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COUNTY BOROUGH OF WEST BROMWICH  
EDUCATION COMMITTEE



# REPORT

on the

## School Health Service

for the Year

# 1954

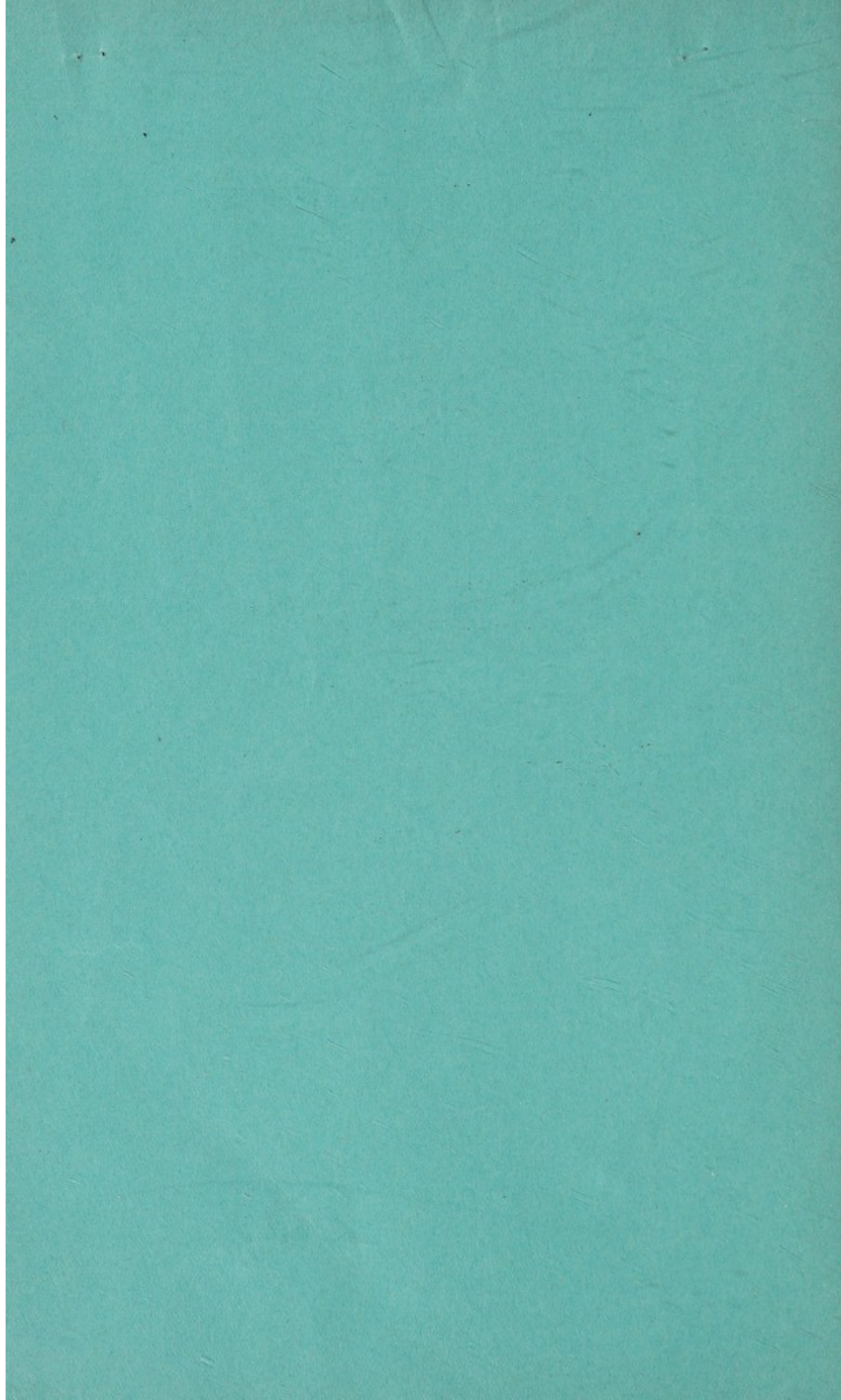
**G. M. FLEMING, M.A., M.D., D.P.H.**

*Principal School Medical Officer*

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**WEST BROMWICH EDUCATION COMMITTEE**

**at 31st December, 1954**

*Chairman:* Alderman A. Medley

*Deputy Chairman:* Councillor R. Spooner

**SPECIAL SERVICES  
SUB-COMMITTEE**

*Chairman:* Councillor R. Spooner

*Deputy Chairman:* Councillor Mrs. G. Wilkes

The Mayor (Alderman F. Fisher)	Councillor H. Rostron
Alderman A. Medley	Councillor Rev. G. Slater
Alderman Mrs. E. A. Smallman, J.P.	Mr. H. Jones
Councillor H. A. Bevan	Mr. D. Perry
Councillor C. E. Hazel, O.B.E.	Mrs. H. M. Roy

*Director of Education:* J. H. Turner, B.Sc.

**STAFF OF SCHOOL HEALTH DEPARTMENT**

*Principal School Medical Officer:* G. M. Fleming, M.A., M.D.,  
D.P.H.

*School Medical Officers:* R. Lindop, M.B., Ch.B., D.C.H.  
A. Blench, L.R.C.P., L.R.C.S., L.R.F.P.S.

*Consultant Ophthalmic Surgeon:* L. Marx, D.O.M.S.

*Speech Therapist:* Miss M. Ingram, L.C.S.T.



### Dental Officers

*Principal School Dental Officer* : D. Halley Goose, B.Sc., B.D.S.

*School Dental Officers* : J. G. Potter L.D.S., F.R.P.S.

Part Time:— A. H. Bosworth, L.D.S.  
 H. P. A. Jones, L.D.S.  
 K. L. M. Piggott L.D.S. (11th Jan.—27th July)  
 J. R. Swift L.D.S. (10th Feb.—28th June)  
 H. K. B. Wearing, L.D.S. (9th Aug.—31st Dec.)

### School Nurses

Miss Roberts (Superintendent)	Mrs. Heaven (from 1st Feb.)
Miss Blakey	Miss Jones
Miss Brosnan	Miss King
Miss Danks	Miss Manning
Miss Greasley	Mrs. C. Paskin
Miss Green (from 21st June)	Mrs. Slater

### Clinic Nurses

Miss B. While	Miss J. Collett
---------------	-----------------

### Clerks

Mrs. G. Moore	Miss S. Salt
Miss G. Ellis	

### Clerks and Dental Attendants

Miss M. Adams	Miss S. E. Jesson
Mrs. N. Millward (part-time)	

## SCHOOL HEALTH SERVICE

TO THE CHAIRMAN AND MEMBERS OF THE  
EDUCATION COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the annual report on the School Health Service of West Bromwich for the year 1954.

### *General Health.*

The health of the school children during the year under review was, on the whole, good. During most of the year the school attendance figures were impressively high. There were, however, fairly widespread influenzal infections at the end of March and in mid-December. The general condition of school children as assessed at routine medical inspections, turned out to be better than in the previous year, 6.9% more children falling into the "A" (good) category.

### *Medical Inspections.*

The number of children examined in periodic medical inspections was substantially the same as in the previous year. An experimental project was initiated, the results of which are described by Dr. R. Lindop in the body of this report. In this scheme, instead of systematically examining all the children in a certain age-group, the school medical officers made regular visits to two selected schools, examining only those children brought forward by the school nurse in consultation with the head teacher, or by the parents themselves, as being in need of special attention. The conclusion reached was that while this formed a useful supplement to the routine medical inspection of a whole age-group, it should not altogether replace the routine type of examination.

### *Handicapped Pupils.*

The educational needs of handicapped children in the borough are being met, though not quite adequately in some respects. More



places are still needed for educationally sub-normal pupils, and next in urgency is provision for the delicate and physically handicapped. But a large proportion of children with all categories of defect continue to be educated, to hold their own, and to remain apparently well adjusted emotionally in ordinary schools, which is as it should be.

*Miscellaneous features.*

I am glad to be able to report that fewer visual defects amongst children came to light than in the previous year.

Infestation by vermin is another item which showed an encouraging decline of the whole school population, 3.7% were found in 1954 to be infested, which is 2% less than in 1953 and compares favourably with other areas. It remains a problem, however, particularly among certain groups of older girls, and the means of dealing with it is described later in this report.

During 1954 a scheme for the protection of school children against tuberculosis by vaccination with B.C.G. was approved in principle by both the Education and Health Committees. Details of the scheme are outlined on a later page. It was not possible to put it into operation before the end of the year but it is hoped to do so in 1955. It is possible that the original scheme will undergo some minor changes before it is put into practice.

A small outbreak of food-poisoning occurred in connection with a central kitchen supplying school meals during the autumn. The exact cause could not be ascertained and can only be surmised. Having regard to the exact number of meals served during the course of the year, the school meals service has an excellent record.

The child psychology service is now in full swing, and your attention is drawn to a detailed account of the year's work by Miss G. Sandy which has been included in this report.

*Staff.*

There were no changes during this year in the medical staff, which remained up to establishment. When the scheme for B.C.G.



vaccination begins, however, it is envisaged that some additional school medical officers' sessions will be required.

The nucleus of the dental staff, namely the Principal School Dental Officer (whose services are shared with Smethwick) and one full-time school dental officer, remained unchanged. Contributions in man-hours were made by a variable number of part-time dental officers. These last-mentioned have been, in the main, dental surgeons working for higher qualifications with a few sessions to spare and who were available for a limited period, perhaps 6 months or a year. They have been of great help in maintaining the service, but one difficulty has been to find the necessary surgery space on a given day. Efforts are continued to obtain the services of another full-time dental officer. In this connection I should like to draw your attention to the report of the Principal School Dental Officer, Mr. D. Halley Goose.

Before the end of the year under review my own resignation was announced. I should like to express my thanks therefore to members of the Education Committee, to the Director of Education and his staff, and to the staff of the School Health Service, not only for their help and co-operation during 1954 but also in the three years for which I have had the privilege of serving as Principal School Medical Officer.

I have the honour to be, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

G. M. FLEMING.

February, 1955.



## SCHOOL CLINICS.

<i>Name and Address</i>	<i>Sessions</i>	<i>Medical Officer</i>	<i>Remarks</i>
Central, Lombard St. West	Monday a.m.	—	Nurses' clinic only.
	Monday p.m.	—	Ultra Violet Light clinic.
	Tuesday p.m.	Dr. R. Lindop	Minor Ailments.
	Wednesday p.m.	—	Nurses' clinic only.
	Thursday a.m.	Dr. L. Marx	Ophthalmic clinic by appointment only also nurses' clinic.
	Thursday p.m.	—	Ultra Violet Light clinic.
	Friday p.m.	Dr. R. Lindop	Minor Ailments.
	Saturday a.m.	Dr. R. Lindop or Dr. A. Blench	Immunisation and Minor Ailments.

Special examinations for handicapped children in various categories are arranged by appointment.

DENTAL CLINICS are held daily, cases by appointment only, with the exception of inspection sessions on Monday afternoons from 2-15—3-15 p.m. and Thursday mornings from 9-0—10-15 a.m.

<i>Name and Address</i>	<i>Sessions</i>	<i>Medical Officer</i>	<i>Remarks</i>
Stone Cross Jervoise Lane	Monday a.m.	—	Nurses' clinic only.
	Monday p.m.	—	Ultra Violet Light clinic.
	Tuesday a.m.	—	Nurses' clinic only.
	Wednesday a.m.	Dr. A. Blench	Immunisations and Minor Ailments.
	Thursday a.m.	—	Nurses' clinic only.
	Thursday p.m.	—	Ultra Violet Light clinic.
	Friday a.m.	—	Nurses' clinic only.

DENTAL CLINICS—as at Central Clinic.

Greets Green Whitehall Road	Tuesday a.m.	—	Nurses' clinic only
“The Newlands” Hill Top	Friday a.m.	—	Nurses' clinic only.



### SCHOOLS AND SCHOOL POPULATION

School Population 1954	15,202
Number of Primary Schools	19
Number of Secondary Schools	6
Number of Day Special Schools	1
Number of Residential Special Schools	1
Number of Secondary Grammar Schools	1
Number of Art Schools	1
Number of Technical Colleges	1
Number of Secondary Technical Schools	1

### MEDICAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN

Full details of the work carried out will be found in the tables at the end of the report. In the following sections attention is drawn to the main items of interest or importance.

(a) SCHOOL MEDICAL INSPECTIONS. (See Table I.)

The number of children examined at medical inspections during 1954 was 3,242, substantially the same as in 1953. A rather higher proportion of special inspections and re-inspections was carried out than in 1953, namely 2,995 as against 2,545.

(b) GENERAL CONDITION OF SCHOOL CHILDREN.

In Table II the children who were examined during the year are classified according to their general condition as assessed by the individual medical officers carrying out the examination. Of the 3,242 pupils examined, 45.4% were regarded as falling in Category A (Good), 54.1% in Category B (Fair), and 0.4% in Category C (Poor). On this assessment there was a shift towards the "good" end of the scale, some 6.9% more falling into the A Category, while fewer also (0.2% less) fell into the C Category than in the previous year. If the findings are analysed as to age groups the most striking change is to be found among the Entrants, of whom 13% more are classed as "good" than in 1953.

(c) INFESTATION WITH VERMIN. (See Table III.)

During the course of the year, 30,894 examinations for uncleanness were carried out by school nurses, and out of them 1,146 pupils were found to be infested with vermin. This represents a welcome decline of 2% compared with the number found to be infested in 1953, and means that in 1954 only 1 in 33 children suffered from head louse infestation as against 1 in 20 in the previous year. It was not necessary to institute proceedings under the Education Act during the year, though several warning notices were sent out.



As an adjunct to the policy of encouraging mothers to clean the heads of their own children, nit combs and insecticidal lotion were offered free in chronic cases and the practice was begun of letting older girls, often the chief offenders, attend at minor ailment clinics and wash their own hair under the supervision of the school nurse. To improve the facilities offered at the Central School Clinic, plans have been put forward for the provision of more adequate accommodation for ablution purposes.

(d) MINOR AILMENTS.

During the year under review, 1,824 cases were treated at the minor ailments clinics. This was slightly fewer than in the previous year. The most frequently encountered ailment needing treatment was again impetigo, and 126 cases were treated at school clinics, 46 more than in the previous year. No cases of ringworm of the scalp were seen and only 4 of ringworm of the body. Minor eye complaints amounted to 154.

(e) DEFECTIVE VISION AND SQUINT.

Fewer cases were seen at the eye clinic than in the previous year, a happy consequence of fewer defects of vision coming to light in the school medical inspections. Altogether 392 children were examined for errors of refraction, compared with 430 in 1953, and spectacles were prescribed in 324 cases. Children requiring operative or orthoptic treatment for squint were referred to the West Bromwich and District Hospital. Of these 15 had operations for the correction of squint.

(f) TREATMENT OF DISEASES OF THE EAR, NOSE AND THROAT.

The arrangements were continued as in previous years whereby children requiring treatment for nose and throat conditions were operated on at Hallam Hospital. 1 child received operative treatment for disease of the ear.

(g) TREATMENT OF ORTHOPAEDIC AND POSTURAL DEFECTS.

Orthopaedic treatment was continued at the West Bromwich and District General Hospital under the direct supervision of Mr. Kirkham. The remedial exercise clinic continued at Hallam Hospital.

*Summary of Work at Remedial Exercise Clinic.*

Number of sessions	.....	.....	.....	.....	.....	.....	.....	125
Number of patients	.....	.....	.....	.....	.....	.....	.....	20
Number of attendances	.....	.....	.....	.....	.....	.....	.....	400

(h) TREATMENT BY ARTIFICIAL SUNLIGHT.

The Ultra Violet Light clinics were continued during the year, the total number of school children treated being 93 and attendances 2,763, compared with 129 and 2,169 in 1953.



## REPORT BY DR. R. LINDOP ON AN EXPERIMENTAL PROJECT FOR SCHOOL MEDICAL INSPECTION

In April 1954 the consent of the Minister was obtained for a provisional scheme for medical examination of school children under Regulation 10(1)a of the School Health and Handicapped Pupils Regulations 1953. Under this scheme a medical officer would make monthly visits to a school in order to examine children selected by the school nurse and head teacher for whom a medical examination appeared desirable.

The suggested criteria were:—

- (a) a request from a parent;
- (b) appearance of symptoms suggestive of ill health;
- (c) indifferent home care;
- (d) behaviourism;
- (e) frequent absences from school.

The parents were informed and invited to attend. Opportunity was also taken to let it be known as widely as possible among parents what was the proposed method of examination and invite their co-operation.

After some consideration two schools were selected, Yew Tree Estate and Fisher Street. The Yew Tree School is a modern post-war building serving a rather isolated community on a new housing estate in urban surroundings. Fisher Street is an old established school catering for children from a crowded industrial area. Both have junior and infants' departments. It was thought that the contrast of schools might provide an interesting comparison of general health and condition.

The examinations commenced in July 1954 and the statistical results of the examinations are shown in the following table. No further analysis of these figures is given as the total number is too small to provide useful information and it is felt that the impressions of the medical officers conducting the examinations would be of greater value at the present time.

The main advantage of this type of examination was the sense of rapport that developed between medical officer and parent. The examination was essentially a consultation. This desirable situation is difficult to attain during the routine medical examination. It is largely an attitude of mind which, probably because it corresponds to the customary doctor-patient relationship, is easier to achieve in the new type of examination.



A subsidiary advantage was the feeling that the medical officer was the doctor of the school rather than the school medical officer, (i.e. an official). Further, the more frequent visits made for a better personal contact with the school staff and children with a consequent increase in knowledge of their personal problems.

The main disadvantages are the failure, through their not being presented for examination, to detect the rare cases of asymptomatic disease, such as congenital heart defects, and the frequent interruption of school work. In practice too, it was found that after the first two or three sessions difficulty was found in obtaining sufficient cases to make up a session of work. The failure so far of the parents to take advantage of the medical officer's visit has been a disappointing feature.

It is early yet to offer more than the tentative opinion that the method of examination is a worthwhile experiment, which, probably in conjunction with the routine examination as formerly, will increase the efficiency of the school health service.

#### YEW TREE

	Infants		Juniors	
	Boys	Girls	Boys	Girls
No. of children in school ....	147	136	198	182
No. of visits to school ....	3	—	3	—
No. of children examined ....	16	14	19	13
No. of children re-examined ....	—	—	—	—
No. of defects—observation ....	6	10	8	4
—treatment ....	2	2	2	—

#### FISHER STREET

	Mixed	
	Boys	Girls
No. of children in school ....	154	163
No. of visits to school ....	4	—
No. of children examined ....	20	21
No. of children re-examined ....	—	—
No. of defects—observation ....	19	9
—treatment ....	4	7



## PROVISION OF MEALS IN SCHOOLS

At the beginning of the year approximately 3,100 meals were being provided daily for children, teachers and helpers. As a result of an enquiry on the fall in demand for meals much useful information came to light. By the end of the year the daily number of meals supplied during the year was 620,124 as compared with 673,125 in 1953.

Daily during the first three months of the year approximately 500 meals were supplied free to children. This figure fell to about 310 at the beginning of September. The Ministry approved a new income scale for the supply of free meals and during the next few months approximately 450 children received their meals without payment.

At the end of August the George Salter Canteen was closed and the arrangements for the distribution of meals were then revised. The seven remaining kitchens prepared meals for consumption in adjoining dining rooms or distribution in other schools.

## MILK IN SCHOOLS SCHEME

During the year 2,504,134 one-third pint bottles of milk were supplied free to school children; the daily consumption averaged 12,500.

## INFECTIOUS DISEASES

### (a) DIPHTHERIA IMMUNISATION.

During the year 399 children who had not been immunised in infancy were given prophylactic injections against diphtheria. A further 1,529 already immunised received supplementary injections. These inoculations formed part of a concentrated drive to increase the immunity of school children. It is estimated that 79.5% of the school population is now protected against diphtheria.

### (b) INCIDENCE OF INFECTIOUS DISEASE.

#### I. *Influenza.*

The clinical picture of influenza may be simulated by so many other conditions whose aetiology is obscure that its diagnosis is often a matter of difficulty. On two occasions in the last twelve months, however, epidemics occurred which were designated as the "flu".

The first and more extensive outbreak took place in April and May, 1954. The diagnosis was in some doubt for the clinical course closely resembled, in certain aspects, that of epidemic or winter vomiting. During the period concerned probably some 2,500 school children and about 1,000 adults were affected in the West Bromwich area. The disease later extended beyond these boundaries, though



to what extent is unknown. It was investigated energetically by Dr. Lindop and advantage was taken of the facilities for virus studies now available in Birmingham. Nasal washings and sera from eight cases were examined; no definite results were, however, forthcoming. One case showed a rising titre to influenza B, but the others were negative.

The second outbreak, of lesser severity, began in mid-December and was interrupted to some extent, as far as school children were concerned, by the Christmas holidays.

## II. *Poliomyelitis.*

One child of school age was notified as suffering from poliomyelitis, with residual paralysis, during 1954. This was a girl aged 6, whose illness began in November. Four other cases occurred in the borough during the year, one adult, and three young children between 1 and 2 years of age.

## III. *Diphtheria.*

No cases of diphtheria amongst school children were notified during 1954.

### (c) TUBERCULOSIS IN SCHOOL CHILDREN.

Eighteen cases of tuberculosis were reported during the year. Two children were admitted to sanatorium and one child was discharged.

### (d) B.C.G. VACCINATION.

During 1954 the Education Committee approved in principle the vaccination of school children in their 14th year with B.C.G. as a measure of protection against tuberculosis. It was not possible to begin the scheme in the year under review but it is hoped to do so in 1955. An outline of the scheme, which when put into practice may require minor changes, is set out below.

(i). The purpose of the scheme is to offer vaccination with B.C.G. to all children attending the Council's schools, having attained their thirteenth birthday but not passed their fourteenth, who show a negative reaction to tuberculin tests, and vaccinate those whose parents indicate their acceptance.

(ii). The scheme will be conducted by the Medical Officer of Health (who is also the Principal School Medical Officer) in close co-operation with the area Chest Physician. The actual Mantoux testing and B.C.G. vaccination will be carried out by an Assistant Medical Officer of Health (who is also a School Medical Officer).

(iii) The parent of every child within the selected age group will be sent a letter offering the child concerned the protection against



tuberculosis that B.C.G. Vaccination is known to afford. In the letter a consent form will be incorporated, to be signed by the parent or guardian of the child. This consent will be held to cover the requisite Mantoux testing prior to vaccination, as well as the B.C.G. Vaccination itself and the post-vaccination Mantoux testing. In addition the parent or guardian will be asked to indicate whether the child is suffering from or has ever suffered from tuberculosis in any form; further, if any member of the child's immediate family circle is suffering from tuberculosis or has done so within the past five years.

On the completed consent form being received, the child will be tested intra-dermally with 1 in 10,000 tuberculin. Positive reactors will be excluded from the scheme and any children considered to be in need of further investigation referred to the Chest Clinic. The remaining negative reactors will then be retested using a 1 in 1,000 dilution of tuberculin. The result of this test will be read at 48 and 72 hours. Positive reactors will again be set aside and all the negative reactors will now be immediately vaccinated with B.C.G. In any case where there is any doubt as to the result of the 1 in 1,000 reaction the child will be retested using a dilution of 1 in 100. Negative reactors will then be included in the next batch of children to be vaccinated.

A Health Visitor (who is also a School Nurse) will call and inspect the arm of each child vaccinated in the second and fifth weeks after vaccination. Abnormal reactions will be reported to the vaccinating medical officer and dealt with by him as appropriate. In the seventh week after vaccination all children will be retested with 1 in 1,000 tuberculin. At the same time the site of vaccination will be inspected by the medical officer. Positive reactors to this last Mantoux test will be regarded as successfully vaccinated. Negative reactors will be revaccinated forthwith.

(iv). Complete records of tuberculin tests and B.C.G. vaccination in each case dealt with will be maintained by the Medical Officer of Health (in the joint capacity of Principal School Medical Officer). It is proposed that a single clerk should be responsible for this part of the work, who it is anticipated will be required to devote half of each working week to the task. For each batch of children a nominal roll will be prepared on which it will be noted when the consent form was despatched and when returned. It will also show the dates of the appropriate Mantoux reactions with their result; and finally, where appropriate, the date of the B.C.G. vaccination and batch number of the material used. The particulars of all B.C.G. vaccinated children will also be entered in a register maintained for the purpose. It is intended that the general practitioner of each child vaccinated with B.C.G. should be notified of the date of vaccination and its result.



(e) OUTBREAK OF FOOD POISONING ASSOCIATED WITH CHARLEMONT SCHOOL MEALS CENTRE, SEPTEMBER, 1954.

*Distribution of Cases.*

This School Meals Centre supplies six schools and an Occupation Centre, serving some 750 meals a day. Forty children and members of the staff were taken ill in the late afternoon and evening of Thursday, the 23rd September. Most of the victims had had a meal in the canteen adjoining the kitchen but other cases were scattered about in the remaining schools supplied by the same kitchen. The picture was a little obscured by the fact that in four of the schools pupils (and in one instance a teacher) who did not have a school meal complained of similar symptoms. However there seems to be no doubt that a significant preponderance of victims partook of the school meal.

*Character of Illness.*

The illness took the form of a short sharp attack of diarrhoea and sickness of sudden onset and lasted only a few hours. The interval between the ingestion of the meal and the onset of the illness varied from 4 to as long as 12 hours. The principal symptom was diarrhoea; a few vomited; but most of those affected recovered sufficiently by next morning to enjoy their breakfast.

*Composition of Meal.*

The meal on the day in question consisted of cold boiled beef, potato with margarine squares, salad and mayonnaise. This was followed by apricot crumble and custard. The meat was cooked the day before and consisted of 10 pieces, each approximately 12 lbs. in weight. The mayonnaise was also prepared on the previous day, but all the other ingredients of the meal were cooked or prepared on the day it was eaten.

*Investigations.*

In its pattern the illness resembled a fairly common form of food poisoning, namely that due to contamination of food by a germ known as the staphylococcus which is often found in the nose and throat of otherwise healthy individuals, and may also be the infecting organism in a septic finger. The diarrhoea and sickness in such cases is caused by a toxin, or poison, secreted by the germ concerned and not by an actual bacterial infection. For the toxin to be produced it is necessary for the contaminated food to be kept for some hours in a tepid condition before it is consumed. The illness comes on after a regular period when the toxin reaches a certain point in the



intestines and comes rapidly to an end as the toxin is excreted. The results of the investigations, as frequently happens in these cases, were negative. Samples of the complete meal served on September 23rd, as well as that of the previous day were available and analysed and subjected to bacteriological tests, but no harmful organisms were found. Specimens from the persons affected were likewise negative. This probably rules out a bacterial infection but does not eliminate the possibility of ingestion of a toxin. Nose and throat swabs were taken from the kitchen staff but on the first examination no staphylococci were found; nor did any of the staff have any skin infection by which the food might have been contaminated. Four of the staff were found to be temporary carriers of the Haemolytic streptococcus, a germ which may be responsible for outbreaks of sore throats but could not be incriminated in the present outbreak. These members of the staff were suspended from work in the kitchen but were clear within a few days.

### *Conclusion.*

The standard of hygiene in this kitchen is of a high order and no feature came to light to which one could take exception. As a precaution a further bacteriological check was made later in case there should be intermittent carriers of the staphylococcus among them, but with the exception of a doubtful case who was kept under observation until the end of the year, subsequent nose and throat swabs were satisfactory.

Disease	1st Qr.	2nd Qr.	3rd Qr.	4th Qr.	Total 1954	Total 1953
Scarlet Fever	13	4	2	11	30	55
Diphtheria	—	—	—	—	—	7
Pneumonia	—	1	—	—	1	1
Whooping Cough	16	11	5	7	39	148
Measles	2	1	4	303	310	107
Chicken Pox	—	—	—	—	—	—
Poliomyelitis (paralytic)	—	—	1	1	2	—
Poliomyelitis (non-paralytic)	—	—	—	—	—	2
Dysentery	—	3	1	1	5	3
Meningococcal Meningitis....	—	—	—	—	—	2



## MORTALITY IN SCHOOL CHILDREN

Cause of Death	No.
Asphyxia by drowning	1
Vagal inhibition due to immersion in cold water	1
Pneumonia	1
Toxaemia due to burns	1
Injuries received accidentally when knocked down on railway line	2
Total	6

This compares with 9 deaths in 1953.

## HANDICAPPED CHILDREN

### CATEGORIES OF HANDICAPPED CHILDREN.

The number of different categories of handicapped children known to the department is shown in the table below. At the end of 1954 there were 149 children in special schools compared with 144 in the previous year.

Category	In Special School	In Main-tained School	In Inde-pendent School	Not at School	TOTAL
Blind	2	—	—	1	3
Partially Sighted	5	—	—	—	5
Deaf	8	—	—	1	9
Partially Deaf	4	2	—	—	6
Delicate	7	46	1	11	65
Educationally Subnormal	98	29	—	—	127
Epileptic	1	—	—	1	2
Maladjusted	15	12	—	1	28
Physically Handicapped	4	39	2	16	61
Speech Defects	—	93	—	—	93
Multiple Disabilities	5	3	—	6	14
TOTAL	149	224	3	37	413

## (a) MALADJUSTED.

One of the highlights of the year, as far as the placing of handicapped pupils is concerned, was the opening of the hostel for maladjusted children at Shenstone Lodge. This establishment is installed in a pleasant country house on the outskirts of Shenstone village, between Sutton Coldfield and Lichfield. Though commodious, it has a warm, homely atmosphere, and its spacious views of the green Staffordshire countryside impart a sense of serenity and identity with nature; features surely of inestimable value to the maladjusted child.

Details of this class of handicapped children will be found in the report on the Child Psychology Service at the end of the section.

## (b) EDUCATIONALLY SUBNORMAL AND MENTALLY DEFECTIVE.

Formal examinations were carried out in 21 cases; 56 children were re-examined. The findings were as follows:

For Notification under Section 57 (3) of the Education Act 1944, for the purpose of the Mental Deficiency Act:

Idiots .....	Nil
Imbeciles .....	3

For De-notification:

Imbeciles .....	2
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Educationally Subnormal:

To remain in Special School .....	33
For statutory supervision on leaving school .....	3
For voluntary supervision on leaving school .....	1
For admission to Special School .....	10
For special education in the ordinary school .....	17
To be excluded from school .....	4

Maladjusted:

For admission to residential special school .....	2
For admission to ordinary residential school .....	1

Normal:

For admission to ordinary residential school .....	1
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*Report on the Activities of the Day Special School (E.S.N.)*

I am indebted to Mr. Hollyhead of the Bratt St. Day Special School for the following particulars.

During 1954 the average number on roll at Bratt St. Day Special School fell to 94. The basic organisation remained the same, i.e. 1 class senior boys, 1 class senior girls and 3 classes junior mixed



children, except that a new teacher was appointed to relieve the Headmaster and Woodwork Teacher of their shared responsibility for a class. The staff now consists of:—

Headmaster  
5 Qualified Assistants (2 Graduates)  
1 Qualified Woodwork Teacher  
1 Part-Time Domestic Science Teacher.

The School was again very successful during the Summer Term Swimming, obtaining 3 First Class and 7 Third Class certificates.

The annual camps at Beddgelert and Forest of Dean were attended by 14 boys and 8 girls respectively. We are hoping that these numbers will grow year by year.

School outings included works visits, the cinema to see films of an educational nature and a day's outing to Drayton Manor Park.

The provision of a hot midday meal continued throughout the year and 60% of all children stayed at School for lunch.

The first ever open-day was held in December 1954 and was well patronised by parents and visitors. A photograph of some of the girls' work appeared in the local press.

All children except one were successfully placed in employment and it is hoped to place this child also in the near future.

During the year the School had many student visitors from Dudley Training College and the Remedial Teaching Centre of Birmingham University. One student from the latter did teaching practice for one month in the School to the benefit of all concerned. It is hoped that this practice will continue.

(c) SPEECH THERAPY.

The incidence of the different types of speech defect in boys and girls is shown in the table below.

Type of defect	Boys %	Girls %
Stammer	25.8	19.2
Stammer plus other defect	2.0	8.0
Dyslalia — Simple/Multiple — defective articulation of one or more pairs of sounds	49.4	58.4
Dyslalia — General — defective articulation of most sounds, including vowels, making speech unintelligible	0.0	0.8
Alalia—a condition of no speech occurring only in children	12.9	6.4
Dysphonia—defective phonation	1.9	0.0
Dysphonia plus dyslalia	1.9	7.2
Cleft palate	5.2	0.0

The ratio of boys to girls treated was as 3 to 1.



During the year 93 children received treatment at the speech clinic for various defects of speech.

57 children were still receiving treatment at the end of 1953 and these continued to attend the clinic during all, or part, of 1954.

36 children were admitted during the year and 21 children were discharged.

At the end of 1954, 38 children remained on the waiting list.

(d) DEAF AND PARTIALLY DEAF.

One deaf child and one partially deaf child were admitted to special schools in 1954.

No audiometric surveys were carried out but a number of children were examined individually by the audiometer. These were mainly retarded children in whom it was suspected that hardness of hearing might be a factor in their lack of progress, and cases referred by parents or teachers on account of their apparent deafness.

An interesting feature of the year's work in this field of the handicapped is the fact that two children, previously reported as as ineducable, were readmitted to the educational system. Their histories were closely parallel, both being deaf as well as mentally retarded, while one of them had the additional handicap of cerebral palsy. Though ascertained as ineducable several years previously, they were re-examined at intervals. One had been admitted to the Occupation Centre where she was observed to be making progress. Both were seen three years ago by a senior member of the staff of the Deaf School who regarded them then as ineducable; at a more recent examination, however, they were considered to be worth a trial. Meantime application had been made, tentatively, at a school for children with multiple handicaps and it is expected that they will be admitted in 1955. These two children will no doubt remain severely handicapped, but it is hoped that such potentialities as they possess will be developed enough to make their lives a good deal fuller than at present. Such cases are, needless to say, rare. They underline the importance of keeping under careful review cases in which there is a defect of one of the special senses as well as of mind.



## REPORT ON THE CHILD PSYCHOLOGY SERVICE

By Miss G. Sandy, B.A., (Hons.) Assoc. British Psychol. Soc.  
*Educational Psychologist*

### *Staff*

*Educational Psychologist*

Miss G. Sandy, B.A.,  
(Hons) Assoc. British Psychol. Soc.

*Consultant Child Psychiatrist*

L. F. W. Eickhoff, M.D., D.P.M.

### *Social Worker*

Mrs. H. Spooner, B.Comm. (Social Studies)

*Special Remedial Teachers*

Mrs. M. J. Newton  
Mr. P. J. Rocks  
Mr. G. A. Thompson

*Secretary*

Mrs. B. Smith

During the year, children have been referred from many different sources; and for a variety of reasons as the accompanying tables show. The more seriously disturbed children have been helped by the Child Guidance Team, i.e. Educational Psychologist, Consultant Child Psychiatrist and Social Worker and when such children are also failing in their school work they have also received treatment from the Specialist Remedial Teachers who are specially trained to help children who are failing educationally as well as socially.

The family side of the case is examined carefully; sometimes the homes are visited, and the difficulties of a child are treated in relation to his family and home background, and it is only when this latter is unco-operative or incapable of being changed that residential treatment is recommended.

Parents of children attending the Centre are invited regularly to the Centre to discuss the child's problems, treatment and progress. It has been very encouraging to hear how much they appreciate what we do for their children.

### *Visitors to the Child Guidance Centre.*

During the year, Student Health Visitors have come to the Centre to learn of the work done in a Child Guidance Centre. Students attending the University of Birmingham for the Diploma in the Education of Educationally Subnormal Children also came to discuss problems of remedial education with the Specialist Remedial Teachers. The Educational Psychologist from Stockport also spent a day at the Centre to see how West Bromwich is tackling the problem, and Professor Schmidt of the University of Natal, on tour of England and America studying Retardation in reading and its Treatment, also came to the Centre to discuss our Remedial Education Scheme.



*Reasons for Referral*

Backwardness or Retardation	91
Behaviour difficulties	21
Maladjustment	6
Request for I.Q.	5
Emotional difficulties	5
Enuresis	3
Stealing	3
Advice re career	4
Temper tantrums	2
Inability to concentrate	2
Fears	2
Attendance	2
Jealousy	2
Sleep walking	2
Stammering	2
Lying	1
Delinquency (sexual)	1
School phobia	1
Advice re change in school	1
Continual fidgeting	1
Wandering	1
Admission to Shenstone Lodge	1

*Source of Referrals*

Head Teachers	115
General Practitioners	10
Parents	9
Children's Officer	6
Director of Education	5
Principal School Medical Officer	4
Walsall	3
Speech Therapist	2
Probation Officer	2
Health Visitor	1
Youth Employment Officer	1
Director of Education Warwick	1

*Treatment*

By Specialist Remedial Teachers in Schools	37
Advice to Head Teachers or Parents	36
Consultant Child Psychiatrist	18
Specialist Remedial Teachers at Centre	17
By Educational Psychologist	11
Under observation	11
Unco-operative	9
Transferred to Day Special School	9
Transferred to Training Home	3



*Treatment (contd.)*

Transferred to School for Maladjusted	....	....	....	3
Transferred to School for Physically Handicapped	....	....	....	1
Transferred to Boarding School	....	....	....	1
Transferred to Residential Special School	....	....	....	1
Transferred to Shenstone Lodge	....	....	....	3

*Total Number of Interviews*

Educational Psychologist	....	....	....	....	663
Social Worker	....	....	....	....	1016
Child Psychiatrist	....	....	....	....	163

*Educational Psychologist*

Number of new cases seen	....	....	....	....	159
Number of children re-tested	....	....	....	....	118
Follow-up visits	....	....	....	....	38
Treatment interviews	....	....	....	....	165
Parents seen	....	....	....	....	42
Others (Visitors etc.)	....	....	....	....	141

*Consultant Child Psychiatrist*

New cases seen	....	....	....	....	71
Follow-up interviews	....	....	....	....	63
Number of children being treated	....	....	....	....	29
New cases reviewed on counsellor basis	....	....	....	....	70

*Social Worker*

Home visits	....	....	....	....	321
Parents interviewed at Centre	....	....	....	....	441
Other interviews	....	....	....	....	60
Home visits—parents out	....	....	....	....	81

*Shenstone Lodge*

Application for admission	....	....	....	....	30
Number of children admitted	....	....	....	....	18
Not considered suitable for admission	....	....	....	....	10
Withdrawn (placed elsewhere)	....	....	....	....	2



## DENTAL REPORT

By Mr. D. Halley Goose, B.Sc., B.D.S.,  
*Principal School Dental Officer*

More staff changes have occurred this year by the addition of three part-time officers, their names being listed earlier, and by the end of the year two of them had resigned. Their effect has been to increase the number of sessions performed during the year (1,035 compared with 815 in 1953). We are, however, considerably below strength still.

In February school dental officers were awarded an increase of salary as a result of the findings of the Industrial Court (2496), Public Health Service, and this does much to increase the possibility of further recruitment to the service. Although we had no applicants for a full-time post many authorities have, during the present year, and it is hoped that we will soon, since although our part-time staff have been very keen and conscientious workers, the school dental service must be founded principally on whole-time officers for it to be really efficient.

It is as well to state here that there is a general overall shortage of dentists in all fields, whether Public Health, private practice or hospital work and the position is considered serious enough by the Minister of Health to warrant a Parliamentary Committee being set up to inquire into the reasons for lack of adequate recruitment into the profession.

I am hoping next year to be able to speak to senior school-children in West Bromwich about the possibility of some of them taking up a career in dentistry and this may help the problem of recruitment slightly in the future.

A further method of attracting staff for our service is to improve the surgeries and working conditions, and this year the Central Clinic has been redecorated in pleasant pastel shades with a view to making it both restful and attractive to the staff and children. Certain new items of equipment have been included and it is hoped to continue the policy of modernisation further next year.

The pupils at Shenstone Lodge hostel for maladjusted children have recently been inspected and treated and have proved quite amenable, although rather more difficult to handle than normal children. They attended the clinic in groups and an endeavour was made to complete all the treatment for each child in one visit to save time and transport.



Arrangements with Staffordshire County Council have been made whereby they can receive emergency treatment at Lichfield and I would like to record my thanks for their help in this matter.

An increase in the amount of conservation of teeth is to be noticed over last year, which is a welcome sign of improvement of the Dental Service (see Table I) but still indicates a very regrettable situation as more teeth are extracted than saved.

**TABLE I**

Year	No. of teeth filled	Extractions	Teeth filled
			Extractions
1953	3640	9127	0.40
1954	4947	8210	0.60

A certain amount of more advanced work has been undertaken and consists mainly of orthodontics and treatment to fractured front teeth. Unfortunately it is not possible to render a full service in either of these fields since normal routine work is not yet fully covered by our present staff.

Finally I would like to thank Dr. Mills, our anaesthetist, the medical, nursing and clerical staff of the School Health Service, the Head Teachers and, of course, my own staff for their great help and co-operation during the year.

### **SCHOOL CAMPS**

During May, June and July of this year Camps were again organised by West Bromwich Education Committee for boys at Beddgelert and for girls at Christchurch, Forest of Dean. Altogether 294 boys and 150 girls attended.

### **EMPLOYMENT OF SCHOOL CHILDREN**

During the year 104 licences were issued, under the Authority's Bye-Laws, to school children undertaking part-time employment such as the delivery of newspapers or milk, errands, etc. All children were medically examined before receiving licences to ensure that their health would not be injured by employment of this kind. As in the previous year, the Senior Education Welfare Officer was



responsible for ensuring that no children were employed without licences and that the terms of the licences were strictly followed. It was again necessary to interview a number of employers who were infringing the Bye-Laws in various ways, but in all cases it was possible to secure co-operation and none was prosecuted.

One girl, attending a non-selective secondary school in the Borough, was granted a licence in August to enable her to take part in a review at the Wednesbury Hippodrome. Two girls, one from a selective, the other from a non-selective secondary school, were granted licences in December to enable them to take part in a pantomime at the Wednesbury Hippodrome; they resided at home and attended their normal school.

### **CO-OPERATION OF PARENTS, TEACHERS, SCHOOL WELFARE OFFICERS AND VOLUNTARY BODIES**

The number of parents attending routine medical inspections was 2,273 or 71.4%.

Again tribute must be paid to the teachers and school welfare officers for the valuable assistance rendered to the Department.

Our thanks are recorded for the assistance rendered by the Rotary Club and Poor Children's Welfare Society. The latter again provided necessitous children with footwear, and under arrangements with the Rotary Club 3 boys were sent to the Convalescent Home, Weston-super-Mare.

Much help was rendered to the Department by the National Society for the Prevention of Cruelty to Children through the medium of Inspector Lewis.



## MEDICAL INSPECTION RETURNS.

### TABLE I.

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

##### A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:

Entrants .....	705
Second Age Group .....	1,390
Third Age Group .....	980
Total .....	3,075

Number of other Periodic Inspections .....	167
Grand Total .....	3,242

##### B.—OTHER INSPECTIONS.

Number of Special Inspections .....	1,796
Number of Re-inspections .....	1,199
Total .....	2,995

##### 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).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)	(2)	(3)	(4)
Entrants .....	—	37	37
Second Age Group .....	66	29	92
Third Age Group .....	48	12	59
Total (prescribed groups)	114	78	188
Other Periodic Inspections .....	2	1	3
Grand Total .....	116	79	191



TABLE II.

## A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS.

Defect or Disease  (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	No. of defects		No. of defects	
	Requiring treatment  (2)	Requiring to be kept under observation, but not requiring treatment.  (3)	Requiring treatment  (4)	Requiring to be kept under observation, but not requiring treatment.  (5)
Skin .....	5	10	207	10
Eyes— <i>a.</i> Vision .....	116	35	55	8
<i>b.</i> Squint .....	18	2	8	—
<i>c.</i> Other .....	3	2	43	3
Ears— <i>a.</i> Hearing .....	—	4	5	3
<i>b.</i> Otitis Media .....	8	20	9	3
<i>c.</i> Other .....	1	4	28	1
Nose or Throat .....	21	83	25	38
Speech.....	2	6	2	5
Cervical Glands .....	—	9	1	2
Heart and Circulation....	—	17	—	11
Lungs .....	1	44	3	7
Developmental—				
<i>a.</i> Hernia .....	1	3	2	1
<i>b.</i> Other .....	—	5	3	2
Orthopaedic—				
<i>a.</i> Posture .....	4	12	—	1
<i>b.</i> Flat foot .....	—	7	3	—
<i>c.</i> Other .....	6	17	7	8
Nervous system—				
<i>a.</i> Epilepsy .....	—	3	—	—
<i>b.</i> Other .....	—	7	—	8
Psychological—				
<i>a.</i> Development .....	2	2	—	3
<i>b.</i> Stability .....	1	11	—	1
Other .....	6	9	572	136



TABLE II—*continued.*

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col.2	No.	% of col.2	No.	% of col.2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants .....	705	253	36	451	63.9	1	.1
Second Age Group .....	1,390	648	46.6	740	53.3	2	.1
Third Age Group .....	980	508	51.8	467	47.7	5	.5
Other Periodic Inspections .....	167	66	57.4	96	39.7	5	2.9
Total .....	3,242	1,475	45.4	1,754	54.1	13	.4

TABLE III.

## INFESTATION WITH VERMIN.

- (i) Total number of examinations in the schools by the school nurses or other authorized persons .... 30,897
- (ii) Total number of *individual* pupils found to be infested .... 1,146
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .... 1
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .... —



TABLE IV.

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

GROUP 1—DISEASES OF THE SKIN (excluding uncleanliness,  
for which see Table III).

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm—(i) Scalp ....	—	Not available
(ii) Body ....	4	”
Scabies ....	7	”
Impetigo ....	126	”
Other skin diseases ....	26	”
Total ....	163	—

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND  
SQUINT.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint....	154	—
Errors of refraction (including squint) ....	392	55
Total ....	546	55
Number of pupils for whom spectacles were		
(a) Prescribed ....	329	13
(b) Obtained....	199	13



GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear ....	—	1
(b) for adenoids and chronic tonsillitis ....	140	42
(c) for other nose and throat conditions ....	—	1
Received other forms of treatment	43	12
Total ....	183	56

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals ....	17	—
	by the Authority	otherwise
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments ....	20	—

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	in the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics ....	513	—



## GROUP 6.—SPEECH THERAPY.

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists .....	93	—

## GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	otherwise
(a) Miscellaneous minor ailments	1,464	Not available
(b) Other than (a) above (specify)		
1 .....	—	..
2 .....	—	..
3 .....	—	..
4 .....	—	..
5 .....	—	..
Total .....	1,464	—

TABLE V.

**DENTAL INSPECTION AND TREATMENT  
CARRIED OUT BY THE AUTHORITY.**

Number of pupils inspected by the Authority's Dental Officers:						
(a) Periodic	....	....	....	....	....	3,658
(b) Specials	....	....	....	....	....	2,797
				Total	....	6,455
Number found to require treatment						
	....	....	....	....	....	5,528
Number referred for treatment						
	....	....	....	....	....	5,408
Number actually treated						
	....	....	....	....	....	3,928
Attendances made by pupils for treatment						
	....	....	....	....	....	8,259
Half-days devoted to: Inspection						
	....	....	....	....	....	15
				Treatment	....	1,020
				Total	....	1,035
Fillings: Permanent Teeth						
	....	....	....	....	....	5,336
				Temporary Teeth	....	140
				Total	....	5,476
Number of teeth filled: Permanent Teeth						
	....	....	....	....	....	4,814
				Temporary Teeth	....	133
				Total	....	4,947
Extractions: Permanent Teeth						
	....	....	....	....	....	2,115
				Temporary Teeth	....	6,095
				Total	....	8,210
Administration of general anaesthetics for extraction						
	....	....	....	....	....	2,938
Other operations: Permanent Teeth						
	....	....	....	....	....	1,107
				Temporary Teeth	....	191
				Total	....	1,298







