[Report 1964] / School Medical Officer of Health, Nottingham City.

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
https://wellcomecollection.org

CITY OF NOTTINGHAM

EDUCATION COMMITTEE

PRINCIPAL SCHOOL MEDICAL OFFICER'S

ANNUAL REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR 1964

★

Adopted by the Education Committee at its meeting on 27th October, 1965

★

R. G. SPRENGER, M.B., Ch.B.,
Principal School Medical Officer.

W. G. JACKSON, B.A., M.Ed.,
Director of Education.

CONTENTS

CONTENTS—*continued*

CITY OF NOTTINGHAM

GENERAL INFORMATION AS AT 31ST DECEMBER, 1964

Population	311,850	No. of Schools	164
Area	acres 18,364	No. on Rolls	50,188
Density of Population:	16·98 persons per acre	Average attendance	90·3%

CENTRAL SCHOOL CLINIC,

28 CHAUCER STREET,

NOTTINGHAM.

Telephone: Nottingham 43064.

SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE

(Municipal Year 1964-65)

Chairman: Councillor G. DUTTON

Vice Chairman: Councillor Mrs. M. WHITTAKER

Alderman Roland E. GREEN
(Chairman of the Education Committee)

Councillor C. BENNETT
(Vice-Chairman of the Education Committee)

Alderman S. P. HILL, B.E.M.
Councillor T. W. ALVEY
Councillor E. B. BATEMAN
Councillor Mrs. I. F. MATTHEWS
Councillor H. A. ROE
Councillor S. WADSWORTH
Councillor T. S. WILKINS
H. J. PEAKE, Esq., M.A., M.Sc., Ph.D.
J. D. SUNLEY, Esq., J.P.

STAFF (31st December, 1964)

Principal School Medical Officer:
R. G. SPRENGER, M.B., Ch.B.
Deputy Principal School Medical Officer:
ELEANOR J. MORE, M.B., Ch.B., D.P.H.

School Medical Officers:

W. M. HUNTER, M.B., Ch.B.
BARBARA WARD, M.B., B.S., D.A., D.C.H.
MARJORIE A. WROUGHTON, M.B., Ch.B. (to 10/5/1964)
W. D. SINCLAIR, M.B., Ch.B., D.P.H. (to 31/7/1964)
PATRICIA A. GIRLING, M.B., Ch.B., D.C.H. (from 1/9/1964)

Part-time Specialists:

(By arrangement with the Sheffield Regional Hospital Board)
G. GORDON-NAPIER, M.D., Ch.B., D.O.M.S. (Ophthalmic Surgeon)
J. HORTON YOUNG, M.B., B.S., D.O.M.S. (Ophthalmic Surgeon)
H. FRASER, M.B., Ch.B., D.O. (Ophthalmic Surgeon)
T. B. HOGARTH, M.B., Ch.B., F.R.C.S. (Aural Surgeon)
J. F. NEIL, M.A., M.B., Ch.B., F.R.C.S. (Aural Surgeon)
A. P. M. PAGE, M.D., M.R.C.P., D.C.H., J.P. (Paediatrician)
A. GORDON, M.R.C.S., L.R.C.P. (Anaesthetist)
ELIZABETH ARKLE, M.D., D.P.M. (Psychiatrist)
D. R. BENADY, M.B., B.S., D.P.M., D.C.H. (Psychiatric Registrar)

Part-time Medical Officers:

THELMA M. PHELPS, M.B., B.S.
W. K. S. MOORE, M.A., M.B., B.Chir. (M.O., Boots' College)
J. K. L. WATKINSON, M.R.C.S., L.R.C.P.
J. S. McCRACKEN, M.B., Ch.B., D.Obst.R.C.O.G.
S. J. HARRIS, M.B., B.S.

Audiometrician: *E. F. WARD, M.S.A.T.

Principal School Dental Officer:

W. McKAY, L.D.S.

Dental Officers:

LINDA E. POOLEY, B.D.S.
MARGARET C. ROE, L.D.S.
*N. E. CHETTLE, L.D.S.
*D. R. DAVIES, L.D.S.
ERIKA MELLAKAULS, L.D.S.
R. D. BEELEY, L.D.S.
*E. A. MEADOWS, L.D.S.
*ENID DURANCE, L.D.S.

Dental Surgery Assistants: Eight

Child Guidance Centre:

Mrs. J. FRY, M.A., Ed.B.
(Senior Educational Psychologist)
Miss N. M. GATELY
(Psychiatric Social Worker)
Miss M. M. BEESON
(Remedial Teacher)
Mrs. E. WILL (Social Worker)
Miss J. S. MYNALL, L.C.S.T.
(Senior Speech Therapist)
Mrs. J. A. CHENEY
(Speech Therapist from 6/4/1964)
Mrs. C. E. STACEY, L.C.S.T.
(Speech Therapist from 17/8/1964)

Administrative Assistant: G. E. D. HANCOCK, D.M.A.

Superintendent School Nurse: Miss F. PINDER, S.R.N., S.C.M.

School Nurses: Nineteen full-time and six part-time

Nurses' Assistants: Six *Clinic Attendants:* Six part-time

Ward Orderly: One

Clerical Staff: Chief Clerk (J. G. WILSON) and twenty-four Clerks

Hostels for Maladjusted Pupils:

ORSTON HOUSE—*Warden and Matron:* Mr. and Mrs. C. A. FITCH

THE GABLES—*Warden and Matron:* Mr. and Mrs. C. COLUMBINE

*Part-time Staff

CITY OF NOTTINGHAM EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1964

BY

THE PRINCIPAL SCHOOL MEDICAL OFFICER, DR. R. G. SPRENGER

To the Chairman and Members of the
City of Nottingham Education Committee

LADIES AND GENTLEMEN,

I have the honour to present to you the 56th Annual Report on the work of your School Health Service.

It has been a year in which changes of staff have interfered to some extent with the routine work of the department. These changes have affected the continuity of interest in and care for individual youngsters and also the arrangements for selective examinations at Clifton. These selective examinations need to be done by a medical officer who knows not only the teachers but also the parents and children. An interruption of these relationships does not help (to put it mildly) the smooth running of a method of examinations dependent not on the names on the register but on an assessment of differences from the usual, made by several individuals who may not see eye to eye on several points. While parents' requests have been included amongst those children to be seen under selective arrangements, it may be that all parents, if asked directly about their child's health, would give us information which might suggest that an examination is desirable.

Although I am not entirely convinced that a selective procedure is the best method of checking on the health of children in the intermediate age ranges, i.e. 7-8 and 10-11 years, I think it is worthy of a further trial, together with the completion of a questionnaire by the parents to ascertain their view on their child's health. The results of this year's selective examinations are on pages 9-11, together with the proposed arrangements for the future pattern of selective work here in Nottingham.

One effect of slum clearance is that the demands for social and other help from the area is reduced, that the local school population falls and so the need for treatment of minor ailments is reduced. This has happened in the Leenside area of the City where schools (such as St. John's, Leenside, St. Mary's, St. Philip's and St. Patrick's) have all been closed or transferred. The need for the Leenside School Clinic has literally evaporated. Attendance figures had steadily fallen and the lease had run out, and so it was decided to close the clinic. We have arranged for two junior schools, Arkwright and Welbeck, to have a minor ailments room where a school nurse attends. This avoids the need for primary age children to cross main roads to receive minor ailment care. The fact that we have arranged these facilities in the schools may mean attendance of a few children for very minor things but, on the other hand, it does save travelling time for all. Arrangements have run smoothly and no unnecessary and "school escaping" attendances have been obvious. I think school staffs find the arrangement useful and time saving.

CHANGES OF STAFF :

Dr. M. A. Wroughton left in May, after being with us for nearly three years, for the reason that she was starting her family. She has been a very reliable and active member of the staff. Her interest in the preventive side of School Health Service work and her clinical acumen made her invaluable at Clifton and we are sorry she has had to leave us. I do not know whether I ought to say this but I can but hope that when her domestic duties are less onerous, she may be able to return to continue the work she has so well begun.

Dr. W. D. Sinclair has moved over to the Health Department as he wished to widen his views on preventive medicine and gain additional experience. I think he finds his knowledge of the facilities available in the School Health Service helps a great deal in advising on the future care and placement of young children who may be handicapped. In his quiet and unassuming way he had become liked by the youngsters and staff he came in contact with.

Our Senior Speech Therapist, Miss P. A. E. Grady, left us to join the staff of the Speech Department of the University of Newcastle. May we wish her every success in her academic career in a University Department which is the only one of its kind in the country. She follows Miss Watson, a Psychiatric Social Worker, who also went to Newcastle in 1960 and to an almost similarly unique post in the Department of Social Psychology.

Mr. H. A. W. Hughes, who had come to us as an Educational Psychologist, left to return to teaching which he felt was his correct metier.

Miss M. M. Beeson, who had been a remedial teacher attached to the Child Guidance Centre since 1958 decided to return, as a deputy Head Teacher, to the wider world of ordinary school teaching. We were sorry she had to go but she has assured us since, that her spell of work here with the slow starter has helped her greatly in her work in a school which has a large number of immigrant children.

Dr. P. A. Girling joined us as a full-time Medical Officer; with her experience as a paediatric registrar, she brings an up-to-date attitude towards the children. We have obtained an excellent successor to Dr. Wroughton.

It looks as though it is going to become increasingly difficult to fill full-time vacancies in Public Health Departments and we have fallen back on the only alternative, namely, part-time staff. In this respect, we have been able to take Dr. J. S. McCracken on the staff—at any rate while he is building up his practice. I have prevailed on him to give me some notes on his impressions of the School Health Service, see pages 44-45.

As I write, Dr. K. M. Laing, another paediatric registrar, has promised to come to us in a part-time capacity so that our medical staffiing will soon be at full strength again.

Mr. T. B. Hogarth, the Consultant to replace Mr. Marshall, was at last appointed by the Regional Hospital Board and commenced tonsil and adenoid operations and out-patient clinics here on 12th May. We had fortunately not been overburdened as far as the Ear, Nose and Throat work was concerned. Nevertheless, it is nice to know that arrangements are now settled for some time to come.

Miss J. S. Mynall was promoted to Senior Speech Therapist but this meant that the speech therapy staff was still short, and, as three other therapists left during the year, we have continued with an incomplete staff. Although two speech therapists were appointed, we are still two short. Further, we must, when possible, second the equivalent to one speech therapist to the local hospitals. I am afraid the turnover of speech therapists is far worse than that of office staff, but one can understand that these charming young women are eminently marriageable.

As I write, Mr. and Mrs. C. A. Fitch, who have been in charge of one of our maladjusted hostels for a little over 16 years, decided to leave and we cannot yet find successors. It may be necessary to close one hostel.

Staffing in the dental department is almost unchanged. Some part-time people have come and gone. The closing of the Health Department's dental clinic for expectant and nursing mothers and the transfer of the work to school dental clinics, has meant that Mr. Meadows has had to transfer his weekly session to one of the school clinics.

INVESTIGATIONS :

We have continued a number of these and have borne in mind the need for others. There is much that we do not know about health and about those deviations from the normal which can often, in the minds of sufferers or their relatives, grow from a minor nuisance to an obsession and serious illness such as, for example, bedwetting.

The dental statistical figures for 1963 suggest that, on comparison with some other cities, the condition of the teeth of the school population in Nottingham is particularly bad. The extraction rate would seem, for example, to be much greater in proportion than in these other cities in the country. The number who need dental treatment following inspection is coincidentally high. It is unfortunate that our small dental staff does not permit of a more complete inspection of the school population, as it is impossible in the circumstances to have any idea of the volume of work building up or of future requirements.

Last year our figures for those children who do not drink milk showed no difference from those who have school milk. These figures referred to their physical condition only. The suggestion has been made that milk is a food substance which may increase the amount of caries in teeth. However, opposing this suggestion, I wonder if lack of milk in the diet may be a contributory factor to the present amount of caries—milk being probably the richest supplier of calcium for nutritional purposes, even allowing for the fact that calcium carbonate is now added to flour. This is a small research project that only the School Dental Service could undertake.

Dr. Ward has continued to see and check on the physical capabilities of children with **cardiac defects,** whether congenital or acquired and whether operated on or not.

Heights of children cannot vary very much from day to day but **weights** can be affected by food and drink intake despite some popular beliefs. The figures on page 37 may be of interest.

The **bed-wetter** is as common as ever and, therefore, is still of interest. Having the facility for observing some of them as in-patients, I have continued for the second year to take advantage of this to see how they behave in strange surroundings, out of their own bed and home.

One often hears it said that character is formed in the first seven years of life and this may well be true. I often wonder if nursery class (or nursery school) attendance has had sufficient effect on **character formation** to reduce or prevent delinquency in the teenage groups. This is an investigation that can be done fairly easily, complete with controls, as we have information on nursery class attendance cards attached to our medical record cards.

I think most of us are inclined to feel that Health Education is something to be given to young people but it is generally found that this does not produce any interest on the part of the recipients. I wonder what the secondary modern young person really wants to know about health, about illness, or about such a controversial subject as sex. I propose sending to a few secondary schools, for both boys and girls, a short questionnaire asking just those points. I may receive a few facetious replies but many replies may be informative and useful.

MEDICAL INSPECTIONS :

These have continued in the usual way, with the minor changes needed because of changes of medical staff. In our Special Schools, these inspections are done annually or even termly in the Open Air Special Schools, but elsewhere, at the usual entrant, leaver and two intermediate stages.

Last year we made an attempt to break down some of the defect figures to give a clearer picture of the types of abnormal conditions we were dealing with. This was such a recital of pathological odds and ends that it really did not help very much but it was extremely interesting to us in the department. It was surprising to find that there were so many unusual conditions. I suppose one must expect them in fifty-thousand children.

I think the table on page 52 does not give a very good idea, to the layman at least, of the number of conditions such as the spastic, the fat child and the child who is unable to walk, etc. I wonder if a few spare lines at the bottom of page 2 of the Main School Medical Record schedule (Form 10M) could not be used to draw attention quickly to some of these. At present the spastic may be noted under defect 13a because of some deformity, or under defect 14b by reason of the nerve involvement and, short of looking for all these defect numbers, we cannot be sure of how many "spastics" we have and how many are mild or how many severe. The same applies to overweight youngsters who may have notes made about them on page 3 of the schedule or who may be noted under other conditions, e.g. because the youngster may have the so-common-in-fatties condition of knock knee or flat foot.

I am writing in this vein because I find it difficult to make a quick survey of any unusual condition in which I have a special interest without arranging, as we do, for a special form to be completed, such as in the case of the undescended testicle. I feel that it may be necessary to gear our needs (or possible needs) in such a way that we can make use of a computer to give us answers which at present need hours of clerical work,

searching files, etc., for answers which are almost impossible to arrive at or are so difficult to arrive at that we give up in despair.

This year periodic inspections and special examinations have been put together in the same table. This may be an advantage in that it gives a better idea of the total numbers with any defect. It may, however, be a disadvantage because it gives us large figures which may include minor defects which need only occasional observation. On the whole, the trend seems to suggest that conditions which need either treatment or observation are now improving or that they occur less frequently.

Future Selective Arrangements:

As I write, some of the questionnaires to parents prior to actual selective medical examinations of 7 to 8 year olds are coming in and as we have included a question asking if parents wish their child examined even if they are quite happy about their physical, social, emotional and educational progress and have no actual complaint about any specific ailment, we have been (pleasantly) surprised to find that about 95% of parents would like this examination in any case. This rather suggests that parents liked the routine inspection, especially for primary school children and one wonders:—

(*a*) if it is really desirable to give up the intermediate routine inspection or

(*b*) if the above-noted question should be left out of the questionnaire

These are merely some preliminary remarks and the change can be discussed more fully in the report for 1965.

CLIFTON SELECTIVES :

As noted earlier, we have continued the selective type of medical examination in the junior schools at Clifton, and it has been possible to visit all junior departments each term, except when illness of the medical officer concerned made it necessary to cancel two sessions.

It will be remembered that these examinations by medical officers include:—

1. Follow-up cases from previous examinations as in the rest of the City;
2. Youngsters whose home conditions, attendance and cleanliness are unsatisfactory;
3. Children seen at the request of the Head Teacher, whether for physical, social or psychological reasons;
4. Those seen by nurses in their surveys and deemed unsatisfactory for one reason or another;
5. Those seen at their parents' request; and
6. Those referred by a medical officer, who may or may not be the one carrying out the examination.

Number examined in 1964	592
Number of these known previously to School Health Service	383
Number referred by Head Teachers	209

The defects found to require treatment or referral to a Consultant were mainly vision, and nose and throat. Those found to require observation include similar defects, together with some hearing difficulties and lung conditions.

The interesting statistics were those recorded at the "Leaver" examinations in the one Comprehensive and the Secondary Modern Schools at Clifton, bearing in mind that this group had not been periodically examined since the age of seven years, i.e. before this selective scheme started, in the group known to us as the first Intermediate group.

Number of Leaver pupils examined	684
Number of these seen under selective system ..	243
Number not examined since age seven	441

Naturally, we were interested to know how many of these were firstly free from defects and, secondly how many presented defects, and what was the nature of these. Of the 441 pupils, 363 were found to have no defects, and of the remaining 78 pupils: 32 were previously known to us before seven years of age, 25 were being treated under National Health Service arrangements, and the remaining 21 pupils had defects not discovered before this examination, as follows:—

Condition	*Requiring treatment*	*Requiring observation*
Skin	1	—
Vision	8	5
Hearing	—	1
Ears	—	1
Speech	—	1
Development—Hernia	—	2
—Other	—	2
	—	—
	9	12
	—	—

Most of these would have been discovered at the nurses' survey of height, weight and vision, etc., which has now been introduced at the age of 11 years, so that in future years, there should be few "missed" defects noted at Leaver examinations.

The administrative officer in charge of the Medical Inspection Section notes:—

> "Visits by school medical officers to junior schools on the Clifton Estate were made each term, except for two schools whose visits had to be cancelled due to the illness of the doctor concerned. Of the 592 pupils examined, 383 were previously known to the School Health Service and the remaining 209 were included at the request of the Head Teachers.
>
> The defects of the children found to require treatment or referral to a specialist were mainly in the vision, and nose and throat categories; those requiring observation were mainly developmental difficulties, followed closely by vision, hearing, nose and throat and lung troubles.
>
> Perhaps the most interesting statistics were those recorded at the "Leaver" examinations in the Secondary Schools at Clifton. Only 21 pupils with defects not previously noted were discovered.

From the administrative point of view, Clifton Selective Examinations each term were something out of the normal "pattern", the more so when they had to be run in conjunction with the Nurses' annual surveys. Preparation had to start early and a note of the dates when the school medical officers were available had to be given to the schools well in advance, often with subsequent difficulties owing to the illness of the doctor, or other unforeseeable events. No sooner were the medical record cards returned to the files from one examination than it was time to prepare the lists of children and dates for the next term's examinations.

The use of one type of examination at Clifton junior schools, and another for the remainder of the City, has caused difficulties but, of course, the children's needs are put before administrative convenience. The experiment has shown that flexibility is essential and it has been helpful in paving the way for the introduction of selective examinations throughout the City".

HANDICAPPED PUPILS :

I think an increase in the number of handicapped youngsters is the price of improved living standards, better peri-natal care, and civilisation in general. Improved feeding, better ideas of hygiene, housing, clothing and house-warming, must result in increased numbers of children surviving who otherwise might not have done so. Remarks of this type are commonly found in reports dealing with social medicine. I have used them myself when persuading my Authority to enlarge the accommodation at the Arboretum Special School where our main concern is now with the care of physically handicapped children.

In the following pages some slight increase in the figures of handicapped pupils will be noticed and this in a school population which has remained almost stationary for some years now. What may be the situation when the expected increases in this population take place remains to be seen. The steady rise in the number of births, which is now over, 6,000 per annum (birth rate 20 per 1,000), together with the admission of a fair number of the children of immigrants already here, will create problems of school accommodation for both ordinary and handicapped pupils. Additional numbers of deaf children have already made it necessary to arrange enlargement of our four year old Ewing School for the Deaf.

Blind:

Residential Special Schools	..	..	..	5

One can feel grateful that there has been no increase in numbers. Most of these are now on the point of reaching school leaving age. I am glad to say that facilities for furthur education and vocational training are becoming more effective and I think parents realise this and are keen for their children to take advantage of this further help.

I am afraid, as I write, one of our partially sighted children has now lost her sight and will have to continue her education as a blind child.

Partially Sighted:

Residential Special Schools	4
Day Special Schools	4
Ordinary Schools	20
Awaiting Placement	2

There is a slight increase in our numbers of partially sighted children mainly because of one family which has at present two children of school age with hereditary cataract. This family is a large one (as I write number eleven has arrived) and genetically the condition seems to be a dominant one. As I have noted before, youngsters with this defect complicated by dullness seem to fall further behind than one would expect of those who have no complicating second handicap. It is unfortunate that the waiting list for Exhall Grange School is a long one, eighteen months to three years waiting time being the position at the moment.

Deaf:

Residential Special Schools	3
Day Special Schools	34
Awaiting Placement	1

Again, as I noted in my preamble, a slight increase in numbers. Five children of Jamaican parents are included in this figure so that they account for our extra numbers. It is impossible to say why there should be this disproportionate figure as it is difficult at any time to give a reason for the loss of this sense.

The Nottinghamshire Authority are tending to make use of the Ewing School more often. This too is adding to the shortage of places and has necessitated the need for extending the accommodation.

Partially Hearing:

Residential Special Schools	2
Day Special Schools	23
Ordinary Schools	59

In this group, although the increase is again only slight, it is nevertheless there and adding to the difficulties of accommodation. The children in this category can almost all gain appreciably from the use of a hearing aid. Although the likelihood of return to ordinary school is always in mind, however, there is none at present who could be transferred with the possibility of its being permanent. This transfer is especially undesirable at Secondary School age as the change of teacher for most subjects is confusing and disturbing to a child who takes some time to settle down and understand even one adult who knows of and realises his handicap.

There are still large numbers of partially hearing pupils in ordinary schools. These numbers do not decrease as I had half expected because instead of the hearing loss being due to old otitis media, we are finding quite a few who have a high frequency loss, some of them being found as a result of checking on the hearing of children with speech difficulties or who are considered "at risk". As with all handicapped pupils they are, of course, checked annually not only for hearing but also for educational progress.

The following is the report of the Peripatetic Teacher of the Deaf:—

"Early in the year all the Infant Departments in the City were visited to see if any of the new admissions appeared to have difficulty with hearing or other ear troubles. Fewer children suspected of deafness during the year were reported by Head Teachers but 75 were tested and of these 30 were referred to the clinic and 6 children were placed in lipreading classes at once. Weekly classes for lipreading have been held at the following centres: 2 at Player Clinic, 2 at Ewing School, 2 at Rosehill Clinic and one at each of the following schools: Dunkirk, Russell, Seagrave, Walter Halls, Elms, Nethergate, Northgate and one at Clifton Clinic.

The analysis of children in regular lipreading classes at present is: 4 Infants, 13 Juniors, 3 Seniors and 12 in Special Schools. The small number of seniors this year may suggest that the lipreading learned in the junior school has enabled the children to hold their own without further help in the senior departments.

The children who have become proficient lipreaders and are no longer having lessons, have been visited from time to time during the year to ensure that progress is being maintained. Only in one case has it been found necessary for a child to rejoin a class".

Physically Handicapped:

Residential Special Schools	12
Day Special Schools	60
Ordinary Day Schools	21
Home Tuition	2
Awaiting Placement	2

There has been since last year a slight reduction in our numbers. This is partly due, unfortunately, to the death of three children who were in this group and who are reported on more fully under a later paragraph on Deaths. We had realised that two were not likely to live long with their condition but one with a congenital heart who had been functioning at half speed since his first operation was expected to be improved with his second one.

Although the numbers have fallen a little for the year, it so happens as I write that several requests for admission have come along and the entrant classes are now overflowing.

Delicate:

Residential Special Schools	12
Hostel for Diabetics	2
Day Special Schools	23
Ordinary Day Schools	134

As one would expect at a time when so many children are mostly healthy, the numbers of delicate ones tend to fall. As we include all children for whom it may be necessary to restrict or reduce certain physical activities, such as the asthmatic who can only cope with a certain amount of physical activity, or the child with running ears who is restricted from swimming, it is only to be expected that the numbers fluctuate from year to year. It is just possible that there is an increase in the number of asthmatics who have a strong emotional basis to their condition.

Maladjusted:

Residential Special Schools	2
Residential Independent Schools	4
Residential Hostels (attending ordinary Day Schools)	10
Day Special School	1
Ordinary Day Schools	11
Home Tuition	1
Awaiting Placement	2

These figures do not give a very accurate picture of the number of maladjusted children in the City. Our figures refer only to those for whom we felt special arrangements were necessary for their education. While we can in the City make arrangements for special educational treatment for most of our maladjusted children, there are a few for whom we feel residential schooling is the only possibility. This still causes us quite a headache as it is difficult to find places for these youngsters small though their numbers really are. As an example, we circularised 20 schools for one of those awaiting a place without result. Although he had gone with his parents to be interviewed, we still unfortunately could not find a place for him. However, as I write, at the 21st attempt, we have obtained a promise of a place in January, 1966.

These figures do not include the admissions to Harper Villa (the children's unit at St. Ann's Hospital) as most of these are admitted for investigation and observation over a period which may be comparatively short or on occasion quite long. I should like to say how useful a purpose this Unit is serving. The fact that children can be seen by skilled observers in a residential situation makes a great deal of difference. It has to be borne in mind that the unit caters not only for City children but for children drawn from a wide surrounding area.

Educationally sub-normal:

Residential Special Schools	7
Day Special Schools	460
Awaiting placement in Day Special Schools	41

Children with this handicap are not in a group with well defined boundaries. Although all of them will have an I.Q. tied to them, I think all of us in the School Health Service and in the world of education realise that the I.Q. figure is not an accurate pointer to a child's capabilities but merely a general guide associated with other indications to a need for special educational treatment.

We have been faced with the need to find places in Special Schools for those on our waiting list who were most urgently in need of the help which attendance at Special School can give. This has meant some pruning of those already in attendance, and in association with the Head Teachers we have arranged for the return to ordinary school of those children who have benefited most effectively from attendance at Special School, almost irrespective of their I.Qs. but more dependent on their educational progress. There was some need to make sure that these youngsters went to schools where their lack of ability would not be too obvious and to make sure that their progress was under the observation of the Educational Psychologist. This seems to have been quite a successful move and so far only one child's return to Special School has had to be considered.

Despite these transfer arrangements, we are, however, still being faced with a considerable waiting list, a state of affairs which is not uncommon in other Authorities. It may be necessary to consider very seriously making this policy of return to ordinary school a permanent feature whenever there is the slightest possibility to transfer a child, so that those who are in the upper end of the educational sub-normal category can have the benefit of two or three years in Special School. The advantages are small classes, teaching which realises and makes allowance for slow learning and the lack of the feeling of inferiority which the slowest in the class always has.

It is gratifying that the Health Department are now able to admit more of those who are too handicapped to benefit by education at school to their Junior Training Centre. There was a slight decrease in the number of those referred during 1964. The figures for the last few years are:—

1961	21
1962	34
1963	24
1964	14

It would be nice to feel that we were having fewer of these children to deal with, but I am afraid that one reason may be that pressure of work has meant we have had to leave in school some who would otherwise have been referred, so that the numbers for 1965 will no doubt be higher.

Dr. Dodd, Medical Officer of Health, has very kindly let me have the following details of the children attending the Mental Health Training Centres in May, 1965:—

Age	*Junior Training Centre (Beechdale Road)*	*Special Care Unit (Bestwood Road)*	*Total*
5	3	5	8
6	5	2	7
7	4	1	5
8	12	6	18
9	5	2	7
10	12	3	15
11	15	1	16
12	15	4	19
13	15	3	18
14	17	1	18
15	17	2	19
	120	30	150

Epileptic:

Residential Special Schools	8
Day Special Schools	1
Ordinary Day Schools	82

As usual we have a large number of children with this handicap in ordinary school. Most of these have had their epilepsy proven, as it were, by the usual changes in their electro-encephalograph, but there are quite a few whose epilepsy has to be accepted purely on a clinical basis, i.e. usually from the story of a reliable witness with an accurate description of the attack whether minor or major, but without any changes in their electro-encephalograph.

Occasionally, epileptics have associated behaviour difficulties and this year we had to remove one from Residential School as she was creating a disciplinary problem which involved many others. Dull and difficult and on very large doses of anticonvulsant, she is being coped with in one of our day Special Schools where we keep some of her medication in order to make sure she has it regularly.

Speech Defects:

Ordinary Day Schools 3

At present no-one is sufficiently affected to need the intensive help which only a Residential School can give. There are, of course, many more with defects which are noticeable but not severe enough to interfere with schooling.

There are further notes on page 23.

Children with dual or multiple handicaps:

	Other Handicap							
	Partially Sighted	*Partially Hearing*	*Delicate*	*Physically Handicapped*	*Maladjusted*	*E.S.N.*	*Epileptic*	*Speech Defect*
Blind ..	—	—	—	1	—	—	—	—
Partially Sighted ..	—	—	—	—	—	4	—	—
Deaf ..	—	—	—	1	—	—	—	—
Partially Hearing ..	2	—	2	—	1	10	—	—
Delicate ..	—	1	—	—	—	4	—	—
Physically Handicapped	2	2	—	—	—	7	3	1
Maladjusted	—	—	1	—	—	—	—	—
E.S.N. ..	1	5	1	2	1	—	10	—
Epileptic ..	—	—	1	—	2	2	—	—

There are probably more than the above who have a main and other handicaps, were we able to decide the often extremely difficult question of, for example, whether an educationally sub-normal child who is proving difficult is also maladjusted or reacting to the poor training in everyday discipline which his home has given him.

As I have noted on previous occasions, those with an E.S.N. handicap and associated epilepsy are quite a proportionally large number. How many of these are due to a definite cerebral damage it is impossible to say but I feel there is undoubtedly a close association between this damage and these handicaps.

THE SCHOOL DENTAL SERVICE

Report of the Principal School Dental Officer for 1964

Premises and Equipment:

The school dental clinic at Leenside closed on 31st July, 1964, and an association of 34 years was ended. No new premises were opened during the year.

With the closure on 31st December, 1964, of the Health Department dental clinic in the General Dispensary, Broad Street (reported later), again without replacement premises, the accommodation position has deteriorated. In 28 Chaucer Street, the central dental clinic has only one small surgery and the provision of new premises is now desirable. It may be noted here that 36 Clarendon Street is now moderately equipped as a dental clinic and these old premises, where the City School Dental Service is believed to have started in July, 1917, are still giving service.

The Nottingham County Borough dental services were reviewed by a dental officer on behalf of the Secretary of State for Education and Science and the Minister of Health on 6th March, 1964, and the official report to the Town Clerk (paragraph 4) states: "In general, the dental clinics are satisfactory. It is noted that the possibility of replacing the less satisfactory dental departments at Chaucer Street, Clarendon Street, Broad Street and Leenside by a new central dental clinic is being considered".

Further references to the report on the review will be referred to as the Minister's report.

Staffing:

On 31st December, 1964, the dental staff consisted of:—

	Full-time	*Part-time*
Principal School Dental Officer ..	1·0	—
Orthodontist	·6	—
Dental Officers	3·4	1·1
	5·0	1·1
Medical Officers	—	·8
	5·0	1·9
Dental Surgery Assistants	8·9	·7

Minister's report paragraph 2—

> "I am to commend the Authority on their Principal School Dental Officer's arrangements to make the best use of the limited staff and the output of work per treatment session, which is higher than the national average. The employment of a medical anaesthetist has helped to establish this high figure".

The Minister's report is dated 4th September, 1964, and is based on the years 1962 and 1963. The situation had deteriorated before the end of 1964, however, as the services of Dr. Phelps were lost to the extent of three sessions weekly (without replacement) with effect from 1st April, 1964.

Minister's report paragraph 2—

"The strength of the dental staff has increased since last year and it is hoped that vigorous action will be taken to improve the position still further".

Advertisement has not been fruitful in 1964, and the staffing situation will worsen early in 1965 as Mr. Beeley will be leaving the school dental service in favour of general dental practice. So far as the staff exclusively employed for dental work on behalf of the Health Department is concerned, Mr. Meadows has agreed to give only one session each week to the treatment of children while Dr. Harris is not able to fill any of the sessions available.

Policy:

The slight worsening of the staff position has created problems. Delays must inevitably be experienced by those children awaiting extractions in connection with routine dental treatment and orthodontic treatment and the "emergency" service has likewise suffered. Parents can be assured, however, that all possible steps are being taken to maintain this emergency service despite the staffing difficulties. Paradoxically a slight increase in the absentee rate is noticed, especially in "emergency" patients. It would be helpful if parents who no longer require the emergency appointments for the children, would inform the dental department so that other more urgent cases may be dealt with. This is as yet only a minor problem but one which could grow with lengthening delays in treatment.

Dental Health Education:

Minister's report paragraph 6—

"It is hoped that the Authority will soon be able to give more attention to dental health education by encouraging not only their dental staff but all appropriate members of their staff in direct contact with the public, including medical officers, health visitors and school teachers, to help in this important work".

Some dental health education is in fact given in schools by Head Teachers and their staffs and this is appreciated. During 1965, however, it is hoped that some integration of this work may be achieved. The value of a once only campaign involving pageantry and parade, bands and banners is doubtful. A constant, well-informed and well-integrated approach, with possibly a small, annual exhibition of available materials, would seem to be more sound policy.

Closure of the Health Department Dental Clinic at Broad Street:

This clinic was being used on only two sessions each week and was closed on 31st December, 1964. Maternal service patients are the only persons involved and they are now to be referred through 28 Chaucer Street for treatment in school dental clinics. There is nothing unusual in this arrangement as it follows the pattern of practically every local education and health authority in the country.

Dental Inspection:

During the year 8,228 (or 16·5% of our school population) had a routine dental inspection and 31 dental officers session were devoted to this work. An additional 5,493 children (or 10·9%) were seen as casual or special inspections (mainly because of pain or sepsis). A total of 13,721 children (or 27·4%) therefore were inspected.

Of the 8,228 children **routinely** inspected during 1964, 7,851 (or 95·4%) were found to have some dental defect and treatment was offered to 6,222. 3,196 (or 51·4%) consented to treatment.

Dental Treatment:

During the year 2,529 dental sessions were devoted to treatment (including orthodontics) and of those sessions, 331 were reserved mainly for extractions under general anaesthesia. 23,514 attendances were made by school children and the following treatment was carried out:—

Fillings:	Permanent teeth	12,440
	Temporary teeth	49
		12,489
Extractions	Permanent teeth	4,174
	Temporary teeth	11,542
		15,716

A general anaesthetic was given for extractions on 6,373 occasions and a local anaesthetic on 130 occasions. In contrast, a local anaesthetic was given for fillings on 701 occasions.

Other operations:	Crowns	3
	Inlays	4
	Other treatment	3,568
		3,575
No. of diagnostic X-ray films taken		975

In the prosthetic and orthodontic section, 217 sessions were devoted to this work and 1,729 attendances were registered (included in the 23,514 above). 121 new dentures were supplied to children and 28 dentures were repaired.

Sixty-five orthodontic cases were completed during the year and 161 appliances (all removable) were fitted.

A dental officer spent a further 47 sessions during the year attending the Department of Dental Surgery, at the General Hospital, to treat orthodontic patients.

Summary of dental treatment carried out, under the Local Health Authority Maternal and Child Health Scheme, by the School Dental Service:

During 1964 arrangements were supervised by the Chief Dental Officer. Treatment for children of pre-school age continued to be available at the school dental clinics; dental treatment of expectant and nursing mothers was available at the school dental clinics at Bestwood, Clifton

and Chaucer Street, in addition to the facilities already in operation at the General Dispensary.

Dental Inspection and Treatment	*Mothers*	*Children*
Number of persons examined	341	385
Number of persons who commenced treatment	519	359
Number of courses of treatment completed	287	389
Scalings and gum treatment	45	—
Fillings	107	2
Silver nitrate treatment	1	—
Crowns and inlays	—	—
Extractions—		
Teeth extracted under general anaesthetic	1,933	927
Teeth extracted under local anaesthetic	343	1
General anaesthetics	362	399
Dentures provided—		
Full upper or lower	185	—
Partial upper or lower	43	—
Radiographs	23	—
Number of attendances for inspection or treatment	1,289	438
Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients	102	16·5

Dental care for the mentally sub-normal:

Emergency Dental Treatment was available at the dental clinics. During the year only 11 patients were treated. 17 appointments were given, of which 13 were kept. 22 temporary teeth and 13 permanent teeth were extracted and 11 general anaesthetics were given. One radiograph was taken and one child was referred for treatment to the Hospital Service.

Gratitude is expressed once more to Head Teachers and teaching staffs, the staff of the Education and Health Departments, to the Hospital Services, and to the Nottinghamshire County Council Dental Laboratory, for their invaluable co-operation and support.

The Chairman and Members of the Committee may rest assured that the dental staff is doing its best to cope with the problems caused by the ravages of dental caries and their encouragement and understanding of these problems are very much appreciated.

W. McKAY, L.D.S., R.C.S. (Edin.),

Principal School Dental Officer.

CHILD GUIDANCE :

Cases treated during the year:

By Psychiatrists	109
By Educational Psychologist	39
By Educational Therapist	198*
By Psychiatric Social Workers	25
In Boarding Homes	18

*Includes 115 new cases this year.

Examinations (New Cases):

By Psychiatrists*	213
By Physician*	219
By Educational Psychologists†	1,023
By Social Workers	250

*The same child could have been seen by either one or both of these. (The actual number of new cases totalled 255).

†Includes 73 Annual Selection tests.

Re-examination:

By Psychiatrists (excluding treatment interviews)	247
By Physician	12
By Educational Psychologists	18
By Social Workers	207

Attendance and Visits:

Attendance for treatment	5,146
Interviews with parents	1,104
Interviews with others	292
Home Visits by Social Workers	251
School Visits by Educational Psychologists	643
Hostel Visits by Social Workers	71

Compared with 1963, there is some increase in our figures as we have had for the whole year the benefit of two Registrars seconded to us by the Regional Hospital Board. This increase has been mainly amongst those who were having treatment either in groups or individually.

It has been impossible to fill the second post of Educational Psychologist despite frequent advertising. These highly trained and widely experienced specialists continue to be in very short supply, and towards the end of the year, the Committee agreed to the investigation of the possibility of recruiting for this work qualified teachers with Degrees in Psychology with a view to their serving in a half-time capacity at the Child Guidance Clinic and for the remainder of their time to be spent in normal teaching duties. Even so, there does not appear to be any enthusiasm on the part of teachers to get into this select body.

The figures quoted for Child Guidance do not include admissions to and discharges from Harper Villa. The policy has been to make use whenever possible of the services available at this Unit for day patients who attend, with transport when necessary, during the usual school hours.

It has been possible to continue the work of the Unit during the normal summer holidays helped by volunteers from the Nottingham College of Education who were keen to get some insight into, and experience of, the needs of disturbed children.

We receive many requests from the Juvenile Courts "for full reports". Even though our notes are checked beforehand, this is at times creating difficulties for the Child Guidance staff. It is possible on occasion to give helpful information from notes which may be a year or two old. These, although not entirely up to date, may have useful information about home backgrounds, educational progress, intellectual capabilities, etc. Although we are not asked specifically by the Courts to give advice about the treatment of a juvenile delinquent, we often do imply in our report a certain form of action and this may be given after a great deal of

investigation by the combined Child Guidance team. We are occasionally surprised at how little weight our report receives. It has to be borne in mind, of course, that mere inability to accept the every-day social requirements of this world does not necessarily mean emotional disturbance amounting to maladjustment.

HOSTELS FOR MALADJUSTED CHILDREN :

Children in hostels of this Authority:

	Orston House			*The Gables*	
	City cases	*Notts. C.C. cases*	*Yorks C.C. cases*	*City cases*	*Notts. C.C. cases*
At beginning of 1964 in residence	6	2	—	7	—
Admitted during year ..	3	2	1	1	1
Discharged during year ..	4	1	1	4	—
At end of year in residence ..	5	3	—	4	1

City children in hostels of other Authorities:

	The Grove (Notts. C.C.)
At beginning of 1964 in residence	1
Admitted during year	—
Discharged during year	—
At end of year in residence	1

There has been some reduction in the number of children admitted to our hostels this year. This seems to be the result of several factors:—

1. It has been impossible to get and keep staff for residential work and, although we had an assistant house mother at the Gables for part of the year, it was not a very effective filling of the post and it was impossible to increase the numbers;

2. Possibly because of this, the policy of the Psychiatrists has been altered to using Harper Villa for observation, investigation and treatment, either for day or residential care;

3. Possibly the emphasis has now been placed on treatment and treatment, largely with the help of the newer tranquillisers, such as Melleril, Deaner, etc., associated with psychotherapy has reduced the need for residential care;

As I write, we are proposing to close down the Gables Hostel and transfer all the boys to Orston House. A suggestion that the Gables be used as an adolescent unit by the Regional Hospital Board has come from the Psychiatrists and is under interested discussion at present. Details have yet to be worked out but it would certainly fill a much needed gap in the care of disturbed young people.

SPEECH THERAPY :

The following is a summary of the work carried out in 1964:—

Number of:

Cases treated	326
Cases under supervision	801
Cases discharged	315*
School visits	97
Cases awaiting treatment at end of year ..	138

***Analysis of 315 cases discharged:**

Maximum benefit	184
Improved	60
No co-operation	16
Removed from waiting list	11
Left school or district	32
Referred to Child Guidance	1
Treated elsewhere	11

Visitors:

2nd Year Students	4
Student from Yugoslavia	1
Students from Nottingham College of Education	2

Although we have frequent changes of staff—and "wastage" in this profession, I am afraid, reaches a very high level—there is little reduction in the amount of work done by the Speech Therapy staff.

I have made an attempt to get the interest of a neurologist who might be helpful in the more difficult cases with speech problems but with no luck. I have continued to endeavour to help, myself, by seeing those who the speech therapists felt might have an organic or psychological basis to their speech defect. Of course, a common reason for lack of speech development is slow mental growth, something which a reasonably skilled School Medical Officer should be able to recognise.

In 1963, the speech therapists reported on a survey which they made of a ten per cent sample of junior school children to find out what proportion of children needed speech therapy and their figures suggested that the numbers fell rapidly as the 11-12 year old stage was reached. As this might mean a reduced need of therapy, I felt it desirable to check on a ten per cent random selection of school leavers and Mrs. Thomas, our Senior Speech Therapist, reports as follows:—

"The results of the Survey of the Incidence of Speech Defects in Children undertaken by the Speech Therapists with the co-operation of the Institute of Education of Nottingham University in 1962, a summary of which was included in the 1963 Annual Report, indicated that only a third of the children needing the help of the Speech Therapy Service were actually getting it. Of the 12·85% of boys and 8·67% of girls who were judged to be in need of treatment, only 32·3% of these were on the files of the Speech Therapy Service.

It was felt that a further survey should be undertaken of the "Leaver" age group in order to discover whether children were leaving school still in need of Speech Therapy. Accordingly, a random sample survey of this group was undertaken—once again with the help and advice of the Institute of Education of Nottingham University. As in the earlier survey, children in need of treatment were placed in Category "A", but children who would have been placed in Category "B" at the Primary Stage, i.e. those whom it was felt should be kept under supervision to see whether the speech defect noted was clearing up without the intervention of a Speech Therapist, had to be classified as "A" when in the "Leaver" age group. The results of this Survey showed that 3·6% of boys and 8% of girls were still judged to be in need of Speech Therapy. Therefore, it would seem that the speech defects of a substantial proportion of children had not cleared up, without therapy, by the end of their school careers".

CLEANLINESS :

	1959	1960	1961	1962	1963	1964
On school rolls ..	52,089	51,691	51,694	50,846	50,382	50,188
Examinations	160,796	165,719	162,576	152,551	140,544	133,105
Number found unclean	4,848	4,424	4,458	3,745	3,500	3,800
Percentage of the number on rolls	9·3	8·5	8·6	7·4	6·9	7·6
Statutory notices to parents	73	79	61	69	55	24
Children cleansed ..	54	61	53	56	42	24

It is regrettable that these figures show a slight upward tendency compared with the past two years despite a small reduction in the total number examined. This only goes to show that we must continue to be ever watchful and that it is impossible to relax in our examinations, especially of the old offenders and their siblings who remain a constant source of re-infestation. I had hoped that the newer insecticides would retain their effectiveness and influence our figures in a downward direction but I seem to have been over-optimistic. They, however, have had this beneficial effect, whereas before their advent, the only way in which a badly infested youngster could be "cleansed", as the Education Act has it, was by a large amount of hair having to be cut away making it obvious to everyone that cleansing had been necessary. It is now possible to be sure that live insects are killed and that newly hatched ones have the briefest existence, provided parents have not washed the hair too soon after application of the "preparation".

OPHTHALMIC SERVICE :

The arrangements for the ophthalmic service continued unchanged.

	1959	1960	1961	1962	1963	1964
No of pupils on rolls on 31st December	52,089	51,691	51,694	50,846	50,382	50,188
Pupils refracted	4,786	4,562	4,536	4,477	4,664	4,077
Percentage	9·2	8·8	8·8	8·8	9·2	8·1
Spectacles prescribed (pupils)	1,603	1,607	1,504	1,525	1,457	1,349
Percentage	3·1	3·1	2·9	3·0	2·8	2·7

Orthoptic Treatment at the Nottingham Eye Hospital:

	1959	1960	1961	1962	1963	1964
New cases treated	130	38	72	75	67	72
Total treated	291	164	165	153	146	168
Awaiting test or treatment at end of year	12	11	5	6	3	6

Operations for Squint at the Nottingham Eye Hospital:

	1959	1960	1961	1962	1963	1964
Number of operations ..	69	52	41	38	48	37
On waiting list at end of year	39	33	22	18	14	35

I realise how fortunate we are in Nottingham to have such an excellent Eye Service. In many other areas (I understand from my School Health Service colleagues), they have the greatest difficulty in making arrangements for examinations, for prescriptions of glasses and in making liaison with the Eye Hospitals for operative or other work.

I should like to express my thanks to the Consultants for their help and continued association with us. It makes things so simple for us.

EAR, NOSE AND THROAT DEPARTMENT :

Number of Operations for Tonsils and Adenoids	571
Number of Operations for Tonsils only	18
Number of Operations for Adenoids only ..	97
Number of Operations for Tonsils and Adenoids and Antra	2
Number of Operations for Adenoids and Antra	15
Number of Operations for Antra only	6
Cautery	16

These figures show a steady decrease in the number operated on in our Tonsil and Adenoid Ward, despite the fact that there is included a fairly large number of children from the neighbouring County districts whose names were added to our list to help reduce the waiting list at the Children's Hospital which, I understand, is still rather large.

The arrangements for consultation and operation have remained the same as in previous years. Mr. T. B. Hogarth has now been appointed by the Regional Hospital Board to take the place of the late Mr. A. R. A. Marshall.

The Nottingham No. 1 Hospital Management Committee, which controls the arrangements in our Ward and Operating Theatre, have very kindly given a television set to the Ward and arranged for Rediffusion also, so that the children can have entertainment while they are in-patients. It is surprising how many of them insist that they see the next instalment of their favourite serial, even in the evening after their operation and, of course, they almost feel themselves as actors in "Emergency Ward 10".

AUDIOMETRY :

Mr. E. F. Ward, the Audiometrician, attended for 24 sessions during the year. He tested 238 selected children who made 254 attendances.

Arrangements have continued on the same lines as in previous years.

I should like to take this opportunity of thanking Mr. Ward for his kindness in arranging Peepshow audiometry when orthodox audiometry has been impossible because of the youth or lack of co-operation of the youngster.

We still continue to have many affected children showing low frequency losses (due to middle ear catarrh) in their early school years, although this is rarely severe enough to create a serious difficulty in school. We also find numerous cases of appreciable high frequency loss and even when this is quite marked, it is not uncommon for affected children to refuse the help of a hearing aid.

EXAMINATION OF REMOVED TONSILS FOR HAEMOLYTIC STREPTOCOCCI :

Haemolytic Streptococcal Check on Tonsils:

1962

	Positive		*Negative*		
	Number	*Proportion of total*	*Number*	*Proportion of total*	*Total*
January ..	Nil	—	12	100%	12
February ..	12	25%	36	75%	48
March ..	7	16%	37	84%	44
April	4	9%	40	91%	44
May	15	29%	36	71%	51
June	10	28%	26	72%	36
July	22	34%	43	66%	65
August ..	No operations		No operations		—
September ..	49	53%	43	47%	92
October ..	47	51%	45	49%	92
November ..	41	44%	51	56%	92
December ..	19	40%	28	60%	47
Totals ..	226	36·3%	397	63·7%	623 (100%)

1963

	Positive		*Negative*		
	Number	*Proportion of total*	*Number*	*Proportion of total*	*Total*
January ..	38	49%	39	51%	77
February ..	29	51%	28	49%	57
March ..	31	69%	14	31%	45
April	40	77%	12	23%	52
May	22	63%	13	27%	35
June	29	52%	27	48%	56
July	34	56%	27	44%	61
August ..	No operations		No operations		—
September ..	25	66%	13	34%	38
October ..	46	61%	30	39%	76
November ..	34	56%	27	44%	61
December ..	16	57%	12	43%	28
Totals ..	344	59%	242	41%	586 (100%)

1964

	Positive		*Negative*		
	Number	*Proportion of total*	*Number*	*Proportion of total*	*Total*
January ..	38	49%	40	51%	78
February ..	43	74%	15	26%	58
March ..	27	60%	18	40%	45
April	38	58%	28	42%	66
May	31	63%	18	37%	49
June	27	55%	22	45%	49
July	24	47%	27	53%	51
August ..	No operations		No operations		—
September ..	No operations		No operations		—
October ..	45	45%	56	55%	101
November ..	35	64%	20	36%	55
December ..	23	66%	12	34%	35
Totals ..	331	56%	256	44%	587 (100%)

There continues to be a large proportion of tonsils infected with haemolytic streptococci. As these are the actual removed tonsils themselves, there is no question of faulty technique in swab taking giving a false figure. It is especially striking that the proportion infected in the "coughs and sneezes" months is especially high, strengthening the maxim that they do "bring diseases".

ORTHOPAEDIC TREATMENT :

Children treated as out-patients:

At Nottingham Orthopaedic Clinic	72
At Nottingham Children's Hospital	343

Children treated as in-patients:

At Harlow Wood Orthopaedic Hospital	59
At Nottingham Children's Hospital	234

The local hospitals have very kindly let me know the number of orthopaedic cases dealt with during the year for City school children.

ELECTRICAL AND OTHER TREATMENT :

Ultra-Violet Ray:

Number of children treated	17
Number of attendances	201

This form of treatment seems to have lost its popularity now and numbers remain small, but a mild sunburn effect can often make a lot of difference in the appearance of a pale-faced child and this has a beneficial, psychological effect.

Ionisation:

Number of children treated	74
Number of attendances	724

This treatment remains effective for many, especially recent warts. I can speak personally of this efficacy having developed a wart myself on the shaving area. The nurse very adequately dealt with this for me in the course of half a dozen treatments.

Proetz:

Number of children treated	56
Number of attendances	531

This simple suction treatment clears up many mildly affected sinuses. In the hands of an understanding nurse, it is extremely useful, painless and effective.

THE HANDICAPPED SCHOOL LEAVER :

This year the Working Party commissioned by the British Council for Rehabilitation of the Disabled produced its report. Its recommendations concerned the work of the School Health Service in many ways and one of their main suggestions was that the Handicapped School Leaver should remain the concern of this service from all angles until the age of eighteen.

While this does not exactly take place in Nottingham, nevertheless an interest in the needs of these youngsters is maintained by the After-Care Committee which meets each term. The School Health Service, through its Principal School Medical Officer, makes the necessary recommendation that a child should be put on the Disabled Persons Register and the General Practitioner is kept informed of this. If these young people remain satisfactorily in employment, there is no need for anyone to take steps to alter the state of affairs except that any treatment will concern the General Practitioner. If employment is not possible or absenteeism too obvious, then other agencies such as the Welfare or Mental Health Departments, become involved. Actually in such cases these departments will already have been brought into the picture usually before a child leaves school.

In Nottingham we have such close co-operation with all departments, and there is such an easy interchange of information that I feel all handicapped leavers have the transition from school to work made easy for them to the fullest possible extent. It is of considerable help to both child and all agencies concerned with his welfare that this City has such a large variety of industries which can absorb disabled and handicapped young people.

POST-SCHOOL CARE AND EMPLOYMENT OF HANDICAPPED PUPILS :

In order to make sure that all youngsters who are known to us as "handicapped" have all the facilities for employment and after-care available, a small committee—composed of those officers who may have dealt with them during their school lives and of those officers who may deal with them when they leave school—meets each term to discuss:—

(*a*) those who may leave at the end of the term; and

(*b*) those who left at the end of the previous term, or terms, and who may have posed some difficulty in the matter of employment or placement.

This committee consists of:—

The Director of Education in the chair
Superintendent of the School Welfare and Attendance Section as secretary

and the following interested officers:—

Head Teachers of Special Schools
Principal School Medical Officer
Chief Welfare Officer
Mental Health Officer
Disablement Resettlement Officer of the Local Employment Exchange
Medical Officer from the City's Health Department
Representative from the Industrial Rehabilitation Unit
Youth Employment Officer and the Officer for Special Cases from the Youth Employment Service

This list of officers shows how close co-operation is among all the services associated in any way with the employment needs of all handicapped pupils.

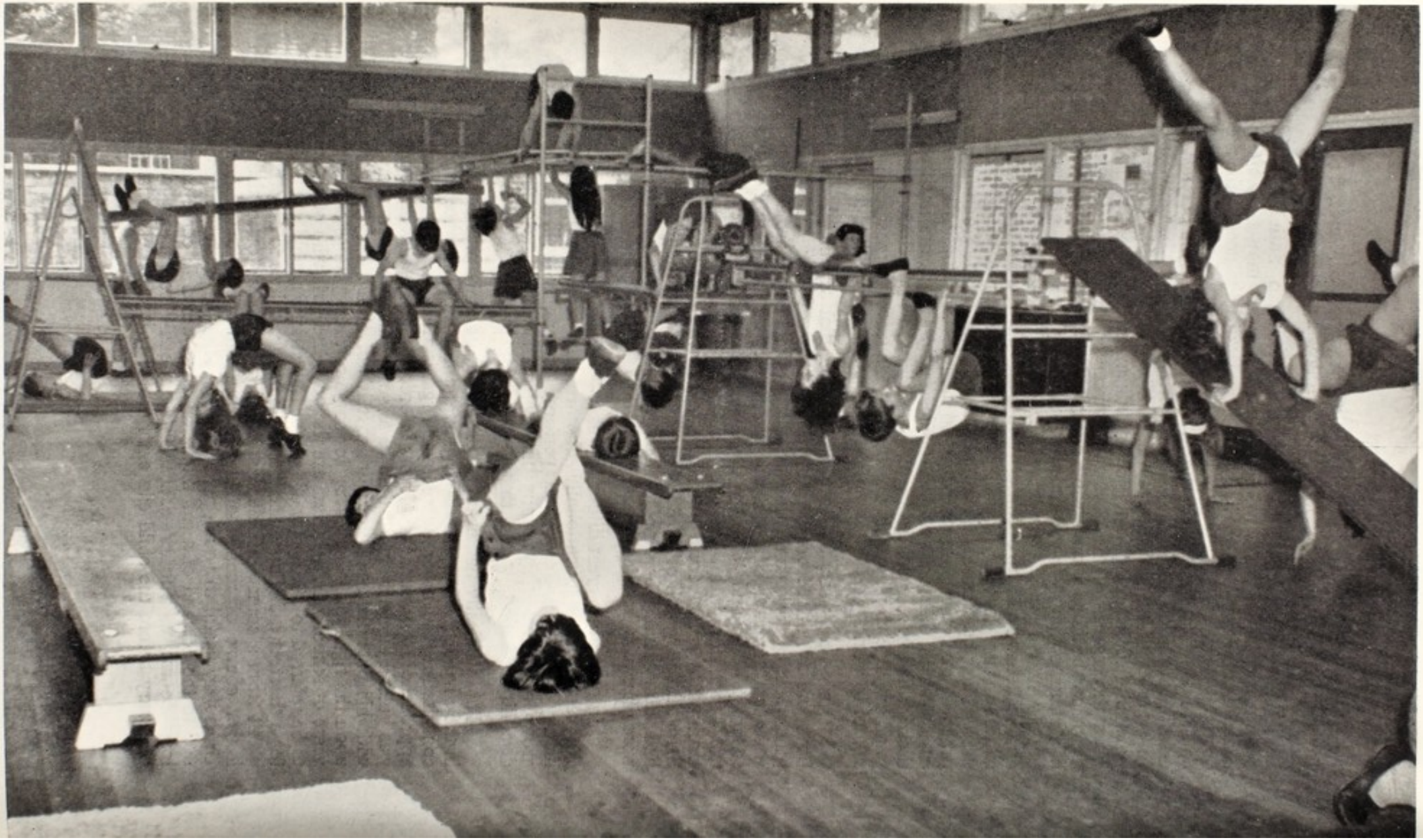
I am grateful to Mr. H. A. Spenceley, B.A., Dip.Voc.Guid., Youth Employment Officer, for letting me have the following notes.

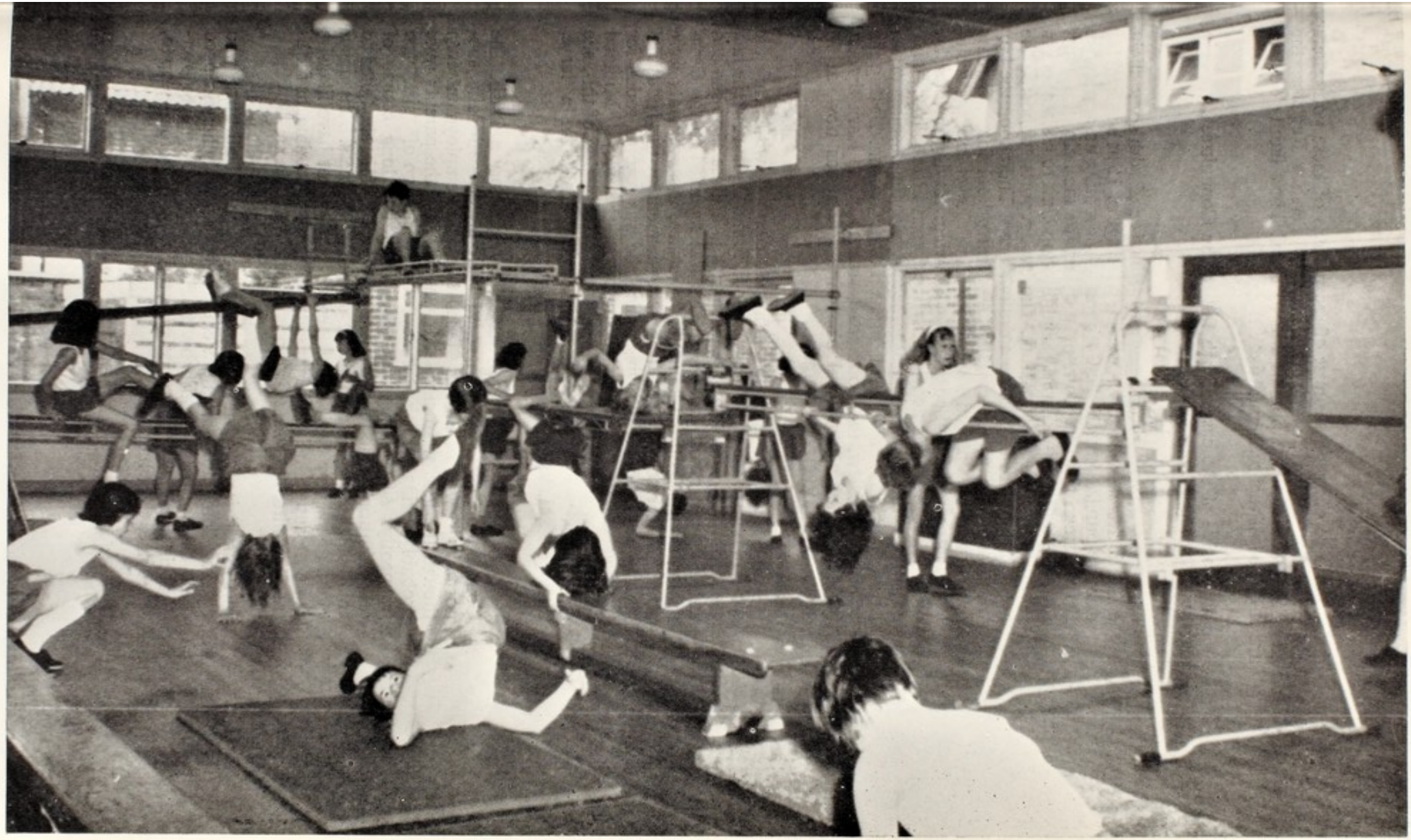
"The Committee is primarily concerned to anticipate the potential needs of each handicapped pupil who may be leaving school at the end of the ensuing term. Generally, the need is for the correct type of employment which will minimise the handicap to be considered and action taken towards finding it. Sometimes a course of assessment or rehabilitation before entering work may be necessary. In other cases the need is for full-time vocational training or the possibility of further full-time general education to be explored. In all cases the regular meetings of the Committee mean that executive action can be taken in concert by the many interlocking and interested departments which are concerned in supplying the foreseeable needs of any handicapped youngster due to leave school. As will be appreciated, an overlap of concern is frequent since many handicapped children have become known to several different departments during their assessment, treatment and schooling. The Committee's practical aim, therefore, is to avoid unnecessary duplication and case work by different statutory bodies and yet to assure itself that those which have a continuing responsibility in the welfare of each pupil are able to play their due parts in the leaver's transition from school to work.

During the year, 82 handicapped potential school leavers (53 boys and 29 girls) from City day schools or residential schools in other parts of the country to which Nottingham pupils are admitted, were considered. In addition, the names of 54 of those who had left school (28 boys and 26 girls) were brought before the Committee by the Youth Employment Service for some further help said to be required to enable them satisfactorily to settle down to earning a living. Broadly, half of the 82 cases were educationally sub-normal or had sub-normality as a predominant handicap, while the other half were physically handicapped.

In general no great difficulty was experienced during the year in the placing of the educationally sub-normal in work which, although mainly repetitive, they could perform reasonably well. For this group of leavers it is usually only when there is some emotional disability or maladjustment that trouble arises in holding down a job.

The physically handicapped presented not only greater variety in their handicaps but entailed a greater amount of reference to, and consultation by, other bodies and organisations as well as more approaches to potential employers in order to ensure that each pupil was guided along the right lines to a worthwhile job commensurate with his potentials and limitations. It is not always easy to decide upon the right job immediately for some of these youngsters on the verge of school leaving. These are the boys and girls who often need to be referred to a Ministry of Labour Industrial Rehabilitation Unit for a short, two-day assessment as to their capabilities to absorb and profit from a course of industrial training. We have found also the longer course of rehabilitation at these Industrial Rehabilitation Units very useful to young people who need to be gradually "toned up" to the demand of a full industrial day's work. In other cases a long course of further education/vocational training is clearly necessary before the child can enter work. It is often essential and





desirable to recommend to most of the parents of these youngsters to have their names put on the Disabled Persons Register, the advantages having been pointed out to them. Their family doctors are informed of this recommendation.

Illustrative of the cases which fall to the Committee's concern are the following:—

A boy suffering from multiple arthritis and with some slight epileptic attacks who, upon reaching the age of 15 at a school for delicate pupils, showed such promise of becoming an apprentice draughtsman that the Committee asked for the help of a short assessment at the Industrial Rehabilitation Unit to assist them in deciding upon the boy's future. The Unit reports supported the boy's keen desire to become a draughtsman. Thereupon the boy was transferred to a secondary bilateral school for two years during which he passed several G.C.E. 'O' Level subjects including mathematics and engineering drawing. Having justified his promise, he was then accepted by the Queen Elizabeth Training College for the Disabled, Leatherhead, under the auspices of the Ministry of Labour, for training as a draughtsman. During the year under review, the Committee were happy to learn that he had successfully completed his training and was now, at 18 years of age, in employment.

A partially sighted girl, who, after coping with academic work in her secondary bilateral school, found on leaving she had great difficulty in reading the price tags in a dress shop she had entered for her first job. When this was reported to the Committee by the Youth Employment Service, arrangements were made for her to be given a short assessment at the Industrial Rehabilitation Unit following which she was recommended for training as a switchboard operator at the Royal Midland Institute for the Blind. On the successful completion of this, she was placed as a trained switchboard operator in a large, departmental store.

Not all cases, however, have so satisfactory a finish. The Committee have been concerned with an educationally subnormal girl who continually failed to stay in employment even though the jobs were simple. It was felt that the parents were probably letting her take the easy way out and go off "sick" too frequently. After being recommended for a long course of rehabilitation at the Industrial Rehabilitation Unit, she failed to complete this—again on putative grounds of sickness. Subsequent offers of help by the Mental Health Department have likewise not been supported by the parents. At the present time, as far as the Committee knows, this girl is at home in idleness.

In short, it is not infrequently the experience of all those who work on the Committee that a few children are not only handicapped physically or mentally but also by their parents who tend to overprotect their children instead of assisting them positively to face up to, and overcome, their handicap".

COLOUR VISION :

	Children with defective colour vision		
	Boys	*Girls*	*Total*
Secondary Modern School (Leaver) ..	128	8	136
Grammar Schools (Leaver)	20	—	20
Junior Schools (Intermediate) ..	5	3	8
TOTALS ..	153	11	164

It is interesting to note that the girls with a defect of colour vision make up about six per cent of the total of those with this defect. I was concerned at one time in trying to get a complete picture of the colour vision in the families of girls so affected but it is surprising how difficult it is to get co-operation over an enquiry of this sort. It would seem that people will go out of their way to avoid demonstrating to themselves and to others that they may have a defect such as this which, for the most part, is only of scientific interest.

SCHOOL ACCIDENTS :

The number of accidents to school children reported as occurring in school totalled 858 this year.

I am grateful to Dr. More who has again analysed the accident reports and a table giving the comparison with last year appears on the next page.

SCHOOL ACCIDENTS

Analysis of Accidents occurring during Physical Education and Games

	1963			1964		
	Number	*Percentage*	*Percentage to School Population*	*Number*	*Percentage*	*Percentage of School Population*
Total number of accidents reported—all causes ..	848	100		858	100	1·66
1. Number reported occurring at P.E., dancing, swimming and games	286	33·7		305	35·5	0·59
2.						
(*a*) accidents to boys	185	64·7		173	56·7	
(*b*) accidents to girls	101	35·3		132	43·3	
3. (*a*) accidents occurring during P.E. and dancing ..	130	45·4		144	47·2	0·28
(*b*) accidents occurring during games and swimming	156	54·6		161	52·8	0·31
4. Accidents apparently serious	48	16·8		80	26·22	0·15
5. Type of School:—						
(*a*) Primary and Special	B 52 G 15			B 55 G 31		
	67	23·4	0·2	86	28·19	0·27
(*b*) Bilateral, Secondary and Comprehensive ..	B 96 G 66			B 82 G 76		
	162	56·7	1·0	158	51·79	1·00
(*c*) Grammar and Secondary Technical	B 37 G 20			B 36 G 25		
	57	19·9	1·2	61	20·00	1·34

ROAD ACCIDENTS :

The Chief Constable has kindly supplied us with details of road accidents involving school children, and below is a table giving these figures.

The figures for fatalities are deeply regretted. With regard to those who are noted as being seriously injured, further elucidation seems necessary. One asks:—

1. How prolonged and difficult has been treatment?
2. How much time has been lost educationally?
3. How much residual handicap has been left and, if this is severe, can it be overcome with all the help of surgery, physiotherapy, etc.?

City Children (5-15 *years*)

Month	*Fatal*	*Serious*	*Slight*	*Total*
January	—	6	11	17
February	—	4	16	20
March	1	7	19	27
April	—	8	24	32
May	—	5	18	23
June	—	3	15	18
July	1	10	16	27
August	—	12	16	28
September	1	6	21	28
October	—	7	25	32
November	2	4	23	29
December	—	6	9	15
TOTALS	5	78	213	296

PAEDIATRIC CONSULTATIVE CLINIC :

The following is a breakdown of the numbers of children who have attended Dr. Page's clinic during the year:—

	Number of cases	*Number of attendances*
Heart conditions	47	72
Undescended testicles	33	48
Obesity, development, etc.	87	178

While the numbers of our overweight children do not appear to be increasing to any extent (see page 35), it is interesting to note that more are prepared to have treatment. Dr. Page normally only sees those whose overweight condition is becoming excessive and the fact that his figures are up may mean that the heaviest have become more numerous, or obvious, or ashamed of their overweight and so, keen to obtain help for their condition.

Dr. Page continues to keep an active interest in heart conditions, the large proportion of which are now congenital defects and, even amongst this group, the tendency is for our figures to become smaller. Many of the youngsters referred to him are in order to get an opinion on whether

a murmur is of significance or not. His reassurance to parents on this point can obviously remove a possible life-time of invalidism and, even when a heart condition has been known to be definitely organic, his encouragement of rehabilitation has shown parents and patients that recovery can be complete. The days of chronic heart invalidism have now disappeared.

SURVEY OF OVERWEIGHT CHILDREN :

As one who has always been interested in the overweight youngster and while we were making a survey of the actual numbers in schools, I felt it desirable to try to get a little more information about them and wondered whether they were "only" children, or how many siblings they had, and where they came in a family.

The tables on pages 35 and 36 show the results of the survey.

There has been no great change in the incidence of overweight conditions during the last three years. If anything, a slight decrease may suggest a desire on the part of parents and children to take some preventive action before it becomes obvious that a child is really too heavy; also a desire to cut the supply, to those already too heavy, of those foods which tend to produce the condition—these are usually the bulky carbohydrates. At any rate, the tendency is in the right direction.

Girls still lead the boys in numbers by a very appreciable margin, but I have no note now of any who are too heavy to be weighed on the standard scale which goes up to 20 stones. (We do have a few machines which weigh to 24 stones in case of emergency!)

Table 'A' does not help us over the place of the fat child in the family but merely gives us the size of the families of those children known to us to be overweight.

Table 'B' gives us some idea of the place in the family of those with whom we are concerned. There seems to be no particular placement for the fat child and he or she may be almost anywhere in the family. The numbers where the child occurs in the 6+ place are small and any conclusion to be drawn is largely guesswork but it might suggest that late children in a large family can be over average in weight, possibly the result of over-indulgence not only of the "baby" by the parents but by older and adult members of the family.

The reverse of the "fatty"—all of us know individuals who, despite appetities often larger than normal and a perpetual rooted objection to taking exercise, never seem to put on weight. They retain a youthful slimness over the years. What special features do these individuals show? They are usually rather long limbed, with narrower than usual hands and feet and often long, tapering fingers. (Incidentally, they often have difficulty in getting shoes to fit because of the narrowness of their feet). They are sometimes referred to as ectomorphic types.

TABLE A — OVERWEIGHT CHILDREN

Number of Siblings	*Children in Family*	*Boys—Overweight*				*Girls—Overweight*			
		No.	*% of all Overweight*			*No.*	*% of all Overweight*		
—	1	73	33%			107	28%		
1	2	75	34%			147	39%		
2	3	39	17%			76	20%		
3	4	23	10%			30	8%		
4	5	6	3%			13	3%		
5	6	4	2%			5	1%		
6+	7+	3	1%			1	1%		
Total		223	100%	1963 327	1962 390	379	100%	1963 506	1962 466
No. of Children Surveyed ..		20,942	—	26,269	26.351	20,220	—	25,362	25,326
% Overweight		1·06%	—	1·24%	1·48%	1·87%	—	2·0%	1·84%

TABLE B — POSITION IN FAMILY OF OVERWEIGHT CHILDREN

Place in Family of Overweight Children	BOYS					GIRLS				
	No. of Overweight Children	*All Overweights*	*Size of Family*	*No. of Families*	*Overweight Children in Group*	*No. of Overweight Children*	*All Overweights*	*Size of Family*	*No. of Families*	*Overweight Children in Group*
Only Child ..	73	33%	1 Child	73	100%	107	28%	1 Child	107	100%
1st ,, ..	44	19%	2 children or more	150	29%	107	28%	2 children or more	272	39%
2nd ,, ..	70	31%	2 ,,	150	47%	103	27%	2 ,,	272	38%
3rd ,, ..	20	9%	3 ,,	75	26%	41	11%	3 ,,	125	33%
4th ,, ..	11	5%	4 ,,	36	31%	15	4%	4 ,,	49	31%
5th ,, ..	1	1%	5 ,,	13	8%	3	1%	5 ,,	19	16%
6th + ,, ..	4	2%	6 ,,	7	57%	3	1%	6 ,,	6	50%
Total	223	100%				379	100%			

WEIGHT SURVEY—BEFORE AND AFTER A SCHOOL DINNER :

There are people who will assert that a person's weight will not increase after a meal, or will not decrease after micturition or evacuation which would seem to be ridiculous. It was not, however, with the intention of upsetting this belief that I asked our nurses to weigh a small sample of children before and after their mid-day meal and before and after micturition, but merely to show that there can be quite appreciable differences in weights during the day in the same person. I am not sure how reliable the following figures can be, and one cannot guarantee that an odd, small boy has not won a pocketful of marbles (or is it pennies nowadays?) which account for such a considerable difference as 2½ lbs. This demonstrates the stupidity of weighing children to the nearest ounce. My concern arose because we have always endeavoured to do just that, and have gone out of our way to make sure that our weighing machines were accurate to an ounce. We purchased personal weighing machines which were accurate and expensive, and which when in need of repair were again costly. It seemed to be impossible for us to get any repair work done for less than £5 which, of course, included transport.

We have actually a few small, bathroom-type scales in use which were cheap to start with and appear to retain their accuracy very well and, while it may appear to be a retrograde step to start using these, I feel it would be a desirable economy. They are, of course, much more convenient to move about and, probably because of their lightness, less liable to get damaged.

Before and After a School Dinner:

Number weighed	152
Range of variance in weight	—4 ozs. to +40 ozs.
Average difference in weight	+12 ozs.

Before and After Micturition:

Number weighed	148
Range of variance in weight	No change to —16 ozs.
Average difference in weight	—5 ozs.

A brief comment on the figures is desirable, I feel. The loss of weight after a school meal is something which is difficult to explain away. (It is said some foods tend to produce flatulence but I have never known the excessive production of gas produce levitation). On the other hand, the addition of 2½ lbs. to a youngster's weight is a very good advertisement for the School Meals Service. An average difference of 12 ozs. is, I think, a fair average of the amount of food taken in at mid-day, as almost all the children concerned were Juniors. (Actually they were chosen at random). If Secondary youngsters only were involved, I can imagine 2½ lbs. being the rule rather than the exception, judging from the appearance of some of their plates.

OBESITY AND ITS REDUCTION IN SCHOOL CHILDREN :

Dr. Barbara Ward, School Medical Officer, has written the following notes on her work with overweight children in a school clinic:—

Although obesity still remains a problem in school children, we continue to persist in our efforts to help these overweight children to reduce.

It is found that in most cases obesity is due to the excessive intake of carbohydrates and that, if the youngster can be persuaded to limit his consumption of bread, cakes, sweets, etc., he will lose weight.

The routine treatment adopted here consists of examining the child in order to eliminate any defect which might be responsible for his fatness. He is then put on a 1,200 calories diet—an example is given below and the cost of the food is about four to five shillings a day—and given dexamphetamine 5 mgm. twice a day, half an hour before breakfast and half an hour before his mid-day meal, to reduce his appetite. It is emphasised to both mother and child that this merely helps him to be less hungry during the training period of learning to eat less. As his weight reduces and approaches the average for his age, the "Dexedrine" is cut down to one tablet per day and finally left off altogether.

OBESITY DIET

1,200 to 1,400 Calories

BREAKFAST

1 Orange, ½ Grape Fruit or 1 cup Tomato Juice.
1 Egg.
1 Slice Bread or 1 serving Cereal without sugar.
1 Teaspoonful Butter.
1 Cup Whole Milk.

MID-DAY MEAL

2 Ounces Lean Meat or 1 Egg or ½ cup Cheese.
1 Serving Raw Vegetable or Salad—*No Salad Dressing*.
1 Slice Bread.
1 Serving fresh or unsweetened Fruit.
1 Cup Whole Milk.

SUPPER

2 Ounces Lean Meat, Poultry or Fish.
2 Servings Vegetables.
1 Serving fresh or unsweetened Fruit.
1 Cup Whole Milk.

(Part or all of bread and butter from one of the other meals can be included here).

NO sweets, jam or fried foods, should be eaten.

Clear soups, oxo, tea and coffee may be taken ad lib.
Fruit and green vegetables may also be taken freely, except for bananas, peas and beans.

The results are variable but a number of successes have been obtained from which the detailed records of two girls are given below. The treatment and subsequent continued observation of these youngsters must be pursued for many months to ensure that the reduction in weight is maintained.

Success depends on the desire on the part of the child and its parents to reduce weight. For this reason, it is most often found that older girls and boys of good intelligence are most successful. The increased well-being and happiness of these youngsters when they have attained normal contours well repays our efforts on their behalf.

Examples:

	Weight in lbs.	*Height in ins.*
P . . . . . born 16/3/49:		
October, 1963	173	64½
March, 1964	165	65
October, 1964	160	65
December, 1964	158	65
Total loss of 15 lbs. and gain of ½ inch.		
J . . . . . born 9/3/50:		
September, 1964	171½	65
November, 1964	159½	65
December, 1964	152	65¼
Total loss of 19½ lbs. and gain of ¼ inch.		

SCHOOL NURSES :

The following is a summary of the work of the school nurses during 1964 :—

Visits to schools	1,339
Visits to nursery schools and classes	671
Visits to schools for routine medical inspection	1,688
,, ,, ,, ,, uncleanliness	4
,, ,, ,, ,, investigation of infectious disease	3
,, ,, ,, ,, other purposes	16
Visits to homes for uncleanliness	1,269
,, ,, ,, ,, deafness and other ear conditions	82
,, ,, ,, ,, absentees from ophthalmic clinic	734
,, ,, ,, ,, absentees from T. and A. clinic	100
,, ,, ,, ,, follow-up after T. and A. operation	10
,, ,, ,, ,, miscellaneous reasons	2,089
Clinic sessions	5,159

This list of visits can mean little in itself but I am sorry to note, comparing it with last year, that there is an increase in the number of visits to homes for cleanliness. As noted in the brief remarks on cleanliness on page 24, there remain a few persistent infectors whose parents benefit by a helpful visit from the school nurse. On the brighter side, however, these extra visits have meant a reduction in the number of "Statutory Notices" issued for the cleansing of infected heads.

INFECTIOUS DISEASES :

The figures over the past six years for the more common conditions are given below:—

	1959	1960	1961	1962	1963	1964
Chicken Pox	2,560	2,662	784	2,286	1,039	2,240
Measles	1,388	2,128	1,589	855	1,749	1,226
German Measles	214	222	577	1,177	3,761	127
Mumps	879	3,965	318	416	2,292	753
Scarlet Fever	304	167	74	38	99	95
Whooping Cough	339	329	88	45	220	106

The diseases listed in this group show some tendency, especially the figure for measles, to have a biennial cycle of occurrence, and that for mumps seems to have a triennial one.

If we take it that these infectious diseases occur when children are in Infant Departments and that most absences are of a fortnight's duration, then about 45,000 school days are lost as a result of these infections, equal to the educational time of one infant school of about 250 for a year.

IMMUNISATION AND VACCINATION :

I am indebted to the Medical Officer of Health for the following statistics. Dr. Dodd points out that the figures for poliomyelitis and diphtheria refer to the whole child population of school age in the City, whereas the figures for B.C.G. vaccination apply only to those schools maintained by the Education Authority.

Poliomyelitis Vaccination:

The following table shows the number of school children who have received primary courses at 31st December, 1964. In addition, 18,555 of these children were given their fourth dose against poliomyelitis.

Year	*No. of Children*	*Estimated Population Ages 5 to 15 years*	*Percentage*
1960	37,140	49,000	75·8
1961	38,028	48,400	78·6
1962	39,782	47,700	83·4
1963	41,533	46,500	89·3
1964	41,652	46,900	88·3

Diphtheria Immunisation:

The table shows the number of children who have been immunised against diphtheria at 31st December, 1964.

Year	*No. of Children*	*Estimated Population Ages 5 to 15 years*	*Percentage*
1960	41,398	49,000	84·5
1961	40,724	48,400	84·1
1962	38,855	47,700	81·4
1963	38,602	46,500	83·0
1964	38,707	46,900	83·0

B.C.G. Vaccination:

	1960	1961	1962	1963	1964
Maintained Schools visited	43	45	47	47	45
No. of 13 year olds	6,149	4,938	4,768	4,695	4,716
No. of acceptances	4,235	3,606	3,631	3,482	3,387
No. of refusals	1,804	1,224	1,032	1,105	1,194
No. of others	110	108	105	108	135
No. tested	3,957	3,394	3,396	3,298	3,346
Negative reactors vaccinated ..	3,388	3,050	2,863	2,781	2,815
Positive reactors	498	285	454	424	371

School teachers and the staff of the Medical Officer of Health are to be congratulated on the persistently high rate of acceptance of all these immunisation procedures, especially in view of the freedom from disease which the City has enjoyed for several years now, this tends to encourage slackness in the attitude of parents towards keeping up to date.

CONVALESCENT HOME TREATMENT :

During the year, 38 children were sent to the following convalescent homes, compared with 51 in 1963:—

Charnwood Forest Convalescent Home, Woodhouse Eaves ..	25 children
Roecliffe Manor Convalescent Home, Woodhouse Eaves	12 children
Children's Convalescent Home and School, West Kirkby	1 child

We have continued to make good use of the Charnwood Forest and the Roecliffe Manor Convalescent Homes for children who needed a change of air, surroundings and food. I have been glad that these convalescent homes have been able to help. I should like to thank the Matrons and Staffs for the excellent way in which our children have been cared for.

I often note the improvement which occurs in the youngsters concerned (and the grateful attitude of most parents to know their youngsters have been so well looked after).

I hope the financial affairs of the convalescent homes continue to make it possible for them to keep open.

NOTTINGHAM CHILDREN'S HOMES, SKEGNESS :

These have continued to prove very useful for children who were in need of a holiday, and they have fulfilled the purpose of doing just this with the addition of some part-time education. The demand for places during the best months of the "summer" is considerable. The start is very slow, however, in the early months of the year and they finish without much enthusiasm when winter is just around the corner.

807 children went to the Homes this year (398 boys and 409 girls) but 1,441 names were submitted as being in need of the three weeks change of environment. Therefore, just over half those whose names were hopefully put on the lists were able to be accommodated.

OTHER MEDICAL EXAMINATIONS :

Colleges of Further Education	181
Teacher Candidates	143
Training College Candidates	135
Nursery Nurses	34
Others (Superannuation, etc.)	3

If Medical Officers do justice to examinees in this group, it means ten to fifteen minutes for each examination. Therefore, one can realise that this number can take up many hours of Medical Officers' time. These requests for examinations come along very irregularly and have to be fitted in as and when possible. Many are done in school holiday periods.

A large proportion of these young people are graded physically as 'A1'. Defective vision, however, is one of the defects which results in the lowering of the category. It is noted that one-third of the candidates examined for Teacher Training Colleges had defective vision, almost all being cases of myopia—both sexes were equally affected.

CHILDREN IN HOSPITAL :

City school children admitted to hospital:

City and Children's Hospital School	279
St. Ann's Hospital School	27
Harlow Wood Hospital School	66
Ransom Hospital School	32

As an essentially preventive medicine department, we tend to forget about the children who must have treatment in hospital. There is now, of course, a hospital school attached to all the above-mentioned hospitals and, whenever it is possible, in-patient children (and a few out-patient ones at St. Ann's, Harper Villa) are being taught by the teachers attached to these hospital schools. Much useful information about the youngsters' educational capabilities and progress is received when they are discharged, sometimes to a residential school or maybe to some form of further education if they are over school leaving age.

SEX EDUCATION :

This subject, which is dealt with almost ad nauseam by the Sunday papers and popular press, is still something which comes into the interest of a School Health Service. Occasional requests for talks to pupils or Evening Institutes continue to come in and it is regretted that we cannot help. I am still of the opinion that this subject, if handled at all in schools, should be done by a skilled teacher, who could deal with it in an effective and unemotional way, stressing the inter-personal relationships which

affect individuals, especially young adolescents. Perhaps the result of the survey by the Central Council for Health Education, which should be concluded any time now, may bring to the notice of those interested the essential needs of the young as far as knowledge of sex and its implications is concerned. This report may lay the 'bogy' of the promiscuity of the youth of 1964.

IMMIGRANT CHILDREN IN SCHOOLS—A FEW COMMENTS AS THEY AFFECT THE SCHOOL HEALTH SERVICE :

These children often set problems when we attempt to communicate with them because of their lack of, or limited command of, the English language.

The parent who attends an interview or examination with the child may be father or mother in the case of West Indian children, but when dealing with those from the Sub-Continent, it is not infrequently father who attends either because he traditionally is head of the household or because he is the member of the family who can speak "English" and is accustomed to dealing with extra-domestic affairs.

In the case of West Indian boys, it is at times difficult to get them to accept the ordinary discipline of an Infant Department and it has been necessary on occasion to exclude them for the sake of discipline or until they can be admitted to a school more suited to their needs. It would seem that the behaviour of these children does create a problem for teachers.

Cleanliness for the most part is satisfactory. Long-haired Indian girls sometimes set a problem as far as infestation is concerned. They, of course, are not so easily cleaned as short-haired youngsters.

Overclothing is common and reluctance to undress for medical examination has been noted. Constantly closed windows and curtains in their homes makes them drab, uninteresting and, possibly, an invitation to infection. The Indian diet, if persisted in, may not be sufficiently adequate for this sun-less climate.

While on the subject of immigrant children, two things have attracted my interest recently:—

1. The return of Rickets

Dr. Page tells me he has seen a case recently in which the child's diet was so restricted by his dislikes that the child (a boy) had developed definite rickets.

Rickets once again has shown up in Glasgow which, at one time, had an unsatisfactory reputation for its large numbers.

While walking through one of Nottingham's public parks on a pleasant afternoon, I could not help noticing the appearance of two youngsters who, with their mothers, were also taking the air. Both children were immigrants from the Sub-Continent who were dressed in the usual English type of clothing suitable for their age and, while this was unusual in itself, it nevertheless made it easy for me to note that both showed marked evidence of rickets: one with quite a marked knock knee and the other with gross bow legs such as we used to see years ago. Both had the usual bossing of their foreheads. There is quite obviously a need for supervision of the young immigrant from a preventive medicine angle, especially if diets may be inadequate.

2. Age of Immigrant Children from Sub-Continent

A year or two ago when requested to examine a child, in an **infant school**, whose permanent canine teeth were well erupted*, I realised that male parents were often very unsure of the dates of birth of their children. On a recent occasion I was asked to see a small, Pakistani boy in attendance at a junior school, who was quite out of his depth with his lessons. His father produced a sworn statement to the effect that the boy was eight and a half years of age. This I could hardly believe as the boy looked in height more like a four year old. He had all his temporary, incisor teeth present, suggesting he was really about the age of five. In order to obtain a near approximation, I asked the Radiologist at the City Hospital to give me his opinion, by taking an X-ray of the wrists. The reply came back that this child's age was about four years.

The story does not finish at this point as some time later, we sent for the boy's brother who also was in difficulty with his school work. The father, however, brought the child whom I had seen before. Eventually the brother was produced for my examination, complete with a sworn statement of age which was obviously wrong and once again a decision about the chronological age became necessary. It was finally decided with the father's agreement that $2\frac{1}{2}$ years be knocked off the younger boy's age and the other boy's age be reduced by 2 years. These adjustments made their I.Qs. approximately normal and, of course, they were placed at their correct educational level to the benefit of both the school and the boys.

*These normally erupt at age of 11-12 years.

A GENERAL PRACTITIONER'S IMPRESSIONS OF THE SCHOOL HEALTH SERVICE :

Owing to the difficulty of obtaining a full-time School Medical Officer, we attempted to cover the work by using the part-time services of local general practitioners and I consider we were very fortunate that Dr. J. S. McCracken accepted part-time work with us. I asked him if he would let me have a few notes on his impressions of the School Health Service and he has very kindly let me have the following:—

> "The opinions held and often expressed by general practitioners on the School Health Services are coloured and varied. My own have been formed after a most interesting year of part-time work with the City service.
>
> The most enlightened view I now hold is of the School Medical Officer acting, not as a second opinion, but as an intermediary and a co-ordinator of medical opinion on a child's illness or handicap, and the influence of that disability on his education. To this end, a register of handicapped children is compiled and by code noting disabilities against each child's name on the class register, any teacher instructing that child is made aware of his handicap. Thus it is that in discussion with a Head Teacher, the School Doctor is in a position to advise him or her on the handling of such problems as the epileptic, the cardiac, or other handicapped child. The School Doctor has made available to him a copy of each Consultant's letter written to a general practitioner in respect of a child—a fact I did not previously know. These copies are appended to the child's school medical record and are invaluable to the School Doctor in advising from previously-formed medical opinions.

The greatest proportion of the School Medical Officer's time is spent in medically examining every child on school entry and on leaving and, until recently, at two intermediate ages in his school career. It is agreed that a full examination on entering school and again on leaving are most valuable. It has at last become officially recognised that following a full entrant examination, and with access to Consultants' letters during the child's school life, intermediate examinations—other than by selection—are of little value. My own biased opinion is that these selective, intermediate examinations are of value only if they are truly medico-educationally selective and that a more searching and medically loaded questionnaire than that at present in use should be sent to the parents. On receipt of the completed questionnaires, the existing case conference between School Medical Officer, Head Teacher and School Nurse could be used to determine which children would medico-educationally benefit by examination. By removing this responsibility from the parent, the School Doctor would then avoid the implied impression that he is acting as a second medical opinion.

It is often thought by general practitioners that a medical examination on leaving school is unnecessary but, if each is honest with himself, he will realise how very seldom does he see the young adolescents of his practice in the consulting room. I am forever amazed at the wide variety of defects of and around the external genitalia which one finds in fifteen year old boys.

I have not commented on school clinics which will doubtless once again become of value in an era of increasing population and emigrating practitioners; nor have I commented on the valuable, if often tedious, work undertaken by the ever cheerful nursing staff. The administrative detail behind the Nottingham City School Health Service I found to be meticulous".

JAMES S. McCRACKEN,

M.B., Ch.B., D.Obst.R.C.O.G.

SCHOOL MEALS SERVICE :

As usual, I asked Miss E. N. Beard, School Meals Organiser, for some notes about her Service for inclusion in my report. She has given me the following:—

"The number of kitchens in the Authority's School Meals Service is increasing and the number of children partaking of the mid-day meal in school is breaking all records. The figures for the Spring Term in 1964 and 1965 are:—

1964	20,930
1965	22,212

I have always been in agreement with you over the need for extra protein content in the meal of Secondary pupils but the fact that the actual cost of the food is limited has made this impossible. As you have suggested before, I feel that some extra allowance should be permissible and I can see no reason why a small, additional charge should not be made to Secondary pupils to allow for the extra protein. Any family where there might be hardship could have

special consideration in an unofficial and unobtrusive way. There seems no doubt that few parents are short of the few coppers this would entail. This I consider is borne out by the fact that in one school where vending machines for coffee, and chocolate both liquid and in bars, have been installed—on being refilled daily, the amount of cash in each is quite enlightening. A large proportion of the children in this school stay for a mid-day school meal".

Recently I made a facetious suggestion to Miss Beard that hors d'oeuvre would probably be very well received if this could be served in addition to the present meal. I was surprised to learn that, even if it could be arranged, it could not be served without additional expenditure on cutlery and equipment, as well as on the food—not to mention staffing arrangements.

SCHOOL MILK :

I still cannot see any need to continue school milk. It may be remembered that last year (1963), in a survey of the heights and weights of those school children who did not take school milk, there was no significant difference between their height and weight and those of the national average.

Our figures this year show no apparent increase in the numbers of those considered below average in physical condition (see page 50). In fact, if a reduction of from three to two in a total of 16,000 children examined can be considered as significant, there are even less signs of undernourishment than there were. It might, therefore, be felt that an expenditure of twelve million pounds nationally on school milk can hardly be justified on the basis of Nottingham's "unsatisfactory" physical condition figures.

PHYSICAL EDUCATION :

Miss B. Brown and Mr. O. Mitchell, the Committee's Physical Education Inspectors, have let me have the following notes for inclusion in my report:—

"All physical education ought to be purposeful enjoyment. The movement approach to gymnastics means that the child uses the body as the instrument of movement. The child learns to control the body to the limits of his or her own strength and mobility. Today the chronological age is of less significance than before. As movement experience is gained, so skills improve with the teacher producing the stimuli.

In spite of increased demands on the time-table for academic subjects, Physical Education has its place. Out-of-school activities have increased and these help to balance any nibbling of Physical Education time.

In the upper secondary school, the recreational approach gains ground. The boy or girl about to leave school has the option of whichever activities the staff can competently coach, such as fencing, canoeing, sailing, golf, archery and judo. This age group is also offered the basic aspects of physical education, gymnastics, swimming, major and minor team games, athletics and dancing. These basic subjects are compulsory for the younger child.

The heavy, well-nourished child appears to have the weight and strength to cope with skills and agilities. The over-weight, well-fed child, however, does find its weight a problem. Deformity is rarely seen and apart from the increase in the number of over-weight children, the well-being of the average child appears to be satisfactory.

Some of our observations may not be medically correct, as our assessment is by observation of children".

I am grateful to Miss Brown and Mr. Mitchell for these notes. I feel that the youngster with a natural aptitude for physical activities of all kinds is encouraged at the expense of his less able and less enthusiastic colleagues.

I am pleased to note that those indulging in activities on the apparatus in the photographs seem to include the whole class, and none are onlookers. The photographs appear in the centre pages of this Annual Report.

DEATHS OF CHILDREN OF SCHOOL AGE :

Analysis of causes:

Road accidents	5
Drowning	5
Acute chest infections	5
Secondary to Muscular Dystrophy	1
Malignant conditions (including leukaemia)	2
Overdose of aspirin	1
Acute hepatitis	1
Acute heart failure	1
Heart operation	1
Acute kidney infection	1
	23

This is a sad list indeed. The figures this year are higher by seven than those of 1963 and some comments are called for.

Once more, almost half are due to violent forms of death, and one of the cases of drowning happened when a poor swimmer gallantly attempted to rescue a boy who had fallen into the River Trent. One youngster died of an overdose of aspirin, the Coroner's verdict being an open one. A boy who had been known to us for years as a difficult case of epilepsy died as a result of a cerebral tumour. One child died following cardiac surgery, evidence of the modern attitude which strives to repair congenital hearts.

Finally, it is of interest that all but two of the children were boys. In fact of 193 deaths of children between birth and 15 years, boys make up the larger proportion of deaths for all reasons, 121 males having died as against 72 females. At this rate of loss, any preponderance of male births over female births is rapidly lost.

CONCLUSION :

As this is the last Annual Report which I shall be able to present personally to the Committee, I feel a few remarks on the Service over the last almost forty years may be of interest.

In 1926, we found ringworm especially of the scalp, a condition which caused much loss of school time. This was especially resistant to all forms of treatment at that time. Children were on occasion away from school for as much as six months at a time. This was a period when hats were in fashion for girls and caps for boys so that "spread", as a result of a discreet or forcible exchange of headgear, was to be expected.

The most successful form of treatment was epilation, usually by means of X-ray, and for this purpose we had an X-ray apparatus at the Central School Clinic, with a specially trained operator in charge of it. As a result, it was not uncommon to find a youngster in school with a completely hairless scalp and if it was a girl, she would be hoping that her new hair would grow curly, which it did on occasion. Unfortunately, one could not predict whether it would return as straight as before or with a delightful curl. I cannot remember that a head of curly hair ever grew straight.

When I came originally into the School Medical Service, as it was then called, it was to a large extent because of special ear, nose and throat experience. This used to mean for me two, and sometimes three, operating sessions a week, when the waiting list for the very popular "tonsil and adenoid operation" was as many as 1,000-odd. In those days, probably the largest cause of loss of school time was tonsillitis, secondary to chronic enlargement. It was often none too easy to be sure that the acute tonsillitis in front of one was not an actual case of diphtheria. We all became pretty astute at telling the difference and, of course, early knowledge was always desirable because swab results meant a delay of 24 hours, which was important in dealing with a condition having a brief incubation period of two days. Swabs, of course, were taken almost as a routine, and often between two to three thousand swabs were taken in a year, with as many as two to three per cent. positive. I might add that I have not seen a case of diphtheria since the war years, when immunisation against this serious condition was first started.

While on the subject of diphtheria, one of the difficulties associated with this condition was that it, at times, produced chronic carriers. Another of my memories was of the need every now and again to have a small tonsil and adenoid operation session in which we removed the tonsils of these carriers with almost invariably an end to the carrier state.

A common and obvious condition seen in those early days was chorea or St. Vitus Dance as it was popularly called. This was a frequent cause of much absenteeism, and at times a child might lose as much as five to six months of school time and be left with some heart involvement which might lead to further disability and consequent loss of further school time.

I think, however, that my most vivid memories concerned the under-nourished and under-clad condition of many children from areas of the City which, deservedly, were called slums. These children attended schools, some of which have now disappeared or been long closed. I cannot go back to the days when they went to school bare-footed but I do remember children with no feet to their socks, and occasionally no soles to their shoes, covered with fleabites and sometimes, but never commonly in Nottingham, with evidence of actual body lice. Clothing was often not only inadequate but unwashed and filthy.

There are many other things and conditions which I can bring to mind and a few deserve a brief mention, viz: rickets, which was not common in the City, possibly helped by the fact that the water supply had a reasonable amount of lime in it; bronchitis, which was common and probably associated with tonsils and adenoids; tuberculous glands and other evidence of tuberculosis; and heart conditions—the effects of earlier rheumatic fever. All of these are rarely, if ever, seen nowadays—the last tuberculous gland was seen recently in an immigrant child.

The Central School Clinic, while remaining basically the same, has had added to it adequate office accommodation and to this I feel we can accredit the reduced turnover in office staff which, at one time, had been as high as 100% in the course of a year.

There were originally small open air schools scattered all over the City:—

School	*Accommodation*
Arboretum North	140
Arboretum South	120
Nottingham Forest	25
Bulwell Forest	50
King Edward Park	25
Victoria Park	25

It will be realised that the last two of these are now nursery schools; the middle two are now used for other purposes; and the one on Arboretum South has now made way for a portion of the Women's Hospital. This will give an idea of the considerable reduction which has taken place over the years in the numbers of seriously delicate children. I recall that these really were open air schools as they were open to all the winds that blew, having no windows to them and only shutters which were put up on the windward side if the teacher or caretaker was strong enough. I think the delicate youngsters of those days must have developed a real streak of toughness to survive these conditions.

Finally, I should like to finish by giving my thanks to the Committee for their helpful attitude to all the requests I have made to them for improvements and changes which in the end, I am certain, have gone towards better health and conditions for the children in our schools. To all members of the School Health Service staff—past and present—professional and administrative, I should like to pay a grateful tribute for their loyalty and continued helpfulness. To teachers and especially head teachers, and their secretaries, who have co-operated so willingly with my department, to the Director of Education and to his staff, I add my thanks for their continued support and encouragement.

I am, Ladies and Gentlemen,

Your obedient Servant,

R. G. SPRENGER,

Principal School Medical Officer.

APPENDIX A.

MEDICAL INSPECTION AND TREATMENT RETURN

Year ended 31st December, 1964

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)	*Number of Pupils Inspected*	*Physical Condition of Pupils Inspected*		*Pupils found to require treatment (excluding Dental Diseases and Infestation with Vermin)*		
		Satisfactory	*Unsatisfactory*			
		No.	*No.*	*For defective vision (excluding squint)*	*For any of the other conditions recorded in Part II*	*Total individual pupils*
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1960 and later ..	459	459	—	4	70	73
1959	1,750	1,750	—	42	283	307
1958	2,594	2,594	—	91	414	481
1957	378	378	—	18	58	73
1956	2,262	2,261	1	173	302	455
1955	1,167	1,167	—	127	162	263
1954	973	973	—	117	139	245
1953	598	598	—	71	95	158
1952	269	269	—	65	36	98
1951	435	435	—	87	64	143
1950	2,813	2,812	1	336	268	579
1949 and earlier ..	2,506	2,506	—	529	246	745
Total	16,204	16,202	2	1,660	2,137	3,620

TABLE B.—OTHER INSPECTIONS

Number of Special Inspections	10,523
Number of Re-inspections	8,074
Total ..	18,597

TABLE C.—INFESTATION WITH VERMIN

(*a*)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	133,105
(*b*)	Total number of individual pupils found to be infested	3,800
(*c*)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	24
(*d*)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	24

Part II—Defects found by Medical Inspection during the year

Defect Code No. (1)	Defect or Disease (2)	(3)	Periodic Inspections				Special Inspections (8)
			Entrants (4)	Leavers (5)	Others (6)	Total (7)	
4	Skin	T	74	63	109	246	127
		O	11	6	8	25	39
5	Eyes—						
	(*a*) Vision ..	T	155	676	829	1,660	783
		O	263	42	198	503	2,004
	(*b*) Squint ..	T	153	121	222	496	234
		O	14	5	12	31	392
	(*c*) Other ..	T	19	16	34	69	36
		O	6	—	14	20	3
6	Ears—						
	(*a*) Hearing ..	T	40	16	74	130	27
		O	44	12	70	126	186
	(*b*) Otitis Media	T	16	24	29	64	36
		O	11	4	6	21	18
	(*c*) Other ..	T	10	21	19	50	103
		O	7	2	2	11	6
7	Nose and Throat	T	282	38	165	485	510
		O	177	10	72	259	234
8	Speech ..	T	65	1	46	112	15
		O	53	3	14	70	52
9	Lymphatic Glands	T	4	2	3	9	—
		O	6	—	3	9	1
10	Heart	T	15	16	18	49	4
		O	21	7	21	49	65
11	Lungs	T	38	28	39	105	4
		O	43	15	31	89	122
12	Developmental—						
	(*a*) Hernia ..	T	20	1	10	31	3
		O	16	3	9	28	16
	(*b*) Other ..	T	20	19	36	75	16
		O	64	30	72	166	163
13	Orthopaedic—						
	(*a*) Posture ..	T	—	5	8	13	—
		O	5	1	8	14	2
	(*b*) Feet ..	T	26	16	28	70	3
		O	15	2	5	22	22
	(*c*) Other ..	T	30	36	62	128	31
		O	12	12	26	50	39
14	Nervous System—						
	(*a*) Epilepsy ..	T	10	14	17	41	3
		O	13	9	11	33	50
	(*b*) Other ..	T	5	4	21	30	6
		O	4	1	24	29	30
15	Psychological—						
	(*a*) Development	T	12	6	24	42	102
		O	39	—	31	70	106
	(*b*) Stability	T	16	4	17	37	169
		O	13	5	17	35	157
16	Abdomen ..	T	9	1	15	25	—
		O	4	2	5	11	10
17	Other	T	3	5	5	13	180
		O	26	10	21	57	370

Part III.—Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A.—EYE DISEASES, DEFECTIVE VISION & SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	250
Errors of refraction (including squint)	4,826
Total	5,076
Number of pupils for whom spectacles were prescribed	1,900

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

	Number of cases known to have been dealt with
Received operative treatment—	
(*a*) for diseases of the ear	96
(*b*) for adenoids and chronic tonsillitis	1,123
(*c*) for other nose and throat conditions	85
Received other forms of treatment	571
Total	1,875
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(*a*) in 1964	17*
(*b*) in previous years	47†

* Includes six pupils living in the Nottinghamshire County Council Area.
Includes one pupil living in the Derbyshire County Council Area.

† Includes sixteen pupils living in the Nottinghamshire County Council Area.
Includes one pupil living in the Derbyshire County Council Area.

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patient departments	415
(*b*) Pupils treated at school for postural defects	—
Total	415

TABLE D.—DISEASES OF THE SKIN (excluding uncleanliness, for which see TABLE C of Part I)

	Number of cases known to have been treated
Ringworm—(*a*) Scalp	2
(*b*) Body	12
Scabies	75
Impetigo	139
Other Skin Diseases	2,748
Total	2,976

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinic	443

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	326

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(*a*) Pupils with minor ailments	4,772
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	38
(*c*) Pupils who received B.C.G. Vaccination	2,815
(*d*) Other than (*a*), (*b*) and (*c*) above:	
1.—by the Authority: U.V.R.	17
2.—by the Authority: paediatrics	120
3.—by the Authority: heart cases	47
4.—at hospital: paediatrics and general medicine	443
5.—at hospital: Orthopaedic and general surgery.	849
Totals (*a*)—(*d*)	9,101

Dental Inspection and Treatment carried out by the Authority during the year ended 31st December, 1964.

(*a*) Dental and orthodontic work:			
I. Number of pupils inspected by the Authority's Dental Officers:			
(i) At Periodic Inspections	8,228	Total I	13,721
(ii) As Specials	5,493		
II. Number found to require treatment			13,074
III. Number offered treatment			11,286
IV. Number actually treated			8,198
(*b*) Dental work (other than orthodontics):			
I. Number of attendances made by pupils for treatment, excluding those recorded at (*c*)(i) below			22,094
II. Half-days devoted to:			
(i) Periodic School Inspections	31	Total II	2,410
(ii) Treatment	2,379		
III. Fillings:			
(i) Permanent Teeth	12,440	Total III	12,489
(ii) Temporary Teeth	49		
IV. Number of teeth filled:			
(i) Permanent Teeth	11,548	Total IV	*11,596
(ii) Temporary Teeth	48		
V. Extractions:			
(i) Permanant Teeth	4,174	Total V	15,716
(ii) Temporary Teeth	11,542		
VI. (i) Administration of general anaesthetics for extractions			†6,373
(ii) Number of half-days devoted to administration of general anaesthetics by:			
(*a*) Dentists	8	Total VI	331
(*b*) Medical Practitioners	323		
VII. Number of pupils supplied with artificial teeth			160
VIII. Other Operations:			
(i) Crowns	3	Total VIII	3,575
(ii) Inlays	4		
(iii) Other Treatment	3,568		
(*c*) Orthodontics:			
(i) Number of attendances made by pupils for orthodontic treatment			1,420
(ii) Half-days devoted to orthodontic treatment			150
(iii) Cases commenced during the year			121
(iv) Cases brought forward from previous year			33
(v) Cases completed during the year			65
(vi) Cases discontinued during the year			16
(vii) Number of pupils treated by means of appliances			143
(viii) Number of removable appliances fitted			161
(ix) Number of fixed appliances fitted			—
(x) referred to Hospital Orthodontist			42
975 X-Ray films were also taken			

* 701 local anaesthetics were given for fillings

† In addition 130 local anaesthetics were given for extractions

Handicapped Pupils requiring Education at Special Schools or Boarding Homes

	Blind (1)	*Partially Sighted* (2)	*Deaf* (3)	*Partial Hearing* (4)	*Physically Handicapped* (5)	*Delicate* (6)	*Maladjusted* (7)	*E.S.N.* (8)	*Epileptic* (9)	*Speech Defects* (10)	*Total Cols.* (1)-(10) (11)
A. During the calendar year ended 31st December, 1964 number of handicapped pupils newly assessed as needing special educational treatment at special schools or in boarding homes ..	—	2	9	4	16	12	6	79	3	—	131
B. (i) of the children included at A, number newly placed in special schools (other than hospital special schools) or boarding homes	—	—	9	4	14	12	4	46	3	—	92
(ii) of the children assessed prior to 1st January, 1964, number newly placed in special schools (other than hospital special schools) or boarding homes	—	—	1	—	3	—	—	63	—	—	67
Total (B(i) and B (ii)	—	—	10	4	17	12	4	109	3	—	159
C. At 21st January, 1965, number of handicapped pupils:—											
(i) requiring places in special schools—											
(*a*) day	—	—	—	—	—	—	—	41	—	—	41
(*b*) boarding	—	2	1	—	2	—	2	—	—	—	7
(ii) included at (i) had not reached the age of 5 and were awaiting:—											
(*a*) day places	—	—	—	—	—	—	—	—	—	—	—
(*b*) boarding places	—	—	—	—	—	—	—	—	—	—	—
(iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, were awaiting:—											
(*a*) day places	—	—	—	—	—	—	—	—	—	—	—
(*b*) boarding places	—	—	—	—	—	—	—	—	—	—	—
(iv) Included at C(i) had been waiting admission to Special Schools for more than one year ..											
(*a*) Day places	—	—	—	—	—	—	—	4	—	—	4
(*b*) Boarding places	—	1	1	—	—	—	—	—	—	—	2

Handicapped Pupils requiring Education at Special Schools or Boarding Homes (*continued*)

	Blind (1)	*Partially Sighted* (2)	*Deaf* (3)	*Partial Hearing* (4)	*Physically Handicapped* (5)	*Delicate* (6)	*Maladjusted* (7)	*E.S.N.* (8)	*Epileptic* (9)	*Speech Defects* (10)	*Total Cols.* (1)-(10) (11)
D. At 21st January, 1965, number of handicapped pupils—											
(i) on the register of (1) maintained special schools as:											
(*a*) day pupils	—	1	31	13	56	22	2	461	1	—	587
(*b*) boarding pupils	—	4	—	—	3	2	1	4	—	—	14
(2) non-maintained special schools as:—											
(*a*) day pupils	—	—	—	—	—	—	—	—	—	—	—
(*b*) boarding pupils	5	—	3	2	9	10	1	1	8	—	39
(3) independent schools under arrangements made by the Authority	—	—	—	—	—	—	4	1	—	—	5
(ii) boarded in homes and not already included under (i) above	—	—	—	—	—	2	11	—	—	—	13
Total (D(i), and (ii) ..	5	5	34	15	68	36	19	467	9	—	658
Total awaiting or receiving Special Education ..	5	7	35	15	70	36	21	508	9	—	706
E. On 21st January, 1965, number of handicapped pupils (irrespective of the areas to which they belong) being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944:—											
(i) in hospitals	—	—	—	—	—	—	—	—	—	—	—
(ii) in other groups (e.g. units for spastics convalescent homes)	—	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	2	—	1	—	—	—	3

F. During the calendar year ended 31st December, 1964

(i) Number of children reported to the Local Health Authority under Section 57(4) of the Education Act, 1944 14

(ii) Number of children whose cases were reviewed under the provision of 57A of the Education Act, 1944 1

(iii) Number of decisions that a child is unsuitable for education at school cancelled under Section 57A(2) of the Education Act, 1944 1

APPENDIX B.
TREATMENT ARRANGEMENTS

Clinic	*Treatment carried out*	*Consultant Sessions*	*School Medical Officer attended*	*Children's attendances during 1964 for minor ailments*
‡Arkwright—London Road	Minor Ailments	—	—	689
Bestwood—Beckhampton Road	Minor Ailments Refractions Speech Therapy Dental	Monthly	Monday a.m.	8,279
Bulwell—Main Street	Minor Ailments Refractions Speech Therapy Dental	Monthly	Thursday a.m.	6,433
Central—28 Chaucer Street	Minor Ailments Electrical Paediatrics Refractions E.N.T. Dental	Weekly 5 sessions weekly 2 sessions weekly	Tuesday and Friday a.m.	7,319*
Child Guidance—34 Clarendon Street	Psychiatric Speech Therapy	4 sessions weekly	Tuesday p.m. and Wednesday p.m.	—
Clifton—Southchurch Drive	Minor Ailments Refractions Speech Therapy Dental	Weekly	Wednesday p.m.	7,734
†Leenside—Canal Street	Minor Ailments Dental	—	Thursday p.m.	2,860
Orthodontic—36 Clarendon Street	Orthodontic	—	—	—
Player—Beechdale Road	Minor Ailments Refractions Speech Therapy Dental	Weekly	Monday and Thursday a.m.	12,280
Portland Westwick Road	Minor Ailments	—	—	2,039
Rosehill—St. Matthias' Road	Minor Ailments Refractions Speech Therapy Dental	Weekly	Thursday p.m.	7,226
Scotholme—Beaconsfield Street	Minor Ailments	—	Tuesday a.m.	3,751
‡Welbeck—Queen's Drive	Minor Ailments	—	—	370
William Crane—Aspley Estate	Minor Ailments Speech Therapy	—	Monday a.m.	6,364

* Including U.V.R., Ionisation and Proetz cases.

‡ Opened September, 1964.

† Closed July, 1964.