[Report 1958] / School Medical Officer of Health, Coventry.

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CITY OF COVENTRY

ANNUAL REPORT

1958

THE SCHOOL HEALTH SERVICE

CITY OF COVENTRY

ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

T. MORRISON CLAYTON

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

FOR THE YEAR

1958

ERRATA

Page 11	Bottom line read "years" for "yers"
Page 14	Total under heading 'Male' to read 494
Page 15	Under heading "Children" of Table read "Mantoux positive".
Page 17	Under "Educationally Subnormal Pupils" – last line read "Physically handicapped".
Page 19	Under "Conclusion", 7th line from bottom, delete "shown".
Page 20	Second paragraph, 5th line, read "very sorry".
Page 26	Top line read "few" for "vew" 3rd line from bottom read "present" for "presen".
Page 28	7th line from bottom read "would be"
Page 36	For "Discord Cartilage" read "Discoid cartilage".
Page 42	For "Meales" read "Measles".

The New Corley Residential School

SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE
as at 31st December, 1958

Chairman—The Lord Mayor—Alderman H. H. K. Winslow, J.P.
Vice-Chairman—Councillor Mrs. E. Jones
Alderman Mrs. E. A. Allen
,, Mr. W. Callow
,, Mr. S. Stringer
Councillor Mr. J. D. Berry
,, Mr. A. Clare
,, Mrs. W. E. Lakin
,, Mr. L. Lamb
,, Mr. T. Meffen
,, Mr. W. H. Smith
Co-opted Members—Mr. L. Bowstead
Rev. A. P. Diamond
Mr. G. H. Ison
Mrs. H. I. Saunders
Mr. D. Young
Director of Education :—Mr. W. L. Chinn, M.A.
Deputy Director of Education :—Mr. R. B. Sykes, M.A., L. ES. L.

SPECIAL SCHOOLS SUB-COMMITTEE
as at 31st December, 1958.

Chairman :—Councillor Mr. W. H. Smith
Vice-Chairman :—Councillor Mr. J. D. Berry
The Lord Mayor :—Alderman H. H. K. Winslow, J.P.
Alderman Mrs. E. A. Allen
,, Mr. W. Callow
,, Mr. S. Stringer
Councillor Mrs. E. Jones
,, Mr. T. Meffen
,, Mrs. M. E. Stoneman
Co-opted Members—Mr. L. Bowstead
Mr. G. H. Ison
Mrs. H. I. Saunders

SCHOOL HEALTH SERVICE STAFF

Principal School Medical Officer (and Medical Officer of Health)	T. M. CLAYTON, M.D., B.S., B.HY., D.P.H.
Deputy Principal School Medical Officer (and Deputy Medical Officer of Health)	J. ARDLEY, M.B., B.S., D.P.H.
Senior School Medical Officer..	M. M. R. GAFFNEY, M.B., D.P.H., B.CH., B.A.O., D.C.H.
School Medical Officer and Assistant Medical Officers of Health	P. I. ATKINSON, M.B., C.P.H. (resigned March, 1958).
	D. J. DICKS, M.B., CH.B., L.R.C.P., M.R.C.S., D.C.H. (appointed June, 1958).
	C. GLYNN, M.R.C.S., L.R.C.P. (resigned February, 1958).
	A. E. HARDIE, M.B., CH.B., (resigned February, 1958).
	T. J. G. HOWIE, M.B., CH.B., D.P.H., D.OBST. R.C.O.G., D.T.M. & H. (resigned February 1958).
	M. Hommers, M.B., CH.B. (appointed November, 1958).
	S. N. JOSEPH, M.B., B.S., D.R.C.O.G. (appointed April, 1958).
	M. F. KEEFE, M.B., CH.B. (resigned September, 1958).
	M. A. H. LAWSON, M.B., CH.B., B.A.O., D.P.H.
	M. G. LERNIHAN M.B., B.CH., D.P.H., D.C.H., L.M. (appointed March, 1958).
	C. M. MCGREGOR, M.B., B.CHIR. (appointed February, 1958).
	J. B. M. PORTER, L.R.C.P.
	G. PHILLIPS, M.B., CH.B. (appointed March, 1958, resigned December, 1958).
Medical Officer, Town Thorns E.S.N. School	E. KILLEY, M.R.C.S., L.R.C.P. (Part-time).
Medical Officer, City of Coventry School	J. S. JEROME, M.A., B.M., CH.B. (Part-time).
Paediatric Specialist and Heart and Rheumatic Consultant ..	H. PARRY WILLIAMS, F.R.C.P. (London) (Part-time).

SCHOOL HEALTH SERVICE STAFF—cont.

Ear, Nose and Throat Surgeons	W. Ogilvy Reid, M.A., B.Sc., M.B., Ch.B., F.R.C.S. (Part-time) H. S. Kander, F.R.C.S. (,, ,,)
Principal School Dental Officer	J. A. Smith, L.D.S.
School Dental Officers ..	M. L. Hooker, L.D.S. S. M. Kennedy, B.D.S. (Part-time : Full Time July, 1958). W. Wilson, D.D.S. (appointed September, 1958). T. Cross, L.D.S. (Part-time). M. A. H. Slater, L.D.S. (part-time). D. Angus, L.D.S. (part-time).
Superintendent Physiotherapist	Mrs. M. M. Halls, M.C.S.P. (Baginton Fields School)
Physiotherapists	Mrs. F. E. Howitt, M.C.S.P. (Baginton Fields School) Mrs. J. L. Thomas, M.C.S.P. (Baginton Fields School)
Remedial Gymnast	Mr. R. Peberdy (Baginton Fields School)
Speech Therapists	Miss B. Carr, L.C.S.T. Mrs. D. J. Roberts, L.C.S.T. Mrs. P. Bell, L.C.S.T.
Chiropodists	Mr. A. T. E. Freke, M.Ch.S., M.R.I.P.H.H. (Part-time). Mr. D. Saxon, M.Ch.S. (Part-time).
Superintendent Health Nurse ..	Miss M. D. Lloyd.
Deputy Superintendent Health Nurse (School Health). ..	Mrs. B. E. Mackie.
Deputy Superintendent Health Nurse (M. & C.W.) ..	Miss K. L. Houlton.
Dental Attendants	Mrs. K. Cartwright. Miss P. Parkin Miss J. Brayne Miss J. P. Wilday Mrs. S. A. Ward.
Administrative Assistant ..	E. A. Moore
Deputy Chief Clerk	Miss E. Stephen

CITY OF COVENTRY

SCHOOL HEALTH SERVICE
1958 Annual Report

The School Health Service,
Council Offices,
Earl Street (South Side),
Coventry.

To the Right Worshipful the Lord Mayor, Aldermen and Councillors of the City of Coventry.

MY LORD MAYOR, LADIES AND GENTLEMEN,

I have the honour to present to you my Annual Report for the School Health Service of the City of Coventry for the year 1958. During the year the health of the school children has continued to be very satisfactory and a total number of 15,161 pupils received a Routine Medical Inspection (1957 — 18,480) a decrease 3,319. This was due to the intensive programmes of Poliomyelitis Vaccination and B.C.G. Vaccination conducted and because of a shortage of medical staff.

In spite of this difficulty the amalgamation of the School Health Medical, Nursing and Administrative Services with that of the Maternity and Child Welfare counterpart has continued to work very satisfactorily. It will be observed that the school population has increased by a further 442 pupils, i.e. 51,534, in 1958 (51,092 — 1957). This figure includes 2,741 pupils attending Independent and Private schools.

Staffing

A further five Medical Officers resigned in 1958 making a total of eleven resignations during the period of June 1957 to December 1958. Nine of these doctors were approved for the purposes of ascertainment under the School Health Service and Handicapped Pupils Regulations 1953, and one of them had been with this Authority for sixteen years. It is perhaps not surprising that with the change from a previously stable and, for the much greater part, experienced medical staff, there should follow extreme difficulties in keeping the services performing on a relatively even keel. In the course of time, new Medical Officers have come to be appointed, although, for the most part, very few recruits had previous experience in Local Government work and the senior staff were obliged to

recommence with instruction almost from scratch. At the end of 1958 we had seven Medical Officers out of a " tight " establishment of nine, only one of whom was approved for purposes of ascertainment.

Recruitment too of dental officers has not improved. The Principal School Dental Officer continues to find himself in an unenviable position. To assist him during the year he had the services of two full-time dental officers and, for part of the year, four part-time dental officers, one of which latter became full-time in July. Advertising for dental staff has been persistent but with little result.

As a result of the overall shortage of essential staff, many plans have had to be shelved for the time being, and even such routine work, as was in mind, suffered further because of the extensive campaign of anti-poliomyelitis vaccination in which some 20,500 primary and 608 booster doses were given during the year by our medical staff. It has been quite impossible, therefore, to think in terms of additional factors such as research, and further ideas concerning routine medical inspections in schools have not been implemented.

I am particularly grateful to members of my staff who have worked so intensively under extremely difficult conditions in the attempt to keep on top of the work.

Routine Medical Inspections

The number of routine medical inspections decreased during the year, and including special inspections and re-inspections the total was 20,013, which is 6,925 less than 1957. These examinations covered the four main age groups — 5 years, 8 years, 10 years and 14 years of age — the 8 year group being particular to Coventry.

General Condition of Pupils

It is interesting and encouraging to note that in 1958, 15,121 children out of a possible figure of 15,161 were placed in the " Satisfactory " category, only 41 pupils were considered by my medical staff to be " Unsatisfactory." Relevant statistics as far as routine medical inspections are concerned show that 99·74% pupils were satisfactory and ·26% unsatisfactory.

Infectious Diseases

In 1958, 246 cases of dysentery were notified in children of school age (1957 — 275) and a reference to the infectious disease table later in this report will demonstrate the areas of the City most affected. From this table it will be seen that the Longford area produced many more notifications than was the case for other districts in the City ; this despite an intensive and continuing campaign of instruction and advice by all staff concerned. This area too was well in advance of others in respect of scarlet fever and measles notifications.

Dysentery continued to be of high nuisance value and accounts for a large percentage of school absenteeism. It is a most infectious and intractable disease which needs unstinting vigilance by everyone concerned whether medical, nursing or teaching (and I gladly include the general practioners) in order to keep the disease even within present bounds.

No cases of food poisoning in school children were notified during 1958, and none of poliomyelitis, but there were 14 active cases of pulmonary tuberculosis and one of diphtheria brough to light in the adolescent groups. After very careful investigation we were unable to trace anyone with a diphtheroid carrier state to account for the case notified, which was in a boy who was immunised.

Immunisation

I mentioned previously that 20,500 school children received their primary and 608 their booster injections against poliomyelitis during the year. It is not unnatural that public attention has been focussed upon this disease to a great extent of very recent years. This is, of course, most desirable so long as complacency does not set in in respect of people ensuring their child's protection against other serious diseases such as diphtheria, whooping cough and tetanus. There were 3,602 injections against diphtheria for school children in 1958 and 103 against whooping cough. The School Health Department (as indeed the Health Department generally) is much concerned to ensure that the young population is highly protected against *all* those transmissable diseases appearing not infrequently in this country, which are preventable by immunisation procedures. Those children who fail to take advantage of immunisation sessions at schools are invariably followed up and further appointments offered at one of the clinics.

Contagious Diseases

These conditions have been at a much lower level this year, and, indeed, no case of scabies was notified during the year, and it will, no doubt, be recalled that this also held for 1956 and 1957. There was a decrease in impetiginous conditions — 38 cases in 1958 (118 — 1957). Ringworm of the body and scalp shows a slight increase — 11 in 1958 (4 — 1957). Other skin diseases were less — 119 in 1958 (210 — 1957). The total number of cases treated or under treatment for skin infections at the end of the year was 119, the corresponding figure for 1957 was 332.

I would like to express my appreciation to the teaching and nursing staff for the very excellent liaison which exists in relation to the notification of skin conditions. This enables my Department to deal with any possible outbreak without delay, and treatment and advice can be offered immediately.

SPECIAL SESSIONS AT THE CENTRAL SCHOOL CLINIC

Child Tuberculosis Contact Clinic.

This clinic formerly held once weekly then once monthly, has now come to the end of its usefulness. Only three new cases were referred, and 41 children made attendances this year, All child contacts are now dealt with so promptly by the Coventry Chest Clinic and in the paediatric departments of the local hospitals that to continue sessions at our own clinic is merely to duplicate services unnecessarily. We are greatly indebted to Dr. Parry Williams for his supervision at these clinics over the past nine years and for the most helpful advice he has given at all times.

Chiropody Clinic

Chiropody sessions are held twice weekly. Similar remarks are made year after year by my medical officers and by Mr. Freke, part-time Chiropodist, concerning the unsatisfactory state of children's feet especially those of teenage girls. Regrettably it appears that little account is taken of the advice given and it is only when serious or even permanent crippling has occurred that any notice is taken of these exhortations. By that time, however, it is rather late in a proportion of cases to do other than resort to surgical procedure. The Chiropodist, Mr. Freke, describes certain of the casual type of footwear as appalling and indeed it must be most disheartening for him to have to work against the inclinations of his patients in this connection. Mr. Freke reports elsewhere herein.

Ear, Nose and Throat Clinic

Weekly sessions continued during 1958, Mr. Kander, F.R.C.S., and Mr. Ogilvy Reid, M.A., B.Sc., M.B., Ch.B., F.R.C.S. attending alternate weeks. Since the very long waiting list of children awaiting operation for tonsils and adenoids complaints was cleared a few years ago, the E.N.T. surgeons have been able to apply themselves more and more to the problems of the deaf child and most particularly those who are very young. It is very gratifying to note the keen interest taken in the earliest possible detection of deaf children by the staff of hospitals and the Municipal School Health and Maternity and Child Welfare services alike. The closest possible liaison exists between my two senior medical officers together with the health visiting staff (several of whom have had special training in the early detection of hearing defects). This ensures that such children are effectively dealt with and can be admitted to the special nursery class at Spon Gate School at the age of 3 years. By this time also the parents have had the necessary specific instruction to help their children for the future. Mr. H. S. Kander reports upon his work at the School E.N.T. sessions elsewhere.

Heart and Rheumatic Clinic.

This clinic is held fortnightly. It is very comforting to note that following investigation the vast majority of heart cases referred to Dr. Parry Williams and which constitute the highest number of heart conditions, turn out to be of a functional nature. Next highest came the congenital defects which numbered 11 and some of these may well respond to the most modern surgical procedures. The amount of national publicity given lately to these cases has helped to focus attention on this defect and it is unlikely, moreover, because of the regularity of medical inspections in schools, that they will escape observation as was sometimes the case in former years. Most congenital heart defects will be detected at routine school medical inspection, and this is all to the good, for unless a child has suffered an illness necessitating the attendance of the family doctor, before reaching school attendance age, then the first routine school medical inspection may well be the occasion when the defect first comes to notice. Dr. Parry Williams comments later in the report upon the cases attending this clinic.

Speech Therapy

The waiting list for speech therapy declined again in 1958, but nevertheless those children attending now appear to need more time and attention individually. Few cases are ultimately diagnosed as pure speech defects, since there is often a tendency for other conditions to be present as well, maybe, requiring attention at the Child Guidance Centre or having hearing defects and the like. The Speech Therapist, Miss Carr, has made reference in her report to the language difficulty by child immigrants to this country. In spite of having English speaking parents, difficulties often arise over dialect, and it is, therefore, necessary to exercise particular care in case of under-estimating the intelligence of children because of the difficulty they experience in trying to express themselves adequately in the new language as opposed to their mother tongue. Strictly speaking this situation is not one to be dealt with by the Speech Therapists, but it does crop up in the work and is a matter which clearly needs an understanding in other places.

Speech therapy sessions are held daily at the Central School Clinic, and peripatetic sessions are also held at four outlying centres by Mrs. Bell : three of these at junior schools.

SPECIAL SESSIONS AT OTHER CLINICS AND HOSPITAL

Child Guidance Centre

Three sessions are held per week by the psychiatrist, Dr. S. W. Gillman. The premises adjoining the Gulson Road Clinic are quite inadequate for the present situation and the staff are working under extremely overcrowded circumstances. For some yers, it has been

anticipated that the Birmingham Regional Hospital Board would make available almost the entire services of a Child Psychiatrist. Up to date, however, and in spite of repeated advertising by the Board, it has not been possible as yet to make an appointment. The School Psychological Service works in close association at the Centre with the Child Guidance staff and there is likewise a serious shortage of staff in the former sphere of interest. Nevertheless serious attempts are made to deal with the really urgent cases with as little delay as possible, but inevitably there is usually a waiting period of a few weeks. This is not a satisfactory state of affairs by any stretch of imagination, since there are many children with school phobias or cases for court direction who should be dealt with at once. It is quite impossible for this hampering situation to be resolved, however, without necessary staff and clinic facilities.

The Senior School Medical Officer carries out the special medical examinations necessary to help complete the final diagnosis of children attending the Child Guidance Centre and also deals personally with any child (other than maladjusted) referred from this Centre for the purposes of ascertainment under any category.

An Observation and Diagnostic Class is conducted five mornings each week under the obervation of Mrs. Jones (Remedial Teacher), a member of the staff who has attended a special course dealing with the psychology of childhood. This arrangement is of particular value since those children who attend are, for the most part, aged 4 — 5 years old and who cannot, with any real degree of certainty, be placed in any particular categories without a period of knowledgeable observation. The majority of such children turn out to be educationally subnormal ; some are designated ineducable, and one or two have gone to schools for physically handicapped children.

A detailed report upon the work of the Child Guidance and School Psychological Service appears elsewhere in the report.

Ophthalmic and Orthoptic Clinics

These are held at the Coventry and Warwickshire Hospital under the auspices of the Birmingham Regional Hospital Board, but the School Health Department is kept fully informed through direct or copy reports forwarded upon the results of examinations carried out by the Ophthalmic Surgeons.

Orthopaedic Clinic

The Paybody Clinic at Holyhead Road comes under the Regional Hospital Board and there is very free interchange of information between the Clinic and the School Health Service, with particular reference to the ascertainment and disposal of physically handicapped pupils.

Branch Clinics

Despite the remarks in my Annual Report for 1957, that, with one exception, work was tending to increase at branch minor ailments clinics, I have to report a flagging in attendances during the year under review. The Education Committee did finally decide to discontinue the Stoke Heath Clinic because of the extremely low numbers attending. It will be recalled that this latter clinic, as indeed those also at Longford Park and Templars, are included within the respective school premises and sessions are, or have been, arranged each afternoon with a Health Nurse in attendance. The joint Maternity and Child Welfare and School Health Clinic at Tile Hill was opened on 15th March, 1957, and thereafter on December 1st, 1958, the general practitioner suites came to be opened, thus completing the first Health Centre in Coventry (as indeed the nearby Midland area).

The ailments treated at the aforesaid schools have latterly been of a relatively trivial nature and the justification for continuing with these raises much doubt. Nurses are on regular duty at the Tile Hill Centre and the family doctors in that area are practising from the building, which is clearly ideal from most points of view, whether in relation to children or their parents. The retention of the individual school minor ailments sessions does not now seem economically reasonable and moreover original thought took into account their transference to the New Health Centres as these latter became available throughout the City. The use of combined Maternity and Child Welfare and School Health Centres for other more specific clinic purposes is, of course, a somewhat different matter because attendances are usually by appointment and this arrangement will continue.

Anti-Tuberculosis Campaign

In accordance with the Ministry of Health circular 22/53, arrangements were made to continue the B.C.G. vaccination scheme. All parents of children between 13 and 14 years of age were approached and given the opportunity to allow their children to participate in the scheme. Medical Officers, visited schools, health centres and clinics in Coventry and carried out skin testing and vaccination. It is envisaged in 1959, following a recent circular from the Ministry of Health (7/59 dated 30.4.59), that the B.C.G. vaccination arrangements will be extended to include all children of 14 years of age and upwards who are still at school, and also students attending universities, teachers' training colleges, technical colleges and other establishments of further education. Furthermore, vaccination is now available to whole school classes even though a few children might still be under 13 years of age.

The scheme this year has progressed most successfully and the happy relationship between doctors, nurses, clerical assistants and head teachers continues.

The following table shows the number of acceptances, Mantoux positive and negative reactors, and also the number of children who were given B.C.G. vaccination :—

Acceptances	*Mantoux Positive*	*Mantoux Negative*	*Given B.C.G.*
3,528	716	2,481	2,476

Mass Radiography Survey of Teaching Staff and School Leavers

During December following consultations with Dr. Gordon Evans, Physician-in-Charge of the Mass Radiography Unit, arrangements were made to undertake a complete Mass Radiography Survey of all children between 13 and 14 years of age, who were included in the B.C.G. vaccination scheme and were Mantoux positive. Teachers, too, had the opportunity to be x-rayed.

Several centres were used, the main ones being Tile Hill Health Centre, Broad Street Health Centre and Gulson Road Clinic. It may be recalled that in previous years all pupils of 14+ were included in the survey but in view of the fact that they were included in the B.C.G. scheme for the previous year it was decided that it was unnecessary to include them for Mass Radiography purposes.

I regret to report once again that the response by teachers to be x-rayed themselves was very poor and only 394 availed themselves of the opportunity, (the figure for 1957 was 500 and 1956, 24.) I would stress the necessity for all teachers, and indeed all persons working with groups of children, to make every effort to have periodic chest x-ray examinations.

I am most grateful to Dr. Gordon Evans for his very helpful report which is submitted upon his surveys, and I append below the details which he has prepared, setting out the number of miniature film examinations, large film examinations and clinical examinations :

Mantoux Positive schoolchildren, School teachers and other school staff.

	Male	*Female*	*Total*
Miniature film examinations			
Mantoux Positive children	316	351	667
Other children	1	16	17
School teachers	163	231	394
Other staff	14	46	60
	394	644	1,138

Recalled for large film examination

Mantoux Positive children	16	23	39
Other children	1	—	1
School teachers	11	6	17
Other staff	1	—	1
	29	29	58

Results of large films

MALE

	CHILDREN		*STAFF*		*TOTAL*
	Mantoux	*Others*	*Teachers*	*Others*	
No abnormality ..	8	—	6	—	14
Minor abnormality requiring no further investigation ..	2	—	3	—	5
Abnormality investigated clinically ..	6	1	2	1	10
	16	1	11	1	29

FEMALE

No abnormality ..	12	—	5	—	17
Minor abnormality requiring no further investigation ..	5	—	1	—	6
Abnormality investigated clinically ..	6	—	—	—	6
	23	—	6	—	29

HANDICAPPED PUPILS

The overall position for special educational treatment of this type of pupil improves year by year in Coventry. It is comforting to contemplate over the last ten years the remarkable progress achieved by the Local Education Authority in the provision of education for handicapped children. It is no longer necessary to send any category of handicapped children away to a residential school except in the case of the totally blind, totally deaf and also the delicate : the latter usually being for a short term only. A table at the end of the report will show the total numbers in each category and the numbers ascertained during the year.

Blind

A few blind children from Coventry continue to be accommodated at residential schools for the blind — usually in the Midlands.

Partially Sighted

All these children are catered for locally in two classes attached to Baginton Fields School for Physically Handicapped Children. In accordance with the advice given by Her Majesty's Inspectors, these classes will eventually become attached to ordinary schools. The Junior class is in fact being moved to Moseley Junior Mixed School early in 1959, and with the children will go their class teacher. No partially sighted children from Coventry are in residential schools.

Deaf and Partially Deaf

I have purposely placed both these categories together because there has been such a revolution recently in the total diagnosis and the educational treatment of such children that it is becoming increasingly difficult to decide where the border line lies. There seems little doubt that some children who were formerly placed in the totally deaf category may now come to be ascertained as partially deaf as a result of the rapid advance in the technique of hearing tests and also in the provision of more highly efficient hearing aids. It is clearly more satisfactory to be able to keep a child at home with its own family, who will come to be instructed in this field, to understand the child's point of view, rather than to send the child away. Totally deaf children attend residential schools in the Midlands but the partially deaf, in the younger age groups, attend our day unit attached to Spon Gate School. At Secondary school age it is planned to send them back to ordinary schools where they will receive special help from a qualified teacher of the deaf from time to time. Some of the children, however, may still have to be considered for entry to a residential school at 11+ if the handicap is very severe and thereby they are not considered suitable for education in an ordinary school. The Local Education Authority, however, has plans to cover children of all ages who have such a handicap.

The system of finding, as early as possible, children who have defective hearing is well advanced in Coventry. Any babies who are potentially " at risk," e.g. histories of familial deafness, of prematurity, rhesus factor, or any other suspect familial disease or condition associated with deafness, are kept under regular observation by the Health Visitors and by the personnel of the audiology unit at the Coventry and Warwickshire Hospital until a firm opinion one way or the other is made. Many children, too, are referred for testing very early by the paediatricians and under such circumstances it is becoming very difficult for any deaf child to escape detection.

We are very grateful to Dr. Mary Sheriden, Medical Officer from the Ministry of Health, who came to Coventry in 1956 and gave us her very helpful supplementary advice concerning the most efficient way of detecting children with hearing defects.

A report on the work at Spon Gate Unit is given later by Miss Gardiner, Teacher-in-Charge of the Unit.

Educationally Subnormal Pupils

During recent years the provision for this type of child has made great strides in Coventry, but nevertheless we still have lists waiting for ascertainment, shortage of medical staff approved for this purpose being the main cause. Ascertainment is also carried out at the Child Guidance Clinic and a Medical Officer working with the Educational Psychologists completes the appropriate forms. The waiting list at this Clinic is long, and moreover, tends to be accentuated because a period of observation is usual before a child is finally diagnosed. Even in these enlightened days, parents still have great anxiety and find difficulty in accepting that special educational treatment for their children may be necessary. It is understandable that the ambitions which parents have for their children often fail to take into account the intellectual limitations which the latter may have. The general public, however, is gradually understanding and appreciating what is being done in this field of work and it is certain that those parents who have difficulty in acccepting wholeheartedly what is being done for their children will eventually come to understand also and readily accept the provisions which the Local Authority have made for their children. It is a good sign that our ascertainment officers are finding decreasing opposition than has previously been the case from a proportion of parents. The Observation and Diagnostic Class is of considerable help. It provides younger borderline children with a period of observation under a specially trained teacher and at the end of this period a reasonable approach can be taken to the problems presented : there is great interest attached to this work. So many of the children present severe emotional and behaviour disorders which, at times, can make assessment of their true intellectual capacity an extremely difficult matter, but with patience the difficulties do tend to resolve thereby allowing the actual picture to appear. From this diagnostic class children may be recommended to schools for educationally subnormal pupils, schools for handicapped pupils, or to ordinary schools.

Epileptic

The Annual Conference of the British Epilepsy Association was held in Coventry in November, 1958. The Senior School Medical Officer was one of the speakers as was Dr. Parry Williams and local

welfare officers : the Principal School Medical Officer was Chairman for the afternoon session. An interesting factor which impressed during the conference was that life for epileptic school children will become easier in the future than has been the case heretofor. Epilepsy has tended to be grossly misunderstood by a public who has been ignorant of this condition, and the unfortunate victims have suffered in consequence ; but times are changing. The great advantage of teachers in ordinary schools fully informing themselves about this complaint is of great importance. Some Coventry children suffering from uncontrolled epilepsy go to residential schools attached to colonies while the remainder, about 400 known cases, attend ordinary or special schools, allocations depending upon the extent of other handicaps which may be present.

The holiday scheme for epileptics is useful, but the number of places available in unfortunately low.

Maladjusted

The number of children ascertained in this category is still mounting and at the same time emotional and behaviour disorders are increasing. Due to staff shortage at the Child Guidance Centre there is no doubt that the time given to individual children is not sufficient. While dealing with successive children there is a continual feeling of urgency as the waiting list of other cases — the majority of them urgent — mounts up. It is well nigh impossible to work and do justice either to the children, oneself or one's training under such circumstances. It says much for the staff at the Child Guidance Centre that in spite of these tribulations they continue doggedly with their task. A number of the ascertained children reside at Cromers Close Hostel for Maladjusted Children, and go to ordinary schools during the day time, but a few still require treatment at a residential school with consequent separation from their families.

Physically Handicapped

Children in this category are educated in one of four ways. Firstly in hospital, e.g. Paybody Hospital ; secondly at the day school for physically handicapped children at Baginton ; thirdly with home tuition ; and finally in residential schools. We are fortunate in this City that only three children are away in residential schools. All types of physically handicapped children are educated together at the day school. This seems to have a salutary effect on the adolescent group and brings out the best in them when they realize that there are other equally handicapped, and perhaps more so, although in differing fashion. It has never, so far, been the experience of staff at the school that any child less handicapped has objected to working with those more severely affected. Those who do object from time to time are a relatively few parents who seem to find difficulty in understanding and accepting the situation, although some of these do come to

evaluate the position much better in the course of time. The nursery for very young, (2 — 5 years) physically handicapped children progresses happily and it is more interesting for all staff, both medical and teaching, to undertake their respective duties when the children are so young. So much valuable time has inadvertently been lost in the past.

Delicate

The fine new residential school at Corley is expected fairly soon to cater for up to 120 children between 7 and 16 years of age, and in the next years annual report I hope to say that the school is working to full capacity.

A few severe asthmatics still need to be sent to residential schools elsewhere, usually in coastal areas. A medical officer visits Corley one half day weekly and overall medical supervision is given by the Senior School Medical Officer. There is also a General Practitioner (Dr. C. Edwards) in attendance to provide treatment to children whenever necessary under the National Health Service provisions. The type of children ascertained under this heading is altering very appreciably. Diabetic children are included in category J., but are all attending ordinary schools under medical supervision.

Conclusion

Several difficulties continue to frustrate progress in the work of the department. There has been only a slight improvement in recruitment within the dental service so that there has been no opportunity for spectacular progress in the realm of conservative dentistry — an aspect of preventive health work which is of great importance when considering the future well-being and aesthetic appearance of the child.

The Principal School Dental Officer together with a Coventry dental practitioner and myself visited the London Hospital during the year, and had the opportunity to discuss the subject of dietetics as it related to childhood dentition with Professor Horsnell. At this hospital an experimental scheme is in progress, in which a dietitician is working in close collaboration with the dental staff. A proportion of children having dental defects are referred to her, with the parents in attendance also, and appropriate dietaries are advised. Results of diet and concurrent dental treatment are witnessed over a prolonged period, and it would appear that results achieved so far are encouraging. It is possible that from this study may eventually come helpful information shown as more prolonged and concentrated attention to diet will come to play an important part in helping to prevent caries and dental malformation. At that point one will be in a better position to advise upon the possible local appointment of a dietician, but meanwhile, and as a result of this visit, the Principal School Dental Officer is able to arrange for the sale of nutritive salt tablets to parents for those children who may derive benefit therefrom.

Work at the Child Guidance Centre continues to be impeded by an insufficiency of trained staff. The existing personnel are working to capacity, but nevertheless this is in the form of a " rear-guard action " because of overcrowded conditions, insufficiency of staff and an increasing waiting list. The Birmingham Regional Hospital Board has not yet been able to allocate a Child Psychiatrist to the Coventry area and this presents a check to progress in this work. We are much indebted to Dr. S. W. Gillman for his continued interest and for the necessarily limited sessional time he can spare at the Child Guidance Clinic from his hospital commitments. Mrs. Hedges, too, reports upon the pleasing amount of work accomplished by the School Psychological Service in spite of existing difficulties.

There is much encouragement from the progress which has been achieved for the partially deaf children at Spon Gate School and the commentary made by Miss L. Gardiner later in this report will be of much interest. Attention is also drawn to the forthcoming retirement of Miss V. Dooley, and I should like to join in saying how every sorry we all will be when she comes to leave her present work, Her service has been long and unstinted, and she has given cheerful inspiration to the affairs of this school and not least where these have touched upon the health and well-being of the children attending.

New provision was made at Three Spires School for Educationally Subnormal Children for children of primary school age and these included a proportion of children aged 7 years.

The report by the Organisers of Physical Education makes mention of the opening of an indoor swimming pool at a Coventry Comprehensive School. This is a most worthwhile provision and is in course of being repeated at one or two other schools. Nevertheless, these individual ventures do point strongly to a present public insufficiency of large scale indoor swimming pool facilities in the City. There are, locally, young citizens who have achieved remarkable prowess and international distinction in this universally popular sport in spite of this basic limitation : with better generalised facilities, many more could follow in their footsteps.

We look forward to the opening of the new Corley Residential School early in 1959, and clearly the new building will provide greatly enhanced facilities for children who are referred there.

The incidence of infectious diseases in the schools was considerably less than in the previous year (Table page 42) this being entirely due to the cyclical decrease in measles and whooping cough during the year under review. The incidence of scarlet fever was up to 107 cases (1957 — 50), but fortunately in latter years the type has been mild and does not give rise to the complicating features which were so apparent in former years. It is particularly pleasing to note that

whereas in 1957 there were 58 cases of poliomyelitis occuring in children of school age, there were none notified during 1958, and it is to be hoped with the increased activity in immunisation procedures against this disease that this desirable trend will continue for future years.

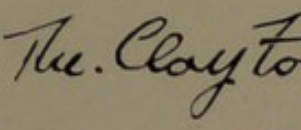
I wish to thank those consultants who so willingly conduct specialised sessions at our Clinic, as also at the hospital, for the benefit of school children. I am much indebted also to the Director of Education, his administrative staff, and to all head teachers for their valuable co-operation at all times.

The staff of the School Health Service has worked with industry and efficiency throughout the year and I happily extend my thanks to them for their helpfulness : also additionally to Dr. M. M. Gaffney and Mr. E. A. Moore for their assistance in the preparation of this report.

To the Chairman and Members of the Special Services Sub-Committee I offer my thanks, as indeed those of my staff, for their continued interest and helpfulness in the work of the department throughout the year.

I am, My Lord Mayor, Ladies and Gentlemen,

Your Obedient Servant,



Principal School Medical Officer.

School Population, Accommodation, Attendances

At December, 1958, there were 105 primary and secondary schools (including the City of Coventry School) under the control of the Local Education Authority, viz :

72 Primary and all age schools with 100 departments
16 Secondary modern schools with 23 departments
4 Secondary Selective Schools
7 Comprehensive Schools
6 Special Schools

The primary, secondary and special schools are divided as follows :

79 County schools with 113 departments
12 Voluntary C.E. schools with 12 departments
14 Voluntary R.C. schools with 15 departments

Number of children on registers, January, 1958	48,351
Number of children on registers, December, 1958 ..	48,761
Average percentage attendances	91·18
Number of children attending independent and private schools	2,763

REPORTS FROM SPECIAL SCHOOLS AND CLASSES

Baginton Fields School for Physically Handicapped Pupils

Dr. M. M. Gaffney reports :—

This school continues to admit more seriously physically handicapped children than one would normally expect to find in a day school. The only requirement is that the child is educable and this is frequently decided only following a long trial period. It is a pleasant and satisfying experience to work in a school having the atmosphere prevailing at Baginton. All staff at the school give of their best without sentimentality or fuss. Considerable progress is being made with those children of nursery school age, a category which has only come to be admitted of recent time. Experience confirms the original thesis that the younger the child is ascertained and referred the better is the prognosis. We continue to be indebted to Mr. Penrose and Dr. Parry Williams for their expert guidance and support at all times. The Consultant Clinics held fortnightly at the school are of incalculable value to the parents as well as the children for the parents are able to gain much sound advice at these sessions.

There are 21 children from other Authorities who attend Baginton Fields School and the waiting list is now catered for with very little delay.

Handicaps apart, the general health of the children is good and the average school attendance figure of 195 gives cause for satisfaction to staff and pupils alike.

Mr. L. Bowstead, Headmaster, reports :—

" The year 1958 has been one of steady progress. The Nursery has now been open for over a year and we have been delighted at the physical improvement which has been demonstrated by these children as a result of therapy at this early age. Socially, too, the Nursery age children (many of whom would otherwise have had isolated if not lonely lives) develop and adjust themselves in ideal surroundings.

The school has now been open for long enough (since 1951) to see children leave who have had the benefit of a number of years Special Educational Treatment. The pattern is, as one might expect, very varied. The exceptionally heavily handicapped are, of course, most difficult to employ, but the Youth Employment Office has done great work in finding suitable positions. One leaver, in fact, is employed in the City Health Department, others have filled posts such as solicitor's clerk, watchmaker's apprentice, gardener, typist, machinist, assistant cook, shop assistant, cashier, etc. Others have continued their education by full-time attendance at Technical College and Art College. All this is encouraging but it is surprising to find that it is more difficult to find suitable employment for those of above average intelligence than for those of average or less than average I.Q.

The many professional visitors we have welcomed during the year have remarked on the excellent medical provisions and particularly on the regular visits by our consultants, Mr. Penrose and Dr. Parry Williams. Teamwork between all members of staff enables us to make the most of every opportunity to help our pupils."

Mrs. M. M. Halls, Superintendent Physiotherapist, reports :—

" I have much pleasure in presenting my report as Head of the Physiotherapy Department at Baginton Fields School for physically Handicapped Children.

The work within the department is still covered by four members of staff, with the help of an Orthopaedic Nurse. The three Physiotherapists — Mrs. Howitt, Mrs. Thomas and myself — cover all treatments for spastic, chest, and heart conditions, coupled with new poliomyelitis cases ; the later stage and heavy rehabilitation being done by Mr. Peberdy, Remedial Gymnast. The day-to-day maintenance of splints and block leathers is done by Mrs. Jones, the Orthopaedic Nurse.

In addition to the carpenter who provides the special furniture and equipment for the children we are indebted to Mr. Stringer (Wood and Metalcraft Master) and senior boys who have frequently made running repairs to maintain children's mobility. There are many ingenious inventions for individual handicapped children made and in use at Baginton Fields as a result of this all round co-operation. The surgical instrument maker visits once a week.

The staff of the Physiotherapy Department wish to thank all members of the school staff, and particularly the Head Master, for making our working life here a most pleasant experience."

Mrs. Roberts, Speech Therapist, reports :—

" The number of children treated in the past year has remained at 27, two children being discharged, and two admitted for treatment. Of this number 22 were suffering from cerebral palsy or allied conditions. Five children from the new Nursery Block are now included in the timetable.

The treatment is arranged in quarter-hourly sessions, twelve children having received three sessions each week, a further twelve two sessions per week, and three one treatment session each week.

Tape recordings have been taken at regular intervals and it has been noted that the majority of these children have responded well to speech therapy treatment over the year.

In conclusion I would like to thank Dr. Gaffney, the Headmaster and the staff of Baginton Fields School for their continued kind co-operation in regard to this treatment."

Alice Stevens School

Dr. M. A. Lawson, School Medical Officer, reports :—

" It has been inspiring to participate in the work of the Alice Stevens School for Educationally Subnormal Pupils, where under the direction of the Head Master, Mr. Saxon, every effort is made to facilitate improvement in the scholastic, emotional and social adjustment of the child who is educationally retarded.

Each child at this school is taking a significant part in the life of the school, and every effort is made to develop his ego and his capacities to their limit, to render him a valued member of the whole school community — since upon his scholastic improvement follows that greater self esteem, self awareness and better social and emotional adjustment which the school seeks to give the children.

There was one exclusion under Section 57 (3) of the Education Act 1944 for ineducability, and one under Section 57 (4).

The examination and mental testing of school leavers has continued for the purposes of Section 57 (5) Education Act 1944, and the problem of suitable employment has been discussed with the Head Master, parents and Youth Employment Officer.

Mrs. Wardle has resumed duties as School Nurse, following her illness — when her place was taken by Mrs. I. Campbell — and the Speech Therapist, Mrs. Roberts, conducts a weekly session for the eight pupils with speech defects.

The health of the pupils has remained uniformly good."

Three Spires School for Educationally Subnormal Children

Dr. M. M. Gaffney, Senior School Medical Officer, reports :—

This school has got off to a good start despite difficulties with accommodation. The Head Teacher, Mr. T. G. Monk, has admitted the youngest educationally subnormal children we have dealt with so far and their progress is being watched with considerable interest. A fuller account of the work at this school will be available in next year's report as the school will then be settled in the new building. The school at present caters for 80 children, but by September 1959 with new premises, the number admitted is expected to be in the region of 120.

Corley Residential School for Delicate Pupils

Dr. M. M. Gaffney, Senior School Medical Officer, reports :—

Due to pressure of work, I was unable to continue to visit Corley twice weekly as I have been doing for approximately nine years. Consequently, late in 1958, Corley School was allocated to Dr. M. Hommers as part of her regular duties. The number of children in the new building at the time of this report is 101, but the full complement of 120 is expected to be installed shortly.

It is anticipated that the new Corley Open Air School, now nearing completion, will be opened fairly early in 1959. There are many people both staff and pupils who will witness the passing of the existing and recently occupied hutments with considerable nostalgia. Indeed there are some, particularly children with a sense of adventure, who would go so far as to say that draughty and unprepossessing as the wooden buildings may have been they yet presented a truer concept of an " open air school " than perhaps the new building is likely to do. Be that as it may, however, there is little doubt but that the new building will provide very much better amenities for a greater number of children and will be a great credit to this Local Authority.

Generally speaking the health of the children during 1958 has been very good. There have been a few cases of dysentery, streptococcal sore throats and two cases of chicken pox. Those children suffering from asthma have been better than ever before — only two children out of a possible 30 with this complaint have had an attack of any severity. These attacks were associated with emotional upsets and responded rapidly to treatment. All the children have gained weight and some, particularly the younger group 7 — 11, have made really remarkable educational strides over a period of two terms.

Paybody Hospital School

Miss Craven, Headmistress, reports :—

" As in 1957, the year ending December, 1958 has shown a continuance of the trend previously noted — long term cases becoming fewer, and very short term cases increasing in number.

With the exception of a vew patients who were already ' long-term ' when 1958 began, the great majority of children have been in hospital for less than three months — some 16 of them for periods of only one week.

At the beginning of 1958 there were 20 on the register ; at the end of the year, on December 17th there were 28, of whom more than half were due to be discharged for Christmas. But during the year, 104 boys and girls, plus 12 of nursery age were admitted, making 136 all told.

There has been a marked decrease in the number of ' Perthes ' and tuberculous bone and joint cases that have been treated, but an increase in compound fractures as the result of accident, and some 12 re-admissions of chronic cases requiring additional treatment.

The ' turn-over ' is becoming more and more rapid, bringing a continuously changing school population with new problems and difficulties to be overcome. One of these is the predominance of boys over girls, and this year there have been twice as many boys as girls.

Because of the inclemency of the weather during much of the year, fewer lessons than ever before could be taken out of doors.

As usual, all children have received dental attention, and such treatment as has been found necessary."

Partially Deaf Unit, Spon Gate Primary School.

Miss M. L. Gardiner, teacher-in-charge reports :—

" There were eighteen children on roll at the end of the year, nine girls and nine boys, and their ages range from three years five months to nine years nine months. All the children reside in Coventry, and escorts are provided to bring them to school and return them to their homes in the afternoon. Our teaching staff consists of myself and Miss Barnes, who returned to us on June 30th having successfully completed the course of training for the Certificate of Teachers of the Deaf, specialising in the Nursery aspect of the work, at Manchester University. At the same time Mrs. Smith, who had for the period of Miss Barnes' absence, been working with me, was transferred to the Nursery for hearing children in this school, where it had been decided to admit, in the Autumn term, deaf children of nursery age. Two deaf toddlers and a third suspected of a hearing loss were admitted at the beginning of the term, They spend most of their time with the hearing nursery children, sharing as fully as they are able, all the experiences of their companions, and in the charge of Mrs. Smith and her helpers. The Committee has appointed an extra nursery helper to assist with the added work that these deaf toddlers entail, and we fully expect to have to adjust our set up from time to time, as more of these young children are admitted. For the presen we regard this work as in the initial pioneer stage and actual routine administration will be adjusted on a trial and error basis as we pro-

ceed. The results so far appear to be most satisfactory, and parents and escorts have all noted the improvements in their attempts at speech, and their keener interests in all that goes on around them. Miss Barnes has them for short periods each day for auditory training and preparation for speech. They each wear a Government issue Medresco transistor aid, which is small and light and a great improvement on the older type that the rest of the children in the Unit are still wearing. We expect the new transistor aids to be issued to all children in the near future, and this will be of great benefit to them as the weight of the batteries alone is quite a consideration and the actual bulk and inconvenience of a shoulder bag banging up and down as they run around must be frustrating to say the least of it.

Five of our children spend the whole day in hearing classes. Four are in the Junior School and one who is only six years old is in the top class of the Infant School. These five children come early to school each day so that I can give them special work in auditory training and speech instruction before they join their hearing classmates. It is only by keeping a specialist contact with them that they are able to attempt to hold their own from the academic achievement point of view in a class of hearing children. The gains in self confidence and independence have developed in them a greater understanding and ability to relate and compete with hearing children. They learn that they have to prove themselves to other children, and that things are not going to be handed to them on a plate. This attitude is eventually reflected in their realisation of the importance of wearing a hearing aid at all times and of keeping it in good working order. The attitude of the hearing children to their deaf classmates changes with experience too. They gradually cease to regard them with compassionate tolerance, and progress to accepting them as fellow pupils. We are very heartened at seeing these results, and are fully aware that any success achieved is the outcome of the combined efforts of a whole team of people working together for the welfare of these handicapped children.

We are very sorry to report the retirement of our Head Teacher, Miss V. Dooley, at the end of the next summer term. She it is, who has largely been responsible for the success of our work and we cannot express too strongly our gratitude to her for her sympathetic understanding and full co-operation at all times. The spirit and tone of this school under her example and leadership makes an ideal atmosphere in which to work with handicapped children. We all wish her good health and every happiness in her retirement.

I was granted leave of absence from July 15th — 23rd to attend the International Congress on Modern Educational Treatment of Deafness, held at Manchester University. I was glad of this opportunity and feel that I benefited from it in a number of ways. It was interesting to note that the main trend of the majority of the speakers on educational treatment was towards the integration of deaf children into hearing schools.

Dr. Dicks visited the school on September 23rd and all the children in the Unit were given a general medical examination. Mr. Kander, Consultant Otologist to the Coventry and Warwickshire Hospital, has attended the Unit for one clinical session each term, together with Dr. Gaffney, Senior School Medical Officer, and Nurse George, and Miss Morris, Audiometrician. Nurse George also attends each week to deal with general hygiene, ear toilet, inserts and minor ailments. All this regular medical attention is excellent and the children accept it as normal routine. We fully appreciate that we could not receive better medical care, and the parents are very grateful for it as is shown by their immediate co-operation in all treatments which are advised by the doctors and nurses.

On July 9th we took seventy-six children, eleven of whom were deaf, on the annual school outing. This year it was to Windsor, and we were fortunate in having a good number of helpers. We went by train to Bourne End and thence by river steamer to Windsor. The weather was beautiful and a most enjoyable day was spent by all of us.

We have had many visitors this year including Her Majesty's Chief Inspector of Special Schools, who said that he was very pleased with what he saw and that it seemed to him that the Authority was very responsive to the needs of handicapped children.

The Multitone Induction Loop System was installed in my classroom at the end of July. The Philips system was also loaned on a trial period and we are now in the process of trying out these two commercial aids in an effort to decide which, if either, is the better. The induction loop system offers a new approach to the auditory training of deaf children. It is designed to provide high quality sound reproduction, while eliminating those restrictions on movement which the earlier type of group hearing aid demands. The equipment consists of a teacher's microphone connected to a mains amplifier, the output of which is fed to a loop of wire. A pocket receiver called the ' School Aid ' is worn by each pupil, which enables him to hear the teacher's voice, no matter how far away from her he may be provided he is within a certain distance of the loop wire. Pupils may hear their own voices as well as the teacher's when desired, as a switch in the school aid causes the induction coil and the microphone of the instrument to operate simultaneously. Dr. Gaffney, Mr. Fordham and I visited a day school for the deaf in Birmingham to see several types of group aids in use and we came to the conclusion that the loop system type would be best for our use, as there would no restriction on the children's movements. The equipment is proving of great value as it has cut down the number of times I have to repeat what I say by at least a quarter, and the whole speed of teaching has been increased considerably. The rapid development of hearing aids over the past few years has led to many and varied changes in methods of teaching, and it becomes more and more essential to keep abreast of recent research."

Child Guidance Centre

Dr. S. W. Gillman, Psychiatrist, reports as follows :

" Unfortunately, at the time of writing this report, the staff of the Child Guidance Centre has been severely depleted in that the Senior Psychiatric Social Worker has left, which means that the clinic now has only one trained Psychiatric Social Worker. One Psychologist has already left, and we are probably losing another. This means that the work of the clinic will become gradually reduced.

Although the post of Child Psychiatrist was advertised, the appointment was not made, as there were not sufficient sessions approved, and it is hoped that the Regional Board will approve a whole-time Child Psychiatrist.

From this it will be seen that, with these difficulties, the year has not been as good as one would have hoped, but many cases were seen and treated.

I have been greatly helped this year by my Registrars, who have taken their share in seeing cases, and for which I thank them.

However, in the matter of child guidance some serious thinking will have to be done — not only from the personnel angle, but also from the point of view of adequate accommodation as the work grows.

The Pamphlet issued by the Ministry shows that a Child Psychiatric Clinic will have to be established parallel to the School Psychological Service, and already talks are taking place about this.

I should like to thank the School Medical Officer and the personnel at the Child Guidance Centre for their assistance and co-operation during the year."

School Psychological Service

Mrs. P. E. Hedges, Educational Psychologist, reports :—

" In the report on the School Psychological Service for 1958 it is necessary to include comments made in previous years. The shortage of staff and inadequate premises prevent the Service expanding further to ensure that all children with psychological and educational problems are investigated. However, although we regret our three month waiting period and lack of opportunity to develop various forms of treatment, the amount of work covered is pleasing and 354 new cases were seen at the Child Guidance Centre and 277 in the schools (of these 138 were investigated further at the Centre).

CHILDREN SEEN AT THE CENTRE :—

Source of referral

Head Teachers	141
Education Officers	15
School Medical Officers	93
Paediatrician and other hospital specialists	18
General Practioners	34
Probation Officers	19
Children's Officer	8
Parents and others	26

Problem

Nervous disorders	45
Habit disorders	70
Behaviour disorders	103
Organic disorders	5
Psychotic disorders	—
Educational difficulties	131

Investigation Interviews

Psychologists	349
Psychiatric Social Worker and Social Worker	203
Referred to Psychiatrist	155
Senior School Medical Officer (including 41 ascertainments as handicapped pupils)	109

Disposal after investigation

No action	33
To be reviewed	78
Group therapy by a Psychologist	44
Individual treatment by a Psychologist	19
Individual treatment or psychotherapy by a Psychiatrist	39
Remedial treatment	41
Work with parents by Psychiatric Social Worker and Social Worker (plus majority of treatment cases)	10
Day School for E.S.N. children	32
Residential School for E.S.N. children	7
Residential School or Hostel for Maladjusted children	10
Special schools for various physical handicaps	2
Hospital treatment (Psychiatric)	2
Referral to other specialists, e.g. paediatrician	6
Observations and Diagnostic class	10
Other forms of education	1
Ineducable	1

Treatment Interviews

Psychiatrists	484
Psychologists (including group therapy)	1,333
Psychiatric Social Worker and Social Worker	1,046
Remedial Teachers	2,533

Follow up appointments to check on the progress of children seen in previous years or earlier in 1958 were arranged for 415 children or parents.

CHILDREN SEEN IN THE SCHOOLS :—

436 children were investigated by the Educational Psychologists.

132 children were referred as *educationally subnormal* and 53 of these received additional interviews at the Child Guidance Centre with a view to formal ascertainment as suitable for special school education.

31 children who were of at least *average intelligence but retarded* in the basic skills were seen but in view of the long waiting list for remedial teaching only 16 were referred for special help at the Child Guidance Centre. Results of the surveys of age groups indicated that many more children were in need of investigation but lack of time has prevented this taking place.

61 children with *emotional and behaviour* disorders were seen in the schools and 38 of these were referred for further investigation at the Centre.

Reports were made on children in attendance at Special Schools —

13 educationally subnormal,

53 children physically handicapped,

18 partially sighted, and

5 partially deaf.

Results of tests on some of the cerebral palsied children and partially sighted children were for the special enquiries made by the Minister of Education.

146 other children were followed up to assess their progress.

Remedial Teaching :— Remedial teaching continued at the Centre. In the development of this aspect of the School Psychological Service the teachers have visited the schools not only to continue their work in advising on the teaching of dull and backward children but also to teach small groups within the schools.

The Observation and Diagnostic Class continues to function during the mornings and 18 children attended during the year. Of these four were passed to the Mental Health Authority, three were recommended for admission to Special Schools for educationally subnormal children, one to Baginton Fields School for Physically Handicapped and one to the Partially Deaf Class.

Maladjusted children placed in residential schools are seen during the holidays to assess progress and the Psychiatric Social Worker or Social Worker maintain contact with the families while the children are away. The liaison with Cromer's Close, the Hostel for maladjusted children in Coventry, continues to be close and as far as possible there is co-operation with Child Guidance Clinics of the areas from which the extra-district children were recommended."

Chiropody

Mr. A. T. E. Freke, School Chiropodist, reports :—

" During 1958 a total of 2,094 treatments were given at the Central School Clinic.

The waiting list at the end of the year was the lowest it has ever been, and it is hoped that one or two school visits might be undertaken.

The recurring problem of bad footwear is still a major factor in the incidence of minor deformities, and the number of teenage girls who are permitted to wear the ' casual ' style footwear is appalling. These shoes will be responsible for a great deal of pain and discomfort for the wearers in later life.

This year 549 new cases have been seen.

535 patients were discharged cured.

4 patients were referred to the Orthopaedic Clinic.

6 patients were referred to the Dermatological Dept.

A total of 2,094 treatments were given."

Dental Report

Mr. J. A. Smith, Principal School Dental Officer, reports :—

" The year saw some improvement, albeit very insufficient, in the number of dental officers in the School Dental Service. At the commencement of the year there was one full-time assistant dental officer (Mr. M. L. Hooker, L.D.S.) and one part-time assistant officer (Mrs. S. M. Kennedy, B.D.S.) who attended on five sessions per week. In July, however, Mrs. Kennedy became full-time, and at the end of September Miss W. Wilson, D.D.S. (Warsaw) com-

menced full-time service with the School Dental Service. That was the position at the end of the year compared with the establishment approved on January, 3rd, 1950, of one Principal School Dental Officer and eleven Assistant Dental Officers. In these circumstances I was glad to have the temporary assistance of Mr. T. Cross, L.D.S. and Mr. M. H. Slater, L.D.S., who each attended on two sessions per week during September and October, and Mr. D. A. Angus, B.D.S., who attended for five sessions per week during December.

There was a small increase on the previous year in the number of patients treated and the appended table summarises the treatment.

A resumption was made in referring orthodontic cases to Mr. E. K. Breakspear, L.D.S., D. Orth., R.C.S., a service which had been temporarily suspended towards the end of 1957, and although the number of children who may be referred for this treatment is small, it is a most valuable service for the selected few.

It should also be recorded that this Authority was glad to make available to Mr. Breakspear our dental record cards and the use of a surgery for weekly visits to carry out measurement of space lost by early extraction of deciduous teeth, a most useful research work which will contribute to knowledge on this subject.

A Dental surgery at the Clinic has also been made available during the year, at the request of the Regional Consultant Adviser in Dental Surgery for the use of a Regional Board Orthodontic Consultant who had previously attended at the hospital, on the understanding that such arrangement be terminated should the surgery be required on that session for our own dental service.

In November a visit was made by the Medical Officer of Health and myself to the London Hospital Dental Department at the invitation of Professor Horsnell to learn of the original work being done by that department in conjunction with the Dietetic Department. Nutritive Salts Tablets are now available for sale at the Clinic to selected cases where the dental officer considers such treatment would be particularly beneficial.

Dr. K. M. Park continues as our anaesthetist, and to her and all who have served the department loyally throughout the year, I wish to express my appreciation."

	Primary and Secondary Schools	*Infant Welfare*	*Ante-Natal*	*Total*
Fillings—Permanent ..	3,476	—	1	3,477
Fillings—Temporary ..	76	19	—	95
Extractions—Permanent	4,636	—	64	4,700
Extractions—Temporary	8,333	430	—	8,763
Other operations	1,069	4	13	1,086
Administration of General Anaesthetics	2,403	146	13	2,562
Attendances	12,341	335	77	12,753

Ear, Nose and Throat Sessions

Mr. Kander, Ear, Nose and Throat Consultant, reports :—

" During 1958 a further step forward in the rehabilitation and education programme for children with varying degrees of deafness was made, when a Nursery Class for deaf children under five years of age was opened at Spon Gate School. We are now in the fortunate position of being able to provide special instruction for these children from the age of two to eleven years. Auditory training is actually started at an even earlier age in the Audiometric Department at the Coventry and Warwickshire Hospital. As soon as deafness is suspected and confirmed, this is combined with instruction of the mothers in the problems of the deaf baby. The next problem to overcome will be the continuance of special education of children over 11 years of age, otherwise the benefit of our previous efforts may be lost.

The routine work of the E.N.T. Clinic continues with emphasis on the prevention and cure of deafness by early treatment, if necessary by operation.

I should again like to thank the nursing and clerical staff of the School Clinic and the staff of the Audiometric and Hearing Aid Department of the Coventry and Warwickshire Hospital for their absolutely invaluable help in dealing with these handicapped and sometimes difficult children with great patience and kindness."

Heart and Rheumatic Clinic

Dr. H. Parry Williams reports :—

" During the year 1958, 40 new cases were seen at this clinic, the diagnoses being as follows :—

Functional heart murmurs	24
Rheumatic conditions :	
Mitral valve disease	2
Aortic regurgitations	1
Congenital diseases :	
Pulmonary stenosis	2
Aortic stenosis	3
Atrial septal defect	2
Atypical ductus	1
Pulmonary systolic murmur (V.S.D.) ..	3
" Extrasystoles "	2

This clinic appears to be of value largely because in the majority of cases one is able to reassure the parents and the child, and allow the child to lead a normal life without restrictions.

Once again it is emphasised that this is largely a team effort, and the clinical sessions held every fortnight alternate with screening sessions. It is a pleasure to thank Dr. Paul Davison, Dr. Gray, Mr. Collis and Mr. Abbey Smith for their co-operation.

In conclusion, I would like to thank Dr. Clayton and his staff for their continued interest in this venture."

Orthopaedic Arrangements

The arrangements in connection with orthopaedic cases have continued as in previous years and have proved to be most satisfactory. Cases are referred to the Orthopaedic Consultant at Paybody Clinic and I am most grateful to Mr. Penrose for his co-operation and the numerous reports which are forwarded to me weekly. Cases are referred following Routine Medical Inspections, by General Practitioners, and some by the School Chiropodist. All Head Teachers are advised of any special recommendations such as being excused from assembly, competitive exercises and games.

A few cases are considered to be unsuitable for attendance at an ordinary school and some unsuitable for attendance at Baginton Fields School for Physically Handicapped children, consequently action under Section 56 of the Education Act 1944 has to be taken and a period of home tuition arranged. This is often a temporary arrangement.

It will be seen from the following table that a total of 510 cases were seen during the year and the required treatment was carried out such as remedial exercises under supervision, massage and physiotherapy and surgical appliances. A few cases received operative treatment.

TABLE OF DEFECTS NOTED AT PAYBODY ORTHOPAEDIC CLINIC

Year Ending December, 1958.

Defects	*Boys*	*Girls*	*Total*
Angioma	—	1	1
Bursa	7	15	22
Chondromalacia	2	1	3
Chronic strain of leg	—	1	1
Claw toes	3	2	5
Coccydynia	1	—	1
Cubitus varus	1	—	1
Curled toes	1	1	2
Cyst	—	1	1
Deformed toes and feet	5	3	8
Diaphysial aclasia	1	—	1
Discord cartilage	2	1	3
Epiphysitis	5	3	8
Exostosis	4	7	11
Foot strain	1	2	3
Ganglion	3	7	10
Genu valgum	11	10	21
Genu varum	1	—	1
Haematoma	3	—	3
Hallux valgus	2	19	21
Hammer toe	5	3	8
Kypho scoliosis	1	2	3
Lipoma	—	1	1
Metatarsus varus	2	1	3
Onychogryposis	—	1	1
Osgood Schlatters disease	8	3	11
Osteochondritis	2	2	4
Osteomyelitis	2	—	2
Osteosclerosis	—	1	1
Perthe's disease	1	—	1
Pes cavus	2	3	5
Pes planus	53	36	89
Plantar strain	1	—	1
Poliomyelitis	4	1	5
Poor posture	1	4	5
Scoliosis	3	3	6
Spastic right sided hemiplegia	1	—	1
Spastic diplegia	—	1	1
Spondylolisthesis	2	—	2
Torticollis—left sided	2	—	2
Valgoid ankles	20	21	41
Miscellaneous	105	85	190
Total	268	242	510

Miss Lloyd, Superintendent Health Nurse, reports :—

" 1958 has been a year of difficulties and frustrations but it is very gratifying to note that, in spite of our many set-backs, the school work has been completed and no school work has been neglected, although duties were somewhat disrupted by an outbreak of dysentery.

During the year there have been 10 resignations and only four new appointments, those four including a Health Nurse with a Health Visitor's certificate ; one Student Health Visitor ; and two temporary School Nurses. This shortage of staff has made work exceedingly difficult, but, owing to the willingness of the remaining staff, the work has been dealt with.

Polio vaccination was very prominent during the year. For a period at the beginning of the year in common with other authorities we ran out of vaccine, which caused further frustration, but that was rectified by the end of the year.

In July we were very pleased to welcome back four Health Nurses who had recently taken their Health Visitor training. Three of them had previously been School Nurses.

The eleven nursery schools continue to prosper and are very popular, both with the children and the parents. Unfortunately, in the early part of the year, there were many childish infections which caused some degree of absenteeism, but as the summer months progressed the attendance became more stabilised and good progress is reported from all schools.

One Health Nurse attends Alice Stevens School regularly and she reports that the standard of home-care is steadily improving. This is also the case at Three Spires School, which has recently completed its first year's work. The Health Nurse is very pleased about the steady co-operation of the parents. Baginton Fields School still maintains its happy atmosphere and the Health Nurse reports that the absenteeism there is chiefly due to chest colds in the early months of the year.

The cleansings at Gulson Central Clinic, i.e. 463, are down to a much lower number, which speaks well for the general care of children.

The appearance of Gulson Central Clinic is now much improved since it has received its long overdue interior decoration."

Speech Therapy

Miss B. Carr, Speech Therapist, reports :—

" During the past year the waiting list at Gulson Road Speech Clinic has not been a long one and it has therefore been possible to take the children soon after referral. Certain cases have been treated more than once a week and this has proved beneficial, especially for the adolescents who are eager to speak normally before they leave school.

A number of children whose parents are foreigners have been referred suffering from a variety of speech defects. The English language is hardly ever used by the parents in these homes and it is extremely confusing for a child to hear one, two, or even three languages spoken by his adult relatives and their friends in addition to the English which is used in his school environment. This medley of languages is especially confusing to the child who is dyslalic or is retarded in his general speech development."

Mrs. Bell, Peripatetic Speech Therapist, reports :—

" In the report for 1957 mention was made of the new housing estates in the Bell Green District and their effect on the waiting list for the Branch Clinic serving that area. May 1958 saw the instigation of a new Speech Therapy session at Wood End Junior School. Children from several nearby schools now attend at Wood End thus cutting down travelling time and the corresponding loss of lesson time.

The Tile Hill Health Centre is now visited weekly and among children treated regularly are several who were once classed as defaulters thus stressing the importance of outlying clinics.

At the end of 1958 there were waiting lists at each of the six centres, 76 children having been admitted from the list during the course of the year."

Diphtheria Immunisation

As in previous years Medical Officers have continued to visit primary schools for the purpose of immunisation, but, unfortunately, these visits have had to be curtailed of late because of heavy commitments as far as poliomyelitis vaccination is concerned. However, the incidence of diphtheria has continued to fall both nationally and locally. The following table shows the number of cases notified since 1948 :—

Year	*Cases*	*Number of deaths of which none were immunised.*
1948	12	2
1949	12	—
1950	7	2
1951	3	—
1952	—	—
1953	—	—
1954	—	—
1955	2	—
1956	—	—
1957	—	—
1958	1	—

During the year 1,450 schoolchildren received primary injections and 2,152 were given booster doses.

I greatly appreciate the co-operation and assistance given to my staff by all Head Teachers during the immunisation sessions. Although the incidence has fallen considerably, it is important that publicity should continue in order to prevent parents being lulled into a sense of false security.

City of Coventry School (Cleobury Mortimer)

Dr. P. N. Stanbury reports :—

"During 1958 a high standard of health was maintained in the school. There were 165 admissions to sick quarters, most of these being minor upper respiratory infections ; as far as possible these cases are admitted early in order to minimise spread of infection through the school. Fortunately there was no major epidemic as in the previous year.

The kitchens and equipment appear quite satisfactory and the diet is well balanced. Although the boys do a great deal of strenuous exercise, most of them put on weight during term time."

School Milk and Meals

Miss Butler, School Meals Organiser, reports :

" 4,319,869 meals (3,868,593 children and 451,276 adults meals) were served during 1958, an increase of 227,592 since 1957. The daily average in January 1958 was 21,919, and in December 1958 it was 23,332. 43·06% of the number on roll were having meals when the last return was made to the Ministry in October.

The following new kitchens were opened :

Chace	January	1958
Willenhall Wood	April	1958
Cardinal Wiseman	September	1958
Gosford Park	September	1958
St. Patrick's	September	1958
Whitley Abbey Comprehensive (two canteens)	September	1958
Stoke Heath	December	1958

According to statistics called for by the Ministry of Education on one specific date during October 1958, the number of children present at school and receiving milk was 46,148, including 1,839 at Independent Schools."

Physical Education

Mrs. G. W. Grant and Mr. A. Stokehill, Organisers of Physical Education, report :

" The first indoor swimming bath to be built in Coventry for many years was opened this year at one of our comprehensive schools. Although it has only been in use for one term, the results are such as to make us eager for more and, fortunately, two others will be forthcoming in the near future. If only they could become general " every child a swimmer " would soon be a reality. One of our junior schools is very much to be congratulated for, due to the joint efforts of the staff, parents, children and the Committee, an open-air swimming bath was constructed in their grounds, We are all hoping for a fine summer so that full advantage can be taken from it.

1958 was also noteworthy for the production of new posture leaflets. These are designed for parents whose children suffer from such disabilities as poor posture, flat feet and knock knees, or who are having difficulty with breathing correctly. Their production was a co-operative effort, for the Health Department and the Physical Education Department were responsible for the matter and the College of Art for the drawing. They should be a real help to children with minor postural faults.

Twenty one years ago a pilot scheme for Play Leadership was set up in the City in two of the public parks. In 1958 eight centres opened every weekday during August and offered a wide variety of games and activities under expert leadership. Daily attendance, in spite of doubtful weather, was in the region of 1,100 children.

Towards the end of 1958 we were pleased to be approached by the Warwickshire Badminton Association and the Warwickshire Fencing Association. The Coaching Committee of both these Associations expressed their willingness to help to interest senior pupils in these leisure time activities and several children have consequently had worthwhile extra coaching. It is good to know that the voluntary spirit is still with us. The children who attended were very grateful for the interest shown.

Children from the City continue to be selected to represent City, County, Territory and Country in the major games and sports Coventry produced a national sprint champion in 1958 as well as a rugger international and the Coventry Schools Soccer Section had the proud record of winning all the Midland cups for which they were eligible. Our thanks must again be expressed to the masters and mistresses who give so unstintingly of their time and energy in and out of school hours to continue this valuable work.

We wish to record our thanks to Head Teachers and all members of staff with whose help and co-operation this continued progress in education is possible."

Medical Examination of Entrants to Training Colleges and the Teaching Profession

As in previous years and in accordance with the Ministry of Education Circulars 248 and 249, Medical Officers have continued to examine candidates for entrance into training colleges and also temporary unqualified teachers. A full medical and chest x-ray examination is carried out and candidates are placed in the appropriate category. The x-rays are arranged through Dr. Gordon Evans, Physician-in-Charge of the Mass Radiography Unit, and I am most appreciative to him for submitting reports on all cases, and also arranging where necessary, for further check-up, such as large films and clinical examinations.

In 1958, 74 candidates were examined for entrance into training colleges and 98 for direct entrance into the teaching profession.

INFECTIOUS DISEASES

Age group 5 and under 15 years

Figures are also given for comparison with the previous year.

	1958	1957
Scarlet Fever	107	50
Acute Anterior Poliomyelitis :—		
(non-paralytic)	—	29
(paralytic)	—	29
Cerebro-spinal Fever	—	—
Paratyphoid Fever (B)	—	—
Acute Primary Pneumonia	14	16
Acute Influenzal Pneumonia	2	6
Dysentery	246	275
Food Poisoning	6	3
Erysipelas	1	1
Meales	346	2,924
Whooping Cough	31	136
Pulmonary Tuberculosis	15	15
Non-pulmonary Tuberculosis	2	5
Diphtheria	1	—
Acute Encephalitis	2	4
Meningococcal Infection	—	3

Deaths of Children of School Age — 5 years to 15 years — are as follows :—

Pneumonia	1
Leukemia ; Aleukemia	1
Other Diseases of nervous system	1
Motor Vehicle Accidents	4
Other accidents	2
Malignant and Lymphatic Neoplasms	2
Other defined and ill-defined causes	1
Total	12

Clinic Sessions

The current arrangements in regard to clinic sessions are set out below :—

CENTRAL SCHOOL CLINIC, GULSON ROAD.

Minor Ailment Clinics, each afternoon.

Cleansings each morning.

MEDICAL OFFICER APPOINTMENTS :—

By arrangement, Monday to Friday.

CHIROPODY :—

By appointment Tuesday afternoon, Wednesday and Friday mornings.

CHILD TUBERCULOSIS CONTACT CLINIC :—

Friday mornings.

DENTAL CLINIC :—

By appointment each day and Saturday mornings.

EAR, NOSE AND THROAT CLINIC :—

By appointment each Wednesday.

Treatment sessions every afternoon (includes "infra-red" treatment).

RINGWORM — X-RAY TREATMENT :—

By appointment at Coventry and Warwickshire Hospital.

SCABIES CLINIC :—

Each day, Monday to Friday.

SPEECH THERAPY :—

Each day, Monday to Friday.

SUNLIGHT CLINIC :—

Tuesday mornings and Friday afternoons.

HEART AND RHEUMATIC CLINIC :—

By appointment alternate Thursday afternoons.

BRANCH CLINICS.

LONGFORD PARK :—

School Medical Officer attends by arrangement.

School Nurse in attendance every afternoon (except Thursday).

TEMPLARS :—

School Medical Officer attends by arrangement.

School Nurse in attendance every afternoon.

BINLEY :—

School Medical Officer attends by arrangement.

School Nurse in attendance Tuesday afternoons from 2 p.m.

WYKEN CROFT :—

School Medical Officer attends by arrangement.

School Nurse in attendance Wednesday mornings.

BROAD STREET HEALTH CENTRE :—

School Medical Officer attends by arrangement.

TILE HILL HEALTH CENTRE :—

School Medical Officer attends by arrangement.

ATTENDANCES AT SCHOOL CLINICS DURING 1958

Conditions	Central Clinic Gulson Road		Binley School Branch Clinic		Longford Park Branch Clinic		Templars' Branch Clinic		Wyken Croft Branch Clinic	
	Cases	Attend-ances	Cases	Attend-ances	Cases	Attend-ances	Cases	Attend-ances	Cases	Attend-ances
Skin :—										
Ringworm—scalp										
X-ray treatment	—		—		—		—		—	
Other treatment	2		—		—		—		—	
Ringworm—body	1		1		1		—		—	
Scabies	—		—		—		—		—	
Impetigo	11		—		1		17		6	
Other skin diseases	15		34		17		57		4	
Eye dises :—										
Blepharitis	—		1		—		4		3	
Conjunctivitis	2		—		4		13		10	
Styes	10		2		8		47		16	
Other	—		9		—		38		31	
		1149		532		1232		3607		1372
Ear defects :—										
Otorrhoea	7		—		3		1		3	
Wax	25		—		—		3		2	
Other	2		—		—		40		3	
Miscellaneous :—										
Septic conditions	39		29		29		431		96	
Skin infections	—		93		16		196		70	
Boils	10		12		17		91		15	
Chilblains	2		—		—		87		62	
Warts	6		32		20		40		50	
Injuries	71		70		221		604		96	
Other conditions	94		24		171		184		77	
TOTALS	297	1149	307	532	508	1232	1853	3607	544	1372

Part I

Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary Schools (Including Nursery and Special Schools).

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	438	438	100	—	—
1953	1,435	1,431	99·72	4	·28
1952	1,999	1,989	99·5	10	·5
1951	525	523	99·62	2	·38
1950	1,185	1,182	99·75	3	·25
1949	1,652	1,644	99·52	8	·48
1948	1,284	1,283	99·92	1	·08
1947	2,086	2,082	99·81	4	·19
1946	471	470	99·79	1	·21
1945	212	211	99·53	1	·47
1944	1,000	997	99·7	3	·3
1943 and earlier	2,874	2,871	99·896	3	·104
TOTAL	15,161	15,121	99·74	40	·26

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of Birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1954 and later	5	34	39
1953	12	93	105
1952	18	151	169
1951	11	53	64
1950	45	60	105
1949	57	81	138
1948	62	62	124
1947	58	104	162
1946	24	18	42
1945	20	12	32
1944	47	27	74
1943 and earlier	107	64	171
TOTAL	466	759	1,225

Table C—Other Inspections

Number of Special Inspections ..	3,846
Number of Re-inspections	1,006
Total ..	4,852

Table D—Infestation with Vermin

(a)	Total number of individual examinations of pupils in schools nurses or other authorised persons	88,364
(b)	Total number of individual pupils found to be infested.. ..	925
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act 1944).. ..	925
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act 1944).. ..	—

Part II

Defects Found by Medical Inspection During the Year.

TABLE A—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin	4	7	3	—	14	6	21	13
5	Eyes—								
	(a) Vision ..	35	20	144	11	287	98	466	129
	(b) Squint ..	19	4	—	—	9	1	28	5
	(c) Other.. ..	—	1	1	—	9	1	10	2
6	Ears—								
	(a) Hearing ..	35	10	2	—	16	5	53	15
	(b) Otitis Media..	2	2	—	—	8	5	10	7
	(c) Other.. ..	3	3	3	—	4	2	10	5
7	Nose and Throat ..	94	67	8	3	108	29	210	99
8	Speech	24	16	2	—	36	6	62	22
9	Lymphatic Glands	—	3	—	—	2	2	2	5
10	Heart	10	16	10	8	17	30	37	54
11	Lungs	7	20	6	2	15	26	28	48
12	Developmental—								
	(a) Hernia ..	3	1	—	—	3	2	6	3
	(b) Other.. ..	2	14	1	—	18	33	21	47
13	Orthopaedic—								
	(a) Posture	7	3	1	1	22	10	30	14
	(b) Feet ..	20	15	12	—	47	11	79	26
	(c) Other.. ..	9	13	10	2	35	10	54	25
14	Nervous System—								
	(a) Epilepsy ..	2	1	1	—	—	2	3	3
	(b) Other.. ..	2	5	2	—	7	12	11	17
15	Psychological—								
	(a) Development	9	5	5	—	42	13	56	18
	(b) Stability ..	2	4	1	—	16	8	19	12
16	Abdomen ..	1	4	1	—	6	3	8	7
17	Other	15	25	9	1	43	35	67	61

TABLE B—SPECIAL INSPECTIONS

Defect Code (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	3	—
5	Eyes—		
	(a) Vision	34	15
	(b) Squint	—	—
	(c) Other	—	—
6	Ears—		
	(a) Hearing	11	4
	(b) Otitis Media	1	1
	(c) Other	—	—
7	Nose and Throat	16	5
8	Speech..	23	5
9	Lymphatic Glands	2	—
10	Heart	2	2
11	Lungs	1	2
12	Developmental—		
	(a) Hernia..	—	—
	(b) Other	1	1
13	Orthopaedic—		
	(a) Posture	1	—
	(b) Feet	1	—
	(c) Other	2	1
14	Nervous System—		
	(a) Epilepsy	—	1
	(b) Other	—	1
15	Psychological—		
	(a) Development ..	28	5
	(b) Stability	13	—
16	Abdomen	—	1
17	Other	15	15

Part III

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

Table A

Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	215
Errors of refraction (including squint)	2,797
Total	3,012
Number of pupils for whom spectacles were prescribed	1,842

Table B

Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	238
(c) for other nose and throat conditions	—
Received other forms of treatment ..	95
Total	333
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1958	16
(b) in previous years (1953-1957) ..	51

Table C

Orthopaedic and Postural Defects

	Number of cases known to have been treated
Number of pupils known to have been treated at clinics or out-patient departments	541

Table D

Diseases of the Skin
(excluding uncleanliness, for which see Table D Part I)

	Number of cases known to have been treated
Ringworm— (i) Scalp	7
(ii) Body	4
Scabies	—
Impetigo	38
Other skin diseases	119
Total	168

Table E

Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority.	Approx. 354 (cases seen by Psychiatrist and Psychologist.

Table F

Speech Therapy

Number of pupils treated by Speech Therapists under arrangements made by the Authority	179

Table G

Other Treatment Given

(a) Number of cases of miscellaneous minor ailments treated by the Authority	3,396
(b) Pupils who received convalescent treatment under School Health Service arrangements	23
(c) Pupils who received B.C.G. vaccination	2,481
(d) Other than (a), (b) and (c) above—	
1. Chiropody	549
2. Ears	93
3. Ultra Violet Light	62
Total (a) - (d)	6,604

Part IV

Dental Inspection and Treatment carried out by the Authority

(1)	Number of pupils inspected by the Authority's Dental Officers :—	
	(a) At periodic inspections	661
	(b) As specials	6,884
	TOTAL (1)	7,545
(2)	Number found to require treatment	6,704
(3)	Number offered treatment	6,704
(4)	Number actually treated	6,048
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11(h)	12,341
(6)	Half-days devoted to——Periodic (School) Inspection ..	5
	Treatment	1,550
	TOTAL (6)	1,555
(7)	Fillings : Permanent Teeth	3,476
	Temporary Teeth	79
	TOTAL (7)	3,555
(8)	Number of teeth filled : Permanent Teeth	2,989
	Temporary Teeth	72
	TOTAL (8)	3,061
(9)	Extractions : Permanent Teeth	4,636
	Temporary Teeth	8,333
	TOTAL (9)	12,969
(10)	Administration of general anaesthetics for extraction ..	2,403
(11)	Orthodontics :	
	(a) Cases commenced during the year	23
	(b) Cases carried forward from previous year	83
	(c) Cases completed during the year	13
	(d) Cases discontinued during the year	2
	(e) Pupils treated with appliances	97
	(f) Removable appliances fitted	52
	(g) Fixed appliances fitted	14
	(h) Total attendances	964
(12)	Number of pupils supplied with artificial dentures	55
(13)	Other operations :	
	Permanent teeth	581
	Temporary teeth	488
	TOTAL (13)	1,069

MINISTRY OF EDUCATION

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS or BOARDING IN BOARDING HOMES, YEAR 1958

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically handicapped		(7) Educationally Sub. normal (8) Maladjusted		(9) Epileptic	Total 1-9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st December, 1958 :—										
A. Handicapped Pupils **newly placed** in Special Schools or Boarding Homes	4	5	—	8	163	25	49	17	—	271
B. Handicapped Pupils **newly ascertained** as requiring education at Special Schools or boarding Homes	6	3	—	9	157	26	60	12	1	274
On or about 31st December, 1958 :—										
C. Number of Handicapped Pupils from the area :—										
(i) attending Special Schools as—										
(a) Day Pupils	—	25	—	18	71	155	272	—	—	541
(b) Boarding Pupils	12	4	16	5	2	3	19	15	13	89
(ii) attending independent schools under arrangements made by the Authority	—	—	—	—	—	—	—	1	—	1
(iii) boarded in homes and not already included under (i) or (ii)	—	—	—	—	—	—	—	10	—	10
Total C	12	29	16	23	73	158	291	26	13	641
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :—										
(i) in hospitals	—	—	—	—	21	1	—	—	—	22
(ii) in other groups (e.g. units for spastics) ..	—	—	—	—	—	—	9	—	—	9
(iii) at home	—	—	—	—	2	4	1	—	—	7

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS or BOARDING IN BOARDING HOME, YEAR 1958—*continued.*

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically handicapped		(7) Educationally Sub-normal (8) Maladjusted		(9) Epileptic	Total 1-9
E. Number of Handicapped Pupils from the area requiring places in special schools :—										
(i) Total (a) day	—	—	—	3	—	6	75	—	—	84
(b) boarding	3	1	—	—	14	—	9	3	1	31
Included in the above total are :—										
(ii) Children under 5 years awaiting										
(a) day	—	—	—	3	—	1	—	—	—	4
(b) boarding	—	—	—	—	—	—	—	—	—	—
(iii) Children over 5 years whose parents refused admission to special school										
(a) day	—	—	—	—	—	—	9	—	—	9
(b) boarding	1	—	—	—	—	—	—	—	—	1

F. Number on registers of hospital special schools—48

G. Number of children reported during the year :— (a) under Section 57 (3) (excluding any returned under (b)—21 ; (b) under Section 57 (3) (relying on Section 57 (4)— ; (c) under Section 57 (5)—25 of the Education Act, 1944.

H. During the financial year ended 31st March, 1958, the amount spent on arrangements under Section 56 of the Education Act, 1944 for the education of handicapped pupils otherwise than at school was £2,246.

INDEX