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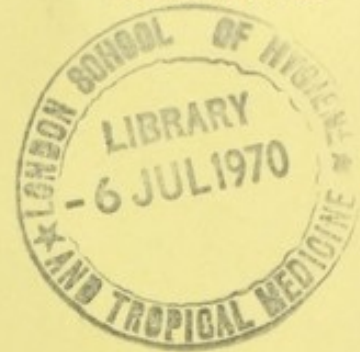
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CITY OF  
NOTTINGHAM



EDUCATION  
COMMITTEE



PRINCIPAL SCHOOL MEDICAL OFFICER'S

# ANNUAL REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR 1969



Adopted by the Education Committee at its meeting  
held on 24th June, 1970.



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

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(Municipal Year 1969-70)

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A.M.A.S.E.E.

### STAFF (31st December, 1969)

*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. (Retired 10.11.1969).

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. BHATIA, M.B., B.S., D.A.

G. C. H. CHANDLER, M.R.C.S., L.R.C.P.

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.

*Schools' Psychological Service :*

J. J. GROVER, B.A., Dip.Ed., A.B.Ps.S. (Senior Educational Psychologist)

D. CHEETHAM, B.A., Dip.Ed. (Educational Psychologist)

Mrs. A. CUMPSTY, B.A., Dip.Ed. (Educational Psychologist)

Miss B. PRETIIOUS, Dip.Ed. (Senior Remedial Teacher)

Mrs. B. EDMONDS, Dip.Ed. (Remedial Teacher)

Miss E. FULLER, Dip.Ed. (Remedial Teacher)

Mrs. W. KEAY (Remedial Teacher)

L. MILNER (Remedial Teacher)



CITY OF NOTTINGHAM EDUCATION COMMITTEE  
SCHOOL HEALTH SERVICE

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REPORT FOR THE YEAR ENDED 31st DECEMBER, 1969  
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 61st Annual Report of your School Health Service.

Throughout the year the service has continued mostly in the pattern described in previous annual reports whereby a gradual modification of the service is taking place in accordance with modern practice and conditions. In this connection, the most significant event of the year was the establishment by the Committee of the Beechdale Special School. These modifications are discussed more fully later in this report.

The physical health of the children remains high although in many of the pupils with whom we are concerned much is to be desired in the standards of parental care and control, and also in the moral and cultural values to which the child is exposed.

Uncertainty about the future of the School Health Service continues to exist, but whatever administrative pattern emerges, a close partnership between doctors and teachers is required if children are to fulfil their potential.

#### STAFF

Dr. W. M. Hunter has retired after 15 years service as a medical officer with the Authority, but finding a replacement has been extremely difficult. Mrs. S. M. Owen, formerly Miss Jackson, an educational psychologist, left us in March after giving two and a half years valuable service; Mrs. A. Cumpsty has filled this vacancy since September. Mrs. K. S. Stourton, our senior speech therapist, left in March and has been succeeded by Mrs. P. M. Harrison who has had a wide experience of her subject. Mrs. D. Clark, a speech therapist, was replaced by Miss B. E. Grieveson and seven nurses who left have all been replaced. Special mention should be made of one of these nurses, Miss I. Cockeram, who retired after 27 years of nursing duties in the School Health Service.

I am conscious of the efforts which have been made and the good fortune we have had in being able to maintain our complement of staff.

## MEDICAL INSPECTION

Medical examinations in schools have continued as in recent years, with routine inspections only for the entrant and leaver groups. The children (including immigrant children) enjoy a good standard of physical health. The customary list of defects appears in the appendix. It does not follow, however, that there are many new findings at the time of examination, as in many instances, with such conditions as epilepsy and asthma, adequate medical treatment will have been instituted before the entrant examination. On the other hand, a large number of visual, hearing and speech defects are new findings.



## THE SCHOOL DENTAL SERVICE

Report by Mr. N. H. Whitehouse, Principal School Dental Officer.

### Staffing:

On 31st December, 1969, the dental staff consisted of:-

	<i>Salaried</i>	<i>Sessional</i>
Principal School Dental Officer .. ..	1.0 ( - )	- ( - )
Orthodontist .. ..	.4 ( .4 )	.1 ( - )
Dental Officers .. ..	4.9 ( 3.0 )	1.2 ( 1.3 )
	<hr/>	<hr/>
Medical Officers (dental anaesthetists) ..	6.3 ( 3.4 )	1.3 ( 1.3 )
	- ( - )	.6 ( .5 )
	<hr/>	<hr/>
Dental Auxiliaries .. ..	2.0 ( 2.0 )	- ( - )
	<hr/>	<hr/>
	8.3 ( 5.4 )	1.9 ( 1.8 )

Ten dental surgery assistants gave a whole-time equivalent of 8.2. During the year, the dental staff increased to the highest level ever and it was encouraging that there was remarkable stability.

Unfortunately, owing to the late completion of the dental suite at the Hyson Green Health Centre, we had to turn away would-be recruits in the Autumn. However, we hope to occupy the new premises early in 1970 and I feel sure that the modern premises and latest equipment which will be provided will prove an attraction to professional staff.

It is heartening to look to the future and see that the Health Centre building programme will provide enough new dental surgeries in the next 5—7 years to bring the dentist/child ratio to the recommended level of 1:3,000. Perhaps now is the time to look even further ahead and begin to plan to provide buildings to reduce this ratio still further. Only if there is one dentist for every 1,000 children, combining conservative and preventive techniques can the amount of dental caries in Nottingham be controlled.

In January 1969, Mr. Vohra joined the salaried dental staff, followed in March by Mr. Savidge. They have both proved valuable additions. Miss Harvey, one of the dental auxiliaries left us in November, but we were fortunate in recruiting Mrs. Anelay to replace her. Dr. Ferris, one of our part-time anaesthetists left us in July to study for her Fellowship in Anaesthetics but was quickly replaced by Dr. Bhatia, a general practitioner in the area.

### Evening Sessions:

The provision of evening sessions was begun as an experiment in April and was extended in July. There is no doubt that the sessions have proved very successful both as an extension of the service available to older children who do not wish to lose school time and in making full, economic use of the limited premises currently available. I hope that the scheme will be expanded considerably during 1970.

### Dental Auxiliaries:

I am happy to report that the dental auxiliaries who have been with us since the autumn of 1968 have integrated well with the rest of the dental staff. In these days when professional manpower is strictly limited, they are a great asset in the dental team. It is unfortunate that though the experi-

mental scheme for their training has proved a great success, there are no immediate plans for the creation of a new training school. We are now faced with a situation where the recruitment of auxiliaries is proving as difficult as dental officers which would seem to defeat the object of the experiment.

#### **Dental Health Education:**

During 1969, 129 Sessions were devoted to this most valuable addition to the activity of the dental service. Most of these were utilised by the dental auxiliaries who spent the first part of the year manufacturing material for forthcoming visits to schools. They also visited the Oral Hygiene Service in London, seeking and finding most valuable advice. Initially, they concentrated their activities on the pre-school groups, but, in the latter part of the year began tentatively to visit schools and plan with individual Headteachers, programmes of oral hygiene instruction, tailor-made for each school.

I am sure that this is but a small beginning to a subject which is to prove of fundamental importance in the improvement of the dental health of Nottingham schoolchildren.

#### **Dental Inspection:**

During 1969, 11,277 (21% of the school population) had a routine dental inspection in school and 6,370 (11% of the school population), were inspected as special or casual patients. A total of 17,647 (32% of the school population) therefore, were inspected.

Although this shows an improvement of 8% over 1968, the situation is far from ideal. Each child should be dentally inspected at least twice each year; this seems an unattainable goal in the light of current circumstances.

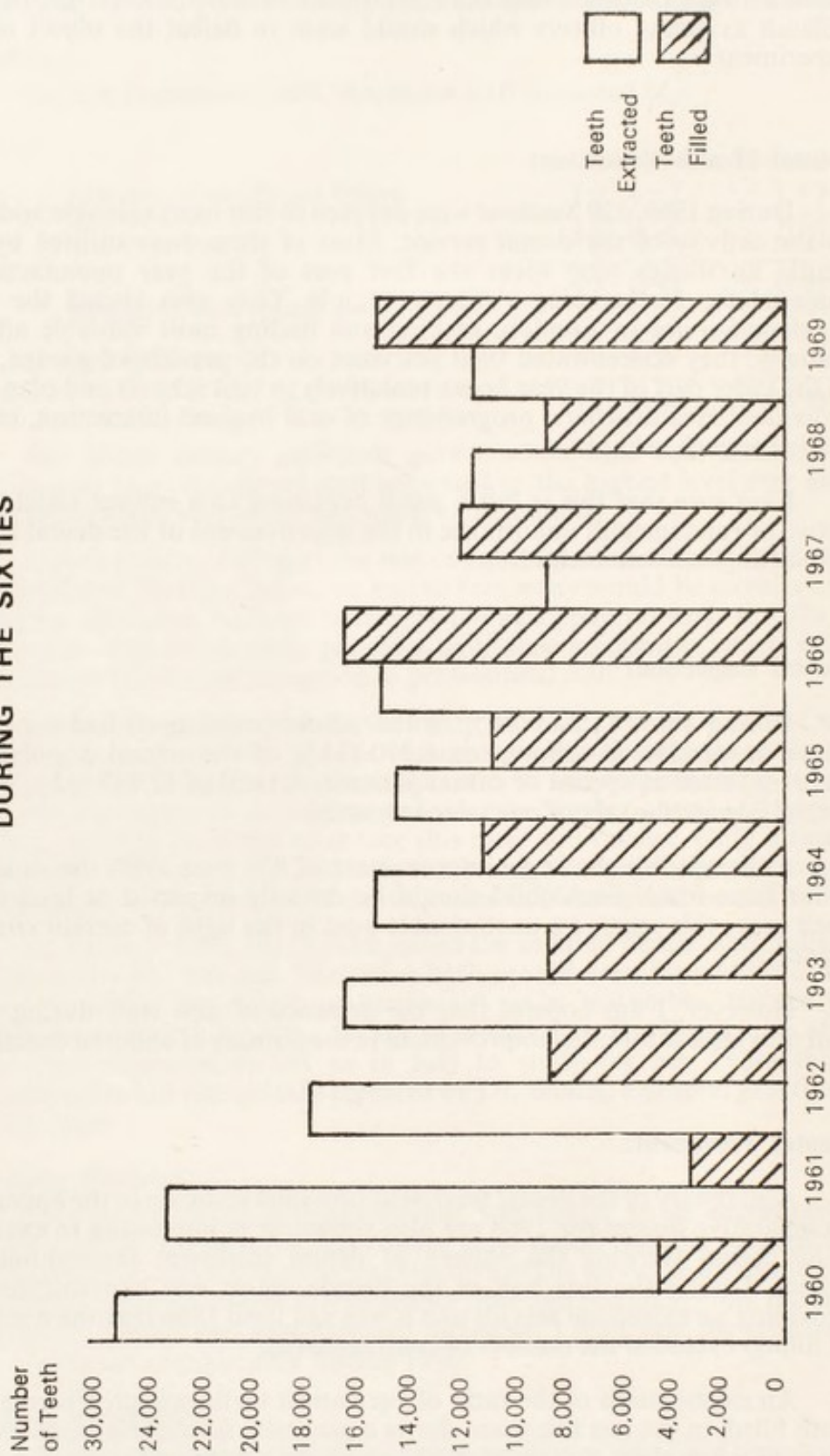
However, I am hopeful that the presence of new staff during 1970 will provide a substantial improvement in the number of children examined.

#### **Dental Treatment:**

A summary of the dental treatment provided is shown in the appendix. Comparative figures for 1968 are also shown. It is interesting to examine a histogram showing the pattern of dental treatment throughout the Sixties. During the first half of the decade, effort was concentrated on providing an extraction service and it was not until 1966 that the numbers of fillings exceeded the number of teeth removed.

An examination of the ratio of permanent teeth extracted/permanent teeth filled, in the last five years shows a generally favourable trend except for 1968 when there was an acute shortage of professional staff. However, a comparison with the ratio for the School Dental Service nationally (1:6.0) illustrates well that, in Nottingham, the emphasis has, by dint of circumstances, been placed on the provision of an emergency service.

# THE PATTERN OF DENTAL TREATMENT DURING THE SIXTIES



<i>Year</i>	<i>Permanent teeth extracted : Permanent teeth filled</i>
1965	1 : 3.11
1966	1 : 4.68
1967	1 : 5.96
1968	1 : 3.41
1969	1 : 4.72

Applications for emergency treatment rose by 9% during 1969, despite a substantial increase in the amount of conservation provided. This illustrates well the close relationship between demand and availability in the provision of a dental service. While appreciating that relief of pain must always be a first priority, a radical improvement in dental health can only occur by the development of regular inspection, treatment, education and prevention. It is in the latter that my hopes for the immediate future lie.

The most dramatic change took place in the number of deciduous teeth filled. A table of comparison is set out below.

<i>Year</i>	<i>Number of Deciduous teeth filled</i>
1965	130
1966	286
1967	424
1968	324
1969	2,198

The increase in 1969 has a two-fold reason, the first being the employment of dental auxiliaries who concentrate their efforts on younger children and the second a general improvement in staffing which has left dental officers free to spend more time on conservative dentistry.

#### **Postgraduate Training:**

One of the dental staff continues to attend the General Hospital for one session each week both to see children referred from City schools and to gain invaluable experience in the treatment of more difficult cases. During October, Mrs. Durance spent a week at the Eastman Dental Hospital at a general anaesthetic course which proved both enjoyable and instructive.

#### **Mental Health—Dental Care:**

In 1969, 26 patients presented for advice of whom 20 were treated. It is hoped that, during 1970, a more comprehensive dental service will be offered to these patients who, so often, are those in greatest need.

N. H. WHITEHOUSE, B.Ch.D., L.D.S.

*Principal School Dental Officer.*

## HANDICAPPED PUPILS

On the following pages figures for 1968 appear in brackets.

### Blind:

Residential Special School .. .. .	4	(5)
Awaiting residential placement .. .. .	-	(-)
Home Education .. .. .	-	(1)

Additional disabilities among the blind children include rheumatoid arthritis, asthma, epilepsy and psychiatric illness; fortunately none of our children is also deaf. Such a combination is almost certain to render a child unfit for education in school and is one of the reasons for hoping for a successful outcome to the work at present being undertaken with Rubella vaccine.

### Partially Sighted:

Residential Special School .. .. .	5	(5)
Awaiting residential placement .. .. .	1*	(2*)
Ordinary School .. .. .	20	(22)
Day Special School .. .. .	2	(1)

\* Included in ordinary school.

Of these 27 children, 1 is of infant age, 11 are of junior and 15 of secondary age.

Many of the partially sighted children are able to start at the Infant School and learn the elements of reading and number work. When the print of school books becomes smaller in the Junior School and fluency of reading and writing is normally expected, partially sighted children are at a great disadvantage and special educational treatment may then be required.

### Deaf:

Residential Special School .. .. .	2	(2)
Day Special School .. .. .	30	(34)

Some of these deaf children have additional defects such as muscular dystrophy, cerebral palsy and poor vision. At the end of the year, following a request from the University of Manchester, questionnaires were completed on any visual defect and the type of glasses worn.

### Partially Hearing:

Residential Special School .. .. .	2	(2)
Day Special School .. .. .	12	(16)
Ordinary School .. .. .	84	(63)
Home Education .. .. .	-	(1)

The partially hearing child in ordinary school has difficulties which are not always appreciated. Miss Allen, the Authority's peripatetic teacher of the deaf, regularly visits these children in their schools to ensure that their education is not suffering as a result of their hearing loss.

Older children, both deaf and partially hearing, are now being fitted with post aural hearing aids by the National Health Service. Those with a severe hearing loss often require the more powerful body worn commercial aids, which are not issued by the National Health Service and have to be provided by the Authority.

The situation for some children is that the more powerful body worn aid is used for educational purposes but the more aesthetic ear level aid is used for social occasions. At the present stage it is difficult to see how this situation can be bettered.

### Physically Handicapped:

Residential Special School .. .. .	9	(8)
Day Special School .. .. .	52	(49)
Ordinary School .. .. .	111	(58)
Awaiting Residential Placement .. .. .	2*	(-)
Home Education .. .. .	1	(1)

\* Included in ordinary school.

The greater numbers of physically handicapped children in ordinary schools is undoubtedly owing to the survival of more severely disabled children who are taking the places in special schools. It is certainly right that as many disabled children as possible should attend ordinary schools but in attaining this we must see that no handicapped child is deprived of the special education to which he is entitled.

In order to facilitate comparison and explanation of changes in the numbers of physically handicapped and delicate children in the future, the various types of disability have been listed below:-

### Day Special and Residential Schools:

Abnormalities and deformities .. .. .	5
Achondroplasia .. .. .	2
Anterior Poliomyelitis .. .. .	1
Cerebral Palsy .. .. .	18
Heart (congenital) .. .. .	3
Hemiplegia .. .. .	3
Muscular Dystrophy .. .. .	3
Rheumatoid Arthritis .. .. .	2
Spina Bifida/Hydrocephalus .. .. .	10
Spina Bifida .. .. .	9
Steatorrhoea—? Coeliac Disease .. .. .	1
Talipes .. .. .	2
Transverse Myelitis .. .. .	1
Vomiting Bouts and Weakness of legs .. .. .	1
	<hr/>
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### Ordinary School:

Achondroplasia .. .. .	1
Abnormalities and deformities .. .. .	28
Cerebral Palsy .. .. .	17
Cranial Abnormality .. .. .	1
Feet (Extensive scarring from burns) .. .. .	1
Hemiplegia .. .. .	3
Hernia (Hiatus) and Deformed Chest .. .. .	1
Heart (congenital) .. .. .	32
Muscular Dystrophy .. .. .	1
Osteomyelitis .. .. .	2
Perthe's Disease .. .. .	4
Poliomyelitis .. .. .	2
Rheumatoid Arthritis .. .. .	2
Scoliosis .. .. .	7
Spina Bifida .. .. .	3
Still's Disease .. .. .	1
Talipes .. .. .	4
Torticollis .. .. .	1
	<hr/>
	111
	<hr/>

**Delicate:**

Residential Special School	..	..	..	..	9	(7)
Day Special School	..	..	..	..	11	(9)
Ordinary School	..	..	..	..	172	(182)
Home Education	..	..	..	..	1	(2)

The disabilities among the children are as follows:-

**Day Special and Residential School:**

Asthma	..	..	..	..	..	..	11
Asthma/Bronchitis	..	..	..	..	..	..	3
Chest (Recurrent Bronchitis)	..	..	..	..	..	..	1
Diabetic	..	..	..	..	..	..	1
Fibrocystic Disease	..	..	..	..	..	..	2
Renal Disease	..	..	..	..	..	..	2
							<hr/> 20

**Ordinary School:**

Asthma	..	..	..	..	..	..	49
Asthma/Bronchitis	..	..	..	..	..	..	13
Bronchitis	..	..	..	..	..	..	1
Albuminuria	..	..	..	..	..	..	1
Christmas Disease	..	..	..	..	..	..	2
Coeliac Syndrome	..	..	..	..	..	..	3
Colitis	..	..	..	..	..	..	1
Cretin	..	..	..	..	..	..	1
Diabetic	..	..	..	..	..	..	20
Chronic or recurrent otitis media	..	..	..	..	..	..	47
Enlarged Cervical Glands	..	..	..	..	..	..	1
Fibrocystic Disease	..	..	..	..	..	..	6
Haemophilia	..	..	..	..	..	..	4
Letterer Siwe's Disease	..	..	..	..	..	..	1
Osteogenesis Imperfecta	..	..	..	..	..	..	1
Poliomyelitis	..	..	..	..	..	..	1
Renal Disease	..	..	..	..	..	..	2
Respiratory Infections	..	..	..	..	..	..	4
Sickle Cell Anaemia	..	..	..	..	..	..	1
Thalassaemia	..	..	..	..	..	..	1
Thrombocytopenic Purpura	..	..	..	..	..	..	2
Tuberculosis	..	..	..	..	..	..	5
Turner's Syndrome Ovarian dysgenesis	..	..	..	..	..	..	1
Urinary Infection	..	..	..	..	..	..	1
Von Willebrand's Disease	..	..	..	..	..	..	3
							<hr/> 172

Most doctors have the clinical impression that children with chronic bronchitis, bronchiectasis or pulmonary tuberculosis are decreasing in numbers while the number of children with asthma are increasing.

I am indebted to my Deputy, Dr. More, for the following:-

**Asthmatic pupils in the Arboretum Special School  
for Physically Handicapped and Delicate Children**

“Our impression has been that the numbers of asthmatic children attending the Arboretum School have increased in the past year.

“To find the general picture, I have extracted from the school register the figures of admissions of asthmatic children year by year from 1950 to 1969. The accompanying histogram shows the numbers of boys and girls admitted each year over this period.

“The numbers reached a peak of 15 in 1953, and between 1959 and 1968 remained at one to three admissions yearly, with none in 1960. In 1969, they rose to five—four boys and one girl.

“I cannot find any obvious reason for the peak in 1953, and there was no sex difference. In that year, seven of the children were admitted from Residential Open Air Schools. Of the year's admissions, nine were discharged to ordinary schools, 3 boys transferred at 11 years to the Senior Boys' Open Air School, and 2 girls remained at the Arboretum School until they left at 16 years of age.

“All the asthmatic children admitted from 1959 to 1965 have returned to ordinary schools after periods varying from one to four years, the majority staying for one to two years only.

“One girl, admitted in 1966, is being transferred at Easter, 1970, to a Residential Special School as her condition is not improving. Steroids can no longer be given to her because of an adverse reaction to them. We were sorry that a boy who was admitted from hospital had to return after a period of only a few days at the school.

“Prior to this year, 1958 was the last year in which an asthmatic pupil had to be transferred from the Arboretum School to a Residential Special School.

“With the exception of the girl to be admitted to Residential Special School, all the present asthmatic pupils were admitted during 1968 and 1969.

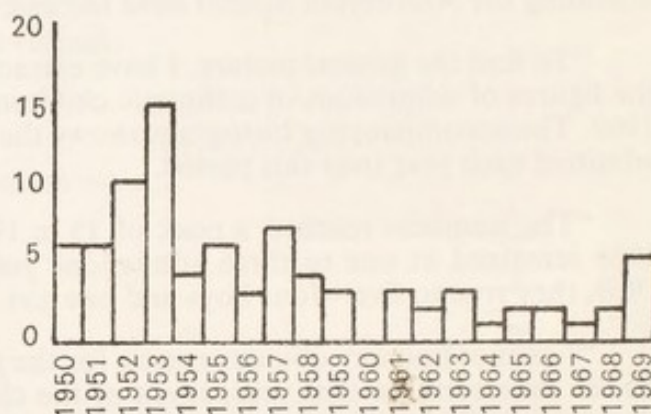
“These figures refer only to the admissions of asthmatic pupils to our Day Special School, and do not represent the total number of asthmatics in our schools for this period, as our records for ordinary and residential schools over the period 1950-1969 do not distinguish between the various categories included in the Handicapped Delicate section.



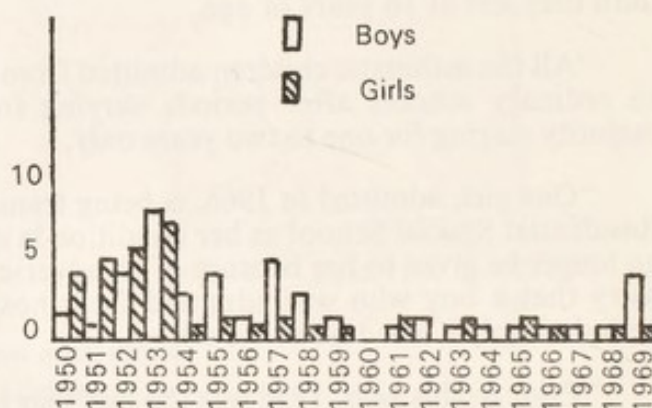
## ADMISSION OF ASTHMATIC PUPILS TO ARBORETUM SPECIAL SCHOOL

Year	Boys	Girls
1950	2	4
1951	1	5
1952	4	6
1953	8	7
1954	3	1
1955	4	2
1956	2	1
1957	5	2
1958	3	1
1959	2	1
1960	—	—
1961	1	2
1962	2	—
1963	1	2
1964	1	—
1965	—	2
1966	1	1
1967	1	—
1968	1	1
1969	4	1

Pupils



Pupils



## ADMISSIONS OF ASTHMATIC PUPILS TO RESIDENTIAL SPECIAL SCHOOLS

Year	Boys	Girls
1966	1	—
1967	—	1
1968	1	—
1969	3	1

“As a corollary to this, at present there are 62 known asthmatic pupils attending ordinary schools. There are seven asthmatic pupils in Residential Special Schools—five boys and two girls. Their ages lie between 9 and 14 years, and all were transferred from ordinary schools. One boy, with rather adverse home conditions, has been away for 3½ years. The others have been away for between three months to two years.

“We are watching this situation to see what the pattern will be in the next few years.”

#### **Educationally Sub-normal:**

Residential Special School .. .. .	14	(7)
Awaiting residential placement .. .. .	3	(5)
Day Special School .. .. .	524	(504)
Awaiting day special school placement .. .. .	65	(50)

Among the educationally sub-normal children there are the following secondary disabilities:-

Delicate .. .. .	9
Epilepsy .. .. .	10
Partially Hearing .. .. .	11
Partially Sighted .. .. .	3
Physically Handicapped .. .. .	8

The incidence of maladjustment among these children is not fully known but it is certainly thought to be high.

Policy for the ascertainment of educationally sub-normal children varies from authority to authority. Our figures only indicate those educationally retarded children whose retardation is due to sub-normality. Educationally retarded children whose problem is not essentially one of sub-normality are dealt with in ordinary schools by special teaching arrangements.

#### **Epileptic:**

Residential Special School .. .. .	4	(4)
Day Special School .. .. .	-	(-)
Ordinary School .. .. .	157	(136)

The vast majority of the children are in ordinary schools. They cease to be regarded as epileptic when they have been for a year or two without fits.

Convulsions and anticonvulsant therapy can make for grave learning difficulties and it is, therefore, necessary for this group of children to have careful medical supervision.

#### **Maladjusted:**

Residential Special School .. .. .	8	(9)
Awaiting residential placement .. .. .	4	(7)
Boarding Hostels (attending ordinary school) .. .. .	7	(9)
Day Special School .. .. .	12	(-)
Ordinary School .. .. .	29	(23)

This group only includes the most severely disturbed children and there are doubtless many others who could justifiably be considered maladjusted. The vast majority are not psychiatrically ill, but merely lacking in adequate control and social training—a deficiency dating from their pre-school days. Such children add very considerably to the teaching burden when entering school. In some instances it is impossible to give the training required in the ordinary classroom situation.

### Speech Defects:

Day Special School	..	..	..	..	2	(2)
Ordinary School	..	..	..	..	2	(2)

These numbers are very small since they refer only to those children for whom some special educational provision has to be made. The speech therapists' work in schools of all kinds is described later, in the Speech Therapy section.

The question is sometimes asked what is the proportion of handicapped children with whom the School Health Service is intimately concerned. Those requiring special educational treatment are easily identified and amount to between 1.5% and 2% of the school population.

In addition to handicapped pupils, there are children in ordinary schools with disabilities likely to interfere with their education or who are making poor educational progress for physical or developmental reasons. We are especially concerned with these children. Estimates of their number vary considerably from authority to authority. The recent Isle of Wight Survey has estimated that there are 16% of handicapped children in ordinary school but this includes children who were educationally retarded or socially maladjusted, who only required to see a doctor once, perhaps at a selective examination.

### SPECIAL SCHOOLS AND UNITS

#### Hardwick:

Number on Roll	..	..	..	..	159	(156)
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This school continues to enjoy its new premises. It is encouraging to see the children occupying the dining area which, in addition to providing the school dinner, affords a valuable opportunity for social education.

#### Nethergate:

Number on Roll	..	..	..	..	95	(92)
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This serves as an area E.S.N. school for the Clifton Estate and the Meadows area of the City. Emphasis is placed on social education and development. Every endeavour is made to give the children a sense of social responsibility.

#### Rosehill:

Number on Roll in Open Air Department	..	6	(7)
Number on Roll in E.S.N. Department	..	155	(155)

Until the Arboretum School is rehoused, it will be impossible to dispense with the small remaining unit for physically handicapped and delicate children at this school.

On the E.S.N. side, Mr. Sunley and his staff render valuable service providing education in its widest sense. Many of the pupils are exceptionally difficult. It will be instructive to watch the effect of the extensive rehousing projects being carried out in the St. Ann's area of the City on the boys and their families.

#### Westbury:

Number on Roll	..	..	..	..	101	(101)
----------------	----	----	----	----	-----	-------

This school, which takes senior E.S.N. girls, is continuously filled to capacity with children passing up from junior E.S.N. Schools. Although a few girls are able to return to normal school, these are insufficient for the places required for those who are ascertained later or older pupils moving into the area.

Problems of immigration and intellectual deterioration make some late ascertainment unavoidable and difficulty is being experienced in the placement of these children. Many of the girls have serious behaviour problems and Miss Edwards and her staff do well in containing these difficult children and in many cases effecting a really worthwhile improvement.

**Beechdale:**

Number on Roll: Maladjusted Department ..	12
Diagnostic Department ..	12

The opening of this school last year fulfilled a great need in the Authority's special school services. Although in the light of experience, changes may be necessary, this school has had a most successful start.

(a) **The Maladjusted Department:** This is a class of the most difficult boys in the City. Only one boy has any evidence of mental illness, the rest are those who are in need of firm, yet kindly, handling and social training. Some of the most difficult boys are in "Children's Homes" and there is constant co-operation between the school staff and house parents.

(b) **The Diagnostic Department:** This unit has proved exceptionally valuable in the assessment of retarded children. After a period of adaptation, it is much easier to get a clear picture of the child's abilities. Many have definite abnormal conditions causing retardation but in addition, all have been the product of their environment, which may or may not have helped the child to fulfil his potential. It is the "team's" duty to sort out the pathological and environmental influence on development, to modify them if possible to assess those in relation to perceptual and learning difficulties and to design a programme of remedial education.

On the medical side, we have been greatly helped by the co-operation and advice of paediatric colleagues, Dr. Page, Dr. Blandy and Dr. Fitzsimmons. We have been most grateful to Dr. Foot and the biochemists who have undertaken screenings for metabolic defects.

Our great need is for an infant E.S.N. class at one of the special schools, as it is proving exceptionally difficult to move on those children who are within the E.S.N. range.

Mr. Maddison, Head Teacher, reports:-

**The Diagnostic Department:**

"A wide range of handicap has been represented—physical handicap, gross speech defects, partial sightedness, educational subnormality, severe subnormality, epilepsy—with some children having two or more handicaps and the additional burden of an unsatisfactory home background. Boys have outnumbered girls by about two to one. The age range has been from four to seven years. Eighteen children have been in this Department during the year with an average of twelve at any one time. Five children have been transferred to the Junior Training Centre and one boy left us recently to attend the Arboretum Special School. There is some difficulty in finding places for children who we feel would benefit from being in an E.S.N. School. "Reception class" places for five year olds in such schools are very limited.

"Miss P. Broadburn, my deputy, and her nursery nurses have worked well together and their devotion to the children and their needs has had an obvious beneficial effect. They do a very good job.

### **The Maladjusted Department:**

"Never a dull moment" is an appropriate phrase to begin a summary of our work with this very difficult, demanding, yet fascinating and exciting group of boys. There are twelve in the group at the moment. We have had thirteen for a time but I consider that ten is a reasonable number when one considers the wide range of age and ability, home background and previous school history represented. The triple handicap of a grim home situation, maladjustment and educational sub-normality which is the unhappy lot of many (two boys have already been excluded from special schools) makes the teaching challenge a formidable one. The careful compilation of relevant notes, untiring efforts in the classroom and elsewhere, actual and attempted contacts with parents and previous teachers, make for a very busy and interesting time. Fifteen boys have been in the department this year.

"One boy has left us for an Approved School, another for Manvers Pierrepont Secondary Bilateral School and another for Nethergate Special (E.S.N.) School. All have been quickly replaced as there is no shortage of candidates. We have kept close contact with these schools and at the moment each boy is settled satisfactorily.

### **The Future:**

"Apparently there is a long line of youngsters for whom placement here could be justified. I also know of one or two interested teachers.

"An extra group and teacher in either department would be a good beginning for expansion, although we should have to consider carefully the limiting effects on the space available for movement, that filling the premises would have. It is convenient at the moment to have two rooms per unit and all four rooms are certainly used to good effect. Even greater use of the adjoining Youth Centre premises during the day is a possibility."

### **Arboretum:**

Number on Roll . . . . . 62 (56)

As reported in previous years, the Head Teacher and staff are giving valuable service in endeavouring to function as a modern school for the physically handicapped in premises which were originally designed as an open air school. Although great efforts at adaptation have been made, we have been disappointed that the Authority's plans to replace this school have so far not found acceptance with the Department of Education and Science.

### **Ewing:**

Number of City children on Roll . . . . . 42 (48)  
Number of other authorities' children on Roll . . . . . 47 (40)

This school which caters for deaf and partially hearing children with serious language retardation, continues to draw children from a wide area as shown above.

As described last year, this school is more than working to capacity and at the end of the year we learned of an exciting new development. This is to build a senior school on the same campus as the William Sharp Bilateral School. Here under the best possible conditions, deaf children will integrate as far as possible for educational purposes. Not only will there be wider possibilities from an educational angle but valuable help and training can be given in the social integration into a hearing world.

## Orston House Hostel for Maladjusted Boys:

	<i>City Boys</i>	<i>Notts. County Council Boys</i>
At the beginning of 1969, in residence ..	5 (7)	4 (4)
Admitted during 1969 .. .. .	3 (1)	2 (-)
Discharged during 1969 .. .. .	3 (3)	2 (-)
At the end of 1969, in residence ..	5 (5)	4 (4)

This hostel has continued to provide for those maladjusted boys who can attend ordinary school and whose parents are co-operative and can provide a suitable home to which the boys can return, not only eventually but from time to time at holiday and some weekends. All concerned then realise that the boy has not been taken away for good.

A great annual event for the boys is the visit to the Y.M.C.A. Holiday Home at Skegness. Mr. Columbine, the Hostel Warden, has sent me the following note:-

“For a good number of years now, parties of boys from the Hostel have spent a holiday at the Y.M.C.A. Camp at Seathorne. This year’s trip gave us a rare glimpse into the career of an old boy, when the driver of the coach taking us to the Camp turned out to have made the same journey as a boy in the Hostel 15 years ago. While we often hear of the boys’ activities for a few years after leaving, it is unusual to meet one after such a long interval, and the coincidence was made even more remarkable by the fact that his home is now as far distant as Norfolk. Briefly, his story was that after leaving the Hostel and School, he had spent a number of years in the Merchant Navy before marrying and settling down as a bus-driver. I gathered, however, that he preferred working long-distance tours from which I surmise that he has not entirely lost his wander lust!

“We were also pleased to read in the National Press recently of the exceptional progress of another ex-Hostel boy who has now qualified as a Barrister-at-Law.”

## HOSPITAL SCHOOLS

These schools are organised in two groups—psychiatric and non-psychiatric.

- (1) At Harper Villa and The Gables: The school at Harper Villa is accommodated at St. Ann’s Hospital. The premises both for school and hospital are at present very crowded.

The Gables is a unit for adolescents and has a single unit classroom. The Hospital Authority plans to move the Unit at The Gables to St. Ann’s Hospital. It is hoped that the Local Education Authority will be able to erect a new school in the Hospital grounds for junior children and to adapt an existing building for seniors. This will enable all Hospital psychiatric pupils to be on one campus. The school would be adjacent to the hospital for full cover by medical, nursing and ancillary services.

- (2) There is another Hospital School, at the City Hospital with an annexe at the Children’s Hospital. Miss Williams, the Head Teacher, who retired at the end of the year after 40 years service with the Education Committee has sent me the following note—

“At these hospitals there are two 2-hour school sessions daily taken by devoted qualified teachers who work with children aged 2—16 years, and occasionally if any useful purpose is gained by so doing, with younger children or those who may later be classed as unsuitable for education in

school. By so doing, play therapy and education are integrated, thus minimising the use of personnel engaged on this work on the Wards and the number of new people to whom the child has to become accustomed.

"We are allowed to have a good up-to-date supply of nursery toys and equipment, as well as all normal school requirements.

"The teachers and nursing staff co-operate in programming occupation and work to fit the child.

"Children on admission are disturbed by entering hospital; they are approached by people of different disciplines—doctors, nurses, technicians, therapists, orderlies—and so welcome a teacher with familiar equipment suited to their particular needs."

## CLINICS

### Ophthalmic Clinic:

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

	1964	1965	1966	1967	1968	1969
No. of pupils on rolls on 31st December .. .. .	50,188	50,488	51,274	52,311	53,245	53,794
Pupils refracted .. .. .	4,077	4,253	4,264	4,241	3,601	3,533
Percentage .. .. .	8.1	8.4	8.3	8.0	6.7	6.5
Spectacles prescribed (pupils)	1,349	1,507	1,442	1,406	1,466	1,481
Percentage of pupils on rolls	2.7	3.0	2.8	2.7	2.7	2.7

### Orthoptic Treatment at the Nottingham Eye Hospital:

	1964	1965	1966	1967	1968	1969
New cases treated .. .. .	72	56	70	75	126	100
Total treated .. .. .	168	140	104	110	202	217
Awaiting test or treatment at end of year .. .. .	6	8	11	5	7	9

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

	1964	1965	1966	1967	1968	1969
Number of operations .. .. .	37	38	48	42	49	49
On waiting list at end of year	35	31	23	34	28	31

In recent years the screening procedure for defective vision has been revised. In nursery and infant schools, eyes are screened (1) by inspection, (2) by the cover test for muscle balance, and (3) by the Stycar test for visual acuity. For literate children in the primary schools and in the secondary schools, the Keystone Vision Screener apparatus is used for testing for visual acuity. Those in whom any defect is found or suspected are referred to Regional Hospital Board Consultant Ophthalmologists at local authority clinics where there is adequate time for the thorough evaluation of apprehensive or difficult children. Moreover, where necessary ocular pathology, visual perception and education can be correlated.

### Colour Vision:

	<i>Children with defective colour vision</i>		
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Secondary Modern Schools (Leaver) .. .. .	47 (110)	3 (4)	50 (114)
Grammar Schools (Leaver) .. .. .	11 (10)	— (—)	11 (10)
Junior Schools .. .. .	92 (95)	3 (6)	95 (101)
<b>TOTALS .. .. .</b>	<b>150 (215)</b>	<b>6 (10)</b>	<b>156 (225)</b>

## Ear, Nose and Throat Clinics:

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

Total number of children seen .. .. .	480	(583)
New cases .. .. .	364	(436)
Total attendances .. .. .	594	(698)
Number of sessions held .. .. .	66	(61)
Number of children referred for operation ..	214	(261)
Cautery .. .. .	2	(7)
Other forms of treatment .. .. .	27	(35)

Mr. Hogarth and Mr. Neil, Regional Hospital Board Consultant Surgeons, have continued to attend one session each a week.

Screening tests for hearing defects have been given in school, by school nurses, to all entrants by pure tone audiometry. For a variety of reasons this procedure is now becoming standard for most local education authorities. Deaf children are found by the screening test in Infant Welfare Clinics but our aim is to pick up those whose hearing loss is slight to moderate. These children must be watched to ensure that their hearing loss is not retarding their progress in school.

## Audiometry Clinic:

Number of sessions .. .. .	29	(31)
Total number of attendances .. .. .	333	(362)
Number of children tested for the first time ..	239	(248)

Our findings on Sweep Tests for 1969 are as follows:-

Number tested .. .. .	4,298	(2,491)
Number passed 1st test .. .. .	3,855	(2,304)
Number failed 1st test .. .. .	443	(187)
Number failed 2nd test and subsequently seen by Medical Officers .. .. .	98	(63)
Number found to be satisfactory .. .. .	55	(43)
Number passed to E.N.T. Consultant ..	23	(5)
Number passed to the Authority's Audiometrician .. .. .	19	(13)
Number passed to Speech Therapist ..	1	(2)

## Paediatric Clinic:

	<i>Number of Cases</i>	<i>Number of Attendances</i>
Heart conditions .. .. .	39 (39)	62 (55)
Undescended testicles .. .. .	10 (22)	11 (27)
Obesity, development, etc. .. .. .	75 (85)	143 (168)

Our work involves close liaison with paediatric colleagues especially Dr. Page, who comes to our central school clinic premises for a weekly paediatric clinic.

## Child Psychiatric Clinic (Child Guidance):

Examinations (New Cases):

Number of children seen by Psychiatrists .. .. .	231	(237)
Number of children seen by Physician .. .. .	91	(104)
Number of children seen by Educational Psychologists ..	246	(239)
Number of parents seen by Social Workers .. .. .	245	(228)

Re-examinations:

Number of children seen by Psychiatrists (excluding treatment interviews) .. .. .	234	(121)
Number of children seen by Physician .. .. .	8	(19)
Number of children seen by Educational Psychologists ..	31	(27)
Number of parents seen by Social Workers (for review) ..	148	(84)



### Attendances and Visits:

Children's attendances for treatment .. .. .	530 (493)
Interviews with parents .. .. .	934 (811)
Interviews with others .. .. .	280 (150)
Home Visits by Social Workers .. .. .	324 (306)
Hostel Visits by Social Workers .. .. .	46 (45)
Home Visits by Social Workers of Special School Cases ..	77 (132)

### Children treated during the year:

By Psychiatrists .. .. .	125 (112)
In Boarding Homes .. .. .	8 (8)

The child psychiatry clinic receives referrals from a number of sources, e.g.

Head Teachers  
General Practitioners  
School Doctors  
Consultants  
Children's Officer  
Juvenile Courts

### Educational Assessment (Schools' Psychological Service):

Number of children seen by Educational Psychologists (excluding Child Guidance cases) .. .. .	544 (645)
Re-examinations .. .. .	91 (80)
School Visits by Educational Psychologists .. .. .	249 (240)
Interviews with parents by Educational Psychologists ..	351 (350)
Interviews with others by Educational Psychologists ..	78 (29)

In addition to work in the Schools' Psychological Centre, our psychologists frequently have sessions in the peripheral school clinics, thus saving parents and children having to travel. Much work is also done in the schools so that a very close liaison exists between teachers and educational psychologists. The Educational Psychological Service is one which teachers are coming more and more to expect. The Summerfield Report suggests there should be 1 educational psychologist to every 10,000 school children, although it recognises that it may be many years before this ratio is achieved.

The work of the psychologists is very closely associated with the remedial reading service being organised by Mr. Grover, our Senior, who writes on this below.

The infant survey he refers to will, in many ways, be complementary to the work being done by Dr. Ward, School Medical Officer at the infant medical examinations where efforts are being made to identify those children who for one reason or another are likely to be educationally at risk.

### Report by Mr. Grover

#### Junior School Survey:

During the Autumn Term 1969, a survey of reading attainment at the first year of the junior school stage was carried out by the staff of the Schools' Psychological Service and the school teachers. The Reading Survey was originated with the following points in mind:-

- (a) There was a need to make selection for remedial help more systematic and less dependent on differences between schools in their referring patterns. It was thought necessary to have a direct assessment of the children so that the most urgent could be given priority.

- (b) The first year junior stage was chosen as the appropriate stage to screen because this is a critical point in the development of reading. If treatment is left any later there is a danger that the secondary build-up of experiences of failure will greatly handicap attempts at remediation. The indication of large scale surveys, like that of Joyce Morris, seems to be that the child who is a backward reader at 8 years of age, will be a backward reader at 16 years and in many instances this need not be the case.
- (c) There was a need to assess the size of the problem of children underfunctioning in reading, so that some thought could be given to the long term development of the Remedial Service.

The schools were asked to put forward the names of children who were two years retarded in reading and who might be suitable for remedial help. The Burt Word Recognition Test was administered by the staff of schools as part of this survey procedure and the children identified as failing in reading significantly were then given a group non-verbal intelligence test, to exclude those of very limited ability who require full-time special educational treatment rather than occasional remedial help.

The present establishment of remedial teachers is four, plus one half-time teacher. This permitted the selection of only some twenty schools for peripatetic help. These schools were chosen on the basis of the number of remedial cases, class sizes and other resources available. Each of the remedial teachers has responsibility for four schools, which are visited twice a week by the full-time teachers and once a week by the half-time teacher.

In order to give some help to the older children and to cope with the children referred by the school doctors, psychologists and Head Teachers, the remedial teachers spent half a day in a clinic taking children either individually or in very small groups.

The present case load is a total of 308 children, of whom 26 are seen at clinics.

The enormous interest in the problem of reading failure can be judged by the formation of the City of Nottingham and District Reading Association, on whose committee the Schools' Psychological Service is represented and the success of the course on Remedial Reading organised by the staff. The staff of the Schools' Psychological Service are frequently asked for advice on methods and materials suitable for retarded children. The premises at Melrose House should make it possible to make this more freely available.

### **Infant School Survey:**

Closely associated with the problem of remedial reading in the junior school is the Infant School Survey.

The importance of early identification of very slow learning children is well known and accepted by educationalists. The Senior Educational Psychologist, after consultation with the Director of Education, has this school year established a pilot scheme which aims at discovering these very slow learning children at the infant stage. The "early warning" system will, it is hoped, help to prevent undue delay in making special recommendations for individual children and to alert the school to the needs of these children.

Each infant school will be visited by one of the educational psychologists each year. Before this visit the Head Teacher will be asked to nominate the children in their last year at the infant school who are proving to have the greatest learning problems.

The children nominated by the schools are seen individually by the psychologist for a screening test of general ability. At the end of the assessments, the children are discussed with the Head Teacher and certain of them followed up in more detail. The purpose of the second interview is to carry out further individual assessments and also to have the opportunity of discussion with the parents. Reports are made to the schools and recommendations on educational guidance made.

Because of present commitments the final results and conclusions are not available, but provisionally, it has been found that certain very slow learning children have been identified earlier than otherwise might have been the case. The final analysis will contain our estimate of the size of the problem within the City and the resources available to deal with the children.

#### Remedial Teaching:

Children's attendances for treatment by Remedial Teachers and Educational Psychologists .. .. .	5,026	(3,227)
Number of interviews with parents by Remedial Teachers .. .. .	119	(136)
Number of children received remedial teaching during 1969 .. .. .	305	(263)

#### Educationally Sub-normal Assessment Clinic:

Number of children ascertained during 1969 as needing special educational treatment in Day E.S.N. Special Schools .. .. .	94	(75)
Number of cases referred to Local Health Authority during 1969 as being unsuitable for education at school (Section 57(4) of the Education Act 1944) .. .. .	43	(34)
Number of cases reviewed under Section 57(A) and still unsuitable for education at school .. .. .	1	(2)

Three medical officers normally devote one session each a week to this work. We now operate a scheme whereby nurses make a preliminary home visit on these children. This enables the doctors to have a better knowledge of any relevant social history and by the nurse explaining the purpose of the examination, a far better attendance rate is secured.

Medically these children form a very heterogeneous group, the vast majority being retarded because of cultural and environmental factors.

#### Speech Therapy:

The following is a summary of the work carried out during 1969:-

Number of:-			
Children treated by Regular Therapy .. .. .	363	(401)	
Children treated by Clinic Supervision .. .. .	333	(199)	
			696 (600)
Children discharged .. .. .			310* (353)
Children supervised in Schools .. .. .			1,054 (1,156)
Sessions held in Clinics .. .. .			864 (1,164)
Sessions held in Special Schools .. .. .			234 (317)
Sessions spent in Ordinary Schools .. .. .			33 (121)
Treatments given in Clinics .. .. .	3,453	(4,929)	
Treatments given in Special Schools .. .. .	1,037	(1,600)	
			4,490 (6,529)
Children referred by Head Teachers .. .. .	317	(499)	
Children referred by School Medical Officers .. .. .	42	(74)	
Children referred from other sources .. .. .	59	(23)	
			418 (596)

* Analysis of the 310 children discharged:				
Derived maximum benefit	..	..	..	66
Some improvement	..	..	..	74
Discharged—speech normal	..	..	..	136
No improvement	..	..	..	34
Patients treated in Clinics and Schools:				
Stammerers	..	..	..	205
Other defects of known organic origin	..	..	..	204
Other defects of no known organic origin	..	..	..	1,341

Sessions are held at school clinics, some schools and at local hospitals. The arrangement whereby our speech therapists perform both local education authority and hospital duties continues to work extremely well; a more varied and interesting pattern of work is thereby provided.

Mrs. Harrison, the senior therapist, and I do a joint clinic at the Central School Clinic where we particularly investigate children with serious language retardation.

The Principal School Medical Officer of Bristol reports that if children are not talking at three years of age, they are educationally at risk. We feel it is insufficient merely to say, the child is not deaf and will probably develop language. Each child should be thoroughly assessed, seen on a follow-up basis and be certain of appropriate placement. A small group of rather older children with serious language retardation is being studied and it is hoped to report on this group next year.

#### **Dyslexia (Reading Difficulty) Clinic:**

Number of children seen .. .. . 48 (52)

I have described this clinic previously; it has continued to investigate in detail those children of apparently good basic intelligence, yet who have great difficulty in learning to read. Referrals come from a variety of sources and may include some who have left school.

Rather than a general description, I think a case history may be of greater interest. It is a true history but we will call the boy John, a seventeen year old, who was referred to our clinic by his family doctor.

John had a job as a design artist in a textile factory but he had great difficulty with reading and writing and especially spelling. At the age of 15, he had left one of the Authority's secondary schools in the lowest stream, although it seems to have been the opinion of all his teachers that his potential had not been fulfilled. Mr. Grover found his spelling age was 8.3 years, reading accuracy 9 years, although comprehension in reading was 12 years. His I.Q. (Wechsler test) was 116, so that clearly the opinion of his teachers was amply justified.

John's health had been good and he had attended school regularly. His vision, hearing and speech were all normal as was his neuromotor dexterity. There was, however, difficulty with finger sequencing and Mr. Grover also found a serious deficiency of sequencing ability in his tests.

Whether one calls this a "specific learning disorder of the sequencing type" or "genetic dyslexia" is not important but it is evident that John is one of a number of pupils in whom the various abilities for literacy have not developed evenly. The reasons for such patchy or uneven development are still largely speculative.

The sad part of this case, however, is that although John joined the "Adult Illiterates" evening class in reading and writing, his career is in jeopardy.

### General Duty Clinic:

This clinic is held after school hours and examinations are made for a variety of purposes:-

Teachers .. .. .	80	(82)
College of Education Candidates .. .. .	318	(281)
Nursery Nurses .. .. .	41	(48)
Others .. .. .	5	(13)

### Minor Ailments Clinic:

For the most part these are staffed by nurses who often work closely with General Practitioners in carrying out minor treatment in addition to working with school medical officers. The clinics are much appreciated by head teachers and they perform a valuable social purpose.

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

### Ewing School Hearing Assessment Clinic:

Number of children seen .. .. .	37	(29)
Number of sessions .. .. .	10	(8)

This clinic has now been operating some three years and many of us wonder how we managed before it existed. The chief problem for this monthly clinic, is to find enough room for all the various members of the team.

### Enuretic Clinic:

Number of children who attended for pad and bell treatment (including those on the waiting list, December, 1968) ..	100	(96)
Number of children whose treatment was considered to have been successful .. .. .	25	(25)
Number of children whose treatment was considered to have been partly successful .. .. .	38	(34)
Number of children whose treatment was not considered successful .. .. .	37	(37)

Providing adequate medical cover for this common condition has been extremely difficult. There are many aspects of this problem of which we are totally ignorant and it is hoped that in time, research will enlighten us.

### SCHOOL NURSES:

The following is a summary of the work of the school nurses during 1969:-

School visits —routine medical inspections .. .. .	2,047	(1,907)
.. .. —case conferences .. .. .	61	(76)
.. .. —uncleanliness .. .. .	10	(14)
.. .. —investigation of infectious diseases .. .. .	2	(14)
.. .. —general .. .. .	1,888	(1,846)
Home visits —uncleanliness .. .. .	834	(979)
.. .. —deafness and nasal obstruction .. .. .	60	(75)
.. .. —absentees from ophthalmic clinic .. .. .	849	(1,043)
.. .. —medical inspections, follow-up .. .. .	354	(417)
.. .. —skin diseases .. .. .	99	(105)
.. .. —ear diseases .. .. .	44	(68)
.. .. —general .. .. .	1,793	(1,570)
.. .. —general—evening visits .. .. .	7	(24)
.. .. —pad and bell absentees .. .. .	72	(176)
.. .. —National Child Development Study Survey .. .. .	70	(—)
Ineffective visits .. .. .	948	(1,095)
Escort duty to and from Residential Schools .. .. .	10	(16)
Clinic sessions .. .. .	*3,627	(3,882)
Refraction Clinic sessions .. .. .	292	(266)

School nurses attended 18 sessions on Refresher Courses.

\* Included in this figure are 302 Spectacle Repair sessions carried out at Chaucer Street, Clifton and Bestwood Clinics.

The nurses form the backbone of our present service, not only for their nursing duties but by the way in which they form an essential link between doctor, home and school.

Again we count ourselves fortunate in being able to maintain a full complement. The duties are, however, very different from those of acute nursing in hospital and as with medical staff, arranging for adequate in-service training within our establishment presents some difficulties.

#### CLEANLINESS:

	1964	1965	1966	1967	1968	1969
On school rolls .. .. .	50,188	50,488	51,274	52,311	53,245	53,794
Examinations .. .. .	133,105	134,723	131,479	107,552	108,481	101,487
Number found unclean ..	3,800	3,803	3,633	3,542	3,859	4,765
Percentage of the number on rolls .. .. .	7.6	7.5	7.1	6.8	7.2	8.8
Statutory notices to parents ..	24	26	25	44	34	20
Children cleansed .. .. .	24	22	17	34	26	16

In spite of all endeavours, this problem continues to exist at about the same level as in previous years.

There is a hard core of families in whom this problem is constantly recurring. School children are cleansed by the nurses' assistants, who offer help to other members of the family if they wish it.

Unfortunately co-operation in this respect leaves much to be desired.

#### INFECTIOUS DISEASES:

The figures for infectious diseases are as follows:-

	1964	1965	1966	1967	1968	1969
Chicken Pox .. .. .	2,230	1,244	1,636	2,226	889	1,499
Measles .. .. .	1,226	1,360	1,074	1,601	713	289
German Measles .. .. .	127	190	265	915	1,257	601
Mumps .. .. .	753	815	1,810	451	618	1,740
Scarlet Fever .. .. .	95	255	222	253	127	113
Whooping Cough .. .. .	106	106	169	130	135	58
Jaundice .. .. .	-	-	-	150	12	69
Glandular Fever .. .. .	-	-	-	-	-	13
Hookworm .. .. .	-	-	-	33	24	13
Whipworm .. .. .	-	-	-	23	13	7
Ringworm .. .. .	-	-	-	-	7	2

All new immigrant children are medically examined and stool specimens are sent to the laboratory to exclude the possibility of intestinal parasites.

#### MASS MINIATURE RADIOGRAPHY SERVICE:

In view of a recent Government Circular, it is necessary to state that our Service depends on the help we receive from Dr. Beynon and his colleagues at the Mass Radiography Service. All the School Meals staff and all entrants to the teaching profession have an X-ray examination of the chest. This is a most valuable piece of preventive medicine and its continuance is essential if the control of tuberculosis is to be maintained.

In addition, when infectious tuberculosis is found in schools, as was described in last year's Annual Report, it was the Mass Miniature Radiography Service which carried out the screening X-ray procedure. If

the Government Circular implies that static as well as mobile mass radiography is to be discontinued, the Authority may well be faced with extra expense and inconvenience to give the school children necessary protection from tuberculosis.

### IMMUNISATION AND VACCINATION:

These are most important measures of preventive medicine and I am indebted to Dr. Parry, Medical Officer of Health, for the following figures.

#### Poliomyelitis Vaccination:

The following table shows the number of school children who have received primary courses at 31st December, 1969. In addition, 16,156 of these children were given their fourth dose against poliomyelitis.

Year	Number of Children	Estimated Population Ages 5 to 15 years	Percentage
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
1969 .. .. .	44,077	47,800	92.2

#### Diphtheria Immunisation:

The following table shows the number of children who have been immunised against diphtheria at 31st December, 1969.

Year	Number of Children	Estimated Population Ages 5 to 15 years	Percentage
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
1969 .. .. .	45,738	47,800	95.6

#### B.C.G. Vaccination:

	1964	1965	1966	1967	1968	1969
Maintained Schools visited ..	45	40	40	42	37	38
Number of 13 year olds ..	4,716	4,287	4,652	4,765	4,699	4,466
Number of acceptances ..	3,387	3,159	3,319	3,566	3,470	3,300
Number of refusals ..	1,194	985	1,199	1,085	1,090	939
Number of others ..	135	143	134	114	139	227
Number tested ..	3,346	3,226	3,578	3,624	3,540	3,459
Negative reactors vaccinated	2,815	2,475	2,317	2,090	2,893	2,859
Positive reactors ..	371	440	865	1,205	270	177

#### NOTTINGHAM CHILDREN'S HOME, SKEGNESS:

268 (258) boys and 286 (269) girls spent a holiday at this Home during the year.

As last year, parties of boys and girls have alternated throughout the year. An additional benefit of this Home, so far as the School Health Service is concerned, is that of gaining a reliable report of the children in a residential setting. It is surprising how often enuresis, soiling, and even temper tantrums and dishonesty, are not problems in the setting of the Skegness Holiday Centre! We are indebted to Mr. and Mrs. Nicoll for their continued co-operation and help.

## DEATHS IN CHILDREN OF SCHOOL AGE:

During the year 13 (19) deaths of school children were recorded for the following reasons:-

Bronchopneumonia and progressive Muscular Dystrophy	1
Burns (accidental) .. .. .	1
Congestive Cardiac Failure and Fibrocystic disease ..	1
Crushed by pipes (accidental) .. .. .	1
Drowned (accidental) .. .. .	2
Encephalitis .. .. .	1
Influenza and Sickle Cell Anaemia .. .. .	1
Pituitary Tumour .. .. .	1
Road Accident .. .. .	1
Sclerosing Leucoencephalitis .. .. .	1
Subarachnoid Haemorrhage and Ruptured Cerebral Aneurysm .. .. .	1
Ventricular Asystole and Tetralogy of Fallot .. .. .	1

## CONCLUSION:

Social conditions, social services, patterns of disability and methods of diagnosis and treatment are constantly changing. It is, therefore, necessary for changes to occur in our Service to meet these new circumstances; a task in which all have co-operated. Our daily work is made easier, more effective and more pleasant by the friendly co-operation of a large number of people. My special thanks are due to Members of the Special Services Sub-Committee, the Director of Education and members of the administrative and professional staff, also the head teachers, R.H.B. Consultants and general medical practitioners who have co-operated so fully in the interests of the health of our school children.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. E. JAMES,

*Principal School Medical Officer.*



## APPENDIX "A"

Dental inspection and treatment carried out by the Authority during the year ended 31st December, 1969.

### Attendances and Treatment

	Ages 5 to 9			Ages 10 to 14		Ages 15 & over		Total	
First Visit .. .. .	4,863	(4,212)	4,176	(3,538)	676	(600)	9,715	(8,350)	
Subsequent Visits .. .. .	4,791	(2,819)	8,722	(5,782)	1,407	(1,212)	14,920	(9,813)	
Total Visits .. .. .	9,654	(7,031)	12,898	(9,320)	2,083	(1,812)	24,635	(18,163)	
Additional courses of treatment commenced .. .. .	106	(85)	172	(178)	40	(36)	318	(299)	
Fillings in permanent teeth .. .. .	3,974	(2,385)	10,132	(6,105)	1,967	(1,589)	16,073	(10,079)	
Fillings in deciduous teeth .. .. .	1,977	(318)	221	(45)	—	—	2,198	(363)	
Permanent teeth filled .. .. .	3,119	(2,069)	8,806	(5,450)	1,796	(1,423)	13,721	(8,942)	
Deciduous teeth filled .. .. .	1,831	(284)	217	(40)	—	—	2,048	(324)	
Permanent teeth extracted .. .. .	583	(483)	1,895	(1,768)	427	(367)	2,905	(2,618)	
Deciduous teeth extracted .. .. .	7,653	(7,494)	2,001	(1,740)	—	—	9,654	(9,234)	
General anaesthetics .. .. .	3,595	(3,413)	1,794	(1,773)	221	(198)	5,610	(5,384)	
Emergencies .. .. .	2,866	(2,680)	1,348	(1,210)	183	(134)	4,397	(4,024)	

Number of Pupils X-rayed .. .. .	492	(437)
Prophylaxis .. .. .	2,769	(1,553)
Teeth otherwise conserved .. .. .	99	(89)
Number of Teeth root filled .. .. .	21	(24)
Inlays .. .. .	1	(1)
Crowns .. .. .	40	(25)
Courses of treatment completed .. .. .	5,455	(3,688)

(1968 statistics in brackets)

### Orthodontics

Cases remaining from previous year .. .. .	139	(111)
New cases commenced during year .. .. .	117	(95)
Cases completed during year .. .. .	66	(61)
Cases discontinued during year .. .. .	16	(6)
Number of removable appliances fitted .. .. .	193	(151)
Number of fixed appliances fitted .. .. .	-	(2)
Pupils referred to Hospital Consultant .. .. .	20	(19)

### Prosthetics

	5 to 9	10 to 14	15 & over	Total
Pupils supplied with F.U. or F.L. (first time) .. .. .	- (-)	2 (1)	2 (1)	4 (2)
Pupils supplied with other dentures (first time) .. .. .	5 (12)	59 (48)	18 (21)	82 (81)
Number of dentures supplied .. .. .	5 (12)	63 (49)	26 (22)	94 (83)

### Anaesthetics

General anaesthetics administered by Dental Officers ..	1,791	(2,656)
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### Inspections

(a) First inspection at school. Number of Pupils .. .. .	11,277	(6,926)
(b) First inspection at clinic. Number of Pupils .. .. .	6,370	(6,271)
Number of (a)+(b) found to require treatment .. .. .	14,930	(11,536)
Number of (a)+(b) offered treatment .. .. .	13,048	(10,800)
(c) Pupils re-inspected at school or clinic .. .. .	313	(347)
Number of (c) found to require treatment .. .. .	235	(259)

### Sessions

Sessions devoted to treatment .. .. .	3,323	(2,153)
Sessions devoted to inspection .. .. .	49	(28)
Sessions devoted to Dental Health Education .. .. .	129	(56)

(1968 statistics in brackets)

APPENDIX "B"

MEDICAL INSPECTION AND TREATMENT RETURN

Year ended 31st December, 1969

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
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1965 and later	800	800	—	—	16	111	123
1964	2,075	2,075	—	—	92	321	390
1963	3,011	3,011	—	—	189	537	690
1962	731	731	—	—	58	159	212
1961	375	375	—	—	26	107	122
1960	446	446	—	49	53	113	156
1959	1,290	1,290	—	1,172	159	272	408
1958	718	718	—	537	77	154	216
1957	141	141	—	—	20	32	45
1956	61	61	—	—	13	14	25
1955	1,903	1,903	—	—	232	232	428
1954 and earlier	2,747	2,747	—	—	563	289	783
Total	14,298	14,298	—	1,758	1,498	2,341	3,598

Part I, Tables B and C appear on page 34.

Part II—Defects found by Medical Inspection during year

Defect Code Defect or No. Disease (1) (2)	(3)	Periodic Inspections				Special Inspections (8)	
		Entrants	Leavers	Others	Total		
		(4)	(5)	(6)	(7)		
4 Skin .. ..	T	100	112	66	278	72	
	O	29	6	23	58	44	
5 Eyes—							
	(a) Vision ..	T	322	771	405	1,498	894
		O	576	38	138	752	1,037
(b) Squint ..	T	145	67	82	294	322	
	O	26	—	13	39	465	
(c) Other ..	T	18	30	23	71	19	
	O	1	3	22	26	16	
6 Ears—							
	(a) Hearing ..	T	31	27	88	146	184
		O	61	10	81	152	172
(b) Otitis Media..	T	26	11	20	57	16	
	O	18	4	11	33	26	
(c) Other ..	T	18	16	15	49	57	
	O	13	4	7	24	32	
7 Nose and Throat..	T	197	41	69	307	182	
	O	221	9	60	290	207	
8 Speech .. ..	T	42	6	35	83	22	
	O	65	1	16	82	63	
9 Lymphatic Glands	T	2	1	2	5	—	
	O	6	1	2	9	3	
10 Heart .. ..	T	23	11	28	62	26	
	O	39	7	33	79	46	
11 Lungs .. ..	T	44	19	51	114	41	
	O	60	14	66	140	68	
12 Developmental—							
	(a) Hernia ..	T	20	1	8	29	12
		O	32	1	17	50	14
(b) Other ..	T	30	44	49	123	75	
	O	192	39	181	412	233	
13 Orthopaedic—							
	(a) Posture ..	T	1	6	2	9	1
		O	6	3	5	14	3
(b) Feet .. ..	T	39	21	20	80	19	
	O	75	1	20	96	31	
(c) Other ..	T	29	46	43	118	30	
	O	30	15	40	85	27	
14 Nervous System—							
	(a) Epilepsy ..	T	6	17	49	72	41
		O	14	15	50	79	46
(b) Other ..	T	6	7	22	35	11	
	O	15	4	19	38	16	
15 Psychological—							
	(a) Development	T	29	8	40	77	240
		O	206	7	89	302	256
(b) Stability ..	T	16	4	18	38	185	
	O	100	6	28	134	199	
16 Abdomen .. ..	T	7	6	3	16	12	
	O	17	3	6	26	16	
17 Other .. ..	T	12	1	17	30	127	
	O	77	35	123	235	200	

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

Number of Special Inspections .. .. .	7,939
Number of Re-inspections .. .. .	4,174
Total ..	12,113

TABLE C.—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .. .. .	101,487
(b) Total number of individual pupils found to be infested .. .. .	4,765
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .. .. .	20
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .. .. .	16

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

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint ..	519
Error of refraction (including squint) .. .. .	4,399
Total ..	4,918
Number of pupils for whom spectacles were prescribed ..	2,042

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

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for diseases of the ear .. .. .	189
(b) for adenoids and chronic tonsillitis .. .. .	710
(c) for other nose and throat conditions .. .. .	88
Received other forms of treatment .. .. .	1,030
Total ..	2,017
Total number of pupils in schools who are known to have been provided with hearing aids:	
(a) in 1969 .. .. .	17
(b) in previous years .. .. .	147*

\* Includes 42 pupils from other Authorities' areas.

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	<i>Number of cases known to have been treated</i>
(a) Pupils treated at clinics or out-patient departments ..	662
(b) Pupils treated at School for postural defects .. .. .	—

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

	<i>Number of cases known to have been treated</i>
Ringworm—(a) Scalp .. .. .	8
(b) Body .. .. .	13
Scabies .. .. .	151
Impetigo .. .. .	133
Other Skin Diseases .. .. .	3,337
Total .. .. .	3,642

TABLE E.—CHILD GUIDANCE TREATMENT

	<i>Number of cases known to have been treated</i>
Pupils treated at Child Guidance Clinic .. .. .	454

TABLE F.—SPEECH THERAPY

	<i>Number of cases known to have been treated</i>
Pupils treated by speech therapists .. .. .	354

TABLE G.—OTHER TREATMENT GIVEN

	<i>Number of cases known to have been dealt with</i>
(a) Pupils with minor ailments .. .. .	4,089
(b) Pupils who received convalescent treatment under School Health Service arrangements .. .. .	22
(c) Pupils who received B.C.G. Vaccination .. .. .	2,859
(d) Other than (a), (b) and (c) above:	
1—by the Authority: paediatrics .. .. .	85
2—by the Authority: heart cases .. .. .	39
3—at hospital: general medicine .. .. .	439
4—at hospital: orthopaedic and general surgery .. .. .	875
Total (a)—(d) .. .. .	8,408

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

	Blind	P.S.	Deaf	Pt. Hg.	P.H.	Del.	Mal.	E.S.N.	Epil.	Sp. Def.	TOTAL Cols. (1) to (10)
During the calendar year ended 31st December, 1969:	(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 .. .. .	—	—	2	1	7	6	7	53	—	—	76
.. .. . boys	—	—	—	—	—	—	—	—	—	—	—
.. .. . girls	—	3	1	—	8	3	—	44	—	—	59
(i) of those included at A above .. .. .	—	—	2	1	5	6	4	21	—	—	39
.. .. . boys	—	—	—	—	—	—	—	—	—	—	—
.. .. . girls	—	2	1	—	5	3	—	20	—	—	31
(ii) of those assessed prior to January, 1969 .. .. .	1	—	—	—	3	—	1	17	—	—	22
.. .. . boys	—	—	—	—	—	—	—	—	—	—	—
.. .. . girls	—	2	—	—	—	—	1	25	—	—	28
(iii) TOTAL newly placed .. .. .	1	—	2	1	8	6	5	38	—	—	61
.. .. . boys	—	4	1	—	5	3	1	45	—	—	59
.. .. . girls	—	—	—	—	—	—	—	—	—	—	—

(Continued)

On 23rd January, 1970, 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	waiting before 1.1.69	(a) day places .. boys	—	—	—	—	—	—	—	—	—		
			(b) boarding places girls	—	—	—	—	—	—	—	—	—	—	
		assessed after 1.1.69	(a) day places .. boys	—	—	—	—	—	—	—	—	—	—	—
			(b) boarding places .. girls	—	—	—	—	—	—	—	—	—	—	—
		Under 5 years of age	(a) day places .. boys	—	—	—	—	—	—	—	6	—	—	6
			(b) boarding places .. girls	—	—	—	—	—	—	—	3	—	—	3
		Aged 5 years and under	(a) day places .. boys	—	—	—	—	—	—	—	3	—	—	4
			(b) boarding places .. girls	—	—	—	—	—	—	—	—	—	—	—
		Aged 5 years and over	(a) day places .. boys	—	—	—	—	—	—	—	32	—	—	32
			(b) boarding places .. girls	—	—	—	—	—	—	—	24	—	—	24
		newly assessed after 1.1.69	(a) day places .. boys	—	—	—	—	—	—	—	—	—	—	—
			(b) boarding places .. girls	—	—	—	—	—	—	3	—	—	—	4
Total awaiting admission to special schools other than hospital special schools	(a) day places .. boys	—	1	—	—	—	—	—	—	—	—	2		
	(b) boarding places .. girls	—	—	—	—	—	—	—	38	—	—	38		
(3)	Total awaiting admission to special schools other than hospital special schools	(a) day places .. boys	—	—	—	—	—	—	—	27	—	—	27	
		(b) boarding places .. girls	—	—	—	—	—	—	4	3	—	—	8	
			1	—	—	—	—	—	—	—	—	2		

(Continued)



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

On 23rd January, 1970 number of children from the Authority's area:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
B	(1) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained	boys	1	18	8	21	7	8	291	—	—	354	
		girls	—	12	4	28	7	—	233	—	2	287	
		boys	—	—	2	2	1	2	2	6	—	—	14
		girls	—	4	—	1	2	—	—	2	—	—	9
		boys	—	—	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—	—	—
	(2) Non - maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever boarded situated	boys	4	1	—	2	4	3	4	3	3	—	21
		girls	—	1	—	1	2	1	—	1	1	—	6
		boys	—	—	—	2	—	—	2	1	—	—	5
		girls	—	—	—	1	—	—	—	1	—	—	2
		boys	—	—	—	—	—	—	6	—	—	—	6
		girls	—	—	—	—	—	—	1	—	—	—	1
C	(3) Independent Schools under arrangements made by the authority	boys	—	—	—	—	—	—	—	—	—	—	
		girls	—	—	—	—	—	—	—	—	—	—	
D	Boarded in homes and not already included in B above	boys	—	—	—	—	—	—	—	—	—	—	
		girls	—	—	—	—	—	—	—	—	—	—	
E	Number of children from the authority's area who are awaiting places or who are receiving education in special schools, Independent schools under Section 56 of Education Act 1944 or who are boarded in homes—Total girls	boys	4	2	19	10	29	12	25	343	3	447	
		girls	—	6	13	4	32	11	2	263	1	334	
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	—	—	—	—	—	—	

F During the calendar year ended 31st December, 1969:

(i) Number of children reported to the Local Health Authority under Section 57(4) of the Education Act, 1944	..	..	..	..	..	..	..	..	..	..	..	..	43
(ii) Number of children whose cases were reviewed under the provision of 57A of the Education Act, 1944	..	..	..	..	..	..	..	..	..	..	..	..	1
(iii) Number of decisions that a child is unsuitable for education at school cancelled under Section 57A(2) of the Education Act, 1944	..	..	..	..	..	..	..	..	..	..	..	..	—

**APPENDIX "C"**  
**TREATMENT ARRANGEMENTS**

<i>Clinic</i>	<i>Place</i>	<i>Sessions</i>	<i>Minor Ailments Attendances during 1969</i>
Minor Ailments ..	Central Clinic 28 Chaucer Street	Daily and Medical Officer twice weekly	5,188
	Arkwright School London Road	3 times a week	4,077
	Bestwood Clinic Beckhampton Road	Daily and Medical Officer weekly	8,370
	Bulwell Clinic Main Street	Daily and Medical Officer Weekly	3,372
	Clifton Clinic Southchurch Drive	Daily and Medical Officer weekly	4,281
	Player Clinic Beechdale Road	Daily and Medical Officer weekly	10,011
	Portland School Westwick Road	3 times a week	2,683
	Rosehill Clinic St. Matthias' Road	Daily and Medical Officer weekly	9,059
	Scotholme Clinic Beaconsfield Street	Daily	4,343
	Welbeck School Queen's Drive	3 times a week	3,526
	William Crane Clinic Aspley Estate	Daily	5,278
Dental .. ..	Central Clinic	Fillings and Extractions	
	Bestwood Clinic	Fillings and Extractions	
	Bulwell 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	} 6 weekly	
	Bestwood, Bulwell Clifton, Player and Rosehill Clinics		

TREATMENT ARRANGEMENTS—(Contd.)

<i>Clinic</i>	<i>Place</i>	<i>Sessions</i>
Ear, Nose and Throat	Central Clinic	Twice weekly
	Ewing School for the Deaf and Partially Hearing, Mansfield Road	Monthly
Paediatric .. ..	Central Clinic	Weekly
Child Psychiatry (Child Guidance)	Schools' Psychological Centre	6 weekly
Educational Assessment	Schools' Psychological Centre	3 weekly
Educationally Sub-normal Assessment	Central Clinic	3 weekly
	Bestwood and Clifton Clinics	
Speech	Schools' Psychological Centre	Twice monthly
Speech Therapy	Schools' Psychological 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 .. ..	Schools' Psychological Centre	Weekly
Remedial Teaching	Schools' Psychological 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

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### CITY OF NOTTINGHAM

#### GENERAL INFORMATION AS AT 31ST DECEMBER, 1969

Area .. .. acres 18,364	No. of Schools .. .. 160
Population.. .. 303,090	No. on Rolls .. .. 53,794
Density of Population : 16.5 persons per acre	Average Attendance.. .. 89.7%

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