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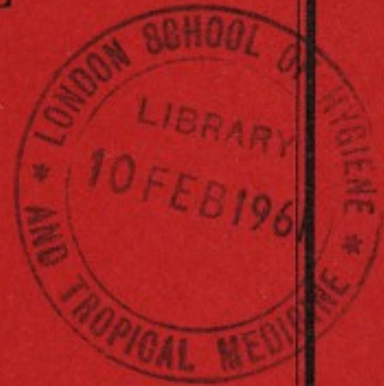
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CITY OF LIVERPOOL



EDUCATION COMMITTEE

REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1957

BY

ANDREW B. SEMPLE, V.R.D., M.D., D.P.H.,

Principal School Medical Officer.



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STAFF

Principal School Medical Officer

ANDREW B. SEMPLE, V.R.D., M.D., D.P.H.

(also Medical Officer of Health).

Deputy Principal School Medical Officer

G. S. ROBERTSON, M.D., L.R.C.P., L.R.C.S., L.R.F.P. & S.

Senior School Medical Officer

A. M. BROWN, M.B., Ch.B., D.P.H.

Whole-time School Medical Officers

MURIEL C. ANDREWS, M.B., Ch.B., D.C.H., D.P.H.	L. P. MOORE, M.R.C.S., L.R.C.P., M.A., F.R. Econ. S., A.C.I.S., A.C.I.I.
MARGARET C. BLACK, M.B., Ch.B., D.(Obst.), R.C.O.G.	EILEEN J. OWENS, M.B., B.Ch., B.A.O., D.C.H.
R. BURNS, L.R.C.P., L.R.C.S., L.R.F.P.S.	JEAN D. PHILLIPS, M.B., Ch.B.
MARY P. COULTER, L.R.C.P., L.R.C.S.I.	FLORA S. QUIN, M.B., Ch.B.
CATHERINE S. ELLAMS, M.B., Ch.B., D.P.H.	IRENE W. SIMPSON, M.B., Ch.B., D.P.H.
M. GODWIN, M.B., Ch.B.	JAMES C. TAYLOR, M.B., Ch.B., D.P.H.
PAMELA P. GRIFFITH, L.R.C.P. & S., L.R.F.P. & S.	MARY I. THOMPSON, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H.
WALTER S. HALL, M.R.C.S., L.R.C.P.	G. R. THORPE, M.B., Ch.B., D.P.H.
GRACE E. McCONKEY, M.B., Ch.B., B.A.O., D.C.H.	JOYCE K. TWEEDIE, M.B., Ch.B., D.P.H.
	MARGHERITA N. WALDEN, M.B., B.S.

Part-time School Medical Officers

ELIZABETH P. DUNCAN, M.B., Ch.B., D.C.H.

MARY F. LACEY, M.D., Ch.B.

Principal School Dental Officer

L. C. WINSTANLEY, T.D., L.D.S.

Whole-time School Dental Officers

- | | |
|--|---|
| A. S. ABOUD, L.D.S.
(From 8.4.57 to 30.9.57). | ANNE P. FARRELL, B.D.S.
(From 17.6.57 to 30.9.57). |
| C. R. COOPER, L.D.S. | ALICE J. JONES, L.D.S., R.F.P.S. |
| JOAN A. COWLEY, B.D.S.
(From 1.11.57). | J. L. W. ROBERTS, L.D.S., R.C.S.
(From 12.8.57). |
| BARBARA CUNNINGHAM, L.D.S. | J. F. WILSON, L.D.S.
(From 18.2.57 to 30.9.57). |
| C. G. CURRY, L.D.S., R.C.S.
(From 1.11.57). | W. F. WREN, B.D.S. |

Part-time School Dental Officers

- G. S. BALL, L.D.S.
J. P. BLACOE, L.D.S.
H. J. BURNS-JONES, L.D.S.
P. G. BUSH, L.D.S., R.C.S.(Eng.). (*Terminated duties 30.9.57*).
J. H. CALLAGHAN, L.D.S., R.C.S.(Eng.).
J. L. CALLAGHAN, L.D.S., R.C.S.(Eng.).
ZILLAH A. FAIRHURST, L.D.S., R.C.S.(Eng.).
MARY P. FLETCHER, L.D.S. (*Terminated duties 30.3.57*).
CATHERINE T. GREEN, L.D.S.
JANE S. HOMFRAY, L.D.S. (*Terminated duties 31.1.57*).
T. HUDALY, L.D.S., R.C.S.(Eng.).
J. JONES, L.D.S., R.C.S.(Eng.), M.P.S.
N. KEARNEY, B.D.S., N.U.I.
L. D. KRAMER, B.D.S., R.C.S.(Eng.).
EDNA G. LAYLEE, L.D.S. (*Terminated duties 2.3.57*).
M. R. LIPMAN, L.D.S. (*Terminated duties 29.11.57*).
W. J. MEAKIN, L.D.S., R.C.S.(Eng.).
J. F. MORGAN.
J. S. O'BRIEN, L.D.S. (*From 17.6.57*).
F. PATTON.
BARBARA E. PETRIE, L.D.S. (*Terminated duties 31.3.57*).
H. POGREL, L.D.S., R.C.S.(Eng.).
B. QUEST, L.D.S.
JEAN C. REGER, L.D.S.
L. TURNER.
DOREEN F. WILSON, L.D.S.
J. F. WILSON, L.D.S. (*From 8.10.57*).

Psychologists

- M. CHAZAN, M.A.
KATHLEEN HENRY, B.A. (*Part-time from 19.11.57*).
A. P. NEILL, B.A. (*From 1.3.57*).

Senior Speech Therapist

- W. G. GOOD, L.C.S.T.

Speech Therapists

- RUTH E. GOODWINS, L.C.S.T. (*From 9.9.57*).
JEAN HOWARD, L.C.S.T.
MAUREEN B. SMYTH, L.C.S.T. (*Resigned 31.5.57*).

Senior Physiotherapist.

URSULA BROWN, M.C.S.P. (*Resigned 31.10.57*).
JEAN H. McHUTCHON, M.C.S.P. (*From 1.11.57*).

Physiotherapists.

J. KIRKBY, M.C.S.P. (*From 11.11.57*).
JANET E. THORLEY, M.C.S.P. (*From 6.8.57 to 31.10.57*).

Remedial Gymnast.

W. P. ADAMS. (*From 15.4.57*).
ROSALINE MATHERON. (*Resigned 30.11.57*).

Part-time Specialist Officers

Oculists.

DAVID BLACK, M.B., B.Ch., B.A.O., D.O.M.S. (*Also Visiting Oculist for Partially-sighted Children*).
NORMAN DONALDSON, M.B., B.Ch., B.A.O., D.O.M.S.
JOHN D. E. EDWARDS, M.B., Ch.B., D.O.M.S.
NORA M. ENGLISH, M.B., B.Ch., B.A.O., D.O.
JOHN N. MATTHEWS, M.R.C.S., L.R.C.P., D.P.H.
RHONA A. REID, M.A., M.B., Ch.B., D.O.
H. BENEDICT SMITH, M.Ch., D.O.M.S.

Orthopaedic Surgeons.

H. G. A. ALMOND, M.R.C.S., L.R.C.P., M.B., Ch.B., M.Ch.(Orth.), F.R.C.S.
F. C. DWYER, M.B., F.R.C.S., M.Ch.(Orth.).
A. G. O'MALLEY, M.B., Ch.B., M.Ch.(Orth.), F.R.C.S.
G. L. SHATWELL, M.B., Ch.B., M.Ch.(Orth.), F.R.C.S.

Paediatric Consultant.

JOHN D. HAY, M.A., M.D., M.R.C.P., D.C.H.

Paediatric Consultant at Greenbank Boarding Special School (Spastic Unit).

R. L. J. S. DERHAM, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H., D.P.H.

Psychiatrists.

H. S. BRYAN, M.R.C.S., L.R.C.P.
IVAN LEVESON, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.M.
PHILIP PINKERTON, M.B., Ch.B., D.P.M. (*From 1.10.57*.)

Surgeon i/c of Aural Scheme and Aurist for Crown Street School for the Deaf.

H. V. FORSTER, F.R.C.S.

Approved Officers for Educationally Sub-normal Children.

WILHELMINA L. DEVLIN, M.B., Ch.B., D.P.H., D.P.M.
F. HOPKINS, M.D., B.Ch., B.A.O.

School Nurses, Etc.

Superintendent : MISS M. SNODDON, S.R.N., S.C.M., H.V.Cert.

Deputy Superintendent : MISS W. K. POOLE, S.R.N., S.C.M., H.V.Cert.

Also:—35 Permanent Nurses.

30 Temporary Nurses.

10 Nursing Assistants.

14 Clinic Helpers (including 10 part-time).

13 Dental Attendants.

Clerical

Chief Assistant (Administration) : MR. A. McCALLUM.

Also:—41 Clerks.

CITY OF LIVERPOOL

EDUCATION COMMITTEE

REPORT of the PRINCIPAL SCHOOL MEDICAL OFFICER for the Year ended 31st December, 1957.

INTRODUCTION

This report marks the completion of fifty years work of the School Health Service.

Liverpool had appointed a Dr. A. S. Arkle to carry out investigations concerning the condition of school children before 1908, but it was in August 1908 that Dr. Kingsford, the first full-time school medical officer, began his duties.

Dr. Arkle's findings had demonstrated the great need for the provision of this service and these findings were well substantiated by Dr. Kingsford's work. In the 19 schools inspected during 1908 a very large proportion of the children attending were described as "suffering from the effects of the exceptional poverty which prevailed during the autumn and early winter".

These first inspections revealed that many children were extremely poorly clothed, many having no underwear and five per cent of the senior boys came to school barefooted. In regard to cleanliness 20 per cent of the boys and over 80 per cent of the girls were infested with lice.

In 1911 the Education Committee were invited to select some boys for emigration to New Zealand to be apprenticed on farms. Out of 210 applicants 187 were invited to appear to attend for selection. Suitable candidates were medically inspected. It was found that a large number suffered from defects sufficiently serious to render them unfit to emigrate. Twenty-seven boys only passed a medical examination which required

that their vision should be fair, hearing good, teeth moderately sound, and that there should be no other gross physical defects. The opinion was expressed that medical inspection during school life would probably have secured the prevention or the cure of the majority of these defects.

During the intervening years many changes have taken place in the Service and the health of the school child has been improved tremendously. However, a perusal of this report substantiates that there is still much useful work to be done and it is difficult to see how it could be as successfully undertaken by any other method.

School Nurses

The type of work which is the main duty of the School Health Service is improving the health of the school children. In doing so it is hoped to improve the health of the whole community. There is therefore much emphasis placed upon educating the children, and their parents, in matters pertaining to health.

The School Nurse is the key worker in this regard. Both upon her own efforts directly with child and parent, in school and in the home, and upon her liaison with school medical officer, teacher and other medical and social agencies much depends.

It is, therefore, to the detriment of the Service that there is a shortage of nurses possessing the Health Visitors' Certificate. The detriment arises both from the lack of properly qualified workers and also from the fact that the temporary nurses employed to make up the shortage are continually changing.

In the early days of the Service when curative work was a major concern this did not matter so much as it does today when maximum health is the aim.

Although it has always been the policy to have the school nurses visit their schools at regular and frequent intervals, it is only during the last year that the nurses' work has been so arranged that they visit each school once weekly. In most instances this regular and frequent contact has been welcomed and appreciated by Head Teachers.

Free Milk Scheme

When the free milk scheme was started in 1946 the percentage of children taking the milk in school was as high as 98.4. This percentage gradually decreased to 93.87 in 1956. The school nurses during the year under review have been giving attention to those children who have not been accepting the milk and it is encouraging to note that the percentage has risen to 96.0.

The work in connection with the education of deaf and partially deaf children continues to receive much attention. Everything possible is being done through the Aural Clinics to prevent and alleviate deafness. It is now considered advisable that wherever possible a "deaf" child should be educated amongst normal children because of the benefit from the auditory experience. New light weight hearing aids such as this Authority has supplied for some years are to be available shortly under the National Health Service, for the use of selected children. **Deafness**

The heart clinic continues to serve a very useful purpose. It is a serious matter that a child be limited in taking part in normal activities, including play and games. In some cases limitations are necessary because of heart disability but the work of this clinic ensures that a child is not so restricted unless it is necessary. **Heart Clinic**

The Authority is fortunate in that Professor Hay, although now in a full-time appointment, has been able to continue to conduct this clinic.

The orthopaedic scheme was inaugurated in 1930. The two main purposes were the early ascertainment of minor orthopaedic deviations from the normal, and ensuring that the children receive adequate treatment without undue loss of time from school. This part of the work has varied very little over the years and continues to achieve what was originally planned. **Orthopaedic Scheme**

In view of the more recent popular interest in spastic paralysis it is interesting to note that in the first year of this scheme there were 29 such children attending the orthopaedic clinics for treatment.

Efforts to ensure cleanliness amongst the children occupies the full time of eight nursing assistants as well as a considerable amount of that of the school nurses. It is gratifying, therefore, to report that the percentage of unclean children, namely 12.05, is the lowest ever recorded in Liverpool. It is a relatively small proportion of the total which are chronically dirty and are the sources of infestation of the other children. **Uncleanliness**

As might be supposed there is a necessity for day to day co-operation with the School Attendance and Welfare Department. The work of the welfare officers and school nurses in many instances is complementary. The school nurses are naturally very interested in the question of school attendance, they have an interest to ascertain that when a child is away from school and ill everything possible is being done for the child's physical welfare. Where non-attendance is due to such a cause as truancy they are likewise interested from the point of view of mental health. **School Attendance**

**Child
Guidance**

Full reports from both the Authority's Child Guidance Centre, and Notre Dame Child Guidance Clinic are in the body of the Report. Although the latter does not deal exclusively with Liverpool children, 111 cases were referred to them during the year.

An improvement was made in regard to the provision of remedial teaching in September. Instead of four teachers giving a total of 10 sessions per week to this work, two full-time teachers were appointed. At the same time the work was decentralised. Provision was made for this work to be done at the Walton, Garston, Dovecot and Carnegie Clinics as well as at Falkner Square.

There is need for the child guidance work to be expanded. Before expansion can take place, however, larger premises for a Centre are required since no more workers can be accommodated in the present building.

**Infectious
Illnesses**

The falling percentage of the number of parents accepting tuberculosis vaccination for their children is disturbing. The percentage has dropped from 81 in 1954 to 63 in 1957. Although much is being done to lessen the spread of tuberculosis it is still a serious disease.

Much valuable work is being done in the examination of tuberculosis contacts as detailed in the body of the Report. The eradication of tuberculosis is a legitimate interest of any health service. In this connection steps are taken to investigate all children who have been in contact with any known case of this disease. Resulting from 32 special investigations four cases of active tuberculosis were discovered.

It will be noted that whereas the number of children in the schools who have been immunised against diphtheria is somewhat over 80 per cent, which is relatively satisfactory, the number of those vaccinated against smallpox has steadily decreased, until approximately one half of the children are not vaccinated. This is a matter of concern in a City such as Liverpool, which is both an airport and a seaport.

**Medical
Inspection**

Attention is drawn to the number of defects found amongst children in school for the first time, who have not, up to the medical inspection, had previous medical attention. These findings emphasise the vital part which the School Health Service still has to carry out.

Numbers of special examinations have been carried out at the request of the Magistrates of the Juvenile Court. It is regrettable that the

attention of the Service has not been called previously to many of these children, where there is evidence of chronic misbehaviour or backwardness.

The School Health Service has a special interest in Nursery Schools and Classes. As a form of "medical treatment" numbers of children are recommended for admission and if accommodation were available there is no doubt that many more children would benefit by attendance.

Nursery
Schools
and Classes

An investigation relating to the frequency of deafness as part of the handicap of cerebral palsy has been carried out in the Department. This is a very useful contribution to our knowledge of this condition.

Cerebral
Palsy

The school medical officers have a responsibility in regard to advising children and their parents as to suitable employment. This work is done in close co-operation with the Youth Employment Bureau.

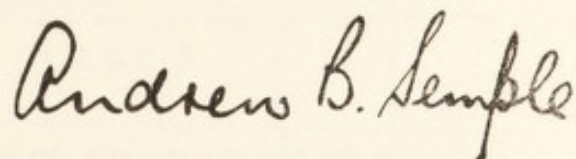
Employment
of
Handicapped
Young
People

In this report Mr. Duncan, the Superintendent of the Bureau, gives a description of the efforts made in the employing of handicapped pupils, together with the findings of a follow-up survey of children known to have suffered from tuberculosis during their school life.

It is with pleasure that I report that the School Health Service continues to receive every possible help from the general practitioners, hospital staffs, and chest physicians. The Service in its turn is always ready to co-operate in every way possible to help the other medical services.

I wish to express my appreciation to the Director of Education for supplying information for this Report, particularly in connection with the work of the Special Schools, the Youth Employment Bureau, the School Meals Service, and the School Welfare Branch.

As in former years the brunt of the day to day running of the School Health Service falls to be performed by my deputy Dr. G. Stuart Robertson; I wish to express to him my gratitude for his loyalty and hard work. I also wish to thank the medical and dental officers, the school nurses, the administrative officers and clerical staff who have all contributed by their endeavours to this record of the year's work.



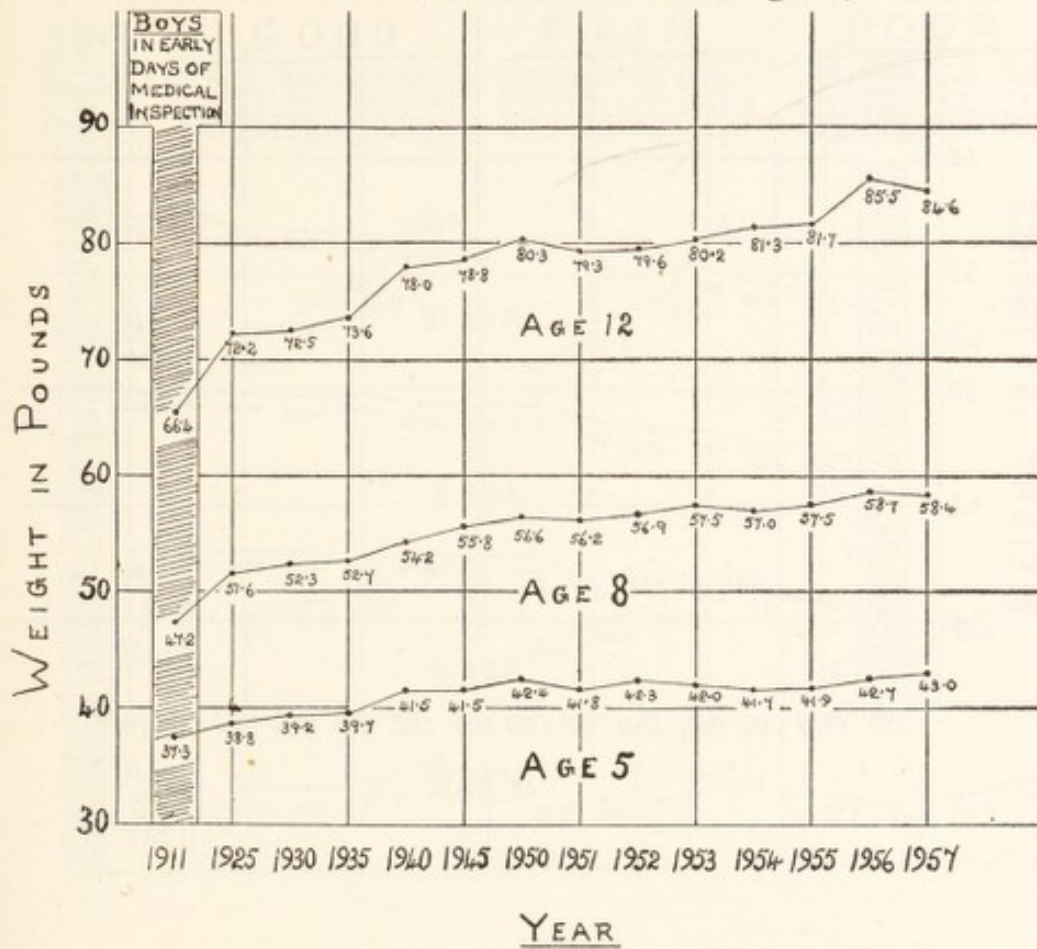
Principal School Medical Officer.

GENERAL CONDITION

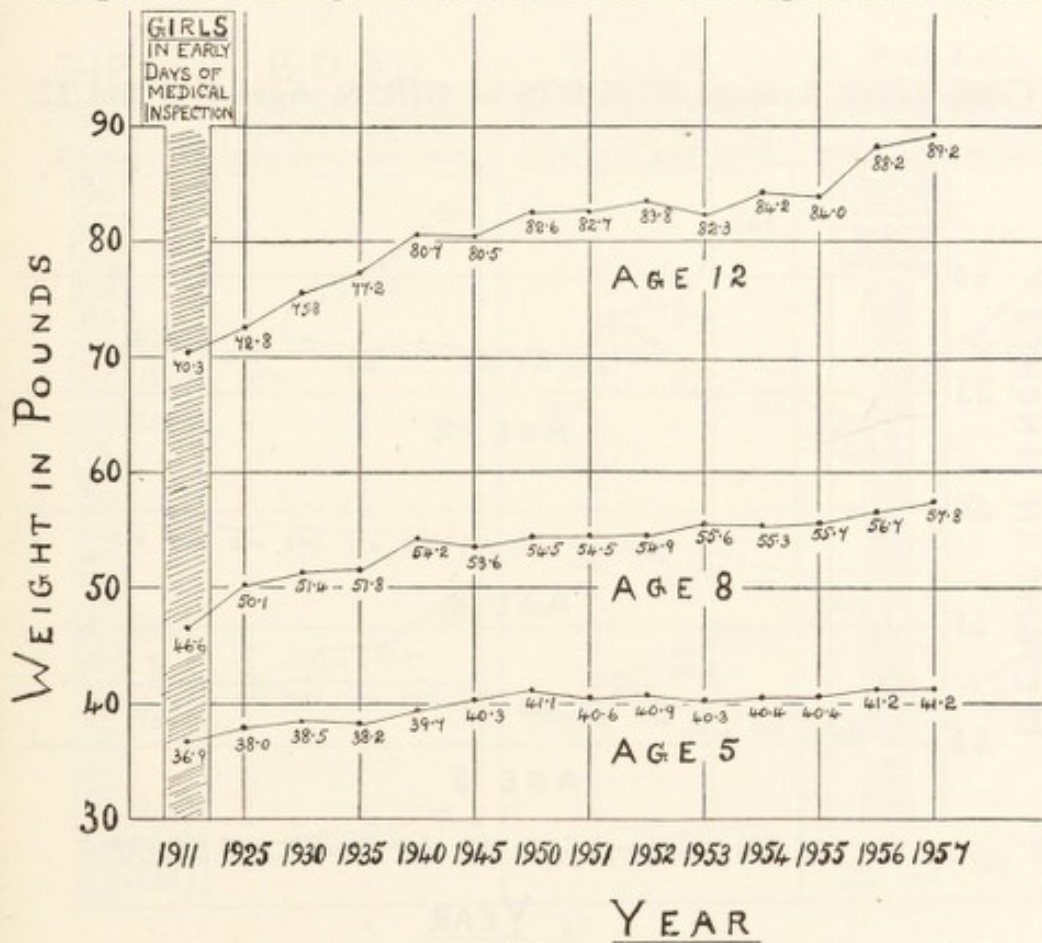
1. The classification of the physical condition of the pupils shows that only about 2 per cent are considered unsatisfactory.

The height and weight graphs would indicate that the steady increases year by year are ceasing. It was to be expected that an optimum would be reached. As was noted in last year's report, the medical officers are finding an increasing number of children who are considered to be overweight.

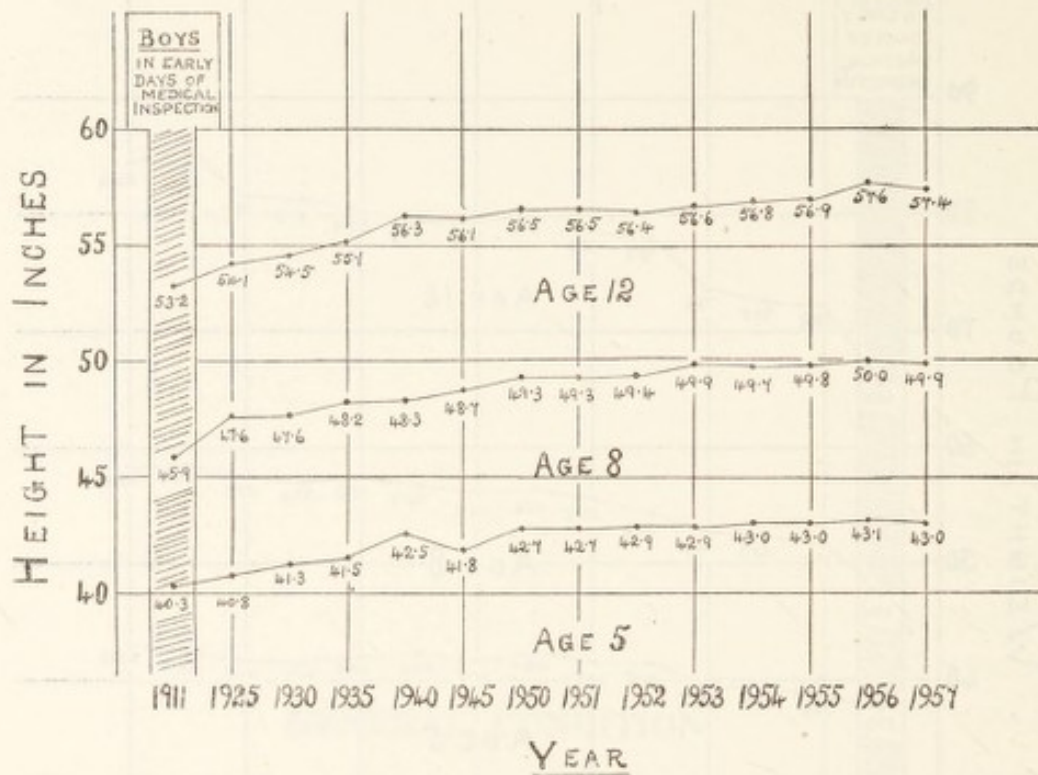
Comparative Average WEIGHTS of BOYS, Ages 5, 8 and 12.



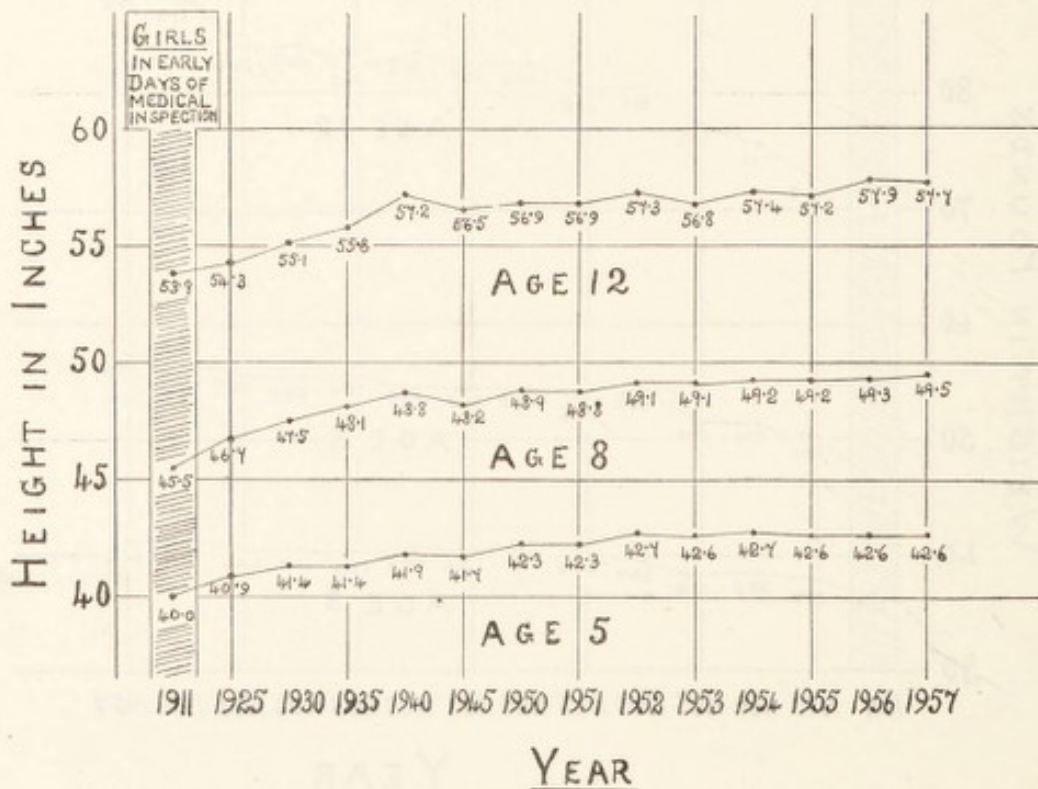
Comparative Average WEIGHTS of GIRLS, Ages 5, 8 and 12.



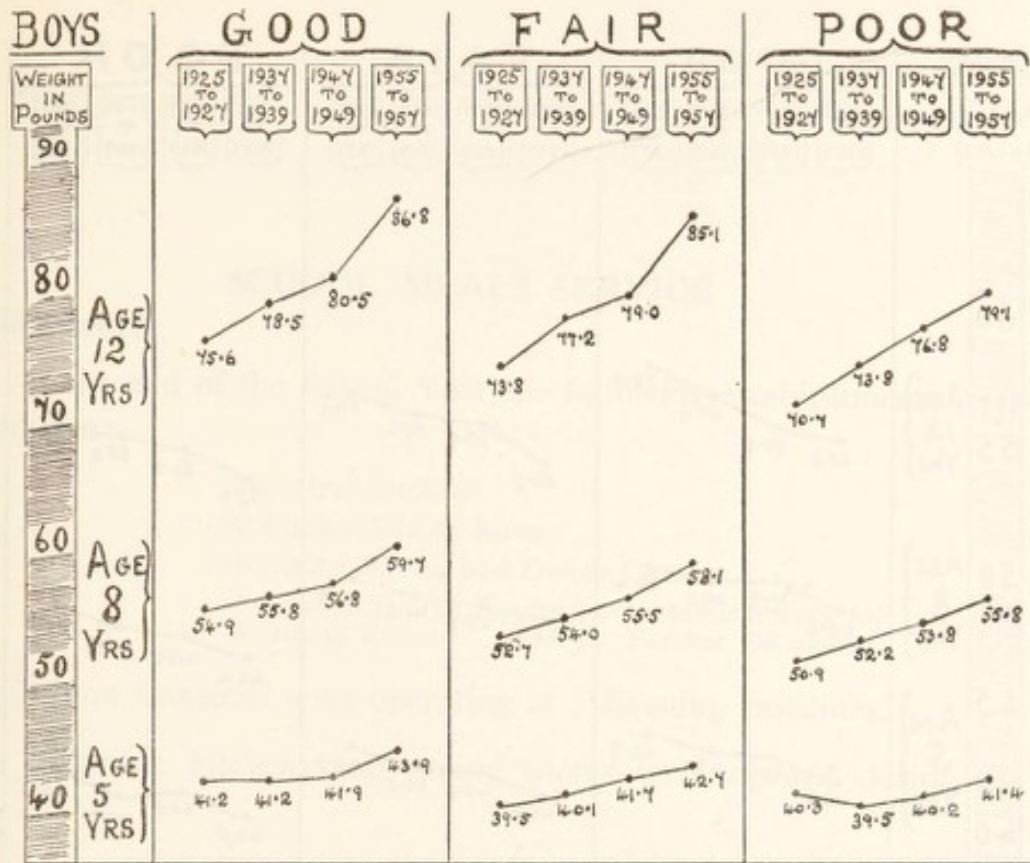
Comparative Average HEIGHTS of BOYS, Ages 5, 8 and 12.



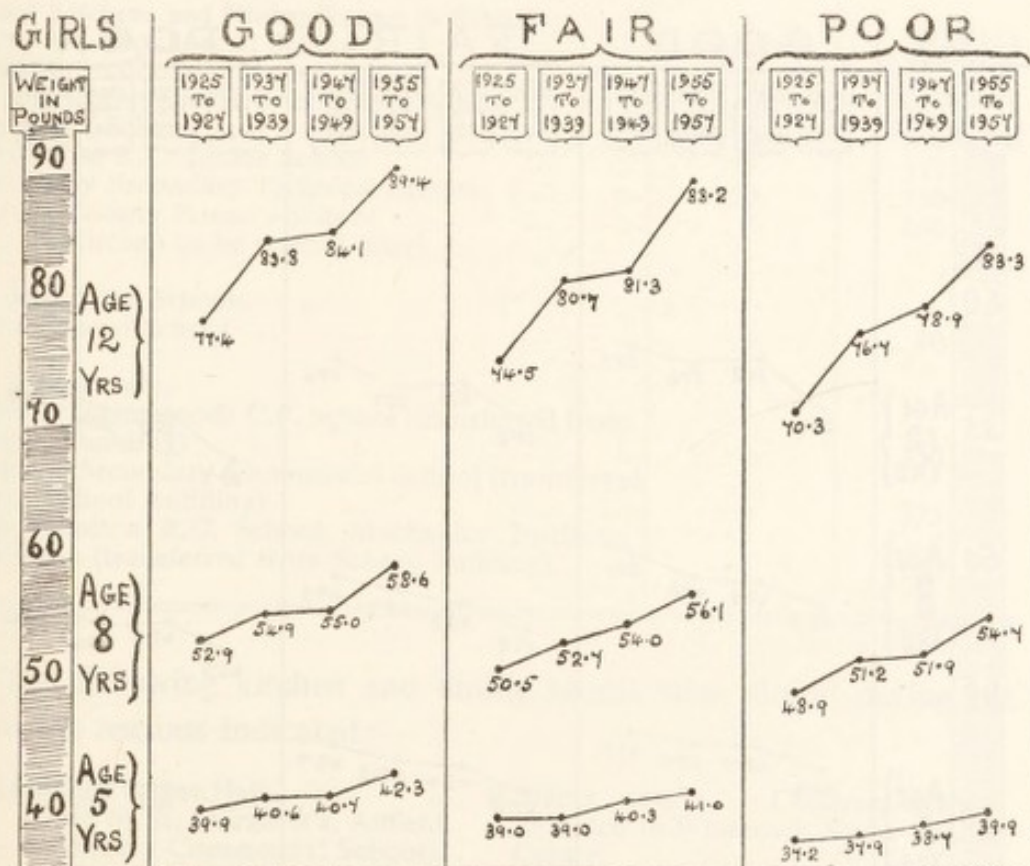
Comparative Average HEIGHTS of GIRLS, Ages 5, 8 and 12.



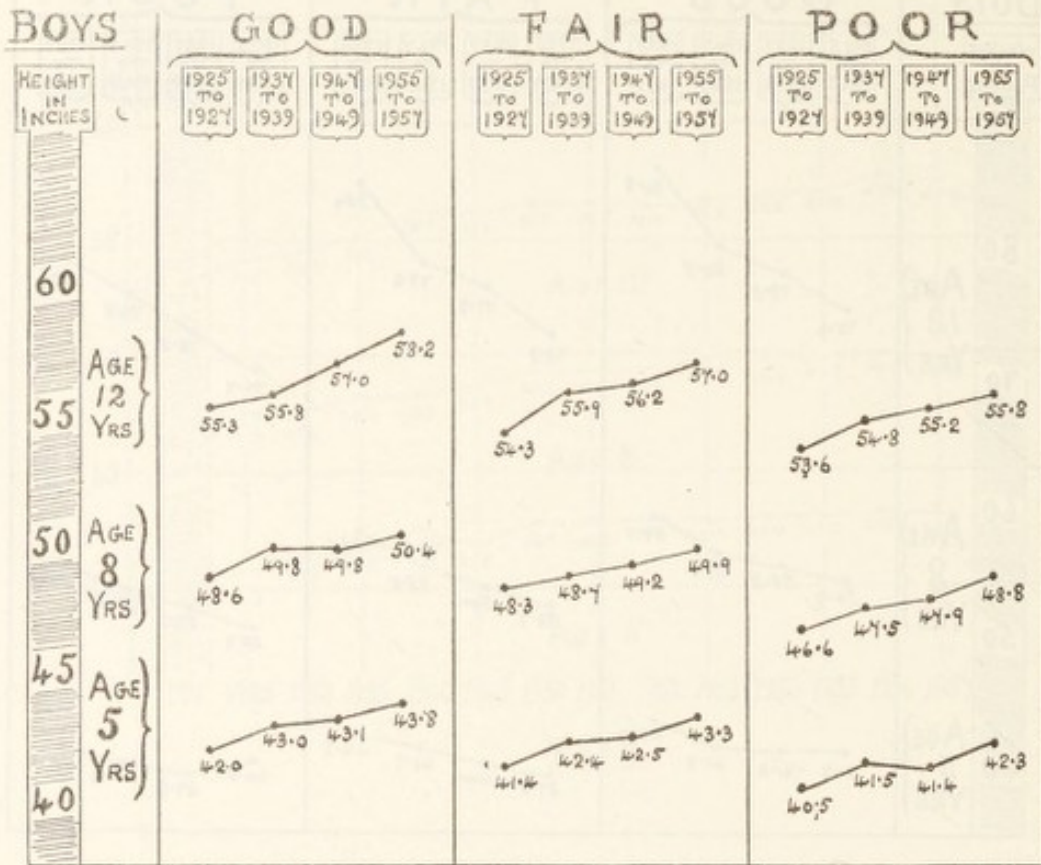
Comparative Average WEIGHTS of BOYS in four 3-year periods.



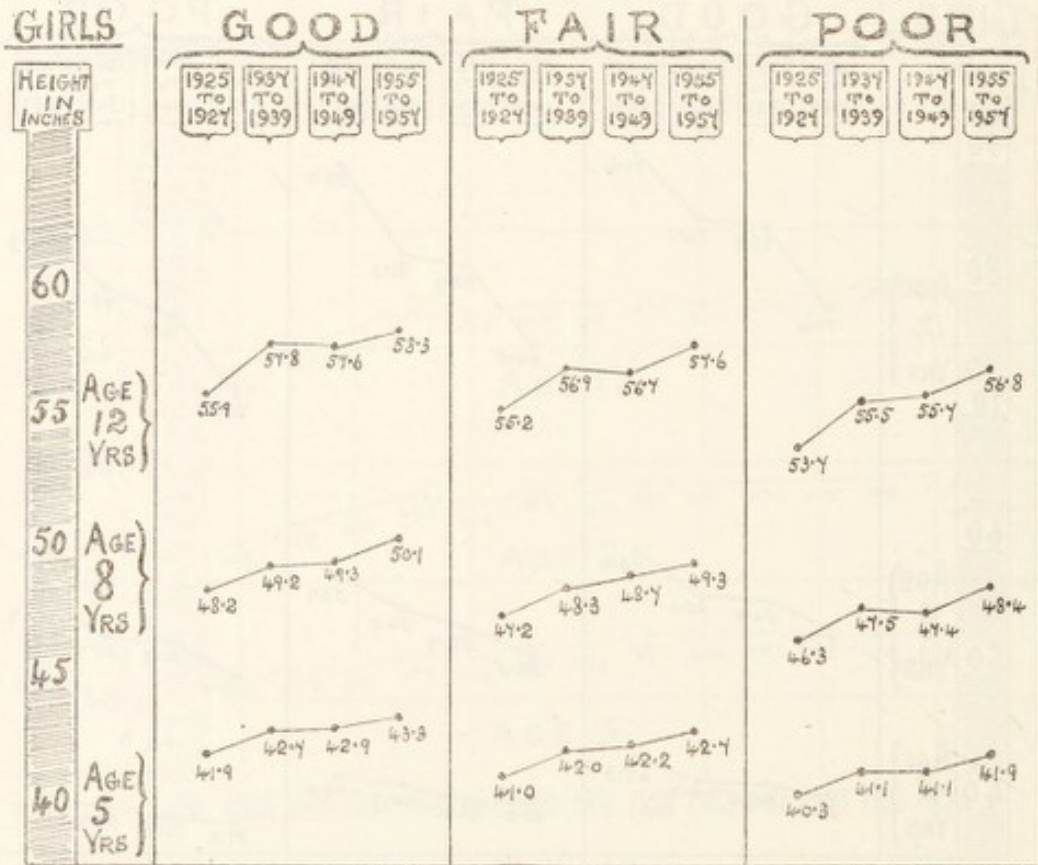
Comparative Average WEIGHTS of GIRLS in four 3-year periods.



Comparative Average HEIGHTS of BOYS in four 3-year periods.



Comparative Average HEIGHTS of GIRLS in four 3-year periods.



SCHOOL MEALS SERVICE

Establishments

2. At the end of the School Year the following establishments were in operation:—

- 7 Central Kitchens
- 80 Kitchen/Dining Rooms
- 174 Dining Rooms and Dining Centres.
- 3 Kitchen/Dining Rooms } at Establishments for
- 6 Dining Rooms } Further Education.

In addition Canteens were operating at 5 Evening Institutes.

The following kitchens and dining rooms were opened during the year:—

	Kitchen Capacity (Meals)	Dining Capacity (2 Sittings)
Combined Kitchens and Dining Rooms in Schools.		
Beechwood Day Special School	250	250
Edge Hill Secondary Modern School	*	250
Gateacre Comprehensive Secondary School	250	250
King David School	350	350
St. Ambrose R.C. Junior School	375	375
West Derby Secondary Technical School	350	350
Woolton County Primary School	*	250
(* Kitchen to be opened later).		
Dining Rooms in Schools.		
Nelson Special School	—	80
Dining Rooms only.		
Gilmour (Springwood) C.P. School (transferred from School building)	—	350
Ellergreen Secondary Commercial School (transferred from School building)	—	375
Much Woolton R.C. School, Mechanics' Institute, Woolton (transferred from School building) ...	—	150

3. The following kitchen and dining rooms were closed during the year for the reasons indicated:—

- Lombard Street Hall Building unsafe. Children accom-
(Used by St. Margaret's, Anfield, modated in Whiterock Street Dining
Secondary Commercial School). Centre.

Chalmers Hall, Westminster Road (Used by Walton Secondary Technical School).	Tenancy terminated. Children accom- modated in Orwell Road Kitchen/ Dining Room.
Myrtle Kitchen/Dining Room, 242, Faulkner Street.	Kitchen closed—redundant on opening of King David School. Dining Room retained.

Building Programme and Improvements to Premises

4. (i) MAJOR PROJECTS.

The general restrictions on major building projects for the School Meals Service still continue.

In June, 1957, the Ministry approved the proposal to erect an assembly hall/dining room and scullery at the Notre Dame Secondary Commercial School during the Financial Year 1957/58. However, in view of the dual purpose which would be served by the hall, the Ministry stated that the cost of the project would not all be eligible for grant at 100 per cent. Discussions took place with the Governors on this point, but owing to their other financial commitments, the Governors could not undertake to bear their share of the cost at once. In consequence the scheme has had to be deferred. Proposals for an alternative scheme have now been made by the Governors, and these are being investigated.

The Ministry were unable to agree to any other major project being started during the present Financial Year, with the exception of the School Meals Garage to which reference is made below.

The following projects have been re-submitted to the Ministry for inclusion in the Building Programme for 1958-59:—

School.	Proposal.
Broad Square County Primary School ...	Erection of new Kitchen/Dining Room for 450 meals in 2 sittings.
Finch Hall County Primary School, Maidford Road.	Erection of new Dining Room and Scullery for 250 meals in 2 sittings.
Wellesbourne Road County Primary School.	Erection of new Dining Room and Scullery for 350 meals in 2 sittings.
Fazakerley, Sherwoods Lane, Secondary Modern School.	Erection of new Dining Room and Scullery for 200 meals in 2 sittings.

The Authority have also submitted a proposal to the Ministry for building a new garage for the School Meals Service on a site in Vauxhall Road to replace the existing garage in Ullet Road, which is in a very unsatisfactory condition. The Ministry have agreed that this urgent work must be started in the present financial year and plans have already been approved.

5. (ii) MINOR PROJECTS.

The level of expenditure allowed by the Ministry for Capital Minor Building Projects for the School Meals Service in the Financial Year 1957-58 remained at £8,500.

During the year the enlargement of the dining room at Holly Lodge High School has been completed, also the provision of a canteen in the Mechanics' Institute at Woolton for the children of Much Woolton R.C. School. Work is in progress to provide in the Garston R.C. Parish Hall, separate dining facilities for the children of Garston R.C. School.

Negotiations are proceeding with the Trustees of the Trinity Methodist Church, Grove Street, for the provision of dining accommodation in the large Church Vestry for the children of Vine Street County Primary School who at present have to walk to the Myrtle Dining Centre for their meal.

The Committee have also authorised the erection of a separate scullery at Anfield Road County School Canteen to replace unsatisfactory washing-up facilities in the school hall, and it is expected that work will commence in the near future.

The Medical Officer of Health has continued his survey of dining rooms and sculleries and his recommendations for the improvement of hygienic conditions are receiving the close attention of the Committee. Opportunities are being taken to carry out at the same time the provision of additional equipment or replacement of worn-out items in order to improve existing facilities.

During the year work on improvements has been put in hand at 8 kitchens and 9 school dining rooms. Further schemes for the improvement of conditions at 2 kitchens and 5 dining rooms have also been approved for the current Financial Year.

In June, 1957, the Ministry intimated that the limit of cost for a "Minor" project for the School Meals Service would be raised from £1,500 to £2,500 from the beginning of the Financial Year 1958/59.

Number of Meals

6. The total number of dinners supplied from the kitchens during the year ended 31st December, 1957, was 8,523,151 (children 7,690,392; adults 832,759) a decrease of 912,055 over the previous year. It is considered that this decrease is attributable to two main factors, (a) the increase from 10d. to 1/- in the price of School Meals from 1st April, 1957, and (b) the influenza epidemic which badly affected the attendances at schools during the months of September and October, 1957.

The number of dinners supplied to pupils in maintained Primary, Secondary, Day Special and Nursery Schools, on a day selected in the month of October, 1957, was as follows:—

Number of kitchens	...	...	...	...	...	...	...	...	87
Number of children present in the schools on day selected	...	...	...	...	...	...	...	...	123,757
Number of pupils provided with dinners	...	...	...	...	...	...	...	...	39,187
Percentage of pupils who were supplied with dinners	...	...	...	...	...	...	...	...	31.66%
Number of canteens	...	...	...	...	...	...	...	...	256
Number of schools and departments served	...	...	...	...	...	...	...	...	434

The daily average number of dinners supplied to the following establishments during a 4-week period ending 7th December, 1957, was as follows:—

Direct Grant Schools	...	...	...	...	...	...	...	...	998
Nurseries administered by the Medical Officer of Health	...	...	...	...	...	...	...	...	576
Occupational Centres administered by the Medical Officer of Health	...	...	...	...	...	...	...	...	234
Adults—Canteen and Teaching Staffs	...	...	...	...	...	...	...	...	3,749
									<hr/> 5,557 <hr/>

Charge for School Dinners

7. In February, 1957, the Ministry of Education announced in Circular 321 that the charge for school dinners would be increased to 1/- per meal as from the 1st April, 1957. The charge of 6d. per meal for children attending Day Special Schools remains unchanged.

Revised Income Scales for the Provision of Free Meals

8. In June, 1957, the Education Committee approved a revised "taper" provision in the income scales for the supply of free meals which was recommended by the Associated Education Authorities in Lancashire and Cheshire. This revision was brought into operation in July, 1957, following approval by the Ministry.

At the end of the Summer Term, 1957, the number of children authorised to obtain dinners free of charge was 10,235 compared with 10,217 at the corresponding time last year.

School Milk

9. Milk is provided free of charge to all pupils in schools. The normal quantity supplied is one-third pint but delicate pupils attending Special Schools receive two-thirds pint daily.

The number of pupils taking milk in Primary, Secondary, Day Special and Nursery Schools on a single day in June, 1957, was as follows:—

Number of pupils taking milk (1/3rd pint)	118,650
Percentage of pupils present supplied with milk	96.0%

Supplies of Foodstuffs

10. During the year the Committee has continued to give close attention to the quality of foodstuffs supplied to the School Meals Service, and frequent visits of inspection have been paid to kitchens by members of the Committee and by officers in order to make spot checks of food deliveries. The inspection of samples of certain foodstuffs prior to the acceptance of tenders has also been continued during the year. The Committee is grateful to the Medical Officer of Health for the advice and assistance given by members of his staff on these and other occasions. It is worthy of note that no outbreaks of food poisoning, even of a minor character, have been reported during the year.

DEFECTIVE VISION

11. At the periodic medical examinations the total number of children found with defective vision, apart from cases of squint, was 5,804. Of this number, 2,967 required treatment which represented 6.5 per cent of the total number of children inspected.

12. There was a total of 2,265 cases of squint recorded during the periodic inspections. This is not an indication of the true incidence of this disability since all cases in which even the history of "squinting" is given, are kept under observation. The justification for this action is that if a case should pass undetected until amblyopia has developed the possibility of a good result is much less likely. The liaison between the Maternity and Child Welfare Department and School Health Service in

Liverpool assures that the importance of the early treatment of squints is not overlooked. 948 cases of squint were noted at the "entrants" examination.

13. By a recent re-arrangement of the school nurses' duties many more nurses attend at the eye clinics. This has led to an increased knowledge of the work resulting in an increased interest. Each school nurse tests the vision of every child in her schools annually. All cases of defective vision are frequently checked. The nurses are active in following-up their cases which default in attendance at the defective vision clinics, and in seeing that the children wear their glasses. In the nurses' reports there is expressed much concern regarding children not wearing glasses which have been prescribed for them. The help which teachers can give is emphasised.

Other points in regard to defective vision reported by the nurses are as follows:—

"It is interesting to note, that in these enlightened days, one can still find on visiting the mother of a child with an obvious squint, a new entrant to school, that the mother is waiting for treatment for the child, until the child has commenced school.

"At each Defective Vision Session the parents of children with an amblyopic eye are advised to occlude the 'good eye' for several weeks. Out of the large number of cases seen at Northumberland Street Clinic, only about six have persevered and returned every three or four weeks as instructed, and it is discovered that part-time occlusion is soon abandoned. The reason is the parents' ignorance regarding this treatment. It requires some effort and they are not willing to persist if the child protests, and they take the line of least resistance.

"Not much difficulty is experienced in getting the young children to wear their glasses regularly, although in some cases the quality of the frames is very poor and the glasses are badly fitting. If the frames of glasses for Senior Girls could be made a little more attractive, I think they would wear their glasses more readily."

EAR, NOSE AND THROAT CONDITIONS

14. The arrangements for the ascertainment of defective hearing amongst the eight-year-old children were carried out as previously

described. The one remaining gramophone audiometer was replaced by a pure-tone apparatus.

15. Of the 13,412 children examined, 421 were considered to have a defect in hearing. Of the 348 who were subsequently examined at the aural clinics 109 were diagnosed as normal, leaving 239 with defects. The most frequent causes of the deafness were: wax 30, catarrh 103, and suppurative otitis media 54. There were 19 cases of nerve deafness. The more severe cases of deafness were already known.

16. There were 1,347 children referred to Mr. Forster for his opinion regarding possible disease of tonsils or adenoids. He advised operation in 356 cases. Mr. Forster in his report comments as follows:—

“The heredity factor in allergic nasal disturbances is quite marked if we may judge from our enquiries of the parent who so often tells of hay fever-like signs in the nose and of asthma and bronchial catarrh on one or other side of the family, and, of course, skin troubles.

“We continue to be conservative in our views about the tonsil problem. I have noted that the red haired freckled child appears to be more liable to recurrent attacks of acute tonsillitis.

“Chronic suppurative otitis media continues to respond well to conservative treatment, including, of course, indispensable irrigation, and I do not recall many referred for operation, though it was necessary to advise this in a particular difficult case where drainage was obviously held up.

“The cases which we recommend for operation are, of course, chiefly those of tonsillar enlargement with repeated acute febrile attacks of tonsillitis, but independent adenoidal stenosis of the respiratory tonsil is often discovered with the small mirror. I also refer severe cases of nasal allergy because linear galvanic cautery is undoubtedly the best temporary measure for application to the swollen and waterlogged inferior turbinates.”

17. Dr. Godwin in his report discusses the treatment of middle ear catarrhal deafness. He states:—

“As the development of a ‘chronic adhesive process’ within the tympanum is slow, insidious, and of grave import regarding the hearing in adult life it is a duty to review, from time to time, those cases of

'catarrhal deafness' which have attended the aural clinics, even when an apparent cure has been obtained. It is not rare to find cases which have been treated for middle ear deafness of the catarrhal type and considered cured, who show a degree of hearing loss which places them in the category of partially-deaf pupils. Facilities in the nationalised hospitals are not for the periodic re-examination of large numbers of school children, but these facilities do exist in the School Health Service Aural Clinics, which within their limited but specialised sphere can give a better aural service to the children than the hospitals."

18. Dr. McConkey has given considerable attention to the problems of partially-deaf children in ordinary schools. Although there are definite benefits, where at all possible, for a child to be amongst more normal children, there are many difficulties. Cases cited include the following:—

"P.D. (aged 13 years). Can hear the speaker's voice only up to 3 feet away. With a hearing aid has no difficulty at 16 feet. However, produces one excuse after another for not wearing the aid. In spite of the efforts of the Head Mistress and Nurse little progress is being made.

"L.D. (aged 12 years). She is a very deaf child but benefits greatly by the use of a hearing aid. The mother, who is herself very deaf, discourages the child from using the aid. Does the mother wish to keep the child with her in the isolation of deafness?"

On the other hand there are some excellent results.

"P.M. (aged 10 years). Mother says 'life is a new thing' for this girl. She used to be unhappy most of the time and hated going to school. Since having a hearing aid she is entirely different—always happy and very fond of school."

19. Dr. Thorpe in his report stresses the great value of the routine testing of all school children's hearing. Not only is the benefit that of earlier treatment, but also on occasion a child has been somewhat handicapped in his education even by an unnoticed degree of deafness.

20. During the year the school medical officers, at the periodic examinations, recorded the operative state as regards tonsillectomy and adenoidectomy of all the children examined. The results are shown in Table 1:—

TABLE 1.

Age Group Inspected	Total seen		Operation for						Percentage of Operation Cases	
			Tonsils		Adenoids		Tonsils and Adenoids			
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Entrants 5 years	7,286	6,933	47	24	61	62	176	150	3.9	3.4
Primary Intermediate 8 years	5,349	5,455	120	105	96	99	421	386	11.9	10.8
Primary Leavers 11 years	4,598	4,486	125	123	90	87	393	439	13.2	14.4
Secondary Leavers 14 plus	5,127	5,194	204	229	70	75	492	500	14.9	15.5
Totals ...	22,360	22,068	496	481	317	323	1,482	1,475	10.3	10.3

21. It is interesting to note that the percentage of 5-year-old children who have been operated upon for tonsils and adenoids has been reduced in the year from 5.6 to 3.9 and from 4.3 to 3.4, respectively.

HEART CLINIC

22. The following Table shows the number of cases dealt with since the clinic opened in September, 1951.

TABLE 2.

	1951	1952	1953	1954	1955	1956	1957	Total
No. of New Cases ...	54	151	101	113	115	83	101	718
No. Re-examined ...	4	66	124	57	46	41	34	372
No. Referred to Hospital	29	102	85	92	72	46	64	490
No. Surgically Treated ...	—	7	5	6	11	4	4	37

23. The Heart Clinic, conducted by Professor John D. Hay, has now become a well established part of the Service. The clinic continues to act:—

1. As a screen for children with murmurs, many of which are regarded as functional and as requiring no further investigation and, of course, indicating that the child is fit for full activity.

Of the 101 cases investigated at the clinic, 37 were considered to have no heart disease. After subsequent investigation at the Royal Liverpool Children's Hospital, another 11 cases were diagnosed as normal.

The clinic is held at Sugnall Street, so that children can be directed to the Hospital for x-ray, etc.

2. It picks up those remediable lesions, such as patent ductus arteriosus, coarctation of the aorta, pulmonary stenosis or atrial septal defects, for which early operation will prevent later complications and will result in a lower death rate than if operations were postponed until symptoms develop. Four cases were operated upon during the year.

3. It facilitates follow-up of doubtful cases from year to year.

4. It enables supervision of progress in those in which there is an established organic lesion.

5. When children leave school they are referred to Dr. E. Wyn Jones at the Royal Infirmary for continued supervision of congenital heart lesions or Dr. Chamberlain at the Royal Southern Hospital for similar supervision of those with rheumatic heart lesions.

6. Information supplied by the clinic and, in some cases, the advice of Dr. Wyn Jones and Dr. Chamberlain both contribute to the accurate assessment of the patient necessary for placing him or her in suitable work on leaving school.

DENTAL

24. Report by Mr. L. C. Winstanley, the Principal School Dental Officer:—

“In last year's report it was stated that any improvement in the School Dental Service would only be possible provided the necessary staff was forthcoming. When that report was written the equivalent of 12·5 Dental Officers were employed and despite fresh recruitment, the number has remained more or less static at 13 Dental Officers due to a number of resignations.

“At present the staff is at half of the authorised establishment and about one-third of the number considered necessary by the Ministry of Education. Advertisements in lay and dental press have produced no results, but visits to the Liverpool Dental Hospital and talks to newly qualified students have resulted in recruitment of four full-time dentists, and several dental surgeons seeking part-time employment. It must, however, be emphasised that this shortage of manpower is not peculiar to Liverpool, in fact this Authority is better off than many in this respect.

“Apart from the obvious disadvantage of an incomplete staff there is a further real danger as far as the parents are concerned. Parents may assume that the Local Authority is providing a full dental service for their children, whereas, at the most only half of that service is available. In certain cases this does lead to a false sense of security and the dental health of the children suffers. Parents can seek free dental treatment, with limitations, under the National Health Service, and many do avail themselves of this treatment. There are others, however, who take little interest in their child's oral condition and only have treatment when toothache, or a notice from the School Dental Officer, bring the matter to their attention.

“It would appear that the possibility of getting a really adequate number of dentists is very remote and yet the dental health of the school child must be improved so that the need for extensive treatment is reduced. Any plan which could be evolved would naturally be a long term policy but it is felt that any trial is worth while. The improvement in the structure of teeth during war-time was most marked and showed the great importance of diet. Talks to Parent-Teacher Associations by Dental Officers on dental health, advice on diet by School Nurses and Health Visitors, the services of Oral Hygienists and even liaison with the Schools Meals Authorities could all help in such a plan.

“An all-out dental health propaganda effort could play a big part in reducing dental caries and so minimise the effect of the shortage of dentists. Far too often the School Dental Officer repairs damage, the idea being put forward is that he should prevent it. The School Medical and Public Health Services have shown how successful this policy is, and it would appear it is time for the same principle to be applied to the dental health of the nation.

“The orthodontic service has expanded over the year and this has been greatly helped by the provision of an X-ray Unit; this Unit has been

installed in a central clinic. All cases requiring X-ray are referred to this clinic and should the demand increase, application will be made for similar units to be installed in other areas. At the moment it is felt that one unit is sufficient. Specialist services are not only expensive but also very time-consuming, and a balance must be kept. When every child in Liverpool is having regular inspection, these services can be extended.

“The School Dental Service could not operate effectively without the co-operation of the Head Teachers and the Dental Section of the Hospital Board; the help both have given is much appreciated. The very willing help in transporting dental cards, and heavy dental equipment to Special Schools by the School Meals Department, should also be recorded.

“Details regarding treatment for the year under review are shown in Table 3 and in Appendix A, Table V. In view of the static staff position these have not altered very much since 1956. There has been a slight increase in the number inspected, but treatment figures show little change. The most disturbing factor is that out of a school population of 135,000 only about 16,000 received treatment. The type of treatment given has, however, been very comprehensive and the standard of work by the Dental Officers is generally very high. Nearly all the 3,501 children receiving Special Inspections were toothache cases. Facilities are available to relieve pain and there is always at least one extractions session per day in a clinic administered by the Authority. The clinic may not always be very close to the residence of the child, but at all times the parent is directed to the nearest clinic. Any reduction in the number of children requiring urgent treatment for toothache can only be achieved when the establishment of dental officers is nearer the maximum.

“The following table gives details of teeth conserved and extracted since 1948.”

TABLE 3.

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
No. of children examined ...	120,540	68,474	56,490	46,166	62,301	123,425	107,125	80,292	65,833	72,000
No. of permanent teeth filled ...	17,673	11,436	6,076	3,899	5,043	15,091	15,460	10,069	11,175	10,000
No. of permanent teeth extracted	14,118	9,455	7,258	6,927	7,997	11,847	9,367	7,190	7,703	7,000

ORTHOPAEDIC SCHEME

25. There were 736 new cases seen at the orthopaedic clinics in 1957 and 1,625 cases continued their attendances from the previous year. The children made 5,487 attendances at the clinics, including 2,930 for examination by the surgeons and 2,557 for treatment by the physiotherapists. In addition 3,876 treatments were given by the physiotherapists to children at special schools.

From the orthopaedic clinics 147 cases were referred to hospitals for investigation and treatment.

Summary of Hospital Treatment, 1957

Correction of deformities of feet or toes	...	44
Treatment of torticollis by operation	...	4
Osteotomy, arthrodesis or tarsectomy	... ..	9
Other operations	... ..	11
Other treatment	... ..	7
		75

26. The accompanying Table shows, in detail, the work carried out at the clinics:—

TABLE 4.

Cases dealt with under the Orthopaedic Scheme during 1957.

	No. of Cases seen at Surgeons' Visits					
	Clinic				Total	
	Dingle House	Walton	Everton Road	Garston		
Infantile paralysis	12	6	22	5	45	
Birth palsy	1	—	—	2	3	
Spastic paralysis	17	23	35	5	80	
Talipes	1	5	14	1	21	
Spinal curvature	11	13	13	10	47	
Torticollis	5	19	11	5	40	
Flat feet and knock knees ...	159	444	325	202	1,130	
Bow legs	2	9	2	—	13	
Other deformities	35	89	92	31	247	
Other defects	73	211	199	115	598	
No defect found	20	58	36	23	137	
Totals	336	877	749	399	2,361	

27. Mr. F. C. Dwyer, one of the Orthopaedic Surgeons to the Clinics, comments:—

“During last year, the Orthopaedic Clinics have continued to function regularly and have provided a useful service. The general impression I have is that, if anything, the work has increased slightly. I do not think that there is any doubt that the patients appreciate this service, as they do most of the School Health Services, to the full. This is shown by their regular attendance and quite surprising attention to the details of instructions given them. One particular valuable feature of the clinical work is the fact that there are nurses, who are able to follow the patients up in their homes and to encourage and help them with any special difficulties which arise.

“The liaison between Alder Hey and the school clinics is just as strong as ever and is a particularly good feature of the orthopaedic work. It enables one to operate on patients in Hospital and then follow them up at the various peripheral clinics. As I have often said before, this very fact makes it possible to follow up large numbers of patients really effectively and provides an excellent opportunity for special research on orthopaedic conditions in children. A great advantage is that one can so easily persuade patients to come up to school clinics, while it is often quite difficult to get them up to hospitals.

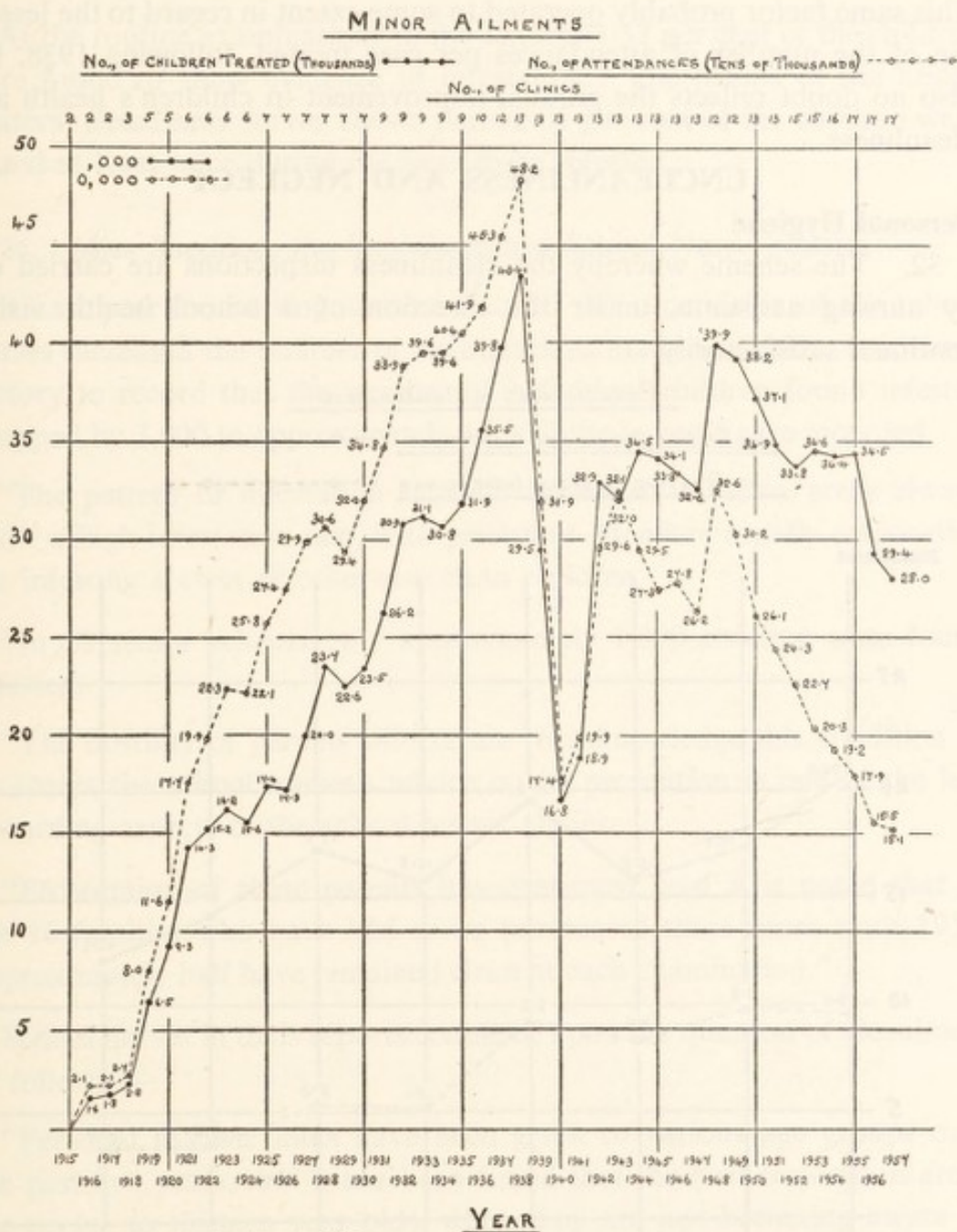
“The present physiotherapy service is working reasonably well but is still rather short staffed. I feel that Miss J. McHutchon and Mr. W. Adams deserve a special word of praise for the excellent work they have been doing, both from a remedial point of view and with physically handicapped children. I would again like to take this opportunity of expressing my thanks to the clerical staff, to the school medical officers and to the physiotherapists for their help and co-operation in running the school clinics. The efficiency of the school clinics, of course, depends essentially upon the clerical side of the work, which has always been very excellent.”

MINOR AILMENTS

28. The minor ailment clinics continue to function as before with the exception that the nurses' duties are now shared by all the nurses attached to the group of schools which attend the clinic. Besides giving variety to the work of the nurses it gives them an opportunity to bring special cases to the attention of their school medical officer.

29. During the year under review the number of cases of ringworm of the scalp decreased to 6 from 34, verrucae increased to 478 from 366, whilst scabies increased to 118 from 98, in all cases as compared with the previous year.

30. When the School Health Service began in 1908 the treatment of defects was not part of the scheme of work. However the great amount of disability discovered led to the provision of various forms of treatment. One of the treatments first provided was that for minor ailments.



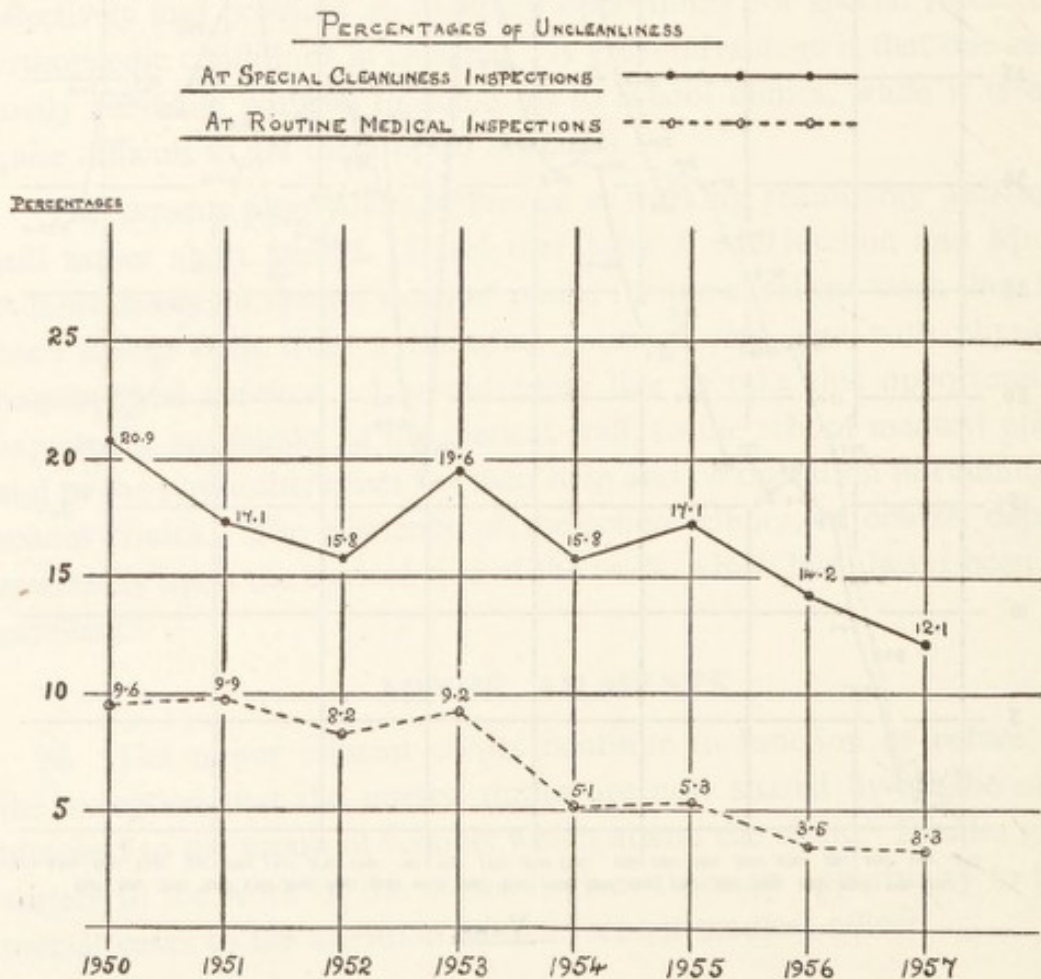
The accompanying graph shows some interesting facts concerning the work of these clinics over the years.

31. The peak attendance was in 1938 when 43,400 children made 482,000 attendances. Whereas the decline in attendance was to some extent due to a lessening need because of evacuation of children from the City it also coincided with an insistence that a time-table of attendance be obeyed. That this latter factor played a part is indicated by the subsequent attendances. A strict adherence to a time-table means that children are at the clinic for the minimum amount of time necessary for treatment. This same factor probably operated to some extent in regard to the lessening of the number of attendances per case treated, following 1938, but also no doubt reflects the gradual improvement in children's health and cleanliness.

UNCLEANLINESS AND NEGLECT

Personal Hygiene

32. The scheme whereby the cleanliness inspections are carried out by nursing assistants under the direction of a school health visitor continues satisfactorily.



33. The health visitors made 419,281 examinations of school children with regard to cleanliness, and altogether 16,514 children were found to show some evidence of verminous infestation. In the case of 3,276 children, statutory notices were served upon their parents owing to their failure to cleanse their children after previous notification, of which 3,004 were cleansed by parents and 272 had to be compulsorily cleansed by the staff.

The total number of attendances made at the cleansing stations during the year on account of verminous conditions was 7,318.

At the routine examinations in the schools 3·32 per cent of the children were found to show evidence of infestation. The results of the health visitors' cleanliness survey shows that 12·05 per cent of the children were found at least once during the year to be infested.

34. Miss Snoddon, the Superintendent School Nurse, reports :—

“ Last year the nursing assistants under the supervision of the school nurses increased the number of examinations made by 6,000. It is satisfactory to record that the number of individual children found infested dropped by 3,000 to approximately 16,500, the lowest figure recorded.

“The pattern of infestation remains the same. Certain areas always show a high infestation rate, with persistent offenders usually responsible for infesting a class of otherwise clean children.

“In 28 senior schools only approximately 1,300 children were found infested.

“The hostility of parents who refuse to acknowledge this condition or to accept the school nurses's advice on its prevention is one of the less rewarding aspects of the school nurses' duties.

“Prosecution of these parents has continued, and it is noted that of the 16 families who have had to be prosecuted three times since 1950, approximately half have remained clean at each examination.”

School nurses in their reports comment upon the question of cleanliness as follows :—

“Personal hygiene talks have been given to various age groups over the past two years, and it has been found that the best response is from the twelve to thirteen year olds, when they are just becoming aware of

their bodily processes, and are at a curious age. They appreciate the knowledge given to them, and are eager to try out what they have been told. I think it gives them a feeling of 'growing up', and we have noticed that although one or two have fallen by the wayside, the majority realise the importance of personal hygiene, and try to put into practice all they have learned. Consequently, the standard of cleanliness has risen. This was noticed during the routine medical examination, as the girls leaving school this year were in the first experimental group."

"The source of infestations are, of course, the problem families. I can say without doubt that I can trace verminous heads to a particular family in school and even streets and roads.

"Families with a long history of verminous infestation remain the chief offenders, and even the moving of these families to new and hygienic conditions does not appear to effect their infestation rate at first, but over a long period of time the effect of better housing conditions is observed in a decreased rate of infestation.

"Talks to senior girls on this subject are still carried out, and some degree of success within this group has been felt.

"The verminous infestation is much less in its degree but there are still the number of mild infestations and it is much more difficult to convince parents that the children are still 'verminous' in this state, and also infest others."

Clothing and Footwear

35. Miss Snoddon's report upon clothing and footwear is as follows:—

"The school nurses' reports show that there is a steady improvement in all groups of children in both clothing and footwear.

"Considering the high price of children's clothing, especially footwear, most parents do make a commendable effort to clothe their children adequately.

"Children are not only better clothed, but they possess more clothing than was once the case, and the standard of cleanliness is higher.

"Parents appear to make full use of the facilities available, such as the wash-houses and laundrettes. Improved housing conditions are also a contributing factor.

“It is still a common practice, however, for girls of all ages to wear cotton dresses, winter and summer, with a cardigan added for extra warmth.

“In schools where a uniform is essential, serge tunics are usually worn, and the standard of neatness and tidiness is higher.

“Boys are more warmly clad than girls, and except for their unkempt and untidy appearance, they are well turned out and are more likely to be found to be overclothed.”

A school nurse expresses opinions regarding some of the newer clothing materials:—

“During this year it has been interesting to note the effect of new fibres such as Terylene and Nylon in use, and to realise that they have disadvantages as well as advantages. Nylon stretch socks have the effect of cramping the toes if they are worn constantly, and as they last longer they tend to be worn when they are out-grown.

“Nylon underwear does not absorb perspiration and for wear in hot weather cotton is more comfortable.”

In a number of the nurses’ reports the high cost of suitable footwear is commented upon.

Late Hours

36. Far too many parents fail to realise the benefit to the health of their children of an adequate night’s sleep. Television is now the main cause of children not going to bed at a suitable time. This topic was discussed in many of the school nurses’ reports, some of which are as follows:—

“We still find the pale tired children due to late hours; they know the time they should go to bed but seldom do it.”

“The problem of television is not quite so bad as in former years, perhaps because it has lost a good deal of its novelty, but many children lack supervision in their viewing, and watch every programme indiscriminately.”

“Unwise televising continues to take its toll, and it is usually quite a simple matter to pick out in school the ‘slaves’ of the television.”

"Mothers generally are rather surprised when they are advised that 8.30 p.m. to 9.0 p.m. is rather late for a boy or girl between eight and ten years to go to bed, and many infants can describe a programme on television which took place after 10.0 p.m.

"I have noticed particularly in the past twelve months that there is an increasing number of children in junior schools who have a mild blepharitis and who regularly use an eye bath, or have ointment from their doctors."

"One continually tries to impress on children and parents the importance of early bedtime, but so many of the families now possess television, and I am afraid it is a great influence against such advice.

"The only consolation is that the children are off the streets."

Health Education

37. Health education is a very important function of all branches of the school health service. School nurses are required to possess the health visitors' certificate largely because health education is a major part of their work.

Miss Snoddon reports:—

"The scheme of Health Teaching as carried out by the school nurses has continued.

"A series of four weekly Talks on Personal Hygiene to thirteen-year-old senior girls were given in twenty-nine schools during 1957.

"In three of these schools the programme was expanded at the request of the head teacher. The programme was arranged in consultation between the head teacher and school nurse, and this was incorporated in the school curriculum for the term.

"The school nurse gave a weekly talk to leavers beginning with Parentcraft and the care of the young child, and continued with the main points for the maintenance of health and the prevention of disease.

"Outside these planned programmes school nurses may sometimes give a half hourly talk to individual classes, either to leavers on such points as the workings of the National Health Service as distinct from the School Health Service, or to a particular class where the verminous infestation rate is high.

“While some progress is made each year, it cannot be claimed that the practice of Health Teaching in school is as yet, fully developed or established. Difficulties arise in fitting in the talks at times convenient to the school and in conjunction with the school nurse’s other duties. Certain head teachers welcome the opportunity to have these talks given by the school nurse, but in those secondary modern schools which achieve a good standard of domestic science the head teachers have not yet fully accepted the contribution that the school nurses can make in health teaching.”

Reference is made here to the amount of time and interest given by the school health visitors in preparing their talks and much of which is carried out in their own time, and in addition to their other duties. They prepare their own demonstration material, questions are set, and papers marked.

One of the nurses describes her programme as follows:—

“*Health teaching* continues in two schools with the utmost co-operation from both head teachers.

“*A sample series is upon parentcraft to the pre-leavers.*

“The programme is arranged with the view that these girls are the mothers of the future, and although they have the intervening years of adolescence with the natural desire to go dancing and have fun, when the time comes to settle and have a family they will not be entirely ignorant of their responsibilities.

“The head teachers and I feel that it is better to stress these facts in the atmosphere of the schoolroom, as they will not bother to learn once having left school, but can recall what they have learnt when the occasion arises in later life. With this in mind, the programme includes the preparation for motherhood, the understanding of a baby, e.g. ‘Why does a baby cry? Reasons and remedies’. The importance of immunisation and vaccination. Feeding is included but the importance of attending the Welfare Clinics and getting individual advice is stressed. Practical demonstrations are also given in bathing and dressing children. The results of these talks, of course, cannot be seen yet, but the amount of interest shown by the girls makes one feel that they are worthwhile.”

SCHOOL ATTENDANCE AND WELFARE

38. Mr. Houghton, the Superintendent of the School Attendance and Welfare Department, reports:—

“In connection with the supervision of children carried out by the School Health Visitors during the year quite a number of cases were referred to the School Attendance and Welfare Section by the school nurses. These were cases where there appeared to be grounds for assuming that certain children were neglected or where the home conditions appeared to be unsatisfactory and in cases where children of school age were unsatisfactorily or inadequately clothed or shod. All such cases were closely followed up and in many instances it proved possible to improve the well-being of the children concerned.

Part-time Employment of Children

39. During 1957 a total of 3,518 children were engaged in part-time employment. This figure represents some decrease over that of the previous year. Of this number 1,663 were medically examined in order to ascertain whether or not they were physically able to undertake such employment. All children have, of course, to be medically examined by a school medical officer before employment can commence and the difference between the two sets of figures given represent children who had previously been examined and were found fit to take up part-time work. All the children concerned were over the age of 13 years and under statutory school leaving age. During the year legal proceedings were taken in respect of breaches of the regulations governing the employment of children in fourteen cases and fines varying from 10/- to £5 were imposed in twelve cases.

Street Trading

40. The provisions of the Children and Young Persons Act, and the Bye-laws made thereunder prohibit children and young persons under the age of 18 from engaging in street trading and in the year under review legal proceedings were taken in thirteen cases and fines ranging from 5/- to 20/- were imposed. It is still very necessary for vigilant watch to be exercised in regard to the contravention of the Acts and Bye-laws and the number of cases brought to Court under this heading showed a slight increase on that of the previous year.

Children in Entertainment

41. Officers from the School Attendance and Welfare Section are responsible for the supervision of all children who take part or are employed in entertainment. Every child who appears in any form of entertainment which is carried on for the profit of the promoter can only appear under licence, and before such licence is issued the child has to be examined by a school medical officer in order to ascertain whether such employment was likely to prejudice the child's health.

During the year 172 children were examined. In these cases the School Attendance and Welfare Section was indebted to the School Health Section for their co-operation in arranging the necessary medical examinations especially as in some cases examinations had to be arranged at very short notice. Except for performances of a charitable nature the law does not permit children under the age of twelve years to appear in entertainment.

School Attendance

42. During the year many cases of irregularity, non-attendance and truancy were reported to the School Health Section for examination of the scholars in order to determine whether (a) the child was fit to attend school and (b) to determine whether any psychological factor was present that would account for truancy, and the valuable co-operation in dealing with these and other difficult cases by the School Health Section assisted greatly in the work carried out by the School Attendance and Welfare Section.

Neglect of Children

43. In regard to the neglect of children, while the principal aim is to take remedial measures and endeavour to rehabilitate families, it is unfortunately necessary in certain cases to have to arrange for the removal of children from their homes. It should be mentioned that this action is never resorted to unless the extent of wilful neglect is serious, and it is to be regretted that during the year it was found necessary to take this action in respect of ten families. Under Part I of the Children and Young Persons Act, the parents were prosecuted and six of the defendants were sentenced to terms of imprisonment whilst the Magistrates in three cases placed the parents of the children on probation. In the remaining case the Magistrates granted an 'absolute discharge.'

A small staff of Special Officers attached to the School Attendance and Welfare Section together with the School Welfare Officers are constantly on the look out for cases where children are likely to suffer as a result of the wilful neglect by the parent and in this connection reference should be made to the very valuable help given by the Chief Constable and his staff in helping the Department to combat this evil."

CHILD GUIDANCE

Dr. Leveson reports:—

44. "The following changes in staff have occurred during the last year. During the earlier part of the year we had only one Social Worker, and when Miss A. Fisher resigned in July after having worked at the Centre for nearly five years, the two vacancies for Social Workers which then existed were filled by Miss. B. Lovegrove and Miss B. Griffiths. During the five years Miss Fisher was employed here she made valuable contribution and was most painstaking and conscientious in all her work. She was most successful in establishing good relationships with the parents of children who attended here. The remedial teaching staff, which had previously consisted of three part-time teachers, was changed in September by the appointment of Mrs. W. Banyard and Miss P. Cleaver on a full-time basis. In October the medical staff was augmented by the appointment of Dr. Philip Pinkerton. In November Mrs. K. Henry was appointed part-time Psychologist.

Attendance

45. A total of 566 cases attended the Centre during the year for diagnosis, advice and treatment. Of these 247 (163 boys and 84 girls) were new cases.

The number of attendances for treatment were:—

(a) Individual psychotherapy	...	802	} 3,824
(b) Group psychotherapy	...	238	
(c) Remedial teaching	...	2,784	

Social Work

46. The number of interviews carried out were:—

(a) At the homes	...	563	} 768
(b) At the Centre	...	205	

School Visits

47. Personal contact with schools has continued during the year, and 34 visits to schools have been made.

Grammar School Cases

48. 7 children attending grammar schools were examined.

Court Cases

49. There were 42 cases specially examined and reported on at the request of the Magistrates of the Juvenile Court.

Classification of New Cases

50. The problems of the cases as referred have been classified as under. Many cases present multiple symptoms and could have been classified under several different headings, but in each case the most prominent symptom is listed below.

I. Nervous Disorders	22	(9%)
Fears (anxiety, phobias, timidity, over-sensitivity)	7	
Seclusiveness (unsociability, solitariness)	4	
Depression (brooding, melancholy periods)	5	
Excitability (over-activity)	2	
Apathy (lethargy, unresponsiveness, no interests)	4	
II. Habit Disorders and Physical Symptoms	37	(15%)
Speech disorders (stammering, speech defects, hysterical aphonia, inability to speak)	7	
Sleep disorders (night terrors, sleep-walking, insomnia, talking in sleep)	6	
Nervous movements (twitching, tics, habit-spasms, head-banging, thumb-sucking, nail-biting)	5	
Feeding disorders (refusal of food, food-fads, nervous vomiting, putting things into mouth)	1	
Excretory disorders (constipation, enuresis, faecal incontinence, refusal to use lavatory)	17	
Physical disorders (allergic conditions, asthma, etc.)	1	

III. Behaviour Disorders	...	...	...	...	...	...	122	(49%)
Unmanageable	...	...	...	...	...	...	38	
(disobedience, beyond control, persistent negativism, defiance, refusal to work or go to school)								
Temper	...	...	...	...	...	...	10	
(tantrums, anger, screaming fits)								
Aggressiveness	...	...	...	...	...	...	5	
(bullying, destructiveness, spitefulness, cruelty)								
Jealous behaviour	...	...	...	...	...	...	1	
Demanding attention	...	...	...	...	...	...	2	
Stealing	...	...	...	...	...	...	43	
Lying and romancing	...	...	...	...	...	...	3	
Truancy	...	...	...	...	...	...	14	
(wandering, staying out late)								
Sex difficulty	...	...	...	...	...	...	6	
(masturbation, sex play, homosexuality)								
IV. Psychotic Behaviour	...	...	...	...	...	...	5	(2%)
(hallucinations, delusions, extreme withdrawal, bizarre symptoms, including violence)								
V. Educational and Vocational Difficulties	...	...	...	...	...	...	48	(19%)
Backwardness	...	...	...	...	...	...	44	
(mental retardation, school failure)								
Inability to concentrate	...	...	...	...	...	...	1	
(day-dreaming, inattention)								
Special disabilities	...	...	...	...	...	...	3	
(high-frequency, deafness, word blindness, handedness)								
VI. For Special Examination	...	...	...	...	...	...	13	(6%)
Psychological examination	...	...	...	...	...	...	12	
Vocational Guidance	...	...	...	...	...	...	1	

Age Range of New Cases.

Below 8	...	...	...	...	...	...	88	(36%)
8—11	...	...	...	...	...	...	107	(43%)
12 and over	...	...	...	...	...	...	52	(21%)

It is gratifying to see that children are being referred at an earlier age.

Intellectual Level.

Above average	...	...	...	...	...	...	29	(11%)
Average	...	...	...	...	...	...	102	(42%)
Below average	...	...	...	...	...	...	116	(47%)

51. NATURE OF TREATMENT UNDERTAKEN IN CLOSED CASES.

1. Diagnosis and Advice	...	...	...	...	...	...	79	(40%)
(a) General advice to source of reference	...	...	...	...	...	...	42	
(b) Recommended for Special School for Educationally Subnormal Pupils	...	...	...	...	...	...	15	

(c)	Recommended for Special School for Mal-adjusted Children or other residential school	...	...	...	...	15	
(d)	Recommended for transfer to other clinic or hospital, or to Mental Health Authority	...				7	
2.	Individual and Group Treatment	...	...	...	...	92	(45%)
(a)	Satisfactorily adjusted	...	...	...	...	62	
(b)	Improved	...	...	...	...	29	
(c)	Not improved	...	...	...	...	1	
3.	(a) Withdrawn by parents before completion of treatment, or closed for lack of co-operation	...	...	...	...	18	} 30 (15%)
	(b) Closed for other reasons...	...	...	...	...	12	
	Total	...	...	...	...	<u>201</u>	

Remedial Teaching

52. The opening in September, 1957, of four remedial teaching centres (at the Carnegie, Walton, Garston and Dovecot Clinics) has meant a welcome expansion of the facilities of the Centre. Remedial teaching groups have also continued to function at the Centre itself, the work at the various centres being carried out by two full-time remedial teachers, under the general supervision of the Educational Psychologist. The new facilities are appreciated by both parents and children, as considerably less travelling time is now involved.

The children are initially examined at the Child Guidance Centre. If considered suitable for remedial teaching, the child is placed in an appropriate group or given individual treatment. The size of the groups, which meet once or twice weekly, is restricted to 3-5 children of similar attainment level.

About 120 children attend the five centres each week for remedial teaching. In addition to the direct help that they receive with their learning difficulties, the psychologists and social workers maintain liaison with school and home, while some children are also under psychiatric supervision. Each child's progress is reviewed at intervals not exceeding six months and is discussed with the Head Teacher before a decision is made about discharge from attendance. Some children, after discharge from weekly attendance, are seen subsequently at less frequent intervals.

This approach is suitable for children of at least average intelligence who have specific learning difficulties in the basic subjects.

During 1957, 167 continued or commenced remedial teaching, of whom 130 were attending at the end of the year (at weekly, twice weekly, or monthly intervals). 126 were boys, 41 were girls. 37 cases were closed, of which 28 had made satisfactory progress; 6 improved; and 3 failed to co-operate.

As examples of the different types of cases dealt with, the following may be quoted.

(1) A.B., a boy of 10, was referred because he could not read at all. He proved to be of average intelligence, but had had a very disturbed home background. At first he was nervous, apathetic, unresponsive, and attended spasmodically. He was slow to react and had marked perceptual difficulties, finding it difficult to learn and remember even the sounds of the alphabet. Much patience was required before remedial efforts were rewarded by more rapid progress and a greater interest in self-improvement. The boy on leaving school was able to read fluently and had more satisfactory attitudes.

(2) C.D., aged 7 years, was making little progress in school. He was attending the Centre on account of emotional disturbance, and it was felt that assistance with his work would help him to a better adjustment. He was of slightly superior intelligence but refused to attempt any task that seemed difficult. He was aggressive, moody and immature. He had no specific learning difficulties but had missed a lot of schooling on account of prolonged ill-health. In less than a year's remedial teaching, he had made over three years' progress in reading, was able to participate fully in the work of his class at school.

This case demonstrates the advantage of the early diagnosis and treatment of educational backwardness.

Group Play Therapy

53. Owing to staffing difficulties, there were only three play group sessions weekly until August, 1957, after which a fourth group was established. 37 children attended these groups during the year, of whom 18 were closed. In 15 of the closed cases there was evidence of emotional and social progress.

Play therapy is not an isolated form of treatment; full consideration is given to the physical, social, and educational factors involved in the child's maladjustment.

The following cases may be cited as examples of the value of play therapy:

(1) E.F., a girl of 9, was referred on account of her difficult behaviour at home. She was a pleasant and intelligent but sensitive child who was maladjusted as a result of insecurity at home, where her adoptive parents were over-anxious and intense. She attended a play group for a period to increase her self-confidence, while the weekly discussions with the Psychiatric Social Worker helped the parents to modify their attitudes. The girl was able to make a good adjustment.

(2) C.D., a girl of 10, was seen because she had an impassive attitude towards everything and refused to speak in school. She was of dull intellect, and attended a day E.S.N. school. She lived in a most overcrowded home, but enjoyed most satisfactory family relationships. In the play room she was encouraged to emerge from her shell, and had made some progress in her social development before the case was closed when the family was re-housed outside the Liverpool area.

Liaison with Residential Schools

54. The liaison between the Child Guidance Centre and special schools has continued. The Educational Psychologist and Dr. Andrews continue to visit Aymestrey Court regularly. Where necessary children are brought to the Centre for further examination. For many years now we have reported the inadequate facilities at Aymestrey Court for the treatment of maladjusted boys, particularly those in the older age group. Facilities continue to fall far short of what is required and militate against the successful rehabilitation of these children.

Special School Accommodation

55. At present residential special schools for maladjusted children are available only for boys in this area, and girls have to be sent to schools in other parts of the country.

The need is frequently felt for a day special school for children with severe educational difficulties or personality maladjustment who could continue to live at their own homes. Such children could not be catered for in a special school for educationally subnormal children. On the other hand, there are children who require a change from their home environment but who are quite capable of carrying on and coping with

education in an ordinary school. Such children would be best catered for in a hostel and attend an ordinary day school. We have particular difficulty in recommending placements for maladjusted children of high intellect who are attending selective secondary schools. Whilst the number of such children is small, the adequate treatment of them would be rewarding, if suitable schools and hostels were available in the country. The likelihood is that there are insufficient children in any one area to warrant one Authority making such provision.

The increase in the medical and other staff at the Centre has inevitably led to considerable difficulty regarding accommodation. Such difficulties were anticipated in our report of 1955, and it is now apparent that extra accommodation will have to be found in the near future.

We have continued to give lecture/demonstrations to students of the Departments of Education and Psychology of the University of Liverpool, and other teacher training colleges."

56. The Director of the Notre Dame Child Guidance Clinic reports as follows:—

"During the year 1957 there has been no significant change in the total number of children attending the clinic: 236 children have been seen, of whom about a hundred were continuing their treatment from the previous year. The I.Q. distribution ranged from 70 to 146, with the bulk falling between the 90 to 110 mark. Thirty of the children were seen for diagnostic services and fifty-four were closed during the year as having improved.

Occupational therapy and group play therapy continue to operate as valuable forms of treatment. Particularly in the former case is the pattern of treatment that of individual therapy within the group. Participation in frank group activity is possible even when a child is working on an individual project. Model and puppet making, basketry, painting and drawing, fabric printing and simple woodwork are used. Group treatments have extended in scope to include the painting of murals, some fairly free dramatic activity and a limited amount of percussion band work. In group play therapy as such it has been interesting to include quite a number of children from the younger age groups; the needs of these smaller ones provoke significant reactions from their elders and provide useful experiences in social living and in learning to deal with the demands of ordinary all-age family groupings.

School problems of one kind or another figure largely in all referrals to Child Guidance Clinics and we have had our usual quota of these. The difficulties may be connected with learning, or with behaviour in school or with failure to attend school: there is usually a mixed picture. A distinction must be made, however, between 'truanting' in the usually understood sense and the more clinically interesting 'refusal to attend school,' or having a fear of school of an exaggerated nature, amounting to a phobia.

In the total number of thirty-seven referrals presenting different aspects of this problem, seventeen fell into a clear category of this type of neurotic difficulty. The ages of these children, boys and girls, varied, but their general circumstances and their position in the family showed some similarity in pattern: five were only children and seven were the youngest in the family. The I.Q. range was, with two exceptions, from 120 to 153. Perhaps the most interesting feature in all these cases was that in no instance did it seem that the problem had been precipitated by a really traumatic incident at school involving the child's relationship with either teachers or with other pupils. There was often a history of aversion to school, but disturbances in school relationships seemed to post-date the onset of the problem. In some cases the problem began after an illness involving absence from school; in some cases the child confessed to having difficulty with some subject and felt that this had affected his teacher's regard for him. Others felt, or were said by their parents to feel, pressure connected with the 11-plus examination; and some, with whom the problem began after transfer to a Grammar School, seemed to express fears of this change. Enquiries revealed that such experiences had merely 'triggered off' what appeared to be a long standing difficulty. This was most strikingly revealed in the children of adolescent age, many of whom had had initial difficulty when starting school after which the problem became quiescent until they reached the Secondary Modern or the Grammar School.

Previously many of these children would have been subjected to pressure to return to school after an appearance before Court. It is now more generally recognised that this fear of school attendance is usually accompanied by or caused by emotional conflicts often deep rooted and associated with disturbed relationships within the home. In these case histories there were many strong indications of early disturbances and

deprivation of normal outlets; for example, a restriction on playing with 'rough' children, and a mother's exaggerated fears for the 'safety' of her child. In addition, several of our mothers had particularly close identification with their daughters, arising from disturbed marital relationships, two were very rejective, one was herself afraid of leaving the house, and one showed excessive concern about her own health during pregnancy. In practically all cases the mothers seemed distressed, bewildered and unusually helpless in dealing with the problem. This emerged very clearly during treatment and seemed to point to an underlying resistance on the part of the mothers, whose unconscious needs would appear to have been satisfied by the very problem they protested about so strongly. The children themselves seemed to gain nothing by staying away from school; they usually moped aimlessly around the house or in its vicinity; frequently headaches, dizziness or sickness threatened to overwhelm them when parental pressure was applied regarding school attendance.

These recurring features in the case histories have given us reason to believe that this problem is often the expression of a deep conflict in the parent-child relationships and one that demands not only treatment of the child but intensive work also with the mother. So far we have only advised separation from home for one of these children, and it is hardly surprising that this child attended day-school without demur from the hostel in which she was placed.

A considerable amount of time is spent in arranging for visitors to come and see and discuss the work of the clinic. These have included workers in the medical, social and educational fields: magistrates, University students and others. The time we give to groups of Training College students, both local and distant visitors, throughout the year is, we hope, a useful part of our work in that it helps them to appreciate the type of difficulties which, in their future pupils, will be suitably referred for clinic investigation."

TUBERCULOSIS

57. Dr. J. A. Rushworth, the Assistant Senior Medical Officer (Tub), supplied the following tabulated statistics relating to the number of notifications of cases of tuberculosis and deaths from that disease.

TABLE 5.

Tuberculosis Notifications, School Children (5—15 years).

	1928	1938	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
MALES—												
{ Respiratory	215	59	36	42	56	46	78	64	58	37	43	32
{ Non-Respiratory ...	122	55	33	32	21	26	19	16	16	11	5	9
MALES—												
{ Respiratory	192	58	43	35	57	55	83	66	56	45	45	47
{ Non-Respiratory ...	122	63	16	31	20	21	16	11	12	12	8	3
TOTALS	651	235	128	140	154	148	196	157	142	105	101	91

DEATHS

	1928	1938	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
MALES—												
{ Respiratory	12	3	2	2	1	—	—	—	—	—	—	—
{ Non-Respiratory ...	19	5	9	6	2	1	14	—	—	1	—	—
MALES—												
{ Respiratory	25	8	6	2	1	2	1	1	—	2	—	—
{ Non-Respiratory ...	22	6	7	7	6	4	3	2	1	1	—	—
TOTALS	78	22	24	17	10	7	18	3	1	4	—	—

58. The arrangement by which the school health staff carries out the B.C.G. vaccination of school children has continued. Head Teachers have continued to give their co-operation in this work.

The parents of 11,524 eligible children were circulated and of these 7,224 (63 per cent.) gave their consent. Upon tuberculin test 22 per cent. were found to be positive, and 77 per cent., who were found to be negative, were vaccinated. Of 4,444 children tested after vaccination, 4,369 or 98 per cent converted. Children re-vaccinated numbered 11, one of whom failed to convert.

59. During the year Dr. R. Burns undertook 32 surveys of groups of children who were contacts of a known case of pulmonary tuberculosis. The cases of tuberculosis consisted of:—

School children	...	...	...	...	...	28
Teachers	...	...	...	...	...	3
Children's Attendant	...	...	...	...	...	1

The surveys consist of testing each individual with a tuberculin skin test. All those with a positive reaction are X-rayed together with those who refuse the skin testing or who were absent when the skin testing was done. The total number of contacts so investigated was 1,297 of whom 299 had positive skin reactions. The total number X-rayed was 627 which comprised of the 299 positive reactors, together with 328 contacts who were either absent at skin testing or who refused the skin tests.

As a result of these surveys 3 children were discovered with active pulmonary tuberculosis.

In one of the investigations where a school child was reported as a possible source of infection it was discovered that this was the second case from this school in the previous year. As a result of this information all children and all staff in the school were X-rayed. A member of the teaching staff was found to be an active case of pulmonary tuberculosis.

MISCELLANEOUS ITEMS

(a) Infectious Diseases in Schools

60. Tables 6 and 7 show the numbers of cases of infectious diseases in school children in relation to age, and in relation to seasonal distribution. (See pages 53-54.)

(b) Immunisation and Vaccination

61. The arrangements made in previous years, for the inoculation against diphtheria of children attending schools, were continued. Visits were paid to 136 schools, a total of 3,008 children being inoculated and 5,024 previously inoculated children receiving reinforcing injections. In addition, a number of children of school age were inoculated at the various immunisation clinics held throughout the City, while an increasing number of children are being inoculated by their own doctors. The percentage of children aged 5-15 years inoculated at the end of 1957 was slightly over 80.

62. The percentage of unvaccinated children amongst those examined at the periodic examinations in 1957 was 46.1 per cent.

TABLE 6.
SCHOOL CASES OF INFECTIOUS DISEASES OCCURRING DURING 1957.
AGE DISTRIBUTION.

Disease.	5 and under	6	7	8	9	10	11	12	13	14	15	Total
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	140	103	60	43	32	17	10	10	8	6	—	429
Whooping Cough	203	113	43	22	8	9	4	3	1	1	1	408
Dysentery	50	44	39	19	15	20	6	9	8	2	1	213
Chickenpox	5	6	7	2	—	2	1	1	2	—	—	26
Poliomyelitis	1	3	1	—	—	1	2	—	2	—	—	10
Mumps	10	4	4	4	3	1	—	1	—	1	—	28
TOTAL	409	273	154	90	58	50	23	24	21	10	2	1,114

TABLE 7.
SCHOOL CASES OF INFECTIOUS DISEASES OCCURRING DURING 1957.
MONTHLY DISTRIBUTION.

Disease.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ...	39	66	63	60	31	21	42	9	10	18	32	38	429
Whooping Cough ...	69	65	77	22	58	39	38	14	11	6	6	3	408
Dysentery ...	19	16	31	15	8	11	13	5	5	13	38	39	213
Chickenpox ...	4	1	5	1	—	—	9	1	—	—	2	3	26
Poliomyelitis ...	—	—	—	—	—	1	1	5	2	1	—	—	10
Mumps ...	—	—	3	9	7	1	5	1	—	1	1	—	28
TOTAL ...	131	148	179	107	104	73	108	35	28	39	79	83	1,114

When medical inspection of school children was inaugurated in 1909 the percentage of unvaccinated children was 6·1. From then onwards a progressive increase in the percentage of unvaccinated children took place until 1945 when for the following two years some improvement was noticed. The present percentage of unvaccinated is the highest recorded.

The percentages of unvaccinated children for the years under consideration were:—

In 1909	the percentage was	6·1
„ 1915	„ „	7·1
„ 1920	„ „	not available
„ 1925	„ „	16·3
„ 1930	„ „	19·1
„ 1935	„ „	22·7
„ 1940	„ „	23·4
„ 1945	„ „	31·0
„ 1950	„ „	34·8
„ 1951	„ „	35·3
„ 1952	„ „	not available
„ 1953	„ „	37·0
„ 1954	„ „	41·2
„ 1955	„ „	41·9
„ 1956	„ „	43·9
„ 1957	„ „	46·1

Defects Amongst School Entrants

63. The school medical officers during their examination of nursery and infant children's first medical inspection keep a record of those defects which are either not known to the parent, or if known have not been treated.

During the year under review this investigation continued and covered a total of 15,405 entrants to infant and nursery schools. There were discovered 2,586 such defects. Many of the defects were of a minor degree and others of such a nature, for instance 124 of defective vision, that it was not surprising that they had not been previously noted. On the other hand numbers of relatively important disabilities were discovered such as squint 300, otitis media 41, lung affections 137, hernia 68, flat foot 216, and epilepsy 4.

Children and Young Persons Act

64. In accordance with the provisions of the Children and Young Persons Act, 1933, medical reports for the information of the Magistrates in the Juvenile Courts at Liverpool and elsewhere were submitted in 1,923 cases.

The Magistrates asked for special medical examination to be carried out by the Education Authority in 74 cases for the following reasons:—

Ascertainment of Mental Ability	...	...	14
Ascertainment of Maladjustment	...	...	59
Other	...	...	1
			<hr/>
			74
			<hr/>

School Premises

65. The City Engineer and Surveyor reports the following alterations and improvements which were carried out on school premises.

Sanitary improvements	...	...	...	49 schools
Playground repairs	...	...	...	12 „
Improvements and repairs to heating installations, etc.	...	...	...	34 „
Electrical installations	...	...	...	10 „
Miscellaneous improvements— e.g., classrooms, cloakrooms, windows, floor coverings, etc.	...	...	...	13 „

66. The City Architect also reports that improvements have been carried out in ventilation, heating and sanitation, etc., at the following schools:—

Anfield Road County Primary
St. Silas's C.E.
Clint Road
St. Margaret's C.E. (Anfield)
St. James's Secondary Modern.

Candidates for Admission to Teachers' Training Colleges

67. In March, 1952, the Ministry of Education placed the responsibility upon the School Health Services of Local Education Authorities for the examination of candidates for admission to teachers' training colleges.

During 1957, 263 candidates were examined by School Medical Officers and their X-ray examinations were carried out at the Mass Radiography Unit in Liverpool.

Seven candidates were referred to a consultant for an additional opinion before the final decision was made as to their suitability and two were found to be unfit for training.

NURSERY SCHOOLS AND CLASSES

68. The following information has been supplied by Miss Rosbottom, Adviser for Infant and Nursery School education:—

“In October, 1957, Everton Road Nursery School celebrated its 25th Anniversary. This Nursery School was the first to be opened in Liverpool. To-day there are six Nursery Schools and twenty-six Nursery Classes catering for some 1,115 children between the ages of two to five years. The pressure on accommodation throughout the twenty-five years has been great and during 1957 the majority of the schools have maintained waiting lists of practically 100 per cent. of the accommodation.

It was unfortunate that it was not possible to undertake the structural alterations at Allenby Square Nursery School, but the extensions in the form of a new store-room, new bathroom and the extension of the site at East Prescott Road Nursery School should be completed early in 1958. These extensions will bring the standard of accommodation to the requirements of the Ministry of Education for sixty children. In the other Nursery Schools the number of children on roll is still higher than would normally be accommodated on the existing sites. The pressure on accommodation is thus even greater than the waiting lists.

The nine Training Centres continue with the work of providing practical experience for the students taking the National Nursery Certificate Course. Some nineteen students successfully completed the course. The students continue to spend part of their practical training in Day Nurseries thus gaining experience in the care of children under two years of age.

The supply of Qualified Teachers is still inadequate, not only in Liverpool but in other parts of the country. During 1957 the question of the length of the school day was discussed, with the result that the Nursery Schools and Classes now close at 3-30 p.m. Arrangements are made for children to be cared for until 4-0 p.m. This has proved of

benefit to the children as they are now no longer travelling home at the peak hours. There is less 'collection' of children by young people from school and thus more daily contact between parents and the schools.

This contact with the parents maintains a good relationship between school and home and together with the work of the Mothers' Clubs provides an important feature of the life of the Nursery School.

The co-operation with the Medical Authorities and the staff of Nursery Schools and Classes remains at the customary high level. The staff greatly appreciate the help given by the Doctors and Nurses on all occasions particularly with regard to information about the home background of the children with which the Nurses are so familiar."

69. Miss Snoddon, the Superintendent School Nurse, reports:—

"As a result of the reorganization of duties, school nurses now pay a weekly visit to the Nursery Schools and Classes.

All children are weighed and measured each term, and a hygiene survey is carried out by the school nurse. Children are seen on admittance. Medical defects are referred to the school medical officer and absentees are visited when required.

With the exception of the outbreak of Influenza this year the health of Nursery Children has remained satisfactory.

The Nursery Schools and Classes give an opportunity for the early ascertainment and treatment of defects."

One of the school nurses reports:—

"I also attend a Nursery Class. We are officially supposed to have fifty children, but there is an enormous demand for places. There is a demand for double the number of places. Children are admitted where there is domestic hardship, where there is no mother or father, where very poor housing conditions exist, or there is illness in the home, etc.

The general condition of the children attending is good, they are clean and tidy and usually well clad."

70. The school medical officers during the inspection of the nursery children classified the physical condition of 1,171 as satisfactory and only 15 unsatisfactory. It is a matter for concern that only 483 of these children were found to have been vaccinated and 546 to have been immunised against diphtheria.

The defects found at the inspections are shown in the following Table :

TABLE 8.

Defect or Disease.							Requiring Treatment	For Observation
SKIN	...	...	...	Scabies	...	...	—	—
				Impetigo	...	...	1	—
				Others	...	...	4	20
EYES	...	...	...	Blepharitis	...	...	1	1
				Conjunctivitis	...	...	1	—
				Others	...	...	2	3
				Vision (wearing glasses)			—	6
				Squint (new cases)	...	...	40	22
			Squint (wearing glasses)			1	19	
EARS ...	...	...	...	Hearing	...	...	3	2
				Otitis Media	...	...	4	9
				Others	...	...	3	11
NOSE AND THROAT...	...	...	...	Tonsils	...	...	12	53
				Adenoids	...	...	9	1
				T. and A.	...	...	2	10
				Others	...	...	10	25
				Cervical glands	...	...	—	28
SPEECH	...	...	...	Stammer	...	...	1	—
				Others	...	...	—	12
HEART AND CIRCULATION				Congenital	...	...	—	1
				Others	...	...	—	26
LUNGS	...	...	...	Pulmonary T.B.	...	...	—	—
				Bronchitis	...	...	1	12
				Others	...	...	2	35
DEVELOPMENTAL	...	...	...	Hernia	...	...	1	15
				Others	...	...	5	23
ORTHOPAEDIC	...	...	...	Posture	...	...	1	—
				Flat Foot	...	...	16	21
				Others	...	...	18	32
NERVOUS SYSTEM	...	...	...	Epilepsy	...	...	—	—
				Others	...	...	—	6
PSYCHOLOGICAL	...	...	...	Development	...	...	—	1
				Stability	...	...	—	9
RHEUMATISM...	...	...	...	Chorea	...	...	—	—
NON-PULMONARY T.B.	...	...	...	Glands	...	...	—	1
				Bones and Joints	...	...	—	—
OTHER DISEASES AND DEFECTS				Debility	...	...	—	8
				Anaemia	...	...	1	2
				Others	...	...	1	12

HANDICAPPED PUPILS

Blind Pupils

71. Liverpool blind children are accommodated in various schools, as shown in the Table below, since no special school is maintained by the Authority:—

Wavertree School for the Blind	...	...	...	...	9
St. Vincent's R.C. School for the Blind, West Derby	...				7
Sunshine Homes	...	...	...	...	6
Henshaw's School for the Blind, Manchester	...				2
Condover Hall School for Blind Children with other handicaps	...	...	...	...	3
Royal Normal College, Rontoncastle, near Shrewsbury					1
					<hr/>
					28
					<hr/>

Partially Sighted

72. There are now 67 children in the Wellesbourne Road Special School for Partially Sighted Children.

73. Miss A. T. Cameron, the Head Mistress, reports:—

“Twelve boys entered for Swimming Certificates, which they each won at their individual level.

Throughout the year ten Senior girls have attended the Margaret Beavan School for one day each week for Domestic Science.

Likewise, until the end of the Summer Term, ten Senior boys spent half a day per week doing woodwork at Fazakerley Open-Air School.

Attendances, apart from five weeks spread over late September and early October, have been very good indeed. This is due in no small measure to the keenness and enthusiastic co-operation of our School Nurse, who keeps us actively informed of the children's environmental conditions and is an invaluable liaison between ourselves and parents who cannot come to see us personally.

Dr. Black has visited us twice during the year, and has given us his usual most helpful interest and co-operation. It is noteworthy that the glasses supplied to some children do not fit from the start, and many do not stand up to fair wear. The side screws frequently come out of comparatively new pairs.

On February 9th we acted as hosts to teachers of Partially-Sighted children from all over the country, who came to a meeting in order to exchange ideas, discuss problems and share experiences. It was a very worth-while gathering."

Deaf and Partially Deaf

74. At the end of the year 1957 there were 104 deaf pupils and 66 partially deaf pupils attending Crown Street School for the Deaf, of whom 78 deaf and 49 partially deaf were Liverpool children. There were also 5 deaf children attending voluntary schools for the deaf.

There were also 114 partially deaf children in ordinary or other types of special schools. Of this number 71 were equipped with hearing aids, 58 in ordinary schools and 13 in other special schools, and 43 had special tuition in lip-reading.

The number of children awaiting admission to the School for the Deaf was 2.

75. Mr. Newport, the Head Master of the School for the Deaf, Crown Street, reports:—

"The Assessment Clinic, for very young children, envisaged in the report for last year is now functioning. The room is acoustically treated with special tiles, cork lino, and a carpet. Modern techniques using free field audiometry, very powerful sound reproducers and other apparatus, necessary for conditioning very young children for auditory response, are in full use.

The Senior School Medical Officer takes charge of the sessions in the Clinic. Experienced qualified teachers engage the child in interesting occupations while sounds of varying frequencies at changing intensities are introduced in order to investigate awareness and levels of detectability. In consultation with the Head Master and the Nursery Teacher, the Senior School Medical Officer forms an assessment of the case. Children may be referred for admission to the School, pre-school age training, for further investigation or for normal educational treatment, with or without a hearing aid, according to the response given by the child. All cases are subject to frequent re-assessment and any child admitted to the school may be transferred to a normal school if further assessment suggests that better progress might then be made. During the year four such cases were transferred and a periodic check will be made on their progress.

Very young children found to be suffering from deafness attend with their parents, the pre-school age sessions. Here training to the child and advice to the parent are given. Many parents are grateful for this early guidance and it is often the beginning of very helpful co-operation throughout the school life of the child.

A second auditory training apparatus was presented to the School by the North West Parents of Deaf Children Association. Such apparatus enables the teacher to concentrate teaching effort on developing and extending discriminatory hearing in even profoundly deaf pupils. It is powerful and helps many children to gain valuable auditory experience. Children who have been found to benefit in this way have been formed into two classes and better language and proficiency in speech should result.

All children who might benefit from the use of an individual hearing aid are fitted with either a transistor monopack or the Government Medresco Aid. The Medresco Aids are serviced regularly by visiting technicians from the Hearing Aid Clinic in Myrtle Street. The weekly visit for service, supplying of batteries, and taking of ear moulds is most useful and is very much appreciated.

Two further rooms were fitted with acoustic tiles, and now all classrooms have been so treated. Cork lino has been fitted to two more rooms in order to ensure the best conditions for the use of all types of hearing aids.

Mr. Parnham, Her Majesty's Inspector, paid two visits to the School and expressed great satisfaction with the modern facilities available and of the work of the School. The excellent co-operation of the School, the School Health Service and the Deafness Clinic of the National Health Service is very much appreciated.

The Annual School Camp was held at Colomendy Camp School and was such a success that next year it is proposed to extend the period over two weeks, and visit the same site.

The School entered teams in the Schools' Football Leagues and such healthy competition against normal children is encouraged. Teams also played in the Schools' Chess Leagues, and several times the School teams have been top of their League Sections.

Swimming and Country Dancing have also been popular during the year.

A nurse is attached to the School for routine medical attention, accidents and co-operation with the Nursery Classes. She also visits homes where she gains valuable co-operation from parents. Also the Nurse visits schools in which there are deaf children who wear hearing aids. The visits are useful in order to see that the aids are serviceable and to find out whether the children are making adequate progress.

The classes in Melville Place Annexe, for children from normal schools, who require help from lip-reading, have continued. The boys and girls attending are under constant review by the School Medical Officer. After a course is over, the children cease attendance, but return at a later date for a refresher course."

Epileptic Pupils

76. The Committee has no residential school for epileptic pupils. The 12 epileptic pupils at the end of the year were placed as follows:—

Maghull Home for Epileptics	...	...	...	...	4
Colthurst School for Epileptics	...	...	...	...	7
Awaiting admission to Epileptic School	...	...	...	...	1
					<hr/>
					12
					<hr/>

Delicate Pupils

77. The number of delicate pupils on the rolls of each of the three day open-air schools at the end of the year was as follows:—

Fazakerley Open-Air School	...	...	...	...	243
Underlea Open-Air School	...	...	...	...	174
Margaret Beavan Open-Air School	...	...	...	...	90

78. Miss Tunnicliffe, Head Mistress, Fazakerley Open-Air School, reports:—

"Approximately seventy-five per cent. of the pupils suffer from chest affections and the number for whom daily treatment is ordered has steadily increased. The School Nurse is responsible for seventy children who need postural drainage and exercises, and forty-five other children having breathing and posture exercises only.

In all schools where the main consideration is an improved standard of health and hygiene there will be interruption of the normal school curriculum for treatment. It is therefore imperative with the added difficulty

of a shorter working day and irregular attendance that there should be adequate time allowed for the basic subjects so that eventually the children may be equipped to compete successfully with children from ordinary schools.

Sixty children are receiving regular remedial teaching. As these children become literate there is a marked gain in poise and self-confidence. A number of senior pupils have been able to discontinue the lessons and more junior children take their places.

Of the seventy-nine children who left during the year, fifty-one returned to ordinary schools and many of the successful children re-visit the Open Air School with news of their good progress.

The average attendance for the year was 72.6 per cent. Visiting by the School Nurse has revealed much unnecessary absence. Parents are beginning to appreciate the purpose of the Nurse's visit. It is seldom regarded as an intrusion, advice is welcomed and the knowledge brought back to school leads to a more complete understanding of the child and his needs.

The average increase in weight during the year was approximately 5.5 lbs. but it is significant that in many cases progress is not maintained during the school holidays and children are missing their extra nourishment and the healthier environment.

It is gratifying to hear, in meeting old scholars, of the many who are in steady employment, doing work in which they are interested with chances of advancement."

79. Mr. W. F. McMenamain, the Head Master of the Underlea Open-Air School, reports:—

"Circumstances relating to health have not changed radically since the previous year.

The average number on the school roll was 178, a small increase. During the year, 59 pupils left for other schools and 6 at age limit. Of the 24 pupils who left school at 16 during the past 3 years, (*i.e.*, those whose health was so seriously affected that resumption of normal school life was precluded) only one has suffered a set-back in health, and the majority are in employment which may be considered satisfactory. It is

quite remarkable that boys who have been seriously ill with chronic asthma while at school, very frequently state after they have left school, that they are rarely or never troubled by attacks.

As formerly, the greater number of pupils (101) suffer from chest maladies. Asthmatic pupils have increased by 10 to 44, and there has been a slight reduction in the number of bronchitic, bronchiectic, and arrested phthisis cases. Forty-four children are classified under "General Debility."

Postural drainage and exercises for pupils with chest ailments have continued, with perceptible benefit.

The attendance during the year was poor, quite apart from the effects of the influenza epidemic of the later months. For the months up to mid-summer the average percentage was only 74·1 compared with 80·7 for the previous year. As other factors affecting attendance were unchanged, it must be concluded that the general health of pupils in 1957 was not good.

There has been little evasion during the year, and there have been legal proceedings in only four cases.

The standard of personal cleanliness and clothing was, on the whole, good. In 14 cases only was advice regarding head vermin necessary, and in all cases this was followed without further action being necessary. The senior boys seem to be the most culpable regarding cleanliness of skin, and this may be put down to personal antipathy and indolence rather than parental neglect. Generally, conditions in this respect are better than I can remember at any previous period.

Clothing is for the most part adequate, although the boys seem to be more warmly clothed in winter than do the girls. In very few cases is inadequate clothing due to poverty.

The condition of footwear is not so satisfactory, and on a wet day in winter five children were found to be wearing rubber-soled canvas 'bumpers'.

The movement to new housing estates continues. Thirteen fortunate families have changed addresses from poor houses to newly built flats or to houses in suburban estates. About a dozen pupils, only, live in unsatisfactory dwellings.

One scholar was successful in the General Entrance Examination, and is now at his school of first choice, the Toxteth Technical School."

Physically Handicapped (Day Schools)

80. At the end of the year 149 children were in Hospital Schools, 110 at Alder Hey Hospital, 36 at Olive Mount Hospital, and 3 at Aintree Hospital. The physically handicapped pupils in attendance at day special schools numbered 205 at the year's end, and these pupils were placed as follows:—

Margaret Beavan	...	...	...	...	...	...	80
Dingle Lane	...	...	...	...	...	...	125
							<hr/> 205 <hr/>

81. Mrs. K. M. Fairhurst, the Head Mistress of the Dingle Lane Special School, reports:—

“During 1957 swimming has been continued with great enthusiasm. Thirty-seven children attended the Garston Baths during school hours and fourteen certificates were gained.

It had always been our ambition to enter a team for the Folk Dance Festival, and we achieved this aim for the first time in 1957. The children were only able to take part in the least exhausting of the dances, but we were very happy to be able to enter a team.

Two Scholarships were gained—one to the Mabel Fletcher Technical College and the other to the Ellergreen Commercial School.

During the year 33 children were admitted, 5 left to take up employment, 14 were transferred to ordinary schools, 9 to other special schools and 2 children left the City.

Excluding the influenza epidemic there were 41 cases of infectious diseases, 15 children suffered from bronchitis, 4 had pneumonia and 38 spent long periods in hospital (12 of these had orthopaedic operations). 21 children were absent during term time owing to parents' holidays. The highest percentage for attendance was 86.2 in July, the lowest was 48.3 during the influenza epidemic in September. We are all grateful to the School Nurse for her cheerful co-operation, and the parents welcome her advice when she visits the sick children.”

82. Mr. O. Roberts, Head Master of the Margaret Beavan School, reports:—

“ Average number on roll	...	...	...	...	165
„ attendance	...	...	...	...	132
„ percentage	...	...	...	...	80%

	Boys	Girls	Total
New Admissions	34	28	62
Re-admissions []	2	3	5
Left—for work	8	6	14
other schools	16	18	34

Generally speaking, the health of the children during the year was satisfactory apart from outbreaks of measles and whooping cough in March and April. Absences due to other illnesses were caused chiefly by attacks of bronchitis and tonsillitis.

Attendances ranged from 72·3 per cent in November to 85·6 per cent in June, but the average figure for the year remains almost constant at 80 per cent with the 20 per cent absences explained by

- Admissions to hospital;
- Attendance at clinics;
- Illnesses covered by medical certificates.

Physically handicapped children, while they are absent for longer consecutive periods, are more regular in attendance than delicate children. In passing, it is notable that the best attendance during the year was made by a boy who would not attend ordinary school because of psychological difficulties. While truancy as such is non-existent in the school, I am inclined to think that some parents, particularly those of children in the Infants' Department, are over anxious about the health of their children with the result that five- and six-year-olds are kept at home on trivial pretexts.

In the report for 1956, reference was made to the increasing number of children being returned to the ordinary school. This desirable end has, however, had the effect of eliminating the 15-16 year age group with the exception of those too seriously handicapped to cope with life in the

ordinary school. Employment for the handicapped has always presented difficulties and with the expected pressure on vacancies in industry in the next four or five years, the position of the handicapped boy or girl leaving this school will be fraught with increasing difficulty.

Twenty-one children took the Intelligence Test at 11-plus in November, and seven boys and one girl were recommended for the Main Examination in February. In the examination, one boy was successful in gaining a place at Gateacre Secondary Comprehensive School. Twenty children attended the William Roberts Baths for swimming instructions during the summer season and 13 awards—10 beginners and 3 distance certificates—were gained during the period. Several friendly cricket and football matches were played against schools in the vicinity, which afforded pleasure to the team but little in the way of athletic glory. These contacts with children attending ordinary schools are, however, of inestimable value in achieving a healthy attitude to life. The Old Scholars' Party was held in March, and 25 teenagers attended the evening's entertainment which consisted of the meal itself and community singing."

Physically Handicapped (Residential Schools)

83. The Authority maintains two boarding schools for physically handicapped children, namely:—

The Children's Rest School of Recovery, Greenbank Lane	...	...	...	...	...	...	50 pupils
Abbots Lea School, Beaconsfield Road, Woolton							70 pupils

84. Miss H. L. Long, the Head Mistress of the Children's Rest School of Recovery, reports:—

"The school roll has been maintained at 50 throughout the year. There have been 7 admissions and 7 have been discharged, 6 of them returning to ordinary school. On the whole the standard of health has been good throughout the year. Most of the children had a mild attack of influenza during the Autumn term, but there has been no serious illness. In all cases there has been a steady increase in weight. The Coeliacs have, in most cases, maintained their weight during the holiday periods. The supervision by Health Visitors has continued and parents seem to be much more aware of the need for strict adherence to the gluten-free diet.

On the school activities side we now have a Scout patrol which is attached to a neighbouring troop. Their weekly meetings are held in the

school, but occasionally they join the rest of the troop at their headquarters. Six of the junior boys belong to the Cubs and meet at the Morrison School and several of the older girls have joined the Guides.

Perhaps the most important development in the school was the opening of a Day Nursery for Cerebral Palsied children last October. They travel to the school daily on the school buses. They settled in very well and it was an experience to watch them making social contact with the others and really enjoying the company and doing things together. There is already marked physical improvement among these young children. It must also be a great relief to the mothers of these small handicapped children to have them off their hands for a part of the day."

Pupils Suffering from Cerebral Palsy

85. In addition to 9 Liverpool cases of cerebral palsy resident at Greenbank, there are 233 cases of cerebral palsy in Liverpool among children between the ages of 2 and 16, as follows:—

Attending ordinary schools	...	...	...	...	56
In other special schools—					
Educationally sub-normal	...	...	...	...	26
Physically handicapped	...	...	...	...	54
School for the Deaf	...	...	...	...	1
Greenbank Nursery	...	...	...	...	11
Not attending school—					
Home teaching	...	...	...	...	4
Under Age	...	...	...	...	19
Awaiting admission to Greenbank Nursery				...	1
Recommended for notification to the Local Mental Deficiency Act Authority, under Section 57 (3) of the Education Act, 1944, as ineducable				...	53
Unfit for any school at present	...	...	...	...	8
					<hr/> 233 <hr/>

Deafness from Cerebral Palsy

86. An investigation into the frequency of deafness associated with cerebral palsy has been carried out.

The investigation was confined to 74 children suffering from cerebral palsy who are being educated in special schools. The 74 children were distributed as follows:—

Residential special schools for the physically handicapped	17
Day special schools for the physically handicapped	... 47
Special schools for the educationally sub-normal	... 10

Deafness is divided into two main types, conductive and perceptive. Perceptive deafness is due to damage of the nervous tissue associated with hearing, whilst conductive deafness is due to disease in that part of the hearing mechanism which transmits the sound up to that stage in the inner ear where it is transformed into a nerve impulse.

Whereas conductive deafness was considerably more common amongst these children this was a result of the upper respiratory catarrh from which many of these children suffer. In the case of perceptive deafness, it is considered that it may be assumed that it is part of the general damage which has been done to the brain and is, therefore, a component of the cerebral palsy. Of the 74 children, 11 had a moderate or marked degree of perceptive deafness, giving a percentage of 14·9. A number of children with minor degrees of apparently perceptive deafness were excluded.

Of the 11 children handicapped by perceptive deafness, 6 had intelligence quotients of below 85, 8 were associated with the type of palsy in which athetosis predominates, and 6 gave a history of jaundice at, or soon after birth. There was marked cyanosis in 2 further cases.

That 14·9 per cent of the children, who are so handicapped as to need education as handicapped pupils, are found to have perceptive deafness of a degree to be an additional handicap, is not surprising. When the anatomy of the auditory tract is considered along with the pathological lesions, there is every reason to expect that this tract will also frequently be damaged. That the disability of deafness is not greater is no doubt due to the fact that hearing is bilaterally represented in the brain and that there is an appreciation of sound at or below the thalamic level.

It would appear that the conception that the disability in cerebral palsy is only motor needs revising and that more attention should be paid to the damage to sensory pathways.

The investigations carried out by Mrs. Floyer* which showed that many of these children have visuo-spatial disabilities, called attention to the fact that sensory damage may be an important part of the handicaps of children suffering from cerebral palsy.

Delicate and Physically Handicapped Pupils

87. The accompanying return shows the results of the examinations made by the approved medical officers of children referred with various physical handicaps:—

Recommended for day open-air school	...	...	189
„ „ residential open-air school	...	...	51
„ „ day special school for physically handicapped pupils	...	...	39
„ „ boarding special school for physically handicapped pupils	...	...	5
„ „ home teaching	...	...	18
Decision postponed	...	...	23
Referred to hospital...	...	...	—
Remain in ordinary school	...	...	57

Educationally Sub-Normal Pupils

88. The results of the examinations made by the Approved Officers of children referred for ascertainment as being educationally sub-normal pupils are as follows:—

Recommended for day special schools	...	...	563
„ „ boarding special school	...	...	67
Examined and recommended to remain at ordinary school	...	...	396
Decision deferred	...	...	28
Referred to Child Guidance Clinic	...	...	91
Recommended for notification to the Local Mental Deficiency Acts Authority:—			
(a) for supervision, 57 (5)	...	...	144
(b) as ineducable, 57 (3)	...	...	48
(c) as inexpedient, 57 (4)	...	...	2

* "A Psychological Study of a City's Cerebral Palsied Children" by Ella B. Floyer, M.A., Dip.Ed.—British Council for the Welfare of Spastics.

The Authority has five boarding schools for educationally sub-normal pupils with accommodation as follows:—

Crookhey Hall, near Lancaster, for Senior Boys	...	72
Riverside School, Hightown, for Boys	... ..	60
Thingwall, for Girls	... ..	40
Oakfield, Gateacre, for Girls	... ..	30
Beechwood, Aigburth, for Girls	... ..	60

The Authority also maintained 1 educationally sub-normal pupil at Pontville Roman Catholic Special School.

There are twelve day special schools for educationally sub-normal pupils with accommodation for 1,350 pupils. The schools are Beechwood, Brookside, Clubmoor, Kilrae Road, Monksdown Road, Nelson, Northumberland Street, Queensland Street, Richmond, Sandon, Stoneycroft and Thingwall.

89. Miss A. A. Travis, Head Mistress of Crookhey Hall School, reports:—

“In reviewing the physical and educational progress of the boys during 1957 it is necessary to call attention to a few outstanding facts:

PHYSICAL. An excellent standard has been maintained. Although forty boys were ill with Influenza in September the infection only lasted for one week.

The Senior School Medical Officer visited each term. Every boy was thoroughly examined, physically and mentally, and behaviour problems were discussed with the Head Teacher. Arrangements were made for eye, ear and dental treatment by the Committee's Specialists in Liverpool during holiday periods. Minor ailments were treated daily in the School's Surgery by an experienced Sick Bay Attendant who carried out instructions from the visiting Doctors.

EDUCATIONAL. It is the policy of the school to treat the child as far as possible, as though he were of normal intelligence. The ability to read is synonymous with cleverness. Annual tests show remarkable progress during a child's first year at Crookhey but this slows down to a steady pace in due course. Three boys were able to return to Primary Schools after two or three years' residence. Many of the leavers had already

secured jobs for themselves before finishing school. This pleased the Youth Employment Officer, whose interest is always appreciated.

SOCIAL. The most striking factor of the boys' social life is the absence of any inferiority. All boys are members of the Lancaster Association of Boy Scouts. The regular football contests are a great feature for the Cubs. It is delightful to see these youngsters returning triumphant on a Saturday afternoon counting up their points for their place in the League. Boys have also spent weekends at the Youth Hostel Association Centres in the Lake District. Regular visits are paid to the Cinema in Lancaster. A dozen boys spend their Saturdays on local farms, returning always with a fresh egg for next morning's breakfast.

Four of the C. of E. boys are in the Church Choir and attend the village school for evening practice. The R.C. boys are able to serve and answer Mass. There is a very healthy spirit throughout the school and much commendation is forthcoming from Parishioners of both communities.

It is this self-reliance and good social bearing of which the school is proud.

PARENTS are always welcome to visit their children. It is at these times that the Head Teacher is able to have a quiet talk about various private problems which are often the root of much unhappiness and maladjustment. More and more parents visit each month and at other times, and co-operation is very good. The resentment which so many parents felt in years gone by when sending their children to Special Schools has happily disappeared.

AFTER-CARE. Although the school is so far from Liverpool, it is not so difficult to keep in touch with former scholars as so many return. During the past twelve months, many young men who are now nearing the "thirties" have come along and it has been gratifying to see that residence for them was no wasted item of expenditure. There have, of course, been failures but these are few. Many boys are still on local farms, others are employed in Liverpool. One is the Chief Scaffolder for the Education Committee's School Building Department; another is a Waiter at the Adelphi Hotel; an old 'Cottage Homes Boy' has just flown in from British Columbia to see his old school—he now farms some land of his own, has a Chevrolet car, and he attributes success to hard work, good manners and kindly approach.

A Reunion for former scholars is being planned for Easter, 1958.

PERSONAL NOTE FROM HEAD TEACHER :

It may be that this will be my last report. I would like to express my appreciation for the help and encouragement given to me by the Deputy Principal Medical Officer and his Senior Assistant during my eighteen years' residence with the boys at Crookhey Hall. Without his help the problems would have been insurmountable."

90. Miss M. F. Shorten, Head Mistress of Beechwood School, reports :

The year ended December, 1957, brought sweeping changes into the lives of all concerned in the Residential School when in September the school virtually ceased to exist as such and became a small but not unimportant part of the new Day School. 'Beechwood' and 'Beechfield' have now become 'home' for sixty girls who leave there each morning to attend the day school, and return there each evening.

The advantages of this great change have so far greatly outweighed any disadvantages. The daily routine is much more varied and interesting, there is a much wider circle of friends to make and a large, mixed staff to get to know.

It was feared that when the resident girls watched the day scholars leave for home each day, on the buses which would pass very close to their own homes, it would make them resentful and unsettled. I am very pleased to say that his fear has proved to be quite unfounded. On the contrary, the girls have adopted a rather superior attitude and have invested themselves with an air of importance which, it must be admitted, they carry off very well.

One of the classrooms previously used is soon to be redecorated and furnished as a sitting room for the 15 year old girls. Since September they have had their meals there, unsupervised; a privilege which they have greatly appreciated. The other two classrooms, unfortunately, have to be used temporarily as extra accommodation for the Day School, but we hope eventually to have these rooms for hobbies and television, etc.

A good standard of class work was maintained throughout the year. There is no doubt that good food, fresh air, sleep and a happy atmosphere pay dividends in the classroom.

The general health of the girls has been very good. There has been a steady average increase in weights and heights, defective vision and dental

treatment have been carried out where necessary. Six girls had a mild attack of German measles in March, and 44 girls were victims of the Influenza epidemic in September and early October. Tribute must be paid here to the Children's Attendants who looked after so many sick children every day; to the teachers who so willingly turned a hand to nursing each evening, at weekends and through many disturbed nights; to the School Nurse who managed to give much invaluable help and advice during her daily visits; and to the doctor who found time to call frequently in spite of gross overwork during the epidemic.

As has already been mentioned, the new Day School was opened in September.

Admissions consisted of the following:—

	Junior Boys	Junior Girls	Senior Girls
From Ordinary Schools	50	44	14
From Special Schools	19	10	26
From the Residential School	—	—	60
No previous School	1	1	—
	70	55	100

The new school, so beautifully situated facing the river, was at once a source of delight and pride to staff and children alike. The greatest attraction at first, especially for the boys, was the grandstand view of the ships steaming up and down the Garston Channel. The teachers were kept busy answering questions about an amazing variety of ships, from the busy little tugs to the stately banana boats. A pair of binoculars on the desk became as familiar a sight as a piece of chalk. It is not every school that has ready made Geography lessons on its doorstep.

The term ended with a concert given by all the children and attended by Committee members and parents.

The school has got off to a good start and all credit for this must go to every member of the staff whose whole-hearted co-operation and wonderful team spirit deserve the highest praise and gratitude."

Maladjusted Pupils

91. There were 30 boys in the Aymestrey Court Residential School for Maladjusted Boys and of these, 4 boys were from the areas of other Education Authorities. There were also 5 boys and 2 girls in voluntary schools for maladjusted pupils.

During the year there were 18 new admissions and 8 boys were discharged.

The Medical Officer in charge reports:—

92. "On 1st January, 1957, twenty children were on the roll at Aymestrey Court Residential School for Maladjusted Boys. During the year there were 18 new admissions and 8 pupils were discharged, thus the school was working in term-time at its full complement of 30 boys.

Of the pupils in residence at the end of the year, four were from areas of other Education Authorities. Apart from those admitted during the year, six boys were in their second year of residence, and four in their third year. Of the two boys in their fourth year, one was about to be discharged, and the other had been rejected by his family, but it is hoped that a suitable foster home will shortly be found, into which he can gradually be introduced. The only child in his fifth year had found difficulty in adjusting owing again to rejection by his family, however since the parents have been rehoused; they have with support from the Psychiatric social worker, modified their attitude and it is hoped that the boy will soon be able to take his place within the family circle."

Speech Therapy

Mr. W. G. Good, Senior Speech Therapist, reports:—

Speech Therapy Statistics for Year 1956-1957.

Defect	Boys	Girls	Total
Stammer	88	14	102
Dyslalia	79	35	114
Dyslalia and Stammer	5	—	5
Cleft Palate	5	2	7
Dysarthria	12	5	17
Dysphonia	3	1	4
Deafness	2	—	2
Aphasia	—	1	1
TOTAL	194	58	252

"The above figures illustrate the number of children who received treatment during the year ending 1957. 30 cases were discharged as having much improved and 87 new cases were admitted during the year. 22 cases failed to attend regularly, 4 left upon attaining school leaving age, 1 transferred to Child Guidance Clinic, 2 transferred to residential special schools, 2 cases left the district.

During the year 295 cases were screened so that treatment could be offered to the most deserving cases.

In May, 1957, Miss Smyth resigned from the Service and in September Mrs. Goodwins took up her duties as Assistant Speech Therapist. Permission has been granted to increase the establishment to 5 Speech Therapists, and it is hoped to secure the services of two assistants early in the new year.

During the year a day nursery class for young cerebral palsied children was started at the Childrens' Rest School of Recovery, and a suitable programme for speech stimulation was devised for these children.

In drawing up such a programme there are many factors to be considered. The brain damage sustained in Cerebral Palsy is irreparable and normal patterns of movement are unlikely to be achieved. Intellectual retardation and emotional disturbances are also commonplace. Because of neurological damage sensory disabilities are present. The children have impaired position sense, tactile sensation and asteriognosis. Visuo-spatial disorders are also present. On the average 20 per cent. of this group of palsied children have a hearing loss varying in degree of severity.

The assessment and treatment of cerebral-palsied children in the older age group can be more easily defined. Some form of communication has been developed and co-operation at a more mature level is possible.

For younger children stimulation is the best approach. The child must have every opportunity to hear and observe speech both at home and in the class. An interest in speech movements and vocal sounds is necessary and the child should be encouraged to make voluntary attempts at imitating what he sees, hears and enjoys. Any direct focussing of attention on speech at once defeats this purpose.

Hand activities need to be developed, there being two reasons for this approach. The hand is associated with the mouth for feeding and during primitive development the hand was gradually released for purposes of

exploration. One must recognise that in infancy normal manipulative ability develops before speech commences.

As the hand function of these children is poor, they cannot explore their immediate environment by feeling the shape and texture of objects. Thus another avenue of learning is blocked.

This is only one approach to a very complex speech problem. It does not suit every child, nor does it rule out the various techniques available at a later stage, when the child is ready for formal education.

It is worthy of mention that it appears that recently the approach to cerebral palsy has passed through the stages of academic pessimism and emotional over-optimism to a truly realistic attitude and that while the importance of subordinating individual theories and personalities to the general advancement of knowledge is still widely advocated rather than widely practised, the outlook is more hopeful than it has yet been."

Home Teaching

94. Mr. C. Holroyde, the Adviser for Special Schools, reports:—

"There are several children in the City who are unable to attend school because of ill health. For them the Liverpool Education Committee has provided a Home Teaching Service. At the moment there are two full-time teachers and one part-time teacher in the Home Teaching Service. There has been a reduction to twenty pupils receiving instruction but the waiting list of eleven pupils will be absorbed by 1958. It is hoped that two more teachers may be appointed in 1958 so that a larger number of cases may be taken and more than one session per child per week be given. Each child receives at least one full session of two hours per week. Work is prepared for each child so that he can be kept fully occupied during the week.

A full-time teaching service is also maintained at the Child Guidance Centre and these two teachers do a great deal towards rehabilitating children who have special emotional difficulties.

At all times there is the closest co-operation between the teachers and the parents. The teachers encourage the parents to take an active part in the education of their children so that they are in a position to supervise the children's work between the visits of the teachers. The results achieved have been most encouraging and examples of the children's work have been exhibited at the Liverpool Show.

Some of the children have been able to take their places in the ordinary schools and special schools. Several of the children made educational visits during the year and their teachers transported several to schools so that they could take part in the Christmas festivities. These children who are so cut off from normal living thoroughly enjoyed mixing with other children on these occasions. Our thanks must be extended to the Red Cross for arranging pantomime outings for the children.

The teachers must be congratulated on their devotion to their work. The work is individual and interesting but, at the same time, the teachers are very cut off from the main stream of Education and from the normal contacts which are enjoyed by others in the profession."

Medical and Dental Arrangements

95. The routine medical examinations and the general medical care of the special schools outside Liverpool are carried out by local medical practitioners whilst both specialist and dental treatment are provided either under the Local Authorities' arrangements or, in a few instances, by special arrangements made in the areas.

All the medical and dental facilities of the School Health Service are available for the special school children.

Medical treatment under the Authority's schemes was carried out as follows:—

Defective Vision	...	...	...	...	...	...	443
Tonsils and Adenoids	...	...	...	...	...	...	27
Aural conditions	...	...	...	...	...	...	113

whilst children suffering from minor ailments were treated at the schools.

The following table shows the work carried out by the dental staff of the School Health Service at the Special Schools:—

TABLE 9.

Number of inspection sessions	...	...	...	...	...	...	9
Number of treatment sessions	...	...	...	...	...	...	27
Total number of sessions	...	...	...	...	...	...	36
Number of children inspected	...	...	...	...	...	...	907
Number of children requiring treatment	...	...	...	...	...	...	441 (48·6%)

Number of children treated	...	...	...	...	...	...	...	325
Number of attendances made for treatment	...	...	...	...	...	...	...	331
Number of teeth extracted	...	...	...	...	...	...	...	399
Number of teeth filled	...	...	...	...	...	...	...	90
Number of operations	...	...	...	...	...	...	...	10
Number of administrations of general anaesthetics	...	...	...	...	...	...	...	242

School Nurses and Special Schools

96. Miss Snoddon reports:—

“Remedial treatment such as postural drainage and breathing exercises carried out by the Special School Nurses is increasing in the Physically Handicapped and Open-Air Schools.

There are at present approximately sixty-six children in the Fazakerley Open-Air School who have some form of daily remedial treatment, and at the Underlea Open-Air School breathing exercises are given for all cases of Bronchitis and Asthma.

Special School Nurses work closely with the Head Teachers, and they are familiar with the home background of each child in the school. Supervision of these children is maintained during the holiday periods to ensure continuity of treatment which is particularly important with handicapped children where parental care and the home background can be a contributory factor in the child's progress. Special School Nurses are dealing with individual children whose progress they can now watch, and this type of work appears satisfying and rewarding for the Special School Staff change little in comparison with the rest of the Staff.”

EMPLOYMENT OF HANDICAPPED YOUNG PEOPLE

97. Mr. Duncan, the Superintendent of the Youth Employment Bureau, has given the following report:—

“A special section of the Youth Employment Bureau is devoted to the guidance and placement in employment of all young people who are handicapped in body or mind. Careful consideration is given by the Specialist Officer in consultation with the School Medical Officer and Head of the School, to the extent of the physical or mental handicap of each boy or girl before she or he leaves a Special School at an individual interview held within the school. By carefully weighing up the information that can be given about the boys or girls by their parents, teachers

and the School Medical Officer, it is possible to build up an accurate picture of their abilities and temperament as well as any physical weakness or mental limitation that may have a bearing on the employment they should undertake.

As general educational policy provides for children attending the type of school from which they can derive the greatest benefit, many handicapped children, not requiring the conditions of a Special School, attend other schools. If, on leaving school, however, they are regarded as being so handicapped as to need special assistance with their employment problems they are referred to the Special Section of the Bureau. In fact, of the 686 handicapped children dealt with during the twelve months, 420 had left from Special Schools whilst the remaining 166 had last attended other schools. The co-operation between the Bureau Officers and Doctors, Almoners and others in contact with the handicapped is such that it may be fairly claimed that there can be few handicapped boys and girls in the City who are not referred to the Special Section of the Bureau.

The 686 young people (399 boys and 287 girls) dealt with during the period, were handicapped in many different ways—varying from speech defects to severe disabilities, *e.g.*, cerebral palsy and epilepsy.

The types of handicap involving the highest number of young people were:—

	Boys	Girls	Total
Asthma and Bronchitis	40	31	71
Deafness (total and partial)	28	13	41
Backwardness	180	118	298
Epilepsy	21	15	36
Heart disabilities	18	29	47
Defective Vision	19	11	30
Tuberculosis (respiratory and surgical) ...	21	15	36

Although as a result of the less favourable employment position during the past year, more difficulty was experienced in finding suitable openings

for this group of boys and girls, 574 vacancies (330 for boys and 244 for girls) were in fact filled by this Section of the Bureau.

Arrangements were made for three boys to be admitted to the Industrial Rehabilitation Unit at Egham—one had a hand injury, one was much handicapped by Asthma and one by Spastic Paralysis. Three girls were accepted for courses of commercial training, and a boy was trained in electric welding at Queen Elizabeth's College, Leatherhead. This boy, who was handicapped by congenital lack of the right arm and paralysis of one leg has subsequently been placed in employment and is said to be making excellent progress.

Continuing the practice of making a special inquiry, by means of questionnaires and home visits, into the progress in employment of one particular group of the handicapped each year, a survey has been made of the employment histories of 123 young people (52 boys and 71 girls) handicapped by various forms of tuberculosis who had been in contact with the Bureau during the three year period 1st August, 1953, to 31st July, 1956.

The majority of this group of 123 young people had suffered from respiratory tuberculosis but 33 of them had been treated for tuberculosis in other forms. When contacted, only three girls and one boy were found to be unfit for work owing to recurrence of illness and only nine in all had suffered a recurrence of the tuberculosis after completion of treatment. A further 12 (8 boys and 4 girls) were unemployed and seeking work. In general the employment being carried out by the remainder of the group was found to be suitable and in many cases progressive.

The information obtained in the course of enquiry supported the view that after treatment the majority of young people who have been affected by tuberculosis can lead useful and active lives if they are guided into suitable employment. There is an indication also, that public opinion has become more enlightened towards young people who have had tuberculosis in that employers seem now less reluctant to consider them on the grounds of danger of infection or prejudice on the part of fellow workers."

MINISTRY OF EDUCATION

**MEDICAL INSPECTION RETURNS,
YEAR ENDED 31st DECEMBER, 1957**

TABLE I.

**MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS)**

A. PERIODIC MEDICAL INSPECTIONS.

AGE GROUPS INSPECTED AND NUMBER OF PUPILS EXAMINED IN EACH :—	
Entrants	14,219
Second Age Group	9,082
Third Age Group... ..	10,321
TOTAL	33,622
ADDITIONAL PERIODIC INSPECTIONS	11,714
GRAND TOTAL	45,336

B. OTHER INSPECTIONS.

NUMBER OF SPECIAL INSPECTIONS	36,264
NUMBER OF RE-INSPECTIONS	67,367
TOTAL	103,631

C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment
(excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected.	For defective vision (excluding squint).	For any of the other conditions recorded in Table III.	Total individual Pupils.
(1)	(2)	(3)	(4)
ENTRANTS	370	1,612	1,846
SECOND AGE GROUP	794	779	1,476
THIRD AGE GROUP	927	546	1,404
TOTAL	2,091	2,937	4,726
ADDITIONAL PERIODIC INSPECTIONS	876	1,081	1,804
GRAND TOTAL	2,967	4,018	6,530

D. CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS
INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I.A.

Age Groups Inspected.	Number of Pupils Inspected.	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
ENTRANTS	14,219	13,923	97·9	296	2·1
SECOND AGE GROUP ...	9,082	8,904	98·0	178	2·0
THIRD AGE GROUP ...	10,321	10,145	98·3	176	1·7
ADDITIONAL PERIODIC INSPECTIONS	11,714	11,342	96·8	372	3·2
TOTAL	45,336	44,314	97·7	1,022	2·3

TABLE II.

INFESTATION WITH VERMIN.

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	419,281
(ii) Total number of individual pupils found to be infested	16,514
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	3,276
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	272

TABLE III.

**RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1957.**

A. PERIODIC INSPECTIONS.

Defect Code No.	DEFECT OR DISEASE.	PERIODIC INSPECTIONS.				TOTAL including all other age groups inspected.	
		Entrants.		Leavers.		Re- quiring Treat- ment. (7)	Re- quiring Observa- tion. (8)
		Re- quiring Treat- ment. (3)	Re- quiring Observa- tion. (4)	Re- quiring Treat- ment. (5)	Re- quiring Observa- tion. (6)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	76	276	69	178	271	804
5	Eyes—						
	(a) Vision ...	370	420	927	922	2,967	2,837
	(b) Squint ...	533	415	118	181	1,162	1,103
	(c) Other ...	30	125	11	54	84	321
6	Ears—						
	(a) Hearing ...	52	98	41	104	181	381
	(b) Otitis Media ...	51	203	41	176	131	622
	(c) Other ...	11	66	15	59	42	215
7	Nose and Throat	305	1,439	53	407	599	3,418
8	Speech	65	219	14	47	133	388
9	Lymphatic Glands	9	621	3	122	18	1,176
10	Heart	21	443	19	282	63	1,230
11	Lungs	75	919	17	338	144	2,194
12	Developmental—						
	(a) Hernia ...	32	119	6	35	52	227
	(b) Other ...	35	353	6	114	101	926
13	Orthopaedic—						
	(a) Posture ...	16	102	15	130	74	508
	(b) Feet ...	127	213	45	146	307	670
	(c) Other ...	105	324	70	265	322	1,039
14	Nervous system—						
	(a) Epilepsy ...	8	27	3	25	18	86
	(b) Other ...	14	98	5	49	34	275
15	Psychological—						
	(a) Development ...	16	111	13	88	169	607
	(b) Stability ...	17	218	3	99	36	691
16	Abdomen ...	8	138	4	66	18	388
17	Other	77	246	54	122	237	667

TABLE III—(continued).

B. SPECIAL INSPECTIONS.

Defect Code No. (1)	DEFECT OR DISEASE. (2)	SPECIAL INSPECTIONS.	
		Requiring Treatment. (3)	Requiring Observation. (4)
4	Skin	2,191	33
5	Eyes—(a) Vision	910	371
	(b) Squint	289	103
	(c) Other	2,373	46
6	Ears—(a) Hearing	63	66
	(b) Otitis Media	42	48
	(c) Other	1,540	20
7	Nose and Throat	167	132
8	Speech	88	116
9	Lymphatic Glands	1	20
10	Heart	12	44
11	Lungs	30	97
12	Developmental—(a) Hernia... ..	19	13
	(b) Other	33	31
13	Orthopaedic—(a) Posture	9	15
	(b) Feet	59	26
	(c) Other	24	21
14	Nervous system—(a) Epilepsy	2	17
	(b) Other... ..	11	35
15	Psychological—(a) Development	175	192
	(b) Stability	44	53
16	Abdomen	1	13
17	Other	25,070	183

TABLE IV.**Group 1. Eye Diseases, Defective Vision and Squint.**

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	2,373	35
Errors of refraction (including squint)	13,526	124
TOTAL	15,899	159
Number of pupils for whom spectacles were prescribed	8,367	Not known

Group 2. Diseases and Defects of Ear, Nose and Throat.

	Number of cases known to have been treated.	
	By the Authority	Otherwise
Received Operative Treatment—		
(a) for diseases of the ear	59	121
(b) for adenoids and chronic tonsillitis	—	262
(c) for other nose and throat conditions	—	241
Received other forms of treatment	1,540	—
TOTAL	1,599	624
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1957	9	26
(b) in previous years	21	171

Group 3. Orthopaedic and Postural Defects.

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments	2,361	198

Group 4. Diseases of the Skin.

(excluding uncleanness for which see Table II).

	Number of cases treated or under treatment during the year by the Authority.
Ringworm— (i) Scalp	6
(ii) Body	37
Scabies	118
Impetigo	560
Other skin diseases	1,470
TOTAL	2,191

Group 5. Child Guidance Treatment.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority 811

Group 6. Speech Therapy.

Number of pupils treated by Speech Therapists under arrangements made by the Authority 252

Group 7. Other Treatment Given.

(a) Number of cases of miscellaneous minor ailments treated by the Authority 21,934

(b) Pupils who received convalescent treatment under School Health Service arrangements 1,102

(c) Pupils who received B.C.G. vaccination 5,564

(d) Other than (a), (b) and (c) above—

 Heart 101

TOTAL (a)—(d) **28,701**

TABLE V.**Dental Inspection and Treatment carried out by the Authority.**

(1)	Number of pupils inspected by the Authority's Dental Officers :—						
	(a) At Periodic Inspections	...	...	...	...	...	68,615
	(b) As Specials	...	...	...	...	...	3,501
							72,116
	TOTAL (1)	...	...	...	...	...
(2)	Number found to require treatment	...	...	...	...	...	39,158
(3)	Number offered treatment	...	...	...	...	...	35,572
(4)	Number actually treated	...	...	...	...	...	15,762
(5)	Number of attendances made by pupils for treatment, <i>including</i> those recorded at heading 11(h) below	...	...	...	...	...	29,143
(6)	Half days devoted to : Periodic (School) Inspection	...	...	...	...	...	543
	Treatment	...	...	...	...	...	4,264
							4,807
	TOTAL (6)	...	...	...	...	...
(7)	Fillings : Permanent Teeth	...	...	...	...	...	12,948
	Temporary Teeth	...	...	...	...	...	74
							13,022
	TOTAL (7)	...	...	...	...	...
(8)	Number of teeth filled : Permanent Teeth	...	...	...	...	...	10,841
	Temporary Teeth	...	...	...	...	...	74
							10,915
	TOTAL (8)	...	...	...	...	...
(9)	Extractions : Permanent Teeth	...	...	...	...	...	7,993
	Temporary Teeth	...	...	...	...	...	14,011
							22,004
	TOTAL (9)	...	...	...	...	...
(10)	Administration of general anaesthetics for extraction	...	...	...	...	...	11,636
(11)	Orthodontics :—						
	(a) Cases commenced during the year	...	...	...	...	...	345
	(b) Cases carried forward from previous year	...	...	...	...	...	57
	(c) Cases completed during the year	...	...	...	...	...	108
	(d) Cases discontinued during the year	...	...	...	...	...	13
	(e) Pupils treated with appliances	...	...	...	...	...	250
	(f) Removable appliances fitted	...	...	...	...	...	286
	(g) Fixed appliances fitted	...	...	...	...	...	30
	(h) Total attendances	...	...	...	...	...	1,798
							335
(12)	Number of pupils supplied with artificial dentures	...	...	...	...	...
(13)	Other operations :—						
	Permanent teeth	...	...	...	...	...	2,548
	Temporary teeth	...	...	...	...	...	—
							2,548
	TOTAL (13)	...	...	...	...	...

LIVERPOOL EDUCATION COMMITTEE.

LIST OF SCHOOL CLINICS SHOWING THE TREATMENT CARRIED OUT INDICATED THUS—X

	Minor Ailments	Dental	Defective Vision	Ear, Nose and Throat	Orthopaedic	Paediatric	Speech	Child Guidance
Balfour Institute	X							
Belle Vale	X	X						
Burlington Street.....		X						
Carnegie, Arrad Street		X						
St. Anne's School, Christian Street							X	
Clifton Street, Garston	X	X	X	X	X		X	
Croxteth	X	X						
Dingle House					X			
Dovecot	X	X	X	X			X	
Everton Road	X	X	X	X	X			
Falkner Square (Child Guidance Centre)								X
Fazakerley	X	X						
Harper Street	X		X					
High Park Street	X							
Mill Road (Everton)		X						
Norris Green	X	X	X	X				
North Corporation	X		X	X				
Northumberland Street	X	X	X					
North Way		X						
Old Swan	X							
Speke	X	X						
Sugnall Street	X	X		X		X		
15/17, Upper Parliament Street ...		X						
Walton	X	X	X	X	X		X	
264, Westminster Road		X						
Westminster Road Congregational Church Hall	X							
TOTAL	17	17	8	7	4	1	4	1