[Report 1968] / School Medical Officer of Health, Nottingham City.

Contributors

Nottingham (England). City Council.

Publication/Creation

1968

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CITY OF
NOTTINGHAM

EDUCATION
COMMITTEE

PRINCIPAL SCHOOL MEDICAL OFFICER'S

ANNUAL REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR 1968

LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE
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- 9 JUL 1970

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Adopted by the Education Committee at its meeting held on 25th June, 1969.

★

F. E. JAMES, M.D., B.S., M.R.C.S., D.C.H.,
Principal School Medical Officer.

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

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SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE

(Municipal Year 1968-69)

Chairman: Councillor Mrs. O. M. MOSS

Vice-Chairman: Councillor A. WHITEHEAD

Councillor C. BENNETT
(Chairman of the Education Committee)

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

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Councillor Mrs. M. K. CLARKE
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Councillor Mrs. M. LE BOSQUET
Councillor A. G. RIBBONS
Councillor J. A. SHIPSTONE
J. D. SUNLEY, Esq., J.P.
S. WARD, Esq., L.R.A.M.

STAFF (31st December, 1968)

Principal School Medical Officer:
F. E. JAMES, M.D., B.S., M.R.C.S., 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.
ISABEL M. GREEN, M.B., Ch.B., D.C.H.
W. D. SINCLAIR, M.B., Ch.B., D.P.H.

Part-time Medical Officers:
G. C. H. CHANDLER, M.R.C.S., L.R.C.P.
JANET M. FERRIS, M.B., B.S., D.A.
T. SYKES, M.B., Ch.B.
W. K. S. MOORE, M.A., M.B., B.Chir. (M.O., Boots College)
K. SHALLCROSS DICKINSON, M.R.C.S., L.R.C.P., F.P.S., F.R.Ent.S.

Part-time Specialists:
(By arrangement with the Sheffield Regional Hospital Board)
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)
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., F.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)

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

Principal School Dental Officer:

W. McKAY, L.D.S. (to 8/9/1968)
N. H. WHITEHOUSE, L.D.S., B.Ch.D. (from 1/1/1969)

Dental Officers:

ERIKA MELLAKAULS, L.D.S.
MAUREEN M. DICK, B.D.S.
†ENID DURANCE, L.D.S.
†MYRETTE J. J. POWER, L.D.S.
*C. A. ATKINS, B.D.S.
*N. E. CHETTLE, L.D.S.
*D. R. DAVIES, L.D.S.
*LINDA E. HILL, B.D.S.
*E. A. MEADOWS, L.D.S.

Dental Auxiliaries:

JENNIFER T. DUKE
JANE C. HARVEY

Dental Surgery Assistants:

Full-time: two
Part-time: seven

Child Guidance Centre:

J. J. GROVER, B.A.
(Senior Educational Psychologist)
D. CHEETHAM, B.A.
(Educational Psychologist)
MRS. S. M. OWEN, B.A.
(Educational Psychologist)
*MRS. J. FRY, M.A., Ed.B.
(Educational Psychologist)
MRS. E. WILL, DIP.SOC.ST.
(Social Worker)
MRS. J. SMART, R.M.N.
(Social Worker)
MISS A. M. HALL
(Remedial Teacher)
MRS. K. S. STOURTON, L.C.S.T.
(Senior Speech Therapist)
MRS. D. CLARKE, L.C.S.T.
(Speech Therapist)
MISS M. E. DRURY, L.C.S.T.
(Speech Therapist)
MISS S. E. LITTLEFAIR, L.C.S.T.
(Speech Therapist)
*MRS. J. S. THOMAS, L.C.S.T.
(Speech Therapist)

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

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

School Nurses:

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

Nurses' Assistants: Six
Clinic Attendants: Six part-time
Clerical Staff: Chief Clerk (S. PALMER) twenty-one Clerks and four Shorthand-Typists

Hostel for Maladjusted Pupils:

ORS[illegible]N 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

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1968

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 60th Annual Report of your School Health Service.

I am happy to report that apart from the dental department, we have been fully staffed throughout the year, personal relationships have been excellent and we are all looking forward to the future.

This year the Government's Green Paper* and the Seebohm Report† have brought rumblings of possible change. In some ways such changes may be disquieting, as being creatures of habit it is tempting to continue in the ways we know, but rethinking about some of our basic ideas in the School Health Service may well be required. Knowledge of the learning difficulties of children with various types of disabilities is now making rapid strides, and in an increasing number of instances we can say why a child is not developing normally. To do justice to this new knowledge in the present economic position is not easy and in the future difficult decisions may have to be made. Some may consider that we ought to continue with routine medical inspection as at present. On the other hand perhaps we ought to make the "leaver" examination selective and even to make cuts in other directions so that funds and personnel are available for new tasks and for training and equipment. Unfortunately modern medical and dental equipment is very expensive and like our television sets, requires maintenance and, after some years, replacement. This, of course, makes for a mounting cost of running the service.

One of the chief attractions to work in the School Health Service is the potential the subject has for future development. The study of language and number sense in children is as yet in its infancy, but we know many physical and developmental disabilities can affect a child's function in these spheres. Cultural and other environmental influences also play an important part, but exactly which aspects of these and how they operate we have as yet no knowledge.

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*Green Paper on the Administrative Structure of the Medical Services of the National Health Service.

†Report on Local Authority and Allied Personal Social Services.

STAFF

The year has inevitably seen some changes of staff.

Mr. W. McKay, the Principal School Dental Officer, resigned in September on being appointed to a similar post by the County of Staffordshire. Mr. McKay has done much to maintain and improve dental standards in the School Health Service. We congratulate him on his new appointment and wish him success and happiness in the future. We welcome his successor, Mr. N. H. Whitehouse (on 1st January, 1969), who has been an Area Dental Officer in Norfolk. Mr. Whitehouse has risen rapidly in his profession, and his ability, combined with a pleasing personality, will make him a good leader for the dental team.

We congratulate Mr. Cheetham on obtaining his degree in Psychology and we are more than glad to have his services as an educational psychologist. Our congratulations also go to Miss Jackson who became a fully qualified educational psychologist from 1st October and who is now married and becomes Mrs. Owen.

Earlier this year Dr. Laing left us to enter a group practice in nearby Keyworth. Her great experience in Child Health would make her a valuable asset to any practice. We are very fortunate in having been able to replace Dr. Laing by Dr. Sinclair who returns to us from the Health Department. Dr. Sinclair wishes to do clinical medicine rather than administration, and it is our good fortune that a capable doctor is willing to step down in grade to do this all important aspect of dealing with patients. Services are bound to be judged by the quality of doctors' consultations and their work with patients and no amount of administration can compensate for a deficiency in this direction. One of the great needs in local authority medical services is for a career structure in the clinical aspects of their duties.

From the dental staff we lost Mrs. Reade in March who left to have her baby. She should receive the Authority's thanks not only for the work she did at Clifton, where she will be greatly missed, but also for the kindly consideration given to the children. We are happy to welcome Mrs. M. J. J. Power as dental officer. Miss Duke and Miss Harvey join us as dental auxiliaries; this was until recently very much of an experimental grade but we all hope they will be happy in the Authority's service and will establish their grade as an integral part of the dental profession.

MEDICAL INSPECTION

Medical inspections have continued as formerly with a routine entrant examination, intermediate selective examinations and a routine leaver examination. There has been discussion in some authorities as to whether routine examination of all leavers is justified, especially as many young people receive a medical examination on starting work, under the Factory Act Regulations. All leavers from special schools should be examined. For those leaving ordinary schools, physical factors relevant to employment occur only in 3% of children and it ought to be possible to select these from existing medical records and a parental questionnaire.

At the intermediate selective examination a very large percentage of the children eligible are being examined. Our figures for selection are:—

Intermediate I: 58.8% of age group selected;
Intermediate II: 49.9% of age group selected.

These figures seem to me to indicate that we are selecting too many children for examination and perhaps one factor is the wording of the parental questionnaire. Undoubtedly further investigation is required to decide the best form this questionnaire and the selective examinations should take.

There is a difference between the numbers selected in the City centre schools and those schools in the more desirable suburbs, as shown in the following table:—

Intermediate II Group

	Percentage of children seen
School A	80.3
„ B	62.8
„ C	70.0
„ D	36.7
„ E	42.9
„ F	43.0

Schools A, B and C contain many children whose social background is disturbed, whereas schools D, E and F are thought to contain many fewer such children as they live in the socially more desirable parts of the City. As described in last year's Report, in schools A, B and C, 80% of the questionnaires were satisfactorily returned.

THE SCHOOL DENTAL SERVICE

Report by Mr. N. H. Whitehouse (Principal School Dental Officer from 1st January, 1969)

Premises and Equipment:

Although no new premises were opened during 1968, construction of the new Health Centre at Hyson Green began. It is hoped that the building will be opened during the Autumn of 1969, providing two new dental surgeries for the treatment of school and pre-school children as well as nursing and expectant mothers.

Staffing:

On 31st December, 1968, the dental staff consisted of:—

	Salaried	*Sessional*
Principal School Dental Officer ...	— (1.0)	—
Orthodontist	.4 (.4)	—
Dental Officers	3.0 (3.3)	1.3 (1.1)
	3.4 (4.7)	1.3 (1.1)
Medical Officers (dental anaesthetists)	— (—)	.5 (.5)
Dental Auxiliaries	2.0 (—)	—
	5.4 (4.7)	1.8 (1.6)

(Figures for 1967 in brackets)

Nine Dental Surgery Assistants gave a whole-time equivalent of 6.3.

Resignations: As mentioned by Dr. James, Mr. McKay, the Principal School Dental Officer, resigned in September, having been appointed Chief Dental Officer to Staffordshire County Council.

Mrs. Reade also left in March after six years service as a full-time dental officer.

The whole of the dental staff wish them every success in their new ventures.

Appointments: Mrs. Power increased her sessions and became a member of the salaried staff on 29th April, 1968;

Mrs. Hill returned to us on 29th January, 1968, as a part-time dental officer;

Mr. Atkins, a welcome newcomer, joined the sessional staff on 12th August, 1968.

Dental Auxiliaries: A cordial welcome is extended to Misses Duke and Harvey who were appointed on 1st September, 1968. They will prove a valuable asset to the Dental Department, especially in the field of Dental Health Education.

Dental Inspection:

During 1968, 6,926 children (13% of the school population) had a routine dental inspection in school and 6,271 children (11% of the school population) were inspected as special or casual patients. A total of 13,197 (24% of the school population) therefore, were inspected.

Dental Treatment :

A summary of the dental treatment provided is shown in the Appendix. Comparative figures for 1967 are also shown.

Unfortunately, the decrease in the numbers of the professional staff during the year was reflected in a fall in the number of fillings done. Those dental officers that we had are to be congratulated for their efforts in ensuring that the increased demand for emergency treatment (30% higher than in 1967) was met, without undue delay to the patients.

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:

During 1968 there was a slight increase in the volume of treatment given, though fewer patients in both categories were referred to the local authority dental service.

It is obvious from the relevant statistics that the introduction to dentistry for the majority of pre-school children is still via emergency extractions; surely a sad beginning to a life-time of dental treatment.

I hope that, during 1969, the presence of two Dental Auxiliaries will help to alleviate a chronic shortage of staff and enable time to be found to increase the "Dental Awareness" of the parents involved.

There was a further fall in the demand for treatment by expectant and nursing mothers, due one hopes to the numbers of these patients who are now receiving regular dental treatment from General Dental Practitioners.

Mental Health—Dental Care :

During the year 20 (16) patients presented for advice or treatment, of whom 15 (14) were treated. 26 (25) appointments were given, of which 22 (18) were kept. 23 (17) temporary teeth were extracted and 14 (9) permanent teeth were extracted, 14 (11) general anaesthetics being given.

N. H. WHITEHOUSE, B.Ch.D., L.D.S.
Principal School Dental Officer.

On the following pages figures for 1967 are given in brackets.

HANDICAPPED PUPILS

Blind :

Residential Special School	5 (5)
Awaiting residential placement	– (–)
Home Education	1 (–)

The above children are blind in the educational sense in that they have to read and write by non-visual means, usually Braille. Most of them can distinguish between light and dark and some may even be able to see the blurred outline of a person standing in front of them.

A blind boy, who also has severe rheumatoid arthritis, is in Worcester College, a Grammar School for blind boys, and a blind girl, who has also had much mental illness, has obtained two 'O' Level passes in the G.C.E. examination from a Hospital School and is hoping to do further 'O' Level and advanced work.

Partially Sighted :

Residential Special School	5 (5)
Awaiting residential placement	2* (1)
Ordinary school	22 (24)
Day Special School	1 (–)

* Included in ordinary schools.

These are children who can be taught by visual means but who in one way or another require special educational help. It is often possible to start such children at ordinary infant and junior schools where the initial books have large print and writing and drawings can be large. As education proceeds, partially sighted children are unable to deal with the smaller size print of ordinary text books. They are unable to write sufficiently quickly to keep up with other children and thus require special educational treatment.

With many partially sighted children the amount of vision is quite surprising, considering the gross amount of visible pathology. With deaf children, however, the reverse is the position : nothing abnormal is seen on detailed examination yet there is a gross abnormality of hearing.

Deaf :

Residential Special School	2 (2)
Awaiting residential placement	– (–)
Day Special School	34 (28)

These children are all educationally deaf. They may have a little hearing in that they might turn round if someone slams a door but without special education and equipment they would be dumb as well as deaf.

The year has seen the publication of the Lewis Report on the use of finger spelling or signing in the education of the deaf. On this subject feelings often run high but there is little knowledge and the Report indicates the need for further research.

Partially Hearing :

Residential Special School	2 (1)
Day Special School	16 (16)
Ordinary school	63 (57)
Awaiting residential placement	– (–)
Home Education	1 (–)

The correct placement of the partially hearing child is one which must be constantly reviewed for each individual. Some children with the help of a hearing aid can manage in ordinary school; on the other hand they can easily fall behind and become educationally retarded. Miss Allen, who also works at the Ewing Hearing Assessment Clinic and has charge of the supervision of the young children not yet in school, has taken over the responsibility of peripatetic teacher of partially hearing pupils. She has weekly sessions for partially hearing children at 13 schools in the City.

Units for partially hearing children attached to ordinary schools have become very popular but a recent survey of such units has indicated that they can be faced with many difficulties especially if the unit only has one teacher and that person is absent or resigns. Nevertheless, such units do have the advantage of bringing partially hearing children more into contact with the hearing children than is the case of the deaf child. In the future with experience there will doubtless be more information as to the conditions under which a partially hearing unit can function effectively and more information on the indications for selecting a child for such a unit.

Physically Handicapped :

Residential Special School	8 (9)
Day Special School	49 (54)
Ordinary school	58 (56)
Awaiting residential placement	– (2)
Home Education	1 (–)

The trend outlined in last year's report continues and because of the greater survival rate of spina bifida children, there is an increased number of severely physically handicapped young children.

The education of these children is further discussed under the heading of the Arboretum Special School.

Delicate :

Residential Special School	7 (12)
Residential Hostel for Diabetics	2 (2)
Day Special School	9 (11)
Ordinary school	182(188)
Home Education	2 (–)

These children are suffering from a variety of different conditions but by far the largest single group is that of asthma sufferers. It seems likely that some entirely new method of dealing with this condition is required before there is a significant change in the number of delicate children.

Educationally Sub-normal :

Residential Special School	7 (2)
Awaiting residential placement	5 (1)
Day Special School	504(476)
Awaiting placement—day special school ...	50 (87)

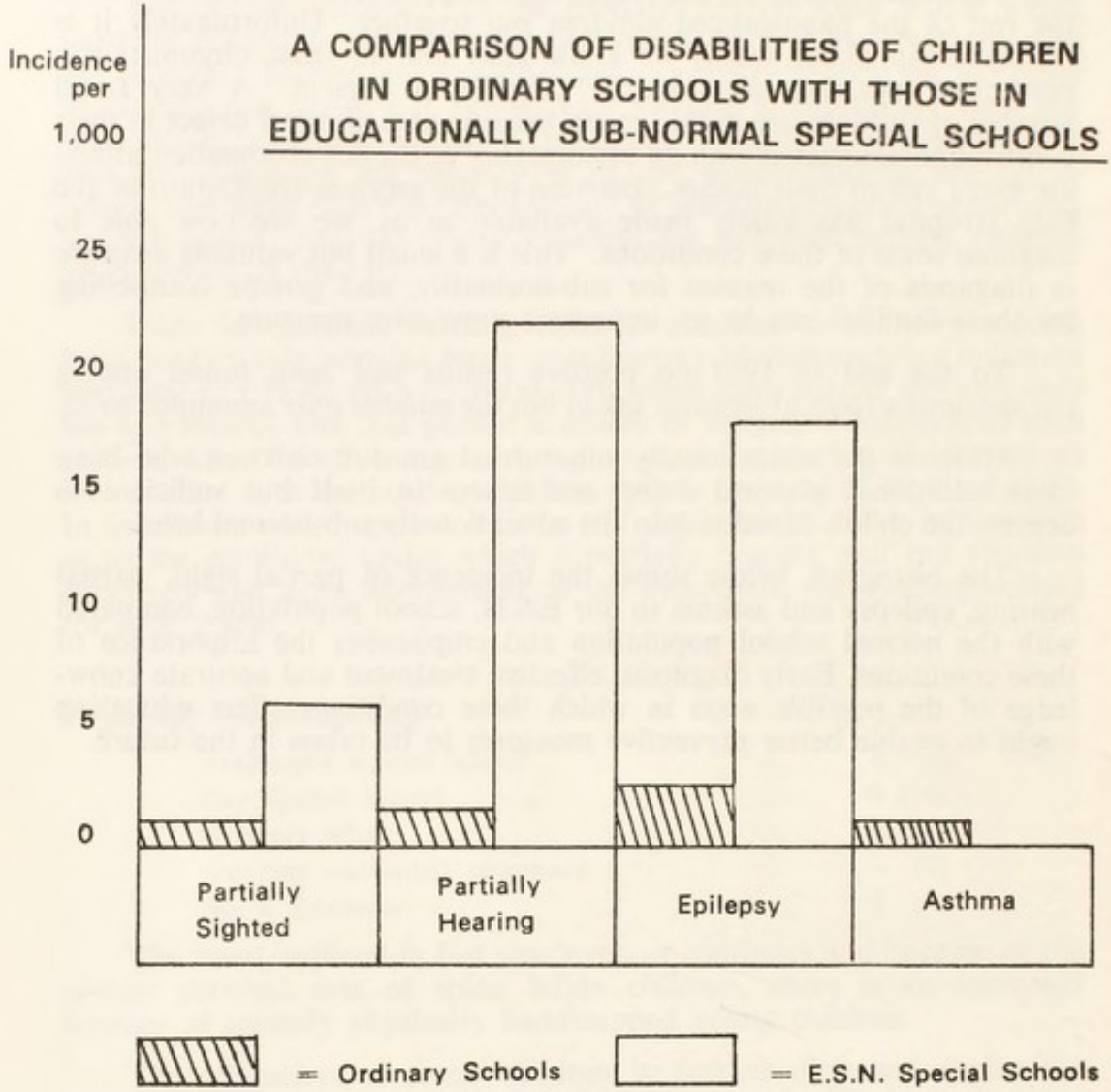
This continues to be the major handicap; indeed it out-numbers all the rest of the handicapped children put together. Unfortunately it is the handicap about which we know least and in these circumstances preventive measures seem hardly possible at present. A very small number of children are in this group because of a physical defect in their constitution associated with an abnormality of the sex chromation affecting every cell of their bodies. Because of the services Dr. Cotton of the City Hospital has kindly made available to us, we are now able to diagnose some of these conditions. This is a small but valuable advance in diagnosis of the reasons for sub-normality, and genetic counselling for these families can be an important preventive measure.

To the end of 1967 no positive results had been found among the specimens (buccal smears) taken but the number only amounted to 22.

Many of the educationally sub-normal are dull children who have some additional physical defect not severe in itself but sufficient to depress the child's function into the educationally sub-normal level.

The histogram below shows the incidence of partial sight, partial hearing, epilepsy and asthma in our E.S.N. school population, compared with the normal school population and emphasises the importance of these conditions. Early diagnosis, effective treatment and accurate knowledge of the possible ways in which these conditions affect education ought to enable better preventive measures to be taken in the future.

A COMPARISON OF DISABILITIES OF CHILDREN IN ORDINARY SCHOOLS WITH THOSE IN EDUCATIONALLY SUB-NORMAL SPECIAL SCHOOLS



Disability	Ordinary Schools		E.S.N. Schools	
	Numbers	Incidence per 1,000	Numbers	Incidence per 1,000
Partially Sighted	22	0·4	3	6·0
Partially Hearing	72	1·4	11	22·0
Epilepsy	138	2·6	9	18·0
Asthma	60	1·1	—	—

Epileptic :

Residential Special School	4 (4)
Awaiting residential placement	– (1)
Day Special School	– (1)
Ordinary school	136(126)

These numbers are much the same as last year. For the majority of children in ordinary school, fits are infrequent; this is a condition, however, which for a variety of reasons affects the child's education. Because of this children with epilepsy are kept under constant review and we take steps to ensure that teachers are aware of these children and the precise way in which each child may be suffering educationally.

Maladjusted :

Residential Special School	9 (7)
Awaiting residential placement	7 (5)
Boarding Hostels (attending ordinary school)...	9 (8)
Day Special School	– (4)
Ordinary school	23 (17)

For these children, like the E.S.N. child, there is no single medical diagnosis, no single symptom and no one type of special education we can recommend. Many people tend to equate maladjustment with delinquency, but important as this group is, we must remember that there are others in this category, such as those suffering from neurotic anxiety or school phobia, who must receive treatment and who as a group are much more profitable to treat in terms of parental co-operation and success.

The numbers reported under this heading are not great since rates of ascertainment of any handicap are inevitably related to facilities available for special educational treatment.

The psychotic children are another group of the maladjusted and included with these are the "autistic children"; at varying levels "education" or "training" is important treatment for many of these children and we are thinking of a special unit for these psychotic children of primary school age.

Speech Defects :

Day Special School	2 (3)
Ordinary school	2 (–)

These figures give no indication of the children with speech defects (these are recorded on page 26) but only those with serious disorders for whom some special educational arrangements are required.

SPECIAL SCHOOLS AND UNITS

Arboretum :

Number of City children on roll	56 (53)

This school which has been adapted over the years from the old square open-air blocks continues to expand and a new temporary classroom is planned to accommodate more children of nursery and infant age. It is very much hoped that it will soon be possible for the proposed new school on the campus of a bilateral school to be included in a building programme, as in present circumstances some physically handicapped at senior level have to be sent to a boarding special school.

The spina bifida children present a special problem—the "Spitz Holtzer" valves with which these children are supplied may give trouble. To distinguish between a temporarily blocked valve, a more serious condition with infection, or a child who is unwell for reasons unconnected with the spina bifida, demands very considerable skill and a mistaken diagnosis can have disastrous consequences. For this reason it is becoming necessary for the Arboretum School to fall in line with similar schools which have a nurse attached to the school.

Ewing :

Number of City children on roll	48 (43)
Number of other children on roll	40 (39)

This school for the deaf and partially hearing children continues to expand and the two temporary extra classrooms provided last summer are rapidly being filled. Indeed so popular is the school and such is its reputation that parents of deaf children have been known to move to the Nottingham area so that their children might attend. The expansion brings with it problems of insufficient room for such things as toilets and changing rooms.

The incidence of maladjustment in children with a severe hearing loss

In recent years much has been said about the function of language in the social adaptation of children. We have now, as a result of the Isle of Wight survey of school children, standard questionnaire forms for the assessment of maladjustment. These forms were used on the island to estimate the general incidence of maladjustment and its incidence in various groups of handicapped children but not in the deaf or partially hearing. The questionnaires for use by the teachers are scored with two points if the question certainly applies to the child; one point if it applies somewhat; and no points if it does not apply.

We have used these forms at the Ewing School to estimate the incidence of maladjustment in deaf and severe partially hearing children under 12 years of age whose language is extremely limited. Only two of the twenty-six questions were inapplicable to deaf children and we, therefore, counted the children as maladjusted if the total score was eight instead of the standard nine.

A questionnaire was submitted to each teacher who had a child in question and they were asked to complete the form. The Head Teacher also completed a questionnaire on all the children; the two forms were then compared and any differences discussed. In fact, there was very little disagreement.

Results :

Number tested	61
Number deemed maladjusted	9
Conduct disorders and anti-social behaviour ...	7
Neurotic	2
Hyperkinetic (also included in conduct disorders)...	2
Total incidence of maladjustment	14.7%

Using the same criteria, maladjustment is reported to be found in 8% of children in the general school population and in 14% of children with a chronic non-neurological physical disorder. In children with neuro-epileptic disorders, the incidence is much higher.

It is thus gratifying to find that the incidence of maladjustment in hearing deprived children is not unduly high. Undoubtedly attitudes between parents and children can be conveyed by other means than verbally and the deaf child will know by other clues when he is loved and well cared for at home and school.

Although these forms were not standardised on deaf children and the scoring is an approximation, we consider that the results are nevertheless a valid indication of maladjustment among the children tested. In the final test it is their social adjustment as compared with their hearing peers that matters.

We should like to thank the teachers who completed the questionnaires.

F. E. JAMES,
J. R. W. FRENCH.

Hardwick :

Number on roll 156 (126)

This school for educationally sub-normal children of primary school age is now very happily settled in their new premises.

Mr. Fearnside, the Head Teacher, writes as follows:—

"Quite a lot of work was done by the children with regard to the new school before we moved in. They wrote about it, drew plans and pictures, made models and finally visited the new building.

"The teaching staff immediately appreciated its advantages over the old one, such as much larger classrooms each containing a sink and more and better storage facilities—these latter were not, of course, important to the children. However, when the new apparatus and facilities began to be used, the children started to appreciate what was now possible. After we had been in the school for about two weeks one child, on his way to the showers after a P.E. lesson, remarked 'Isn't it a smashing school, Sir'!

"After a few months, the benefits to the children have become obvious in every sphere of activity. The generous size of the hall allows more freedom of movement in dancing and the use of the P.E. apparatus has increased the children's confidence considerably. The display facilities in the classrooms and the fact that a child can move around, even to work on surfaces other than his own desk, are helping the children in their academic work. The practical rooms are a wonderful asset because not only do they allow for greater scope in handwork lessons but they can be used in conjunction with number-work, and when the ovens are used for baking, reality is given to this subject.

"We look forward to introducing many new activities in the coming months and years.

"The appearance of the dining area and the method of serving the mid-day meal have already had a beneficial effect upon the children's social development. However, the open aspect of the playground does not appeal to the children and this is presenting some problems especially during the winter months and particularly during the long mid-day break."

Nethergate :

Number on roll 92 (98)

This school is designed to serve the community at Clifton and it also takes children from Wilford and the Meadows areas of the City. I must acknowledge the great assistance given by the Head Teacher, Mr. Batchelor, who has taken difficult E.S.N. children whom we have been unable to place elsewhere owing to lack of vacancies.

Rosehill :

Number on roll in Open Air Section 7 (17)
Number on roll in E.S.N. Section 155 (152)

With the opening of the new Hardwick School, Rosehill remains the single special school for E.S.N. children whose buildings are now considered unsatisfactory. Mr. Sunley and his staff do a difficult job well, working among many children from very unsatisfactory home backgrounds and for whom education means much more than the ordinary time-table subjects.

Westbury :

Number on roll 101 (100)

This school caters for senior girls and is always full to capacity with girls moving up from the Hardwick and Rosehill Junior Schools. With the increased provision for junior children at the new Hardwick School, some extra facilities at Westbury are inevitable. Therefore, the proposal to provide two extra classrooms will fill a pressing need. The ascertainment of some newly arrived immigrant children of senior school age is desirable for their own education, and the occasional transfer of other children to a senior E.S.N. school is also necessary, thus causing a further demand for places.

Orston House Hostel for Maladjusted Boys :

	City Boys	*Notts. County Council Boys*
At the beginning of 1968, in residence	7 (7)	4 (4)
Admitted during 1968	1 (6)	– (2)
Discharged during 1968	3 (6)	– (2)
At the end of 1968, in residence ...	5 (7)	4 (4)

Throughout the year, the Orston House Hostel has continued to function with a stable staffing situation. The hostel is for those boys who have suitable homes to return to and can be managed in normal schools. Towards the end of the year some members of the Special Services Sub-Committee were able to visit the House and to see the staff and the boys. Some of us were also privileged to see the play —Black and White Minstrel Show*—put on by the boys. Perhaps next year, if possible, these two events could be made to coincide.

Beechdale Special School :

The Authority is about to open a small special school having two departments, one for maladjusted pupils and the other for diagnosing severely E.S.N. children, following alterations to premises previously used as a school and more recently by the Health Committee as a junior training centre.

**A photograph is included on the centre page of this Report*

The Maladjusted Department: Many children with serious behaviour and conduct disorders, in whom there is no psychiatric illness or gross emotional disturbance, are referred to the Child Guidance Clinic. They are children in the main who have had no proper social training and kindly discipline from their earliest days. Naturally, psychiatrists feel these children are not medical problems; on the other hand, such children can present serious handling problems especially for teachers having large classes. The small classes at the new school with specially skilled teachers should enable such children to be given a period of school training which will fit them to return to their own school.

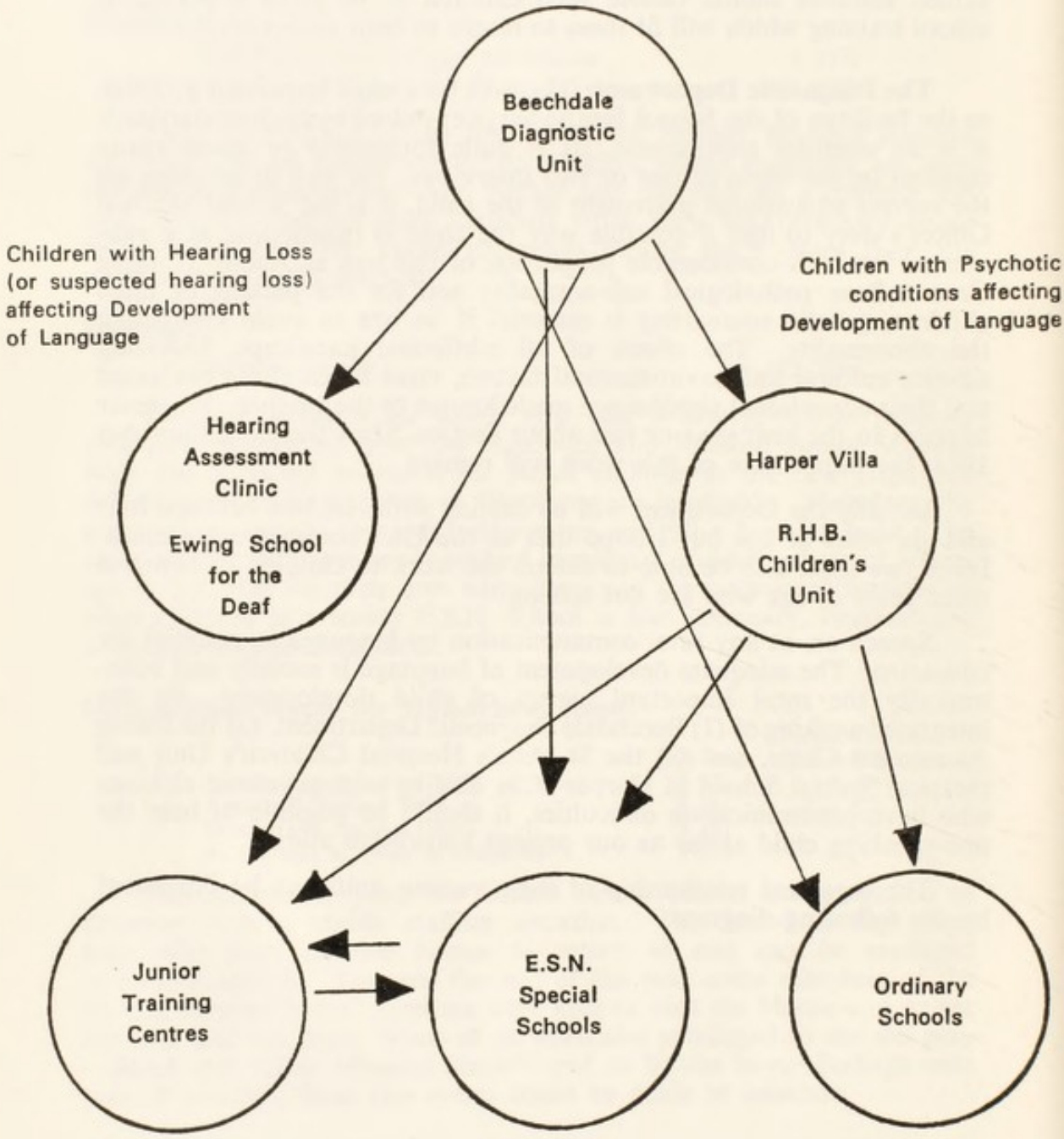
The Diagnostic Department: This will be a most important addition to the facilities of the School Health Service; indeed by modern standards it is an essential requirement. It is quite impossible to assess many children on the basis of one or two interviews. As well as advising on the correct educational placement of the child, it is the School Medical Officer's duty to find if possible why the child is functioning at a sub-normal level. A considerable proportion of children at Junior Training Centres have pathological sub-normality and for the parents of these children, genetic counselling is essential if we are to avoid continuing the abnormality. The effects of all additional handicaps, including adverse cultural and environmental factors, must be carefully evaluated and their educational significance made known to the teacher. Whatever happens in the next year or two about Section 57 of the Education Act 1944, the importance of this work will remain.

Initially the Department will be dealing with children between four and six years of age but I hope that as the Unit becomes more established, we shall also be able to extend the work to children of two and three years of age who are not talking.

Speech or, at any rate, communication by language is essential for education. The adequate development of language is socially and economically the most important aspect of child development. By the integrated working of (1) Beechdale Diagnostic Department, (2) the Ewing Assessment Clinic, and (3) the St. Ann's Hospital Children's Unit and Hospital Special School at Harper Villa dealing with psychotic children who have communication difficulties, it should be possible to help the non-speaking child as far as our present knowledge allows.

The suggested relationship of these various units can be illustrated by the following diagram.

ASSESSMENT OF CHILD DEVELOPMENT AND LANGUAGE



CLINICS

Ophthalmic Clinic:

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

	1963	1964	1965	1966	1967	1968
No. of pupils on rolls on 31st December	50,382	50,188	50,488	51,274	52,311	53,245
Pupils refracted	4,664	4,077	4,253	4,264	4,241	3,601
Percentage	9.2	8.1	8.4	8.3	8.0	6.7
Spectacles prescribed (pupils)	1,457	1,349	1,507	1,442	1,406	1,466
Percentage of pupils on rolls	2.8	2.7	3.0	2.8	2.7	2.7

Orthoptic Treatment at the Nottingham Eye Hospital:

	1963	1964	1965	1966	1967	1968
New cases treated ...	67	72	56	70	75	126
Total treated	146	168	140	104	110	202
Awaiting test or treatment at end of year ...	3	6	8	11	5	7

Operations for Squint at the Nottingham Eye Hospital:

	1963	1964	1965	1966	1967	1968
Number of operations ...	48	37	38	48	42	49
On waiting list at end of year	14	35	31	23	34	28

The ophthalmic clinics are conducted by Doctors Fraser, Galloway and Horton Young, Consultant Ophthalmologists, at the Central and peripheral school clinics, for the benefit of school children in the City. Nottingham children are fortunate in the service they receive in this respect as it is possible for consultants to deal more adequately with the rather difficult or backward children than it would be in the busier hospital clinics.

Educational attainments of children attending the City's Ophthalmic Clinics for refractive errors:

In the past there have been varied opinions as to whether the type of visual defect which can be corrected with glasses can affect a child's educational attainment. Last year an announcement in the press told of the greater number of myopic (short-sighted) children in grammar schools; a finding which our own figures confirm. It is now suggested that children who have a type of long sight (hypermetropic and for whom convex lenses are prescribed) are the children who may be educationally handicapped by their disability. This may well be owing to the development of the condition in the pre-school years when visual perception for shapes and patterns is still being acquired.

The following figures are taken from children attending ophthalmic clinics held in premises provided by the Education Committee, but all examinations and refractions have been carried out by the Consultants of the Regional Hospital Board. It is estimated that about seventy per cent of all school children having visual defects are seen at these clinics, the rest being seen either at the Eye Hospital or by private opticians. This applies to both special school children and others.

Nottingham School Children attending School Clinics for Ophthalmic Examination and Treatment

(1) *School Population*	(2) (*Jan.* 1968)	(3) *Hypermetropia or hypermetropia with astigmatism*	(4) *Incidence per* 1,000	(5) *Myopia or myopia with astigmatism*	(6) *Incidence per* 1,000
All schools including Grammar (but excluding all Special Schools)	52,633	1,807	34·3	772	14·7
E.S.N. Special Schools	480	61	127·1	10	20·8

The total incidences are not accurate since, as stated above, column (3) only refers to some 70% of children's refractions but the relative incidences show an undoubted increase of hypermetropia in E.S.N. children compared with those attending ordinary schools.

The criteria of refractive error has been a visual acuity of 6/9 both eyes, or worse. Although 6/9 on the Snellen chart may make little difference to the myope, it does to the hypermetrope who will have difficulty with focusing for such tasks as reading and writing.

Some children with hypermetropia or hypermetropia with astigmatism, develop squints although this is not the only reason for squint. Such a condition in a young child will probably lead to suppression of vision in the most abnormal eye and if untreated eventual blindness. The incidence of squint among our school entrants is 46 per 1,000 but in our E.S.N. population it is 67 per 1,000.

Looking at our figures for grammar schools, calculated on the same basis, these are:—

(1) *School Population*	(2) (*Jan.* 1968)	(3) *Hypermetropia or hypermetropia with astigmatism*	(4) *Incidence per* 1,000	(5) *Myopia or myopia with astigmatism*	(6) *Incidence per* 1,000
All Secondary schools including Bilateral and Comprehensive (but excluding Grammar and all Special Schools)	15,734	399	25·4	341	21·7
Grammar Schools	4,572	69	15·1	184	40·3

This confirms the high incidence of myopia in academically able children reported by others. It is difficult to explain the rather higher incidence of hypermetropia in the more able children unless it reflects an increased level of concern for defects among the parents of grammar school children.

Why such a high incidence of myopia should be associated with the type of child who does well educationally is totally unknown. Some think that the myopia is a result of excessive study and others think that the myopic child tends to take to the studious life. It would seem that there is an interesting and important field for someone to study in relating ocular pathology to visual perception and education in young children.

Thanks are due for the use of their clinical findings to Drs. Fraser, Horton-Young, Napier, and to Mr. Galloway for his advice in the preparation of this report.

Miss Pinder has let me have the following comments on the Keystone Vision Apparatus—which is being introduced for the testing of children's visual acuity:

"Up to December, 1968, the Keystone machine was used in four junior schools by four different members of nursing staff. All agree that the test is excellent in that the normal distance required for the Snellen Test (6 metres) is no longer necessary and a small room can be used irrespective of the standard of lighting, which reduces problems for all concerned.

"The intelligent child co-operates well but children in infant and nursery schools and those below average intelligence are much more easily and accurately tested with the Stycar Vision Test."

Ear, Nose and Throat Clinics :

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

Total number of children seen	583 (719)
New cases	436 (543)
Total attendances	698 (837)
Number of sessions held	61 (66)
Number of children referred for operation ...	261 (284)
Cautery	7 (6)
Other forms of treatment	35 (35)

These clinics are conducted by Mr. Hogarth and Mr. Neil, the Regional Hospital Board's Ear, Nose and Throat Consultants. Ear, nose and throat troubles are responsible for a very large proportion of the absence owing to sickness among school children. These complaints can lead to disorders of hearing and speech; both of these complications can, under certain circumstances, offset education. For this reason it is important that close liaison should exist between the Consultants and the Education Services.

Paediatric Clinic :

	Number of Cases	*Number of Attendances*
Heart conditions	39 (34)	55 (46)
Undescended testicles	22 (29)	27 (38)
Obesity, development, etc.	85 (97)	168(168)

Dr. Page has continued to conduct this weekly clinic and has let me have the following notes:—

"The nature of paediatric services has changed in the past two decades and will inevitably change more in the future. Previously much effort was given to rheumatic fever and its complications and to chronic chest infections, such as bronchiectasis. With the advent of modern

methods of treatment and prevention of infection with antibiotics, illnesses of this nature have greatly diminished in numbers and they cease to be chronic conditions affecting education and activity in the way which happened previously. In their place is emerging a different pattern of disabilities and dis-functions of childhood such as congenital abnormalities, cerebral palsy, surgically treated spina bifida and hydrocephalus, which give rise to the need for special school placement. Other conditions of a more "minor" nature appear at this clinic, such as juvenile obesity, enuresis, migraine and epilepsy. These conditions at times have important social consequences whch may react on the family. Paediatrics above all is concerned with any child, who, in any sphere, physically, intellectually or emotionally, is abnormal. Thus paediatrics embraces much work at present being carried out by local authorities and the regional hospital board's services. It is therefore essential that all doctors who deal with children should work in close co-operation—not only to use their skills to the child's advantage but to share the ever increasing knowledge which accrues from research. Nottingham is fortunate in possessing a large measure of goodwill and co-operation. in this respect, and the foundation of the new medical school will undoubtably produce interesting results from medical research.

Child Psychiatry Clinic (Child Guidance):

Examinations (New Cases):

Number of children seen by Psychiatrists	237 (175)
Number of children seen by Physician	104 (177)
Number of children seen by Educational Psychologists...	239 (202)
Number of parents seen by Social Workers	228 (230)

Re-examinations:

Number of children seen by Psychiatrists (excluding treatment interviews)	121 (182)
Number of children seen by Physician	19 (32)
Number of children seen by Educational Psychologists...	27 (10)
Number of parents seen by Social Workers (for review)...	84 (137)

Attendances and Visits:

Children's attendances for treatment	493 (510)
Interviews with parents	811 (831)
Interviews with others	150 (100)
Home Visits by Social Workers	306 (371)
Hostel Visits by Social Workers	45 (42)
Home Visits by Social Workers of Special School Cases	132

Children treated during the year:

By Psychiatrists	112 (110)
In Boarding Homes	8 (13)

Drs. Arkle, Pillai and Ratcliffe, the Regional Hospital Board's Consultant Child Psychiatrists, conduct these sessions at the Child Guidance Centre. Dr. Ratcliffe, the Senior Consultant, writes:—

"City Child Guidance Clinic

"A very considerable number of organisations, to say nothing of a great many individual people, are concerned with the care and welfare of children. Amongst such Agencies, the Child Guidance Clinic and the Child Psychiatrist have a specialist function. Now, to provide the maximum help, such a specialist agency must fulfil two separate, but interrelated, functions. It must provide special methods of help and treatment which it alone is designed to provide: and it must act as 'consulant' to all the other organisations and people who are concerned with children.

"To provide this second consultative function adequately, each member of the Child Guidance team must have good contact with, and be able to co-operate with, the various other Agencies involved. It should be equally obvious (although this is too often forgotten) that they in turn must be fully co-operative with, and understand, the real role and limitations of the Child Guidance service.

"To achieve this good liaison does not mean that the Child Guidance Clinic and all the other Agencies have to be united under one common administration. Ideed, despite the current concept of doing just this, the creation of such a "super-department" could well damage good liaison since, in reality, each organisation has its own special skills and individual function. Moreover, in this task of good liaison, the School Health Service, and especially the Child Guidance Clinics, have a unique experience both within their own multi-professional teams and with other "outside" Agencies.

"In the Nottingham area, thanks to the help and understanding of all concerned, we have been able to build up a Child Guidance/Child Psychiatric service which is not only comprehensive, but probably one of the best integrated in the country. In the Child Psychiatric sphere, my colleagues and I are fortunate in that we work not only in the Child Guidance and Hostel setting of both the County and City, but also in the Child Psychiatric services of the Regional Hospital Board at St. Ann's Children's Unit, the Gables Adolescent Unit and the Nottingham Children's Hospital. In addition we act, between us, in a consultative role to the City's two Remand Homes, the County's Children's Reception Centre and the Girls' Probation Hostel.

"For these reasons we can, and do, accept referrals from a very wide variety of sources; and we can, and do, provide whatever particular form of help or placement is necessary, and most appropriate for the individual child and his family.

"Finally, and in some ways most important of all, we have learnt to know both what we can and cannot do as well as the roles and limitations within which the other Agencies must function."

Delinquent Children :

American articles have drawn attention to the high rate of educational failure among delinquent children. Indeed educational failure is said to correlate more highly with delinquency than poverty, broken homes, physical and mental defects or psychopathic conditions.

To enquire whether the same position is true here in Nottingham, we have compared the degree of retardation in a group of delinquents and non-delinquent children who have been referred for Child Guidance. It must be emphasised that the second group are not normal children; they are children with serious problems and often have psychopathic conditions.

EDUCATIONAL ATTAINMENTS IN DELINQUENT AND NON-DELINQUENT CHILDREN

Delinquent Children	READING		ARITHMETIC	
An analysis of 40 Boy and 6 Girl Court Cases for a period in 1968.	*Number*	*Percentage of total*	*Number*	*Percentage of total*
Attainment				
Potential plus 2 to 4 years ..	—	—	—	—
,, plus 1 to $1^{11}/_{12}$ years ..	2	4·3	—	—
,, plus or minus 1 year ..	14	30·4	23	50·0
,, retarded 1 to $1^{11}/_{12}$ years	9	19·6	3	6·5
,, retarded 2 to $3^{11}/_{12}$ years	11	23·9	10	21·7
,, retarded 4 years and over	9	19·6	9	19·6
Attainment not available	1	2·2	1	2·2
	46	100	46	100
(Potential—equivalent to Mental Age).				
Non-Delinquent Children	READING		ARITHMETIC	
An analysis of non-delinquent 31 Boys and 14 Girls referred for Child Guidance during a period in 1968.	*Number*	*Percentage of total*	*Number*	*Percentage of total*
Attainment				
Potential plus 2 to 4 years ..	1	2·2	—	—
,, plus 1 to $1^{11}/_{12}$ years ..	4	8·9	—	—
,, plus or minus 1 year ..	15	33·3	16	35·6
,, retarded 1 to $1^{11}/_{12}$ years	4	8·9	6	13·3
,, retarded 2 to $3^{11}/_{12}$ years	13	29·0	18	40·0
,, retarded 4 years and over	6	13·3	3	6·7
Attainment not available	2	4·4	2	4·4
	45	100	45	100
(Potential—equivalent to Mental Age).				

We are grateful to Mr. D. M. Hutchings, B.Sc., Lecturer in Statistics at the Regional College of Technology, for the statistical workings. He reports on the comparison of results for delinquent and non-delinquent children as follows:—

"Analysis :

"There were 45 results available for the delinquent children and 43 for the non-delinquent children. The mean attainment ages, in years, for their potentials were as follows:—

	Reading	**Arithmetic**
Delinquent	—1.87	—1.67
Non-Delinquent ...	—1.46	—1.78

"In neither case was there a significant difference between the two groups, and in the case of the arithmetic the delinquent children were slightly better.

"Summary :

"The analysis of both the reading and arithmetic potential revealed no significant differences between the delinquent and non-delinquent groups."

Educational Assessment :

Number of children seen by Educational Psychologists (excluding Child Guidance cases)	645
Re-examinations	80
School Visits by Educational Psychologists ...	240
Interviews with parents by Educational Psychologists	350
Interviews with others by Educational Psychologists	29

These tests are carried out by Mr. Grover and his colleagues. Some tests are carried out in great depth, others are in the nature of screening tests. The opinions of the educational psychologists are sought by many people—head teachers, psychiatrists, hospital consultants and school doctors. If finances were available, there is no doubt about there being sufficient work for one psychologist for every 10,000 of the school population as suggested by the Summerfield Report on Psychologists in Education Services.

Educationally Sub-normal Assessment Clinic :

Number of children ascertained during 1968 as needing special educational treatment in Day E.S.N. Special Schools ...	75 (85)
Number of cases referred to Local Health Authority during 1968 as being unsuitable for education at school (Section 57(4) of the Education Act 1944)	34 (30)
Number of cases reviewed under Section 57(A) and ascertained as suitable for education at school	1 (3)

These assessments are carried out by approved medical officers with the object of deciding whether a child needs special educational treatment in a Special School or is "unsuitable for education at school." Those children who are in school and require special education are first tested by an educational psychologist. It is thought that cultural factors enter very largely into this group, yet at the present time we do not know precisely what these factors are.

Statistical correlations with social class, poor housing and low income exist, yet clearly these are "masking" factors; few of us believe that these factors alone, for instance, whether or not a child lives in a house with an outside toilet, can really influence his performance in school.

In the past it has been customary to think of education as being the remedy for these cultural and social problems; that if a child could only be given a good education, he would be more successful in later life, improve his income, his housing, his cultural and intellectual background and would then pass these assets on to his children. Alas, to-day the situation does not seem as simple—it seems rather that poor educational attainment and poor social adaptation and success have common factors.

It might well be instructive if from our E.S.N. population, a group in which cultural factors are thought to be predominant could be identified and studied. It may be that lack of a good standard of oral communication at home is the important factor or it could be inadequate play between the parents and the pre-school child or, again, inadequate supervision and discipline at home.

Speech Therapy :

The following is a summary of the work carried out during 1968:—

Number of:—

Children treated by Regular Therapy	401	
Children treated by Clinic Supervision ...	199	
		600
Children discharged		353*
Children supervised in Schools		1,156
Sessions held in Clinics		1,164
Sessions held in Special Schools...		317
Sessions spent in Ordinary Schools		121
Treatments given in Clinics		4,929†
Treatments given in Special Schools		1,600
Children referred by Head Teachers	499	
„ „ „ School Medical Officers...	74	
„ „ „ Other Authorities ...	7	
„ „ from other sources	23	
		603

*Analysis of the 353 children discharged:

Derived maximum benefit	55
Left school or district	76
Discharged—speech normal	179
No treatment required	43

†Analysis of the 4,929 treatments given in Clinics:

Stammerers	666
Other defects of known organic origin ...	565
Other defects of no known organic origin ...	3,698

Nineteen sixty-eight was an exceptional year in that we were able to maintain a full quota of speech therapists. The question is sometimes asked to what extent defects of the spoken word hinder a child's development with the written or printed word. Set in this form, the question is probably unanswerable since difficulties of speech take many forms and we are beginning to realise there are different reasons for a child's difficulty with reading and writing.

One common form of speech defect in a young child is the substitution of a consonant in one context but not in another, i.e. ring is pronounced "wing" but "r" is correctly pronounced in brother. This is an example of immaturity of speech which commonly corrects itself without any special treatment. The children with this kind of difficulty are, however, kept under observation by the speech therapists. The records of 82 children born in 1957-58 who have been under the supervision of the speech therapists for immature speech and who have also taken the Authority's verbal reasoning tests have been compared with the results of the remaining 3,900 children who took the tests to see if they fared any worse as a group than the main group.

Mr. D. M. Hutchings, B.Sc., who as previously mentioned is a Lecturer in Statistics at the Regional College of Technology, has again carried out the statistical work and he reports on the Verbal Reasoning Quotients as follows:—

"Analysis :

"The results for the City boys and girls were tabulated together to give a total of 3,959 results, those for non-classified results being ignored. The results had a mean value of 97.07 and a standard deviation about this mean of 14.36.

Boys of the Orston House Hostel on the occasion of their Christmas Play

"From these data it is possible to predict the probability of a sample of a given size having a value in a given range. In the case of the special group of 82 children considered, their mean was 91.82, which is significantly lower than the other mean, since this result could only occur by chance once in two thousand times.

"Summary :

"The analysis of results revealed the average Verbal Reasoning Quotients of the special group was significantly lower than that for the rest of the school population."

These results clearly show that children with immature speech on entering school are likely to do less well educationally than their peers. It would be interesting to know whether any form of special educational help at this early stage would materially help the child later.

Dyslexia Clinic : (Reading Difficulty)

Number of children seen	52 (60)

This clinic continued as a joint medico-educational one. It is quite evident that a number of intelligent children fail badly at reading and writing, very often for reasons not at present understood. We find that only a proportion have "genetic dyslexia" or "neurological dysfunction dyslexia."

It is of great importance, however, that exhaustive study should be given to these baffling cases since it is only by this means that we shall learn more. Accurate diagnosis ought to be related to treatment; in spite of the very great demands on his time, Mr. Grover has organised the basis of a most valuable remedial service.

Remedial Teaching :

Children's attendances for treatment by 4 Remedial Teachers and Educational Psychologists ...	3,227
Number of interviews with parents by Remedial Teachers	136
Number of children receiving Remedial Teaching during 1968	263

This is a growing service closely related to the Educational Psychologists. Mr. Grover, the Senior, writes as follows:—

"The School Psychological and Remedial Service has been expanded from the beginning of the Autumn Term 1968 by the appointment of three additional remedial teachers and it has been possible to offer educational therapy to an increased number of children, so making a significant impact on the waiting list. There has followed, to some extent, a decentralisation of the service partly because of the prevailing philosophy that remedial help should be school orientated and partly because of the limitations of the Central School Clinic. The peripatetic teachers work in branch clinics as well as schools throughout the City. The problems are considerable and there remains the task of deciding which type of remedial backwardness is best dealt with in this way and also the related problem of identifying these children in the schools. Some specificity of function is inevitable wth limited resources. The general problem of educational backwardness cannot be tackled by a remedial service and true remedial education is probably not required for the majority, only adequate corrective and preventative arrangements within each school.

"What contribution can a remedial service be expected to provide? Tansley's definition in which he stresses the foundation of the work on a differential diagnosis which forms the basis for scientific remedial procedures is worth considering. If "prescriptive education" is going to apply then much more detailed diagnostic work with appropriate child centred teaching methods to follow is required. This could not conceivably be a viable proposition for all retarded children but those showing emotional disturbance as a primary or secondary feature plus children with specific reading disabilities produced by developmental delays or dysfunctions in visuo-spatial and neuro-psychological skills should, in my view, have some priority.

"My colleagues in the School Psychological Service as well as the remedial teachers are becoming increasingly aware through our contacts with schools that there is a demand for advice and guidance especially in the field of remedial reading techniques, information on reading schemes, apparatus and background reading. A certain amount has already been done in this field by arranging visits to the Centre for discussion and examination of the material available. Whether one prefers to quote Parkinson's law or refer to the submerged volume of the iceberg it is unquestionable that if it was possible to expand the services available they would be well used.

"Some authorities have already recognised this need and Reading Centres have been established which cover approximately equivalent ground to that of the Mathematics Centre in this City. Such a centre might well serve as a base for the Remedial Service within the framework of a comprehensive Educational Guidance Service. It should contain a permanent display of books and apparatus suitable for retarded and normal readers, offer an experienced and expert advisory service and perhaps organise short courses on special methods and materials. I feel also that a part-time unit for children with severe reading disabilities of certain types who need frequent specialist help might well be part of such a scheme. This would further broaden the work of the School Psychological Service and enable it to make a great contribution to the education of all children whether in special need or whether they be more fortunate."

General Duty Clinic :

Number of examinations carried out:

Teachers	82 (90)
College of Education Candidates	281 (280)
Nursery Nurses	48 (46)
Others	13 (6)

These are some of the examinations and duties which are performed by medical officers after the completion of their school duties.

Minor Ailments Clinics :

These clinics and their relevant statistics are listed in Appendix "C."

Audiometry Clinic :

Number of sessions	31 (24)
Total number of attendances	362 (317)
Number of children tested for the first time ...	248 (226)

The increased number of children seen by Mr. E. F. Ward, Audiometrician, are the result of possible cases of hearing loss being found owing to the introduction of audiometric "sweep" testing for hearing defects among school children. This subject was introduced in last year's Annual Report.

The figures for the Sweep Tests for 1968 are as follows:—

Number tested	2,491
Number passed 1st test	2,304
Number failed 1st test	187
Number failed 2nd test and subsequently seen by Medical Officers	63
Number found to be satisfactory	43
Number passed to E.N.T. Consultant	5
Number passed to the Authority's Audiometrician...	13
Number passed to Speech Therapist	2

Miss Pinder has let me have this report on Sweep Testing:

"The screening of children by the pure tone sweep test commenced in this Authority in November, 1967. The sweep hearing tests are carried out by nursing staff who have been given special in-service training by Mr. French, Head Teacher of the Ewing School for the Deaf, and Mr. Ward, Consultant Audiometrician.

"Before commencing the sweep tests of children in the 6-7 year old group, nursing staff visited the four E.S.N. Schools in the City, testing children of varying age groups, to familiarise themselves with the reactions of children of different types to the audiometer machine. They also visited the Arboretum Special School for Handicapped Children. Mr. Ward gave the nurses help and advice at these schools.

"Routine screening of Entrants started in 1968 and every effort is made to keep up a very high standard. The general concensus of opinion amongst the nursing staff is that, in the right circumstances—i.e., quiet surroundings with few or no distractions, most children will respond and co-operate regardless of age or mentality; it is only with the very shy and diffident child that difficulties occur. It was noticeable that nearly all the children called for re-check on non-cooperative grounds, even though only three months later, were much more helpful and needed very little encouragment to co-operate.

"It is essential to have the testing done by persons who are good at handling children and have the knowledge and experience to know when a child is making odd responses or even feigning complete deafness.

"Head Teachers have been most helpful during the screening tests in school and have been and will be kept informed of the results."

Ewing School Hearing Assessment Clinic :

Number of children seen ... ... (24 New Cases; 5 Cases from previous year)	29
Number of sessions	8

When I first came to Nottingham lacking the E.N.T. experience of Dr. Sprenger, I asked Mr. Neil to help with this work and the prescribing of hearing aids for the Ewing children. The procedure is for Mr. Neil to make an E.N.T. examination, to carry out or prescribe any medical treatment; I do the general medical duties of child development; and Miss Allen, the Peripatetic Teacher based on the Ewing School, carries out the all-important duties in free field testing. It is gratifying to find the clinic not only being used for City children but professional colleagues in surrounding areas are referring children to us.

Enuretic Clinic :

Number of children who attended for pad and bell treatment (including those on the waiting list, December 1967) ...	96 (104)
Number of children whose treatment was considered to have been successful	25 (27)
Number of children whose treatment was considered to have been partly successful	34 (34)
Number of children whose treatment was not considered successful	37 (43)

Bed-wetting continues to be a serious problem among children in our younger age groups and all known cases have been kept under review during the year.

Dr. Strelau, a Psychiatric Registrar, who is seconded part-time by the Regional Hospital Board to our Child Guidance Clinic, is interested in this subject. We are hoping her investigation will tell us whether these children have a greater incidence of behaviour or education problems than has a non-enuretic sample group. If they are found to be educationally "at risk," we must pay more attention to this symptom among entrants; if, on the other hand, it is a self-limiting condition of no educational significance, we shall at least be able to give the mother reassurance.

Electrical Treatment :

The following treatment was carried out by the school nurses at the Central School Clinic:—

Ionisation :

Number of children treated	45 (40)
Number of attendances	634 (790)

By far the most troublesome condition treated under this heading is warts, often on the feet. Unforunately there is no single easy recognised form of treatment for this common condition and some of our most persistent cases have to be referred to the Skin Clinic of the General and Children's Hospitals.

SCHOOL NURSES :

The following is a summary of the work of the school nurses during 1968:—

School visits—routine medical inspections	1,907 (1,896)
„ „ —case conferences	76 (140)
„ „ —uncleanliness	3 (17)
„ „ —investigation of infectious diseases	14 (—)
„ „ —general	1,846 (1,526)
Home visits—uncleanliness	979 (845)
„ „ —deafness and nasal obstruction	75 (81)
„ „ —absentees from ophthalmic clinic	1,043 (1,042)
„ „ —medical inspections	417 (320)
„ „ —skin diseases	105 (85)
„ „ —ear diseases	68 (61)
„ „ —general	1,570 (1,481)
„ „ —general—evening visits	24 (11)
„ „ —pad and bell absentees	176 (173)
Ineffective visits	1,095 (1,017)
Escort duty to and from Residential Schools	16 (8)
Co-ordinating Committee	7 (14)
Clinic sessions	*3,882 (3,908)
Refraction Clinic sessions	266

School nurses attended 38 sessions on Refresher Courses.

*Included in this figure are 202 Spectacle Repair sessions carried out at Chaucer Street, Clifton and Bestwood Clinics.

Much of the school nurses' work is in connection with medical inspections and other work in schools and clinics. These latter are of two types—the clinics conducted by Consultants and the Minor Ailment clinics. Most of the work done at the minor ailments clinics is considered to be for social purposes; it is unfortunate that there still seems to be a need for this. In some cases dressings or other treatment is undertaken in conjunction with the General Practitioner or Hospital, and by this means a child's loss of time from school can be considerably reduced or avoided.

The work of our nurses is becoming more specialised and less socially orientated, which means Miss Pinder and other senior members have to spend more time training new staff as there is a rapid change-over owing to marriage, pregnancy and husbands moving on promotion.

CLEANLINESS :

	1963	1964	1965	1966	1967	1968
On school rolls	50,382	50,188	50,488	51,274	52,311	53,245
Examinations	140,544	133,105	134,723	131,479	107,552	108,481
Number found unclean ..	3,500	3,800	3,803	3,633	3,542	3,859
Percentage of the number on rolls	6·9	7·6	7·5	7·1	6·8	7·2
Statutory notices to parents ..	55	24	26	25	44	34
Children cleansed	42	24	22	17	34	26

Nearly all the above work refers to infestation with pediculosis capis (the head louse).

Dealing with these infections is an unpleasant job and often the nurses' assistants who do this work get only abuse for their efforts. We and the schools owe an immense debt to these six ladies who keep the situation contained so well. The core of the problem lies in a few families whose children are repeatedly being re-infected from home; although statutory cleansing powers exist in relation to school children, such powers do not exist for other members of the family.

Many feel that there is something amiss in the country's medical or social care for this situation to continue. Looking at the reports of the other Principal School Medical Officers, the situation in several other large cities and towns is similar to our own.

INFECTIOUS DISEASES:

Early in the year many were concerned following the discovery of a case of pulmonary tuberculosis found at the Elliott Durham Secondary School. In the usual type of pulmonary tuberculosis case seen, there would be very great difficulty in growing the tuberculous organism so that the child is not very dangerous to others. In this instance, however, the pupil had cavities in both lungs and the sputum was loaded with tubercle bacilli. It was, therefore, deemed necessary for the whole school to be screened. This was undertaken by Dr. W. H. Roderick Smith and his team from the "Forest Dene" Chest Centre. All children not known to have had B.C.G. vaccination were skin tested and all those positive, together with the rest of the school, were X-rayed.

Dr. Roderick Smith has let me have the following report:—

"Some 767 children were tuberculin tested of which 524 were negative and 243 positive.

"345 children were X-rayed. This figure includes those who had been noted to be positive tuberculin reactors when tested at school in 1966 or 1967.

"Five positive reactors defaulted from X-ray and 78 children defaulted from completing the tuberculin testing (this figure includes 16 who were tested but did not return for reading).

"This investigation found one child who had a strongly positive tuberculin reaction (grade 4 Heaf) and he has been treated."

It is reassuring to learn that as a result of this massive search only one other case of tuberculosis was found. Our thanks are due to the Head Teacher, Mr. Davies, and his staff for their most helpful co-operation and to Dr. Roderick Smith and his staff for carrying out the work.

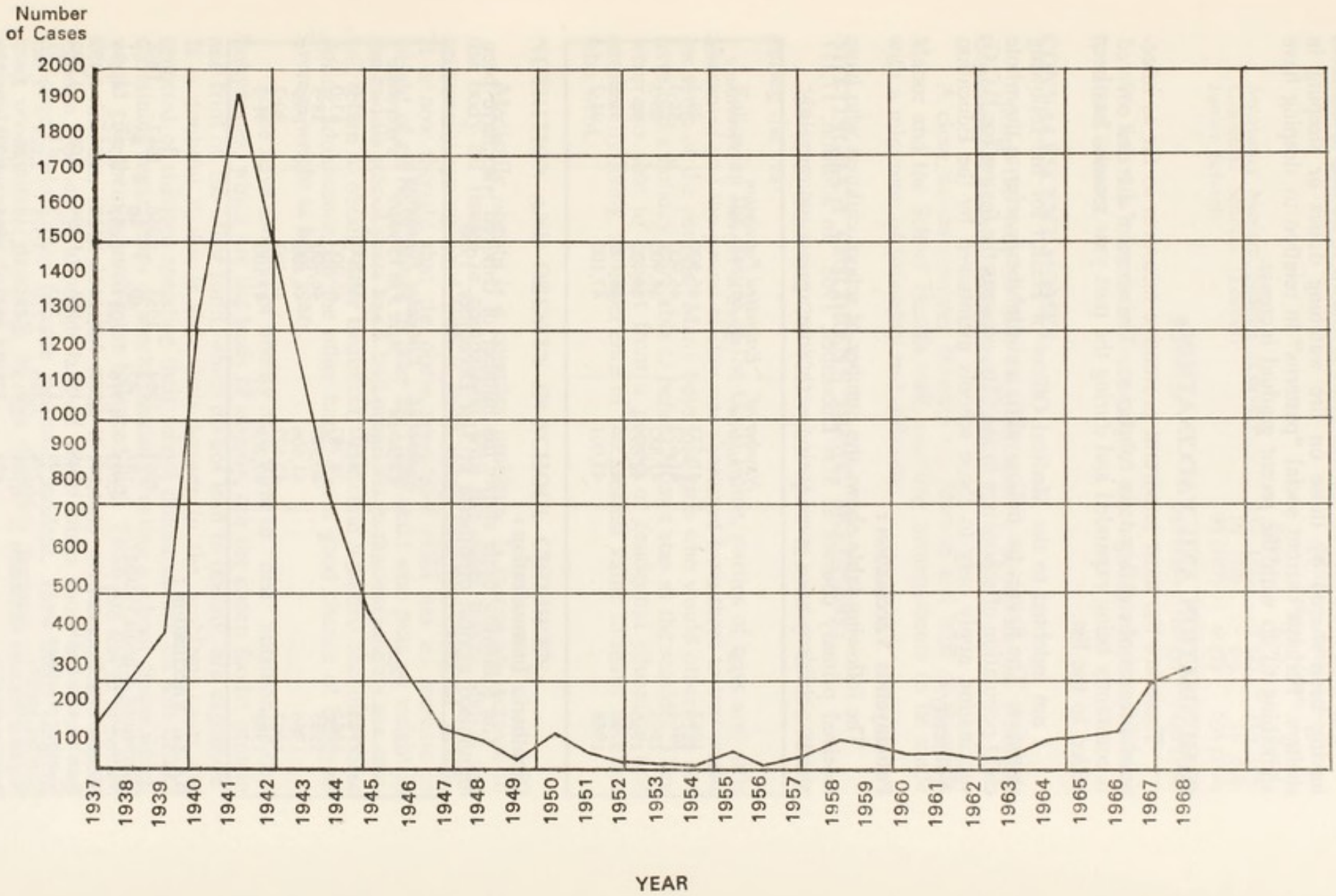
It is evident that extreme vigilance is still required in relation to tuberculosis and if this is relaxed, the incidence of this disease would increase.

The figures for infectious diseases are as follows:—

	1963	1964	1965	1966	1967	1968
Chicken Pox ..	1,039	2,230	1,244	1,636	2,226	889
Measles	1,749	1,226	1,360	1,074	1,601	713
German Measles ..	3,761	127	190	265	915	1,257
Mumps	2,292	753	815	1,810	451	618
Scarlet Fever ..	99	95	255	222	253	127
Whooping Cough ..	220	106	106	169	130	135
Jaundice	—	—	—	—	150	12
Hookworm ..	—	—	—	—	33	24
Whipworm ..	—	—	—	—	23	13
Ringworm ..	—	—	—	—	—	7

Scabies is becoming an increasing problem for all medical services in the City. Below is a graph showng the number of cases of scabies known to the School Health Service in each year since 1938.

INCIDENCE OF SCABIES 1937 - 1968



The high incidence in the war years is known to be due to blankets having been shared by those on fire watching duties or sleeping in shelters. Perhaps current social "patterns" in relation to sleeping have something to do with the recent gradual increase.

IMMUNISATION AND VACCINATION :

These are the most important preventive measures so far as infectious diseases of childhood are concerned. The range of diseases covered is constantly being expanded and during the past year measles has been added to the list.

I am indebted to the Medical Officer of Health for the following statistics. 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, 1968. In addition, 17,111 of these children were given their fourth dose against poliomyelitis.

Year	*Number of Children*	*Estimated Population Ages 5 to 15 years*	*Percentage*
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
1968	43,001	47,100	91·2

Diphtheria Immunisation :

The following table shows the number of children who have been immunised against diphtheria at 31st December, 1968:

Year	*Number of Children*	*Estimated Population Ages 5 to 15 years*	*Percentage*
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
1968	43,268	47,100	91·8

B.C.G. Vaccination :

	1963	1964	1965	1966	1967	1968
Maintained Schools visited ..	47	45	40	40	42	37
Number of 13 year olds ..	4,695	4,716	4,287	4,652	4,765	4,699
Number of acceptances ..	3,842	3,387	3,159	3,319	3,566	3,470
Number of refusals	1,105	1,194	985	1,199	1,085	1,090
Number of others	108	135	143	134	114	139
Number tested	3,298	3,346	3,226	3,578	3,624	3,540
Negative reactors vaccinated ..	2,781	2,815	2,475	2,317	2,090	2,893
Positive reactors	424	371	440	865	1,205	270

COLOUR VISION:

	Children with defective colour vision		
	Boys	*Girls*	*Total*
Secondary Modern Schools (Leaver) ...	110 (72)	4 (2)	114 (74)
Grammar Schools (Leaver)	10 (10)	– (–)	10 (10)
Junior Schools	95 (107)	6 (7)	101 (114)
TOTALS ...	215 (189)	10 (9)	225 (198)

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

CONVALESCENT HOMES:

During the year 50 (40) children spent a period in the Roecliffe Convalescent Home, Woodhouse Eaves.

A close liaison operates between the Matron and staff of Roecliffe Manor and the School Health staff, enabling arrangements to be made with a minimum of formality and difficulty.

NOTTINGHAM CHILDREN'S HOME, SKEGNESS:

258 (372) boys and 269 (261) girls spent a holiday at this Home during the year.

Following the closure of the Girls' Home, parties of boys and girls alternated and the period of stay was shortened from three to two weeks for some of the periods. Many boys and girls who would otherwise not have had a holiday were able to benefit from a stay at the seaside. They were also able to benefit from a period of residential education and community living, an experience of the greatest value to many of those who went.

NUTRITION AND OBESITY IN SCHOOL CHILDREN:

Medically obesity is a complex problem. It means an increase in the body fat tissues in comparison with the other tissues and is not necessarily synonymous with a child being over the expected weight. It is now thought that the obese pre-school child has an increase in weight of all body tissues in later life. The child who puts on weight in the middle school years has a bad prognosis in that over eighty per cent. will return to obesity after treatment. The child who first becomes obese during adolescence, on the other hand, has a good chance of being of average weight in later years.

Some have thought of obesity as a form of "mal" nutrition as carbohydrates, which are the basis of obesity, are the cheap foods; protein and fruit on the other hand, which do not lead to obesity, are expensive. It is doubtful if this is the whole answer to the problem; cases are reported of children spending their school dinner money on soft drinks containing sugar, chips or snacks instead of eating a school dinner which would give them a much more balanced diet. From our experience with City children, there does not seem to be any evidence of protein or vitamin deficiency, although lack of these things must be severe and prolonged before they become medically evident. How many children exist on minimal standards in this direction because of inadequate parental income, we do not know.

Poverty is one of the problems we are constantly meeting but because of the nature of our service, we may not see a representative group of those with financial difficulty. It seems to me that an enquiry into the reasons for poverty might be useful. Some may have inadequate wages, others may have suffered misfortune, but in instances involving our "regular clients" mismanagement is by far the dominant factor. Unfortunately the people who mismanage their personal affairs are those who mismanage their children with resultant educational problems. If we are to succeed as a society, we must aim at getting people who can conduct their own affairs and effectively manage their children.

In the evolving subject of Community Paediatrics, precise knowledge of how cultural as well as physical factors affect child development and how these in turn relate to education, must be discovered. Cultural factors such as diet, hygiene and child care can themselves profoundly influence child development and health. It is evident that our traditional approaches to education, child health and sociology may need rethinking.

With a heavy commitment of daily routine, it is difficult for Local Authority services to look into these problems but it is to be hoped that the University Departments of Child Health and Education will be able to supply the necessary knowledge.

DEATHS IN CHILDREN OF SCHOOL AGE:

During the year 19 deaths of school children were recorded for the following reasons:—

Acute leukaemia	1
Acute nephritis and uraemia	1
Asphyxia owing to epilepsy	1
Bronchopneumonia	1
Cerebellar haemorrhage	3
Drowned (accidental)	2
Electrocuted (accidental)	1
Hanging (1 accidental + 1 open verdict)	2
Heart failure and Ebstein's Anomaly	1
Road accidents	4
Schilder's Disease	1
Toxaemia	1

It is with regret that I have to report an increase in the number of deaths in children of school age over those for 1967 when there were 14 deaths. This year deaths from natural causes and those from accidents are nearly equal in number.

CONCLUSION:

It is a pleasure to acknowledge on behalf of all in the School Health Service the help and encouragement we have received from Committee members, the Director of Education and his officers. I must also thank my own staff, head teachers, hospital consultants and general practitioners for their helpful co-operation in providing an efficient and happy service.

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, 1968.

Attendances and Treatment

	Ages 5 to 9		*Ages 10 to 14*		*Ages 15 & over*		*Total*	
First Visit	4,212	(3,106)	3,538	(3,255)	600	(662)	8,350	(7,023)
Subsequent Visits	2,819	(2,691)	5,782	(7,841)	1,212	(1,689)	9,813	(12,221)
Total Visits	7,031	(5,797)	9,320	(11,096)	1,812	(2,351)	18,163	(19,244)
Additional courses of treatment commenced	85	(72)	178	(159)	36	(39)	299	(290)
Fillings in permanent teeth	2,385	(2,361)	6,105	(8,978)	1,589	(2,502)	10,079	(13,841)
Fillings in deciduous teeth	318	(367)	45	(70)	—	—	363	(437)
Permanent teeth filled	2,069	(2,079)	5,450	(7,860)	1,423	(2,209)	8,942	(12,148)
Deciduous teeth filled	284	(351)	40	(73)	—	—	324	(424)
Permanent teeth extracted	483	(399)	1,768	(1,366)	367	(237)	2,618	(2,002)
Deciduous teeth extracted	7,494	(5,640)	1,740	(1,395)	—	—	9,234	(7,035)
General anaesthetics	3,413	(2,399)	1,773	(1,197)	198	(99)	5,384	(3,695)
Emergencies	2,680	(1,926)	1,210	(945)	134	(89)	4,024	(2,960)

Number of Pupils X-rayed	437	(506)
Prophylaxis	1,553	(1,936)
Teeth otherwise conserved	89	(177)
Number of Teeth root filled	24	(25)
Inlays	1	(3)
Crowns	25	(29)
Courses of treatment completed	3,688	(4,197)

(1967 statistics in brackets)

Orthodontics

Cases remaining from previous year	111	(97)
New cases commenced during year	95	(98)
Cases completed during year	61	(64)
Cases discontinued during year	6	(25)
Number of removable appliances fitted	151	(142)
Number of fixed appliances fitted	2	(1)
Pupils referred to Hospital Consultant	19	(12)

Prosthetics

	5 to 9		*10 to 14*		*15 & over*		*Total*	
Pupils supplied with F.U. or F.L. (first time)	—	(—)	1	(1)	1	(3)	2	(4)
Pupils supplied with other dentures (first time)	12	(16)	48	(57)	21	(23)	81	(96)
Number of dentures supplied	12	(16)	49	(59)	22	(28)	83	(102)

Anaesthetics

General anaesthetics administered by Dental Officers	2,656	(173)

Inspections

(*a*)	First inspection at school. Number of Pupils	6,926	(7,365)
(*b*)	First inspection at clinic. Number of Pupils	6,271	(4,642)
	Number of (*a*)+(*b*) found to require treatment	11,536	(10,540)
	Number of (*a*)+(*b*) offered treatment	10,800	(9,259)
(*c*)	Pupils re-inspected at school or clinic	347	(316)
	Number of (*c*) found to require treatment	259	(224)

Sessions

Sessions devoted to treatment	2,153	(2,390)
Sessions devoted to inspection	28	(34)
Sessions devoted to Dental Health Education	56	(Nil)

(1967 statistics in brackets)

APPENDIX "B"

MEDICAL INSPECTION AND TREATMENT RETURN

Year ended 31st December, 1968

Part I—Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By Year of Birth)	*Number of Pupils Inspected*	*Physical condition of pupils inspected*		*No. of Pupils found not to warrant a medical inspection*	*Pupils found to require treatment (excluding Dental Diseases and Infestation with Vermin)*		
		Satisfactory	*Unsatisfactory*		*For defective vision (excluding squint)*	*For any of the other conditions recorded in Part II*	*Total individual pupils*
		No.	*No.*				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1964 and later ..	227	227	—	—	8	65	67
1963	1,911	1,911	—	—	70	342	396
1962	2,709	2,709	—	—	157	613	646
1961	668	668	—	—	43	146	169
1960	907	907	—	323	100	195	270
1959	910	910	—	317	88	243	312
1958	592	592	—	86	72	164	223
1957	1,697	1,697	—	1,440	225	370	543
1956	669	669	—	679	117	153	245
1955	98	98	—	—	14	28	36
1954	1,903	1,903	—	—	303	198	477
1953 and earlier ..	3,471	3,471	—	—	755	383	1,063
Total ..	15,762	15,762	—	2,845	1,952	2,900	4,447

Part I, Tables B and C appear on page 41.

Part II—Defects found by Medical Inspection during year

Defect Code No. (1)	Defect or Disease (2)	(3)	Periodic Inspections				Special Inspections (8)
			Entrants (4)	Leavers (5)	Others (6)	Total (7)	
4	Skin	T	89	96	126	311	108
		O	34	7	27	68	29
5	Eyes—						
	(*a*) Vision	T	264	1,025	663	1,952	898
		O	481	52	209	742	1,205
	(*b*) Squint	T	137	58	120	315	322
		O	22	5	18	45	507
	(*c*) Other	T	15	30	27	72	20
		O	4	3	22	29	7
6	Ears—						
	(*a*) Hearing	T	41	39	140	220	133
		O	119	19	105	243	159
	(*b*) Otitis Media	T	11	16	51	78	25
		O	22	6	25	53	25
	(*c*) Other	T	27	15	33	75	61
		O	20	2	17	39	36
7	Nose and Throat	T	199	60	181	440	366
		O	300	17	123	440	230
8	Speech	T	50	2	35	87	39
		O	42	5	25	72	84
9	Lymphatic Glands	T	2	—	18	20	7
		O	1	1	4	6	2
10	Heart	T	19	17	26	62	18
		O	28	7	34	69	50
11	Lungs	T	39	23	67	129	30
		O	59	16	80	155	69
12	Developmental—						
	(*a*) Hernia	T	9	2	14	25	11
		O	43	—	17	60	19
	(*b*) Other	T	42	47	63	152	91
		O	158	57	226	441	230
13	Orthopaedic—						
	(*a*) Posture	T	2	6	12	20	1
		O	4	3	5	12	8
	(*b*) Feet	T	24	30	37	91	27
		O	68	12	27	107	34
	(*c*) Other	T	23	38	45	106	52
		O	39	12	44	95	48
14	Nervous System—						
	(*a*) Epilepsy	T	15	15	50	80	29
		O	16	9	40	65	33
	(*b*) Other	T	4	4	27	35	7
		O	17	6	26	49	13
15	Psychological—						
	(*a*) Development	T	29	17	93	139	206
		O	199	9	174	382	274
	(*b*) Stability	T	13	8	51	72	145
		O	91	9	43	143	201
16	Abdomen	T	10	14	14	38	8
		O	15	8	21	44	18
17	Other	T	7	5	7	19	124
		O	74	28	172	274	157

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

Number of Special Inspections	8,331
Number of Re-inspections	4,027
Total	12,358

TABLE C.—INFESTATION WITH VERMIN

(*a*)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	108,481
(*b*)	Total number of individual pupils found to be infested	3,859
(*c*)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	34
(*d*)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	26

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

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	540
Error of refraction (including squint)	4,483
Total	5,023
Number of pupils for whom spectacles were prescribed	2,070

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

	Number of cases known to have been dealt with
Received operative treatment—	
(*a*) for diseases of the ear	143
(*b*) for adenoids and chronic tonsillitis	824
(*c*) for other nose and throat conditions	65
Received other forms of treatment	981
Total	2,013
Total number of pupils in schools who are known to have been provided with hearing aids:	
(*a*) in 1967	15
(*b*) in previous years	132*

* Includes 39 pupils from other Authorities' areas.

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patient departments	605
(*b*) Pupils treated at school for postural defects	—

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

	Number of cases known to have been treated
Ringworm—(*a*) Scalp	9
(*b*) Body	5
Scabies	352
Impetigo	138
Other Skin Diseases	3,378
Total	3,882

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinic	392

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	401

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(*a*) Pupils with minor ailments	4,378
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	50
(*c*) Pupils who received B.C.G. Vaccination	2,893
(*d*) Other than (*a*), (*b*) and (*c*) above:	
1—by the Authority: paediatrics	107
2—by the Authority: heart cases	39
3—at hospital: general medicine	385
4—at hospital: orthopaedic and general surgery	862
Totals (*a*)—(*d*)	8,714

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

	During the calendar year ended 31st December, 1968:		Blind	P.S.	Deaf	Pt. Hg.	P.H.	Del.	Mal.	E.S.N.	Epil.	Sp. Def.	TOTAL Cols. (1) to (10)
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A(1)	Number of handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes	boys	—	1	6	1	6	3	4	47	1	—	69
		girls	—	2	2	—	3	5	—	33	2	—	47
	Number of children newly placed in special schools (other than hospital special schools) or boarding homes .. .. (i) of those included at A above ..	boys	—	1	6	1	3	1	1	25	—	—	38
		girls	—	—	2	—	3	5	—	14	2	—	26
	(ii) of those assessed prior to January, 1968	boys	—	2	—	—	2	1	3	41	2	1	52
		girls	—	—	—	—	3	1	—	19	—	—	23
	(iii) TOTAL newly placed	boys	—	3	6	1	5	2	4	66	2	1	90
		girls	—	—	2	—	6	6	—	33	2	—	49

(*Continued*)

	On 23rd January, 1969, 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												
	Under 5 years of age — waiting before 1.1.68	(*a*) day places .. boys	—	—	—	—	1	—	—	—	—	—	1
		(*b*) boarding places .. girls	—	—	—	—	—	—	—	—	—	—	—
	Under 5 years of age — assessed after 1.1.68	(*a*) day places .. boys	—	—	—	—	2	—	—	—	—	—	2
		(*b*) boarding places .. girls	—	—	—	—	—	—	—	—	—	—	—
	Aged 5 years and under — waiting before 1.1.68	(*a*) day places .. boys	—	—	—	—	—	—	—	4	—	—	4
		girls	—	—	—	—	—	—	—	9	—	—	9
		(*b*) boarding places .. boys	—	—	—	—	—	—	3	—	—	—	3
		girls	—	—	—	—	—	—	—	—	—	—	—
	Aged 5 years and over — newly assessed after 1.1.68	(*a*) day places .. boys	—	—	—	—	—	—	—	18	—	—	18
		girls	—	—	—	—	—	—	—	19	—	—	19
		(*b*) boarding places .. boys	—	—	—	—	—	—	3	4	—	—	7
		girls	—	2	—	—	—	—	1	—	—	—	3
(3)	Total awaiting admission to special schools other than hospital special schools	(*a*) day places .. boys	—	—	—	—	3	—	—	22	—	—	25
		girls	—	—	—	—	—	—	—	28	—	—	28
		(*b*) boarding places .. boys	—	—	—	—	—	—	6	4	—	—	10
		girls	—	2	—	—	—	—	1	—	—	—	3

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

	On 23rd January, 1969 number of children from the Authority's area:			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	10)	(11)
B	On the registers of: (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	day	boys	—	1	20	8	19	4	—	281	—	—	333
			girls	—	—	14	6	29	6	—	225	—	2	282
		boarding	boys	—	1	—	2	3	—	2	3	—	—	11
			girls	—	2	—	—	1	2	—	1	—	—	6
	(2) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated	day	boys	—	—	—	—	—	—	—	—	—	—	—
			girls	—	—	—	—	—	—	—	—	—	—	—
		boarding	boys	3	2	1	—	3	4	3	2	3	—	21
			girls	1	—	—	—	—	2	2	—	1	—	6
	(3) Independent Schools under arrangements made by the authority	boarding	boys	—	—	1	—	2	—	2	2	—	—	7
			girls	—	—	—	—	—	—	—	1	—	—	1
C	Boarded in homes and not already included in B above		boys	—	—	—	—	—	2	9	—	—	—	11
			girls	—	—	—	—	—	—	2	—	—	—	2
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**		boys	4	4	22	11	31	10	22	314	3	—	421
			girls	1	4	14	6	30	10	5	255	1	2	328
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)		1	—	—	1	1	—	—	—	—	—	3

F During the calendar year ended 31st December, 1968:

(i) Number of children reported to the Local Health Authority under Section 57(4) of the Education Act, 1944 34

(ii) Number of children whose cases were reviewed under the provision of 57A of the Education Act, 1944 3

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

APPENDIX "C"

TREATMENT ARRANGEMENTS

Clinic	*Place*	*Sessions*	*Minor Ailments Attendances during* 1968
Minor Ailments ..	Arkwright School London Road	3 times a week	4,182
	Bestwood Clinic Beckhampton Road	Daily and Medical Officer weekly	8,732
	Bulwell Clinic Main Street	Daily and Medical Officer weekly	4,329
	Central Clinic 28 Chaucer Street	Daily and Medical Officer twice weekly	5,905
	Clifton Clinic Southchurch Drive	Daily and Medical Officer weekly	6,188
	Player Clinic Beechdale Road	Daily and Medical Officer weekly	11,082
	Portland School Westwick Road	3 times a week	2,616
	Rosehill Clinic St. Matthias' Road	Daily and Medical Officer weekly	8,204
	Scotholme Clinic Beaconsfield Street	Daily and Medical Officer weekly	6,961
	Welbeck School Queen's Drive	3 times a week	3,102
	William Crane Clinic Aspley Estate	Daily	4,808
Dental	Bestwood Clinic	Fillings and Extractions	
	Bulwell Clinic	Fillings and Extractions	
	Central Clinic	Fillings and Extractions	
	Clifton Clinic	Fillings and Extractions	
	36 Clarendon Street	Fillings and Orthodontics	
	Player Clinic	Fillings and Extractions	
	Rosehill Clinic	Fillings and Extractions	
Ophthalmic	Central Clinic		
	Bestwood, Bulwell, Clifton, Player and Rosehill Clinics	6 weekly	

TREATMENT ARRANGEMENTS— *(Contd.)*

Clinic	*Place*	*Sessions*
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 Bestwood and Clifton Clinics	3 weekly
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 (Ionisation, etc.)	Central Clinic	3 weekly

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(*Continued*)

INDEX (continued)

CITY OF NOTTINGHAM

GENERAL INFORMATION AS AT 31ST DECEMBER, 1968

Area	acres 18,364	No. of Schools	159
Population	305,050	No. on Rolls	53,245
Density of Population:	16.61 persons per acre	Average Attendance ...	89.8%

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