[Report 1961] / Principal School Medical Officer of Health, Warwickshire County Council.

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

WARWICKSHIRE COUNTY COUNCIL.

Education Committee.

ANNUAL REPORT

OF THE

Principal School Medical Officer,

FOR THE YEAR

1961.

July 1962.

Annual Report of the Principal School Medical Officer, 1961.

CONTENTS.

WARWICKSHIRE COUNTY COUNCIL.

With the Compliments of the
County Medical Officer of Health
and Principal School Medical Officer.

COUNTY HEALTH DEPARTMENT,
LAKIN ROAD,
WARWICK

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

1. I have the honour to present the report on the health of the school child in Warwickshire during 1961.

The vast majority of children examined during the year at periodic medical examinations were again found to be very fit and healthy. Defects which were noted were, in the main, of a less serious nature—visual, orthopaedic and nose and throat. Although many of the more serious diseases in childhood have been eliminated, it is still necessary to ensure that the many preventive measures available be continuously pursued. Unless group immunity levels are kept high, serious diseases such as diphtheria, smallpox and poliomyelitis will return. The recent outbreak of smallpox well illustrates how essential it is to maintain a high immunity level in the population.

During the year there were no cases of poliomyelitis in the County although there were cases elsewhere in England and Wales. Sabin oral vaccine is to be introduced in 1962.

Twelve pulmonary and three non-pulmonary cases of tuberculosis were newly notified during the year. B.C.G. vaccination of children of school-leaving age continued to be given in order to increase the resistance in young adults.

A small proportion of schoolchildren still suffer from handicaps. At the present time, 1,545 such children are noted on the register (between one and two in every hundred on the school roll). Many of these handicaps are due to congenital and/or hereditary conditions, the basic causes of which are still largely unknown. More research is required before these numbers can be considerably reduced—but in the meantime, the ascertainment and appropriate placing of these children is a most important part of the School Medical Service.

The national shortage of dental officers continued to be acute, and the problem of dental decay appears unlikely to be solved except by long-term measures such as fluoridation of domestic water supplies.

2. **School Population.** (Tables 1 and 2).

A further increase occurred in the school population, and at the beginning of the year 94,665 children were on the school roll. During the past ten years, the number of children in our schools has increased by just over 30,000.

3. **School Medical Examinations.** (Tables 3 and 4).

School Medical Officers carried out the following exminations (excluding children in Special Schools) during the year :—

	1961.	1960.	1959.
Routine Examinations :—			
Entrants	8,752	7,888	8,313
Leavers	6,784	6,283	4,777
Intermediate	5,958	6,577	5,930
	21,494	20,748	19,020
8 Year Vision	6,276	4,495	5,158
Vision—Other ages	238	1,137	—
	28,008	26,380	24,178
Special Examinations	4,490	4,498	4,503
Re-examinations	12,735	14,671	12,831

It is now just over half a century since the School Medical Service was first introduced, and over the years great changes have occurred in the overall pattern of disease in childhood. Some fifty years ago only 81 children out of every 100 born reached school age, whereas today, about 97 in every 100 do so. Children are now much taller and heavier and mature at an earlier age, and only one in every hundred can be said to be in any way unsatisfactory physically.

Such changes do to some extent challenge the usefulness of continuing periodic medical examinations in their present form. It is generally considered though that medical examinations are still desirable for children entering and leaving school. Some modification of the intermediate examination is, however, under review in one area of this County. It has been found that such a scheme does not reduce the overall time expended on medical examinations; on the whole it appears to be more time-consuming. Selective examinations of children in their first year at high school have been found to be rather unsatisfactory owing to pupils being drawn from wide catchment areas, and the movement of pupils between classes during their first terms. Teachers do not have the same opportunity of noting whether anything is medically amiss, and health visitors often have no background knowledge of the newly assembled pupils.

4. **Eye Defects.** (Table 5).

Eye defects continued to be the most common defect noted at periodic medical examinations, and amounted to nearly one-third of the total defects.

The proportion of eye defects recorded for observation was a little lower than last year, but those requiring treatment remained the same. Some decrease occurred in the numbers attending Eye Clinics.

The effect of television on the eyes has been a rather controversial subject for some time. Research which has been carried out by such bodies as the Nuffield Foundation, generally agree that television is not injurious provided commonsense precautions are taken, i.e. viewing at correct distance from screen, positioning set at eye level as far as possible, elimination of distortions and ensuring that the room is adequately lighted to avoid glare.

5. **Orthoptic.** (Tables 5 and 6).

Ophthalmic staff at the County Eye Clinics referred 282 children for orthoptic treatment during the year, a slight increase on last year. County Council Clinics for such treatment continued to operate in the Central and Southern Areas, whilst other areas were covered by clinics of the Regional Hospital Board.

Of the 348 cases under treatment at the two County Council Clinics, 112 were discharged during the year having had full binocular vision restored or some improvement.

6. **Ear, Nose and Throat Defects.**

A full range of hearing is essential to the young child for learning and development. Any persistent defect of hearing should therefore be found and investigated.

During the year, the services of an Audiometrician became available for two days a week, and various areas of the County are to be visited in turn. It is intended to screen children at special risk, e.g. those with :—

(1) Family history of deafness.
(2) Mother with a history of virus infection during pregnancy.
(3) Mother with a history of complications during pregnancy or labour.
(4) History of any serious illness.
(5) Delayed speech or abnormal speech.
(6) Maladjustment or backwardness.
(7) Ear infections or other abnormalities.

During the year, although slightly more cases of deafness were noted at periodic medical examinations as requiring treatment, fewer cases were reported for observation. The overall numbers were slightly lower than last year. This was also apparent in the nose and throat defects. The number of children known to have received operative treatment for adenoids and chronic tonsillitis again showed a decrease.

7. **Orthopaedic Service.**

Fewer orthopaedic defects were noted at periodic medical examinations during the year. The decrease was mainly in those requiring observation. All children with such defects are referred to Orthopaedic Surgeons at Hospital Clinics, whilst County Physiotherapists are available for after-care treatment when required.

8. **Speech Therapy.** (Table 7).

During the year, the establishment was increased to the equivalent of six full-time posts. There are now four full-time and five part-time speech therapists making this establishment complete. At the present time 1,198 children are known to be speech defective, and of these 650 are receiving treatment whilst 548 are awaiting appointments.

It is possible that more speech therapists will be needed so that the number of children awaiting treatment can be reduced and more preventative work with pre-school children undertaken.

9. **Child Guidance Clinics.** (Table 8).

(Prepared in conjunction with Dr. P. G. WOOLFE, Consultant Child Psychiatrist).

The child psychiatric work in the County has been covered by four consultant psychiatrists. Besides the out-patient clinics, the child psychiatric work has included care of children in the psychiatric in-patient unit, regular visits for consultation and treatment to the County Special School for Maladjusted Boys, and consultation and assessment of children in remand homes, children's homes, and other institutions. There is a very close link between the hospital and county services and psychiatrists concerned are on the staff of Central Hospital.

The chief out-patient clinics comprise local authority clinics at Nuneaton, Solihull and Sutton Coldfield and hospital clinics at Leamington and Rugby. The psychiatrists conducting the latter, experience difficulty in doing child psychiatry in the setting of a busy adult psychiatric clinic of a general hospital. Child psychiatric cases need more time for full investigation than can easily be provided in such clinics. During the last year there has been an increase in the number of children seen by appointment at the Stratford Children's Recovery Hospital where there is a small in-patient unit. This arrangement has helped families from the south of the county.

Classification of cases according to the referral symptoms has only a limited meaning as these are often vague and any symptom may be found to have a different significance for one patient than for another. Often it transpires that the original symptom is not the centre of the patient's difficulties, and frequently it emerges that another member of the referred patient's family is equally, or more, in need of help.

Classification of cases according to the source of referral showed some points of interest. It may be said that school medical officers tended to refer a higher proportion of scholastic and anti-social problems than did general practitioners, who more often referred children for subjective symptoms such as depression, anxiety or obsessional tendencies. Naturally in Court and Probation referrals, problems of continued delinquency were prominent. Probably the numbers of children referred to child guidance clinics represent only a proportion of similar problems within the community. One reason is that it is not just symptoms, but symptoms within a social setting of home, school and/or community which determine whether help is felt necessary.

The full and willing co-operation of parents is of the greatest importance, and often patient preparation is necessary before they can come to accept the need for referral to a child psychiatrist. In our experience the help of the general practitioner at this stage is invaluable because he is regarded above all as the doctor to the family as a unit.

Most children referred have been assessed from the educational aspect by a county education psychologist or a clinical psychologist from Central Hospital. Social workers from the Central Hospital have attended the clinics and taken an essential part in investigation and subsequent work with parents. Psychotherapy has only been possible to a limited extent because of constant pressure of waiting lists, relative infrequency of clinics (which are mostly one session per week) and lack of psychotherapists as members of the clinical teams. Extension of treatment facilities is inevitably hampered by the difficulty experienced in recruiting trained professional workers of all the disciplines which combine to form the Child Guidance Team.

10. **Minor Ailment Clinics.** (Tables 17 and 18).

Slightly more children attended minor ailment clinics during the year, 2,946 compared with 2,899 last year. The slight increase in cases was confined to the North-Eastern area of the County.

11. **The following report was supplied by the Principal School Dental Officer.** (Tables 9, 10 and 11).

Very little change has taken place in the dental service since reporting last year. The salary award then referred to does not appear to have stimulated recruitment of dental officers, though it may have retained some in posts who would otherwise have looked for more remunerative work. The total number of attendances for treatment fell slightly as did the number of treatment sessions. The number of treatment sessions represents the strength of staff over the whole year, and is the true base line against which the amount of treatment is to be measured. There was a considerable decrease in the number of routine cases completed, but this was somewhat counter-balanced by an increase in the number of emergency cases. This undesirable trend is another reminder of the way that the dental staff is being overwhelmed by the steady increase in school population. We still have fewer dental officers than in 1948 although the number of school children has meanwhile nearly doubled. During this period the number of general dental practitioners in the National Health Service in the Administrative County has shown very little increase, so that the ratio of dentists to overall population has decreased from 1 : 5,322 to 1 : 6,380 in 1961, and this explains why dentists in practice are unable to help in the school service.

This serious state of affairs cannot long continue without a complete breakdown in the school dental service. Interest will, however, shortly be focussed on the scheme being organised under the direction of the Privy Council to train auxiliaries to undertake selective procedures in the School Dental Service. The training being given is of a standard equal to that of the dental surgeon in a limited field, and auxiliaries will carry out treatment under the direction and supervision of a dental surgeon. As only a very small number of the auxiliaries will be available for distribution in the first few years to Local Education and Health Authorities throughout the country, no immediate easing of the situation can be expected, but, if this pilot scheme is successful it should eventually make possible an enlarged School Dental Service which will be able to give complete treatment.

A greater understanding, by parents and children, of the structure and care of the teeth is essential. During the year the following memorandum, prepared by the Principal School Dental Officer and myself, was accepted by the Teachers' Consultative Committee and was circulated to all head teachers :—

"GOOD TEETH IN CHILDHOOD AND THROUGHOUT LIFE.

The length of life and effectiveness of teeth are basically dependent on their construction and the care with which they are shielded from destructive forces. We have more accurate and detailed knowledge now about both the constructive and destructive processes than we had twenty years ago, although, of course, much of this knowledge has been sensed vaguely (and used successfully) by enterprising and health minded persons for years.

The first teeth are laid down in the baby's jaw before birth. These teeth come through between the sixth and thirtieth month of life, after which, second or permanent teeth are laid down. " Permanent " is a pathetically inaccurate description when applied to the majority of the children's teeth, at least 90% of children have a serious amount of caries at the age of twelve—a finding confirmed in the County by our surveys at Nicholas Chamberlaine Comprehensive School and Kineton High School. Defective hereditary influences are very rare indeed, but defective nutrition, lack of essential vitamins and minerals, etc. are generally becoming less common (with the exception of one mineral) owing to more accurate knowledge and its application in the diets of growing children. Unfortunately, the majority of children still lack one of the minerals—fluorine—but it is hoped to remedy this by raising the present very low content in the drinking water supplies of this County to an optimum concentration of one part fluorine to a million parts of water. When this has been done a substantial reduction of dental caries of the order of 60% is expected.

DESTRUCTION OF " PERMANENT " TEETH.

The better the tooth has been built the better it can resist destruction, but even some of the finest teeth can unfortunately be disintegrated. The enamel on the outside of the tooth is extremely hard, but is easily dissolved by weak acids. Processed carbohydrates (as in biscuits)

and refined sugar (as in sweets) stick to the surface of the teeth and are broken down to acids by bacteria in the mouth in about twenty minutes. These acids dissolve the inter prismatic substance which holds together the prisms of dental enamel. Once this hard, protective covering is penetrated, decay spreads rapidly into the softer dentine underneath.

This has been general knowledge for years, but recently the process has been more accurately observed in experimental work carried out at Birmingham University Dental School, and arising out of these studies we realise that the process is very much faster than used to be supposed.

The first indication of this followed dental studies during and after the last war—when it was found that there was much less dental decay during the war (when sweets and biscuits were in short supply) and that dental caries increased after the war as sugar and biscuits became more plentiful. The consumption of refined sugar has risen from 20 lbs. per head per year in 1830 to 95 lbs. per head in 1939 and 110 lbs. per head in 1957 (Hardwick)*. During the second world war, due to rationing, the figure fell to 65 lbs. per head.

What was remarkable was that many children who ate these substances still suffered from increased caries, notwithstanding the fact that they were known to have cleaned their teeth night and morning. This led to a detailed and intensive study. In a large series of children a survey was made; the production of acid on the surface of the teeth and gums can be shown clearly by painting them with a harmless substance which is known to turn red immediately acid is formed. After the teeth had been painted the children were allowed to eat sweets and biscuits if they so wished. In about twenty minutes only, those children who ate these foodstuffs showed a reddening of their teeth and gums.

The relation of sweet and chocolate consumption to dental caries was investigated in Ayrshire in 1959.† The children were classified into four groups. Group one ate less than 4 ozs. of sugar and chocolate a week and averaged 9.3 decayed, missing and filled teeth. (D.M.F. rate). Group two consumed 4-7 ozs. per week and averaged 9.7 D.M.F. teeth; group three consumed 8-16 ozs. per week and averaged 10.6 D.M.F. teeth, and group four consumed over 16 ozs. per week and averaged 11.5 D.M.F. teeth.

The children were again divided into groups according to their standard of oral hygiene. Those with good oral hygiene showed 9.58 D.M.F. teeth, with fair hygiene 10.18 D.M.F. teeth and with neglected oral hygiene 11.47 D.M.F. teeth.

We hope that this outline of the part played by sweets and biscuits in the development of dental caries will be of general interest, and urge that schools and school tuckshops encourage the conservation of good, natural teeth by the sale of apples and other fresh fruit and nuts, in preference to such destructive substances as sweets and biscuits."

* Hardwick J. L. British Dental Journal Vol. 108 No. 1.
† Mansbridge J. N. ,, ,, ,, Vol. 109 No. 9.

12. Poliomyelitis.

No case of poliomyelitis occurred in the County during the year, although outbreaks occurred elsewhere in England and Wales. The number of cases for England and Wales as a whole, showed an increase on the preceding year, a point which emphasises the need for keeping immunity levels at a high rate.

The two-injection vaccination level in children of school-age remained at the 80% level and the majority of these children had also completed their third injection. During the year, fourth re-inforcing injections became available for children aged five years to under twelve years, and these could only be undertaken if twelve months had elapsed from the third injection. This fourth dose was considered advisable in view of the greater risk of infection to which school-children are exposed. A total of 45,242 fourth injections were given, mainly during the first half of the year. Sabin oral vaccine is now being brought into use.

13. Tuberculosis.

(a) **Pulmonary.**

Twelve new cases of pulmonary tuberculosis were notified in children of school-age during the year. Although this was the same number as last year, this represented a slightly lower incidence in view of the increasing child population. Fortunately most of these cases

were again detected in the early stage of the disease, usually being picked up as contacts of adult cases. Although the number of cases of this disease continues to decrease it still remains an important public health problem and persistent anti-tuberculosis measures must be continued.

B.C.G. vaccination for children who had been in contact with a tuberculosis case and who showed a negative skin test, continued to be given during the year, and 185 schoolchildren were vaccinated under this scheme.

In addition, vaccination continued to be offered to children approaching school-leaving age, and of the 6,629 children offered this prophylactic measure, 5,042 acceptances were received (76%). Just over 4,000 children were skin tested during the year, and of these 17 in every 100 showed a positive skin result (denoting that B.C.G. vaccination was not necessary owing to natural immunity having been obtained through previous contact with the disease). Last year the proportion with positive skin tests was higher, being 23 in every 100. As the overall incidence of tuberculosis decreases it is expected that the number of positive skin tests (naturally immune) will also decline.

The latest report on a trial of efficacy in relation to B.C.G. vaccination organised on 60,000 school children by the Medical Research Council, have shown that an 83% protection was still effective after five years.

(b) **Non-Pulmonary.**

Three non-pulmonary tuberculosis cases were newly notified in school children, compared with two last year and eight the year before.

14. **Louse Infestation.** (Table 16).

School nurses carried out 162,129 personal hygiene examinations in the schools during the year, and found 990 children with some degree of head infestation. Three-quarters of the children infested were girls.

Despite continuous intensive efforts on the part of school nurses, the number of such children has remained fairly stationary during the past four years, 1,082 in 1960, 939 in 1959, 1,074 in 1958 and 976 in 1957.

The nucleus of infestation is often found to be in certain anti-social families, and the children from such homes unfortunately provide a continuous pool of infestation in certain schools. Chance infestations are soon remedied, but in the case of these persistent offenders, much work is also required in the home in encouraging older members of the family to keep clean, and although temporary improvement is often made, this is most difficult to maintain.

15. **Health Education in Schools.**

Health education continued in the schools during the year, both informally at periodic medical examinations and personal hygiene examinations, and also by special talks. A wide variety of subjects were covered including mothercraft for senior girls, personal hygiene, care of hair and skin, care of teeth, smoking and lung cancer, and in one area classes on health and hygiene were given to both children and parents.

School medical officers are also continually required to give advice to teachers regarding the management of children with handicaps. The information should be explanatory as well as practical and as just one example of this form of health education which school medical officers can give to teachers I quote an article on "Schoolchildren with Heart Disablement," written by myself together with Dr. J. Beasley, M.B., B.S., Assistant Medical Officer, Warwickshire during the year for the Chest and Heart Bulletin.

"Cardiac disablement in schoolchildren is usually produced either by some failure in the normal development of the heart—a congenital defect—or by damage to the heart valves due to acute rheumatic fever. The incidence of heart disease at birth is nearly four per thousand live births, but only about half these children survive to school age. As modern surgical techniques improve, the number of survivors in all age groups should increase. But it seems unlikely at present that the number born with heart defects will be substantially decreased by preventive measures. Rheumatic heart disease is expected to become less important through slum clearance, new drugs and long-term penicillin treatment to prevent recurrences.

The main development of the heart occurs between the fourth and eighth weeks of the baby's intra-uterine life. Maternal german measles at this time may result in defects in a few

cases. The genetic change in mongolism is frequently associated with certain types of heart defect. Some families seem to be prone to heart abnormalities, often to a particular sort. As yet though, little is known of the cause of the majority of congenital heart defects. Serious defects may result in the baby being stillborn. Some may not affect the child until the circulation is no longer dependent on the mother and has to become self-sufficient. Other defects may be compatible with a relatively normal existence.

The valves in the heart, or the blood vessels connected with the heart, may be defective. There may be holes between the two sides of the heart (sometimes resulting in mixing of the two main streams of blood) or there may be a combination of different errors of development. Three main types of disability may result from these defects. First, the heart pump may become mechanically inefficient, and the circulation may fail. Secondly, there may be a mixing of the used, de-oxygenated blood from the body, with the freshly oxygenated blood from the lungs, so that blood supplied from the heart to the body contains less oxygen. This results in diminished tolerance of exercise, greater susceptibility to infections, and a liability to the formation of clots in the arteries to the brain. Thirdly, the heart defect may set up changes in the lungs, which may then further affect the heart. A severely affected child may remain small in stature.

An attack of rheumatic fever does not necessarily affect the heart, but the illness tends to recur and it is then more likely that the heart will be damaged. Attacks are usually preceded by a streptococcal throat infection. A child who has had rheumatic fever, should receive regular doses of penicillin or sulphonamides to prevent recurrence. This treatment must be continued daily until the child has left school—or even longer, depending on the family doctor's advice.

If the heart is involved, the most important damage is to the valves, though the muscle is also affected. The valves may be narrowed, partially obstructing the blood-flow, or they may be distorted so that they do not fit properly, in which case there is often a flow back or ' regurgitation ' of the blood. These effects may get worse, causing breathlessness and later, swelling of the legs. Often, the heart damage causes little difficulty in childhood, but surgical treatment becomes necessary in adult life.

Congenital heart defects do not usually become worse as the child grows older, but the effect becomes more apparent as the child increases in size. The rheumatic disease process, unfortunately, may be progressive in the heart itself.

Children with heart disease are as intelligent as healthy children. Although lack of oxygen is believed to damage the brain cells when they are dividing and multiplying *before* birth, diminution of the amount of oxygen in the blood *after* birth (caused by heart defects) does not usually produce any impairment of intelligence. Those who have congenital heart disease should be treated in as normal a way as possible and should attend an ordinary school, even if they have to limit their activity. Children who are ' blue,' because of the mixing of the two streams of blood, will limit their own exertion. They must be allowed to rest if they find any activity too much effort. Teachers are remarkably understanding if they are given definite medical advice.

Children with defects which do not make them ' blue ' can usually lead a normal life. Periodic observation by their school doctor is an added insurance. There are very few children who have appreciable heart strain without obvious disability. Occasionally, a child may appear normal, though the heart is strained. This may occur if the valve between the heart and the main artery (the aorta) is seriously narrowed, or if the aorta itself fails to develop properly and so provides an obstruction. In these circumstances a child may be advised not to engage in competitive games, though he may be able to take part in informal games where he can stop immediately he wishes.

Children in senior schools can be relied upon to manage their own activity without supervision, again, providing their teachers are given definite medical advice. Among young children, however, the great pressure to conform, especially in play, makes them feel obliged to over-exert themselves and they should be unobtrusively supervised by their teachers.

Day school is preferable but occasionally it is necessary for a child to go to a residential school. One child, who was seriously disabled, was also mentally retarded through her lack of activity, though she was of normal intelligence. Her parents would not even attend the

hospital out-patients department with her, despite the persuasive efforts of her general practitioner, the paediatrician and a health visitor. Four years later, her parents met a child who had undergone cardiac surgery. This chance meeting made them change their minds and they allowed their daughter to be operated upon. She was then nine years old. She can now walk half a mile and ascend stairs without difficulty. She has been admitted to a special residential school because of the extra educational attention she requires, and because she lives too far away for daily attendance. It is hoped that she will attend an ordinary secondary school later.

Rheumatic heart disease presents a different educational problem because of the recurrent and variable nature of the disease process. Rheumatic fever or St. Vitus dance (chorea) does not always affect the heart. However, if the heart is seriously affected, or if further attacks occur causing frequent interruptions in schooling, it may be desirable for the child to have tuition at home or to spend some time at a special school. When children return to ordinary school after an attack of rheumatic fever involving the heart, it is usual to excuse them games and gym for a time and to avoid competitive games for a further period.

On leaving school, the prospects of employment will naturally depend on the degree of physical incapacity, and on the likely course of the heart condition in future years. Most of these children can do a sedentary job perfectly well. Each child should be most carefully assessed so that advice may be given about suitable types of job and about transport to and from work. The Youth Employment Service can be of great assistance in finding the actual job as they know the local employment situation, and if necessary, can arrange for the child to be placed on the Disabled Persons' Register.

Perhaps the disabled child's most vital problem lies in his personal relationships. Just as children acquire an anatomical body image, so they acquire a concept of their capacity for physical activity—a physiological body image. This is normally only appreciated when things go wrong and the individual cannot do something which he could do before. It is very difficult for a normal adult to realise that a handicapped child in his early years, has no idea that there is anything wrong with him. It is only when he begins to compare himself with other children that he is required to accept a new image of himself.

The child is not isolated in his adjustment. Inseparable from it, is the parents' reaction to the situation. Their attitude may be coloured by an illogical guilt, or by a sense of personal failure. They may react by ' withdrawal,' or by over-compensation. Sometimes they maintain that " there is nothing wrong with my child " (even to the extent of refusing all aid and treatment), or they may not allow the child to do things of which he is fully capable. They may neglect the rest of their family so as to provide for the handicapped member.

The child's teachers also have an important part to play. Their attitude to his abnormality, like his parents' reactions, may be harmful. Lacking sufficient knowledge of his abnormality and fearing that he may become suddenly ill, they may ' wrap the child in cotton wool ' or mistakenly insist on his being treated as completely normal. The child eventually learns that he is *not* normal, and is unlikely to adjust himself to his handicap if he is bulldozed into accepting a false premise. The behaviour of other children is also very important. They are ruthless about any abnormality, unless they receive careful instruction, but when it has been given they easily accept the situation.

The parents' image of childhood is partly conceived from memories of their own normal experience. The teachers' outlook is based on large numbers of normal and apparently normal children. Objective concepts of the abnormal are essential for parents and teachers who are living and working with children who have disabilities. They need these for personal understanding of the child and to enable them to make quick decisions on the child's adaptation to the stress of life."

Several teachers have told me how they wish to have more information on the physical development of children and that articles like the above help towards this end.

16. **Deaths of Schoolchildren.**

Deaths from accidents and malignant disease (including leukaemia) continued to account for a large proportion of deaths in schoolchildren during 1961. Of the thirty deaths which occurred, eleven were due to accidents and seven to malignant disease (including leukaemia).

Four of the accidental deaths were involving motor-vehicles, whilst the other seven were accidents such as drowning, falling from a tree on to spiked railings, blow by a swing, gunshot wounds and accidental coal gas poisoning.

Much more research is required into malignant disease (including leukaemia) and at present this County is co-operating in a Medical Research Council survey in Childhood Malignancies.

NUMBER OF DEATHS.

	1961.		1960.		1959.	
Motor-vehicle accidents	4	11	12	19	7	14
Other accidents	7		7		7	
Malignant Disease	4	7	6	8	3	6
Leukaemia and Aleukaemia	3		2		3	
Bronchitis and Pneumonia	2		4		3	
Homicide	1		—		3	
Congenital Malformations	—		3		2	
Infective and Parasitic Diseases	2		2		1	
Gastro-enteritis	1		—		—	
Nephritis and Nephrosis	—		2		1	
All other causes	6		5		6	
	30		43		36	

17. **Handicapped Pupils.** (Tables 12, 13, 14 and 15).

One or two children in every hundred of our school population are known to be suffering from handicaps of a physical or mental nature which require special consideration for educational purposes. At the end of the year 1,545 such children were on the register, compared with 1,572 last year. Of this total, 52% were in special schools, whilst a further 11% were under investigation or awaiting places (mainly educationally sub-normal children). A large proportion of the remaining children were on trial or able to manage in ordinary schools.

During the year 148 boys and 89 girls were newly ascertained and it will be noted from table 15 that just over half of these children were educationally sub-normal. There are now 841 educationally sub-normal children on the register out of a total of 1,545. It is most desirable that these children be referred at an early age in order that the true number can be ascertained, and that facilities can be made available to help the development of their limited abilities. Of those children referred during 1961 however over 40% were aged ten or over.

Previous surveys of the incidence of eleven to fourteen year old educationally sub-normal children on the register have shown that variations in ascertainment rates exist between areas, and that in general the female rate of ascertainment is far below the male rate. If a fairly even incidence between the sexes does exist, it is equally important for such girls to be referred for ascertainment.

It will be noted from the detailed table, that provision for all other categories remains satisfactory.

Forty-four children were recorded as unsuitable for education under Section 57 of the Education Act during 1961 bringing the total number to 364.

S. W. SAVAGE, M.A., M.D. (Cantab.), D.P.H.,
Principal School Medical Officer.

Shire Hall,
Warwick.

STAFF OF THE SCHOOL HEALTH SERVICE

(At time of going to press).

Principal School Medical Officer ... ... Dr. S. W. SAVAGE.
Deputy Principal School Medical Officer ... Dr. G. H. TAYLOR.

	Medical Officer.	*School Medical Officers.*
*Sutton Coldfield M.B.	Dr. J. R. PRESTON.	Dr. JANET B. TYLER. Dr. J. P. WALL.
*Solihull M.B.	Dr. I. M. MCLACHLAN.	Dr. J. HENDERSON. Dr. ELIZABETH M. THOMPSON.
*Nuneaton M.B.	Dr. G. DISON.	Dr. GWENDOLEN K. G. COOTE. Dr. N. S. TURNBULL.
Atherstone/Bedworth Area.	Dr. E. M. HUGHES.	Dr. A. L. J. CUSACK. Dr. N. J. B. EVANS. Dr. J. E. PEARSON.‡
Eastern Area.	Dr. D. J. JONES.	Dr. C. M. D. EDMONDS.† Dr. A. H. HALSTEAD. Dr. H. M. RICHARDS.
North-Western Area.	Dr. R. S. MCELROY.	Dr. G. C. B. HAWES. Dr. ELEANOR A. THOMPSON. Dr. S. H. BROCK.†
Central Area.	Dr. F. D. M. LIVINGSTONE.	Dr. K. D. YOUNG. Dr. J. BEASLEY‡. Dr. MYRTLE V. RICHARDS. Dr. JACQUELINE R. P. WHITE. Dr. D. SUTCLIFFE WILLIAMS.
Southern Area.	Dr. J. B. BRAMWELL.	Dr. W. D. DOLTON. Dr. A. L. KIRKLAND.

* Borough Councils with delegated powers for health and 'excepted' districts for education.

† Carries out regular routine work in other areas.

‡ At present absent on D.P.H. training course.

Principal School Dental Officer.

Mr. H. J. BASTOW.

School Dental Officers.

Sutton Coldfield M.B.	Mr. N. G. EVANS.
Solihull M.B.	Miss M. M. STOCKER.
Nuneaton M.B.	—
Atherstone/Bedworth Area	—
Eastern Area	Mr. P. VIGANTS.
North-Western Area	Mr. W. DOUGLAS.
Central Area	Mr. R. A. LEWTY.
Southern Area	Mr. S. C. C. JONES.

There are in addition a number of part-time dental officers.

Nursing Staff.

Superintendent Nursing Officer. — Miss V. E. BEESTON.

Deputy Superintendent Nursing Officer. — Miss M. J. HEDGES.

There are 3 Borough Nursing Officers and 5 Area Nursing Officers. School Nursing is carried out by 1 whole-time school nurse, 88 health visitors, and 17 district nurse/midwife/health visitors who combine school nursing with other duties.

Senior Speech Therapist.

Miss M. P. Francis.

Speech Therapists.

Miss R. A. Baker.
Mrs. J. Beckett.
Mrs. R. J. Goodridge.
Mrs. R. W. Jenkins,
Mrs. J. N. P. King-Reynolds,
Mrs. M. P. Manley,
Mrs. K. M. Senior,
Mrs. N. M. Smits,
} Part-time.

Physiotherapists.

Miss B. A. Bailey.
Mrs. B. Kinniard.
Mrs. E. G. Mason.
Mrs. C. M. Williams, Part-time (2 sessions weekly).

Statistical Officer.

Mrs. B. Warren.

TABLE 1. NUMBER OF SCHOOL CHILDREN ON ROLL AT JANUARY EACH YEAR.

Year.	*Nursery.*	*Primary and Secondary.*	*Special.*	*Total.*
1951	352	62,604	187	63,143
1952	361	65,753	508	66,622
1953	359	69,211	547	70,117
1954	365	72,094	592	73,051
1955	348	75,509	602	76,459
1956	353	78,827	615	79,795
1957	362	81,825	750	82,937
1958	367	84,684	780	85,831
1959	352	87,952	801	89,105
1960	346	90,526	811	91,683
1961	345	93,492	828	94,665

TABLE 2. NUMBER OF SCHOOLS AND NUMBER OF SCHOOL CHILDREN ON ROLL AT JANUARY, 1961.

	Nursery Schools.		*Primary.*		*Secondary.*		*Total Schools.*	*Total Children.*
	Schools.	*Children.*	*Schools.*	*Children.*	*Schools.*	*Children.*		
Sutton Coldfield M.B.	—	—	18	6,043	8	4,340	26	10,383
Solihull M.B.	—	—	31	7,666	10	5,493	41	13,159
Nuneaton M.B.	2	80	25	5,502	8	4,072	35	9,654
Atherstone/Bedworth Area	3	136	34	6,783	7	4,762	44	11,681
Eastern Area	—	—	45	6,895	14	4,783	59	11,678
North-Western Area	—	—	47	7,601	10	3,610	57	11,211
Central Area	3	129	69	10,327	12	5,964	84	16,420
Southern Area	—	—	63	5,729	10	3,922	73	9,651
Total	8	345	332	56,546	79	36,946	419	93,837

TABLE 3. NUMBER OF INDIVIDUAL CHILDREN FOUND TO REQUIRE TREATMENT (excluding Special Schools) **AT PERIODIC MEDICAL EXAMINATIONS.**

Age Group.	*Number Examined.*	*Number Children found to require treatment.*		
		For Defective Vision (Exc. Squint)	*Other * Conditions.*	*Total.*
Entrants	8,752	150	375	494
Second Age Group	5,958	267	151	401
Third Age Group	6,784	334	141	460
8 Year Vision	6,276	247	4	250
Vision—Other Ages	238	7	—	7
TOTAL	28,008	1,005	671	1,612

* Does not include dental diseases and infestations with vermin.

TABLE 4. TYPE OF DEFECT FOUND AT SCHOOL MEDICAL EXAMINATIONS. (excluding Special Schools).

Defect.	*Periodic Medical Examinations. Number* 28,008.		*Special Medical Examinations. Number* 4,490.	
	Defects requiring treatment.	*Defects requiring observation.*	*Defects requiring treatment.*	*Defects requiring observation.*
Eyes	941	3,161	201	594
Orthopaedic	155	1,815	24	313
Nose and Throat	145	2,061	23	342
Skin	48	495	30	82
Ears	37	675	8	133
Lungs	26	578	—	115
Speech	40	227	12	45
Developmental	70	452	14	95
Lymphatic Glands	19	383	3	89
Psychological	13	590	17	115
Nervous System	10	152	7	38
Heart	14	278	3	40
Abdomen	6	197	1	49
Other	21	350	9	104
TOTALS	1,545	11,414	352	2,154

TABLE 5.

OPHTHALMIC SERVICES.

OPHTHALMIC PART-TIME STAFF AND ATTENDANCES AT EYE CLINICS.

	OPHTHALMIC PART-TIME STAFF	*No. of Sessions.*		*CLINIC.*	*WHEN HELD.*	*No. of individual children seen during 1961.*		*Total Attendances made by these children.*	*No. Prescribed Spectacles in 1961.*		*No. Referred for Orthoptic Treatment.*	*Total Cases on Register 31/12/61.*
		1961	1960			*New Cases.*	*Other.*		*New Cases.*	*Other.*		
Sutton Coldfield M.B.	Dr. E. J. McCabe ... Dr. C. Longmore ...	34 40	45 42	9, Holland Street, Sutton Coldfield	Tuesday p.m. ... ... Wednesday a.m.	131	276	490	77	165	—	625
Solihull M.B.	Dr. H. Riley ...	69	68	Drury Lane Clinic, Solihull ...	Monday a.m., Friday a.m. (as requested)	144	421	783	48	131	7	542
				Halifax Road Clinic, Shirley ...	Monday a.m., Friday a.m. (as requested)	119	243	441	39	67	3	345
					Total	263	664	1,224	87	198	10	887
Nuneaton M.B.	Dr. C. E. Clark ...	59	143	Riversley Park Clinic, Nuneaton	Thursday a.m. ... ... Saturday a.m.	163	474	647	89	263	31	681
Atherstone/ Bedworth Area.	Dr. C. E. Clark ...	52		Health Clinic, Atherstone... ...	Friday p.m. (monthly)	29	122	155	15	64	4	153
				Health Clinic, Bedworth	Monday a.m.	86	264	365	50	140	17	338
				Nurses Home, Polesworth ...	Friday p.m. (monthly)	16	74	90	9	31	2	83
					Total	131	460	610	74	235	23	574
Eastern Area.	Mr. T. J. P. Kerwick Dr. H. Riley ...	91 22	91 22	First Aid Post, Rugby	Wednesday a.m. ... ... Wednesday p.m. (1st & 3rd in month) Friday a.m.	213	765	978	150	227	30	1,182
North-Western Area.	Dr. H. Riley ... Dr. C. Longmore ...	73 42	142	Miners Welfare Hall, Arley ...	Tuesday a.m. (monthly)	12	27	44	4	5	—	47
				Health Area Office, Coleshill ...	Tuesday a.m., Wednesday p.m. (monthly)	150	244	426	35	68	—	418
				Village Hall, Meriden	Wednesday a.m. (monthly)	16	38	61	—	8	—	50
				Parish Hall, Wilnecote	Tuesday p.m.	82	205	305	53	139	—	265
					Total	260	514	836	92	220	—	780
Central Area.	Mr. E. L. Howell-Jones Mr. M. W. Smith ...	19 115	20 126	4, Holly Walk, Leamington Spa	Monday a.m. (1st, 2nd, 3rd in month) Tuesday p.m. (2nd & 4th in month) Wednesday a.m. (1st & 3rd in month)	267	533	820	190	272	86	958
				First Aid Post, Warwick ...	Wednesday a.m.	87	177	267	61	86	23	286
				Health Clinic, Kenilworth ...	Monday a.m. (4th in month) ...	24	62	87	11	25	9	137
					Total	378	772	1,174	262	383	118	1,381
Southern Area.	Mr. E. L. Howell-Jones Mr. M. W. Smith ...	19 44	18 44	Health Clinic, Stratford-on-Avon Hospital, Stratford-on-Avon ...	Friday a.m. ... ... Saturday (1st & 3rd in month) ...	162	423	585	119	208	70	677
		679			Grand Total	1,701	4,348	6,544	950	1,899	282	6,787
			761		1960 Total	1,909	4,789	7,577	1,056	2,215	267	7,189

TABLE 6.

ORTHOPTIC TREATMENT IN THE CENTRAL AND SOUTHERN AREAS.

	Number of children seen during 1961.	*Total Attendances made by these children.*	*Degree of Cure on Discharge.*		*No. Ceasing to attend or Unsuitable.*	*No. still on treatment 31st Dec.,* 1961.
			Full Binocular Vision	*Partial Binocular Vision or Cosmetic Improvement.*		
Cases carried over from 1960 ...	146	952	51	30	15	70
Cases Referred in 1961	202	639	21	10	40	126
TOTAL ...	348	1,591	72	40	55	196

ORTHOPAEDIC SERVICE.

AFTER CARE CLINICS.

	Clinic.	*When held.*	*Physiotherapists.*
SUTTON COLDFIELD M.B.	49, Holland Street.	Tuesday p.m. Thursday p.m.	Mrs. C. M. WILLIAMS.
SOLIHULL M.B.	Red Cross House, Blossomfield Road.	Tuesday p.m. Thursday a.m.	Miss B. A. BAILEY.
NUNEATON M.B. ...	Riversley Park Clinic.	Monday a.m. Tuesday p.m. Friday p.m.	Sisters from Coleshill Orthopaedic Hospital.
ATHERSTONE/BEDWORTH AREA.	Atherstone Health Clinic.	Tuesday p.m.	Sisters from Coleshill Orthopaedic Hospital.
CENTRAL AREA. ...	Kenilworth Health Clinic. 4, Holly Walk, Leamington Spa. Southam Child Welfare Clinic. Warwick Hospital.	Monday p.m. Tuesday a.m. Wednesday a.m. (1st & 3rd) Friday a.m.	Mrs. E. G. MASON. Mrs. E. G. MASON. Mrs. E. G. MASON. Mrs. E. G. MASON.
SOUTHERN AREA.	Stratford Health Clinic.	Thursday a.m.	Sisters from Coleshill Orthopaedic Hospital.

ORTHOPAEDIC SERVICE.

HOSPITAL CLINICS.

	Address of Clinic.	*When held.*	*Surgeon.*	*Physiotherapists.*
Sutton Coldfield M.B.	Sutton Coldfield Hospital.	Monday, p.m.	Mr. J. F. Shepherd.	R.H.B.
Solihull M.B.	Solihull Hospital. Red Cross House, Blossomfield Road, Solihull. Tudor Grange School Clinic.	Wednesday, p.m. Thursday, a.m. (monthly) Friday, p.m. (alt. months)	Mr. W. H. Scrase.	R.H.B. Miss B. A. Bailey.
Nuneaton M.B.	Riversley Park Clinic, Nuneaton. Manor Hospital, Nuneaton.	Friday, p.m. (last in month). Tuesday and Thursday, p.m.	Mr. J. H. Penrose. Mr. T. Sergeant.	Sisters from Coleshill Orthopaedic Hospital. R.H.B.
Atherstone/ Bedworth Area.	Exhall Grange School Clinic.	By arrangement.	Mr. J. H. Penrose.	Mrs. B. Kinnaird.
Eastern Area.	Hospital of St. Cross, Rugby.	Monday, a.m.	Mr. Rowan Mitchell.	R.H.B.
North-Western Area.	Orthopaedic Hospital, Coleshill. College Lane School Rooms, Tamworth.	Monday (once every 3 months). Tuesday, a.m. (last in month).	Mr. F. G. Allan. Mr. A. Innes.	Sisters from Coleshill Orthopaedic Hospital. " " "
Central Area.	Health Clinic, Crown Way, Lillington, Leamington Spa.	Monday, a.m. (except 5th Monday in month).	Mr. E. J. Gallagher.	Mrs. E. G. Mason.
Southern Area.	The Hospital, Stratford-upon-Avon.	Thursday, a.m. (1st and 3rd in month). Friday, a.m. (2nd and 4th in month).	Mr. F. G. Allan. Mr. E. J. Gallagher.	Sisters from Coleshill Orthopaedic Hospital.
Birmingham.	Royal Orthopaedic Hospital, 80, Broad Street, Birmingham.	Daily.	Various.	R.H.B.
Coventry.	55, Holyhead Road, Coventry.	Monday, p.m. Thursday, p.m.	Mr. J. H. Penrose. Mr. A. J. Watson.	R.H.B.
Redditch.	Smallwood Hospital, Redditch.	Monday, p.m. (2nd in month).	Mr. W. H. Scrase.	R.H.B.

All surgeons are employed by the Regional Hospital Board.

SPEECH THERAPY.

CLINICS.

	Clinic.	*Address.*	*When held.*
Sutton Coldfield M.B.	Boldmere	Health Clinic	Tuesday 9-30 a.m.—12 noon.
	Sutton Coldfield	49, Holland Street	Wednesday 9 a.m.—12 noon.
	Falcon Lodge	Health Clinic	Monday 9 a.m.—12 noon.
			1-30 p.m.—4-30 p.m.
	Mere Green	Health Clinic	Friday 9 a.m.—12 noon.
Solihull M.B.	Olton	Chapel Fields Infant School	Wednesday 1-30 p.m.—4-30 p.m.
	Shirley	Health Clinic, Halifax Road	Thursday 9-30 a.m.—12-30 p.m.
	Solihull	Health Clinic, Drury Lane	Thursday 1-30 p.m.—4-30 p.m.
			Friday 9-30 a.m.—12-30 p.m.
			1-45 p.m.—5-15 p.m.
	Packwood	Special School	Thursday 9-30 a.m.—12 noon.
	Tudor Grange	Special School	Monday 9-30 a.m.—12 noon.
			1-30 p.m.—4 p.m.
			Wednesday 9-30 a.m.—12 noon.
Nuneaton M.B.	Nuneaton	Riversley Park Clinic	Wednesday 9-30 a.m.—12-30 p.m.
			1-30 p.m.—4-30 p.m.
		Red Deeps Special School	Tuesday 9-30 a.m.—12-30 p.m.
Atherstone & Bedworth Area	Atherstone	Health Clinic	Thursday 1-30 p.m.—4-30 p.m.
	Bedworth	Health Clinic	Wednesday 9-30 a.m.—12-30 p.m.
			1-30 p.m.—4-30 p.m.
		Wheelwright Lane J. School	Monday 1-30 p.m.—4-30 p.m.
		Keresley Newlands School	Monday 9-30 a.m.—12-30 p.m.
		Exhall Grange Special School	Tuesday 9-45 a.m.—12-45 p.m.
			1-45 p.m.—4-45 p.m.
			Wednesday 9-45 a.m.—12-45 p.m.
			1-45 p.m.—4-45 p.m.
			Friday 9-45 a.m.—12-45 p.m.
Eastern Area	Rugby	F.A.P., Temple Street	Tuesday 9-30 a.m.—12 noon.
			Friday 9-30 a.m.—12-30 p.m.
			1-45 p.m.—4-45 p.m.
		Tyntesfield Special School	Thursday 9-30 a.m.—12-30 p.m.
North-Western Area	Coleshill	Health Clinic	Friday 9 a.m.—12 noon.
			1-30 p.m.—4-30 p.m.
	Castle Bromwich	Hurst Lane Health Clinic	Monday 1-30 p.m.—4-30 p.m.
	Kingshurst	Church Hall	Monday 9-30 a.m.—12-30 p.m.
			Tuesday 1-30 p.m.—4-30 p.m.
	Hurley/Glascote	Schools	Tuesday 1-30 p.m.—4-30 p.m.
	Wilnecote	Schools	Thursday 9-30 a.m.—12 noon.
			1-30 p.m.—4-30 p.m.
Central Area	Leamington Spa	4, Holly Walk	Monday 9-30 a.m.—12-30 p.m.
			1-30 p.m.—4-30 p.m.
			Wednesday 9-30 a.m.—12-30 p.m.
			1-30 p.m.—4-30 p.m.
	Lillington	Health Clinic	Monday 9-30 a.m.—12-30 p.m.
			1-30 p.m.—4-30 p.m.
	Kenilworth	Health Clinic	Wednesday 9-30 a.m.—12-30 p.m.
	Warwick	Health Clinic	Friday 9 a.m.—12 noon.
			1-30 p.m.—4-30 p.m.
	Long Itchington	Schools	Friday 1-30 p.m.—4-30 p.m.
	Southam	Schools	Friday 9-30 a.m.—12-30 p.m.
Southern Area	Stratford-on-Avon	Health Clinic	Monday 9-30 a.m.—12-30 p.m.
			1-30 p.m.—4-30 p.m.
			Tuesday 1-30 p.m.—4-30 p.m.
			Thursday 9-30 a.m.—12-30 p.m.
	Alcester	Schools	Thursday 1-30 p.m.—4-30 p.m.
	Bidford-on-Avon	Schools	Friday 9-30 a.m.—12-30 p.m.
	Studley	C. Infants' School	Tuesday 9-30 a.m.—12-30 p.m.
	Salford Priors	School	Friday 1-30 p.m.—4-30 p.m.

TABLE 7. NUMBER OF CHILDREN ATTENDING SPEECH THERAPY CLINICS.

	Sutton Coldfield M.B.	*Solihull M.B.*	*Nuneaton M.B.*	*Atherstone/ B'worth Area.*	*Eastern Area.*	*North-Western Area.*	*Central Area.*	*Southern Area.*	*Special Schools.*	*1961 Totals.*	*1960 Totals.*
No. of sessions ...	61	136	43	143	86	100	280	217	415	1,481	1,593
Number of children attending at 1st January, 1961 ...	49	41	16	45	20	62	65	97	68	463	425
Number of first attendances in 1961 ...	12	50	16	64	36	50	128	56	35	447	385
Number of children recalled during 1961 after having been stood down in a previous year ...	3	13	10	8	1	4	42	22	8	111	209
Total number of children treated during 1961 ...	64	104	42	117	57	116	235	175	111	1,021	1,019
Total attendances ...	356	829	315	1,126	397	905	1,591	1,277	2,358	9,154	11,198
Number discharged in 1961 :—											
(a) Treatment completed ...	4	22	8	12	5	38	33	57	18	197	215
(b) Ceased attending	5	2	1	6	—	5	31	21	8	79	92
Number placed under review	11	20	20	24	5	16	58	39	12	205	213

TABLE 8. **CHILD GUIDANCE.**

Number of Children attending Clinics.

Source of Referral.	1961		
	New Cases.	*Old Cases.*	*Total.*
Local Authority Clinics	85	270	355
Hospital Clinics	60	290	350
Others	80	130	210
Total	225	690	915

TABLE 9. **SCHOOL DENTAL SERVICE.**

STAFF AND CLINICS.

At 31st December, 1961.

	Clinics.		*Dental Officers.*		*Available sessions per week.*
	Fixed.	*Mobile.*	*Whole-time.*	*Part-time.*	
Sutton Coldfield M.B. ...	4	—	1	3	18
Solihull M.B.	2	1	1	6	29
Nuneaton M.B.	2	—	—	2	7
Atherstone/Bedworth Area	3	1	—	1	8†
Eastern Area	2*	1	1	3	21
North Western Area ...	1	1	1	2	16
Central Area	3	2	1	3	16
Southern Area	1	1	2‡	1	27
TOTAL ...	18	7	7	21	142

† Includes 4 sessions by Principal School Dental Officer at Atherstone & Bedworth Area.

* In same building.

‡ One whole-time Officer temporarily transferred to Central Area.

TABLE 10. **SCHOOL DENTAL SERVICE.**

	Total Sessions.		Routine Cases.				Emergency cases for which treatment was completed.	Total attendances made for treatment.
	Inspection.	*Treatment.*	*Inspected.*	*Found to require treatment.*	*Referred for treatment.*	*Cases for which treatment completed.*		
Sutton Coldfield M.B.	13	686	871	649	458	359	1,136	3,611
Solihull M.B. ...	19	1,029	2,630	1,733	1,622	609	1,262	5,989
Nuneaton M.B.	—	235	—	—	—	—	705	1,739
Atherstone/ Bedworth Area ...	19	387	1,798	1,245	1,019	495	596	2,755
Eastern Area ...	15	847	1,102	970	790	435	1,108	4,618
North-Western Area	24	567	1,654	1,369	1,024	606	336	2,520
Central Area ...	63	965	4,392	2,717	2,358	742	681	5,023
Southern Area ...	62	611	3,913	2,250	1,724	902	186	2,350
County Total 1961	215	5,327	16,360	10,933	8,995	4,148	6,010	28,605
County Total 1960	204	5,488	16,213	11,584	10,081	5,250	5,492	30,394

TABLE 11. **DENTAL TREATMENT GIVEN.**

Type.	*Routine cases.*		*Emergency cases.*	
	Number.	*No. per 100 cases for which treatment was completed.*	*Number.*	*No. per 100 cases for which treatment was completed.*
Permanent teeth.				
Extractions	1,470	35	3,604	60
Fillings	7,733	186	9,945	165
Other operations	1,855	45	4,446	74
Total	11,058	266	17,995	299
Temporary Teeth.				
Extractions	2,572	62	6,416	107
Fillings	2,364	57	2,698	45
Other operations	1,221	29	1,414	23
Total	6,157	148	10,518	175
Appliances.				
Dentures	15	0.4	105	1.7
Orthodontics	145	3.7	—	—
General Anaesthetics	1,100	27	3,925	65

TABLE 12. **HANDICAPPED PUPILS, 1961.**

	Year of Ascertainment.				Total.	Disposal.																	
						Recommended Special School.										Recommended special class in ordinary school.		Home Tuition.		Under Review.			
	Before 1961		During 1961			In Special School, 31/12/61.				Total.	Parents refuse Consent.		On waiting list for particular school.		Under Investigation or on general waiting list.						On trial or able to manage in ordinary school.		At home or in hospital, or private school.	
						Warwickshire.		Non-Warwickshire.																	
	M	F	M	F		M	F	M	F		M	F	M	F	M	F	M	F	M	F	M	F	M	F
A. Blind	8	4	—	1	13	—	—	7	4	11	—	—	—	1	1	—	—	—	—	—	—	—	—
B. Partially Sighted ...	46	14	5	3	68	22	7	9	6	44	—	—	5	2	4	1	—	—	—	—	10	1	1	—
C. Deaf	19	14	—	—	33	—	—	19	13	32	—	—	—	—	—	—	—	—	—	1	—	—	—	—
D. Partially Deaf ...	36	25	6	5	72	—	—	23	16	39	—	—	2	2	3	1	—	—	—	—	14	11	—	—
E. Educationally Sub-Normal	462	254	77	48	841	211	149	127	41	528	38	13	44	21	39	21	43	21	4	2	31	32	2	2
F. Epileptic	18	14	2	4	38	1	—	5	5	11	—	—	—	—	—	—	—	—	—	—	12	12	2	1
G. Maladjusted	33	6	7	6	52	26	—	—	4	30	—	—	—	—	3	3	—	—	—	—	9	5	2	—
H. Physically Handicapped	113	115	35	19	282	27	17	26	22	92	3	2	4	1	4	4	—	—	13	6	65	72	6	10
I. Speech Defects ...	1	1	—	—	2	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
J. Delicate	70	55	16	3	144	2	—	14	6	22	2	1	—	1	2	1	—	—	—	—	66	49	—	—
Totals	806	502	148	89	1,545	289	173	231	117	810	43	16	55	28	56	31	43	21	17	9	207	183	13	13

TABLE 13. **NUMBER OF HANDICAPPED PUPILS IN EACH AREA**

at 31st December, 1961.

	Sutton Coldfield M.B.		*Solihull M.B.*		*Nuneaton Area.*		*Atherstone/ Bedworth Area.*		*Eastern Area.*		*North-Western Area.*		*Central Area.*		*Southern Area.*		*Total 1961.*		*Total 1960.*	*Total 1959.*
Number of school children (excluding nursery school children).	10,383		13,159		9,654		11,681		11,678		11,211		16,420		9,651		93,837		90,872	87,952
CATEGORY.	1961	*Total*	1961	*Total*	1961	*Total*	1961	*Total*	1961	*Total*	1961	*Total*	1961	*Total*	1961	*Total*	1961	*Total*	*Total*	*Total*
Blind	—	1	—	3	—	—	—	2	—	2	—	—	—	2	1	3	1	13	13	12
Partially Sighted	—	2	—	5	1	2	—	15	2	11	—	4	2	16	3	13	8	68	67	59
Deaf	—	5	—	6	—	5	—	2	—	1	—	4	—	7	—	3	—	33	37	44
Partially Deaf	—	4	2	9	1	12	5	14	—	5	3	14	—	10	—	4	11	72	69	53
Educationally Sub-normal	5	41	3	45	15	157	13	140	35	108	19	108	24	168	11	74	125	841	847	852
Epileptic	—	1	—	5	2	8	2	11	—	1	2	8	—	2	—	2	6	38	39	34
Maladjusted	1	5	2	12	1	5	1	1	1	7	2	5	4	11	1	6	13	52	62	81
Physically Handicapped ...	8	32	6	28	9	32	12	55	1	20	5	29	10	70	3	16	54	282	276	281
Speech	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	2	2
Delicate	2	16	1	10	7	36	7	33	—	9	2	23	—	11	—	6	19	144	160	148
TOTAL	16	108	14	123	36	257	40	273	39	164	33	195	40	297	19	128	237	1,545	1,572	1,566
Recorded as unsuitable for education under Section 57 of the Education Act	9	32	6	40	7	47	3	36	5	39	6	51	6	77	2	42	44	364	356	309

TABLE 14. **WARWICKSHIRE SPECIAL SCHOOLS.**

School.	*Type.*	*Residential Accommodation.*	*Age Range.*	*On roll Christmas Term, 1961.*		
				Warwickshire children.		*Children from other Authorities.*
				Day	*Res.*	*Res.*
Tudor Grange	Physically handicapped Mixed	40	5—11	10	18	19
Exhall Grange	(a) Physically Handicapped Mixed ...	300	(a) Seniors	—	16	28
	(b) Partially Sighted Mixed		(b) All ages	—	26	229
River House	Maladjusted Boys ...	45	8—16	1	26	16
Nuneaton, Red Deeps	Educationally Subnormal Mixed Day ...	—	8—16	185	—	—
Packwood	Educationally Subnormal Boys	60	10—16	—	59	1
Tyntesfield	Educationally Subnormal Girls Res. and Day	40	9—16	16	37	1
Warwick Priory	Educationally Subnormal Mixed Day ...	—	9—16	83	—	—
	TOTAL	485	—	295	182	294

TABLE 15. **ANALYSIS OF PHYSICALLY HANDICAPPED CHILDREN IN TUDOR GRANGE AND EXHALL GRANGE SPECIAL SCHOOLS**

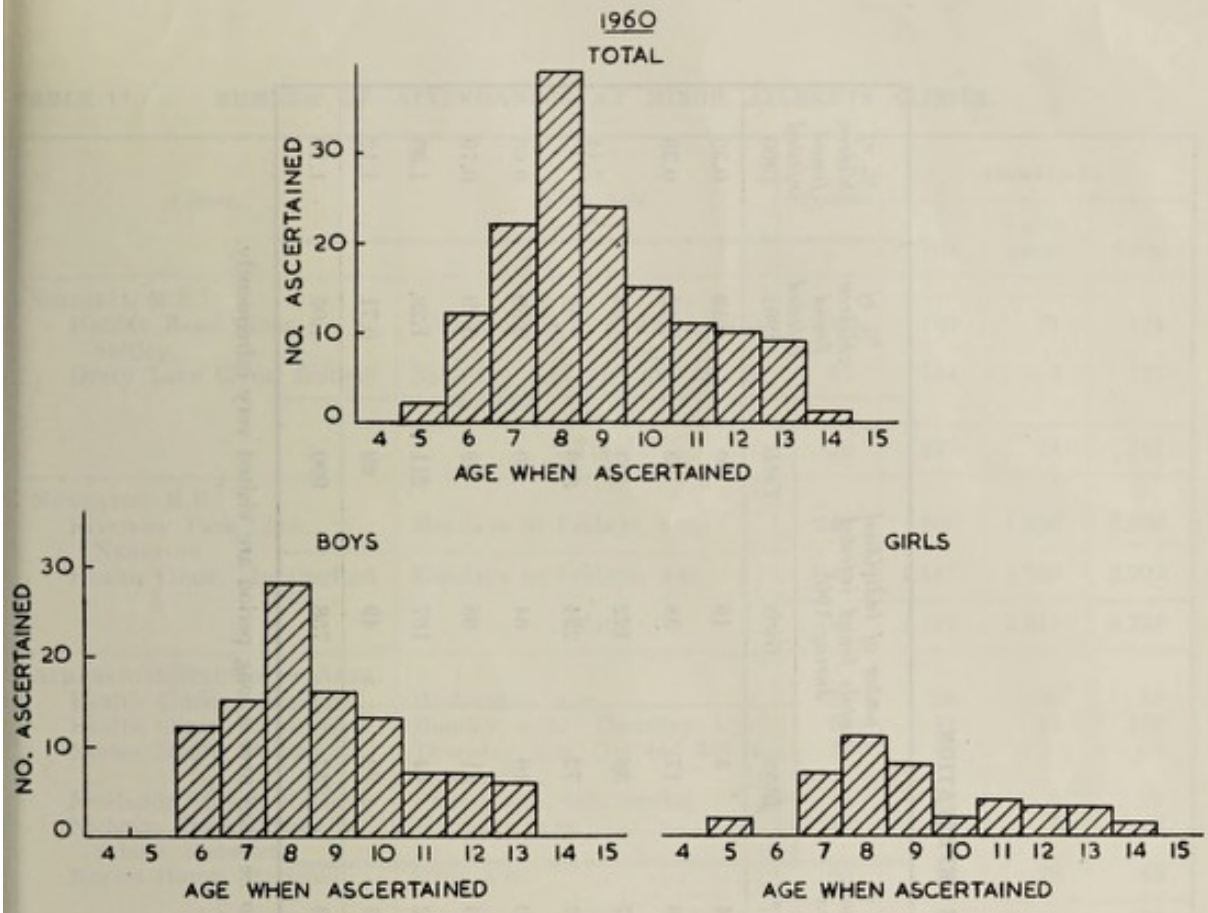
(These figures include Children from other Authorities).

Christmas Term 1961.

(1960 figures in brackets).

	Tudor Grange.			*Exhall Grange.*		
	M	F	*Total.*	M	F	*Total.*
Bronchiectatic conditions and asthma	3 (2)	1 (—)	4 (2)	— (1)	— (—)	— (1)
Heart conditions	— (2)	2 (2)	2 (4)	— (—)	— (—)	— (—)
Post Poliomyelitis	1 (3)	2 (1)	3 (4)	4 (5)	4 (4)	8 (9)
Spastic and similar conditions ...	26 (25)	8 (10)	34 (35)	20 (16)	11 (8)	31 (24)
Tuberculous joints and bone infections	— (—)	— (—)	— (—)	1 (1)	— (1)	— (2)
Other conditions	4 (4)	— (1)	4 (5)	5 (6)	— (2)	5 (8)
TOTALS ...	34 (36)	13 (14)	47 (50)	29 (39)	15 (15)	44 (44)

AGE DISTRIBUTION OF EDUCATIONALLY SUB NORMAL CHILDREN ASCERTAINED IN 1960 & 1961.



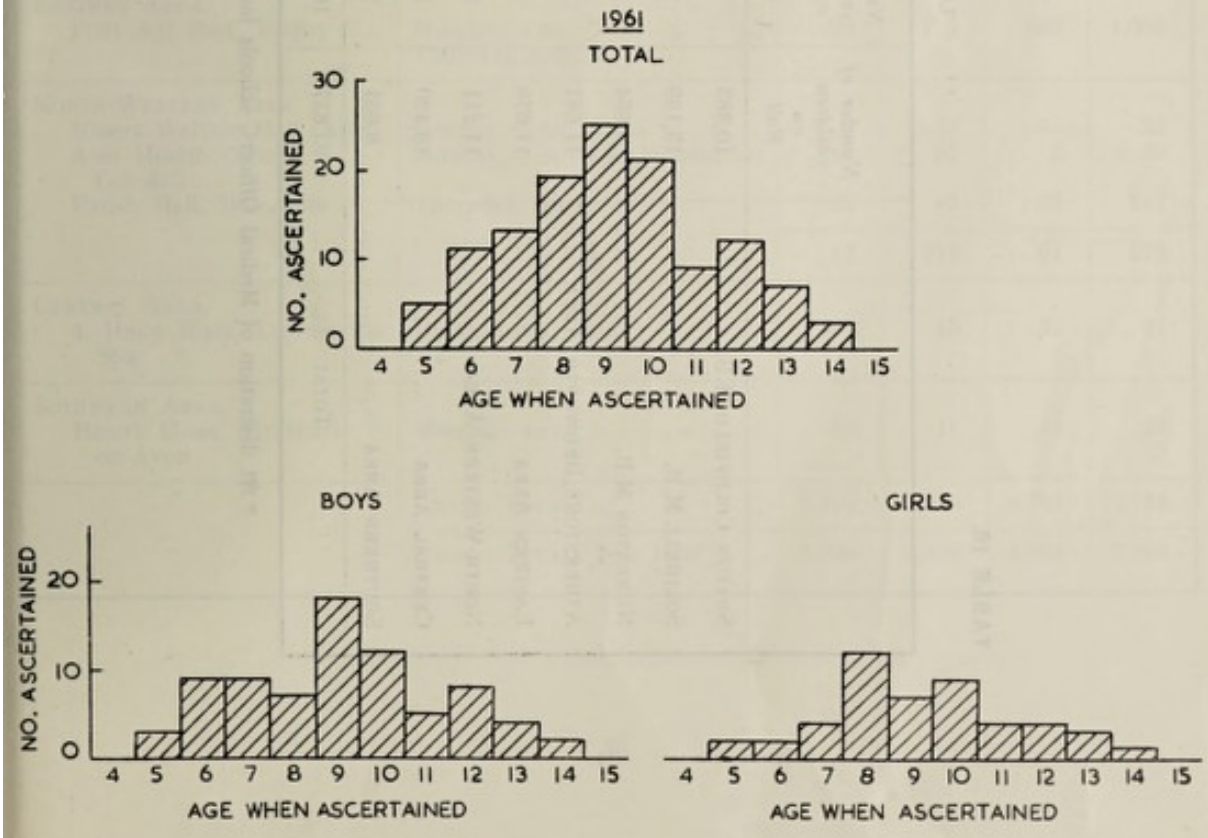


TABLE 16.

LOUSE INFESTATION.

	Number of children on Roll	*Number of individual examinations made* *	*Number of individual pupils found infested during* 1961			*% of children found infested* 1961	*% of children found infested* 1960
			Boys	*Girls*	*Total*		
Sutton Coldfield M.B.	10,383	2,724	4	16	20	0.19	0.39
Solihull M.B.	13,159	22,648	17	38	55	0.42	0.39
Nuneaton M.B.	9,654	16,997	38	122	160	1.66	2.44
Atherstone/Bedworth Area ...	11,681	18,942	72	234	306	2.62	
Eastern Area	11,678	17,650	16	64	80	0.69	0.66
North-Western Area	11,211	25,203	21	68	89	0.79	0.79
Central Area	16,420	34,922	44	167	211	1.28	1.35
Southern Area	9,651	23,043	20	49	69	0.71	1.12
Total	93,837	162,129	232	758	990	1.05	1.19

* At discretion of Medical Officers, schools found to be clean over a long period are visited very infrequently.

TABLE 17. NUMBER OF ATTENDANCES AT MINOR AILMENTS CLINICS.

Clinic.	*When held.*	*Sessions.*	*Attendances.*		
			First.	*Subsequent.*	*Total.*
SOLIHULL M.B.					
Halifax Road Clinic, Shirley ...	Wednesday, a.m. (3rd in month)	12	103	21	124
Drury Lane Clinic, Solihull	Saturday, a.m. (1st and 3rd in month)	17	134	3	137
	Total	29	237	24	261
NUNEATON M.B.					
Riversley Park Clinic, Nuneaton	Mondays to Fridays, a.m. ...	241	980	1,856	2,836
Health Clinic, Stockingford	Mondays to Fridays, a.m. ...	246	1,147	1,755	2,902
	Total	487	2,127	3,611	5,738
ATHERSTONE/BEDWORTH AREA.					
Health Clinic, Atherstone...	Wednesday, a.m.	21	28	50	78
Health Clinic, Bedworth ...	Monday, a.m. Thursday, a.m.	61	54	48	102
Nurses House, Polesworth	Thursday, a.m. (1st and 3rd in month)	12	—	—	—
Newlands School, Keresley	Friday, a.m. (alt. weeks) ...	15	14	6	20
Nicholas Chamberlaine School, Bedworth	Thursday, a.m.	10	18	7	25
Nurses House, Hartshill ...	Daily a.m.	65	22	26	48
	Total	184	136	137	273
EASTERN AREA.					
First Aid Post, Rugby ...	Monday, a.m. Thursday p.m.	99	173	893	1,066
NORTH-WESTERN AREA.					
Miners Welfare Hall, Arley	Monday, a.m.	9	32	—	32
Area Health Office, Coleshill	Monday, a.m. (2nd in month)	11	93	2	95
Parish Hall, Wilnecote ...	Thursday, a.m.	22	92	59	151
	Total	42	217	61	278
CENTRAL AREA.					
4, Holly Walk, Leamington Spa	Daily, a.m.	304	45	52	97
SOUTHERN AREA.					
Health Clinic, Stratford-on-Avon	Monday, a.m.	48	11	14	25
	GRAND TOTALS	1,193	2,946	4,792	7,738
	GRAND TOTALS FOR 1960 ...	1,099	2,899	4,984	7,883

TABLE 18. MINOR AILMENTS CLINICS.

Type of Defect.	*First Attendances.*	*Subsequent Attendances.*	*Total 1961.*	*Total 1960.*
Skin.				
Ringworm—Scalp	1	1	2	2
Body	7	12	19	9
Scabies	9	8	17	42
Impetigo	66	128	194	281
Other Skin Diseases	873	2,798	3,671	3,360
Total	956	2,947	3,903	3,694
Eye.				
Blepharitis	18	25	43	65
Conjunctivitis	55	95	150	247
Other Minor Eye Conditions ...	132	129	261	320
Total	205	249	454	632
Ear.				
Miscellaneous Minor Ear Conditions	88	124	212	126
Nose and Throat.				
Miscellaneous Minor Nose and Throat Conditions	148	107	255	229
Other Minor Ailments	1,549	1,365	2,914	3,202
TOTAL ...	2,946	4,792	7,738	7,883

TABLE 19. SCABIES—NUMBER OF ATTENDANCES AT TREATMENT CENTRES.

The demand for treatment is now small and these centres are only open on request.

TREATMENT CENTRE.	FIRST ATTENDANCE.			*Subsequent Attendances.*	*Total Treatments.*
	Adults.	*School Children.*	*Pre-school children.*		
BEDWORTH	4	10	4	28	46
TOTALS ...	4	10	4	28	46
Totals for 1960	1	3	3	7	14
Totals for 1959	—	—	—	—	—

TABLE 20. CHILDREN AND YOUNG PERSONS ACT, 1933.

NO. OF CHILDREN EXAMINED UNDER EMPLOYMENT OF CHILDREN BYELAWS.

	Number of Children examined.	*Number granted certificates.*	*Number refused certificates.*
Sutton Coldfield M.B. ...	168	167	1
Solihull M.B.	284	284	—
Nuneaton M.B.	156	156	—
Atherstone/Bedworth Area	190	190	—
Eastern Area	129	129	—
North-Western Area ...	139	139	—
Central Area	429	425	4
Southern Area	186	186	—
Total 1961 ...	1,681	1,676	5
Total 1960 ...	1,310	1,308	2
Total 1959 ...	1,261	1,260	1
Total 1958 ...	1,090	1,085	5
Total 1957 ...	1,250	1,249	1

SCHOOL MEALS SERVICE.

Information provided by the Education Department.

The average number of meals provided daily in the schools in 1961 was 52,889. Comparison with previous years is given below :—

Year.	*Average no. of meals provided daily in schools.*
1952	29,386
1953	28,138
1954	30,543
1955	34,347
1956	35,852
1957	35,793
1958	41,361
1959	44,399
1960	49,012
1961	52,889

The figure for 1961 represents approximately 57.83% of the children in attendance.

An average daily number of 73,424 children received milk in schools ; this represents 79.86% of the children in attendance.