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COUNTY BOROUGH OF WEST BROMWICH
EDUCATION COMMITTEE

REPORT

on the

School Health Service

for the Year

1956

J. F. SKONE, M.D., D.P.H.
Principal School Medical Officer

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WEST BROMWICH EDUCATION COMMITTEE
at 31st December, 1956

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Deputy Chairman: Councillor F. G. Phillips.

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STAFF OF SCHOOL HEALTH DEPARTMENT

Principal School Medical Officer: J. F. Skone, M.D., D.P.H., D.C.H., D.I.H.

Deputy Principal School Medical Officer: M. Park, M.B., Ch.B., D.P.H. (to 23.11.56)
M. A. Shields, M.B., Ch.B. (from 24.11.56)

School Medical Officers: M. A. Shields, M.B., Ch.B. (to 23.11.56).
M. Hommers, M.B., Ch.B. (from 2.1.56)
A. Blench, L.R.C.P., L.R.C.S., L.R.F.P.S. (to 31.1.56).

School Medical Officer (part-time): R. Lindop, M.B., Ch.B., D.C.H.

Hon. Consultant E.N.T. Surgeon: M. H. Stroud, M.B., Ch.B., F.R.C.S.

Ophthalmologist (part-time): L. Marx, M.B., Ch.B., D.O.M.S.

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

Specialist Remedial Teachers: Geoffrey A. Thomson (senior).
Peter J. Rocks (to 31.8.56).
Mrs. Joyce Knowles, B.A. (from 1.9.56).
Arthur L. Hopkins.

Secretary: Mrs. Freda Lynam.

Dental Officers

Principal School Dental Officer: D. H. Goose, B.Sc., B.D.S. (to 29.2.56).
J. G. Potter, L.D.S., R.F.P.S. (from 1.12.56).

School Dental Officers: J. G. Potter, L.D.S., R.F.P.S. (to 30.6.56).
F. A. Johnson, B.D.S. (to 13.4.56).

Part-time: D. T. Barker, L.D.S., R.C.S.
H. P. A. Jones, L.D.S.
J. M. Ruddle, L.D.S., R.C.S., B.D.S.
P. Woodbine, B.D.S. (from 6.12.56).
J. Adey, B.D.S. (from 20.7.56 to 8.9.56).
R. White, B.D.S. (from 5.7.56 to 17.8.56).

School Nurses

Miss E. A. Roberts, Chief Nursing Officer. (a) (b) (c)
Miss M. E. Greasley, Deputy Chief Nursing Officer. (a) (b) (c)
Miss E. M. Brosnan. (a) (b) (c)
Miss D. Danks. (a) (b) (c)
Miss W. J. Green. (a) (b) (c)
Mrs. M. Hall. (a) (b) (c)
Miss M. E. Jones. (a) (b)
Mrs. L. Jenkins. (a) (b) (c)
Mrs. C. Paskin. (a) (b) (c)
Mrs. L. Slater. (a) (b) (d) (e)
Mrs. M. E. Wilkes. (a) (b) (c)

Clinic Nurses

Miss J. Collett. (b)
Mrs. C. E. Smith. (b)

Cleansing Assistant

Mrs. A. V. Davis.

(a) State Certified Midwife.
(b) State Registered Nurse.
(c) Health Visitor's Certificate, Royal Sanitary Institute.
(d) State Registered Fever Nurse.
(e) Queen's Institute District Nurse.

Senior Clerk

Miss M. L. Holden (from 1.12.56).

Clerks

Miss G. Ellis (to 28.5.56).
Miss S. Winston.
Mrs. G. Brockhouse (from 14.5.56)
Miss G. Gardner (from 14.5.56).

Clerks and Dental Attendants

Miss M. Adams
Miss S. E. Jesson
Miss P. James (from 13.2.56).
Mrs. N. Millward (part-time).

CHILD PSYCHOLOGY SERVICE

Consultant Child Psychiatrist: Louise F. W. Eickhoff, M.D., D.P.M. (to 27.3.56).
David T. Maclay, M.D., D.P.M. (from 27.3.56).

Educational Psychologist: Thomas A. Kelly, M.A. (from 1.2.56).

Social Worker: Mrs. Beryl G. Smith.

SCHOOL CLINICS

Name, Address	*Sessions*	*Medical Officer*	*Remarks*
Central, Lombard St. West	Monday a.m.	Dr. Marx	Ophthalmic Clinic, by appointment only; also Nurses' Clinic. Minor ailments
	Monday p.m.	—	Ultra Violet Light Clinic
	Tuesday p.m.	Dr. Lindop	Minor ailments
	Wednesday p.m.		Nurses' clinic only
	Thursday a.m.	Dr. Marx	Ophthalmic Clinic, by appointment only; also Nurses' clinic
			Minor ailments
	Thursday p.m.	—	Ultra Violet Light Clinic
	Friday a.m.	Mr. Stroud	Ear, Nose & Throat Clinic, by appointment only
	Friday p.m.	Dr. Lindop	Minor ailments
	Saturday a.m.	Dr. Shields or Dr. Hommers	Immunisation and minor ailments
Stone Cross, Jervoise Lane	Monday a.m.	—	Nurses' clinic only
	Tuesday a.m.	—	Nurses' clinic and Ultra Violet Light Clinic
	Wednesday a.m.	Dr. Shields or Dr. Lindop	Immunisation and minor ailments
	Thursday a.m.	—	Nurses' clinic only
	Thursday p.m.	—	Ultra Violet Light Clinic
	Friday a.m.	—	Nurses' clinic only

Special examinations of handicapped children may be arranged by appointment.

DENTAL CLINICS are held daily at the Central Clinic and Stone Cross Clinic and, with the exception of inspections on Monday afternoons from 2.15 to 3.15 and Thursday mornings from 9.0 to 10.15, children are seen only by appointment.

SCHOOL HEALTH SERVICE

To the Chairman and Members of the
Education Committee

Mr. Chairman, Ladies and Gentlemen,

This is my second Annual Report as Principal School Medical Officer.

School Medical Inspections.

For most of the year the school health service had its full complement of medical officers, recently increased, and therefore the number of children examined at routine medical examinations — 3,987 — was considerably higher than in 1955.

The general condition of the children examined has this year been grouped into two categories, satisfactory and unsatisfactory. Twenty-three children only, were felt by the doctors to be in an unsatisfactory condition; four of them had milk and meals in school, ten had milk only, and nine had neither.

Dr. Lindop reports again on the alternative method of school medical inspection carried out at Yew Tree Estate Infants and Junior Schools, and Fisher Street Mixed Infants and Junior Schools. It is seen that the scheme, as originally intended, had to be modified because of the shortage of medical staff. The findings of the special visits were checked against complete inspections of the age groups in both schools. It was discovered that a small number of children suffering from conditions which ought to be treated, was not discovered by the method of selective medical examinations.

It is difficult to give a final opinion on the value of the alternative method of inspection, but it seems to deserve an extended trial. If it were introduced into fairly small junior schools, close co-operation would be possible with the teaching staff, and parents might well appreciate the fact that the school doctor would be coming more frequently to examine any children who seemed to require advice and, if necessary, treatment.

In view of the findings of unsuspected defects in vision at the examinations of all the school children, it seems desirable that vision testing should continue to be carried out in the intermediate age group.

Testing of Hearing and Vision.

Arrangements were made during the year for Mr. Malcolm Stroud to act as Consultant Ear, Nose and Throat Surgeon to the Education Committee, to see children — mainly school entrants —

who, on testing with the pure-tone audiometer, appeared to have a hearing loss in one or both ears. By the end of 1956, 732 children had been tested by School Medical Officers, and 37 referred to Mr. Stroud, who started a weekly session in the Central Clinic in September.

The testing of the eyesight of five and six year old children started in 1956, and children with suspected defects were referred to Dr. L. Marx, unless their parents made alternative arrangements.

INFECTIOUS DISEASES AND PREVENTIVE MEASURES.

(i) *Diphtheria.*

No school child contracted this disease in 1956, and during the year an intensive immunisation campaign took place to raise the immunity of the child population of the town. In all 510 primary doses and 2,161 reinforcement injections were given to school children.

(ii) *Tuberculosis.*

The number of children notified as suffering from tuberculosis dropped from 29 in 1955 to 15 in 1956. Six children are believed to have been infected by another member of the family, and a seventh drank unboiled milk from a herd in which a cow was suffering from tuberculosis. At the beginning of March, 1957, ten of the children were attending school; two were still in hospital; one was in a convalescent home, and two boys were attending residential open-air schools.

B.C.G. vaccination was continued throughout the year and, as in 1955, of the parents of 1,178 children who were asked if their children might be included in the scheme, more than three-quarters (76.1%) accepted.

Following the receipt of a memorandum on the closure of schools and exclusion from school on account of infectious illness, issued jointly by the Ministry of Education and the Ministry of Health, the Education Committee decided to offer chest X-rays annually to members of the teaching, school medical, dental and nursing staff, and people employed in the preparation or service of school meals. 292 school teachers and 46 meals attendants were among those who accepted the offer of a chest X-ray, and I am glad to report that all the films, so far taken, have proved satisfactory.

In a secondary selective school in which there has been in the past six years a number of cases of tuberculosis, a survey was carried out of the staff and pupils. The response was magnificent, and 934 pupils and 46 members of the staff were X-rayed. Only one case of pulmonary disease was brought to light, and this proved at an operation to be tuberculous in origin.

(iii) *Poliomyelitis.*

One school child suffered from a non-paralytic form of the disease during the year, but has made a good recovery.

During May and June 196 children of school age were given doses of poliomyelitis vaccine, and a further small supply became available in November to enable the children who had received one injection earlier in the year to complete their course.

(iv) *Sonne Dysentery.*

There were small but troublesome outbreaks of this mild form of dysentery in primary schools towards the end of the summer and in the winter terms. By means of intensive follow-up of children who were suffering from abdominal symptoms, and exclusion of contacts of suspected patients, the number of pupils of all ages affected during the year was only 36. The co-operation of the Head Teachers and staff of the schools involved was excellent, and materially assisted the work of the Health Department staff.

VERMINOUS HEADS.

The number of individual children with verminous heads was 173 lower than in 1955, and was the lowest total since 1949. There is no doubt that much of the credit for this more satisfactory state of affairs lies with the Cleansing Assistant, who treated 554 children at clinics, schools and homes. There is, however, room for much improvement because 6.3% of the children examined were found to be infested. The film "Unwanted Guests" was shown in girls' secondary modern schools in May and seemed to be much appreciated.

PHYSICALLY HANDICAPPED CHILDREN, AND SCHOOL CHILDREN IN HOSPITAL.

During the year, circulars dealing with the special educational treatment to be provided for physically handicapped children and the problems of education of patients in hospital, were received.

Most physically handicapped children can be educated in ordinary schools and the educational provision made for them, and in particular children suffering from cerebral palsy, is analysed in the body of the Report.

The liaison with the Hospital Management Committee, concerning the education of school children in hospital, is very close and the Principal School Medical Officer receives regularly information about children who are likely to require teaching. The Special Services Sub-Committee decided in October that provision should be made, if necessary, for bed tables and cupboards in hospitals; that

an arts graduate teacher working part time should be appointed for the tuition of children of secondary school age receiving selective education; that the possibility of introducing correspondence courses for secondary selective children, who were long stay patients in hospital, should be explored and that all Head Teachers should be reminded of the need for schools to maintain close contact with children in hospital.

The Educationally Sub-Normal Child.

Mr. J. H. Hollyhead contributes what we hope will be his penultimate report of the work done in the present premises of the Day Special School. The progress of the 27 children who had left school in 1954 and 1955 was reviewed at the end of 1956. Twenty-one were found to be in employment, and only two children — a boy and a girl — had proved to be unemployable.

Child Guidance.

Mr. T. A. Kelly succeeded Miss Sandy as Educational Psychologist in February, and Dr. D. T. Maclay took up his appointment as Consultant Child Psychiatrist in March. The co-operation with members of the clinic team, particularly in regard to the review of the progress of pupils at the Day Special School, has been very close.

Dr. Maclay reports on the work of a study group of assistant medical officers of health and health visitors, from this and neighbouring authorities, which has discussed with the Child Psychiatrist behaviour problems of children who were attending infant welfare clinics. A form of mental health service of this kind might well prevent the occurrence of cases of gross maladjustment which so often are noted for the first time in school life.

Shenstone Lodge Residential Special School had another active year, and the immunisation state of pupils was brought to a more satisfactory state. In February, 1957, the Managers decided to recommend that it should, in future, be a condition of acceptance for admission to the school, that children should recently have been immunised.

Speech Therapy.

The Speech Therapy Service has developed rapidly in the past few years, and the number of children treated has increased from 91 in 1953 to 142 in 1956. Miss Ingram reports on a successful course of treatment for groups of children suffering from dyslalia.

Dental Health.

Mr. Goose left to take up his duties in Northamptonshire in February, and it was agreed to end the joint appointment with Smethwick. He was succeeded by Mr. J. G. Potter who took up the post of Principal School Dental Officer to the West Bromwich Education Committee in December. In his first report Mr. Potter stresses the difficulties under which the service was carried out during the year, although in the early part of 1957 the staffing position had considerably, though temporarily, improved.

There is printed as an appendix to the report, an account of a study by Mr. Potter and Mr. Goose of gingivitis in school children which may be the precursor of pyorrhoea in later life, and which was found to be more common in West Bromwich than in other areas. One factor in this unsatisfactory state of affairs was the finding that less than half the girls and little more than a quarter of the boys examined, brushed their teeth at least once a day.

Deaths of School Children.

Although the number of children dying from infectious disease has steadily declined in the last twenty years, the mortality from other preventable causes, in particular from road accidents, continues to give much cause for concern. Thirteen of the 81 deaths of school children in the ten year period 1947-56 were due to road accidents, which were the most common cause of loss of life.

In conclusion, I should like to thank the Chairman and Members of the Special Services Sub-Committee, the Director of Education and members of his administrative staff, the head teachers and medical practitioners of the town, for the interest they have taken in the School Health Service. I am especially grateful to Dr. M. A. Shields, who was appointed Deputy Medical Officer of Health and Deputy Principal School Medical Officer in November, and to Miss M. L. Holden, who took up her duties as Senior Clerk in the School Health Clinic in December, for their help in compiling this report.

Yours faithfully,

J. F. SKONE,

Principal School Medical Officer.

Public Health Department,

2, Lodge Road,

West Bromwich.

March, 1957.

SCHOOLS AND SCHOOL POPULATION

School Population	15,521
Number of Primary Schools	21
Number of Secondary Modern Schools	6
Number of Secondary Grammar Schools	1
Number of Secondary Technical Schools	1
Number of Comprehensive Schools	1
Number of Day Special Schools	1
Number of Residential Special Schools	1
Number of Art Schools	1
Number of Technical Colleges	1

There are nursery classes, containing 81 children, in three infants' schools (Beeches Road, Hall Green Road and Joseph Edward Cox Schools).

Children entered two new primary schools during the year, Fir Tree School, Yew Tree Estate, and Gorse Farm School, Great Barr.

SCHOOL HEALTH SERVICE

ROUTINE MEDICAL EXAMINATIONS.

Numbers examined :—	1951	1952	1953	1954	1955	1956
Entrants ...	1,474	2,203	1,489	705	1,348	1,097
Ten year olds	445	723	1,080	1,390	873	1,930
Leavers ...	824	900	826	980	860	915
Other periodic examinations	59	63	—	167	333	45

During 1956, the establishment of School Medical Officers was increased and the number of routine medical examinations rose to 3,987.

GENERAL CONDITION OF CHILDREN EXAMINED (expressed as a percentage).

	Good	Fair	Poor
1951	30.2	68.88	0.92
1952	34.0	63.0	3.0
1953	38.2	61.2	0.6
1954	45.4	54.1	0.4
1955	34.3	65.3	0.3
	Satisfactory	Unsatisfactory	
1956	99.5	0.5	

During 1956, 23 children only were found to be in unsatisfactory general condition.

AN ALTERNATIVE METHOD OF SCHOOL MEDICAL INSPECTION

Some details of this scheme have already been given in the reports of the Principal School Medical Officer for 1954 and 1955. Briefly, it was developed because it was felt that the three periodic inspections were insufficient for the needs of a service where more and more attention needs to be paid to the individual. It was pro-

posed, with the approval of the Minister of Education, that the routine examinations should be replaced by a method whereby a doctor would visit the school at fairly frequent intervals to examine children who showed signs of physical or emotional disorder, or who in some other way were failing to make satisfactory progress.

Two schools were selected: the Yew Tree Estate Infants and Junior, and Fisher Street Mixed Infants and Junior. The Yew Tree School is a modern post-war building serving a new housing estate. Fisher Street is an old-established school of the 1890 era, drawing its pupils from a crowded industrial area. The suggested reasons for a medical examination were to be: (a) a request from a parent; (b) symptoms suggestive of ill-health; (c) frequent absences from school; (d) behaviourism or other evidence of emotional disorder.

The examinations began in July, 1954, and continued during the school year from September, 1954, to July, 1955. Unfortunately, owing to changes of medical staff it proved impossible to carry out the scheme as originally intended. As a result, the number of visits had to be curtailed and an average of only two visits was made each term. This was thought to be insufficient, and so arrangements were made to check the efficiency of the method by comparing the results with those obtained by routine medical inspection. The results are summarised in Table I.

TABLE I.

	Yew Tree		Fisher St.		Total
	Inf.	Junr.	Inf.	Junr.	
(1) Number of visits to school for special examinations ...	5	6	6		17
(2) Number of visits to school for routine medical inspections	11	20	3	8	42
(3) Number of children with defects seen at special examinations	35	30	13	15	93
(4) Number of children with defects seen at re-examinations	12	13	4	2	31
(5) Number of children seen at routine medical inspections excluding (3)	176	319	70	179	744
(6) Number of children seen at routine medical inspections with defects	33	51	16	23	123
(7) Number of children seen at routine medical inspections with defects already receiving treatment	17	35	12	18	82
(8) Number of children seen at routine medical inspections with defects but not receiving treatment ...	16	16	4	5	41

This table shows two features of interest. Firstly the large number of children, namely 123, who had some complaint not found by the method of selective examination. This is rather more than the total already found to have some ailment at the special examinations. Measured by this standard the latter method is only half as efficient as a routine medical inspection. Secondly, about one-third of those with defects found at the routine medical inspections were not receiving treatment. These are further analysed in Table II.

TABLE II.

Treatment thought to be necessary — 4	...	Squint	1
		High myopia	1
		Hernia	1
		Psychological	1
Treatment thought to be desirable — 25	...	Visual defects	13
		E.N.T.	6
		Orthopaedic	2
		Dental	2
		Speech	1
		Obesity	1
Treatment thought to be optional or for 'observation' — 12	...	Visual defects	2
		E.N.T.	5
		Psychological	2
		Respiratory	2
		Cardiac	1

There were rather unexpected findings, for even when those ailments which are largely symptomatic are excluded, there still remains quite a number of conditions which are usually regarded as requiring treatment. It is not certain to what extent these conditions were known to the family doctor, because information on this point is unreliable. The findings would, however, tend to refute statements that medical inspections are unnecessary.

This has been in some ways an imperfect investigation. It had been intended originally to visit the schools at about monthly intervals. This was not achieved and therefore such a method of performing school inspections cannot be said to be unsatisfactory. Even so, the experience gained raised a doubt as to the efficiency of this method and it could not be accepted without an extended trial under critical scrutiny. On the other hand, it has the great advantage that the examinations are more interesting and probably more nearly reach the standard of an ideal medical examination than is usually the case. A more intimate contact with the school, the children and the staff, is also valuable.

In view of these considerations it would seem best to combine the two methods and thus achieve the need for the more individual attention which is the express aim of a modern School Health Service.

WORK UNDERTAKEN BY SCHOOL NURSES

(a) Visits to Schools.

Routine inspections (with Medical Officer)	190
Cleanliness surveys	152
Other reasons (including diphtheria immunisation and B.C.G. vaccination)	172

(b) Visits to Homes.

Because of uncleanliness	262
For other reasons	120
Total number of visits to schools and homes	896
Number of children examined for cleanliness ...	25,116
Number of children re-examined for cleanliness ...	2,432
Number of children examined for reasons other than cleanliness	150

MEDICAL EXAMINATION OF ENTRANTS TO TEACHERS' TRAINING COLLEGES

Arrangements were made for the medical examination of students entering teachers' training colleges and teachers who were about to take up duties in the profession. Sessions were carried out mainly at the School Clinic, Lombard Street West, and chest X-rays were arranged at Heath Lane Hospital.

Summary of Examinations during 1956.

Students entering training college	43
Nursery assistants	12
Teachers and administrative staff	8

EMPLOYMENT OF SCHOOL CHILDREN

In the past year there have been 220 licences issued in accordance with the Bye-Laws made under the Children and Young Persons Act, 1933, as amended by the Education Act, 1944, to school-children undertaking such part-time employment as delivering newspapers or milk, and running errands, etc. Before receiving the licences all children had a medical examination to ensure that such employment would not be injurious to their health. It was the responsibility of the Senior Education Welfare Officer to ensure that no children were employed without licences and that the terms of the licences were strictly complied with. However, it was necessary to interview and issue warnings to a number of employers who were found to be contravening the Bye-Laws, but in every case full co-operation was achieved and it was unnecessary to take legal proceedings.

EMPLOYMENT OF CHILDREN IN ENTERTAINMENTS.

In the course of the year, seven licences were issued to four girls and one boy attending non-selective secondary schools and seven licences were issued to four children attending selective secondary schools in the borough, to enable them to take part in entertainments for different periods at the Plaza Theatre, West Bromwich; the Wolverhampton Hippodrome; Dudley Hippodrome; Aston Hippodrome; and Swan Village Recreation Club. The children resided at home and attended their normal schools, but in one case a holiday of four days was granted, and in another a certain number of half-day holidays was granted.

SCHOOL MEALS AND MILK

The following particulars relate to the number of children in attendance and the number of meals provided on a single day in October, 1956.

Number of pupils present in all schools on the day selected	15,192
Number of school kitchens	9
Number of schools or departments served ...	51
Number of schools or departments not yet served	Nil

PRIMARY, SECONDARY AND SPECIAL SCHOOLS.

	Meals		Milk	
	1955	1956	1955	1956
(a) Free Meals	321	416	12,563	12,447
(b) For payment ...	2,987	2,994		
Percentage of total ...	22.95	22.45	87.14	81.5
Number of children taking milk at home ...			47	46

INFECTIOUS DISEASES

(a) COMMON FEVERS.

Notifications of the more common infectious illnesses were as follows:—

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total All Ages	
	5-9	10-14	5-9	10-14	5-9	10-14	5-9	10-14	1956	1955
Measles	6	—	4	2	1	—	3	—	16	425
Whooping Cough	26	1	8	—	22	1	26	2	86	25
Scarlet Fever	6	—	—	2	3	2	2	—	15	50

(b) DIPHTHERIA.

No case was notified during 1956.

(c) MENINGOCOCCAL INFECTION.

A boy aged 5 years was notified as suffering from meningococcal meningitis in May, and a boy aged 13 years contracted the septicaemic form of the disease in September. Both children made satisfactory recoveries, although it is thought that the younger boy may have some loss of hearing.

(d) POLIOMYELITIS.

A school girl aged 6 years was notified in October, as suffering from non-paralytic poliomyelitis. Poliomyelitis virus was never isolated from specimens of faeces examined from the patient, or from two of her three home contacts. Poliomyelitis virus Type II was, however, found once in a specimen submitted by the patient's mother, who worked as a cleaner in a local hospital. This contact, who had not been ill at all, was excluded from duty until two negative specimens had been submitted.

The girl has made a good recovery.

(e) TUBERCULOSIS — ALL FORMS.

Fifteen children are known to have suffered from tuberculosis during the year. In eight cases the disease was of the pulmonary form; in four, primary effusions; in one, tuberculous meningitis; in one, tuberculous peritonitis, and in one, phlyctenular conjunctivitis.

The ages of the school children notified as suffering from the disease can be set out as follows:—

Age in years		Number of patients
5	...	4
6	...	2
7	...	1
8	...	1
9	...	1
10	...	2
11	...	1
12	...	1
13	...	2

In seven cases the source of infection is believed to have been discovered. In six instances the source was within the family, as follows:—

Source	No. of patients
Father	1
Aunts	2
Uncles	2
Grandfather	1

The seventh patient probably became infected by drinking unboiled milk from a herd in which there was a cow suffering from tuberculosis.

In February, 1957, eight of these children were again attending ordinary school full-time, one was attending half-time, and one was receiving home tuition. Two children were still patients in hospital, one was in a convalescent home, and two boys were attending residential open air schools.

A routine medical examination and chest X-ray were carried out on a student who taught in a primary school in the town for three weeks in July, and the film report showed that there appeared to be infiltration in the upper lobe of the left lung. On investigation at a chest clinic, laryngeal swabs proved to be positive for tubercle bacilli, and it was thought advisable to skin-test the children with whom the student had come into contact. This was done on the 28th September, with the close co-operation of the head teacher and members of his staff. The parents of all 64 children agreed to the examination by the school doctor. The Heaf test was used, and eight children who had positive tests, and one child who was not tested because of asthma, were referred to a chest clinic. Two children, a boy and a girl, had abnormal films and were reviewed one month later. The condition of both children is now satisfactory.

(f) DYSENTERY.

During the year, thirty-six children, twenty-nine of them less than 10 years of age, suffered from Sonne dysentery.

Three isolated cases occurred during the first half of the year; one child attended Hateley Heath School, one Lodge Estate, and one the Comprehensive School.

In the third quarter of the year the cases became more numerous. Five children, three from one family and two from another, all attending Yew Tree School, were affected. One of these children was admitted to hospital and was found to be infected also with Salmonella Heidelberg. About the same time, a brother and sister attending Hamstead School suffered from dysentery. Shortly afterwards, there was a small outbreak at Lodge Estate School, when twelve children were affected. A sister of one of these children and a brother of two others became infected, but although they both attended Lyng School, no other cases occurred there.

In the last quarter of the year, the infection moved to the Hill Top area. Three children from one family were affected, the older two attending Hill Top Senior Schools, and the younger one Hateley Heath. A cousin who attended Cronehills Secondary Technical School and had been in contact with them, also became infected. One more case occurred in Hill Top Senior Girls' School, and five more in Hateley Heath School, and about the same time two sisters attending Black Lake School were affected.

As each case became known, the home was visited by a Health Visitor, who gave advice on general hygiene, and instructions regarding the submission by the whole family of stool specimens for examination at the Public Health Laboratory, Birmingham. All the children affected and all home contacts were excluded from school until negative specimens had been obtained.

Letters were sent to the General Practitioners concerned, informing them of the laboratory reports, and suggesting that Streptomycin Gm. O.5 might be given by mouth twice daily for five days to their patients, as this had been found to be the most effective form of therapy. All the cases were mild, and most responded rapidly to treatment.

(g) Food Poisoning.

Fourteen cases of food poisoning were notified during the year. Four of the patients were children from one family, who had attended a wedding reception in Wednesbury, and laboratory reports showed that Salmonella Heidelberg was responsible for the illness. This same organism was also found in specimens from another child in a different district, who had been admitted to hospital suffering from Sonne Dysentery.

Eight children attending Hateley Heath School, and one boy attending the Grammar School, were notified at different times, as suffering from food poisoning, but no pathogenic organisms were found in the specimens submitted for examination.

VACCINATION AND IMMUNISATION

(a) B.C.G. Vaccination.

B.C.G. vaccination of school children reaching the age of 13 years was carried on throughout the year. The parents of 1,178 children were approached for inclusion in the scheme, and 896 (76.1%) accepted. Of these, 841 children received the first Mantoux test, and 19.6% were found to be positive, i.e., they had already come into contact with tuberculous infection. All Mantoux positive children were X-rayed at a Mass Miniature Radiography Unit. One girl, who under this arrangement was X-rayed in December, 1955, was notified as suffering from tuberculosis in February, 1956, and another girl, who was found to be Mantoux positive in May, 1955, was notified as suffering from primary tuberculosis in June, 1956.

A total of 668 children was given B.C.G. vaccine, and no untoward reactions occurred. A precautionary measure was introduced during the year, when the introductory letter to parents was amended to include a query as to whether the children had ever suffered from asthma or eczema. Those parents who answered in the affirmative were interviewed, and in certain cases they were advised against B.C.G. vaccination for their children.

All the children vaccinated were given a further Mantoux test, and were found to have acquired protection against tuberculosis.

During the year the new record card mentioned in the Annual Report for 1955, was brought into use.

At Cronehills Secondary Technical School, the percentage positive was found to be 31.2, and it was felt that this might indicate the presence of an active case of tuberculosis in the school. 934 children and 46 members of the staff were X-rayed, and one boy was found to have pulmonary disease, which was believed at operation to be tuberculous in origin. The co-operation of the Head Teacher and members of the staff was most helpful in making this survey very successful. Films were shown to emphasise the importance of the examination, and nearly all pupils and members of the staff accepted the offer of chest X-rays.

B.C.G. VACCINATION TABLE

	All Saints		Secondary Technical		Charlemont		Grammar		Hill Top		George Salter		Spon Lane		Bratt Street & St. Michael's		Totals
	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	
Nominal Roll	26	37	50	63	50	103	62	56	127	114	145	110	108	102	11	14	1,178
Total of Acceptances	24	36	35	33	36	83	46	49	101	80	94	103	76	79	11	10	896
Total 1st Mantoux	23	33	35	29	33	75	45	48	98	73	84	102	73	73	8	9	841
Total Positives	4	5	7	13	5	15	5	7	21	14	14	29	10	12	2	2	165
Absentees	1	3	—	4	3	3	1	1	3	7	10	1	—	3	3	1	44
Total given B.C.G.	18	28	26	16	26	57	39	42	77	59	70	73	63	61	7	6	668
Mantoux Conversion Injections	18	28	24	15	23	57	39	41	71	55	67	72	60	58	7	6	641

The overall Mantoux positive rate ... boys 21.9%
girls 17.04%

(b) Diphtheria Immunisation.

An intensive immunisation campaign was carried out during the year, and the figures for primary immunisations and reinforcing injections since 1949 are summarised in the following table:—

		1st *Immunisation*	*Reinforcing Injections*
1949	... ...	300	615
1950	... ...	34	322
1951	... ...	136	109
1952	... ...	27	324
1953	... ...	372	1,483
1954	... ...	409	1,604
1955	... ...	107	488
1956	... ...	510	2,161
1957	Jan.—Feb. ...	106	647

Despite the high figures recorded for immunisation in 1953 and 1954, the percentage of children protected from the disease remained very low. The diphtheria indices for 1953-55 in children 0—14 years were as follows:—

	1953	1954	1955
Aged under one year ...	2.1	2.7	11.5
Aged one to four years ...	53.6	51.5	51.6
Aged five to fifteen years ...	33.4	35.4	44.1
Aged 0 to fourteen years ...	37.0	37.6	43.9

PEDICULOSIS

(1) National Statistics.

In the first report issued by the Chief Medical Officer of the Board of Education for the year 1908, the records showed that approximately one-half of the girls examined in urban areas and one-quarter of the girls examined in rural areas, were verminous.

A slow improvement took place in the years up to 1939, and returns showed an average infestation rate of about 10%. However, doubt was cast on the accuracy of these figures in a report by Dr. Kenneth Mellanby in the year 1940. He found that the heads of 33.3 per cent. of a group of patients admitted to hospitals contained lice or nits. The infestation rates in pre-school children and adolescent girls in urban areas were particularly high. These findings were substantially confirmed in another investigation in 1947, although only 18.2 per cent. of the patients examined were recorded as being infested.

(2) Incidence in West Bromwich.

During 1956, 32,445 cleanliness inspections were carried out, and of the school population of 15,521, 985 individual pupils were found to be infested. The number of children found to be verminous

in West Bromwich continues to be disturbingly high compared with the figures for England and Wales generally, and the present position can be summarised in the following table:—

	1949	1950	1951	1952	1953	1954	1955	1956
England and Wales	8	7	6	5	5	4.4	4.1	N/A
West Bromwich ...	6.6	8.6	8.8	11.2	14.5	7.5	7.6	6.3

In a report to the Special Services Sub-Committee in March, 1956, it was stated that experienced school nurses believe that the degree of infestation has decreased considerably in the last 15—20 years, and that this position has been achieved as a result of patient educative measures. The memory of drastic methods of treatment in the past has made many mothers extremely sensitive in these matters.

Arrangements were made for talks to be given by health visitors, and the film "Unwanted Guests" was shown in all secondary modern girls' schools.

The Special Services Sub-Committee expressed the hope that senior teachers would take a particular interest in this problem.

The Cleansing Assistant who took up her duties in October, 1955, continued her work throughout the year and treated in all 554 children at school, in clinics and at home.

VISION TESTING AND EYE DEFECTS

Arrangements for the testing of eyesight of children of a younger age group than in previous years were made. Between 12th November and 31st December, 121 children were tested; the vision of 102 of these children was within normal limits; 4 children did not understand the test, and the findings in the remaining 15 cases were as follows:—

6/12	...	...	7
6/18	...	...	4
6/24	...	...	1
6/60	...	...	3

One child, whose vision unaided was 6/60, had already been prescribed with spectacles. Two others attended the consulting rooms of local opticians. Of the eleven children seen by Dr. Marx, eight were prescribed spectacles, and three are being kept under observation. One child has failed to keep appointments.

Altogether 685 children were examined for errors of refraction compared with 577 in 1955, and spectacles were prescribed in 432 cases. Children requiring operative or orthoptic treatment for squint were referred to the West Bromwich and District Hospital. Of these 9 had operations for the correction of squint.

N/A. = Not Available.

EAR, NOSE AND THROAT DEFECTS

Pure tone audiometry was commenced in February, 1956, and by the end of the year 732 children, mainly children tested within six months of their entry into infants' departments, had been examined by the School Medical Officers. Thirty-seven children were found to have a hearing loss in one or both ears of 20 decibels or more.

In September, 1956, Mr. Malcolm H. Stroud, F.R.C.S., started attending the School Clinic for a session lasting one hour each week, to see pupils with suspected hearing loss or who seemed urgently to require specialist advice because of ear, nose and throat defects.

The course recommended by Mr. Stroud in the children referred from audiometry sessions was as follows:—

To receive hearing aid	2
Removal of tonsils and adenoids, with or without previous medical treatment ...	6
Medical treatment and sit in front of class	3
Medical treatment and ? hearing aid later	1
Sit in front of class and ? hearing aid later	1
Sit in particular position in class	2
Medical treatment and review later ...	5
No treatment needed	5
	25

Twelve children are still on Mr. Stroud's waiting list.

The arrangements were continued as in previous years whereby children requiring treatment for nose and throat conditions were operated on at Hallam Hospital and the District Hospital. Ninety-two children are known to have had operative treatment for the removal of tonsils and/or adenoids at Hallam Hospital, 69 at the District Hospital, and one at a Hospital outside the Borough.

The trends in operative treatment in recent years can be summarised as follows:—

Year	No. of operations	School population	Op's per 100 children
1949	116	13,536	0.9
1950	55	13,675	0.4
1951	73	14,364	0.5
1952	152	14,464	1.05
1953	189	14,890	1.3
1954	182	15,202	1.2
1955	195	15,268	1.3
1956	162	15,521	1.04

TREATMENT OF ORTHOPAEDIC AND POSTURAL DEFECTS

Orthopaedic treatment was continued at the West Bromwich and District Hospital under the direct supervision of Mr. Kirkham. The remedial exercise clinic continued at Hallam Hospital, four children were treated during the year and made a total of 30 attendances.

MINOR AILMENTS CLINICS

It will be seen from the figures below that the number of children attending these clinics has steadily declined since 1947:

1947	...	...	3,526
1948	...	...	3,652
1949	...	...	3,087
1950	...	...	2,367
1951	...	...	2,519
1952	...	...	2,402
1953	...	...	2,000
1954	...	...	1,824
1955	...	...	1,769
1956	...	...	1,712

Attendances for scabies and ringworm in recent years can be summarised in the following table:

	Scabies	Ringworm	
		Scalp	Body
1947	111	1	35
1948	67	3	10
1949	40	—	9
1950	13	—	19
1951	11	2	6
1952	7	2	5
1953	4	2	3
1954	—	—	4
1955	2	—	—
1956	9	—	—

The school children suffering from scabies in 1956 were members of two families.

Ultra Violet Light.

The Ultra Violet Light clinics were continued during the year, the total number of school children treated being 91 and attendances 1,649, compared with 133 and 2,438 in 1955.

HANDICAPPED PUPILS

The early ascertainment of handicapped children is one of the most important functions of the School Health Service, and the Local Education Authority has the duty of providing special educational treatment for these pupils.

Some children can be ascertained in infancy, especially when the cause of the defect is congenital. The Health Visitors are aware of the importance of such children being ascertained at the earliest possible age, and if they feel that a child has a substantial handicap they submit special reports. Although an increasing number of handicapped children are under observation and care before entering school at five years of age, some are still diagnosed for the first time at the medical inspection on their entry to school, or may be referred later by head teachers. The more efficient and complete the early ascertainment, the more effective the treatment becomes, and in the long run, the less expensive the special provision for them during their school life is likely to be.

During the year a special form was introduced in order that Health Visitors and School Medical Officers could record details of any pre-school children who might prove to be handicapped pupils.

On the 4th August, 1953, modifications of the School Health Service and Handicapped Pupils Regulations, 1945, came into operation, and the various categories of handicapped pupils can be classified as follows:—

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

Three children — two are at the Birmingham Royal Institution for the Blind, Lickey Grange, Worcester, and the other entered the Technical Department, Birmingham Royal Institution for the Blind, Harborne, on attaining the age of 16 years.

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

Seven children — three boys are attending residential schools — one at the Birmingham Royal Institution for the Blind, Lickey Grange, Worcester, one at the Royal Normal College for the Blind, Shrewsbury, and one at Exhall Grange Special School, Exhall. Four boys are attending day schools — three at Whitehead Road School, Birmingham, and the other at the Birmingham Royal Institution for the Blind, Harborne, Birmingham.

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

Eight children — two are attending residential schools — one at the Royal School for Deaf Children, Birmingham, and one at the Royal School for Deaf Children, Margate. Five are attending day schools, four at Braidwood School, Perry Barr, Birmingham, and one at Longwill School for the Deaf. One pre-school child, born in 1954, is attending the Audiology Clinic, Lansdowne Road, Birmingham.

(d) *Partially Deaf Pupils*: that is to say, pupils who have some naturally acquired speech and language, but whose hearing is so defective that they require for their education special arrangements or facilities, though not necessarily all the educational methods used for deaf pupils.

Seven children — one resident at the Royal School for the Deaf, Birmingham, and six attend day schools, five attending the Braidwood School, Perry Barr, Birmingham, and one at the Longwill Day School, Birmingham.

(e) *Educationally Sub-Normal Pupils*: that is to say, pupils who because of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly as a substitute for the education normally given in ordinary schools.

Three children attend residential schools, two St. Francis' School, Birmingham, and one All Souls Roman Catholic School, Hillingdon, Middlesex; 102 children attend Bratt Street School daily.

Formal examinations were carried out in twenty-two cases, thirty-five 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	2

Educationally Subnormal.

To remain in Special School	8
For statutory supervision on leaving school	2
For admission to Special School for E.S.N.	21
For special education in the ordinary school	17
Decision deferred	4

Three children were found to have normal intelligence but to be maladjusted. Two of these who were more severely affected were referred to Child Guidance Clinic, and the third is being kept under observation.

Report on Day Special School

Year Ended December, 1956.

By Mr. J. H. Hollyhead.

The number of pupils attending the Day Special School increased during the year to 102, the highest number ever on roll. This increase and a change in staff in September made 1956 a year of re-organisation and adjustment. I feel progress has been maintained and standards generally made higher than ever before. One boy has, in fact, been transferred to a secondary school, and this form of change should be encouraged in the interests of the children and the school.

The staff in December was made up as follows:—

Headmaster
5 Class Teachers
1 full-time Handicraft Teacher
1 part-time Domestic Science Teacher

The Headmaster is now relieved of the responsibility for a class.

The children took part in organised swimming during the summer term and several certificates of proficiency were gained by both boys and girls. The standard has improved to such an extent in recent years that it is quite possible that some children will be able to take part in life-saving classes in the near future.

The annual camps at Beddgelert and the Forest of Dean were again very successful: in fact, the boys' camp at Whitsuntide was so much enjoyed that an additional camp was organised at Beddgelert during the August holiday. The only problem regarding the camping activities of the school is the staffing of the girls' camp at Christchurch. However, with the co-operation of the Education Committee the difficulties were overcome and twelve girls had a most enjoyable week.

The main school outing was to Liverpool docks, taking place, by coincidence, on the day on which the decision to close the overhead railway was finally taken. An unusual feature of the outing was that the party was taken round the warehouses where they saw produce from all over the world. Several boys were given samples of raw Latex and were delighted to find that by the time they got home this had solidified and they had a home-made rubber ball.

Additional outings were made to: Dudley Zoo, Botanical Gardens, Birmingham Science Museum, and the Folk Dance Festival.

The provision of a mid-day meal was continued by the school meals service and 65% of children stayed at school for lunch.

Contacts with outside bodies, notably Birmingham University Remedial Teaching Centre and Dudley Training College, were maintained during the year and some 30—40 students spent a day or more in the school.

A high degree of co-operation was established during the year with the Child Psychology Service, the Remedial Teaching Service and the School Health Department.

At the end of the year a review was made of the twenty-seven children, seventeen girls and ten boys, who had left the Day Special School in 1954 and 1955. Nineteen were reported for statutory supervision under Section 57(5) of the Education Act, 1944. Twenty-one of the children were found to be at work, one was unemployed and one boy and one girl were felt to be unemployable; one girl was married to a man who was serving in the army and had a child; one girl failed to hold jobs, was prone to wander from her home, was brought before the Court as being in need of care and protection, was certified and is now a patient in a mental deficiency hospital; one boy brought to Court on charges of office breaking and larceny was sent to an Approved School.

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

One girl is resident at St. Elizabeth's School for Epileptics, Much Hadham, Herts., and several children attending ordinary schools are known to suffer from epilepsy. One girl who left school at the end of the year and was severely handicapped by petit mal was satisfactorily placed in employment in an office.

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

Sixteen children are attending Special Residential Schools — nine are at Shenstone Lodge; one at River House School, Henley-in-Arden; two at Red Hill School, Maidstone, Kent; one at Swalcliffe Park, Banbury; one at Shotton Hall, Shrewsbury; one at Wennington Hall Special School, near Lancaster, and one at Leadstone Hall, Castleford, Yorks.

Report by Mr. J. D. Wincer, Headmaster of Shenstone Lodge School

Shenstone Lodge Residential Special School for 28 maladjusted children completed its second year at the end of the Summer term, 1956. There have been no major changes in policy since the previous year, and full co-operation between the school, the Director of Education, the Child Guidance Clinic team, and the Principal School Medical Officer, has been maintained.

It is now possible to give an annual estimate of the value of the school from our knowledge of what has happened to the children who have left.

At the beginning of the year, there were 22 children in residence, with 6 new admissions. During the year, 5 children left, and were replaced by further new admissions. At the end of the year, 6 more children left, making a total of 11 leavers for the year. In addition, 3 boys who should have left on reaching the school-leaving age were retained for a further year. Of the 11 leavers, 6 returned home to their normal surroundings and have since attended ordinary school; one, at his parents' wish, was found a place at a normal secondary boarding school. Another is waiting for a similar placement to be found for him, and in the meantime attending ordinary school. Two children were removed by parents, one on religious grounds, another because distance prevented them from making regular contact with their child. Only one child was removed after a recommendation had been made by the Child Guidance team that he was unsuitable. This last case is the only one so far where it has been found necessary to observe the one month's probation rule.

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

Eleven physically handicapped children are attending special schools — Five attend day schools, four at the Wilson Stuart School, Perry Barr, Birmingham, and one at Carlson House School for Spastics, Birmingham. Six are at residential schools, one girl at Dr. Barnardo's Home, High Close, Wokingham; two girls at Baskerville School; one boy at Lord Mayor Treloar's College; one boy at the National Children's Home and Orphanage, Chipping Norton; and one at Tudor Grange Special School, Coventry.

The following table summarises the type of education being received by all the children who are known to be physically handicapped (with the exception of those suffering from cerebral palsy).

Disability.	Aged 2–5 yrs.	Attending Ordinary Schools				Attending Special Schools	
		5–11 yrs.	Over 11 years				
			Grammar	Secondary Technical	Secondary Modern	Boarding	Day
Congenital Deformities ...	1	5	—	—	1	3	1
Heart Conditions (a) Congenital ...	—	2	—	—	1	—	—
(b) Rheumatic ...	—	1	—	1	4	2	—
Tuberculosis ...	—	4	1	1	1	—	—
Poliomyelitis ...	—	6	—	1	5	1	1
Perthe's Disease ...	—	3	—	—	4	—	—
Diseases of the Blood (a) Haemophilia ...	—	—	—	—	—	—	1
(b) Christmas Disease ...	2	—	—	—	—	—	—
Rheumatoid Arthritis ...	—	1	—	—	1	—	—
Deformities due to Accidents ...	—	—	—	—	—	—	1

It will be seen from this table that of the 21 children over the age of 11 years attending ordinary schools, one (4.8%) is of Grammar School standard, three (14.3%) attend the Secondary Technical School and 16 (80.9%) attend Secondary Modern schools.

CHILDREN WITH CEREBRAL PALSY.

(i) *School Children*: It is known that 16 children are suffering from this condition and the type of disability can be summarised as follows:—

Hemiplegia	5
Paraplegia	4
Quadriplegia	5
Athetosis	2

In addition, four children have further disabilities, two being partially deaf, one having a congenital dislocation of the hip, and one hydrocephalus. Nine of the children are backward, five being educationally subnormal, and four ineducable. A child who had been reported as ineducable made such good progress at the Occupation Centre that he was de-ascertained in March, 1957,

and arrangements were made for his admission to a Day Special School for Physically Handicapped children. One girl who is educationally subnormal attends the Braidwood School for the Deaf, Perry Barr, Birmingham. One child of average intelligence attends Carlson House School for Spastics, Birmingham, and six children attend ordinary schools, one being a pupil at the Secondary Technical School.

(ii) *Pre-school Children*: Four children are known to the health visitors, two have quadriplegia, one has hemiplegia, and one has very little spasticity. All appear to be mentally retarded.

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

REPORT BY MISS M. J. INGRAM, L.C.S.T., SPEECH THERAPIST

The work of the Speech Therapist has developed considerably in the past three years and the numbers of children treated in 1953, 1954, 1955 and 1956, have been 91, 93, 120 and 142 respectively.

In 1956, 142 children made 1,536 attendances and 50 new patients were taken on during the year.

Conditions treated:

Dyslalia	36
Stammer	10
Stammer and Dyslalia	2
Cleft Palate	1
Alalia	1

Patients referred by:

Head Teachers	29
School Medical Officers	8
Child Guidance Centre	4
General Practitioners	5
Other sources	4

This is the present position with cases seen for the first time this year:

Still receiving treatment	41
Discharged after treatment	3
Referred to Psychologist and still being treated	2
Under observation	4

The present position with the 92 cases carried forward from 1955 is:

Still receiving treatment	38
Discharged after treatment	25
Referred to Psychologist	4
Under observation	25

The condition of the 28 children on discharge was as follows:

Speech normal	10
Maximum improvement	5
Referred to Child Guidance	4
Unco-operative	7
Left school or moved from area	6
(referred elsewhere when possible)	

Eighty-five children were still receiving weekly treatment at the end of the year and a total of 29, including a number of children who have persistently failed to keep appointments, continued to be under observation. The waiting list on the 31st December, 1956, was 35.

An interesting development in the work of the service has been the treatment of groups of children suffering from dyslalia.

Each group consists of about 6 children, carefully selected, and as far as possible, of the same age group, and meets for an hour once a week.

In the early stages of this experiment all the children practised together tongue exercises, ear training and correction of certain sounds where the defect was common to all. I have since found, however, that better results are obtained where each child is given a book for home practice. At each session, each demonstrates his or her ability to master the new piece for practice while the others listen. Previously, some children taken individually, had found the necessary amount of home practice irksome and others had failed to do it due to parents' forgetfulness. I now find that the new spirit of competition has, in most cases, encouraged the children to practice and children will themselves remind parents about practice time each day.

Direct speech work occupies about half of the hourly session and the remainder is devoted to play. Many of these dyslalic children are very over-protected and their speech handicap has often led to difficulties in playing with others. It has been interesting to note the development of such children introduced into groups, and the way in which, in a short time, they enter into the group activity — another factor which has led to much quicker over-all improvement.

There are, obviously, some children for whom group work is unsuitable but by far the most beneficial results are obtained where it has been possible to establish groups.

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

Four delicate children attend special residential schools as follows– one girl at Laleham House School, Margate; one boy at the Hillaway House, Newton Abbott; one girl at Eden Hall, Bacton on Sea, Norfolk; and one girl at St. Vincent's Open Air School, St. Leonard's. One of these children suffers from asthma, two from phlyctenular conjunctivitis, and one from recurrent bronchitis.

Two children who are poorly nourished and have unsatisfactory home surroundings are resident in The Hollies, Smethwick; one child suffering from asthma receives home tuition.

Seventeen delicate children are able to attend normal schools. Two of these suffer from diabetes, one attending Cronehills Secondary Technical School and one attending the Grammar School. The latter boy was sent away during the summer for a fortnight's holiday at the holiday camp for diabetic children at Shaftesbury House, Rustington, Sussex. This camp is run by the British Diabetic Association and is approved by the Ministry of Education. The remaining fifteen children suffer from respiratory conditions such as asthma, bronchitis and bronchiectasis.

CHILD PSYCHOLOGY SERVICE

Summary of IVth Annual Report

(Year Ending 31st December, 1956)

by Mr. Thomas A. Kelly, M.A., Educational Psychologist.

The Child Psychology Service has now completed its fourth year, and we feel it is well established as an integral part of the Education Services of the Borough. The year under review saw the formation of a new Child Guidance Clinic Team, the Educational Psychologist, Mr. Thomas A. Kelly, taking up his appointment on 1st February and the Consultant Child Psychiatrist, Dr. David T. Maclay, became our Consultant on 27th March. Mrs. Beryl G. Smith undertook the duties of full-time Social Worker on 10th May.

Mr. Peter J. Rocks, the first Specialist Remedial Teacher appointed in the Borough in 1951, left our Staff in August to take up a similar appointment in South Africa. Mrs. Joyce Knowles was appointed as his successor and joined the Staff of the Child Guidance Service on 1st September.

The Child Psychology Service, as is shown by its personnel establishment, viz.:—an Educational Psychologist, a Consultant Child Psychiatrist, a Social Worker and three Specialist Remedial Teachers who all, after several years teaching experience, have special training and qualifications in child development, provides not only a Child Guidance Clinic Service in the narrow traditional practice, but also a comprehensive psychological service to help in dealing with children suffering from severe emotional upsets, severe behaviour and habit disorders and also with the children who are dull, backward, retarded or slightly disturbed — this latter aspect being remedial and preventive in function.

REFERRALS:

Children have been referred to the Child Psychology Service, not only by Officers in other departments concerned with the general welfare of children, but also by General Practitioners, and parents, who are welcome to come and discuss problems concerning their children. The number of children who it has been considered would benefit from our services, shows an increase over last year. This probably reflects the growing awareness on the part of all persons concerned with Child Welfare, not only of the problems of children but also of the help that can be obtained from the Child Guidance Service. It is interesting to note that the age range of children referred is from 2 years to 15 years. This emphasises the growing awareness that immediate action can often prevent an incipient problem from becoming severe. Of the majority of referrals, almost fifty per cent. were made by Head Teachers (and through them by Class Teachers), as is to be expected, because their experience enables them to detect children who appear to deviate greatly from the average child, either in ability, attainment, behaviour or social and emotional maturity levels. More than 30% of children have been referred by other Officers in the Borough (e.g., School Medical Officer, Children's Officer, Probation Officer). Ten per cent. of children have been referred by the Director of Education for various reasons such as truancy, stealing and desirability of transfer; the remainder were made by parents who came directly to the Centre. (See statistical appendix Tables 1 (a) and (b) and Tables 2 (a—e) for analysis of treatment interviews).

ANALYSIS OF REFERRALS:

An attempt has been made to analyse the reasons for which children were brought for help. This analysis is based on the problem as referred, i.e., as described by the person responsible for

seeking our aid and not on the problem as diagnosed, for a full investigation often reveals that the problem is greater than the original referral suggests. For example: a boy of nine referred as "backward" was found, on testing to be of average intelligence but retarded (i.e., functioning academically below his ability level) and also to be emotionally disturbed — revealed by symptoms such as nightmares, bed-wetting and severe nail biting.

Children classified as dull and backward are not all found to be so dull as to require special educational treatment, but to be suitable for education in normal schools in 'C' stream classes. Behaviour difficulties indicate such problems as being out of control, misbehaving at home and at school, refusing to evacuate bowels, aggression towards other children, playing with fire and violently attacking parents.

In the case of children referred as retarded, it has been possible to make arrangements with the Head Teachers for some of the children to be helped in the schools, whilst other children have been attending the Centre for remedial education.

The number of children referred for truancy only, does not include all the children who were emotionally disturbed by attendance at school; as many of these were referred for a multiplicity of reasons, they have been included in other classifications. Educational problems, other than dullness and retardation, such as unwillingness to transfer schools or to return to Residential School, assessment of intelligence and an aversion to one particular school subject, e.g., physical education, have been classified separately. (See statistical appendix Table 1C).

Day School for Educationally Sub-Normal Pupils.

At the request of the Head Teacher, the Educational Psychologist has tested a number of children to ascertain their progress, so that arrangements could be made for their school work to be graded to each child's individual level. When necessary, the Child Guidance Staff has also co-operated with the Head Teacher and Class Teacher in helping children to settle down in the School. It is felt that gentle persuasion is much better than compulsion and the Child Guidance Clinic Staff have co-operated with the Head Teacher in explaining the functions of the school and the benefits to be derived from attendance there to parents who have been unwilling, because of lack of knowledge, to agree to their child attending the school. It has been found that the majority of parents adopting this attitude do so because of lack of information about the school and the type of education it provides. The Head Teacher has welcomed visits to the school from the parents whose children are considered suitable for admission and these visits enable the parents to realise the advantages their children gain by attending the school. In addition, the children eligible to leave school have been tested, so that valuable information is available for vocational guidance purposes. During

the year the Head Teacher, the Educational Psychologist, one School Medical Officer and an Assistant Education Officer have discussed candidates for admission to the school, in order to maintain a balanced School community.

Shenstone Lodge Residential School for Maladjusted Children.

There has been close co-operation between the staffs of the school and of the Child Guidance Centre. The Educational Psychologist has visited the school regularly to discuss problems of particular children and where necessary, the advice of the Consultant Psychiatrist has been obtained. Two boys who have shown symptoms of severe emotional disturbance have attended the Centre weekly for individual treatment. In addition, the Consultant Psychiatrist and Educational Psychologist have visited the school for conference on the future educational and psychological treatment of pupils who have either attained the age for transfer to a senior school, or are considered suitable to return to their homes.

All applications for admission to Shenstone are considered jointly by the Educational Psychologist, Consultant Psychiatrist and the Head Teacher who take into account not only the problems of the children seeking admission, but also the problems of the children already in residence, so that new admissions will fit into the present "school family." The Referring Authority of the children considered suitable for acceptance is requested to try and secure co-operation from the parents, especially in regard to visits to the school, so that all children at the school will not consider themselves isolated. The parents of the West Bromwich children attending Shenstone are interviewed after each holiday to assess what progress, both educationally and socially, has been made by the children in the parents' view. Opportunity is also taken to discuss ways in which parents can contribute further to the solution of the problem. Any new developments are discussed with the Head Teacher by the Educational Psychologist.

The number of children admitted to Shenstone during 1956 was five and this brings the total number of West Bromwich children attending there up to nine. (See statistical appendix Table 1V (a) and (b).

Remedial Education.

The Remedial Education Services provided by the Child Psychology Service is two-fold in nature. In addition to having under their supervision small groups of children who are retarded or in need of social adjustment, the Specialist Remedial Teachers also conduct surveys of intelligence and attainment levels in the Basic

Subjects, using group tests of intelligence, either verbal or non-verbal, and standardised attainments tests. The results of these tests are of extreme value to the Head Teachers in arranging classes and curriculum. They have also kept abreast with educational publications and text books for backward children and with their ability to grade text books and materials to attainment levels, added to their up-to-date knowledge of publications, are in an excellent position to assist Head Teachers in assessing the suitability of books for their particular problems. (See statistical appendix Table V (a) (b) and (c).

An Experiment in Working Contact between Child Guidance and Maternity and Child Welfare Clinics

Dr. David T. Maclay, Consultant Psychiatrist, reports on this experiment as follows:—

"It is increasingly realised that if better results are to be obtained in Child Guidance work we must try to influence development at an earlier age and before faulty attitudes have become crystallized. For this reason one or two experiments have been made by way of association between the Child Psychiatrist and the Doctors and Health Visitors in the Maternity and Child Welfare Clinics. The general aim is to give these workers the advantage of psychological knowledge so that they will be in a better position to influence the development of children under their care and to help mothers who come to them with psychological problems. In the second place, it is obvious that if psychological principles are to be utilised in dealing with increasing numbers of children who need this kind of help, much of the work must be done by people other than Child Psychiatrists, of whom there are far too few to meet the need. For this reason there is a growing movement towards the dissemination of the necessary skills among such workers as those in the Maternity and Child Welfare Clinics.

"What we are doing, as yet experimentally, in West Bromwich, is that for one hour weekly a group of six or eight Maternity and Child Welfare Doctors and Health Visitors from West Bromwich, Walsall and Dudley are meeting the Child Psychiatrist at the Clinic. At these meetings the cases of individual children, who are presenting these workers with problems, are discussed and it is hoped thereby that the workers themselves will find that they are in a better position to deal with these difficulties. In a small percentage of these cases the decision is taken to refer the child to the Clinic. It would be impossible for the Clinic to cope with a large number of such referrals and underlying this experiment is the principle that in only a few cases should such a referral be necessary. It is, as yet, too early to do more than make this provisional comment on what we are doing."

In addition to the activities outlined above, the Child Psychology Service has also investigated the problems of nineteen children referred by the Walsall Education Authority. These children are subject to the same procedure as West Bromwich children referred to us.

In connection with West Bromwich children who, of necessity, had to receive treatment at establishments outside West Bromwich, the Educational Psychologist has made eleven visits and the Social Worker eight. (See statistical appendix Table (VI).

There has been a steady flow of visitors to the Child Guidance Centre — Students, e.g., Health Visitors, University students and Child Care Officers have visited the Centre as part of their training. Educational Psychologists and Remedial Teachers from other areas have visited the Centre to appraise the Child Psychology Service in all its aspects, with a view to initiating such a Service in their own areas.

STATISTICAL APPENDIX

Referrals.

TABLE 1A. TOTAL NUMBER OF REFERRALS ... 284

TABLE 1B. SOURCE OF REFERRALS

1.	Head Teachers	144
2.	Principal School Medical Officer ...	44
3.	Director of Education	23
4.	General Practitioners	13
5.	Parents	12
6.	Children's Officer	10
7.	Probation Officer	9
8.	Speech Therapist	9
9.	Marriage Guidance Counsellor ...	2
10.	Walsall Authority	18
		284

TABLE 1C. ANALYSIS OF REFERRALS.

1.	Dull and Backward	89
2.	Emotional and Nervous disorders ...	70
3.	Behaviour difficulties	33
4.	Retarded	25
5.	Enuresis	25
6.	Educational Problems other than 1, 4 and 8	14
7.	Stealing	11
8.	Truancy	10
9.	Sexual Precocity	2
10.	Nightmares	2
11.	Lack of concentration	3
	Total ...	284

ANALYSIS OF INTERVIEWS

Treatment.

TABLE 2.

(a) EDUCATIONAL PSYCHOLOGIST.

Number of new cases	237
Number of children retested	193
Number of children attended for regular treatment	68
Number of treatment sessions	345

(b) SOCIAL WORKER.

Number of parents interviewed (initial interviews)	172
Number of follow-up interviews with parents ...	527
Number of home visits	77
Number of parents interviewed as part of treatment	205

(c) CONSULTANT PSYCHIATRIST.

Annual Number of clinic sessions	131
Number of children referred (initial interviews) ...	60
Number of follow-up interviews with children ...	56
Number of follow-up interviews with parents ...	18
Number of follow-up interviews with parents/children	7
Number of treatment sessions	495
Number of children treated	18
Number of home visits	4

(d) TOTAL NUMBER OF INTERVIEWS.

Educational Psychologist	797
Social Worker	981
Consultant Psychiatrist	495

(e) CHILDREN TREATED AT CHILD GUIDANCE CENTRE.

Number attended regularly with Educational Psychologist	68
Number attended regularly with Consultant Psychiatrist	18
Number attended regularly with Specialist Remedial Teachers	61
Total ...	147

Number interviewed = 430.

DISPOSAL OF CHILDREN TESTED DURING THE YEAR

TABLE 3.

1.	Number for transfer to the Day School for Educationally Sub-normal Pupils recommended	19
2.	Number recommended for remedial education at Child Guidance Centre	22
3.	Number treated by Educational Psychologist ...	68
4.	Number attending for further observation and follow up	27
5.	Number where discussion with Head Teacher necessary	85
6.	Number where discussion with parent(s) only necessary	42
7.	Number admitted to Residential Establishments (some after receiving treatment)	15
8.	Number where further action considered unnecessary (treatment terminated)	47
9.	Number where attitude of parents unco-operative ...	13
	Total ...	338

Note. The discrepancy in the number of children tested and the total as shown above results from the fact that a number of children whose emotional and environmental difficulties have been overcome were later referred for Remedial Education or are included in item 8.

SHENSTONE LODGE RESIDENTIAL SCHOOL

TABLE 4.

(a)	Number of visits by Educational Psychologist ...	17
	Number of visits by Consultant Psychiatrist ...	2
	Number of visits by Social Worker	5
	Number of children tested	22
	Number of children attending Child Guidance Centre weekly for treatment	2
	Number of children interviewed by Consultant Psychiatrist	14
(b)	APPLICATIONS FOR ADMISSION.	
	Number of applications considered suitable for admission	12
	Number of applications considered unsuitable for admission	24
	Number of applications withdrawn by Referring Authority	2
	Total number of applications ...	38

REMEDIAL EDUCATION

TABLE 5.

(a) Showing number and types of Classes whose Basic Subject work has been directly influenced by advice and planning made by a Specialist Remedial Teacher working from the Child Guidance Centre.

	No. of Schools	*English Classes*			*Arithmetic Classes*		
		A.	B.	C.	A.	B.	C.
Primary Schools ...	11	8	26	29	8	11	8
Sec. Mod. Schools ...	6	2	2	17	2	3	12
Infant School ...	1		2				
Special Schools ...	2		1			1	
	20		87 Classes			45 Classes	

(b) Showing the number of Surveys of Basic Attainment carried out during the year.

	ENGLISH *No. of Classes Surveyed*	ARITHMETIC *No. of Classes Surveyed*
By Senior Specialist Remedial Teacher	19	7
By School Staffs in conjunction with Specialist Remedial Teachers ...	69	51
Classes of Sept. entrants to Secondary School originally conducted by Child Guidance Clinic Staff continued by School Staff	14	14
	102 Classes	72 Classes

(c) TOTAL NUMBER INFLUENCED BY REMEDIAL EDUCATION.

Number of children helped by Specialist Remedial Teachers in small groups within Schools ...	205
Number of children helped by Class Teachers in conjunction with Specialist Remedial Teachers within Schools	161
Number of children whose work in Basic Arithmetic is influenced by Specialist Remedial Teachers	2055
Number of children whose work in Basic English is influenced by Specialist Remedial Teachers ...	4000

VISITS OUTSIDE THE BOROUGH

TABLE 6.

Visits by Educational Psychologist	8
Visits by Social Worker	11
Visits by Specialist Remedial Teacher	1
Total ...	20

CHILDREN RECEIVING TUITION AT HOME OR IN HOSPITAL

During 1956, 33 children were taught in Hallam and the District Hospitals, and eight children received tuition at home. Of the forty-one children, twenty-six were boys and fifteen girls, and their ages can be summarised as follows:—

Age.	*No. of children*
5	nil
6	5
7	8
8	8
9	5
10	4
11	6
12	3
13	1
14	—
15	1
	41

The conditions for which they were having treatment are tabulated below:—

Tuberculosis—	
(a) Primary complex	1
(b) Meningitis	2
(c) Spine	2
Arthritis	2
Acute rheumatism	13
Anaemia	1
Diseases of hip:—	
(a) Perthe's	3
(b) Other	1
Nephritis	3
Asthma	2
Cerebral Palsy	1
Haemophilia	1
Spina Bifida	1
Heart Disease	1
Maladjusted	1
Accident	2
Respiratory Disease	2
Purpura	1
Ear, Nose and Throat disease	1
	41

EDUCATION OF CHILDREN FROM OVERSEAS

In March, 1957, forty-three children from overseas, mainly of primary school age, were known to be attending West Bromwich schools. They were well cared for and had settled down satisfactorily in their new surroundings. Thirteen came from the West Indies and had no difficulty in participating in school work.

However, most of the other children came from India and others from European countries. These children could not speak English when they entered school and had, therefore been handicapped in their studies. Although no attempt is being made to segregate this group of children the possibility of making some special arrangements for them is being investigated.

MORTALITY IN SCHOOL CHILDREN, 1956

Cause of Death	*No.*
Road accident	1
Pneumonia	3
Meningitis	1
Cerebral haemorrhage	1
Total ...	6

This compared with 9 deaths in 1955.

DEATHS OF SCHOOL CHILDREN, 1947—1956

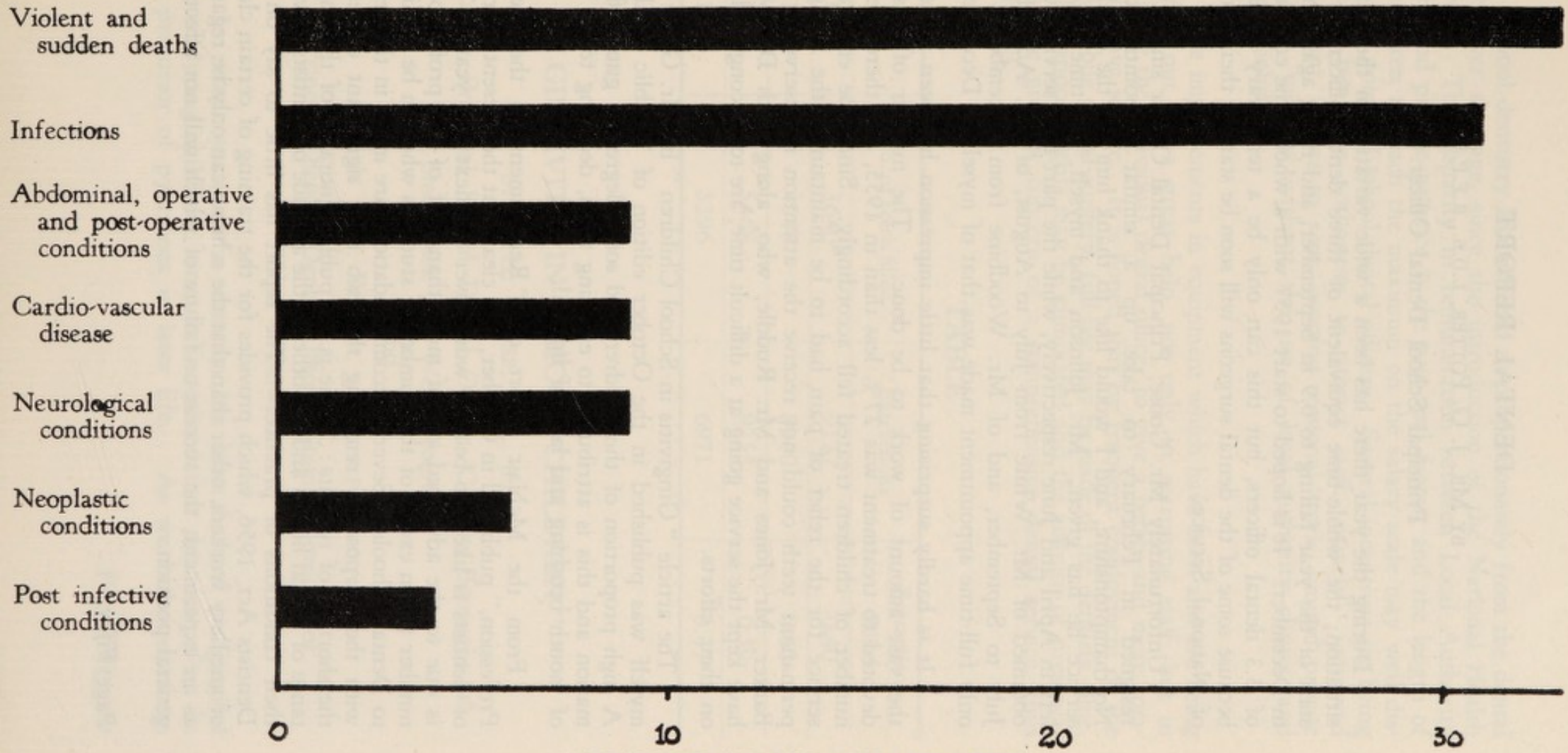
Although during 1956, four of the six deaths of school children were from infections, in the ten years period 1947—1956 more children died suddenly or as a result of violence, than from any other cause. Road accidents formed the single most common cause of death.

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	Total
VIOLENT AND SUDDEN DEATHS											
(a) Road Accidents	2	3	3	—	1	2	—	—	1	1	13
(b) Drowning	—	—	1	—	1	—	1	2	1	—	6
(c) Railway accidents	—	—	—	—	—	—	—	2	—	—	2
(d) Complications of burns	—	—	—	—	1	—	—	1	—	—	2
(e) Gas poisoning	—	—	—	—	1	—	—	—	—	—	1
(f) Status thymico-lymphaticus	1	—	—	—	—	—	—	—	—	—	1
(g) Crush injury	1	—	—	—	—	—	—	—	1	—	2
INFECTIONS											
(a) TUBERCULOSIS											
(i) Pulmonary	—	—	—	1	—	—	—	—	—	—	1
(ii) Meningitis	2	—	1	1	1	—	1	—	1	—	7
(b) PNEUMONIA											
(i) Lobar	—	1	—	—	1	—	—	1	—	2	5
(ii) Broncho	—	—	—	1	—	—	—	—	—	1	2
(c) Cerebro-spinal fever	1	1	—	—	—	—	—	—	—	—	2
(d) Diphtheria	—	—	—	—	—	—	1	—	—	—	1
(e) Tetanus	—	—	1	—	—	—	—	—	—	—	1
(f) Whooping Cough	—	1	—	—	—	—	—	—	—	—	1
(g) Measles	—	—	—	—	—	—	1	—	—	—	1
(h) Meningitis	—	—	1	—	—	—	—	—	—	1	2
(i) Paralytic Poliomyelitis	—	—	—	—	—	—	—	—	1	—	1
(j) Encephalitis	—	—	—	—	—	1	—	—	—	—	1

	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	Total
ABDOMINAL, OPERATIVE AND POST-OPERATIVE CONDITIONS											
(a) Appendicitis	1	—	—	—	—	—	—	—	1	—	2
(b) Intestinal obstruction	—	—	—	1	—	—	—	—	—	—	1
(c) Post-operative shock and haemorrhage	—	—	—	1	—	—	—	—	—	—	1
(d) Operative inhalation of body fluids	—	—	—	1	—	—	—	—	—	—	1
(e) Acute peritonitis	—	—	—	—	—	—	1	—	—	—	1
(f) Colitis	—	—	—	—	—	—	1	—	—	—	1
CARDIO-VASCULAR DISEASE											
(a) Rheumatic heart disease	—	1	—	1	1	—	1	—	1	—	5
(b) Cerebral haemorrhage	—	—	—	—	—	1	—	—	—	1	2
NEUROLOGICAL CONDITIONS											
(a) Epilepsy	—	—	1	—	1	—	—	—	—	—	2
(b) Infective polyneuritis	—	1	—	—	—	—	—	—	—	—	1
(c) Diffuse cerebral sclerosis	—	1	—	—	—	—	—	—	—	—	1
(d) Progressive muscular atrophy	—	—	1	—	—	—	—	—	1	—	2
(e) Glioma	—	—	1	—	—	—	—	—	—	—	1
NEOPLASTIC DISEASES											
(a) Leukaemia	—	1	—	—	—	2	1	—	—	—	4
(b) Sarcoma	—	—	—	—	—	—	1	—	—	—	1
POST-INFECTIVE CONDITIONS											
Nephritis	1	—	—	—	1	—	—	—	1	—	3

PROPORTIONAL MORTALITY OF SCHOOL CHILDREN — 1947 to 1956

(Total number of deaths — 81)



DENTAL REPORT

BY MR. J. G. POTTER, L.D.S., R.F.P.S.

Principal School Dental Officer.

During the year there has been a wide variation in the staffing situation; the whole-time equivalent of three dental officers at the start of the year falling to 0.9 in September, and rising again to 2.2 in December. It is hoped to start 1957 with a whole-time equivalent of 3.3 dental officers, but this can only be a temporary measure because some of the dental surgeons will soon be starting their periods of National Service.

Unfortunately Mr. Goose, Principal Dental Officer since 1952, resigned in February to take up a similar appointment in Northamptonshire, and I would like to thank him for the excellent service he has given. Mr. Johnson and myself, full-time officers, left in April and June respectively, while the part-time services were obtained of Mr. White from July to August, of Mr. Adey from July to September, and of Mr. Woodbine from December. The only full-time appointment made was that of myself in December.

It is hardly surprising that little impression has been made on the vast amount of work to be done. The number of sessions devoted to treatment was 27% less than in 1955, and therefore the number of children treated fell accordingly. Since the emergency service for the relief of pain had to be maintained, the filling of permanent teeth could not receive the attention it deserved. Mr. Barker, Mr. Jones and Mr. Ruddle, who, along with Dr. Mills, have kept the service going at a difficult time, are to be congratulated on their efforts.

The article "Gingivitis in School Children" by Mr. Goose and myself was published in the October edition of "Public Health." A high proportion of the children had some degree of gum inflammation and this is attributed to erupting teeth, decaying teeth, lack of mouth brushing and lack of lip seal.

From the McNair report on "Recruitment to the Dental Profession," published in October, it is clear that the present shortage of dentists is likely to become worse over the next few years. This is due to the advanced age of more than half of the profession, a number far in excess of the number of students who can be admitted to Dental Schools. Several recommendations are made in the report with the purpose of removing the two most significant causes of the shortage of recruits: "One is the public ignorance of the importance of dental health and the other is the attitude of dentists towards their conditions of practice." The report has little to say on the Dentists Act, 1956, which provides for the training of certain classes of ancillary workers, other than that the scheme can only be regarded as an experiment, the success or failure of which will not affect the general position.

School dentistry has suffered disproportionately from the dental manpower shortage, since the introduction of the National Health Service. The disparity in remuneration between Local Authority work and private practice is the principal factor, and the length of time taken to reach the maximum on the salary scale may well discourage potential school dental officers. Several incentives are being offered by some authorities to attract staff, namely: improved equipment, houses to rent, evening sessional work, limited private practice, with or without the use of local authority clinics, and longer holidays.

The improvements in equipment which have been and are being carried out are a great help, not only in recruiting staff, but in enabling the individual dental officer to give a better and more comprehensive service. It is hoped that by frequent employment of the new mobile dental surgery, full use may be made of the dentists' time, broken appointments may be eliminated and the amount of preservation, the greatest concern of a comprehensive dental service, thus increased.

TABLE

Year	No. of teeth filled	Extractions	Extractions Filled
1953	3640	9127	0.40
1954	4947	8210	0.60
1955	5468	9255	0.59
1956	3296	6971	0.47

APPENDIX.

"GINGIVITIS IN SCHOOL CHILDREN" *

BY D. H. GOOSE, B.SC., B.D.S.

Lately Principal School Dental Officer, County Boroughs of Smethwick and West Bromwich

and

BY J. G. POTTER, L.D.S., R.F.P.S.

Principal School Dental Officer, County Borough of West Bromwich.

In recent years more attention has been focused on gingival disease during childhood since it is realised that this may often be the precursor of pyorrhoea in later life. As we had formed an

impression that gingivitis was unduly prevalent in West Bromwich we decided to determine the extent and severity of this and to examine some of the relevant aetiological factors.

Gingivitis is used here to denote inflammation of the gums in any degree, whether due to eruption and shedding of teeth, lack of oral hygiene, etc. The diagnosis of gingivitis is based on the departure from normal gum which should be pink, firm, stippled, with well-formed papillae between the teeth and gingival sulci, shallow in depth and without exudate. (Evaluating Committee's Report 1952).

Method of Investigation.

The subjects examined were children of from 7 to 15 years attending schools maintained by the local authority. They were visiting the dental clinics for treatment, by filling or extraction of teeth primarily, and were not selected in any way by virtue of their gingival condition.

The data was recorded on Cope-Chat cards for ease of sorting and the name and address, age, chart of teeth present, D.M.F., brushing habits (regular being at least once a day), lip-seal (i.e., whether lips held together during rest), P.M.A. index and diagnosis were all included. P.M.A. index is used to indicate the over-all condition of the gums and consists of counting the number of gingival units inflamed and dividing them by the number of individuals examined.

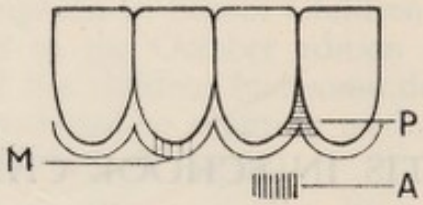


Fig. 1 — Gingival Units.

P. Interdental papilla. M. Marginal gingiva.

A. Attached gingiva.

* A shortened version of an article which appeared in " Public Health " in October, 1956.

Fig. 1 shows the gingival papillae, margins and attached areas all of which may be inflamed and each unit is counted separately, so if two papillae, one margin and one attached area were affected the total of P.M.A. is 2 plus 1 plus 1 equals 4.

RESULTS.

TABLE I

Type and amount of Gingival Disease

Type	Boys No.	Boys %	Girls No.	Girls %	Both No.	Both %
Simple ...	194	81.2	138	82.1	332	81.6
Inflam. Hyperp.	19	7.9	16	9.5	35	8.6
Others ...	3	1.3	1	0.6	4	1.0
Normal ...	23	9.6	13	7.8	36	8.8
Total ...	239		168		407	

Others: 3 non-inflammatory hyperplasia.
1 simplex periodonitis.

In all, 239 boys and 168 girls were examined and the results shown in the form of the percentage affected in Table I. It will be observed that 91.2% of the total had gingivitis and this was either simple, or inflammatory hyperplasia primarily there being only 1% of any other types.

TABLE II

Distribution of Units of Gingivitis

		Anterior				Posterior			
	No.	P.	M.	A.	P.M.A.	P.	M.	A.	P.M.A.
Boys ...	239	5.06	2.54	0.26	7.86	3.45	0.93	0.05	4.43
Girls ...	168	4.22	1.56	0.05	5.83	3.38	0.88	0.05	4.31
Both ...	407	4.71	2.14	0.18	7.03	3.42	0.91	0.05	4.38

	Combined				
	No.	P.	M.	A.	P.M.A.
Boys ...	239	8.50	3.48	0.31	12.29
Girls ...	168	7.60	2.44	0.10	10.14
Both ...	407	8.13	3.05	0.23	11.41

Table II gives the results in terms of gingival units inflamed and is given for P. M. and A. separately and combined for boys and girls, in addition to a sub-division into anterior (incisor and canine areas) and posterior (premolars and molars). Boys seem generally worse than girls, and the anterior regions worse than the posterior. In fact only 7.5% of affected cases showed inflammation of molar and premolar areas without inflammation of the anterior regions as well.

Simple gingivitis was very common and inflammatory hyperplasia (which is seen primarily in the incisor and canine region) was only about one-tenth as frequent. The attached gingivae were rarely affected and only one case of simplex periodonitis (pyorrhoea) occurred in the results.

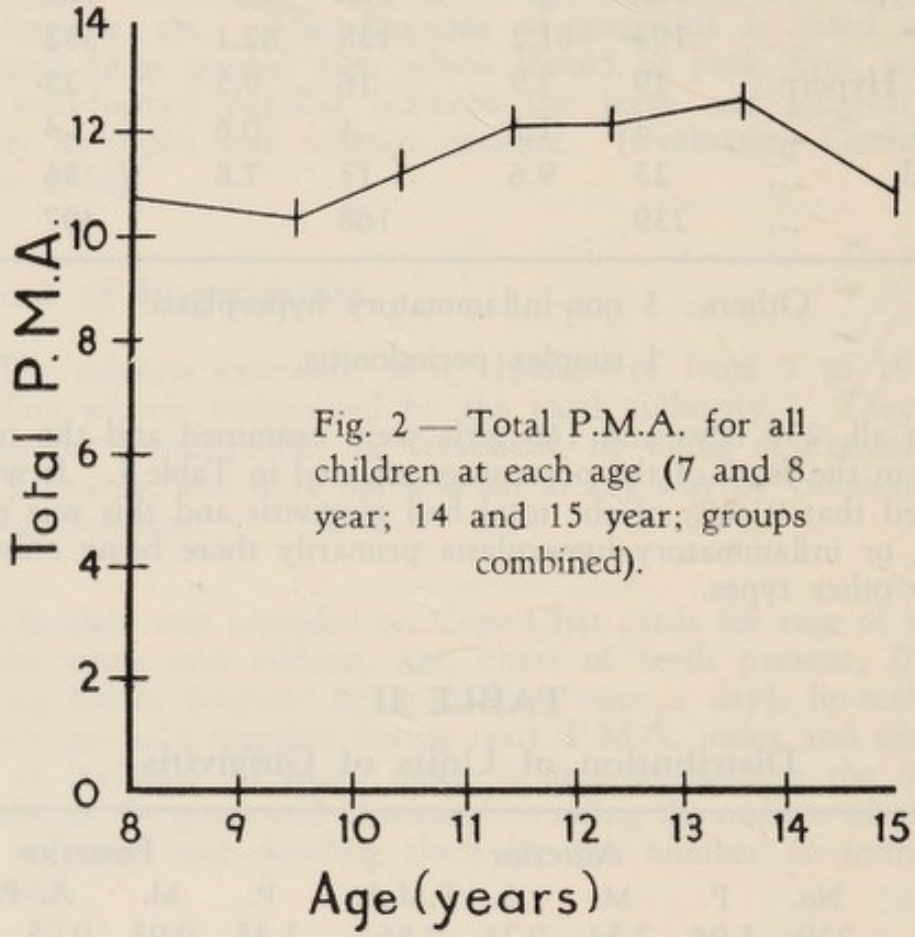


Fig. 2 — Total P.M.A. for all children at each age (7 and 8 year; 14 and 15 year; groups combined).

Fig. 2 gives a graph of the age distribution of total P.M.A. for boys and girls combined and in it the 7 and 8-year-olds were amalgamated, as were the 14 and 15-year-olds owing to the small numbers involved in these groups. There is a steady rise from the 9-year-olds — 13-year-olds and thereafter a fall.

It would seem that more children in West Bromwich suffer from this condition, than in other areas, and there are four possible reasons why this should be so.

Firstly we have included gingivitis due to erupting permanent teeth and loosening temporary ones in our results whereas others may have not done so as this is only a temporary condition. The rise from 9 to 13 years shown in Fig. 2 is at least partly due to the changeover from the temporary to the permanent dentition although the latter part is probably associated with puberty and its concurrent hormonal disturbances.

Secondly, caries may affect the gums indirectly. A scatter diagram was constructed between D.M.F. and total P.M.A. in children with solely permanent teeth (112 cases) and no relationship established, there being a completely random scatter of points. This is not very surprising since D.M.F. is a record of past caries experience whereas gingivitis is a present state which may vary from age to age due to erupting teeth, lack of oral hygiene and other causes. In fact most investigators have failed to find a relationship either direct or inverse.

However it seemed evident from our studies that untreated caries of the deciduous dentition (of which there was much) was responsible for at least some of the gingivitis in our sample due presumably to food stagnation and the lack of function engendered.

Thirdly there was a poor standard of oral hygiene due partly to the lack of mouth brushing. Only 69 boys (28.9%) and 83 girls (49.4%) brushed their teeth regularly, i.e., at least once a day and this was 37.4% of all cases. Girls were better than boys the difference between the percentages regularly brushing their teeth being significant (over 3 by S.E.).

The P.M.A. for regular brushers was 8.86, and 12.92 for the others indicating that brushing does help to keep the gums healthy. Of course part of the difference in our results probably only means that children with sore gums do not brush them regularly because it is uncomfortable.

Finally lack of lip-seal is known to be a cause of anterior gingivitis and we found 87 children (21.4%) had open lips in a position of rest. This higher proportion is probably associated with the prevalence of upper respiratory tract infections to be found in areas of heavy industry like West Bromwich. The anterior P.M.A. in open-lip cases was 8.76 and for normal cases 6.54, the difference being significant ($P. < 0.01$) thus bearing out the suggested relationship between lack of lip-seal and gingivitis (incidentally there was relatively more hyperplastic gingivitis in the open lip cases).

In conclusion we would like to express our thanks to Dr. J. F. Skone, Medical Officer of Health, West Bromwich County Borough, for his help and encouragement and to the Education Committee for the facilities placed at our disposal in this work.

MEDICAL INSPECTION RETURNS

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	1,097
Intermediates	1,930
Leavers	915
Total	3,942
Number of other Periodic Inspections	45
Grand Total	3,987

B.—Other Inspections.

Number of Special Inspections	1,393
Number of Re-inspections	223
Total	1,616

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 III.	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	7	125	130
Intermediates ...	90	167	237
Leavers	57	40	97
Total (prescribed groups) ...	154	332	464
Other Periodic Inspections ...	—	3	3
Grand Total ...	154	335	467

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	1,097	1,087	99.19	10	0.81
Intermediates ...	1,930	1,924	99.48	6	0.52
Leavers	915	911	99.56	4	0.44
Additional Periodic Inspections	45	45	100	—	—
Total	3,987	3,967	99.5	20	0.5

TABLE II.

INFESTATION WITH VERMIN

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	32,445
(ii)	Total number of individual pupils found to be infested	985
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	7
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	3

TABLE III.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1956.

A.—Periodic Inspections.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers			
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	15	17	4	2	29	37
5	Eyes—a. Vision ...	7	1	57	2	154	36
	b. Squint ...	15	3	—	—	21	7
	c. Other ...	5	3	3	—	23	12
6	Ears—a. Hearing ...	2	15	1	6	16	33
	b. Otitis Media	10	14	3	4	19	30
	c. Other ...	5	4	—	1	16	12
7	Nose and Throat ...	49	69	4	3	87	146
8	Speech	3	6	—	—	4	10
9	Lymphatic Glands ...	15	28	—	3	22	43
10	Heart	—	2	1	8	5	24
11	Lungs	14	61	5	11	29	102
12	Developmental —						
	a. Hernia ...	1	2	—	—	5	10
	b. Other ...	1	4	—	2	6	18
13	Orthopaedic —						
	a. Posture ...	—	8	2	6	5	30
	b. Feet ...	7	13	1	9	13	58
	c. Other ...	9	24	10	11	33	57
14	Nervous system —						
	a. Epilepsy ...	1	3	1	—	3	4
	b. Other ...	—	2	—	1	1	9
15	Psychological —						
	a. Development	1	10	—	1	2	14
	b. Stability ...	1	15	3	2	15	33
16	Abdomen	—	—	—	—	—	—
17	Other	5	13	3	1	22	33

TABLE III. (*continued*)

B.—SPECIAL INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	57	15
5	Eyes—a. Vision	78	4
	b. Squint	4	—
	c. Other	25	13
6	Ears—a. Hearing	17	9
	b. Otitis Media ...	16	7
	c. Other	21	8
7	Nose and Throat	14	14
8	Speech	5	—
9	Lymphatic Glands ...	—	—
10	Heart	1	11
11	Lungs	6	—
12	Developmental —		
	a. Hernia	—	—
	b. Other	2	—
13	Orthopaedic —		
	a. Posture	—	4
	b. Feet	4	5
	c. Other	26	12
14	Nervous system —		
	a. Epilepsy	1	1
	b. Other	—	1
15	Psychological —		
	a. Development ...	—	—
	b. Stability	1	—
16	Abdomen	10	—
17	Other	223	106

TABLE IV.

GROUP 1.—EYE DISEASES, DEFECTIVE VISION & SQUINT.

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	78	—
Errors of refraction (including squint)	685	9
Total ...	763	9
Number of pupils for whom spectacles were prescribed ...	432	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 ...	—	3
(b) for adenoids and chronic tonsillitis	—	162
(c) for other nose and throat conditions	—	—
Received other forms of treatment	68	—
Total ...	68	165
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1956	2	—
(b) in previous years ...	—	—

GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient department.	—	4

GROUP 4.—DISEASES OF THE SKIN
(excluding uncleanliness for which see Table II).

	Number of cases treated or under treatment during the year by the Authority
Ringworm — (i) Scalp ...	—
(ii) Body ...	—
Scabies	9
Impetigo	111
Other skin diseases	173
Total ...	293

GROUP 5.—CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	147

GROUP 6.—SPEECH THERAPY.

Number of pupils treated by Speech Therapists under arrangements made by the Authority	142

GROUP 7.—OTHER TREATMENT GIVEN.

(a) Number of cases of miscellaneous minor ailments treated by the Authority	1,428
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	668
(d) Other than (a), (b) and (c) above	—

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	3,329
	(b) As Specials	3,223
	Total (1) ...	6,552
(2)	Number found to require treatment	5,603
(3)	Number offered treatment	5,351
(4)	Number actually treated	3,579
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11(h)	6,845
(6)	Half days devoted to: Periodic (School) Inspection	14
	Treatment	784
	Total (6) ...	798
(7)	Fillings: Permanent Teeth	3,704
	Temporary Teeth	132
	Total (7) ...	3,836
(8)	Number of teeth filled: Permanent Teeth ...	3,183
	Temporary Teeth ...	113
	Total (8) ...	3,296
(9)	Extractions: Permanent Teeth	2,135
	Temporary Teeth	4,836
	Total (9) ...	6,971
(10)	Administration of general anaesthetics for extraction	2,696
(11)	Orthodontics:	
	(a) Cases commenced during the year ...	18
	(b) Cases carried forward from previous year	6
	(c) Cases completed during the year ...	15
	(d) Cases discontinued during the year ...	7
	(e) Pupils treated with appliances	24
	(f) Removable appliances fitted	21
	(g) Fixed appliances fitted	2
	(h) Total attendances	133
(12)	Number of pupils supplied with artificial dentures	49
(13)	Other operations:	
	Permanent Teeth	1,242
	Temporary Teeth	164
	Total (13) ...	1,406

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