[Report 1970] / School Medical Officer of Health, Nottingham City.

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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 1970

★

Adopted by the Education Committee at its meeting held on 30th June, 1971.

★

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 1970-71)

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Councillor A. G. RIBBONS
Councillor Mrs. G. ROBERTS
Councillor L. F. SQUIRES
Miss M. E. MARTINSON

STAFF (31st December, 1970)

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:
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. (to 30.11.1970)
H. M. MacINTYRE, M.B., Ch.B. (from 1.12.1970)

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)
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. (Ophthamlmic Surgeon)
S. M. HAWORTH, 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)
A. J. BOOTH, B.A. (Educational Psychologist)
Miss J. M. ORR, B.A. (Educational Psychologist)
Miss B. PRETIOUS, Dip.Ed. (Senior Remedial Teacher)
L. C. W. MILNER (Remedial Teacher)
Miss A. JULIAN (Remedial Teacher)
Mrs. R. BATCHELOR (Remedial Teacher)
Mrs. W. KEAY (Part-time Remedial Teacher)
Mrs. E. KEITH (Part-time Remedial Teacher)

Principal School Dental Officer:

N. H. WHITEHOUSE, B.Ch.D., L.D.S., D.D.H., D.D.P.H.R.C.S.(Eng.)

Dental Officers:

ERIKA MELLAKAULS, L.D.S.
MAUREEN M. KING, B.D.S.
M. J. SAVIDGE, B.D.S.
†ENID DURANCE, L.D.S.
†MYRETTE J. J. POWER, L.D.S.
†J. S. VOHRA
*C. A. ATKINS, B.D.S.
*RASMA J. BREIKS, D.D.D.
*N. E. CHETTLE, L.D.S.
*D. R. DAVIES, L.D.S.
*LINDA E. HILL, B.D.S.
*E. A. MEADOWS, L.D.S.
*MARGARET C. READE, L.D.S.

Dental Auxiliaries:

JANE E. CARTWRIGHT
JANE P. RICHARDSON
LINDA M. ANELAY

Dental Surgery Assistants:

Full-time: 5
Part-time 16

Speech Therapists:

Mrs. P. M. HARRISON, L.C.S.T. (Senior)
Miss M. E. DRURY, L.C.S.T.
Miss B. E. GRIEVESON, L.C.S.T.
Miss K. J. McDOWELL, L.C.S.T.
Miss M. SHARP, L.C.S.T.
Mrs. K. P. ROBSON, L.C.S.T.
*Mrs. N. MICHELLI, L.C.S.T.
*Mrs. J. S. THOMAS, L.C.S.T.
*Miss S. E. LITTLEFAIR, L.C.S.T.
*Mrs. R. M. TURTON, L.C.S.T.

Social Workers:

Mrs. E. WILL, Dip. Soc. St.
Mrs. J. SMART, R.M.N.

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

Superintendent School Nurse: Miss J. L. HOLMES, S.R.N., R.C.N.T.

School Nurses:

Mrs. M. ALLIN, S.R.N.
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.
Mrs. S. A. CLARKE, S.R.N.
Mrs. E. M. EARNSHAW, S.R.N., S.C.M.
Miss S. L. HAYES, S.R.N.
Mrs. E. M. LOACH, S.R.N., R.S.C.N.
Mrs. E. A. MOORE, S.R.N.
Mrs. M. PORTINGTON, S.R.N.
Mrs. P. READER, S.R.N.
Mrs. P. RUSHTON, S.R.N.
Mrs. B. L. SELMAN, S.R.N.
Mrs. E. M. V. SPRAY, S.R.N., S.C.M.
Mrs. R. M. TURNER, S.R.N.
Mrs. B. A. WALMSLEY, S.R.N.
Mrs. W. M. WILSON, 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 Clerks and four Shorthand-Typists.

Hostel for Maladjusted Pupils:

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

Assistant Matron: Vacancy.

† Part-time Staff (Salaried)

* Part-time Staff (Sessional)

CITY OF NOTTINGHAM EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1970

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 62nd Annual Report of your School Health Service.

The physical health of the children has been satisfactory and although there was an epidemic of measles in the Spring, I am not aware of any one left with serious sequelae of educational significance.

We are troubled by increases in the numbers of children with infested heads, with conduct disorders, and among an older age group, with drug experimentation. In these conditions the preventive treatment is in a large measure educational. I am happy to report that at the time of writing, the Director, with his Head Teachers, is reviewing the subject of Health Education with these problems in mind.

February saw the publication of the second Green Paper on re-organisation of the National Health Service and this paper differed from its predecessors by mentioning the School Health Service. It is gratifying to learn that the need for the continuance of this service is now recognised.

In spite of continued uncertainty about the future, we have been very fortunate in that for much of the year we had a full staff of doctors, educational psychologists and speech therapists, and the satisfactory staffing position of our dentists has been maintained.

STAFF

In May, Miss F. Pinder, our Superintendent School Nurse, retired after 28 years of service to the Authority. Miss Pinder was very well known to all, was universally liked and respected and maintained high standards of nursing in our service. This post is a key one and Miss J. L. Holmes, our new Superintendent School Nurse, who came to us from the General Hospital, has awealth of nursing and administrative experience, and I am sure she will prove a valuable and adaptable leader for the changes which lie ahead.

Dr. Sinclair, who had been with this Local Authority since 1962, left at the end of the year to take up a hospital appointment, and Dr. Vinayak also left at the end of the year. We were very fortunate in securing the full-time services of Dr. H. M. MacIntyre, who is a very experienced doctor. We have also secured the services of five general practitioners in the City, who will give us one or two sessions each to make up the

equivalent of the whole-time officer vacancy. This arrangement is one which is increasingly being employed by Local Authorities and, in the right circumstances, can be a progressive and useful step in securing co-operation and co-ordination of those concerned with various aspects of children's health.

Mrs. Davey, on whom we relied for typing and secretarial duties resigned for family reasons after 11 years' service with the Committee, and Miss Withers, the Nurse at our Central Clinic left to go back to hospital work after 8 years' service. There were several other changes of staff during the year, six nurses, one speech therapist and one educational psychologist were replaced and an extra educational psychologist and speech therapist were appointed.

The School Dental Service was unable to obtain a full-time replacement for a dental officer who resigned, but the establishment has been maintained by employing extra general dental practitioners on a part-time basis.

MEDICAL INSPECTIONS

The end of 1970 saw the change to a more extensive entrant examination and selective examinations thereafter. This change is in accordance with modern trends and research. Selective examinations now take place at 7/8 years, 10/11 years and at 14/15 years—the leaver examination. This means that the details required by the Careers Officer are completed in respect of those children in whom there are physical factors relevant to vocational placement.

Following the introduction of selection to the "leaver" medical examination, one well recognised procedure resulting from this change will be that screening facilities will include screening orthopaedic defects in those of senior school age. Such conditions as scoliosis are symptomless, unknown to parents and therefore not mentioned in questionnaires. This screening will be carried out jointly by doctors and physical education teachers, since there are some conditions, i.e. poor posture, poor respiratory excursion in asthmatics, etc., in which the right exercises can be of enormous help to the child. The less physically able child will thus be given the appropriate help in his physical development.

NUTRITION

From time to time concern is expressed about the nutrition of certain City children, and in view of the decision to withdraw milk from junior aged children in schools and to increase the price to parents of school meals, this is an opportune time to review the subject. Except in cases of neglect or malabsorption, none of the deficiency syndromes are seen among our children at school medical examinations. To check our findings, I have spoken with hospital consultant paediatricians and have written to six general medical practitioners in the Meadows Area of the City. All agree that although they see many children lacking the domestic standards of care and supervision one would wish, they do not in general see physical conditions recognisable as due to dietary deficiency.

It is, however, very relevant to ask whether some children are having the minimum protein intake and whether stopping school milk and the possible withdrawal of some pupils from school dinners will mean for them a state of protein deficiency. Unfortunately, there is no known way of investigating this point. The medical and nursing staff must clearly keep this subject under close observation.

THE SCHOOL DENTAL SERVICE

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

Staffing:

On 31st December, 1970, the dental staff consisted of:-

	Salaried		*Sessional*	
Principal School Dental Officer	1·1	(1·0)	–	(–)
Orthodontist	0·3	(0·4)	0·1	(0·1)
Dental Officers	4·0	(4·9)	2·0	(1·2)
	5·4	(6·3)	2·1	(1·3)
Medical Officers (dental anaesthetists) ..	–	(–)	0·7	(0·6)
Dental Auxiliaries	3·0	(2·0)	–	(–)
	8·4	(8·3)	2·8	(1·9)

Sixteen dental surgery assistants gave a whole-time equivalent of 11·2. Of these, five are employed on occasional part-time for use when sickness among full-time assistants or general anaesthetic sessions necessitate the use of extra, trained staff.

Mr. Savidge left us in April after one year's service. We were pleased to welcome back Mrs. Reade on a part-time basis in May. In July, Mrs. Breiks joined us on moving into the area from Birmingham.

1970 also produced changes in the dental auxiliaries. Miss Duke left us in September after two years' valuable service and is now working in Leicester. We were joined in the summer by Mrs. Richardson, an experienced auxiliary from Durham, and by Miss Cartwright from Derbyshire. Both of these girls rapidly integrated themselves into the staff and have already demonstrated their worth.

The medical anaesthetists, Drs. Bhatia and Chandler, continued to assist during the year. In the Autumn, they spent a valuable and interesting session advising and improving the emergency procedures. I am most grateful to them for their help.

During the year, the number of dental staff increased slightly from the record level of 1969. This situation is most heartening. For many years, it seemed that large urban areas were unable to compete for the limited professional manpower available in dentistry. The experience of the years 1969 and 1970 provides evidence that the pattern may at last be changing, the more so since would-be recruits were turned away owing to lack of surgery premises. In the long term as the new Health Centres, which include dental suites, are built and manned, the opportunity will arise to tackle the problem of dental caries in Nottingham school children more effectively and with a greater chance of success.

However, 1970 must not be a time for complacency; the staff level, though the highest ever, is less than half the effective force that is necessary. We must continue to improve our service and the working environment, so that a career as a School Dental Officer is made interesting and attractive to the newly qualified dentist.

Premises:

Two notable changes occurred during 1970. In May, the Hyson Green (Mary Potter) Health Centre was officially opened. Here two new dental surgeries came into use, providing the first expansion of the School Dental Service for many years. The surgeries provide the latest in dental equipment

and the enormous demand for treatment which rapidly developed amply justified their provision. Well designed centres such as this provide an ideal, relaxed environment for dentistry, especially when dealing with small children.

In August, sessions at Clarendon Dental Clinic were discontinued and the orthodontic patients transferred to Chaucer Street. To aid the transfer new equipment was purchased and the old T. & A operating theatre was structurally altered for dental purposes. It was in Clarendon Street in 1917 that a dental service was begun in Nottingham, so it was with great nostalgia that the building was finally closed.

Policy:

In September, the Special Services Sub-Committee of the Education Committee considered and gave outline approval to a plan to develop the School Dental Service within the next 5-7 years. Great emphasis was laid on the use of dental epidemiology in monitoring demand and need and to the early development of a preventive dental service.

The application of a policy of incremental care was carefully considered both as a method of gaining maximum benefit from the present limited inspection service and as an aid to planned expansion. This concept will be further investigated during 1971.

Maximum attention, however, was devoted to the need for a career structure and to the use of dental teams. A team approach making full use of available ancillary staff must form the foundation of any future dental service, if the necessary expansion is to be economically viable and, in view of the limited manpower resources, physically possible.

The outline adoption of the plan has given a much-needed sense of purpose and direction to the School Dental Service in Nottingham.

Evening Sessions:

103 evening sessions were carried out during 1970, almost twice as many as in the previous year. Their success was underlined by the high attendance rate and the demand for treatment outside school hours. A further extension of this scheme is hoped for during 1971.

Dental Health Education:

The highlight of the dental health education year was undoubtedly the visit of Pierre the Clown in January. In the two weeks that Pierre was in Nottingham, he was seen by almost 16,000 primary schoolchildren. His act, I am sure, did much to motivate small children to clean their teeth and provides a wealth of project material and follow-up for many weeks following his visit. The posters, essays and letters which poured into Chaucer Street afterwards, encouraged me to recommend that his visit be repeated in 1971.

The dental auxiliaries were involved in detailed follow-up in schools following Pierre's visit and were available when required during the remainder of the year. Three films were also purchased and may be borrowed by schools on request. In all, 134 sessions were spent on dental health education in the City.

Dental Inspection:

During 1970, 16,939 (31·3% of the school population) received a routine dental inspection in school and 6,964 (11·7% of the school population) were inspected as special or casual patients. A total of 23,284 (43% of the school population), therefore, was inspected.

Progress has thus been made in routine inspection in the last few years. An examination of the statistics over the last ten years demonstrates this well.

Year	*% of school population routine inspected*	*% of school population specially inspected*	*Total % receiving inspection*
1961 ..	18·0	11·0	29·0
1962 ..	14·5	10·5	25·0
1963 ..	11·3	10·9	22·2
1964 ..	16·5	10·9	27·4
1965 ..	15·0	12·0	27·0
1966 ..	15·0	12·0	27·0
1967 ..	14·0	9·0	23·0
1968 ..	13·0	11·0	24·0
1969 ..	21·0	11·0	32·0
1970 ..	31·3	11·7	43·0

Whilst the 1970 total of 43% of the school population inspected is gratifying, it must be remembered that ideally each child should be dentally examined at least twice yearly. Furthermore, the rapid rate of increase achieved during the last two years will be difficult to maintain due to the inevitable slowness of the building programme. It will take many years, therefore, to approach the current target of twice yearly inspections.

Dental Treatment:

A summary of the dental treatment provided is shown in the appendix. Comparative figures for 1969 are shown in brackets. Increases in the total number of visits (7%) and in the number of deciduous fillings inserted (49%) reflect the greater activity of the service and the wider use of ancillary staff. The progress that has latterly been made in the treatment of the deciduous dentition is well illustrated by the following table:-

Year	*Number of deciduous fillings*
1966	286
1967	424
1968	324
1969	2,198
1970	4,374

There was only a slight increase in the number of permanent teeth filled which reflected the concentration of routine inspections on primary schools as a part of the evaluation of incremental care which was earlier discussed.

Applications for emergency treatment fell slightly during the year. It is early days to think in terms of a levelling out of the numbers requiring attention urgently, but I hope that the increase in the activity of the service will result in more of these cases being intercepted before they arise.

Screening for Sickle Cell Anaemia:

In mid-1969, it became apparent that the administration of general anaesthetics to patients of West Indian, West African or Mediterranean origin was accompanied by a small attendant risk owing to the presence

of abnormal haemaglobins in their blood. Advice was sought from haematologists and anaesthetists and a policy of screening these patients prior to dental anaesthesia was introduced until the question was more clearly evaluated.

Initially, a sample of venous blood was taken and sent to the Haematology Department of the General Hospital for testing. Fortunately, a simpler "Sickledex" test using a finger prick became available and following a trial to test its efficacy, it was introduced into general use at the end of 1969.

All patients of the appropriate origin are now screened in this way by a school nurse and venous blood from positive cases is reported on in detail by the hospital laboratory.

The following table illustrates the results of the investigation:-

Year	*No. of children tested*	*No. of children with abnormal haemaglobins*	*Abnormal haemaglobins present*	
			A & S	*S & C*
1969 ..	443	48	48	–
1970 ..	686	62	61	1

No case of sickle cell anaemia was found, although approximately 10% of the children tested demonstrated sickle cell trait. As a precautionary measure, all dental treatment for these children was carried out using local rather than general anaesthesia.

Postgraduate Training:

The arrangement whereby a member of the dental staff attends the Orthodontic Clinic at the General Hospital continued most satisfactorily.

In January, Mrs. King attended a one week course on Children's Dentistry at the Eastman Dental Hospital which proved most valuable and interesting.

In the Autumn, Mrs. Power spent two days in London at a Public Dental Officer course on Preventive Dentistry. It is heartening that the dental profession is working hard to further the cause of such a valuable subject.

Following a year of planning with the Peoples College of Further Education, an evening course for dental surgery assistants was begun in September which it is hoped will lead to a National Certificate. I am most grateful to Mrs. E. S. Shaw and Mr. W. B. Jones for their help in arranging a suitable programme of lectures. Initially, thirty girls were enrolled following a most encouraging demand. I hope that the course will prove valuable and interesting and that it will become a regular part of the Further Education programme of the City.

N. H. WHITEHOUSE, B.Ch.D., L.D.S., D.D.H., D.D.P.H.R.C.S.(ENG.).

Principal School Dental Officer.

HANDICAPPED PUPILS

On the following pages figures for 1969 appear in brackets.

Blind:

Residential Special School	5	(4)
Awaiting residential placement	–	(–)
Home Education	–	(–)

Four of these children have serious additional disabilities. Two are physically handicapped, one deaf and one epileptic. One of the blind children with a severe physical handicap is staying for an extra year at the Worcester Grammar School for Blind Boys.

Partially Sighted:

Residential Special School	5	(5)
Awaiting residential placement	1*	(1*)
Ordinary School	21	(20)
Day Special School	2	(2)

* Included in day special school.

Many of these children are able to manage in ordinary schools and four of them have additional disabilities. The reasons for their poor sight are varied, four of the children having albinism.

Deaf:

Residential Special School	2	(2)
Day Special School	35	(30)
Awaiting Placement	1	(–)

These figures represent a slight increase. Instances have been known where parents have moved into the City so that their deaf child can remain at home and go to school on a day basis.

One child, not yet placed, who is both blind and deaf presents a great problem. It seems impossible to do anything for these deaf-blind children educationally at the present state of our knowledge. Communication by the tactile method as used by Helen Keller appears to be only for those who have had some language in infancy and then lost it because of an infection of the brain or its coverings. Some new technical advance is required before material help can be given.

Many children with severe hearing loss benefit from the more powerful commercial hearing aids and I am thankful that the Committee has supplied these when required. There is little doubt that for such children in school these aids are very valuable pieces of educational equipment. There are now five City school children with these proprietary brand aids in the Ewing School.

Partially Hearing:

Residential Special School	1	(2)
Day Special School	12	(12)
Ordinary School	84	(84)

Miss Allen, the perepatetic teacher of the deaf at the Ewing School, continues to give help where required with our more seriously partially hearing children in ordinary schools. Regular sessions are held in the following schools:-

	Boys	*Girls*
Blessed Robert Widmerpool R.C.	1	1
Arboretum Special School	–	1
Douglas Junior School	–	1
Ellis Guilford Secondary School	–	1
Glapton Junior School	1	–
Greenwood Secondary School	1	–
Haydn Infant School	–	2
Highbank Junior School	–	1
Middleton Primary School	–	1
Robin Hood Infant School	–	1
Whitegate Junior School	2	–

Physically Handicapped:

Residential Special School	8	(9)
Day Special School	48	(52)
Ordinary School	117	(111)
Awaiting Residential Placement	1*	(2)
Home Education	1	(1)

* Included in Home Education.

The overall number of physically handicapped pupils is following the expected pattern with an increase in the number of children with spina bifida and hydrocephalus, while numbers of other handicaps remain stationary.

Placement of the severely physically handicapped who are also educationally sub-normal is often difficult and for this reason one boy is having home tuition. It is a problem that may have to be considered on an area or regional basis.

We are again listing the various types of disabilities among our physically handicapped children so that in future years comparisons can be made of the disabilities.

Day Special and Residential Schools:

Abnormalities and deformities	8
Achondroplasia	2
Anterior Poliomyelitis	1
Cerebral Palsy	15
Heart (congenital)	1
Hemiplegia	6
Muscular Dystrophy	2
Nephrectomy	1
Paraplegia	2
Perthes's Disease	1
Rheumatoid Arthritis	1
Spina Bifida/Hydrocephalus	7
Spina Bifida	6
Talipes	1
Transverse Myelitis	1
Vomiting Bouts and Weakness of legs	1
	56

Ordinary Schools:

Achondroplasia	1
Abnormalities and deformities	35
Cerebral Palsy	11
Cranial Abnormality	1
Feet (Extensive scarring from burns)	1
Hemiplegia	9

Ordinary Schools—continued

Hernia (Hiatus) and Deformed Chest	1
Heart (congenital)	34
Muscular Dystrophy	1
Osteomyelitis	2
Perthes's Disease	4
Poliomyelitis	2
Rheumatoid Arthritis	3
Scoliosis	3
Spina Bifida	5
Still's Disease	1
Talipes	2
Torticollis	1
	117

Delicate:

Residential Special School	7	(9)
Day Special School	14	(11)
Ordinary School	142	(172)
Awaiting Residential School	1*	(–)

* Included in Ordinary School.

The various types of delicate children are as follows:-

Day Special and Residential School:

Asthma	11
Asthma/Bronchitis	4
Chest (Recurrent Bronchitis)	1
Diabetic	1
Fibrocystic Disease	3
Renal Disease	1
	21

Ordinary School:

Asthma	51
Asthma/Bronchitis	9
Bronchitis	2
Albuminuria	1
Christmas Disease	1
Coeliac Syndrome	2
Cretin	1
Diabetic	22
Chronic or recurrent otitis media	30
Enlarged Cervical Glands	1
Fibrocystic Disease	2
Haemophilia	1
Osteogenesis Imperfecta	2
Poliomyelitis	1
Renal Disease	1
Respiratory Infections	3
Sickle Cell Anaemia	1
Thalassaemia	1
Thrombocytopenic Purpura	2
Tuberculosis	4
Turner's Syndrome Ovarian dysgenesis	1
Urinary Infection	1
Von Willebrand's Disease	2
	142

Again the predominance of the asthmatic children is noted, a finding discussed by Dr. More, in last year's Annual Report.

Educationally Sub-normal:

Residential Special School	14	(14)
Awaiting residential placement	2	(3)
Day Special School	515	(524)
Awaiting day special school placement	82	(65)

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

Delicate	7
Epilepsy	12
Partially Hearing	8
Partially Sighted	2
Physically Handicapped	6

The policy of only ascertaining those children for special educational treatment whose retardation is due to subnormality has continued, but even so there are insufficient places for all those whose intelligence is more than the standard deviation from normal. At the time of writing the Director is exploring the possibility of temporary further accommodation. Inevitably in borderline cases priority of special school placement is given to those with conduct disorders or other problems who cannot be managed in ordinary schools. Residential places are sought for those children who, for various reasons, mainly, social, are unable to be accommodated in our day special schools.

Epileptic:

Residential Special School	4	(4)
Day Special School	–	(–)
Ordinary School	152	(157)

Intractable epilepsy can be a most disabling condition. One girl at the Lingfield Residential Special School is having increasing numbers of fits in spite of all efforts to control them by medicaments. A boy for whom we are currently trying to find a residential place is likewise afflicted, unfortunately his intelligence is low and he also has a physical handicap.

Maladjusted:

Residential Special School	11	(8)
Awaiting residential placement	5	(4)
Boarding Hostels (attending ordinary school)	5	(7)
Day Special School	17	(12)
Ordinary School	28	(29)

These children are a heterogeneous group, the vast majority suffering from a conduct disorder which results from insufficient training and control from the child's earliest days. To this extent maladjusted children andpossibly E.S.N. children differ from all other groups of handicapped children in that they can be entirely culturally and environmentally determined. It is probably these factors which are leading to the increased demand for residential places for boys with conduct disorders.

Totals for children in residential schools since 1963 are as follows:-

	1963	1964	1965	1966	1967	1968	1969	1970
Blind	5	5	5	3	5	5	4	5
Partially Sighted	3	4	3	4	5	5	5	5
Deaf	4	3	2	2	2	2	2	2
Partially Hearing	2	2	3	2	1	2	2	1
Physically Handicapped	11	12	11	8	9	8	9	8
Delicate	14	12	10	9	12	7	9	7
E.S.N.	5	7	2	3	2	7	14	14
Epileptic	11	8	7	5	4	4	4	4
Maladjusted	1	2	4	5	7	9	8	11
Totals	56	55	47	41	47	49	57	57

From a school point of view we have had no children yet who could not be handled effectively by Mr. Maddison and his colleagues at the Authority's day special school for maladjusted boys, but residential places are however required for those whose parents cannot manage them at home or who cannot be managed in a Children's Home.

Placing the children at present on the waiting list for residential school seems to be almost impossible at present as all available schools appear to be full and have waiting lists.

Speech Defects:

Day Special School	1	(2)
Ordinary School	3	(2)

These numbers are small but one boy who is at present in our Beechdale School (Diagnostic Unit) would undoubtedly have benefited from a place in a boarding special school for those with speech disorders had one been available. The development of speech is most complex and is discussed further in this report.

SPECIAL SCHOOLS AND UNITS

Hardwick:

Number on Roll (Educationally sub-normal) .. 153 (159)

Owing to the shortage of senior special school places, this school has at times to keep children over the normal transfer age; this is a pity as it means that much-needed junior E.S.N. places are not available. An advantage of the geographical situation of the Hardwick Special School is that it is conveniently near to the Beechdale Special School (diagnostic unit) from where a few very small and retarded children were able to transfer as a group to Mr. Fearnside's reception class. Had this not been possible, another school would have had to start at the beginning again with a very nervous child.

Nethergate:

Number on Roll (Educationally sub-normal) .. 99 (95)

This school continues principally to serve the area south of the Trent. I am grateful to the Head (Mr. Batchelor) for accepting exceptional cases out of his normal catchment area.

Rosehill:

Number on Roll in Open Air Department ..	9	(6)
Number on Roll in E.S.N. Department ..	153	(155)

One small class of physically handicapped and delicate children remains at Rosehill but owing to the unsuitability of these premises the class is kept as small as possible. I look forward to the day when the Arboretum Special School is replaced and this class can be discontinued. Any room made available would find a ready use for accommodating extra E.S.N. children. Unfortunately, although the Head (Mr. Sunley) and his staff do a wonderful task with many difficult children, the whole design of this school with its multitude of small units makes for difficulties.

Westbury:

Number on Roll (Educationally sub-normal) .. 100 (101)

This school is always full to capacity and one of our most pressing needs is for extra places for senior E.S.N. girls. Inevitably the Head (Miss Edwards) and her staff have many children with disturbed behaviour.

Beechdale:

Number on Roll:	Maladjusted Department	16
	Diagnostic Department	11

(*a*) **The Maladjusted Department:** Numbers increased during the year as an extra teacher was provided. This increase of staff is of great benefit considering the wide range of intellectual ability among the boys here. An important aspect of the work at the Beechdale Units is the parents' evenings. At these, both teachers and doctors have the opportunity of meeting parents, discussing the children's problems, their management and possible future educational placement. The department fulfils a great need; because of it we do not have boys excluded from ordinary school for long periods whilst they await places at a residential school.

I very much liked the following incident which I heard at the school:-

One of the first boys admitted to the school, and incidentally one of the most difficult, was sent by the taxi driver to knock on the door of a new boy. The door was opened by the boy's mother who was complaining of the difficult and naughty child she had. "Don't worry" was the old boy's reply "I used to be like that before I went to Beechdale".

Number of children admitted since opening (1968) ..	22
Number of children discharged since opening ..	6
Number of children at present on rolls	16

(*b*) **The Diagnostic Department:** This has continued to fulfil a most valuable function and gives the doctor and educational psychologist who have responsibility for assessment, the opportunity of doing this task more thoroughly. But this is not the only function of the unit; it is most striking how all the children improve both in socialisation and performance whilst in the Deputy Head's care. Our prime object is to help each child along the developmental road to independence. Which school a child attends is of secondary importance in this process. Some of these children showed remarkable improvement whilst assessment was being undertaken.

Number of children admitted since opening (1968) ..	28
Number of children discharged since opening ..	17
Number of children at present on rolls	11

Arboretum:

Number on Roll (Physically Handicapped and Delicate)	58	(62)

The school now consists of six classrooms, since the installation of the pre-fabricated classroom in the playground. Because the school has been gradually adapted to changing needs over the years, on a very limited site, the new classroom, while needed and welcome, has reduced the already limited playground space. We look forward to the time when the proposed replacement school will be built on the campus of a Bilateral Secondary School; it will solve many problems.

Seventeen children with spina bifida are now attending the school and we are fortunate in having a full-time nurse at the school since September, 1969. She has excellent help from one full-time and one part-time attendant in supervising their appliances and in changing the incontinent children. The increasing severity of the children's disabilities makes nursing supervision the more necessary.

Miss Dawson, Senior Physiotherapist at the Children's Hospital, attends at the school one afternoon a week; this is greatly appreciated. We have been fortunate too in obtaining the services of another physio-

therapist for four mornings a week. It is unfortunate that the two physiotherapists have to work under the difficulty of limited space in which to carry out their treatment.

A Speech Therapist now spends two days each week in the school, enabling the children to get help with their speech problems on the premises. The children in this school inevitably lose a great deal of schooling because of their need for hospital visits and giving treatment in school means minimal loss of time from other activities.

The Arboretum is a very happy school and I think Mrs. Statham and her staff are to be congratulated on the help the children receive academically, and in the broader aspects of education.

Ewing:

Number of City children on roll	45	(42)
Number of other Authorities' children on Roll	47	(47)

The planned unit for secondary school aged deaf pupils to be built at the William Sharp School will be a most interesting development and should help many senior children both socially and educationally.

Education of the deaf presents many problems; one assumption is that the development of the thought process in both the hearing and the deaf child are both the same. This is a subject about which very little is known but investigations like the one carried out by Mr. French, the Head Teacher of the Ewing School for the Deaf and Partially Hearing which he describes in the following article could help in this most difficult area.

An account of an investigation into the ability of hearing impaired children to conserve.

Tests designed to test children's grasp of certain concepts have been administered by teachers and psychologists in increasing numbers in recent years. One such concept which has received a good deal of attention is that of conservation, or the ability to understand that a mass does not change in size or amount whatever its shape or arrangement.

It was felt that it would be of interest to investigate hearing impaired children's ability to carry out certain tests of their understanding of the concept of conservation in comparison with their normal hearing counterparts in this locality. It was recognised that other workers in this field had carried out similar tests, the best known being those by Oléron carried out in France and by Furth in America. The results of these two workers did not coincide, so it was felt that it would be of interest if tests carried out in this area threw any light on their findings.

Selection of Pupils:

Forty six children were selected from the Ewing School for the Deaf and forty six children from the Walter Halls Primary School and the William Sharp Secondary School. These two groups were put in yearly age divisions from 8 to 16 and were graded roughly intellectually into A (superior) B (average) C (below average) by the Headmasters concerned. An equivalent number of A, B & C children were represented in each age group of both hearing impaired and normal hearing children. At the secondary level children who had been selected for Grammar School education were not represented in either the Ewing School or the William Sharp School samples.

The Tests:

The twelve tests which were administered to all groups of children were derived from various sources being mainly adaptation of tests devised by Piaget to investigate children's ability to conserve. They were designed to test their ability in conservation of numbers, length, capacity, weight, area and volume. All tests had a large visual element and verbal instructions were kept down to a minimum.

Administration of the Tests:

All the tests to both hearing impaired and normal hearing children were administered by one person, the Head Teacher of the Ewing School. This was because it was felt essential to have someone familiar with and experienced in communicating with the deaf children. The fact that the tester was not known to the normal hearing children was thought to be counterbalanced by his ease of communication with them. The instructions given to the deaf children were spoken, written, gestured and mimed as was necessary. The instructions given to the normal hearing children were given verbally and in writing. The children were asked to state that two masses of the same number or shape were in fact the same. Until the children voluntarily agreed that this was so. the tests could not continue. One of the masses was then re-arranged in shape and the children were then asked if they were still the same size, number, etc. or if one was bigger than, or more than the other, and the answers noted. The concept of 'more than,' 'bigger than' was used instead of 'less than', 'smaller than,' as it was felt to be easier. The pre-test instructions were designed to ensure that the children understood 'more than' and 'the same'. If they were unable to grasp these concepts then the tests were not administered to them. Four such deaf children came in this latter category.

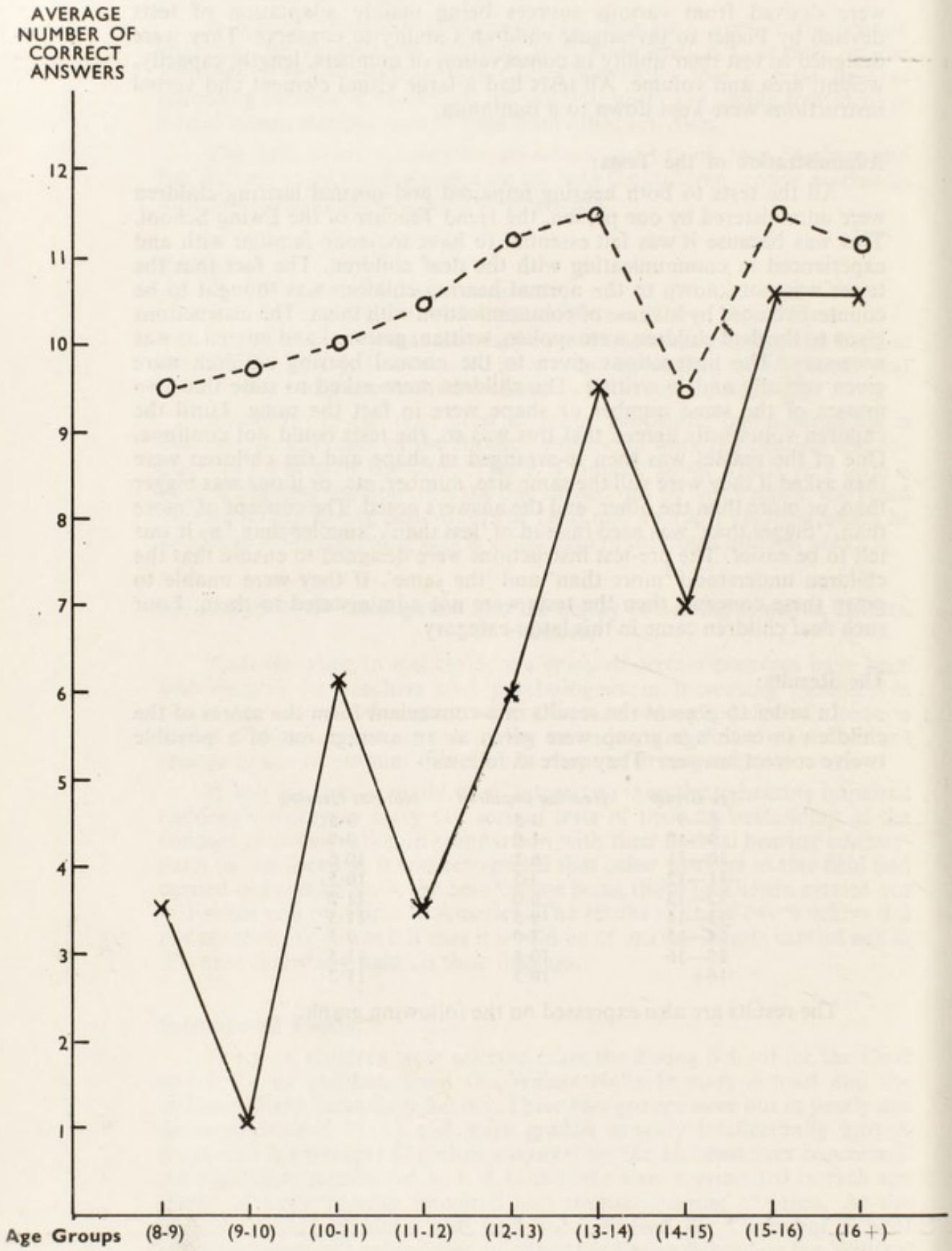
The Results:

In order to present the results in a convenient form the scores of the children in each age group were given as an average out of a possible twelve correct answers They were as follows:-

Age Group	*Hearing impaired*	*Normal Hearing*
8—9	3·5	9·5
9—10	1·0	9·7
10—11	6·1	10·0
11—12	3·5	10·5
12—13	6·0	11·2
13—14	9·5	11·5
14—15	7·0	9·5
15—16	10·6	11·5
16+	10·5	11·2

The results are also expressed on the following graph.

PERFORMANCE OF HEARING COMPARED WITH NON-HEARING CHILDREN



Conclusion:

The National Foundation of Education Research in its Education Research News, September, 1969, gives a warning about the reliability of Piagetian type tests administered by teachers. "If the results can be affected by factors in the test situations which may vary in different testings, the reliability of the test itself is reduced and confidence is diminished." An attempt at consistency in the test situation was attempted by having all the tests administered by one person, but the warning of the N.F.E.R. must be borne in mind. Consequently no hard and fast conclusions can be drawn from these investigations because of this warning and because of the small sample of children. However, one could put forward the proposition that on the evidence of these tests then hearing impaired children have much greater difficulty in grasping and expressing these concepts than do their hearing fellows. It is somewhat reassuring, however, to note that towards the end of their school life many deaf children do seem to have understood these concepts. The difficulty which deaf children have in performing these tests with efficiency would appear to be because of their language retardation.

These results are extremely interesting in comparison with those of Oléron and Furth. "In comparison with hearing subjects less than half of Furth's children at the chronological age 12-14 and less than a third of Oléron's comparable age group could conserve the quantity of liquid " In the investigation now being reported children in the same age group as the above gave 66·6% correct answers to the two tests on conservation of liquid. For liquid capacity 36·3% of the children were conservers, giving two correct responses; 36·3% of the children were partial conservers giving one correct response, and 27·4% were non-conservers, i.e. no correct responses.

Furth found that he could get better results by more elaborate and pre-structural trial training with the subject being tested. This investigaton would appear to corroborate his findings. It was felt that better results could have been obtained by training in each aspect of conservation before testing.

The implication for the teacher of the deaf is that it is extremely dangerous to presume that children have grasped concepts which it is felt that they should understand without investigating if this is so. The children need a lot of experience in the handling of materials, counting, weighing and measuring amounts practically, if they are to grasp and understand these concepts. This may be self-evident, but it is well to remind ourselves of this important educational principle.

J. R. W. FRENCH

Orston House Hostel for Maladjusted Boys:

	City Boys		*Notts. County Council Boys*	
At the beginning of 1970, in residence	5	(5)	4	(4)
Admitted during 1970	1	(3)	3	(2)
Discharged during 1970	5	(3)	1	(2)
At the end of 1970, in residence ..	1	(5)	6	(4)

This hostel has had staffing difficulties during the year and we are grateful to Mr. and Mrs. Columbine for the way in which they have carried on short-handed. When dealing with the maladjusted it is essential to have a variety of provisions and to be flexible in the management and placement of boys. Nottingham is favourably placed in this respect.

HOSPITAL SCHOOLS

Psychiatric Group

St. Ann's Children's Unit and The Gables annexe: At the time of writing there still seems some uncertainty about the future development of these units. The numbers of disturbed children who require hospital treatment continues to grow and the places available for their treatment are very limited.

	Number admitted during 1970
Gables Adolescent Unit ..	15
Children's Unit Harper Villa ..	30

Non-Psychiatric Group:

The City Hospital and the Children's Hospital: The Head Teacher, Miss Williams, retired during the year and we welcome in her place Miss Butler who writes as follows:-

"School in the City Hospital started in 1932 with one teacher when it was known as the Bagthorpe Infirmary.

"By 1952 staff had increased and by then it was called The City Hospital School.

"Medical Staff saw the improvement in emotional and behavioural disturbances when the familiar routine of school was established. It was suggested that the work should be introduced at the Children's Hospital.

"In 1956 a teacher working in the mornings at the City Hospital started the school in the Children's Hospital by working there in the afternoons. This was followed by full time work there in 1957 and in 1962 another teacher joined her. Their work has been helped considerably by the opening in November of the new Staff and Store Rooms in the hospital grounds. The number of children seen in the school during the year was 700.

CLINICS

Ophthalmic Clinic:

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

	1965	1966	1967	1968	1969	1970
No. of pupils on rolls on 31st December	50,488	51,274	52,311	53,245	53,794	54,397
Pupils refracted	4,253	4,264	4,241	3,601	3,533	3,390
Percentage	8·4	8·3	8·0	6·7	6·5	6·2
Spectacles prescribed (pupils)	1,507	1,442	1,406	1,466	1,481	1,397
Percentage of pupils on rolls	3·0	2·8	2·7	2·7	2·7	2·5

Orthoptic Treatment at The Nottingham Eye Hospital:

	1965	1966	1967	1968	1969	1970
New cases treated	56	70	75	126	100	114
Total treated	140	104	110	202	217	207
Awaiting test or treatment at end of year	8	11	5	7	9	11

Operations for Squint at The Nottingham Eye Hospital:

	1965	1966	1967	1968	1969	1970
Number of operations ..	38	48	42	49	49	67
On waiting list at end of year	31	23	34	28	31	30

Abnormalities of refraction are the greatest single medical abnormality and we are grateful for the close co-operation which operates between the Ophthalmic Consultants and the education service. One of our duties is to hold a session specially for dealing with broken spectacles, for which the figures are as follows:-

Number of sessions	280
Number of repairs authorised ..	638

There seems a place for the design of ultra-strong yet aesthetically pleasing spectacle frames for use by children. Perhaps university students who are looking for a project to work upon might consider this.

Colour Vision:

	Children with defective colour vision					
	Boys		*Girls*		*Total*	
Secondary Bilateral Schools (Leaver) ..	2	(47)	3	(3)	5	(50)
Grammar Schools (Leaver)	2	(11)	3	(–)	5	(11)
Junior Schools	84	(92)	1	(3)	85	(95)
Totals ..	88	(150)	7	(6)	95	(156)

Colour vision is tested in junior schools and the above figures merely refer to new cases found and not to the total incidence of colour blindness among our school children. We are now beginning to keep records which will give this information, but it will be some time before they are complete.

Ear, Nose and Throat Clinics:

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

Total number of children seen	364	(480)
New cases	284	(364)
Total attendances	441	(594)
Number of sessions held	62	(66)
Number of children referred for operation..	199	(214)
Number referred for cautery	2	(2)
Number referred for other forms of treatment	24	(27)

We are grateful to Mr. Hogarth and Mr. Neil, Regional Hospital Board Consultants, who continue to give one session a week each at the Central School Clinic. In spite of modern drugs, upper respiratory catarrhal conditions continue to be a problem with many children.

Ewing School Hearing Assessment Clinic:

Number of children seen	30	(37)
Number of sessions	10	(10)

It is here that the most difficult cases to assess are seen including the very young children suspected of being deaf. Although there is a very good room for free field audiometry at the Ewing School, other work such as interviewing parents and clinical examinations is extremely cramped.

Audiometry Clinic:

Number of sessions	28	(29)
Total number of attendances	293	(333)
Number of children tested for the first time..	183	(239)

Sweep Audiometry in Schools:

Our findings as a result of the sweep tests of five and six year old children in school are:-

Number tested	4,499	(4,298)
Number found satisfactory 1st test	3,897	(3,855)
Number failed 1st test	602	(443)
Number failed 2nd test and subsequently seen by Medical Officers	89	(98)
Number found to be satisfactory	61	(55)
Number referred to E.N.T. Consultants	10	(24)
Number referred to the Authority's Audiometrician	18	(19)

Paediatric Clinic:

	Number of Cases		*Number of Attendances*	
Heart conditions	38	(39)	51	(62)
Undescended testicles	2	(10)	2	(11)
Obesity, development, etc.	76	(75)	147	(143)

This clinic is conducted by Dr. Page, Regional Hospital Board Consultant Paediatrician, who sees children with a variety of paediatric conditions which interplay with education; such as cerebral palsy, asthma, epilepsy, anaemia and renal troubles.

It is interesting to look back on the history of this clinic and see the changing pattern of paediatric illness. In 1929, the Committee accepted the recommendation of Dr. A. A. E. Newth to start a rheumatism and heart clinic. In 1931 Dr. A. J. Davies, reported that he had under supervision at this clinic 52 children with rheumatic heart disease, 65 children with chorea and in addition 242 children who had had rheumatic fever. Today, we have no cases of rheumatic chorea, one case of rheumatic heart disease and it is very rare to meet a case of rheumatic fever. We have however 35 children with congential heart disease, some of whom have had cardiac surgery, a procedure unthought of in the 1930's.

Child Psychiatric Clinic (Child Guidance):

Examinations (New Cases):

Number of children seen by Psychiatrists	147	(231)
Number of children seen by Physician	105	(91)
Number of children seen by Educational Psychologists	177	(246)
Number of parents seen by Social Workers	203	(245)

Re-examinations:

Number of children seen by Psychiatrists (excluding treatment interviews)	237	(234)
Number of children seen by Physician	15	(8)
Number of children seen by Educational Psychologists	34	(31)
Number of parents seen by Social Workers (for review)	22	(148)

Attendances and Visits:

Children's attendances for treatment	467	(530)
Interviews with parents	892	(934)
Interviews with others	268	(280)
Home Visits by Social Workers	199	(324)
Hostel Visits by Social Workers	44	(46)
Home Visits by Social Workers (Special School Children)	66	(77)

Children treated during the year:

By Psychiatrists	111	(125)
In Boarding Homes	6	(8)

The majority of children seen are referred by head teachers on account of conduct disorders. For the most part these children do not suffer from any formal psychiatric illness and the trouble arises from the way in which children have been handled at home over a number of years. Many have learned they can get their own way by aggression, temper tantrums or obscene language, thus creating a "maladjusted" pattern of behaviour.

Learning a more socially acceptable pattern is a lengthy process and the behaviour of such children undoubtedly imposes a great strain on many teachers. It is a pity that pressure of work prevents psychiatrists doing more work with those parents who would be willing to attend a centre and who might well derive benefit from such therapy.

Educational Assessment (Schools' Psychological Service):

Number of children seen by Educational Psychologists (excluding Child Guidance cases)	837	(544)
Re-examinations	189	(91)
School Visits by Educational Psychologists	293	(249)
Interviews with parents by Educational Psychologists	394	(351)
Interviews with others by Educational Psychologists	50	(78)

Mr. Grover, Senior Educational Psychologist, and his staff are finding that the task of advising schools about children's educational problems is increasing.

Infant School Survey — 2.9.62 to 1.9.63 Births:

Mr. Grover has let me have the following report on the survey:-

In practical terms the survey completely justified the considerable time spent on it by the schools and the professional and secretarial staff at the Schools' Psychological Centre. It has done this by identifying children in need and of the 438 children seen in the survey group 43 were referred for special school provision. It has alerted the schools to the needs of the slow learning group and also thrown up a number of very interesting cases as the I.Q. range of 70 and below, to 116 and above, suggests. The usual preponderance of boys was shown in the numbers seen.

The educational psychologists commenced a similar survey in the school year starting September, 1970 and it promises to become a regular feature of the Schools' Psychological Service programme.

Remedial Teaching:

Children's attendances for treatment by Remedial Teachers and Educational Psychologists	14,637	(5,026)
Number of interviews with parents by Remedial Teachers	68	(119)
Number of children received remedial teaching during 1970	367	(305)

Educationally Sub-Normal Assessment Clinic:

Number of children ascertained during 1970 as needing special educational treatment in Day E.S.N. Special Schools	117	(94)
Number of cases referred to Local Health Authority during 1970 as being unsuitable for education at school (Section 57(4) of the Education Act 1944)	27	(43)
Number of cases reviewed under Section 57(A) and still unsuitable for education at school	—	(1)

At the time of writing, owing to Dr. Sinclair's resignation, we stand in urgent need of another doctor to be trained and recognised for the purpose of ascertainment of E.S.N. children. I hope that eventually it will be the established practice for all full-time child health doctors to be trained and recognised for this task.

For the most part, children seen at these clinics were referred by the Educational Psychologists as they had been found to have an abnormally low intelligence score. In the majority of instances no physical abnormality is found. A few children are seen by the School Doctors after being referred by paediatricians or general practitioners; they are mostly children approaching school age who are very seriously mentally handicapped.

Dyslexia (Reading Difficulty) Clinic:

Number of children seen	31	(48)

Mr. Grover, Senior Educational Psychologist, and I continue (as far as our many commitments allow) to see children who have basically a good intelligence but have difficulty in reading. Some argument is still heard as to whether dyslexia or specific learning difficulty is a neurological abnormality or not. Much would seem to depend on the angle from which the subject is approached, for the doctors, learning and all human behaviour is dependent upon actions of various types within the brain and spinal cord. It seems the two types of learning difficulty, visuo-spatial and order sequencing, are very similar to the difficulties in reading and writing which result from acquired brain lesions in certain parts of the minor and major hemispheres respectively.

An enquiry to investigate how far this similarity can be useful in finding abnormalities of cerebral organisation and thought patterns could be profitable. With a better understanding of the difficulties a more rational approach to remedial work could be provided.

General Duty Clinic:

Teachers examined	142	(80)
College of Education Candidates examined	252	(318)
Nursery Nurses examined	42	(41)
Others examined	4	(5)

Minor Ailments Clinic:

These continue and the statistics are listed in Appendix "C". Most of the clinics are open daily, a school nurse being in attendance at each. In addition to work done because of the child's social background, treatment is given for such conditions as verrucae, athlete's foot, chronic ear discharge and minor ailments.

There is at present a tendency for parents and others to approach the medical officer with their minds already made up as to what they want for the child and then try to manipulate the doctor accordingly. This approach is certainly not going to help the child and could probably antagonise the doctor. Unless parents believe the doctor is able to give them useful advice, help and treatment, it is probably best for them to transfer to another doctor in whom they feel they can place such a trust.

Enuretic Clinic:

Number of children who attended for pad and bell treatment (including those on the waiting list, December, 1969).. ..	140	(100)
Number of children whose treatment was considered to have been successful	38	(25)
Number of children whose treatment was considered to have been partly successful	56	(38)
Number of children whose treatment was not considered successful	26	(37)
Number of children under treatment on 31.12.1970	20	(–)

Most doctors seem now to agree that with appropriate selection of cases, about 40% success rate is achieved with the Pad and Bell treatment method. Much depends however on the length of time for which the children are followed up, in some the initial response is good, but the children relapse. In a few instances, the children become dry after apparent failure with the pad and bell; whether those children would have become dry anyway is not known.

Speech Therapy:

The following is a summary of the work carried out during 1970:-

Children treated by Regular Therapy ..	352	(363)		
Children treated by Clinic Supervision ..	480	(333)		
			832	(696)
Children discharged			624*	(310*)
Children supervised in Schools			1,432	(1,054)
Sessions held in Clinics			1,020	(864)
Sessions held in Special Schools			211	(234)
Sessions held in Ordinary Schools			125	(33)
Treatments given in Clinics	3,600	(3,453)		
Treatments given in Special Schools.. ..	1,019	(1,037)		
			4,619	(4,490)
Children referred by Head Teachers ..	715	(317)		
Children referred by School Medical Officers	100	(42)		
Children referred from other sources.. ..	192	(59)		
			1,007	(418)

* Analysis of the 624 children discharged

Derived maximum benefit	89
Some improvement	164
Discharged—speech normal	324
No improvement	47

Patients treated in Clinics and Schools:

Stammerers	269
Other defects of known organic origin	292
Other defects of no known organic origin	1,703

A worthwhile extra duty which has been taken on by our speech therapists is a pre-school play group for language retarded children. Most of these have been children having virtually no spoken language although they are not deaf nor are they seriously developmentally retarded.

There are a number of children in nursery schools and classes who have a less serious degree of retardation, and Mrs. Harrison, Senior Speech Therapist, and Mr. Cheetham, Educational Psychologist, are at present engaged in finding the numbers of these children.

It is certain many children start school very seriously retarded in their language development and I look forward to the day when it will be possible to screen the pre-school population for such difficulties, and to offer nursery school places where they are required.

We have recently been looking at the various tests on children attending the Beechdale Special School (Diagnostic Department), many of whom are very retarded linguistically. The results are as follows:-

Results of tests given to Linguistically

Date of Birth	*Date of Test*	*Comprehension level (Reynell)*	*Expressive level*	*Articulation*
February, 1965	December, 1970	3 yrs. 5 mths.	2 yrs. 7 mths.	Sl. immature
October, 1965	October, 1970	2 yrs. 6 mths.	1 yr. 7 mths.	V. immature
June, 1965	December, 1970	2 yrs. 6 mths.	10-11 mths.	V. immature
October, 1963	October, 1970	3 yrs. 3 mths.	6 yrs. +	Sl. immature
January, 1965	May, 1970	2 yrs. 4 mths.	2 yrs. 4 mths.	Immature
October, 1964	May, 1970	2 yrs. 9 mths.	3 yrs. 9 mths.	Immature
October, 1963	October, 1969	3 yrs.	Below 3 yrs.	Immature
November, 1962	January, 1970	4 yrs.	3 yrs. 6 mths.	Immature
July, 1964	January, 1970	3 yrs.	3 yrs. 7 mths.	Immature
December, 1963	January, 1970	Nil	Nil	Nil
May, 1964	April, 1970	2 yrs. 11 mths.	1 yr. 7 mths.	Sl. immature
March, 1964	December, 1969	Below 3 yrs.	Below 3 yrs.	V. immature
May, 1965	January, 1971	1 yr. 8 mths.	1 yr. 9 mths.	V. immature
January, 1964	March, 1970 January, 1971	3 yrs. 3 yrs.	Nil 3 yrs. 10 mths.	V. immature V. immature
March, 1967	May, 1970 October, 1970	3 yrs. 3 yrs. 7 mths.	3 yrs. 7 mths. 5 yrs. 5 mths.	Sl. immature Sl. immature
January, 1964	September, 1969 June, 1970	4 yrs. 4 yrs.	3 yrs. 6 yrs.+	Sl. immature Sl. immature
June, 1964	September, 1969 May, 1970	4 yrs. 4 yrs. 5 mths.	3 yrs. 3 yrs. 3 mths.	Immature Immature
June, 1964	January, 1970 May, 1970	No score 2 yrs. 9 mths.	No score 2 yrs. 9 mths.	Immature Immature
November, 1962	December, 1969 March, 1970 May, 1970	3 yrs. 3 yrs. 3 mths. 3 yrs. 2 mths.	4 yrs. 4 yrs. 4 yrs. 7 mths.	V. immature V. immature V. immature

Retarded Children who attend a Special School

Scores on Intelligence Tests	*Placement*	*Motor Development*	*Physical Abnormality*
	Still at Beechdale	? retarded 3 yr. level	Elective mute, no physical disability
	Still at Beechdale	Retarded 2 yrs.	Nil
Merrill Palmer 48	Still at Beechdale	Retarded 18 mths.	Very hypotonic
Stanford Binet 51 Merrill Palmer 82	ESN School	Retarded 3 yrs.	Muscular Dystrophy
Merrill Palmer 52 Stanford Binet 45	Still at Beechdale	Retarded but specific tests not applicable	Hemiplegic (Rt.)
Merrill Palmer 50 Stanford Binet 46	Still at Beechdale	2-3 yr. level	No physical abnormality
Merrill Palmer 40 Stanford Binet 41	Training Centre	2 yr. level	Hypermetrophic astigmatism otherwise healthy
W.I.S.C. Verbal 51	Training Centre	3-4 yr. level	Nephrogical diabetes insipidas
Merrill Palmer 58	Training Centre	2 yr. level	Physically healthy—very deprived in early life
Not testable	Training Centre	18 months	Brain damaged child
Stanford Binet 40	Training Centre	2 yr. level	Partially sighted epileptic, mild cerebral palsy
Merrill Palmer 47 Stanford Binet 43	Still at Beechdale	2 yr. level	Hyperkinetic
	Still at Beechdale	18 mths - 2 yrs.	None
Merrill Palmer 49 Stanford Binet —		3 yr. level	None
Merrill Palmer 52	ESN School	2-3 yr. level	No physical abnormalities
Merrill Palmer 47 Stanford Binet 57	ESN School	2-3 yr. level	Hypermetrophic astigmatism otherwise physically fit.
Merrill Palmer 75	ESN School	2 yr. level	Hypotonic muscles, very poor balance ? leprechaun syndrome.
Merrill Palmer 76 Stanford Binet 49	ESN School	3-4 yr. level	Previously hyperkinetic and some psychotic features.
Merrill Palmer 61 Stanford Binet 45	ESN School	3 yr. level	No physical abnormalities

It will be seen from these results that no specific pattern emerges. All that can be said is that if the child has ability even on only one test he does better educationally than the child who has no such ability.

It is also noticed that some children do well in expressive language tests as opposed to those involving comprehension. This is unexpected as it is always assumed that understanding of language precedes its use. Perhaps these are children who use expressive language for social purposes "parrot wise" with very little verbal reasoning.

Doubtless, with the process of time fresh tests and fresh knowledge will appear and remedial measures, both educational and medical, will be on a fresh basis.

SCHOOL NURSES:

The following is a summary of the work of the school nurses during 1970:-

Number of School Visits:		
Routine medical inspections	1,908	(2,042)
Case conferences	126	(61)
Uncleanliness	5	(10)
General	1,674	(1,888)
Number of Home Visits:		
Uncleanliness	1,211	(834)
Deafness and nasal obstruction	35	(60)
Absentees from ophthalmic clinic	1,003	(849)
Medical inspections, follow-up	319	(354)
Skin diseases	98	(99)
Ear diseases	47	(44)
General	1,803	(1,793)
General—evening visits	11	(7)
Pad and bell suitability	105	(72)
Ineffective visits	1,014	(948)
Escort duty to and from Residential Schools	13	(10)
Clinic Sessions	*3,722	(3,627)
Refraction Clinic sessions	328	(292)
School Nurses on refresher courses	36	(–)

* Included in this figure are 280 Spectacle Repair sessions carried out at Chaucer Street, Clifton and Bestwood Clinics.

A key feature of the work of our nurses is home visiting. These visits are for a number of purposes, failed clinic appointments, uncleanliness, obtaining consents and proposed hospital referrals, etc. The visits provide helpful information about the family background and home circumstances. During these visits, nurses are often able to advise parents on a wide range of problems and to act as a valuable link between school and home.

CLEANLINESS:

	1932	1942	1952	1955	1960
On School Rolls	42,183	37,086	47,766	50,975	51,691
Examinations	72,198	98,438	183,885	185,525	165,719
Number found unclean	3,148	2,905	4,073	6,403	4,424
Percentage of the number on rolls	7·5	7·8	8·5	12·5	8·5
Statutory notices to parents	–	–	47	41	78
Children cleansed	34	38	39	34	61

	1966	1967	1968	1969	1970
On School Rolls	51,274	52,311	53,245	53,794	54,397
Examinations	131,479	107,552	108,481	101,487	95,031
Number found unclean ..	3,633	3,542	3,859	4,765	5,664
Percentage of the number on rolls	7·1	6·8	7·2	8·8	10·4
Statutory notices to parents	25	44	34	20	31
Children cleansed	17	34	26	16	30

The increase in the number of children with pediculosis capis is one of our current problems. The possibility of resistant strains of parasites is one possibility currently being investigated, but there are many other aspects to the problem.

Miss Holmes, Superintendent School Nurse, comments as follows:-

Head infestation continues to be a cause for concern. The increased numbers of children infested is in spite of the time, effort and consideration which has been given to this problem.

A contributory factor to the increase in numbers may be the rehousing of families, known to be persistent offenders, from slum clearance areas. Schools which have previously been free from head infestation are now expressing concern about it.

The position is under constant review with regard to new applications for the prevention and treatment of pediculosis and also methods of providing the most efficient service to schools in order to deal with their particular problem. Our team of six nurses' assistants, whose responsibility it is to carry out the examinations in schools, are valuable members of the staff and I would like to express our sincere gratitude for their constant endeavour to eradicate this problem of infestation.

INFECTIOUS DISEASES:

The figures for infectious diseases are as follows:-

	1965	1966	1967	1968	1969	1970
Chicken Pox	1,244	1,636	2,226	889	1,499	835
Measles	1,360	1,074	1,601	713	289	1,428
German Measles	190	265	915	1,257	601	559
Mumps	815	1,810	451	618	1,740	704
Scarlet Fever	255	222	253	127	113	97
Whooping Cough	106	169	130	135	58	174
Jaundice	–	–	150	12	69	86
Glandular Fever	–	–	–	–	13	20
Hookworm	–	–	33	24	13	23
Whipworm	–	–	23	13	7	10
Ringworm	–	–	–	7	2	5

These diseases affect the whole community rather than school children only. I am grateful to Dr. Ducksbury, who deals with epidemical problems under the Medical Officer of Health's directions, for the happy co-operation we have experienced throughout the year.

DRUG ADDICTION:

This is another problem about which a great deal is heard at present. Actual addiction in school children in Nottingham is in fact negligible.

MASS MINIATURE RADIOGRAPHY SERVICE:

Dr. W. H. Roderick Smith, Nottingham and District Chest Centre, reports as follows:-

"In recent years tuberculosis amongst school children, as in adults, has become much less common than it was before the introduction of effective chemotherapy just over twenty years ago. In 1950 ninety children in the city were found to have tuberculosis requiring treatment, but by 1970 there were only ten such cases. In spite of this marked fall in the incidence of the disease, there is still a continuing need to be on the look out for any new cases.

"During the year there were two cases where it was thought advisable to check the staff and children who had been in close contact. The first case was a five year old boy who died from disseminated tuberculosis shortly after admission to hospital. During the months before admission he had attended a Day Nursery and Infant School in one part of the City and had then moved to another district with a further change in school. A total of 408 children and 25 staff were examined.

"Later in the year a seventeen year old grammar school girl was found to have tuberculosis. Although it was thought that she was unlikely to be infectious, this could not be entirely ruled out. 56 children and 12 staff with whom she had been in close contact were tuberculin tested or had chest x-rays.

"Although no further case of tuberculosis was found in either of these surveys, it was felt that they were still well worthwhile as small epidemics of tuberculosis in schools do still occasionally occur. Contact examinations and B.C.G. vaccination programmes are still essential parts of anti-tuberculosis measures, which will be required until the disease is completely eradicated from the community".

Dr. Beynon has arranged for the x-ray examination of all contact children at the Mass Miniature Radiography Service.

IMMUNISATION AND VACCINATION:

I am grateful to Dr. Parry, Medical Officer of Health, for the following information.

Poliomyelitis Vaccination

Year	*Number of Children*	*Estimated Population Ages 5 to 15 years*	*Percentage*
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
1970 ..	45,035	48,800	92·2

Diphtheria Immunisation.

Year	*Number of Children*	*Estimated Population Ages 5 to 15 years*	*Percentage*
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
1970 ..	46,878	48,800	96·0

B.C.G. Vaccination.

	1965	1966	1967	1968	1969	1970
Maintained Schools visited ..	40	40	42	37	38	40
Number of 13 year olds ..	4,287	4,652	5,765	4,699	4,466	4,642
Number of acceptances ..	3,159	3,319	3,566	3,470	3,300	3,589
Number of refusals	985	1,199	1,085	1,090	939	765
Number of others	143	134	114	139	227	288
Number tested	3,226	3,578	3,624	3,540	3,459	3,659
Negative reactors vaccinated	2,475	2,317	2,090	2,893	2,859	2,954
Positive reactors	440	865	1,205	270	177	138

Rubella Vaccination for Girls

	1970
Number Vaccinated	1,415

NOTTINGHAM CHILDREN'S HOME, SKEGNESS:

288 (268) boys and 281 (286) girls spent a holiday at this Home during the year.

One of the difficulties confronting all those who are concerned with the selection of children for Skegness is to select those children who are in greatest need. Sometimes, such children arrive at the Skegness Home with a minimum of clothing and footwear, in spite of the Committee's generous help in appropriate circumstances.

DEATHS IN CHILDREN OF SCHOOL AGE:

During the year 15 (13) deaths of school children were recorded for the following reasons:-

Asthma	1
Cerebral Tumour	1
Cochexia	1
Cardiac Arrest	2
Drowned (accidental)	2
Encephalitis	3
Road Accident	3
Septicaemia/Cerebral Tumour	1
Subarachnoid Haemorrhage	1

It is pleasing to note that this year the percentage of accidental deaths has been reduced.

CONCLUSION:

I acknowledge the help given by a large number of people who by work, loyalty, support and friendship have assisted in the endeavours of our department. My special thanks are given to the Members of the Special Services Sub-Committee, the Director of Education, and to members of his and my own staff.

Finally, I must thank the head teachers, teachers, hospital consultants, school inspectors and general practitioners, all of whom have been most helpful in giving time, advice and information relative to 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, 1970.

Attendances and Treatment

	Ages 5 to 9		*Ages 10 to 14*		*Ages 15 & over*		*Total*	
First Visit	5,185	(4,863)	4,132	(4,176)	550	(676)	9,867	(9,715)
Subsequent Visits	6,589	(4,791)	8,634	(8,722)	1,256	(1,407)	16,479	(14,920)
Total Visits	11,774	(9,654)	12,766	(12,898)	1,806	(2,083)	26,346	(24,635)
Additional courses of treatment commenced	82	(106)	130	(172)	32	(40)	244	(318)
Fillings in permanent teeth	4,611	(3,974)	10,079	(10,132)	1,435	(1,967)	16,125	(16,073)
Fillings in deciduous teeth	4,031	(1,977)	343	(221)	—	—	4,374	(2,198)
Permanent teeth filled	3,639	(3,119)	8,802	(8,806)	1,331	(1,796)	13,772	(13,721)
Deciduous teeth filled	3,502	(1,831)	292	(217)	—	—	3,794	(2,048)
Permanent teeth extracted	499	(583)	1,866	(1,895)	352	(427)	2,717	(2,905)
Deciduous teeth extracted	7,431	(7,653)	1,999	(2,001)	—	—	9,430	(9,654)
General anaesthetics	3,356	(3,595)	1,779	(1,794)	166	(221)	5,301	(5,610)
Emergencies	2,646	(2,866)	1,308	(1,348)	132	(183)	4,086	(4,397)

Number of Pupils X-rayed	494	(492)
Prophylaxis	2,862	(2,769)
Teeth otherwise conserved	89	(99)
Number of Teeth root filled	21	(21)
Inlays	3	(1)
Crowns	39	(40)
Courses of treatment completed	6,073	(5,455)

(1969 statistics in brackets)

Orthodontics

Cases remaining from previous year	154	(139)
New cases commenced during year	101	(117)
Cases completed during year	73	(66)
Cases discontinued during year	13	(16)
Number of removable appliances fitted	186	(193)
Number of fixed appliances fitted	2	(–)
Pupils referred to Hospital Consultant	5	(20)

Prosthetics

	5 *to* 9		10 *to* 14		15 & *over*		*Total*	
Pupils supplied with F.U. or F.L. (first time)	–	(–)	–	(2)	2	(2)	2	(4)
Pupils supplied with other dentures (first time)	7	(5)	56	(59)	10	(18)	73	(82)
Number of dentures supplied	8	(5)	56	(63)	16	(26)	80	(94)

Anaesthetics

General anaesthetics administered by Dental Officers	1,821	(1,791)

Inspections

(*a*) First inspection at school. Number of Pupils	16,939	(11,277)
(*b*) First inspection at clinic. Number of Pupils	6,345	(6,370)
Number of (*a*)+(*b*) found to require treatment	18,261	(14,930)
Number of (*a*)+(*b*) offered treatment	16,649	(13,048)
(*c*) Pupils re-inspected at school or clinic	619	(313)
Number of (*c*) found to require treatment	489	(235)

Sessions

Sessions devoted to treatment	3,571	(3,323)
Sessions devoted to inspection	83	(49)
Sessions devoted to Dental Health Education	156	(129)

(1969 statistics in brackets)

APPENDIX "B"

MEDICAL INSPECTION AND TREATMENT RETURN

Year ended 31st December, 1970

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)
1966 and later ..	558	558	—	—	10	54	58
1965	1,407	1,407	—	—	37	163	191
1964	3,104	3,104	—	—	96	449	529
1963	557	557	—	363	19	108	122
1962	558	558	—	178	36	106	136
1961	415	415	—	—	38	103	130
1960	1,337	1,337	—	2,021	114	268	368
1959	830	830	—	1,098	75	169	238
1958	383	383	—	65	29	52	78
1957	362	362	—	—	22	52	68
1956	751	751	—	1,952	39	80	112
1955 and earlier..	2,087	2,087	—	872	338	184	503
Total ..	12,349	12,349	—	6,549	853	1,788	2,533

Part I, Tables B and C appear on page 36.

Part II—Defects found by Medical Inspection during year

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections				Special Inspections (8)
			Entrants (4)	Leavers (5)	Others (6)	Total (7)	
4	Skin	T	78	28	86	192	49
		O	26	13	41	80	26
5	Eyes—						
	(*a*) Vision ..	T	145	356	352	853	830
		O	168	42	200	410	1,057
	(*b*) Squint ..	T	115	20	71	206	268
		O	21	5	24	50	537
	(*c*) Other.. ..	T	12	6	41	59	9
		O	7	6	31	44	8
6	Ears—						
	(*a*) Hearing ..	T	23	30	97	150	121
		O	43	12	106	161	44
	(*b*) Otitis Media..	T	16	7	25	48	6
		O	30	8	27	65	14
	(*c*) Other.. ..	T	5	11	24	40	58
		O	8	2	20	30	58
7	Nose and Throat..	T	122	30	90	242	144
		O	220	3	119	342	197
8	Speech	T	53	2	43	98	27
		O	58	7	33	98	75
9	Lymphatic Glands	T	3	–	2	5	3
		O	3	1	4	8	3
10	Heart	T	18	2	28	48	32
		O	48	11	63	122	42
11	Lungs	T	33	18	55	106	19
		O	68	28	88	184	36
12	Developmental—						
	(*a*) Hernia ..	T	18	7	19	44	–
		O	40	3	26	69	7
	(*b*) Other.. ..	T	28	21	86	135	48
		O	155	40	201	396	122
13	Orthopaedic—						
	(*a*) Posture ..	T	4	6	4	14	1
		O	9	5	7	21	2
	(*b*) Feet	T	18	13	23	54	19
		O	57	11	41	109	17
	(*c*) Other.. ..	T	27	17	44	88	20
		O	28	16	30	74	25
14	Nervous System—						
	(*a*) Epilepsy ..	T	9	4	34	47	13
		O	16	14	45	75	23
	(*b*) Other.. ..	T	5	5	27	37	3
		O	18	7	35	60	7
15	Psychological—						
	(*a*) Development	T	38	7	60	105	255
		O	157	7	120	284	227
	(*b*) Stability ..	T	15	3	41	59	139
		O	87	6	90	183	234
16	Abdomen	T	9	4	6	19	14
		O	13	4	15	32	20
17	Other	T	8	21	30	59	126
		O	53	17	115	185	143

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

Number of Special Inspections	6,819
Number of Re-inspections	3,613
Total	10,432

TABLE C.—INFESTATION WITH VERMIN

(*a*) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	95,031
(*b*) Total number of individual pupils found to be infested	5,664
(*c*) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	31
(*d*) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	30

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 or refraction and squint	496
Error of refraction (including squint)	4,243
Total	4,739
Number of pupils for whom spectacles were prescribed	2,038

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	66
(*b*) for adenoids and chronic tonsillitis	453
(*c*) for other nose and throat conditions	94
Received other forms of treatment	813
Total	1,426
Total number of pupils in schools who are known to have been provided with hearing aids:	
(*a*) in 1970	15
(*b*) in previous years	164*

*Includes 45 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-patients' departments	309
(*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	6
(*b*) Body	16
Scabies	122
Impetigo	97
Other Skin Diseases	3,417
Total	3,658

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinic	502

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	352

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(*a*) Pupils with minor ailments	3,425
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	11
(*c*) Pupils who received B.C.G. Vaccination	2,954
(*d*) Other than (*a*), (*b*) and (*c*) above:	
1—by the Authority: paediatrics	78
2—by the Authority: heart cases	38
3—at hospital: general medicine	480
4—at hospital: orthopaedic and general surgery	656
Total (*a*)—(*d*)	7,642

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

	During the calendar year ended 31st December, 1970:			Blind (1)	P.S. (2)	Deaf (3)	Pt. Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	E.S.N. (8)	Epil. (9)	Sp. Def. (10)	TOTAL Cols. (1) to (10) (11)
A(1)	Number of handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes		boys	—	—	6	—	4	5	5	71	1	—	92
			girls	—	1	2	—	7	4	4	48	1	—	67
	Number of children newly placed in special schools (other than hospital special schools) or boarding homes	(i) of those included at A above ..	boys	—	—	6	—	4	4	3	33	1	—	51
			girls	—	1	2	—	7	3	3	17	1	—	34
		(ii) of those assessed prior to January, 1970	boys	—	—	—	—	—	—	2	31	—	—	33
			girls	1	—	—	—	1	—	—	19	—	—	21
		(iii) TOTAL newly placed	boys	—	—	6	—	4	4	5	64	1	—	84
			girls	1	1	2	—	8	3	3	36	1	—	55
	On 21st January, 1971, number of children from the Authority's area:													
A(2)	requiring places in special schools other than hospital special schools													
	Under 5 years of age	waiting before 1.1.70	(*a*) day places ..	boys	—	—	—	—	—	—	—	—	—	—	—
				girls	—	—	—	—	—	—	—	—	—	—	—
			(*b*) boarding places	boys	—	—	—	—	—	—	—	—	—	—	—
				girls	—	—	—	—	—	—	—	—	—	—	—

(*Continued*)

	On 21st January, 1971 number of children from the Authority's area:			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A(3)	Under 5 years of age — assessed after 1.1.70 — (a) day places		boys	—	—	—	—	—	—	—	—	—	—	—
			girls	—	—	—	—	—	—	—	—	—	—	—
		(b) boarding places	boys	—	—	—	—	—	—	—	—	—	—	—
			girls	—	—	—	—	—	—	—	—	—	—	—
	Aged 5 years and over — waiting before 1.1.70	(a) day places ..	boys	—	—	—	—	—	—	—	7	—	—	7
			girls	—	—	—	—	—	—	—	8	—	—	8
		(b) boarding places	boys	—	—	—	—	—	—	1	1	—	—	2
			girls	—	—	—	—	—	—	—	—	—	—	—
	Aged 5 years and over — newly assessed after 1.1.70	(a) day places ..	boys	—	—	—	—	—	—	—	36	—	—	36
			girls	—	—	—	—	—	—	—	31	—	—	31
		(b) boarding places	boys	—	—	—	—	1	—	3	2	—	—	6
			girls	—	1	—	—	—	—	1	—	—	—	2
	Total awaiting admission to special schools other than hospital special schools	(a) day places ..	boys	—	—	—	—	—	—	—	43	—	—	43
			girls	—	—	—	—	—	—	—	39	—	—	39
		(b) boarding places	boys	—	—	—	—	1	—	4	3	—	—	8
			girls	—	1	—	—	—	—	1	—	—	—	2
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	—	—	26	11	24	6	9	276	—	—	352
			girls	2	—	14	4	23	8	—	229	—	—	280
		boarding	boys	—	1	—	1	2	—	2	6	—	—	12
			girls	—	4	—	—	1	3	—	2	—	—	10

(Continued)

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

				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	On the registers of: (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	4	—	1	—	1	2	6	4	3	—	21
			girls	1	—	1	—	1	2	1	—	1	—	7
	(3) Independent Schools under arrangements made by the authority	day	boys	—	—	—	—	—	—	—	—	—	—	—
			girls	—	—	—	—	—	—	2	—	—	—	2
		boarding	boys	—	—	—	—	1	—	2	1	—	—	4
			girls	—	—	—	—	2	—	—	1	—	—	3
C	Boarded in homes and not already included in B above		boys	—	—	—	—	—	—	2	—	—	—	2
			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	1	27	12	30	8	25	333	3	—	443
			girls	3	5	15	4	27	14	6	271	1	—	346
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
			girls	—	—	—	—	—	1	—	—	—	—	1

F During the calendar year ended 31st December, 1970:

(i) Number of children reported to the Local Health Authority under Section 57(4) of the Education Act, 1944 27

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

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

APPENDIX "C"
TREATMENT ARRANGEMENTS

Clinic	*Place*	*Sessions*	*Minor Ailments Attendances during* 1970
Minor Ailments ..	Central Clinic 28 Chaucer Street	Daily and Medical Officer twice weekly	5,461
	Arkwright School London Road	3 times a week	4,230
	Bestwood Clinic Beckhampton Road	Daily and Medical Officer weekly	7,959
	Bulwell Clinic Main Street	Daily and Medical Officer Weekly	3,501
	Clifton Clinic Southchurch Drive	Daily and Medical Officer weekly	4,886
	Player Clinic Beechdale Road	Daily and Medical Officer weekly	8,768
	Portland School Westwick Road	3 times a week	2,536
	Rosehill Clinic St. Matthias' Road	Daily and Medical Officer weekly	9,624
	Scotholme Clinic Beaconsfield Street	Daily	3,769
	Welbeck School Queen's Drive	3 times a week	4,265
	William Crane Clinic Aspley Estate	Daily	4,831
Dental	Central Clinic	Fillings, Orthodontics and Extractions	
	Bestwood Clinic	Fillings and Extractions	
	Bulwell Clinic	Fillings and Extractions	
	Clifton Clinic	Fillings and Extractions	
	Hyson Green (Mary Potter) Health Centre	Fillings and Extractions	
	Player Clinic	Fillings and Extractions	
	Rosehill Clinic	Fillings and Extractions	
Ophthalmic ..	Central Clinic		
	Bestwood, Bulwell Clifton, Player and Rosehill Clinics	6 weekly	

TREATMENT ARRANGEMENTS—(*continued*)

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)	Schools' Psychological Centre	6 weekly
Educational Assessment	Schools' Psychological Centre	3 weekly
Educationally Sub-normal Assessment	Central Clinic Bestwood and Clifton Clinics	3 weekly
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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(Continued)

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CITY OF NOTTINGHAM

GENERAL INFORMATION AS AT 31ST DECEMBER, 1970

Area	acres 18,364	No. of Schools	160
Population	300,580	No. on Rolls	54,397
Density of Population:	16·3 persons per acre	Average Attendance	89·7%

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