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WARWICKSHIRE COUNTY COUNCIL.

Education Committee.



ANNUAL REPORT

OF THE

Principal School Medical Officer,

FOR THE YEAR

1971.

August, 1972.

Annual Report of the Principal School Medical Officer, 1971.

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5 JUL 1975
LONDON
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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 1971.

The future of the School Health Service.

In my last report the future of the School Health Service was still unknown and strictly speaking it should remain unknown if one adheres to the actual year in question—1971.

However, as it was understood that the future of the School Health Service would be made known before this annual report went to the press, I decided to await it before writing the Principal School Medical Officer's letter as I felt that it was only fair to the Chairman and Members to share in the knowledge that at last the uncertainty about the future of the School Health Service is ended.

For Members who may not have had the opportunity of reading the section in the blue booklet on the "National Health Service Re-organisation; England" it may be helpful if I give below the exact wording of the three Sections on pages 4 and 5 of the blue booklet which affect the future of the School Health Service, the Child Guidance Service and Health Education.

"School Health

20. Those providing health services for schoolchildren will need to work closely with the hospital service and personal health services for families and children and with the education service. Local education authorities' present responsibilities for school medical and dental services will be transferred to the NHS. Local education authorities will remain responsible for the ascertainment and education of children who through handicap or disability need special education. The NHS will make available to local education authorities the advice and the medical, dental, nursing and allied resources which they need to discharge these functions, and will give them similar help in such fields as health education and school hygiene. There will be arrangements for joint planning and co-ordination of the two services.

21. With the fusion of the organisation and management of all the present dental services within the new health authorities, hospital dentists, general dental practitioners and dentists providing services for schoolchildren, children below school age, and expectant and nursing mothers will be able to work together more closely.

Child guidance

22. The child guidance service is made up of three distinct elements. They are child psychiatry (which may in future increasingly be based in general hospitals); social work (which will have its main base in local authority social services departments); and educational psychology, which falls to local education authorities. The present pattern of organisation, with work centred in many areas in a clinic in local education authority premises, is likely on present trends to give way gradually to looser and more flexible arrangements. What is essential is that the three services should continue to work in close partnership to meet the needs of children with emotional, learning or behavioural problems. Partnership is needed in ensuring co-ordination of the observation, assessment and treatment activities of the health authorities, the education service and the local authority social services for children in care.

Health education

23. As part of their responsibility for the prevention of illness, the health authorities will have comprehensive health education powers. But because they are responsible for environmental health services such as food safety and hygiene, local authorities will have complementary powers; local education authorities will retain their responsibility for health education within the school curriculum. The Health Education Council will continue to work with the various bodies concerned with health education, and to provide a national focus and centre of activity."

So far as the School Health Service is concerned we learn that local education authorities' present responsibilities for the School Medical and Dental Services will be transferred to the National Health

Service although local education authorities will remain responsible for the ascertainment and education of children who through handicap or disability need special education. We learn also that the National Health Service will make available to local education authorities the advice and the medical, dental, nursing and allied resources which they need to discharge these functions and will give them similar help in such fields as Health Education and School Hygiene. So far as the Dental Service is concerned the Secretary of State is of the opinion that the new arrangements will help the dentists undertaking varied work to work more closely together.

I consider it vitally important for the County Education Committee that it is strongly represented by its Members on the new Area Health Board since if local education authorities are to remain responsible for the ascertainment and education of children needing special education it is, I think, extremely important that the Education Committee should have strong and powerful representation in order to guard the Authority's own interests in so far as these children are concerned and also the correct spending of the Authority's money, especially as Warwickshire will no longer have its own Principal School Medical Officer working in the Authority's interests to protect, advise, and assist in any other way, as in the past.

When Dr. Crowley made his contribution to this annual report the Government booklet from which I have quoted above had not been published and its contents were entirely unknown to all of us. If one reads the Government report and Dr. Crowley's report one cannot help being struck by the extraordinary insight which Dr. Crowley had into the needs of the future Child Guidance Service and his timely warnings of the pitfalls which may well lie ahead for the Child Guidance Service especially if some of the proposals in the new Government paper are put into practice. Both Dr. Crowley and the new Government proposals acknowledge that the Child Guidance Service is made up of three distinct elements and, as Dr. Crowley points out, although times may have changed and in re-organisation the Child Guidance Clinic must change its shape its name or its administration, the fundamental principle cannot change, but the mental health of the child depends on a meeting point of the medical, educational and social services.

Dr. Crowley points out the real danger that exists that each of these three services may wish to become independent and, as he says, "do a Solomon's judgement", dividing the child into three parts. One trend which Dr. Crowley fears is the tendency for the new child psychiatrists to base themselves on the hospital, thus losing contact with the community. His fears seem justified when one reads in the Government's paper that child psychiatry may in future increasingly be based in general hospitals.

The Government's paper foresees that the present pattern of organisation, with work in many areas, as in Warwickshire, centred in a Clinic in local education authority premises will give way gradually to looser and more flexible arrangements. Again to quote Dr. Crowley "there is a danger that the School Psychological Service may venture into fields which are more the province of the social or the medical services whereas the new social service personnel often lack experience, have not yet been able to communicate adequately with other services and may err by tackling problems beyond their ability or by referring too many cases to the psychiatrist without the right type of data for consultation with the medical service."

As I interpret Dr. Crowley's report, he considers that the three services should not only work closely together but work from one centre, and that the personnel of each service should keep strictly to the type of work which is within their own sphere and for which they have been specifically trained.

The Government's paper recognises that it is essential that the three services should work in close partnership and that partnership is needed in ensuring co-ordination. The Government's guide lines for the Child Guidance Service seem very loosely worded compared with Dr. Crowley's direct experience of the best methods of achieving the appropriate help that the child needs and which is the main purpose for employing the personnel who make up the three services involved.

It is proposed in the blue booklet that local education authorities should retain their responsibilities for Health Education within the School Curriculum. It is to be hoped that schools will continue to maintain Health Education as an important part of their curriculum.

In conclusion there are two points which one cannot help making:—

One is regret at the virtual loss from the local authority of the integrated School Health Service as we have known it for many years.

The second is the poverty of the proposals for the new School Health Service in the blue booklet compared with, for those who have time to refer back, those quoted in the introductory letter in my annual report as Principal School Medical Officer last year (1970). It may be remembered that in January, 1971 representatives of the Local Authority Organisation met representatives of the Department of Education and Science and suggested and implemented a joint study to consider how the continuance of the School Health Service and its development could be ensured. It was also agreed that joint study should include a definition and evaluation of the existing and prospective functions of the School Health Service and in the introductory letter referred to above that particular part of the proposed paper was reproduced.

It is recognised that the new blue booklet cannot go into great detail, especially at this stage, but the needs of the School Health Service, the Child Guidance Service and Health Education Service seem very lightly dismissed and reference to them glibly worded, and for my own part I cannot help being apprehensive still for the future of the School Health Service.

Child Guidance.

The Consultant Child Psychiatrist reports as follows:—

"The Future of the Child Guidance Clinic.

The basis of treatment for the problem child has always been the combined effort of the doctor, the teacher and the social service. This is necessary because the child can only be seen as part of his family and against the background of his environment at home and at school. His past and his future are as important as the present.

The Psychiatrist can only advise if he has a full social history, medical reports and all the information from the Psychologist and the school. Treatment can only be done by unified action.

Times have changed, and in re-organisation the Child Guidance Clinic must change its shape, its name or administration. But the fundamental principle cannot change, that the mental health of the child depends on a meeting point of the medical, educational and social services.

There is a real danger that each of these services may wish to become independent and do a Solomon's judgement, dividing the child into three parts.

There is a tendency for the new child psychiatrists to base themselves on the Hospital, thus losing contact with the community. There is a danger that the School Psychological Service may venture into fields which are more the province of the social or the medical services. The new social service personnel often lack experience, have not yet been able to communicate adequately with the other services. They may err by tackling problems beyond their ability, or by referring too many cases to the Psychiatrist without the right type of data, or consultation with the medical service.

The Child Guidance Clinic is the keystone to the child mental health service, but it cannot work without the social services. Chaos is developing because there are no plans for co-operation, very little communication or discussion. Too many problem children are referred urgently without a social history or consultation with the medical services or schools. Cases for referral should be carefully selected to avoid the evil of a long waiting list. There is a grave shortage of consultants in child and family psychiatry. Until such time as two more consultants are appointed, the time of the present Consultant should be used effectively and not wasted.

This is a crucial point in Medical History. Will the Consultant in Child and Family Psychiatry take his stand in the community or must he retire to his base in the Hospital?"

Children with Impaired Hearing.

Pre-School Children.

The Senior County Teacher of Hearing Impaired Children reports that at the time of writing there were thirty-four children in the County between the ages of one and five years with hearing losses or under observation being suspected of having hearing losses. Two displayed the rubella syndrome, one was diagnosed as being deaf and autistic and another severely disturbed. These last two were receiving respectively three half days and two full days attention from part-time teachers of the deaf. Twelve children were receiving attention in the Nursery Assessment Units. The usual regular weekly sessions of guidance were being given to the parents of the remaining twenty children.

Assessment Units.

(a) Lillington Nursery Assessment Unit.

This class was reported as being full with six children attending daily on a full time basis, five having demonstrable hearing losses and the remaining one under observation for possible hearing loss. During the year one child transferred to a normal nursery school in another area and two went on to a Residential School for the Deaf. The six children attending travel from Kenilworth, Rugby, Leamington and Wellesbourne.

(b) Bedworth Heath Nursery Assessment Unit.

This class re-opened at the beginning of the summer term after the resignation of a teacher necessitated closure for one term. Six children were attending on a full-time basis. Two children left the Unit for a Birmingham Day School for Hearing Impaired Children. The children in attendance travelled from Nuneaton, Austrey and Chelmsley Wood.

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

There were eight partially hearing children on the roll, travelling daily from Sutton Coldfield, Coleshill, Water Orton, Chelmsley Wood and Keresley. One child transferred to Coleshill High School.

(d) Monks Kirby Brockhurst C.E. Junior and Infants School, Unit for Partially Hearing Children.

This class was unable to open in September as a suitable teacher could not be found.

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

The opening of this unit was postponed for financial reasons.

Hearing Impaired Children in Primary and Secondary Schools.

The number of children in normal schools who had auditory conditions sufficient to warrant special attention averaged 120, 77 of whom were hearing aid users. One teacher worked part-time in her home with three children needing intensive help and on the admission list for the new unit at Monks Kirby.

Children in Residential Schools for the Deaf and Partially Hearing.

Again liaison between homes and schools has continued but pressure of other duties prevented extensive and more effective work in this field. As is customary, assistance was given in the placement of school leavers in industry, and advice given to employers and supervisors on the shop floor.

Placement in Schools for Hearing Impaired Children.

The Senior County Teacher was pleased to report the easing of the placement difficulties which had been experienced in the north-west of the County by the erection of temporary classrooms making it possible for all the children concerned to be catered for.

Speech Therapy.

The Senior Speech Therapist reports that, as previously, staffing of the service continued to be a major problem. By the end of 1971 there remained vacancies for the equivalent of 1.5 full-time speech therapists out of a total establishment of seven full-time staff.

As from April, 1971 when the former Junior Training Centres were regraded to the status of special school, all of them were visited occasionally by the speech therapists in order to advise the staff on speech and language programmes which could be carried out with a class, a group or with individual children. It was not possible, however, to arrange visits on a regular basis.

During the summer holiday, the speech therapists in Nuneaton carried out an experimental project with eight children, in which three groups of children were seen for intensive therapy. The age range in the groups was from five to seven years and treatment was given to each group twice weekly for a one hour session over a period of five weeks, at the end of which five children had attained satisfactory speech and one child needed only a further three sessions. The remaining two children continued with regular group therapy on a once weekly basis.

Such a project depends very largely on parental co-operation for attendance, but with careful selection it is hoped that intensive treatment of this nature can be extended within the County.

The speech therapists have welcomed opportunities offered during the year to meet for discussion with various groups of teachers and are grateful for their help and interest, particularly in those areas where the speech therapists' service is minimal or non-existent.

Chief Dental Officer's Report.

The Chief Dental Officer reports that the staffing situation deteriorated during the year and the position was further aggravated by maternity leave taken by two dental officers. It was impossible to recruit new staff, and it is highly probable that this was due to uncertainty about the future of the local authority dental service.

Efforts continued to make available new clinic accommodation and work progressed on the first full Health Centre in the County.

As recommended by the Department of Education and Science, greater efforts were made to undertake routine dental inspections at schools, and nearly 44,000 children were seen, representing 39% of the total school population. Unfortunately with the continued increase in the school population, the proportion inspected did not increase as rapidly as the actual number of children examined. In 1970, the number of children inspected was 37,684, representing 36% of the total, but an increase of 7,000 inspections during 1971 raised the proportion by only 3%. In addition approximately 14,000 children were examined, as a result of recall inspections at clinics and second inspections during the year.

There was again an improvement in the ratio of permanent teeth filled to those extracted, the figure for 1971 being 7.8 : 1 compared with 6.5 : 1 in 1970.

The proportion of deciduous teeth filled to those extracted also rose and it is hoped that as a result of fluoridation of the public water supply the problem of dental decay may be brought under control in the foreseeable future.

The Chief Dental Officer stresses, however, that despite these measures to solve the problem, there remains an urgent need for parents to discourage in their children the practice of eating sweets or snacks between meals. This practice causes the acidity, which encourages dental decay, to remain in the child's mouth for a dangerously longer period than if the child were allowed to eat at main meal times only.

School Swimming Pools.

By the end of the year over 560 visits had been made 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. Bacteriological examinations were made on 24 samples of pool water. In addition, as a further aid to the education of persons responsible for the daily operation of pools, experiments were carried out using media-coated slides to illustrate general bacterial growths and of the presence of coliform organisms in pool waters where chlorination has been suspect. The experiment appears successful and further trials will be made next year. There were 44 swimming pools in use at schools.

Food Hygiene.

As in previous years, talks on Food Hygiene to kitchen staffs in the School Meals Service were given by the County Health Inspector and again to Women's Institutes and similar organisations on the same subject. This subject remains popular with these organisations and is regarded as a worthwhile effort of Health Education.

During the year, in addition to routine inspections of school kitchens and County Council establishments, utensils and equipment from 25 of these premises were examined bacteriologically within the Department using the "Agar Sausage" technique. These tests totalled over 750. In two instances, results indicated slightly low standards. Again, production of the cultures within 24-30 hours for staff to see, followed by a short talk, resulted in satisfactory cultures when repeat tests were made later.

Last year I thanked all members of staff who were continuing to maintain the School Health Service in what was already a very difficult period of uncertainty. In this respect the year 1971 has been even more difficult, in that the uncertainty not only remained but intensified, right up to the publication of the blue

booklet last week. In such circumstances it is not easy to maintain the same level of interest and enthusiasm as in normal times, but this they have done and I not only thank the staff concerned but congratulate them.

GEORGE H. TAYLOR,
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 ..		
	<i>Medical Officer.</i>	<i>Departmental 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.	
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 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	Miss B. DLUZEWKA.
Eastern Area	Mrs. C. L. HAINE.
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.

There are in addition 26 part-time dental officers who work sessions equal to 9.3 whole-time officers.

Chief Nursing Officer.

Miss V. E. BEESTON.

Principal Nursing Officers.

Miss M. J. HEDGES.

Miss M. I. SANKEY.

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 96 health visitors, 6 district nurse/midwife/health visitors who combine school nursing with other duties, and 7 school nurses.

Senior Speech Therapist.
Mrs. J. BECKETT.

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

Speech Therapists.

Mrs. M. CLARKSON.
Mrs. M. P. MANLEY
Mrs. A. RUTSON
Miss S. SPENCER

} Whole-time.

There are in addition 5 part-time speech therapists equal to 1.5 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.
Mrs. E. L. WILLBOND.

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

Year	Nursery		Primary and Secondary		Special		Total
	
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
1971	409	..	109,764	..	1,525	..	111,698

Figures for 1946-60 include Solihull C.B.

TABLE 2. NUMBER OF SCHOOLS AND NUMBER OF SCHOOL CHILDREN ON ROLL AT JANUARY, 1971, EXCLUDING SPECIAL SCHOOLS

	Nursery Schools.		Primary.		Secondary.		Total Schools.	Total Children.
	Schools.	Children.	Schools.	Children.	Schools.	Children.		
Sutton Coldfield M.B. ..	—	—	33	9,385	9	6,770	42	16,155
Nuneaton M.B.	2	85	26	6,996	9	4,440	37	11,521
Atherstone/Bedworth Area ..	3	188	44	9,629	8	5,843	55	15,660
Eastern Area	—	—	46	9,203	11	5,606	57	14,809
North-Western Area ..	—	—	44	11,542	11	5,451	55	16,993
Central Area	3	136	70	13,859	13	8,218	86	22,213
Southern Area	—	—	63	7,787	12	5,035	75	12,822
TOTAL	8	409	326	68,401	73	41,363	407	110,173

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	10,287	308	1,119	1,370
Second age group	3,880	136	211	343
Third age group	4,204	141	144	283
8 Year vision	7,810	272	—	272
Vision—other ages	9,100	260	—	260
TOTAL	35,281	1,117	1,474	2,528

* 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 35,281.		Special Medical Examinations. Number 2,741.	
	Defects requiring treatment.	Possible Defects requiring observation.	Defects requiring treatment.	Possible Defects requiring observation.
Eyes	1,208	3,503	119	260
Orthopaedic	532	761	48	113
Nose and Throat	199	1,095	20	202
Skin	66	289	11	56
Ears	212	649	58	111
Lungs	57	378	5	47
Speech	70	239	9	17
Developmental	146	429	16	43
Lymphatic Glands	7	121	—	11
Psychological	32	364	33	109
Nervous System	25	119	3	21
Heart	25	200	4	34
Abdomen	14	84	1	12
Other	53	447	17	81
TOTALS	2,646	8,678	344	1,117

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

CLINIC	No. of sessions		No. of individual children seen during 1971		Total attendances made by these children	Total number prescribed spectacles	No. referred for Orthoptic Treatment	Total cases on Register 31/12/71
	1971	1970	New cases	Other				
9 Holland Street, Sutton Coldfield ..	87	87	201	673	887	245	—	1,453
Riversley Park Clinic, Nuneaton ..	58	59	145	464	609	341	50	586
Health Clinic, Atherstone ..	33	47	59	84	143	70	8	144
Health Clinic, Bedworth ..			60	110	170	65	35	126
TOTAL.. ..	33	47	119	194	313	135	43	270
Temple Street Clinic, Rugby ..	110	109	165	771	936	180	15	666
Wingfield Road Clinic, Coleshill ..	107	105	34	357	391	22	—	166
St. Peter's Church Hall, Balsall Common ..			12	80	92	7	—	44
C. E. School, Meriden ..			—	7	7	—	—	4
Health Clinic, Chelmsley Wood ..			157	251	408	26	—	186
TOTAL.. ..	107	105	203	695	898	55	—	400
62 Holly Walk, Leamington Spa ..	23	69	75	68	143	100	13	—
Health Clinic, Lillington ..			14	54	68	47	4	—
Brunswick Clinic, Leamington Spa ..			10	49	59	36	1	—
Cape Road Clinic, Warwick ..			22	81	103	63	2	—
Health Centre, Kenilworth ..	..	..	11	49	60	34	3	—
TOTAL.. ..	23	69	132	301	433	280	23	—
Health Clinic, Stratford-upon-Avon ..	12	41	48	150	198	124	15	—
GRAND TOTAL ..	430	517	1,013	3,248	4,274	1,360	146	3,375
1970 TOTAL ..	..	517	1,580	4,470	6,086	2,473	315	6,390

Transferred to R.H.B. 15th April 1971

Transferred to R.H.B. 15th April 1971

TABLE 6.

**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. (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.	Monday p.m. Tuesday a.m.	} Mrs. S. COOPER.
	Warwick Health Clinic, Cape Road, Warwick.	Thursday a.m. Wednesday a.m. (1st & 3rd) Friday a.m.	
SOUTHERN AREA.	Stratford Health Clinic.	Thursday a.m.	Sisters from Warwickshire Orthopaedic Hospital, Coleshill.

TABLE 7.

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). 1st Thursday	Mr. F. G. ALLAN. Mr. A. INNES. Mr. H. PIGGOTT.	Sisters from Warwickshire Orthopaedic Hospital, Coleshill.
CENTRAL AREA.	Health Clinic, Cape Road, Warwick.	Wednesday a.m. (1st and 3rd in month).	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 8.

SPEECH THERAPY.

CLINICS.

	<i>Clinic</i>	<i>Address</i>	<i>When held</i>	
SUTTON COLDFIELD M.B.	Wylde Green Boldmere	Health Clinic Health Clinic	Monday	9.30 a.m.—12.30 p.m.
			Monday	1.30 p.m.—4.30 p.m.
	Falcon Lodge	Health Clinic	Wednesday Tuesday	9.30 a.m.—12.30 p.m. 9 a.m.—12 noon
NUNEATON M.B.	Riversley Park	Health Clinic	Monday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
			Thursday	9.30 a.m.—12.30 p.m.
	Stockingford	Health Clinic		1.30 p.m.—4.30 p.m.
	Red Deeps	E.S.N. School	Tuesday	9.30 a.m.—12.30 p.m.
			1.30 p.m.—4.30 p.m.	
			Wednesday	9.30 a.m.—12 noon
			Friday	9.30 a.m.—12 noon
ATHERSTONE AND BEDWORTH AREA	Atherstone	Health Clinic	Monday	9.30 a.m.—12.30 p.m.
				1.30 p.m.—4.30 p.m.
	Sparrowdale Atherstone R.D.	Special School School Visits	Tuesday	9.30 a.m.—12.30 p.m.
			Tuesday	1.30 p.m.—4 p.m.
			Wednesday	9.30 a.m.—12.30 p.m.
	St. Margaret's Bedworth	Special School Health Clinic	Thursday	9.30 a.m.—12.30 p.m.
			Thursday	1.30 p.m.—4.30 p.m.
		Friday	9.30 a.m.—12.30 p.m.	
			1.30 p.m.—4.30 p.m.	
	Exhall Grange	Special School	Friday	1.30 p.m.—4 p.m.
EASTERN AREA	Bilton Temple Street Tynesfield	Health Clinic Health Clinic Special School	Monday Monday Thursday	9 a.m.—12 noon 1.30 p.m.—4.30 p.m. 9.30 a.m.—12.30 p.m.
				1.30 p.m.—4 p.m.
	Hillmorton Brinklow	Health Clinic Primary School	Wednesday Tuesday	9.30 a.m.—12.30 p.m. 9 a.m.—12 noon
NORTH-WESTERN AREA	Chelmsley Wood Coleshill	Health Clinic (Crabtree Drive) Health Clinic	Tuesday Wednesday	9.30 a.m.—12.30 p.m. 9.30 a.m.—12.30 p.m.
CENTRAL AREA	Leamington Spa	62 Holly Walk	Monday (alt. wks.)	9.30 a.m.—12.30 p.m.
			Tuesday	1.30 p.m.—4.30 p.m.
	Brunswick Street	Health Clinic	Tuesday	1.30 p.m.—4.30 p.m.
			Friday	9.30 a.m.—12.30 p.m.
	Gresham Lillington	Special School Health Clinic	Tuesday	9.30 a.m.—12.30 p.m.
			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.
				1.30 p.m.—4.30 p.m.
	Warwick	Health Clinic	Monday (alt. wks.)	9.30 a.m.—12.30 p.m.
			Tuesday	9.30 a.m.—12 noon
	St. Michael's Warwick R.D. Southam R.D.	Special School School Visits Various Schools	Monday Friday Tuesday	1.30 p.m.—4 p.m. 1.30 p.m.—4 p.m. 9 a.m.—12 noon
				1.30 p.m.—4 p.m.
			Thursday (alt. wks.)	9.30 p.m.—12 noon
			(alt. wks.)	1.30 p.m.—4.30 p.m.
SOUTHERN AREA	Alcester	Health Clinic	Monday	10 a.m.—12 noon
				2 p.m.—4.30 p.m.
	Studley	Health Clinic	Tuesday	1.30 p.m.—4.30 p.m.

TABLE 9. NUMBER OF CHILDREN ATTENDING SPEECH THERAPY CLINICS.

	Sutton Coldfield M.B.	Nuneaton M.B.	Atherstone/Bedworth Area.	Eastern Area.	North-Western Area.	Central Area.	Southern Area.	Special Schools.	1971 Totals.	1970 Totals.
Sessions	258	313	38	253	73	462	448	334	2,179	1,727
Cases on register for attendance at beginning of year ..	26	28	—	29	11	64	53	51	262	225
New cases seen during the year	107	102	63	95	14	162	79	43	665	465
Children recalled this year having been placed under observation in a previous year	65	53	49	59	15	111	9	28	389	326
Cases transferred from other clinics ..	5	8	—	—	—	4	2	25	44	—
Total children treated during the year ..	203	191	112	183	40	341	143	147	1,360	1,016
Total attendances ..	1,218	1,511	168	1,086	321	2,183	2,188	1,616	10,291	8,486
Children placed under observation during the year	72	77	26	96	9	143	—	17	440	358
Cases transferred to other clinics ..	12	18	—	3	2	22	5	8	70	—
Number discharged:										
(a) Treatment completed — Speech Normal	41	36	20	31	8	71	19	7	233	} 293
(b) Treatment completed — Much improved ..	10	—	3	16	1	13	8	10	61	
(c) Left district ..	—	—	—	—	—	—	—	—	—	—
(d) Ceased attendance	21	22	—	16	2	19	17	12	109	68

TABLE 10. CHILDREN AND YOUNG PERSONS ACT, 1933.
No. OF CHILDREN EXAMINED UNDER EMPLOYMENT OF CHILDREN BYELAWS.

	Number of children examined.	Number granted certificates.	Number refused certificates.
Sutton Coldfield M.B. ..	146	145	1
Nuneaton M.B.	100	100	—
Atherstone/Bedworth Area	229	229	—
Eastern Area	274	273	1
North-Western Area ..	68	68	—
Central Area	250	247	3
Southern Area	267	267	—
Total 1971 ..	1,334	1,329	5
Total 1970 ..	1,330	1,330	—

TABLE 11.

DENTAL SERVICE.
STAFF AND CLINICS.
At 31st December, 1971.

	<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.	2	—	1	2	—	—	19
Nuneaton M.B.	3	1	1	3	1	—	33
Atherstone/Bedworth Area ..	3	1	—	4	—	—	12†
Eastern Area	4*	—	—	4	—	—	18
North-Western Area	4	2	1	4	1	—	32
Central Area	6*	1	2	8	—	1	46‡
Southern Area	4*	—	2	2	1	—	37
TOTAL	26	5	7	27	3	1	197

* Includes two surgeries in one building.

† Includes two sessions by Chief Dental Officer.

‡ Includes three sessions by Chief Dental Officer.

TABLE 12.

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	F
Sutton Coldfield M.B. ..	27.8	2,173	1,799	2,510	1,868	986	792
Nuneaton M.B. ..	27.0	3,258	1,225	3,704	3,129	513	352
Atherstone/ Bedworth Area ..	49.7	4,500	666	3,186	2,819	284	170
Eastern Area	55.0	6,436	1,367	5,422	3,730	230	132
North-Western Area ..	55.4	6,723	1,029	3,832	3,471	290	176
Central Area	140.9	15,927	1,438	10,287	7,919	2,034	908
Southern Area	63.0	4,965	1,114	3,559	2,991	1,134	669
COUNTY TOTAL 1971 ..	418.8	43,982	8,638	32,500	25,927	5,471	3,199
COUNTY TOTAL 1970 ..	985.3	37,684	9,439	27,062	22,908	5,635	3,079

TABLE 13.

DENTAL SERVICE.
TREATMENTS FOR SCHOOL CHILDREN.

	<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>Total 1971</i>	<i>Total 1970</i>
Treatment Sessions	995.3	1,217.3	1,057.7	827.1	616.4	1,485.8	1,149.9	7,349.5	6,991
First Visits	1,884	2,125	1,756	1,991	1,578	3,451	1,961	14,746	13,258
Subsequent Visits	3,114	4,836	3,870	2,408	2,324	4,403	3,852	24,807	23,947
Total Visits	4,998	6,961	5,626	4,399	3,902	7,854	5,813	39,553	37,205
Additional courses of treatment commenced	783	267	106	146	142	503	211	2,158	2,323
Courses completed	2,274	1,605	1,635	1,612	1,607	3,393	2,114	14,240	13,138
Permanent teeth filled	3,036	3,881	4,238	2,523	1,625	4,691	3,531	23,525	20,442
Deciduous teeth filled	730	1,569	833	1,001	1,452	2,181	1,706	9,472	7,970
Teeth otherwise conserved ..	516	44	73	908	175	1,031	164	2,911	1,625
Permanent teeth extracted ..	421	485	344	581	221	585	374	3,011	3,135
Deciduous teeth extracted ..	874	1,440	792	1,466	1,362	2,200	1,041	9,175	9,111
General anaesthetics	503	196	462	668	530	608	323	3,290	3,543
Orthodontic appliances supplied	88	10	8	18	13	39	37	213	298
Dentures supplied	2	11	8	10	5	16	8	60	75

TABLE 14.

REGISTERED HANDICAPPED PUPILS, 1971.

	Year of Ascertainment										EDUCATIONAL PROVISION																		
	Before 1971					During 1971					RECOMMENDED SPECIAL SCHOOL							Under REVIEW											
	M		F		Total	M		F		Total	Parents refuse consent		On waiting list for particular school		Under investigation or on general waiting list		Recommended class in ordinary school		Home tuition		In unit, on trial or able to manage in ordinary school		At home or in hospital or private school						
	M	F	M	F	Total	M	F	M	F	Total	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
A. Blind	8	7	2	1	18	—	—	4	3	7	—	—	1	1	4	2	—	—	—	—	—	—	—	—	—	—	1	2	
B. Partially Sighted ..	47	19	10	4	80	23	11	1	2	37	3	3	—	1	7	4	—	—	—	—	—	—	—	—	—	17	1	6	1
C. Deaf	10	7	1	—	18	—	—	8	7	15	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
D. Partially Hearing ..	52	39	3	10	104	2	2	24	19	47	1	—	1	1	2	6	—	—	—	—	—	—	—	—	—	25	21	—	—
E. Educationally Sub-Normal ..	770	510	205	117	1602	685	450	38	10	1183	21	22	98	70	55	27	11	8	—	—	—	—	—	—	—	57	21	10	19
Severely Educationally Handicapped ..	225	177	11	5	418	159	133	2	1	295	—	—	—	—	7	2	—	—	—	—	—	—	—	—	—	5	2	63	44
F. Epileptic	15	15	5	—	35	1	—	1	—	2	—	—	1	—	3	—	—	—	—	—	—	—	—	—	—	11	14	3	1
G. Maladjusted	65	25	12	9	111	33	14	9	6	62	1	1	3	2	14	4	—	—	—	—	—	—	—	—	—	16	7	1	—
H. Physically Handicapped ..	168	111	36	31	346	15	4	56	39	114	—	—	8	4	18	9	—	—	—	—	—	—	—	—	—	91	74	12	9
I. Speech Defects	8	3	1	1	13	—	1	4	2	7	1	—	3	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
J. Delicate	61	37	12	5	115	—	1	14	12	27	2	2	3	—	6	1	—	—	—	—	—	—	—	—	—	47	26	1	—
TOTALS	1429	950	298	183	2860	918	616	161	101	1796	29	28	119	80	118	55	11	8	4	3	4	4	4	3	3	269	166	98	76

TABLE 15.

NUMBER OF REGISTERED HANDICAPPED PUPILS IN EACH AREA
at 31st December, 1971.

CATEGORY.	Sutton Coldfield M.B.		Nuneaton M.B.		Atherstone/ Bedworth Area.		Eastern Area.		North- Western Area.		Central Area.		Southern Area.		Total 1971	Total 1970	Total 1969	
	1971	Total	1971	Total	1971	Total	1971	Total	1971	Total	1971	Total	1971	Total	1971	Total	Total	
Number of school children (excluding nursery school and special school children).	16,155		11,436		15,472		14,809		16,993		22,077		12,822		109,764	103,794	98,662	
Blind	—	1	2	4	—	2	—	2	—	2	—	—	—	—	3	18	15	
Partially Sighted	—	5	1	2	2	14	2	9	2	6	6	3	4	3	14	80	78	
Deaf	—	4	—	1	—	—	2	2	1	8	—	1	2	1	18	17	12	
Partially Hearing	1	7	1	11	3	16	1	11	5	28	1	20	1	13	104	104	100	
Educationally Sub-normal	23	155	30	306	81	359	40	261	61	296	63	438	43	205	341	1,478	1,302	
Epileptic	—	3	—	11	2	11	2	6	—	1	—	3	—	5	35	33	30	
Maladjusted	1	10	3	8	2	3	4	15	4	18	4	38	2	11	21	114	105	
Physically Handicapped	3	37	6	36	3	11	7	25	16	63	8	85	4	25	66	346	303	
Speech	—	—	—	1	—	75	1	3	—	2	—	1	5	2	13	325	303	
Delicate	2	10	5	23	2	15	—	3	4	38	4	19	—	7	17	14	12	
TOTAL	30	232	49	403	115	504	57	337	93	462	86	639	53	283	483	2,873	2,301	2,067

TABLE 16. WARWICKSHIRE SPECIAL SCHOOLS (EXCLUDING HOSPITAL SCHOOLS)

School.	Type.	Age range.	Accommodation.		On roll Christmas Term, 1971.			
					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	—		—	34	—	214
Kenilworth, Millbrook Grange	Maladjusted Senior Girls, residential ..	8—16	—	35	—	13	—	20
Packwood	Educationally subnormal boys	10—16	—	60	—	50	—	3
Henley-in-Arden, River House	Maladjusted boys ..	8—16	—	55	—	35	—	—
Rugby, Tyntesfield	Educationally subnormal, mixed, residential and day ..	5—16	110	40	118	31	—	—
Bedworth, St. Margaret's	Educationally subnormal, mixed, day ..	5—16	130	—	128	—	1	—
Grendon, Sparrowdale	Educationally subnormal, mixed, day ..	5—16	150	—	71	—	39	—
Nuneaton, Red Deeps	Educationally subnormal, mixed, day ..	5—16	210	—	202	—	1	—
Sutton Coldfield, Langley	Educationally subnormal, mixed, day ..	5—16	170	—	138	—	10	—
Warwick, St. Michael's	Educationally subnormal, mixed, day ..	5—16	190	—	157	—	—	—
Chelmsley Wood, Forest Oak	Educationally subnormal, mixed, day ..	5—16	170	—	108	—	5	—
Stratford-upon-Avon, Marie Correlli	Educationally subnormal, mixed, day ..	5—16	110	—	90	—	—	—
Gresham, Leamington Spa	Educationally subnormal, mixed, day ..	5—16	130	—	65	—	—	—
Rugby, Brooke	Educationally subnormal, mixed, day ..	5—16	50	} Short stay facilities at each school for up to 12 children	48	—	—	—
Warwick, Ridgeway	Educationally subnormal, mixed, day ..	5—16	50		54	—	—	—
Nuneaton, Leyland	Educationally subnormal, mixed, day ..	5—16	50		57	—	—	—
Sutton Coldfield, Longmoor	Educationally subnormal, mixed, day ..	5—16	50		37	—	2	—
Coleshill, Blythe	Educationally subnormal, mixed, day ..	5—16	50		52	—	—	—
Stratford-upon-Avon, Lambert	Educationally subnormal, mixed, day ..	5—16	50		44	—	—	—
	Total	—	1,670	490*	1,369	177	58	267

*This total does not include short stay facilities.

TABLE 17.

DEATHS OF CHILDREN AGED 5-14 (INCLUSIVE).

Registrar General's Categories	Cause of Death	Average		Average		Average		Average		1967	1968	1969	1970	1971
		1951-55	1956-60	1961-65	1966-70	1967	1968	1969	1970						1971
B1-18	Infectious diseases	3.8	2.0	0.8	1.0	1	—	—	—	—	—	—	2	2
B19 & 20	Malignant and other neoplasms	4.0	6.8	4.6	6.2	4	7	8	6	—	—	—	4	4
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	7	4	2	—	—	—	4	4
B34-36	Diseases of stomach and bowel	—	—	0.2	0.2	—	1	—	—	—	—	—	—	—
B38 & 39	Non-malignant diseases of kidney and prostate	1.2	1.0	0.4	0.2	1	—	—	—	—	—	—	1	1
B42	Congenital malformations	1.0	2.0	1.8	1.8	1	4	1	2	—	—	—	5	5
B45	Symptoms and ill-defined conditions	—	—	—	—	—	—	—	—	—	—	—	—	1
B46	Other defined and ill-defined diseases	8.0	5.4	6.2	5.0	7	4	5	5	—	—	—	5	3
BE 47	Motor vehicle accidents	6.8	7.4	6.2	10.2	12	9	10	10	—	—	—	8	8
BE 48	Other accidents	4.2	6.4	4.0	5.2	8	2	7	6	—	—	—	5	5
BE 49 & 50	Suicide and homicide	0.4	0.6	0.4	—	—	—	—	—	—	—	—	—	1
	Total All Causes	35.0	35.4	27.2	34.4	39	34	35	36	—	—	—	34	34
	Estimated mid-year population 5-14 inc.	78,700	91,580	91,920	93,520	88,900	92,300	97,500	103,300	—	—	—	109,500	—
	Death rate per 1,000 population	0.44	0.39	0.30	0.37	0.44	0.37	0.36	0.35	—	—	—	0.31	—

TABLE 18.

CHILD GUIDANCE.

Number of Children attending Clinics.

	1971		
	<i>New Cases.</i>	<i>Old Cases.</i>	<i>Total.</i>
Local Authority Clinics	184	353	537
Hospital Clinics	118	236	354
Total	302	589	891

TABLE 19.

SCHOOL MEALS SERVICE.

Information provided by the Education Department.

The average number of meals provided daily in the schools in 1971 was 69,867. 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
	1971	..	..	..	..	69,867

The figure for 1971 represents approximately 66% of the children in attendance.



TABLE 19

TABLE 19
FACILITIES OF CHILDREN ACCORDING TO SEX

Facilities	Boys		Girls	
	Number	%	Number	%
Total	289	100.0	289	100.0
Hospital Clinics	236	81.7	236	81.7
Local Authority Clinics	53	18.3	53	18.3
GP	289	100.0	289	100.0
Dispensary	289	100.0	289	100.0

TABLE 19
FACILITIES OF CHILDREN ACCORDING TO SEX

Facilities	Boys		Girls	
	Number	%	Number	%
Total	289	100.0	289	100.0
Hospital Clinics	236	81.7	236	81.7
Local Authority Clinics	53	18.3	53	18.3
GP	289	100.0	289	100.0
Dispensary	289	100.0	289	100.0

The average number of meals provided daily in the school in 1971 was 27,522. Comparison with previous years is given below.

Year	Number of meals provided
1971	27,522
1970	27,448
1969	27,448
1968	27,448
1967	27,448
1966	27,448
1965	27,448
1964	27,448
1963	27,448
1962	27,448
1961	27,448
1960	27,448
1959	27,448
1958	27,448
1957	27,448
1956	27,448
1955	27,448
1954	27,448
1953	27,448
1952	27,448
1951	27,448

The figure for 1971 represents approximately 60% of the children in attendance.