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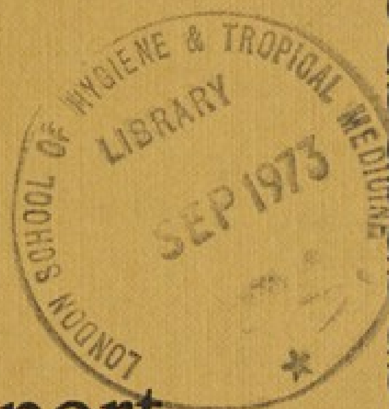
CITY OF WORCESTER

EDUCATION COMMITTEE



Annual Report

upon the

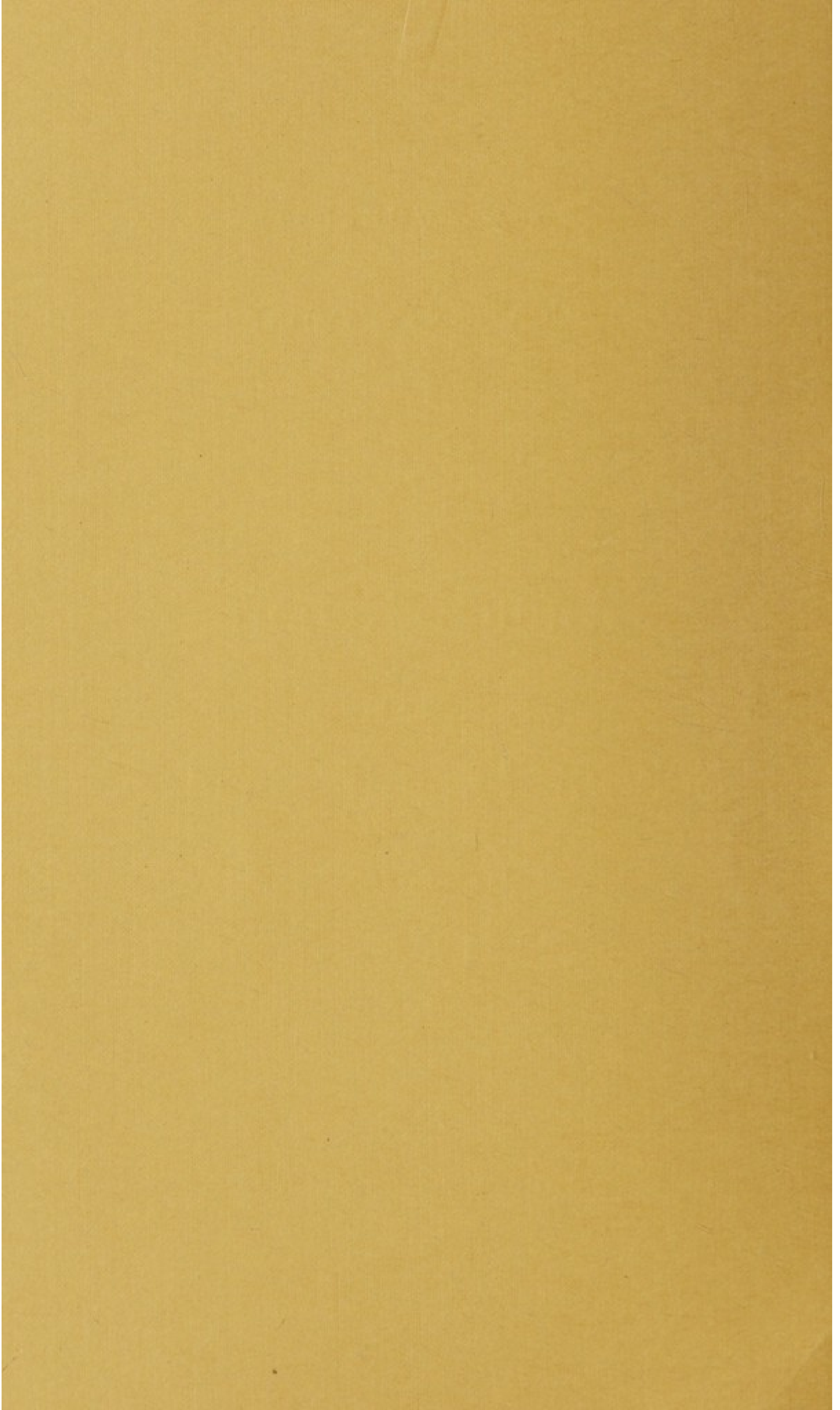
School Health Service

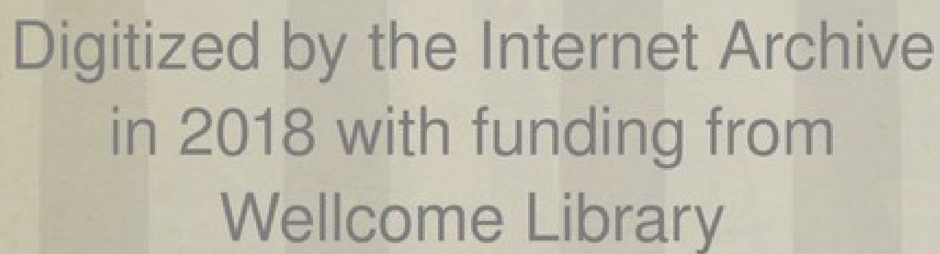
for the Year

1968

By

G. M. O'DONNELL, B.A., M.B., D.P.H.
Principal School Medical Officer

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CITY OF WORCESTER
SCHOOL CLINIC
MOOR STREET

CITY OF WORCESTER

EDUCATION COMMITTEE

Annual Report

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BY

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SEP 1973 LOND

THE EDUCATION COMMITTEE

1968

Chairman: ALDERMAN MRS. HILDA MAY LETTICE.

Vice-Chairman: ALDERMAN JOHN WILLIAM BLACKMAN.

Aldermen:

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WILLIAM MARTIN BIRD

Councillors:

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MRS. ELLA BRADLEY
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REV. FATHER J. F. GARVEY
MR. W. A. JONES
MR. E. G. PEIRSON
MRS. N. D. M. WILLIS

STAFF AT 31st DECEMBER, 1968

Principal School Medical Officer:

G. M. O'DONNELL, B.A., M.B., D.P.H.

Deputy Principal School Medical Officer:

A. I. BLENKINSOP, M.B., B.S., D.P.H., D.OBST.R.C.O.G., D.C.H.
(Resigned 18th August, 1968)
J. T. ROBERTS, M.B., B.S., D.P.H. (From 16th September, 1968)

School Medical Officers:

MOIRA K. E. ALLINGTON, B.A., M.B., B.CH., D.C.H., D.P.H.
DOUGLAS G. SNELL, M.B., B.S., D.P.H.

Child Psychiatrist:

J. J. GRAHAM, M.B., CH.B., D.P.M.
(Consultant, Birmingham Regional Hospital Board)

Educational Psychologist:

W. G. K. RUBERY, B.SC.

Social Worker:

MRS. E. M. BUDDEN.

Principal School Dental Officer:

B. R. DOWLAND, L.D.S., R.C.S. (Eng.)

Senior Dental Officer:

K. A. FELLOWS, L.D.S. (from 1st August, 1968)

Dental Officers (Part-time):

MRS. B. SAVAGE, B.D.S.
R. WEBLEY, L.D.S.

Dental Anæsthetists (Part-time):

H. HARVEY, M.D., M.B., B.S., D.A.
C. T. MILLS, M.B., CH.B
W. D. STEEL, M.B., B.S., M.R.C.S., L.R.C.P.

Dental Surgery Assistants:

MRS. R. J. YOUNG.
MISS M. PARTRIDGE.
MRS. L. A. DOVEY (Part-time) (from August, 1968)

Remedial Gymnast :
MISS V. JONES (from 5th June, 1968)

Speech Therapist :
MISS B. A. JAMES (from 9th September, 1968)

Principal Nursing Officer and Non-Medical Supervisor of Midwives :
MISS O. KEYWOOD

Deputy Principal Nursing Officer and Deputy Non-Medical Supervisor of Midwives :
MRS. M. S. SMITH (from 5th February, 1968)

Health Visitors/School Nurses :
MRS. U. M. AUSTIN (from 11th September, 1968)
MRS. C. E. CHRISTOPHER
MISS P. HIGGINS
MISS M. JONES (from 1st November, 1968)
MRS. M. P. MCQUAID (resigned 28th November, 1968)
MISS J. SPROAT (from 30th September, 1968)
MISS J. M. TEECE
MRS. E. WARDLE (from 11th September, 1968)
MRS. M. HOLMES (Part-time)
MRS. M. E. HOWE (Part-time)

School Nurses (Temporary Appointments) :
MRS. M. L. HAYTON
MRS. S. E. HAWKESFORD

Chiropodists (Part-time) :
MRS. M. R. GILBERT.
MISS J. E. PRICE.

Senior Clerk :
MRS. D. EASTBURN.

Clerks :
MRS. J. A. EDWARDS
MISS L. M. REYNOLDS.

ANNUAL REPORT FOR THE YEAR 1968

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

To the Education Committee of the City of Worcester.

MR. MAYOR, LADIES AND GENTLEMEN,

For many years Tudor House has been the headquarters of the School Health Service. A noble building, heavily ingrained with the venerable rust of antiquity, it was at various times a hostelry, a home for indigent archers and a house of dubious repute. Unfortunately its transition to extreme respectability had a disastrous effect on the fabric. Aged bricks, blackened beams, lathe and tarras walls, which had determinedly withstood the roistering of former occupants, seemed to lose heart. At any rate our tenure was enlivened by much in the way of bulges, fractures, and occasional collapse, while on Holy Days a curiously protracted sigh from the cellars warned of impending dissolution. Thanks to the exhortations of the staff and the more precise efforts of the City Engineer's Department, nothing untoward occurred and finally the persistence of the Education Committee was rewarded and sanction for a new School Clinic obtained.

This year was, therefore, an epochal one for us. The new building completed and the School Health Service transferred in a matter of hours from Tudor trappings to the glass and formica of the Twentieth Century. Apart from a certain stateliness of manner and a persisting distaste for things Spanish, we have adapted to the change without difficulty. It would be discourteous not to say how grateful we are to our Committee and to the officers concerned. Apart from such matters as convenience and facilities, it is a pleasure to work in a building of such obvious distinction. One, moreover, which sited in the plateau between the Worcester Royal Infirmary and the County Health Department, provides thereby a double stimulus to our aspirations and a reminder to our young clients of the awful ubiquity of the National Health Service.

From the main content of this Report it will be seen that our school children are in good health and blessed with a standard of physical perfection of which they are not entirely oblivious. These are the most important gifts which older generations can give them, but like two legs, are necessarily taken for granted.

Finally, I should like to thank the Chairman and Members of the Primary and Secondary Education Sub-Committee for the unfailing support evinced to us during the year. The Director of Education, Mr. T. A. Ireland, and his staff are always most helpful and afford us each year fresh indications of that corporate generosity of purpose on which I have remarked in previous years. The staff of the School Health Service inspired by the new premises, work ever harder and I am grateful to them for their good humour and enthusiasm. In particular I would thank Dr. J. T. Roberts, Deputy Principal School Medical Officer, who has been responsible for the compilation of this Report.

Yours faithfully,

G. M. O'DONNELL,

Principal School Medical Officer.

MOOR STREET CLINIC

" Green herbs, red peppers, mussels, saffron,
Soles, onions, garlic, roach and dace
All these you get in Moor Street Tavern
In that one dish of boullabaisse "

One of the great delights of a new clinic is sheer propinquity. The opportunity of bringing together all those of related skills and disciplines cannot be missed and then one hopes that the mixture will be as successful as anticipated. Certainly the design of our new building alone should facilitate treatment and the mutual exchange of information concerning patients. Thus on one floor we have the Child Guidance Clinic plus the remedial teachers; speech therapy and teaching of the deaf; and the offices of doctors and nurses. Above is the clerical section, while on the ground floor are reception, the dental and chiropody clinics along with the remedial gymnast's saltorium. Furthermore, this assembly of talent is within a stretcher's length of the Worcester Royal Infirmary so that possibilities of even more co-opertaion spring inexorably to mind. Certainly the proximity of clinic and hospital should make it easier to start a Comprehensive Assessment Centre in Worcester and negotiations to achieve this have already commenced.

PHYSICAL CONDITION OF PUPILS

The standard of physical fitness of Worcester children is satisfactory and they are generally sensibly dressed and shod. This does not mean that opportunities do not exist for improvements or that in a small proportion of cases children are poorly cared for.

The rising material standards of an affluent society mean that many mothers take on work and leave the house in the mornings before their children. A recent survey in the London area shows that large numbers of children eat little or no breakfast and as a result show little enthusiasm for lessons until they have eaten their school dinners.

Pocket money is readily available and even more readily convertible into sweets, chocolates and biscuits. Faulty dietary habits are bred in this way, and by eating too much of the wrong kind of food a child can soon become overweight.

Obesity is a very common finding in our school children. Eating less is often uncomfortable, but it is better to accept some small discomfort at the present time than to run the greatly increased risk of contracing such diseases as coronary thrombosis or diabetes in later life.

The School Health Service can detect and often treat conditions found in school children; it can also, by a comprehensive programme of health education, prevent others developing. From past experience we know that this is not an easy task, but it is a challenge which we cannot ignore if we are to ensure that tomorrow's citizens enjoy a healthy life.

ROUTINE SERVICES

Medical Examinations:

In order to maintain a high standard of physical fitness and hygiene, periodic medical inspections of all school children are necessary.

All Worcester children are examined by the School Doctor during their first year at primary school and again during their first year in secondary school. A selective examination of school leavers is done during the last year of school.

Parents are particularly asked to attend these examinations, and it is a measure of the high regard in which the service is held that so many do in fact accompany their children.

At each session, which lasts approximately three hours, some twenty children are seen and the findings noted on the child's individual medical record card. Arrangements are made for any necessary treatment by the family doctor or by the hospital. At the discretion of the examining doctor further checks can be made in the school or at the School Clinic.

The leavers medical inspection now takes the form of a selective examination. Parents are asked to complete a form giving details of any significent illness or disorder and also whether they would like their child seen by the School Doctor. Head teachers are also asked to put forward the names of any children they would like to be seen on account of any health or behaviour problem noted at school. The School Doctor then examines the medical records, questionnaires and head teachers reports and decides which children should be examined.

The selective method has led to a cutting down of time spent on purely routine inspection of normal children and has allowed more time to be spent on those children who need our help.

It may be argued, however, that this saving of time for the examination of the needy is offset by the additional time spent by the School Doctor is scrutinising the various records. A more detailed appraisal of the scheme can only be made after a period of a few years. At the present time it is working well with a full complement of full-time medical officers.

	1964	1965	1966	1967	1968
Pupils Inspected ...	3,398	3,827	2,390	2,522	2,772
Unsatisfactory ...	16	10	19	16	18
Percentage Unsatisfactory	0·47	0·26	0·80	0·63	0·65

DEFECTS OF VISION:

The School Nurses test the eyesight of all children when they start primary school at the age of five years. At this age many do not know their letters and use is made of the E Test, animal charts and the Keystone Vision Screener, an instrument which has proved most useful since its arrival in 1966.

Subsequent vision testing is carried out at the ages of eight, eleven and fourteen years. If there is any doubt about a child's vision more frequent tests are carried out by the School Nurses, and head teachers are asked to report any defects they may suspect. In this way no child with defective vision should escape notice for long.

Children whose vision is less than 6/9 in either eye are referred to the clinic at the Eye Hospital. Those whose vision is 6/9 in either eye are re-tested at the next session at the school. Colour vision of boys is tested at fourteen years of age using Ishihara charts.

A special clinic for school children at which a nurse from the School Health Service is present is held every week at the Eye Hospital.

884 children were seen at the eye clinic in 1968 and spectacles were provided for 358.

Of those attending, 115 were referred by the School Medical Officer and 113 by School Nurses. The number of new cases was 228 compared with 202 in 1967.

Defects of Ear, Nose and Throat :

A routine sweep testing with the pure tone audiometer was carried out on 1,524 school entrants. The standard used is lack of response by the child to any one frequency over 20 decibels. A child who fails this test is referred for a threshold test of hearing. If this examination shows a hearing loss the child is referred to the School Medical Officer for confirmation and exclusion of simple causes of deafness such as respiratory infection or wax in the ears, before referral to the hospital Ear, Nose and Throat Clinic.

The result of the sweep testing during 1968 is as follows :

Year	Entrants Examined	Number referred for Threshold Hearing Testing	Ear Nose and Throat Clinic
1968	1.524	143	24
1967	1,145	207	20

During the year nine children were provided with hearing aids.

I am indebted to Mr. R. Walsh, Peripatetic Teacher of the Partially Hearing, for the following report on his work :—

" This year 1968 saw the passing on June 1st at the age of 87 years of Miss Helen Kellar, a legend in her own life time. She leaves the whole world — the hearing, the blind and the deaf and dumb — sad and poorer for her passing, yet very much greatly enriched by her living. The boundaries of her land of birth were far exceeded by her personality and her achievements and she became both honoured and known throughout the world. She will be remembered as a symbol of hope for those handicapped by blindness and deafness. She was repeatedly asked to say which was the most severe handicap; her answer was : ' The problems of deafness are deeper and more complex, if not more important than those of blindness. Deafness is a much worse misfortune, for it means loss of the most vital stimulus — the sound of the voice — that brings language, sets thoughts astir, and keeps us in the intellectual company of man '.

Here lies the vital factor — the development of intellectual language. Language development is governed by the individual's mental outlook and development and has three aspects viz. :— emotional, automatic and intellectual. Normally language development follows a general pattern of five stages :—

1 Echolalia,
2 Emotional language,
3 Ego-centric,
4 Automatic
5 Intellectual.

It is so vital with the partially hearing child that each stage of language development must be reached and thoroughly mastered before the next stage is commenced.

In the nursery school the child's pantomine in word language gradually gives way to a purposive function in that the child begins to relate experiences and to demand a listener. With the introduction of reading readiness, play acting, elementary notions of number, newer disciplines of every kind are brought to bear upon the purpose of using word language. Language may therefore be considered not merely as an expression of thought, but the very fibre from which the thought is woven. Language is the concept which carries the thinking processes. Creative language, no matter how imperfect in its presentation, is an expression of thought and is a mental process which everyone goes through before we attain perfection in speech. Side by side with language goes articulation and speech only (merely the mechanics of speech) without language is merely an exercise in articulation and in no way reflects the child's thinking. Emphasis thus will vary in two directions — either speech or language — then follows communication.

In the Junior School the child is faced with the disciplines of writing in word language, reading and oral reproductions of many new subjects — he has to account for his thinking and realises that there is a standard towards which he must strive. Reading and comprehension develops and the child's written language shows a cohesion and a sequence which reflects accuracy in thinking. Abstract thought and figurative language are a new challenge in comprehension and these must be overcome if he is to mature sufficiently for the studies which he must undertake in the Secondary School for the next four or five years. The child's language and speech must be so automatic that he is ready to cope with the new and final stage of language development which awaits him — that of intellectual language. Here many new subjects require their own language and old language forms take on new meanings.

Thus the importance of speech and language can be readily appreciated with regard to the partially hearing child, and the majority of their teaching and instruction has been done to foster language formation along these lines. Oral language is fleeting, many sounds are unable to be seen, when lip reading many words appear alike; hence the great importance of proficiency in reading to establish correct word sequences, grammar, spelling, etc., this is so very vital. Inculcation of reading habits have been fostered, and as both auditory and visual patterns reinforce each other, they are valuable aids to the acquisition of language, which is so vital to the fundamental needs of education and theirs in particular, and for adjustment to society which these children need.

Together with development of language which is of prime importance has gone :—

(a) an improvement of speech : speech correction, appreciation of stress, emphasis, rhythmic patterns and imitation, pitch, flexity of voice etc.

(b) an improvement in lip reading.

(c) an improvement in adjustment or rehabilitation and general psychological well being.

(d) training the child to use his residual hearing capacity to the greatest extent — by aided hearing and lip-reading.

Many queries from parents, head teachers and Health Visitors are dealt with weekly, and more people are becoming aware of the handicap which deafness can bring. People are becoming more alert and are conditioned to look for deafness as a possible cause of retardation — this early detection is a great help, and with screening tests carried out at a very early age, children who are suffering from a hearing loss are being found much earlier and so much more can be done for them. One case in question — a girl of twelve months is now receiving pre-school training daily, and has been issued with a hearing aid. The results so far, are quite pleasing.

The work of issuing hearing aids to pupils who will benefit from them continues and help and instruction in their use has been given.

Most parents of partially hearing pupils have proved most helpful and have reinforced the work done in school. This is of vital importance if the pupil is to progress.

On the average twenty-seven pupils received instruction weekly in their own school and are making satisfactory progress. Many suffer also from other handicaps which often hinder progress, e.g. Maladjustment, E.S.N., Physically Handicapped, vision defects, etc.

My thanks also to the Heads and staffs of all the schools for their kind co-operation, who give up so much of their time to discuss these handicapped children and at the same time make me so very welcome too.

Also my many thanks to Mr. Stewart (Otologist, Worcester Royal Infirmary) for his expert advice, kindness and valuable help and also the staff of the Hearing Aid Department who are so very helpful and take such a personal interest in all my charges ".

School Dental Service.

Mr. E. R. Dowland, L.D.S., R.C.S., Principal School Dental Officer, reports :—

" The number of children inspected during 1968 was 3,429 at routine visits to schools and 504 as specials at the clinics. 2,843 of the 3,937 inspected were found to need treatment and 1,745 who accepted were offered treatment.

3,139 fillings were done in permanent teeth and 358 in deciduous teeth. The considerable increase in filling in deciduous teeth is encouraging, showing that a section of parents are becoming more dentally conscious and more young children becoming more co-operative and willing to have conservative treatment.

The extraction figures are high, largely accounted for by that section who refuse clinic treatment but do not visit a private practitioner. When these patients are ultimately forced to attend for the relief of pain several teeth originally charted for filling have to be removed.

A considerable number of teeth are removed for crowding and orthodontic reasons.

All casuals who attend are inspected regarding further treatment, and parent and child given a talk regarding oral hygiene and the advisability of regular visits, prevention being better than cure.

More orthodontic cases were referred to Hospital Consultants and more cases started at the clinic.

Three cases brought forward from the previous year were completed and four cases discontinued through lack of co-operation on the part of parent or patient. Many parents apply for orthodontic treatment for their children, but the wearing of

appliances is not always easy and all joy, and often the line of least resistance is taken and the child is allowed to leave the plate out. This lack of co-operation occurs with a proportion of the patients referred to Hospital Consultants.

Twelve pupils were supplied with small dentures to replace teeth accidentally lost or replacements through growth of the jaws.

The staffing position improved during the year with the appointment of a full-time Dental Officer, which enabled the Warndon Clinic to be put into operation once more, for a definite number of weekly sessions ".

School Hygiene.

The happiness and wellbeing of the school child is undoubtedly related to the standard of lighting, ventilation and cleanliness of his school. School Medical Officers, together with Public Health Inspectors, supervise the hygiene of the schools in the City. They receive great help from the teachers who are always alert to any potential health hazard in the school setting. With the opening of new schools the problem of hygiene control is greatly eased.

Medical Examinations of Teaching Staff

During the year sixty-eight candidates for Teachers Training Colleges and six teachers about to take up their duties, were examined by the Medical Officers.

Employment of School Children.

Those undertaking part-time employment have to be medically examined in accordance with the by-laws. Careful watch is kept so that no child is employed on work that might be prejudicial to his health or render him unfit to gain maximum benefit from his education.

The majority of children undertaking part-time work of this nature are employed in the delivery of newspapers or in shops. The numbers of children whose fitness for employment has been assessed in recent years are as follows :—

1966	...	332
1967	...	254
1968	...	282

PREVENTION AND TREATMENT

Immunisation and Vaccination.

It is a source of pride to the City that most Worcester children complete a full course of prophylaxis during infancy. Booster injections against diphtheria and tetanus are given on entry to school at five years of age and again at eight years. A booster dose of polio vaccine is given on entry to school at five years of age.

The number of re-inforcing doses given during 1968 is as follows :—

	School Entry Booster	Eight Years old Booster	Total
Diphtheria	1,156	1,011	2,167
Tetanus	1,180	1,063	2,243
Poliomyelitis	1,115	397	1,512

A small number of children who had not previously been immunized received a primary course of protection. The numbers who completed the full course are as follows :—

	Born between 1961 and 1964	All Others under 16 years	Total
Diphtheria	133	140	273
Tetanus	136	235	371
Poliomyelitis	139	228	367

Smallpox re-vaccination is offered at eight years of age to those school children who have been previously vaccinated. During 1968, 551 school children were re-vaccinated against smallpox.

Measles immunisation was introduced nationally during 1968. At first pre-school age groups were given priority, but in the Autumn Term it was offered to school children who had not previously had the disease naturally. 1,004 children received the protection, which consists of a single injection.

B.C.G. Vaccination.

Protection against tuberculosis by means of B.C.G. vaccination is offered to school children during their thirteenth year of age. Preliminary Heaf testing disclosed that 12.6 per cent of the children were tuberculin positive and therefore did not require vaccination. Those children who were absent from school at the time of the testing or vaccination were offered a further opportunity to receive protection by attending the School Clinic during the holiday period. The results of B.C.G. vaccinations are as follows :—

	Maintained Schools	Non-Maintained Schools	Junior Training Centre (City Children)	Total
Number Heaf tested ...	935	140	2	1,077
Number found positive ...	121	14	1	136
Percentage positive	12.94	10.0	—	12.63
Number found negative ...	779	124	1	904
Number vaccinated .	767	120	1	888
Number not vaccinated .	12	4	—	16
Number Heaf tested but not read ...	35	2	—	37

REMEDIAL EXERCISES:

Miss V. Jones, Remedial Gymnast, reports as follows:—

"During the past year an average of 430 children have received remedial exercises for postural defects, and a further 80 have received instructions in deep breathing exercises for chest complaints — chiefly asthma.

Approximately 80 school children were discharged as having been corrected of some minor defect.

With thirty city schools to visit each week, the exercise periods are necessarily of short duration and the need to continue practising the exercises at home is impressed upon the children on each visit.

A number of parents have attended the remedial classes at various times and after watching a typical class, have been advised on the exercises most suited to their child's problem.

Six pre-school children were seen at their homes and the parents instructed in the appropriate exercises.

The majority of schools provide excellent space and facilities for my visits, the head teachers and staff of every school being co-operative and friendly, I would like to take this opportunity to thank them for putting up with my weekly visits".

ENURESIS CLINIC:

The regular Tuesday afternoon clinic established in 1967 continues to provide a necessary service to those children suffering from nocturnal enuresis.

Bed-wetting is a distressing complaint for the child concerned and often leads to friction amongst the other members of the family. A frank and sympathetic discussion of the problem at the clinic is in itself a useful adjunct to treatment.

Children are referred to the clinic by school medical officers and school nurses and by general practitioners, and are sent for by appointment. At the first visit a full history of the case is taken followed by a physical examination. A specimen of urine is sent to the laboratory in order to exclude any possible urinary infection. Following this the method of using the buzzer alarm is explained to parent and child who are then able to take the instrument home with them. A chart is issued to each child so that he can record his own progress.

Cases are seen at monthly intervals during treatment, in order that progress can be assessed and any difficulties sorted out. Close supervision and constant encouragement have brought a high rate of success for this form of treatment. A cure is defined as when the child has gone for fourteen consecutive nights without wetting the bed. Parents are encouraged to report any lapse to the clinic so that further treatment can be given.

The results of those treated at the clinic in 1968 are as follows :—

	Boys	Girls	Total
Condition cured ...	16	9	25
Condition improved ...	8	3	11
No improvement ...	6	0	6

ULTRA-VIOLET LIGHT THERAPY:

Ultra-violet light therapy is given during the Spring and Autumn terms to pupils attending Rose Hill Open Air School, if recommended by the school medical officer. The number of children who attended these sessions during the year are as follows :—

Age 5 to 7 years	18 children
Age 7 to 16 years	33 children

CHIROPODY:

Two-hundred and three children were treated at the Chiropody Clinic during the year.

The Clinic is situated on the ground floor of Church House and is undertaken by Miss J. E. Price and Mrs. M. R. Gilbert. A considerable number of children seen received treatment for

verrucae, while many others required attention to corns and other foot troubles associated with the wearing of badly designed, though no doubt fashionable, shoes.

Health Education:

The Department staff continue to visit four schools to give a course of talks on personal relationships. The titles vary from " How we Live " to " Choosing the Pattern ". The aim remains: to convey to young people positive aspects of healthy living. The method is unchanged: a statement of known situations and statistics, then questions and answers, followed by frank discussion. The latter is stimulated by film strips, film and other visual aids. Moralising is avoided and the occasional forum evinces lively and uninhibited interest. Subject matter is wide — the range covering Personal Hygiene, Puberty, Normal Development of the Human Species, Addiction (Alcohol, Drugs, Smoking) and Social Diseases (Syphilis and Gonorrhoea).

It is gratifying to be able to report that the demand for assistance in the field of Health Education is increasing.

Convalescent Holidays:

By courtesy of the Education Committee, eight children were sent on convalescent holidays during the year.

Minor Ailment Clinic:

A weekly clinic is held on Tuesday mornings at which a doctor is present. Relatively few children attend nowadays for minor ailments, and the session is used mainly for children referred there as requiring a more detailed medical examination.

Head Infestation:

A total of 26,680 individual examinations of pupils in schools were made by the school nurses during 1968 and 231 pupils were found to be infested with lice or nits.

Every effort is made by health visitors and school nurses to keep a regular and careful check on the heads of school children. Particular attention is paid to schools where persistent offenders have been found in the past. In spite of our efforts, however, there remains a nucleus of children who quickly become re-infested by home contacts. Attempts to gain full co-operation in such families are extremely difficult, particularly when they do not consider infestation of the head as anything unpleasant or remarkable.

ACCIDENTS INVOLVING SCHOOL CHILDREN:

I am grateful to the Chief Superintendent, 'C' Division, West Mercia Constabulary, for the following figures :—

" The total number of road accidents with injury involving children between the ages of 5 and 15 years is as shown hereunder :—

Fatal	*Serious*	*Slight*	*Total*
0	18	40	58

These accidents occurred on all days including school days, weekends, and also during holiday periods.

The following list gives details of injury accidents which occurred on normal school days involving school children between the ages of five and fifteen years. The accidents took place between the hours of 8.00 a.m. and 9.0 a.m., and also between 3.30 p.m. and 5.00 p.m. These are considered to be the danger periods when children are going to and returning from school.

Injury	*Class*	*Cause*
a.m.		
Slight	Pedal Cyclist	Motor car turning right
Serious	Pedestrian	Pedestrian Heedless
Slight	Pedestrian	Pedestrian Heedless
Serious	Pedestrian	Pedestrian Heedless
Slight	Pedal Cyclist	Motor car turning right
Serious	Pedestrian	Motor car inattention
Slight	Pedal Cyclist	Cyclist overtaking improperly
Serious	Pedestrian	Pedestrian Heedless
Slight	Pedestrian	Pedestrian Heedless
Serious	Pedestrian	Pedestrian Heedless
p.m.		
Slight	Pedestrian	Pedestrian Heedless
Slight	Pedal Cyclist	Cyclist inattention
Serious	Pedestrian	Pedestrian Heedless
Serious	Pedestrian	Pedestrian Heedless
Serious	Pedestrian	Pedestrian Heedless
Serious	Pedal Cyclist	Cyclist swerving
Slight	Pedestrian	Pedestrian Heedless
Slight	Pedestrian	Pedestrian Heedless
Serious	Pedestrian	Pedestrian Heedless
Slight	Pedestrian	Pedestrian Heedless

Road Safety

Mr. G. A. Austen is responsible for this very important aspect of the supervision of children and reports as follows:

"During 1968 National Cycling Proficiency Courses were held at four Secondary Schools and eight Primary Schools in the City. A total of 231 children took the test, of which 214 were successful.

Sixteen teams from Primary Schools, and ten from Secondary Schools, entered for their respective Road Safety Quiz Competitions.

Two Secondary Schools are running experimental Road Craft Courses. These courses are sponsored by Ro.S.P.A. with the assistance of school staff, police, insurance firms and the Road Safety Officer.

The aim of the course is to give students of the senior class an insight into the development of the road system, their responsibilities as future road users, the requirement of the law, insurance etc., road safety, and some knowledge of the mechanics of vehicles.

Five new Tufty Clubs have been set up in Play Groups and Nursery Schools in the City.

The Authority employs twenty-six School Crossing Patrols.

I would like to mention the voluntary help that is required in the form of National Cycling Proficiency Instructors and Examiners, Quiz Judges and Tufty Club Leaders, and say that without the help of these volunteers this work could not be carried on".

DEATHS OF SCHOOL CHILDREN:

(1) A boy aged 16 died from leukaemia.
(2) A girl aged 6 died from a brain tumour.
(3) A girl aged 5 died from a kidney tumour.
(4) A boy aged 14 years died from a bone tumour.

INFECTIOUS DISEASE

Infectious disease amongst school children was generally quiescent during 1968.

INFECTIOUS DISEASE

Cases of Infectious Disease Notified during 1968—Classified in Age Groups

(With comparative figures for 1967)

	Number of Cases Notified								Totals				Grand Totals	
	5 years to 9 years				10 years to 14 years									
	1968		1967		1968		1967		1968		1967		1968	1967
	M	F	M	F	M	F	M	F	M	F	M	F		
Scarlet Fever	18	10	24	27	2	—	3	3	20	10	27	30	30	57
Whooping Cough	1	3	8	4	—	—	—	1	1	3	8	5	4	13
Acute Poliomyelitis (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	24	26	170	149	2	1	18	16	26	27	188	165	53	353
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infections	—	—	—	—	—	1	—	—	—	1	—	—	1	—
Actue Pneumonia (Primary or Influenzal)	1	—	6	1	—	—	—	1	1	—	6	2	1	8
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis (infective)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis (post infectious)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fevers	—	—	—	—	—	—	1	—	—	—	1	—	—	1
Paratyphoid Fever ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—	1	—	—	—	1	—	—	1
Tuberculosis (Respiratory)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis (Non-Respiratory)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Infective Hepatitis ...	—	—	9	3	1	1	2	3	1	1	11	6	2	17
Totals ...	44	39	217	184	5	3	25	24	49	42	242	208	91	450

Measles. 1968. Of the 50 cases of measles notified in the 5 years to 9 years age group, 38 were entering school at 5 years old.
1967. Of the 319 cases of measles notified in the 5 years to 9 years age group, 166 were entering school at 5 years old.

N.B. Measles vaccination started May 1969. 49 of the 53 cases were notified in the first two quarters.

HANDICAPPED PUPILS

(a) Blind pupils, that is to say, pupils who have no sight or whose sight is or likely to become so defective that they require education by methods not involving the use of sight.

One girl attends Lickey Grange School,

One boy attends the Worcester College for the Blind.

(b) Partially sighted pupils, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

One girl and two boys attend Exhall Grange, Coventry,

One boy attends the West of England School for the Partially Sighted, Exeter,

One boy attends Rose Hill Open Air School, Worcester.

(c) Deaf pupils, that is to say, pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language.

Two boys and one girl attend the Royal School for the Deaf, Birmingham,

One girl attends Summerfield House School for the Deaf, Malvern.

(d) Partially hearing pupils, that is to say, pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

(i) At Residential Schools :

One boy attends the Royal School for the Deaf, Birmingham,

One boy attends Tudor Grange Special School,

One girl attends Summerfield House School for the Deaf, Malvern.

(ii) At Rose Hill Open Air School and Thornton House School :

Three boys and one girl attend Rose Hill Open Air School, Worcester,

Two boys attend Thornton House School, Worcester.

(iii) At Ordinary Schools :

During the year 9 children were issued with hearing aids for the first time, and there are now in all 59 school children who have been issued with hearing aids. Most of them are managing satisfactorily at ordinary schools with the help of remedial and individual teaching where necessary. They are kept under observation at the Ear, Nose and Throat Clinic at the Worcester Royal Infirmary as well as by the School Health Service. There are a number of other children who have some degree of hearing loss which is not severe enough to require a hearing aid. These children are carefully supervised to detect any deterioration in their hearing.

A report by Mr. Walsh, Peripatetic Teacher of the Partially Hearing, is included elsewhere in this report.

(e) Educationally subnormal pupils, that is to say, pupils who by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

(i) At Residential Schools :

Fourteen boys and four girls attend schools for the educationally subnormal.

(ii) At Thornton House School :

At the end of 1968 sixty-two city children, thirty-six boys and twenty-six girls, were attending Thornton House School.

(iii) At Rose Hill Open Aair School :

TOTAL E.S.N.	ADDITIONAL HANDICAP					
	Delicate	Mal-adjusted	Physi-cally Handi-capped	Epileptic	Partially Hearing	Speech Defect
25	12	3	3	4	2	1

(iv) At Ordinary School :

A number of children classified as educationally subnormal attend ordinary schools in the city. With a few exceptions, these children have I.Q's of over 70 and can cope in ordinary schools if assisted by remedial teaching.

I am grateful to Mr. Brees, Headmaster of Thornton House School, for the following report :

" During the current year, the second year of the life of this school, the number of pupils has risen to 92 (62 City children and 30 County) and there are now five classes operating. The Housecraft and Woodwork / Metalwork rooms are now in operation and the borders around the school have changed from weeds to bloom as the gardening groups have commenced their herculean labours. This Spring we hope to use our Playing Field for the first time as the grass will be firmly enough established for it to withstand the wear, which will be considerable. The school continues to develop as the growth of equipment continues, and we might consider this year one of continued growth. By the end of this year the school will be fully mature and we shall then spend a period of consolidation.

Our year of growth has been marked by a large number of first efforts. Our first matches with the football and netball teams, most of these away while we wait for our grounds to mature. Our first school visits including in June of this year a week of Youth Hostelling at Swanage for some of the senior children and a week of intensive school journeys for those who remained at school. Animals appeared in the classrooms in the form of mice, hampsters, gerbals, guinea pigs, rabbits and even bees. A large tropical fish tank now decorates the entrance hall.

The services to the school have been maintained by frequent visits from the School Health Department including doctors, nurses, remedial gymnast, speech therapist, teacher of the deaf and the school psychologist.

The Parent/Teacher Association has continued to flourish and several interesting and spirited meetings were held during the course of the year. This society is actually called the Friends of Thornton House and is open to anyone who is interested in the education of our type of child.

The main function of our school is to provide the means of social adjustment and acceptance of our pupils. The academic standards are our secondary aim, and in both these fields I am able to report progress. Almost all the children in the school have made marked and measurable progress in reading and number work. Whilst the social progress can be seen by even the most casual visitors to our Dining Hall ".

(f) Epileptic pupils, that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

(i) At Residential Schools :

One boy attends Besford Court School, Besford.

(ii) At Thornton House School :

Two boys and two girls attend Thornton House School, Worcester.

(iii) At Rose Hill Open Air School :
Seven boys and three girls attend Rose Hill Open Air School, Worcester.

A number of children who suffer from infrequent epileptic attacts attend ordinary schools where they manage very well with the aid of modern anti-convulsant drugs.

(g) Maladjusted pupils, that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect personal, social or educational re-adjustment.

We are indebted to Dr. J. J. Graham, Consultant Psychiatrist, and to his staff at the Worcestershire Child Guidance Clinic for all the help they have given to the children whom we have referred to them. Seventy-four children received treatment at the Child Guidance Clinic during the year.

(i) At Residential Schools :

Three children attend Berrow Wood School, Pendock,

One child attends Crowthorn School, Edgeworth,

One child attends The Friends School, Lancaster,

One child attends Stokelake House School, Torquay,

One child atends St. Mary's School, Iden Manor,

One child attends Rhydd Court School,

Two children attend Potterspury Lodge School, Towcester.

We are also grateful for the assistance and advice given to us by Mr. W. G. K. Rubery, Educational Psychologist, to whom I am indebted for the following report :

" During the year ending 31st December, 1968, 150 new cases were referred to the Service. This total does not include children referred before 1st January, 1968, who continue to need help, nor those children for whom more general advice is given and who do not require a more detailed investigation.

As this is an educational service it is not surprising that the majority of children are referred by their schools. Although the reasons for referral are many and varied it is probably true, to some extent, to say that many of the children seen have been objects of too much or too little care and attention — the over-protected child, the neglected child, the child who has come to believe life is full of taboos and fears with which he cannot cope and who is at the mercy of his environment, and the child who is lacking consistent training, has little respect for the usual rules that

govern social behaviour, and therefore does not recognise the limits placed upon him and comes into conflict with those around him. In most cases, therefore, the problem is evident in the classroom situation. The reasons and source of referral, however, do not necessarily provide a good indication of the nature of the problem, its causation and the areas to which help should be directed. For example, the child referred for mental assessment may be found to be experiencing difficulties in learning. Further investigation may reveal associated emotional or behaviour difficulties which need to be resolved to enable him to begin functioning at a more appropriate level within school.

In addition to those children referred directly to the Educational Psychologist approximately 200 children receive help from the peripatetic remedial teachers. These children are selected for remedial teaching following a test screening programme, undertaken in September each year, and discussion with head teachers and teachers. The opportunity to receive such help is limited and therefore the main effort of the teachers must be focussed on those children significantly retarded in reading who with a relative short period of additional teaching can make sufficient progress to be discharged from remedial groups in order that a further intake of pupils may be provided for.

In order for the Service to function effectively, however, very close contact needs to be maintained with other agencies involved with the child and his family. With the transfer of the Service to the new Moor Street Clinic next year there should be greater ease and frequency of contact with our colleagues in the School Health Service. At the new Clinic we hope the roles of the Service can be further extended, particularly in areas of treatment and in the provision of individual teaching of children with severe problems of learning.

In addition to their other duties the Educational Psychologist and the Psychiatric Social Worker work as required with Dr. J. J. Graham, Consultant Psychiatrist in the Child Guidance Service. The Educational Psychologist has also been involved in preliminary testing using the new British Intelligence Test that is being constructed by the University of Manchester, Department of Education, and the British Psychological Society.

Particulars of Children Referred.

	Boys	Girls	Total
1. Children referred during 1968	112	38	150
2. *Age at referral*			
5.0—5.11	3	0	3
6.0—6.11	7	0	7
7.0—7.11	16	6	22
8.0—8.11	10	2	12
9.0—9.11	18	5	23
10.0—10.11	20	5	25
11.0—11.11	12	8	20
12.0—12.11	11	2	13
13.0—13.11	7	3	10
14.0—14.11	3	3	6
15.0—15.11	4	4	8
16.0	1	0	1
3. *Source of referral*			
Head Teachers	64	18	82
Principal School Medical Officer (and his staff)	14	2	16
Director of Education	2	0	2
Child Guidance Service ...	10	5	15
General Practitioners ...	6	2	8
Remedial Teachers	6	5	11
Children's Department ...	4	2	6
Others (Probation Officer, Welfare Officer, Youth Employment, etc.)	6	4	10
4. *Reasons for referral*			
Behaviour difficulties ...	31	8	39
Mental Assessment	24	5	29
Educational Guidance ...	32	6	38
Emotional difficulties ...	18	16	34
School Phobia	7	3	10

(h) Physically handicapped pupils, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

While the more severe cases of physical handicap are educated at residential schools, a considerable number of permanently disabled children attend Rose Hill Open Air School. This school was originally intended for delicate pupils, but it now also serves quite satisfactorily for physically handicapped pupils whose condition has entered a chronic stage, and also for physically handicapped school entrants where a period of medical and psychological assessment is required before deciding upon permanent education placement.

(i) Children at Residential Schools :

One child attends Burton Hill House School, Malmesbury,

One child attends Tudor Grange Special School, Solihull,

One child attends Hinwick Hall School, Wellingborough,

One child attends Lord Mayor Treloar College, Alton,

One child attends Warlies School, Waltham Abbey.

(ii) Children at Rose Hill Open Air School :

Thirteen children who are physically handicapped attend Rose Hill Open Air School.

A number of children with physical defects which are not severe enough to warrant classification as physically handicapped attend normal schools.

(i) Pupils suffering from speech defect, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

Towards the end of the year we were fortunate in securing the services of a full-time speech therapist, Miss B. A. James, and I am indebted to her for the following report :—

" When I joined the staff in September the City had been without a speech therapist for over two years. Consequently several weeks were spent re-establishing order in the department.

There were eighty-three children on the waiting list. Nineteen of these children were being seen fortnightly on a Saturday by two speech therapists from Birmingham. Of the remaining sixty-four children, thirty-eight were considered either to be in need of regular treatment or requiring periodic reviews. Eighteen children had made sufficient progress to be discharged and the remaining eight were either untraceable or unwilling to attend the clinic.

In October a letter was sent to head teachers requesting that they should refer any children whom they consider in urgent need of speech therapy. The response was overwhelming — namely 110 children in three weeks.

In the main I elected to work in clinics rather than in schools as I consider parental co-operation and assistance an extremely important part of speech therapy. Progress reports from teachers are also very valuable, but it is the exception rather than the rule that a teacher has time to assist the child with his speech practice.

Weekly sessions are also held at Rose Hill Open Air School and at Thornton House School, as many of these children are unable to attend the clinic.

Attendance on the whole has been very good, and parents and teachers have been extremely co-operative. Approximately fifty-five children are seen each week. Most of these children would benefit greatly by being seen twice a week, but with so many urgent cases and such a shortage of staff this is at present impossible.

I would like to express my thanks to the parents and staff and also to the other members of the department without whose help and guidance my task would have been considerably more difficult ".

(j) Delicate pupils, that is to say, pupils not falling under any other category in this regulation who, by reason of impaired physical condition, need a change of environment or cannot without risk to their health or educational development be educated under the normal regime of ordinary schools.

(i) At Residential Schools :

One child attends Mounton House School, Chepstow,

One child attends the West of England School for the Partially Sighted, Exeter,

One child attends Crowthorn School, Edgeworth,

One child attends St. Mary's School, Horam,

One child attends St. John's School, Brighton,

One child attends Berrow Wood School, Pendock.

(ii) At Rose Hill Open Air School :

I am indebted to Miss P. Smith, Headmistress, for the following report on the work of the school :

" Rose Hill Open Air School admitted 27 children in 1968 and discharged 22. The highest number on the roll during the year was 86. Of the discharges, three were school leavers. Two of these have found employment. One child returned to Italy, one maladjusted child was excluded, one was transferred to Thornton House, one accompanied her mother to a rehabilitation centre and the rest were discharged as fit to return to normal schools, with the sad exception of a child who died of carcinoma of the face.

The largest group is still that of delicate children, though this group may be sub-divided into many different sections including debility, asthma, small stature, bronchial troubles, a tendency to have frequent coughs and colds, poor home conditions (including lack of sufficient food or rest), coeliac disease and so on. We have 12 physically

handicapped children, including children suffering from muscular dystrophy, spasticity, spina bifida, haemophilia, hemiplegia, rheumatism and multiple congenital deformaties and we have 12 maladjusted children. Apart from these we have 14 educationally sub-normal children most of whom have a secondary handicap, and 8 epileptic children, plus a small number of children with speech defects, partial sight or partial hearing.

The return of almost one quarter of our children during the year to normal school, fit, and well able to stand up to the rough and tumble of ordinary schools, is a pointer to the value of the special care and sheltered atmosphere which Rose Hill can give the less fortunate children of the City. In many cases, the children are very retarded when they are admitted, and in our small classes this can often be rectified.

Mr. Price, the Deputy Headmaster, left at the end of 1967 to become Head of a similar school in Rochdale. Rose Hill had one class with a supply teacher from January to July, when a male teacher who had taken an extra year's course on slow learning children was appointed for backward juniors.

Mr. Statham, a teacher at the school, was appointed as Deputy Headmaster in March 1968.

With many maladjusted children in the school, one treads a perpetual tightrope, carefully keeping the balance between what one can permit and what is impossible to allow.

During the Autumn, our senior girls started domestic science lessons at the Stanley Road Centre, under the direction of a part-time teacher. This has proved to be very successful.

We have had difficulties this year with our Infants class. In this class there is a range of mental ages from 3 to 8 years and a wide range of physical handicaps, including brain damaged children who are hyperactive. We hope that some time in the future we may be able to divide the Infant class and teach the more severely abnormal or handicapped infants in a small unit of their own.

Analysis of handicapped children admitted to Rose Hill School in 1968

	GIRLS	BOYS
Respiratory Infections	1	2
Maladjusted	2	2
Delicate and emotionally disturbed ...	—	1
Delicate and nervous	1	—
Delicate and educationally sub-normal ...	1	1
Delicate	—	1
General debility	1	—
Haemophilia	—	1
Christmas Disease	—	1
Asthma and educationally sub-normal ...	—	1
Epileptic and educationally sub-normal ... (*for assessment*)	—	1
Brain damage ... ... (*for assessment*)	1	—
Carcinoma	—	1
Coelias disease	—	1
Rheumatism	1	—
Extensive burns	—	1
Spasticity	—	1
Loss of one eye	—	1
Problem family	2	1
	10	17

Total 27

Analysis of handicapped children discharged from Rose Hill School in 1968

	GIRLS	BOYS
Congenital Heart disease and educationally sub-normal	—	1 *
Urinary Tract abnormality	—	1 *
Educationally sub-normal	—	1 *
Diabetes	—	1
Obesity	1	—
Partial hearing and delicate	1	—
Disease of spine	1	—
Maladjusted (excluded)	1	—
Maladjusted	—	1
Maladjusted and heart disease	—	1
Educationally sub-normal ... ... (*to Rehabilitation Centre*)	1	—
Educationally sub-normal	1	1
Coeliac disease	1	—
" Clumsy child ", slightly spastic ...	—	1
Delicate	2	4
Carcinoma	—	1
*=School Leavers	9	13

Total 22

SCHOOL MEALS SERVICE

I am indebted to the Director of Education and Miss M. Arlidge, Schools Meals Organiser, for the following information :

" The changes as directed by the Government took place during the year. Firstly at the beginning of the Summer Term the charge for school meals to parents was increased to 1s. 6d. from 1s. 0d. Secondly, the supply of milk to secondary school aged pupils under the milk in schools scheme ceased from September 1968.

It is thought that the effect of the increased meal charge on the number of children taking a meal was offset to some degree by the increased number of children eligible for free meals.

A total of 1,637,672 meals were served during the year to children in maintained schools, with 37,000 to other Departments, bringing the daily average to 8,820 meals, an increase of 3.83% over the previous year. These figures represent a percentage of 74% of children taking meals.

The average number of children drinking milk in the maintained primary schools is 93%.

A further two kitchens have been brought into operation with the opening of Northwick Manor Infants' and Cranham Primary Schools, making a total of twenty-two production kitchens.

Both these kitchens were equipped with the new range of modular catering equipment, developed and produced by Stotts of Oldham in consultation with the Local Authorities School Meals Equipment Consortium (L.A.S.M.E.C.).

In the first instance the kitchen staff found the change of cooking with L.A.S.M.E.C. equipment from the conventional type of equipment quite difficult to master with many new techniques to assimilate. Once the staff became experienced, the benefits with the production of the meal were obvious.

There is a marked improvement in the " speed up " of certain cooking times, more even roasting and steaming results, greater variety of cooking processes, more batch cooking of various foods, leading to better nutritional standards.

The equipment is neat and easy to clean, all services are connected through the base of the appliance via under floor ducts — this greatly improves the appearance of the kitchen, reduces occupied floor area, minimizes cleaning, and to a certain extent obviates the risk of accidents ".

SCHOOL MEDICAL INSPECTION AND TREATMENT STATISTICS

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth) (1)	No. of Pupils who have received a full medical examination (2)	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination (5)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No. (3)	Unsatisfactory No. (4)		For defective vision (excluding squint) (6)	For any other condition recorded at Part II (7)	Total Individual Pupils (8)
1964 and later	38	38	—	—	—	1	1
1963	687	683	4	—	15	98	101
1962	499	494	5	—	10	77	83
1961	53	53	—	—	2	8	10
1960	32	30	2	—	—	2	2
1959	17	17	—	—	1	1	2
1958	12	10	2	—	—	3	3
1957	220	219	1	—	16	37	51
1956	596	596	—	—	60	110	146
1955	219	216	3	—	23	38	54
1954	70	70	—	103	28	7	14
1953 and earlier	329	328	1	580	8	55	76
TOTAL	2772	2754	18	683	163	437	543

Column (3) total as a percentage of Column (2) total — 99.35 %
Column (4) total as a percentage of Column (2) total — .65 %
... ... to two places of decimals.

Table B—Other Inspections

Number of special Inspections	1,151
Number of Re-Inspections	1,177
Total	2,328

Table C—Infestation with Vermin.

(*a*) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	26,680
(*b*) Total number of individual pupils found to be infested ...	231
(*c*) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(*d*) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	—

PART II

Defects found by Periodic and Special Medical Inspections during the Year.

Defect or Disease		Periodic Inspections				Special Inspections
		Entrants	Leavers	Others	Total	
Skin	T	10	15	33	58	30
	O	11	—	2	13	2
Eyes—*a.* Vision	T	29	32	102	163	12
	O	58	13	42	113	5
b. Squint	T	15	3	13	31	1
	O	10	—	3	13	1
c. Other	T	4	1	4	9	2
	O	3	—	3	6	—
Ears—						
a. Hearing ...	T	—	1	—	1	4
	O	51	4	16	71	14
b. Otitis Media	T	3	—	4	7	3
	O	31	1	7	39	2
c. Other ...	T	—	—	4	4	—
	O	—	—	1	1	—
Nose and Throat	T	4	2	9	15	5
	O	59	2	4	65	8
Speech	T	10	—	1	11	9
	O	14	1	1	16	5
Lymphatic Glands	T	—	1	—	1	—
	O	11	—	1	12	1
Heart	T	2	—	—	2	—
	O	8	—	—	8	—
Lungs	T	3	1	1	5	2
	O	30	2	9	41	10
Developmental—						
a. Hernia ...	T	4	—	1	5	—
	O	3	—	1	4	1
b. Other ...	T	3	5	2	10	—
	O	36	7	9	52	—
Orthopædic—						
a. Posture ...	T	35	17	51	103	13
	O	3	2	5	10	—
b. Feet ...	T	80	4	20	104	11
	O	13	2	7	22	1
c. Other ...	T	12	2	3	17	6
	O	9	5	—	14	1
Nervous System—						
a. Epilepsy ...	T	—	1	—	1	1
	O	7	4	1	12	4
b. Other ...	T	—	2	2	4	—
	O	36	2	9	47	10
Psychological—						
a. Development	T	—	1	2	3	—
	O	22	4	16	42	39
b. Stability ...	T	—	—	—	—	—
	O	12	6	10	28	11
Abdomen ...	T	1	1	—	2	1
	O	3	1	2	6	1
Other	T	3	4	37	44	2
	O	20	5	19	44	7

T Pupils requiring treatment

O Pupils requiring observation

PART III

Treatment of Pupils Attending Maintained Primary and Secondary Schools.
(including Nursery and Special Schools)

Table A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	4
Errors of refraction (including squint) ...	880
Total	884
Number of pupils for whom spectacles were prescribed	358

Table B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment—	
(*a*) for diseases of the ear ..	14
(*b*) for adenoids and chronic tonsillitis	49
(*c*) for other nose and throat conditions	11
Received other forms of treatment ..	1
Total	75
Total number of pupils still on register of schools at 31st December, 1968, known to have been provided with hearing aids :—	
(*a*) during the calendar year 1968	9
(*b*) in previous years	50

Table C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number known to have been treated
(*a*) pupils treated at clinics or out-patients departments	—
(*b*) pupils treated at school for postural defects and feet	512
Total ..	512

Table D.—DISEASES OF THE SKIN.

(excluding uncleanliness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm (*a*) Scalp	—
(*b*) Body	6
Scabies	33
Impetigo	3
Other Skin Diseases	37
Total ..	79

Table E.—CHILD GUIDANCE TREATMENT.

	Number known to have been treated
Pupils treated at Child Guidance Clinics	74

Table F.—SPEECH THERAPY.

	Number known to have been treated
Pupils treated by speech therapists ..	68

Table G.—OTHER TREATMENT GIVEN.

	Number known to have been dealt with
(*a*) Pupils with minor ailments	322
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	5
(*c*) Pupils who received B.C.G. vaccination	888
(*d*) Other than (*a*), (*b*) and (*c*) above.	
Audiometric Examination 5 yr. old sweep	1,524
Audiometric Centre —	
Special Exams (Drs)	143
Peripatetic Teacher	166
Re-tests	118
Chiropody	203
Ultra Violet Light Treatment ...	51
Treatment at Enuresis Clinic ...	41
Total (a)-(d) ...	3,461

SCREENING TESTS OF VISION AND HEARING

(Where boxes are provided for the answers please place ticks in the appropriate box or enter the ages, where requested, in Arabic numerals)

(*a*) Is the vision of entrants tested as a routine within their first year at school? ... ...

YES	NO
✓	

(*b*) If not, at what age is the first routine test carried out? ...

2 At what age(s) is vision testing repeated during a child's school life? ... ...

6	7	8	9	10	11	12	13	14	15	16
		✓				✓		✓		

Also at routine medical inspections

3. (*a*) Is colour vision testing undertaken? ... ...

YES	NO
✓	

(*b*) If so, at what age? ... ... School leavers—14 year olds

(*c*) Are both boys and girls tested?

BOYS	GIRLS
✓	

4. (*a*) By whom is vision testing carried out? ... ... School Nurse.

(*b*) By whom is colour vision testing carried out? ... ... School Doctor—School Nurse

(*a*) Is routine audiometric testing of entrants carried out within their first year at school? ..

YES	NO
✓	

(*b*) If not, at what age is the first routine audiometric test carried out? ... ...

(*c*) By whom is audiometric testing carried out? ... ... Initially by Audiometrician. Failures by School Medical Officer and Peripatetic Teacher of the Partially Hearing.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

ATTENDANCES AND TREATMENT	Ages 5 to 9		Ages 10 to 14		Ages 15 and over		Total
First Visit	1	639	12	661	23	163	1,463
Subsequent visits	2	516	13	1,267	24	282	2,065
Total visits		1,155		1,928		445	3,528
Additional courses of treatment commenced	3	37	14	30	25	3	70
Fillings in permanent teeth	4	652	15	1,976	26	511	3,139
Fillings in deciduous teeth	5	294	16	64			358
Permanent teeth filled	6	488	17	1,589	27	409	2,486
Deciduous teeth filled	7	236	18	55			291
Permanent teeth extracted	8	311	19	311	28	64	686
Deciduous teeth extracted	9	1,422	20	380			1,802
General anæsthetics	10	602	21	230	29	27	859
Emergencies	11	106	22	62	30	5	173

Number of Pupils X-rayed ...	31	121
Prophylaxis	32	341
Teeth otherwise conserved ...	33	43
Number of teeth root filled ...	34	3
Inlays	35	1
Crowns	36	4
Courses of treatment completed	37	1,196

ORTHODONTICS

Cases remaining from previous year		4
New cases commenced during year	38	13
Cases completed during year ...	39	3
Cases discontinued during year ...	40	4
No. of removable appliances fitted	41	11
No. of fixed appliances fitted ...	42	2
Pupils referred to Hospital Consultant	43	53

PROSTHETICS

	5 to 9		10 to 14		15 and over		Total
Pupils supplied with F.U. or F.L. (first time)	44		47		50		
Pupils supplied with other dentures (first time)	45	1	48	7	51	4	12
Number of dentures supplied	46	1	49	7	52	4	12

ANÆSTHETICS. General Anæsthetics administered by Dental Officers	53	230

INSPECTIONS

(*a*) First inspection at school. Number of Pupils	A	3,429
(*b*) First inspection at clinic. Number of Pupils	B	508
Number of (a) + (b) found to require treatment	C	2,843
Number of (a) + (b) offered treatment	D	1,745
(*c*) Pupils re-inspected at school clinic	E	70
Number of (c) found to require treatment	F	70

SESSIONS

Sessions devoted to treatment	X	690
Sessions devoted to inspection	Y	17
Sessions devoted to Dental Health Education ...	Z	14

HANDICAPPED CHILDREN'S TABLE

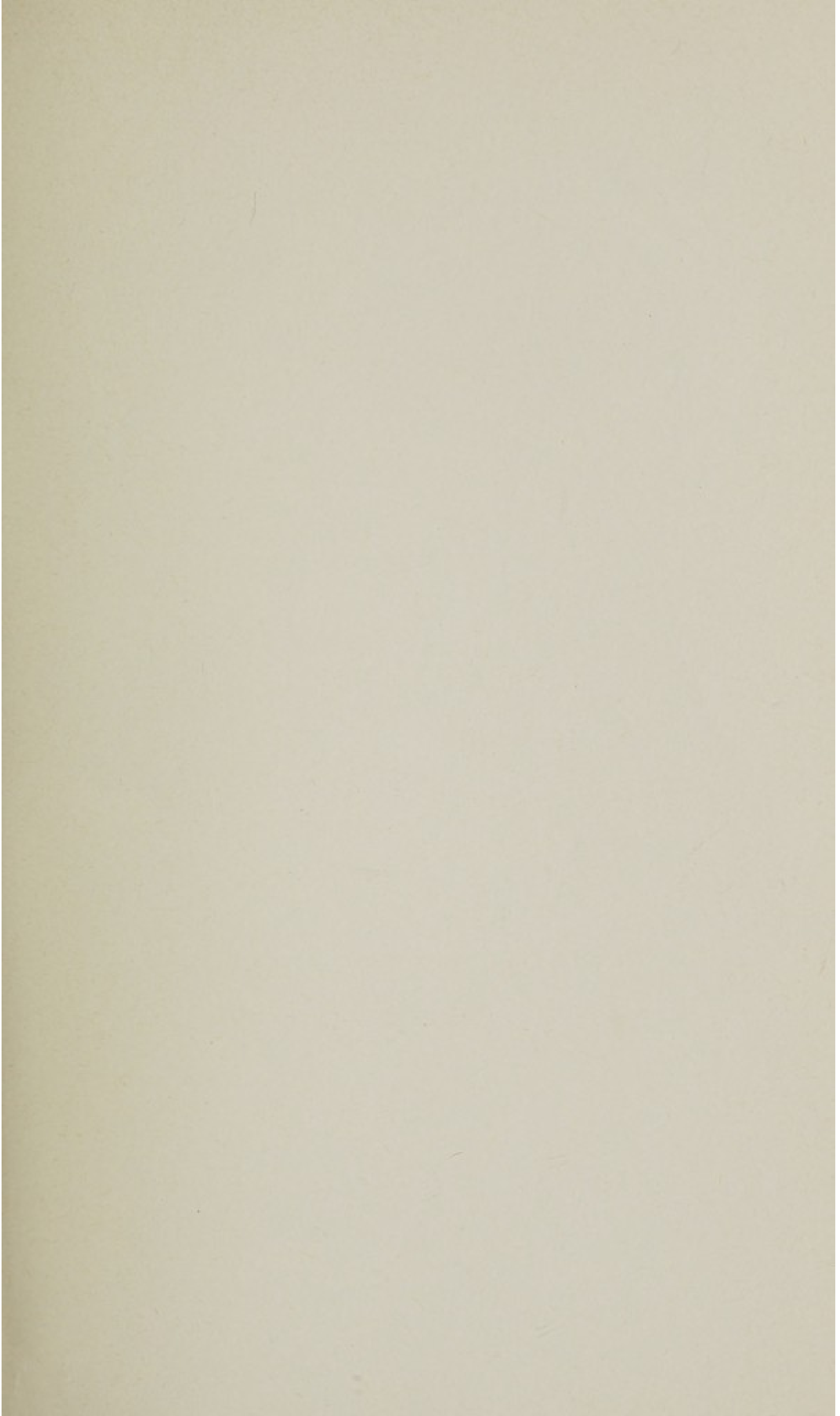
HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9 (5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES.

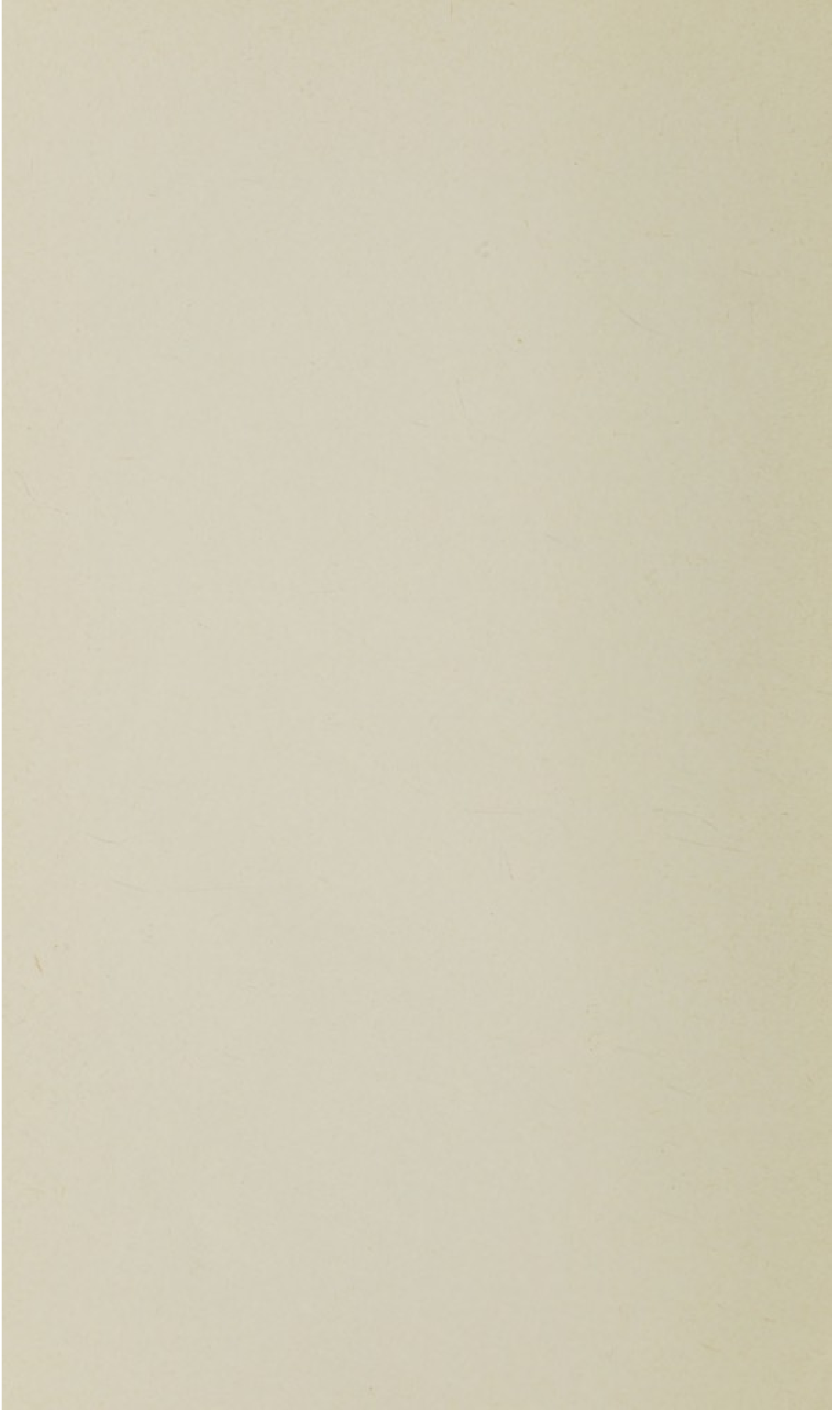
As at 23rd January, 1969 :	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handi-capped (6) Delicate		(7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total (Cols. (1) to (10))
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Children awaiting places in special schools other than hospital special schools:											
(1) Under 5 years of age											
(i) waiting before 1st January, 1968											
(a) day places	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places	—	—	—	—	—	—	—	—	—	—	—
(ii) newly assessed since 1st January, 1968											
(a) day places	—	—	—	—	2	—	—	—	—	—	—
(b) boarding places	—	—	—	—	—	—	—	—	—	—	2
(2) Aged 5 years and over											
(i) waiting before 1st January, 1968											
(a) whose parents had refused consent to their admission to a special school											
(a) day places	—	—	—	—	—	2	—	—	—	—	2
(b) boarding places	—	—	—	—	—	1	—	—	—	—	1

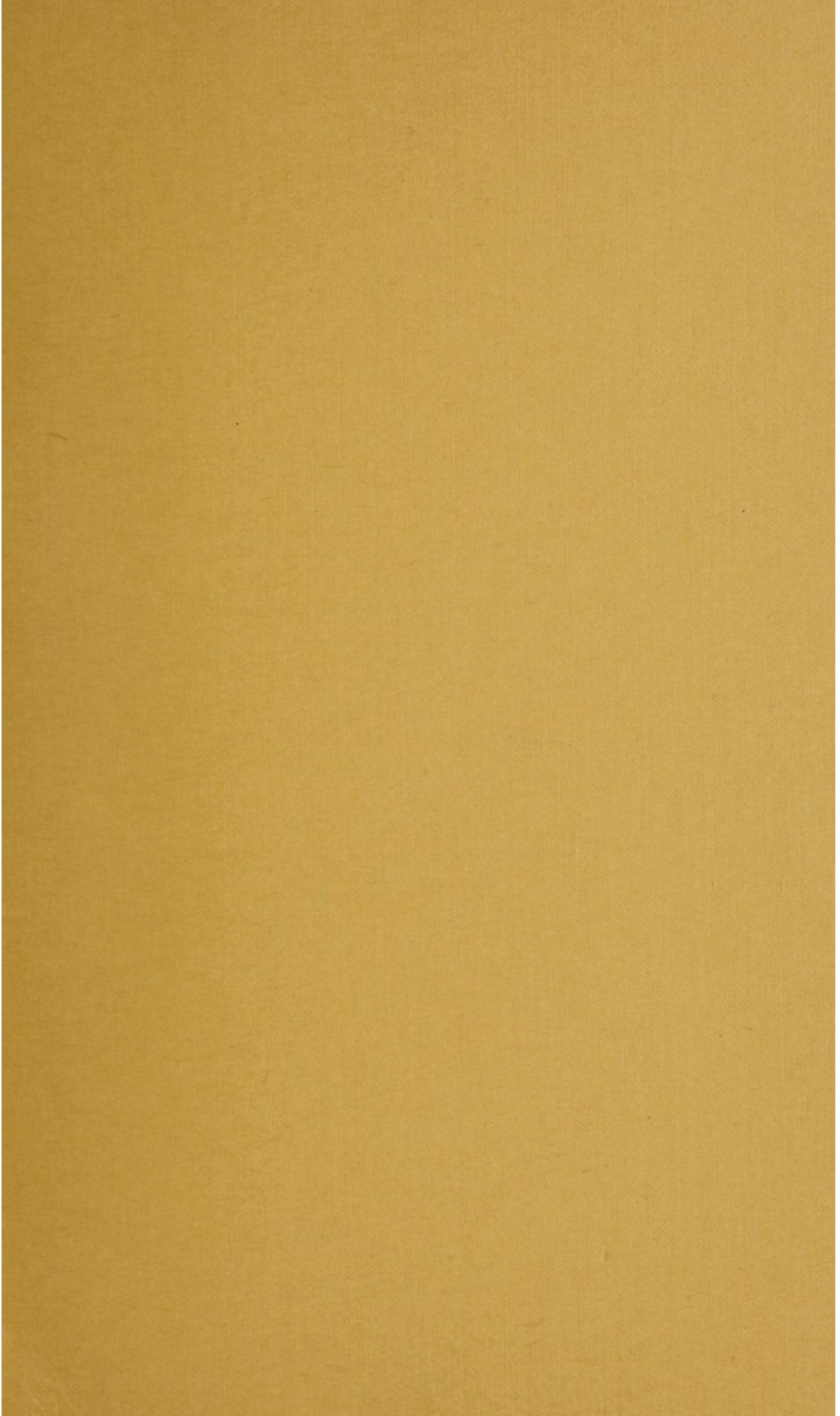
As at 23rd January, 1969 :		(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handicapped (6) Delicate		(7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total (Cols. (1) to (10))
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(b) others												
(a) day places	boys	—	—	—	—	—	1	—	—	—	—	1
	girls	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	1	—	—	—	—	—	—	—	1
(ii) newly assessed since 1st January, 1968												
(a) whose parents had refused consent to their admission to a special school												
(a) day places		—	—	—	—	—	1	—	—	—	—	1
(b) boarding places		—	—	—	—	—	—	—	—	—	—	—
(b) others												
(a) day places	boys	—	—	—	—	—	1	—	4	—	—	5
	girls	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places	boys	—	1	—	—	1	—	—	—	—	—	2
	girls	—	—	—	—	—	—	—	—	—	—	—
(3) Total number of children awaiting admission to special schools other than hospital special schools—total of (1) and (2) above												
(a) day places	boys	—	—	—	—	1	3	—	4	—	—	8
	girls	—	—	—	—	1	2	—	—	—	—	3
(b) boarding places	boys	—	1	—	—	1	1	—	—	—	—	3
	girls	—	—	1	—	—	—	—	—	—	—	1

As at 23rd January, 1969. Number of Children from the Authority's area on the registers of:			(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handi-capped		(6) Delicate (7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total (Cols. (1) to (10))
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
B. (i) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained													
	day	boys	—	1	—	—	9	24	7	43	5	—	89
		girls	—	—	—	1	3	18	2	30	2	1	57
	boarding	boys	—	2	—	—	1	—	—	5	—	—	8
		girls	—	1	—	—	—	1	—	—	—	—	2
(ii) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated.													
	day	boys	—	—	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—	—	—
	boarding	boys	—	1	2	1	3	—	—	4	—	—	11
		girls	1	—	1	—	1	—	—	3	—	—	6
(iii) Independent schools under arrangements made by the authority. Totals to agree with the totals on Form 21bM													
	day	boys	—	—	—	—	—	—	—	—	—	—	—
		girls	—	—	1	—	—	—	—	—	—	—	1
	boarding	boys	1	—	—	—	—	—	5	2	—	—	8
		girls	—	—	—	1	1	—	2	—	—	—	4

As at 23rd January, 1969. Number of Children from the Authority's area on the registers of:		(1) Blind (2) Partially Sighted		(3) Deaf (4) Partial Hearing		(5) Physically Handi-capped		(6) Delicate (7) Maladjusted (8) E.S.N.		(9) Epileptic (10) Speech Defects		Total (Cols. (1) to (10))
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(iv) Special classes and units not forming part of a special school. Totals to agree with the totals on Form 21aM	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
C. Number of children from the Authority's area boarded in homes and not already included in B above ...	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
D. Were being educated under arrangements made by the Authority in accordance with Section 58 of the Education Act, 1944												
(i) in hospitals	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
(ii) in other groups, e.g. units for spastics, etc.	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
(iii) at home	boys	—	—	—	—	—	—	—	—	—	—	—
	girls	—	—	—	—	—	—	—	—	—	—	—
E. Totals of A (3); B (i) to (iv); C; D (i) to (iii)	boys	1	5	2	1	15	28	12	58	5	—	127
	girls	1	1	3	2	6	21	4	33	2	1	74







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