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CITY OF OXFORD  
EDUCATION COMMITTEE

REPORT  
*of the*  
PRINCIPAL  
SCHOOL MEDICAL OFFICER  
*for the*  
YEAR 1970





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MEMBERS OF THE EDUCATION COMMITTEE AND THE  
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1970-71

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- \*Councillor R. M. GRIFFITHS, M. A. (Vice-Chairman)
- \*Alderman L. E. HARRISON (Chairman of the Special Services Sub-Committee)
- „ Mrs. J. M. YOUNG, M.A.
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- „ Mrs. M. D. COOMBES
- „ Mrs. O. F. GIBBS
- „ G. K. S. HAMILTON-EDWARDS, T.D., M.A., F.L.A.
- \* „ Miss M. J. HANDS, M.A. (Vice-Chairman, Special Services Sub-Committee)
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- THE REV. G. K. HAWES
- LADY G. P. THOMPSON, M.A.
- R. A. YOUNG
- \*Miss C. V. BUTLER, M.A. (Co-opted member of the Special Services Sub-Committee)
- \*L. FRANKS, J.P. (Co-opted member of the Special Services Sub-Committee)

\*Members of the Special Services Sub-Committee



## STAFF OF THE SCHOOL HEALTH SERVICE

*Principal School Medical Officer:*

J. F. WARIN, M.A., M.D., M.R.C.P., D.P.H.

*Deputy Principal School Medical Officer:*

E. P. LAWRENCE, M.A., M.B., B.Chir., D.P.H., D.T.M. &amp; H.

*Senior School Medical Officers:*

VERA M. HOLLYHOCK, M.B., B.Chir., D.P.H.

JOHN S. RODGERS, M.B., B.Chir., (Cantab.)

M.B., Ch.B. (Sheff.), D.P.H., D.Obs. R.C.O.G.

*School Medical Officers:*

M. JEAN BOND, M.B., Ch.B. (resigned 31.7.70)

DIANE E. P. GURD, M.B., Ch.B. (appointed 1.9.70)

PAUL HARKER, M.B., B.S., D.P.H.

CYNTHIA M. PHILLIPS, B.M., B.Ch. (part-time)

*Principal School Dental Officer:*

C. H. I. MILLAR, B.Sc., L.D.S.

*Adviser in Health Education:*

D. F. LEWIS, D.L.C., D.H.E., M.R.S.H.

*Superintendent Nursing Officer:*

Miss E. P. GILBERTSON (a) (b) (c)

*Deputy Superintendent Health Visitor:*

Miss G. M. LAWRENCE (a) (b) (c)

*Senior Health Visitors:*

Miss J. BARNETT	(a) (b) (c)
Miss N. CROOKALL	(a) (c)
Miss D. BREE	(a) (b) (c)

*Health Visitors:*

Miss E. BLACKLER	(a) (b) (c)	
Miss J. M. BOWLER	(a) (b) (c)	(appointed 2.3.70)
Miss P. A. BROADBENT	(a) (b) (c)	(resigned 1.2.70)
Mrs. L. M. CHESTER	(a) (b) (c) (d)	(appointed 5.10.70)
Miss J. A. CLARKE	(a) (b) (c)	
Mrs. A. DOWLING	(a) (c)	
Miss E. DUDSON	(a) (b) (c) (d)	
Miss B. A. ELLIS	(a) (c) (d)	(appointed 1.6.70)
Miss E. J. FRAMPTON	(a) (b) (c)	
Miss E. N. GATLIFFE	(a) (b) (c)	
Miss D. M. KING	(a) (b) (c) (d)	
Mrs. A. PENDRY (part time)	(a) (c)	(appointed 1.10.70)
Miss H. RANKIN	(a) (b) (c)	
Miss B. J. M. ROBERTS	(a) (b) (c)	(appointed 7.7.70)
Miss H. ROBINSON	(a) (b) (c)	
Miss D. TATTERSALL	(a) (b) (c)	
Mrs. M. E. WATT (nee TILLIN)	(a) (b) (c) (d)	
Mrs. N. P. WELCH	(a) (c)	
Miss M. WITTEN-HANNAH	(a) (c)	

*Student Health Visitors:*

1st Year 6                      2nd Year 2

*School Nurses:*

Mrs. J. BAILEY	(a) (b) (c)
Mrs. D. HALL	(a)
Mrs. E. D. JACOBS	(a)
Mrs. M. MACLACHLAN	(a)

(a) State Registered Nurse  
 (b) State Certified Midwife  
 (c) Health Visitor's Certificate  
 (d) Queen's Nurse

*Physiotherapists*

Mrs. S. WYNNE (part-time)

*Senior Dental Attendant:*

Mrs. J. E. HOWELL;

*Administrative Assistant:*

Miss B. GRANT

*Senior Clerical Assistant:*

Mrs. I. PARSONS

*Clerical Assistants:*

Miss A. CLUTTERBUCK	(transferred to Health Department 21.9.70)
Mrs. E. DREWETT	
Miss V. M. GIBBS	
Mrs. N. SHINGLER	
Miss J. WOODWARD	(appointed 2.11.70)

## SCHOOL CLINICS (By appointment only)

### *Dental Clinic:*

East Oxford Health Centre

### *Child Guidance Clinic:*

Northern House, South Parade

### *Speech Therapy Clinics:*

At selected schools or clinics

### *Enuresis Clinic:*

Greyfriars, Paradise Street  
Blackbird Leys Health Centre



Mr. CHAIRMAN, LADIES AND GENTLEMEN,

This year I wish to refer firstly to the subject of Health Education, which commenced, as a schools advisory service, in January 1963 and since then has been rapidly developing. Health Education is now accepted as an essential part of the curriculum in all schools. Wherever possible material is included naturally in ordinary subject teaching—either by the class teacher, or by specialist teachers on the school staff. Occasionally outside lecturers make a valuable contribution whilst some useful knowledge can appropriately be imparted by means of discussion groups, seminars and exhibitions. Sex education is included at all stages, but only as one essential part of a very wide subject. Almost all the secondary schools now have a member of staff acting as co-ordinator for health education. This is very necessary as the range of possible subjects to be covered is very wide indeed, and includes child care and development, home safety, first aid, dental health, infectious diseases, environmental hazards, smoking, drug abuse, mental health, etc.

Some of the more exciting events during the year have been a three day conference at Milham Ford with the title of "Growing Up and Community Services"; a project on "Safety" at East Oxford; and exhibitions in the Town Hall on the "Prevention of Cancer" and "Dental Health". The BBC 2 television team concerned with the "Man Alive" programme visited Cherwell School to record a lesson on smoking. It is encouraging to see the increasing participation in child care courses. Interesting films shown have included "Don't Let him Die", dealing with accidents and illness in school and two others produced by the Thames Valley Police concerned with the risks involved in hitch-hiking and in talking to strangers.

Progress can be reported in all schools—secondary, primary and infant, and in many different directions. The Special Schools are using adapted programmes, suitable for their particular children. There is no doubt that Oxford is very much in the lead in the development of health education in the schools, and requests for assistance, advice, information and literature have come from many other authorities and organisations both from this country and abroad. However, much more remains to be achieved. There is probably no other activity within the School Health Service with such a high potential for improving the health of the school-child and consequently that of the nation as a whole.

Turning now to the problems of handicapped children, the most urgent need is for the replacement of the Ormerod School. It is most disappointing that there is still no definite date for the provision of a new school for these physically handicapped children. Although it now appears that the United Oxford Hospitals do not require the present site of the Ormerod School quite so urgently as was at first understood, nevertheless the new school is badly needed in its own right. The handicapped children now attending this special school need and deserve far better facilities than at present available. They require a suitable environ-



ment in which to overcome their physical handicaps, and they need a school that can provide a full and varied teaching curriculum, because later in life they will have to rely more on academic ability than on physical effort in order to earn a living. The Ormerod School puts on a brave show in its increasingly outdated buildings, whilst the recently acquired "Friends" have been encouragingly active, displaying great practical interest and giving some very welcome financial support. The parents, children and staff all deserve a new school and this should now be given urgent priority in the capital programme.

Iffley Mead School continues to flourish in its new buildings and attractive surroundings. A pleasing, informal opening ceremony was performed by the Lord Mayor on November 12th. As from April 1st, 1971, Mabel Prichard and Iffley Mead Schools will come under the same administration, which should facilitate co-operation and the interchange of individual children. Experience has demonstrated the real need for a small class for assessment purposes within the School. Mr. J. G. Sutherland reports for the last time after being Headmaster for 19 years. He continually experimented to find the best means of education for his slow learning pupils. He fought a long and eventually successful battle for new school premises. He always had the needs and interest of the children very much at heart, and many parents have cause to be most grateful to him. We wish him health and happiness in his coming retirement.

The Park Hospital School continues to serve the dual purpose of providing facilities for the educational assessment as well as the teaching of multiply-handicapped children. An additional classroom with a corresponding increase in teaching staff, due next year, should ease the present overcrowded situation and so enable a few more day pupils to attend.

Unfortunately, the Special School at the Warneford Hospital had to be closed at the end of the summer term as a result of the continued ill-health of the consultant psychiatrist in charge of the Adolescent Unit. Throughout the country, there are not enough places for maladjusted children in residential special schools, and Oxford, like most authorities, has a waiting list in this respect.

The partially hearing units were once again fully staffed during the autumn term and maintained their close link with the E.N.T. Department at the Radcliffe Infirmary. The care taken in the early ascertainment and placement of children with varying degrees of hearing loss is shown by the fact that there are now eight City children at the partially hearing units, 33 children with hearing aids attend day schools, as do 35 children with some minor degree of hearing loss who sit at the front of the class.

The arrangement described last year, by which a part-time physiotherapist, based on the Ormerod School, replaced the previous full-time remedial gymnast, has worked well. The physically handicapped children at the Ormerod School have received frequent and expert treatment and the physiotherapist has been able to link up with the relevant hospital



departments treating these children. She has also visited other schools to advise about suitable remedial exercises when necessary.

The shortage of speech therapy staff together with an increased need for treatment resulted in some curtailment of this service. A larger grant to the United Oxford Hospitals next year will enable an additional speech therapist to be employed half time. This may be inadequate and the service is under review.

It is most satisfactory that only one new case of pulmonary tuberculosis was notified in the maintained schools. The acceptance rate for B.C.G. vaccination rose to 90.7%, the highest rate yet achieved. In conformity with the policy adopted last year all grade 1 reactors to the tuberculin test were vaccinated along with the negative children. The percentage of positive reactors, not having had B.C.G. previously, was only 2.7% in maintained and 2.9% in non-maintained schools; these are very low figures, indicative of the marked reduction in the pool of tuberculous infection in the community.

With regard to the infectious diseases, the most striking feature was the continuing prevalence of infective hepatitis. The outbreak, which started the previous year, on a new housing estate, continued to spread mainly through the schools on this estate but most other areas of the City also became involved. There were, however, fewer cases towards the end of the year and it seems that the outbreak is now definitely on the wane.

Only 31 cases of measles in schoolchildren were notified, in spite of an increased incidence of the disease in neighbouring areas. Most schoolchildren in Oxford are now immune to measles either as the result of vaccination or a previous attack of the disease.

The trial of rubella vaccination continued and all 13-year-old schoolgirls were offered protection with a most satisfactory response. In September a national scheme of rubella vaccination commenced under which vaccination is to be offered to all schoolgirls aged 11 to 14 years. So far, there has been a very good acceptance rate, and since the trials started last year, 730 schoolgirls (92%) have been vaccinated.

A young brother and sister contracted typhoid fever from a visitor from abroad. Two small outbreaks of mild *sonné* dysentery occurred, one at a primary school having fairly modern sanitary and washing accommodation, and this was quickly over. The other involved the Special School at the Park Hospital, and because of the risks of spread within the hospital, the school was closed for two weeks.

Our policy for dealing with verrucas was reviewed at the end of last year. The conclusion reached was that the risk of spread did not warrant the exclusion of children with verrucas from swimming baths.

There were eight deaths amongst schoolchildren, which is above the average of five a year. Four resulted from accidents, (three on the roads and one from drowning); two were due to cancer of the blood cells; one



resulted from a genetic blood disease; and one from influenzal bronchopneumonia.

The Adviser in Physical Education starts his report by comparing this year with 1870. The advances in this subject were effectively portrayed in a display given in the course of the Education Jubilee presentation at the Playhouse in July. The importance of the subject to-day was emphasised at the Conference of the British Association of Organisers and Lecturers in Physical Education at Leeds in the course of which laudatory remarks were made about the Oxford Woodlands Outdoor Centre. After teaching swimming for 42 years Miss Mollie Bateson retired in July; a wonderful record of service for which, many thousands of children and their parents owe her a great debt of gratitude.

The school clinic at 60 St. Aldate's, used for many years both for Health and Education purposes, closed in April, the remaining clinic activities being transferred to Greyfriars.

Dr. Jean Bond left at the end of July after spending two years in Oxford whilst her husband was undertaking training at Wycliffe Hall. We were glad to have the services of such an experienced doctor. Dr. Diane Gurd joined the staff on the 1st September and Dr. Paul Harker successfully completed his D.P.H. course in December and received the award of the Diploma of Public Health.

Once again I should like to thank the Chairman and Members of the Special Services Sub-Committee for the interest they have, at all times, taken in the School Health Service. My thanks are also due to the Chief Education Officer and his staff, and to all Head Teachers for their very willing co-operation. As usual, I have been able to rely on my own loyal hardworking staff. I am most grateful to them all, and particularly to Dr. Lawrence and Miss Grant who have borne the main burden of the day to day administration of the Service.

Yours faithfully,

J. F. WARIN

## ROUTINE MEDICAL EXAMINATIONS

Numbers Examined					1968	1969	1970
1.	<i>Maintained Schools</i>						
	Entrants	..	..	..	1,915	1,544	1,991
	Eleven year olds	..	..	..	962	1,033	999
	Other examinations	..	..		521	511	529
					—	—	—
					3,398	3,088	3,519
					—	—	—
2.	<i>Magdalen College School (Direct Grant)</i>						
	Entrants (all ages)	..	..	..	82	76	84
	Other examinations	..	..		11	13	8
					—	—	—
					93	89	92
					—	—	—

All children are examined on entry to nursery schools or classes, and on entry to infants' schools. Another routine examination is made of all entrants to secondary schools. Children can be seen at any time if it is necessary, and as far as possible a doctor visits each school once a term to see children brought forward by teachers or parents.

## Nursery Schools and Nursery Classes in Infant Schools

	Nursery Schools	Nursery Classes	TOTAL
Full time places available .. ..	320	300	620
Number of attenders (full and part time) .. ..	404	317	721

There are seven nursery schools and a total of nine infants' schools with classes for under fives. Almost a third of the children starting school in Oxford do so before the age of five, in a nursery class or school.

All are visited regularly by health visitors and doctors.

## LIST OF SCHOOLS AND SCHOOL DOCTORS

J. S. RODGERS, M.B., B. Chir. (Cantab.), M.B., Ch.B. (Sheff.), D.P.H.,  
D. Obs. R.C.O.G.

Magdalen College

Iffley Mead Special (Boys)

VERA M. HOLLYHOCK, M.B., B. Chir., D.P.H.

The Cherwell Secondary Modern

Bishop Kirk C.E. Junior

Our Lady's R.C. Junior and Infant

St. Aloysius R.C. Junior and Infant

Ormerod Special

Iffley Mead Special (Girls)



P. HARKER, M.B., B.S., D.P.H.

Cheney Mixed Secondary Technical  
Northway Secondary Modern  
Oxford Secondary Grammar  
South Oxford Secondary Modern  
Church Cowley J.M. and Infant  
New Marston Junior  
St. Michael's C.E. Junior and Infant  
South Oxford J.M. and Infant  
New Marston Infant  
Bartlemas Nursery  
New Marston Nursery

M. JEAN BOND, M.B., Ch.B. (resigned 31.7.70)

DIANE E. P. GURD, M.B., Ch.B. (appointed 1.9.70)

Cowley St. John C.E. Secondary Modern  
East Oxford Secondary Modern  
Cuttslowe Junior and Infant  
East Oxford Junior  
St. Barnabas Junior and Infant  
St. Ebbe's C.E. Junior and Infant  
St. Thomas's C.E. Junior and Infant  
Wolvercote Junior and Infant  
East Oxford Infant  
SS. Philip & James's C.E. Infant  
Summertown St. Michael's C.E. Infant  
Grandpont Nursery  
North Oxford Nursery  
Northern House Special

CYNTHIA PHILLIPS, B.M., B.Ch.

Redefield Secondary Modern  
Blackbird Leys Junior  
Blackbird Leys Infant

KATHLEEN WARIN, M.B., Ch.B., D.P.H.

Cheney Girls Secondary Grammar  
Edmund Campion R.C. Secondary Bilateral  
Milham Ford Secondary Grammar  
Donnington Junior  
Rose Hill Junior  
St. Joseph's R.C. Junior and Infant  
SS. Mary & John C.E. Junior and Infant  
Donnington Infant  
Rose Hill Infant  
Singletree Nursery



MARY M. HEAF, B.A., M.B., B.Ch., D.C.H., B.A.O.

Cowley St. James's C.E. Junior and Infant  
 Headington Quarry Junior and Infant  
 St. Andrew's C.E. Junior and Infant  
 Slade Nursery

GILLIAN SLEIGHT, M.B., B.S.

Bayswater Secondary Modern  
 Barton Junior  
 Barton Infant  
 Headington Nursery

PATIENCE C. BURN, M.B., B.S., D.C.H.

Temple Cowley Secondary Modern  
 Cowley St. Christopher C.E. Junior Mixed  
 Overmede Junior  
 West Oxford Junior and Infant  
 Wood Farm Junior  
 Overmede Infant  
 Wood Farm Infant

ROSALIND M. COOLING, M.B., Ch.B.

Headington Secondary Modern  
 Headington Junior  
 Cowley St. Christopher C.E. Infant  
 Headington Infant

C. E. STRODE, B.M., B.Ch., D.R.C.O.G.

New Hinksey C.E. Junior and Infant

D. A. H. THOMAS, M.B., B.S.

St. John Fisher R.C. Junior and Infant

## DEFECTS OF VISION

### Routine Testing

Health Visitors test five year old entrants. If they do not yet know their letters, they are tested with Sjorgren hand charts instead of Snellen's charts but increasing use is being made of Stycar test cards which give a more accurate measure of visual acuity. Clerks from the School Health Service test the children subsequently with Snellen's charts at the ages of 8, 11, 13, 15 and 17 years (if they are still at school).

Children whose vision is less than 6/9 in either eye are referred to the clinic at the Eye Hospital. Those whose vision is 6/9 in both eyes are retested at the next session at the school.

Altogether 8,622 children were tested with the following results:

**(a) Tests carried out by Health Visitors**

	<i>Age</i>				<i>Total</i>
	4	5	6	7	
Tested	76	744	826	116	1,762
Referred to special clinic	8	21	33	7	69
For observation	13	42	35	9	99

**(b) Tests carried out by Clerks**

	<i>Age</i>										<i>Total</i>
	8	9	10	11	12	13	14	15	16	17+	
Tested	1,564	377	199	1,558	350	1,209	323	857	91	332	6,860
Referred to special clinic	72	18	20	51	15	35	20	29	8	12	280
For observation	149	45	22	81	22	41	23	32	7	5	427

**Special Clinic at the Eye Hospital**

A special clinic for school children, attended by a clerical assistant from the School Health Service, is held at the Eye Hospital twice a week.

There were 1,049 attendances at this clinic during the year, and spectacles were prescribed in 389 cases. There is no waiting list and both new cases and old cases attending for follow-up can be seen without delay.

**Testing of Colour Vision**

All children have their colour vision tested in their last year at a primary school. This leaves plenty of time for any further investigations which may be necessary in the case of those children who decide upon a career for which normal colour vision is essential. Clerks from the School Health Service carry out the initial test at school using Ishihara Charts. This is a very sensitive test and therefore all children who fail are referred to the Eye Hospital where the Ishihara Chart test is repeated and, in addition, the Giles Archer Lantern test is used, the latter giving results of more practical significance.

Of the 1,784 children who were examined in school, 35 failed the Ishihara Test. During the year 32 children were re-examined at the Eye Hospital. Seven of these 32 passed the Ishihara Test, having responded to training aimed at improving their colour discrimination. The remaining 25 children had a degree of colour defect which could affect their choice of career, though several had been considerably helped by colour training.



## DISEASES OF THE EAR, NOSE AND THROAT

### Audiometry

Routine testing with the pure tone audiometer was carried out on 2534 school entrants. A further 75 special examinations were made of children referred by school doctors, general practitioners, speech therapists, educational psychologists, head teachers and parents. The total number examined was 2609.

### Routine testing

All the preliminary testing was done by one of the clerical assistants in the School Health Service and in all 76 visits were made to 42 schools. In the case of 127 children the result of the test was in some doubt and is therefore to be repeated at the next visit to the school. There were 80 children who were considered to have a significant degree of hearing loss and these were offered re-examination by a medical officer for confirmation and exclusion of causes which could be remedied simply, such as wax and respiratory tract infections. As a result 29 children were referred to the E.N.T. Department, 16 were considered normal, 20 are being kept under observation by school doctors and 15 have still to be examined.

The recommendations for 26 children so far seen by the E.N.T. Department are as follows:—

Operative treatment . . . . .	13
Other forms of treatment . . . . .	5
No treatment . . . . .	5
Management of partial deafness . . . . .	3 (2 issued with hearing aids)

### Special Examinations

Of the 75 special examinations carried out 55 were normal, 16 were referred to the E.N.T. Department and 4 are being kept under observation by school doctors.

The recommendations for 14 children so far seen by the E.N.T. Department are as follows:—

Operative treatment . . . . .	6
Other forms of treatment . . . . .	2
No treatment . . . . .	3
Management of partial deafness . . . . .	3 (1 issued with hearing aid)

Of the school entrants who were seen routinely 1.1% were referred to the E.N.T. Department, as compared with 21.3% of those examined by special request.

The progressive screening of children suspected of being deaf, so that only those requiring active intervention reach the E.N.T. Department, is shown in the following table:

Year	Routine Screening						Special referral screening			
	Children thought to be partly deaf						% of referrals to E.N.T. requiring active treatment	Children thought to be partly deaf and referred to E.N.T.	% of referrals to E.N.T. requiring active treatment	
	After initial routine screening		After retesting by Clerk		After retesting by doctor Referred to E.N.T.					
	No.	%	No.	%	No.	%	%	No.	%	%
1966	273	13	46	2.2	20	0.9	75	18	16.9	87
1967	167	7.8	52	2.4	24	1.1	95	22	22.9	91
1968	92	5.9	21	1.3	9	0.58	80	27	20.8	87
1969	116	6.3	66	3.6	18	.98	86	22	19.0	77
1970	127	5.0	80	3.1	29	1.1	80	16	21.3	79

It will be seen that by careful selection of cases for referral, the load thrown upon the E.N.T. Department is kept as small as possible.

### Independent Schools

Two independent preparatory schools are visited regularly to test the hearing of entrants as well as those kept under observation from the previous year. This year 108 children were tested and 8 were referred to their family doctor for attention.

### Special Clinic at the Radcliffe Infirmary

An E.N.T. clinic is held twice weekly at the Radcliffe Infirmary for school children. Close liaison with the City School Health Service is maintained by the attendance at the clinic of a clerical assistant who records the results of the surgeon's examination and his recommendations and treatment on the school medical cards.

### Attendances of City children at the E.N.T. Clinic

	1967	1968	1969	1970
New cases .. .. .	201	230	199	192
Re-attendances .. .. .	310	291	210	124
Number recommended for operative treatment .. .. .	153	211	188	131
Number recommended for other forms of treatment .. .. .	70	57	72	76
No treatment advised .. .. .	210	184	92	48
Discharged .. .. .	78	69	57	61

### EMPLOYMENT OF CHILDREN

Children undertaking part-time employment have to be medically examined in accordance with Bye-laws made under the Children and Young Persons Act, 1933. Under these Bye-laws children of compulsory school age are allowed to undertake early morning work for up to one hour besides doing work after school hours. Officers employed by the



Local Authority keep careful watch to ensure that no child is employed on work that might be prejudicial to his health or physical development, or might render him unfit to gain maximal benefit from his education. Employment patrols are carried out from time to time in order to detect children who might be engaged in some illicit or unauthorised practice.

The numbers of children whose fitness for employment has been assessed in recent years are as follows:

<i>Number of certificates issued</i>			
1967	..	..	354
1968	..	..	379
1969	..	..	450
1970	..	..	382

Half the girls wished to work as shop assistants and a third on newspaper rounds. The majority of the boys (84%) wished to work on newspaper rounds. No child was found to be unfit for such employment.

#### **MEDICAL EXAMINATION OF ENTRANTS TO TEACHERS' TRAINING COLLEGES**

During the year, 182 entrants to teachers' training colleges and 23 teachers about to take up their duties were medically examined. Chest X-rays were also arranged for 14 teachers who had missed this part of the medical examination carried out by other local authorities. Sessions were arranged mainly on Monday evening at Greyfriars and chest X-rays were carried out by the Miniature Camera Unit at the Radcliffe Infirmary.

Seven candidates were referred for specialist advice regarding their suitability for teacher training, and all were thought medically fit. No abnormalities were detected on routine chest X-rays.

## WORK UNDERTAKEN BY SCHOOL HEALTH VISITORS AND SCHOOL NURSES

The number of sessions undertaken by the school health visitors and school nurses were as follows:

	1969			1970		
	<i>Health Visitors</i>	<i>School Nurses</i>	<i>Total</i>	<i>Health Visitors</i>	<i>School Nurses</i>	<i>Total</i>
School medical inspection	105	194	299	122	197	319
Eye testing .. .. .	40	37	77	62	35	97
Hygiene inspection ..	16	177	193	8	146	154
Hygiene inspection follow-up .. .. .	4	16	20	—	30	30
Visits to nursery schools ..	95	—	95	84	—	84
Diphtheria/tetanus immunisation .. ..	1	43	44	—	36	36
Poliomyelitis vaccination	1	131	132	1	85	86
Heaf testing and B.C.G. vaccination .. ..	2	51	53	—	49	49
Other immunisations ..	—	20	20	—	5	5
Talks to school children ..	152	—	152	111	—	111
Enuresis Clinic .. ..	3	54	57	1	58	59
Miscellaneous .. ..	15	82	97	23	89	112

### Visits (Home):

				<i>First</i>		<i>Re-visits</i>	
				1969	1970	1969	1970
1. Follow-up:							
Health Visitors .. ..	..	..	..	185	136	151	76
School Nurses .. ..	..	..	..	137	73	7	1
2. Hygiene:							
Health Visitors .. ..	..	..	..	54	51	15	30
School Nurses .. ..	..	..	..	—	—	—	—
				—	—	—	—
				376	260	173	107
				—	—	—	—

## HYGIENE IN SCHOOLS

The Ormerod school buildings remain sub-standard and it is still hoped that a new school for the physically handicapped will soon be built. However, it is disappointing to hear that in the City's present financial state the rebuilding of this school has once more had to be deferred to the reserve list.

The Chief Public Health Inspector and his staff have made routine visits to schools for hygiene inspections of the premises and their recommendations have been passed to the Chief Education Officer. Although the general standard of all schools in the City remains satisfactory there



were several small items requiring urgent attention and these were dealt with. It is unfortunate that none of the eight schools most in need of modernisation in regard to outside toilet provision in particular have been included in the special list prepared by the Department of Education and Science for urgent replacement. Inside toilets have been built in two of these schools but the remainder have still not been improved as they are blighted by the uncertainty regarding their future.

It was reported last year that facilities for the supply and disposal of sanitary towels in schools were unsatisfactory in twelve junior schools. During the year some improvement has been achieved but there remain three schools with unsatisfactory arrangements. The school doctors who visit these schools will continue to try and impress head teachers with the importance of this matter of personal hygiene.

### SCHOOL MEALS AND MILK

The following tables show the number of children in attendance and the number of meals provided on a single day in the month of September.

Number of pupils present in school on the day selected:

A.	In Infant and Nursery Schools .. .. .	3,007	
B.	In Junior Mixed and Infant Schools .. .. .	3,397	
C.	In Junior Schools .. .. .	3,543	
D.	In Secondary Schools .. .. .	6,004	
E.	In Special Schools.. .. .	224	
A.	In Infant and Nursery Schools:		
	(i) Free .. .. .	231	3,007
	(ii) On payment .. .. .	1,762	3,397
	Percentage of total .. .. .	66	94
B.	In Junior Mixed and Infant Schools		
	(i) Free .. .. .	255	3,220
	(ii) On payment .. .. .	2,365	—
	Percentage of total .. .. .	74	94
C.	In Junior Schools:		
	(i) Free .. .. .	337	3,309
	(ii) On payment .. .. .	2,091	—
	Percentage of total .. .. .	68	93
D.	In Secondary Schools:		
	(i) Free .. .. .	361	—
	(ii) On payment .. .. .	3,296	—
	Percentage of total .. .. .	60	—
E.	In Special Schools:		
	(i) Free .. .. .	45	197
	(ii) On payment .. .. .	177	—
	Percentage of total .. .. .	99	87

At primary schools 70% of the children had a school lunch and at secondary schools the figure was 60%. These figures are much the same as last year. The number of free school meals has again dropped slightly.

The supply of milk was restricted to Infants, Junior and Special Schools in September 1968. In April 1971 the City will cease to provide milk for independent schools and in September 1971 maintained Junior Schools will no longer be supplied.

### PHYSIOTHERAPY SERVICE

The following report has been submitted by Mrs. Wynne:

I have now completed my first year as physiotherapist to the School Health Service with duties mainly at the Ormerod School but with advisory duties to other schools on remedial problems. Most of my time is spent in treatment sessions at the Ormerod School, but I also attend a swimming session at Blackbird Leys baths for the purpose of giving hydrotherapy to certain of the handicapped children from the Ormerod. I also attend when possible at the local hospitals when one of these children is being seen by the consultant concerned with the case. This provides a valuable opportunity to discuss any particular problem or treatment and enables me to maintain a liaison between the school and the hospital services. These consultations take place at the Nuffield Orthopaedic Centre, the Churchill Hospital and the Radcliffe Infirmary.

At the Ormerod School, 29 children have received regular physiotherapy treatment. They comprise 11 children suffering from various forms of cerebral palsy, 9 chest cases, 3 children with spina bifida, 2 with muscular dystrophy, one child suffering from Still's disease, one with spondylo-epiphyseal dysplasia and two children who needed postural exercises. When practical group treatments have also been given, e.g. groups of children such as those with spina bifida, have had mat exercises together. The chest cases are given individual attention if appropriate as well as having group therapy in a weekly class.

Some of the children made good progress with their development of mobility. For instance, two progressed from using walkers to crutches, and two replaced their crutches with sticks. One child is starting to use the comparatively new polyplanar type hip joint calipers, in conjunction with her walker. I should like to thank Mrs. Brough, Nursery Assistant, for her willing assistance in the treatment room.

Other schools visited have included Our Lady's and St. Aloysius to supervise the treatment of asthmatic children and Iffley Mead to advise staff on remedial problems.

I have been fortunate in being able to visit other centres. In March I spent a day at the Avenue School for Handicapped Children at Reading



and in the same month I visited the Spastic Day Centre at the Churchill Hospital where I was able to observe the children and their activities. I was present when Dr. Bryan Scott gave a talk to school medical officers on various remedial problems found in school children. In June I attended a day conference for the remedial professions and in November I spent a day at the Centre for Spastic Children, Cheyne Walk where I had the opportunity of observing various methods of treating the cerebral palsied child, carried out by experienced therapists who specialise in the care and treatment of these children. A three day course on "Aids for the Disabled", held at Mary Marlborough Lodge, which I attended, was of great value both because of its content and also because I met many of the staff concerned with the hospital care of the children who attend the Ormerod School.

Finally, my sincere thanks go to Dr. Hollyhock for all her help and encouragement and to Miss Martin for her co-operation in circumstances which, due to lack of space in the school, are not always easy.

### **SPEECH THERAPY**

The following report has been submitted by Miss C. E. Renfrew, F.C.S.T., Chief Speech Therapist to the United Oxford Hospitals:

The staff of the Speech Therapy Department remained constant throughout the year until in December we lost Mrs. D. Skinner and Miss S. Tiffany.

Speech clinics have been held for two sessions weekly at Blackbird Leys Health Centre and Iffley Mead School. One session weekly has been given at Rose Hill and SS. Philip and James' Schools, and also at Temple Cowley Clinic. Children who cannot attend at these centres come to the Churchill Hospital.

The work at Blackbird Leys Health Centre has continued to increase. Over 60 children have been referred this year and some are severely handicapped. Whilst recognising the importance of early referral, doctors and health visitors have been asked to warn parents that due to pressure on the service there may be a short delay before a child can be seen for assessment by a speech therapist. Work at Iffley Mead School suffered a setback this year when, due to reduction of school staff, it was no longer possible to employ the domestic assistant to help daily with the children's practice. Numbers under treatment had to be substantially reduced just at the time when the numbers at Iffley Mead School increased.

The picture of the speech therapy service at the end of the year is a poor one due to loss of staff and the increased call on the service. It is hoped to recruit new staff early in 1971 so that a full service can again be given.



SPEECH THERAPY SERVICE  
GROUP TEACHING





PHYSIOTHERAPY  
THE ORMEROD SCHOOL

## Number of patients:

Under treatment .. .. .	68
Under supervision .. .. .	103
Discharged .. .. .	86
<i>Total</i>	<i>257</i>

## Number of children under treatment or regular supervision classified by speech disorder:

Retarded speech development .. .. .	101
Articulation defects only .. .. .	82
Language disability only .. .. .	18
Stammer .. .. .	39
Nasality and/or cleft palate speech .. .. .	10
Clutter or dysarthria .. .. .	7
<i>Total</i>	<i>257</i>

**TUBERCULOSIS****Notifications***(a) New cases in Maintained Schools notified in recent years*

	1965	1966	1967	1968	1969	1970
Pulmonary Tuberculosis ..	3	5	4	2	7	1
Non-pulmonary Tuberculosis	—	—	2	1	2	—

*(b) Cases in Maintained Schools on the Notification Register on 31st December, 1970*

Pulmonary Tuberculosis ..	40	50	51	51	52	47
Non-pulmonary Tuberculosis	2	—	2	3	3	2

## Investigation of contacts of notified cases:

- (i) At a non-maintained school, where a girl contracted the disease from her father, four girls in the same class were Heaf tested. All were negative and were given B.C.G. Four other girls, who had B.C.G. previously, were X-rayed, but were found to be negative.
- (ii) At a maintained school a case of tuberculosis was discovered as a result of routine Heaf testing. A total of 94 children and staff were X-rayed by the Mobile X-ray unit of the Mass Radiography Service, and 93 were found to be normal. One girl was referred to the Chest Clinic and it was subsequently found that the reported mass seen on the X-ray was in fact her pigtail. Heaf tests were performed on those children aged 13 and under who had not previously been immunised with B.C.G. A total of 59 children were tested and the negative reactors given B.C.G. No case of tuberculosis was discovered.



- (iii) At a primary school a teacher developed tuberculosis although the chest X-ray had been normal at the time of appointment. All the children in the school were Heaf tested, and positive reactors who had not previously had B.C.G. were referred to the Chest Clinic. A total of 146 children were tested, and 16 referred to the chest physicians. These children are still under investigation, but so far no secondary cases have been found. The staff were encouraged to have chest X-rays, and all 20 were found to have normal films.

### Protection of School Children against Tuberculosis

#### (a) *X-ray of Teachers and other school staff*

When teachers first take up employment with local education authorities they are required to have a chest X-ray. Teachers moving to Oxford to work in maintained schools after being employed elsewhere are also required to have an X-ray.

This year 193 newly appointed members of school staffs and 161 nursery students, pre-students and canteen workers were X-rayed. No cases of active or infectious tuberculosis were discovered.

#### (b) *B.C.G. Vaccination*

It has been known for some time that many people showing grade 1 reactions to Heaf testing have been infected not with *Mycobacterium tuberculosis* but with other "opportunistic" organisms of the same family. These people have no resistance to tuberculosis, and so need to be vaccinated.

Accordingly there has been a change of policy, in that all children showing a grade 1 reaction, as well as the negative reactors, have been vaccinated this year. The number of minor complications following vaccination has been less than ten, which is no more than in previous years.

#### Maintained Schools

		1965	1966	1967	1968	1969	1970
Number of cards sent	..	1,293	1,116	1,159	1,229	1,067	1,233
Acceptances	.. ..	1,094	990	1,027	1,088	929	1,118
Number of Heaf tests	..	1,050	953	949	1,023	936	1,026
Number of Grade 2, 3 and 4 reactors	.. ..	—	—	29	23	42	91
Number given B.C.G.	..	949	804	790	880	724	881
Percentage of acceptance	..	84.6	89.6	88.6	88.5	87.1	90.7
Percentage of Grade 2, 3 and 4 reactors	.. ..	—	—	3.0	2.2	4.5	8.9
Percentage of reactors without history of B.C.G.	..	—	—	—	—	—	2.7

The acceptance rate has increased to 90.7%, the highest yet recorded. The number of children with Grade 2, 3 and 4 reactions was also high, namely 91 (8.9%). However 64 of these had had a previous B.C.G. injection leaving only 27 (2.7%) who have converted as a result of contact with tuberculosis in the past.

Positive reactors (grades 2, 3 and 4) are referred to the Chest Clinic for a chest X-ray, and further investigation if necessary.

#### Non-maintained Schools

	1965	1966	1967	1968	1969	1970
Number of schools visited ..	11	10	9	7	9	7
Number given Heaf tests ..	291	322	282	275	376	345
Number of Grade 2, 3 and 4 reactors .. .. .	—	—	20	5	5	33
Number given B.C.G. ..	258	248	231	243	323	312
Percentage of Grade 2, 3 and 4 reactors .. .. .	—	—	7.1	3.6	1.3	9.5
Percentage of reactors without history of B.C.G. .. .. .	—	—	—	—	—	2.9

Of the 33 positive reactors (Grade 2, 3 and 4) 23 had a previous history of B.C.G. The percentage of reactors converted after exposure to tuberculosis is therefore 2.9, much the same as the figure for the maintained schools.

Two of the non-maintained schools previously visited closed during the year.

#### OTHER INFECTIOUS DISEASES

##### Notifications

	1965	1966	1967	1968	1969	1970
Diphtheria .. .. .	—	—	—	—	—	—
Scarlet Fever .. .. .	4	9	22	18	21	13
Poliomyelitis .. .. .	—	—	—	—	—	—
Measles .. .. .	510	196	101	147	101	31
Whooping Cough .. .. .	8	20	81	29	2	18
Bacillary Dysentery .. .. .	52	16	23	32	8	19
Glandular Fever .. .. .	—	—	4	8	7	7
Infective Hepatitis .. .. .	—	—	14	—	53	166
Leptospirosis .. .. .	—	—	—	—	—	2
Typhoid Fever .. .. .	—	—	1	—	—	2
Food poisoning .. .. .	—	—	—	142	1	4
Acute encephalitis .. .. .	—	—	—	—	2	1
Meningococcal meningitis .. .. .	—	—	—	—	—	1



### Diphtheria

#### (a) Incidence

There have been no cases for 22 years.

#### (b) Vaccination

A booster dose of diphtheria and tetanus vaccine is given to children when they begin primary school at the age of five. Children who have not had a complete course of primary protection are given a full course of diphtheria and tetanus vaccine.

The following table shows the number of primary courses and reinforcement vaccinations given during the last five years:

			<i>Primary</i>	<i>Re-inforcement</i>
1966	..	..	92	1,451
1967	..	..	80	1,408
1968	..	..	60	1,012
1969	..	..	75	1,194
1970	..	..	41	1,398

### Poliomyelitis

#### (a) Incidence

For the thirteenth year in succession, no case of poliomyelitis was notified.

#### (b) Vaccination

Children are offered a booster dose of oral vaccine during their first year in primary school. A full course is given to those whose immunity is incomplete.

The following table shows the number vaccinated in the last five years:

			<i>Primary</i>	<i>Reinforcement</i>
1966	..	..	279	1,397
1967	..	..	158	1,488
1968	..	..	123	1,398
1969	..	..	153	1,466
1970	..	..	97	1,544

### Measles

#### (a) Incidence

A total of 31 cases were notified during the year, which was the second lowest ever recorded, despite an epidemic of measles which occurred in other parts of the country during the summer months. One mild case of measles occurred in a previously vaccinated child, the remainder had not received measles vaccine.



*(b) Vaccination*

Because most susceptible school children had already received measles vaccine there was no special programme, but arrangements were made to vaccinate any child of school age who was not immune, on request. As a result of the nationwide epidemic of the disease in the summer, and the consequential publicity in the press and broadcasting media, 102 school children were given measles vaccine; many being new-comers to the City.

**Whooping Cough**

There were 18 cases of whooping cough, in contrast to only two cases in 1969. This slight increase was in keeping with a national trend.

**Rubella Vaccination**

During 1969 a trial of rubella vaccine was carried out in conjunction with the Medical Research Council, and virologists at the Hospital for Sick Children, Great Ormond Street, London. Some 380 girls took part which involved vaccinating those found to be susceptible after a preliminary blood test. A further blood sample was taken six weeks later to check the immune response.

This trial was continued during 1970, when girls born in 1956 were offered vaccination, and 151 found to be susceptible received rubella vaccine.

<i>Number of girls</i>	<i>Number accepting</i>	<i>Blood tests</i>	<i>Vaccinated</i>	<i>Reactions</i>
539	499 (91 %)	468	151 (36.5 % seronegative)	19 (13 %)

The acceptance rate rose from 78.5% last year to 91% this year, a very encouraging sign, which implies greater public awareness of the effects on an unborn child of what is otherwise a very mild disease. A higher proportion of girls were found to be susceptible to rubella (36.5% compared with 26% last year) but the proportion of those vaccinated who developed reactions (a mild sore throat or swollen glands) was much the same. The vaccine continued to give 98% protection as measured by blood sampling.

In September the Department of Health and Social Security announced a national campaign of rubella vaccination for girls between the ages of 11 and 14. The aim is to vaccinate all such girls, irrespective of whether or not they have had rubella previously. It was hoped during the course of the year to vaccinate all 13 year old girls in both maintained and non-maintained schools in the City. Difficulties arose, however, with the supply of vaccine and some girls remain to be vaccinated early in 1971.

*Rubella Vaccination:*

<i>Year</i>	<i>Girls Vaccinated</i>	<i>% Acceptance Rate</i>
1969 (first trial) .. .. .	80	78.5
1970 (second trial) .. .. .	151	91.0
1970 (National scheme) .. .. .	499	92.0
Total .. .. .	730	88

**Bacillary Dysentery**

There were 19 cases notified in school children. At one primary school there was a short epidemic of Sonne dysentery during the autumn term, and general advice was given about hygiene precautions. The school buildings and sanitary accommodation are fairly modern so that no special measures such as supervised frequent hand rinsing in antiseptic solutions or repeated disinfection of toilets were required. Neither was stool sampling on a large scale thought necessary, only those children who were ill or suffering from diarrhoea being excluded from school until the diarrhoea stopped and clinical recovery had taken place.

The occurrence of cases of dysentery in the special situation of the Park Hospital School unfortunately led to closure of the school for two weeks as a prophylactic measure to prevent the spread of the disease in the hospital.

Five children were notified as having Flexner dysentery during the year, three of whom attended the same school. There was no further spread in the school and all the cases were mild.

**Infective Hepatitis**

There was an increase in the incidence of this disease, from 53 cases last year to 166 this year. The outbreak which had started in the summer of 1969, continued throughout 1970. One new housing estate has been primarily involved, and nearly two-thirds of the affected children attended schools on this estate. The maximal incidence was in the first six months of this year, with a definite decline in the last quarter.

Boys and girls have been equally affected and most of the cases have occurred in primary schools; less than a quarter being secondary school children. The long incubation of the disease and the scattered incidence both in time and space, has made control difficult. Human immunoglobulin injections can prevent spread when used soon after contact in small closely knit communities, but because of the wide distribution of the disease in Oxford it was not used. The emphasis in control measures is on good personal hygiene, particularly in hand washing after using the lavatory, and this has been stressed in all schools.



### Leptospirosis (Weil's disease)

Two cases of leptospirosis were notified during the year. The first was a boy of 15 who was admitted to the Slade Hospital. He had been swimming in the Cherwell and in the Thames at Port Meadow a week to ten days previously but there was no history of direct contact with rats. He recovered rapidly. The other case was a girl with jaundice where a clinical diagnosis of leptospirosis was made but the laboratory tests were not conclusive. She had been playing in a stream near her home and had also recently acquired a pet dog, either of which could have been connected with her illness.

### Typhoid Fever

A girl aged  $3\frac{1}{2}$  and her brother aged 5 developed typhoid fever towards the end of the summer holiday. Both were admitted to hospital and made uneventful recoveries. It is thought that they had been infected by an aunt who had been visiting the family from abroad and was subsequently found to be a carrier of the disease. As far as control measures were concerned, it was fortunate that the two cases occurred during the school holiday so that extensive follow up work on school children was not needed. Both children were able to return to school when they were no longer infective as judged by the submission of six consecutive negative stool specimens.

### Food Poisoning

There were four isolated cases of food poisoning, all of whom were involved in small family outbreaks. There was no connection with meals in school.

### Scabies

There were five cases of scabies involving two families. Treatment was arranged for each family as a group. Three children in one problem family had to be admitted to hospital for treatment and were subsequently taken into care and admitted to Windmill House.

### Pediculosis

Inspections were made by school nurses with the following results:

		1968	1969	1970
Number of inspections made	..	26,081	25,366	24,292
Number of children inspected	..	11,185	10,460	12,942
Number of children infested	..	107	133	137
Percentage incidence	.. ..	.96	1.3	1

The 137 infested children (87 girls, 50 boys) came from 108 families compared with 95 families last year.



### Verrucas

Procedure and experience were reviewed last year with a view to modifying our advice about the exclusion from swimming baths of children suffering from verrucas in an effort to prevent cross infection. The conclusion reached was that the risk of cross infection was so slight that it was no longer justifiable to exclude school children with warts from swimming baths. There have been no repercussions from this change of policy, which has meant that there has been far less interference with children's swimming.

### DEATHS OF SCHOOL CHILDREN

Eight school children died during the year.

1. A boy, aged 12, died of acute influenzal bronchopneumonia.
2. A girl, aged 14, died of acute myeloid leukaemia.
3. A girl, aged 7, died of multiple injuries due to a road accident.
4. A boy, aged 9, was accidentally drowned.
5. A boy, aged 10, died from a fractured cervical vertebra due to a road accident.
6. A boy, aged 6, died of multiple injuries due to a road accident.
7. A girl, aged 4, died of acute lymphoblastic leukaemia.
8. A boy, aged 4 years, died of acute haemorrhage due to a bleeding disease of genetic origin.

On average, over the past 18 years, five school children have died each year, one from some form of cancer and two from accidents. Despite the amount of water in and around the City, death following a road accident is three times as common as from drowning.

### HANDICAPPED CHILDREN

**(a) Blind Pupils:** that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

One boy, aged 11, is at Rushton Hall School, near Kettering.

**(b) Partially sighted pupils:** that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or their educational development but can be educated by special methods involving the use of sight.

One boy aged 13 is at Blatchington Court School, Seaford, two girls aged 9 and 5, and two boys aged 12 and 6 are attending City schools.

**(c) Deaf pupils:** that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.



There are six children in residential schools. One boy aged 12 is at the Royal School for the Deaf, Margate; two girls aged 14 are at the Mary Hare Grammar School, Newbury; one boy aged 6 and one girl aged 13 are at the Royal School for the Deaf, Birmingham; and one boy aged 11 is at Rayner's School for the Deaf with Additional Handicaps, Penn.

**(d) Partially hearing pupils:** that is to say, pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

There are 27 children [(8 City, 16 Oxfordshire and 3 Berkshire) attending Partially Hearing Units in the City (5 at St. Ebbe's C.E. School, 9 at St. Thomas's C.E. School, 8 at South Oxford Primary School and 5 at Temple Cowley Secondary Modern School (two of whom are in the Unit part-time only)]. In addition 28 children attend ordinary schools. In all, 55 children attending day schools in the City have hearing aids (33 live in the City, 19 in Oxfordshire and 3 in Berkshire). In addition 35 children with a hearing loss have been recommended to sit in front of the class.

**(e) Educationally Subnormal pupils:** that is to say, pupils who by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

Twelve children are away at residential schools—four boys aged 16, 15, 10 and 8 are at Swaylands School, Tonbridge; one boy aged 15 is at Meldreth Training School for Spastics; one boy aged 13 is at Ryton Hall, Wolverhampton; one boy aged 13 is at St. Christopher's School, Bristol; one boy aged 12 is at Prince Rupert School, Newbury; two girls aged 14 and 11 are at Wood Eaton Manor School, Oxon; one boy aged 14 is at Wendover House School, Wendover; and one boy aged 10 is at Dedisham School for Autistic Children. One boy aged 11 and one girl aged 8 attend Tesdale Special School, Abingdon, on a day basis.

At the end of the year 170 children were attending Iffley Mead Special School.

During the year 11 children were examined by the Approved Medical Officers.

**(f) Epileptic pupils:** that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

One boy, aged 13, has now left Lingfield Hospital School and is attending Iffley Mead School. Several children suffering from slight or occasional epilepsy attend ordinary schools.

**(g) Maladjusted pupils:** that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.



There are still a large number of children in this category whom it is exceedingly difficult to place adequately due to the shortage of suitable school places and parental objections to a move in some cases. The waiting list for special school places for the maladjusted, both day and boarding, has fluctuated between 20 and 30 throughout the year.

There are twelve children away at residential schools or hostels—three boys, aged 15, 12 and 11 at Besselsleigh School, Abingdon; three girls, aged 15, 14 and 14, and one boy aged 15 are at Sibford School, Banbury one girl aged 15 is at Camphill Rudolph Steiner School, Aberdeen; two boys aged 10 and 9 at St. Thomas More's School; one boy aged 11 at Hurn Court School, Christchurch; and one boy aged 12 at Berrow Wood, Glos.

At the end of the year 42 children were attending Northern House School. During the year 33 City children attended the Park Hospital School for children with psychiatric disorders for varying periods. At the end of the year ten children were attending, of whom four were out-patients.

Two City children attended the Adolescent Unit School at the Warneford Hospital before the school closed temporarily at the end of the summer term.

**(h) Physically handicapped pupils:** that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

Four children are at boarding schools. Two boys aged 10 suffering from cerebral palsy attend the Craig-y-Parc School for Spastics, and a girl aged 12 and a boy aged 12 attend the Florence and Lord Mayor Treloar Schools respectively. The boy of 12 has haemophilia. There are three other boys with haemophilia; one aged 18 has home teaching whilst two, aged 6 and 12, attend ordinary schools.

Twenty-eight physically handicapped children attend the Ormerod School.

There were 27 children on the roll at the Wingfield Hospital School at the end of the year, all of whom came from outside the City. During the year 33 City children attended this school.

**(i) Pupils suffering from Speech Defect:** that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

There were no children in this category.

**(j) Delicate pupils:** that is to say, pupils not falling under any other category in the Regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.



There are 12 delicate children attending the Ormerod School.

A total of 36 handicapped children are attending boarding schools away from Oxford; 10 having been there for a year or less, fourteen from one to three years and twelve from three to seven years.

### **TEACHING AT HOME**

Home teaching is being provided for one boy suffering from haemophilia. During the year one other boy had tuition for a short period.

### **VOLUNTARY HELP**

The work of the British Red Cross Society in assisting handicapped children to have seaside holidays, and in organising social functions where parents and children can meet and discuss their problems is very greatly appreciated.

Our thanks also go to the Members of the Women's Royal Voluntary Service who so kindly and readily provide transport for children with a variety of handicaps whenever a request for it is made.

### **CEREBRAL PALSY**

There are 24 children of school age known to be suffering from varying degrees and types of cerebral palsy. Three children with minimal disability attend full time at ordinary schools. Thirteen children attend the Ormerod School for the physically handicapped, and three children attend Ifley Mead School for E.S.N. pupils. Three children who are E.S.N. and are severely handicapped by their cerebral palsy attend a residential school. Two children attend part time at Mabel Prichard School for the severely subnormal and part time at the Spastic Day Centre at the Churchill Hospital.

### **SCHOOL PSYCHIATRIC AND PSYCHOLOGICAL SERVICE**

#### **(a) Psychiatric Service**

The following report on the work of Northern House Clinic was submitted by Dr. Christopher Ounsted, Consultant Physician to the Park Hospital for Children and Medical Director of the Clinic. He was assisted by Dr. Brian Male, Dr. Michael Salmon, Dr. Terry Bruce and Dr. Linda Richardson.

There were 70 new referrals, which was slightly less than last year, boys outnumbering girls three to one. The majority of referrals come from School Medical Officers, who prepare a summary of all the medical information available from school health records and from teachers and parents. They also see that the Clinic staff are aware of other agencies that may be involved in each case, such as Child Care Officers and Probation Officers.

The Medical Director is responsible for co-ordinating a parallel service at the Out-patient Department of the Park Hospital for Children, as



well as the service provided for schools at Northern House Clinic. In this way pre-school children at risk for any disorder of development can be referred early so that they can be fully investigated before their disorder shows itself as educational failure. The School Psychological Service and the Psychiatric Social Worker continue to give invaluable support in counselling parents and teachers.

Finding school places for maladjusted children remains a difficult and arduous problem. This has been carried out admirably by Mr. J. Nicholls, Senior Assistant in the Special Services Section of the Education Department, with his usual efficiency and tenacity. A measure of his success is shown by the fact that over the past two years the average delay between recommendation and placement has been less than six months, despite the shortage of special school places throughout the country. The administrative procedure for assisting placement at boarding schools was improved last year; this year a similar improvement was made for day places at Northern House School.

The Head Teacher at the Park Hospital School has continued the important task of keeping the Heads of City Schools informed when children are discharged as day patients or in-patients and return to ordinary schools, giving them advice about management of behaviour problems and appropriate teaching methods in each individual case.

A recurrent problem facing all who work with maladjusted children is the relationship between teachers, parents and doctors. Parents must have the right of confidentiality of medical treatment of their children and in some cases it is, therefore, impossible to give teachers complete information. Balancing such conflicting aims demands a high degree of skill and tact, and is sometimes open to misunderstanding.

Detailed statistics of the past year's work are not at present available, but the general pattern is much as in previous years, with behaviour and educational difficulties heading the list of reasons for referral to the Service.

#### **(b) Psychological Service**

The following report on the work of the School Psychological Service was submitted by Mr. J. Willcocks, Senior Educational Psychologist:

During the year which began on 1st August 1969 and ended on 31st July 1970 the School Psychological Service continued to offer a non-medical advisory service to teachers and parents within the city and dealt with a wide range of emotional and educational problems.

The number of new referrals was smaller than last year, and this is largely because of an arrangement with the Park Hospital whereby City children attending there as outpatients are now seen by a clinical psychologist at the hospital rather than by a psychologist from the School Psychological Service. Of the 204 new cases referred, 65% were boys and



35% girls. We received 60% of our referrals from head teachers, 14% from the Child Guidance Clinic and the Park Hospital, and 12% from School Medical Officers. The remaining 14% was from a wide variety of sources, and we were particularly encouraged to note that the number of direct referrals by parents was almost twice as great as it had been during the previous year.

The children referred ranged in age from 3 to 15 years; and the great majority (90%) were between 4 and 7 years of age. The peak age for referral was 6 years, with a steady and regular falling-off in the number of referrals for each succeeding age group.

As well as dealing with the new referrals we carried out a good deal of continuous follow-up work, and also undertook further counselling of children and their parents when this seemed appropriate. In cases of educational difficulty, the Remedial Advisory Teachers were called upon to advise schools of special remedial methods appropriate to the particular difficulties of individual children.

Early in 1970 two of the Remedial Advisory Teachers reorganised their work so that they could give more intensive help to a smaller number of children. I should like the Remedial Advisory Service to remain flexible enough to offer different kinds of help as different needs arise.

During the year we organised an In-Service Training Course for teachers who are involved in remedial teaching within ordinary schools. The course ran for one week between Monday, 4th May and Friday, 8th May, and was successful enough for me to want to run further similar courses during the coming year. On March 10th Dr. Tony Buffery of the Human Development Research Unit conducted a seminar for teachers at Northern House on the subject of '*Handedness and Speech*'. This was an extremely stimulating session, and was very well received.

The Service provided a number of lectures for Parent Teacher Associations, for several different groups of students, and for various other organisations.

During the spring term we ran a series of meetings for head teachers. The content of these meetings was not determined beforehand, and there was ample opportunity for head teachers to discuss a wide variety of topics relating to the work of the School Psychological Service. I consider that these meetings were extremely useful in clarifying a number of points of procedure, and I hope that it will be possible to hold similar meetings from time to time in the future.

Mrs. Blow (Educational Psychologist) was away on maternity leave from Friday, 24th April, until the end of the summer term. Mrs. Gray left her post as remedial advisory teacher at the end of the summer term to take up an appointment at Ifley Mead School. Miss Rae joined us as Psychiatric Social worker at the beginning of October 1969 and left at the end of March 1970, and Mrs. Grier joined us in her place in September, 1970, on a temporary part time basis.



During July, 1970 we were glad to welcome Mrs. Anne Court as a temporary visitor to the Service. She had just completed her professional training at University College, London, and since leaving us has been appointed as an Educational Psychologist in Buckinghamshire.

Our School Psychological Service secretary, Mrs. Darby, has continued to make a very important contribution to the smooth running of the Service. Her unobtrusive reliability should not go unmentioned.

### NORTHERN HOUSE SCHOOL

Mr. A. M. Palmer, Headmaster, submitted the following report:

At the beginning of the January term there were 42 children attending Northern House School.

During the year 13 children were admitted and 13 children left.

Of those leaving:

- 6 children were transferred to local secondary schools.
- 1 child was transferred to an Oxfordshire secondary school.
- 2 children were transferred to residential schools for maladjusted children.
- 3 children were transferred to local primary schools.
- 1 child left the area.

Of this number:

1 child had attended for 4 years 11 months

1 " " " " 3 " 10 "

1 " " " " 2 " 10 "

1 " " " " 2 " 9 "

3 children " " 2 " 8 "

1 child " " 2 " 6 "

1 " " " " 2 " 5 "

1 " " " " 2 " 3 "

1 " " " " 2 " 2 "

2 children " " 1 " 10 "

therefore average length of stay was 2 years 9 months.

Of the new admissions:

11 boys 2 girls

4 within the 7—8 age range

5 " " 8—9 " "

4 " " 9—10 " "

We began school in September with almost all vacancies filled. Thus, from the first day of term, the children were able to adjust themselves to the new groups in which they were placed. This is preferable to small groups being established and then increased at intervals as, I am sure, each addition to any group is liable to alter the nature of that group. By ensuring that groups are at, or almost at, maximum capacity any later

adjustments are therefore minimal. Our experience this year reinforces our view of the advantages to be obtained from admitting as many new children as possible at the opening date of the September Term.

Among the present children there are several in serious need of speech therapy. Of these only one has been having regular treatment. Unfortunately, because of shortage of therapists even this one child's treatment has been cancelled. This situation is only temporary, but there would appear to be need of additional therapists and I would certainly support any move in this direction.

We held a Parents' Meeting in November which was addressed by Mr. J. Willcocks, the Senior Educational Psychologist, on the subject 'How your child learns'. The meeting was very well attended and gave the parents of newly admitted children the opportunity of meeting the staff of the School and the Clinic.

Unfortunately, swimming sessions for the school had to be curtailed last term, but as the repairs to the pool have now been completed our regular sessions have now recommenced.

There have been no changes in staff and the good effects upon the children of this continuity are very evident.

At the Inter-School Junior Sports we entered six children and were delighted when we got a first in the boys 80 yards and a third in the relay race for small schools.

Our annual day trip to Wicksteed Park was, once more, extremely successful and gave pleasure to all the children.

Once more I should like to record my appreciation of the work done by the staff of the School and to thank the School Managers and the officers of the Education Department for their help and support throughout the year.

## THE PARK HOSPITAL SCHOOL

Mr. J. W. Stedman, Headmaster, submitted the following report:

The school was open for 44 weeks. An epidemic of dysentery in the hospital necessitated the removal of patients and closure of the school for two weeks in April.

The total number of patients passing through the school shows only a slight reduction on 1969 but continues to run at a substantially higher level than in previous years. In all, 115 pupils were placed on roll, 79 of them were boys and 36 were girls. Thirty-three lived in Oxford. The pupils ranged in age from 5 to 16 years.

The figures showing the number of pupils in attendance give an indication of the need for an increased provision of teaching space and teachers to reduce the size of teaching groups with these multiply handicapped pupils. In the absence of any other building becoming available, the Medical Director has rearranged the accommodation of other staff to make possible the use of a room in a convenient position as a classroom.



The Authority has agreed to increase the teaching staff from 3.5 to 4 in 1971.

The increased demand for day-patient places in the school continued to be met in 1970. Although the physical resources of the school imposed a limit of five day pupils at any one time, 15 were in attendance altogether and, of these, 8 attended for more than one term. It should be possible to make some increase in the number of day pupils when the additional classroom is operational.

As I reported last year, the Park Hospital fulfils the role of a major educational assessment unit. The contribution made by the school to this work is essential and makes considerable demands upon the teaching staff. The thorough medical, psychometric, social and educational investigation of patients results in a change of schooling for a substantial number of children. In 1970, 23 patients from all parts of the country were thus affected. The following list shows the kind of changes made.

From a normal day school to a normal residential school	..	3
From a normal day school to a residential special school	..	6
From a normal day school to a special day school	.. ..	11
From one type of special school to another	.. ..	3
		—
Total	..	23
		—

Recommendations were made that other discharged patients should change their schooling when places became available.

Some Head Teachers have voiced the criticism that they receive insufficient information about the results of investigations and treatment of their pupils admitted to the Park Hospital for children. Usually, they have not appreciated that medical information given in confidence is only disclosed to other doctors having a proper interest in the case. Very full and detailed case summaries are always sent to the Principal School Medical Officers concerned. It is my practice to inform schools when one of their pupils is admitted to or discharged from the hospital. I am able, also to report to Head Teachers any non-privileged information I may have affecting the education of a patient and many Heads in the locality find it helpful to use my services in this way.

#### Pupils on Roll 1968-70

	1968	1969	1970
On school roll .. ..	93	125	115
Number discharged .. ..	78	111	109
Average length of stay in weeks .. ..	10	8	8
Average number daily on roll .. ..	23.1	23.4	23.7
Highest number on roll .. ..	29	30	29

**Previous School Experience**  
(Oxford City pupils in brackets)

<i>Secondary</i>			<i>Junior</i>		<i>Infant</i>	
Special Education	Selective (Grammar & Public School)	Non-Selective Sec. Mod.	Special	Normal	Special	Normal
12 (2)	2(2)	29 (6)	10 (3)	33 (12)	6 (1)	23 (7)
43 (10)			43 (15)		29 (8)	
All pupils from normal schools			..	..	87	
All pupils from Special schools			..	..	28	
			Total	..	115	

### ADOLESCENT UNIT SCHOOL, WARNEFORD HOSPITAL

It was unfortunate that the Adolescent Unit School, after a promising start, had to close at the end of the summer term due to the continuing illness of the Consultant Psychiatrist in charge of the Adolescent Unit. While the school was open its good work continued. Of the 17 pupils who attended the school, only two came from the City, the remainder coming from a number of other local authorities. The staff consisted of one full time and three part time teachers, together with two voluntary helpers. The pupils had a time table that offered them most of the normal school subjects, though these had to be taught in a more flexible setting and individual arrangements were made for the older pupils. Relationships with several local schools were strengthened, thus facilitating the return of some pupils to their former schools and also making possible arrangements whereby non-City pupils were given the opportunity of attending a local school to help them to readjust to school life. The majority of the pupils left to continue at ordinary school or to go straight into employment.

### IFFLEY MEAD SCHOOL

Mr. J. Sutherland, Headmaster, submitted the following report:

It is not my purpose in writing this, my last report, to review the events of the last nineteen years.

Sufficient to say that now the City of Oxford has a school well worthy of the traditions of care for the handicapped which Oxford has built up over the years. The contrast between these buildings and facilities and those at Slade Park can be appreciated only by those who have worked in both.

Over the past year we have continued the experiments in the Education of slow learning Children which were mentioned in last year's report, and it will now be for someone else, not at present involved in them, to state an opinion as to whether they should be continued, modified or abandoned. Certainly there will be changes and this is good, for education can only progress if there be an infusion of fresh ideas.



Some of the experiments tried have been quite controversial. Not the least has been the assumption that, in these days with so many varied examples of mass media, reading and writing for slow learning children, while very very desirable, is not now so absolutely necessary as in the past. No one denies that reading and writing are important, nor that children who acquire these skills can achieve a richer, fuller life. But, if the slow learning child is to spend a large amount of time acquiring these skills (and a large amount of time will be necessary), something else in the school curriculum must go out. Decisions about what goes can only be made on individual evaluations of relative value and importance, and this is a very personal decision which any Head Teacher must make — and justify.

It may be, too, that there will have to be a change in the concept of a School for E.S.N. Children. The fact that the Mabel Prichard Centre, in common with all Junior Training Centres, will be coming under Education means that a closer link between the two establishments will be very desirable. Certainly any interchange of pupils should be possible and perhaps somewhat easier than at present.

In 1970, the main cause for concern has been the future of the Assessment Unit. Pressure of space obliged the Unit to move from this School in order to admit more children known to need the provision made here. All concerned admit that its present site, with all the good will in the world, is not the most desirable and has many disadvantages. Unfortunately, ultimate responsibility for the Unit was never firmly established. These two facts together could bring the Unit to an end. It is very much hoped that this would not be so, for the Assessment Unit meets a need hitherto lacking in the educational provision in the City.

But if the Unit is to continue, there must be a link with all other schools likely to be concerned, so that the odd place in these schools is available immediately a child is considered suitable for admission there. It is useless to make a decision about a child and then not be able to carry out that decision.

During the year the school was officially opened by the Lord Mayor of Oxford at a very pleasing, quite informal, function. We took part in the eighth centenary celebrations of Iffley Village, a children's art exhibition was held in the school, the P.T.A. playing an important part in arranging this, visits were made by minibus to the Ideal Home Exhibition and to the Motor Show, while, thanks to the generosity of the Youth Hostel Association and the Frank Corby Fund, a Youth Hostelling holiday was held in October in Derbyshire for children who would not otherwise have had a chance to go away from Oxford. There was a school trip to Whipsnade and a week's visit was made to Glasbury, but a second visit here was not possible owing to a misunderstanding after we had agreed to forego an original date at the request of the Warden. This was particularly unfortunate. Two Open Days were held to commemorate the

hundredth anniversary of the Education Act and there was a large gathering of parents and others to see the school at work.

One final event merits a paragraph to itself. The school took part in a sponsored walk in aid of the East Pakistan Disaster Appeal and a sum a few shillings short of £90 was paid in to the fund. A very good effort indeed to help someone worse off than themselves.

So my share in these events comes to an end. Mixed feelings on my part. Some purple patches and some depressing moments. But through it all the help, sympathy and understanding of all officers, officials and members of the school staff in whatever capacity, have made the way as smooth as it could possibly be. It would make this report far too long to mention them all by name, but I hope no one will be offended if I single out members of the Special Services Department for individual mention. This school owes a lot to them, but all the others have not been forgotten for the parts played. Good wishes and many thanks to you all.

## THE ORMEROD SCHOOL

### (a) Report by Dr. V. M. Hollyhock

At the end of the year there were 28 children attending from Oxford City, 8 from Oxfordshire County and 4 from Berkshire. There is no waiting list for admission and urgent cases can be accepted at short notice. There are however a number of children under observation who will be admitted when they reach the most appropriate stage in their development to profit from special schooling.

There continues to be three classes in the school with, at the top, a leavers group who have shown enormous increase in maturity and personality as a result of the special programme which they have been following.

<i>Classification</i>	<i>Disease</i>	1968	1969	1970
Respiratory .. ..	Asthma .. ..	5	6	5
	Bronchiectasis .. ..	1	1	1
Heart .. ..	Congenital .. ..	5	4	4
Systemic .. ..	Von Willebrand's disease	1	—	—
	Chronic nephritis ..	1	1	2
	Hypothyroidism ..	1	1	1
	Still's disease .. ..	1	1	—
	Underweight .. ..	1	—	—
	Polycystic disease ..	1	1	1
Nervous .. ..	Cerebral palsy .. ..	11	13	11
	Head injury .. ..	1	—	—
	Epilepsy .. ..	—	—	1
	Werdnigg-Hoffmann paralysis .. ..	2	2	2



<i>Classification</i>	<i>Disease</i>	1968	1969	1970
Locomotion disorders	Spina bifida .. ..	5	4	4
	Muscular dystrophy ..	1	1	—
	Congenital deformities of			
	limbs .. ..	1	1	1
	Fragilitas osseum ..	2	2	3
	Perthe's disease ..	1	3	2
	Arthrogryposis ..	2	1	1
	Morgan Brailsford			
	dystrophy .. ..	—	—	1

As will be seen, children with cerebral palsy remain the largest group of handicapped children. It is anticipated that the numbers of children with spina bifida requiring special education will increase.

During the year a number of children have undergone surgery with marked improvement in their condition. The uninterrupted programme of physiotherapy which was made possible by the appointment of Mrs. Wynne has resulted in a number of children showing a considerable improvement in their physical activity.

Yet again we are in the position of saying that we are still looking forward to having the new school, in order to be able to improve the range of activities and facilities available to these children, thus improving the quality of their lives.

#### **(b) Report by Miss J. I. L. Martin, Headmistress**

There have been several changes at the school during the year, in the teaching staff, school organisation and in the provision of extra physiotherapy for the pupils. The big change—the new school—did not materialise. Parents, teachers and all concerned with the welfare of the children realised with bitter disappointment that there would have to be a further period of doing the best possible in inadequate buildings.

The number of pupils at the school fluctuated between 40 and 44 during the year. There were seven admissions and eight leavers. At the end of the year there were 40 children on roll.

<i>Age Groupings</i>	1968	1969	1970
5—7 years .. ..	14	11	10
8—11 years .. ..	21	21	13
11 plus years .. ..	8	10	17
<i>Sex Groupings</i>			
Boys .. ..	24	24	21
Girls .. ..	19	18	19
<i>Leavers</i>			
Transferred to E.S.N. Special School .. ..	..	..	2
Transferred to Grammar Boarding School .. ..	..	..	1
Transferred to Normal Schools .. ..	..	..	2
Families which left district .. ..	..	..	3

<i>Admissions</i>								1970
Senior Pupils	..	..	..	..	..	..	..	2
Junior Pupils	..	..	..	..	..	..	..	1
Infant Pupils	..	..	..	..	..	..	..	4

*Extra-district Children*

Oxfordshire	..	..	..	..	..	8 (5 boys: 3 girls)
Berkshire	..	..	..	..	..	4 (3 boys: 1 girl)

In January Mrs. Wynne started regular physiotherapy sessions at the school, and later included a weekly hydrotherapy session at the Baths. The extra time she has been able to give has proved a great benefit to the children.

Mr. Chaundy, the Deputy Head, retired at the end of the Easter Term. The new Deputy, Mr. Severn, took up his appointment in September. During the Summer Term Mrs. McClunie-Smith took General Studies with the Senior Group and Mr. Kane the woodwork sessions for the senior boys.

Music in the school was possible with the help of a pianist at the beginning of the year; later, Mr. Severn was able to take these sessions and introduce extra recorder groups during the dinner break.

It has not been possible to include woodwork on the timetable since September. Arrangements have been made for two senior boys to attend woodwork classes at Bayswater School one afternoon each week, and I would like to thank the Headmaster for his kindness in making this possible. However, light craft has been substituted for woodwork for the other pupils of secondary age.

The academic progress of the children generally has been quite satisfactory but it is acknowledged more could have been accomplished if greater facilities had been available.

The number of children attending swimming sessions at Blackbird Leys Bath has increased slightly. Eight certificates were awarded during the year. We are truly grateful to Miss Bateson (who has not retired as far as Ormerod School is concerned) and all who have helped.

Throughout the year the school has benefited greatly from help given voluntarily by parents, groups interested in the welfare of the children, and co-operation with other schools. Such assistance has enabled children to gain from experience which would otherwise have been denied them. A joint outing with a Berkshire School, which provided transport for the party, enabled a senior group to go to the theatre to see the Ballet. The Youth Group of the Council of Social Service gave a firework display at a social evening held in the school. The Fish Association of Headington arranged transport for wheel-chairs which enabled the whole school to visit the Cotswold Wild Life Park at Burford and provided extra escorts when needed. The School Christmas Party, threatened by electricity cuts, was made secure by the kindness of the R.A.F. Personnel who stood by with lamps ready to take over in an emergency. The British



Red Cross Society have continued the Links Club at school. The Society arranged a visit to the Pantomime for a group of Ormerod children. They also helped to provide transport so that the senior class were able to spend a day at the Oxfordshire Agricultural Show.

Talks given by visiting lecturers (for example, Commonwealth Institute and Thames Valley Police Force) helped to introduce pupils to real life situations and were a great teaching aid.

Miss Woodhams visited the school to help with the School Library, which is now well established and much used by children of all ages.

Groups of medical students and students from Colleges of Education visited the school throughout the year.

The 'Friends of Ormerod' held meetings during the year. Activities included a health talk with the Adviser in Health Education and School Medical Officer in attendance, the School Garden Fete and a Jumble Sale. Grants were made out of the 'Friends of Ormerod' funds to pay for a restaurant meal when the children visited the Wild Life Park, and the School Christmas Party was subsidised. A new electric duplicator was presented to the school by the Friends and has been much used.

Finally, we would express our gratitude to the Chief Education Officer and his staff, the School Medical Officers and all those who have given so generously of their time, help and advice.

### SPECIAL CLASSES FOR PARTIALLY HEARING PUPILS

Mr. E. D. Meekley, B.A., special teacher in charge of the Temple Cowley Secondary Unit and also responsible for the co-ordination of the units and the supervision of senior partially hearing children in normal schools and colleges reports as follows:

Once again a number of changes of staff have taken place during the course of the year. In the Summer term the South Oxford unit had to be closed and the children attached to the infant or secondary units as a temporary measure. However, in September two newly appointed specialist teachers took charge of the St. Thomas and South Oxford units respectively and the problems presented by inappropriate groupings of children were diminished.

In December the distribution of partially hearing schildren was as follows:

	IN UNIT			IN MAIN SCHOOL			Total
	City	Oxon	Berks	City	Oxon	Berks	
St. Ebbes (Nursery)	1	3	1	1	0	0	6
St. Thomas (Infant)	3	5	1	0	0	0	9
South Oxford							
(Junior)	3	4	1	0	1	0	9
Temple Cowley							
(Senior)	1	4	0	1	0	0	6



Four children in secondary schools other than Temple Cowley were visited by the teacher of the deaf at regular intervals and their progress supervised. This supervision took the form of weekly tutorials concentrating on speech correction and language comprehension in the cases of children in secondary modern schools. In the cases of children in the grammar schools, more emphasis was placed on consultation with teachers and house tutors and less on direct contact with the children. In all cases, frequent contact took place between the visiting specialist and the headmasters and their staff.

As in the past, we have been assisted throughout the year by the hearing therapists of the Radcliffe Infirmary. In July Miss N. Marples left to work in Australia but we continued to benefit from the close co-operation of Miss R. Heddon.

A practice which has arisen in recent years is for all the children in a particular unit to attend the assessment clinic at the Radcliffe Infirmary on the same afternoon. This enables the unit teacher to attend and encourage the individual children to demonstrate their abilities to a familiar person while being closely observed by the Otologist, parents and others concerned with their welfare. Information and advice can be readily exchanged and difficulties discussed informally. We are grateful to the E.N.T. Department for making this possible.

The Nursery Unit at St. Ebbes has continued in the charge of Mrs. M. H. Scott, though in July her nursery assistant, Mrs. Willington, left. Miss J. Newman, who took her place in September, is proving to be an equally valuable assistant.

At St. Thomas the Infant Unit remained in the charge of Mrs. D. Metcalfe until July. Here, as at St. Ebbes, the summer term was particularly difficult because of the increased number of children due to the closure of South Oxford. We are most grateful to Mrs. Metcalfe for her efforts and for those of her assistant, Mrs. Fulbrook, whose presence has done much to minimise the unsettling effect on the children of a change of teacher.

In September Mrs. J. Huggins, one of the first group of teachers to obtain their specialist qualifications at Lady Spencer Churchill College, was appointed teacher in charge. We were pleased to welcome her to this unit in which the group hearing aid equipment has been completely overhauled. In addition the group aid amplifier previously used in the hall of Temple Cowley School has been transferred to St. Thomas' to drive the induction loop system there. This enables all the young children in this unit to be given more time each day to experience amplified sound as now the teacher can use the group aid and the assistant the induction loop system simultaneously.

The children in this unit are all so handicapped that it is impossible for any one of them to integrate completely with a normal class, but as a



group they do mix with the normal infant class for games and activities as well as in the playground and at meal times.

At South Oxford Junior Unit Mrs. S. Campbell, who had helped us through an awkward period for two terms, left to have a baby at Easter and the unit was closed during the summer term.

In September Mr. B. Braley was appointed teacher in charge. Mr. Braley has had valuable experience of work in a residential school for the deaf as well as considerable experience of normal junior school children. At present the age distribution of the children in the unit is heavily biased towards the younger end of the range and teaching has to be modified to take account of this. One boy integrates in a normal class for a high proportion of his time with reasonable success and all spend some time each week in activities in normal classes. An overhead projector and screen presented to the unit by a local charity is a valuable piece of equipment in daily use.

There have been no changes in equipment at the Temple Cowley Secondary Unit. Because three of the young people reached leaving age in the first half of the year, considerable emphasis was placed on work experience and visits to factories and offices in which these young people might later find employment. Each of them had experience in eight or more different shops, offices or factories before eventually choosing the employment they and their parents preferred. One boy went to Minty's (Furniture) while the two girls went to Littlewoods and Fine Fare, Headington respectively. A small follow up study in December showed that after six months of employment these young people and their employers were well satisfied with their choice of job.

In June the members of this unit with their teacher spent a week camping in East Kent and touring the area in a minibus. Amongst the places visited were Canterbury Cathedral, Dover Castle, Manston airfield and R.S.D.C. Margate. The 'high point' of the camp, however, was a day excursion to Boulogne by Hovercraft. Throughout the week the young people did their own shopping and cooking, exercises in self reliance which were perhaps the most valuable experiences of the whole venture.

Early in the autumn term all four units made an expedition in two minibuses to the Cotswold Wild Life Park. In addition to the obvious experiences for the children the new teachers and assistants were able to get to know each other and the children in other units in a friendly informal atmosphere. The older children had the responsibility of supervising the younger children and the venture proved to be so successful that a similar expedition to a farm is planned for Spring, 1971.

Co-operation with parents has continued directly between teachers and individual parents as well as with the Oxford branch of the N.D.C.S. This branch has again co-operated with the specialist teachers in organising extra help for partially hearing children out of school hours.



## ENURESIS CLINIC

Dr. Patience Burn has provided the following report:

The Clinic fulfils an ever present need in the City and neighbouring areas. The number of new patients rose again, but this was offset by a fall in the number of cases continued from the previous year.

Half the cases were referred by school medical officers and half by family doctors and health visitors. Two-thirds of the cases were seen before their eighth birthday.

The buzzer-alarm remains the best method of treatment. Tofranil has often been tried by the family doctors before referral. Of the 62 cases that were cured, only five responded to Tofranil and two to a placebo.

### Results

	<i>New Cases</i>	<i>Incom- plete cases from 1969</i>	<i>Old Cases</i>	<i>Total</i>
Spontaneous cure .. .. .	8	2	2	12
Cured by treatment .. .. .	21	20	21	62
Failed to improve or relapsed within three months .. .. .	19	6	7	32
Dry, but follow-up less than three months .. .. .	25	4	3	32
Still on treatment .. .. .	29	3	5	37
<b>TOTAL</b>	<b>102</b>	<b>35</b>	<b>38</b>	<b>175</b>

There were 472 clinic attendances, averaging eight children at each clinic. Thirty-five clinics were held at Greyfriars and 23 at Blackbird Leys.

Children who become dry are followed up after three months by a postal enquiry, and 169 letters were sent out. Those who fail to reply receive a domiciliary visit. One in three patients fail to keep their clinic appointments, and persistent defaulters are also visited, often to retrieve the buzzer-alarm. Seventy-three such visits were made.

We had only one mild case of buzzer ulcers, which healed quickly when the apparatus was withdrawn.

The overall number of children who were cured or considerably improved was 106 or 60%.

A Paediatrician working at the Park Hospital is particularly interested in primary enuresis and claims to have identified a group of children with common characteristics who respond well to Librium by day and Tofranil in the evening. These children, who are 6-9 years of age, have a strong family history of enuresis, a tall thin physique, are of shy, obsessional, perfectionist character, under some stress, and often have a tendency to suffer from asthma and travel sickness. Certainly the eight children of this type referred to the Park Hospital during the year have done very well, though long term follow up is as yet incomplete as a minimum of six months treatment is advised.



## REPORT OF THE ADVISER IN HEALTH EDUCATION

(Mr. D. F. LEWIS)

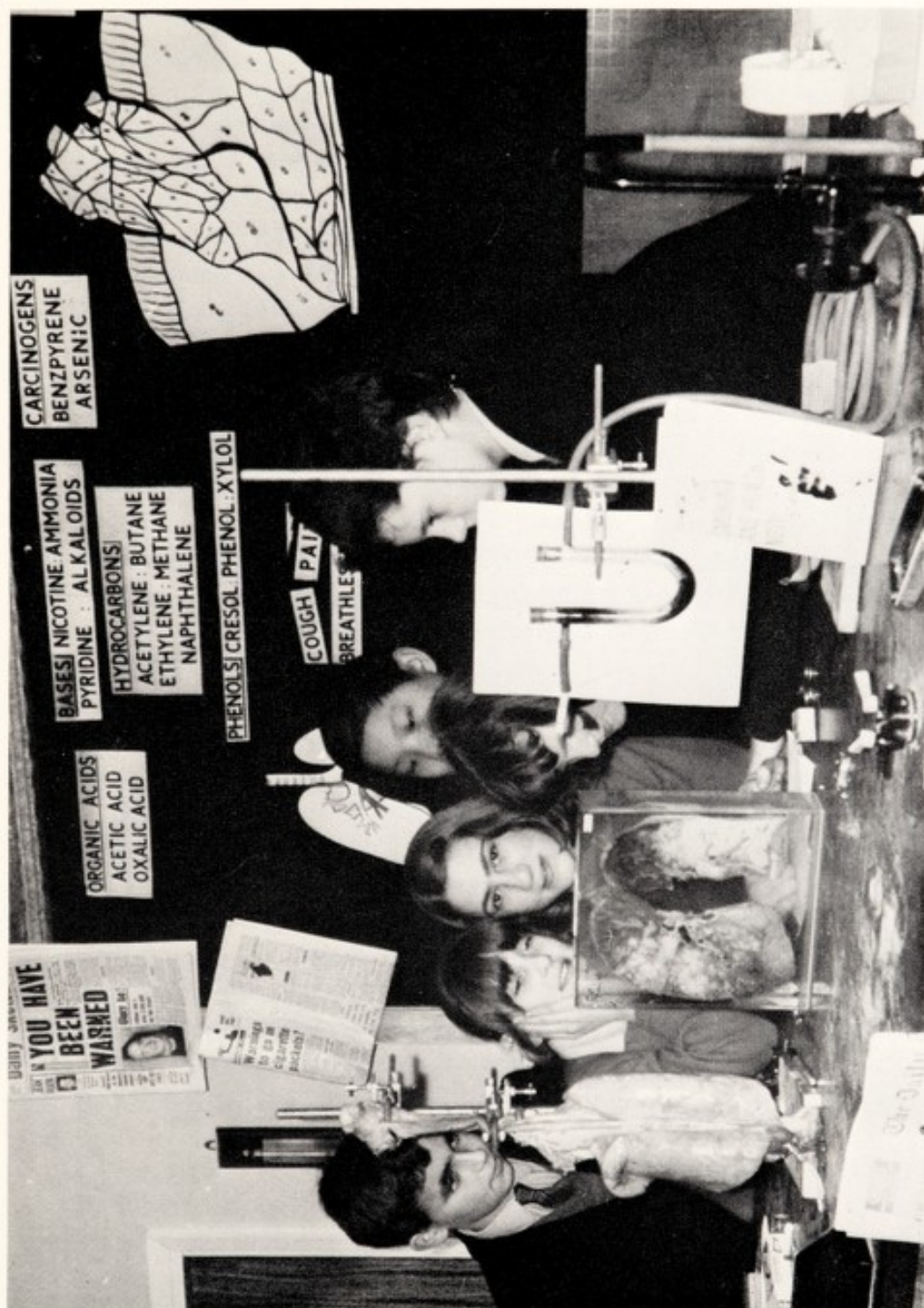
The past few years have seen a quickening of interest among the general public in matters of health education, no doubt stimulated in part by increased coverage on television and in the national press of the more controversial and pressing issues. Greater publicity has led to a more ready acceptance of education on matters of health within the schools. As individual schools develop their own schemes of work the main points of discussion centre less frequently on the material to be taught and more on the structure and organisation for its inclusion.

Almost all the secondary schools now have a member of staff who undertakes the role of co-ordinator for health education. The co-ordinator is a teacher with the responsibility for ensuring that the many divergent aspects of the subject such as home safety, dental health, social and health services, first aid, drug abuse, mental health, infectious and non-infectious diseases, family planning, child care and development, environmental hazards and many others are adequately covered. In some instances this content will be divided among teachers of appropriate subjects. First aid to the Physical Education teacher, smoking to be covered by the Biologist during work on respiration, child development under the care of the Home Economics teacher. In other instances, health will appear on the curriculum in its own right. At Redefield School, health is time-tabled for the first three years, then during the fourth and fifth years it is integrated with other studies under the heading of human relationships. Whichever approach is adopted the co-ordinator usually plays an active part in the teaching as well as the organising of the programme.

At a recent meeting of co-ordinators the opinion was expressed by many, that having carried through a programme geared to supplement work undertaken through ordinary subjects, the time was now opportune for health education to receive a more central position in the work of the schools.

### Secondary Schools

Many opportunities have been found to supplement the normal lesson-pattern of work. Milham Ford School arranged a three-day conference on 'Growing Up and Community Services' for members of their third year. The programme was developed from that of the previous year, when a two day conference was held. The setting chosen was once more the sixth form block, with its relaxing and less formal atmosphere, so conducive to discussion work. The first day included physical development and changes associated with adolescence, fashion and its influence on health, personal relationships and the emotional problems and issues of concern to this age group. During the afternoon some of the health hazards of society were discussed, smoking, drugs and disease. On the



ANTI-SMOKING DEMONSTRATION  
THE CHERWELL SCHOOL



5H 5

second day the pupils visited various centres concerned with caring for the community, old peoples homes, a hospital, a health centre, a police station, a nursery and a special school. On returning to school each group gave an account of their visit and of the contribution the centre visited was making in helping people. The final day included a discussion on 'Growing Up' with the Diocesan Youth Officer, followed by a talk from members of two community services, Oxfam and the Fish Scheme. The conference concluded with a collection of stimulating questions ranging over the issues of the previous three days.

Display and exhibition work can be very demanding in time and effort, equally it can be rewarding by stimulating interest and providing the incentive to examine a particular topic in much greater depth. A one day exhibition based on the theme, the prevention of cancer, was arranged in conjunction with the Cancer Information Association at the Town Hall. A number of schools attended the exhibition which included several displays on smoking and air pollution. One of the contributors was The Cherwell School, who mounted a most interesting display which included their own 'smoking machine'. This machine spent the day smoking cigarettes. The residue was collected to illustrate what the lungs of the smoker had to contend with each day. At the end of the year Cherwell School was once again involved in a project on smoking. This time the B.B.C. 2 'Man Alive' television team spent the morning filming a lesson on smoking, a discussion with the headmaster and some of the pupils expressing their opinions. The final outcome will not be known until the programme is televised early in 1971.

The courses on mother and child care continue to flourish with an increasing number of entries to the external examination of the National Association for Maternal and Child Care and the internal examination for the Certificate of Secondary Education. In general the course is arranged by the Home Economics teacher with the valuable assistance of a Health Visitor. The programme has evolved considerably beyond the bathing, feeding and care of the baby and in many schools includes such items as accommodation, the working mother, children and the family, family planning, illness and the psychological development of the child.

As in previous years there have been many requests for speakers to contribute to school programmes of health education with talks on a variety of subjects, ranging from home safety to those more frequently requested on aspects of personal relationships and drug abuse. Among the talks on safety were two given at East Oxford School. These formed part of the school's splendid project on safety which involved not only pupils, but parents as well.

There is a growing acceptance of the need to provide young people, before they leave school, with knowledge on sexually transmitted diseases and family planning. To withhold this information is to contribute to the alarming statistics of the former and the unhappiness which often results



from ignorance of the latter. Accordingly schools are structuring these topics into their programmes.

One fresh approach used in education on drugs was to gather together a collection of slides illustrating the points to be covered, and to make an accompanying tape recording. The material was then presented to a small group of interested teachers at Redefield School. The group discussed the advisability of talking about drugs and how best the aids could be used with the children. Among the possibilities considered, apart from a straight presentation, was to use the aids to initiate creative writing and drama, and as a continuation of the talks which some of the schools had already received on smoking. The majority of schools now arrange for talks on the subject of drug abuse, but still remain very conscious of the need to handle such an emotional topic with care and understanding.

Transfer from school to college or university can create anxiety and stress for some students. To lessen this possibility and to help the girls to prepare for the transfer, a Student Health Counsellor from London University was invited to talk to the second year sixth form at Milham Ford. The meeting was arranged in the form of a panel session, with the Student Health Counsellor, two students currently at university and two students at Westminster College of Education, answering general queries on such things as accommodation, budgeting, loneliness and stress caused by work. Later the sixth form divided into groups, each led by a member of the panel, for further discussion.

Disturbing statistical trends, publications and new developments may cause a feeling of uncertainty among teachers as to the extent of their knowledge in teaching specific topics. To keep them abreast of these developments and changes, courses have been arranged on the venereal diseases, other infectious diseases and young people's advisory classes run by the family planning association.

An exploratory meeting was held at the new Isis Centre to give teachers an opportunity to meet staff from Littlemore Hospital and to try and establish the function of the centre. It was further hoped to discover ways in which teachers and pupils could avail themselves of the services offered.

### **Primary Schools**

As part of the celebrations for the centenary of the 1870 Education Act, a static display was mounted in the Town Hall illustrating education past and present. A section of the display was allocated to Dental Health. Two films were given a fairly continuous showing during the week, each depicting the dental health education of the period. The first, 'Came the Dawn', was produced in 1912 when motion pictures were in their infancy; and was used then to rouse the public conscience by showing what could be done in dental care. The second film 'Out of the Mouths' was completed during 1970, and illustrated the most recent of primary school teaching methods and related these to dental health. Headington Junior School



added to the display with a collection of material produced by children using some of the methods portrayed in the film. Giant toothbrushes, miniature toothpaste tubes, photographs of dental surgeries taken just after the turn of the century placed beside photographs of the most modern examples, animal skulls, extracted decayed teeth, and examples of food both beneficial and harmful to the teeth, contributed to make a display which aroused much interest in the subject.

The Thames Valley Constabulary arranged for schools to borrow one or two films based largely on the theme of 'don't talk to strangers'. The films presented a difficult topic in a very delicate and acceptable fashion, yet still managed to get the message across. They have been used in several of the infant and junior schools, with the guidance of an experienced police sergeant, and have provoked some lively lessons.

A series designed for a secondary school audience on topics such as, the risks attached to hitch-hiking, were later shown to different age groups at Bayswater School. It is hoped that during the coming year more schools will take advantage of the availability of these films.

A balanced programme of health education covering each individual year has been developed in many of the schools, while in others the programme has been concentrated into the last year. In either case sex education has been regarded as only a part of the total scheme of work and in no way given undue prominence. Until the B.B.C. television programme on sex education for eight year olds was produced, the schools had generally restricted the topic, in its more structured form, to the last year or two in the primary school. A meeting of teachers was organised to review the B.B.C. material prior to it being televised, and to consider the desirability of teaching the subject to children as young as eight. While the filmstrip material received general approval, teachers' opinions were divided as to the most suitable age at which to receive the information. At this and subsequent meetings it became clear that many schools, together with the parents, were re-thinking their approach to sex education. Other schools decided to continue with an approach which had proved most satisfactory in the past. They considered, quite rightly, the B.B.C. material to be only an aid to a scheme and not the focal point around which the subject had to be taught.

Among the courses arranged for primary school teachers was a new one on practical work in health education. As with any other subject the more a child can experiment and discover facts for himself, the more interested and successful he is likely to be. An extensive collection of practical work was set up, and teachers were given the opportunity of trying for themselves simple experiments with bits of string, forks, sweet bottles full of water, dental wax, tin cans, and other material readily available to any school. Some experiments were displayed which required more preparation and equipment, but none which could not be borrowed readily from a neighbouring secondary school. A selection of visual aids



such as X-rays, flannelgraphs, resuscitation manikin, tape recordings, charts and film loops were demonstrated.

A well attended talk and question session, on coping with accidents and illness in schools, was given by a School Medical Officer in the proposed new teaching centre at Singletree. During the afternoon the new and very realistic first aid film, 'Don't Let Him Die', was shown, which for some present proved nearly too realistic.

The number of talks given to schools by School Medical Officers and Health Visitors alone runs to over 120, which together with the 42 talks given by the Adviser, indicate the excellent manner in which schools are supplementing their own teaching on health education with visiting speakers.

It is encouraging to find that the special schools are prepared to teach their pupils an adapted programme of health education similar to that taught in any other school. At a meeting with the parents of the physically handicapped children attending the Ormerod School, the special situations and difficulties in teaching the children sex education were discussed. For some of these children the subject will only ever hold academic interest, yet parents and staff were agreed that to deny them the information and opportunity to discuss the topic would be wrong.

Iffley Mead School has developed a most worthwhile course of health education for the educationally subnormal pupils of the middle age range. The basic work on safety, personal hygiene, nutrition, etc., have all been included in the time-tabled lessons. Difficulties of finding the most effective and suitable teaching methods for this group are greater than for a corresponding age group in any other school. However the warmth and sincerity shown in the teaching more than adequately compensates for the difficulties encountered. Much of the personal relationship work with the senior age range has been covered during the science and home economics periods, with the opportunity for more personal counselling in the small tutor groups.

#### **Assistance to other organisations**

Through the year there has been a constant stream of requests for advice, information and literature on the manner in which health education is organised in the authority. There appears to be a growing number of students writing special articles, schools developing their own isolated programmes and local authorities examining the need to develop education in health, all of whom are searching for guidance in this area. Enquiries have also been received from abroad.

Many requests to give talks and to lead discussion on such subjects as drug abuse, home safety and personal relationships, have been received from youth clubs, independent schools and colleges both in and outside the city. Unfortunately it has proved impossible to accept all such invitations, particularly those from other authorities.



Help was given to the Bromley Education Department in planning a week's conference on health education for their teachers. Later the Adviser and a deputy headmistress from the city were invited to lecture to the conference. Lectures have also been given at meetings of assistant and headteachers in Essex, Birmingham and Bedfordshire.

Answering such requests and meeting visitors from this and other countries, provides a valuable opportunity for the exchange of ideas and information so vital to the continued development of health education in schools.

## REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

C. H. I. MILLAR, B.Sc., L.D.S.

There were no important changes in the School Dental Service in 1970. All infant, primary and secondary schools have continued to be 'covered' for inspection and treatment, demands for both of which have been met as in previous years. The 'six monthly recall scheme' is still in operation for all children on parental request, as well as for a considerable number of selected cases, who are offered the privilege.

This was the first full year of operation of the scheme since the resignation of Mrs. White, the dental auxiliary. A decision as to her replacement will have to be further postponed, in view of the fact that the present staff can meet current demands for treatment at the clinic. To predict when circumstances might so change as to require the appointment of additional personnel in order to maintain the service, is not possible at the present moment, but so far extra staff have not been necessary.

Mr. Lewis, the Health Education Officer, has continued his energetic campaigning for an improvement in dental health. His efforts cannot fail to show valuable results in the years ahead.

Much of whatever success the dental service achieves must be put to the credit of Head teachers and their staffs, whose active co-operation is greatly valued and for which we again offer our thanks. In particular, their readiness to put up with the inconvenience our visits to the schools inevitably cause, is much appreciated.

### Details of Dental Inspection and Treatment carried out by the Authority

Attendances and Treatment	Ages			Total
	5 to 9	10 to 14	15 and over	
First visit .. .. .	1,031	644	132	1,807
Subsequent visits .. ..	484	674	106	1,264
Total visits .. .. .	1,515	1,318	238	3,071
Additional courses of treatment commenced .. ..	160	34	10	204
Fillings in permanent teeth ..	634	1,383	403	2,420
Fillings in deciduous teeth ..	561	—	—	561
Permanent teeth filled ..	634	1,383	403	2,420



	<i>Ages</i>	<i>Ages</i>	<i>Ages</i>	<i>Total</i>
Deciduous teeth filled ..	561	—	—	561
Permanent teeth extracted ..	36	143	19	198
Deciduous teeth extracted ..	298	9	—	307
General anaesthetics ..	—	—	—	—
Prophylaxis .. .. .	500	429	92	1,021
Teeth otherwise conserved ..	1,241	—	—	1,241
Number of teeth root filled ..	—	—	1	1
Inlays .. .. .	—	—	—	—
Crowns .. .. .	—	—	—	—
Courses of treatment completed .. .. .	—	—	—	1,730

### Orthodontics

	<i>Total</i>
Cases remaining from previous year .. .. .	—
New cases commenced during year .. .. .	2
Cases completed during year	2
Cases discontinued during year	—
No. of removable appliances fitted .. .. .	2
No. of fixed appliances fitted	—
Pupils referred to Hospital Consultant .. .. .	1

### Prosthetics

Pupils supplied with F.U. or F.L. (first time) .. .. .	—
Pupils supplied with other dentures (first time) ..	10
Number of dentures supplied	10

### Anaesthetics

General anaesthetics administered by Dental Officer ..	—
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### Inspections

	<i>Total</i>
(a) First inspection at school. Number of pupils .. ..	13,737
(b) First inspection at clinic. Number of pupils .. ..	409
Number of (a)+(b) found to require treatment ..	2,845
Number of (a)+(b) offered treatment .. .. .	2,845

### Sessions

Sessions devoted to treatment .. .. .	393
Sessions devoted to inspection .. .. .	80
Sessions devoted to Dental Health Education .. .. .	—

## REPORT OF THE ADVISER IN PHYSICAL EDUCATION

Mr. J. K. D. WHALING

In writing my first report for the 1970s, I should like to illustrate how rapidly physical education in its varied forms has developed during this century. W. E. Forster, introducing the 1870 Elementary Education Bill said 'Our object is to complete the present voluntary system, to fill up gaps . . . We give power to the school boards to frame bye-laws for compulsory attendance of all children within their district from five to twelve.' To celebrate the Centenary of the 1870 Act a Miscellany of Music, Movement, Mime and Drama was presented by schools at the Oxford Playhouse from 7th to 10th July and a Static Exhibition of modern approaches to education, items of historic interest and demonstrations of children at work was held in the Town Hall.

The Physical Education section of the Playhouse Presentation opened with a traditional 1870 Mayday with Maypole dancing by East Oxford Secondary School boys and girls.

The second item, Military Drill to Physical Education, demonstrated the tremendous progress that has been made in the field of physical education. Oxford School boys, in line formation, drilled with precision to the military commands of the instructor. The scene was transformed to the present day by boys and girls from Cheney Mixed School who showed one of the most modern aspects of physical education—a dance drama which consisted of rhythmic dance and creative movements stimulated by the use of percussion instruments within the group and a selected piece of music.

Six year old children from Overmede and Blackbird Leys Infants' Schools then showed on various pieces of challenging apparatus how the present day approach to modern educational gymnastics caters fully for children of all shapes and sizes and how the emphasis in the lesson is on enjoyment and activity.

Focus on Recreation presented by the City Secondary Schools showed the ever widening range of activities which schools can offer—activities such as judo, fencing, squash, climbing, canoeing, sailing, horse riding and golf.

Folk Dancing was presented by the Oxford Schools' Folk Dance Society and a very fine display of Olympic Gymnastics by the Blackbird Leys Gymnasts completed the programme.

The Adviser in Physical Education attended the Jubilee Conference of the British Association of Organisers and Lecturers in Physical Education at the City of Leeds and Carnegie College in July. The Conference address was given by Sir Alec Clegg, Chief Education Officer for the West Riding of Yorkshire who, speaking on the conference theme of 'The Impact and Influence of Physical Education' said 'We have almost within a lifetime progressed from the horse and cart to the space rocket and from the Enfield rifle to the megaton bomb. But spiritually, that is all



that affects a man's hates and loves, ambitions and enthusiasms, his prejudices and his predilections, we seem to have stood still or possibly even to be going backwards . . . If I am right in these contentions, then surely the world of physical education will be an enormously powerful force in the future of education for it can do more to influence a man's attitudes and values, his relationships with others, his confidence, his sense of success or failure, his initiative, his determination, his endurance, and a whole lot of personal qualities than most other school activities.'

Later in the Conference, Christian Bonnington, the leader of the successful 1970 Annapurna South Face Expedition speaking on 'Adventure, Risk and Education' said "certainly one of the most impressive outdoor pursuits centres I have visited—admittedly only a limited number—is Woodlands, which is the City of Oxford's Outdoor Centre in the Wye Valley run by Colin Mortlock. He has a lot of very original ideas about outdoor pursuits and adventure . . . "Calculated risks must be taken intelligently, it is no use blocking off absolutely every single possible way the children can have an accident."

The Plowden Report, referring to the development of a child's resources in movement states 'We . . . lay particular stress on the need for a balanced programme. Children need activities of an acrobatic and athletic type as well as ball games, swimming, dance and drama and to neglect any of these is to impoverish the programme.'

To help teachers in primary schools, students and others interested in this aspect of education, the Schools Council produced a 35 minute film 'Free to Move' which illustrates the ingredients of a varied, widely-based programme, and the way in which skilled teachers extend the resources of their children through movement. The Education Committee has purchased a copy of the film and the majority of teachers in Nursery, Infant and Junior Schools have now seen and discussed it.

At a meeting in November it was decided to attempt to form an Oxford and District Physical Education Association, the aim of which would be to foster both the social and professional aspects of all fields of physical education. A nine month pilot programme has been arranged to test the response and if sufficient support is forthcoming a constitutionally based association will be formed in September 1971.

The Iffley Mead School children are enjoying and benefitting from their new physical education facilities. In the fully equipped hall/gymnasium they are encouraged to experiment on fixed and portable apparatus and there is scope for them to put their own interpretations on tasks and themes in movement and these they do according to their own mental and physical abilities. In the gymnasium the child is part of a group, part of a social way of life in which he gains confidence and self reliance and experiences success.

### **Woodlands Outdoor Centre**

During the year, 442 boys and girls from the City's 14 Secondary



Schools and Iffley Mead School have attended residential courses at the Woodlands Outdoor Centre, Glasbury-on-Wye. In addition, 169 young people from Oxford, including Duke of Edinburgh Award Scheme candidates, and 18 members of the Seven O'clock Club (for mentally handicapped) have visited Woodlands. Ninety-seven students from outside Oxford have received instruction at the Centre—College of Education students, boys from Manchester and Stockport Grammar Schools and members of the British Canoe Union.

The Woodlands Association has been formed so that young people who have been introduced to outdoor activities at Glasbury will have the opportunity to continue with most aspects of outdoor education.

In October the inaugural annual general meeting of the National Association of Outdoor Education was held at Woodlands and was attended by Physical Education Advisers, Outdoor Centre Wardens, University and College Lecturers, teachers and instructors. Mr. Colin Mortlock was appointed Chairman of the Association.

### **Sports Councils**

In May 1970 the Southern Sports Council produced a document 'The Provision of Major Sports Facilities—A Standardised Assessment of Requirements', which formulates a long-term appraisal of the requirements in major sports facilities in the Southern area. Mr. Eldon Griffiths, Chairman of the Sports Council and now Minister for Sport, said in July 'The Government has every intention of retaining the Sports Council, but it is actively considering the future shape of its organisation.'

In the opening speech at the 18th World Congress of Sports Medicine held in Oxford in September, Mr. Eldon Griffiths urged research into various aspects of sport. He was concerned that the relationship between sport, exercise and health should be explored thoroughly, using such techniques as psychology, sociology and physiology.

### **Courses and Meetings for Teachers**

Training and refresher courses for teachers have been arranged in sailing, canoeing, athletics, primary school educational gymnastics, secondary school gymnastics, swimming, trampolining and dance. Ten teachers attended a one-week residential training course at Woodlands for the Mountain Leadership Certificate.

### **Swimming**

After teaching swimming for 42 years Miss Mollie Bateson retired in July. Many thousands of children owe her a debt of gratitude and Miss Bateson is to be thanked and congratulated on all her very fine achievements in the field of swimming coaching.

Ninety-two per cent of the children who were promoted to secondary schools at the age of 11 were able to swim at least 10 yards and 88% of the children who reached school leaving age in July qualified for at least a 10 yards certificate.



An average of 30 boys and girls attended the Advanced coaching sessions for swimming and diving held at Temple Cowley Baths on Monday evenings and in the Amateur Swimming Association's Speed Tests, 13 Merit Awards and 9 Advanced Awards were gained. A number of primary schools achieved success in the nationally organised Dolphin Trophy Competition.

An analysis of all swimming tests passed in 1970 is shown below:

							Boys	Girls
Elementary:	25 yards	..	..	..	..	..	675	712
Intermediate:	75 yards	..	..	..	..	..	386	391
Proficiency:	(a) 50 yards in clothes							
	(b) recover an object from 4 ft. 6 in. depth							
	(c) one plain dive	..	..	..	..	..	268	194
Advanced:	100 yards good style							
	50 yards front crawl							
	50 yards back crawl	..	..	..	..	..	39	28
Royal Life Saving Awards:								
	Preliminary Safety	..	..	..	..	..	104	81
	Advanced Safety	..	..	..	..	..	32	39
	Intermediate Certificate	..	..	..	..	..	17	46
	Bronze Medallion	..	..	..	..	..	2	11
	Bronze Cross	..	..	..	..	..	—	10
Amateur Swimming Association's Personal Survival Awards	..	..	..	..	..	..	40	25

At the Blackbird Leys Swimming Pool, the numbers attending evening and week-end classes have continued to increase.

Sunday morning	Family Swimming Club	..	80
Monday evening	Under 11 Swimming Club	..	70
Tuesday evening	Adult Swimming Class	..	130 beginners 140 improvers
Wednesday evening	Family Swimming Club	..	30
	Youth Swimming Club	..	20
Thursday evening	Adult Life Saving Class		
	R.L.S.S. Bronze Medallion	..	26
	R.L.S.S. Bronze Cross	..	5
	Award of Merit	..	2
	Distinction	..	2
	A.S.A. Teacher's Certificate		1
Friday evening	Oxford City Swimming Club	..	20
Saturday afternoon	Under 11 Swimming Club	..	80



BLACKBIRD LEYS GYMNASTS  
JUNIOR WOMEN'S CHAMPIONS OF  
GREAT BRITAIN, 1970





### **Canoeing and Sailing**

The workshop at the Riverside Club has been particularly productive, 49 canoes were built and 10 sets of moulds were made. Club members spent many week-ends away from Oxford—surfing at Croyde Bay and in Devon, white water river canoeing on the Dee at Llangollen and on the River Wye above Glasbury, and a group attended the Easter and August national slalom events at Grantully in Scotland. In September a very successful flat water ten gate slalom was organised at Magdalen Bridge which was followed by an exciting canoe polo competition.

The angling group was active early and late during the year. There were some excursions to the pool at Blenheim, and to the Kennett and Avon canal, and the Solent for sea fishing. Young anglers took part in several competitions on the river up from Iffley Lock.

At the Schools' Sailing Association courses held at Farmoor, the following qualifications were gained—1 Full National Instructor, 4 Assistant National Instructors, 1 Local Instructor, 10 Assistant Local Instructors and 27 Helmsmen. Twelve teachers attended a 'Tidal Conversion Course' at the National Sailing Centre at Cowes at Whitsuntide.

In July a party of Instructors and children took boats to the Confederation of Solent Boatwork Bases at Calshot and sailed on Beaulieu River and crossed to the River Medina on the Isle of Wight. Eighteen crews took part in the Schools' Regatta in July and children's races were organised at Farmoor on Saturday afternoons, April 25th and May 16th.

### **Oxford City Schools Sports Association**

In October, at Darlington, the Blackbird Leys Gymnasts became the Junior Women's Champions of Great Britain. The team of six Blackbird Leys girl gymnasts who were runners-up last year, beat the 1969 champions Saltaire from Yorkshire by 1.75 points—104 to 102.25. After the championships Lorraine Harwood (Cheney Girls' School) was selected to represent the England Schools against Wales and Poland and then she represented the Great Britain Junior Team against Italy in Rome.

The Oxfordshire Schools Cricket Association had a very successful season. On successive days the under 15 team had good victories against Berkshire, Buckinghamshire and Hertfordshire, and in the following week defeated Worcestershire. The match against Warwickshire had to be abandoned without a ball being bowled due to incessant rain. One individual performance stands out—the undefeated century against Buckinghamshire by R. Edwards of Oxford School.

Nineteen schools competed in the Schools' Netball League and the under 13 winners were Milham Ford School, and Matthew Arnold School won the under 15 section.

The Oxford Schools' Football Association under 15 team reached the last 32 in the English Schools' Trophy by beating Mid-Wiltshire, New Forest and Slough—they then lost to Neath at Neath.



The girls' Junior Tennis Tournament was held at Norham Gardens Lawn Tennis Club in April and four girls from Milham Ford School were selected to represent the County in matches against Berkshire, Buckinghamshire, Gloucestershire, Bedfordshire and Wiltshire. The winter training sessions at Cutteslowe Park proved successful.

In the County Schools' Hockey Tournament, Milham Ford School beat Witney Grammar School 1-0 in the under 15 years final.

Headington Secondary School won the Oxfordshire schoolgirl trampolining championships at the Bicester Sports Centre in November and Headington School won the Oxfordshire Girls' Gymnastics championships held at Redefield School in February.

The Schools' Folk Dance Society's Summer Festival was held in the hall at Bayswater School.

Fourteen schools entered teams in the under 14 and under 15 basketball leagues and helped by more efficient refereeing the standard of play continues to improve. The Oxford Boys' team meets regularly for coaching and in the English Schools' competition were narrowly beaten by South East Hampshire at Havant.

In the City Schools' cross-country championships over the Oxford School course, Oxford School won the Junior, Intermediate and Senior team trophies.

The Schools' Athletic Association organised two meetings at Horspath, the first was to select teams to represent the City in the County Schools' Championships and the second was the annual Track and Field Championships. Oxford School won the Junior, Intermediate and Senior sections for boys and the girls' winners were Milham Ford School (Junior), Headington School (Intermediate) and Cheney School (Senior).

Nine girls and seven boys represented Oxfordshire in the All England Championships at Solihull.

### **Further Education**

In Evening Institutes, Youth Clubs and Community Associations more than 70 physical recreation classes were organised weekly during the winter months. The programme included keep fit (22 classes), weight-training (10 classes), gymnastics (6 classes), football training (6 classes), ballroom and country dancing (5 classes), swimming, basketball, badminton, netball, judo, boxing, indoor cricket, dry skiing and golf.

The Education Committee should be grateful to the large number of voluntary organisers and workers in Youth Organisations and Community Associations who put in many hours of their own time to ensure the smooth running of many of these valuable activities.

## MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31ST DECEMBER, 1970

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1971:

(i) Form 7 Schools	..	..	..	..	..	..	16,655
(ii) Form 7M	..	..	..	..	..	..	301
(iii) Form II Schools	..	..	..	..	..	..	405
Total							17,361

Part 1—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)	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Un-satisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.		(6)	(7)	(8)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1966 and later	386	386	—	—	8	29	37
1965	819	819	—	—	18	79	96
1964	786	786	—	—	22	64	85
1963	70	70	—	—	1	8	9
1962	57	57	—	—	1	4	5
1961	37	37	—	—	—	1	1
1960	26	26	—	—	—	2	2
1959	380	380	—	—	5	16	21
1958	619	619	—	—	7	39	44
1957	228	228	—	—	2	11	13
1956	49	49	—	—	2	—	12
1955 and earlier	62	62	—	—	1	5	6
Total	3519	3519	—	—	67	258	321

Col. (3) total as a percentage of Col (2) total 100%

Col (4) total as a percentage of Col. (2) total 0.00%

to two places of decimals

TABLE B—Other Inspections

Number of Special Inspections	..	..	497
Number of Re-inspections	..	..	1496
TOTAL	..	..	1993

TABLE C—Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	24,292
(b) Total number of individual pupils found to be infested	137
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	5
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—



## Part II—Defects found by periodic and special Medical Inspections during the year

Defect Code No. (1)	Defect or Disease (2)				PERIODIC INSPECTIONS				Special Inspections (7)
					Entrants (3)	Leavers (4)	Others (5)	Total (6)	
4	Skin .. ..	..	T	7	—	8	15	—	—
			O	9	—	5	14	—	
5	Eyes— <i>a.</i> Vision ..	..	T	48	—	19	67	1	1
			O	87	—	22	109	1	
	<i>b.</i> Squint ..	..	T	21	—	—	21	—	—
			O	10	—	—	10	—	
	<i>c.</i> Other ..	..	T	2	—	2	4	—	—
			O	3	—	—	3	—	
6	Ears— <i>a.</i> Hearing ..	..	T	10	—	6	16	2	2
			O	28	—	14	42	2	
	<i>b.</i> Otitis Media ..	..	T	4	—	4	8	—	—
			O	13	—	1	14	—	
	<i>c.</i> Other ..	..	T	—	—	—	—	—	—
			O	—	—	—	—	—	
7	Nose and Throat ..	..	T	11	—	10	21	2	2
			O	67	—	6	73	—	
8	Speech .. ..	..	T	24	—	2	26	—	—
			O	46	—	2	48	3	
9	Lymphatic Glands ..	..	T	—	—	—	—	—	—
			O	5	—	2	7	—	
10	Heart .. ..	..	T	5	—	4	9	—	—
			O	18	—	4	22	1	
11	Lungs .. ..	..	T	4	—	2	6	2	2
			O	27	—	20	47	1	
12	Developmental— <i>a.</i> Hernia ..	..	T	6	—	2	8	—	—
			O	1	—	—	1	—	
	<i>b.</i> Other ..	..	T	13	—	10	23	—	—
			O	40	—	8	48	—	
13	Orthopaedic— <i>a.</i> Posture ..	..	T	—	—	3	3	—	—
			O	8	—	9	17	—	
	<i>b.</i> Feet ..	..	T	14	—	14	28	1	1
			O	57	—	7	64	—	
	<i>c.</i> Other ..	..	T	4	—	3	7	1	1
			O	34	—	7	41	—	
14	Nervous System— <i>a.</i> Epilepsy ..	..	T	—	—	1	1	—	—
			O	8	—	6	14	—	
	<i>b.</i> Other ..	..	T	1	—	—	1	—	—
			O	6	—	2	8	—	
15	Psychological— <i>a.</i> Development ..	..	T	4	—	—	4	5	5
			O	28	—	8	36	2	
	<i>b.</i> Stability ..	..	T	6	—	4	10	2	2
			O	28	—	16	44	4	
16	Abdomen .. ..	..	T	4	—	2	6	—	—
			O	6	—	5	11	1	
17	Other .. ..	..	T	32	—	9	41	1	1
			O	100	—	65	165	2	

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

**TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint .. .. .	—
Errors of refraction (including squint) .. .. .	1049
<b>Total .. .. .</b>	<b>1049</b>
Number of pupils for whom spectacles were prescribed .. .. .	389

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

	<i>Number of cases known to have been dealt with</i>
Received operative treatment—	
(a) for disease of the ear .. .. .	<i>Figures</i>
(b) for adenoids and chronic tonsillitis .. .. .	<i>not</i>
(c) for other nose and throat conditions .. .. .	<i>available</i>
Received other forms of treatment .. .. .	76
<b>Total .. .. .</b>	<b>76</b>
Total number of pupils still on the register of schools at 31st December 1970 known to have been provided with hearing aids:	
(a) during the calendar year 1970 .. .. .	16
(b) in previous years .. .. .	39

**TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS**

	<i>Number known to have been treated</i>
(a) Pupils treated at clinics or out-patients departments .. .. .	31
(b) Pupils treated at school for postural defects .. .. .	—
<b>Total .. .. .</b>	<b>31</b>

**TABLE D—DISEASES OF THE SKIN  
(excluding uncleanness, for which see Table C of Part I)**

	<i>Number of pupils known to have been treated</i>
Ringworm (a) Scalp .. .. .	—
(b) Body .. .. .	—
Scabies .. .. .	5
Impetigo .. .. .	—
Other skin diseases .. .. .	—
<b>Total .. .. .</b>	<b>5</b>

**TABLE E—CHILD GUIDANCE TREATMENT**

	<i>Number known to have been treated</i>
Pupils treated at Child Guidance clinics .. .. .	203

**TABLE F—SPEECH THERAPY**

	<i>Number known to have been treated</i>
Pupils treated by speech therapists .. .. .	257

**TABLE G—OTHER TREATMENT GIVEN**

	<i>Number known to have been treated</i>
(a) Pupils with minor ailments .. .. .	—
(b) Pupils who received convalescent treatment under School Health Service arrangements .. .. .	43
(c) Pupils who received B.C.G. vaccination .. .. .	881
(d) Other than (a), (b) and (c) above .. .. .	—
<b>Total (a)-(d) .. .. .</b>	<b>924</b>



## SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested as a routine within their first year at school? . . . . . Yes
- (b) If not, at what age is the first routine test carried out? . . . . . —
2. At what age(s) is vision testing repeated during a child's school life? 8, 11, 13, 15 years
3. (a) Is colour vision testing undertaken? . . . . . Yes
- (b) If so, at what age? . . . . . 11 years
- (c) Are both boys and girls tested? . . . . . Yes
4. (a) By whom is vision testing carried out?  
Clerical Assistants, School Health Service
- (b) By whom is colour vision testing carried out?  
Clerical Assistants, School Health Service
5. (a) Is routine audiometric testing of entrants carried out within their first year at school? . . . . . Yes
- (b) If not, at what age is the first routine audiometric test carried out?
- (c) By whom is audiometric testing carried out? . . . . . Clerical Assistant, School Health Service

















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