (residential) schools	...	...	...	...	...	1
No action necessary	...	...	...	...	...	1
Reported to the Local Health Authority under Section 57, Education Act, 1944, as amended by Mental Health Act, 1959	...	...	...	...	...	3
No action taken—to be retested later	...	...	...	...	...	6
Total	...	...	...	...	...	49

There are at present 199 children in this category, 23 of whom are awaiting special educational treatment.

CHILDREN RECEIVING HOME TUITION

On the 31st December, 1962, there were 4 handicapped pupils on the home teacher's register. Of these, 1 was physically handicapped, and 3 were delicate.

INFECTIOUS DISEASES AND IMMUNISATION

INFECTIOUS DISEASES

The notifiable diseases occurring among schoolchildren and notified to the Medical Officer of Health were as follows :—

	1962	1961
Tuberculosis (respiratory)	—	2
Tuberculosis (non-respiratory)	—	1
Scarlet Fever	9	17
Whooping Cough	1	3
Measles	72	615
Pneumonia	4	2
Totals	86	640

IMMUNISATION

Special efforts are made to secure complete immunisation of schoolchildren at the time of the entrant examinations and the necessary 'booster' injections are given in school as required.

Diphtheria : The number of children immunised during the year at school and at the clinic was as follows :—

Primary Courses	276
Secondary (Reinforcement)	1194
Total	1470

Poliomyelitis: The number of school children immunised during the year was as follows :—

Injections :

Primary Course (1st and 2nd)	50
Booster—3rds	254
Booster—4ths	5

Oral Vaccine :

Completed Course (1st, 2nd and 3rd)	98
Booster—3rds	568
Booster—4ths	484

A total of 359 injections and 1,346 doses of oral vaccine was thus given to schoolchildren during the year.

B.C.G. : Vaccination is available to all children in the 13 year old group.

No. of Mantoux Tests performed	...	907
,, Mantoux Tests negative	...	801
,, B.C.G. vaccinations performed in school	... ..	801
Acceptance Rate...	... ..	73.8%

ANCILLARY SERVICES

NURSERY CLASSES

Children attending the nursery classes to the infants' schools are examined every year. Details of the examinations will be found under the heading "Periodic Medical Inspections" in Part I, Table A, in the Appendix. 122 children were examined during the year.

These children are also examined by the dental officers as part of the routine dental inspections of the infants' schools.

All the facilities of the school health service are available to nursery children. Particulars of treatment are included in the various treatment tables in this report.

The school nurses also visit the nursery classes when carrying out their cleanliness inspections. Statistics are included in the appropriate tables.

PROVISION OF MILK AND MEALS

Milk: Arrangements for the supply of milk in one-third pint bottles under the Milk in Schools Scheme have continued on the same lines as in previous years.

Meals: The Education Committee had fifteen School Kitchens supplying meals to schools throughout the year. Mid-day meals are served in all the schools. The charge is 6d. per day for the children attending special schools, and 1/- per day for children at other schools. Free meals are supplied to children of parents whose income is within the scale fixed by the Committee.

The following table shows the average number of meals supplied per day during the year 1962.

Average No. of pupils on Roll	Received free meals	Received meals for payment	Total	Percentage of pupils receiving meals
13,099	512	5,400	5,912	45.13

During the week ending 22nd September, 1962, 31,397 children's meals were supplied—this figure is the highest recorded figure of children's meals served in any week since the commencement of the School Meals Service in Warrington.

PHYSICAL EDUCATION

Interest in all aspects of Physical Education has been greater than ever and all schools provide an interesting programme of physical activities covering the widest possible variety. The opening of a new gymnasium at the Richard Fairclough Secondary Modern Boys' School has been an important event in the progress of physical education under this Authority. A demonstration of modern work and the use of the gymnasium and its unique features has been successfully presented to specialist teachers.

The Warrington Teachers' Sports Association again provided an extensive programme of inter-town and inter-school competitions in the major games, swimming and athletics. The gradually improving facilities in the town have again been of the greatest assistance to the Association.

The Swimming Scheme for Warrington school-children has again proved its value both in the number of children who learned to swim and in successful results in the Royal Life Saving Society's examination.

The programme of evening classes at the Borough Gymnasium and other centres has attracted a most satisfactory number of young people throughout the year and the Borough Gymnasium has been used for many special events by local organisations.

The Authority's provisions for a complete range of physical activities for all age groups have again shown excellent results.

The following table shows the average number of meals supplied per day during the year 1961.

Average No. of pupils on Roll	Number of meals	Number of meals per pupil	Percentage of pupils on roll eating meals
12,880	512	2.400	18.8

PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT

by A. P. FINLAY, L.D.S., R.F.P.S.

There is a well-known saying which goes "The first seven years are the worst." The inference is, I suppose, that after that you get used to it. This of course I know is often said flippantly, but having myself just completed seven years in Warrington it might be interesting to find out just how far it is true, or false, in my own case. Our accommodation seven years ago was extremely limited, although the surgeries, two in number, were reasonable in size, and adequately, if not lavishly furnished and equipped. The recovery room was small, and the patients' waiting room minute, with no external ventilation. This it was which earned us at times the description of "The Little Clinic." Today it presents a very different picture. The opening in 1959 of the new Health and Education Clinic, with its self-contained dental wing, gave us four good surgeries with modern equipment, plus bright and airy waiting room accommodation. By common consent, our clinic today is second to none. We were fortunate in being able to recruit a full complement of dental officers early in 1960, and this happy state of affairs was maintained until the end of 1961. Mr. Bennett remained with us in a part-time capacity until the end of June, and this with the addition of Mrs. Williams, and later in the year, Mr. O'Callaghan and Mr. Taylor, meant that there was the minimum of disruption to the service during the year. The steady expansion of the service during this seven year period was maintained, with the range of treatment widened where necessary by the provision of crowns and inlays where it was considered to be functionally desirable. The field of oral surgery has also been available, and quite a number of cysts, unerupted teeth, etc., have been removed by the capable hands of Mr. Angelman. Such cases would normally have been referred to the Dental Hospitals of Manchester or Liverpool, and as the "follow up" treatment of these cases can be considerable it will readily be seen that this represents a big saving in both money and time for the patients concerned. Local private practitioners who were in the habit of referring their more complicated orthodontic cases to our neighbouring cities, now refer many of them to us, again with a consequent saving in time and expense. With a daily emergency clinic in operation, relief of pain is more or less immediately available for all in need, so there is no reason for anyone to suffer for any length of time. Complaints are therefore, fortunately, a rarity.

When referring in my annual report last year to the resignation of Mr. Bennett, I said that every effort would be made to regain full establishment as soon as possible. The vacancy was advertised in two separate issues of the British Dental Journal as well as in the daily press. It was also put on the notice boards for final year students at both Manchester and Liverpool Universities, but not a single application was received. It is with great regret that I now have to report the resignation of Mr. A. C. Crawford, to take effect from mid-April next. Mr. Crawford is leaving us to be an Area Dental Officer with Lancashire County Council, and he will take with him our very best wishes for his future success. This, of course, represents a substantial advancement for Mr. Crawford; Lancashire's gain is Warrington's loss. Again, advertisements have been

inserted in the British Dental Journal and the local press, without result, although at the time of writing the closing date is still two weeks off. If it continues to prove impossible to replace staff, then it must be obvious that the type of service which we have built up in recent years can no longer be maintained. Just as the human body needs food to live, so does the School Dental Service need staff to survive. We have now reached the stage where, like Mr. Micawber, we keep waiting for something to turn up, but, I'm afraid without Mr. Micarber's optimism. I hope very much that the future will prove we, too, have been unduly pessimistic, but at the moment, for me, it's "the first seven years are the best."

This year we again found it possible to include both the Adult and Junior Training Centres for routine inspection and treatment, and we were rewarded with an excellent combined acceptance of 79 per cent. Special treatment sessions were arranged for these sad cases by Mr. Crawford and Mr. Taylor, both of whom I feel sure would derive a great deal of satisfaction from doing a difficult, but well worthwhile, job of work. Again the average acceptance rate for all schools was gratifyingly high, it being 74 per cent, a drop of 2 per cent from last year's figure. As always, infants led the way with 81 per cent, followed by juniors 77 per cent, and seniors 61 per cent.

Again I offer my sincere thanks to all members of my own staff, both full and part-time; to the school medical officers for their willing co-operation at all times; to the health visitors and school nurses, who follow up cases where necessary with domiciliary visits; and indeed to all those other members of staff who at sometime or other "do something for Dental."

*DENTAL INSPECTION AND TREATMENT CARRIED OUT
BY THE AUTHORITY DURING THE YEAR ENDED
31st DECEMBER, 1962*

Number of pupils on the registers of maintained primary and secondary schools (including nursery and special schools) in January, 1963, as in Forms 7, 7M, and 11 Schools.

(a) Dental and Orthodontic Work :					
I Number of pupils inspected by the Authority's Dental Officers :					
(i) At Periodic Inspections	...	...	...	6157	
(ii) At Special do.	...	...	...	2136	
				—	8293
II	Number found to require treatment	...	...	...	6603
III	Number offered treatment	...	...	...	4967
IV	Number actually treated	...	...	...	4034
(b) Dental Work (other than Orthodontics) (Note: Figures relating to orthodontics should not be included in Section (b)) :					
I Number of attendances made by pupils for treatment, excluding those recorded at (c) I below					
	...	...	...	...	7578
II Half days devoted to :					
(i)	Periodic (School) Inspection	...	...	...	54
(ii)	Treatment	...	...	...	1259
				—	1313
III Fillings :					
(i)	Permanent Teeth	...	...	...	4903
(ii)	Temporary Teeth	...	...	...	156
				—	5059
IV Number of Teeth Filled :					
(i)	Permanent Teeth	...	...	...	3877
(ii)	Temporary Teeth	...	...	...	143
				—	4020
V Extractions :					
(i)	Permanent Teeth	...	...	...	2004
(ii)	Temporary Teeth	...	...	...	4418
				—	6422
VI	Administration of general anaesthetics for extraction	...	...	...	2984
VII	Number of pupils supplied with artificial teeth	...	...	...	105
VIII Other operations :					
(i)	Permanent Teeth	...	...	...	1136
(ii)	Temporary Teeth	...	...	...	139
				—	1275
(c) Orthodontics :					
(i)	Number of attendances made by pupils for orthodontic treatment	...	...	...	830
(ii)	Half days devoted to orthodontic treatment	...	...	...	12
(iii)	Cases commenced during the year	...	...	...	50
(iv)	Cases brought forward from the previous year	...	...	...	73
(v)	Cases completed during the year	...	...	...	46
(vi)	Cases discontinued during the year	...	...	...	9
(vii)	Number of pupils treated by means of appliances	...	...	...	64
(viii)	Number of removable appliances fitted	...	...	...	63
(ix)	Number of fixed appliances fitted	...	...	...	2

APPENDIX

MINISTRY OF EDUCATION

Medical Inspection Returns

Year ended 31st December, 1962

PART I—Medical Inspection of Pupils Attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A.—PERIODIC MEDICAL INSPECTIONS

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
1	2	3	4	5	6
1958 and later	122	122	100·00	—	—
1957	551	551	100·00	—	—
1956	616	616	100·00	—	—
1955	63	62	98·41	1	1·59
1954	22	21	95·45	1	4·55
1953	8	8	100·00	—	—
1952	15	14	93·33	1	6·67
1951	19	19	100·00	—	—
1950	6	6	100·00	—	—
1949	8	8	100·00	—	—
1948	617	614	99·51	3	0·49
1947 and earlier	760	759	99·87	1	0·13
TOTALS ...	2807	2800	99·75	7	0·25

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

NOTES : Pupils found at Periodic Inspections to require treatment for a defect should not be excluded from Table B by reason of the fact that they were already under treatment for that defect.

Table B relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (By year of birth) 1	For defective vision (excluding squint) 2	For any of the other conditions recorded in Part II 3	Total individual pupils 4
1958 and later	—	9	9
1957	—	42	40
1956	1	54	52
1955	—	4	4
1954	—	—	—
1953	1	1	2
1952	1	—	1
1951	—	1	1
1950	—	1	1
1949	—	3	3
1948	51	20	69
1947 and earlier	63	30	90
TOTALS ...	117	165	272

TABLE C.—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 one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	...	...	339
Number of Re-inspections	...	...	...	452
Total	...	...	...	791

TABLE D.—INFESTATION WITH VERMIN

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

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	23985
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(b) Total number of individual pupils found to be infested	1072
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	27
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	Nil

PART II—Defects found by Medical Inspection during the year.

TABLE A.—PERIODIC INSPECTIONS

NOTE : All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
1	2	3	4	5	6	7	8	9	10
4	Skin	10	13	13	17	3	13	26	43
5	Eyes (a) Vision ...	1	4	112	194	4	18	117	216
	(b) Squint ...	7	21	—	—	1	7	8	28
	(c) Other ...	2	2	—	—	2	3	4	5
6	Ears (a) Hearing ...	5	15	4	6	2	11	11	32
	(b) Otitis Media	6	14	2	—	5	4	13	18
	(c) Other ...	—	6	1	3	1	4	2	13
7	Nose and Throat ...	40	108	3	9	5	26	48	143
8	Speech	2	24	2	3	1	6	5	33
9	Lymphatic Glands .	1	11	—	1	1	5	2	17
10	Heart	—	27	—	14	—	5	—	46
11	Lungs	1	52	1	16	—	21	2	89
12	Developmental :								
	(a) Hernia ...	2	1	1	1	1	—	4	2
	(b) Other ...	1	74	4	6	—	11	5	91
13	Orthopædic :								
	(a) Posture ...	—	6	—	13	—	7	—	26
	(b) Feet	3	32	2	16	2	20	7	68
	(c) Other ...	6	49	9	28	3	29	18	106
14	Nervous System :								
	(a) Epilepsy ...	—	2	—	2	—	—	—	4
	(b) Other ...	—	4	—	4	—	2	—	10
	Psychological :								
	(a) Development.	—	5	—	—	—	—	—	5
	(b) Stability ...	1	53	3	—	1	7	5	60
16	Abdomen	—	1	—	—	—	—	—	1
17	Other	2	8	3	4	—	4	5	16

TABLE B—SPECIAL INSPECTIONS

NOTE : All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No.	Defect or Disease	Special Inspections	
		Requiring Treatment	Requiring Observation
4	Skin	582	7
5	Eyes (a) Vision	187	21
	(b) Squint	4	—
	(c) Other	2	1
6	Ears (a) Hearing	11	5
	(b) Otitis Media	5	—
	(c) Other	23	6
7	Nose and Throat	37	75
8	Speech	2	5
9	Lymphatic Glands	—	5
10	Heart	—	16
11	Lungs	3	43
12	Developmental :		
	(a) Hernia	2	1
13	(b) Other	1	41
	Orthopædic :		
	(a) Posture	—	9
	(b) Feet	10	52
14	(c) Other	8	30
	Nervous System :		
	(a) Epilepsy	—	2
15	(b) Other	—	3
	Psychological :		
	(a) Development	3	1
16	(b) Stability	14	28
	Abdomen	—	—
17	Other	45	22

PART III—Treatment of Pupils Attending Maintained and Assisted Primary and Secondary Schools (Including Nursery and Special Schools).

NOTES : This part of the return should be used to give the total numbers of :—

- (i) cases treated or under treatment during the year by members of the Authority's own staff.
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board ; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

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	2
Errors of refraction (including squint) ...	870
TOTAL	872
Number of pupils for whom spectacles were prescribed	480

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	6
(b) for adenoids and chronic tonsilitis ...	160
(c) for other nose and throat conditions...	—
Received other forms of treatment ...	131
TOTAL	297
Total number of pupils in schools who are known to have been provided with hearing aids :	
*(a) in 1961	3
(b) in previous years	24

*A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE C.—ORTHOPÆDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	475
(b) Pupils treated at school for postural defects	—
TOTAL	475

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

	Number of cases known to have been treated
Ringworm (a) Scalp	—
(b) Body	1
Scabies	8
Impetigo	15
Other skin diseases	678
TOTAL	702

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	91

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists ...	80

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	59
(b) Pupils who received convalescent treatment under School Health Service arrangements	10
(c) Pupils who received B.C.G. vaccination	801
(d) Other than (a), (b) and (c) above. Please specify :	
GENERAL MEDICAL	9
GENERAL SURGICAL	92
TOTAL (a)—(d)	971

TABLE H.—HEIGHT

	Age	No. Examined 1962	1959 ft. ins.	1960 ft. ins.	1961 ft. ins.	1962 ft. ins.
BOYS						
Entrants	4	—	3 2 $\frac{1}{2}$	3 2 $\frac{1}{2}$	—	—
	5	205	3 6 $\frac{1}{4}$	3 6 $\frac{1}{4}$	3 6 $\frac{1}{2}$	3 6
	6	322	3 7 $\frac{1}{2}$	3 7 $\frac{3}{4}$	3 7	3 7 $\frac{1}{2}$
	7	41	3 11 $\frac{3}{4}$	3 10	3 10 $\frac{1}{4}$	3 10 $\frac{1}{2}$
Second age Group	8	—	—	—	—	—
„	10	—	—	—	—	—
„	11	—	—	—	—	—
Third age Group ...	14	505	5 1 $\frac{3}{4}$	5 3	5 4	5 3
Other Periodic	3	4	—	3 1 $\frac{1}{2}$	3 2	3 2
Inspections :	4	65	3 3 $\frac{1}{4}$	3 3	3 3	3 3 $\frac{1}{2}$
(Nursery Classes)	5	83	3 5 $\frac{1}{4}$	3 3 $\frac{3}{4}$	3 4 $\frac{3}{4}$	3 5 $\frac{1}{4}$
GIRLS						
Entrants	4	—	3 2 $\frac{1}{4}$	3 3 $\frac{1}{2}$	—	—
	5	198	3 5	3 5 $\frac{3}{4}$	3 6	3 5 $\frac{3}{4}$
	6	293	3 7	3 7	3 7	3 7
	7	33	3 9 $\frac{1}{2}$	3 10	3 10	3 9 $\frac{1}{4}$
Second age Group	8	—	—	—	—	—
„	10	—	—	—	—	—
„	11	—	—	—	—	—
Third age Group ...	14	467	5 0 $\frac{1}{2}$	5 1 $\frac{1}{2}$	5 1 $\frac{3}{4}$	4 11 $\frac{1}{2}$
Other Periodic	3	1	3 2 $\frac{1}{2}$	3 1	3 2	3 5 $\frac{1}{2}$
Inspections :	4	52	3 3	3 2 $\frac{1}{2}$	3 3	3 2
(Nursery Classes)	5	65	3 4	3 4	3 4 $\frac{3}{4}$	3 4 $\frac{1}{2}$

TABLE J.—WEIGHT

	Age	No. Examined 1962	1959 st. lb.	1960 st. lb.	1961 st. lb.	1962 st. lb.
BOYS						
Entrants	4	—	2 7½	2 6¾	—	—
	5	205	2 12¾	2 12¾	2 13¼	2 12¾
	6	322	3 1¼	3 1¼	3 0¾	3 1
	7	41	3 6	3 6	3 6¾	3 6
Second age Group	8	—	—	—	—	—
" "	10	—	—	—	—	—
" "	11	—	—	—	—	—
Third age Group ...	14	505	7 12¼	7 12¼	8 0¼	8 0¼
Other Periodic Inspections : (Nursery Classes)	3	4	—	2 7¼	2 6	2 4½
	4	65	2 7½	2 7¾	2 8	2 8
	5	83	2 10	2 8½	2 11¼	2 10¾
GIRLS						
Entrants	4	—	2 5¾	2 5¼	—	—
	5	198	2 10½	2 11	2 12¼	2 11¾
	6	293	2 13¼	2 13¾	2 13½	2 13¾
	7	33	3 5¼	3 5¾	3 8¾	3 5¼
Second age Group	8	—	—	—	—	—
" "	10	—	—	—	—	—
" "	11	—	—	—	—	—
Third age Group ...	14	467	7 11¾	7 11	7 13¾	7 12¼
Other Periodic Inspections : (Nursery Classes)	3	1	2 6	2 2¾	2 6¾	2 8½
	4	52	2 6¾	2 6½	2 7¼	2 5½
	5	65	2 8¾	2 9½	2 10¼	2 10

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED BY THE LOCAL
EDUCATION AUTHORITY TO THE LOCAL HEALTH AUTHORITY
DURING THE YEAR 1962

	Boys	Girls
Notified under Section 57 of the Education Act, 1944, as amended by the Mental Health Act, 1959	1	2

Year	Boys		Girls	
	Number	Percentage	Number	Percentage
1952	100	100	100	100
1953	100	100	100	100
1954	100	100	100	100
1955	100	100	100	100
1956	100	100	100	100
1957	100	100	100	100
1958	100	100	100	100
1959	100	100	100	100
1960	100	100	100	100
1961	100	100	100	100
1962	100	100	100	100

Printed by
THOMAS WALL & SONS LTD.,
 ROWBOTTOM SQUARE,
 WALLGATE,
 WIGAN.

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 DURING THE YEAR 1962

Boys

Notified under Section 57 of the Education Act, 1944, as
 amended by the Mental Health Act, 1959

1