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Contributors

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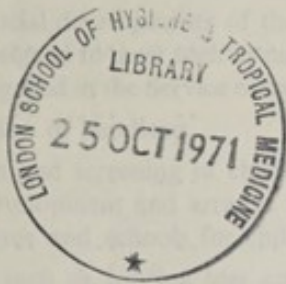
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WARWICKSHIRE COUNTY COUNCIL.

Education Committee.



ANNUAL REPORT

OF THE

Principal School Medical Officer,

FOR THE YEAR

1970.

August, 1971.

Annual Report of the Principal School Medical Officer, 1970.

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MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the report on the health of the school child in Warwickshire during 1970.

The future of the School Health Service.

In my last report I expressed serious concern at the shortage of whole-time medical staff caused by uncertainty about the future. It is pleasing to note that representatives of the local authority organisations, when they met representatives of the Department of Education and Science on the 15th January 1971, suggested that as a matter of urgency there should be a joint study to consider how the continuance of the School Health Service and its development could be ensured.

The Departmental representatives acknowledged the need for a study of the problems involved and agreed that the submission of a local authority paper would be helpful. It was further suggested and agreed that this should include a definition and evaluation of the existing and prospective functions of the School Health Service, and this part of the proposed paper is reproduced below, since it is felt that it will be of interest to members, officers and administrative and teaching staff:

"The medical and social developments of the last twenty-five years have re-shaped some of the needs which the Service was designed to meet such as massive malnutrition and infectious diseases and infestations. Nevertheless, the staff engaged in the Service carry out many more functions now than ever before, including:

1. The early detection of handicap.
2. The examination and screening of children throughout school life to discover defects at an early stage of their development and arrange for appropriate treatment. This includes work in nursery classes and centres and schools for children with many kinds of handicap.

Conditions such as hearing loss and visual defects would not be detected readily by other medical agencies.

Once defects have been discovered the Service is responsible, in co-operation with teachers of the deaf and others, for ensuring that the child wears spectacles, hearing aids, etc., regularly and that both parents and children are trained in the proper use of the equipment.

Continuing advice to Chief Education Officers on a handicapped child's needs in relation to his education.

3. The investigation of school absences when it is suspected that these are due to emotional or physical causes.
4. Investigation of the remaining infections and infestations to reduce spread and provide appropriate treatment. Prevention of infectious diseases by an increasing range of immunisation procedures. Much of this work is done by the school nursing service, which is also a very important link between the school and the home.
5. Oversight and advice on environmental hygiene in the schools including safety precautions in laboratories—where health hazards are possible—and the special environmental needs of handicapped children.
6. Close liaison with the various agencies on the placement of the handicapped school-leaver.
7. Advice and participation in health education in schools and colleges of education. In this sphere joint advisory bodies of teachers, educational advisers, medical officers, and health education officers have a vital part to play in organising courses and programmes of health education to meet the various needs.
8. Advice to chief education officers on the health of teachers and other educational staff where it is likely to affect the pupils, and the examination of entrants to the profession. The school medical officer has to interpret medical reports in terms of the practicalities within the school and college situation and to advise on priorities, especially where different referral agencies are involved.
9. In the school dental part of the Service the provision of a comprehensive dental inspection and treatment service for school children, with an emphasis on the prevention of dental disease. The School Dental Service exists to guarantee dental care for those classes of the child population which stand in most need for it. This is clearly most conveniently fulfilled by dental inspections

in schools and this requires very close relations with teachers, as well as parents, within the school organisation.

10. Provision of other services for children, e.g., speech therapy, physiotherapy in a school-orientated setting so that there is a positive integration with education and as little time as possible is lost from school.
11. The maintenance of close contact with colleagues responsible for the child during the pre-school years and with family doctors and other medical specialists, social agencies and educationalists.

This is by no means an exhaustive list of functions which may be summarised as being directed to ensure that the child is enabled to reap the full benefit from the educational system, and to ensure that illness, disability, or handicap does not prejudice a child educationally, or his later functioning as an adult.

This somewhat restricted summary, with its emphasis on the detection and amelioration of defects so readily carried out in a "captive" group such as school children, reflects the general pattern of the Service from its inception. There is no prospect of these important needs being met by an existing service other than the School Health Service, whose personnel are the only ones with an adequate training.

The service is now moving into a broader important sphere—the prevention of ill-health in childhood. Whilst scientific and medical advances, periodic assessments and screening procedures will help to find the defects at an earlier stage, and increasing knowledge of genetics, metabolism, etc., will prevent some defects happening, there is an increasing awareness that much of the mental ill-health of childhood could be prevented.

Recent reports on the incidence of emotional problems in school life have revealed the extent of the problem. Medical, social and educational factors are all involved—many children becoming severely disturbed as a result of educational failure. Close co-operation between the school medical officer and the teacher should result in a co-ordinated approach to the individual child. Placement of a child in any form of special education and ongoing review of his needs should be as a result of joint discussions between the educational and medical staff, taking into account all the child's individual needs. Barriers between the professions are steadily breaking down.

The Service has not yet fulfilled its potential in the sphere of research into child health in general. As a normal part of its work it acquires a great body of information not otherwise available, and opportunities exist to extend the value of this in the preventive field. Work needs to be carried out in particular subjects, for example, emotional disturbance in young children, obesity of childhood, subacute and chronic infections, and the multiple problems of adolescence.

Extension of the work to include the problems of student health in colleges of education, technical colleges and other establishments for further education is another potential field.

The practice of school medicine differs from other clinical practice in that:

1. It attempts to be preventive; discovering unrecognised early deviations from normal and advising on treatment.
2. It is concerned with a developing organism—the child. The approach is that of developmental paediatrics rather than treatment of frank disease.
3. It is particularly related to a specific environment—the school—and a detailed knowledge of this environment is essential.

There are therefore very cogent reasons why the School Health Service should continue as a specialised service but this must retain close links with the medical services concerned with community preventive health. The school child cannot be considered as a separate entity from the pre-school child or the adolescent in employment.

The concept of the "school physician" as a doctor intimately associated with school life is therefore becoming fairly clear. There must be close involvement with the assessment of the pre-school child's development. Although there may be administrative divisions between the pre-school and the school child, in practice in the field most of the medical staff are concerned with both age groups. The medical officers also receive reports from family doctors, consultants, and other agencies and should be able to give valuable information about the child on entry into school, particularly in respect of those "at risk" of educational difficulty for physical, emotional, social or limited intellectual reasons.

Throughout school life the school physician must continue a close watch on the child's development and educational placement and help in preparation for the transfer from school to life and employment in the community.

Apart from close co-operation with the environmental health services, there must be close links with general practitioners and paediatricians so that the effects of acute illness can be equated to future educational problems and early remedial advice given. There are already signs of increasing co-operation in this sphere."

The School Health Service, 1970.

A glance at Table 1, with particular reference to Special School placings, will show how Special Education and the School Health Service have developed in the last twenty years.

In 1950 only 84 children out of a population of 61,000 were placed for special schooling. This indicates 1.37 places per 1,000 schoolchildren. In 1970, 1,324 children out of a population of 105,500 were placed for such schooling—a rate of 12.54 places per 1,000 schoolchildren. Had the rate of placement in 1950 been what it was in 1970 there would have been provision for 760 children instead of for 84 children. At the present time we are nearing the stage when complete provision will be available for all those children who are in need of it.

It is with sincere regret that I have to record the retirement of Mr. Maurice W. Smith, who has conducted school eye clinic sessions in the southern part of the County since the advent of the National Health Service Act and has been the Ophthalmic Consultant to Exhall Grange School since it opened. We are indebted to him for the personal interest which he has always taken in the children.

I should like to record my appreciation of the work which Mr. H. J. Bastow, Chief School Dental Officer, is undertaking personally by checking individual groups of children in order to ensure that the effect of putting fluoride into water supplies is as beneficial as was anticipated. A special report on this subject by Mr. Bastow is given on page 5.

Children with Impaired Hearing.

Pre-School Children.

The Senior County Teacher of Hearing Impaired Children reports that, at the beginning of 1971, there were twenty-seven children below school age in the County with hearing losses or under observation being suspected of having hearing losses. Two of these displayed the rubella syndrome, one had an athetoid condition and another was a spastic hemiplegic. Six children were receiving attention at the Lillington unit, the remaining twenty-one receive regular sessions of guidance in auditory training and language development.

Assessment Units.

(a) Lillington Nursery Assessment Unit.

This class is full with six full-time children attending daily, four of these have demonstrable hearing losses, the remaining two have been admitted for observation of possible hearing losses. The children travel from Kenilworth, Lapworth, Stratford-upon-Avon, Leamington and Rugby.

(b) Bedworth Heath Nursery Assessment Unit.

The unit functioned successfully with five children on the roll until December, 1970, when the unit had to close due to the resignation, for family reasons, of the teacher. During the spring term 1971 the children were given home guidance sessions from the local county teacher of children with impaired hearing and from the senior teacher. The class re-opened at the beginning of the summer term 1971 when a teacher was able to take up the appointment.

(c) Shustoke C. of E. Junior and Infants School Unit.

There are eight partially hearing children on the roll. These travel daily from Sutton Coldfield, Chelmsley Wood, Kingsbury, Maxstoke, Coleshill and Keresley.

(d) Sutton Coldfield Ley Hill Infants School Nursery Assessment Unit.

This class is due to open in September, 1971.

(e) Monks Kirby Primary Unit for Partially Hearing Children.

This class is due to open in September, 1971.

Children in Ordinary Schools.

The number of children in normal schools with auditory conditions sufficient to warrant special attention from the service still fluctuates around the 120 mark. There is an establishment of three county teachers of hearing impaired children to deal with these children.

Children in Residential Schools for the Deaf and Partially Hearing.

Liaison between the homes and the schools of these children has continued but pressure of other duties prevents extensive and more effective work in this field. Assistance has again been given in the placement of school leavers in industry and advice given to employers and supervisors on the shop floor.

Speech Therapy.

The Senior Speech Therapist reports that towards the end of 1970 there was some improvement in the staffing position. The present establishment provides for one senior speech therapist and seven speech therapists. At the end of the year there were two vacancies remaining in the Bedworth/Atherstone area and the Coleshill area. These had been vacant since the summer of 1969, and in order to assist these areas in some small measure, the Senior Speech Therapist spent less of her time in regular clinic sessions and more time visiting schools and homes to see individual children and to advise as to how they may be best helped in school or at home. In some schools a class teacher was helped to set up a language programme that could be in use as a daily class activity of general interest to all children but of particular benefit to the language-retarded or deprived child.

This approach is likely to be expanded in the next few years to embrace all types of schools and will be carried out by more of the speech therapy staff. Such an approach is only possible where the teachers are particularly interested in verbal activity and it has been encouraging to find that many teachers are enthusiastic about this. The holding of regular clinics will continue but the cases attending are likely to be those of a more severe or complex nature who require intensive speech therapy.

432 children in the County made first attendances at speech therapy clinics in 1970. It is noticeable that only 80 of these were referred by school medical officers at medical examinations. The remaining 350 were referred from other agencies: general practitioners, hospital consultants, educational psychologists, teachers and occasionally parents themselves. This indicates a growing awareness of speech problems and a healthy tendency for children in need to be referred early on an individual basis rather than being left to be picked up at the routine medical examination. (The possibility of a medical factor and the need for medical examination in severe cases should not however be forgotten.) Whilst many small children outgrow speech defects, teachers are often concerned about frustration apparent in their pupils who are unable to communicate adequately and it is advisable to refer all speech and language defects to the speech therapist as soon as they are noted, for assessment and for any necessary referral, observation and follow-up. Where speech therapy is not indicated, school teachers and/or parents can be advised and the child can be kept under review.

Report of the Chief Dental Officer.

A small increase in dental staff was reflected in higher figures of sessions worked in treatment and inspection. The staffing situation was still far from satisfactory in 1970, however, and only 36% of the school population were able to have a routine school inspection as against 40% in the previous year, because the total school population increased at a faster rate than the dental staff.

There is some consolation in that the percentage of children seen for the first time during the year who required treatment fell. In 1964 72% of children seen required treatment, in 1966 63%, in 1968 59%, and in 1970 57%. The Chief Dental Officer is of the opinion that this decrease can be partly attributed to the policy of fluoridation of the water supply, as the 1970 figures for the North-Western area, most of which has now received fluoridated water from the City of Birmingham for several years, shows the lowest figure of only 50% of children examined requiring treatment.

Last year I reported a disappointing fall in the ratio of permanent teeth filled to those extracted, but this has now been checked and the figure for this county is better at 6.5 to 1 compared with 6.3 to 1 in 1969 and is now at about the national average.

During the year a visit of inspection was made to the County by a Dental Officer from the Department of Education and Science. Favourable comments were made concerning our clinic buildings and equipment and a number of suggestions were made for increasing the total work produced in the clinics both by means of attracting more staff and by helping the staff to get through more treatments. These suggestions were considered and those having relevance to this County's services were adopted and have already borne fruit.

Due to a smaller number of children needing treatment and to the increasing number who were being treated in the general dental services, the problem of affording treatment to children attending rural schools is becoming acute. The mobile clinics which in past years have visited each school are now, due to the small numbers requiring treatment, having to be sited in one of a group of schools and the children brought by transport from the other schools to the clinic. This has thrown a considerable additional burden on the County Ambulance Service.

During the year under review the final series of dental examinations of five-year-old children to check on the effects of correcting the fluoride content of the water supplied to the City of Birmingham and which is also supplied to a large part of the Meriden Rural District, were carried out.

In 1964 the City of Birmingham introduced a control system to regulate the amount of fluoride in drinking water supplied from the Elan Valley waterworks. The level was set and has been maintained at one part per million and the concentration has been checked at the point of supply, in the Birmingham reservoirs, and at distribution points. The results have been very consistent. In 1964 the Chief Dental Officer carried out a survey of the incidence of dental caries in the teeth of five-year-old children, both in the North-Western area of the County supplied with water from the City of Birmingham and in a control area in the Borough of Warwick. These results constituted the baseline for further studies as the teeth then seen were formed without the present corrected level of fluoride in the water.

Surveys of five-year-old children have since been undertaken at intervals of two years and the children seen in 1970 were the first to have been taking fluoride before formation of their teeth, and as there is still no added fluoride in the water at Warwick a fair comparison has been possible. All the inspections have been carried out by the Chief Dental Officer in order to maintain as far as possible the same standard of definition of a tooth counted as affected by dental caries.

These results can be summarised as follows:

In 1964 189 boys in the North-Western (fluoride) area had an average of 4.75 out of 20 teeth affected, and 160 girls in this area had an average of 4.64 teeth affected. 68 boys in Warwick (control) had an average of 4.56 teeth affected, and 58 girls in this area had 4.33 teeth affected.

In 1970 279 boys in the North-Western area had an average of 2.48 teeth affected, and 299 girls in this area had 2.52 teeth affected. 134 boys in Warwick had 3.45 teeth affected and 141 girls in Warwick had 3.45 teeth affected.

The relative improvement is 47.8% for boys in the North-Western area, and 45.7% for girls in this area, compared with 24.3% for boys in Warwick, and 20.3% for girls in Warwick.

There is also a significant change in the pattern of children who show no sign of dental caries at the age of five years.

In 1964 in the North-Western area 20.77% of the boys were caries free, and 18.39% of the girls were caries free; in Warwick 17.65% of the boys were caries free, and 29.31% of the girls were caries free.

In 1970 in the North-Western area 35.56% of the boys were caries free, and 33.92% of the girls were caries free; in Warwick 24.63% of the boys were caries free, and 30.50% of the girls were caries free.

Again the relative improvement is 71.28% for the boys in the North-Western area, and 45.78% of the girls in the North-Western area; against 28.88% for boys in Warwick, and 4.07% for girls in Warwick.

I am considerably indebted to the Head Teachers of all the schools concerned for their very willing co-operation in having all the survey inspections carried out, and hope that they will feel that the results have demonstrated the usefulness of this public health measure.

School Swimming Baths.

By the end of the year there had been 550 visits to school swimming pools by the County Health Inspector's Section and Health Inspectors of the Authorities with delegated powers. Tests were conducted to determine the free chlorine content and the acidity or alkalinity of the water on each visit, and ten bacteriological examinations were made on samples of pool waters as a further check. Again, advice has been given on the water treatment generally, and on specific problems, with the result that the condition and safety of the water have been maintained. The number of swimming pools at schools is increasing and 43 pools were in operation during the year.

In spite of the increasing call on the time of Public Health staffs required by the greater number of pools, however, the County Health Department continued with experiments and investigations into new methods of chlorination, including the use of tablets or granules based on trichloroisocyanuric acid. As a result of the investigations it was not considered that the use of cyanurates is entirely suitable where there are heavy or variable loads on the pools, and results have been rather disappointing. It is hoped that the Government Committee set up to examine new chemicals proposed for water treatment will comment on the use of cyanurates for the chlorination of water.

Food Hygiene.

The County Health Inspector, as in previous years, gave talks on Food Hygiene to the kitchen staffs of the School Meals Service. At the request of Women's Institutes and similar organisations he again gave talks on Food Hygiene. This subject appears to be popular with Women's Organisations, and together with the "Question Time" after the talks, is a worthwhile effort in the sphere of Health Education.

During the year, in addition to routine inspections of school kitchens and County Council establishments, utensils and equipment from 20 of these premises were examined bacteriologically within the Department using the "Agar Sausage" technique. These tests totalled over 600. In one kitchen the results were found to be slightly below standard. Production of the cultures within 24-30 hours for the staff to see, followed by a short talk, resulted in satisfactory results when repeat tests were made later.

Once again I should like to extend sincere thanks to all staff who are continuing to maintain the School Health Service in this very difficult period of uncertainty.

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. O. N. RASTOGI.
*Nuneaton M.B.	Dr. G. DISON.	Dr. N. S. TURNBULL. Dr. A. J. CASH.
Atherstone/Bedworth Area.	Dr. E. M. HUGHES.	Dr. R. G. DAWSON.
Eastern Area.	Dr. D. J. JONES.	Dr. JOAN M. ORGAN
North-Western Area.	Dr. J. E. PEARSON.	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.

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

Chief School Dental Officer.

Mr. H. J. BASTOW.

School Dental Officers.

Sutton Coldfield M.B.	Mr. N. G. EVANS.
Nuneaton M.B.	Miss P. M. McDONAGH.
Atherstone/Bedworth Area	—
Eastern Area	—
North-Western Area	Mr. W. DOUGLAS.
Central Area	Mr. E. N. O'REILLY. Mrs. A. P. O'REILLY (part Eastern Area).
Southern Area	} Miss S. F. BURTON. Mrs. J. R. NEALE.

There are in addition 25 part-time dental officers who work sessions equal to 8.5 whole-time officers.

Nursing Staff.

Superintendent Nursing Officer.
Miss V. E. BEESTON.

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

There are 2 Borough Nursing Officers, 4 Area Nursing Officers, 2 Deputy Borough Nursing Officers and 5 Deputy Area Nursing Officers. School Nursing is carried out by 91 health visitors, and 1 district nurse/midwife/health visitor who combine school nursing with other duties.

Senior Speech Therapist.
Mrs. J. BECKETT.

Child Guidance:
Child Psychiatrist—
Dr. P. J. CROWLEY.

Speech Therapists.
Mrs. M. CLARKSON.
Mrs. M. P. MANLEY
Mrs. S. TRIPP } Whole-time.

There are in addition 7 part-time speech therapists equal to 2.15 whole-time officers.

Educational Psychologists—
Mr. R. FAWCETT.
Mr. J. R. ROBERTS.
Mr. J. L. PRESLAND.
Mr. P. J. CONGDON.

In addition there is a part-time educational psychologist equal to 0.5 of a whole-time officer.

Physiotherapists.
Mrs. S. COOPER.
Miss H. D. ADNITT

In addition there is 1 part-time physiotherapist equal to 0.2 of a whole-time officer.

Teachers of Children with Impaired Hearing—
Mr. B. C. FRASER.
Mr. M. E. GARRETT.
Mrs. N. CARTWRIGHT.
Mrs. D. BOND.
Miss M. F. HELSBY.

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

Year	Nursery	Primary and		Special	Total
		Secondary			
1946-47 ..	263 ..	53,420 ..	17 ..	53,700	
1950 ..	373 ..	60,682 ..	84 ..	61,139	
1960 ..	346 ..	90,526 ..	811 ..	91,683	
1969 ..	392 ..	98,662 ..	1,210 ..	100,264	
1970 ..	432 ..	103,794 ..	1,324 ..	105,550	

Figures for 1946-60 include Solihull C.B.

TABLE 2. NUMBER OF SCHOOLS AND NUMBER OF SCHOOL CHILDREN ON ROLL AT JANUARY, 1970, EXCLUDING SPECIAL SCHOOLS

	Nursery Schools.		Primary.		Secondary.		Total Schools.	Total Children.
	Schools.	Children.	Schools.	Children.	Schools.	Children.		
Sutton Coldfield M.B. ..	—	—	33	9,263	9	6,345	42	15,608
Nuneaton M.B.	2	100	26	6,518	9	4,228	37	10,846
Atherstone/Bedworth Area ..	3	191	44	9,308	8	5,785	55	15,284
Eastern Area	—	—	46	8,950	11	5,359	57	14,309
North-Western Area ..	—	—	40	9,661	10	4,647	50	14,308
Central Area	3	141	72	13,528	13	7,863	88	21,532
Southern Area	—	—	63	7,538	12	4,801	75	12,339
TOTAL	8	432	324	64,766	72	39,028	404	104,226

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	11,679	303	1,043	1,266
Second age group	4,075	122	182	298
Third age group	4,019	138	123	306
8 Year vision	8,060	263	—	263
Vision—other ages	7,648	257	—	257
TOTAL ..	35,481	1,083	1,348	2,390

* 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 35,481.		Special Medical Examinations. Number 3,837.	
	Defects requiring treatment.	Possible Defects requiring observation.	Defects requiring treatment.	Possible Defects requiring observation.
Eyes	1,174	2,966	152	418
Orthopaedic	420	1,146	254	222
Nose and Throat	178	1,136	46	269
Skin	43	303	17	92
Ears	204	577	43	140
Lungs	43	366	7	71
Speech	66	260	14	27
Developmental	167	373	35	67
Lymphatic Glands	5	108	—	18
Psychological	51	416	18	142
Nervous System	14	177	6	25
Heart	43	252	8	37
Abdomen	12	103	2	18
Other	48	463	24	117
TOTALS ..	2,468	8,646	626	1,663

TABLE 5. OPHTHALMIC SERVICES-SESSIONS AND ATTENDANCES AT EYE CLINICS.

CLINIC	No. of sessions		No. of individual children seen during 1970		Total attendances made by these children	Total number prescribed spectacles	No. referred for Orthoptic Treatment	Total cases on Register 31/12/70				
	1970	1969	New cases	Other								
9 Holland Street, Sutton Coldfield ..	87	85	285	533	843	270	—	1,558				
Riversley Park Clinic, Nuneaton ..	59	59	153	476	629	354	43	517				
Health Clinic, Atherstone ..	47	35	121	126	247	122	36	267				
Health Clinic, Bedworth ..			49	120					169	77	22	235
TOTAL.. ..	47	35	170	246	416	199	58	502				
Temple Street Clinic, Rugby ..	109	111	129	855	984	167	6	688				
Ambulance Hall, Arley (ceased 29/9/70)	108	116	7	9	16	2	—	—				
Wingfield Road Clinic, Coleshill ..			84	445					529	44	—	256
St. Peter's Church Hall, Balsall	108	116	16	88	104	13	—	43				
Common ..			6	7					13	1	9	
C. E. School, Meriden ..			6	7					13	1	9	
Health Clinic, Chelmsley Wood ..			121	212					333	24	—	143
TOTAL.. ..	108	116	234	761	995	84	—	451				
62 Holly Walk, Leamington Spa ..	69	70	170	308	478	312	31	593				
Health Clinic, Lillington ..			47	237					284	161	6	333
Brunswick Clinic, Leamington Spa ..			112	195					307	200	28	411
Cape Road Clinic, Warwick ..			81	216					297	184	21	426
Health Centre, Kenilworth ..	69	70	47	102	149	96	10	216				
TOTAL.. ..			69	70					457	1,058	1,515	953	96	1,979
Health Clinic, Stratford-upon-Avon ..	41	48	152	541	704	446	112	695				
GRAND TOTAL ..	520		1,580	4,470	6,086	2,473	315	6,390				
1969 TOTAL ..		524	1,605	3,854	5,818	2,299	348	6,261				

TABLE 6.

ORTHOPTIC TREATMENT IN THE CENTRAL AND SOUTHERN AREAS.

	Number of children seen during 1970.	Total attendances made by these children.	Degree of cure on discharge.		No. ceasing to attend or unsuitable.	No. still on treatment 31st Dec., 1970.
			Full binocular vision.	Partial binocular vision or cosmetic improvement.		
Cases carried over from 1969 ..	222	866	85	32	24	81
Cases referred in 1970	244	764	79	16	39	122
TOTAL ..	466	1,630	164	48	63	203

TABLE 7.

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.
NUNEATON M.B.	Riversley Park Clinic.	Monday a.m. Tuesday p.m. Friday p.m. (except second in month)	Sisters from Warwickshire Orthopaedic Hospital, Coleshill.
ATHERSTONE/BEDWORTH AREA.	Atherstone Health Clinic.	Tuesday p.m.	Sisters from Warwickshire Orthopaedic Hospital, Coleshill. Miss A. D. ADNITT
	Exhall Grange School.	As required.	
CENTRAL AREA	Kenilworth Health Clinic. Brunswick Health Clinic, Leamington Spa. Lillington Health Clinic. Southam Health Clinic. Warwick Health Clinic, Cape Road, Warwick.	Monday p.m. Tuesday a.m. Thursday a.m. Wednesday a.m. (1st & 3rd) Friday a.m.	Mrs. S. COOPER.
SOUTHERN AREA.	Stratford Health Clinic.	Thursday a.m.		Sisters from Warwickshire Orthopaedic Hospital, Coleshill.

TABLE 8.

ORTHOPAEDIC CLINICS.

	<i>Address of Clinic.</i>	<i>When held.</i>	<i>Surgeon.</i> <i>(Regional Hospital Board)</i>	<i>Physiotherapists.</i>
SUTTON COLDFIELD M.B.	Sutton Coldfield Hospital.	Friday a.m.	Mr. T. R. BEATSON.	R.H.B.
NUNEATON M.B.	Riversley Park Clinic, Nuneaton. Manor Hospital, Nuneaton.	Friday p.m. (last in month). Tuesday and Friday p.m.	Mr. J. H. PENROSE. Mr. S. L. PATON.	Sisters from Warwickshire Orthopaedic Hospital, Coleshill. R.H.B.
ATHERSTONE/ BEDWORTH AREA.	Exhall Grange School Clinic.	By arrangement.	Mr. J. H. PENROSE.	Miss H. D. ADNITT.
EASTERN AREA.	Hospital of St. Cross, Rugby.	Monday a.m.	Mr. I. K. SHARP.	R.H.B.
NORTH-WESTERN AREA.	Warwickshire Orthopaedic Hospital, Coleshill.	Monday (once every 3 months).	Mr. F. G. ALLAN. Mr. A. INNES.	Sisters from Warwickshire Orthopaedic Hospital, Coleshill.
CENTRAL AREA.	Health Clinic, Crown Way, Lillington, Leamington Spa. Health Clinic, Cape Road, Warwick.	Monday a.m. (alt. weeks). Tuesday p.m. (1st and 3rd in month). 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. Thursday a.m. Friday a.m. (2nd and 4th in month).	Mr. R. F. N. DUKE. Mr. E. J. GALLAGHER.	Sisters from Warwickshire Orthopaedic Hospital, Coleshill.
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.	Red Cross House, Blossomfield Road, Solihull.	2nd Tuesday p.m. (every two months) 1st Thursday p.m. (every two months)	Mr. W. H. SCRASE. Mr. C. P. COTTRILL.	R.H.B.
TAMWORTH.	Hospital Recreation Room, Tamworth Hospital, Hospital Lane, Tamworth.	Tuesday a.m.	Mr. A. INNES.	Sisters from Warwickshire Orthopaedic Hospital, Coleshill.

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
	St. Nicholas	Upper Clifton Road	Wednesday	9 a.m.—12 noon
			Monday	1.30 p.m.—4.30 p.m.
	Mere Green	Health Clinic	Tuesday	1.30 p.m.—4.30 p.m.
			Tuesday	1.30 p.m.—4.30 p.m.
Boldmere	Health Clinic	Monday	1.30 p.m.—4.30 p.m.	
		Wednesday	9.30 a.m.—12.30 p.m.	
Falcon Lodge	Health Clinic	Tuesday	9 a.m.—12 noon	
NUNEATON M.B.	Riversley Park	Health Clinic	Monday	9.30 a.m.—12.30 p.m.
			Thursday	9.30 a.m.—12.30 p.m.
	Stockingford	Health Clinic	Monday	1.30 p.m.—4.30 p.m.
			Tuesday	9.30 a.m.—12.30 p.m.
	Red Deeps	E.S.N. School	Wednesday	1.30 p.m.—4.30 p.m.
Friday		9.30 a.m.—12 noon		
ATHERSTONE AND BEDWORTH AREA	Exhall Grange	Special School	Friday	1.30 p.m.—4.00 p.m.
EASTERN AREA	Rugby Hillmorton Rugby, Temple Street	Health Clinic Health Clinic	Monday	9.00 a.m.—12 noon
			Monday	1.30 p.m.—4.30 p.m.
	Rugby R.D. Rugby, Tyntesfield	School Visits Special School	Wednesday	9.00 a.m.—12 noon
			Tuesday	1.30 p.m.—4.30 p.m.
	Rugby, Bilton	Health Clinic	Thursday	9.30 a.m.—12.30 p.m.
Brinklow	Primary School	Friday	1.30 p.m.—4.00 p.m.	
		Friday	9.00 a.m.—12 noon	
NORTH-WESTERN AREA	Chelmsley Wood Coleshill	Health Clinic (Crabtree Drive) Health Clinic	Tuesday	1.30 p.m.—4.30 p.m.
			Wednesday	9.30 a.m.—12.30 p.m.
CENTRAL AREA	Leamington Spa	62 Holly Walk	Monday	9.30 a.m.—12.30 p.m.
	Brunswick Street	Health Clinic	Monday	1.30 p.m.—4.30 p.m.
			Tuesday	1.30 p.m.—4.30 p.m.
	Lillington	Health Clinic	Friday	1.30 p.m.—4.30 p.m.
			Tuesday	9.30 a.m.—12.30 p.m.
	Kenilworth Warwick	Health Clinic Health Clinic	Wednesday	9.30 a.m.—12.30 p.m.
			Friday	1.30 p.m.—4.30 p.m.
	St. Michael's Warwick R.D.	Special School School Visits	Friday	9.30 a.m.—12.30 p.m.
			Monday	9.30 a.m.—12.30 p.m.
	Southam R.D.	Various Schools	Tuesday	9.30 a.m.—12 noon
Monday			9.30 a.m.—12 noon	
Thursday		1.30 p.m.—4.30 p.m.		
SOUTHERN AREA	Stratford-on-Avon	Health Clinic	Monday	9.30 a.m.—12.30 p.m.
			Monday	1.30 p.m.—4.30 p.m.
			Wednesday	9.30 a.m.—12.30 p.m.
	Alcester	Health Clinic	Friday	9.30 a.m.—12.30 p.m.
			Monday	1.30 p.m.—4.30 p.m.
	Studley Stratford R.D. and Alcester R.D.	Health Clinic Various Schools	Monday	10.0 a.m.—12 noon
			Tuesday	2 p.m.—4.30 p.m.
	Marie Corelli	E.S.N. School	Tuesday	1.30 p.m.—4.30 p.m.
			Tuesday	9.30 a.m.—12 noon
	Thursday		1.30 p.m.—4.30 p.m.	
Thursday		9.30 a.m.—12 noon		
Thursday		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>1970 Totals.</i>	<i>1969 Totals.</i>
No. of sessions ..	225	132	—	184	69	415	471	231	1,727	2,144
Children attending at 1st January, 1970..	29	—	—	35	—	67	59	35	225	361
First attendances in 1970.. ..	93	56	—	56	18	135	74	33	465	440
Children recalled during 1970 having been under observation in a previous year ..	66	46	—	39	22	102	23	28	326	306
Children treated during 1970 Total	188	102	—	130	40	304	156	96	1,016	1,107
Total attendances ..	1,235	507	—	990	346	1,848	2,318	1,242	8,486	10,870
Discharged in 1970 :—										
(a) Treatment completed ..	75	16	—	26	6	81	72	17	293	318
(b) Ceased attending	6	3	—	15	5	11	21	7	68	125
Placed under observation	82	54	—	56	—	116	10	40	358	305

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. ..	194	194	—
Nuneaton M.B.	132	132	—
Atherstone/Bedworth Area	161	161	—
Eastern Area	252	252	—
North-Western Area ..	78	78	—
Central Area	286	286	—
Southern Area	227	227	—
Total 1970 ..	1,330	1,330	—
Total 1969 ..	1,277	1,273	4

TABLE 12.

DENTAL SERVICE.
STAFF AND CLINICS.
At 31st December, 1970.

	<i>Surgeries in use.</i>		<i>Dental Officers.</i>		<i>Dental Auxiliaries.</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>	<i>Part-time.</i>	
Sutton Coldfield M.B.	4	—	1	5	—	—	32
Nuneaton M.B.	3	1	1	3	—	—	23
Atherstone/Bedworth Area ..	3	1	—	3	—	—	18†
Eastern Area	4*	—	—	4	—	—	18
North-Western Area	4	2	1	5	1	—	35
Central Area	6*	1	2	9	—	—	43‡
Southern Area	4*	1	2	2	—	1	32
TOTAL	28	6	7	31	1	1	201

* Includes two surgeries in one building.

† Includes two sessions by Principal Dental Officer.

‡ Includes three 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.	153.0	5,381	1,858	4,034	3,363	1,197	946
Nuneaton M.B. ..	92.0	1,917	1,242	2,032	1,895	343	217
Atherstone/ Bedworth Area ..	101.6	4,778	677	3,615	3,152	330	207
Eastern Area	40.4	1,195	1,404	1,887	1,783	228	133
North-Western Area ..	168.2	7,459	1,315	4,425	3,921	575	191
Central Area	268.6	10,491	1,794	6,824	5,490	1,852	863
Southern Area	161.3	6,463	1,149	4,245	3,304	1,110	522
COUNTY TOTAL 1970 ..	985.3	37,684	9,439	27,062	22,908	5,635	3,079
COUNTY TOTAL 1969 ..	809.9	31,367	9,144	24,071	20,466	4,276	2,577

TABLE 14.
DENTAL SERVICE.
TREATMENTS FOR SCHOOL CHILDREN.

Treatment Sessions	Sutton Coldfield M.B.	Nuneaton M.B.	Atherstone/ Bedworth Area.	Eastern Area.	North- Western Area.	Central Area.	Southern Area.	Total 1970	Total 1969
First Visits	2,486	1,469	1,615	1,215	1,698	2,726	2,049	13,258	12,559
Subsequent Visits	4,952	3,387	2,189	1,797	2,966	3,869	4,787	23,947	23,529
Total Visits	7,438	4,856	3,804	3,012	4,664	6,595	6,836	37,205	36,088
Additional courses of treat- ment commenced	1,173	175	182	87	84	471	151	2,323	2,055
Courses completed	3,200	1,125	1,412	891	1,580	2,762	2,168	13,138	12,206
Permanent teeth filled Deciduous teeth filled	4,094	2,692	3,103	1,458	2,209	3,559	3,327	20,442	19,908
Teeth otherwise conserved	1,354	1,139	349	655	1,277	1,390	1,806	7,970	7,474
	676	86	23	71	191	549	29	1,625	1,860
Permanent teeth extracted	508	336	348	427	372	558	586	3,135	3,166
Deciduous teeth extracted	1,235	1,012	866	1,191	1,403	2,019	1,385	9,111	8,031
General anaesthetics	658	130	423	637	645	607	443	3,543	3,148
Orthodontic appliances supplied	97	10	8	29	7	52	95	298	292
Dentures supplied	4	12	5	19	6	10	19	75	79

TABLE 15. REGISTERED HANDICAPPED PUPILS, 1970.

	Year of Ascertainment		EDUCATIONAL PROVISION																			
			RECOMMENDED SPECIAL SCHOOL						EDUCATIONAL PROVISION						UNDER REVIEW							
			IN SPECIAL SCHOOL, 31/12/70			On waiting list for particular school			Under investigation or on general waiting list		Recommend-ed special class in ordinary school		Home tuition				In unit, on trial or able to manage in ordinary school					
			Warwick-shire		Total	Non-War-wickshire		Total	Parents refuse consent		On waiting list for particular school		Under investigation or on general waiting list		Recommend-ed special class in ordinary school		Home tuition		In unit, on trial or able to manage in ordinary school			
	M	F	M	F	Total	M	F	M	F	Total	M	F	M	F	M	F	M	F	M	F		
A. Blind	10	5	2	1	18	6	4	11	—	—	4	1	—	—	—	—	—	—	—	—	1	1
B. Partially Sighted .. .	50	21	7	2	80	4	3	44	—	1	13	2	—	—	—	—	—	—	—	—	11	2
C. Deaf .. .	7	7	3	—	17	6	7	13	2	—	2	—	—	—	—	—	—	—	—	—	—	—
D. Partially Hearing .. .	54	38	6	6	104	—	—	45	—	3	5	4	—	—	—	—	—	—	—	—	27	19
E. Educationally Sub-Normal .. .	700	466	172	140	1478	48	10	1080	15	23	79	56	10	8	—	—	—	—	—	—	59	28
F. Epileptic .. .	13	11	4	5	33	3	2	5	—	—	1	—	—	—	—	—	—	—	—	—	12	14
G. Maladjusted .. .	63	23	21	7	114	12	7	63	1	1	12	6	—	—	—	—	—	—	—	—	25	4
H. Physically Handicapped .. .	175	102	22	26	325	8	4	105	1	—	3	6	5	1	5	1	3	6	—	—	105	73
I. Speech Defects .. .	8	4	2	—	14	—	—	7	1	—	2	—	3	—	3	—	—	—	—	—	1	—
J. Delicate .. .	67	40	5	6	118	14	12	28	3	2	4	1	—	—	—	—	—	—	—	—	51	28
TOTALS .. .	1147	717	244	193	2301	663	456	1401	25	29	125	76	10	8	3	2	291	168	20	14	291	168

TABLE 16.

NUMBER OF REGISTERED HANDICAPPED PUPILS IN EACH AREA
at 31st December, 1970.

CATEGORY.	Sutton Coldfield M.B.		Nuneaton M.B.		Atherstone/ Bedworth Area.		Eastern Area.		North- Western Area.		Central Area.		Southern Area.		Total 1970	Total 1969	Total 1968	
	1970	Total	1970	Total	1970	Total	1970	Total	1970	Total	1970	Total	1970	Total				
<i>Number of school children (excluding nursery school and special school children).</i>	15,608		10,746		15,093		14,309		14,308		21,391		12,339		103,794	98,662	94,099	
Blind	—	1	—	1	2	4	—	2	—	3	3	—	4	3	3	18	15	10
Partially Sighted	—	5	1	3	2	13	1	8	—	5	31	—	13	9	80	78	74	
Deaf	—	5	—	1	—	18	—	2	5	2	2	—	2	3	17	12	14	
Partially Hearing	—	7	2	12	2	273	4	12	25	3	20	—	10	3	104	100	96	
Educationally Sub-normal	20	98	45	247	36	10	183	4	208	66	335	47	134	12	1,478	1,302	1,236	
Epileptic	1	2	3	11	5	7	4	2	2	—	4	—	—	9	33	30	30	
Maladjusted	5	12	—	7	3	10	—	15	19	14	39	3	15	28	114	105	99	
Physically Handicapped	4	39	11	41	14	59	2	20	8	8	89	1	28	48	325	303	304	
Speech	—	—	2	3	—	1	—	2	—	—	2	—	4	2	14	12	9	
Delicate	—	13	7	24	1	14	—	3	38	—	17	—	9	11	118	110	106	
Total	30	182	71	350	65	399	57	251	64	358	98	542	52	219	437	2,301	2,067	1,978
Recorded as unsuitable for education under Section 57 of the Education Act	6	29	3	53	5	55	5	62	7	44	6	88	5	52	37	383	372	364

TABLE 17. WARWICKSHIRE SPECIAL SCHOOLS (EXCLUDING HOSPITAL SCHOOLS)

School.	Type.	Age range.	Accommodation.		On roll Christmas Term, 1970.			
					Warwickshire children.		Children from other Authorities.	
			Day.	Res.	Day.	Res.	Day.	Res.
Exhall Grange	(a) Physically handicapped, mixed ..	(a) Seniors	—	} 300	—	14	—	30
	(b) Partially sighted, mixed ..	(b) All ages	—		—	37	—	222
Bedworth, St. Margaret's	Educationally subnormal, mixed, day ..	5—16	130	—	116	—	1	—
Grendon, Sparrowdale	Educationally subnormal, mixed, day ..	5—16	150	—	79	—	39	—
Kenilworth, Millbrook Grange	Maladjusted Senior Girls, residential ..	8—16	—	35	—	10	—	15
Nuneaton, Red Deeps	Educationally subnormal, mixed, day ..	5—16	210	—	199	—	—	—
Packwood	Educationally subnormal boys ..	10—16	—	60	—	50	—	2
River House	Maladjusted boys ..	8—16	—	55	—	34	—	1
Sutton Coldfield, Langley	Educationally subnormal, mixed, day ..	5—16	170	—	149	—	10	—
Tyntesfield	Educationally subnormal, mixed, res. and day ..	5—16	110	40	90	39	—	1
Warwick, St. Michael's	Educationally subnormal, mixed, day ..	5—16	190	—	176	—	2	—
Chelmsley Wood, Forest Oak	Educationally subnormal, mixed, day ..	5—16	170	—	74	—	3	—
Stratford-upon-Avon, Marie Correlli	Educationally subnormal, mixed, day ..	5—16	110	—	56	—	1	—
	Total ..	—	1,240	490	939	184	56	271
Gresham, Leamington	Educationally subnormal, mixed, day ..	5—16	To open Summer Term 1971					
The following Day Special Schools (formerly Junior Training Centres under the Health Committee) were transferred to the Education Committee on 1st April 1971 by the Education (Handicapped Children's) Act, 1970.								
The Brooke, Merrtens Drive, Rugby	Educationally subnormal, mixed, day ..	5—16	50	Short stay facilities at each school for up to 12 children.	43	—	—	—
The Ridgeway, Montague Road, Warwick	Educationally subnormal, mixed, day ..	5—16	50		44	—	—	—
The Leyland, Leyland Road, Nuneaton	Educationally subnormal, mixed, day ..	5—16	50		59	—	—	—
The Longmoor, Coppice View, Sutton Coldfield	Educationally subnormal, mixed, day ..	5—16	50		48	—	—	—
The Blythe, Packington Lane, Coleshill	Educationally subnormal, mixed, day ..	5—16	50		52	—	—	—
The Lambert, Blue Cap Road, Stratford-upon-Avon	Educationally subnormal, mixed, day ..	5—16	50		31	—	—	—

TABLE 18.

DEATHS OF CHILDREN AGED 5-14 (INCLUSIVE).

Registrar General's Categories	Cause of Death	Average		Average		Average		Average		1966	1967	1968	1969	1970
		1951-55	1956-60	1961-65	1966-70	1966	1967	1968	1969						1970
B1-18	Infectious diseases	3.8	2.0	0.8	1.0	2	1	—	—	—	—	—	—	2
B19 & 20	Malignant and other neoplasms	4.0	6.8	4.6	6.2	6	4	7	7	8	—	—	—	6
B21	Diabetes	—	0.2	—	0.4	—	2	—	—	—	—	—	—	—
B23	Anaemias	—	—	—	0.4	—	—	—	—	—	—	—	—	2
B26-30	Diseases of heart and circulation	1.0	—	0.6	0.4	—	1	—	—	—	—	—	—	1
B31-33	Non-tuberculous respiratory diseases	4.6	3.6	2.0	3.4	2	2	7	7	4	—	—	—	2
B34-36	Diseases of stomach and bowel	—	—	0.2	0.2	—	—	1	1	—	—	—	—	—
B38 & 39	Non-malignant diseases of kidney and prostate	1.2	1.0	0.4	0.2	—	1	—	—	—	—	—	—	—
B42	Congenital malformations	1.0	2.0	1.8	1.8	1	1	4	4	1	—	—	—	2
B46	Other defined and ill-defined diseases	8.0	5.4	6.2	5.0	4	7	4	4	5	—	—	—	5
BE 47	Motor vehicle accidents	6.8	7.4	6.2	10.2	10	12	9	10	10	—	—	—	10
BE 48	Other accidents	4.2	6.4	4.0	5.2	3	8	2	7	7	—	—	—	6
BE 49 & 50	Suicide and homicide	0.4	0.6	0.4	—	—	—	—	—	—	—	—	—	—
	Total All Causes	35.0	35.4	27.2	34.4	28	39	34	35	36				
	Estimated mid-year population 5-14 inc.	78,700	91,580	91,920	93,520	85,600	88,900	92,300	97,500	103,300				
	Death rate per 1,000 population	0.44	0.39	0.30	0.37	0.33	0.44	0.37	0.36	0.35				

TABLE 19. **CHILD GUIDANCE.**
Number of Children attending Clinics.

	1970		
	<i>New Cases.</i>	<i>Old Cases.</i>	<i>Total.</i>
Local Authority Clinics	153	386	539
Hospital Clinics	139	353	492
Total	292	739	1,031

TABLE 20. **SCHOOL MEALS SERVICE.**

Information provided by the Education Department.

The average number of meals provided daily in the schools in 1970 was 72,648. Comparison with previous years is given below:—

	<i>Year</i>					<i>Average no. of meals provided daily in schools</i>
Including Solihull	1946	..	..	..	..	19,309
	1950	..	..	..	..	24,691
	1955	..	..	..	..	34,347
	1960	..	..	..	..	49,012
	1963	..	..	..	..	60,173
Excluding Solihull	1963	..	..	..	..	51,189
	1965	..	..	..	..	55,489
	1970	..	..	..	..	72,648

The figure for 1970 represents approximately 76% of the children in attendance.

TABLE 19.

Number of Children attending Clinics	Hospital Clinics		Local Authority Clinics	Total
	General	Specialist		
8118	122	122	244	8362
8119	122	122	244	8362
8120	122	122	244	8362
8121	122	122	244	8362
8122	122	122	244	8362
8123	122	122	244	8362
8124	122	122	244	8362
8125	122	122	244	8362
8126	122	122	244	8362
8127	122	122	244	8362
8128	122	122	244	8362
8129	122	122	244	8362
8130	122	122	244	8362
8131	122	122	244	8362
8132	122	122	244	8362
8133	122	122	244	8362
8134	122	122	244	8362
8135	122	122	244	8362
8136	122	122	244	8362
8137	122	122	244	8362
8138	122	122	244	8362
8139	122	122	244	8362
8140	122	122	244	8362
8141	122	122	244	8362
8142	122	122	244	8362
8143	122	122	244	8362
8144	122	122	244	8362
8145	122	122	244	8362
8146	122	122	244	8362
8147	122	122	244	8362
8148	122	122	244	8362
8149	122	122	244	8362
8150	122	122	244	8362
8151	122	122	244	8362
8152	122	122	244	8362
8153	122	122	244	8362
8154	122	122	244	8362
8155	122	122	244	8362
8156	122	122	244	8362
8157	122	122	244	8362
8158	122	122	244	8362
8159	122	122	244	8362
8160	122	122	244	8362
8161	122	122	244	8362
8162	122	122	244	8362
8163	122	122	244	8362
8164	122	122	244	8362
8165	122	122	244	8362
8166	122	122	244	8362
8167	122	122	244	8362
8168	122	122	244	8362
8169	122	122	244	8362
8170	122	122	244	8362
8171	122	122	244	8362
8172	122	122	244	8362
8173	122	122	244	8362
8174	122	122	244	8362
8175	122	122	244	8362
8176	122	122	244	8362
8177	122	122	244	8362
8178	122	122	244	8362
8179	122	122	244	8362
8180	122	122	244	8362
8181	122	122	244	8362
8182	122	122	244	8362
8183	122	122	244	8362
8184	122	122	244	8362
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8187	122	122	244	8362
8188	122	122	244	8362
8189	122	122	244	8362
8190	122	122	244	8362
8191	122	122	244	8362
8192	122	122	244	8362
8193	122	122	244	8362
8194	122	122	244	8362
8195	122	122	244	8362
8196	122	122	244	8362
8197	122	122	244	8362
8198	122	122	244	8362
8199	122	122	244	8362
8200	122	122	244	8362

TABLE 20.

Year	Including School		Excluding School		Total
	1957	1958	1957	1958	
1957	17,309	17,309	17,309	17,309	34,618
1958	17,309	17,309	17,309	17,309	34,618
1959	17,309	17,309	17,309	17,309	34,618
1960	17,309	17,309	17,309	17,309	34,618
1961	17,309	17,309	17,309	17,309	34,618
1962	17,309	17,309	17,309	17,309	34,618
1963	17,309	17,309	17,309	17,309	34,618
1964	17,309	17,309	17,309	17,309	34,618
1965	17,309	17,309	17,309	17,309	34,618
1966	17,309	17,309	17,309	17,309	34,618
1967	17,309	17,309	17,309	17,309	34,618
1968	17,309	17,309	17,309	17,309	34,618
1969	17,309	17,309	17,309	17,309	34,618
1970	17,309	17,309	17,309	17,309	34,618
1971	17,309	17,309	17,309	17,309	34,618
1972	17,309	17,309	17,309	17,309	34,618
1973	17,309	17,309	17,309	17,309	34,618
1974	17,309	17,309	17,309	17,309	34,618
1975	17,309	17,309	17,309	17,309	34,618
1976	17,309	17,309	17,309	17,309	34,618
1977	17,309	17,309	17,309	17,309	34,618
1978	17,309	17,309	17,309	17,309	34,618
1979	17,309	17,309	17,309	17,309	34,618
1980	17,309	17,309	17,309	17,309	34,618



The average number of meals provided daily in the schools in 1970 was 17,309 with previous years is given below:-

The figure for 1970 represents approximately 75% of the children in attendance.