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44  
CITY OF  
NOTTINGHAM



EDUCATION  
COMMITTEE



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PRINCIPAL SCHOOL MEDICAL OFFICER'S

# ANNUAL REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR 1967




Adopted by the Education Committee at its meeting  
held on 24th April, 1968



F. E. JAMES M.D., D.C.H.,  
*Principal School Medical Officer.*

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



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## CONTENTS

**Staff.**

**Introduction.**

**Medical Inspection.**

**Dental Service.**

**Handicapped Pupils :**

- (a) Blind and Partially Sighted.
- (b) Deaf and Partially Hearing.
- (c) Physically Handicapped and Delicate.
- (d) Educationally Sub-normal.
- (e) Epileptic.
- (f) Maladjusted.
- (g) Speech Defects.
- (h) Special Schools.

**Clinics :**

- (a) Ophthalmic.
- (b) Ear, Nose and Throat.
- (c) Paediatric.
- (d) Child Psychiatry.
- (e) Educational Assessment.
- (f) E.S.N. Assessment.
- (g) Speech Therapy.
- (h) Dyslexia.
- (i) Remedial Teaching.
- (j) General Duty.
- (k) Minor Ailments.
- (l) Audiometry.
- (m) Enuretic.
- (n) Electrical and Other Treatment.

**Miscellaneous :**

School Nurses.  
Cleanliness.  
Infectious Diseases.  
Immunisation and Vaccination.  
Orthopaedic.  
Colour Vision.  
Convalescent Homes.  
Nottingham Children's Homes, Skegness.  
Deaths in Children of School Age.

**Conclusion.**

**Statistics.**

**Index.**



# SCHOOL HEALTH SERVICE

## SPECIAL SERVICES SUB-COMMITTEE

(Municipal Year 1967-68)

*Chairman:* Councillor Mrs. M. WHITTAKER, J.P.

*Vice-Chairman:* Councillor T. W. ALVEY

Councillor C. BENNETT

(Chairman of the Education Committee)

Alderman Roland E. GREEN

(Vice-Chairman of the Education Committee)

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Alderman Sir SIDNEY P. HILL, Kt.,  
B.E.M.  
Councillor Mrs. I. F. MATTHEWS, J.P.  
Councillor Mrs. O. M. MOSS

Councillor J. A. SHIPSTONE  
Councillor A. WHITEHEAD  
Councillor H. WILSON  
J. D. SUNLEY, Esq., J.P.  
S. WARD, Esq., L.R.A.M.

### STAFF (31st December, 1967)

*Principal School Medical Officer:*  
F. E. JAMES, M.D., D.C.H.

*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.  
KATHLEEN M. LAING, B.Sc., M.B., B.S., D.C.H.  
ISABEL M. GREEN, M.B., Ch.B., D.C.H.

#### *Part-time Medical Officers:*

|  |   |
|--|---|
| G. C. H. CHANDLER, M.R.C.S.,<br>L.R.C.P. | W. K. S. MOORE, M.A., M.B., B.Chir.<br>(M.O., Boots College)          |
| JANET M. FERRIS, M.B., B.S.,<br>D.A.     | K. SHALLCROSS DICKINSON,<br>M.R.C.S., L.R.C.P., F.P.S.,<br>F.R.Ent.S. |

#### *Part-time Specialists:*

(By arrangement with the Sheffield Regional Hospital Board)

G. GORDON-NAPIER, M.D., Ch.B., D.O.M.S. (Ophthalmic Surgeon)  
(to 10/12/1967)

J. HORTON YOUNG, M.B., B.S., D.O.M.S. (Ophthalmic Surgeon)  
H. FRASER, M.B., Ch.B., D.O. (Ophthalmic Surgeon)

N. R. GALLOWAY, B.A., M.B., Ch.B., D.O., F.R.C.S. (Ophthalmic Surgeon)  
(from 11/12/1967)

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)

T. A. RATCLIFFE, M.A., M.B., B.Ch., D.P.M., D.C.H. (Psychiatrist)  
ELIZABETH ARKLE, M.D., D.P.M. (Psychiatrist)

V. PILLAI, D.P.M., D.C.H. (Psychiatrist) from 11/9/1967)

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

*Principal School Dental Officer:*

W. McKAY, L.D.S.

*Dental Officers:*

|                           |                                 |
|---------------------------|---------------------------------|
| ERIKA MELLAKAULS, L.D.S.  | *N. E. CHETTLE, L.D.S.          |
| MARGARET C. READE, L.D.S. | *D. R. DAVIES, L.D.S.           |
| MAUREEN M. DICK, B.D.S.   | *LINDA E. HILL, B.D.S.          |
| †ENID DURANCE, L.D.S.     | *E. A. MEADOWS, L.D.S.          |
|                           | *MYRETTE J. J. DAVIDSON, L.D.S. |

*Dental Surgery Assistants:*

Full-time: four

Part-time: seven

*Child Guidance Centre:*

|  |  |
|--|--|
| J. J. GROVER, B.A.<br>(Senior Educational Psychologist)        | MRS. K. S. STOURTON, L.C.S.T.<br>(Senior Speech Therapist) |
| *MRS. J. FRY, M.A., Ed.B.<br>(Educational Psychologist)        | MRS. B. M. BATY, L.C.S.T.<br>(Speech Therapist)            |
| MISS S. M. JACKSON, B.A.<br>(Trainee Educational Psychologist) | MISS D. BLAIR, L.C.S.T.<br>(Speech Therapist)              |
| MRS. E. WILL, DIP.SOC.ST.<br>(Social Worker)                   | MISS M. E. DRURY, L.C.S.T.<br>(Speech Therapist)           |
| MRS. J. SMART, R.M.N.<br>(Social Worker)                       | MISS S. E. LITTLEFAIR, L.C.S.T.<br>(Speech Therapist)      |
| MISS A. M. HALL<br>(Remedial Teacher)                          | *MRS. J. S. THOMAS, L.C.S.T.<br>(Speech Therapist)         |
| *MRS. R. LODGE<br>(Remedial Teacher)                           |  |

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

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

*School Nurses:*

|  |                                 |
|--|---------------------------------|
| MRS. P. ALLEN, S.R.N., R.S.C.N.              | MRS. E. A. MOORE, S.R.N.        |
| MRS. M. M. ASTILL, S.R.N.                    | MRS. M. RUSHTON, S.R.N., R.M.N. |
| MISS M. F. BRANSFIELD, S.R.N., C.M.B.        | MRS. P. RUSHTON, S.R.N.         |
| MRS. A. E. CLARKE, S.R.N., R.F.N., S.C.M.    | MRS. B. L. SELMAN, S.R.N.       |
| MISS I. COCKERAM, S.R.N., S.C.M., Q.I.D.N.S. | MRS. F. C. WELTON, S.R.N.       |
| MRS. E. M. EARNSHAW, S.R.N., S.C.M.          | MRS. W. M. WILSON, S.R.N.       |
| MISS A. M. GARNER, S.R.N.                    | MISS S. E. J. WITHERS, S.R.N.   |
| MISS C. A. LAIDLER, S.R.N.                   | MISS J. E. WYLES, S.R.N.        |
| MISS P. A. LAMBE, S.R.N.                     | MRS. A. C. E. YOUNG, S.R.N.     |
| MRS. M. R. LONG, S.R.N.                      |                                 |

*Nurses' Assistants:* Six

*Clinic Attendants:* Six part-time

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

*Hostel for Maladjusted Pupils:*

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

*Assistant Matron:* MISS E. P. ROBINSON

†Part-time Staff (Salaried)

\*Part-time Staff (Sessional)



**CITY OF NOTTINGHAM EDUCATION COMMITTEE**  
**SCHOOL HEALTH SERVICE**

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**REPORT FOR THE YEAR ENDED 31st DECEMBER, 1967**

**BY**

**THE PRINCIPAL SCHOOL MEDICAL OFFICER**  
**DR. F. E. JAMES**

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

LADIES AND GENTLEMEN,

I have the honour to present the 59th Annual Report of your School Health Service.

Although no major change in the operation of the Service has been made during the year, there have been continuous endeavours to correlate medical duties with education, this being in accordance with modern trends. From time to time I am asked exactly what this means and how it operates. At various places in this Report attempts have been made to explain some aspects of this approach.

During the summer, the Plowden Report was published and the First Report of the National Child Development Study. These reports emphasise the importance of developmental, medical, social and behavioural factors in education. It is with the first two aspects that we are especially concerned and indeed both these reports strongly reinforce the view that the School Health Service should be an educational medical service. The Plowden Report draws attention to the importance of nursery education and much has been heard recently about compensatory education for cultural deprivation. This is clearly an important subject and there can be little doubt of the importance of the early years educationally and in character formation, but as yet there seems insufficient evidence as to the extent nursery education can be compensatory, while the child remains in his home environment. If extra expenditure of public money is being advocated, it is essential to be certain that worthwhile benefits will result educationally, socially and vocationally with compensatory savings in other directions, e.g. by diminishing the number of special school places required.

From time to time we hear rumours of the demolition of our Central Clinic and Child Guidance Centre. The Committee can indeed be proud of the service provided in these premises in the past and if we are to continue to maintain the same standards, careful thought must be given to the future. If our premises are to be demolished, we should approach our hospital colleagues, who work so closely with us, on what is required in any new Centre. With the present shortage of doctors and limitation of finances, it would be tragic if there was duplication of services.



## STAFF

The greatest difficulty throughout the year has been the increasing shortage of dental staff. As things stand at present, the Authority has a duty to provide a comprehensive inspection and treatment service and it is clearly impossible for Mr. McKay, the Principal School Dental Officer, to attempt this on his present dental officer strength.

Mrs. J. Fry, our Senior Educational Psychologist, who was so well known and liked by the whole of the educational and medical staff, retired last March after 20 years of service with the Committee. We are fortunate in that Mrs. Fry has continued to give us two sessions a week for the Child Guidance Centre. We are thus able to continue to benefit from her wealth of experience under local conditions.

We warmly welcome Mr. J. J. Grover as Mrs. Fry's successor to the post of Senior Educational Psychologist. Mr. Grover joined us on the first of June from Cornwall where he was Area Psychologist for the extreme South-West. He has had considerable experience of all aspects of the work of a Child Guidance and School Psychological Service. Mr. Grover has a particular interest in the further development of the School Psychological Service and is aware of the assistance and support it can give to teachers dealing with exceptional children, i.e. those with different needs. It is envisaged that a fully expanded service should make a positive contribution to the personal, educational and vocational guidance of handicapped and normal children with a full range of diagnostic, treatment and research facilities.

We are very grateful to Miss S. M. Jackson, who was the only psychologist in the service for the period between Mrs. Fry's leaving and Mr. Grover's taking up his appointment, for the very able way in which she dealt with the most urgent cases.

At the end of the year, Mr. G. Gordon Napier, M.D., Ch.B., D.O.M.S., who has been part-time Consultant Ophthalmic Surgeon with the Education Committee since 1937, retired. Dr. Napier has been a great friend of the School Health Service and is well known to many of the present and retired staff. The Sheffield Regional Hospital Board have appointed Mr. N. R. Galloway, B.A., M.B., Ch.B., D.O., F.R.C.S., to succeed Dr. Napier. Mr. Galloway comes from Moorfields Eye Hospital where he has been senior registrar.

With the re-organisation of the child psychiatric services by the Hospital Management Committee, we now have three Consultant Child Psychiatrists each giving two sessions weekly. Dr. T. A. Ratcliffe, who is the Clinical Director of the Nottinghamshire County Clinic, an acknowledged authority in his subject and extremely well known locally, has joined us, and we are thus able to benefit from his special experience. We are also pleased to welcome Dr. V. Pillai who comes from Glasgow and has specialised knowledge and experience in Child Psychiatry.

Dr. Gray, a part-time school medical officer, left us in February. We are pleased to welcome in his place Dr. K. Shallcross Dickinson, who has had a wide experience in a variety of posts.

The Nursing Staff lost three members having valuable experience. Miss Metge and Miss Stuchbury retired after 21 years and 27 years respectively with the Service. We wish them a long and happy retirement. We offer our sympathy to Miss Abbott who resigned after 22 years' service to look after an invalid mother who has since died. Miss Abbott gave invaluable service in our Ophthalmic Clinics.



Dr. Phelps, our part-time dental anaesthetist, left us at the end of January for full-time work with the County. We are pleased to report that Doctors Chandler and Ferris have joined us. Mr. McKay, Principal School Dental Officer, has reported more fully on the dental staff in his remarks which appear later in this report.

Mrs. Thomas, senior speech therapist, left us in March for family reasons and she has been succeeded by Mrs. K. S. Stourton, previously a speech therapist with the County Authority. Mrs. Stourton has proved a very worthy successor. She has the assistance of four full-time therapists who are doing some very good work and under her guidance the speech therapy section is running smoothly and efficiently.

From the clerical staff we lost Mrs. Rogers to have her baby. She had served the Committee well as a shorthand typist for 12 years. In December Mr. Wilson, our chief clerk, resigned; he obtained a more senior post in Suffolk after serving the Committee for 10 years. We are sure Mr. S. Palmer will make a worthy successor although it will naturally take time for him to acquire Mr. Wilson's experience.

## MEDICAL INSPECTION

These have continued as formerly, all children being examined at the entrant and leaver stage and selective examinations only, in place of the intermediate routine examinations. It may well be that in future the entrant examination will include a developmental assessment, for if this was possible the examination would be much more useful from an educational point of view.

It has been suggested that the questionnaire to parents used at selective examinations is not satisfactory for those schools containing a large number of children from unsatisfactory homes as the questionnaires were never completed. To investigate this, we listed the number of unreturned forms from those schools which might be expected to contain many children from unsatisfactory homes (schools A, B and C) and compared them with the returns from three schools D, E and F which were thought to contain very few such children: —

|        |   |     |     |     | <i>No. of questionnaires<br/>distributed</i> | <i>No. not<br/>returned</i> |
|--------|---|-----|-----|-----|--|-----------------------------|
| School | A | ... | ... | ... | 85   | 14                          |
|        | B | ... | ... | ... | 111  | 19                          |
|        | C | ... | ... | ... | 74   | 17                          |
|        | D | ... | ... | ... | 104  | —                           |
|        | E | ... | ... | ... | 46   | —                           |
|        | F | ... | ... | ... | 84   | 2                           |

School C is known to contain a large number of immigrant children and of the 17 forms not returned, 9 related to English children and 8 to immigrant children. It is difficult to say how much failure to understand the form through language difficulty contributed to its non-return since none of the parents attended for the actual medical examination although invited to do so. It seems that fewer questionnaires are returned from those schools where many children come from unsatisfactory homes. These are the very homes from which parents failed to attend at medical inspections. However, such a position does not invalidate the use of questionnaires. They have been further criticised on the grounds that most of the questions are concerned more with matters of health, than matters of health which affect education. It is possible that with further experience we may wish to make changes in our own questionnaire.



## THE SCHOOL DENTAL SERVICE

### Report of the Principal School Dental Officer for 1967

#### Premises and Equipment

No new premises were built and little new dental equipment was purchased during 1967.

Arrangements have now been made with the Health Committee, however, for twin surgery dental suites to be provided for local authority use in the proposed Health Centres at Hyson Green, Bulwell, Beaumont Street (Sneinton) and St. Ann's Well Road. In these uncertain times, it is not possible to say when they will be available but it is heartening to know that the Authority is doing all in its power to increase the available dental accommodation.

#### Staffing :

On 31st December, 1967, the dental staff consisted of: —

|                                     | <i>Salaried</i> | <i>Sessional</i> |
|-------------------------------------|-----------------|------------------|
| Principal School Dental Officer ... | 1.0 (1.0)       | —                |
| Orthodontist ... ..                 | .4 (.5)         | —                |
| Dental Officers ... ..              | 3.3 (4.5)       | 1.1 (1.8)        |
|                                     | <hr/>           | <hr/>            |
|                                     | 4.7 (6.0)       | 1.1 (1.8)        |
| Medical Officers ... ..             | — (—)           | .5 (.7)          |
|                                     | <hr/>           | <hr/>            |
|                                     | 4.7 (6.0)       | 1.6 (2.5)        |

(Figures for 1966 in brackets).

Nine Dental Surgery Assistants gave a whole-time equivalent of 7.7.

**Resignations:** Dr. Thelma M. Phelps resigned her part-time appointment as dental anaesthetist on 31st January, 1967, and discontinued this speciality. Appointed on 20th April, 1950, she gave the Authority nearly 17 years of loyal and efficient service in the Dental Department, for which we thank her. Sorry as we are to see her go, we congratulate her on her new appointment as Deputy Medical Officer of Health for Basford R.D.C., Bingham R.D.C., Eastwood U.D.C. and West Bridgford U.D.C. and Assistant County Medical Officer for Nottinghamshire; we wish her every success in her new whole-time career.

Mrs. Linda E. Hill, appointed whole-time dental officer on 1st September, 1961, resigned on 30th April, 1967. She specialised in Orthodontics and her work has been taken over by Miss Dick. We congratulate Mrs. Hill on the birth of a son and hope that she may find time to assist us in a part-time capacity in the not too distant future.

Mrs. Lorna J. M. Knox resigned her part-time appointment on leaving the district on 31st August, 1967. She had been on the staff less than six months.

**Appointments:** Despite advertisement, no new whole-time dental officers were appointed during 1967.

We welcome, however, Dr. G. C. H. Chandler (1st February, 1967) of Burton Joyce, and Dr. Janet M. Ferris (22nd May, 1967) of Loughborough, as part-time dental anaesthetists and hope that their association with the Authority will be long and happy.



**Dental Auxiliaries :** Towards the end of the year, information was received that two dental auxiliaries may be available to us in September, 1968. These dental operators are especially useful in the treatment of pre-school children and in dental health education. They must work to the prescription of a registered dentist whose physical presence is necessary within the building while treatment is being carried out.

Mention may be made at this point of the Sheldon Report on Child Welfare Centres (H.M.S.O. 1967) which reminds us that in 1963, surveys in 7 areas of a total of 16,000 children showed that less than 18% at the age of 5 years had no decayed, missing or filled teeth. The average number of affected teeth per child was over five.

Any assistance in the treatment of this measure of dental caries would certainly be welcome and, ideally, children could be dentally fit on entry to school.

#### **Dental Inspection :**

During the year 7,365 children (or some 14% of the school population) had a routine dental inspection in school and 34 dental officer sessions were devoted to this work. An additional 4,642 (or some 9% of the school population) were seen as special or casual inspections (2,960 because of pain or sepsis). A total of 12,007 (or some 23% of the school population) therefore were inspected.

Of the 12,007 inspected, 10,540 were found to have some dental defect. Treatment was offered to 9,259 children.

#### **Dental Treatment :**

A summary of the dental treatment provided is shown in the Appendix. Comparative figures for 1966 are also shown.

In addition, a dental officer spent a further 42 sessions working in the Department of Dental Surgery at the General Hospital.

#### **Casual or Emergency applications for treatment :**

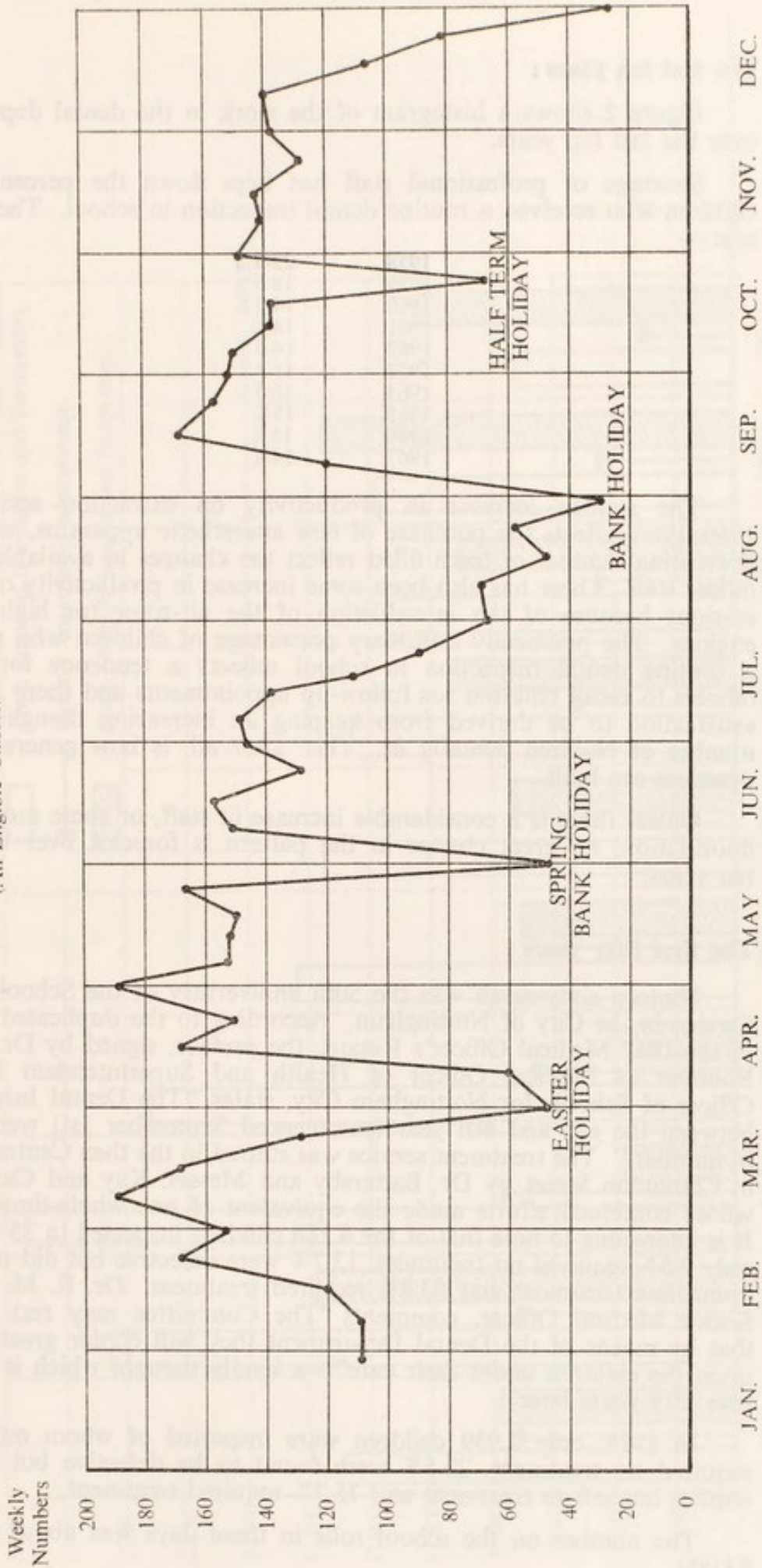
It is of interest to note that the total number of patients who applied for emergency treatment (mainly because of pain or sepsis) during 1967 was 6,858, which is an average of 132 per week over all 52 weeks of the year. The last published figure (Annual Report of 1959) gave a weekly average of 120. After 20 years of the National Health Service, one would expect to see this figure dropping steeply. The fact that it is not doing so gives ample proof of the necessity for an effective priority dental service—at least in this area. As only 14% of the school population could be given a routine dental examination during 1967 because of the pressure of emergency applications, it is obvious that no effective service exists. Even the number of general anaesthetic sessions which were cut from 7 to 3 in February, 1967, and rose again to 5 in May, 1967, are only now (December) being maintained by my acting as anaesthetist.

The distribution of applications during the year is also of interest and a graph is shown (fig. 1). From this it can be seen that the lines of communication with the patient are at fault; the low points in the graph corresponding to the school holidays when, I am certain, parents are not unaware of how to apply for treatment for their children.

A lack of dental professional staff and premises are the root cause of the problem.

Casual Applications for Dental Treatment (Mainly for Pain/Sepsis)

(All Eligible Classes)



(Figure 1)



### **The last ten years :**

Figure 2 shows a histogram of the work in the dental department over the last ten years.

Shortage of professional staff has kept down the percentage of children who received a routine dental inspection in school. The figures are: —

|      |       |
|------|-------|
| 1958 | 22.5% |
| 1959 | 18.5% |
| 1960 | 14.3% |
| 1961 | 18%   |
| 1962 | 14.5% |
| 1963 | 11.3% |
| 1964 | 16.5% |
| 1965 | 15%   |
| 1966 | 15%   |
| 1967 | 14%   |

The sudden increase in productivity on extraction sessions in 1959/1960 reflects the purchase of new anaesthetic apparatus, while the fluctuating number of teeth filled reflect the changes in available dental officer staff. There has also been some increase in productivity on filling sessions because of the introduction of the air-rotor (or high speed) engines. The practically stationary percentage of children who received a routine dental inspection in school reflects a tendency for dental officers to recall children for follow-up appointments and there is much satisfaction to be derived from keeping an increasing though limited number of children dentally fit. This, after all, is how general dental practices are built.

Unless there is a considerable increase in staff, or some measure of fluoridation, no great change in the pattern is forecast over the next ten years.

### **The first fifty years :**

Nineteen sixty-seven was the 50th anniversary of the School Dental Service in the City of Nottingham. According to the duplicated edition of the 1917 Medical Officer's Report, the preface, signed by Dr. Phillip Boobyer as Medical Officer of Health and Superintendent Medical Officer of Schools for Nottingham City, states "The Dental Inspections between the 6th and 8th year (commenced September 1st) were 4,286 in number." The treatment service was started in the then Central Clinic in Clarendon Street by Dr. Battersby and Messrs. Kay and Carrington whose combined efforts made the equivalent of one whole-time officer. It is interesting to note that of the 4,286 children inspected in 33 schools, only 2.5% required no treatment, 13.7% were defective but did not need immediate treatment and 83.8% required treatment. Dr. E. M. Wyche, Senior Medical Officer, comments "The Committee may rest assured that by means of the Dental Department they will confer great benefit upon the children under their care"—a kindly thought which is equally true fifty years later.

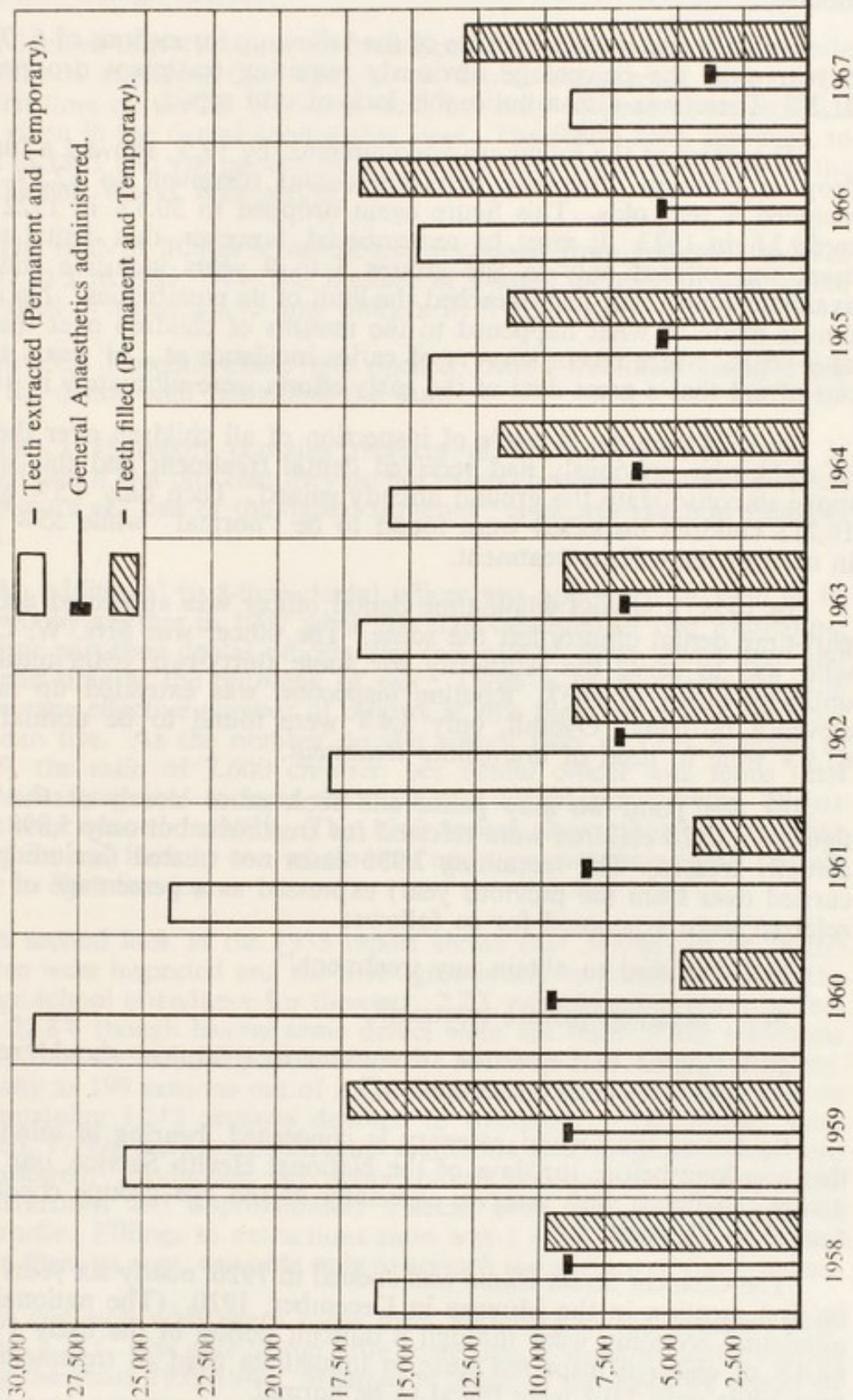
In 1918, only 2,939 children were inspected of whom only 1.8% required no treatment, 22.5% were found to be defective but did not require immediate treatment and 75.7% required treatment.

The number on the school rolls in these days was about 42,000/43,000.

Numbers  
Annually

# THE WORK OF THE DENTAL DEPARTMENT OVER TEN YEARS

(Figure 2)





We note that in 1919 a whole-time dental surgeon was appointed—Mr. V. C. Carrington who, incidentally, was to serve the Authority for a total of forty-six years.

In 1919 the service was expanded to Bulwell and a dental clinic was established in a disused caretaker's house at Coventry Road. A dental dresser was also appointed. In this year concern was expressed because only 0.9% of children examined had "absolutely normal healthy mouths."

By 1920 and largely because of the follow-up inspections of 6, 7 and 8 year olds, the percentage obviously requiring treatment dropped to 71.2% There was also a noticeable lack of oral sepsis.

The effect of the follow-up appointments, by 1921, showed a further drop in children obviously requiring dental treatment to 52.5% and included 5 year olds. This figure again dropped to 50.5% in 1922 and to 50.3% in 1923. It must be remembered, however, that dental treatment was offered only to age groups 5 to 9 years inclusive and the available dental staff had "reached the limit of its possibilities." No mention is made of what happened to the mouths of children over the age of 9 years. More recent surveys of caries incidence at 12+ years make one afraid that a great deal of the early efforts were ultimately in vain.

In 1924 mention is made of inspection of all children over the age of eight who previously had received dental treatment and this was a move to consolidate the ground already gained. Then only 4.5% of the 16,213 children inspected were found to be "normal" while 55% were in need of immediate treatment.

In 1925, a second whole-time dental officer was appointed and the part-time dental officers left the scene. The officer was Mrs. W. Curtis who was to serve the Authority for some thirty-two years until her untimely death in 1957. Routine inspection was extended up to the eleventh birthday. Overall, only 3.4% were found to be normal and 61.9% were in need of immediate treatment.

At this point we may pause and look more closely at the 1925 figures. 13,828 children were referred for treatment but only 5,898 were actually treated. The remaining 7,930 cases not treated (including 701 carried over from the previous year) expressed as a percentage of cases referred were accounted for as follows:—

11% "refused to obtain any treatment."

24% "obtained private treatment."

20% "stated that question of consent to treatment should receive later consideration."

So far as the second category is concerned, bearing in mind that this was long before the days of the National Health Service, one must accept the figure with reserve, especially as the age groups concerned were 5 to 11 years.

The Chaucer Street Clinic was opened in 1926, nearly six years after its first mention in the Minutes in December, 1920. (The national and municipal economy went through a difficult period in the early 1920s). 68.4% of children inspected were in immediate need of treatment that year while only 2.0% were found to be normal.



Caries incidence remained at a more or less constant level in 1927 and 1928. The inclusion of all children up to but not including the 13 year olds doubtless led to 76.4% requiring immediate treatment in the latter year, with only 1.12% "normal." A part-time dental officer was added to the staff in 1927 to be followed by another in 1929 and in this year inspection was extended to include the thirteen-year-olds. Despite this, only 72.5% of children inspected required immediate treatment in 1929, 1.4% being "normal."

Nineteen-thirty brought the extension of dental inspection to include all children attending City schools. A dental anaesthetist appears for the first time on the list of dental staff, but only 68 general anaesthetics were given in the dental service that year. The figure rose, however, to 2,212 in 1931 and the pattern of the service bears some similarity to the post Second World War period.

The ratio of fillings to extractions increased from 1.84 to 1 in 1925 to 3.57 to 1 in 1931. Was this because of a small increase in staff to the equivalent of three whole-time officers by 1931?

In 1932 Rosehill Clinic was opened, dental treatment being available, the dental staff remaining the same.

The 1935 report contains pictures of the new district clinic in Bulwell and it is a pity that they do not extend beyond the waiting room. The picture of "one of the dental surgeries" is clearly taken in Chaucer Street.

An additional part-time dental officer was appointed in 1936 to be followed by another in 1937 when the staff consisted of two whole-time and four part-time dental officers and this rose to three whole-time and four part-time at the outbreak of war. There is no way of estimating the average effective number of officers at this time but it was certainly less than five. As the number on the school rolls in 1939 is given at 37,909, the ratio of 7,600 children per dental officer was more than double that required to form the basis of a satisfactory service. Player Clinic was opened in 1939. The 1940 report shows that the staff has again been cut back to two whole-time and two part-time dental officers owing to War Service.

A second look at the 1938 report shows that 34,046 out of 38,260 children were inspected and the first figure is not very different from the average school attendance for the year. 2.2% were found to have perfect teeth. 27.8% though having some defect were not referred for treatment and 70% of the school population were in obvious need of treatment. As many as 199 sessions out of 1,412 were devoted to inspection and on the remaining 1,213 sessions devoted to treatment; 7,182 fillings were inserted, 17,396 teeth were extracted and 3,584 general anaesthetics were administered. Production per dental officer session was 5 fillings and 12 extractions and approximately 5 teeth were extracted per general anaesthetic. Fillings to extractions ratio was 1 : 2.4. The school dental service then, as now, was able only to scratch the surface of the problem.

In common with every other local authority in the country, Nottingham C.B.C. was able to run little more than a skeleton dental service during the years 1939-1945. Mention is made in the 1943/44 report of a treatment acceptance rate of only 40%



By the end of 1945, the dental staff consisted of three whole-time and four part-time dental officers. During that year "a falling proportion of children found to require treatment" was noted. This coincides with observations made elsewhere in the country and was undoubtedly due to food (and sweet) rationing. The war-time diet, although not as varied as one would have wished, was well balanced and it did lead to an improvement, at least in the dental health of the nation. The 1945 report shows that the percentage found to require treatment had dropped to 54% from 69% in 1941.

Dental treatment was made available at Leenside Clinic in 1946 and some treatment was carried out in schools by means of portable equipment.

By the end of 1947, the dental staff consisted of four whole-time and four part-time officers. It is worthy of note that the Principal School Medical Officer, twenty years ago, in writing about the Central Clinic, stated that the building "is now quite inadequate" with working conditions "acknowledged to be unsatisfactory." The dental department expanded into the attics of 36 Clarendon Street for the purpose of giving some orthodontic service—in rooms which had been vacated by the dental department twenty-one years earlier.

The National Health Service Act of 1946, the appointed day being 5th July, 1948, did not have much effect on the school dental service until the end of 1948 and a brief look at the figures for that year is of interest.

1,783 sessions were devoted to inspection and treatment. Fillings per dental officer session were 3.8 while extractions were 9.2. The number of extractions per general anaesthetic administered (4,035) was 4.1 teeth. Not all children on the school roll were inspected in 1948 and of those (32,037), 50.3% were found to require treatment.

The picture from 1949 onwards becomes more familiar, with a rising incidence of caries and a shortage of staff to deal with the problem. There was a flight nationally of dentists from the school dental service to the general dental service and the situation is slow to reverse. More and more general anaesthetic sessions were necessary to deal with the problem of the "casual" who could not find treatment in the general dental service. Fewer and fewer children could be inspected in school. In 1950 three part-time medical officers (dental anaesthetists) gave service equivalent to one whole-time dental officer to add to the two whole-time dental officers left in post. In 1951, the whole-time equivalent (dental officers and medical anaesthetists) crept up to just under four. Bearing in mind the increase in caries incidence, a staff of 15 dental officers would have been necessary to supply a comprehensive school dental service. Children were not receiving much routine dental treatment through the general dental service, as school inspection figures and indeed casualty figures amply show.

Much fluctuation in the staffing situation occurred in subsequent years—5 (whole-time equivalent) in 1952, 3.8 in 1954, 3.5 in 1956, 3.5 in 1958, when Mr. Carrington retired after over forty years' service. It rose to 5 in 1959 only to fall again in 1960/61. The present (1967) figure of 6.6 may seem an improvement after all these years but it is still too low to give any semblance of a comprehensive service.



Post-war caries incidence has been high, doubtless owing to the comparative prosperity of the British people. How to cut down this caries incidence is another matter. Fluoridation of water supplies, adequate dental health education (including attention to diet) and regular dental treatment seem to give the answer when acting together.

It may be asked if local authorities are ideal bodies to have the responsibility for the expansion and development of dental services. At the present time we await the publication of reports and recommendations, not only in connection with the administrative structure of the health services generally, but with the future pattern of local government itself. These are difficult times in which to guess at the future.

### **Summary of Dental Treatment carried out under the Local Health Authority Maternal and Child Health Scheme, by the School Dental Service :**

#### **Dental Care of Expectant and Nursing Mothers and Pre-School Children:**

1967 has been a poor year in respect of volume of treatment given. A further loss of staff has contributed to this but fewer patients in both categories have been referred for treatment to the local authority dental service.

So far as Expectant and Nursing Mothers are concerned, this could mean that patients are finding it easier to receive treatment through the general dental service. On the other hand, this argument is unlikely to apply to pre-school children—a category which is not generally welcomed in busy dental practices. There must be a large number of these children in need of dental treatment who are not being referred to either service—a point borne out by the Sheldon Report on Child Welfare Centres (1967). This Report also gives point to the policy of integration of services in Health Centres as envisaged by the Health Committee. In addition to the proposed twin-surgery dental suite in Hyson Green, provision has been made for the inclusion of similar dental suites in the proposed health centres at Bulwell, Beaumont Street (Sneinton), and St. Ann's Well Road. The organisation of the health services generally may be radically altered in the not so distant future and the provision of some accommodation for dental use in all proposed Health Centres has everything to commend it.

Towards the end of the year, information was received that two dental auxiliaries may be available in September, 1968. These dental operators are most useful in the treatment of pre-school children and in dental health education. They are trained at the New Cross School for Dental Auxiliaries and must work to the prescription of a registered dentist whose physical presence within the building is necessary while treatment is being given.



A copy of information sent to the Ministry of Health on Form L.H.S.27/7 is appended. Figures in brackets refer to the year 1966.

**Part A—Attendances and Treatment :**

| <i>Number of Visits for Treatment during year:—</i>  | <i>Children 0-4 (incl.)</i> | <i>Expectant and Nursing Mothers</i> |
|--|-----------------------------|--------------------------------------|
| First Visit ... ..   | 252 (342)                   | 114 (172)                            |
| Subsequent Visits ... ..   | 37 (50)                     | 198 (322)                            |
| Total Visits ... ..  | 289 (392)                   | 312 (494)                            |
| Number of additional courses of treatment other than the first course commences during year ... .. | 4 (—)                       | 4 (2)                                |
| Treatment provided during the year—  |                             |                                      |
| Number of fillings ... ..  | 23 (18)                     | 106 (126)                            |
| Teeth filled ... ..  | 20 (16)                     | 99 (117)                             |
| Teeth extracted ... ..   | 554 (761)                   | 247 (694)                            |
| General Anaesthetics given ... ..  | 240 (343)                   | 75 (127)                             |
| Emergency visits by patients ... ..  | 166 (331)                   | 31 (80)                              |
| Patients X-rayed ... ..  | 1 (2)                       | 5 (12)                               |
| Patients treated for scaling and/or removal of stains from the teeth (Prophylaxis) ... ..          | — (6)                       | 41 (50)                              |
| Teeth otherwise conserved ... ..   | 2 (4)                       | — (—)                                |
| Teeth root filled ... ..   | — (—)                       | — (—)                                |
| Inlays ... ..  | — (—)                       | — (—)                                |
| Crowns ... ..  | — (—)                       | — (—)                                |
| Number of courses of treatment completed during the year ... ..                                    | 132 (42)                    | 58 (70)                              |

**Part B—Prosthetics :**

|   |         |
|---|---------|
| Patients supplied with full upper or full lower (first time) ... .. | 11 (22) |
| Patients supplied with other dentures                               | 21 (35) |
| Number of dentures supplied ... ..                                  | 45 (84) |

**Part C—Anaesthetics :**

|   |         |
|---|---------|
| General Anaesthetics administered by Dental Officers ... .. | 12 (14) |
|---|---------|

**Part D—Inspections :**

|   |           |          |
|---|-----------|----------|
| Number of patients given first inspections during year ... .. | 148 (360) | 24 (190) |
| Number of patients who required treatment ... ..              | 113 (354) | 23 (190) |
| Number of patients who were offered treatment ... ..          | 113 (344) | 23 (188) |

**Part E—Sessions :**

|   |         |
|---|---------|
| Number of Dental Officer Sessions (i.e. Equivalent complete half-days) devoted to Maternity and Child Welfare Patients: |         |
| For Treatment ... ..  | 53 (86) |
| For Health Education ... ..   | — (—)   |

A comparison of absenteeism in dental attendances is also shown. Figures in brackets refer to the year 1966.

|   | <i>Children<br/>0-4 (incl.)</i> | <i>Expectant and<br/>Nursing Mothers</i> |
|---|---------------------------------|--|
| Appointments made ... ..                | 327 (438)                       | 378 (639)                                |
| Absences without prior notification ... | 38 (46)                         | 66 (145)                                 |
| Percentage absentee rate ... ..         | 11.6% (10.5%)                   | 17.5% (22.7%)                            |

### **Mental Health—Dental Care :**

Emergency treatment continued to be available for patients up to the age of 16 years at Education Committee Dental Clinics. During the year only 16 (30) patients presented for advice or treatment, of whom 14 (26) were treated. 25 (39) appointments were given, of which 18 (32) were kept. 17 (66) temporary teeth and 9 (23) permanent teeth were extracted, 11 (27) general anaesthetics being given.

We have to express our gratitude to Head Teachers and teaching staffs, the staffs of the Education and Health Departments, to the Sheffield Regional Hospital Board and to the Nottinghamshire County Council dental laboratory for their valuable co-operation and support. We are grateful to the Chairman and members of the Special Services Sub-Committee for their special interest in the school dental service and hope that rapid strides will be made in the development of the service when we enjoy a more settled economic situation.

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

*Principal School Dental Officer.*



## HANDICAPPED PUPILS

Although this section is called "handicapped pupils," many of the children listed as "delicate" are not truly handicapped. Much depends on what we mean by a handicapped child. A definition which has recently been suggested reads as follows—

"A handicapped child is one who by reason of a disability—physical, developmental or emotional—is at a significant disadvantage educationally, socially or in obtaining employment on leaving school."

On this, many of the asthmatic, epileptic or diabetic children are not handicapped, yet annual review by the school doctor is essential to prevent such disabilities leading to handicaps. Perhaps in the future the term "handicapped" will tend to become rather an archaic one. There will be children with disabilities and there will be disabled children but the emphasis of the work of the doctors dealing with these children will be in preventing undesirable educational and social complications.

Many children seen by us have more than one disability, e.g. a child may have cerebral palsy, epilepsy, a squint and visual defect and a hearing loss; all of these can affect the child's education. One can, therefore, understand why some, particularly in the United States, are favouring schools which mix all kinds of pathologies. I am not necessarily persuaded that this is a model we should copy. We are fortunate in having head teachers who are flexible and will usually admit children with other disabilities than the one primarily catered for in their schools.

About two-thirds of those children who require placement in special schools require it on account of educational sub-normality and the number of places available to us in 1967 was in fact short of the number of places required. For all types of physical defects, much medical research goes into the prevention of the defect. We certainly ought to be concerning ourselves much more with the prevention of educational sub-normality rather than being solely concerned with ascertainment. I am delighted to learn that when the Beechdale Junior Training Centre becomes vacant, arrangements might be made to use this for both a diagnostic unit and a day school for maladjusted pupils. It is virtually impossible for medical officers to adequately assess young children of 4 to 6 years of age who are border-line between training centre and E.S.N. school on the out-patient interview basis. Head teachers are very co-operative in giving these children a trial but sometimes a child's behaviour is disruptive and the child is excluded on a temporary basis in the hope that in a further term or two he will mature. Sometimes, however, such children come from very poor home backgrounds and the expediency of excluding a child operates against his maturation. Moreover, even if the children do remain in an infant school, it is very difficult for a teacher with a big class to deal with one child having a mental age of about half the rest of the children. The centre at Beechdale thus stands a chance of being therapeutic as well as diagnostic. Moreover, if more thorough medical examinations were made it should be possible for more cases of inherited pathological sub-normality to be referred for genetic counselling.



**Blind :**

|                                |     |     |     |     |   |
|--------------------------------|-----|-----|-----|-----|---|
| Residential Special School     | ... | ... | ... | ... | 5 |
| Awaiting residential placement | ... | ... | ... | ... | - |

One blind boy has had a long period (January to October) in hospital with severe crippling rheumatoid arthritis. In spite of his difficulties this boy was able to pass two "O" Level examinations of the G.C.E. and I am pleased to report that he has now returned to school.

Another blind pupil, I regret to say, has been in a psychiatric hospital for many months but she has recently resumed her studies and is hoping to attempt some "O" Level examinations.

A further blind boy has the additional burden of being paralysed in one arm and leg.

**Partially Sighted :**

|                                |     |     |     |     |    |
|--------------------------------|-----|-----|-----|-----|----|
| Residential Special School     | ... | ... | ... | ... | 5  |
| Awaiting residential placement | ... | ... | ... | ... | 1  |
| Ordinary school                | ... | ... | ... | ... | 24 |

Five children are partially sighted and educationally sub-normal. They are placed in E.S.N. schools but to list them under this heading would obscure the importance of physical disabilities in relation to educational sub-normality. On our figures, about 1% of the E.S.N. population are partially sighted, whereas less than 0.1% of the ordinary school population has this defect.

**Deaf :**

|                                |     |     |     |     |    |
|--------------------------------|-----|-----|-----|-----|----|
| Residential Special School     | ... | ... | ... | ... | 2  |
| Awaiting residential placement | ... | ... | ... | ... | -  |
| Day Special School             | ... | ... | ... | ... | 28 |

All deaf children require education in special schools. For Nottingham children this means our Ewing School unless for special reasons they require residential placement, e.g. the deaf-blind or deaf-maladjusted children.

**Partially Hearing :**

|                                |     |     |     |     |    |
|--------------------------------|-----|-----|-----|-----|----|
| Residential Special School     | ... | ... | ... | ... | 1  |
| Day Special School             | ... | ... | ... | ... | 16 |
| Ordinary school                | ... | ... | ... | ... | 57 |
| Awaiting residential placement | ... | ... | ... | ... | -  |

Partially hearing children in schools of hearing children are visited by a peripatetic teacher of the deaf. This is to ensure that the children do not become retarded educationally because of a hearing loss, to give instruction in lip-reading if this is required, and to give advice on the many problems which arise in relation to hearing aids. The constant review of these children is of great importance: whether a partially hearing child needs special education in a school for the deaf or can manage in an ordinary school is as much an educational decision as a medical one. Miss Miller, our previous peripatetic teacher, has retired after 40 years of service. She has been succeeded by Miss Holden.

Mr. French, Head Teacher of the Ewing School, writes: —

"The establishment of the peripatetic service for hearing impaired children being taught in ordinary schools in the City was Miss Miller's creation. Her qualities and experience made her an admirable choice to undertake this work. Many years of teaching in the City's primary schools were followed by twelve years' teaching at the School for the Deaf at Forest Road of which latterly she was Deputy Head prior to her appointment as peripatetic teacher of the deaf in 1964. This experience,



allied to her qualities of tact, sympathy, kindness and loyalty, enabled her to establish good relations with those schools, children and parents with whom she had to work. She will be much missed by them and by her colleagues.

"Miss Holden, who has succeeded Miss Miller, takes up this work after some years' experience in ordinary primary schools and two years' teaching at the Royal School for the Deaf, Derby. She is looking forward to the same co-operation and happy relationships which Miss Miller enjoyed with schools in the City."

It is important to note that of the children attending E.S.N. schools, 13 have the secondary defect of partially hearing or 26 per 1,000 children; in ordinary schools there is 1 per 1,000 partially hearing children. Although these children have developed language and it may even be thought by the E.N.T. surgeon that their loss does not justify a hearing aid, there can be no doubt their hearing loss has been one factor in their educational retardation.

#### **Physically Handicapped :**

|                                |     |     |     |     |    |
|--------------------------------|-----|-----|-----|-----|----|
| Residential Special School     | ... | ... | ... | ... | 9  |
| Day Special School             | ... | ... | ... | ... | 54 |
| Ordinary school                | ... | ... | ... | ... | 56 |
| Awaiting residential placement | ... | ... | ... | ... | 2  |

It was gratifying to learn that in the special schools building programme for 1969/70 it is proposed to build a new Arboretum Special School. The present building, in spite of adaptations, is unsuitable in many respects, e.g. ramps are too steep and narrow to allow for the adequate manipulation of wheel-chairs and toilet facilities are not satisfactory for incontinent children. Rosehill Special School, where we are forced to place our older physically handicapped boys, is in many respects less suitable than the Arboretum.

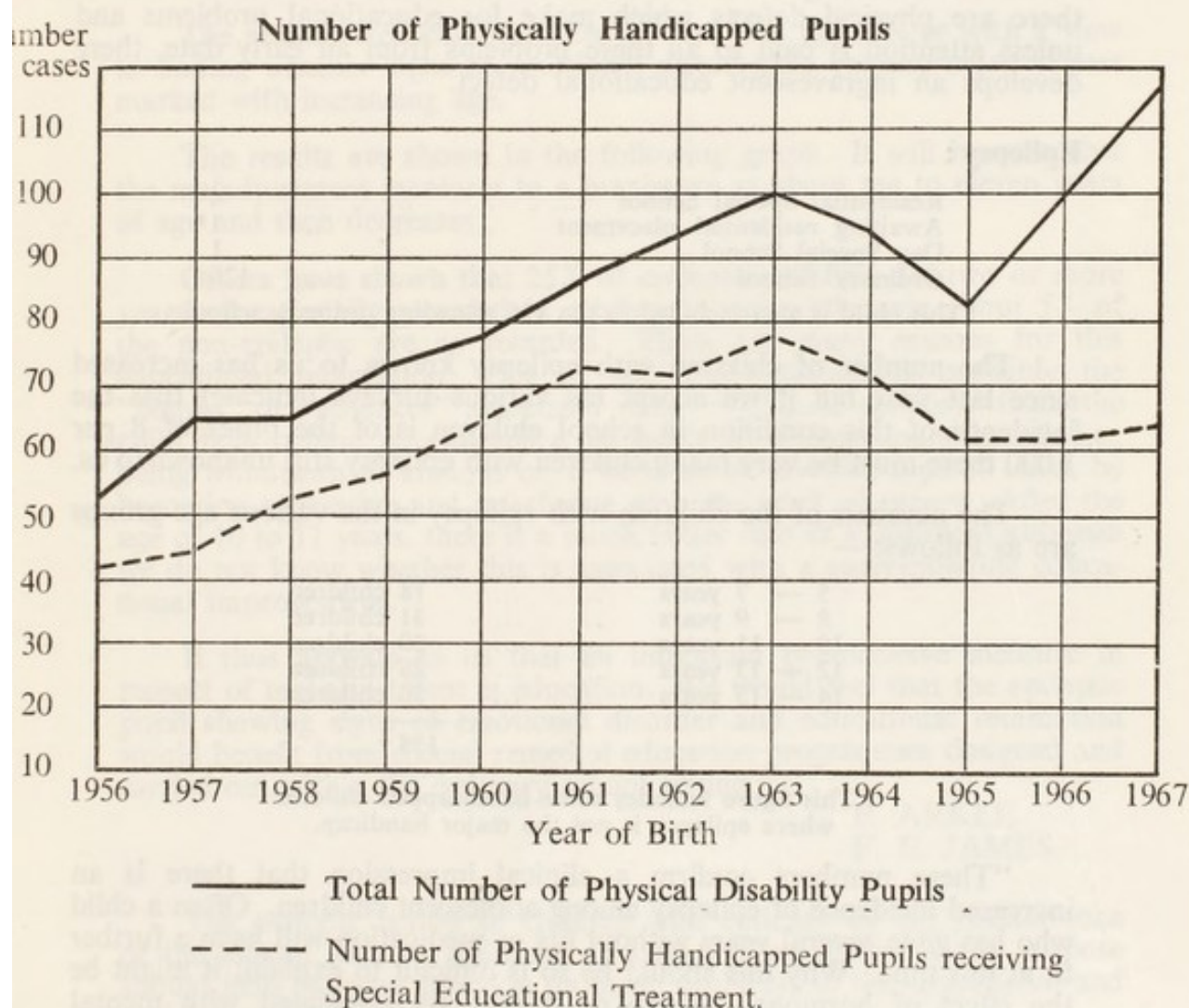
The Director of Education's suggestion that this should be on the same campus as a bilateral school will mean that excellent educational facilities are available to the senior children and we will endeavour to see the medical standards match the educational. Many have differences of opinion as to how specialised schools for the handicapped should be. Some have built special schools for children with cerebral palsy, special schools for children with spina bifida and special schools for the delicate. On the other hand, as previously mentioned, some have mixed all handicaps in one school. Personally I think that it is right to have a school of mixed physical handicaps where many children need the same type of special treatment, physiotherapy and absence of stairs and steps. When we come to estimate the number of children for whom the school will be required, I feel a little hesitant as we are looking forward for a ten year period or so and during this time medical treatment could profoundly alter the pattern of childhood disabilities. One change we must reckon with is a great increase in the number of spina bifida and hydrocephalus cases. The Health Department have kept records since 1964 and it appears that about five spina bifida children per year are surviving; thus eventually there will be 60 children of school age with this condition, the majority requiring special school facilities. At present there are only eight of these children receiving special education.



The following table and graph shows the total number of physically handicapped children receiving special education. The number slowly rose until 1964 and then declined slightly for two years.

| Year | Hospital or residential school | Day special school | Home Tuition | Total No. receiving Special Educational Treatment | Physically Handicapped attending ordinary school | Total No. of Physically Handicapped Pupils |
|------|--------------------------------|--------------------|--------------|---|--|--|
| 1956 | 9                              | 32                 | —            | 41  | 13   | 54   |
| 1957 | 6                              | 34                 | 3            | 43  | 22   | 65   |
| 1958 | 10                             | 40                 | 1            | 51  | 14   | 65   |
| 1959 | 13                             | 41                 | 3            | 57  | 15   | 72   |
| 1960 | 12                             | 52                 | 2            | 66  | 12   | 78   |
| 1961 | 12                             | 60                 | 2            | 74  | 14   | 88   |
| 1962 | 13                             | 59                 | 1            | 73  | 21   | 94   |
| 1963 | 11                             | 63                 | 4            | 78  | 22   | 100  |
| 1964 | 12                             | 60                 | 2            | 74  | 21   | 95   |
| 1965 | 11                             | 48                 | 2            | 61  | 22   | 83   |
| 1966 | 8                              | 51                 | 2            | 61  | 40   | 101  |
| 1967 | 9                              | 54                 | —            | 63  | 56   | 119  |

Marked - - - - on following graph      Marked ——— on following graph





**Delicate :**

|                                  |     |     |     |     |     |
|----------------------------------|-----|-----|-----|-----|-----|
| Residential Special School       | ... | ... | ... | ... | 12  |
| Residential Hostel for Diabetics | ... | ... | ... | ... | 2   |
| Day Special School               | ... | ... | ... | ... | 11  |
| Ordinary school                  | ... | ... | ... | ... | 188 |

This is a most heterogeneous group of children who suffer from a variety of conditions including asthma, diabetes, heart lesions, gastro-intestinal complaints, unusual metabolic states and recurrent chest or upper respiratory infections. Again it is of importance to note that 8 children are both delicate and E.S.N. This gives an incidence of about two per cent. delicate among the E.S.N. population whereas among the ordinary school population there are only 0.3% delicate children.

**Educationally Sub-normal :**

|                                       |     |     |     |     |     |
|---------------------------------------|-----|-----|-----|-----|-----|
| Residential Special School            | ... | ... | ... | ... | 2   |
| Awaiting residential placement        | ... | ... | ... | ... | 1   |
| Day special school                    | ... | ... | ... | ... | 476 |
| Awaiting placement—day special school | ... | ... | ... | ... | 87  |

It is our clinical impression that the principal adverse factor for the majority of our educationally sub-normal children is that of cultural deprivation in their early years. They have lacked a home environment which is stimulating in the use of words and ideas. Often added to this there are physical defects which make for educational problems and unless attention is paid to all these problems from an early date, there develops an ingravescent educational defect.

**Epilepsy :**

|                                |     |     |     |     |     |
|--------------------------------|-----|-----|-----|-----|-----|
| Residential Special School     | ... | ... | ... | ... | 4   |
| Awaiting residential placement | ... | ... | ... | ... | 1*  |
| Day Special School             | ... | ... | ... | ... | 1   |
| Ordinary School                | ... | ... | ... | ... | 126 |

\*This child is also included in the 126 attending ordinary school.

The number of children with epilepsy known to us has increased since last year but if we accept (as various surveys indicate) that the incidence of this condition in school children is of the order of 8 per 1,000 there must be very many children with epilepsy still unknown to us.

The numbers of the children with epilepsy in the various age groups are as follows: —

|               |     |     |             |
|---------------|-----|-----|-------------|
| 5 — 7 years   | ... | ... | 18 children |
| 8 — 9 years   | ... | ... | 31 children |
| 10 — 11 years | ... | ... | 30 children |
| 12 — 13 years | ... | ... | 26 children |
| 14 — 15 years | ... | ... | 30 children |
|               |     |     | 135 †       |

† This figure includes some handicapped children where epilepsy is not the major handicap.

“These numbers confirm a clinical impression that there is an increased incidence of epilepsy among adolescent children. Often a child who has gone several years without fits or medication will have a further fit at this time. Why this should be so is difficult to explain; it might be the effect of hormonal change or it may be associated with mental stresses of adolescence.



Ten children or about 7% of the above-mentioned epileptic children were receiving special educational treatment as educationally sub-normal pupils. The incidence of mental sub-normality amongst the non-epileptic school population is approximately only 1%.

It is a common clinical impression that children with epilepsy show a high incidence of maladjustment. A recent investigation into maladjustment among children entering a residential special school for epileptic children indicated that 64% were maladjusted. This conclusion was arrived at by using a questionnaire, which was a slight modification of one designed for a special survey of the incidence of maladjustment among children in the Isle of Wight. On this island just under 5% of all children were thought to show maladjustment to a significant degree.

Head teachers of the City have recently co-operated with us in using the same questionnaire that was used in the Isle of Wight to investigate maladjustment among the children with epilepsy in the City of Nottingham.

The figures are as follows: —

Questionnaires completed in respect of 122 children:  
Number showing signs of emotional disturbance ... 47 (or 38%)

Seventy-nine children (or 65%) were said to show lack of concentration and were noted as having a short attention span.

The maladjusted children were divided into age groups with a view to finding whether signs of emotional disturbance became more or less marked with increasing age.

The results are shown in the following graph. It will be seen that the maladjustment increases to a maximum at about ten to eleven years of age and then decreases.

Others have shown that 25% of epileptic children are two or more years educationally retarded in relation to age while only about 5% of the non-epileptic are so retarded. There are many reasons for this educational retardation. One of the major factors is probably the "blanks" or "absences" associated with sub-clinical epilepsy. Once the child falls behind educationally, he tends to become maladjusted, i.e., being withdrawn or anxious or, if he is an extraverted type of child, by becoming aggressive and interfering with the work of others. After the age of 10 to 11 years, there is a much better rate of adjustment although we do not know whether this is associated with a corresponding educational improvement.

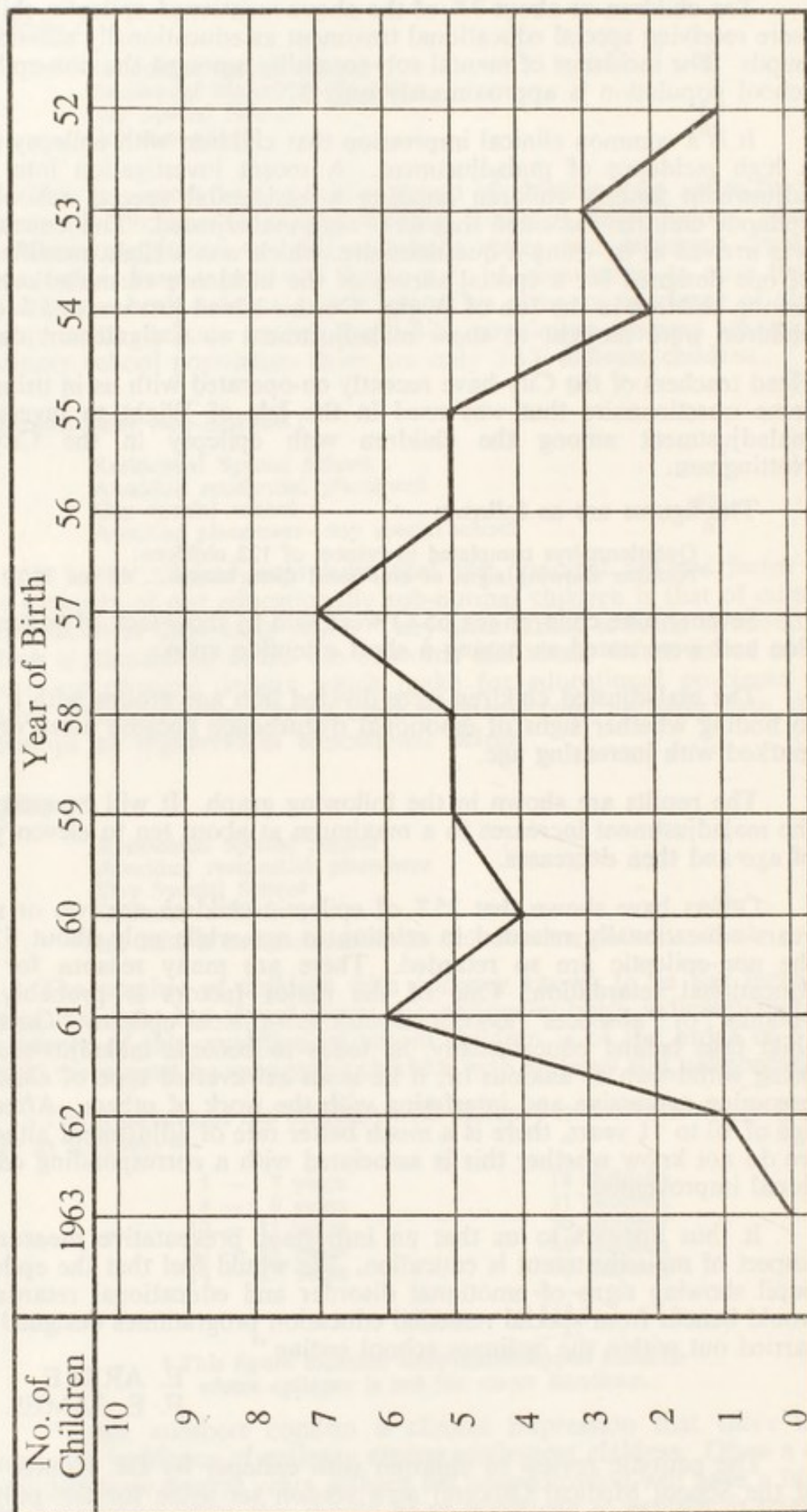
It thus appears to us that an important preventative measure in respect of maladjustment is education. We would feel that the epileptic pupil showing signs of emotional disorder and educational retardation would benefit from special remedial education programmes designed and carried out within the ordinary school setting."

E. ARKLE  
F. E. JAMES.

The periodic review of children with epilepsy by Dr. Hunter (one of the School Medical Officers) at a session set aside for the purpose should help to focus attention on those problems to the educational and social benefit of children with epilepsy.



**Epileptic Children showing Signs of Emotional Disturbance**



### Maladjusted :

|  |     |     |     |     |    |
|--|-----|-----|-----|-----|----|
| Residential Special School                   | ... | ... | ... | ... | 7  |
| Awaiting residential placement               | ... | ... | ... | ... | 5  |
| Boarding Hostels (attending ordinary school) | ... | ... | ... | ... | 8  |
| Day Special School                           | ... | ... | ... | ... | 4  |
| Ordinary school                              | ... | ... | ... | ... | 17 |

Maladjustment is a serious problem with many children and the above figures are certainly an underestimate. The number of cases requiring residential placement continues to rise. The decision to have a small day unit for maladjusted boys will mean that many fewer residential places will be required and the teaching situation will be greatly helped in many classrooms. Many of the children at the school will not be neurological or psychiatric cases but difficult children who have been over-indulged, come from broken homes or come from homes where parents have not or cannot exercise kind but firm discipline which is so necessary for development.

### Speech Defects :

|                    |     |     |     |     |     |   |
|--------------------|-----|-----|-----|-----|-----|---|
| Day Special School | ... | ... | ... | ... | ... | 3 |
| Ordinary school    | ... | ... | ... | ... | ... | — |

These are only the children with the most severe and persistent defects. The major part of the work of the speech therapists is described in the "Speech Therapy Clinic" section.

### SPECIAL SCHOOLS :

#### Arboretum :

|                                 |     |     |     |    |
|---------------------------------|-----|-----|-----|----|
| Number of City children on roll | ... | ... | ... | 53 |
|---------------------------------|-----|-----|-----|----|

As previously mentioned, both physically handicapped and delicate children attend the Arboretum Special School. Medical officers select the children for this school on the grounds that they need "special education treatment." Some children require this solely on the grounds of physical disability, i.e. a child may be paralysed from the waist down, in a wheel-chair and incontinent, and at a practical level it would be impossible for him to manage in an ordinary school. Such a child, however, may have no learning difficulties and could otherwise manage the teaching in an ordinary school quite well. Other children, especially those with brain damage, have as young children characteristic learning difficulties. From a verbal point of view these children appear quite bright but they cannot perceive or reproduce the orientation of shapes and therefore have difficulty with writing and reading. The degree of educational difficulty does not parallel the physical defect—indeed such a child may be only mildly inco-ordinate but grossly in need of "special educational treatment" yet other children, such as the severe asthmatic, may have no specific learning difficulties but because of frequent absence from school require much individual help if they are not to become seriously educationally retarded.

This, I hope, will give some indication of the vast range of special educational treatment required.



Dr. More, my Deputy, is the doctor having medical supervision of the school and she writes as follows:—

“In recent years the school has changed markedly. Originally, it was truly an open-air school but there is no need now for such conditions. The corridors have been glazed and a covered way provided between the classroom blocks. The need now is for premises suitable for the education of badly handicapped children. Over the years the building has been adapted as far as is possible, on a limited and limiting site. Mrs. Statham, the Head Teacher, tells me that when she came seventeen years ago, there was one physically handicapped child on a roll of 130 children. The others were delicate. Now we have about sixty to seventy on roll (including some from neighbouring Authorities) and the majority are physically handicapped and most severely handicapped, so that far fewer can be coped with in the classes, with the resources and ancillary help we have. Another change is in the ages of the children. The tendency is for the school to be a very young one with quite a number of under fives.

“We are all looking forward to having a new, purpose-built school which will accommodate more pupils, and have more nursery places. At present, certain of our senior girls go to the Ewing School for cookery, where there is modern equipment. We are very grateful to Mr. French, the Head Teacher, but it will be good to have adequate facilities in our new school for cookery, housecraft, woodwork, etc., for the senior pupils. Also the proximity of a Bilateral Secondary School will mean that the pupils who have the ability, can go on to do G.C.E. subjects without any change of school. We hope too that there will be less need for physically handicapped children to go to Residential Schools since we shall have the facilities to deal with most of them here in Nottingham.

“The staff do an excellent job at present and the school is a very happy one. We are very pleased to have Miss Dawson, Physiotherapist at the Children’s Hospital, attending on one afternoon a week. We greatly value her help. It has always been a matter of concern to us that children having physiotherapy have lost so much school time, going to and from hospital.

“We are very grateful for the interest shown in the school by the Head Master and boys of the Nottingham High School. We appreciate greatly their allowing our pupils to use their swimming pool once a week. Our youngsters do enjoy it.”

The following is a breakdown into the categories of handicaps of the children:—

|  |        |    |
|--|--------|----|
| 1. Physically handicapped—including cerebral palsy, hydrocephalus, spina bifida, heart conditions, fibrocystic disease of pancreas, and congenital deformities | ... .. | 40 |
| 2. Physically handicapped plus another defect, e.g. speech, hearing, epilepsy  | ... .. | 9  |
| 3. Delicate, e.g. asthma, bronchitis   | ... .. | 6  |
| 4. Epilepsy as main handicap   | ... .. | 2  |
| 5. Partially sighted as main handicap  | ... .. | 1  |
| 6. Speech defect as main handicap  | ... .. | 2  |
| 7. Mild epilepsy plus leg deformity after accident   | ... .. | 1  |



**Ewing :**

|                                 |     |     |     |     |    |
|---------------------------------|-----|-----|-----|-----|----|
| Number of City children on roll | ... | ... | ... | ... | 43 |
|---------------------------------|-----|-----|-----|-----|----|

This school, especially at the lower end, is full to overflowing and the school continues to enjoy a stable, competent staff.

An indication of the high standard at this school is the extent to which use is made of it by neighbouring Authorities.

**Hardwick :**

|                |     |     |     |     |     |
|----------------|-----|-----|-----|-----|-----|
| Number on roll | ... | ... | ... | ... | 126 |
|----------------|-----|-----|-----|-----|-----|

This junior school lays the basis of education and often social behaviour for nearly half of the City's primary age educationally sub-normal children. They are very much looking forward to the time when they will be housed in their new premises at Aspley.

**Nethergate :**

|                |     |     |     |     |    |
|----------------|-----|-----|-----|-----|----|
| Number on roll | ... | ... | ... | ... | 98 |
|----------------|-----|-----|-----|-----|----|

This continues to serve its local population as an all-age co-educational school. I am grateful to Mr. Batchelor, the Head Teacher, for taking some "problem" E.S.N. children from other areas of the City whom we have been unable to place because of pressure of numbers.

**Rosehill :**

|                                    |     |     |     |
|------------------------------------|-----|-----|-----|
| Number on roll in Open Air section | ... | ... | 17  |
| Number on roll in E.S.N. section   | ... | ... | 152 |

This school functions both as a school for the physically handicapped and delicate, and as an E.S.N. school.

The physically handicapped and delicate will no longer be housed at this school once we have the new Arboretum School. With the new Hardwick School, this will be the one remaining special school for E.S.N. children whose accommodation requires improvement. As this school contains, especially in its senior department, many children from unsatisfactory homes, improvement in the school buildings will be especially welcome. The single chalet classrooms, with their coke combustion stoves, are quite out of keeping with modern standards and requirements.

**Westbury :**

|                |     |     |     |     |     |
|----------------|-----|-----|-----|-----|-----|
| Number on roll | ... | ... | ... | ... | 100 |
|----------------|-----|-----|-----|-----|-----|

This is a well equipped new school but so often we wish an extra class or two could be added. School places are at present entirely taken by junior girls moving up from the Hardwick and Rosehill Schools. Extra places are required for E.S.N. girls transferring into the area, older immigrant E.S.N. girls, and previously border-line children who have deteriorated for one reason or another in their senior schools.



## CLINICS

### Ophthalmic Clinic :

The number of consultant sessions has dropped from eight to six weekly following Dr. Napier's retirement. The Regional Hospital Board felt it was necessary for extra work to be done at the Nottingham Eye Hospital—one session to be spent on a glaucoma clinic and one on a squint clinic. We hope to manage on this number, fortunately our waiting lists for ophthalmic consultation are short at present. Moreover, we hope that it might be possible for Dr. Green, a school medical officer, to do some of the more elementary refraction work under consultant supervision. It is of great help for a school doctor to be associated with and competent in some form of treatment and such an arrangement will no doubt be of help to our consultant colleagues who are often hard pressed in their clerical duties. Nottingham children are much more fortunate than those in many areas, in the clinic and consultant facilities they enjoy.

Figures for spectacles provided, orthoptic treatment and squint operations are as follows:—

|                                | 1962   | 1963   | 1964   | 1965   | 1966   | 1967   |
|--------------------------------|--------|--------|--------|--------|--------|--------|
| No. of pupils on rolls on 31st |        |        |        |        |        |        |
| December ... ..                | 50,846 | 50,382 | 50,188 | 50,488 | 51,274 | 52,311 |
| Pupils refracted ... ..        | 4,477  | 4,664  | 4,077  | 4,253  | 4,264  | 4,241  |
| Percentage ... ..              | 8.8    | 9.2    | 8.1    | 8.4    | 8.3    | 8.0    |
| Spectacles prescribed (pupils) | 1,525  | 1,457  | 1,349  | 1,507  | 1,442  | 1,406  |
| Percentage ... ..              | 3.0    | 2.8    | 2.7    | 3.0    | 2.8    | 2.7    |

### Orthoptic Treatment at the Nottingham Eye Hospital :

|  | 1962 | 1963 | 1964 | 1965 | 1966 | 1967 |
|--|------|------|------|------|------|------|
| New cases treated ... ..                         | 75   | 67   | 72   | 56   | 70   | 75   |
| Total treated ... ..                             | 153  | 146  | 168  | 140  | 104  | 110  |
| Awaiting test or treatment at end of year ... .. | 6    | 3    | 6    | 8    | 11   | 5    |

### Operations for Squint at the Nottingham Eye Hospital :

|                                | 1962 | 1963 | 1964 | 1965 | 1966 | 1967 |
|--------------------------------|------|------|------|------|------|------|
| Number of operations ... ..    | 38   | 48   | 37   | 38   | 48   | 42   |
| On waiting list at end of year | 18   | 14   | 35   | 31   | 23   | 34   |

### Ear, Nose and Throat Clinics :

Figures for attendance, etc., at these clinics are as follows:—

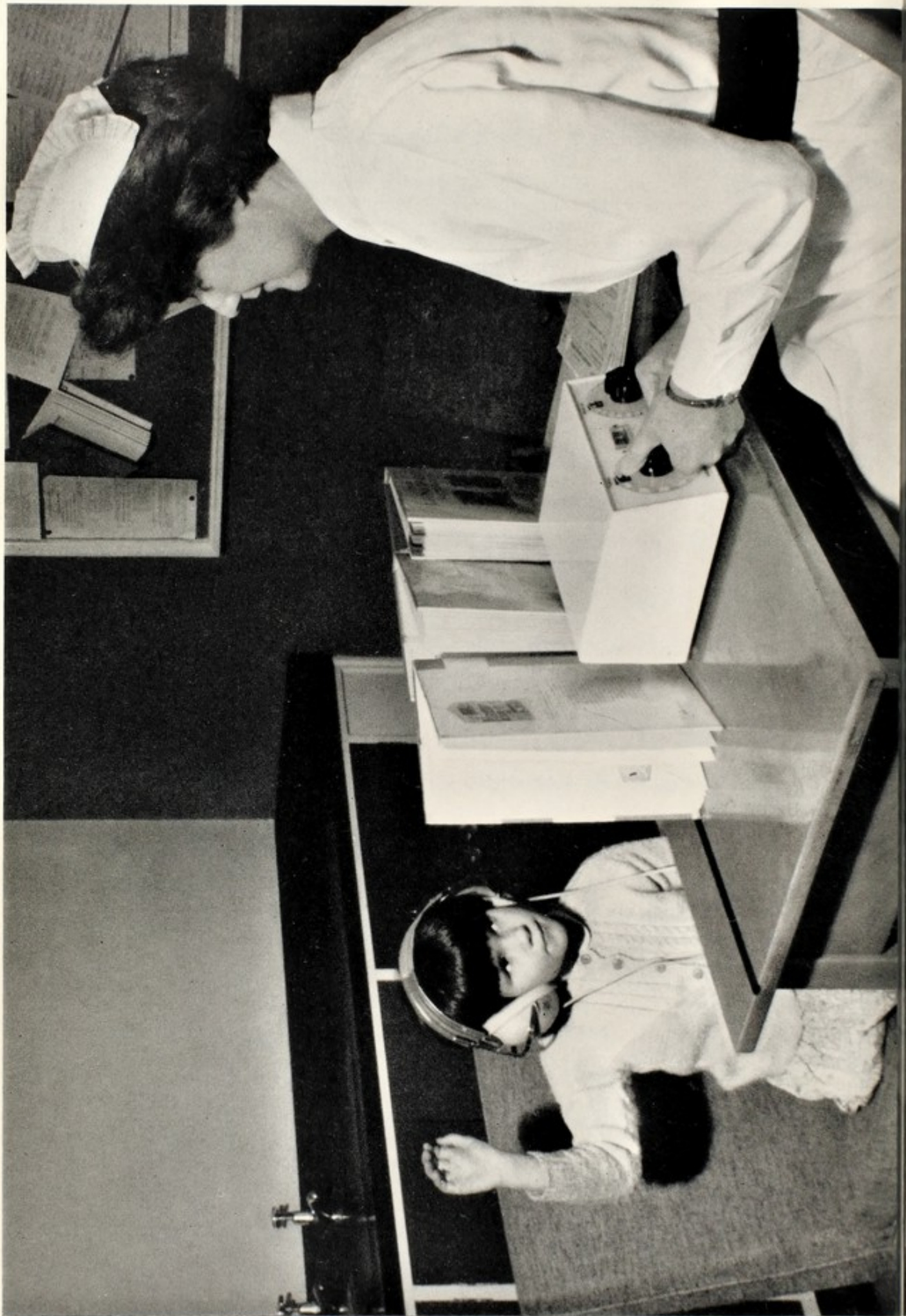
|   |     |     |     |     |
|---|-----|-----|-----|-----|
| Total number of children seen             | ... | ... | ... | 719 |
| New cases                                 | ... | ... | ... | 543 |
| Total attendances                         | ... | ... | ... | 837 |
| Number of sessions held                   | ... | ... | ... | 66  |
| Number of children referred for operation | ... | ... | ... | 284 |
| Cautery                                   | ... | ... | ... | 6   |
| Other forms of treatment                  | ... | ... | ... | 35  |

Mr. Neil and Mr. Hogarth, the Regional Hospital Board Consultants, continue to give us one session a week each. Anyone who has had any dealing with children and their ailments knows the prominent place that upper respiratory tract infections occupy and the difficulty of dealing with them adequately. Since last year the Regional Hospital Board have provided some extra E.N.T. beds at the Nottingham Children's Hospital and have transferred some children to the waiting list of the General Hospital, Nottingham, which is shorter. We appreciate these measures and trust they will materially help in this difficult problem.









*A Sweep Audiometric Test being given to a pupil of one of the City's Infant Schools*





*A two year old being given a hearing test at the Ewing Special School*







## Paediatric Clinic :

|                                   | <i>Number of<br/>cases</i> | <i>Number of<br/>attendances</i> |
|-----------------------------------|----------------------------|----------------------------------|
| Heart conditions ... ..           | 34                         | 46                               |
| Undescended testicles ... ..      | 29                         | 38                               |
| Obesity, development, etc. ... .. | 97                         | 168                              |

Dr. Page, a Regional Hospital Board Consultant Paediatrician, continues to conduct this clinic once a week. The children benefit in that by being seen at a school clinic, the educational aspects of their defects can receive full consideration. We also derive great benefit from Dr. Page's advice on many problems of child health.

## Child Psychiatry Clinic (Child Guidance) :

### Examinations (New Cases):

|  |     |
|--|-----|
| Number of children seen by Psychiatrists ... ..            | 175 |
| Number of children seen by Physician ... ..                | 177 |
| Number of children seen by Educational Psychologist ... .. | 202 |
| Number of parents seen by Social Workers ... ..            | 230 |

### Re-examination:

|  |     |
|--|-----|
| Number of children seen by Psychiatrists (excluding treatment interviews) ... .. | 182 |
| Number of children seen by Physician ... ..                                      | 32  |
| Number of children seen by Educational Psychologist ... ..                       | 10  |
| Number of parents seen by Social Workers (for review) ... ..                     | 137 |

### Attendances and Visits:

|   |     |
|---|-----|
| Children's attendances for treatment ... .. | 510 |
| Interviews with parents ... ..              | 831 |
| Interviews with others ... ..               | 100 |
| Home Visits by Social Workers ... ..        | 371 |
| Hostel Visits by Social Workers ... ..      | 42  |

### Children treated during the year:

|                          |     |
|--------------------------|-----|
| By Psychiatrists ... ..  | 110 |
| In Boarding Homes ... .. | 13  |

There has been a reorganisation of our service consequent upon the opening of The Gables by the Hospital as a Maladjusted Residential Unit for adolescents and remand homes in the City. Dr. Arkle now only gives us two sessions, but Dr. Ratcliffe comes for two sessions and Dr. Pillai for two. One of Dr. Ratcliffe's sessions and one of Dr. Pillai's are entirely occupied with work for the Children's Department. This leaves as previously four sessions for dealing with the psychiatric problems of school children, including the supervision of children in our Orston House Hostel for Maladjusted Boys. Sometimes we feel that head teachers are rather disappointed with the services in this direction. Indeed there are cases in which all of us associated with this work wish more could be done. This feeling particularly concerns those children whose parents fail to recognise there is anything amiss in their behaviour, negligent parents who do not keep appointments, manipulative parents who endeavour to quote doctor against head teacher or doctor against doctor, or ineffective parents who are quite incapable of controlling their children no matter what advice they are given. Trying to give guidance in such cases is merely a waste of the doctor's time and of public money although we fully realise the teacher's problem. It is surely right for the psychiatrists to spend their time on those cases they are able to help. Where there is no real co-operation other services may be more appropriate.



## Orston House Hostel for Maladjusted Boys :

|  | <i>Orston House (incorporating<br/>The Gables)</i> |                                       |
|--|--|---------------------------------------|
|  | <i>City Boys</i>                                   | <i>Notts. County<br/>Council Boys</i> |
| At the beginning of 1967, in residence ... | 7  | 4                                     |
| Admitted during 1967 ...                   | 6  | 2                                     |
| Discharged during 1967 ...                 | 6  | 2                                     |
| At the end of 1967, in residence ...       | 7  | 4                                     |

Under the new arrangements for Consultant Psychiatrists' duties, psychiatric responsibility for boys at Orston House Hostel has been taken over by Dr. Ratcliffe. I am sure that with Mr. and Mrs. Columbine working under Dr. Ratcliffe's advice, Orston House will continue to perform a valuable service in providing help for maladjusted boys and guidance for their parents, so that when the boys return to their homes, family relationships are greatly improved.

### Educational Assessment :

#### Examinations, Attendances and Visits:

|  |      |
|--|------|
| Number of children (new cases) seen by Educational Psychologist (excluding Child Guidance) ... | 807* |
| *Includes 62 Annual Selection Tests  |      |
| Children's attendances for treatment by Educational Therapists ...                             | 2610 |
| School visits by Educational Psychologists ...   | 200  |
| Children treated by Educational Therapists ...   | 190  |

Our Educational Psychologists are occupied in various directions. Their duties include seeing children in school about whom head teachers want advice, making psychological and educational assessments for those children being seen by the psychiatrists and seeing children in their own clinics. It is often helpful for the psychologists to see a child out of the school setting and it is possible in the clinic to administer a wider range of tests. Children so seen are those failing to make educational progress, those for whom the correct educational placement is dubious and those for whom psychological assessment is required for vocational guidance.

### Educationally Sub-normal Assessment Clinic :

|  |    |
|--|----|
| Number of children ascertained during 1967 as needing special educational treatment in Day E.S.N. Special Schools ...                                    | 85 |
| Number of cases referred to Local Health Authority during 1967 as being unsuitable for education at school (Section 57(4) of the Education Act 1944) ... | 30 |
| Number of cases reviewed under Section 57A and ascertained as suitable for education at school ...   | 3  |

These examinations are conducted by approved medical officers for the purpose of "ascertaining" those children who are in need of special educational treatment or those children who require the Training Centre "type of education." It is our duty to check on the legal aspects making sure the appropriate letters have been sent and forms completed, to enquire into the child's medical history, to carry out a physical examination to detect any defects which are known to be associated with retardation. As a result of all this, he has to make the correct recommendation and explain the situation to the parents.

### Speech Therapy Clinic :

Owing to staff changes and periods when the establishment has been below strength, the number of children treated is rather below 1966. Now that the department is at full strength again, we are making every effort to reduce the numbers on the waiting list.



The following is a summary of the work carried out in 1967:—  
Number of:—

|  |     |     |     |     |     |         |
|--|-----|-----|-----|-----|-----|---------|
| Children treated   | ... | ... | ... | ... | 415 | (424)   |
| Children under supervision:  |     |     |     |     |     |         |
| Clinic supervision   | ... | ... | ... | ... | 296 | } (674) |
| School supervision   | ... | ... | ... | ... | 811 |         |
| *Children discharged   | ... | ... | ... | ... | 321 | (415)   |
| School visits  | ... | ... | ... | ... | 88  | (114)   |
| Children awaiting treatment at end of year   | ... | ... | ... | ... | 69  | (19)    |
| *Analysis of the 321 (415) children discharged:—   |     |     |     |     |     |         |
| Derived maximum benefit  | ... | ... | ... | ... | 187 | (306)   |
| Improved   | ... | ... | ... | ... | 71  | (60)    |
| Left school or district  | ... | ... | ... | ... | 53  | (46)    |
| No co-operation  | ... | ... | ... | ... | 5   | (2)     |
| Removed from waiting list  | ... | ... | ... | ... | 1   | (1)     |
| Referred to Child Guidance Clinic  | ... | ... | ... | ... | 2   | (0)     |
| Treated elsewhere  | ... | ... | ... | ... | 2   | (0)     |
| These figures include work carried out (under supervision)<br>by 2-3rd year students from Leicester. |     |     |     |     |     |         |
| The figures for last year are given in brackets.   |     |     |     |     |     |         |

Mrs. K. S. Stourton, Senior Speech Therapist, has let me have the following:—

‘Since September we have been in the fortunate position of being fully staffed in the Speech Therapy Section (i.e. 5 full-time therapists). This has made it possible to work towards a comprehensive coverage of the speech problems in Nottingham. It has given us the opportunity of making more school visits for discussion and advice regarding children under the care of the Section. We have thus been able to see any child who for some reason could not attend the clinic—perhaps both parents were working full-time—and to discover any child, who is not already known to us, who presents a speech problem in school. This is a vital but very time-consuming part of our work. The large number of new cases referred to us in this way accounts for the increase in the number on the waiting list at the end of the year.

‘For some years now the Education Committee has seconded the equivalent of one full-time therapist for work in the local hospitals. These sessions are usually divided among the staff, so providing valuable experience for each therapist in working with adult patients. The hospitals hope that we may be able to increase the number of sessions during 1968.

‘At the end of the year we carried out a survey, which proved to be most interesting, of the 321 children discharged during 1967 (see table). By far the commonest condition, as was expected, was dyslalia (sound substitutions)—169 cases—of these 89 had a period of regular treatment. The sigmatisms (distorted ‘s’ sounds) together proved the next largest group—52 children, of whom 34 required regular treatment. It will be seen, however, that in the majority of these cases less than six months treatment was all that was necessary. Stammerers discharged numbered 50 cases—only 17 of these had received regular treatment, most having had long periods of supervision.

‘Cleft palate (7 cases) was one of the smaller groups although the periods of regular treatment and supervision were longer. I feel sure that this small number reflects the improved techniques of plastic surgery so that only the comparative ‘failures’ required therapy.’

CHILDREN TREATED BY SPEECH THERAPISTS AND DISCHARGED DURING 1967  
LENGTH AND TYPE OF TREATMENT

| Disorder                             | No. of Children | (a) REGULAR TREATMENT |            |             |             |                    | (b) CLINIC SUPERVISION       |                   |            |             |                    | (c) SCHOOL SUPERVISION        |                  |           |               |                   | Total who had School Superv'n. |
|--------------------------------------|-----------------|-----------------------|------------|-------------|-------------|--------------------|------------------------------|-------------------|------------|-------------|--------------------|-------------------------------|------------------|-----------|---------------|-------------------|--------------------------------|
|                                      |                 | Less than 6 mths.     | 6-12 mths. | 12-18 mths. | 18-24 mths. | More than 24 mths. | Total who had Reg. Treatment | Less than 6 mths. | 6-12 mths. | 12-24 mths. | More than 24 mths. | Total who had Clinic Superv'n | Less than 1 year | 2 yrs.    | 3 yrs. 4 yrs. | More than 4 years |                                |
| Stammer .. ..                        | 50              | 6                     | 4          | 1           | 6           | —                  | 17                           | 5                 | 11         | 8           | 5                  | 29                            | 11               | 13        | 5             | 6                 | 41                             |
| Retarded Language Development ..     | 25              | 2                     | 3          | 1           | 1           | —                  | 7                            | 1                 | 4          | 2           | —                  | 7                             | 4                | 4         | —             | 3                 | 20                             |
| Dyslalia .. ..                       | 169             | 30                    | 37         | 11          | 9           | 2                  | 89                           | 30                | 31         | 14          | 4                  | 79                            | 53               | 28        | 25            | 12                | 131                            |
| Dysarthria .. ..                     | 6               | —                     | —          | —           | 2           | —                  | 2                            | —                 | 4          | 1           | 1                  | 6                             | 2                | 1         | 1             | —                 | 6                              |
| Dysphonia .. ..                      | 4               | —                     | —          | 2           | —           | —                  | 2                            | —                 | —          | —           | —                  | —                             | 1                | 1         | —             | 1                 | 4                              |
| Cleft Palate .. ..                   | 7               | 1                     | 1          | 1           | 2           | —                  | 5                            | 1                 | 2          | —           | 2                  | 5                             | 1                | 1         | —             | —                 | 3                              |
| Dysnoecia .. ..                      | 4               | 2                     | 1          | —           | —           | —                  | 3                            | —                 | —          | —           | —                  | —                             | 1                | —         | 1             | —                 | 2                              |
| Lateral Stigmatism ..                | 18              | 6                     | 3          | 3           | 1           | —                  | 13                           | 2                 | 2          | 1           | —                  | 5                             | 7                | 4         | 3             | 2                 | 16                             |
| Interdental Stigmatism               | 34              | 13                    | 6          | 1           | 1           | —                  | 21                           | 8                 | 6          | 1           | —                  | 15                            | 16               | 7         | 2             | 1                 | 30                             |
| Tongue Thrust and/or Malocclusion .. | 4               | 2                     | 1          | —           | 1           | —                  | 4                            | 1                 | 2          | 1           | —                  | 4                             | 4                | —         | —             | —                 | 4                              |
| <b>TOTAL ..</b>                      | <b>321</b>      | <b>62</b>             | <b>56</b>  | <b>20</b>   | <b>23</b>   | <b>2</b>           | <b>163</b>                   | <b>48</b>         | <b>62</b>  | <b>28</b>   | <b>12</b>          | <b>150</b>                    | <b>100</b>       | <b>59</b> | <b>37</b>     | <b>32</b>         | <b>257</b>                     |

Children may have been included under categories (a), (b) or (c) according to their progress and individual requirements.



## Dyslexia Clinic :

This is the clinic to which Head Teachers are invited to send children who appear to have good intelligence and yet are very retarded in their reading (reading age at least two years behind their chronological age). Each child has a physical and psychological examination, the latter being so arranged that an approximate visuo-spatial, conceptualisation and order sequencing score can be assigned to each child. On clinical grounds, it has been recognised that there are two groups of children who appear intelligent yet fail at reading.

The first group are more often boys in whose family there is a history of lateness in reading. The child was rather late in talking but is agile, good at games, drawing and sums. On psychological testing, such children do better on performance tests than verbal ones and their visuo-spatial age is often considerably in advance of their order sequencing age (which is often below their chronological age). Words are often read with the letters in the reverse or wrong order or words are read using too few clues.

The second group is composed of boys and girls in almost equal numbers, without any family history of reading difficulty. They were early talkers but more slow in becoming stable on their feet. They are clumsy children, poor at games, poor at drawing and at sums, yet seem bright in ordinary conversation. These children do better in verbal tests than performance tests, have good conceptualisation and order sequencing scores but poor visuo-spatial scores.

Some of the children examined were emotionally disturbed, either because of an unsatisfactory home background or because they had been spoilt; and others, on more thorough testing, proved to be dull children whose attainments were not unreasonable.

Our figures are as follows:—

|  |     |     |     |     |     |    |
|--|-----|-----|-----|-----|-----|----|
| No. of children examined   | ... | ... | ... | ... | ... | 60 |
| No. of children with visuo-spatial score two or more<br>in excess of order sequencing (genetic dyslexia) | ... | ... | ... | ... | ... | 23 |

The average I.Q. of the above group (WISC full scale) was 99.

In three children of the above group, other factors were also considered relevant (frequent school absence owing to illness 1, maladjustment 2).

|  |     |     |     |     |     |    |
|--|-----|-----|-----|-----|-----|----|
| No. of children with visuo-spatial score two or more<br>below conceptualisation and order sequencing score | ... | ... | ... | ... | ... | 4  |
| No. of children who were maladjusted   | ... | ... | ... | ... | ... | 14 |
| No explanation found for retardation   | ... | ... | ... | ... | ... | 10 |
| Physical factors considered relevant   | ... | ... | ... | ... | ... | 3  |

The average I.Q. of this group (WISC full scale) was 94.

These findings support those of others who suggest there is a group of reasonably intelligent children who are not doing well educationally at present. Such children do poorly on verbal selection tests and language-wise their progress will always be slow. They could, however, do very well in mathematics and technical drawing and, if suitably encouraged, could be some of the technicians of which our country stands in great need.



Although we had no direct evidence, it is thought that order sequencing defects account for the educational problems of many West Indian children. These children often use time determinates for verb tenses, e.g. "Then I see him" for "I saw him"; or prepositions are given verbal force, e.g. "Boy hat off" for "Take your hat off boy." Unfortunately this is the type of sentence construction used by the parents so that the children are educationally at a disadvantage on starting school.

### Remedial Teaching :

Owing to the very long waiting list, it has not been possible to deal adequately with all the children seen at the Dyslexia Clinic. Mr. Grover has, since his appointment, revised the waiting list and with additional help is hoping to organise a remedial service which will be available to all in need of it. Miss Hall has continued to divide her time between those very disturbed children and other special cases who require individual help and teaching groups of children who were retarded in reading.

Commenting on these children, Miss Hall writes: —

"The children attending the clinics had I.Qs. varying from 64 to 131, as follows: —

|            |    |                                    |
|------------|----|------------------------------------|
| 64 — 79:   | 14 | Ages ranged<br>from 7½ to 15 years |
| 80 — 89:   | 21 |                                    |
| 90 — 99:   | 12 |                                    |
| 100 — 109: | 9  |                                    |
| 110 — 119: | 7  |                                    |
| 120 — 131: | 4  |                                    |

"All attended for help with reading, with the exception of three arithmetic cases and one spelling case—a boy of 14 who had been very backward in reading but who had suddenly made up the gap between his chronological age and his reading age. Spelling, not surprisingly, had lagged behind.

"The rate of improvement in these children was sometimes found to be related more closely to character and environment, co-operative and understanding parents, than to I.Q.; and, indeed, the most outstanding advance was made by a brain-damaged boy, I.Q. 71, C.A. 9.0, who progressed from R.A. 4.2 years to R.A. 9.0 years in fifteen months. His parents were most co-operative in hearing him read a little each evening and in helping him with homework generally; his mother eventually remarked 'He's so interested, we have reading for breakfast, dinner and tea these days.'

At the other end of the scale was a boy, I.Q. 131, C.A. 8.0 years, who had pressure brought to bear upon him to learn to read before he went to school, mother being a teacher. He disliked the subject intensely and made only slow progress.

"In between these two extremes came a range of I.Q.s. and problems, covering the emotionally disturbed, the dull, medical cases, court cases and immigrants. A few cases in the form of children of normal intelligence, environment and behaviour, who were retarded for reasons such as absence from school, or several changes of school, sailed ahead to be discharged within a few months of admission to the group.



"In this type of remedial teaching, where the children are seen only once weekly, much depends on the co-operation of parents, and on their striking the balance between being helpful to the child, and being over-anxious to the point of worrying him. This, of course, is difficult to achieve, as it is only natural that responsible parents should feel concern if their child cannot read."

### General Duty Clinic :

Number of examinations carried out:

|                                 |     |     |     |     |     |     |
|---------------------------------|-----|-----|-----|-----|-----|-----|
| Teachers                        | ... | ... | ... | ... | ... | 90  |
| College of Education Candidates | ... | ... | ... | ... | ... | 280 |
| Nursery Nurses                  | ... | ... | ... | ... | ... | 46  |
| Others                          | ... | ... | ... | ... | ... | 6   |

These are among the many examinations and duties performed by medical officers after completing their school duties.

### Minor Ailments Clinics :

These clinics and their relevant statistics are listed in Appendix "C." It will be seen that in the main they are conducted by school nurses. Much of the work is consequent upon social factors but in some instances dressings or other treatment is given where the child would not otherwise attend his private doctor's surgery or a hospital.

### Audiometry Clinic :

|  |     |     |     |     |     |     |
|--|-----|-----|-----|-----|-----|-----|
| Number of sessions                           | ... | ... | ... | ... | ... | 24  |
| Total number of attendances                  | ... | ... | ... | ... | ... | 317 |
| Number of children tested for the first time | ... | ... | ... | ... | ... | 226 |

Mr. E. F. Ward, Audiometrician, has continued to give us great help in assessing the degree of hearing loss of children referred by the medical officers. We are also indebted to Mr. Ward for the advice he has given in the launching of our audiometer screening tests. There are various reasons for the introduction of such tests, one being that with many immigrant children who have language difficulties, word tests would not be an appropriate hearing test. Hearing loss, even if slight, can be an impediment to education and we hope with the sweep audiometers to identify the bulk of children with a hearing loss soon after they start school.

### Enuretic Clinic :

This clinic has continued to be conducted by Dr. Laing, a school medical officer. Bed wetting is certainly a serious social problem but as yet we are uncertain how it relates to education. It is generally agreed there is an increased incidence of this in groups IV and V of the Registrar General's five-fold occupational classification. These are the groups which for various reasons fare worst educationally. The chief form of treatment has been by the pad and bell alarm apparatus. Besides those children placed on the apparatus by Dr. Laing, others were referred direct for this by the Consultant Paediatrician and Principal School Medical Officer.

|   |     |     |
|---|-----|-----|
| Number of children who attended for pad and bell treatment (including those on the waiting list, December 1966) | ... | 104 |
| Number of children whose treatment was considered to have been successful                                       | ... | 27  |
| Number of children whose treatment was considered to have been partly successful                                | ... | 34  |
| Number of children whose treatment was not considered successful  | ... | 43  |



During the year the number of children seen by Dr. Laing was 119 (77 boys and 42 girls).

Sixty-eight children were referred for pad and bell treatment and thirty-five children were kept under review either because they were improving spontaneously or because they came from very poor social conditions and were not suitable for the pad and bell apparatus (several children sleeping in one bed and inadequate bed linen).

Fifteen children were treated with tablets but only one was considered cured as a result of this treatment.

Eight children were so emotionally disturbed that they were referred for psychiatric examination.

Control of the bladder at night is a process in which both maturation and learning or conditioning are concerned. It would be of great help to us to know whether those children who are cured of enuresis by whatever means have their learning processes improved in other directions (i.e. reading or arithmetic). Dr. Laing is continuing her work with this clinic and will we hope eventually be able to enlighten us on some of these fascinating points.

### Electrical and Other Treatment :

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

#### Ionisation:

|                            |     |     |     |     |     |
|----------------------------|-----|-----|-----|-----|-----|
| Number of children treated | ... | ... | ... | ... | 40  |
| Number of attendances      | ... | ... | ... | ... | 790 |

#### Proetz:

|                            |     |     |     |     |     |
|----------------------------|-----|-----|-----|-----|-----|
| Number of children treated | ... | ... | ... | ... | 15  |
| Number of attendances      | ... | ... | ... | ... | 159 |

No ultra-violet ray treatment was undertaken in 1967 and the number of children who received ionisation and proetz therapy has decreased this year although the number of attendances increased.

### SCHOOL NURSES :

The following is a summary of the work of the school nurses during 1967: —

|   |     |     |     |     |       |
|---|-----|-----|-----|-----|-------|
| School visits—routine medical inspections | ... | ... | ... | ... | 1,896 |
| " " —case conferences                     | ... | ... | ... | ... | 140   |
| " " —uncleanliness                        | ... | ... | ... | ... | 17    |
| " " —investigation of infectious diseases | ... | ... | ... | ... | —     |
| " " —general                              | ... | ... | ... | ... | 1,526 |
| Home visits—uncleanliness                 | ... | ... | ... | ... | 845   |
| " " —deafness and nasal obstruction       | ... | ... | ... | ... | 81    |
| " " —absentees from ophthalmic clinic     | ... | ... | ... | ... | 1,042 |
| " " —medical inspections                  | ... | ... | ... | ... | 320   |
| " " —skin diseases                        | ... | ... | ... | ... | 85    |
| " " —ear diseases                         | ... | ... | ... | ... | 61    |
| " " —general                              | ... | ... | ... | ... | 1,481 |
| " " —general—late visits                  | ... | ... | ... | ... | 11    |
| " " —pad and bell absentees               | ... | ... | ... | ... | 173   |
| Ineffective visits                        | ... | ... | ... | ... | 1,017 |
| Escort duty                               | ... | ... | ... | ... | 8     |
| Co-ordinating Committee                   | ... | ... | ... | ... | 14    |
| Clinic sessions                           | ... | ... | ... | ... | 3,908 |



The routine work of the school nurses has continued throughout the year, with attendance at daily or thrice weekly minor ailment clinics and at special clinics once or twice weekly for such purposes as refractions, ear, nose and throat, paediatrics, epilepsy, enuresis and the pad and bell advice sessions.

The nurses prepare for medical inspections by carrying out visual acuity and hearing tests, they attend with school medical officers and Head Teachers at Case Conferences prior to selective examinations and at routine medical inspections. Children not considered necessary by the school doctor to be in need of a medical examination receive a "health check" by the nurse. At these "checks" pupils are given vision and hearing tests and since September three specially trained nurses have been giving audiometric sweep tests to children aged between 5 and 6 years.

Nursery classes and schools are normally visited weekly and this part of the nurses' work has increased since in eleven nurseries separate sessions are held for morning and afternoon children. School visits give an opportunity for discussion with the head and class teacher. Continuity of staff is ideal; nursing staff changes make for difficulties all round.

The home visiting connected with all the types of work is time-consuming but very necessary; both parents working makes this difficult at times and frequently late evening visits have to be carried out. Not all children unfortunately have the security of good homes and sensible parents—large families, poor home management and insecurity are still very big problems and the school nurse must and does at all times remain practical with advice and help and remembers to give encouragement and praise when deserved to both parents and children. We must thank Miss Pinder and her nursing staff for their loyal help and co-operation.

## CLEANLINESS :

|   | 1962    | 1963    | 1964    | 1965    | 1966    | 1967    |
|---|---------|---------|---------|---------|---------|---------|
| On school rolls ..                      | 50,846  | 50,382  | 50,188  | 50,488  | 51,274  | 52,311  |
| Examinations .. ..                      | 152,551 | 140,544 | 133,105 | 134,723 | 131,479 | 107,552 |
| Number found unclean                    | 3,745   | 3,500   | 3,800   | 3,803   | 3,633   | 3,542   |
| Percentage of the<br>number on rolls .. | 7.4     | 6.9     | 7.6     | 7.5     | 7.1     | 6.8     |
| Statutory notices to<br>parents .. ..   | 69      | 55      | 24      | 26      | 25      | 44      |
| Children cleansed ..                    | 56      | 42      | 24      | 22      | 17      | 34      |

Our nurses and nurses' assistants continue to struggle with this problem. That their services are still needed in this direction is a sad thought since it is a condition which is curable and preventable and ought to be eradicated. The reports of Principal School Medical Officers of other Cities indicate a continuance of the problem of about the same magnitude as ours.



Miss Pinder, the Superintendent School Nurse, writes as follows: —

“The work of the nurses’ assistants continues to be carried out in a quiet, unassuming way so that perhaps it is not generally known that these six assistants are continuously engaged in inspecting the heads of school children during term time. We are greatly indebted to them. They advise the older children, send warning notices to parents and, in many cases, give a good deal of practical help to the children where response to notices is often tardy or ignored.

Their general and follow-up inspections are carried out with consideration and tact, often under difficult working conditions, particularly in the older type of school. We are fortunate in keeping this experienced staff. Their work would not be to everyone’s liking but it is a credit to them that, through their conscientiousness and hard work, uncleanliness in our school children is confined to a small proportion of the school population.

This small proportion is cleansed as required but unfortunately the children frequently become re-infected by the intimate life at home, by toddlers and older members of the family where a sub-standard of cleanliness is the normal pattern.”

## INFECTIOUS DISEASES :

|                       | 1962  | 1963  | 1964  | 1965  | 1966  | 1967  |
|-----------------------|-------|-------|-------|-------|-------|-------|
| Chicken Pox ... ..    | 2,286 | 1,039 | 2,230 | 1,244 | 1,636 | 2,226 |
| Measles ... ..        | 855   | 1,749 | 1,226 | 1,360 | 1,074 | 1,601 |
| German Measles ... .. | 1,177 | 3,761 | 127   | 190   | 265   | 915   |
| Mumps ... ..          | 416   | 2,292 | 753   | 815   | 1,810 | 451   |
| Scarlet Fever ... ..  | 38    | 99    | 95    | 255   | 222   | 253   |
| Whooping Cough ... .. | 45    | 220   | 106   | 106   | 169   | 130   |
| Jaundice ... ..       |       |       |       |       |       | 150   |
| Hookworm ... ..       |       |       |       |       |       | 33    |
| Whipworm ... ..       |       |       |       |       |       | 23    |

Most infectious diseases of childhood now run a benign course but nevertheless they can be very troublesome.

During the summer of last year, much trouble was experienced with infective hepatitis (jaundice). This may run a sub-clinical course, the child merely having a transient “stomach” upset and no firm diagnosis being made. Known cases month by month based on school returns were as follows: —

| Jan. | Feb. | Mar. | Apr. | May | June | July | Sept. | Oct. | Nov. | Dec. |
|------|------|------|------|-----|------|------|-------|------|------|------|
| 46   | 20   | 19   | 10   | 16  | 16   | 7    | 5     | 1    | 8    | 1    |

Experience of others has shown that infective hepatitis is an endemic condition which slowly becomes epidemic and is slow in fading. We hope the number of cases will continue to recede.

Hookworm and Whipworm are at present confined to immigrant children and endeavours are made to prevent these conditions becoming widespread.



## IMMUNISATION AND VACCINATION :

These measures have proved their worth in preventative medicine.

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, 1967. In addition, 16,526 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> |
|-------------|------------------------|--|-------------------|
| 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              |
| 1966 .. ..  | 42,099                 | 46,400   | 90.7              |
| 1967 .. ..  | 42,534                 | 46,400   | 91.6              |

### Diphtheria Immunisation :

The table shows the number of children who have been immunised against diphtheria at 31st December, 1967.

| <i>Year</i> | <i>No. of Children</i> | <i>Estimated Population Ages 5 to 15 years</i> | <i>Percentage</i> |
|-------------|------------------------|--|-------------------|
| 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              |
| 1966 .. ..  | 41,606                 | 46,400   | 89.7              |
| 1967 .. ..  | 42,127                 | 46,400   | 90.7              |

### B.C.G. Vaccination :

|                                 | 1962  | 1963  | 1964  | 1965  | 1966  | 1967  |
|---------------------------------|-------|-------|-------|-------|-------|-------|
| Maintained Schools visited ..   | 47    | 47    | 45    | 40    | 40    | 42    |
| No. of 13 year olds ..          | 4,768 | 4,695 | 4,716 | 4,287 | 4,652 | 4,765 |
| No. of acceptances ..           | 3,631 | 3,482 | 3,387 | 3,159 | 3,319 | 3,566 |
| No. of refusals ..              | 1,032 | 1,105 | 1,194 | 985   | 1,199 | 1,085 |
| No. of others ..                | 105   | 108   | 135   | 143   | 134   | 114   |
| No. tested ..                   | 3,396 | 3,298 | 3,346 | 3,226 | 3,578 | 3,624 |
| Negative reactors vaccinated... | 2,863 | 2,781 | 2,815 | 2,475 | 2,317 | 2,090 |
| Positive reactors ..            | 454   | 424   | 371   | 440   | 865   | 1,205 |

## ORTHOPAEDIC TREATMENT :

The local Hospital Management Committees have kindly let me have the following figures relating to City school children:—

### Children treated as out-patients :

|                                      |     |
|--------------------------------------|-----|
| At Nottingham Orthopaedic Clinic ..  | 86  |
| At Nottingham Children's Hospital .. | 442 |



### Children treated as in-patients :

|   |     |     |
|---|-----|-----|
| At Harlow Wood Orthopaedic Hospital ... | ... | 48  |
| At Nottingham Children's Hospital ...   | ... | 271 |

### COLOUR VISION :

|                                       |     | <i>Children with defective colour vision</i> |              |              |
|---------------------------------------|-----|--|--------------|--------------|
|                                       |     | <i>Boys</i>                                  | <i>Girls</i> | <i>Total</i> |
| Secondary Modern Schools (Leaver) ... |     | 72   | 2            | 74           |
| Grammar Schools (Leaver) ...          | ... | 10   | —            | 10           |
| Junior Schools ...                    | ... | 107  | 7            | 114          |
| TOTALS ...                            |     | 189  | 9            | 198          |

We find this information very helpful when giving vocational advice to school leavers.

### CONVALESCENT HOMES :

During the year 40 children spent a period in a convalescent home, this is the same number as last year: —

|  |    |
|--|----|
| Roecliffe Manor Convalescent Home, Woodhouse Eaves | 39 |
| Heathercombe Brake Convalescent Home, Exeter ...   | 1  |

We are most grateful to the Matron and staff of the Roecliffe Manor Convalescent Home for the interest and care given to our children during their four-week stay in the lovely surroundings of Charnwood Forest. This treatment is most valuable in assisting in the full recovery of many ill children.

### NOTTINGHAM CHILDREN'S HOMES, SKEGNESS :

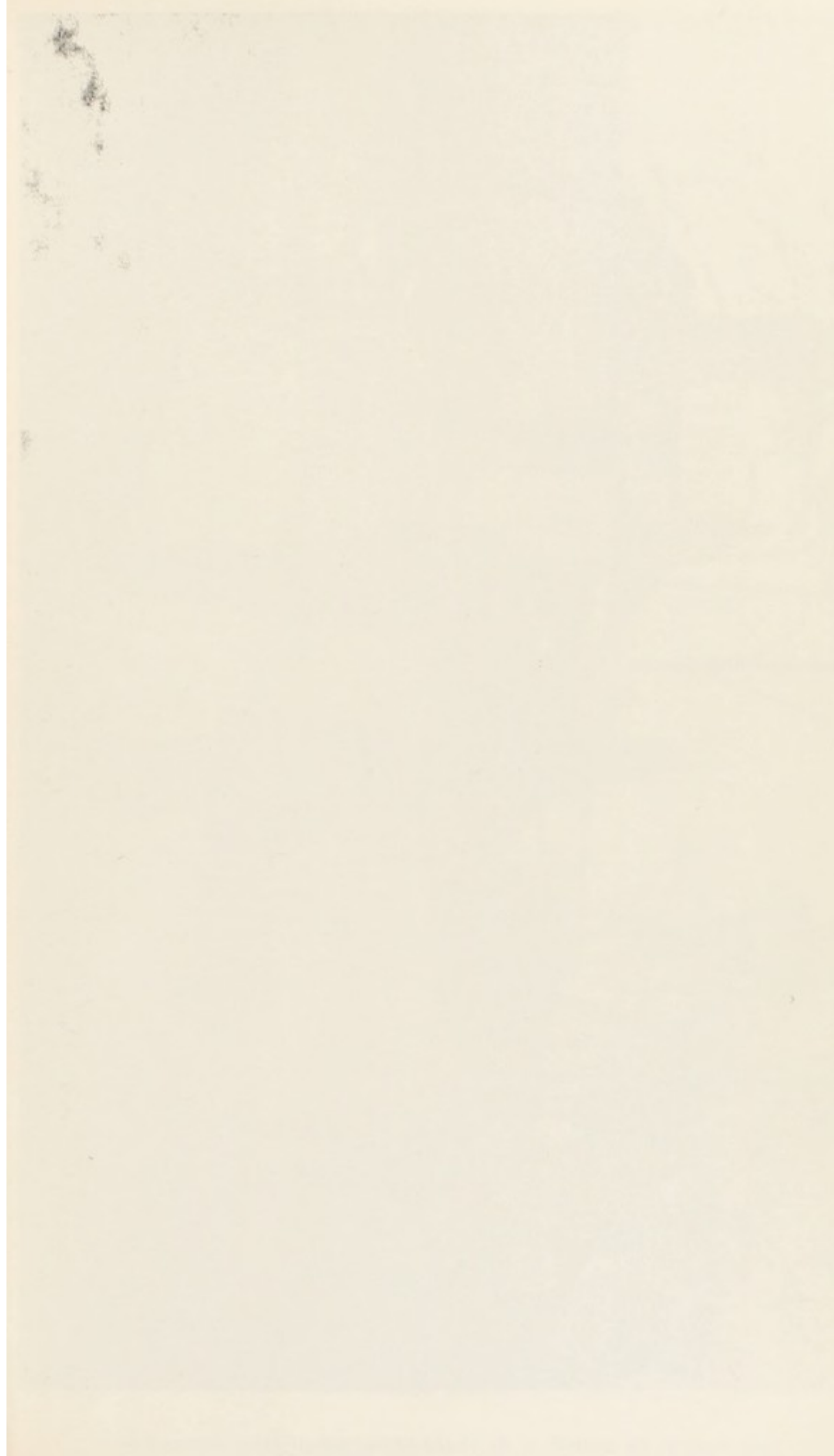
372 boys and 261 girls spent a holiday at these Homes during the year.

The Homes gave valuable service in providing a holiday for children who otherwise would not have had one. They provided opportunities for education in family and community living and also opportunity for short-term placement for a few children whose conduct and education could be observed when they were removed from adverse home circumstances.

Mr. R. A. Nicoll, Superintendent of the Boys' Home, writes as follows: —

"Children normally between the ages of 7 and 11 years are received at the Homes, coming mainly from sub-cultural types of family; they are chiefly below average intelligence, some are emotionally disturbed and suffering from various kinds of neglect in their home environment. The aim of the Homes is to provide good, varied food and numerous indoor and outdoor activities in which all children can actively participate. Their education is informal, physical activity playing a large part. Interests peculiar to the seaside are exploited. Combined with a stable, well-ordered existence, great improvement socially, mentally and physically is achieved. A homely and friendly atmosphere among the children and between the staff and children is enjoyed by all."









*Deaf pupils in the grounds of the Ewing Special School being instructed in road safety by a City Police Officer*



## DEATHS IN CHILDREN OF SCHOOL AGE :

During the year 14 deaths of school children were recorded for the following reasons: —

|   |     |     |     |     |     |     |   |
|---|-----|-----|-----|-----|-----|-----|---|
| Accident at play                                  | ... | ... | ... | ... | ... | ... | 1 |
| Acute lymphoblastic leukaemia                     | ... | ... | ... | ... | ... | ... | 1 |
| Acute nephritis and bronchial asthma              | ... | ... | ... | ... | ... | ... | 1 |
| Asphyxia due to epilepsy                          | ... | ... | ... | ... | ... | ... | 1 |
| Bronchopneumonia                                  | ... | ... | ... | ... | ... | ... | 2 |
| Cerebellar haemorrhage                            | ... | ... | ... | ... | ... | ... | 1 |
| Drowned (Accidental)                              | ... | ... | ... | ... | ... | ... | 1 |
| Heart failure and fibrocystic disease of pancreas | ... | ... | ... | ... | ... | ... | 1 |
| Heart block and cardiac failure                   | ... | ... | ... | ... | ... | ... | 1 |
| Pyrexia and acute otitis media                    | ... | ... | ... | ... | ... | ... | 1 |
| Road accident                                     | ... | ... | ... | ... | ... | ... | 3 |

It is again noticed that deaths from accidents constitute the major single cause of death in children of school age. The preventive treatment for these deaths is educational. This, as in other forms of health education, can be a most difficult undertaking since the mere imparting of information is quite inadequate. Both information and emotional factors have to be used to train the child's behaviour pattern. We are fortunate in having the police to talk to our children about cycling and road accidents (photograph facing).

During the year 1,004 children have gained the National Cycling Proficiency Certificate.

## CONCLUSION :

"It is an old saying, abundantly justified, that where sciences meet their growth occurs. It is true, moreover, to say that in scientific borderlands, not only are facts gathered that are often new in kind, but it is in these regions that wholly new concepts arise."

These words were written many years ago by Gowland Hopkin in relation to the then new subject of biochemistry but they could to-day be applied to education and medicine. Whatever the administrative future of the present School Health Service, Educational Medicine is surely a subject which must be developed for the sake of our children with physical defects and learning difficulties; it must be developed too if educational money is to be spent to its maximum advantage.

Acknowledgement is to be given to the great number of persons who by support, work, loyalty and friendship, have assisted in the endeavour of our department. My special thanks are due to members of the Special Services Sub-Committee and the Director of Education and members of his and my own staff.

Finally, I must thank all the head teachers, teachers, hospital consultants, school inspectors and general practitioners who have been most co-operative in giving time and information in relation to our children.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. E. JAMES,

*Principal School Medical Officer.*



## APPENDIX "A"

Dental inspection and treatment carried out by the Authority during the year  
ended 31st December, 1967

### Attendances and Treatment

|   | Ages 5 to 9   | Ages 10 to 14   | Ages 15 & over | Total           |
|---|---------------|-----------------|----------------|-----------------|
| First Visit .. .. .                       | 3,106 (4,013) | 3,255 (3,922)   | 662 (775)      | 7,023 (8,710)   |
| Subsequent Visits .. .. .                 | 2,691 (2,394) | 7,841 (11,382)  | 1,689 (2,586)  | 12,221 (16,362) |
| Total Visits .. .. .                      | 5,797 (6,407) | 11,096 (15,304) | 2,351 (3,361)  | 19,244 (25,072) |
| Additional courses of treatment commenced | 72 (43)       | 159 (180)       | 39 (22)        | 270 (245)       |
| Fillings in permanent teeth .. .. .       | 2,361 (1,868) | 8,978 (13,451)  | 2,502 (3,703)  | 13,841 (19,022) |
| Fillings in deciduous teeth .. .. .       | 367 (242)     | 70 (71)         | —              | 437 (313)       |
| Permanent teeth filled .. .. .            | 2,079 (1,587) | 7,860 (11,655)  | 2,209 (3,220)  | 12,148 (16,462) |
| Deciduous teeth filled .. .. .            | 351 (215)     | 73 (71)         | —              | 424 (286)       |
| Permanent teeth extracted .. .. .         | 399 (552)     | 1,366 (2,453)   | 237 (512)      | 2,002 (3,517)   |
| Deciduous teeth extracted .. .. .         | 5,640 (9,384) | 1,395 (2,076)   | —              | 7,035 (11,460)  |
| General anaesthetics .. .. .              | 2,399 (3,590) | 1,197 (1,900)   | 99 (228)       | 3,695 (5,718)   |
| Emergencies .. .. .                       | 1,926 (3,237) | 945 (1,160)     | 89 (147)       | 2,960 (4,544)   |

|                                     |         |               |
|-------------------------------------|---------|---------------|
| Number of Pupils X-rayed            | .. .. . | 506 (537)     |
| Prophylaxis .. .. .                 | .. .. . | 1,936 (2,278) |
| Teeth otherwise conserved .. .. .   | .. .. . | 177 (120)     |
| Number of Teeth root filled .. .. . | .. .. . | 25 (16)       |
| Inlays .. .. .                      | .. .. . | 3 (2)         |
| Crowns .. .. .                      | .. .. . | 29 (29)       |
| Courses of treatment completed      | .. .. . | 4,197 (3,419) |

(1966 statistics in brackets)

**Orthodontics**

|   |     |       |
|---|-----|-------|
| Cases remaining from previous year .. ..  | 97  | (141) |
| New cases commenced during year .. ..     | 98  | (146) |
| Cases completed during year .. ..         | 64  | (105) |
| Cases discontinued during year .. ..      | 25  | (36)  |
| Number of removable appliances fitted ..  | 142 | (187) |
| Number of fixed appliances fitted ..      | 1   | (—)   |
| Pupils referred to Hospital Consultant .. | 12  | (8)   |

**Prosthetics**

|   | 5 to 9 | 10 to 14 | 15 & over | Total     |
|---|--------|----------|-----------|-----------|
| Pupils supplied with F.U. or F.L.<br>(first time) .. .. .   | — (—)  | 1 (—)    | 3 (—)     | 4 (—)     |
| Pupils supplied with other dentures<br>(first time) .. .. . | 16 (5) | 57 (69)  | 23 (26)   | 96 (100)  |
| Number of dentures supplied .. .. .                         | 15 (5) | 59 (70)  | 28 (25)   | 102 (100) |

**Anaesthetics**

|   |     |       |
|---|-----|-------|
| General anaesthetics administered by Dental Officers .. | 173 | (188) |
|---|-----|-------|

**Inspections**

|   |        |          |
|---|--------|----------|
| (a) First inspection at school. Number of Pupils .. | 7,365  | (7,900)  |
| (b) First inspection at clinic. Number of Pupils .. | 4,642  | (6,323)  |
| Number of (a) + (b) found to require treatment ..   | 10,540 | (11,672) |
| Number of (a) + (b) offered treatment .. ..         | 9,259  | (10,556) |
| (c) Pupils re-inspected at school or clinic .. ..   | 316    | (253)    |
| Number of (c) found to require treatment .. ..      | 224    | (201)    |

**Sessions**

|  |       |          |
|--|-------|----------|
| Sessions devoted to treatment .. .. .          | 2,390 | (3020.5) |
| Sessions devoted to inspection .. .. .         | 34    | (44.5)   |
| Sessions devoted to Dental Health Education .. | Nil   | (Nil)    |

(1966 statistics in brackets).



## APPENDIX "B"

### MEDICAL INSPECTION AND TREATMENT RETURN

Year ended 31st December, 1967

#### 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<br>(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<br>(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)                     |
| 1963 and later                             | 375                        | 375                                    | —              | —   | 14   | 69  | 82                      |
| 1962 ..                                    | 1,620                      | 1,620                                  | —              | —   | 73   | 340   | 379                     |
| 1961 ..                                    | 2,251                      | 2,251                                  | —              | —   | 123  | 439   | 540                     |
| 1960 ..                                    | 554                        | 554                                    | —              | —   | 46   | 170   | 200                     |
| 1959 ..                                    | 1,735                      | 1,735                                  | —              | —   | 182  | 472   | 614                     |
| 1958 ..                                    | 1,255                      | 1,255                                  | —              | 1,118   | 141  | 319   | 424                     |
| 1957 ..                                    | 715                        | 715                                    | —              | 605   | 83   | 195   | 256                     |
| 1956 ..                                    | 1,668                      | 1,668                                  | —              | 27  | 259  | 421   | 618                     |
| 1955 ..                                    | 713                        | 712                                    | —              | 1,364   | 121  | 161   | 254                     |
| 1954 ..                                    | 78                         | 78                                     | 1              | 574   | 14   | 17  | 28                      |
| 1953 ..                                    | 1,527                      | 1,527                                  | —              | —   | 213  | 207   | 385                     |
| 1952 and earlier                           | 3,221                      | 3,221                                  | —              | —   | 631  | 437   | 979                     |
| Total ..                                   | 15,712                     | 15,711                                 | 1              | 3,688   | 1,900  | 3,247   | 4,759                   |

Part I, Tables B and C appear on page 46

**Part II—Defects found by Medical Inspection during year**

| Defect<br>Code<br>No.<br>(1) | Defect or<br>Disease<br>(2)        | (3) | Periodic inspections |         |        |       | Special<br>Inspections<br>(8) |
|------------------------------|------------------------------------|-----|----------------------|---------|--------|-------|-------------------------------|
|                              |                                    |     | Entrants             | Leavers | Others | Total |                               |
|                              |                                    |     | (4)                  | (5)     | (6)    | (7)   |                               |
| 4                            | Skin .. ..                         | T   | 99                   | 113     | 186    | 398   | 170                           |
|                              |                                    | O   | 19                   | 4       | 38     | 61    | 74                            |
| 5                            | Eyes—<br>(a) Vision ..             | T   | 222                  | 769     | 909    | 1,900 | 828                           |
|                              |                                    | O   | 314                  | 41      | 244    | 599   | 1,576                         |
|                              | (b) Squint ..                      | T   | 145                  | 71      | 222    | 438   | 351                           |
|                              |                                    | O   | 53                   | 1       | 26     | 80    | 500                           |
|                              | (c) Other ..                       | T   | 14                   | 45      | 32     | 91    | 17                            |
|                              |                                    | O   | 10                   | 1       | 40     | 51    | 9                             |
|                              | Ears—<br>(a) Hearing ..            | T   | 58                   | 35      | 182    | 275   | 145                           |
|                              |                                    | O   | 80                   | 6       | 122    | 208   | 183                           |
| 6                            | (b) Otitis Media                   | T   | 20                   | 12      | 41     | 73    | 47                            |
|                              |                                    | O   | 42                   | 1       | 44     | 87    | 60                            |
|                              | (c) Other ..                       | T   | 23                   | 11      | 30     | 64    | 90                            |
|                              |                                    | O   | 18                   | 4       | 20     | 42    | 43                            |
| 7                            | Nose and Throat                    | T   | 242                  | 70      | 270    | 582   | 591                           |
|                              |                                    | O   | 349                  | 7       | 224    | 580   | 388                           |
| 8                            | Speech .. ..                       | T   | 31                   | 2       | 94     | 127   | 29                            |
|                              |                                    | O   | 54                   | —       | 48     | 102   | 78                            |
| 9                            | Lymphatic Glands                   | T   | 3                    | —       | 2      | 5     | —                             |
|                              |                                    | O   | 3                    | —       | 1      | 4     | 5                             |
| 10                           | Heart .. ..                        | T   | 18                   | 9       | 21     | 48    | 23                            |
|                              |                                    | O   | 31                   | 6       | 37     | 74    | 64                            |
| 11                           | Lungs .. ..                        | T   | 55                   | 45      | 114    | 214   | 39                            |
|                              |                                    | O   | 90                   | 7       | 124    | 221   | 116                           |
| 12                           | Developmental—<br>(a) Hernia ..    | T   | 14                   | 3       | 19     | 36    | 8                             |
|                              |                                    | O   | 27                   | 2       | 27     | 56    | 27                            |
|                              | (b) Other ..                       | T   | 31                   | 29      | 138    | 198   | 113                           |
|                              |                                    | O   | 111                  | 31      | 263    | 405   | 267                           |
| 13                           | Orthopaedic—<br>(a) Posture ..     | T   | 5                    | 8       | 9      | 22    | 3                             |
|                              |                                    | O   | 2                    | 2       | 41     | 45    | 5                             |
|                              | (b) Feet ..                        | T   | 40                   | 36      | 64     | 140   | 21                            |
|                              |                                    | O   | 75                   | 4       | 45     | 124   | 47                            |
|                              | (c) Other ..                       | T   | 45                   | 33      | 85     | 163   | 50                            |
|                              |                                    | O   | 41                   | 5       | 49     | 95    | 49                            |
| 14                           | Nervous System—<br>(a) Epilepsy .. | T   | 17                   | 17      | 74     | 108   | 32                            |
|                              |                                    | O   | 17                   | 4       | 61     | 82    | 33                            |
|                              | (b) Other ..                       | T   | 9                    | 11      | 32     | 52    | 9                             |
|                              |                                    | O   | 11                   | 2       | 29     | 42    | 30                            |
| 15                           | Psychological—<br>(a) Development  | T   | 23                   | 32      | 170    | 225   | 305                           |
|                              |                                    | O   | 201                  | 19      | 286    | 506   | 396                           |
|                              | (b) Stability ..                   | T   | 12                   | 14      | 60     | 86    | 154                           |
|                              |                                    | O   | 56                   | 5       | 92     | 153   | 198                           |
| 16                           | Abdomen ..                         | T   | 7                    | 13      | 34     | 54    | 15                            |
|                              |                                    | O   | 18                   | 5       | 36     | 59    | 33                            |
| 17                           | Other .. ..                        | T   | 11                   | 8       | 20     | 39    | 154                           |
|                              |                                    | O   | 33                   | 10      | 107    | 150   | 191                           |



**PART I (continued)—TABLE B.—OTHER INSPECTIONS**

|                                       |               |
|---------------------------------------|---------------|
| Number of Special Inspections .. .. . | 8,738         |
| Number of Re-inspections .. .. .      | 4,668         |
| <b>Total ..</b>                       | <b>13,406</b> |

**TABLE C.—INFESTATION WITH VERMIN**

|  |         |
|--|---------|
| (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .. .. .          | 107,532 |
| (b) Total number of individual pupils found to be infested .. .. .   | 3,542   |
| (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .. .. . | 44      |
| (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .. .. .  | 34      |

**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 .. .. . | 634  |
| Error of refraction (including squint) .. .. .                        | 5,138  |
| <b>Total .. ..</b>  | <b>5,772</b>   |
| Number of pupils for whom spectacles were prescribed                  | 2,079  |

**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 .. .. .   | 146  |
| (b) for adenoids and chronic tonsillitis .. .. .  | 797  |
| (c) for other nose and throat conditions .. .. .  | 81   |
| Received other forms of treatment .. .. .   | 1,275  |
| <b>Total .. ..</b>  | <b>2,299</b>   |
| Total number of pupils in schools who are known to have been provided with hearing aids:— |  |
| (a) in 1967 .. .. .   | 20   |
| (b) in previous years .. .. .   | 112*   |

\*Includes 38 pupils from other Authorities' areas.

**TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS**

|  | <i>Number of cases known to have been treated</i> |
|--|---|
| (a) Pupils treated at clinics or out-patient departments .. .. . | 528   |
| (b) Pupils treated at school for postural defects .. .. .        | —   |

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

|                     |    |    |    |    |    |    |    | <i>Number of cases known to<br/>have been treated</i> |
|---------------------|----|----|----|----|----|----|----|---|
| Ringworm—(a) Scalp  | .. | .. | .. | .. | .. | .. | .. | 10  |
| (b) Body            | .. | .. | .. | .. | .. | .. | .. | 14  |
| Scabies             | .. | .. | .. | .. | .. | .. | .. | 243   |
| Impetigo            | .. | .. | .. | .. | .. | .. | .. | 162   |
| Other Skin Diseases | .. | .. | .. | .. | .. | .. | .. | 3,264   |
| Total               | .. | .. | .. | .. | .. | .. | .. | 3,693   |

TABLE E.—CHILD GUIDANCE TREATMENT

|   |    |    |    |    |    |    |    | <i>Number of cases known to<br/>have been treated</i> |
|---|----|----|----|----|----|----|----|---|
| Pupils treated at Child Guidance Clinic | .. | .. | .. | .. | .. | .. | .. | 585   |

TABLE F.—SPEECH THERAPY

|                                     |    |    |    |    |    |    |    | <i>Number of cases known to<br/>have been treated</i> |
|-------------------------------------|----|----|----|----|----|----|----|---|
| Pupils treated by speech therapists | .. | .. | .. | .. | .. | .. | .. | 415   |

TABLE G.—OTHER TREATMENT GIVEN

|  |    |    |    |    |    |    |    | <i>Number of cases known to<br/>have been dealt with</i> |
|--|----|----|----|----|----|----|----|--|
| (a) Pupils with minor ailments   | .. | .. | .. | .. | .. | .. | .. | 4,509  |
| (b) Pupils who received convalescent treatment under<br>School Health Service arrangements | .. | .. | .. | .. | .. | .. | .. | 40   |
| (c) Pupils who received B.C.G. Vaccination   | .. | .. | .. | .. | .. | .. | .. | 2,090  |
| (d) Other than (a), (b) and (c) above:   |    |    |    |    |    |    |    |  |
| 1.—by the Authority: paediatrics   | .. | .. | .. | .. | .. | .. | .. | 126  |
| 2.—by the Authority: heart cases   | .. | .. | .. | .. | .. | .. | .. | 34   |
| 3.—at hospital: general medicine   | .. | .. | .. | .. | .. | .. | .. | 365  |
| 4.—at hospital: orthopaedic and general surgery  | .. | .. | .. | .. | .. | .. | .. | 838  |
| Totals (a)—(d)   | .. | .. | .. | .. | .. | .. | .. | 8,002  |



# HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

|      | During the calendar year ended 31st December, 1967:— |      |      |         |      |      |      |        |       |          | TOTAL<br>Cols. (1)<br>to (10) |
|------|--|------|------|---------|------|------|------|--------|-------|----------|-------------------------------|
|      | Blind  | P.S. | Deaf | Pt. Hg. | P.H. | Del. | Mal. | E.S.N. | Epil. | Sp. Def. | (11)                          |
|      | (1)  | (2)  | (3)  | (4)     | (5)  | (6)  | (7)  | (8)    | (9)   | (10)     | (11)                          |
| A(1) | 1  | 1    | 4    | 1       | 8    | 8    | 12   | 52     | 2     | 1        | 90                            |
|      | —  | —    | 2    | —       | 9    | 6    | 1    | 36     | —     | —        | 54                            |
|      | 1  | —    | 2    | 1       | 6    | 7    | 7    | 13     | 1     | 1        | 39                            |
|      | —  | —    | —    | —       | 8    | 6    | 1    | 18     | —     | —        | 33                            |
|      | 2  | 1    | 1    | 1       | 4    | 2    | 1    | 31     | —     | —        | 43                            |
|      | —  | 2    | —    | —       | —    | —    | —    | 19     | 1     | —        | 22                            |
|      | 3  | 1    | 3    | 2       | 10   | 9    | 8    | 44     | 1     | 1        | 82                            |
|      | —  | 2    | —    | —       | 8    | 6    | 1    | 37     | 1     | —        | 55                            |

(Continued)

| On 18th January, 1968, number of children from the Authority's area:— |   |                         |     |     |     |     |     |     |     |      |      |
|---|---|-------------------------|-----|-----|-----|-----|-----|-----|-----|------|------|
| (1)   |   | (2)                     | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| A(2)  | requiring places in special schools other than hospital special schools         | { (a) day places        | —   | —   | —   | —   | —   | —   | —   | —    | —    |
|   |   | { (b) boarding places   | —   | —   | —   | —   | —   | —   | —   | —    | —    |
|   | Under 5 years of age  | { waiting before 1.1.67 | —   | —   | —   | —   | —   | —   | —   | —    | 4    |
|   |   | { Assessed after 1.1.67 | 1   | —   | 3   | —   | —   | —   | —   | —    | —    |
|   | aged 5 years and under  | { (a) day places        | —   | —   | —   | —   | —   | 17  | —   | —    | 17   |
|   |   | { waiting before 1.1.67 | —   | —   | —   | —   | —   | 13  | —   | —    | 13   |
|   |   | { (b) boarding places   | —   | —   | —   | —   | 2   | —   | —   | —    | 3    |
|   |   | { girls                 | —   | —   | —   | —   | —   | —   | —   | —    | 1    |
|   | Aged 5 years and over   | { (a) day places        | —   | —   | —   | —   | —   | 38  | —   | —    | 40   |
|   |   | { waiting before 1.1.67 | —   | —   | —   | —   | —   | 19  | —   | —    | 20   |
|   |   | { (b) boarding places   | —   | —   | —   | —   | 4   | 1   | 1   | —    | 7    |
|   |   | { girls                 | —   | —   | —   | —   | —   | —   | —   | —    | —    |
| (3)   | Total awaiting admission to special schools other than hospital special schools | { (a) day places        | —   | —   | —   | —   | —   | 56  | —   | —    | 60   |
|   |   | { waiting before 1.1.67 | —   | —   | —   | —   | —   | 32  | —   | —    | 35   |
|   |   | { (b) boarding places   | —   | —   | —   | —   | 6   | 1   | 1   | —    | 10   |
|   |   | { girls                 | —   | —   | —   | —   | —   | —   | —   | —    | 1    |
|   |   | { (a) day places        | —   | —   | —   | —   | —   | —   | —   | —    | —    |
|   |   | { waiting before 1.1.67 | —   | —   | —   | —   | —   | —   | —   | —    | —    |



# HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

| On 18th January, 1968 number of children from the authority's area :— |  |                      |     |     |     |     |     |     |     |      |      |   |     |    |
|---|--|----------------------|-----|-----|-----|-----|-----|-----|-----|------|------|---|-----|----|
|   | (1)  | (2)                  | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |   |     |    |
| B   | (1) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained                                   | boys                 | —   | —   | 19  | 8   | 28  | 7   | —   | 252  | —    | 1 | 315 |    |
|   |  | girls                | —   | —   | 9   | 8   | 26  | 4   | —   | 224  | 1    | 2 | 274 |    |
|   |  | boys                 | —   | 1   | —   | 1   | 4   | 2   | 2   | 2    | 1    | — | 11  |    |
|   |  | girls                | —   | 3   | —   | —   | —   | 2   | —   | —    | —    | — | 5   |    |
|   |  | boys                 | —   | —   | —   | —   | —   | —   | —   | —    | —    | — | —   |    |
|   |  | girls                | —   | —   | —   | —   | —   | —   | —   | —    | —    | — | —   |    |
|   |  | boys                 | 4   | 2   | 1   | —   | 4   | 6   | 2   | 2    | 1    | 3 | —   | 23 |
|   |  | girls                | 1   | —   | 1   | 1   | —   | 2   | 2   | 2    | —    | 1 | —   | 8  |
|   |  | boys                 | —   | —   | —   | —   | —   | —   | —   | 1    | 1    | — | —   | 2  |
|   |  | girls                | —   | —   | —   | —   | —   | —   | —   | —    | 1    | — | —   | 1  |
| C   | boarded in homes and not already included in B above   | boys                 | —   | —   | —   | —   | —   | 2   | 7   | —    | —    | — | 9   |    |
|   |  | girls                | —   | —   | —   | —   | —   | —   | —   | 1    | —    | — | —   | 1  |
| D   | Number of children from the authority's area who are awaiting places or who are receiving education in special schools, Independent schools under Section 56 of Education Act 1944 or who are boarded in homes—Total girls | boys                 | 4   | 3   | 21  | 9   | 41  | 17  | 21  | 312  | 4    | 1 | 433 |    |
|   |  | girls                | 1   | 3   | 11  | 9   | 29  | 8   | 3   | 257  | 2    | 2 | 325 |    |
| E   | Number of handicapped pupils (irrespective of the area 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 | —   | —   | —   | —   | —   | —   | —   | —    | —    | — | —   |    |
|   |  | (iii) at home (boys) | —   | —   | —   | —   | —   | —   | —   | 3    | —    | — | —   | 3  |

F. During the calendar year ended 31st December, 1967

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

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

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

30

3

3

# APPENDIX "C"

## TREATMENT ARRANGEMENTS

| <i>Clinic</i>  | <i>Place</i>  | <i>Sessions</i>  | <i>Minor Ailments<br/>Attendances<br/>during 1967</i> |
|----------------|---|--|---|
| Minor Ailments | Arkwright School<br>London Road                               | 3 times a week   | 3,459   |
|                | Bestwood Clinic<br>Beckhampton Road                           | Daily and Medical<br>Officer weekly                        | 7,959   |
|                | Bulwell Clinic<br>Main Street                                 | Daily and Medical<br>Officer weekly                        | 3,423   |
|                | Central Clinic<br>28 Chaucer Street                           | Daily and Medical<br>Officer twice<br>weekly               | 5,626   |
|                | Clifton Clinic<br>Southchurch Drive                           | Daily and Medical<br>Officer weekly                        | 7,238   |
|                | Player Clinic<br>Beechdale Road                               | Daily and Medical<br>Officer weekly                        | 11,345  |
|                | Portland School<br>Westwick Road                              | 3 times a week   | 2,724   |
|                | Rosehill Clinic<br>St. Matthias' Road                         | Daily and Medical<br>Officer weekly                        | 8,855   |
|                | Scotholme Clinic<br>Beaconsfield Street                       | Daily and Medical<br>Officer weekly                        | 4,880   |
|                | Welbeck School<br>Queen's Drive                               | 3 times a week   | 2,732   |
|                | William Crane Clinic<br>Aspley Estate                         | Daily  | 5,121   |
| Dental         | Bestwood Clinic   | Fillings and<br>Extractions                                |   |
|                | Bulwell Clinic  | Fillings and<br>Extractions                                |   |
|                | Central Clinic  | Fillings and<br>Extractions                                |   |
|                | Clifton Clinic  | Fillings and<br>Extractions                                |   |
|                | 36 Clarendon Street   | Fillings and<br>Orthodontics                               |   |
|                | Player Clinic<br>Rosehill Clinic                              | Fillings and<br>Extractions<br>Fillings and<br>Extractions |   |
| Ophthalmic     | Central Clinic  | 6 weekly   |   |
|                | Bestwood, Bulwell,<br>Clifton, Player and<br>Rosehill Clinics |  |   |



| <i>Clinic</i>                           | <i>Place</i>  | <i>Sessions</i> |
|---|---|-----------------|
| Ear, Nose and Throat                    | Central Clinic  | Twice weekly    |
|   | Ewing School for the Deaf and Partially Hearing, Mansfield Road | Monthly         |
| Paediatric                              | Central Clinic  | Weekly          |
| Child Psychiatry (Child Guidance)       | Child Guidance Centre, 34 Clarendon Street                      | 6 weekly        |
| Educational Assessment (Child Guidance) | Child Guidance Centre   | 3 weekly        |
| Educationally Sub-normal Assessment     | Central Clinic  | 3 weekly        |
|   | Bestwood and Clifton Clinics                                    |                 |
| Speech                                  | Child Guidance Centre   | Twice monthly   |
| Speech Therapy                          | Child Guidance Centre   | 10 weekly       |
|   | Bestwood Clinic   | 2 weekly        |
|   | Bulwell Clinic  | 2 weekly        |
|   | Clifton Clinic  | 4 weekly        |
|   | Player Clinic   | 3 weekly        |
|   | Rosehill Clinic   | 2 weekly        |
|   | William Crane Clinic  | 2 weekly        |
| Dyslexia                                | Child Guidance Centre   | Weekly          |
| Remedial Teaching                       | Child Guidance Centre   | 9 weekly        |
|   | Bulwell Clinic  | 1 weekly        |
|   | Scotholme Clinic  | 1 weekly        |
|   | William Crane Clinic  | 2 weekly        |
| General Duty                            | Central Clinic  | Daily           |
| Audiometry                              | Central Clinic  | Twice monthly   |
| Enuretic                                | Central Clinic  | Twice monthly   |
| Electrical (U.V.R., Ionisation, etc.)   | Central Clinic  | 3 weekly        |

# INDEX

|  |           |
|--|-----------|
| Accident Prevention                          | 41, 42    |
| Audiometry Clinic                            | 35        |
| B.C.G. Vaccination                           | 39        |
| Child Guidance—Child Psychiatry Clinic       | 29        |
| Cleanliness                                  | 37, 38    |
| Clinics                                      | 28-36, 52 |
| Colour Vision                                | 40        |
| Conclusion                                   | 41        |
| Contents                                     | 1         |
| Convalescent Homes                           | 40        |
| Deaths in Children of School Age             | 41        |
| Dental Inspection and Treatment              | 7-17      |
| Diphtheria Immunisation                      | 39        |
| Dyslexia Clinic                              | 33-34     |
| Ear Nose and Throat Clinic                   | 28        |
| Educational Assessment Clinic                | 30        |
| Educationally Sub-Normal Assessment Clinic   | 30        |
| Electrical and Other Treatment               | 36        |
| Enuretic Clinic                              | 35-36     |
| General Duty Clinic                          | 35        |
| Handicapped Pupils                           | 18-25     |
| Hostel for Maladjusted Children—Orston House | 30        |
| Immunisation and Vaccination                 | 39        |
| Infectious Diseases                          | 38        |
| Introduction                                 | 4         |
| Medical Inspection                           | 6         |
| Minor Ailments Clinic                        | 35        |
| Ophthalmic Clinic                            | 28        |
| Orthopaedic Treatment                        | 39-40     |
| Paediatric Clinic                            | 29        |
| Poliomyelitis Vaccination                    | 39        |
| Principal School Dental Officer's Report     | 7-17      |
| Remedial Teaching Clinic                     | 34-35     |
| School Nurses                                | 36-37     |
| Skegness—Nottingham Children's Homes         | 40        |
| Special Schools                              | 25-27     |
| Speech Therapy Clinic                        | 30-32     |
| Staff  | 2-3, 5-6  |

(Continued)



## INDEX (continued)

### *Appendix*

|   |     |     |     |     |       |
|---|-----|-----|-----|-----|-------|
| Dental Inspection and Treatment               | ... | ... | ... | ... | 42-43 |
| Medical Inspection (Part I)                   | ... | ... | ... | ... | 44    |
| Defects found by Medical Inspection (Part II) | ... | ... | ... | ... | 45    |
| Treatment of Pupils (Part III)                | ... | ... | ... | ... | 46-47 |
| Handicapped Pupils                            | ... | ... | ... | ... | 48-50 |
| Treatment Arrangements                        | ... | ... | ... | ... | 51-52 |

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### CITY OF NOTTINGHAM

GENERAL INFORMATION AS AT 31ST DECEMBER, 1967.

|  |     |     |                     |                           |     |     |               |
|--|-----|-----|---------------------|---------------------------|-----|-----|---------------|
| <b>Area</b>  | ... | ... | <b>acres 18,364</b> | <b>No. of Schools</b>     | ... | ... | <b>161</b>    |
| <b>Population</b>                                    | ... | ... | <b>309,740</b>      | <b>No. on Rolls</b>       | ... | ... | <b>52,311</b> |
| <b>Density of Population: 16.87 persons per acre</b> |     |     |                     | <b>Average Attendance</b> | ... |     | <b>90.1%</b>  |

CENTRAL SCHOOL CLINIC,  
28 CHAUCER STREET,  
NOTTINGHAM.

Telephone: Nottingham 43064.

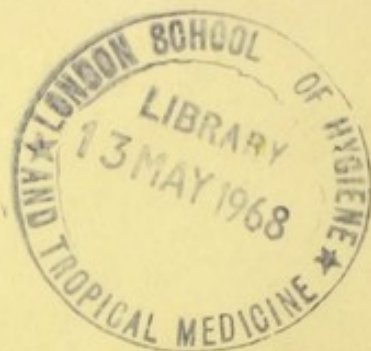












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