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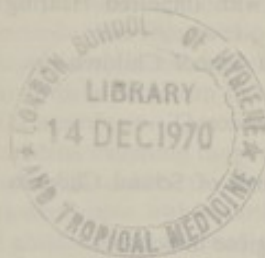


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WARWICKSHIRE COUNTY COUNCIL.

Education Committee.



ANNUAL REPORT

OF THE

Principal School Medical Officer,

FOR THE YEAR

1968.

August, 1969.

Annual Report of the Principal School Medical Officer, 1968.

CONTENTS.

	PAGE
Principal School Medical Officer's Letter	1
Child Guidance	4, 18
Children with Impaired Hearing	3
Deaths of School Children	19
Dental Service	2, 14, 15
Employment of School Children	13
Food Hygiene in Schools	3
Handicapped Pupils Register	16, 17
Meals at School	20
Medical Examinations at School	8
Numbers of Schools and School Children	7
Ophthalmic Service	9, 10
Orthopaedic Service	10, 11
Special Schools	18
Speech Therapy	12, 13
Staff of the School Health Service	6, 7
Swimming Pools in Schools	3

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Mr. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the report on the health of the school child in Warwickshire during 1968. Although I am pleased to report that statistics reveal a high standard of health I feel bound, as a result of government publications issued during the year, to express misgivings concerning the future of the service.

The tripartite structure introduced by the National Health Service Act, 1946, consisted of three categories of doctor—those based in hospitals, those engaged in general practice and those employed by local authorities. The local authority doctors, in addition to their environmental health duties and administration of the expanding personal services, were responsible for the School Health Service, although this remained unrecognised in the overall picture of the health services under the Act.

The School Health Service was first recognised in the Code of Regulations for Public and Elementary Schools in 1908, and in most local authority areas the Medical Officer of Health became the Principal School Medical Officer. Its extent and importance were increased considerably as a result of the Education Act, 1944, for in 1945 the Handicapped Pupils and School Health Service Regulations demanded that all children suffering from any form of handicap likely to necessitate their receiving special education must be assessed as from the age of two. This made health visitors responsible for ensuring that all potentially handicapped children including those on the "at risk" register were referred for examination so that their educational needs could be assessed. Thus for many years prior to the "age of surveys" which dominates the modern scene with its insistence upon the importance of screening the population, a large group of children was screened regularly for the detection of any handicap or incipient disease likely to have an adverse effect upon a child's education.

During the year two reports were published which would, if their recommendations were implemented, put an end to the School Health Service and thus disintegrate a unique structure which has been explicitly designed to unite school children under one recognised "umbrella" for screening, follow-up, medical advice on special educational needs and the maintenance of a valuable set of records throughout a child's school life. These publications were the Seebohm Report (the Report of the Committee on Local Authority and Allied Personal Social Services) and the Minister of Health's Green Paper on the Administrative Structure of the National Health Service.

The Report of the Seebohm Committee questioned whether the local authority school health department which remained after the changes suggested by that Committee could be a viable working unit and yet stated "The social services department will depend much on . . . and school health staff to detect social deprivation and handicap."

The Green Paper recommended that all health services should be taken away from local authorities and should form part of a unified health service, thus rendering the present School Health Service non-existent. Although the Green Paper was not generally accepted there was agreement that some kind of unification of the health services was desirable. It is to be hoped, therefore, that its new edition, which it is understood is likely to appear by the end of 1969, will not repeat the serious omission of its predecessor which gave inadequate consideration to the function of the School Health Service and its relationship with other health services and with the Education Service.

In June, 1968, the Ministry of Health issued a Memorandum entitled "Comprehensive Assessment Centres for Handicapped Children", which arose out of the Report of the Sub-Committee on Child Welfare Centres (Sheldon) 1967. The Memorandum outlined proposals for the setting up of comprehensive assessment centres, based on district general hospitals and teaching hospitals, to cater for children with all types of handicap and of all ages up to sixteen years. Unfortunately this was not a joint Memorandum from the Ministry of Health and the Department of Education and Science and appeared to overlook entirely, as if completely unaware of, the existence of the statutory requirements of the Education Act, 1944.

It has been thought that such centres might fill the vacuum which would be left by the disintegration of the School Health Service. Some doctors with many years' experience of the detection of handicaps in the school child and of arrangements for special school placement have, however, expressed misgivings over two serious disadvantages which could result from the implementation of the Ministry of Health's Memorandum. One is that consultant paediatricians and

general practitioners have not the opportunity of observing, in the educational environment and over a consecutive period, those children whose educational needs have to be assessed in the light of physical or mental handicaps. High medical qualification and clinical skill are not of themselves sufficient for such assessment, which demands medical judgement based on practical experience and observation of children in special schools. Such judgement cannot be made in an isolated consultative session nor even in successive sessions. It requires the visiting of the child in its educational environment, and consultants and general practitioners cannot be expected to give the time required for such regular observation.

The other disadvantage is that the cost of placing a handicapped child in a residential special school can be four times as great as the cost of a place in a day school. The cost of such education falls on the local ratepayers and, therefore, they are entitled to have their own officer employed by them and thus directly responsible to them to make decisions involving expenditure which can be as great as £1,000 per child per annum.

There are three other important new factors which need to be taken into account, since they have a direct bearing on the continued need for a School Health Service. One is that with the advances in medicine provision will now have to be made for a new group of handicapped children—those suffering from spina bifida. Formerly few of them survived to reach school life. Now these children, a number of whom are so unfortunate that they have severe physical handicaps, are surviving at a rate which appears to indicate that in future approximately thirty special school places will be required for Warwickshire children alone and that at least half of these will have to be residential special school places.

The second is that, although children who at present attend junior training centres or are resident in hospitals for the subnormal are to have their training transferred from health departments to education departments, the need for appropriately trained and appropriately experienced medical staff to assess and supervise them will remain.

The third factor is that in some areas of the County immigrant children attending local schools have the misfortune to live under adverse housing conditions. This places such children in the unfortunate position of being comparable with the children of this country for whom the School Health Service was introduced in 1908. That is to say, children living under poor housing conditions, whatever their race, need far more medical surveillance at school than the average modern, better-housed school population. The School Health Service can claim to have done much to improve the health of the children in this country. It would be unfortunate for the immigrant population, therefore, if its children were to be deprived of this Service which has the advantage of examinations conducted on school premises and therefore more likely to ensure that all children are covered by its facilities than the more haphazard arrangement whereby it is left to parents to take a child to a doctor, which they may not do unless the child is demonstrating some specific symptoms.

But whatever may be the future of the new local authorities, whatever may be the pattern of the new health services and of the social services, it is vital to recognise that the disintegration of the School Health Service is proceeding so swiftly that if the loss of medical staff continues at the present rate it will soon be impossible for those who remain to carry on.

In Warwickshire in 1964 there was a full complement of medical staff but at the time of going to press there are 9 vacancies. There is no doubt that the publication of government reports indicating changes in the health structure, together with rumours of such reports which were prevalent long before the actual documents appeared, have, by creating uncertainty of the future, had a markedly unsettling effect on staff in the local authority health service. For some time now response to repeated advertisements for medical staff has been completely negative but recently the lack of staff and of recruitment has accelerated to such a degree that it is not difficult to envisage a situation in the not too distant future when there may be no permanent staff at all.

To those loyal remaining members of the medical staff without whom we should indeed be lost, I extend sincere gratitude. I am grateful also for the sessional help of general practitioners without which our plight would be much worse; however, those members of our own medical staff who have remained with us do form the very vital "backbone" of permanence in an increasingly uncertain staffing situation.

School Dental Service.

The Principal School Dental Officer reports that the loss of staff referred to last year did not continue. There was a steady improvement up to the end of 1968, giving the County the largest

staff of dental officers so far employed. The numbers of inspections and treatments reflected the improved position and the ratio of permanent teeth filled to permanent teeth extracted increased from 7.2:1 in 1967 to 7.7:1 in 1968. Approximately 10% of dental officers' time was spent on inspections at schools and at clinics but even so only 45% of the children attending school were inspected during the year. 51% of these children examined were offered treatment in the School Dental Service and of these 61% attended for treatment. The percentage of children with defects recorded at inspections varied considerably in different parts of the County, ranging from 71% in the Atherstone and Bedworth Area, closely followed by 70% in Nuneaton and 67% in the Eastern Area to 45% in the North-Western Area.

New dental clinics were opened at Alcester and Marston Green and the first of the clinics in the Chelmsley Wood development area was completed and made ready for the delivery of dental equipment. The use of modern high speed equipment in conservative dentistry has rendered some of the earlier types of operating light obsolete and improved lights have been fitted in eleven of the surgeries.

The fleet of mobile dental clinics continued to give good service, but some of these vehicles are between fifteen and twenty years old and may be expected to require major repairs. These clinics are fulfilling a need in bringing treatment to rural communities and in some cases to large schools on the periphery of towns, so avoiding much loss of school time which would otherwise be caused if all pupils had to travel to urban clinics to receive treatment.

The smaller proportion of children accepting treatment creates an administrative problem in using mobile clinics in the smallest schools where the number of treatments to be undertaken may be too small to justify the time and expense of moving and parking the clinics at each school. To overcome this problem one school in a group of villages may be visited and the children requiring treatment brought from one or two neighbouring schools. For this the County Ambulance Service and the voluntary Hospital Car Service are giving splendid co-operation, which is much appreciated, in areas where there is little or no public transport.

Food Hygiene in Schools.

The County Health Inspector continued, as part of the Education Department's training scheme, to give talks on food hygiene to the cooks and kitchen workers in the School Meals Service. He made routine inspections of school kitchens at County Council establishments and bacteriological examinations of utensils and equipment from 44 of them. In most cases the results were again very satisfactory.

School Swimming Baths.

In 1968 450 inspections were made of school swimming pools by the County Health Inspector or by Health Inspectors of Sutton Coldfield and Nuneaton. Tests were conducted to determine the free chlorine content and the acidity or alkalinity of the water on each visit, and occasional bacteriological examinations were made on samples of the pool waters as a further check. Advice has been given generally on pool water treatment and testing and on specific problems which arise in the maintenance of good pool water conditions. This maintenance can be particularly difficult in the case of school swimming pools where there is a seasonal use of relatively small pools by large numbers of children often with rapid succession of classes, and at times a very precise supervision of the chemical regulation of the pool water is called for. The number of swimming pools at schools is increasing each year, and at the time of writing this report there were forty-one in use.

The County Health Inspector is also conducting some experiments and investigations into new methods of chlorination using tablets or granules, the essential constituent of which is trichloroisocyanuric acid. This is a solid which can be immersed in the pool in an appropriate porous container and which, it is claimed by the manufacturers, decomposes slowly to produce continuous chlorination to an effective level of free chlorine for much longer periods and with greater safety in the handling of the chemical reagents than with the use of traditional chlorinating agents. Investigations into the suitability of this for heavily used school pools are not yet complete.

Children with Impaired Hearing.

Pre-School Children.

The Senior County Teacher of Hearing Impaired Children reports that there were, by the end of the year, 23 pre-school children in the County with hearing losses or who were under obser-

vation being suspected of having hearing losses. This is the same number as for the previous year. Nine of these were receiving attention in the Lillington and Bedworth Units. Parents of the remaining 14 children were receiving regular sessions of guidance in auditory training and language development.

Assessment Units.

(a) Lillington.

At the time of writing, there were four children on the roll of this unit, travelling daily from Gaydon, Moreton Morrell, Stratford-upon-Avon and Cubbington. The numbers in the class were considerably reduced after the 1963 rubella group of children were placed in schools for hearing impaired children. During the course of the year an offer was accepted from the Warwick Unicorn Club to contribute equipment, and on the suggestion of the Senior County Teacher a radio/microphone inductance loop drive system for the use of this class was purchased at a cost of £177.

(b) Bedworth Heath.

This class opened in September, 1968, five children attending daily from Polesworth, Atherstone, Nuneaton, Meriden and Bedworth. This class also was equipped with a radio/microphone inductance loop drive system, at the County Council's expense.

(c) Shustoke.

There was one child over establishment in this class, giving it a roll of 7 instead of 6, the ages of the children varying from 5 to 11. All the children have been well integrated within normal classes, most of the teacher's work with them being on an individual basis. This was facilitated by the equipment donated last year by the Shakespeare Lions Club of Stratford-upon-Avon, this equipment having been specifically designed to help the partially hearing children to take part in normal classroom activities. The catchment area for Shustoke now includes Chelmsley Wood.

Children in Ordinary Schools.

The number of children with hearing losses sufficient to warrant some form of special attention from a teacher of the deaf but attending normal schools increased by fifteen in 1968. The upward trend is believed to indicate increasing awareness of the problem and earlier detection, rather than any true increase in incidence.

Children in Residential Schools for the Deaf and Partially Hearing.

The limited liaison service between the homes and schools of these children continued. The Service was also called upon during the year to give assistance with the placement of school leavers in industry and advice to future potential employers.

Health Visitor Training.

These courses continued during the main school holidays and a further 12 health visitors have now been trained in the techniques of screening tests of hearing for babies and young children.

Child Guidance.

It is disconcerting and astonishing to learn that the Seebohm Committee recommend that child psychiatric services and child guidance centres shall be divorced from other medical services. This is not only incongruous in itself but indicates that the Seebohm Committee have not taken into consideration the Ministry of Health's suggestion that the present child guidance centres should be replaced by overall assessment centres. Whether or not the Ministry of Health's Memorandum on this question dated 28th June, 1968, is implemented, the obviously essential base for any child guidance centre is under medical direction because the problems of those seeking child guidance are not primarily social. They are essentially problems of personal relationships and attitudes to parenthood, and can often be related to some degree of mental ill health of one or both parents. The approach to them is, therefore, essentially psychiatric, that is to say medical. This is demonstrated in the report of the Consultant Child Psychiatrist which refers to the various groups of children who cannot adjust to the infant class in the local school designed for the average child and points out the importance of assessing these children as early as possible in order to prevent a permanent maladjusted attitude to school and to decide the most suitable form of education. He describes the groups into which such children fall :—

1. Those whose immaturity prevents them from being ready for school life at the normal time and which may be due to slow physical development, mental subnormality, undue dependence on the mother or any combination of these factors.

2. Those children at the other extreme—precocious, over-aggressive or whose physical development is too advanced and where the cause may be constitutional, bad upbringing or psychological difficulties.

3. Unco-operative children—those who are unable to speak or who appear to be psychotic or autistic. Special observation units such as those established at St. Michael's E.S.N. School, Warwick and Tynesfield School, Rugby, are necessary in order to determine whether or not a child is educable.

4. Children with adverse home conditions, those whose parents have faulty attitudes towards them and those with emotional disturbances. This group may require in-patient investigation in a Child Psychiatric Hospital such as The Recovery Hospital, Stratford-upon-Avon. Such an investigation often distinguishes the essentially maladjusted child from those who are mentally subnormal, psychotic or autistic.

5. The group for whom special assessment centres on a regional or national basis may be necessary. Such centres include the Charles Burns Child Psychiatric Unit at The Uffculme Clinic or the highly specialised centres for the deaf, blind, those with speech disorders etc., or hospital centres for neurological conditions.

I believe that there are two possible effects of placing child guidance functions under the responsibility of a social service department :—

(a) It is unlikely that the public would accept a guidance service for mentally disturbed children which was outside the health services if they were made fully aware of what the proposal entailed.

(b) Unless child guidance clinics were part of the health services, whether the existing local authority health service or the anticipated new unified structure, it would seem improper for general practitioners to refer children to them and unlikely that they would wish to do so. This would mean that the general practitioner would send the child direct to a specific psychiatrist employed as a Consultant of the National Health Service, and the ultimate pattern might well be the emergence of two types of child guidance service—the psychiatric service to which parents would have access through their general practitioners and, alongside it, a para-psychiatric service consisting of psychologists and psychiatric social workers, to which teachers and general social workers would refer children. Such a position would be most undesirable, leading to an unethical situation where parents might be deceived into believing that both services were medically based. It would also be another instance of the unnecessary duplication which the Minister is so anxious to avoid.

G. H. TAYLOR, M.D., 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. G. H. TAYLOR.		
Deputy Principal School Medical Officer .. Dr. C. M. D. EDMONDS.		
	<i>Medical Officer.</i>	<i>School Medical Officers.</i>
*Sutton Coldfield M.B.	Dr. J. R. PRESTON.	(Dr. I. M. S. NICHOLLS retired 31-7-69) Dr. O. N. RASTOGI. 2 Vacancies
*Nuneaton M.B.	Dr. G. DISON.	Dr. N. S. TURNBULL. 1½ Vacancies
Atherstone/Bedworth Area.	Dr. E. M. HUGHES.	Dr. R. G. DAWSON. (Dr. M. STEANE resigned 31-8-69) 2 Vacancies
Eastern Area.	Dr. D. J. JONES.	Dr. JEAN M. FELCE 1½ Vacancies
North-Western Area.	Dr. J. E. PEARSON.	Dr. ANN J. L. CUSACK (commenced 1-9-69). Dr. LUCY M. ELLIS. Dr. G. C. B. HAWES.
Central Area.	Dr. F. D. M. LIVINGSTONE.	Dr. MYRTLE V. RICHARDS. Dr. JEANNE C. ADDENBROOKE. Dr. J. F. SANSOME. Dr. D. SUTCLIFFE WILLIAMS.
Southern Area.	Dr. J. B. BRAMWELL.	Dr. A. L. KIRKLAND. 2 Vacancies

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

Principal School Dental Officer.

Mr. H. J. BASTOW.

School Dental Officers.

Sutton Coldfield M.B.	Mr. N. G. EVANS.
Nuneaton M.B.	Mrs. C. M. HARTOPP.
Atherstone/Bedworth Area	—
Eastern Area	—
North-Western Area	Mr. W. DOUGLAS.
Central Area	Mr. E. N. O'REILLY.
Southern Area	Miss M. M. STOCKER.
	Mrs. J. R. NEALE.

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

Dental Auxiliaries.

North-Western Area	Miss L. C. MURPHY.
Southern Area	Mrs. A. F. CARR.

Nursing Staff.

Superintendent Nursing Officer.
Miss V. E. BEESTON.

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

There are 2 Borough Nursing Officers, 5 Area Nursing Officers, 2 Deputy Borough Nursing Officers and 5 Deputy Area Nursing Officers. School Nursing is carried out by 100 health visitors, and 7 district nurse/midwife/health visitors who combine school nursing with other duties.

Senior Speech Therapist.

Mrs. J. BECKETT.

Speech Therapists.

Mrs. S. V. MOTTRAM.

Mrs. S. PRICE.

Mrs. G. ERREY.

Mrs. R. W. JENKINS.

Mrs. P. D. NORMAN.

Mrs. K. M. SENIOR.

Mrs. J. TAYLOR.

} Whole-time.

} Part-time.

Physiotherapists.

Mrs. S. COOPER.

Miss N. GRISBROOK.

Mrs. C. M. WILLIAMS, Part-time.

Child Guidance :**Child Psychiatrist—**

Dr. P. J. CROWLEY.

Educational Psychologists—

Mr. R. FAWCETT.

Mr. J. R. ROBERTS.

Mr. J. L. PRESLAND.

Mrs. P. HARDING.

Part-time.

Teachers of Children with Impaired Hearing—

Mr. B. C. FRASER.

Mr. M. E. GARRETT.

Mrs. D. C. LEWIS.

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

<i>Year.</i>	<i>Nursery.</i>	<i>Primary and Secondary.</i>	<i>Special</i>	<i>Total.</i>
1946-47 ..	263 ..	53,420 ..	17 ..	53,700
1951 ..	352 ..	62,604 ..	187 ..	63,143
1956 ..	353 ..	78,827 ..	615 ..	79,795
1961 ..	345 ..	93,492 ..	828 ..	94,665
1966 ..	377 ..	87,836 ..	1,044 ..	89,257
1967 ..	377 ..	90,858 ..	1,057 ..	92,292
1968 ..	400 ..	94,099 ..	1,170 ..	95,669

Figures for 1946-61 include Solihull C.B.; 1966-68 exclude Solihull C.B. and transfers to Coventry and Staffordshire.

It is interesting to note from Table 1 that although there has been an increase of only 3½ per cent in the total school population there has been a ten per cent increase in the number of children requiring places in special schools.

TABLE 2. NUMBER OF SCHOOLS AND NUMBER OF SCHOOL CHILDREN ON ROLL AT JANUARY, 1968, EXCLUDING SPECIAL SCHOOLS

	<i>Nursery Schools.</i>		<i>Primary.</i>		<i>Secondary.</i>		<i>Total Schools.</i>	<i>Total Children.</i>
	<i>Schools.</i>	<i>Children.</i>	<i>Schools.</i>	<i>Children.</i>	<i>Schools.</i>	<i>Children.</i>		
Sutton Coldfield M.B. ..	—	—	29	8,761	9	5,672	38	14,433
Nuneaton M.B.	2	78	24	6,006	9	4,058	35	10,142
Atherstone/Bedworth Area ..	3	170	41	8,529	8	5,766	52	14,465
Eastern Area	—	—	48	8,404	11	5,062	59	13,466
North-Western Area ..	—	—	31	6,554	9	3,756	40	10,310
Central Area	3	152	71	12,527	14	7,386	88	20,065
Southern Area	—	—	64	7,066	12	4,552	76	11,618
TOTAL	8	400	308	57,847	72	36,252	388	94,499

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

Age group.	Number examined.	Children found to require treatment.		
		For defective vision (excl. squint)	For other * conditions.	Total number of children
Entrants	8,896	232	573	770
Second age group	2,433	72	50	120
Third age group	4,109	101	72	166
8 Year vision	6,477	196	3	198
Vision—other ages	5,253	145	—	145
TOTAL ..	27,168	746	698	1,399

* Does not include dental diseases and infestations with vermin.

The overall number of children examined by School Medical Officers has had to be reduced over the past three years because of the shortage of medical staff. By giving priority to school entrants and by improving the volume of health visitors' screening for vision defects efforts have been made to compensate for the drastic but unavoidable reduction in intermediate and third medical examinations.

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

Defect.	Periodic Medical Examinations. Number 27,168.		Special Medical Examinations. Number 2,835.	
	Defects requiring treatment.	Possible Defects requiring observation.	Defects requiring treatment.	Possible Defects requiring observation.
Eyes.. .. .	816	2,531	144	297
Orthopaedic	94	1,134	30	142
Nose and Throat	125	1,246	37	181
Skin	50	394	10	50
Ears	150	736	24	90
Lungs	27	397	4	56
Speech	34	261	7	22
Developmental	129	431	25	59
Lymphatic Glands	8	127	—	9
Psychological	27	354	15	74
Nervous System	7	124	5	25
Heart	19	302	—	41
Abdomen	17	88	—	13
Other	33	437	17	76
TOTALS ..	1,536	8,562	318	1,135

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 1968.		Total attendances made by these children.	No. prescribed spectacles in 1968.		No. referred for Orthoptic Treatment.	Total cases on Register. 31/12/68
		1968	1967			New cases.	Other.		New cases.	Other.		
SUTTON COLDFIELD M.B.	Dr. E. J. McCABE Dr. C. LONGMORE	46 40	43 40	9, Holland Street, Sutton Coldfield	Tuesday p.m. Wednesday a.m.	247	597	896	85	188	—	1,382
Nuneaton M.B.	Mrs. M. C. HANDSCOMBE Mrs. P. M. CARPENTER Dr. M. A. MOIN	47 — 20	44 5 —	Riversley Park Clinic, Nuneaton	Wednesday a.m. Monday p.m. (as required) Tuesday a.m. (as required)	156	475	631	98	262	43	675
ATHERSTONE/ BEDWORTH AREA.	Mrs. M. C. HANDSCOMBE	44	46	Health Clinic, Atherstone Health Clinic, Bedworth	Any day, a.m. or p.m. (as required) Any day a.m. (as required)	58 38	113 170	171 208	23 19	52 81	23 29	256 213
EASTERN AREA.	Dr. H. RILEY Mr. T. J. P. KERWICK	62 43	64 45	First Aid Post, Rugby	TOTAL Wednesday a.m. (1st, 2nd, 3rd & 5th in month) Wednesday p.m. (1st & 3rd in month) Friday a.m.	96	283	379	42	133	52	469
NORTH-WESTERN AREA.	Dr. H. RILEY	116	105	Ambulance Hall, Arley Area Health Office, Colehill St. Peter's Church Hall, Balsall Common Village Hall, Meriden	Last Tuesday a.m. (monthly) Tuesday p.m., Thursday a.m. Last Wednesday a.m. (alternate months) TOTAL	11 151 30	10 354 45	30 843 109	1 16 1	— 88 10	— — —	14 408 79
CENTRAL AREA.	Mr. M. W. SMITH	88	116	62, Holly Walk, Leamington Spa	Monday a.m. (1st, 2nd & 3rd in month) (as required) Tuesday p.m. (2nd & 4th in month) (as required) Tuesday p.m. (as required) Monday a.m. (1st & 3rd in month) (as required) Thursday a.m. (1st & 3rd in month) (as required) Monday a.m. (4th in month) TOTAL	136 108 103 93 40	332 221 205 217 95	477 332 313 312 136	102 87 84 67 33	136 105 91 100 31	36 19 30 13 14	560 316 432 420 200
SOUTHERN AREA.	Mr. F. H. BUDDEN Mr. M. W. SMITH	6 43	7 42	Health Clinic, Stratford-upon-Avon	Saturday a.m. (as required) Friday a.m.	167	609	790	117	325	118	796
		555		GRAND TOTAL		1,500	4,183	6,150	779	1,601	332	6,505
			557	1967 TOTAL		1,664	4,127	6,244	824	1,497	289	6,556

TABLE 6.

ORTHOPTIC TREATMENT IN THE CENTRAL AND SOUTHERN AREAS.

	<i>Number of children seen during 1968.</i>	<i>Total attendances made by these children.</i>	<i>Degree of cure on discharge.</i>		<i>No. ceasing to attend or unsuitable.</i>	<i>No. still on treatment 31st Dec., 1968.</i>
			<i>Full binocular vision.</i>	<i>Partial binocular vision or cosmetic improvement.</i>		
Cases carried over from 1967 ..	200	941	59	39	20	82
Cases referred in 1968	257	699	41	14	38	164
TOTAL ..	457	1,640	100	53	58	246

TABLE 7.

ORTHOPAEDIC SERVICE.
AFTER CARE CLINICS.

	<i>Clinic.</i>	<i>When held.</i>	<i>Physiotherapists.</i>
SUTTON COLDFIELD M.B.	49, Holland Street.	Tuesday p.m. Thursday p.m.	Mrs. C. M. WILLIAMS.
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. Miss N. GRISBROOK.
	Exhall Grange School.	As required.	
CENTRAL AREA	Kenilworth Health Clinic. Brunswick Health Clinic, Leamington Spa. Lillington Health Clinic. Southam Child Welfare Clinic.	Monday p.m. Tuesday a.m. Thursday a.m. Wednesday a.m. (1st & 3rd) Friday a.m.	Mrs. S. COOPER.
	Warwick Health Clinic, Cape Road, Warwick.		
SOUTHERN AREA.	Stratford Health Clinic.	Thursday a.m.	Sisters from Coleshill Orthopaedic Hospital.

TABLE 8.

**ORTHOPAEDIC SERVICE.
HOSPITAL CLINICS.**

	<i>Address of Clinic.</i>	<i>When held.</i>	<i>Surgeon.</i>	<i>Physiotherapists.</i>
SUTTON COLDFIELD M.B.	Sutton Coldfield Hospital.	Friday a.m. (except 5th Friday in month).	Mr. W. H. SCRASE.	R.H.B.
NUNEATON M.B.	Riversley Park Clinic, Nuneaton. Manor Hospital, Nuneaton.	Friday p.m. (last in month). Thursday, p.m. Tuesday and Friday, p.m.	Mr. J. H. PENROSE. } Mr. S. L. PATON.	Sisters from Coleshill Orthopaedic Hospital. } R.H.B.
ATHERSTONE/ BEDWORTH AREA.	Exhall Grange School Clinic.	By arrangement.	Mr. J. H. PENROSE.	Miss N. GRISBROOK.
EASTERN AREA.	Hospital of St. Cross, Rugby.	Monday, a.m.	Mr. I. K. SHARP.	R.H.B.
NORTH-WESTERN AREA.	Orthopaedic Hospital, Coleshill.	Monday (once every 3 months).	Mr. F. G. ALLAN. Mr. A. INNES.	Sisters from Coleshill Orthopaedic Hospital.
CENTRAL AREA.	Health Clinic, Crown Way, Lillingdon, Leamington Spa. Health Clinic, Cape Road, Warwick.	Monday, a.m. (alt. weeks). Friday, a.m. (1st and 3rd in month).	Dr. R. W. PATTERSON Mr. E. J. GALLAGHER.	} Mrs. S. COOPER.
SOUTHERN AREA.	The Hospital, Stratford-upon-Avon.	Tuesday, a.m. (alt. weeks). Tuesday, p.m. (weekly) Friday, a.m. (2nd and 4th in month).	} Mr. R. F. N. DUKE. Mr. E. J. GALLAGHER.	Sisters from Coleshill Orthopaedic Hospital.
BIRMINGHAM.	Royal Orthopaedic Hospital, 80, Broad Street, Birmingham.	Daily.	Various.	R.H.B.
COVENTRY.	Coventry and Warwickshire Hospital, Stoney Stanton Road.	Monday, p.m.	Mr. J. H. PENROSE.	R.H.B.
REDDITCH.	Smallwood Hospital, Redditch.	Tuesday, a.m.	Mr. J. A. JAMES.	R.H.B.
SOLIHULL.	Solihull Hospital.	Wednesday, p.m.	Mr. W. H. SCRASE.	R.H.B.
TAMWORTH.	Hospital Recreation Room, Tamworth Hospital, Hospital Lane, Tamworth.	Tuesday, a.m. (last in month).	Mr. A. INNES.	Sisters from Coleshill Orthopaedic Hospital.

All surgeons are employed by the Regional Hospital Board.

TABLE 9.

SPEECH THERAPY.
CLINICS.

	<i>Clinic.</i>	<i>Address.</i>	<i>When held.</i>	
SUTTON COLDFIELD M.B.	Langley	Special School	Monday	9 a.m.—12 noon
			Wednesday	9 a.m.—12 noon
	St. Nicholas	Upper Clifton Road	Tuesday	9 a.m.—12 noon
				1.30 p.m.—4.30 p.m.
	Mere Green	Health Clinic	Tuesday	1.30 p.m.—4.30 p.m.
	Boldmere	Health Clinic	Wednesday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
NUNEATON M.B.	Falcon Lodge	Health Clinic	Tuesday	9 a.m.—12 noon
			Wednesday	9 a.m.—12 noon
	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	Thursday	1.30 p.m.—4.30 p.m.
ATHERSTONE & BEDWORTH AREA			Thursday	9.30 a.m.—12.30 p.m.
	Bedworth	Health Clinic	Friday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
	Exhall Grange	Special School	Tuesday	9.0 a.m.—12 noon
	Atherstone	Health Clinic	Monday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
	Sparrowdale	Special School	Tuesday	9.30 a.m.—12.30 p.m.
			(Alt. wks.)	1.30 p.m.—4.30 p.m.
	Dordon	School	Tuesday	(Alt. wks.) 1.30 p.m.—4.30 p.m.
EASTERN AREA	Rugby	Temple Street	Monday	1.30 p.m.—4.30 p.m.
			Wednesday	9.30 a.m.—12 noon
	Bilton	Health Clinic	Monday	9.30 a.m.—12.30 p.m.
			Friday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
	Tyntesfield	Special School	Tuesday	1.30 p.m.—4.0 p.m.
NORTH-WESTERN AREA			Thursday	1.30 p.m.—4.30 p.m.
	Coleshill	Health Clinic	Friday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
	Castle Bromwich	Health Clinic	Thursday	9.30 a.m.—12.30 p.m.
	Kingshurst	Health Clinic	Monday	9.30 a.m.—12.30 p.m.
			Thursday	1.30 p.m.—3.40 p.m.
	Balsall Common and Meriden	Schools	Monday	1.30 p.m.—4.30 p.m.
CENTRAL AREA	Leamington Spa	62 Holly Walk	Monday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
	Brunswick Street	Health Clinic	Friday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
	Lillington	Health Clinic	Wednesday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
	Kenilworth	Health Clinic	Friday	9.30 a.m.—12.30 p.m.
	Warwick	Health Clinic	Tuesday	9 a.m.—12 noon
			Wednesday	1 p.m.—4.0 p.m.
	St. Michael's	Special School	Tuesday	9.30 a.m.—12.30 p.m.
			Thursday	9.30 a.m.—12.30 p.m.
	Packwood	Special School	Wednesday	10.30 a.m.—12.30 p.m.
SOUTHERN AREA	Southam R.D.	Various Schools	Tuesday	1.30 p.m.—4.30 p.m.
			Thursday	1.30 p.m.—4.30 p.m.
	Stratford-on-Avon	Health Clinic	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.
			Friday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
	Alcester	Schools	Monday	10.0 a.m.—12 noon
				2 p.m.—4.30 p.m.
	Studley	Health Clinic	Tuesday	1.30 p.m.—4.30 p.m.
	Henley-in-Arden	School	Wednesday	1.30 p.m.—4.30 p.m.
	Salford Priors	School	Thursday	9.30 a.m.—10.45 a.m.
	Bidford-on-Avon	Schools	Thursday	11 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.

TABLE 10. NUMBER OF CHILDREN ATTENDING SPEECH THERAPY CLINICS.

	<i>Sutton Coldfield M.B.</i>	<i>Nuneaton M.B.</i>	<i>Atherstone/ Bedworth Area.</i>	<i>Eastern Area.</i>	<i>North- Western Area.</i>	<i>Central Area.</i>	<i>Southern Area.</i>	<i>Special Schools.</i>	<i>1968 Totals.</i>	<i>1967 Totals.</i>
No. of sessions ..	283	136	325	256	261	425	478	311	2,475	2,476
Children attending at 1st January, 1968..	34	24	45	40	24	66	62	70	365	406
First attendances in 1968.. ..	90	29	40	44	57	119	88	33	500	439
Children recalled during 1968 having been under observation in a previous year ..	49	10	35	35	25	92	34	46	326	276
Children treated dur- ing 1968 Total	173	63	120	119	106	277	184	149	1,191	1,121
Total attendances ..	1,419	632	1,397	937	1,221	1,956	2,859	1,602	12,023	11,977
Discharged in 1968 :—										
(a) Treatment com- pleted ..	44	7	7	52	18	92	67	31	318	265
(b) Ceased attend- ing	7	5	4	13	5	26	12	12	84	128
Placed under observation	74	29	14	33	38	94	22	45	349	343

TABLE 11. CHILDREN AND YOUNG PERSONS ACT, 1933.
No. OF CHILDREN EXAMINED UNDER EMPLOYMENT OF
CHILDREN BYELAWS.

	<i>Number of children examined.</i>	<i>Number granted certificates.</i>	<i>Number refused certificates.</i>
Sutton Coldfield M.B. ..	155	154	1
Nuneaton M.B.	155	152	3
Atherstone/Bedworth Area	156	156	—
Eastern Area	246	246	—
North-Western Area ..	74	74	—
Central Area	353	352	1
Southern Area	198	198	—
Total 1968 ..	1,337	1,332	5
Total 1967 ..	1,297	1,292	5

TABLE 12.

DENTAL SERVICE.
STAFF AND CLINICS.
 At 31st December, 1968.

	<i>Surgeries in use.</i>		<i>Dental Officers.</i>		<i>Dental Auxiliary.</i>	<i>Available Sessions per week.</i>
	<i>Fixed.</i>	<i>Mobile.</i>	<i>Whole-time.</i>	<i>Part-time.</i>	<i>Whole-time.</i>	
Sutton Coldfield M.B.	4	—	2	5	—	39
Nuneaton M.B.	3	1	1	3	1	35
Atherstone/Bedworth Area ..	3	1	1	2	—	18†
Eastern Area	4*	—	—	5	—	18
North-Western Area	3	2	1	4	1	32
Central Area	5	1	1	10	—	35†
Southern Area	4*	1	2	2	1	38
TOTAL	26	6	8	31	3	215

* Includes two surgeries in one building.

† Includes two sessions by Principal Dental Officer.

TABLE 13.

DENTAL SERVICE.
INSPECTIONS.
SCHOOL CHILDREN.

	<i>Number of Inspection Sessions.</i>	<i>First Inspection at School</i>	<i>First Inspection at Clinic.</i>	<i>Number of (A) & (B) Found to Require Treatment.</i>	<i>Number of (A) & (B) Offered Treatment.</i>	<i>Pupils Re- inspected at School and Clinic.</i>	<i>Number of (E) Found to Require Treatment.</i>
		A	B	C	D	E	
Sutton Coldfield M.B.	132.9	5,456	1,994	4,303	3,563	912	784
Nuneaton M.B. ..	101.5	2,107	1,411	2,453	2,386	511	318
Atherstone/ Bedworth Area ..	71.9	4,387	388	3,394	2,869	228	116
Eastern Area	47.2	2,820	1,295	2,766	2,551	176	115
North-Western Area ..	118.9	4,920	788	2,599	2,061	1,677	608
Central Area	185.3	9,514	1,496	6,460	5,261	881	443
Southern Area	120.7	6,270	715	3,871	3,416	496	372
COUNTY TOTAL 1968 ..	778.4	35,474	8,087	25,846	22,107	4,881	2,756
COUNTY TOTAL 1967 ..	625.4	27,353	7,068	20,440	17,796	2,929	1,697

TABLE 14.

DENTAL SERVICE.
TREATMENTS FOR SCHOOL CHILDREN.

	Sutton Coldfield M.B.	Nuneaton M.B.	Atherstone/ Bedworth Area.	Eastern Area.	North- Western Area.	Central Area.	Southern Area.	Total 1968	Total 1967
Treatment Sessions	1,495.0	1,099.1	704.3	662.0	928.1	1,215.5	1,338.0	7,442.0	6,106.1
First Visits	2,563	1,819	1,466	1,539	1,283	3,025	1,897	13,592	11,953
Subsequent Visits	5,205	5,214	2,997	1,905	2,867	4,249	4,744	27,181	22,761
Total Visits	7,768	7,033	4,463	3,444	4,150	7,274	6,641	40,773	34,714
Additional courses of treat- ment commenced	1,056	273	72	93	212	340	156	2,202	1,427
Courses completed	2,845	1,680	1,234	1,066	1,400	2,621	1,783	12,629	10,184
Permanent teeth filled ..	4,365	3,796	3,681	1,679	2,436	3,695	3,763	23,415	19,162
Deciduous teeth filled ..	1,236	1,557	209	715	1,049	1,784	1,559	8,109	6,084
Teeth otherwise conserved ..	987	397	24	115	245	641	112	2,521	2,697
Permanent teeth extracted ..	554	432	308	440	248	445	627	3,054	2,612
Deciduous teeth extracted ..	1,421	1,729	519	1,489	900	1,635	1,354	9,047	8,221
General anaesthetics ..	759	359	228	770	383	485	441	3,425	3,111
Orthodontic appliances supplied	78	29	6	21	18	43	22	217	221
Dentures supplied	12	5	13	10	4	14	24	82	70

TABLE 15. REGISTERED HANDICAPPED PUPILS, 1968.

Year of Ascertainment.			DISPOSAL.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
			RECOMMENDED SPECIAL SCHOOL.														Home tuition.				UNDER REVIEW.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
			IN SPECIAL SCHOOL, 31/12/68.						Parents refuse consent.		On waiting list for particular school.		Under investigation or on general waiting list.		Recommend- ed special class in ordinary school.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
			Warwick- shire.		Non-War- wickshire.		Total.										M	F	M	F	M	F	M	F	M	F	M	F																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
A. Blind	4	4	1	1	10	—	—	5	4	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE 16.

NUMBER OF REGISTERED HANDICAPPED PUPILS IN EACH AREA
at 31st December, 1968.

	Sutton Coldfield M.B.	Nuneaton M.B.	Atherstone/ Bedworth Area.	Eastern Area.	North- Western Area.	Central Area.	Southern Area.	Total 1968	Total 1967	Total 1966
	1968	1968	1968	1968	1968	1968	1968	1968	1967	1966
<i>Number of school children (excluding nursery school and special school children).</i>	14,433	10,064	14,295	13,466	10,310	19,913	11,618	94,099	91,235	87,836
CATEGORY.	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total
Blind	1	1	2	1	1	1	3	2	10	10
Partially Sighted	3	3	10	10	7	29	12	8	74	64
Deaf	3	1	1	3	1	1	4	—	14	14
Partially Hearing	5	12	15	1	5	18	1	13	96	81
Educationally Sub-normal	93	40	32	12	25	59	12	189	1,236	1,067
Epileptic	—	2	3	2	—	1	—	8	30	24
Maladjusted	3	1	1	7	4	33	6	29	99	73
Physically Handicapped	3	37	57	3	2	15	2	36	304	286
Speech	—	1	—	1	—	—	1	2	9	7
Delicate	14	20	15	1	5	3	9	16	106	100
TOTAL	15	50	48	27	41	93	29	303	1,978	1,841
Recorded as unsuitable for education under Section 57 of the Education Act	3	7	10	5	3	13	11	52	364	324

TABLE 17.

WARWICKSHIRE SPECIAL SCHOOLS.

School.	Type.	Age range.	On roll Christmas Term, 1968.					
			Accommodation.		Warwickshire children.		Children from other Authorities.	
			Day.	Res.	Day.	Res.	Day.	Res.
Exhall Grange	(a) Physically handicapped, mixed ..	(a) Seniors	—	300	—	14	—	26
	(b) Partially sighted, mixed	(b) All ages	—		—	39	—	215
River House	Maladjusted boys ..	8—16	—	55	—	28	—	9
Nuneaton, Red Deep	Educationally subnormal, mixed, day ..	5—16	210	—	199	—	1	—
Packwood	Educationally subnormal boys	10—16	—	60	—	51	—	7
Tyntesfield	Educationally subnormal mixed, res. and day	5—16	70	40	61	30	—	2
Warwick, St. Michael's	Educationally subnormal, mixed, day ..	5—16	190	—	180	—	2	—
Grendon, Sparrowdale	Educationally subnormal, mixed, day ..	5—16	120	—	89	—	29	—
Sutton Coldfield, Langley	Educationally subnormal, mixed, day ..	5—16	170	—	123	—	3	—
TOTAL ..		—	760	455	652	162	35	259

Opening 1969.

Bedworth St. Margaret's. Educationally subnormal, mixed, day.
 Kenilworth Millbrook Grange. Maladjusted Senior Girls, residential.

TABLE 18.

CHILD GUIDANCE.

Number of Children attending Clinics.

	1968		
	New Cases.	Old Cases.	Total.
Local Authority Clinics	157	423	580
Hospital Clinics	144	355	499
Total	301	778	1,079

TABLE 19. DEATHS OF CHILDREN AGED 5-14 (INCLUSIVE).

<i>Registrar General's Categories</i>	<i>Cause of Death</i>	<i>Average 1951-55</i>	<i>Average 1956-60</i>	<i>Average 1961-65</i>	1966	1967	1968
B1-18	Infectious diseases	3.8	2.0	0.8	2	1	—
B19 & 20	Malignant and other neoplasms	4.0	6.8	4.6	6	4	7
B21	Diabetes	—	0.2	—	—	2	—
B26-30	Diseases of heart and circulation	1.0	—	0.6	—	1	—
B31-33	Non-tuberculous respiratory diseases	4.6	3.6	2.0	2	2	7
B34-36	Diseases of stomach and bowel	—	—	0.2	—	—	1
B38 & 39	Non-malignant diseases of kidney and prostate	1.2	1.0	0.4	—	1	—
B42	Congenital malformations	1.0	2.0	1.8	1	1	4
B46	Other defined and ill-defined diseases	8.0	5.4	6.2	4	7	4
BE 47	Motor vehicle accidents	6.8	7.4	6.2	10	12	8
BE 48	Other accidents	4.2	6.4	4.0	3	8	2
BE 49 & 50	Suicide and homicide	0.4	0.6	0.4	—	—	—
	Total All Causes	35.0	35.4	27.2	28	39	33
	Estimated mid-year population 5-14 inc.	78,700	91,580	91,920	85,600	88,900	92,300

TABLE 20.

SCHOOL MEALS SERVICE.

Information provided by the Education Department.

The average number of meals provided daily in the schools in 1968 was 66,714. Comparison with previous years is given below :—

					<i>Average no. of meals provided daily in schools.</i>
<i>Year.</i>					
Including Solihull	1956	..	..	..	35,852
	1957	..	..	..	35,793
	1958	..	..	..	41,361
	1959	..	..	..	44,399
	1960	..	..	..	49,012
	1961	..	..	..	52,889
Excluding Solihull	1962	..	..	..	56,078
	1963	..	..	..	60,173
	1963	..	..	..	51,189
	1964	..	..	..	54,944
	1965	..	..	..	55,489
	1966	..	..	..	60,118
	1967	..	..	..	63,622
	1968	..	..	..	66,714

The figure for 1968 represents approximately 74% of the children in attendance.



Information provided by the Education Department

The average number of meals provided daily in the schools was 56,744. Comparison with previous years is given below:-

Year	Average no. of meals provided daily in schools
1953	55,632
1954	55,792
1955	51,361
Including 1956	51,365
Excluding 1956	49,072
1957	52,589
1958	55,071
1959	55,175
1960	51,349
Excluding 1960	51,349
Including 1960	51,349
1961	51,349
1962	51,349
1963	51,349
1964	51,349

