[Report 1971] / 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 1971

★

Adopted by the Education Committee at its meeting held on 27th September, 1972.

★

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.

CITY OF NOTTINGHAM
EDUCATION COMMITTEE

WITH THE COMPLIMENTS
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER

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28 CHAUCER STREET
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SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE
(Municipal Year 1971-72)

Chairman : Councillor Mrs. G. ROBERTS

Councillor O. BARNETT, B.E.M., M.A., J.P.
(Chairman of the Education Committee)

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Alderman F. W. WOOTTON
Councillor R. BIRCH
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Councillor Mrs. I. F. MATTHEWS, J.P.
Councillor A. G. RIBBONS
Mr. G. HAPPER

STAFF (31st December, 1971)

Principal School Medical Officer:
F. E. JAMES, M.D., B.S., M.R.C.S., D.C.H. (to 31.12.71)
ELEANOR J. MORE, M.B., Ch.B., D.P.H. (from 1.1.72.)

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.
H. M. MACINTYRE, M.B., Ch.B.

Part-time Medical Officers:
G. BHATIA, M.B., B.S., D.A.
P. R. K. BRADBURY, M.B., Ch.B.
G. C. H. CHANDLER, M.R.C.S., L.R.C.P.
B. P. COLLINS, L.R.C.P., M.R.C.S.
K. SHALLCROSS DICKINSON, M.R.C.S., L.R.C.P., F.P.S., F.R.Ent.S.
A. F. GLYNN, M.B., Ch.B.
K. S. MACDONALD-SMITH, M.B., Ch.B., F.R.C.S.
K. L. MANGWANA, M.B., B.S.
J. B. O'MAHONEY, M.B., Ch.B.
R. G. SPRENGER, M.B., Ch.B.
J. C. WILSON, M.A., L.R.C.S., M.R.C.P.

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. (Ophthalmic 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)
Mrs. J. HARDY, B.A. (Educational Psychologist)
W. E. C. GILLHAM, B.A. (Educational Psychologist)
Miss B. PRETIOUS, Dip.Ed. (Senior Remedial Teacher)
L. C. W. MILNER (Remedial Teacher)
Mrs. R. BATCHELOR (Remedial Teacher)
Mrs. N. LANE, Dip.Ed. (Remedial Teacher)
Mrs. H. S. GASKINS, B.Sc. (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.)

Senior Dental Officers

ERIKA MELLAKAULS, L.D.S.
MAUREEN M. KING, B.D.S.
PAULINE F. MURPHY, B.D.S., L.D.S. R.C.S.

Dental Officers:

†ENID DURANCE, L.D.S.
†MYRETTE J. J. POWER, L.D.S.
†LINDA E. HILL, B.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.
*E. A. MEADOWS, L.D.S.
*MARGARET C. READE, L.D.S.
*DIANE R. SYDER

Dental Auxiliaries:

JANE E. CARTWRIGHT
JANE P. RICHARDSON
LINDA M. ANELAY
HILARY V. TOGNI

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 A. E. JACKSON, 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.
†Mrs. A. M. E. KNAPP, L.C.S.T.
*Mrs. M. V. T. GARRATT, L.C.S.T.

Social Workers:

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

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. C. L. BIRD, S.R.N.
Miss M. F. BRANSFIELD, S.R.N., C.M.B.
Miss J. E. BROADHEAD, S.R.N.
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.
Miss F. A. OTT, 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:* Seven part-time

Physiotherapists:

*Mrs. P. WITCOMBE
*Mrs. E. HARRINGTON

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: Mrs. F. E. HITCHIN

† Part-time Staff (Salaried)
* Part-time Staff (Sessional)

CITY OF NOTTINGHAM EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT FOR THE YEAR ENDED 31st DECEMBER, 1971

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 prepare the 63rd Annual Report of your School Health Service.

Throughout the year, the various activities of the department have been fully maintained and routine work has continued on the same lines as last year's Annual Report. The physical health of the children is very satisfactory. The vast majority of the problems referred to us concern anti-social behaviour, poor intellectual development or failure to progress educationally. The extent to which medicine can help with these problems is limited. Well over 200 years ago, John Locke in his book *Some Thoughts Concerning Education* wrote "the perfection of mind is evidenced by the fact that a man is able to deny himself his own desires, cross his own inclinations and purely follow what reason directs as best although the appetite leans the other way". Perhaps this is one of those aspects of education sorely needed but difficult to apply in the present cultural setting.

It was most welcome news to learn that the City is to have a new Special School for the physically handicapped and a new school for secondary aged educationally sub-normal children in the year 1973-74. When these schools are established, there will indeed be a fine range of education for the children of Nottingham who are unfortunate enough to have disabilities.

Since the 1st April, the department has been concerned with the severely educationally sub-normal children, the majority of whom have some definite physical abnormality as a reason for their retardation. For this reason, figures quoted in the following pages relating to the various disabilities will not in some instances be strictly comparable with those of last year.

STAFF

It has been a fortunate year as far as the staffing situation is concerned; no department has less than establishment. In some sections

demand for expansion exists and is hoped for. The increase in dental staff is especially encouraging and will help the Principal School Dental Officer (Mr. Whitehouse) to implement his well thought out plans for community dental care.

MEDICAL INSPECTIONS

This has continued in the now generally accepted pattern whereby a child is given a more thorough medical examination, including a developmental assessment, at the school entrance stage, and only those children with a condition which might be of educational significance, followed up. Selective medical examinations are held at 8, 11 and 14 years of age, and screening tests are conducted for visual, auditory and orthopaedic defects.

THE SCHOOL DENTAL SERVICE

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

Staffing :

On 31st December, 1971, the dental staff consisted of:-

	Salaried		*Sessional*	
Principal School Dental Officer	1·1	(1·1)	–	(–)
Senior Dental Officers	3·1	(–)	–	(–)
Dental Officers	2·2	(4·3)	2·5	(2·1)
	6·4	(5·4)	2·5	(2·1)
Medical Officers (Dental Anaesthetists) ..	–	(–)	0·85	(0·7)
Dental Auxiliaries	4·0	(3·0)	–	(–)
	10·4	(8·4)	3·35	(2·8)

Twenty dental surgery assistants gave a whole-time equivalent of 12·7. Of these, eight are employed on an occasional part-time basis for use when sickness among full-time assistants, or general anaesthetic sessions make the provision of extra trained staff necessary.

Early 1971 saw the introduction of the first phase of the long term plan to extend and develop the School Dental Service which had been approved in principle by the Special Services Sub-Committee of the Education Committee in 1970.

Three senior dental officer posts were created, based at Bestwood, where Mrs. E. Mellakauls was appointed, Hyson Green where Mrs. M. King was appointed, and Clifton. Miss P. Murphy became the third senior dental officer, moving to Nottingham from a similar post with Glamorgan County Council. The year was remarkable for the lack of staff changes, no dentists leaving the service, while the whole-time equivalent number of officers rose by 1·4 to 8·9. The overall whole-time equivalent of clinical dental staff rose again to a new record level of 12·9.

During the year, Mrs. L. Hill re-joined us as a salaried dental officer and Miss D. Syder on a part-time basis. Mrs. H. Togni, a newly qualified dental auxiliary came to Nottingham in September.

Evening Sessions and Premises :

203 evening sessions were worked during 1971, almost twice as many as in the previous year. The demand for these sessions remained as high as ever among older children and those working mothers who find day-time attendance difficult. Furthermore, provision of the sessions has enabled full economic use of available premises and emphasised the urgent need for extra surgery space.

Although no new surgeries were opened, 1971 might be termed a year of planning. Building of health centres at Bulwell and St. Ann's was begun. The surgeries in these health centres which will be opened in 1972 will present an opportunity for a major expansion of the dental services.

Dental Health Education :

As in 1970, the highlight of the year was the visit of Pierre the Clown in February. The interest generated by his act seems to grow each year as does the demand for follow-up by the dental auxiliaries and the enthusiastic projects which are carried out in the schools.

In all, 115 sessions were devoted to dental health education.

The films which were purchased in 1970 were again available for use throughout the year, although dental health education in Nottingham as in most local authorities seems to concentrate into occasional periods of intense activity rather than a planned, continuous procedure. Perhaps the time has come for a more scientific approach. It is hoped that the appointment of further dental officers at a senior level in 1972 will enable a revision of activities and the projection of a long term plan.

Dental Inspection and Treatment :

During 1971, 13,479 (24·9% of the school population) received a routine dental inspection in school and 7,120 (13·1% of the school population) were inspected as special or casual patients. A total of 20,599 (38·0% of the school population) therefore was inspected.

Table 1 :

Year	*% of school population routinely inspected*	*% of school population specially inspected*	*Total % inspected*	*% found to require treatment*
1967	14·0	9·0	23·0	87·7
1968	13·0	11·0	24·0	87·4
1969	21·0	11·0	32·0	84·6
1970	31·3	11·7	43·0	78·0
1971	24·9	13·1	38·0	77·0

Table 1 demonstrates the changes in routine inspection and treatment requirements during the last five years. The fall in the percentage of children routinely inspected in 1971, although not entirely unexpected, was disappointing. There were several contributory causes, the first of which was the inevitable slowness of the health centre building programme and the consequent shortage of clinical accommodation. The main cause, however, was the introduction of incremental care in the last quarter of 1970, since which, maximum attention has been devoted to primary schools. Thus, although the percentage of first inspections requiring treatment remained fairly stable during the last two years, the proportion of those requiring treatment who commenced a course of treatment rose from 54% in 1970 to 67% in 1971. Further more, the proportion of those commencing a course of treatment who completed it rose from 60·2% in 1970 to 71·3% in 1971.

There is evidence already, therefore, that parents of younger children are becoming more dentally aware and it is hoped that as the incremental scheme expands throughout the age groups, so the awareness instilled in early school life will be retained, if not extended to other members of the family.

The apparent decrease in the proportion found to require treatment (Table 1) is directly related to the larger numbers of school inspections. As the school inspection programme increases, this figure will gradually fall to a more reasonable level, but even making due allowance for the expansion of both the local authority and general dental practitioner services, it is obvious that there will still exist an enormous gap between the treatment provided (Table 2) and that which is required.

The only long-term answer lies in the development and application of preventive dental techniques and in particular to the addition of fluoride to the water supply to a level of 1 p.p.m. This measure alone would result in a reduction of 50% in the dental caries of future generations of Nottingham primary schoolchildren, and would render the goal of twice yearly inspections for all, a foreseeable reality.

A summary of the dental treatment provided is shown in the appendix with comparative figures for 1970 in brackets.

Table 2 :

Year	*No. of visits for dental treatment*	*No. of sessions devoted to dental treatment*	*Percentage of school population treated*
1967	19,244	2,390	13·5
1968	18,163	2,153	17·5
1969	24,635	3,323	18·2
1970	26,346	3,571	18·4
1971	32,688	4,425	20·1

A further large increase in the number of dental visits and sessions is illustrated well in Table 2 and reflects the increasing activity of the dental service in the last five years. It is interesting to note that there is no direct relationship between the number of visits and the proportion of the school population treated. The slow rise in the latter reflects the change in the pattern of treatment from an emergency to a comprehensive dental service. Obviously, more visits are required to render a child dentally fit than to relieve pain.

An examination of the ratio of permanent and deciduous teeth extracted to those filled (Table 3) shows the progress which has been made in the last few years.

Table 3 :

Year	*Permanent teeth extracted: Permanent teeth filled*	*Deciduous teeth extracted: Deciduous teeth filled*
1968	1 : 3·41	1 : 0·04
1969	1 : 4·72	1 : 0·22
1970	1 : 5·06	1 : 0·40
1971	1 : 5·88	1 : 0·55

Applications for emergency treatment again fell slightly during the year, a hopeful sign that more cases are being intercepted before they arise by the overall increase in the school inspection programme.

Screening for Sickle Cell Anaemia :

Following a recommendation from the Sheffield Regional Hospital Board the screening of patients prior to general anaesthesia was extended to all children of West Indian, African or Asian descent.

Table 4 illustrates the result of the investigation since its inception.

Table 4 :

Year	*No. of children tested*	*No. of children with abnormal haemoglobins*	*Abnormal haemoglobins present*	
			A & S	*S & C*
1969	443	48	48	–
1970	686	62	61	1
1971	598	60	60	–

No case of sickle cell anaemia was found and as in previous years approximately 10% of the children tested demonstrated sickle cell trait. All dental treatment for these children was carried out using a local rather than a general anaesthetic.

Postgraduate Training :

The arrangement whereby a member of the dental staff attended the Orthodontic Clinic at the General Hospital continued most satisfactorily and we are grateful to the consultants concerned for their co-operation. Mrs. E. Mellakauls completed two years in September and her place was taken by Miss P. Murphy.

During the autumn, Mrs. E. Durance and Mrs. M. Power attended a two-day children's dentistry course in Leicester and Mrs. L. Hill a one-week general anaesthetic course in London.

In December, I joined a one-day haematology course in Nottingham.

Four of our salaried dental surgery assistants were successful in the examinations for the national certificate in June. As the first from the authority to attend such a course, they are to be congratulated on their efforts.

Following the success of the surgery assistants' evening class in 1970 a further two-year course was begun in September, 1971, and 37 girls were enrolled from all branches of dental practice. The demand for places was so great that the People's College of Further Education have organised a one-year full-time course beginning in 1972. The provision of a continuous supply of certificated dental surgery assistants for Nottingham and surrounding areas will do much to aid the dental profession at a time when advancing technology demands more and more specialised help.

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

Principal School Dental Officer.

NUTRITION

Dr Page, Consultant Paediatrician, has sent me the following note on the nourishment of schoolchildren in the City of Nottingham:-

"I have been in contact with this problem since 1948 and frank cases of undernutrition in school children have been conspicuous by their absence. To take one aspect, rickets has almost entirely disappeared amongst the white population and during the 1950's I don't think I saw one case. During the 1960's one has seen the occasional case almost entirely confined to Indian, Pakistani and Italian immigrants.

"The problem over the years at my Consultative Clinic has been children who are much over-weight; this has been due to the ingestion of too much carbohydrate in the diet. The record weight has been 19 st. 13½ lb. (½ lb. under 20 st.).

"My own personal conclusion is that there is no '*starvation*' problem in school children.

"It is interesting to note that in the last two or three years, owing almost entirely to social causes, several examples of gross under-feeding in infants and toddlers have been noted; the social problems being illegitimacy, very young mothers and both parents of poor intelligence."

HANDICAPPED PUPILS

The following headings refer to the educational grouping described in the Handicapped Pupils Regulations 1959. These do not give reasons for the child's disability, but where appropriate, these are divided into sub-groups.

Blind:

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

This is a handicap for which local educational provision is not made. The decline over the last twenty years or so in the number of blind children is most gratifying, but it does mean that owing to fewer schools, those who attend them have to travel greater distances.

Partially Sighted:

Residential Special School	7	(5)
Awaiting residential placement	2*	(1*)
Ordinary School	17	(21)
Day Special School	2	(2)

*1 Included in day special school.

Whether these children require residential schooling depends on many factors: probably the most important being the age of the child. Many children can see the large print used in Infant school books, but cannot see the small print of normal text books in the Junior schools.

Deaf:

Residential Special School	1	(2)
Day Special School	36	(35)
Awaiting Placement	–	(1)

Unfortunately, the reason for deafness in many of our children is not known. A screening process of new cases of perceptual deafness for rubella antibodies has been started in conjunction with the Health Department; this is part of a national undertaking. Perhaps this and similar screenings in the future will help in determining the aetiology of many cases of congenital deafness.

Partially Hearing:

Residential Special School	–	(1)
Day Special School	10	(12)
Ordinary School	68	(84)

The more severely partially hearing child is provided for in the Ewing Special School for the Deaf and Partially Hearing Pupils, but those with a lesser degree of disability are in ordinary schools. There is a great difference between these two levels, and the new arrangements at the William Sharp Secondary Bilateral School should be of great help to these Senior children who are not sufficiently disabled to attend the Ewing School, yet have difficulty in an ordinary school.

Miss Allen, the authority's peripatetic teacher of the deaf, regularly visits children with hearing difficulties in ordinary schools, as follows:-

	Boys	*Girls*
Blessed Robert Widmerpool R.C... ..	1	1
Bonington Junior School	1	–
Edna G. Olds Primary School	–	1
Ellis Guilford Secondary	–	1
Glapton Junior School	1	–
Haydn Junior School	–	2
Henry Whipple Junior School	1	–
Highbank Junior School	–	1
Nethergate Special School	1	–
Robin Hood Infant School	–	1
Robin Hood Junior School	1	–
Shepherd Special School	3	2
Welbeck Primary	1	–
Whitegate Junior	1	–

Physically Handicapped:

Residential Special School	8	(8)
Day Special School	51	(48)
Ordinary School	122	(117)
Awaiting Residential Placement	1	(1*)
Home Education	–	(1)

* Included in Home Education.

Those children in ordinary school are those who are less disabled and whose disability is not associated with any special learning problems.

The disabilities of these children are as follows:-

Day Special and Residential Schools:

Abnormalities and Deformities	10
Achondroplasia	2
Cerebral Palsy	13
Fibrocystic Disease	2
Haemophilia	1
Heart (congenital)	2

Hemiplegia	5
Muscular Dystrophy	4
Nephrectomy	1
Paraplegia	2
Perthé's Disease	1
Rheumatoid Arthritis	1
Spina Bifida/Hydrocephalus	8
Spina Bifida	3
Talipes	1
Tracheostomy	1
Vomiting Bouts and Weakness of Legs	1
	59

Ordinary Schools:

Achondroplasia	1
Abnormalities and Deformities	28
Cerebral Palsy	7
Cretin	1
Feet (extensive scarring from burns)	1
Fibrocystic Disease	2
Fragilitas Ossium	1
Haemophilia	5
Heart (congenital)	40
Hemiplegia	7
Hernia (Hiatus) and Deformed Chest	1
Muscular Dystrophy	1
Osteomyelitis	2
Perthé's Disease	6
Poliomyelitis	3
Rheumatism	1
Rheumatoid Arthritis	2
Scoliosis	4
Spina Bifida	5
Still's Disease	1
Talipes	1
T.B. Bone in Foot	1
Torticollis	1
	122

Delicate:

Residential Special School	6	(7)
Day Special School	6	(14)
Ordinary School	147	(142)
Awaiting Residential School	1	(1*)

* Included in Ordinary School.

The various types of delicate children are as follows:-

Day Special and Residential Schools:

Asthma	7
Asthma/Bronchitis	1
Coeliac Disease	2
Diabetic	1
Renal Disease	1
	12

Ordinary Schools:

Asthma	63
Asthma/Bronchitis	11
Bronchitis	2
Coeliac Syndrome	3
Diabetic	20
Chronic or recurrent Otitis Media	29
Enlarged Cervical Glands	2
Nephrotic Syndrome	2
Osteogenesis Imperfecta	2
Respiratory Infections	2
Thalassaemia	1
Thrombocytopenic Purpura	2
Tuberculosis	4
Urinary Infection	1
Von Willebrand's Disease	3
	147

Asthma continues to be the biggest single condition in this group.

Educationally Sub-Normal:

Residential Special School	10	(14)
Awaiting Residential Placement	3	(2)
Day Special School	696	(515)
Awaiting Day Special School Placement	59	(82)

The numbers of these children continue to occur, in spite of only ascertaining those children who are of poor educational attainment owing to sub-normality. The temporary arrangement made by the authority for the unit at the old Claremont School, will be of enormous help and will practically clear our waiting list. If numbers of children for special school places continue in spite of these measures, revision of criteria may be required. It may be that educational factors and psychometric screening are not sufficient criteria, and priority of special school places should be given to those whose general and social adaptive powers are seriously failing, and who, without special help, are unlikely to be employable.

Epileptic:

Residential Special School	5	(4)
Day Special School	1	(–)
Ordinary School	148	(152)

The vast majority of this group have only very infrequent fits and are well able to manage in ordinary school.

For those children who have frequent fits in spite of treatment, or who have associated problems with their epilepsy, special residential schooling is available. In October, together with the Chairman and Vice-Chairman of the Special Services Sub-Committee, I was able to visit Lingfield Hospital School, Surrey, where we saw the medical and educational facilities available to the City children who have been placed at this hospital school.

Maladjusted:

Residential Special School	9	(11)
Awaiting Residential Placement	9	(5)
Boarding Hostels (attending ordinary school)	3	(5)
Day Special School	17	(17)
Ordinary School	28	(28)

These are limited to severely disturbed children; undoubtedly there are many other children who could be classified and who, chiefly because of their home conditions, are difficult children to handle in school. It is problematical, however, as to whether such children need to be thought of as psychiatrically ill.

Totals for children in residential schools since 1964 are as follows:-

	1964	1965	1966	1967	1968	1969	1970	1971
Blind	5	5	3	5	5	4	5	5
Partially Sighted	4	3	4	5	5	5	5	7
Deaf	3	2	2	2	2	2	2	1
Partially Hearing	2	3	2	1	2	2	1	–
Physically Handicapped	12	11	8	9	8	9	8	8
Delicate	12	10	9	12	7	9	7	6
E.S.N.	7	2	3	2	7	14	14	10
Epileptic	8	7	5	4	4	4	4	5
Maladjusted	2	4	5	7	9	8	11	9
	55	47	41	47	49	57	57	51

Speech Defects:

Day Special School	–	(1)
Ordinary School	4	(3)

The above refers only to children having special educational treatment solely on account of speech disorders.

SPECIAL SCHOOLS AND UNITS

Hardwick:

Number on Roll (Educationally sub-normal) .. 149 (153)

The reception class here continues to serve a most useful purpose; that of taking young children from the diagnostic department of the Beechdale Special School, who are probably going to be border-line between sub-normal and severely sub-normal. By so doing, pressure on the already crowded lower end of the Shepherd School is reduced.

Nethergate:

Number on Roll (Educationally sub-normal) .. 100 (99)

This school, which serves the Clifton, Wilford and Meadows area, has a fairly large waiting list. At the time of writing, discussions on possible re-allocation of catchment areas are in progress.

Rosehill:

Number on Roll in Open Air Department	11	(9)
Number on Roll in E.S.N. Department	153	(153)

This school is due to be remodelled or rebuilt in a future major building programme. Although only about 40 years old, this school was built on the "open air" principle. Since the 1930's, medical treatment has vastly reduced the type of child for whom this provision was made. Ideas on the treatment and education of children have also changed. This has resulted in the building being quite unsuitable by modern standards and requirements.

Westbury:

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

This fine new school is always full and has a waiting list, and because of this, girls are having to be retained at the Junior E.S.N. schools past their normal transfer age. This, we hope, will be remedied when the new Secondary School for E.S.N. pupils is built.

Beechdale:

Number on Roll: Maladjusted Department 20
Diagnostic Department 11

(*a*) **The Maladjusted Department:**

This unit has certainly met a great educational need, both from the point of view of the pupils and the schools from which they come. Similar problems certainly arise in relation to senior school children, and doubtless, with the raising of the school leaving age, this problem will be accentuated. A possible contribution to relieve this problem would be a similar unit for senior pupils, or extension of the present one.

(*b*) **The Diagnostic Department:**

The unit at present and in the immediate future, has an important part to play in the medical and educational assessment of developmentally retarded children.

Arboretum:

Number on Roll (Physically Handicapped and Delicate) 54 (58)

The present buildings are inadequate by modern standards and all concerned are delighted at the prospect of a new building in the same campus as the Peveril School. This should enable the senior children to benefit from a wide range of education which can be of a high standard, to mix with normal children, yet at the same time to have access to nursing, physiotherapy and other special treatment, as their disabilities may require.

Ewing:

Number of City children on Roll 45 (45)
Number of other Authorities' children on Roll 55 (47)

This school has remained very full and, at times, children have been awaiting admission. The recent alterations to the school, and above all the movement of senior children to the William Sharp Unit, will make for less congestion.

Shepherd:

Number on Roll (Severely Sub-normal) .. 193

The Education Committee was fortunate in receiving the fine building and excellent staff, as we did from the Health Department. Unfortunately, these severely mentally disabled are occuring in increasing numbers, so that the school is now virtually full. There are 14 children not in school, as they are severely physically, as well as mentally, disabled. The composition of this group is as follows:-

1. Spastic
2. Hydrocephalus
3. Mongols with congenital heart defects

The planned extension to the Special Care Unit, with adequate nursing accommodation, will certainly be required if these children are to be helped.

The various physical conditions causing the children to function at the severely sub-normal level are as follows:-

Mongol
Cerebral Palsy
Hyperkinesis
Hydrocephalus
Hypsarhythmia
Microcephaly
Psychosis

Orston House Hostel for Maladjusted Boys:

	City Boys		*Notts. County Council Boys*	
At the beginning of 1971, in residence	1	(5)	6	(4)
Admitted during 1971	2	(1)	1	(3)
Discharged during 1971	1	(5)	4	(1)
At the end of 1971, in residence ..	2	(1)	3	(6)

Mr. Columbine, Warden, sent me the following note in relation to the holiday arranged by the Committee for the boys, last Summer:-

"The boys again spent a happy and troublefree holiday at the Y.M.C.A. Camp, Seathorne, Skegness, from 24th July to 7th August.

"Going to the Y.M.C.A. has been a highlight in the Hostel's activities since 1951 and I would like to express to the Committee my thanks for their continued support. I am sure the 'Annual Camp' is of real therapeutic value and it is noticeable that whenever we meet an 'old boy'—we recently had the good fortune to meet one who had just returned to this country for a holiday after being in Australia for nine years—one of their first questions is 'Do the boys still go to the Y.M.C.A.?'

"We were well looked after during our stay at the Camp by Mr. Southall, who succeeds the late Mr. W. Jackson as Camp Manager."

HOSPITAL SCHOOLS

Psychiatric Group:

The adolescent unit at The Gables has now transferred to St. Ann's Hospital. This has the great merit that provision for child psychiatry is now on one campus. The school premises are very cramped and the provision of a new school is required.

Non-Psychiatric Group:

City Hospital and Children's Hospital:

Miss Butler and her staff give valuable educational help to those children who are in hospital for a prolonged period. A close liaison exists, and such provision as home education, transport or special help in school can readily be provided when the children are discharged from hospital, for as long as is necessary.

CLINICS

Ophthalmic Clinic:

Repeated screening for poor visual acuity is carried out in schools, and arrangements for the children's referral to Consultants of the Regional Hospital Board are made if necessary.

	1966	1967	1968	1969	1970	1971
No. of pupils on rolls on 31st December	51,274	52,311	53,245	53,794	54,397	55,332
Pupils refracted	4,264	4,241	3,601	3,533	3,390	3,320
Percentage	8·3	8·0	6·7	6·5	6·2	6·0
Spectacles prescribed (pupils)	1,442	1,406	1,466	1,481	1,397	1,427
Percentage of pupils on rolls	2·8	2·7	2·7	2·7	2·5	2·5

Orthoptic Treatment at the Nottingham Eye Hospital:

	1966	1967	1968	1969	1970	1971
New cases treated	70	75	126	100	114	86
Total treated	104	110	202	217	207	185
Awaiting test or treatment at end of year	11	5	7	9	11	10

Operations for Squint at the Nottingham Eye Hospital:

	1966	1967	1968	1969	1970	1971
Number of operations ..	48	42	49	49	67	25
On waiting list at end of year	23	34	28	31	30	18

Colour Vision:

	Children with defective colour vision					
	Boys		*Girls*		*Total*	
Secondary Bilateral Schools (Leaver) ..	2	(2)	–	(3)	2	(5)
Grammar Schools (Leaver)	9	(2)	–	(3)	9	(5)
Junior Schools	13	(84)	–	(1)	13	(85)
Totals ..	24	(88)	–	(7)	24	(95)

Ear, Nose and Throat Clinics:

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

Total number of children seen	434	(364)
New cases	368	(284)
Total attendances	565	(441)
Number of sessions held	61	(62)
Number of children referred for operation ..	208	(199)
Number referred for cautery	6	(2)
Number referred for other forms of treatment ..	32	(24)

Ewing School Hearing Assessment Clinic:

Number of children seen	26	(30)
Number of sessions	8	(10)

Audiometry Clinic:

Number of sessions	24	(28)
Total number of attendances	269	(293)
Number of children tested for the first time	203	(183)

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	4,644	(4,499)
Number found satisfactory 1st test	4,242	(3,897)
Number failed 1st test	402	(602)
Number failed 2nd test and subsequently seen by Medical Officers	41	(89)
Number found to be satisfactory	16	(61)
Number referred to E.N.T. Consultants	8	(10)
Number referred to the Authority's Audiometrician	17	(18)

Audiometric screening tests are carried out by Nurses in school. Those children who are confirmed as failing this test, have a full audiogram done by the Authority's part-time Audiometrician at the Central Clinic, and a referral made to Mr. Hogarth or Mr. Neil, the Consultants who attend to hold E.N.T. Clinics at Chaucer Street. The Ewing Assessment Clinic is used chiefly for very young children who have failed the Health Department's screening tests, or for children with a hearing loss who are thought to require admission to the Ewing School.

Paediatric Clinic:

	Number of Cases		*Number of Attendances*	
Heart conditions	56	(38)	68	(51)
Undescended testicles	2	(2)	2	(2)
Obesity, development, etc.	82	(76)	144	(147)

These clinics, held by Dr. Page, Consultant Paediatrician, have provided a valuable service in uniting us with those concerned with treating sick and disabled children.

Child Psychiatric Clinic (Child Guidance):

Examinations (New Cases):

Number of children seen by Psychiatrists	163	(147)
Number of children seen by Physician	61	(105)
Number of children seen by Educational Psychologists	176	(177)
Number of parents seen by Social Workers	206	(203)

Re-examinations:

Number of children seen by Psychiatrists (excluding treatment interviews)	205	(237)
Number of children seen by Physician	2	(15)
Number of children seen by Educational Psychologists	24	(34)
Number of parents seen by Social Workers (for review)	16	(23)

Attendances and Visits:

Children's attendances for treatment	239	(467)
Interviews with parents	770	(892)
Interviews with others	163	(268)
Home Visits by Social Workers	136	(199)
Hostel Visits by Social Workers	22	(44)
Home Visits by Social Workers (Special School Children)	19	(66)

Children treated during the year:

By Psychiatrists	75	(111)
In Boarding Homes	3	(6)

These clinics are conducted by Child Psychiatrists seconded by the Regional Hospital Board. Although it is true that many of the children who are the most trouble to teachers, are anti-social children who have no psychiatric illness, we are nevertheless very inadequately covered in terms of Child Psychiatrists' time. Inevitable delays occur before children are seen for diagnosis, and there is grossly inadequate time for follow-up and treatment, with those children exhibiting neurotic symptoms. It is hoped that the Regional Hospital Board will be able to make more sessions available in the near future, and that this will provide a measure of help in the increased number of conduct disorders which will no doubt be referred, following the raising of the compulsory school leaving age.

Educational Assessment (Schools' Psychological Service):

Number of children seen by Educational Psychologists (excluding Child Guidance cases)	982	(837)
Re-examinations	288	(189)
School Visits by Educational Psychologists	458	(293)
Interviews with parents by Educational Psychologists	354	(394)
Interviews with others by Educational Psychologists	50	(50)
Number of children treated	46	(18)
Number of attendances for treatment	521	(121)
Number of lectures given	30	(13)

Mr. Grover and his staff are continuing with their Infant School Surveys. It is very much hoped that as a result of these, the late ascertainment of educationally sub-normal children will in the future be very rare.

Remedial Teaching:

Children's attendances for treatment by Remedial Teachers and Educational Psychologists	10,352	(14,637)
Number of interviews with parents by Remedial Teachers	66	(68)
Number of children received remedial teaching during 1971	289	(367)

Educationally Sub-Normal Assessment Clinic:

Number of children ascertained during 1971 as needing special educational treatment in Day E.S.N. Special Schools	104	(117)

These clinics are conducted by doctors who have had some special training for the purpose. The present trend is for the short course, which has been used in the past for training medical officers for this work, to be discontinued, and for it to be replaced by a much longer course of a higher standard, dealing with medical aspects and retardation at all ages in childhood. Doubtless the future pattern of organising courses of training will soon have to be worked out.

Dyslexia (Reading Difficulty) Clinic:

The Psychologists and Medical Staff see children who are clearly not educationally sub-normal, yet who have considerable learning difficulty. These children, who are referred by head teachers, are seen throughout the year.

General Duty Clinic:

Teachers examined	90	(142)
College of Education Candidates examined ..	297	(252)
Nursery Nurses examined	47	(42)
Others examined	5	(4)

These clinics are conducted by medical staff after school hours. The bulk of the work consists of examining candidates for Colleges of Education, and teachers entering the service for the first time. School children who are taking up part-time employment (usually paper rounds) are also seen.

Minor Ailments Clinic:

These clinics are for the most part staffed by nurses, although a school doctor generally attends once a week. The relevant figures are listed in Appendix 'C'.

Enuretic Clinic

Number of children who attended for pad and bell treatment (including those on the waiting list, December, 1970) ..	134	(140)
Number of children whose treatment was considered to have been successful	33	(38)
Number of children whose treatment was considered to have been partly successful	40	(56)
Number of children whose treatment was not considered successful	30	(26)
Number of children under treatment on 31.12.71	33	(20)

Bed-wetting continues to be a problem for many schoolchildren. Our clinic tends to be looked on as a "Pad and Bell clinic", but this of course is totally wrong. Much more is involved, for, when to merely give advice and support, when to use conditioning apparatus, when to use an anti-depressant drug and when to refer a child to a psychiatrist or paediatrician, requires good clinical judgement.

Speech Therapy:

The following is a summary of the work carried out during 1971:-

Children treated by Regular Therapy ..	380	(352)		
Children treated by Clinic Supervision ..	635	(480)		
			1,015	(832)
Children discharged			782*	(624)
Children supervised in schools			1,534	(1,432)
Sessions held in Clinics			1,110	(1,020)
Sessions held in Special Schools			237	(211)
Sessions held in Ordinary Schools			119	(125)
Treatment given in Clinics	4,651	(3,600)		
Treatments given in Special Schools	1,261	(1,019)		
			5,912	(4,619)
Children referred by Head Teachers	476	(715)		
Children referred by School Medical Officers	106	(100)		
Children referred from other sources	154	(192)		
			736	(1,007)

* Analysis of the 782 children discharged:		
Derived maximum benefit	127	(89)
Some improvement	256	(164)
Discharged—speech normal	328	(384)
No improvement	71	(47)
Patients treated in Clinics and Schools:		
Stammerers	264	(269)
Other defects of known organic origin	296	(292)
Other defects of no known organic origin	1,989	(1703)

An important extension to this work has been the starting of a pre-school play group for language retarded children. Many of those children attending have made great progress in their speech, which will be of educational advantage to them on entering school.

There is a great need for this type of provision to be extended, and perhaps eventually it might be possible to site a few classes at suitable points in the City, and to associate them with nursery schools.

SCHOOL NURSES:

The following is a summary of the work of the school nurses during 1971:-

Number of School Visits :		
Routine medical inspections	1,753	(1,908)
Case conferences	86	(126)
Uncleanliness	7	(5)
General	1,708	(1,674)
Number of Home Visits:		
Uncleanliness	1,394	(1,211)
Deafness and nasal obstruction	70	(35)
Defective vision	845	(1,003)
Medical inspections—follow-up	228	(319)
Skin diseases	112	(98)
Ear diseases	51	(47)
General	1,553	(1,803)
General—evening visits	7	(11)
Enuresis Visits	144	(105)
Ineffective visits	1,080	(1,014)
Escort duty to and from Residential Schools	13	(13)
Clinic Sessions	*3,024	(3,394)
Refraction Clinic sessions	328	(328)
School Nurses on refresher course	48	(36)

* Included in this figure are 271 Spectacle Repair sessions carried out at Chaucer Street, Clifton and Bestwood Clinics.

CLEANLINESS:

Infection with head lice continues to be a major problem among our school children. Unfortunately, resistance to treatment seems to develop in lice as it does in bacteria, and the D.D.T. and other preparations we have used as head applications are now largely ineffective. Fortunately, Mr. Maunder and his colleagues at the London School of Hygiene and Tropical Medicine have been responsible for the development of a new application which is effective in killing live lice and their eggs.

Compared with previous years the numbers are as follows:-

	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

	1967	1968	1969	1970	1971
On School Rolls	52,311	53,245	53,794	54,397	55,332
Examinations	107,552	108,481	101,487	95,031	97,821
Number found unclean ..	3,542	3,859	4,765	5,664	6,540
Percentage of the number on rolls	6·8	7·2	8·8	10·4	11·8
Statutory notices to parents..	44	34	20	31	6
Children cleansed	34	26	16	30	6

The nursing assistants have kept records over three months showing the distribution by age and sex, at Primary and Secondary stage and the numbers are as follows:-

	Number Inspected		*Number found to be infested*		*Percentage*	
	Boys	*Girls*	*Boys*	*Girls*	*Boys*	*Girls*
Primary and Special Schools	14,499	12,623	1,111	1,681	7·64%	13·32%
Secondary Schools ..	5,256	6,316	506	592	9·63%	9·37%
Total ..	19,755	18,939	1,617	2,273	8·18%	12%

The core of this problem lies in a few unco-operative families where there is doubtless heavy infestation in pre-school children or in adult members of the family, as no matter how often the school children are cleansed following "Statutory Notices" the children come back re-infested within a few weeks. I am grateful that the bulk of parents readily co-operate with the nurses in the treatment of their children.

INFECTIOUS DISEASES:

The figures for infectious diseases are as follows:-

	1966	1967	1968	1969	1970	1971
Chicken Pox	1,636	2,226	889	1,499	835	642
Measles	1,074	1,601	713	289	1,428	271
German Measles	265	915	1,257	601	559	777
Mumps	1,810	451	618	1,740	704	211
Scarlet Fever	222	253	127	113	97	84
Whooping Cough	169	130	135	58	174	92
Jaundice	–	150	12	69	86	144
Glandular Fever	–	–	–	13	20	19
Hookworm	–	33	24	13	23	8
Whipworm	–	23	13	7	10	4
Ringworm (Scalp and Body)	–	–	7	2	5	28
Verrucae	–	–	–	–	–	662

ENVIRONMENTAL CHANGE FOR SCHOOL CHILDREN:

The last few years have seen continuous changes in the City, with old and unsuitable schools and houses being demolished, and with new premises being built in their place. These are moves which are greatly needed and appreciated, and one wonders in what way have the material changes in the environment affected children over the past one or two decades. I wrote to Dr. Sprenger who was with the Authority for 38 years and asked for his comments. He has written the following article entitled "Some disconnected thoughts".

"When Dr. James asked if I would give him a contribution towards his final report, I confess to agreeing with, however, some not inconsiderable trepidation, as anything I would have to say might be considerably mellowed by a memory which is not so good as it used to be, or on the other hand might be made more harsh by comparison than it otherwise might have been.

"One of my first memories of Nottingham was of the days when the Goose Fair was in the Old Market Square, when all the schools were closed for the period of the fair, when the town literally gave itself up to the business of the fair, and when most people seemed to literally let their hair down. To the youngsters, of course, they were days of fun and frolic, and even to my own generation there was much of interest, if it only aroused my curiosity as to how the fat lady managed to get so enormous, as to whether the bearded lady really was of the female sex, and the dwarfs, of course, made one wonder what pathological significance could be attached to their diminutive stature.

"Something which surprised me considerably, was noting how it often happened at the Fair that the more poorly clad youngsters might be, the more money they seemed to have to spend, and often the later they seemed to be in departing for home.

"Those were days of the depression, and the General Strike. (Nottingham did not suffer so much as some towns, the big variety of industries meant much less unemployment than it did in towns with lesser multiplicity.) Nevertheless, despite this, many children were obviously undernourished. If one enquired about what they ate, bread and jam was very much to the fore as an article of diet; meat or meat products were not a regular item on the domestic menu, and milk was not for the school child. Those were days when 'breakfast cereals' were not popular and porridge was rarely eaten, unlike in homes North of the Border where it was common and served as a rule with milk. (I think I remember one professor of physiology asserting that porridge without milk could result in inadequate bone formation, and that all oat products should have an adequate milk supplement.)

"In those early days the open air schools which were scattered throughout the City, mostly in public parks (number ? a dozen) were filled with children who were under-nourished and who responded readily to the adequate meals and milk supplied in those schools. We, as medical officers, knew and realised that milk was the carrier of the organism of tuberculosis which produced enlarged glands in the neck, etc., and were instrumental, after many years, in getting T.T. milk produced, and finally getting tuberculosis-free herds.

"The homes of school children then in the poorer areas were back to back often, with a common water supply up to 10 or more houses, and often common closet arrangements as well. The Corporation at that time commenced a slum clearance scheme in the Narrow Marsh and Red Lion Street areas, from which the children attended St. Patrick's, Leenside, St. John's, St. Philip's and St. Mary's Schools. I can well remember doing medical inspections in these schools in the winter time, when the stench of wet clothing almost overcame one on first entering, especially if a kindly teacher had hung some of the wet clothing round the fireguard rails (most rooms had a fireplace for auxiliary and emergency heating). This form of drying clothing was often very unsatisfactory and unreliable to say the least of it, but it did show to staff and medical officers how inadequate much of the clothing was. In those days weatherproofing of clothing was almost unknown and only the odd child was provided with an oilskin coat, and Wellies were rare.

"Much the same could be said of footwear, only the cheapest was bought by the poor and bigger families, and as they did not last long in any case there were none to hand on to younger members, so that hand-me-downs were almost non-existent. The cheap shoe of course was the

plimsoll, waterproof quality almost nil, wearing ability brief, support for the foot as a whole absent. (I never knew quite why they were named after the famous Derby M.P. whose Plimsoll Line is now so well known.) It was, however, rare for one to see a completely barefooted child in the times I refer to, although many of the shoes had almost no sole, and a bare foot might, except for the risk of injury, have been almost preferable to the soleless ones.

"Those were the days of big families and overcrowded homes, and yet I have often thought, because discipline in the schools was firm but kindly, teachers knew even their large classes intimately and head teachers knew their children by name (and occasionally by reputation). They had a good relationship with the homes, and juvenile delinquency was rare and often nipped in the bud, especially if there was any tendency for gang formation to take place, by a word in the right place and at the right time.

"Those early days, when severe and serious illness was not at all uncommon, leave me amazed that school attendance percentages were so good, and have altered little over the years. Minor illness probably accounts for more absenteeism than it used to do, but one cannot help but feel that family attitudes towards education have changed for the worse, in the same way as they have changed towards respect for authority and other people's property.

"In conclusion, I would like to say that the school child of today has many advantages, physically at least, over those of fifty years ago, his diet is superior especially if he has school meals, his clothing, etc. is better and more suitable, and he gets more sensible physical exercise. His home and home surroundings are an improvement on what they used to be. The behaviour of many, however, is in question, and the reasons are not easy to pin-point. The fault probably starts in the home, is not helped by over-lax school discipline, and at times over-indulgent parents, limited police supervision, and finally, easy and fast transport. To this can perhaps be added more and more frequent truancy."

IMMUNISATION AND VACCINATION:

I am grateful to Dr. Parry, Medical Officer of Health, who has kindly supplied the following figures in relation to school children:-

Poliomyelitis Vaccination

Year	*Number of Children*	*Estimated Population Ages 5 to 15 years*	*Percentage*
1968 ..	47,015	52,600	89·4
1969 ..	48,159	53,700	89·7
1970 ..	49,032	54,250	90·4
1971 ..	49,625	54,850	90·5

Diphtheria Immunisation

Year	*Number of Children*	*Estimated Population Ages 5 to 15 years*	*Percentage*
1968 ..	46,516	52,600	88·5
1969 ..	47,207	53,700	87·9
1970 ..	48,017	54,250	88·5
1971 ..	49,176	54,850	89·6

B.C.G. Vaccination

	1966	1967	1968	1969	1970	1971
Maintained Schools visited	40	42	37	38	40	36
Number of 13 year-olds	4,652	5,765	4,699	4,466	4,642	4,708
Number of acceptances	3,319	3,566	3,470	3,300	3,589	3,526
Number of refusals	1,199	1,085	1,090	939	765	969
Number of others	134	114	139	227	288	213
Number tested	3,578	3,624	3,540	3,459	3,659	3,691
Negative reactors vaccinated	2,317	2,090	2,893	2,859	2,954	2,908
Positive reactors	865	1,205	270	177	138	319

Rubella Vaccination for Girls

	1970	1971
Number Vaccinated	1,415	4,136

NOTTINGHAM CHILDREN'S HOME, SKEGNESS:

289 (288) boys and 290 (281) girls spent a holiday at this Home during the year.

As in previous years parties of boys and girls have alternated. Many children continue to derive great benefit from this home. Not only do they have the advantage of a period by the sea, but they benefit from a period of ordered and disciplined life in a community setting. Mr. and Mrs. Nichols have taken all kinds and conditions of children, including those whose conduct leaves much to be desired, and the children have greatly benefited. We are always grateful for their helpful reports on the behaviour of difficult children in their setting.

DEATHS OF CHILDREN OF SCHOOL AGE:

During the year 9 (15) deaths of school children were recorded for the following reasons:-

Aplastic Anaemia	1
Cor pulmonale/Cystic Fibrosis	1
Drowning (Accidental)	1
Electrocution by Lightning	1
Haemorrhage/Lymphoblastic Leukaemia	1
Leukaemia	1
Neuroblastoma	1
Road Accident	1
Tay Sachs Disease	1

As in previous years, accidents of one kind or another continue to be the commonest cause of death in school children.

CONCLUSION:

It is a pleasure to acknowledge the help, support and co-operation the School Health Service has had from a number of sources. My special thanks are to the Director of Education and the Special Services Sub-Committee who have always looked with great consideration on the needs of handicapped and disadvantaged children. Our work has been facilitated by the help and co-operation of head teachers, hospital consultants, general practitioners, and especially the nursing, administrative and clerical staffs.

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, 1971.

Attendances and Treatment

	Ages 5 to 9		*Ages 10 to 14*		*Ages 15 and over*		*Total*	
First Visit	5,856	(5,185)	4,353	(4,132)	697	(550)	10,906	(9,867)
Subsequent Visits	9,999	(6,589)	10,009	(8,634)	1,774	(1,256)	21,782	(16,479)
Total Visits	15,855	(11,774)	14,362	(12,766)	2,471	(1,806)	32,688	(26,346)
Additional courses of treatment commenced	151	(82)	206	(130)	38	(32)	395	(244)
Fillings in permanent teeth	7,144	(4,611)	10,698	(10,079)	2,050	(1,435)	19,892	(16,125)
Fillings in deciduous teeth	5,380	(4,031)	377	(343)	—	—	5,757	(4,374)
Permanent teeth filled	5,900	(3,639)	9,368	(8,802)	1,884	(1,331)	17,152	(13,772)
Deciduous teeth filled	4,809	(3,502)	324	(292)	—	—	5,133	(3,794)
Permanent teeth extracted	534	(499)	1,981	(1,866)	401	(352)	2,916	(2,717)
Deciduous teeth extracted	7,185	(7,431)	2,077	(1,999)	—	—	9,262	(9,430)
General anaesthetics	3,271	(3,356)	1,752	(1,779)	171	(166)	5,194	(5,301)
Emergencies	2,273	(2,646)	1,251	(1,308)	150	(132)	3,674	(4,086)

Number of Pupils X-rayed	614	(494)
Prophylaxis	3,919	(2,862)
Teeth otherwise conserved	148	(89)
Number of Teeth root filled	44	(21)
Inlays	1	(3)
Crowns	45	(39)
Courses of treatment completed	7,777	(6,073)

(1970 statistics in brackets).

Orthodontics

Cases remaining from previous year	164	(154)
New cases commencing during year	138	(101)
Cases completed during year	75	(73)
Cases discontinued during year	11	(13)
Number of removable appliances fitted	207	(186)
Number of fixed appliances fitted	2	(2)
Pupils referred to Hospital Consultant	15	(5)

Prosthetics

	5 to 9		*10 to 14*		*15 & over*		*Total*	
Pupils supplied with F.U. or F.L. (first time)	1	(–)	2	(–)	–	(2)	3	(2)
Pupils supplied with other dentures (first time)	8	(7)	57	(56)	25	(10)	90	(73)
Number of dentures supplied	10	(8)	64	(56)	25	(16)	99	(80)

Anaesthetics

General anaesthetics administered by Dental Officers	1,133	(1,821)

Inspections

(*a*)	First inspection at school. Number of Pupils	13,479	(16,939)
(*b*)	First inspection at clinic. Number of Pupils	7,120	(6,345)
	Number of (*a*) + (*b*) found to require treatment	16,191	(18,261)
	Number of (*a*) + (*b*) offered treatment	14,785	(16,649)
(*c*)	Pupils re-inspected at school or clinic	1,203	(619)
	Number of (*c*) found to require treatment	947	(489)

Sessions

Sessions devoted to treatment	4,425	(3,571)
Sessions devoted to inspection	61	(83)
Sessions devoted to Dental Health Education	105	(156)

(1970 statistics in brackets)

APPENDIX "B"

MEDICAL INSPECTION AND TREATMENT RETURN

Year ended 31st December, 1971

Part 1—Medical Inspection and 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)
1967 and later ..	679	679	—	—	12	44	55
1966	1,938	1,938	—	—	51	193	234
1965	2,883	2,883	—	—	93	325	406
1964	457	457	—	—	16	92	104
1963	1,256	1,256	—	1,778	51	240	277
1962	824	824	—	766	43	177	214
1961	268	268	—	—	11	67	76
1960	431	431	—	31	16	88	102
1959	181	181	—	6	8	31	39
1958	180	180	—	—	10	24	31
1957	414	414	—	1,168	4	65	68
1956 and earlier..	1,170	1,170	—	595	15	81	95
Total ..	10,681	10,681	—	4,344	330	1,427	1,701

Part II—Defects found by Medical Inspection during year

Defect Code No. (1)	Defect or Disease (2)	(3)	Periodic Inspections				Special Inspections (8)
			Entrants (4)	Leavers (5)	Others (6)	Total (7)	
4	Skin	T	19	2	21	42	37
		O	53	7	26	86	13
5	Eyes—						
	(*a*) Vision ..	T	161	28	141	330	816
		O	449	28	166	643	1,040
	(*b*) Squint ..	T	37	1	20	58	303
		O	24	1	14	39	527
	(*c*) Other.. ..	T	9	10	20	39	3
		O	9	3	10	22	2
6	Ears—						
	(*a*) Hearing ..	T	66	28	137	231	151
		O	65	17	57	139	201
	(*b*) Otitis Media	T	5	2	6	13	9
		O	25	4	16	45	12
	(*c*) Other.. ..	T	6	—	9	15	14
		O	18	2	9	29	15
7	Nose and Throat..	T	108	23	92	223	162
		O	230	11	113	354	173
8	Speech	T	62	4	35	101	38
		O	69	5	27	101	65
9	Lymphatic Glands	T	13	1	6	20	5
		O	11	—	4	15	4
10	Heart	T	37	10	18	65	10
		O	67	11	43	121	52
11	Lungs	T	13	5	28	46	33
		O	128	20	82	230	63
12	Developmental—						
	(*a*) Hernia ..	T	15	—	4	19	1
		O	49	2	20	71	31
	(*b*) Other.. ..	T	22	15	62	99	176
		O	231	31	165	427	202
13	Orthopaedic—						
	(*a*) Posture ..	T	3	4	1	8	13
		O	17	4	5	26	13
	(*b*) Feet	T	19	6	22	47	17
		O	66	4	24	94	30
	(*c*) Other.. ..	T	17	9	20	46	12
		O	52	10	28	90	15
14	Nervous System—						
	(*a*) Epilepsy ..	T	9	2	12	23	14
		O	12	10	36	58	25
	(*b*) Other.. ..	T	1	1	15	17	6
		O	13	6	31	50	10
15	Psychological—						
	(*a*) Development	T	46	2	59	107	210
		O	156	9	86	251	281
	(*b*) Stability ..	T	35	13	44	92	124
		O	168	11	82	261	222
16	Abdomen ..	T	5	—	5	10	9
		O	21	2	8	31	16
17	Other	T	55	20	113	188	72
		O	111	18	69	198	95

PART 1 (*continued*)—TABLE B.—OTHER INSPECTIONS

Number of Special Inspections	6,126
Number of Re-inspections	4,934
Total	11,060

TABLE C.—INFESTATION WITH VERMIN

(*a*) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	97,821
(*b*) Total number of individual pupils found to be infested	6,540
(*c*) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	6
(*d*) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	6

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

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	295
Error of refraction (including squint)	4,266
Total	4,561
Number of pupils for whom spectacles were prescribed	1,427

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	122
(*b*) for adenoids and chronic tonsillitis	662
(*c*) for other nose and throat conditions	89
Received other forms of treatment	1,047
Total	1,920
Total number of pupils in schools who are known to have been provided with hearing aids:	
(*a*) in 1971	16
(*b*) in previous years	179*

*Includes 46 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	590
(*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	14
(*b*) Body	20
Scabies	108
Impetigo	152
Other Skin Diseases	4,246
Total	4,540

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinic	430

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	380

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(*a*) Pupils with minor ailments	2,940
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	20
(*c*) Pupils who received B.C.G. Vaccination	2,908
(*d*) Other than (*a*), (*b*) and (*c*) above:	
1—by the Authority: paediatrics	84
2—by the Authority: heart cases	56
3—at hospital: general medicine	454
4—at hospital: orthopaedic and general surgery	517
Total (*a*)—(*d*)	6,979

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

	During the calendar year ended 31st December, 1971:		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	1	5	4	1	7	1	15	76	—	—	110
		girls	1	—	2	—	7	2	4	53	—	—	69
	Number of children newly placed in special schools (other than hospital special schools) or boarding homes .. .. — (i) of those included at A above ..	boys	—	4	4	1	7	—	—	37	—	—	53
		girls	1	—	2	—	7	2	—	28	—	—	40
	— (ii) of those assessed prior to January, 1971	boys	—	—	—	—	—	1	—	28	—	—	29
		girls	—	—	—	—	—	—	1	19	—	—	20
	— (iii) TOTAL newly placed	boys	—	4	4	1	7	1	—	65	—	—	82
		girls	1	—	2	—	7	2	1	47	—	—	60
	On 21st January, 1972 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 1.1.71 — (*a*) day places ..	boys	—	—	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—	—	—
	— (*b*) boarding places	boys	—	—	—	—	—	—	—	—	—	—	—
		girls	—	—	—	—	—	—	—	—	—	—	—

(*continued*)

	On 21st January, 1972 number of children from the Authority's area:			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Under 5 years of age — assessed after 1.1.71 — (a) day places	boys		—	—	—	—	—	—	—	6	—	—	6
		girls		—	—	—	—	—	—	—	5	—	—	5
	Under 5 years of age — assessed after 1.1.71 — (b) boarding places	boys		1	—	—	—	—	—	—	—	—	—	1
		girls		—	—	—	—	—	—	—	—	—	—	—
	Aged 5 years and over — waiting before 1.1.71 — (a) day places	boys		—	—	—	—	—	—	—	8	—	—	8
		girls		—	—	—	—	—	—	—	5	—	—	5
	Aged 5 years and over — waiting before 1.1.71 — (b) boarding places	boys		—	—	—	—	—	—	1	2	—	—	3
		girls		—	—	—	—	—	—	—	—	—	—	—
	Aged 5 years and over — newly assessed after 1.1.71 — (a) day places	boys		—	—	—	—	—	—	—	27	—	—	27
		girls		—	—	—	—	—	—	—	17	—	—	17
	Aged 5 years and over — newly assessed after 1.1.71 — (b) boarding places	boys		—	—	—	—	—	1	5	1	—	—	7
		girls		—	—	1	—	—	—	4	—	—	—	5
A(3)	Total awaiting admission to special schools other than hospital special schools — (a) day places	boys		—	—	—	—	—	—	7	41	—	—	48
		girls		—	—	—	—	—	—	—	27	—	—	27
	Total awaiting admission to special schools other than hospital special schools — (b) boarding places	boys		1	—	—	—	—	1	6	3	—	—	11
		girls		—	1	—	—	—	—	4	—	—	—	5
B	On the registers of: (1) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they are maintained — day	boys		1	—	22	7	26	2	—	438	—	—	496
		girls		—	1	14	3	25	4	—	305	1	—	353
	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 — boarding	boys		—	4	—	—	3	—	—	5	—	—	12
		girls		—	3	—	—	1	2	1	1	—	—	8

(*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	3	—	—	—	1	3	5	3	4	—	19
			girls	2	1	—	—	—	1	1	—	1	—	6
	(3) Independent Schools under arrangements made by the Authority	day	boys	—	—	—	—	—	—	—	—	—	—	—
			girls	—	—	—	—	—	—	2	—	—	—	2
		boarding	boys	—	—	—	—	1	—	2	1	—	—	4
			girls	—	—	—	—	2	—	—	—	—	—	2
C	Boarded in homes and not already included in B above		boys	—	—	—	—	—	—	4	—	—	—	4
			girls	—	—	—	—	—	—	1	—	—	—	1
D	Number of children from the authority's area who are awaiting places or who are receiving education in special schools, Independent schools under Section 56 of Education Act 1944 or who are boarded in homes—**Total**		boys	5	4	22	7	32	6	24	491	4	—	595
			girls	2	4	15	3	20	7	9	333	2	—	406
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	—	—	—	—	2	—	—	—	—	—	2

APPENDIX "C"
TREATMENT ARRANGEMENTS

Clinic	*Place*	*Sessions*	*Minor Ailments Attendances during* 1971
Minor Ailments ..	Central Clinic 28 Chaucer Street	Daily and Medical Officer twice weekly	5,394
	Arkwright School London Road	3 times a week	6,168
	Bestwood Clinic Beckhampton Road	Daily and Medical Officer weekly	8,801
	Bulwell Clinic Main Street	Daily and Medical Officer weekly	3,435
	Clifton Clinic Southchurch Drive	Daily and Medical Officer weekly	6,422
	Player Clinic Beechdale Road	Daily and Medical Officer weekly	11,352
	Portland School Westwick Road	3 times a week	2,571
	Rosehill Clinic St. Matthias' Road	Daily and Medical Officer weekly	9,113
	Scotholme Clinic Beaconsfield Street	Daily	4,176
	Welbeck School Queen's Drive	3 times a week	4,118
	William Crane Clinic Aspley Estate	Daily	5,679
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

INDEX

(*Continued*)

Appendix—

CITY OF NOTTINGHAM

GENERAL INFORMATION AS AT 31ST DECEMBER, 1971

Area	acres 18,364	No. of Schools	165
Population	.. 299,758	No. on Rolls	55,332
Density of Population:	16·3 persons per acre	Average Attendance ..	90·3%

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