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CITY OF
NOTTINGHAM



EDUCATION
COMMITTEE

PRINCIPAL SCHOOL MEDICAL OFFICER'S

ANNUAL REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR 1965

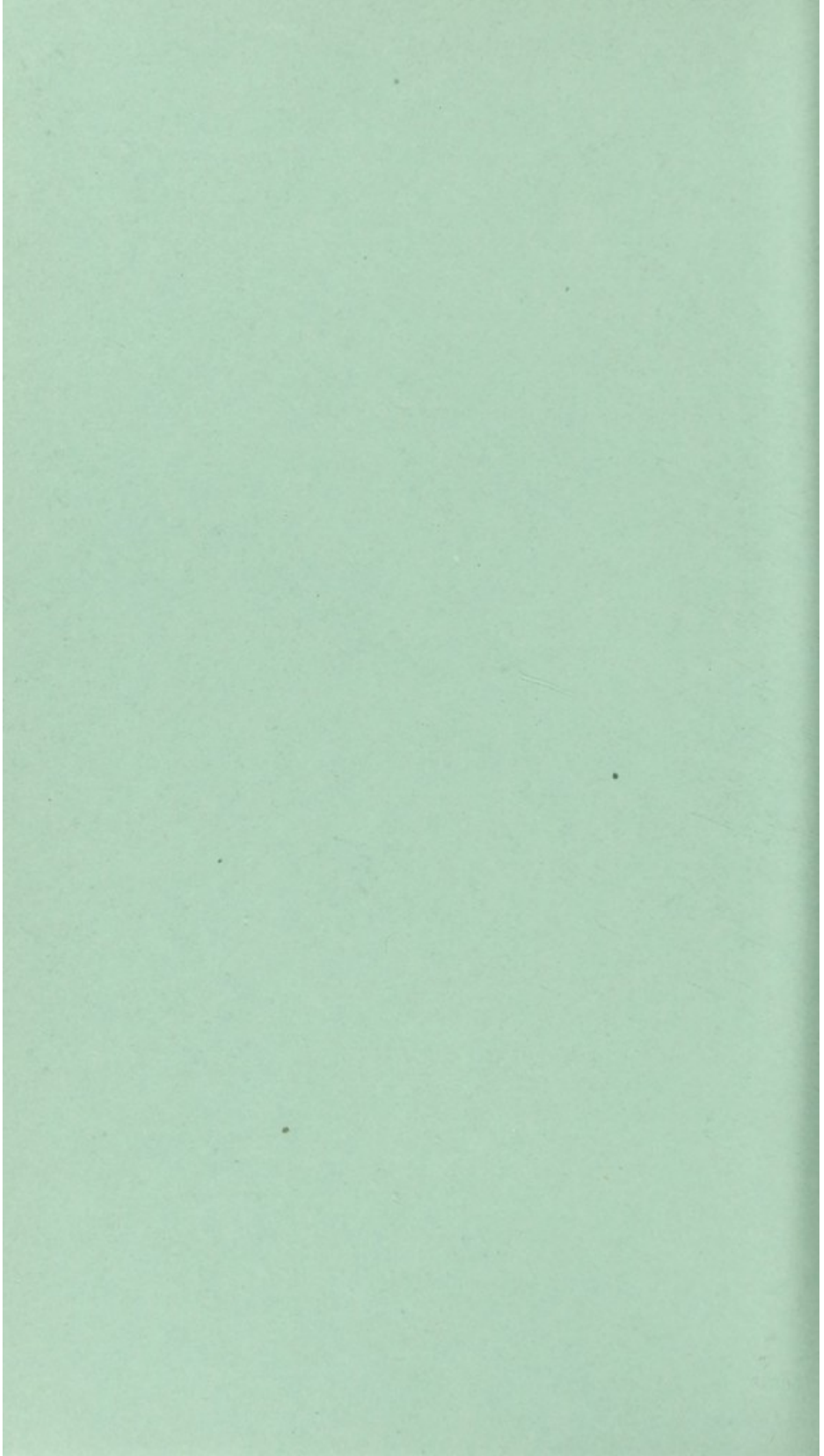


Adopted by the Education Committee at its meeting
held on 27th July, 1966.



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

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



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CITY OF NOTTINGHAM

GENERAL INFORMATION AS AT 31ST DECEMBER, 1965

Area	acres 18,364	No. of Schools	165
Population	... ..	310,990	No. on Rolls	... ..	50,488
Density of Population:	16.93 persons	Average attendance	... ..	90.5 %	
	per acre				

CENTRAL SCHOOL CLINIC,
28 CHAUCER STREET,
NOTTINGHAM.

Telephone: Nottingham 43064.

SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE

(Municipal Year 1965-66)

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)

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Councillor H. WILSON

H. J. PEAKE, Esq., M.A., M.Sc., Ph.D.
(to August, 1965)

Miss E. A. NORRIS, B.Sc., J.P.
(from September, 1965)

J. D. SUNLEY, Esq., J.P.

STAFF (31st December, 1965)

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.

PATRICIA A. GIRLING, M.B., Ch.B., D.C.H.

KATHLEEN M. LAING, B.Sc., M.B., B.S., D.C.H. (from 27/9/1965)

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) (to 30/9/1965)

J. S. EDMONDSON, M.B., Ch.B., D.Obst., D.P.M. (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.

KATHLEEN M. LAING, B.Sc.,

M.B., B.S., D.C.H.

(from 1/2 to 26/9/1965)

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

Principal School Dental Officer:

W. McKAY, L.D.S.

Dental Officers:

LINDA E. HILL, B.D.S.
MARGARET C. ROE, L.D.S.
ERIKA MELLAKAULS, L.D.S.
R. D. BEELEY, L.D.S.
(to 28/2/1965)
MAUREEN M. DICK, B.D.S.
(from 1/9/1965)

S. D. RESNICK, L.D.S.
(from 1/12/1965)
*N. E. CHETTLE, L.D.S.
*D. R. DAVIES, L.D.S.
*ENID DURANCE, L.D.S.
*D. J. MALCOLM, B.D.S.
(from 26/4/1965)
*E. A. MEADOWS, L.D.S.

Dental Surgery Assistants: Ten.

Child Guidance Centre:

MRS. J. FRY, M.A., Ed.B.
(Senior Educational Psychologist)
MISS N. M. GATELY, A.A.P.S.W.
(Senior Social Worker)
MRS. E. WILL, Dip.Soc.St.
(Social Worker)
MISS A. M. HALL
(Remedial Teacher from 1/9/1965)
*MRS. R. LODGE
(Remedial Teacher)

MRS. J. S. THOMAS, L.C.S.T.
(Senior Speech Therapist)
MISS D. BLAIR, L.C.S.T.
(Speech Therapist from 1/9/1965)
MISS J. SEWELL, L.C.S.T.
(Speech Therapist from 1/9/1965)
MISS M. HART
(Speech Therapist from 1/9/1965)

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

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

School Nurses: Seventeen 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-three Clerks

Hostels for Maladjusted Pupils:

ORSTON HOUSE—Warden and Matron: MR. AND MRS. C. COLUMBINE

*Part-time Staff

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

LADIES AND GENTLEMEN,

I have the honour to present the 57th Annual Report. As this covers the calendar year of 1965, it is entirely the work of my predecessor, Dr. R. G. Sprenger, who retired on 31st March, 1966.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. E. JAMES,

Principal School Medical Officer.

1st June, 1966.

CITY OF NOTTINGHAM EDUCATION COMMITTEE
SCHOOL HEALTH SERVICE

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1965

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 submit to you this 57th Annual Report.

As this is the last opportunity I have to present one, I felt it wise to make an early start and not leave my successor to write of much which will not have concerned him.

During 1965, after a prolonged trial of selective examinations at Clifton, I felt it was desirable to undertake selective medical examinations of all intermediate groups of children, i.e., instead of routine examinations of all children at about 7 to 8 and 10 to 11 years, only children who were presenting any apparent or real abnormality, behavioural, physical or emotional, were to be seen. These children would then be seen again each term or year as necessary depending on the condition, of course. In order to help in making a decision, questionnaires were sent to all parents of the children in the age group. A copy of the questionnaire is shown on pages 11 and 12.

Parents were asked: "Even if your child is not causing you any anxiety, would you still like an examination?" and it is interesting to note that 73% of parents of the 7 to 8 year olds wanted this examination. This is an intriguing attitude: I wondered why satisfied parents wanted this examination. Is it just that they wanted the reassurance; is it that they have a small doubt in their minds which they would not admit even to themselves; do they feel that the National Health Service doctor cannot give them the necessary time; or are they really after a cheap, second opinion? I am probably being unfair in these thoughts and it may actually be that parents are proud to exhibit, to an appreciative medical officer, the excellent way in which they look after their offspring and the physique thereof, and indeed I would agree with their feelings if I have surmised them aright.

While I am writing this, the Director of Education is expressing concern about the education of the immigrant population of our City and associated with educational problems are, of course, behaviour problems. These latter are often not easily understood by the parents. It often means that they think any difficulties are due to colour prejudice, a feeling which is resistant to argument. This situation is probably worse at present owing to the comparatively large influx of the families of those members who have been here for some time. It has been necessary on several occasions to call in the help of the Organiser for Work with Coloured People, Mr. E. G. Irons, J.P., whose intervention has been acceptable to all concerned and whose work looks like increasing steadily

until there is better understanding of our culture and ways by the newcomers. To express this in another way, the need when in Rome to act as Romans. While there is every need for us to do all possible to help the immigrants to fit into our type of life, there does not seem to me to be any real need "to lean over backwards" to do so. We expect them to make the approach, and many of them do so but there are some who look upon our attitude as weakness and are prepared to take advantage of it.

The names of immigrants set quite a problem. Those from the West Indies have names which are generally understood but at times one can be unsure of which is forename and which surname. The names of many famous in history tend to be used as forenames, e.g. Winston, Horatio Nelson, Abraham, Gladstone, etc. Those from the Sub-Continent do present difficulty, e.g. who would realise that Tersem Kaur and Karpal Singh Nijar are sister and brother, or who knows which was boy and which girl? Or that Singh Sarwan and Tarsan Nal are brothers? Occasionally the reason for a forename is obvious, e.g. Ali James Maverick and Ali Cheyenne. I wonder how pleased they will be with their names when they reach adult age. These are just some of many examples and, following my note in last year's annual report about the uncertainty of the ages of some of them, it will be realised that we are often faced with a mystery.

While I write, there is considerable difficulty in keeping the School Health Service, in some parts of the country, a full-time service for medical officers. Many authorities are finding it possible to continue only by using part-time medical officers. This sets one wondering whether it is still necessary, even if advisable, to continue the service as at present. The bulk of the children are healthy, almost beastly healthy, but one must remember the minority who are inadequately cared for, sometimes under-nourished as well (although under-nourishment is rare nowadays) and more often seem to have little interest in looking after their own clothing although it may have been good quality to start with. When parents tell you that a pair of shoes only last for two weeks, one wonders whether they are adequately made or whether the youngster is really so tough and rough as to be able to ruin them in this short time. It is always shoes which are bought nowadays—I have not seen a boy in boots since before the war. While shoes in the primary departments are usually sensible and a reasonable fit, I am afraid the same cannot be said of those worn, often by both sexes, in secondary departments, when they may be not only too narrow but often too short. I am afraid these youngsters are building up a legacy of foot troubles for the days when their feet have lost their elasticity.

But I digress, whilst wondering about the future of the School Health Service. The fact that the School Health Service, with its very close association with education and its ability to assure treatment where necessary and to keep in touch with a child and its family through the period of compulsory education, makes the Service a less haphazard form of care than any other. I am surprised, for example, how often the hospitals fail to keep in touch with a child who should be having treatment, presumably because they have not the same facilities as we have, to ensure attendance or to find the new address of a child, etc. It should be stated here that we should be only too happy to visit the home of an absentee school child from hospital should we be asked.

A short paragraph about my successor is, I feel, indicated. Dr. James, who takes over from me on 1st April, 1966, was a student of King's College and Westminster Hospital Medical School, and has had an all round training, having been a house surgeon in most departments which offer experience to recent graduates. Since then he has been not only in general practice but has had a long period of experience as a school medical officer, a medical officer in charge of a hospital for sub-normal patients, and also of a physically handicapped children's home run by the National Children's Home.

Having taken his D.C.H. in 1953, he has written recently a thesis on "A Study of the School Health Service in a country town and district" for which he has received his M.D. degree. He is particularly interested in the effect of physical conditions on educational attainment, a subject in which he will find plenty of scope in Nottingham. The author of several monographs on such subjects as "Common ailments and Educational attainments," "The School Leaver with a severe physical handicap," "Deterioration of the Cerebral Palsied at adolescence," etc., one will realise that Dr. James will be a very able, very interested and interesting medical officer in charge of your School Health Service.

MEDICAL INSPECTIONS :

It has been usual to start this section off by saying that this work has continued along the usual lines but on this occasion this would not be true. I have noted in my opening remarks that we were now arranging selective examinations for the intermediate groups, the entrant and leaver examinations continuing as routine inspections.

It will be remembered that a type of selective examination had been used in the Clifton area of Nottingham for several years in order to give us some kind of indication of its general desirability. While I was not entirely convinced that this form of inspection had major advantages over the usual routine arrangement, I felt it was less monotonous for medical officers; that it brought those most important people—the head teacher, class teacher and school nurse—more closely into association with the needs of the child medically, emotionally and educationally, especially as it is becoming more and more realised that these needs are not separate but complementary.

The arrangements for this type of examination involve an extra amount of administrative effort spread over a longer period of time. The figures and notes in the following paragraphs contain a good deal that may be of interest. The questionnaire we used is reproduced on pages 11 and 12.

The figures for 1965 show there is little doubt that there is a persistent number of defects which not only need treatment but need to be followed up to make sure that adequate and satisfactory treatment is obtained.

It is unfortunate that many of the figures for defects as noted on the table on page 36 show increases. The increases refer to no particular defect or group but, for example, children with nose and throat conditions in need of treatment or observation have increased from just over 700 to over 1,200, and children with developmental abnormalities (excluding hernia) have increased in number from 200 to 700. Another example is in psychological development where numbers have increased very considerably from 100 to 400.

It is very difficult to give an explanation for these changes. Maybe the medical officers have been more wary this year, especially so, as it is the first full year for "selective" examinations. I fear that diets are at fault and these may cause some of the defects. The civilised, highly refined, carbohydrate diet which is all too common these days is not only producing overweight conditions but is also lacking in vitamins which are the protective substances in diet. I fear this lack may result in recurrence of many infective and associated conditions. In addition, our immigrant friends have brought with them a fair number of defects of this sort, for example, umbilical hernia is very common in West Indian children, and rickets can be found in those from India. These help to swell our figures.

Selective Intermediate (1) Examinations :

No. of pupils in age group	...	=	4,420 (100 %)
No. already known to S.H.S. or had not previously had an entrant examination (immigrants, from other L.E.A.'s, etc.)	...	=	597 (13.5 % of age group)
No. NOT selected for examination	...	=	1,176 (26.6 % " " ")
*No. of others added by S.H.S. (follow-ups, etc.)	...	=	624 (14.1 % " " ")
*No. of H/T requests (other age groups)	...	=	294 (6.6 % " " ")
Actual number for examination (expressed as a percentage of the Intermediate (1) age group)	...	=	4,162 (94.6 % " " ")

*These children would have been seen in any case, whether the group was selective or not.

This was the first series of selective examinations based on a questionnaire that had been sent to the parents. The questionnaire included a question which brought more response than anticipated; "Even if the answers to all these questions are 'NO', would you still like your child to be examined by the School Doctor?"

The resultant number discussed but NOT selected for medical inspection by the doctor was, therefore, low (1,176 = 26.6% of age group). By the time the "follow-ups" had been added, and the Head Teachers' requests included, the number due to be seen was nearly back to the number of pupils in the age group.

The reception of this selective arrangement by Head Teachers has been good; many favourable comments have been received (Head Teachers were asked to submit their observations). The response from Head Teachers for pupils of other age groups (294) to be included, has also been good. In many of the returned Medical Inspection boxes was evidence that the Head Teachers had circulated all class teachers to ask for names of pupils for discussion. In terms of public relations, therefore, the 73 medical officer sessions used purely for Case Conferences have not been wasted, and the object of selective examinations—more time devoted to pupils who really need it—has, we hope, been achieved.

The pupils in the age group who were not selected for medical examination were given visual acuity and hearing tests by the school nurses; 1,214 pupils were tested in all.

Tests by School Nurses—Remainder of Intermediate (1) Group

No. tested	...	...	...	=	1,214
No. of pupils referred to the Ophthalmic Surgeon	...	...	...	=	34
No. of pupils referred to the School Medical Officer	...	...	...	=	1 (for hearing)
No. of pupils referred to the School Medical Officer	...	...	...	=	1 (for knock-knees)
TOTAL					36
					—
No. of pupils referred for observation (vision)	...	...	...	=	25
No. of pupils referred for observation (hearing)	...	...	...	=	NIL

Selective Intermediate (2) Examinations :

No. of pupils in age group	...	...	...	=	4,086 (100%)
No. NOT selected for M.I.	...	...	...	=	2,086 (51% of age group)
					—
No. selected	...	...	...	=	2,000 (49% „ „ „)
*No. of others added by S.H.S. (follow-ups, etc.)	...	...	...	=	687 (16.8% „ „ „)
(other age groups)	...	...	...	=
*No. of H/T requests	...	...	...	=	242 (5.9% „ „ „)
(other age groups)	...	...	...	=
Actual number for examination (expressed as a percentage of the Intermediate (2) age group)	...	...	...	=	2,929 (71.2% „ „ „)

*These children would have been seen in any case, whether the group was selective or not.

The questionnaires used for this series did not give the parents the option of having their child examined in any event, as was done in the first series.

Tests by School Nurses—Remainder of Intermediate (2) Group

No. tested	...	...	...	=	2,042
No. of pupils referred to the Ophthalmic Surgeon	...	...	...	=	48
No. of pupils referred to the School Medical Officer	...	...	...	=	3 (for hearing)
No. of pupils referred to the School Medical Officer	...	...	...	=	1 (for tonsil & adenoids)
No. of pupils referred to the School Medical Officer	...	...	...	=	19 (for colour vision)
TOTAL					71
					—
No. of pupils referred for observation (vision)	...	...	...	=	55
No. of pupils referred for observation (hearing)	...	...	...	=	2
TOTAL					57

From the point of view of the clerical staff, undoubtedly selective examinations have caused more work, especially at the start of the series when the questionnaires for the case conferences for selective examinations overlapped with the periodic medical inspections. However, all questionnaires and medical inspection boxes were dispatched on time.

We discovered that a selective group takes longer to complete because of the time allowed for parents to complete and return the questionnaires and the time-lag between the case conference and medical examination. The first case conference was on 15th March but the examinations were not completed until the end of September.

CITY OF NOTTINGHAM EDUCATION COMMITTEE
SCHOOL HEALTH SERVICE

QUESTIONNAIRE

(All replies will be regarded as strictly confidential)

Name of Child Date of Birth.....

Address

Name of Private Doctor

Please write YES or NO, whichever applies, in answer to the following questions and return this form, in the envelope provided, to the Head Teacher for the School Doctor.

1. Does your child have frequent headaches?
2. Does your child have earache or running ears?
3. Does your child have frequent sore throats?
4. Do you think your child is inclined to be deaf?
5. Does your child suffer from bronchitis or asthma?
6. Do you think your child has anything wrong with his bones or joints?
7. Does your child stand and walk badly?
8. Do you think your child is losing weight?
9. Do you think your child is overweight?
10. Does your child soon get short of breath?
11. Does your child wet the bed?
12. Does your child ever have "fits"?
13. Do you think that your child is particularly nervous or anxious?.....
14. Does your child sleep badly or have nightmares?
15. Does your child seem to be unhappy at school?
16. Do you have any particular behaviour problems with your child?
17. Is there any other condition which you would like to discuss with the Doctor?

If so, please give brief details:

.....

.....

.....

Continued overleaf

Please give the year of birth of each of your children :

Year of Birth	Boy or Girl	Year of Birth	Boy or Girl
(1)	(5) .....	.....
(2)	(6) .....	.....
(3)	(7) .....	.....
(4)	(8) .....	.....

Child's previous illnesses :

Year of Illness	Year of Illness
Whooping Cough.....	Chicken Pox
Measles	German Measles
Scarlet Fever	Poliomyelitis
Mumps .....	.....

Give details of other illnesses, operations and injuries :

Year of Illness, etc.

.....
.....

Has your child been vaccinated or immunised against :

	State "Yes" or "No"	If so, at what age?		State "Yes" or "No"	If so, at what age?
Small Pox?	Tuberculosis?	.....	.....
Diphtheria?	Poliomyelitis?	.....	.....
Whooping Cough?	Tetanus?	.....	.....

If your child attends hospital at present, or if he has attended during the past year or two, please give details:

Name of Hospital and Name of the Consultant Physician or Surgeon	Date attended	Was he an In- or Out-Patient and for how long?	Reason for attending
.....

Signature of Parent Date

Parents present at children's medical inspections :

Group	Parents present (Percentage)	
	1965	1964
Entrants	85.6	86
Selective I(1)	72.4	80
Selective I(2) (966 examinations, December, 1965)...	76.5	71.3
Non-Selective I(2) (2,095 examinations, January, 1965)	68.8	
Leaver	27.7	29

The figures, expressed as percentages, of parents present at their child's medical examination show in the main the usual decline of recent years in attendance. The unusual figures for Intermediate (2) examinations would appear to indicate that more parents are attending for the selective examinations compared with the non-selective examinations which were held early in the year.

HANDICAPPED PUPILS :

Blind :

Residential Special Schools 5

The figure remains the same as last year—one having left and one new pupil making up the total once again to five.

Two of these pupils are due to leave school shortly. One is continuing her education vocationally in the Royal Normal College for the Blind at Shrewsbury, the other unfortunately (and his parents) have not expressed any desire for vocational help and it is uncertain what his future will hold for him.

Partially Sighted :

Residential Special Schools 3
 Day Special School 1
 Ordinary Schools 25
 Awaiting Placement (residential schools) 3

There is little change to note in the figures but I express some concern over the long waiting time for admission to Exhall Grange. Meantime, of the three children affected, two continue in ordinary school and the other child is in the Arboretum Day Special School, but progress is limited, and everyone realises that a child with a severe handicap of this kind is often in difficulties not only with books but with blackboard work. It also imposes the need for much individual help by the teacher. When classes are full to overflowing, as they are in one school at which two of the children attend, it can be realised that they can only be receiving a limited amount of educational help. It is unfortunate too that parental interest is also very limited.

Deaf :

Residential Special Schools 2
 Day Special Schools 25
 Awaiting Placement (residential schools) 1

These figures do not give a true picture of the numbers in our day special school because those pupils from outside the City are not included. Actually there is a total of 74 children on the school roll at present, as follows:—

Nottingham City 43
 Nottinghamshire 27
 Derbyshire 4

This category in our special school tends to increase steadily and for several reasons: —

1. There is a greater tendency to arrange day education for the deaf by all local education authorities including the authorities surrounding the City, so that quite a number of the pupils at the Ewing School are transported daily from Nottinghamshire and Derbyshire. This is the kind of co-operation which is highly desirable from every angle; not only does it help the child and his family to keep the ability to communicate one with the other, but local government co-operation of this type is sensible and realistic.
2. I think I have interviewed parents on at least three occasions recently who have wanted to move into Nottingham from distant areas because they had heard that the Ewing School was one of the most up-to-date and go-ahead day schools in the country.
3. There seems to be rather a large proportion of immigrant children and the children of immigrants who have been born here, who have defects of hearing. This may be owing to virus infections (such as German Measles) of the mother during her pregnancy but, for the most part, no cause is suspected. (German Measles rash is fleeting and not very obvious in the European; it is less so in the negro).
4. The natural increase in the birth rate in the Conurbation accounts for some of the increase.

It is often very difficult or impossible to find a reason for the hearing defect in most of our deaf children, but it is interesting to note that the only unusual condition in two parents is that their blood is Rhesus negative. This had not, however, caused any perinatal problem which could have resulted in brain damage.

Partially Hearing :

Residential Special Schools	...	...	...	...	3
Day Special Schools	...	...	...	...	18
Ordinary Schools	...	...	...	...	50

The numbers in ordinary schools have fallen slightly as I had hoped for and expected, as a result of the reduction in the amount of nasal catarrh and the numbers of those with enlarged tonsils and adenoids.

Some of the youngsters with this handicap in our special school have an associated "other" handicap such as cerebral palsy.

Probably quite a large proportion have a high frequency loss which they seem able to overcome by using intelligent anticipation. They have a quick way of filling the gaps in conversation in the lower frequency range which they hear well. (I think most of us do much the same thing in that we do not listen to every word spoken to us but take in the main words and make sense of the whole oration).

Physically Handicapped :

Residential Special Schools	...	...	...	...	11
Day Special Schools (Ewing)	...	...	...	...	18
Ordinary Schools	...	...	...	...	22
Home Tuition	...	...	...	...	2

These figures vary slightly from year to year. However, it was no surprise to me to find that the numbers are more than fifty per cent. higher than they were ten years ago. This may indicate an actual increase in numbers but I think it also is evidence of a more generous attitude on the part of teachers to accept "odd" pupils as well as a more sensible attitude on the part of parents. They realise the need for their youngsters to receive education even if in the end they are unable to go to work because of their physical incapacity. One cannot help but be pleased to see this more enlightened attitude on the part of all concerned. I think the happy atmosphere which is so obvious in the Arboretum Day Special School is due reward for all the trouble taken to ensure that this group of youngsters does receive education and that the whole school can accept the social needs of their unfortunate colleagues.

Delicate :

Residential Special Schools	...	...	...	...	10
Hostels for Diabetics	...	...	...	...	2
Day Special Schools	...	...	...	...	13
Ordinary Schools	...	...	...	...	115

My optimism over this group and my hope that there would be a steady decrease in numbers seem to be becoming realised. The figures for this year are almost down to one-third of what they were ten years ago. This reduction is the result of many factors, one of which can be the School Health Service, and I should like to include amongst these factors a more enlightened attitude towards food; a School Meals Service which encourages this attitude and produces variety on a shoe-string budget. (I do not mean that either the shoes or the string are part of the school meal!) However, as one who has a school meal on occasion, I do not know how such an appetising meal is produced at such low basic cost, and I certainly feel that these meals have helped very considerably towards improving the health of many children who were not up to standard and who might not otherwise receive an adequate daily ration of calories.

It has been suggested that there are children in the City who depend entirely on this meal for their daily calories but I cannot feel there are many and they will almost certainly belong to one of our problem families. The figure for children whose physical condition is noted as unsatisfactory would, I am sure, be much greater than 1 in 18,329 (see page 35) if this were really the case. I think the suggestion had no foundation in fact.

Maladjusted :

Residential Special Schools	...	...	...	...	4
Boarding Hostels (attending ordinary schools)	...	...	...	...	5
Day Special Schools	...	...	...	...	4
Ordinary Schools	...	...	...	...	29

This small group occasion us concern because so many of them do not fit in easily to the disciplinary needs of school. They may require special arrangements made for them, such as admission to Harper Villa, the Children's Unit of St. Ann's Hospital, as day or residential patients, to the Hostel for Maladjusted Boys, to day special school, or to a boarding school. Often transport by car may be necessary for Harper Villa, especially since demands for residential admission exceed the number of beds available.

The figure of those in ordinary school seems high but it includes some who are really on trial after having had treatment, and who may be removed from the handicapped list when they no longer create a problem.

I should like to pay tribute to Mr. Sunley and his teachers at the Rosehill Special School who have accepted several youngsters who were recently patients at Harper Villa and who have improved sufficiently to fit into the less demanding atmosphere of a class of physically handicapped or delicate youngsters but who would be quite out of place at present in an ordinary school.

Educationally Sub-normal :

Residential Special Schools	...	...	...	...	2
Day Special Schools	...	...	...	...	463
Awaiting placement in Day Special Schools	...	...	...	...	89

This is a large group and despite our arrangements to return to ordinary school all those who might manage to fit into even the lowest streams, we are still left with overflowing special schools and a considerable waiting list.

As I write, the plans for a new school to replace the Hardwick Day Special School are under discussion. This will be a modern and up-to-date addition to the Authority's Special Schools and, while I realise that this can make little difference to the quality of the education supplied by a dedicated staff, it nevertheless makes a considerable difference to the attitude of parents when they know their child is going to, or is attending a new, modern and purpose-built school. This attitude has been especially noticeable at Clifton where the Nethergate School has become part of the community and parents accept its role as being necessary.

While we and the special school staffs are happy to see children going back to ordinary schools—at the other end of the special school intellectual scale, it is necessary to consider those who are not benefiting from education at school and who might be better placed in a Junior Training Centre run by the Health Department. A decision about these youngsters is not come to lightly or without a good deal of discussion and consideration by all concerned, but it has to be made both for the child's sake and the teacher's. This year, as a result of seeing those outstanding from last year in addition to those referred since, 38 children have been notified to the Health Department as being unsuitable for education at school.

One child who had been previously referred to the Health Department had this referral cancelled. The boy was sent to a residential school for 3½ years at a cost to the Committee of £1,067. When he left school at the age of 16 and returned to his home, he went straight to the Training Centre, being quite unfit for a job. The fact that he was given every chance to improve, under good conditions and with excellent teaching, is worth noting but that he is only fit for a place in the Occupation Centre is cause for concern.

After discussion with head teachers and the Director of Education, we have evolved a policy of allowing suitable, educationally sub-normal youngsters who have reached an age at which they would be allowed to

leave an ordinary school to be "de-classified" so as to permit them to leave the special school, provided they have a job to go to. This is usually in their last term and the job must be one with some prospects for the future. This has worked well and the fact that a youngster is avoiding the end of the term rush for jobs has greatly helped these children and made it easier for all concerned. It is not possible to have them back in school, should they fall down in their jobs, unless it be on a voluntary basis.

Epileptic :

Residential Special Schools	...	...	...	...	7
Day Special Schools	...	...	...	...	1
Ordinary Schools	...	...	...	...	92

There is no great change in the actual figures; although quite a number have left school to go to work, we find that an approximately equal number has been added at the infant school age. No difficulty is raised over the question of employment as long as fits are controlled.

Speech Defects :

Ordinary Schools	3
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There are many children in our schools with speech defects but I am pleased to say that none is severe enough to warrant admission to a residential school; all can make themselves understood.

THE SCHOOL DENTAL SERVICE

Report of the Principal School Dental Officer for 1965

Premises and Equipment :

Further additions and replacements of equipment continued to be made during the year but the acute accommodation problem—especially in the City centre—remains with us.

Staffing :

On 31st December, 1965, the dental staff consisted off: —

	<i>Full-time</i>	<i>Part-time</i>
Principal School Dental Officer ...	1.0	—
Orthodontist ... ..	.6	—
Dental Officers	4.4	1.3
<hr/>		
Medical Officers	6.0	1.3
		.7
<hr/>		
	6.0	2.0
<hr/>		

I have to welcome Miss M. M. Dick (from Edinburgh University on 1st September, 1965) and Mr. S. D. Resnick (from Liverpool University on 1st December, 1965) as full-time dental officers. May they have long and happy associations with the Authority.

On the debit side, Mr. R. D. Beeley left the staff on 28th February, 1965, for full-time general dental practice, and advertisement through the Nottingham and Nottinghamshire Health Services Executive Council failed to produce a replacement for Dr. Phelps' lost three sessions.

Recruitment of dental surgery assistants is becoming increasingly difficult and there is a high turn-over of personnel. The problem seems to be the salary scale which is linked to age up to 24 years and restricted to this age point for older entrants and not necessarily to experience and ability. On 31st December, 1965, the dental surgery assistant staff consisted of 10, giving a full-time equivalent of 9.2 and it is certain that the trend to part-time appointments will continue.

There is no doubt that the staffing situation has improved overall since last year but 7,125 children per dental officer is still more than double the nationally recommended figure.

Policy :

With the slight increase in dental officer strength, it is expected that the volume of conservative dentistry must increase and this is a step in the right direction. There is still a delay, however, in essential extraction work and even "emergency" patients must still, under certain circumstances, have to wait for as much as a week before they are treated. Some improvement in this respect should surely be seen in 1966.

Dental Health Education :

It was hoped at the end of last year that 1965 would see an attempt at integration of this work in City schools. Owing to the shortage of dental surgery assistants, however, it was impossible to release the worker trained in this subject from normal clinic duties. I understand that she will be leaving the Authority early next year for general dental practice.

The General Dental Council's dental health education trailer visited Nottingham for a week at my request in September. This was an experimental visit and the effort was confined to the Clifton Estate. Many children and their teachers saw this exhibit and much interest was shown in it. This experience showed that the trailer is a most useful adjunct to dental health education—in fine weather.

Documentation :

Following the Estimates Committee reports on the Dental Services, as from 31st December, 1965, the statistical returns of the year's work of the school dental service (see page 39) must be presented in a different form from those of previous years "with the object of integrating the main treatment statistics of this service with those provided by the Dental Estimates Board so that an overall picture of the treatment given to children may become available."

Suitable day books have been installed in all surgeries since 1st January, 1965, and the system is working smoothly.

Dental Inspection :

During the year 7,977 (or some 15% of the school population) had a routine dental inspection in school and 31 dental officer sessions were devoted to this work. An additional 6,022 (or some 12% of the school population) were seen as casual or special inspections (4,804 because of pain or sepsis). A total of 13,999 (or some 27% of the school population) therefore were inspected.

A further 18.5 dental officer inspection sessions were given to the Department of Education and Science dental survey of the 15+ age group which followed certain recommendations by the Estimates Committee (reported later).

Dental Treatment :

A summary of the dental treatment provided is shown at Appendix (39) where an extract from the new Form 28M is reproduced.

In addition, a dental officer spent a further 45 sessions during the year attending the Department of Dental Surgery at the General Hospital, to treat City orthodontic patients in co-operation with the orthodontic consultant—mainly by fixed appliance methods.

DENTAL SURVEY — PUPILS AGED 15 +
Summary of findings

Area	Number of 15 year old pupils in Schools	Number examined	Number absent	Number examined	Findings				
					Teeth M. & F.	Teeth Defective	Dentures worn	Scaling required	G.D.S. last treat.
Nottingham City . .	4,446	417	59	358	1,984 (5.5)	1,878 (5.2)	13	113	174 (49 papers blank)
Nottingham- shire County	8,274	775	96	668	3,217 (4.8)	3,293 (4.9)	22	323	484

Department of Education and Science 15+ Dental Survey :

This apparently stemmed from the Estimates Committee report on the Dental Services and a 10% sample of 15+ school children were chosen. It is too early to be in a position to comment as the national figures are not yet available. I am indebted to Mr. D. E. Mason, O.B.E., Nottinghamshire County Dental Officer, however, for permission to print his figures for local comparison.

It is of interest to see that the City figures show 5.5 missing or filled teeth and 5.2 defective teeth per pupil examined, while Nottinghamshire County Council figures show 4.8 and 4.9 respectively. There may be little statistical significance in this difference because of the small numbers examined, but the national figures may suggest that a rural population, having marginally less temptation and opportunity for the consumption of highly refined carbohydrates, has better teeth than an urban population.

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

As from 1st January, 1965, the Health Committee Dental Clinic, situated in the General Dispensary at Broad Street closed down; the General Dispensary requiring the rooms for their own use. Thus ended a happy association which started as a temporary arrangement eight years previously. As it was uneconomic to open a new dental clinic to be used at most on three sessions each week, an arrangement was made with the Education Committee for dental treatment of expectant and nursing mothers to be available at Education Committee dental clinics, where children of pre-school age were already being treated. These clinics are situated at Bestwood (Beckhampton Road), Bulwell (Main Street), Bilborough (Player Clinic, Beechdale Road), Rosehill (St. Matthias' Road), Central Clinic (Chaucer Street), Clarendon Street and Clifton (Southchurch Drive). Patients were referred by general medical practitioners and by Health Department medical officers through the Chief Dental Officer (see table on page 22).

<i>Dental Inspection and Treatment</i>	<i>Mothers</i>	<i>Children</i>
Number of persons examined	231	389
Number of persons who commenced treatment ..	241	369
Number of courses of treatment completed ..	85	45
Scalings and gum treatment	69	—
Fillings	139	4
Silver nitrate treatment	—	1
Crowns and inlays	—	—
Extractions—		
Teeth extracted under general anaesthetic ..	627	864
Teeth extracted under local anaesthetic ..	74	2
General Anaesthetics	159	390
Dentures provided—		
Full upper or lower	76	—
Partial upper or lower	29	—
Radiographs	20	—
Number of appointments for inspection or treatment	954	462
Number of attendances for inspection or treatment	743	420
Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients	89	19

Dental care for the mentally sub-normal :

Emergency dental treatment continued to be available at Education Committee Dental Clinics. During the year 16 patients were treated. Twenty-two appointments were given of which 18 were kept. Forty temporary teeth and 23 permanent teeth were extracted; 17 general anaesthetics and one local anaesthetic were given. In addition, a scaling was given to one child.

We have to express our gratitude to Head Teachers and teaching staffs, the staffs 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 continued interest and encouragement of the Chairman and members of the Committee, with their desire that the service should continue to expand, is a constant inspiration to all members of the dental staff.

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

Principal School Dental Officer.

CHILD GUIDANCE :

Cases treated during the year :

By Psychiatrists	...	...	...	...	122
By Educational Psychologist	...	...	...	...	10
By Educational Therapists	...	...	...	...	173*
By Social Worker	...	...	...	...	15
In Boarding Homes	...	...	...	...	16

*160 of these were new cases this year.

Examinations (New Cases) :

By Psychiatrists*	...	...	...	...	199
By Physician*	...	...	...	...	214
By Educational Psychologist	...	...	...	...	1,020†
By Social Workers	...	...	...	...	235

*The same child could have been seen by either or both the Psychiatrist and the Physician. (The actual number of children seen was 254).

†Includes 60 tests for the Annual Selection Examination.

Re-examinations :

By Psychiatrists (excluding treatment interviews)	...	...	...	...	186
By Physician	...	...	...	...	17
By Educational Psychologist	...	...	...	...	23
By Social Workers	...	...	...	...	191

Attendances and Visits :

Attendances for treatment	...	...	...	...	2,924
Interviews with parents	...	...	...	...	1,107
Interviews with others	...	...	...	...	274
Home Visits by Social Workers	...	...	...	...	210
School Visits	...	...	...	...	631
Hostel Visits by Social Workers	...	...	...	...	52

On the whole, 1965 has been a satisfactory year for the Child Guidance Service. We have been very fortunate in that the Regional Hospital Board has been able to continue the secondment of Dr. Arkle, the Consultant Child Psychiatrist, the Senior Registrar and also a further Registrar albeit that this latter post is filled by a different Psychiatrist each six months or so.

The second post of Educational Psychologist has still not been filled. However, I am pleased to be able to report that steps have been taken to second a serving teacher to the service half-time and he is to attend Nottingham University in order to obtain his degree in Psychology. Meantime, the brunt of the work has fallen upon Mrs. Fry, our Senior Educational Psychologist, who has again given both the School Psychological Service and Child Guidance excellent service.

The following note on the Child Guidance Service has been given to me by Dr. Elizabeth Arkle, Consultant Child Psychiatrist:—

“Dr. Sprenger has asked me to make some comments on the service provided by the Child Psychiatry Team during 1965.

One of the most outstanding features of the City of Nottingham Service has been the close co-operation between various Departments which has provided a comprehensive cover for children in need of psychiatric aid. Perhaps the best illustration has been provided by the close liaison of the services of the Child Guidance Centre, Orston House Hostel for Maladjusted Boys, the Children's Unit and Hospital School at St. Ann's Hospital. Thus, disturbed children who were initially admitted to the Children's Unit could afterwards be transferred to Orston House Hostel for a period of consolidation in training and management. Children resident at Orston House, whose behaviour proved too disruptive to be contained in the ordinary school, were able to attend the Hospital School as day-patients.

During the year, the number of day-patients in the School has increased to ten, nearly all of whom came from the City of Nottingham. This service is possible only because of the readiness of the Education Committee to provide transport. The total number of children attending the Hospital School at any one time during the year, has numbered thirty, of these twenty were in-patients and ten day-patients. All children benefit from the attention they receive as members of small groups. The Head Master of the Hospital School and his two staff conduct three of these groups; a fourth group is in the care of the Occupational Therapist, while the nursery group remains in the care of the nursing staff.

Further advantages in having close association with the Children's Unit and Hospital School lie in the fact that medication can be administered by trained nursing staff, who also help over the management of very disturbed children when sudden emergencies arise. In addition, the medical staff are able to give part of their hospital sessions to the individual treatment of in-patients and day-patients.

An increased knowledge of the effects of psychotropic drugs in children is helping us to cope with the extremes of behaviour, particularly restlessness, aggressiveness and excessive timidity, all of which militate against the child's benefiting from education as it is offered in the schools. We have been able to maintain many more children in their homes and in the ordinary schools instead of their having to attend boarding schools for maladjusted children.

One of our main tasks of the future lies in helping brain-damaged children with severe behaviour disorders; some may demonstrate gross inability to concentrate and others may show perceptual difficulties. It may well be that these will require specialised forms of teaching.

In the Child Guidance Centre itself, the work has continued to develop. The psychiatric team has been strengthened latterly by the Senior Registrar having four sessions at both the Centre and at the Unit, while the rotating Registrar spends three sessions at the Unit and two sessions at the Centre. The treatment of children at the Centre has also become diversified. Some cases are treated in the orthodox Child Guidance manner whereby the psychiatrist treats

the child while the social worker interviews the parent. Other cases are looked after by the Senior Registrar, or the social workers under the supervision of the Consultant. During the year, the two social workers have jointly conducted groups for children and parents. For the first eight months of 1965, the Senior Registrar and the Registrar conducted three groups of children, while the social workers conducted parallel groups for parents.

The general work of the Child Guidance Centre has been helped by the understanding of the need to keep reading up to date and the staff library is gradually gathering a very useful collection of reference books.

One has been impressed by the loyal and devoted service of many members of our multi-disciplinary staff and, although one hesitates to single out individuals, I feel that the work of the Senior Educational Psychologist, Mrs. Fry, deserves a special tribute. Mrs. Fry has an outstanding ability in testing very young and very disturbed children, due to her patience and kindness, in addition to her professional expertise.

I should like to take this opportunity to thank the Director of Education and the Principal School Medical Officer for their help, both past and present, in building up the present service. Dr. Sprenger will retire with the satisfaction that he has done everything possible to provide a comprehensive and efficient service to meet the needs of handicapped children."

DRUG ADDICTION IN SCHOOL CHILDREN :

This subject has been discussed in the Press and on the radio, but I have only heard of one possible case in a school in the City and the story was so vague and unrealistic that I doubted if there was anything in it.

As I write, the use of the seeds of Morning Glory for their stimulating effect is being unfortunately publicised in the press and on the radio and television. Their sale has either been stopped or restricted. It is surprising what young people will do just for "kicks" as they have it, but for a gardener who cannot now get the seeds easily, it is very annoying.

Dr. Arkle's comments on this subject are—

"The main difficulty appears to lie in the way of life, which has become an accepted pattern for numbers of young people. They feel driven into a frenzied pursuit of activities which lack constructive outcome and leaves them feeling tired, empty and miserable.

They may turn to the taking of drugs which, they hope, will enable them to remain perpetually fresh and scintillating. They aspire to live according to the synthetic pattern continually presented to an uncritical audience by mass advertising, where life

appears to consist of a never-ending series of pleasurable excitements and a dizzy rush towards success. The drug, they hope, will help them to achieve their aspirations and comfort them should they fail."

The Child Guidance Staff now find themselves having to deal with and investigate not infrequent over-dosage of easy-to-get drugs, such as aspirin and its compounds—not only taken without any real knowledge of their ill-effects, but more with an attention-seeking need behind the action. The task, of course, is considerable, and these rather stupid actions make great demands on an already overburdened Health Service.

HOSTELS FOR MALADJUSTED CHILDREN :

	<i>Orston House (incorporating The Gables)</i>	
	<i>City Boys</i>	<i>Notts. County Council Boys</i>
At the beginning of 1965, in residence ...	9	4
Admitted during 1965	6	1
Discharged during 1965	10	3
At the end of 1965, in residence	5	2

	<i>The Grove (Notts. C.C.)</i>
At the beginning of 1965, in residence ...	1
Admitted during 1965	—
Discharged during 1965	1
At the end of 1965, in residence	—

It has become increasingly more difficult to recruit staff for residential posts in all parts of the country. We have been fortunate here in that we have been able to staff our two hostels for maladjusted boys, one fully but the other frequently without an assistant housemother. However, Mr. Fitch and his wife, who had been in our service as Warden and Matron since 1948, decided that they must have a home life of their own. They left in February, Mr. Fitch with his considerable experience of children going to the Children's Department as a Child Care Officer.

It was not possible to get replacements (numerous advertisements produced no response), so as our numbers in the hostels were getting smaller, it was decided to amalgamate the two, and Mr. and Mrs. Columbine, Warden and Matron at the Gables, moved over to Orston House, Miss Poxon continuing in her post as Assistant Housemother. As I write, this hostel is now completely full with a small waiting list.

Meantime, it has been realised that the facilities for the care of disturbed adolescent young people were unsatisfactory and, as they are largely the responsibility of the Regional Hospital Board, I am pleased to say that this body is interested in their needs and am happy to learn that they may take over the Gables Hostel premises as a residential unit and possibly out-patient care and treatment for this age group in the near future.

SPEECH THERAPY :

The following work was carried out during the year: —

Number of :

Children treated	...	...	...	...	...	305
Children under supervision	...	...	...	...	...	644
Children discharged	...	...	...	...	...	359*
School visits	...	...	...	...	...	44
Children awaiting treatment on 31st December, 1965						103

*Analysis of 359 children discharged :

Maximum benefit	...	...	...	...	...	246
Improved	...	...	...	...	...	33
No co-operation	...	...	...	...	...	14
Removed from waiting list	...	...	...	...	...	9
Left school or district	...	...	...	...	...	55
Referred to Child Guidance	...	...	...	...	...	0
Treated elsewhere	...	...	...	...	...	2

Our Senior Speech Therapist had the assistance of only two speech therapists until September but in spite of a reduced staff, I am pleased that the more essential cases have been dealt with and these excellent figures show the amount of real effort put into our Speech Service here in Nottingham.

A comparison of treated and untreated speech defects is being undertaken by the speech therapists in a control group and it is hoped to demonstrate by means of recordings that speech therapy can be of considerable benefit.

The following note has been supplied by Mrs. Thomas, Senior Speech Therapist:—

“In 1962 the Survey to find the incidence of speech defect among the primary school population of the City, undertaken by the speech therapists with help from the Institute of Education of the University of Nottingham, indicated that only one-third of the children needing the help of the Speech Therapy Service was actually getting it. A further survey, this time of the incidence of speech defects among school leavers, was carried out in 1964 and this showed that 3.6% of boys and 8% of girls were judged to be in need of speech therapy. (See Annual Reports for 1963 and 1964 for a fuller description).

Since the aim of the original survey was to discover how many children needed speech therapy and from this, how many speech therapists would be required for a given number of school children, it was felt that it should be demonstrated, in an objective fashion, how far speech therapy helps to resolve children's speech difficulties. It was decided, therefore, that the speech therapists collaborate once more with the University's Institute of Education in an attempt to demonstrate the efficacy of speech therapy.

Accordingly, forty children with speech defects were selected—the children were divided into two groups—paired for similar speech defects, age and intelligence. All the parents of the children in one group had proved co-operative and in the other group the parents had proved unco-operative in bringing their children for speech therapy. This group will, therefore, be used as a control for the former group, the children of which are to receive a period of treatment.

A comparison will then be made of the two recordings. It should then be possible to say to what extent children with defective speech are helped by speech therapy."

CLEANLINESS :

	1960	1961	1962	1963	1964	1965
On school rolls	51,691	51,694	50,846	50,382	50,188	50,488
Examinations	165,719	162,576	152,551	140,544	133,105	134,723
Number found unclean	4,424	4,458	3,745	3,500	3,800	3,803
Percentage of the number on rolls	8.5	8.6	7.4	6.9	7.6	7.5
Statutory notices to parents	79	61	69	55	24	26
Children cleansed ..	61	53	56	42	24	22

The number of children found to be infested still remains at last year's level. However, we include all those children in this figure who have the slightest infection, so the actual incidence of real infection is much less than the figures would at first sight indicate. The number of examinations remains the same; our six dedicated assistants may not relax. It is pleasing to note that over the past two years, the number of enforced treatments have fallen appreciably.

OPHTHALMIC SERVICE :

The Consultant Surgeons of the Regional Hospital Board continue this service. We are very grateful for the efforts these three Consultants make to provide our youngsters with a first class service. It will be observed that three per cent. of the pupils at school were prescribed spectacles during the year.

	1960	1961	1962	1963	1964	1965
No. of pupils on rolls on 31st December	51,691	51,694	50,846	50,382	50,188	50,488
Pupils refracted	4,562	4,536	4,477	4,664	4,077	4,253
Percentage	8.8	8.8	8.8	9.2	8.1	8.4
Spectacles prescribed (pupils)	1,607	1,504	1,525	1,457	1,349	1,507
Percentage	3.1	2.9	3.0	2.8	2.7	3.0

Orthoptic Treatment at the Nottingham Eye Hospital :

	1960	1961	1962	1963	1964	1965
New cases treated	38	72	75	67	72	56
Total treated	164	165	153	146	168	140
Awaiting test or treatment at end of year	11	5	6	3	6	8

Operations for Squint at the Nottingham Eye Hospital :

	1960	1961	1962	1963	1964	1965
Number of operations	52	41	38	48	37	38
On waiting list at end of year	33	22	18	14	35	31

EAR, NOSE AND THROAT DEPARTMENT :

Number of operations for Tonsils and Adenoids ...	317
Number of operations for Tonsils only	9
Number of operations for Adenoids only	51
Number of operations for Tonsils and Adenoids and Antra	5
Number of operations for Adenoids and Antra ...	2
Number of operations for Antra only	—
Cautery	—

The unique arrangement whereby the Authority's premises—two wards and an operating theatre—continued to be used by the Regional Hospital Board after the National Health Service Act, 1946, ended on 31st December, 1965. I have written, perhaps reminiscently, about this in the following note.

The Regional Hospital Board's Consultants continued their attendance with us and held 86 Out-patient sessions at the Central School Clinic during the year, at which 1,039 children attended; 451 (or 43.4% of the children examined) were referred for operation.

CLOSURE OF THE TONSIL AND ADENOID UNIT :

The arrangements for the admission of children to our wards operated from 1926. At that time the waiting list for this operation was so large that patients were having to wait as long as a year to eighteen months before being done in hospital and, as the facilities at the Children's Hospital were obviously overburdened and there being little likelihood of any improvement, our Education Committee bought the present Central Clinic premises in Chaucer Street with enough accommodation for all the activities of the School Medical Service (as it was then). On the top floor, provision was then made for an operating theatre, two wards, the usual offices and accommodation for a resident nurse and her maid who also acted as ward maid.

The accommodation has continued in use for tonsil and adenoid operations without ceasing since October, 1926; first of all with the late Mr. Bell Tawse as consultant and later with the late Mr. Marshall, and more recently Mr. Hogarth and Mr. Neil have shared the work between them. In the early days I myself often acted as anaesthetist or surgeon as the situation demanded.

When the National Health Service took over the running of the Tonsil and Adenoid Unit in July, 1948, there was little change in clinical arrangements, although the Regional Hospital Board now bore the cost. I took charge of the administrative running of the unit and was accepted as having sufficient specialist knowledge, not only to see E.N.T. patients—especially the deaf—prescribe hearing aids, etc., but also to operate when the surgeon was absent.

As I have noted in recent annual reports, it has been gratifying to see a steady decrease in the numbers of children whose tonsils and adenoids needed removal, and it was obvious latterly that we were having some difficulty in making up numbers to constitute a satisfactory batch of admissions, twice weekly. The intention was to close down at the end of 1965 when I retired (as originally arranged) but our hand was forced; the experienced E.N.T. nurse was admitted to hospital and the anaesthetist was also an in-patient. Efficient substitutes for these two important members of our team could not be found, so in September last, we had to close down—three months earlier than was anticipated.

I should say that during the 39 years the Unit has been functioning, on average, about 1,000 operations a year were performed, so that it is safe to say that at least some 35,000 to 40,000 children have been operated upon in the Chaucer Street Tonsil and Adenoid Unit. I regret to say that during this time we had one death following operation, but despite this I think it is a figure on which we can congratulate ourselves!

I often find myself somewhat embarrassed when interviewing a parent on some School Health matter to be reminded that "You did my tonsils for me in 1930 something, and I've never looked back since." However, I should be much more embarrassed, I fear, if she were to say "You did my tonsils for me in 1930 something, and I've never been right since." These memories are one of the pleasant compensations (or penalties) for growing older.

PAEDIATRIC CONSULTATIVE CLINIC :

Dr. Page continued to visit our clinic during the year. We are most grateful for the interest he shows in our handicapped and other children. The following figures for 1965 show that the problem of the overweight child is still with us. Bearing in mind that Dr. Page only sees those children who are excessively overweight, their numbers are considerable.

		<i>Number of cases</i>	<i>Number of attendances</i>
Heart conditions	... ..	52	70
Undescended testicles	... ..	35	50
Obesity, development, etc.	... ..	82	137

AUDIOMETRY :

Mr. E. F. Ward, our Audiometrician, attended for 22 sessions during the year; 208 selected children were tested.

ORTHOPAEDIC TREATMENT :

No orthopaedic clinic sessions are now held at the Central School Clinic. The local Hospital Management Committees have very kindly let me have the following figures relating to City school children: —

Children treated as out-patients :

At Nottingham Orthopaedic Clinic	... ..	90
At Nottingham Children's Hospital	... ..	227

Children treated as in-patients :

At Harlow Wood Orthopaedic Hospital	... ..	48
At Nottingham Children's Hospital	... ..	208

ELECTRICAL AND OTHER TREATMENT :

Treatment by the school nurses at the Central School Clinic was carried out as follows: —

Ultra-Violet Ray :

Number of children treated	... ..	14
Number of attendances	... ..	177

Ionisation :

Number of children treated	... ..	49
Number of attendances	... ..	549

Proetz :

Number of children treated	... ..	44
Number of attendances	... ..	502

COLOUR VISION :

	<i>Children with defective colour vision</i>		
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Secondary Modern Schools (Leaver) ...	59	7	66
Grammar Schools (Leaver) ...	16	3	19
Junior Schools (Intermediate) ...	54	1	55
TOTALS ...	129	11	140

We have now begun to test the colour vision of our boys and girls in their last year in the junior school. This will provide information for their secondary school courses.

SCHOOL NURSES :

School visits—general	1,064
" " —nursery schools and classes	511
" " —medical inspections with School Medical Officer	2,008
" " —uncleanliness	6
" " —investigating infectious disease	35
Home visits—general	1,861
" " —uncleanliness	1,055
" " —deafness and other ear conditions	69
" " —absentees from ophthalmic clinic	734
" " —absentees from T. and A. clinic	49
" " —National Child Development Survey	168
Clinic sessions	4,503

The work of the school nurses for the year, when analysed as above, is apt to give one the impression of working in calculated, impersonal compartments; however, nothing could be further from the truth, especially when one is dealing with human beings. Much of a school nurse's work is of a preventative nature; very little time is spent in actual treatment. Real progress is often slow and results may be disappointing at times but the path to success lies in persuasion and perseverance.

INFECTIOUS DISEASES :

	1960	1961	1962	1963	1964	1965
Chicken Pox	2,662	784	2,286	1,039	2,240	1,244
Measles	2,128	1,589	855	1,749	1,226	1,360
German Measles	222	577	1,177	3,761	127	190
Mumps	3,965	318	416	2,292	753	815
Scarlet Fever	167	74	38	99	95	255
Whooping Cough	329	88	45	220	106	106

I said last year that measles appeared to have a biennial cycle of occurrence. It would certainly seem that one can place chicken pox in that category also. Whooping cough has kept steady at just over the hundred—it is pleasing to note that this is only about one-fifth of the number recorded some ten to fifteen years ago.

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, 1965. In addition, 18,270 of these children were given their fourth dose against poliomyelitis.

<i>Year</i>	<i>No. of Children</i>	<i>Estimated Population Ages 5 to 15 years</i>	<i>Percentage</i>
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
1965	41,883	46,400	90·3

Diphtheria Immunisation :

The table shows the number of children who have been immunised against diphtheria at 31st December, 1965.

<i>Year</i>	<i>No. of Children</i>	<i>Estimated Population Ages 5 to 15 years</i>	<i>Percentage</i>
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
1965	40,989	46,400	88·3

B.C.G. Vaccination :

	1960	1961	1962	1963	1964	1965
Maintained Schools visited	43	45	47	47	45	40
No. of 13 year olds	6,149	4,938	4,768	4,695	4,716	4,287
No. of acceptances	4,235	3,606	3,631	3,482	3,387	3,159
No. of refusals	1,804	1,224	1,032	1,105	1,194	985
No. of others	110	108	105	108	135	143
No. tested	3,957	3,394	3,396	3,298	3,346	3,226
Negative reactors vaccinated	3,388	3,050	2,863	2,781	2,815	3,475
Positive reactors	498	285	454	424	371	440

CONVALESCENT HOME TREATMENT :

During the year 51 children spent a period in a convalescent home, compared with only 38 last year: —

Charnwood Forest Convalescent Home,	
Woodhouse Eaves	39 children
Roecliffe Manor Convalescent Home,	
Woodhouse Eaves	12 children

I have again to thank the staffs of these two convalescent homes for the care and attention given to our children. Generally, a short spell of about four weeks in one of these Homes—the convalescent homes are situated in one of the most delightful spots in Leicestershire—ensures a child's return feeling refreshed and fit again.

NOTTINGHAM CHILDREN'S HOMES, SKEGNESS :

The children who were fortunate to spend a holiday in one of these homes numbered 782 (402 boys and 380 girls).

These Homes have continued to fulfil a real need in the lives of many children whose only holiday memory is of the time they spent either with Miss Cockeram at the Girls' Home, or with Mr. and Mrs. Nicoll at the Boys Home. I am afraid I impose difficult children on them from time to time and often on their return I receive a message that, after the first few days, these children settled down into the daily routine of a well ordered existence and had not proved difficult in any way. I cannot speak too highly of not only the physical improvement in the youngsters but also of the better socialisation that has resulted from even the short period of three weeks at Skegness. Praise is also due to the staffs of both Homes for the way in which they perform their duties on behalf of the children's health and well-being.

DEATHS OF CHILDREN OF SCHOOL AGE :

Analysis of causes :

Heart Condition	...	...	...	...	...	1
Heart Failure	...	...	...	...	...	1
Heart Operation	...	...	...	...	...	1
Epileptic Fit	...	...	...	...	...	1
Leukaemia	...	...	...	...	...	1
Respiratory Failure	...	...	...	...	...	1
Broncho-pneumonia	...	...	...	...	...	1
Road Accidents	...	...	...	...	...	3*
Drowning	...	...	...	...	...	4
						<hr/> 14

*Includes one child who had been lying unconscious since September, 1960, following a road accident.

The only redeeming feature of this sad list is that there are 9 deaths fewer than last year. Once again, however, half of the total number are due to causes other than illness.

HEALTH AND SEX EDUCATION :

I have said previously that I should like to sound the feelings of youngsters in the secondary modern schools on the subjects of health, illness and sex. A questionnaire has been prepared and its distribution now awaits the comments of the Teachers' Panel here. I was hoping to have reported upon the answers in this Annual Report especially as Mr. Goldthorpe, the City's former Physical Education adviser, had told me what interesting comments he had had when he circulated a questionnaire. I hope this can now be left to my successor to report upon. I believe he is particularly interested in investigations and it may give him an opportunity to comment on the thoughts and feelings of teenagers, subjects which are very much to the fore nowadays, not only in the Sunday papers but also in many technical and professional journals.

CONCLUSION:

Last year, thinking that I should not be writing a further Annual Report, I mentioned a few of my memories of three or four decades ago. I shall not, therefore, repeat myself. However, I cannot end this report without expressing my thanks to the Committee for their helpful encouragement and patience, to the Director of Education and his staff, Head Teachers and Teachers, and to the staff of my own department, for their co-operation, loyalty and support. Finally, I pay tribute to the Hospital Consultants for their time so generously given and the attention paid to the children of this City, not forgetting the Hospital administrative staff who have kept us informed of their child patients' medical histories.

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, 1965

**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		No. of Pupils found not to warrant a medical inspection	Pupils found to require treatment (excluding Dental Diseases and Infestation with Vermin)		
		Satisfactory	Unsatisfactory		For defective vision excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1961 and later	929	929	—	—	6	162	164
1960	1,868	1,868	—	—	58	336	373
1959	2,612	2,612	—	—	107	416	471
1958	406	406	—	—	20	91	101
1957	2,373	2,373	—	809	184	449	595
1956	1,411	1,411	—	362	114	259	348
1955	873	873	—	616	111	204	292
1954	1,797	1,796	1	290	223	284	475
1953	940	940	—	—	126	111	229
1952	475	475	—	—	93	64	144
1951	2,364	2,364	—	—	358	294	597
1950 and earlier	2,281	2,281	—	—	562	265	765
Total	18,329	18,328	1	2,077	1,962	2,935	4,554

Part I, Tables B and C appear on page 39.

Part II—Defects found by Medical Inspection during year

Defect Code No. (1)	Defect or Disease (2)	(3)	Periodic inspections				Special Inspections (8)
			Entrants	Leavers	Others	Total	
			(4)	(5)	(6)	(7)	
4	Skin	T	140	146	219	505	125
		O	44	3	18	65	22
5	Eyes— (a) Vision ..	T	177	717	1,068	1,962	859
		O	254	41	245	540	1,927
	(b) Squint ..	T	194	81	257	532	275
		O	31	1	37	69	463
	(c) Other ..	T	16	9	31	56	29
		O	3	—	21	24	5
	Ears— (a) Hearing	T	46	21	134	201	47
		O	72	8	123	203	128
	(b) Otitis Media	T	19	16	36	71	27
		O	19	6	18	43	16
	(c) Other	T	27	12	38	77	123
		O	7	—	13	20	11
7	Nose and Throat	T	297	54	262	613	477
		O	390	6	268	664	243
8	Speech	T	45	3	75	123	20
		O	114	—	47	161	43
9	Lymphatic Glands	T	1	3	—	4	—
		O	2	—	5	7	3
10	Heart	T	15	6	20	41	5
		O	35	6	59	100	56
11	Lungs	T	58	22	65	145	10
		O	102	8	121	231	68
12	Developmental— (a) Hernia ..	T	30	2	24	56	3
		O	26	2	33	61	11
	(b) Other ..	T	35	35	168	238	49
		O	165	30	317	512	174
13	Orthopaedic— (a) Posture ..	T	1	9	6	16	2
		O	11	2	15	28	10
	(b) Feet	T	24	21	42	87	15
		O	47	2	34	83	15
	(c) Other ..	T	25	44	91	160	40
		O	45	3	44	92	45
14	Nervous System— (a) Epilepsy ..	T	11	8	31	50	5
		O	8	3	39	50	27
	(b) Other ..	T	4	10	27	41	11
		O	15	4	54	73	25
15	Psychological— (a) Development	T	13	3	81	97	159
		O	135	1	175	311	109
	(b) Stability ..	T	8	6	48	62	165
		O	21	5	100	126	134
16	Abdomen ..	T	8	3	8	19	3
		O	17	—	17	34	16
17	Other	T	8	7	12	27	156
		O	54	8	121	183	227

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

TABLE A.—EYE DISEASES, DEFECTIVE VISION & SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint	642
Errors of refraction (including squint)	5,117
Total	5,759
Number of pupils for whom spectacles were prescribed	2,200

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

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear	148
(b) for adenoids and chronic tonsillitis	970
(c) for other nose and throat conditions	82
Received other forms of treatment	818
Total	2,018
Total number of pupils in schools who are known to have been provided with hearing aids:—	
(a) in 1965	17*
(b) in previous years	81†

*Includes 8 pupils from other Authorities' areas.

†Includes 21 pupils from other Authorities' areas.

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known have to been treated</i>
(a) Pupils treated at clinics or out-patient departments	317
(b) Pupils treated at school for postural defects	—
Total	317

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

	<i>Number of cases known to have been treated</i>
Ringworm—(a) Scalp	4
(b) Body	13
Scabies	99
Impetigo	145
Other Skin Diseases	2,857
Total	3,118

TABLE E.—CHILD GUIDANCE TREATMENT

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinic	336

TABLE F.—SPEECH THERAPY

	<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists	305

TABLE G.—OTHER TREATMENT GIVEN

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments	4,108
(b) Pupils who received convalescent treatment under School Health Service arrangements	51
(c) Pupils who received B.C.G. Vaccination	2,475
(d) Other than (a), (b) and (c) above:	
1.—by the Authority: U.V.R.	14
2.—by the Authority: paediatrics	147
3.—by the Authority: heart cases	52
4.—at hospital: paediatrics and general medicine	378
5.—at hospital: Orthopaedic and general surgery	627
Totals (a)—(d)	7,852

Dental inspection and treatment carried out by the Authority during the year ended 31st December, 1965.

2. Number of Pupils on the Register of Maintained Primary & Secondary Schools including Nursery and Special Schools in January, 1966, as in Forms 7, 7m and 11 schools 51,892

3. Attendances and Treatment

	<i>Ages 5 to 9</i>	<i>Ages 10 to 14</i>	<i>Ages 15 & over</i>	<i>Total</i>
First Visit	3,974	3,804	657	8,435
Subsequent visits	2,393	8,861	1,798	13,052
Total visits	6,367	12,665	2,455	21,487
Additional courses of treatment commenced ..	54	130	24	208
Fillings in permanent teeth	1,899	8,731	2,035	12,665
Fillings in deciduous teeth	108	33	—	141
Permanent teeth filled	1,635	7,825	1,830	11,290
Deciduous teeth filled	100	30	—	130
Permanent teeth extracted	619	2,454	557	3,630
Deciduous teeth extracted	8,590	2,225	—	10,815
General anaesthetics	3,493	1,975	236	5,704
Emergencies	3,188	1,418	198	4,804

Number of Pupils X-Rayed	571
Prophylaxis	1,827
Teeth otherwise conserved	102
Number of teeth root filled	29
Inlays	4
Crowns	17
Courses of treatment completed	3,128

4. Orthodontics

Cases remaining from previous year	73
New cases commenced during year	124
Cases completed during year	52
Cases discontinued during year	4
Number of removable appliances fitted	168
Number of fixed appliances fitted	—
Pupils referred to Hospital Consultant	9

5. Prosthetics

	<i>5 to 9</i>	<i>10 to 14</i>	<i>15 & over</i>	<i>Total</i>
Pupils supplied with F.U. or F.L. (first time) ..	—	—	—	—
Pupils supplied with other dentures (first time) ..	10	62	45	117
Number of dentures supplied	11	63	47	121

6. Anaesthetics

General Anaesthetics administered by Dental Officers	238
--	-----

7. Inspections

(a)	First inspection at school.	Number of Pupils	..	..	..	7,977
(b)	First inspection at clinic.	Number of Pupils	..	..	..	6,022
	Number of (a) + (b) found to require treatment	..	..	..	..	12,714
	Number of (a) + (b) offered treatment	..	..	..	..	12,043
(c)	Pupils re-inspected at school clinic	..	..	..	..	235
	Number of (c) found to require treatment	..	..	..	..	200

8. Sessions

Sessions devoted to treatment	..	..	..	..	2,475.5
Sessions devoted to inspection	..	..	..	..	*49.5
Sessions devoted to Dental Health Education	..	..	..	..	—

*—Includes 18.5 sessions for Dental Survey for 15+ age group.

Continued from page 35

TABLE B.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	..	..	..	9,610
Number of Re-inspections	..	..	..	..	..	..	..	7,218
Total								<u>16,828</u>

TABLE C.—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	..	..	..	..	..	134,723
(b)	Total number of individual pupils found to be infested	..	..	..	..	..	3,803
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	..	..	..	..	..	26
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	..	..	..	..	..	26

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

During the calendar year ended 31st December, 1965:—		Blind	P.S.	Deaf	Pt. Hg.	P.H.	Del.	Mal.	E.S.N.	Epil.	Sp. Def.	TOTAL Cols. (1) to (10)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	9	(10)	(11)
A	How amny handicapped children were newly assessed as needing special educational treatment at special schools or in boarding homes?	—	2	3	2	4	3	7	65	—	—	86
	.. .. . girls	1	1	1	3	6	8	—	70	—	—	90
B	(i) of those included at A above	—	—	1	2	3	3	6	20	—	—	35
	.. .. . girls	1	—	1	3	3	8	—	34	—	—	50
	(ii) of those assessed prior to January, 1965	—	—	—	—	2	—	—	18	—	—	20
	.. .. . girls	—	1	—	—	—	—	2	9	—	—	12
	(iii) TOTAL newly placed	—	—	1	2	5	3	6	38	—	—	55
	.. .. . girls	1	1	1	3	3	8	2	43	—	—	62

On 20th January, 1966, how many children from the Authority's area:—

[illegible]

APPENDIX B.

TREATMENT ARRANGEMENTS

<i>Clinic</i>	<i>Treatment carried out</i>	<i>Consultant Sessions</i>	<i>School Medical Officer attended</i>	<i>Children's attendances during 1965 for minor ailments</i>
Arkwright— London Road	Minor Ailments	—	—	2,834
Bestwood— Beckhampton Road	Minor Ailments Refractions Speech Therapy Dental	Monthly	Monday a.m.	7,722
Bulwell— Main Street	Minor Ailments Refractions Speech Therapy Dental	Monthly	Thursday a.m.	5,474
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.	7,695*
Child Guidance— 34 Clarendon Street	Psychiatric Speech Therapy	4 sessions weekly	Tuesday p.m. & Wednesday p.m.	—
Clifton— Southchurch Drive	Minor Ailments Refractions Speech Therapy Dental	Weekly	Wednesday p.m.	9,327
36 Clarendon Street	Dental (including Orthodontic)	—	—	—
Player— Beechdale Road	Minor Ailments Refractions Speech Therapy Dental	Weekly	Monday a.m.	12,303
Portland— Westwick Road	Minor Ailments	—	—	2,038
Rosehill— St. Matthias' Road	Minor Ailments Refractions Speech Therapy Dental	Weekly	Thursday p.m.	10,636
Scotholme— Beaconsfield Street	Minor Ailments	—	Tuesday a.m.	3,451
Welbeck— Queen's Drive	Minor Ailments	—	—	1,795
William Crane— Aspley Estate	Minor Ailments Speech Therapy	—	—	5,688

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

