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The Principal School Medical Officer


R C WOFINDEN, MD, BS, DPH, DPA

City & County of Bristol



1966

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CITY & COUNTY OF BRISTOL EDUCATION COMMITTEE



Annual Report

of the

Principal School Medical Officer

R. C. WOFINDEN, M.D., D.P.H., D.P.A.

A. L. SMALLWOOD, M.D., D.C.H., D.P.H.

(Senior Medical Officer, School Health Service)

1966

FIFTY-NINTH YEAR

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Medical Officer of Health :

R. C. WOFINDEN, M.D., D.P.H., D.P.A.

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Deputy Medical Officer of Health :

J. F. SKONE, M.D., D.C.H., D.P.H., D.I.H.

Senior Medical Officer, School Health Service :

A. L. SMALLWOOD, M.D., D.C.H., D.P.H.

CITY AND COUNTY OF BRISTOL

Population (estimated mid-1966)	...	...	429,370
Number of pupils on registers of maintained primary and secondary schools, January, 1966			66,132

STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER AND MEDICAL OFFICER OF HEALTH

R. C. WOFINDEN, M.D., D.P.H., D.P.A.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER AND DEPUTY MEDICAL OFFICER OF HEALTH

J. F. SKONE, M.D., D.C.H., D.P.H., D.I.H.

SENIOR MEDICAL OFFICER, SCHOOL HEALTH SERVICE

A. L. SMALLWOOD, M.D., D.C.H., D.P.H.

SCHOOL MEDICAL OFFICERS (Joint Appointments with the Local Health Authority)

A. M. Fraser, L.R.C.P., L.R.C.S., D.P.H.
 Helen M. Gibb, M.B., Ch.B., D.P.H.
 J. E. K. Kaye, Med. Dip. (Warsaw), D.P.H.
 J. L. S. James, M.R.C.S., L.R.C.P.
 P. Tomlinson, M.D., D.P.H.
 Patricia M. Rich, M.B., Ch.B., D.R.C.O.G., D.C.H.
 Isabel M. S. Price, M.B., Ch.B., D.C.H.
 A. J. Wood, M.B., B.S., D.P.H. (to 31.5.66)
 Patricia I. Thomas, M.B., B.S., D.R.C.O.G., D.C.H.
 A. J. G. Dickens, M.B., Ch.B., D.P.H.
 Jennifer M. Shobbrook, M.B., Ch.B.
 R. E. Midwinter, B.Sc., M.D., D.C.H., D.P.H.
 Kathleen E. Faulkner, M.B., Ch.B., D.C.H., D.P.H.
 Norma M. Bassett, M.B., B.Ch.
 Enid M. Tulloch, M.B., Ch.B., D.P.H.
 E. E. Warr, M.B., Ch.B.
 P. N. Dixon, M.A., M.B., B.Chir. D.Obst. R.C.O.G., D.P.H. (from 11.7.66)
 D. W. Maxa, M.B., Ch.B. (from 17.10.66)

CONSULTANTS — PART-TIME

Ear, Nose and Throat ...	...	...	J. Freeman, M.B., F.R.C.S., D.L.O. R. K. Roddie, M.B., F.R.C.S.*
Orthopaedic ...	...	...	D. M. Jones, M.B., M.Ch. (Orth.), F.R.C.S.* A. H. C. Ratliff, M.B., F.R.C.S.*
Ophthalmic ...	...	...	R. R. Garden, M.A., M.B., D.O.M.S., D.P.H. (died 14.4.66) P. Jardine, F.R.C.S.(E), D.P.M.S. H. Bannerman, M.B., D.O.M.S.* I. Lloyd Johnstone, M.C., M.D., D.O.* (to 15.9.66) Barbara M. Bonner-Morgan, M.R.C.S., L.R.C.P., D.O.*
Cardio-rheumatic ...	...	...	C. Bruce Perry, M.D., F.R.C.P. (by arrangement with United Bristol Hospitals)
Dermatology ...	...	...	C. D. Evans, M.A., M.D.*
Chiropodists ...	...	...	L. I. W. Tasker, M.Ch.S. (to 30.3.66) Miss V. E. Griffiths, M.Ch.S. A. J. Hynam, S.R.Ch. (from 15.2.66) Mrs. D. Tann, M.Ch.S., S.R.Ch. (from 6.4.66)
Orthoptists ...	...	...	Miss M. J. Smith, S.R.N., D.B.O.* Miss F. A. Harmston, D.B.O.* (to 25.4.66) Miss J. Honour, D.B.O.* (from 4.7.66)
Nutritionist ...	...	...	Miss M. Chapman
Audiometrician ...	...	...	Mrs. R. F. R. Broomhead

* By arrangement with the Regional Hospital Board

DENTAL SERVICE (Joint Appointments with the Local Health Authority)

Principal School Dental Officer	J. McCaig, L.D.S., F.R.P.S.
Divisional Dental Officers ...	B. G. Hobby, B.D.S., L.D.S., R.C.S. G. J. Tucker, B.D.S. (from 3.1.66)
School Dental Officers	H. W. Williams, L.D.S. (to 31.3.66) Alice M. Trump, B.Sc., L.D.S. J. F. Sellin, L.D.S., R.C.S. R. D. Hepburn, L.D.S. W. J. Constantine, L.D.S. J. Hornsby, L.D.S. D. K. Stables, B.D.S. (to 31.12.66) G. Duggan, B.D.S. Gwyneth S. Roberts, L.D.S. (to 31.7.66) Rene C. Capper, L.D.S. Valerie A. Lawn, B.D.S. (to 28.10.66) Christine E. Watkins, B.D.S. N. G. Hall, L.D.S. (to 18.2.66) Margaret A. Newby, B.D.S. (from 10.1.66) Ruth A. Yearn, B.D.S., L.D.S., R.C.S. (from 13.6.66) D. F. Ridler, L.D.S. (1.8.66—23.12.66)
Dental Auxiliaries	Jill E. Gibbons, (to 23.12.66) Paula V. Bourne

CHILD AND FAMILY GUIDANCE SERVICE

Senior Consultant Psychiatrist ...	R. F. Barbour, M.A., F.R.C.P., D.P.M.
Consultant Psychiatrists ...	W. L. Walker, M.D., D.P.H., D.P.M.* H. S. Coulsting, M.B., Ch.B., D.P.M.*
Senior Psychiatric Registrar ...	T. C. Waters, M.B., Ch.B., D.P.M.*
Psychiatric Registrar	Diana Dickens, M.B., Ch.B., D.C.H.
Senior Educational Psychologist	R. V. Saunders, M.A., B.Ed.
Educational Psychologists ...	E. Jean Horn, M.A., Dip.Ed. (Senior Assistant) (to 31.5.66) G. W. Herbert, B.A. G. E. Bookbinder, B.A. (to 31.12.66) G. R. King, B.A. (to 2.12.66) H. C. Macfie, M.A. N. Jones, B.A., D.M.A.†
Head Social Worker	Mrs. B. Gibson-Hamilton, B.A.
Senior Social Workers	Miss M. B. E. Shearman Mrs. I. L. Daines, B.A. Mrs. A. E. Porter Miss W. A. Maitland
Clerical Staff	Mrs. B. E. Gunning Mrs. P. A. Buffin (from 17.10.66) Mrs. P. J. Gibson (from 25.4.66) Mrs. J. B. Grimes Mrs. A. E. Kemp (from 13.4.66) Mrs. E. Kerr (to 1.5.66) Mrs. M. J. Paul Mrs. V. S. Stone Mrs. S. M. Wilkinson (to 7.4.66)

† Joint appointment with United Bristol Hospitals
* By arrangement with the Regional Hospital Board

SPEECH THERAPY

Senior Speech Therapist	...	Mrs. Beryl Saunders, L.C.S.T.
Speech Therapists	... ..	Kathleen Coleman, L.C.S.T. (died 28.3.66) Madeleine Thomas, L.C.S.T. (to 31.3.66) Mrs. J. Spencer, L.C.S.T. Jennifer B. Harries, L.C.S.T. Carol A. Cubitt, L.C.S.T. <i>Claremont School</i> Mrs. A. L. Wilks, L.C.S.T. Mrs. G. L. Bradshaw, L.C.S.T.

NURSING SERVICE

Chief Nursing Officer	... ..	Miss M. Marks Jones, S.R.N., S.C.M., H.V., Admin. Cert.
Deputy Chief Nursing Officer	...	Miss J. M. Marsh, S.R.N., S.C.M., H.V., Dip. P. H. Nursing (McGill)

ADMINISTRATIVE AND CLERICAL STAFF

Senior Assistant	... ..	Miss M. C. Finch, M.A.
Senior Clerk	... ..	K. E. K. Eddolls, S.R.N., Q.N.
Clerical Assistants	... ..	E. J. Pike Miss J. F. Norris Miss M. Portwood
Clerks	... ..	Miss V. Benjafield Mrs. S. A. Clarke (from 9.8.66) D. R. Cordwell (from 7.11.66) E. J. Davis Miss M. Durnford Miss M. G. Edwards (from 18.4.66) Mrs. J. R. Gent R. B. Hulin (from 5.9.66) K. Lovell (to 31.3.66) A. Wherlock (to 30.11.66)
Clerk/Shorthand Typists	...	Miss S. E. Groves Miss P. Howard

Persons other than those whose names appear in the list of staff who have contributed to this report are the following:—

- H. J. Austin, *Head of Kingsdon Manor Residential School for E.S.N. Senior Boys*
 Miss J. A. Battersby, *Organiser of School Meals*
 Miss I. M. Bond, B.A., *Head of the House in the Garden School for E.S.N. Senior Girls*
 G. J. Creech, M.B.E., *Chief Public Health Inspector*
 Miss M. H. Davies, B.A., *Head of Croydon Hall Residential School for E.S.N. Senior Girls*
 Miss J. Davis-Morgan, *Head of Henbury Manor School for E.S.N. Junior Children*
 Miss J. R. W. Dawson, *Organiser of Physical Education*
 N. A. Dent, M.B., Ch.B., D.Obst., R.C.O.G., D.P.H., *Lecturer in Medical Statistics and
Epidemiology, University of Bristol, and Principal Medical Research Officer, Multiple
Handicaps Project*
 B. M. Dyer, M.B.E., B.A., *Youth Employment Officer*
 R. R. Jenkins, *Organiser of Physical Education*
 J. Pugh, *Chief Chiropodist, Department of Public Health*
 Miss M. J. Ram, B.A., *Head of Claremont School for Spastic Children*
 J. N. Tolley, *Head of Russell Town School for E.S.N. Senior Boys*
 M. A. Voyce, M.B., Ch.B., M.R.C.P., D.C.H., *Lecturer in Child Health, University of Bristol*
 F. C. Wilkinson, *Head of Periton Mead Residential School for Delicate Children*
 C. Williams, *Head of South Bristol School*
 R. D. Williams, *Head of Elmfield School for the Deaf*
 A. J. Wood, M.B., B.S., D.P.H., *First Assistant Medical Officer of Health*

INTRODUCTION

To the Chairman and Members of the Education Committee:

I have the honour to present the annual report of the Bristol School Health Service for 1966, the 59th in the series.

STAFFING

Early in the year Bristol suffered an outstanding loss in the death of Mr. Ramsey Garden, consultant ophthalmic surgeon and, in the words of Mr. Jardine, his successor as adviser to the school health service, "the principal architect of the school eye service in its early days". I also have to report the death of Miss K. Coleman, who had served the Corporation for many years as speech therapist. Another sad loss was that of Miss P. Collinson, a young dental surgery assistant, who was killed in a road accident.

Members of staff who have retired after long service are the Misses C. V. and B. D. Robertson, physiotherapists, Mr. Leonard Tasker, chiropodist, and Mr. H. W. Williams, dental surgeon, who has unfortunately had to retire early owing to ill-health. The Headmaster of Periton Mead Residential School for Delicate Children, Mr. C. Organ, also retired during the year. Our good wishes go with them all.

One of our school medical officers, Dr. A. J. Wood, has been promoted to the position of first assistant medical officer of health for epidemiology, his predecessor, Dr. N. A. Dent, having been appointed lecturer in medical statistics and epidemiology in the University of Bristol, and also principal research officer to the multiple handicaps project. Both make contributions to this report.

In the Child and Family Guidance Service, I have to record the appointment of Dr. Lumsden Walker as consultant in child psychiatry at the Children's Hospital in the Department of Mental Health. He is still able to provide us with some weekly sessions.

Shortage of professional staff has handicapped several branches of the service and seems likely to continue, particularly where the qualifications required are high and lengthy to obtain. There have been vacancies in the child and family guidance service especially for educational psychologists. There is a serious shortage of teachers of the deaf, and the difficulty experienced by the Regional Hospital Board in filling vacancies for an E.N.T. surgeon and an ophthalmologist has caused delays in the Board's services for school children. The tonsillectomy waiting list is still far too long. During the entire year we had the services of only one audiometrician for school screening of children's hearing, instead of the two which the volume of work really calls for. The trend today is towards the expansion of care for the educationally retarded, the maladjusted and those with hearing difficulties, and at present the number of trained staff available does not keep pace with demand.

THE YEAR'S WORK

Much useful work has been achieved during the year and thought has been given to new developments. Unfortunately, there were more cases of infectious hepatitis than for several years, and two schoolchildren died of the disease, but otherwise

children's health has been generally good. The notifications of acute rheumatism were down to 12, after the previous year's temporary increase. The Hearing and Speech Centre continues to provide a useful and valued service, and an account of some of its work is given under the E.N.T. and Speech Therapy sections of the report.

The report on Child and Family Guidance Service refers to work with very young children and the problem caused by the lack of nursery school places for children who badly need them.

Plantar warts are always a tiresome, if relatively trivial, problem and in 1966 the school chiropody service was expanded, as it was felt that this work should be done by chiropodists rather than medical officers, whose time can be more profitably occupied in other ways.

The work of the school staff nurses in the larger secondary schools was reviewed during the year, and the heads of the schools were most gratifyingly enthusiastic about the success of the scheme. The nurses have fitted quickly into the life of the school, and, in addition to the treatment service they provide, are proving increasingly valuable as counsellors on health and personal problems.

The Plowden Report appeared shortly after the year covered by this report. Many of its observations are of interest to the school health service and several contributors refer to it, including Dr. Dickens, in an interesting article on enuresis and its attendant distresses.

Something has been done to help the children in what might be termed a Plowden "educational priority area" by means of the extended medical examinations described under the heading "Immigrant Children".

SURVEYS

We have been involved in a number of other special studies during the year. This was the last of the five years during which Bristol took part in a survey for the Ministry of Health of the heights and weights of five-year-olds and 14-year-olds in large and small families, representative schools being selected from all parts of the City. Then in the autumn, a follow-up enquiry into the age of the menarche was undertaken by Miss E. H. C. Duncan, senior lecturer in statistics to the University of Bristol, ten years after the previous one, whose results were described in my annual report for 1958. It will be interesting to see what change, if any, ten years has made.

During the autumn term, a school child chest health study was conducted by the Department of Medical Statistics and Epidemiology of the University of London. Bristol was one of the selected areas for the study and about 1,200 children aged between six and ten in seven schools took part. Their parents were asked to complete a questionnaire on the child's respiratory and environmental history and each child was given a short medical examination including tests with a peak flow meter. Parental co-operation was extremely good. It is hoped that the study will throw light, in particular, on the extent to which atmospheric pollution is a contributory cause of respiratory disease.

These various studies give a good deal of extra work to the staff of the Health Department and the schools and I am grateful for the willingness with which they have been undertaken and the attendant problems coped with.

HANDICAPPED CHILDREN

Much attention is being paid to the whole question of the care of handicapped children, and the type of educational provision they require. Every year more special classes are opened in order to retain educationally subnormal children in ordinary schools and at the same time give them the special attention they need. As the reports show, in the special schools increasing efforts are made to give the children plenty of outside contacts and, as the time for leaving draws near, to prepare them for life outside their sheltered environment. Plans are now being made for new school premises for both educationally subnormal and physically handicapped children. Before the end of the year a start had been made on a major project to discover the incidence, classification, provision made for and disposal of children with multiple handicaps (see Appendix 2).

Advances in the treatment of babies suffering from spina bifida have raised a problem as to the proper educational provision for these children, complicated by the doubtful prognosis in many cases, which makes it difficult to plan far ahead. Dr. Smallwood contributes an article on meningocele.

CONCLUSION

As always, it is a pleasure to express my gratitude for the co-operation of so many with whom we work in close liaison: the Chief Education Officer and his staff, both in the office and in the schools, the hospitals and the general practitioners, and other departments of the Corporation. Not least, I wish to thank Dr. Smallwood and the staff of the health department who are responsible for the running of the school health service.

R. C. WOFINDEN,

Principal School Medical Officer.

Central Health Clinic,
Tower Hill, Bristol, 2.
Telephone Bristol 26602.

CARDIO-RHEUMATIC CLINIC

C. Bruce Perry

There has been no change in the organisation or work of the cardio-rheumatic clinic this year. It will be remembered that last year there was a small epidemic of acute rheumatism in some areas of the city which resulted in 33 new cases being notified in the year (including one pre-school child). Fortunately no such epidemic has occurred in 1966 and the new cases notified have fallen to 12 and the total new cases referred to the clinic to 13. (One of the cases affected in 1965 did not attend the clinic till this year.) The position is thus now much as it has been for the previous few years with a very small number of new cases. It is interesting to consider the progressive decrease in the incidence of acute rheumatism in Bristol over the past 20 years. In 1947 the disease was made notifiable in Bristol. In 1948, the first full year of notification, the incidence of notified cases was about 75 per 100,000 school-children. During the period 1947-54 219 cases were notified and of these 70 were relapses in previously affected children.

In 1955 an effort was made to ensure that all "rheumatic" children were maintained on continuous prophylaxis to prevent relapses. By 1955 the notification rate had fallen to about 23 per 100,000 children, but 1957 and 1958 saw rises to a notification rate of about 32 and 35 per 100,000 respectively. However the total notified cases confirmed during the five-year period 1955-59 was 104 and there were only nine relapses. In 1961 the notified cases fell to about 12 per 100,000 school children (compared with 75 in 1948) and the figure remained at about this level until the epidemic of 1965. During the five year period 1960-64 the number of notified cases confirmed was 63, an average incidence of 16 per 100,000 school-children (compared with 44 during the period 1947-54). Only two recurrences were recognised in the last five-year period.

The same change has, of course, taken place all over the country. In 1948 the Registrar General's returns showed that the crude death rate from rheumatic fever was just under 20 per million. In 1964 it was about one. Thus not only is the incidence of the disease falling, but also the severity.

During the 1947-54 period 57 per cent of the Bristol cases had a cardiac lesion with acute attack and when last seen 27 per cent had persistent heart disease. By contrast in the 1960-64 period the incidence of heart disease in the acute attack was 39 per cent and only 11 per cent had persistent lesions when last seen.

**Summary of School Cases attending Cardio-Rheumatic Clinic, 1966
including Primary, Secondary, Nursery and Special Schools**

	No treatment or restriction	No treatment but restriction of games etc.	Treatment and school	Treatment and exclude from school	Institutional treatment	Total
NEW CASES:						
Rheumatic heart disease ...	—	—	—	—	4	4
Chorea ...	—	—	—	—	2	2
No organic disease ...	28	—	—	—	—	28
Congenital heart disease ...	4	—	—	—	—	4
Acute rheumatism ...	—	—	—	—	7	7
Total ...	32	—	—	—	13	45
RE-EXAMINATIONS:						
Rheumatic heart disease ...	26	5	—	—	—	31
Chorea ...	12	—	—	—	1	13
No organic disease ...	93	—	—	—	—	93
Congenital heart disease ...	28	10	—	—	—	38
Acute rheumatism ...	222	1	—	—	—	223
Total ...	381	16	—	—	1	398

No. of individual children examined ... 243
 No. of new cases for 1966 ... 45
 No. of re-examinations ... 398
 Total number of attendances ... 443

CHILD AND FAMILY GUIDANCE SERVICE

H. S. Coulsting

PREMISES

The prospect of a suitable extension to the health clinic in Lawrence Weston will be a great help to the work in this area—otherwise there have been no changes in the course of the last year.

ANNUAL STATISTICS

Once again these do not call for much comment other than the inevitable decrease of work on the psychological side, brought about by the shortage of psychologists, which is beginning seriously to hamper the work of the Service.

It is hoped that one or two sessions can be given by other psychologists living in this area, to help out over the period of the present critical shortage.

			1965	1966
<i>Psychiatric</i>				
Diagnostic interviews	...	...	499	574
Treatment interviews	...	...	2,412	2,379
Parent interviews	...	...	165	221
Others interviewed	...	...	152	54
<i>Psychological</i>				
Examinations, including				
Juvenile Court cases	...	...	388	394
Treatment interviews	...	...	578	124
Parent interviews	...	...	74	14
Others interviewed	...	...	89	67
Other visits	...	...	70	4
<i>Social</i>				
Interview with parents	...	...	3,410	3,460
Interview with others	...	...	111	149
Home visits	...	...	603	678
Other visits	...	...	59	98

STAFF CHANGES

Psychiatric

Dr. Lumsden Walker was appointed as Consultant to the Mental Health Department at the Children's Hospital in the course of the year. We are glad that he is able to continue working in the local authority service, but we have now lost two sessions which were formerly provided by him under the auspices of the Regional Hospital Board. It is not yet known whether these will be replaced.

We were fortunate to obtain two sessions from a psychotherapist, Mrs. Lydia Jackson, who has come to live in the Bristol area, and this has enabled us to undertake some longer term treatment that would not otherwise have been possible.

Psychologists

Miss Jean Horn left us at the end of May to take up a more senior appointment in the Isle of Wight, where a considerable quantity of useful research work is being done. Miss Horn was with this clinic for almost 12 years, and her considerable contributions in clinic, schools and in the Children's Department are greatly missed.

Towards the end of the year we also lost Mr. Gordon King, who returned to Australia, and Mr. Geoffrey Bookbinder, who has gone on to set up a remedial coaching establishment in Salford, Lancashire.

On the school medical officer side, Dr. A. J. Wood was succeeded in the course of the year by Dr. A. J. G. Dickens.

STUDENT TRAINING

The Clinic gave a considerable amount of time to the training of generic and other advanced social work students, and the present rate of intake for students' practical training placement is eight a year.

Most of our senior psychiatric social workers are acting as supervisors to students, and Miss Shearman in particular is taking two students throughout the year, and helping at the University with selection of suitable candidates for advanced social work courses.

The participation in supervision of advanced case work for students is a programme which is felt to be an important contribution made by this Clinic, as it contains the necessary facilities for the teaching of therapeutic relationships; it is hoped that in the long run this will alleviate the chronic shortage of skilled case workers throughout the whole of the social work field.

UNDER FIVES

As this was one of the objectives of the setting up of peripheral clinics throughout the City, the Under Fives Group of one of these clinics has been looked at in some detail.

The earlier detection presents some difficulties in that the personnel dealing with these families have been in the past orientated more towards 'considerations' of physical well-being than observation of their developing family relationships. However, their increasing awareness is, I think, demonstrated in the increased referral of these problems.

Year's "through-put" at one peripheral clinic:

	Number of cases	...	...	46	
	Awaiting appointments	...	...	2	
	Did not attend	...	...	3	
	<i>Origin of referral</i>				
	Health Visitors	...	...	21	
	School Medical Officers	...	...	13	
	Others	...	...	10	
	Awaiting appointment	...	...	2	
					<i>Nursery school placement needed but not available</i>
<i>Crisis</i>		<i>Diagnostic Category</i>		<i>Action Taken</i>	
Behaviour ...	25	Deprivation—		Casework	20
Development ...	6	Traditional ...	14	useful ...	33
Neurotic		Hyperkinesis—		Diagnosis	
symptoms ...	10	Organic ...	5	& disposal ...	8
		Retardation ...	2		
		Handling ...	6		
		Neurotic			<i>Long term supervision needed</i>
		reaction ...	12		11
		Parental			(provided in 4 cases only)
		Mental illness	2		

A further look at these cases is of interest. 41 cases had been dealt with. The crisis precipitating referral was behaviour problems in over half the cases.

The high figure for organically damaged children (Hyperkinesis) is of interest and possibly one of the side-effects of the decrease in infant mortality over recent times.

Of greater social interest is the number of emotionally deprived children from families who themselves suffered a deprived childhood. If this deprivation is not to continue as a tradition, considerably more help is needed. There is a growing awareness of this need, but a poverty of facilities. Lack of possibility of nursery school placement is one of the more glaring deficiencies. The present situation is well shown up, in that nursery schools were desperately needed and not available in half of the cases seen. The need for long term support in 11 of these families, which was met only in four, emphasises another area of great need.

It is also of interest that our psychiatric social workers have had referred to them a certain number of mothers during pregnancy, and this often represents a critical situation in which case-work help can be very useful. It is hoped that referrals in this situation will become more frequent when it is more widely appreciated that the mother/child relationship is enormously influenced by the general emotional atmosphere during childbearing.

OTHER EVENTS OF INTEREST DURING THE YEAR

It is encouraging to note that the Clinic staff are still playing their part in outside activities connected with the mental health field.

Mr. R. V. Saunders, our senior psychologist, continues to be Tutor to the Bristol University Institute of Education Part-time Course leading to the Advanced Certificate in Education for Teachers of E.S.N. children. Mr. Geoffrey Herbert, educational psychologist, is co-Tutor on this course. Mr. Saunders also serves on the Minister of State's working parties on handicapped children and on educational psychologists.

Dr. Coulsting runs a course on case work and relationship treatment under the auspices of the Extra-Mural Department of the University, and Mrs. Gibson Hamilton (née Stubbs), our senior psychiatric social worker, runs a course on mental health at the Folk House.

These activities are apart from the considerable amount of teaching carried out by this Clinic in various related courses, which include:

- Medical students
- Selected teachers during training
- Welfare assistants
- Health visitor students
- Psychology students

CHILDREN'S CHEST CLINIC

Patricia Thomas

During the year 58 patients were seen (56 schoolchildren and two pre-school-children). Of these 36 were new patients. From these the following referrals were made:—

Physiotherapy	...	...	...	24
E.N.T. consultant	...	...	...	6
Consultant chest physician	...	...	...	2
Periton Mead residential school	...	...	...	3
Hearing Assessment	...	...	...	1
Speech Therapy	...	...	...	1

Vaccination against influenza was given to 14 patients. Courses of desensitizing vaccine were given to seven patients in each case with considerable improvement, and the courses will be repeated again in 1967 with two new patients who have now been skin tested.

CHIROPODY SERVICE

J. Pugh

There are six sessions per week allocated for the chiropody treatment of school-children, as follows:—

Central Health Clinic	...	...	3
Portway Clinic	...	...	1
Speedwell Clinic	...	...	1
Mary Hennessy Clinic	...	...	1

The total number of treatments given was 5,066, of which 1,004 were first treatments.

A breakdown of the type of conditions and treatments shows the following:—

		<i>First treatment</i>	<i>Other treatments</i>
Metatarsalgia	...	1	4
Hammer toes	...	6	9
Verrucae pedis	...	866	3,907
Hallux valgus	...	3	4
Foot strain	...	1	1
Miscellaneous	...	127	137

(There were also two pre-schoolchildren given one treatment each.)

It should be stressed that the above table shows the treatments given by the chiropody clinics only for the various conditions. There are other treatments given for a variety of conditions by school medical officers, or by nursing staff on the directions from the school doctors. The above figures, therefore, are not to be interpreted as a reliable analysis as to the incidence of foot disorders among school-children in general. It is not actually known how widespread are functional disorders at school age, but they are certainly more widespread than the above figures would indicate. The prevention of functional disorders of the feet, like other disorders, is better than attempted cures. A good standard of foot health is to be encouraged, and, especially at school age, is vital for the well-being of the individual, affecting as it does his future acts of daily living at sport, hobbies, or work. Health education in foot health matters may be judged as important as other forms of education, if a good deal of misery is to be avoided in the future, by painful, deformed feet. Justifiable criticism, in the past, has been made of the kind of footwear worn by older children, of high heels and pointed toes. The pendulum seems to have swung too far in the other direction, in favour of casual pumps devoid of any heels whatsoever, and no support to the longitudinal arch when walking or standing. Human feet, especially growing feet, cannot cope with such extremes, so health education is most important.

DEATHS OF SCHOOL CHILDREN

In the course of 1966 there were 27 deaths of children of compulsory school age, 5—14 years inclusive. Three children had never attended a school in the city. There were seven deaths from road accidents and two boys died in the same aeroplane accident. Two children died in swimming accidents. There were two cases of acute hepatic necrosis due to infective hepatitis and this latter infectious disease must still be regarded as one of the more serious disorders. New growths accounted for only two deaths, as low a figure as has happened in recent years. One boy died of tetanus at the age of 14. There was one death in status epilepticus at the age of 12 and one in status asthmaticus at the age of 14 years.

DENTAL CLINICS

J. McCaig

A new dental wing with one surgery was opened at the William Budd Health Centre in January 1966 and our establishment was increased to 17 dental officers. This new dental department relieved the pressure on Bedminster Clinic which had been responsible for this area and brought dental services nearer to schoolchildren, who previously had to travel some distance to the Bedminster Clinic. We were unable to keep to our full complement of staff throughout the year, losing four dental officers.

Mr. H. W. Williams retired after 27 years' service at the early age of 54 years due to ill health. Miss Roberts was appointed Lecturer in Dental Health Education at St. Andrews University and took up her duty there in September. Mrs. Lawn resigned to accompany her husband to America and at the end of the year Mr. Stables left as he was promoted Area Dental Officer to the Gloucestershire County Council.

One Divisional Dental Officer, one full-time Dental Officer and several Sessional Dental Officers were appointed and we were able to keep all clinics open, even though some were only part-time.

The dental surgery assistant staff suffered a loss through the death of Miss Collinson who was killed in a motoring accident during the Easter holiday. Miss Taylor was with Miss Collinson and she was injured and off duty for some months.

JOINT APPOINTMENT OF DENTAL AUXILIARIES AT THE DENTAL HOSPITAL

As a result of a Ministry Circular, L.H.A.L. 2/66 dated 7.1.66, local authorities were asked to explore the possibility of joint appointments with their dental ancillary staff and a local hospital authority so that the best use of their available dental manpower could be obtained. The circular explained that where a local authority did not feel that there was sufficient scope for the employment of a hygienist full-time, a joint appointment with a local hospital could be considered and similarly a local hospital might seek an arrangement with a local authority, for the joint appointment of a dental auxiliary. In view of this, it was arranged that our two dental auxiliaries would work half-time in the dental hospital in the Children's Department, carrying out clinical duties, and the remainder of their time in schools and clinics, giving talks on dental health education. The two hygienists at the dental hospital would

remain half-time there and the remainder of their time in schools and clinics, teaching dental health to children and expectant and nursing mothers. Thus we would have four part-time dental health educationists covering more schools and clinics than two auxiliaries could achieve in addition to their clinical duties. Unfortunately, the scheme never got off the ground properly as one of our dental auxiliaries left and one of the hospital hygienists resigned. We were sorry to lose Mrs. Gibbons, our Dental Auxiliary, and we send best wishes to her and her new baby for the future. Mrs. Gibbons was one of the first dental auxiliaries to come direct to us from the New Cross School which trained them. She was an excellent worker, accepted well by dental officers and teachers alike and credit must be given to her tutors at the New Cross School.

THE DENTAL AUXILIARIES EXPERIMENTAL SCHEME

The General Dental Council have now published their final report on the experimental scheme for the training and employment of dental auxiliaries. They conclude that the experiment has shown that dental auxiliaries can be successfully trained and employed under proper supervision to do, within a limited field prescribed, work of great value, particularly among young children.

The Government accepts this conclusion and will consult with the General Dental Council on the steps necessary to establish this class of auxiliary on a permanent basis. Thus the school dental service and the maternal and child welfare service of the future will have dental auxiliaries as a permanent feature.

Some delay must be expected before authorities can be reconciled to the expense involved in employing auxiliaries. It is generally agreed that the particular value of auxiliaries lies in the handling of young children and in dental health education, neither of which can be expressed in terms of money, but which together are very expensive. Economy was not assessed under the scheme and authorities are left to assess this for their own particular needs. The main expense is that a second surgery is required, because a dental auxiliary is allowed to work only under the supervision of a registered dentist, who must be on the premises. If a team is thus installed at a clinic and the dentist becomes ill, three people are immediately idle, the dental auxiliary and the two dental surgery assistants. Where an area is well off for dentists and school staffing not a great problem, an authority will take a long look at the expense of employing dental auxiliaries in the absence of help from central funds. Unfortunately, productivity is still important in assessing value for money and it will take considerable time before the idea of a truly preventive service can be established and dental health can be assessed in terms of treatment not required, rather than treatment completed. Operative techniques are recognised and therefore remunerated, but preventive techniques, although they exist, are not easily recognised and therefore unable to be assessed financially.

If the maintenance of dental health has any national importance then a co-ordinated nation-wide activity must be equipped with the appropriate funds and instituted. Many people are ignorant about and apathetic towards dentistry and it is most difficult to exhort these people or even gain their attention. These feelings are transferred to their children and so any approach to these families must be attractive and interesting and this is the challenge to dentistry, which is neither. The modern child is healthier than ever so that the dentists can no longer say that good teeth are essential for good health, but only desirable.

How patients are handled by dentists will determine their attitude towards dentistry and it is apparent that the dental surgery is really the best place for dental health education. However, this is not always possible as busy and harassed practitioners cannot be expected to devote their time to it while clinical work is urgently required. The field is wide open for the school dental service to carry out this work and it should be designed and staffed to be able to take its share. The young must be educated in what action to take to preserve their teeth but at the same time it is also necessary to convince them that there is an advantage in possessing natural teeth. Older people, even if they are contented denture wearers, must be guided in what advice to give to the young to preserve their teeth and to encourage them to attend regularly at the dentist. The interest and understanding of parents is necessary however, to gain their co-operation in enforcing regular hygiene measures at home. Dentists will soon be able to give parents more advice about these hygiene measures.

It has always been recognised that the tooth brush or mouthbrush (as some dentists prefer to call it) is a most effective means of cleaning teeth, though there has sometimes been doubt about toothpaste. The public sensing this doubt in dentists' minds have never really gone in for buying toothpaste and it is estimated that only six homes out of ten in this country are regular buyers of toothpaste. In spite of the propaganda hurled at the public about the quality and effectiveness of different brands of toothpaste, many of our population remain content with their atavistic brand loyalty of soot, salt or just plain water. Eventually a British Standard for toothpaste will be established because this year the lyrical claims of the advertisers are being analysed by the British Standards Institution. It will cover such things as alkaline content, acidity and abrasiveness. Most brands of toothpaste are made from the same basic recipe, a detergent, an abrasive powder (phosphate or chalk), a humectant to keep the product moist and a glycerine or wax base for consistency and water. There are additives such as antiseptics and preservatives and it is often these ingredients which give the fancy name to the formula or to the toothpaste itself and are made out in advertising to have such beneficial effects on the teeth. Abrasive quality can now be measured and it is comforting to know that a British Standard will be established soon, so that in future toothpastes will be, if not beneficial, at least less harmful than some toothpastes have been in the past.

The table at the end of the report is shown in the form required by the Department of Education and Science but does not show all the work carried out by the School Dental Service.

EAR, NOSE AND THROAT SERVICE

Mr. R. K. Roddie and Mr. J. Freeman have continued their weekly E.N.T. clinics and particulars of attendances are given below. Follow-up audiograms were taken on 482 of the children, mostly cases receiving operative treatment. There has been a slight improvement in the tonsillectomy waiting lists of Bristol Hospitals.

	1966			1965		
	<i>First</i>	<i>Other</i>	<i>Total</i>	<i>First</i>	<i>Other</i>	<i>Total</i>
Chronic suppurative otitis media ...	19	8	27	24	35	59
Other ear	390	75	465	454	147	601
Nose and throat	677	253	930	511	173	684
Total ...	1,086	336	1,422	989	355	1,344

The assessment of hearing in infants' schools followed the same pattern as in previous years. Medical officers devoted five sessions per week to this work (Dr. Kaye three, Dr. Bassett one, and Dr. Shobbrook one session per week). Mrs. Broomhead, the audiometrician, spent most of her time doing hearing screening tests in schools. The follow-up of children who failed the routine test at school was done mainly by the medical officers, and children referred from medical inspections at schools and clinics were tested by a state registered nurse, Sister A. Allen, who also does routine follow-up audiometry for the E.N.T. consultants. This gave Mrs. Broomhead more time for work in schools.

Since the resignation of the second audiometrician, Mrs. Ford, in November, 1965, it has been impossible to replace her and as a result the hearing tests on new admissions to infants' schools have been delayed by up to two years. This meant that some new entrants had a hearing test at the age of $6\frac{1}{2}$ to 7 years instead of 5+ as intended. This is unsatisfactory as impairment of hearing should be excluded at the very beginning of school life. Delayed diagnosis of deafness in a young child may cause serious difficulty in social adjustment to school life and hamper educational progress.

As in previous years the children were tested individually on the pure tone audiometer on the frequencies in the speech range at an intensity (loudness) of 20 decibels. All the failures had full audiometric tests at the nearest clinic or at school if suitable accommodation could be found. As before, apart from the routine screening, we also paid special attention to children with defective speech, children who had difficulties in settling down to normal school routine and all children suspected by teachers of impaired hearing in all age groups. 12 of the children seen at the clinics were referred for speech therapy.

School Screening

Number of children screened ...	...	...	4,873
Number who failed screening test ...	...	...	1,144 (23.48%)

Clinic Attendances for Follow-Up

Total number of children seen ...	...	...	2,036
Discharged with no significant hearing loss ...	...	...	880
Remaining under observation ...	...	...	903
Already under treatment ...	...	...	26
Leaving Bristol ...	...	...	3
Referred to E.N.T. consultant ...	...	...	200
Referred to the Hearing and Speech Centre for further assessment and follow-up ...	...	...	24

EMPLOYMENT OF CHILDREN

During this year, 432 children have been examined in order to ascertain their fitness for part-time employment. None was found to be unfit and they were registered for part-time employment as shown below.

<i>Employment</i>		<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Newsagents ...	...	278	55	333
Others ...	...	35	64	99

CHILDREN IN ENTERTAINMENTS

In addition to those children permitted to take up part-time employment, 22 children were examined and found fit to take part in entertainments and were licensed by the Local Authority to do so. Of these, two were boys and 20 girls.

ENURESIS CLINICS

A. J. G. Dickens

The attendance at these clinics has increased in the last year, as has the waiting list for appointments. The totals for 1963-66 are as follows:—

		<i>No. of children seen</i>	<i>No. of attendances</i>	<i>Medical Officers</i>	<i>Sessions per week</i>
1963	...	249	1,109	3	4
1964	...	262	945	3	4
1965	...	247	936	3	4
1966	...	277	960	3	3
					+ part of another

The fourth weekly session is a joint enuresis and children's chest clinic, and an increasing number of attendances by children with chest complaints has caused a reduction in the number of enuretic children seen there. This has thrown a greater load on the three remaining sessions but the total attendance has increased despite this in 1966.

Of the 277 children seen, 165 were new cases and 112 continued treatment from the previous year. 116 children ceased coming, 48 being discharged completely dry and 11 failing the final appointment but believed to be completely dry. A further four children moved from Bristol and were almost dry, so some 60 children became dry during the year, an approximate cure rate of 50 per cent. Of the remaining 53 children, 39 defaulted after either one or two appointments, presumably because the child and/or parent had been disappointed that we do not have any miraculous cure for this interesting and difficult condition. The length of treatment of the individual child has varied from one visit to four years, with an average length of some nine to 18 months.

Recently, attention has been given on a national scale to the incidence of enuresis, and in the "First Report of the National Child Development Study (1958 Cohort)", quoted in the Plowden Report on "Children and Their Primary Schools", some valuable figures are given:—

No. of boys = 4,059;	No. of girls = 3,926;	Total = 7,985.
	<i>Incidence %</i>	<i>Sex Difference</i>
	<i>Boys</i> <i>Girls</i> <i>Total</i>	<i>Chi-squared</i>
Wet by night after five years ...	... 12·1 9·7 10·9	11·4 (d.f.1) < 0·001

The figure of 11 per cent of children wet after five years old is high, and it is suggested "that the age at which bladder control is normally attained extends over a greater range than is generally accepted". The sex difference is highly significant, and it is found that boys are affected up to twice as often as girls. By contrast only 4·4 per cent of boys and 4·3 per cent of girls were wet by **day** after three years old, and for soiling after four years old the figures were only 1·8 per cent and 0·6 per cent respectively.

In "The Health of the School Child, 1964 and 1965", the Chief Medical Officer states that 142 local authorities run enuretic clinics, a steadily increasing total. Children under seven are not normally seen at these clinics, and the sources of referral are school doctors, health visitors, general practitioners, hospital paediatric departments and child guidance clinics. An increasing use is being made of "buzzers", the electrical night alarms, and we have 48 buzzers for use in the Bristol clinics. It is also of interest that quite a number of children are seen first in Bristol when under seven years of age, the youngest in 1966 being just five.

In the 1958 report of the Principal School Medical Officer for Bristol, Dr. J. E. Kaye admirably expressed some guiding rules, and they remain equally true today. "Our main aim is to try and straighten out the problems of our patients and to improve relationships between parents and the unfortunate child, to spare him humiliation and to make life less miserable for him. The vast majority of enuretic children have a family history of enuresis . . . it is surprising that sometimes a parent who was enuretic proves most intolerant towards the enuretic child. It is our experience that drugs by themselves are of little help, and far more important is to gain the child's confidence, to help him build up his self-confidence and to give him continuous support. This can only be achieved with the full co-operation of the parents. Unfortunately, in many cases they do not co-operate at all".

The essential feature of the clinics is the personal link with the child—if the regular medical officer is away then the clinic is not held as no useful purpose would be served by asking the child to see a strange doctor for perhaps the only occasion. Many children get so used to coming that they are very reluctant to be discharged when dry, and some even bring their own toys to the clinic! A full history is taken on the first visit, including the child's relations with the other members of the family and also his developmental history. A specimen of urine is tested, and a letter always written to the family doctor unless he is the referring agent himself. A chart for daily progress is issued which the child brings at each visit, and which is gone through with the medical officer. Great is the delight when the first chart is returned recording all dry nights since the previous visit. The child is seen at intervals of three to 12 weeks, depending on progress.

The main methods of treatment are:—

- 1) Some degree of fluid restriction after tea-time;
- 2) Lifting by the parents at 10 p.m. or 11 p.m., or as late as possible, so that the child is always dry;
- 3) Drugs, either methylephedrine or amitriptyline as a rule. 17 children were on the latter by the end of 1966, and early results seem very satisfactory (with a dose that can be adjusted to individual needs);
- 4) The "buzzer"—this is very useful in older children, and 98 were so treated during the year;
- 5) Encouragement and support of the child, really amounting to psychotherapy;
- 6) The same for the parents, especially mother who has to cope with the laundry involved. Referrals are made to the Child and Family Guidance Clinic if appropriate, and also to the Children's Hospital Urological Out-Patients Department (e.g. if wet day as well as night).

The clinics are most worthwhile to run, and most interesting to work in. The

gratitude shown by child and parent when success is achieved is very great, and a further session devoted to this subject would be very valuable in 1967.

EYE CLINICS

P. Jardine

The working of the school eye clinics during the past year was made considerably more difficult by medical staff losses. Chief amongst these was the death last April of Mr. Ramsey Garden who was the principal architect of the school eye service in its infancy and who continued to play an active part after his retirement from his post as consultant surgeon to the Eye Hospital, giving special attention to the problems of partially sighted children. His death has been a great loss. 1966 also saw the departure of Mr. Lloyd Johnstone who has gone to work in mission hospitals abroad, but before leaving he made two visits to Claremont School for Spastic Children. Nevertheless, in 1966 4,224 children were seen with a total attendance of 6,632. This compares with the figures of 3,822 and 6,702 for 1965. Permission has now been obtained from the Board for an additional post of ophthalmologist and when this has been filled, an expansion of the number of school eye sessions should be possible. The orthoptic department continues to work at high pressure and in 1966 the total number of attendances at the Central Health Clinic and at the Mary Hennessy Clinic was 3,072. Squint operations on Bristol children of school age performed at the Bristol Eye Hospital in 1966 totalled 128 compared with 137 in 1965. South Bristol School for Delicate Children was visited to arrange for regular examinations of the partially-sighted children. It is proposed to visit the school at least once a term in future.

HANDICAPPED CHILDREN AND SPECIAL SCHOOLS

BLIND CHILDREN

By the end of 1966 there were six children being maintained by the Authority at Bristol Royal School for the Blind, one girl and three boys as boarders, and two boys as day pupils. One girl was a boarder at Chorleywood College, and the following were attending places of further education:—

	<i>Male</i>	<i>Female</i>
Birmingham Royal Institute for the Blind	1	—
Hethersett Centre for the Adolescent Blind, Reigate ...	1	1
Royal Normal College for the Blind, Shropshire ...	—	2

PARTIALLY SIGHTED CHILDREN

In December 1966 there were 15 partially sighted children at South Bristol School, 11 boys and four girls. One boy was being maintained as a boarder at Exhall Grange School, Coventry.

DEAF AND PARTIALLY HEARING CHILDREN

Elmfield School for the Deaf

R. D. Williams

<i>Roll December 1966</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Bristol	21	19	40
Gloucestershire	4	7	11
Bath	3	—	3
Somerset	1	1	2
	<hr/>	<hr/>	<hr/>
	29	27	56

The number on roll steadily increased over the year, particularly in the nursery and infant age groups. At the end of the year 14 children were under five years of age, necessitating the opening of another reception class, 10 children were under seven years, and 11 between seven and 11 years.

This brings into focus the small number of secondary age children in the school. It would be impossible to provide the 21 children in this department with adequate facilities for the wide education they need if it were not for the generous support and assistance given by the head teachers and staff of Greenway, Henbury, Pen Park and Speedwell schools for which we are extremely grateful.

At these schools our boys and girls are taught typing, domestic science, woodwork, technical drawing, games and P.E. For the most part they are integrated into the normal classes, while a general science teacher comes weekly from Greenway to take our children as a group.

This is very encouraging and helps the children to adjust themselves into a hearing society.

Last May the senior department went to Lyme Regis for one hectic week. Whilst there they made sorties to Poole Potteries, Corfe Castle, Bovington Camp, Chesil Beach, Tolpuddle and a number of other places of historical or geographical importance. The new Severn Bridge made its inevitable impression on the children who have been across it on several occasions.

One child reached leaving age during the year and found immediate employment.

Miss Mary Clark, who had been on the staff of the school for over 20 years and Deputy Head for 15 years, retired in December. The school benefited immeasurably from her experience and wisdom.

PARTIALLY HEARING UNITS AND PERIPATETIC SERVICE

At the end of December, the numbers of children at the Units were:—

Ashton Vale Nursery/Infants ...	10
Henbury Court Infants	9
Henbury Court Juniors	8
Eastville Juniors	8
Pen Park Girls' Comprehensive ...	7
Greenway Boys' Comprehensive ...	9
	<hr/>
	51
	<hr/>
Children on peripatetic roll ...	60

During the year new appointments were made to Pen Park, Eastville and the peripatetic service. It appears certain that the major problem nationally will be the

question of providing sufficient teachers of the deaf for the expanding services planned for children with impaired hearing. When a mere 100 or so teachers receive the specialist diplomas each year the recruitment does not cover normal wastage.

In September of this year a new department was set up in London University to supplement the Department for Education of the Deaf at Manchester University. This will soon mean an extra 30 newly qualified teachers a year.

Bristol is trying to encourage qualified teachers to take one or other of these special courses of 12 months. We are also considering starting an in-service training scheme for qualified teachers at Elmfield.

One of the most serious effects of the present shortage is the unfortunate necessity of placing teachers with limited experience in posts where they have no experienced teachers of the deaf to give them support and assistance. This applies more particularly to the teachers who work with the partially hearing children.

It is, of course, impossible to expand the service as one would wish, and one suspects that there are children, and certainly parents, who are not receiving their requisite degree of attention.

In September 1967 we are very likely to require seven or eight teachers of the deaf in Bristol. These will take up vacancies brought about by retirements, teachers moving to other areas and for family reasons. It is an indication of the situation to realise that no full-time teacher has been found for Greenway Unit since last September.

In addition to the children at Elmfield, the following deaf children were being maintained at residential schools at the end of the year:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Burwood Park School, Walton-on-Thames	1	—	1
Mary Hare Grammar School, Newbury	—	1	1
Royal West of England School for the Deaf, Exeter ...	3	2	5
St. John's School for the Deaf, Boston Spa, Yorkshire ...	1	—	1
Total	5	3	8

EDUCATIONALLY SUB-NORMAL CHILDREN — DAY SPECIAL SCHOOLS

Henbury Manor School (Junior Children)

Jean Davis-Morgan

In June of next year we celebrate our 21st birthday. The first 10 years of the life of the Junior Special School were spent in the city. We had few opportunities to get away from "the smoke" and playtimes were spent in an asphalt playground, or on wet days "under the shed". Our classes each held 20 mentally handicapped children. Since 1947 when we moved to Henbury, children and staff alike have benefited from life in the country; fresh air, green fields, long walks in the woods, and the ever present joy of a large and well tended garden.

The character of our pupils has changed too, diminishing the size of our family groups, and gradually the old term mentally defective was dropped in favour of the new words "educationally subnormal". An ever increasing number of multiple handicapped and severely subnormal children is being admitted and consequently all our pupils have greater difficulties of learning and adjustment than was the case

even 10 years ago. The work of the teachers has inevitably become more individual and experimental and we attract a large number of visitors who are interested in this specialised therapy. We continue to support our philosophy that "life is for living" and every encouragement is given to the children to make good social relationships and to widen their often very limited home environment by expeditions and experiences in every facet of the community.

The 21 years of our school life have produced six head teachers for special and primary schools from our staff, of which record we are justly proud.

Although the planned expansion of special school accommodation in the city will not directly affect us, we view the future and especially the proposed co-education of the 12-16 year old E.S.N's. with interest.

Number on roll: 84.

31 girls, of which three are from other authorities.

53 boys.

Russell Town School (Senior Boys)

J. M. Tolley

The school began the year with 138 boys on roll and ended it with 126. Of the latter, two were from other authorities.

The regular work of the school has continued and up to July at least the facilities we offer our children were improved and extended. Unfortunately many of these were curtailed again during the Autumn, following a spate of staff sickness and absence.

During the year some 29 boys made the transition to employment, and of these 27 seemed to be continuing successfully at the end of the year.

An interesting and very pleasant addition to our special activities took the form of a joint carol service. Arranged by the House in the Garden School, and held in the Lord Mayor's Chapel, this proved a most enjoyable occasion for both girls and boys.

Further progress has been made with the proposed replacement school building. At the time of writing the location and site has been determined and detailed discussion with the architect is proceeding. It is hoped that actual building will commence in April, 1968.

House in the Garden School (Senior Girls)

I. M. Bond

At the House in the Garden we began 1966 with staffing difficulties due to promotion, retirements and illness but the position improved during the ensuing year.

We have pressed on with our regular programme of work towards our threefold aim "Preparing for life in a home, at work and at leisure". We have developed especially our leavers' course, the housecraft department and our number work. The emphasis on personal grooming and the encouragement of independence of action, particularly for girls in their final year, should equip them better for their future life.

We were able to organise more visits this year. The highlight of this part of our work was the opening of the Severn Bridge by Her Majesty the Queen on 8th September, and a visit to Tintern Abbey and Chepstow Castle in October. We entertained various Bristol groups and organisations at school, so enabling people to gain an insight into what goes on in a special school for senior E.S.N. girls.

The year ended with the usual Christmas activities and an extra this time, a Christmas Service for E.S.N. schools at the Lord Mayor's Chapel where we had previously attended the Service for the opening of the Assize Courts.

The number on roll at the end of the year was 82 including one girl from Somerset. During the year three girls had been returned to ordinary schools and many more connections were made with other schools and nurseries including one girl being admitted to a typing course at Lawrence Weston School.

SPECIAL CLASSES FOR E.S.N. CHILDREN IN ORDINARY SCHOOLS

During 1966, two special classes for educationally subnormal children in primary schools were opened and 14 in secondary schools. By the end of the year there were 89 altogether, 48 in primary schools and 41 in secondary schools.

EDUCATIONALLY SUB-NORMAL CHILDREN — RESIDENTIAL SPECIAL SCHOOLS

Croydon Hall School (Senior Girls), Felon's Oak, Minehead

M. H. Davies

At the end of 1966 the school numbered 38 out of a possible 40. Of these, 15 were from Bristol, 14 from Wiltshire and nine from other authorities.

It was a good year for the school, one of great progress, and one in which we became increasingly indebted to our very good friends. Our festive occasions were all successful and well attended. Through our school magazine we kept in touch with our many old girls, and some of them visited us

Yet 1966 was a difficult year in one respect. At the end of the summer term, seven girls left us, and in the spring, four girls. The result was that by the autumn we were left without our oldest pupils, and a great part of the school was new, and much of it very young. The remaining seniors did their best to walk in the footsteps of their predecessors, but it was hard for them, even though in the end success met their efforts. We felt that the exodus of a large number of girls at once was to be regretted, and should, if possible, be prevented in future.

One interesting adventure of the year was a school outing on Whit-Tuesday by bus through North Devon. One member of the party had never had a day's holiday before. Enough members of the staff were present to divide the school into families of four or five. Across Exmoor we went to Woolacombe, to bathe and picnic on the sands, on to Ilfracombe and along the coast to Lynmouth. Here we had tea, with fruit and cream or fish and chips, as preferred. Then through the golden evening home to Croydon Hall, with a grand record of our day in films and photographs.

In our Guide Company too, this year was eventful. Eight second class badges were won and 28 girls passed their tenderfoot test. Through the summer, camp-fires and barbecues enlivened the Company's meetings. Now we are saving up for the grand new uniforms.

Six of our lovely ducks were eaten by foxes, and our cat, Jan Ridd died. A sad affair. But there are lots of squirrels in the garden, and recently a new kitten has arrived, called Puccini.

In a school like Croydon Hall, no year is a dull year, and life is full of excitement. No work could be so rewarding as teaching and living in such a place. Anyone so fortunate as to be given an opportunity of sharing in it, must esteem it a very great honour.

During the year the numbers on roll have remained fairly constant. At the end of the year we had 60 boys on roll, 35 from Bristol and 25 from other authorities.

The health of the boys has remained excellent throughout the year with no serious illness.

Now that the conversion of the stable block, showers and toilets has been completed we have facilities for a much wider field of evening activities and recreation. A Sports Day was held in June. This was combined with the official opening of the stable block by Alderman Mrs. F. Brown.

Now that we have a school mini-bus many of our previous barriers have been broken. The boys have been able to visit factories to study work situation, places of interest and have taken part in many inter-school sports events including athletics, swimming, cricket, football and cross-country running.

In all these events the boys have done very well and have won the Somerset Special Schools Football Cup.

The most pleasing results of these visits however have been the most favourable comments on the excellent behaviour of the boys on every occasion.

At the end of 1966 the following children were being maintained at other residential schools for educationally subnormal children:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
All Souls' School, Hillingdon, Middlesex ...	—	4	4
Amberley Ridge School, Near Stroud ...	—	1	1
Besford Court R.C. School, Worcs. ...	15	—	15
Rowdeford School, Devizes ...	—	1	1
Total ...	15	6	21

CHILDREN UNSUITABLE FOR EDUCATION AT SCHOOL

Under Section 57 of the Education Act (as amended by the Mental Health Act, 1959), the Education Committee decided that 26 children (10 boys and 16 girls) were suffering from such disability of mind as to make them unsuitable for education at school, and furnished reports of those decisions to the Mental Health Authority. Their ages were as follows:—

<i>Age</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
4 ...	1	—	1
5 ...	3	—	3
6 ...	4	12	16
7 ...	1	3	4
8 ...	1	—	1
14 ...	—	1	1
	10	16	26

E.S.N. SCHOOL LEAVERS, 1966

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Referred to the Local Health Authority for informal supervision	20	9	29
Referred to special schools welfare officer for after-care	17	12	29
	<hr/> 37	<hr/> 21	<hr/> 58

MALADJUSTED CHILDREN

At the end of the year, 59 maladjusted children were being maintained in residential schools and hostels as listed below. The previous year's total was 53.

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Berrow Wood School, Nr. Stainton, Worcs.	3	—	3
Bessels Leigh School, Abingdon, Berks.	1	—	1
Blaisdon Hall Salesian School, Longhope, Gos.	2	—	2
Bourne House Hostel, Lincs.	—	1	1
Burnt Norton School, Chipping Campden, Gos.	3	—	3
Camphill Rudolf Steiner School, Aberdeenshire	1	—	1
Childscourt, Nr. Wincanton, Somerset	1	3	4
Drayton Manor School, Sherfield on Loddon, Hants.	4	—	4
Edward Rudolf Memorial School, Dulwich, London	3	—	3
Falcon Manor School, Towcester, Northants.	1	—	1
Farmhill House, Stroud, Gos.	—	1	1
Halcon House Hostel, Taunton	—	1	1
Heanton School, Braunton, Devon	3	—	3
Highwood School, Newton Abbott	5	—	5
Kingsmuir School, Sussex	1	—	1
Marchant-Holliday School, Temple Combe, Somerset	4	—	4
Muntham House School, Sussex	1	—	1
New Barns School, Toddington, Gos.	1	2	3
St. Andrew's School, Bridgwater, Somerset	1	—	1
St. Ann's R.C. Special School, Portobello Road, London	—	1	1
St. Peter's School, Horbury, Yorks.	—	1	1
Shotton Hall School, Shropshire	2	—	2
Stonehill St. Anthony Hostel, Nympsfield, Gos.	—	1	1
Sutcliffe School, Winsley, Wilts.	5	—	5
Walton Elm School, Sturminster Newton, Dorset	4	—	4
Wells Cathedral School	2	—	2
Total	<hr/> 48	<hr/> 11	<hr/> 59

DELICATE AND PHYSICALLY HANDICAPPED CHILDREN

Periton Mead Residential School

F. C. Wilkinson

Here, on the fringe of Exmoor, we must surely be one of the most beautifully situated of all schools in Britain. It is not to be wondered that our delicate children make progress towards better health.

It is an unending source of pleasure to see the children growing up happily, gaining in health, pale faces taking on a new colour. The most striking examples of 'before and after' are those children who come to Periton Mead for general debility and the like. In the last year these accounted for 17 of our number; their stay is seldom more than two or three terms, a period of healthy routine, good food and sea air long enough to ensure fitness to resume day school. In contrast, there

are the 27 asthmatic children, numerically the largest group, who present the greatest challenge. Progress is slow, there would be 'off days' when breathing would be difficult and appetites more than usually capricious. Some managed a full term without set-back, others not so well, of whom one is always conscious, showed improvement. Other chest complaints accounted for seven and two children with squints attended the Minehead and West Somerset Hospital for a monthly check on progress. The remaining seven who made up our complement were maladjusted. These have been absorbed into the school and it is hoped to admit more children who are emotionally disturbed.

On the whole general health was good. We had one isolated case of mumps. Two boys had periods in hospital: one, our most severe asthmatic, was admitted to Musgrove Park Hospital, Taunton, for a prolonged course of steroids, the other to the Children's Hospital, Great Ormond Street, for the final of a series of surgical operations, a muscle-graft around the anus to help correct a congenital deficiency in that region. Both boys kept in touch with their classmates during their absence and are now back at school.

All children attended our own treatment room each day. All were measured and weighed in minimum clothing at the beginning and at the end of each term showing favourable results. All our pupils were medically examined towards the end of each term and those who were considered fit enough to return to ordinary school left to start their new school after the holiday. In all 31 children were transferred and 39 new pupils were admitted.

There were 60 children on roll when school closed for Christmas. Of these 38 were from Bristol, 20 boys and 18 girls. The others came from eight different authorities as far afield as Kent, Stafford and the Channel Islands.

An additional teacher was appointed during the year and the two former classes were re-divided into three, each with their own class teacher and the services of two specialist part-time teachers of music and needlework. French was introduced into the curriculum for the two older classes and the latter commenced a series of outside visits which are proving enormously popular and informative.

The majority of our pupils are of at least average intelligence. The asthmatic children, taken as a whole, tend to be bright and show a marked academic potential. It is hoped to carry out some research to see if there is any significance.

During the summer period of 'holiday school' we had several picnics on the moors and by the sea, the most memorable being a semi-mechanised trip by cars to Quay West Minehead, and a walk over the tip of North Hill to Greenleigh Bay. All the boys and girls went and all the staff, too. We paddled and the older children swam in the sea; we played in the sand and scrambled over the rocks; we grilled sausages, 10 pounds of them, and roasted half-a-hundredweight of potatoes in the embers of a driftwood fire. We had this remote beach to ourselves, an outsize Swiss Family Robinson. Ever since it has been a question of, 'When can we go again'?

The authority's new scheme for the provision of school clothing was put into operation during the year. The girls wear pleated terylene skirts in a range of colours with pretty, matching 'tops'. The boys have either short or long grey trousers according to age, quite a variety of shirts and pullovers. Both the boys and the girls wear duffle coats when going out.

We have high hopes for 1967, the major item being the provision of a classroom

block to be built at the lower end of the playground. We are also looking forward to being decorated throughout. What a splendid uplift this will be to our morale!

South Bristol School

C. Williams

The school roll stood at 130 at the end of the year (83 boys and 47 girls). Included in the totals are four boys and seven girls from neighbouring authorities. The official categories were as follows:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Physically handicapped ...	40	27	67
Delicate	32	16	48
Partially sighted	11	4	15
	<hr/>	<hr/>	<hr/>
	83	47	130

A complete catalogue of the disabilities from which our children suffer would make grim and dismal reading, but would omit or include only lone examples of conditions that used to fill this kind of school. We have one child with rickets, two with diabetes, and three with post-polio paralysis. It is pleasing to record that certain conditions are disappearing completely or that improved treatment will permit placement in ordinary schools.

The main medical disabilities remaining are:—

Epilepsy	16
Asthma and bronchitis	15
Heart disease	12
Muscular dystrophy	10
Urinary conditions	9
Cystic fibrosis	4
Imperforate anus	4

Most of the pupils have more than one disability and few have attainments to match their chronological age. This makes it too easy to suppose that South Bristol is another school for the E.S.N. We respect and can learn from the efforts of our colleagues in that field of special education, but there is little common ground. Our pupils must be from a wider range of intelligence and, for example, the dystrophic child poses problems that are not met in any other school. The 'chesty' child and his parents are often reluctant to accept special educational treatment. They seek, and must receive, reassurance on the nature of the school. Just so, and a cardiac patient would be equally disquieted if offered treatment at a mental hospital.

The rebuilding of the school is included in the provisional building programme for 1968/9. We look forward to the time when we get a purpose-built school where our pupils' very special needs are paramount.

Meantime work must go on in our group of five buildings. The main block allows more effective work now that the hall has black-out curtaining.

Staff have planned and led children through a valuable range of educational activities, e.g. a mock election at the appropriate time, our own Sports Day and Swimming Gala, and on many happy and useful visits at other periods during the year.

We have welcomed the specialist assistance given by the School Health Service and all who support the efforts of the school's regular staff. Two new visitors to the school were the Ophthalmic Surgeon, Mr. P. Jardine and the Principal School Dental

Officer, Mr. J. McCaig. We were also encouraged by visits from Miss Malcolm, H.M.I., and Dr. Horne, also of the Department of Education and Science.

HOME TEACHING

Two full-time teachers, aided by a part-time colleague, were visiting 12 boys and three girls at the close of the year. These children were unable to attend school for a variety of reasons, examples being: Mental disorders (4); muscular dystrophy (2); both boys nominally still on the register of South Bristol School and places being kept for them; heart disease (2); others suffer from the results of accidents or cerebral tumour.

The home teachers visit all manner of homes and on occasions have to deal with a great range of ability. Miss L. D. Watkins, who retired at Christmas and is a great loss to the service, has taught children of doubtful educability and at the other extreme has brought another pupil to two G.C.E. Advanced Level successes.

Where appropriate, children are sometimes taken out on educational excursions. Two were able to join South Bristol's outing to Windsor (and one, a school phobic, confounded some when he later began dropping in at the school).

HOSPITAL TEACHING

As previously two men teachers, aided by two part-time women teachers, visit child patients who are fit for tuition in three of the city's hospitals. One of the home teachers was able to augment this service for part of the year and there was also a voluntary part-time helper.

A total of 857 pupils was taught during the year (Royal Hospital for Sick Children 441, Southmead Hospital 258, Bristol Royal Infirmary 158). Most of the children were on the register for brief periods. The average length of stay was about three weeks at the Children's Hospital and less than that at the other two hospitals.

The hospital teachers are often able to take small groups of children out for nature study, or on visits to the Art Gallery, Museum, etc.

We are grateful for the co-operation and interest of the various hospital staffs.

At the end of the year the authority was maintaining six delicate children at residential schools—a boy at the Pilgrims' School, Seaford, Sussex, one boy and three girls at Heathercombe Brake, Newton Abbott, and one boy at Meath School, Ottershaw, Surrey. The following children were at residential schools for the physically handicapped:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Lord Mayor Treloar College, Alton, Hants. ...	2	—	2
Penhurst School, Chipping Norton, Oxon. ...	—	1	1
Princess Margaret School, Taunton ...	2	—	2
St. Rose's R.C. School, Stroud, Glos. ...	—	2	2
Thomas Delarue School, Tonbridge, Kent ...	2	—	2
Trueloves School, Inglestone, Essex ...	1	—	1
	<hr/> 7	<hr/> 3	<hr/> 10

In addition a girl was transferred from St. Rose's School to an ordinary residential school, the Convent of St. Clotilde, Lechlade, to study for "A" level G.C.E.

Under further education arrangements, two boys were undergoing training at St. Loyes College, Exeter, and one boy at Lord Mayor Treloar College, Alton, Hants.

EPILEPTIC CHILDREN

In addition to the 16 epileptic children for whom special educational treatment was provided at South Bristol School, three boys were being maintained at the end of the year at the Lingfield Hospital School for Epileptic Children, Surrey.

DIABETIC CHILDREN

It is not usually necessary to provide special educational treatment for diabetic children, but owing to home difficulties one boy has been maintained since May 1966 at Palingswick House Hostel, Hammersmith, London.

CHILDREN WITH SPEECH DEFECTS

At the end of the year one girl suffering from severe speech defect was being maintained at Moor House School, Oxted, Surrey. In addition, there were 10 children in the special class for children with delayed speech at St. James' and St. Agnes' Nursery School.

CHILDREN WITH MULTIPLE HANDICAPS

In December 1966 15 children with multiple handicaps were maintained at St. Christopher's, an independent school in Bristol for children in need of special care, two boys and a girl as boarders and six girls and six boys as day pupils. In addition the authority was maintaining a girl at Bethesda Special School, Cheadle, Cheshire, and a boy at the Sheiling Curative School, The Hatch, Thornbury, Glos.

CEREBRAL PALSY ASSESSMENT CLINIC

M. A. Voyce and E. E. Warr

The work of the Cerebral Palsy Clinic has increased slightly over the last year, but has probably not yet reached the volume of Dr. Wood's previous administration.

Dr. N. A. Dent has left the team to begin his new project (see page 49), which indirectly should be of great value to the children attending the clinic and to their successors.

The physiotherapy department of the Children's Hospital provides a conducive atmosphere for the reception and examination of the children attending the clinic, and the co-operation and help afforded by Miss Wheatley and her staff remains invaluable.

The Senior Educational Psychologist, Mr. R. V. Saunders, continues to attend the clinic despite increasing pressure of work. His assessments and judgment simplify the work of the rest of the team considerably.

We are gratified that the age of first attendance continues to fall. As with so many handicaps in children the earlier a firm diagnosis is made the greater is the

prospect of ameliorating their problems. Also educational placement is facilitated by early referral.

During the last year increasing attention has been turned on to investigation of factors affecting wasting of the limbs of these children. The parents of many hemiplegic children have co-operated quite extensively in this work. These investigations will continue, and will probably be extended in depth and scope.

School for Spastic Pupils, Claremont

M. Ram

We have had 40 cerebrally palsied children, and eight suffering from spina bifida on the register this year. 12 ex-pupils now in ordinary school have attended regularly for physiotherapy. Two more of this latter group have reached secondary age and passed into comprehensive schools where they have settled down well.

Among the cerebral palsied children we now have two boys whose spasticity is the consequence of head injuries sustained in road accidents.

Two spina bifida children have left us, a boy who gained a place in a grammar school for the physically handicapped, and a comparatively mildly handicapped girl who was transferred to Henleaze Infants' School.

We are concerned to find that we now have a waiting list of cerebral palsied children, some of whom are unlikely to be offered a place during the coming year. It is unfortunate that we did not learn of some of these until they were already three years old, the age at which we like to admit. They will have to wait their turn, and will probably be between four and five before we can take them, so valuable time will have been lost.

Our classes went on various visits appropriate to their ages, ranging from a senior trip to Windsor and up the Thames, to the nursery excursion to the Zoo. Pony riding has continued and 12 children now go regularly. We have started hobby groups and two of these, bird watching and wheel-chair gardening, have made good progress.

The ex-pupils association now has its own committee which has arranged two parties and a summer outing. Most of our full-time leavers go to the Spastics' Society's Work Centre where they seem to be very happily employed but a few old Claremont children are seeking other openings. Three have been successfully taking "O" levels, and a girl who secured nine passes is now working for "A" levels and applying for a university place. One boy has gone to St. Loyes College for a commercial training and another is trying to set up his own printing and duplicating business.

Once more we have been very grateful to our voluntary helpers, to the parents and friends who do escort duties and work with the physiotherapists, to the lunch-time "feeders" and those who accompany the pony-riding children. We are pleased also to have older pupils from Monks Park School and Clifton College who do odd jobs (Clifton boys cleaned, oiled and repaired all our tricycles this year), and help individual children with their activities.

Our library is now furnished and is still being stocked from the parents' fund. Parents have also supplied films for the cine camera which they provided and so have enabled us to record some of the landmarks of our year—Daffodil Day, the Christmas party and the Summer Fair.

Special attention has been given to this problem recently. The number of infants now surviving the first few months of life has increased by means of successful surgical intervention. The national estimate of 2.5 per 1,000 births (Ellison Nash 1963) and for Birmingham 2.8 per 1,000 (McKeown 1961) may not be true for all areas. There may, in fact, be real geographical variations for environmental reasons not understood, as Laurence and David (1964) have pointed out.

For some time the problem of early treatment has been tackled energetically in Bristol and it is believed that very few infants could have missed the benefit of the urgent attention so necessary in the first few hours of life. The following table, therefore, is of interest:—

Bristol Children up to five years of age with Meningomyelocele, December 1966

<i>Year of birth</i>	1961	1962	1963	1964	1965	1966	<i>Total</i>
Number receiving or requiring special schooling ...	5	3	4	4	2	6	24
Number who may manage at a normal school ...	1	2	4	2	3	7	19

The average number per year for the last six years of infants with meningo-myelocele in Bristol who have survived with adequate treatment is 6.8, which represents a rate of about one per 1,000 live births. Less than half of the cases recognised and treated, it is thought, may manage in ordinary schools. The majority of the children may need special schooling because of lack of leg movement and poor excretory control. The uncertainty of prognosis is, however, illustrated by the successful integration during the year of two children aged six and 12 into ordinary schools in spite of very little leg movement.

At the present time, eight children with meningo-myelocele, including four from Gloucester, attend Claremont School for Spastic Pupils, two go to the South Bristol School, and one attends a residential special school. It is sometimes alleged that the care of these children in a school for spastics is inappropriate. Many of them have suffered cerebral damage in early life through the early hydrocephalic crisis, and this shows itself in later life according to teachers, in learning difficulties similar to, but less severe than, those shown by spastic pupils. Where small numbers of very handicapped children are concerned, particular problems of placement are posed and children have to be provided for as well as possible. Not everybody is convinced of the inevitable desirability of grouping children by disorders. If it is possible to encourage social and educational contact with other children, even if usually also physically handicapped, this has its advantages. One main factor has always to be uppermost in the administrator's mind, the need to preserve the links of the children with home and parents. These children spend so much time in hospital undergoing various investigations and treatment that this emotional need tends to suffer. The hospital teaching service in Bristol provided by the local education authority maintains an educational stimulus and provides a relationship with the outside world. Paediatricians and surgeons are increasingly appreciative of the educational needs of children with meningo-myelocele and close co-operation with the medical and lay staff of the authority ensures that proper advice is available to those in daily charge of the children. The regular meetings of the team of consultants who care for these children are attended by a school medical officer whose liaison function becomes more and more important.

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IMMIGRANT CHILDREN

N. M. Bassett, R.E. Midwinter and J. F. Skone

When they first arrive in this country, immigrants tend to enter 'twilight' central areas of towns and cities, where the environment is a physically poor one: housing conditions are bad and schools tend to be old, overcrowded and understaffed. In such areas, the incidence of nutritional disorders such as rickets and iron-deficiency anaemia are increasing and tuberculosis is not uncommon. Schools with a high percentage of immigrant children are also faced with language difficulties with further handicap attempts at education.

There are four primary schools in Bristol with more than 35 per cent immigrant children—Mina Road, Newfoundland Road, St. Barnabas and St. Nicholas. The catchment area of these schools comes within the definition of educational priority area described in the Plowden report ⁽¹⁾. Of 870 children attending the schools, 716 (82·3 per cent) received dinners at school, 129 (14·8 per cent) free. The comparable percentages for the city as a whole were 62 and 5·4 per cent. So that a more comprehensive health service could be offered to children in these schools, the Health and Education Committees agreed in December 1965 that an extended medical examination be offered to all children entering the schools.

The examination is held in two parts. The first takes place at school in the normal way and parents are encouraged to attend. During this session, a Tuberculosis Health Visitor performs a Heaf test on each child and arrangements are made for the collection of a stool specimen. The second part takes place at the Central Health Clinic during the following week. Here, the results of the Heaf test are read and B.C.G. is given to those with negative or grade I positive reactions. Children with grade II or more reactions are given a chest X-ray. A sample of capillary blood is taken from each child and haemoglobin estimation performed. Stool specimens are collected and sent to the Public Health Laboratory. In addition, during the same school term, each child has a dental inspection: the results of this are included in the survey.

One hundred and forty-three children have been examined so far: the results obtained from the first 101 have been analysed.

Forty-three children were born in this country of British parents (group A), 43 were born here of immigrant parents (group B) and 15 were born elsewhere of non-British parents (group C).

Nine per cent of the children examined had haemoglobin levels below 10G per cent—six in group A, three in B, and one in C.

⁽¹⁾ H.M.S.O. (1967). Children and their Primary Schools, Volume I.

Fourteen per cent showed a grade I or II positive reaction to the Heaf test—one in group A, six in B, and seven in C—at the age-range of 5—7. Subsequent chest X-rays revealed no pulmonary pathology.

Only four children—three in group B and one in C—had intestinal pathogenic bacteria or parasites.

Children born in this country of immigrant parents tended to be taller and heavier than those of the same age and sex born to indigenous parents.

Forty-nine per cent of children in group A, 44 per cent in group B and 33 per cent in group C had no demonstrable dental caries.

Only three children were found to have language difficulties severe enough to interfere with their education.

Excellent co-operation has been obtained so far from parents, schools and medical and nursing staffs.

The survey is intended to be a continuing one: it is intended to include all new entrants to the schools—between 200 and 300 children each year.

INFECTIOUS DISEASES

A. J. Wood

During 1966 the incidence of infectious diseases notified in children 5—14 years old was as follows. The figures are compared with 1965 and 1964 for interest.

	1966	1965	1964
Measles	1,357	1,989	693
Infectious Hepatitis ...	277	156	54
Scarlet Fever	131	125	81
Rubella	71	254	98
Dysentery	44	126	96
Whooping Cough ...	25	61	95
Glandular Fever	15	34	12
Food Poisoning	12	25	10
Acute Rheumatism ...	12	41	9

There was one case of pulmonary tuberculosis and no case of polio or diphtheria.

Measles

Despite the general observation that the incidence of measles is low in 'even' years, there was a mild outbreak in the early summer months which caused an unexpectedly high total for the year.

Infectious Hepatitis

Most cases of infectious hepatitis occur in the school years and 1966 had the highest total since the major outbreak in 1960-62, with two fatalities, both in five year old boys. There were also two fatal cases of meningitis.

Dysentery

Cases of dysentery were extremely low, being about a third of the preceding year's total. What cases there were, were concentrated into the last two months.

Smallpox (Variola Minor)

In June, Bristol was informed that a case of variola minor had occurred at a caravan site in Weymouth and eight Bristolian families with children were there at the time. Since diagnosis was made late and the contacts had all returned to school, it was decided to offer vaccination to all the classmates of the 16 children concerned.

As a result of excellent co-operation from the staff of the schools concerned, one team consisting of a doctor, a nurse and a clerk went from school to school vaccinating the class contacts in their own classrooms.

This resulted in 405 vaccinations in 15 different classes in 10 different schools in one day between the hours of 9.15 a.m. and 3.45 p.m. No case of smallpox occurred in Bristol.

Whooping Cough

Twenty-five cases were notified; it is interesting to note that in a special survey carried out by the Public Health Laboratory Service under the able direction of Dr. H. R. Cayton, from November onwards not a single case was proved to be due to the classical organism *Bordetella Pertussis*. It would seem that whooping cough is a group of symptoms rather than a specific disease caused by a specific bacterium.

MEDICAL EXAMINATION OF TEACHERS

Although there is doubt in some quarters whether the actuarial risk is diminished by the process, the medical examination of teachers intending to work in Bristol continued in 1966 and 284 intending teachers were examined before appointment in Bristol and 117 by other authorities. In addition, 27 teachers were examined for other authorities at their request. The number of young persons examined in connection with intended admission to teacher training college rose slightly to 398, and three others were examined in this way for other authorities.

Chest X-Rays

During the year, 1,720 teachers were given appointments for chest X-rays and 1,102 accepted (64 per cent). This increased work was possible with more adequate staff. Of those who were recalled for larger films to be taken, in 31 cases it was considered desirable to let the general practitioners know the findings. No case of active tuberculosis was discovered and the abnormalities found were mostly minor cardiovascular or lung conditions.

MEDICAL INSPECTIONS IN SCHOOL

A complete periodic medical inspection was made of 14,643 children attending the authority's schools. All children are medically inspected during their first year in the infants' school and older children on entering a maintained school for the first time. A periodic medical inspection is also made of all children at the age of 14. In addition, 4,421 children were re-examined in primary, secondary or special schools and 642 specially examined at the request of school nurse, teacher, parents or others.

In nursery schools and classes, all children were examined on entry, and 1,334 re-examinations took place. The total number of inspections in schools was 21,040 and medical officers made 1,919 visits to schools for the purpose.

CO-OPERATION OF PARENTS

The number of parents present at periodic medical inspections during the year was as follows:—

<i>Age groups inspected (by year of birth)</i>	<i>No. examined</i>	<i>Parents present</i>	<i>Per cent</i>
1962 (and later) ...	1,121	1,056	94·2
1961	1,697	1,578	93·0
1960	3,948	3,373	85·5
1959	408	301	73·8
1958	301	208	69·1
1957	267	163	61·0
1956	188	117	62·2
1955	384	251	65·4
1954	270	134	49·6
1953	237	101	42·6
1952	1,437	476	33·1
1951 (and earlier) ...	4,385	1,011	23·1
	14,643	8,769	59·9

INFESTATION

The following table shows the number of children found to be infested each year since 1961. The total remains remarkably constant over the last few years.

	<i>No.</i>	<i>School population</i>	<i>Per cent</i>
1961 ...	748	65,853	1·13
1962 ...	672	65,242	1·03
1963 ...	606	65,671	0·92
1964 ...	691	66,374	1·04
1965 ...	717	66,710	1·07
1966 ...	714	66,132	1·08

MILK AND MEALS IN SCHOOLS

J. A. Battersby

Under the milk-in-schools scheme 47,112 children took milk, representing 78 per cent of children in attendance.

The total number of meals served during 1966 was 7,840,838. Approximately 62 per cent of pupils in school take dinner. The daily average of 39,801 shows an increase of 2,883 on the previous year's figure.

Since the last report, new kitchens have been opened at Holy Cross R.C., Four Acres J.M. and the new Wansdyke Primary School. These kitchens together provide cooking accommodation for 660 meals daily. With an annual increase in output of close on 3,000 meals daily, it becomes obvious that many kitchens are producing meals much beyond capacity. This factor necessarily affects the standard of meal produced, particularly in regard to the variety of dishes served.

During the year, 11 supervisors resigned for various reasons connected with retirement, marriage and moving from Bristol. We have had to delay making appointments in a number of cases through lack of suitable applicants. We have an excellent potential for promotion at various levels within the service and a vast increase in training in skills and in management is required. We still await the opening of our new training centre where larger numbers will be trained in one class and where we shall have space for two courses to be running simultaneously if required.

This year we have been fortunate in recruiting four Institutional Management Association certificate students, trained as Caterer-Housekeepers at Bristol Technical College. These young caterers had six months' intensive kitchen practice including a short course at Rose Green Training Centre, and were then offered posts as supervisors in smaller kitchens. A few young caterers with City and Guilds 150 and/or 151 certificates have also been given an accelerated promotion course and we hope to have them settled in suitable management posts before long.

Training in food hygiene continues. A bacteriological hand-washing cream is now in use in every staffroom. A new and attractive type of terylene cap which completely covers the workers' hair has been introduced. Both the cap and the new nylon overalls can be washed daily. A new system for storage and collection of pig swill in plastic bags has also been tried out and is considered a cleaner method than the use of galvanised bins.

During the course of 1965 the Department of Education and Science reconsidered the nutritional standards required for the school meal and in January, 1966, issued a new scale of food allowances. Quantities of meat and fruit recommended per 100 meals have been increased, whilst quantities of the more starchy foods are reduced. These revisions fit in with requirements as we find them today and assist in the production of a more acceptable meal for most pupils.

Medical examinations, including chest X-ray, were carried out on 616 members of the school meals staff during the year.

MILK, FOOD AND HYGIENE INSPECTIONS

G. J. Creech

ROUTINE SAMPLING

Food sampling at school kitchens has been continued as a routine during the year and a total of 111 samples was taken from various establishments. The items sampled, covering a wide range of commodities, were found to be in satisfactory condition in all but a few instances, and there was one case of insect infestation.

The normal examination of school milk has been undertaken from schools in all parts of the City. A total of 93 samples was submitted to the laboratory, and all were reported as having passed the statutory tests for heat treatment and for keeping quality, and that the chemical composition was satisfactory.

FOOD POISONING, DYSENTERY, ETC.

The usual investigations were carried out upon receipt of notifications of food poisoning, gastro-enteritis and dysentery, in respect of school kitchen staff, schoolchildren and nursery schoolchildren.

Regular liaison with the School Meals Service is maintained in respect of workers employed in school kitchens who are absent from duty with suspicious symptoms, and a total of 25 notifications of gastro-enteritis among school kitchen staff was received and investigated. There were also 13 children, involving six families, who were confirmed as having food poisoning.

The year was a quiet one for dysentery, with only 10 confirmed cases from January to October. In November and December, however, there was a sudden outbreak with 36 confirmed cases, mainly in the Southmead and St. Paul's areas, and involving a few schools or nursery schools only.

SPECIAL INVESTIGATIONS — FOOD COMPLAINTS

The School Meals Section has called upon the advice of this department in various cases requiring special investigation, and these totalled 47 items.

In a large number of cases, 38 in all, the actual condition and fitness of the food was in question, and in these cases, the food inspector's advice was given. In some instances, also, surrender certificates were issued, in the usual way.

In the remaining nine cases, foods, containing foreign bodies were investigated, comprising amongst other items—a beetle in a packet of tea, strands of nylon in a bag of flour, a nail in a jam tart, a cigarette end in a box of fish, a large piece of glass in a bottle of milk, and a cigarette gift coupon in a bag of dried milk powder.

Visits to schools by meat inspectors have been made as a result of complaints from supervisors regarding the meat supplied. In most cases no further action was required.

Regular inspections have been made of the premises of meat suppliers to check on meat before distribution; conditions and quality have been found satisfactory.

No court action was taken during the year, due to insufficient evidence, but in certain cases, severe warnings were given to the offenders, stressing the consequences in the event of a recurrence.

ORTHOPAEDIC AND POSTURAL DEFECTS

During the year 43 sessions were held at the Central Health Clinic by the orthopaedic consultant surgeons, Mr. D. M. Jones and Mr. A. H. C. Ratliff. An analysis of the cases seen is given below. There was a decrease in the number of attendances made by schoolchildren, but an increase in those made by pre-schoolchildren.

At the end of the year the two physiotherapists, Miss C. V. Robertson and Miss B. D. Robertson, retired after over 35 years' service with the Corporation.

As there were already two vacancies on the joint health and education establishment, the year 1967 will see an entirely new team of full-time physiotherapists on the staff.

ORTHOPAEDIC INSPECTION CLINIC ATTENDANCES, 1966

							<i>School children</i>		<i>Pre-school children</i>	
							<i>First</i>	<i>Other</i>	<i>First</i>	<i>Other</i>
Paralysis	(a) Flaccid	...	...	...	...	9	4	—	—
	(b) Spastic	...	...	...	...	5	8	2	—
Tuberculosis of bones and joints	...	...	...	...	...	1	—	—	—
Congenital abnormality of bones and joints	...	...	...	...	...	23	12	18	13
Flat foot	...	...	...	...	...	111	26	28	6
Amputations	...	...	...	...	...	—	—	1	1
Osteomyelitis	...	...	...	...	...	—	—	1	—
Knock knee	...	...	...	...	...	22	7	30	6
Spina bifida	...	...	...	...	...	—	—	1	1
Spinal curvature (non-tubercular)	...	...	...	...	...	31	32	5	4
Talipes	...	...	...	...	...	4	3	4	1
Torticollis	...	...	...	...	...	6	4	2	1
Fractures	...	...	...	...	...	1	1	—	—
Miscellaneous	...	...	...	...	...	107	45	86	69
							320	142	178	102

<i>Total Attendances</i>		<i>1966</i>	<i>1965</i>
School children	...	462	508
Pre-school children	...	280	226

PHYSICAL EDUCATION

R. R. Jenkins

The publicity given to the development of the more adventurous pursuits of camping, sailing, canoeing and rock climbing as leisure time activities has tended to give a false impression that hordes of school pupils are involved in clinging to rock faces like flies, in covering the countryside with tents and the water areas with canoes and dinghies. Traditional team games still cater for the majority of school pupils and the playing fields attached to all new schools are extensively used. The playing field acreage in Bristol has increased considerably in recent years and is at present almost 1,000 acres. This includes 92 tennis courts and more will be constructed in the near future.

In addition to the 11 public swimming baths administered by the Baths Department there is a growing number of school baths being built as part of the physical education provision, or as projects undertaken by parent/teacher committees or friends of schools. The schools which have swimming baths are Bedminster Down, Hartcliffe, Henbury, Lockleaze and Withywood, while St. Mary Redcliffe and Temple, Brislington and Hengrove are scheduled to have a bath included in their new buildings. Small learners' portable pools have been acquired by four primary schools but these have very limited use in the few months of the summer term when the weather is warm enough for open air swimming instruction. The Education Committee's decision to provide transport for primary school pupils to the public baths on the same basis as secondary schools has resulted in almost 100 per cent of the junior schools including swimming instruction as part of the school curriculum. As a direct result there is a significant decrease in the numbers of pupils leaving primary schools unable to swim.

The majority of both secondary and primary schools encourage activities off school premises and regular visits are paid to places of interest for field study, geographical and historical pursuits in addition to the organised camps. The Corporation Transport Department made available a Bedford van capable of seating 12 pupils which can be driven by members of school staff. This has enabled small parties to be transported both in and out of school time to places of interest in the surrounding countryside.

Some secondary schools have replanned the time-table to provide a common recreational afternoon for their senior pupils. This enables the ability of specialist staff to be made available to a greater number of pupils and to offer a greater variety of activities than would be possible in any one school. This is very much in the experimental stage at the moment but this integration of physical activities seems to be the most economic and efficient method of using expensive plant and using the specialist knowledge and interest of school staff to the best advantage.

Jean Dawson

The recently published report of the Central Advisory Council for Education (Chairman Lady Plowden J.P.) on "Children and their Primary Schools" draws attention to a major development in physical education—the adoption of general principles of movement training and the application of this training to different aspects of the physical education programme. The Council recognises the harmony between this approach to movement and current educational ideals. The building up of resources in movement, with scope for individual exploration, choice and practice makes significant contribution to the whole educational programme. There is an associated development in the ability of children to respond to music, stories and ideas in dance and drama. The Plowden groups who saw this work were impressed by its quality and by the children's total absorption and involvement in it.

The Plowden Report lays particular stress on the need for a balanced programme in physical education: "Children need activities of an acrobatic and athletic type as well as ball games, swimming, dance and drama, and to neglect any of these is to impoverish the programme". It points out that work with lower age groups is likely to be exploratory, allowing children to discover their own bodily powers and capabilities, and to invent different sequences of movement. While exploration and experiment are essential, so also are skill and mastery. "How something is done matters as much as what is done". With the older pupils in the lower part of the secondary school, work will need to be planned with skill and understanding, to allow for the sustained and co-ordinated performance to be expected of this age-group, and the pupils' response will need to be guided by knowledgeable and perceptive comment.

The Report in its comments on swimming states that "we believe the first priority is rightly placed on teaching the highest possible number of young children to gain confidence in water and to swim; we have been impressed by recent efforts in this direction". "In recent years, the building of indoor shallow water swimming pools has enabled many young children to be introduced to swimming" During the past year two nursery schools and five infant schools in Bristol have allowed their older children to visit the baths, but unfortunately only one of the city baths has a shallow water pool suitable for this age group. It is hoped that a children's teaching pool will be incorporated in all future baths in this city.

Another point made is that while many secondary schools now embark on mobile camping, canoeing, sailing, and mountain activities, children of nine to 11 years old are interested in campcraft and country activities in general. Many junior schools in Bristol now organise their own camps, where children acquire a taste for life out of doors, while developing their interest in other aspects of the curriculum.

The Council remarks on the danger of introducing techniques to the more able children too soon, and to their being submitted to an adult conception of sport and personal performance before they are ready. "Competition clearly has a place, but it can be overdone, and we think it sometimes is, in the form of inter-school leagues and championships".

THE SCHOOL NURSING SERVICE

M. Marks Jones

School health visitors and school staff nurses continue to play their part in the overall care needed in the promotion of the health of the school child. Over the years the health visitors, whether working in the maternity and child health or the school health service, have become increasingly concerned with the emotional and social, as well as with the physical aspects of health. Their work in the school health service, like that of school doctors, is becoming more selective, although the aim, as far as the primary schools are concerned, is for the health visitors to examine each child once a year. In secondary schools the health visitor visits for the purpose of following up children of known defects, to see any children brought to her attention and to carry out vision testing in the first, third and, if still at school, fifth year.

An increased amount of health education has been done in the schools during the year and it is encouraging to learn that more heads of schools are inviting the help of health visitors in developing health education programmes. The health visitors themselves feel that there has been a satisfying and rewarding response from the children involved. Discussions that have taken place have provoked great interest in the children.

FOLLOW-UP AND HOME VISITING

The health visitors continue to do the home visiting that is necessary and are invaluable in helping to link home and school for the benefit of both.

Number of homes visited during 1966 is as follows:—

For following up defects ...	1,930
For following up uncleanliness ...	508

RESEARCH STUDIES

The health visitors and school staff nurses participated in the following studies during the year:—

School Child Chest Health study—Bristol Education Committee and London School of Hygiene and Tropical Medicine	} Local Studies
Menarche Survey	
Comparative Study of the Health of Immigrant and Local School Children	

SCHOOL STAFF NURSES

The school staff nurses, a total of 14, who work half-time in large secondary schools, continue to give a very worthwhile service. A report was submitted to the appropriate committee in July on the working of the service at the end of one full year in operation. Letters were received from the school heads concerned, each without exception, full of praise for the scheme. Many of them mentioned the saving of time to teaching and office staff and the relief of having a qualified person on the spot to deal with the sick and the injured. They were also very impressed by the way in which the nurses have got to know the pupils and are able to help with their problems.

Reports from the school staff nurses themselves and from the health visitors responsible for their schools, as well as visits to the schools by the Senior School Medical Officer and the Chief Nursing Officer, supplement the evidence of the Heads' letters that the staff nurses have become very quickly integrated with the schools and are on excellent terms with staff and pupils. Weekly returns of minor ailment treatment and surveys of pupils' health show that much work is being done supplemented by a great deal of health counselling and co-operation with the teaching staff and health visitors in sorting out the problems of individual pupils. Relations with the health visitors are good, and in most cases the health visitor and school staff nurse meet regularly, group health education being done preferably by the health visitor, though in some schools the staff nurse is also drawn into this activity.

Arrangements are made for the school staff nurses to meet each other at least once a term, which allows time not only to discuss various aspects of the work, but also to continue in-service education.

The following table relates to the work of the school health visitors and school staff nurses in 1966.

<i>Nurses Surveys</i>				<i>1966</i>
Number of visits to schools	...	...	...	2,266
Number of children seen	...	...	...	49,015
Uncleanliness first found this year	...	...	...	179
Uncleanliness—other	...	...	...	108
Number referred to doctor at school:				
Vision	...	...	...	422
Other	...	...	...	368
Number referred to doctor at clinic	...	...	...	1,984
Number to attend own doctor or hospital	...	...	...	624
Minor ailments for treatment only	...	...	...	487
Number refusing treatment	...	...	...	17
<i>Uncleanliness Inspections</i>				
Number of visits to schools	...	...	...	138
Number of children seen	...	...	...	25 053
Uncleanliness first found this year	...	...	...	535
Uncleanliness—other	...	...	...	284

SPEECH THERAPY

B. Saunders

Early in 1966 the speech therapy department lost two of its most experienced therapists—Miss Thomas who resigned to take up a senior appointment, and Miss

Coleman who died suddenly in March. It was not possible to fill these vacancies for six months, when Mrs. Mathers and Mrs. Harding joined us.

It was considered advisable to conduct a survey of primary schools in Brislington and Bedminster to make a thorough assessment of the speech problems in those areas. As a result 60 children were found in need of treatment, in addition to those previously treated and still requiring therapy. Most of those in Brislington can be dealt with, but there is a long waiting list in Bedminster, as there is in other parts of the city, notably East Bristol, Knowle, Hartcliffe and Withywood.

A clinic was started twice weekly at Charlotte Keel Health Clinic in September, and already we could give double the amount of time to this district if staff and accommodation permitted.

It will be seen from the figures given at the end of this report that the number of pre-school referrals continues to rise. This is a general trend throughout the city and thanks to the vigilance of doctors and health visitors more preventive work is being carried out. Many young mothers come for advice on how to deal with early speech and language development.

DELAYED SPEECH UNIT

Referrals are increasing and many patients are sent to us from the Hearing Assessment Clinic. However, general practitioners, as well as our own medical officers, are now becoming aware of the need for investigation into the causes of severe language delay in three-year-olds. We have been pleased to welcome Mrs. V. Grace, a teacher from Denver, Colorado, on a year's exchange, as our teacher at the Delayed Speech Unit. The Unit has continued to function as before with 10 places, almost all taken by boys. Nine children have left during the year, of whom four have gone to nursery school, two to primary school, two to special school, and one returned to the West Indies.

SPECIAL SCHOOLS

Continuity has been maintained at Henbury Manor, Russell Town, House-in-the-Garden and South Bristol schools. This is particularly satisfactory as liaison with the teaching staff is an essential part of this type of work, and at South Bristol three of the most severely speech-handicapped children have been seen twice weekly.

Claremont School is again short-staffed since Mrs. Kydd resigned through ill-health. Together with the physiotherapy department, a pilot scheme, based on the work of Professor Peto in Hungary, has been started with the athetoid children. Work with the nursery group has increased; it is hoped that by concentration in this area, language difficulties which arise further up the school will be alleviated.

In conclusion, were it not for the interest in speech and language shown by medical officers, health visitors, teachers and psychologists there might be considerable delay in referrals for treatment and once again, our thanks must go to them for their co-operation.

		<i>School Children</i>				<i>Pre-School Children</i>				<i>Total</i>	
		<i>Stammer</i>		<i>Speech Defect</i>		<i>Stammer</i>		<i>Speech Defect</i>			
		<i>1st</i>	<i>Other</i>	<i>1st</i>	<i>Other</i>	<i>1st</i>	<i>Other</i>	<i>1st</i>	<i>Other</i>	<i>1st</i>	<i>Other</i>
1965	...	99	1,378	721	9,219	4	13	93	256	917	10,866
1966	...	111	953	747	8,562	3	6	162	356	1,023	9,877

(1) Acceptance Rate for Heaf Testing and B.C.G. Vaccination

It is satisfactory to be able to report an increased acceptance rate for B.C.G. vaccination of 82 per cent compared with 79 per cent in 1965. As might be expected, the acceptance rate in independent and private schools was higher than average (86 per cent).

There were only three children for whom vaccination was expressly refused. Any absentees from the school sessions were invited to specially arranged absentee sessions at the Central Health Clinic.

(2) The Year's Activities Summarised

Number skin tested (Heaf tested)	4,878
Number defaulting reading	360
Number tested and read	4,518
Number found negative	3,655
Number found positive	863
Number with history of previous B.C.G.:	
found positive on skin test	356
found to have become negative	51
Number positive with no history of B.C.G.:	
(Natural converters)	507

From these figures the rate of natural conversion can be calculated as 12.2 per cent, a figure three-quarters as high again as the previous year's rate of 7 per cent. A careful study and analysis of the records of the Heaf readings shows that the difference can be explained by different standards used by medical officers when scrutinising the Heaf results.

In order to obtain some uniformity in results it is valuable to attend the three-day course at Cardiff each autumn. The present writer much appreciated permission to attend and found the knowledge and experience gained of great value in his work.

YOUTH EMPLOYMENT SERVICE

B. M. Dyer

The Youth Employment Department has continued to be most grateful to the School Health Service for the reports received on both handicapped and normal pupils. These are invaluable in giving advice upon future employment, especially where care has to be taken to avoid aggravating an existing condition.

During the year 18 physically handicapped pupils from the special schools were seen and 20 who were attending the ordinary schools. Nearly all have been placed in employment, the others going into full-time education, assessment or training.

The educationally sub-normal boys and girls have all been placed in work except for those entering the Bush Training Centre. In spite of the difficult employment conditions which have come about they have nearly all continued in employment. Most of the work done has been simple: routine factory, canteen or other repetitive work.

The thanks of the Department are due to everyone concerned with handicapped

young people, e.g. doctors, social workers and all the employers who co-operate very readily with the Department.

APPENDIX 1

HEALTH EDUCATION AT REDLAND COLLEGE OF EDUCATION

A. J. Wood

To follow the maxim "Prevention is better than Cure" towards its logical conclusion, one of the most vital phases of health education in schools is the imparting of sound principles of health to teachers in their training.

Since 1962 when Dr. A. W. Macara was invited to give a series of lectures on health education, the work at Redland College of Education has been continued and developed through Dr. W. M. Sutcliffe, Dr. J. M. Joshua, and by the present writer since September 1965. The post of lecturer in health education is now very thoroughly established in the life of the college, and is in the nature of an official part-time secondment, involving work with four different groups of students.

In association with Mrs. E. Davies, Lecturer in Physical Education, the 270 students of the first year have a course in human biology, extending over three terms. The child-oriented and medical flavour of these fairly formal lectures seems to be appreciated, whilst films from the Health Education Library at the Central Clinic are most valuable. Mr. Mackintosh, the Health Education Officer, himself gives a talk on "Visual Aids in Health Education".

In contrast to the formal lecture, the approach to the third year group is very informal. By this stage in their course, the students have had teaching practice and problems arising from their own experience are discussed. In this year, the work and topics are related as far as possible to the rest of their study. An interesting development is planned for the 1966-7 year. Health education is to be offered as an elective subject, so this should offer exciting new possibilities in the realms of special studies and projects.

Apart from the second year who do not have any health education lectures, Redland College caters for two other groups. The postgraduate students, who have a year's teacher training, are given a broadly based course on human biology and health education, picking out in greater detail subjects relevant to the age groups they intend to teach.

A separate unit in the college is concerned with a course for experienced teachers on the education of handicapped children. It is with this group that the relationship between education and health is discussed in greatest depth, and the special needs of handicapped pupils are explored. Miss B. Smith and Mr. C. Cann, the tutors to this group, are most helpful and co-operative, and share with their colleagues in all departments the credit for making the time spent at Redland most enjoyable and worthwhile.

It is now becoming evident that help is needed in satisfying the growing interest in health education in the college and Dr. A. J. G. Dickens will be assisting in the work commencing in January 1967. This will be extremely valuable in ensuring continuity in case of absence as well as strengthening the links that already exist between Redland College and the Health Department of Bristol City.

APPENDIX 2

MULTIPLE HANDICAPS PROJECT

N. A. Dent

In 1966, a grant for a four-year project was given by the Sembal Trust to the Department of Child Health, Bristol University. This was basically to institute an enquiry, in collaboration with the Departments of Education and Health of the City and County of Bristol, into the incidence, classification, provision made for, and disposal of children with multiple handicaps.

The first aim is to define the magnitude of the problem by establishing a register of all existing handicapped children. It has been agreed that it is pointless to try to differentiate between single and multiple handicaps, as virtually all handicaps will have social, emotional and educational penumbra.

Therefore, the register will comprise handicapped children of all sorts, aged 2—16, known in the City and County of Bristol and will include those with the apparently single handicap, as well as those obviously multiply handicapped. It is being derived, by personal searches of the Research Officer, from about 20 different sources, principally within the local Education and Health Authority and hospitals in the Bristol clinical area, and will eventually include a contribution made by teachers in the City.

Such an approach presupposes all the diagnoses to be both accurate and complete. It has been decided, therefore, to use in the first stages of the project a system of classification in which errors of diagnosis would be empirically rare, because the more precise classification is made the more it may create errors of diagnosis. However, it is hoped to follow a proportion of the children, in a prospective study, with the objectives of increasing the precision of the diagnoses in the register, describing the limitations of performance in specific fields which are dictated by the lesions, and evaluating the repercussions of these limitations on the child and his family.

STATISTICAL TABLES

Year ended 31st December, 1966

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical condition of pupils inspected		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		Total Individual pupils
		Satisfactory No.	Un-satisfactory No.	For defective vision (excluding squint)	For any other condition recorded at Part II	
1962 and later	1,121	1,113	8	2	97	98
1961	1,697	1,686	11	31	218	244
1960	3,948	3,924	24	86	503	572
1959	408	404	4	11	35	43
1958	301	300	1	5	31	35
1957	267	265	2	10	31	41
1956	188	186	2	13	12	23
1955	384	380	4	43	31	71
1954	270	266	4	34	54	78
1953	237	234	3	22	31	50
1952	1,437	1,426	11	96	106	192
1951 and earlier	4,385	4,358	27	419	396	764
TOTAL	14,643	14,542 (99·31%)	101 (0·69%)	772	1,545	2,211

TABLE B—OTHER INSPECTIONS

NOTES:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	...	15,897
Number of Re-inspections	...	...	22,122
Total	...	...	38,019

TABLE C—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	74,068
(b) Total number of individual pupils found to be infested	...	...	...	...	714
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	...	56
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	...	Nil

TABLE D—SCREENING TESTS OF VISION AND HEARING

1. Is the vision of entrants tested as a routine within their first year at school?	Yes
2. At what age(s) is vision testing repeated during a child's school life?	Once a year in primary schools; every two years in secondary schools
3. (a) Is colour vision testing undertaken?	Yes
(b) If so, at what age?	12
(c) Are both boys and girls tested?	Boys only
4. (a) By whom is vision testing carried out?	School nurses
(b) By whom is colour vision testing carried out?	School nurses
5. (a) Is routine audiometric testing of entrants carried out within their first year at school?	In first or second year
(b) By whom is audiometric testing carried out?	Audiometrician

PART II

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

NOTE—All defects noted are included, whether or not they were under treatment or observation at the time of the inspection.

<i>Defect or Disease</i>		<i>Entrants</i>	<i>Periodic Leavers</i>	<i>Inspections Others</i>	<i>Total</i>	<i>Special Inspection</i>
Skin	T	105	132	46	283	2,684
	O	307	203	69	579	319
Eyes—(a) Vision ...	T	125	490	152	767	1,157
	O	434	443	120	997	594
(b) Squint ...	T	67	37	16	120	104
	O	149	44	24	217	124
(c) Other ...	T	22	15	7	44	173
	O	60	59	12	131	58
Ears—(a) Hearing ...	T	96	46	27	169	276
	O	357	75	38	470	407
(b) Otitis Media	T	37	14	6	57	73
	O	287	73	22	382	213
(c) Other ...	T	16	5	3	24	113
	O	90	37	15	142	71
Nose and Throat ...	T	236	42	20	298	300
	O	1,174	224	156	1,554	1,016
Speech	T	79	20	15	114	125
	O	300	36	54	390	302
Lymphatic Glands ...	T	116	18	7	141	50
	O	589	45	47	681	412
Heart	T	21	12	3	36	20
	O	154	75	25	254	134
Lungs	T	45	18	16	79	62
	O	344	90	46	480	293
Developmental—						
(a) Hernia ...	T	7	3	1	11	13
	O	39	5	5	49	42
(b) Other ...	T	23	19	16	58	76
	O	439	132	73	644	443
Orthopaedic—						
(a) Posture ...	T	2	11	5	18	16
	O	54	89	23	166	101
(b) Feet ...	T	22	16	9	47	93
	O	207	104	40	351	193
(c) Other ...	T	19	44	5	68	73
	O	296	228	53	577	268
Nervous System—						
(a) Epilepsy ...	T	9	20	7	36	34
	O	34	18	12	64	71
(b) Other ...	T	15	6	9	30	25
	O	110	35	26	171	120
Psychological—						
(a) Development	T	17	33	21	71	59
	O	393	64	106	563	419
(b) Stability ...	T	19	9	12	40	60
	O	411	97	104	612	498
Abdomen	T	12	1	8	21	14
	O	83	24	25	132	79
Other	T	10	4	2	16	2,326
	O	44	6	10	60	70

T = requiring treatment

O = requiring observation

PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

NOTE:—These Tables include:—

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or be under treatment elsewhere during the year.

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint ...	1,662
Errors of refraction (including squint)	4,224
Total	5,886
Number of pupils for whom spectacles were prescribed	1,986

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>Number of cases known to have been dealt with</i>
Received operative treatment:—	
(a) for diseases of the ear	105
(b) for adenoids and chronic tonsillitis	722
(c) for other nose and throat conditions	230
Received other forms of treatment	2,148
Total	3,205
Total number of pupils still on the register of schools at 31st December 1966, known to have been provided with hearing aids:—	
(a) during the calendar year 1966	26
(b) in previous years	147

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments ...	467
(b) Pupils treated at school for postural defects	115
Total	582

TABLE D—DISEASES OF THE SKIN

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

	<i>Number of cases known to have been treated</i>
Ringworm—(a) Scalp	3
(b) Body	131
Scabies	11
Impetigo	111
Other skin diseases	5,361
Total	5,617

TABLE E—CHILD GUIDANCE TREATMENT

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance clinics	501

TABLE F—SPEECH THERAPY

	<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists	858

TABLE G—OTHER TREATMENT GIVEN

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	25,850
(b) Pupils who received convalescent treatment under School Health Service arrangements	1
(c) Pupils who received B.C.G. vaccination	3,728
(d) Other than (a), (b) and (c) above.	
Children's Chest Clinic	56
Chiropody	1,004
Enuresis	275
Nutrition Clinic	252
T.B. Contacts	86
Ultra-violet light	14
Total (a)-(d)	31,266

PART IV

DENTAL INSPECTION AND TREATMENT

Attendances and Treatment

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 and over</i>	<i>Total</i>
First visit	5,679	4,067	1,055	10,801
Subsequent visits	7,427	10,020	3,080	20,527
Total visits	13,106	14,087	4,135	31,328
Additional courses of treatment commenced	389	360	68	817
Fillings in permanent teeth	4,083	10,554	3,617	18,254
Fillings in deciduous teeth	4,958	422	—	5,380
Permanent teeth filled	3,501	9,738	3,440	16,679
Deciduous teeth filled	4,595	401	—	4,996
Permanent teeth extracted	432	1,836	513	2,781
Deciduous teeth extracted	4,844	1,543	—	6,387
General anaesthetics	1,793	751	101	2,645
Emergencies	361	257	58	676
Number of Pupils X-rayed			774	
Prophylaxis			4,888	
Teeth otherwise conserved			1,826	
Number of teeth root filled			60	
Inlays			4	
Crowns			48	
Courses of treatment completed			7,158	

Orthodontics

Cases remaining from previous year ...	...	—
New cases commenced during year ...	...	100
Cases completed during year ...	...	49
Cases discontinued during year ...	...	3
No. of removable appliances fitted ...	...	98
No. of fixed appliances fitted ...	...	—
Pupils referred to hospital consultant ...	...	246

Prosthetics

	<i>5 to 9</i>	<i>10 to 14</i>	<i>15 and over</i>	<i>Total</i>
Pupils supplied with full upper or full lower (first time)	—	—	2	2
Pupils supplied with other dentures ... (first time)	2	15	18	35
Number of dentures supplied ...	2	17	21	40

Anaesthetics

General anaesthetics administered by dental officers ...	10
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Inspections

(a) First inspection at school. Number of Pupils	52,497
(b) First inspection at clinic. Number of Pupils	4,095
Number of (a)+(b) found to require treatment	27,846
Number of (a)+(b) offered treatment ...	23,611
(c) Pupils re-inspected at school or clinic ...	4,696
Number of (c) found to require treatment ...	2,102

Sessions

Sessions devoted to treatment ...	5,741
Sessions devoted to inspection ...	368
Sessions devoted to dental health education ...	133

1965
No. of
attend-
ances

SCHOOL CLINICS

Work

1966
No. of
attend-
ances

	Central Health Clinic, Tower Hill, Bristol, 2. Telephone 26602.	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic; dental treatment; eye clinic; children's chest clinic; enuretic clinic; T.B. contact clinic; skin and wart clinics; treatment of scabies cases; orthopaedic clinic; physiotherapy; chiropody; nutrition clinic; artificial sunlight treatment	23,908	27,098
7,733	Amelia Nutt Clinic, Queen's Rd., Withywood	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic; dental treatment	7,733	9,883
9,041	Bedminster Clinic, St. John's Lane, 3.	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic; dental treatment and eye clinic ...	9,041	6,127
3,893	Brooklea Clinic, Wick Road, 4.	Inspection clinic; treatment of minor ailments; dental treatment ...	3,893	3,898
2,898	Charlotte Keel Clinic, Claremont Street, 5.	Inspection clinic; treatment of minor ailments; dental treatment	2,898	3,917
1,201	Granby House Clinic, St. John's Road, Bedminster, 3.	Inspection clinic; treatment of minor ailments	1,201	1,191
2,962	John Milton Clinic, Crow Lane, Brentry	Inspection clinic; treatment of minor ailments; dental treatment	2,962	3,977
5,382	Knowle Clinic, Broadfield Road, 4.	Inspection clinic; treatment of minor ailments; dental treatment	5,382	4,580
3,954	Lawrence Weston Clinic, Ridingleaze	Inspection clinic; treatment of minor ailments; dental treatment	3,954	4,320
9,070	Mary Hennessy Clinic, Hareclive Road, Hartcliffe, 3.	Inspection clinic; treatment of minor ailments; dental treatment; eye clinic; chiropody	9,070	8,172
6,658	Portway Clinic, St. Bernard's Road, Shirehampton	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic; dental treatment; eye clinic; chiropody	6,658	5,573
6,811	Southmead Clinic, Monk's Park Ave., 7	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic; dental treatment and eye clinic ...	6,811	9,617
7,731	Speedwell Clinic, Whitefield Road, 5.	Inspection clinic; treatment of minor ailments; ear, nose and throat clinic; dental treatment; eye clinic; chiropody	7,731	7,513
1,746	St. George Health Centre, Bellevue Road, 5.	Dental treatment	1,746	1,599
—	William Budd Health Centre, Leinster Avenue, 4.	Dental treatment	—	2,013
27	Corbett House Clinic, Barton Hill, 5.	Treatment of minor ailments	27	62
42,267	Clinics held on school premises	Treatment of minor ailments	42,267	60,654
487	Cardio-rheumatic clinic, Bristol Royal Infirmary, 2	... ..	487	443
3,594	Child and Family Guidance Service,* 7 Brunswick Square, 2	... ..	3,594	3,177
11,417	Speech Therapy,* Hearing and Speech Centre, 8/9 Clifton Hill, 8	... ..	11,417	10,373
1,547	Audiometry,* Hearing and Speech Centre	... ..	1,547	2,518
152,380		Total Attendances	152,380	176,705

* These figures include sessions at a number of the above clinics as well as at the headquarters of these services.

