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COUNTY BOROUGH OF WEST BROMWICH



ANNUAL REPORT

of the

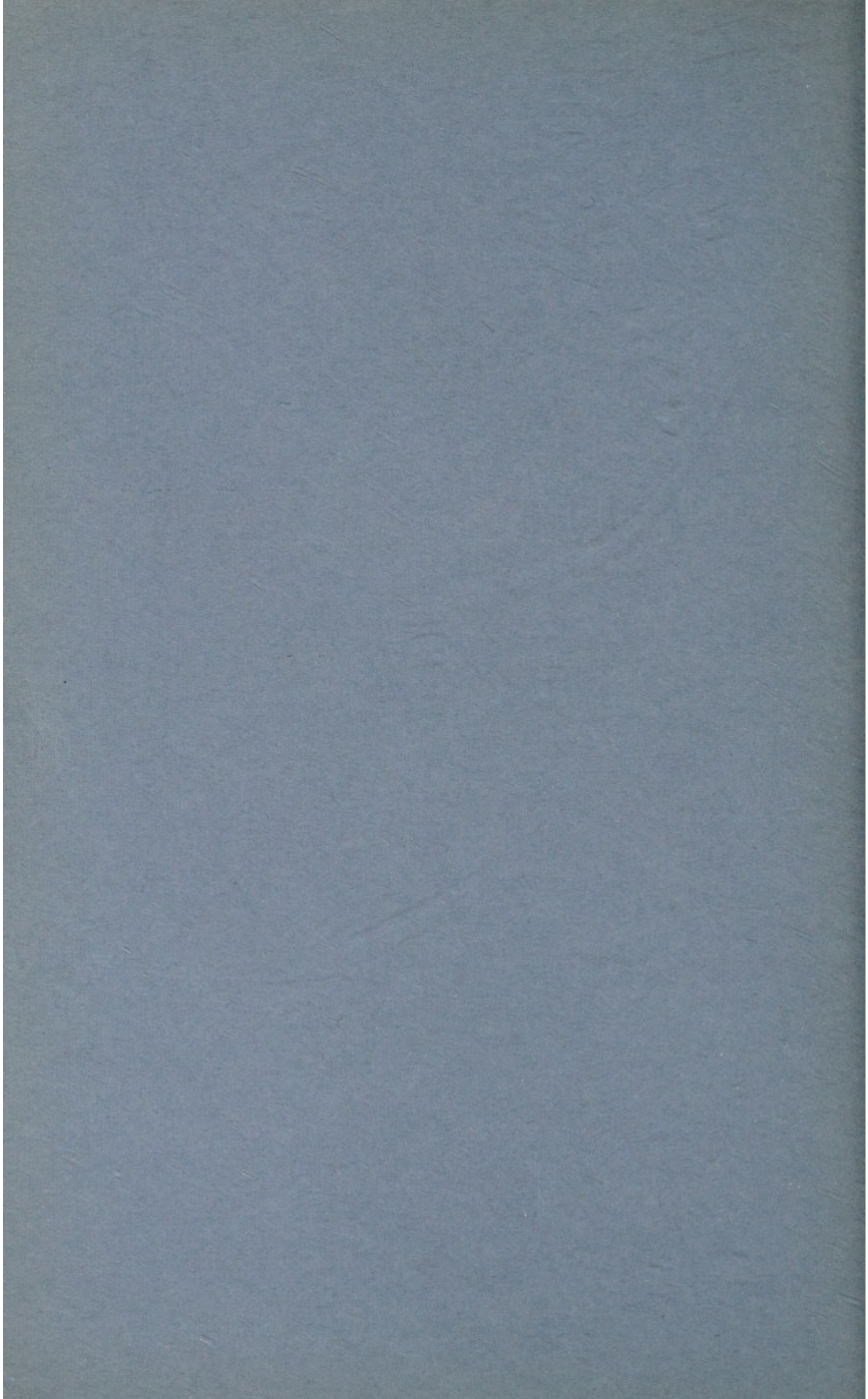
PRINCIPAL SCHOOL MEDICAL OFFICER

for the Year

1957

HUGH BRYANT, M.B., Ch.B., D.P.H.

Principal School Medical Officer



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at 31st December, 1957

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TABLE OF CONTENTS

	<i>Page</i>
STAFF OF THE SCHOOL HEALTH SERVICE	9
GENERAL INFORMATION	10
ARRANGEMENTS FOR TREATMENT AND SPECIAL EXAMINATIONS	10
Consultation and Treatment	10
Minor Ailments	10
Dental Surgeries	10
Aural Clinics	11
Ophthalmic Clinics	11
Child Guidance	11
Speech Therapy	11
Audiometry	11
Ultra Violet Light Treatment	11
MEDICAL INSPECTION OF SCHOOL CHILDREN	11
RESULT OF INSPECTIONS	12
Presence of Parents at Periodic Medical Inspections ...	15
Visits to the Homes of Children by School Nurses ...	15
MINOR AILMENTS	15
NOTES ON SPECIFIC DEFECTS	16
Diseases of the Skin	16
Defects of the Ear, Nose and Throat	17
Pure Tone Audiometric Testing for Suspected Deafness ...	18
Diseases of the Eye	18
Uncleanliness	20
GENERAL CONDITION OF SCHOOL CHILDREN	21
Result of Routine Medical Inspection	21
The School Meals and Milk in Schools Schemes	22
HANDICAPPED PUPILS	22
Ascertainment in 1957	23
Children Awaiting Placement in Special Schools	23
Children with a Handicap	24
Children with Cerebral Palsy	25
New Day Special School for the Educationally Subnormal	25
Ascertainment of Educationally Subnormal Pupils	25
Children receiving Tuition at Home or in Hospital ...	25
Special Schools in West Bromwich	26
Speech Therapy	28
Child Psychology Service	30

TABLE OF CONTENTS—continued

	<i>Page</i>
INFECTIOUS DISEASES IN CHILDREN	43
Incidence of Infection	43
Age at Infection	44
Influenza Epidemic	44
Outbreak of Tuberculosis at the Grammar School ...	47
Immunisation and Vaccination	48
Diphtheria Immunisation	48
Duration of Immunity against Diphtheria	49
B.C.G. Vaccination	49
Poliomyelitis Vaccination	49
SCHOOL DENTAL SERVICE	50
Report of the Principal School Dental Officer	50
Dental Inspection and Treatment	52
 ADDITIONAL REPORTS	
An Alternative Method of School Medical Inspection ...	53
Work Undertaken by School Nurses	53
Ultra Violet Light Treatment	54
Education of Children from Overseas	54
Part-time Employment of Children	54
Employment of Children in Entertainments	55
Mortality in School Children	55
Deaths of School Children, 1948-57	56

FOREWORD

"Now some readily receive proper education, while others get no benefit from it. Yet children must not for this reason be neglected but must be brought up in the best manners. Then, if their nature admits benefit from nurture they will become good men."

CLAUDIUS GALEN (130-201 A.D.)

This is my first Annual Report as Principal School Medical Officer, but covers the period January to May of 1957, during which my predecessor, Dr. J. F. Skone, was in office. I should like to express my thanks to him for the help he has given to me in enabling me to take up my duties with a good knowledge of the past.

Reports by their nature make indifferent reading, but by integrating the tables into the text, instead of leaving them at the end in appendices, it is hoped the appearance, if not the material, is improved.

The year under review has not been one of great change, but certain matters are, I think, worthy of emphasis. The alternative scheme of examination—an account of which was included in last year's Annual Report—which provided for the re-examination of children selected by teachers, parents, nurses and school doctors, and not for the routine examination of all children about to leave primary schools, was no longer in operation when I took up my duties in West Bromwich. In the report will be found comment on this scheme but, in brief, it was found that success depended on frequent visiting by a medical officer and by nurses who knew the children intimately, and that a comparison of the two methods in one school showed that more defects were found among the children by normal routine medical inspection. This was an interesting experiment and one which, if conditions become more favourable, might well be repeated in another school.

Generally, the health and condition of school children remained good, although there was an epidemic of influenza due to Influenza Virus A. of the so-called Asiatic type in September. This was part of a general epidemic over the whole country and unfortunately a number of children developed influenzal pneumonia and died. Although these cases were tragic, if they are set against the great number of children who were infected during the epidemic, it will be seen that the mortality was low, and that most cases of the disease were mild in character.

An account is included of an outbreak of tuberculosis in the Grammar School which caused some concern at the time but fortunately has had no serious results.

Use of routine tests of hearing and sight in the entrant group has progressed well during the year, as will be seen from the number of children of this age who were found to have defective vision. It is hoped

to employ a nurse to do audiometric testing, particularly of this age group, early in 1958.

It is most unsatisfactory to note that there is still a long waiting period for children who need operations for the removal of their tonsils and adenoids. During this waiting period absence from school due to illness, particularly infections of the nose and throat, is often very frequent and means that children are missing their education—often at the age when the basic elements of reading and number are normally acquired. Although the problem of waiting lists is primarily the concern of the hospital authorities, it has a most important bearing on education.

Unfortunately there is still a small number of parents who allow their children to be lousy, and these cause the hair of others to become infested. The amount of emotion generated by the presence of a louse in the hair is often out of proportion to the size of the insect. Occasional infestation of children whose heads are normally clean is always likely to occur and cause parental heart-burning for so long a period as a small number of parents remain indifferent to the problems of simple family hygiene and care.

The treatment of minor ailments, once a major function of the school health service, continues to decline steadily in importance, probably due to increasing use of the National Health Service. The main interest of school medicine lies in developing the complete physical and educational potential of the child, so this trend is not an unwelcome one.

It is pleasing to know that work is proceeding on a new Day Special School for the Educationally Subnormal to replace the existing old one. This will increase the facilities available for this group of children and mean that in West Bromwich all children who are so handicapped have the opportunity of a first-rate education properly suited to their ability. It is unfortunate that six children ascertained as physically handicapped were awaiting admission to day school at the end of the year. Day accommodation for this category of handicapped children is difficult to obtain.

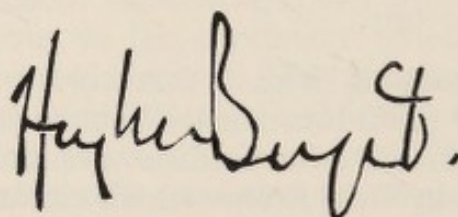
The Educational Psychologist has contributed a most interesting report on the work done in the Child Guidance Clinic. This type of work is increasingly assuming a greater importance, as with the decline in physical defects the problem of emotional and intellectual disorder comes to the fore.

On two aspects of the school health service the position is far from satisfactory. The School Dental Service is quite unable to meet the need because of the national shortage of dentists. The effects of this are serious and will last for a generation. It is depressing for the staff to see that there seems to be no hope of ever achieving the aim of keeping school children dentally fit, and to know that at the moment there is little prospect of any improvement occurring in this service. It is also depressing to record the difficulty in recruiting a Speech Therapist, and

to know that in consequence many children are not receiving the instruction and help they need in speech. This is a sad loss, for it may prevent them from achieving the benefits of full education and so taking their part in the community as normal individuals. This again is a national problem but it is one which does not appear to have received the attention it merits.

The schemes for the vaccination of school children against tuberculosis and poliomyelitis, and immunisation against diphtheria, have continued satisfactorily during the year.

The school health service is essentially an educational service, for, like our colleagues in the teaching profession, we are interested in helping to provide the growing child with experience in living and the basic knowledge and skill necessary to lead to a happy and full later life. The closer the understanding and contact between the officers of the service and the teaching staff in the schools, the better the result is likely to be. A good understanding and working relationship between the parents of the child, the teacher who has the child for much of the day, and the doctor who is asked to give advice, form the basis of the best work done in the service. I would like, therefore, to thank the teachers for their help and kindness, the Director of Education and his staff for their co-operation and interest, the staff of the School Health Service for their loyalty and industry, and the children and parents for their forbearance.



Principal School Medical Officer.

STAFF OF THE SCHOOL HEALTH SERVICE

Medical and Dental Staff :

Principal School Medical Officer :

J. F. SKONE,
M.D., D.P.H., D.C.H., D.I.H.
(to 1.4.57)

H. O. M. BRYANT,
M.B., Ch.B., D.P.H.
(from 1.5.57)

Deputy Principal School Medical Officer :

M. A. SHIELDS, M.B., Ch.B.

School Medical Officers :

M. HOMMERS, M.B., Ch.B.
R. LINDOP, M.B., Ch.B., D.C.H.
(Part-time)

J. D. WAYE, M.B., B.S., M.R.C.S.,
L.R.C.P., D.Obs. R.C.O.G., D.C.H.
(from 7.1.57)

Hon. Consultant Aural Surgeon :

M. H. STROUD, M.B., Ch.B., F.R.C.S. (to 30.6.57)

Ophthalmologist (Part-time)

L. MARX, M.B., Ch.B., D.O.M.S.

Principal School Dental Officer :

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

School Dental Officers (Part-time) :

M. J. BANCROFT, B.D.S.
(from 9.1.57 to 6.2.57)
D. T. BARKER, L.D.S., R.C.S.
(to 22.7.57)
M. E. HEMMING-ALLEN, B.D.S.
(from 2.1.57 to 8.2.57)

G. M. HURST, B.D.S.
(from 3.1.57 to 8.2.57)
H. P. A. JONES, L.D.S.
J. M. RUDDLE, L.D.S., R.C.S., B.D.S.
D. J. F. STAMMERS, L.D.S., R.C.S.
(from 8.7.57)
P. WOODBINE, B.D.S.

Dental Anaesthetist (Part-time) :

L. T. H. MILLS, B.A., M.B., B.Ch., B.A.O.

Nursing Staff :

Chief Nursing Officer :

Miss E. A. ROBERTS,
S.R.N., S.C.M., H.V. Cert., R.S.I.

Deputy Chief Nursing Officer :

Miss M. E. GREASLEY,
S.R.N., S.C.M., H.V. Cert., R.S.I.

On the 31st December, 1957, there were two full-time Clinic Nurses and twelve Health Visitors and School Nurses working part-time on School Health and part-time Maternity and Child Welfare, giving an equivalent of four and four-elevenths full-time Nurses in the School Health Service.

Speech Therapist :

Miss M. INGRAM, L.C.S.T. (to 30.11.57)

Child Guidance :

Consultant Child Psychiatrist :
DAVID T. MACLAY, M.D., D.P.M.

Educational Psychologist :
THOMAS A. KELLY, M.A.

Social Worker :

Mrs. BERYL G. SMITH

On the 31st December, 1957, there were also three Remedial Teachers and one Clerk.

Other Staff

At the end of the year, the other staff employed included a Senior Clerk, two Clerks, three Dental Clerks/Attendants and one Cleansing Assistant (Part-time)

GENERAL INFORMATION

Population of West Bromwich	93,050
School Population	15,948
Children attending Primary Schools	10,429
Children attending Secondary Schools	5,650
Children attending Special Schools	131

The number of children attending Primary Schools included 81 children at three Nursery Classes held in three of the Primary Schools.

Number of Schools maintained by the Authority :

Primary Schools	21
Secondary Modern Schools	6
Secondary Grammar School	1
Secondary Technical School	1
Comprehensive School	1
Day Special School	1
Residential Special School	1
Art School	1
Technical College	1

ARRANGEMENTS FOR TREATMENT AND SPECIAL EXAMINATIONS

Consultation and Treatment Sessions—Doctor in Attendance

School Clinic	Day and Time of Commencement	No. of Sessions Weekly
CENTRAL CLINIC	Tuesday and Friday at 2.0 p.m.	} 3
Lombard St. West	Saturday at 9.30 a.m.	
STONE CROSS CLINIC	Wednesday at 9.30 a.m.	1
Jervoise Lane		

Minor Ailment Treatment Sessions—Nurse in Attendance

CENTRAL CLINIC	Mon., Thurs. and Sat. at 9.30 a.m.	} 6
Lombard St. West	Tues., Wed. and Friday at 2.0 p.m.	
STONE CROSS CLINIC	Mon., Tues., Wed., Thurs. and Friday,	} 5
Jervoise Lane	9.30 a.m.	

Dental Surgeries

CENTRAL CLINIC	Monday to Saturday at 9.0 a.m.	} 11
Lombard St. West	Monday to Friday at 2.0 p.m.	
STONE CROSS CLINIC	Monday to Friday at 9.0 a.m.	} 9
Jervoise Lane	Mon., Tues., Thurs. and Fri. at 2.0 p.m.	
MOBILE SURGERY	Monday to Friday at 9.0 a.m.	} 10
	Monday to Friday at 2.0 p.m.	

Patients requiring treatment are seen on Tuesdays and Thursdays between 9.0 a.m. and 10.0 a.m. and emergency cases are seen at any time at the request of the Head Teacher.

Aural Clinics

Children referred to Mr. Stroud by the School Medical Officers were seen by appointment.

Ophthalmic Clinics

The Consultant Ophthalmic Surgeon attended at the Central School Clinic, Lombard Street West, on Monday and Thursday mornings to examine by appointment children referred by the School Medical Officers.

Child Guidance

The Child Guidance Centre is situated in Grange Road and children are seen by the Psychiatrist only if referred by a School Medical Officer, the family Doctor or Educational Psychologist. The Educational Psychologist sees children by appointment.

Speech Therapy

The Speech Therapist gave treatment at Grange Road, seeing children referred by the School Medical Officers as in need of this form of training. Unfortunately, she has not yet been replaced.

Audiometry

Routine audiometric testing was carried out in schools, on children in the six years age group. Children who failed the screen test were given appointments for further testing at the School Clinic. In addition, audiometric testing was carried out at the School Clinics on children referred by Head Teachers, School Medical Officers and Health Visitors.

Ultra Violet Light Treatment

Children recommended for ultra violet light therapy by the School Medical Officers attended the Central Clinic and Stone Cross Clinic.

MEDICAL INSPECTION OF SCHOOL CHILDREN

The basis of the scheme remained the same as in previous years. Three routine examinations were carried out—on entry to school, in the last year at primary school, and in the last year of attendance at a secondary school. Unfortunately, it was not always possible to adhere strictly to this, and some children were not examined in the last year of attendance at primary school, this examination being subsequently done during the first year at secondary school. Examinations were supplemented when necessary by special inspections and re-inspections.

Periodic Medical Examinations

Number of children examined in the groups :

Entrants	...	...	...	...	...	...	...	...	1,771
Primary School Leavers			...	...	...	...	...	...	959
Senior Leavers	...	...	...	...	...	...	...	...	1,160
									—
								TOTAL	3,890
									—
								Additional periodic examinations	367
									—
								GRAND TOTAL	4,257
									—

Other Examinations

Special Examinations	...	...	...	...	...	...	...	1,123
Re-inspections	...	...	...	...	...	...	...	613
								—	
								TOTAL	1,736
									—

The following table shows the number of routine examinations in each of the last six years.

Numbers examined :	1952	1953	1954	1955	1956	1957
Entrants	2,203	1,489	705	1,348	1,097	1,771
Ten-year olds	723	1,080	1,390	873	1,930	959
Leavers	900	826	980	860	915	1,160
Other Periodic Examinations	63	—	167	333	45	367

RESULT OF INSPECTIONS

Periodic Inspections

The number of defects requiring treatment was 575, compared with 530 in 1956. The principal change from last year is an increase in the number of children with defects of vision, this being due to a full year's testing of entrants to school. There is also a fall in the number of

children requiring treatment for defects of the nose and throat. The figures are shown in the following table :

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		
SKIN	5	27	9	5	26	41
EYES						
Vision	54	6	105	1	275	24
Squint	27	23	—	2	32	30
Other	6	9	1	1	7	12
EARS						
Hearing	2	76	6	24	18	127
Otitis Media ...	18	52	2	12	23	81
Other	3	11	2	12	9	34
NOSE AND THROAT	16	113	5	15	33	159
SPEECH	1	17	1	—	4	21
LYMPHATIC GLANDS	10	54	1	1	15	63
HEART	2	14	—	12	6	38
LUNGS	27	109	4	5	35	136
DEVELOPMENTAL						
Hernia	3	10	—	—	4	12
Other	2	26	—	7	8	44
ORTHOPAEDIC						
Posture	2	14	1	4	7	24
Feet	18	41	3	13	34	68
Other	8	32	1	16	24	66
NERVOUS SYSTEM						
Epilepsy	—	3	1	1	1	6
Other	—	31	2	3	2	41
PSYCHOLOGICAL						
Development ...	—	18	—	1	1	24
Stability	2	32	—	—	5	46
ABDOMEN	3	7	—	1	4	8
Other	1	2	1	1	2	3
TOTALS	210	727	145	137	575	1,108

Special Inspections

The following table shows the number of defects found at special inspections :

DEFECT OR DISEASE	SPECIAL INSPECTIONS	
	Requiring treatment	Requiring observation
SKIN	112	19
EYES		
Vision	87	10
Squint	4	3
Other	23	13
EARS		
Hearing	9	21
Otitis Media	2	6
Other	7	2
NOSE AND THROAT	8	8
SPEECH	—	—
LYMPHATIC GLANDS	1	—
HEART	5	6
LUNGS	1	5
DEVELOPMENT		
Hernia	5	1
Other	1	2
ORTHOPAEDIC		
Posture	1	4
Feet	5	4
Other	27	32
NERVOUS SYSTEM		
Epilepsy	—	1
Other	5	2
PSYCHOLOGICAL		
Development	—	1
Stability	3	2
ABDOMEN	—	1
OTHER	128	88
TOTALS	434	231

Summary of Pupils found to Require Treatment

Age Group Inspected	For defective vision (excluding squint)	For any of the other conditions recorded in previous table	Total individual pupils
Entrants	56	132	164
Primary School Leavers ...	89	67	144
Senior Leavers	105	43	146
TOTALS	250	242	454
Additional Periodic Inspections	24	26	43
GRAND TOTALS	274	268	497

Presence of Parents at Periodic Medical Inspections

Age Group Inspected	Number of Pupils Inspected	Number with Parent present	Percentage with Parent present
Entrants	1,771	1,682	94.9
Primary School Leavers ...	959	756	78.8
Senior Leavers	1,160	665	57.3
Additional Periodic Inspections	367	289	78.7
TOTALS	4,257	3,392	79.7

These figures are gratifying. The value of these examinations is greatly enhanced if the parent can be present and take an interest.

Visits to the Homes of Children by School Nurses

There was little change in the number of home visits paid by school nurses, there being a total of 354 in 1957 compared with 382 in 1956. Of the visits in 1957, no less than 231 were paid in connection with infestation. These figures give a somewhat false idea of the amount of liaison that exists with the home, for the majority of school nurses are also health visitors and in the course of their work they pay regular visits to young children; at the same time they also enquire concerning school children, but these visits would not be shown in the above figures.

MINOR AILMENTS

The decline in the number of children attending these clinics still continued, as is shown in the following figures. Much of this is due to facilities available elsewhere in the National Health Service and there is no evidence to show that there is an increase in neglect of the treatment of minor diseases. Attendance at the school clinic can become a method of escaping from school work, and it is, of course, the aim of the School

Health Service to avoid loss of school time unless this is absolutely essential.

1948	...	3,652	1953	...	2,000
1949	...	3,087	1954	...	1,824
1950	...	2,367	1955	...	1,769
1951	...	2,519	1956	...	1,712
1952	...	2,402	1957	...	1,249

A total of 506 children made 2,568 attendances at the Central Clinic. At Stone Cross Clinic the corresponding figures are 743 children and 2,201.

NOTES ON SPECIFIC DEFECTS

Diseases of the Skin

There has been a decline in the number of cases of diseases of the skin, 273 being treated in 1957 and 293 in 1956. Five cases of scabies were treated, but no ringworm was reported during the year.

		Number of cases treated or under treatment during the year by the Authority	
Ringworm :	(i) Scalp	...	—
	(ii) Body	...	—
Scabies	...	...	5
Impetigo	...	...	56
Other skin diseases	...	...	212
TOTAL			273

The number of cases of impetigo treated in school clinics has fallen. The following table gives the figures for the past five years.

1953	...	80	1956	...	111
1954	...	126	1957	...	56
1955	...	158			

The following table shows the number of cases of ringworm and scabies in each of the last ten years.

				SCABIES	RINGWORM	
					Scalp	Body
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	—	—
1957	...	...	...	5	—	—

Defects of the Ear, Nose and Throat

There was no great change in the number of children having their tonsils and adenoids removed. Altogether 206 children had this operation, five had operations for diseases of the ear and eight had operations for other nose and throat conditions. Of these children, fourteen were seen by the aural surgeon at the School Clinic, the remaining 205 being referred by the family doctor or the school medical officer direct to the Hospital.

Of the children seen at periodic medical examinations, the following numbers are known to have had their tonsils and adenoids removed.

Entrants	67
Primary School Leavers	96
Senior Leavers	104
Other Periodic Inspections	44

Treatment

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear	—	5
(b) for adenoids and chronic tonsillitis	—	206
(c) for other nose and throat conditions	—	8
Received other forms of treatment ...	41	—
TOTAL	41	219
Total number of pupils in schools who are known to have been provided with hearing aids :		
(a) in 1957	5	—
(b) in previous years	2	—

The course recommended by the Aural Surgeon in the children referred from audiometry sessions and routine medical inspections was as follows :

To receiving hearing aid	5
Removal of tonsils and adenoids, with or without previous medical treatment	29
Removal of aural polyp	1
Medical treatment	4
Medical treatment and possibly hearing aid later ...	1
Breathing exercises	1
Sit in front of class	5
No treatment needed	9

Of the remainder, two failed to return to the Clinic in spite of frequent requests, and one child left the district.

Unfortunately, Mr. Malcolm H. Stroud, who had started a session at the School Clinic in September, 1956, left the district on the 30th June, 1957, and at the end of the year had not been replaced.

The following table shows the number of children from West Bromwich known to have had hospital treatment for the removal of tonsils and adenoids, both as a total figure and expressed as the number of operations per 100 children.

Year	No. of Operations	School Population	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
1957	206	15,948	1.29

Unfortunately there is still a considerable waiting list and long delay before admission to hospital is arranged. This is particularly true at the West Bromwich and District General Hospital.

Pure tone Audiometric Testing for suspected deafness

This was continued during the year, mainly with children tested within six months of their entry into infants' departments; of which 547 were examined by the school medical officers, using a pure-tone audiometer. Fifty-nine were given a re-test and 92 were found to have a loss in one or both ears of 20 decibels or more. These children were referred to the Ear, Nose and Throat Surgeon, some are included in the table above, others were seen at hospital out-patient sessions.

It is hoped in the new year to start regular routine audiometric testing in schools with the aid of a Health Visitor trained in this work, which it is thought will provide a further service for the testing of children's hearing.

The following table gives details of audiometry performed at the school clinics :

Number of children who attended for the first time ...	102
Number with defects	15
Number to attend for re-testing	32
Number of re-tests carried out	44
Number of above with defects	6

Diseases of the Eye

Altogether 791 children were referred from school medical inspection with defective vision compared with 685 in 1956. Five hundred and eighty-four children had glasses prescribed: all these children were seen by Dr. Marx at the School Clinic in his special

ophthalmic sessions. In addition, seven children were found to be suffering from external and other defects of the eye, apart from errors of refraction and squint. These were similarly referred for treatment.

There were 495 children examined for the first time by the Ophthalmic Surgeon at the clinic—488 for defective vision and seven for other conditions. Total attendances numbered 972 and glasses were prescribed in 584 cases.

In 516 cases spectacles were repaired or replaced.

Dr. L. Marx, the Consultant Ophthalmic Surgeon, reports :

“ Clinics have been running smoothly throughout the year. Most parents and children seem to be reasonable about wearing glasses, although one still finds the odd case who says he is called “ four eyes ” in school and therefore is rather reluctant to wear glasses as frequently as necessary, but altogether one certainly feels that both children and parents are very reasonable on the whole.”

The following table gives details of children found to need such treatment.

	Number of cases dealt with	
	By the Authority	Otherwise
External and other conditions, excluding errors of refraction and squint ...	126	3
Errors of refraction (including squint)	791	14
TOTALS	917	17
Number of pupils for whom spectacles were prescribed	584	Not known

The following table shows the number of children found at periodic inspection to require attention for defects of the eye.

	AGE GROUPS INSPECTED			Additional Periodic Inspections	Totals
	Entrants	Primary School Leavers	Senior Leavers		
Defective Vision	54	89	105	27	275
Squint ...	27	4	—	1	32
Other	6	—	1	—	7
TOTALS	87	93	106	28	314

The school nurses tested the vision of 1,232 children entering infants' departments ; of these 54 had defects of vision, 18 were already wearing glasses, and the remaining 36 were referred to the Ophthalmic

Surgeon for further examination. Up to the end of December, 1957, 31 had been examined by the Ophthalmic Surgeon, who wished to see 26 of them again. Glasses were prescribed in 17 cases. One child failed to keep his appointment, one left the borough, and three are still awaiting appointments.

Uncleanliness

There has always been some doubt over the reliability of figures for uncleanliness, and towards the end of the year it was decided to overhaul the arrangements for dealing with this problem administratively under Section 54 of the Education Act, 1944. The new arrangements provide for a procedure whereby if a child is found to be infested with nits or lice a letter is sent by post to the parents informing them of the condition found and how to obtain cleaning material. If the circumstances merit it, e.g., illness of the mother, and the parent agrees, a voluntary cleansing can be carried out at the school clinic, but in most cases the child is examined again in school three days later by the school nurse and found to be clean. If, however, infestation is still present a cleansing notice is served by registered post, giving an appointment at the school clinic in two or three days for re-examination. An alternative time is offered at the clinic before the two or three days have elapsed, if the parents so desire. If on the next occasion the child is still infested, the facts are reported to the Principal School Medical Officer, who may issue a compulsory cleansing order, in which case the child will be compulsorily cleansed at the School Clinic. Children are not usually excluded from school on the preliminary notice unless the infestation is so great as to make this necessary. If, however, a child is found at the expiry of three days after this notice to be still infested exclusion is normal for a period of three days. As soon as the child is clean readmission is advised.

During 1957, 22,988 individual cleansing inspections were carried out on the whole school population, 1,182 individual pupils were found to be infested, and 72 cleansing notices were issued. No cleansing orders were issued.

The following table compares the percentages of children found infested in England and Wales and West Bromwich, over the past five years.

	1953	1954	1955	1956	1957
England and Wales ...	4	4.4	4.1	—	—
West Bromwich ...	14.5	7.5	7.6	6.3	7.4

It must be realised that there are some children in schools all over the country and in West Bromwich who are still, in fact, lousy—a situation which cannot be regarded with complacency by the remainder of the population.

A cleansing assistant is employed to carry out cleansing either at the request of parents who for various reasons are unable to do this

themselves or when compulsory cleansing is necessary. During the year she carried out the following work :

Number of children treated at clinics	...	...	524
Number of treatments given at clinics	...	...	1,406
Number of visits to homes	...	...	37
Number of children treated at home	...	...	71
Number of treatments given at home	...	...	187
Number of children treated at schools	...	...	627
Number of treatments given at schools	...	...	1,809

GENERAL CONDITION OF SCHOOL CHILDREN

Result of Routine Medical Inspection

At periodic medical inspection in school, a total of 4,257 children was examined, of these 4,224 or 99.22 per cent. were above average and 33 or 0.78 per cent. below average. Details are as follows, showing the figures over the last six years :

	1952	1953	1954	1955	1956	1957
Good	34.0	38.2	45.4	34.3	—	—
Fair	63.0	61.2	54.1	65.3	—	—
Poor	3.0	0.6	0.4	0.3	—	—
Satisfactory ...	—	—	—	—	99.5	99.22
Unsatisfactory	—	—	—	—	0.5	0.78

The following table shows the classification of the physical condition of pupils in each of the age groups inspected.

Age Groups Inspected	Number of Pupils Inspected	SATISFACTORY		UNSATISFACTORY	
		No.	Percent. of Col. (2)	No.	Percent. of Col. (2)
Entrants	1,771	1,750	98.82	21	1.18
Intermediates ...	959	958	99.9	1	0.1
Leavers	1,160	1,154	99.48	6	0.52
Additional Periodic Inspections ...	367	362	98.64	5	1.36
TOTAL	4,257	4,224	99.22	33	0.78

Broadly speaking, there is no great change in the general condition of school children over the borough as a whole.

The School Meals and Milk in Schools Schemes

The following figures show the number of children in attendance and the number of meals provided on a single day in October, 1957 :

Primary, Secondary and Special Schools :

Number of pupils present in all schools on the day selected	14,611
Number of school kitchens	11
Number of schools or departments served	51
Number of schools or departments not yet served	—

	MEALS		MILK	
	1956	1957	1956	1957
(a) Free Meals	416	416	12,447	11,972
(b) For payment	2,994	2,805	—	—
Percentage of total	22.45	22.16	91.5	81.94

HANDICAPPED PUPILS

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 such pupils. An increasing proportion of the work of school medical officers is concerned with the problems of the children with handicaps ; some children are ascertained in early infancy, especially when the cause of the defect is congenital, and kept under observation and care until such time as they enter school or need special educational facilities. The aim of the service is always to keep the majority of children at ordinary school because this is undoubtedly the ideal.

At the end of the year there were 177 handicapped pupils receiving special educational treatment in special schools and the following table gives details.

	Day Pupils	Boarders
BLIND		
Lickey Grange	—	3
Technical Dept., Birmingham Royal Institution for the Blind	—	1
PARTIALLY SIGHTED		
Priestley Smith Day Special School	3	—
Birmingham Royal Institution for the Blind	1	—
Royal Normal College for the Blind, Shrewsbury	—	1
Exhall Grange, Coventry	—	1
DEAF		
Braidwood Day Special School, Birmingham	3	—
Longwill School, Birmingham	1	—
Royal School for Deaf Children, Margate	—	1
PARTIALLY DEAF		
Braidwood Day Special School, Birmingham	5	—
Longwill School, Birmingham	1	—
Royal School for Deaf Children, Birmingham	—	1

	Day Pupils	Boarders
DELICATE		
St. Patrick's Open Air School, Hayling Island ...	-	2
Baskerville School, Birmingham	-	2
St. Catherine's Open Air School, Ventnor, Isle of Wight	-	3
Holy Cross School, Broadstairs	-	1
Kingswood Open Air School, Wolverhampton ...	-	1
West Malvern Open Air School	-	1
Hillaway Homes	-	1
Wilson Stuart School, Birmingham	1	-
PHYSICALLY HANDICAPPED		
Lord Mayor Treloar's College, Froyle, Alton, Hants.	-	1
Tudor Grange Special School, Coventry	-	1
Baskerville School, Birmingham	-	1
Chipping Norton Branch, National Children's Home and Orphanage	-	1
Carlson House, Birmingham	1	-
Wilson Stuart School, Birmingham	2	-
EDUCATIONALLY SUB-NORMAL		
Bratt Street School, West Bromwich... ..	104	-
St. Francis Residential School, Birmingham ...	-	2
All Soul's R.C. School, Hillingdon, Middlesex ...	-	1
MALADJUSTED		
Shenstone Lodge Special School, near Lichfield ...	-	10
St. Hilliard's, Gloucester	-	5
Red Hill, Maidstone, Kent	-	2
Swalcliffe Park, Banbury	-	1
Shotton Hall, Shrewsbury	-	1
Cam House Hostel, Dursley, Glos.	-	1
EPILEPTIC		
St. Elizabeth's School, Much Hadham, Herts. ...	-	1

Ascertainment in 1957

The following number of children were ascertained as in need of special educational treatment as handicapped pupils during the year.

Blind	—
Partially Sighted	2
Deaf	1
Partially Deaf	1
Delicate	9
Physically Handicapped	7
Educationally Subnormal	30
Maladjusted	11
Epileptic	—

Children Awaiting Placement in Special Schools

The following pupils were ascertained as in need of special educational treatment, but at the end of the year arrangements for their accommodation had not been completed :

Partially Sighted	2
Partially Deaf	1
Physically Handicapped	6
Educationally Subnormal	9

Children with a Handicap

Not all children with a handicap are handicapped children within the terms of the Handicapped Pupils Regulations for many of these children attend ordinary school and do so satisfactorily. The following table gives details of the handicapped children known and shows what form of education they are receiving.

Disability	Attending Ordinary Schools						Receiving Tuition in Hospital	Receiving Tuition at Home prior to admission to School
	Aged 2-5 yrs.	5-11 yrs.	Over 11 years					
			Grammar	Comprehensive	Secondary Technical	Secondary Modern		
Congenital Deformities ...	3	7	-	-	-	3	-	2
Progressive Muscular Atrophy ...	-	-	-	-	-	-	-	1
Heart Conditions								
(a) Congenital ...	1	3	-	-	-	-	-	2
(b) Rheumatic ...	-	-	-	1	-	3	1	-
Tuberculosis ...	-	4	2	1	-	3	2	-
Poliomyelitis ...	1	9	1	-	1	4	-	-
Perthe's Disease ...	-	3	-	-	-	1	-	-
Epilepsy ...	-	4	-	-	-	1	-	-
Diseases of the Blood								
(a) Haemophilia ...	-	-	-	-	-	-	-	1
(b) Christmas Disease ...	2	-	-	-	-	-	-	-
Coeliac Disease ...	-	1	-	-	-	-	-	-
Rheumatoid Arthritis	-	1	-	-	-	1	-	-
Lipodystrophy and Metabolic Disorder	-	1	-	-	-	-	-	-
Cretinism ...	-	2	-	-	-	1	-	-
Deformities due to Accidents ...	-	-	-	-	-	1	-	-

Children with Cerebral Palsy

It is known that 16 children are suffering from this condition and the type of disability can be summarised as follows :

Hemiplegia	...	...	...	...	...	...	4
Paraplegia	...	...	...	...	...	...	6
Quadriplegia	...	...	...	...	...	...	4
Athetosis	...	...	...	...	...	...	2

In addition, two children have further disabilities, one being a cretin and the other partially deaf. Ten of the children are backward, three being educationally subnormal and seven ineducable.

New Day Special School for the Educationally Subnormal

Work has been proceeding on the construction of a new day special school of 160 places. When this is complete it is proposed to close the existing special school at Bratt Street and the borough will then have adequate provision for the needs of the educationally subnormal.

Ascertainment of Educationally Subnormal Pupils

Statutory examinations for the purpose of ascertaining educationally subnormal pupils were carried out by approved School Medical Officers in 47 new cases and 21 re-examinations. The following were the findings :

To remain in Day Special School, Bratt Street	...	5
For admission to Day Special School, Bratt Street	...	29
For admission to Day Special School for Physically Handicapped	... ..	3
For admission to Residential School for Physically Handicapped	... ..	2
For admission to Voluntary Home for Backward Children	... ..	1
To leave Day Special School, Bratt Street, and for statutory supervision on leaving school	... ..	1
For trial period with remedial teacher	... ..	2
To remain in ordinary school	... ..	10
Decision deferred	... ..	11
For notification under Section 57(3) of the Education Act, 1944, for the purposes of the Mental Deficiency Act	... ..	4

Children receiving Tuition at Home or in Hospital

During 1957, 29 children were taught in Hallam and the District Hospitals, and 11 children received tuition at home. Of the 40 children, 28 were boys and 12 girls, and their ages can be summarised as follows :

Age	...	...	5	6	7	8	9	10	11	12	13	14	15
Number of children			4	4	7	6	7	4	5	1	1	1	Nil

The conditions for which they were having treatment can be summarised as follows :

Tuberculosis : Respiratory	...	...	...	...	...	1
Other forms	...	...	...	...	...	4
Acute rheumatism	...	...	...	...	...	2
Abscess of leg	...	...	...	...	...	1
Skin disease	...	...	...	...	...	1
Nephritis	...	...	...	...	...	2
Asthma	...	...	...	...	...	1
Cerebral Palsy	...	...	...	...	...	1
Haemophilia	...	...	...	...	...	1
Spina Bifida	...	...	...	...	...	2
Heart disease	...	...	...	...	...	3
Accidents	...	...	...	...	...	11
Respiratory disease	...	...	...	...	...	3
Appendicitis	...	...	...	...	...	4
Ear, Nose and Throat Disease	...	...	...	...	...	2
Progressive Muscular Atrophy	...	...	...	...	...	1
						—
						40
						—

Special Schools in West Bromwich

BRATT STREET DAY SPECIAL SCHOOL FOR EDUCATIONALLY SUBNORMAL CHILDREN

The number of children on the roll and those admitted and discharged were as follows :

	Boys	Girls
Number on the roll, December, 1956	59	43
Number of children admitted during 1957	11	11
Number of children who left during 1957	10	10
Remaining on roll on 31/12/57	60	44

I am indebted to Mr. J. H. Hollyhead, Headmaster of the Day Special School for the following report on the activities :

1957 was a year of continued growth for the Day Special School and ended with 104 children on roll. Up till August the Staff consisted of the Headmaster, six class teachers, a woodwork teacher, a part-time domestic science teacher, but at the end of the month a teacher left to take up training as an Educational Psychologist and the school reverted to five classes. As from the beginning of September, the school became co-educational throughout and, as the arrangement has been so successful, it is proposed to continue on a co-educational basis when the new school opens in 1958.

The co-ordination of the medical and psychological services and the school, has been better than ever before in the history of the school. The whole school took part in organised swimming, and the number of certificates gained at the end of the session was four first-class, one second-class and nine third-class. Arrangements

were also made to hold the first ever swimming gala, but due to absence owing to Asian 'flu it had to be cancelled at the last moment. Because of the success at swimming, it was decided to continue the swimming during the winter at Rolfe Street Baths, and a party of boys and girls goes each Monday.

The Annual Camps at Beddgelert and Forest of Dean were well attended and thoroughly enjoyed by both pupils and staff. Additional outings were organised to local works and to Wicksteed Park, Northants. The School Meal Service provided a hot mid-day meal and approximately 80 per cent. of the children stayed lunch.

During the year the school had many visitors, notably from Dudley Training College and the University of Birmingham.

The year is probably the last we shall spend in our present building, and it is only right that it should have been the most successful.

The following table shows the distribution of intelligence quotients amongst the pupils at this school.

Quotient	...	40-49	50-59	60-69	70-79	80-89	90-99
No. of Pupils	...	3	10	51	39	2	1
Mean I.Q.:	67.0						

SHENSTONE LODGE RESIDENTIAL SPECIAL SCHOOL, SHENSTONE, NEAR LICHFIELD

	Boys	Girls
Number of children on roll at beginning of 1957 ...	20	8
Number of children admitted during the year ...	2	6
Number of children who left during the year ...	6	2
Remaining on roll on 31/12/57 ...	16	12

One girl did not return after the Christmas holidays and was replaced early in 1958.

I am indebted to Mr. J. D. Wincer, Headmaster of Shenstone Lodge School for the following report.

Shenstone Lodge Residential Special School for 28 mal-adjusted children completed its third year at the end of the Summer Term 1957. As in the past, full co-operation between the School, Director of Education, Child Guidance Team and School Medical Officer has been maintained.

At the commencement of the school year, there were 20 boys on the roll and eight girls. During the year, the Committee decided to alter the balance to include more girls and at the commencement of the school year 1957/58 the balance had been altered to 16 boys and 12 girls. During the year, six boys left the school, five going on to senior boarding schools and one taking a place at Bordesley Green Technical School. Two girls also left, one attending ordinary secondary modern school in Birmingham and the other the Royal Wanstead School, Surrey.

Out-of-school activities have continued much on the same lines as those reported last year, that is, swimming, care of pets, gardening, voluntary domestic help, camping, water and sand play, visits to shops and cinema, television, visits to neighbours and friends of the staff, visits to the local café for sweets, hobbies and craft work. A new project of a boating and paddling pool has been completed and the Principal School Medical Officer has been consulted concerning the purification of the water.

Major changes have taken place in the teaching staff and there are now two married couples besides the Headmaster and Matron, also a new assistant teacher to take charge of the extra class of girls.

Normal routine examinations have been maintained by the Principal School Medical Officer. There was an outbreak of influenza during the Autumn Term 1957 but in the previous school year no infection of a serious nature occurred and very few children have been away from school for any kind of illness whatever.

The Child Guidance Clinic Team have continued to visit the school regularly, have reported on the emotional progress of the children and given their customary advice and help when needed.

Speech Therapy

Miss M. J. Ingram, who was the speech therapist with the authority, resigned her appointment and had not been replaced at the end of the year. I am indebted to her for the following information.

Total number of cases treated, examined and reviewed	...	...	...	...	...	...	...	139
Total number of attendances	...	...	...	...	...	...	...	1,511
Total number of new cases	...	...	...	...	...	...	...	29

REASON FOR REFERRAL OF NEW CASES :

Dyslalia	...	...	...	...	...	...	...	14
Stammer	...	...	...	...	...	...	...	9
Stammer and dyslalia	...	...	...	...	...	...	...	2
Cleft Palate	...	...	...	...	...	...	...	2
Alalia	...	...	...	...	...	...	...	1
Spastic	...	...	...	...	...	...	...	1

SOURCE OF REFERRAL OF NEW CASES :

Head Teachers	...	...	...	...	...	...	...	20
School Medical Officer	...	...	...	...	...	...	...	6
Psychologist	...	...	...	...	...	...	...	0
General Practitioner	...	...	...	...	...	...	...	1
Other Sources	...	...	...	...	...	...	...	2

COURSE TAKEN WITH NEW CASES :						
Still receiving treatment	...	...	...	...	...	16
Discharged after treatment	...	...	...	...	...	4
Referred to Psychologist (still receiving treatment)	...	...	...	...	...	3
Under Observation	...	...	...	...	...	5
Under Observation and referred to Psychologist	...	...	...	...	...	1
NUMBER OF CASES CARRIED FORWARD FROM 1956	...	...	...	...	...	110
COURSE TAKEN WITH THESE CASES :						
Still receiving treatment	...	...	...	...	...	38
Discharged after treatment	...	...	...	...	...	41
Under Observation following treatment	...	...	...	...	...	23
Referred to Psychologist (still receiving treatment)	...	...	...	...	...	5
Under Observation	...	...	...	...	...	3
TOTAL NUMBER DISCHARGED	...	...	...	...	...	45
Speech Normal	...	...	...	...	...	10
Maximum improvement	...	...	...	...	...	13
Referred to Child Guidance Team	...	...	...	...	...	3
Unco-operative	...	...	...	...	...	16
Left school or moved from area	...	...	...	...	...	3
					(referred elsewhere if possible)	
TOTAL NUMBER STILL RECEIVING WEEKLY TREATMENT	...	...	...	...	...	62
TOTAL NUMBER UNDER OBSERVATION	...	...	...	...	...	32
WAITING LIST ON 30TH NOVEMBER, 1957	...	...	...	...	...	48

Miss Ingram comments as follows :

In July, 1956, an experimental weekly speech therapy session was started at an infants' school in the borough. It was decided to do this, as there was a large number of children attending the school who required treatment, whose parents either could not, or were not sufficiently interested, to take them to the Central Clinic. The Headmistress and staff arranged to carry out any necessary practice during the week.

Dyslalia was the predominating speech defect, and an average of ten children was treated at each session—of these, five had individual attention and the remainder who were not yet suitable for individual work, were taken in a group, where the emphasis of treatment was on indistinct speech work, incorporating lip and tongue exercises, ear training and voice production.

The staff of the school were extremely co-operative and interested, and practice was always done well and regularly. It was interesting and encouraging to note that sixteen months after the commencement of these sessions the rate of progress with these children was far in advance of that of the average dyslalic child attending the clinic centre and relying on home practice, and that despite the fact that practice could not be undertaken during the school holidays.

It is most unfortunate that the national lack of speech therapists should hinder this important work and it is to be hoped that more will be trained so that a full and proper service can be given not only in West Bromwich but over the whole country.

Child Psychology Service

I am indebted to Mr. Thomas A. Kelly, Educational Psychologist, for the whole of the report on this service.

The year under review was the first complete operational year of both the new Child Guidance Clinic team and the Remedial Teaching and Advisory Staff as detailed in the 5th Annual Report. Throughout the year interviewing, testing and advisory work at the Centre has continued and the Remedial Teaching and Advisory Staff, in addition to continuing teaching small groups in the Centre, have maintained the close liaison with the Head Teachers.

PROCEDURE

The usual procedure of interviewing parents and children at the Centre has continued. In addition, where the travelling distance has been a handicap to parents with smaller children, Head Teachers of outlying schools have made rooms available for both the Educational Psychologist and Social Worker to work together in the Schools. This has helped to establish closer links between the parents and school staffs concerned and has enabled these parents to give consideration to the proposed treatment at the Clinic. It is anticipated that interviewing of both parents and children at school will increase, especially with those schools situated on the borders of the Borough.

REFERRALS

The number of children referred this year is slightly less than in 1956, and it does appear that the annual numbers requiring help will be somewhere between 250-300 children. The majority of these children (almost 42 per cent.) were referred to the Service by Head Teachers—this is to be expected in a Service with such a comprehensive coverage. Fourteen per cent. of the children were referred by the Principal School Medical Officer ; twelve per cent. by the Director of Education ; six per cent. by the Probation Officers and four per cent. each by general medical practitioners, parents, and the Speech Therapist ; three per cent. by the Children's Officer and eleven per cent. by the Walsall Education Authority. The age range of children referred was from 2 + to 18 years, and an analysis revealed that children from every type of school in the Borough were in need of some form of help.

ANALYSIS OF REFERRALS

An attempt has been made to classify the symptoms for which the children were referred, although it is known that full investigation often reveals that the degree of emotional disturbance is greater or smaller than originally suspected.

This analysis reveals the diversity of symptoms. The structure of the analysis has been altered from last year but, in the main, it is still so classified that, if necessary, comparisons can be made.

“*Nervous Disorders*” include the following symptoms: fears, withdrawn behaviour, depressions, excitability, apathy, obsessions, loss of memory and hysterical fits.

“*Habit Disorders*” include certain speech defects, sleeping disorders, involuntary movements, feeding difficulties, excretion disorders, nervous pains and physical symptoms (e.g., asthma).

“*Behaviour Disorders*” include unmanageable behaviour, temper tantrums, sibling rivalry, aggression, attention-seeking behaviour, truancy, lying, stealing, and similar difficulties.

“*Organic Disorders*” include epilepsy, chorea, cerebral tumours or conditions following head injuries.

“*Psychotic Behaviour*” signifies extreme withdrawal, bizarre symptoms, violence, pathological hallucinations.

“*Educational and Vocational Problems*” signify retardation, unusual response to school discipline, inability to concentrate, estimates of intelligence and special abilities for placement in industry.

This analysis provides and reveals the picture and scope of the symptoms. (See Statistical Appendix 1C.)

TREATMENT

Treatment varying from deep individual psycho-therapy to small group remedial education has continued throughout the year. (See Statistical Appendix 2a—e)

ACTION TAKEN ON CHILDREN TESTED

Although it is difficult to tabulate the steps taken to help the children referred to the Service, it is felt that such an analysis is worth while, as it emphasises the concern of the Service with the social and emotional adjustment of the individual child within its environment and this adjustment is our ultimate goal.

This classification seems to indicate absolute and final placement but this is not actually so. It is the aim of the staff to keep a friendly eye on all children whom we have come into contact with through our varied work both in the schools and at the Centre.

At the end of 1957 the number of pupils on the waiting list was 98.

Although pressure of work and the subsequent lack of time prevented each child from receiving a full diagnostic interview, the majority had undergone a battery of “screening” tests administered by the Senior Remedial and Advisory Teacher, the results of which indicated that these were mostly educational problems. As an interim measure, ways of helping these children were discussed with the Head Teachers concerned. (See Statistical Appendix Table 3.)

DAY SCHOOL FOR EDUCATIONALLY SUB-NORMAL PUPILS

Close co-operation between the Staffs of the Child Guidance Centre and the Day Special School has been maintained throughout the year.

Parents who, through lack of knowledge, were unwilling to allow their child to attend the Day Special School, were given the opportunity of discussing the problem at the Child Guidance Centre and arrangements were made for them to visit the School. Generally, the parents withdrew their objections after visiting the School and discussing the matter further with the Head Teacher. Children eligible to leave School were tested so that reports on their abilities and attainments were available for vocational purposes.

To preserve a balanced community within the School, discussion took place between the Head Teacher, Educational Psychologist and one School Medical Officer to select children for admission from the waiting list. Where individual children have proved difficult, they were treated at the Child Guidance Centre and a consistent approach maintained by regular discussion with the Head Teacher and Staff.

SHENSTONE LODGE RESIDENTIAL SCHOOL FOR MALADJUSTED CHILDREN

The procedure for selecting children suitable for admission to the School has remained unchanged; the Headmaster, the Educational Psychologist and the Consultant Psychiatrist have "vetted" all applications and where reports indicated that a child might be suitable for admission, arrangements were made for the pupil to be interviewed at School both by the Headmaster and the Educational Psychologist and a final decision, based on the more up-to-date knowledge obtained from the interview, was made.

The Educational Psychologist has visited the School regularly to maintain contact with the West Bromwich children, to test both new admissions and all children who have attained the statutory age for transfer, either to a senior School or to home.

All pupils due for transfer in July, 1957, were interviewed both by the Educational Psychologist and the Consultant Psychiatrist and, after consultation with the Headmaster, final recommendations made.

Regular contact has been maintained with the parents of the West Bromwich children attending the School.

In addition, children who are eligible for transfer in July, 1958, were also interviewed for final recommendation, so that the Referring Authorities can have more time to obtain placement in a Senior School.

Four children attended regularly for individual treatment—one boy and one girl attended until Easter and two boys attended until July.

In June it was decided that the number of girls admitted to the school should be increased. These arrangements were completed during the summer holidays and in September there were places at the school for sixteen boys and twelve girls. The two vacancies for boys in September were allocated to two boys who were receiving treatment

at the Centre—one West Bromwich boy and one Walsall boy. These two admissions brought the total number of children in the school admitted through the Centre to eleven—nine West Bromwich children and two Walsall children. (See Statistical Appendix 4 (a) and (b).)

AN EXPERIMENT IN MAKING CONTACT BETWEEN CHILD GUIDANCE AND MATERNITY AND CHILD WELFARE CLINICS

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

“The Monday afternoon Conference with Maternity and Child Welfare Physicians and Health Visitors has continued throughout the year. None of those Officers who attended in 1956 continued to attend in 1957 but other Health Visitors and Physicians took their place ; however, from those who ceased to attend, it was possible to obtain comments as to what they had felt had been the usefulness of the discussions.

“One comment which met with general approval was to the effect that the workers in the Child Welfare and Maternity field expected the Child Psychiatrist to use the available time primarily to discuss and suggest practical methods of approach to problems raised either in general or in individual cases. It was also considered important that other Physicians and Health Visitors attending the afternoon session should be encouraged to take an active part in the discussions. They, in their turn, felt that they derived most benefit from discussion of difficult cases that they brought forward.”

REMEDIAL EDUCATION AND ADVISORY SERVICE

Throughout the year the Specialist Remedial and Advisory Teachers have continued both their individual and group remedial treatment at the Centre and their educational advisory work throughout the schools in the borough. This latter aspect of their work has been orientated towards practical help and has involved discussion and suggestions of methods of helping individual children with reading and number difficulties and also advising and discussing to the best advantage the use of suitably graded text books and materials.

At the invitation of the head teachers, the staff have carried out a number of surveys of intelligence and attainments and have co-operated with the staffs of both junior and secondary modern schools in introducing individual schemes of work for the children, so that each child can pursue an individual course in accordance with its ability level and rate of learning.

Particular attention has been paid in the infant schools to the aspects of “readiness” in both reading and number, so that the children can receive formal instruction and benefit most from it when they are ready from both experience and mental ability.

In the junior school, in addition to their survey work, the staff have co-operated with head teachers and class teachers in introducing the

Stern and Cuissenaire materials to help retarded and backward children to grasp the basic number facts and concepts. They have also been available for discussions on teaching methods and techniques and, when requested, have been willing to devise schemes of work for individual or small groups of children.

Co-operation with the staff of the secondary modern schools has also been maintained. In conjunction with head teachers and class teachers, the Remedial staff have introduced individual schemes of work both in English and in Arithmetic, so that pupils can pursue an individual course of work in keeping with their ability levels and rate of learning.

One task worthy of note was the part played by the staff in regard to the transfer of children from the junior to the secondary modern schools. Standardised attainment tests were administered to eight hundred and fifty children in this category, and the results used for grading the children in their new schools.

The staffs of the primary schools co-operated here by administering and marking the tests, and the Remedial and Advisory staff acted as liaison officers between the junior and secondary modern schools. This scheme underlines not only the co-operation between various schools but also the interest of the head teachers in the borough in maintaining continuity of educational treatment.

The stock of basic reading and number books and equipment held at the Child Guidance Centre has proved invaluable in helping a number of schools to begin schemes of work with small selected groups and with classes, and so circumvent any delays in the arrival of requisitioned materials.

The Remedial staff have also interviewed and administered a battery of screening tests to a number of children who, in discussion with the head teachers, were thought to be in need of special educational treatment or further treatment at the Child Guidance Centre. These initial investigations have been most helpful when a fuller diagnosis has been undertaken.

It is difficult to analyse statistically the number of children whose general educational progress has been helped by the Remedial teaching staff indirectly, but the number of children who have taken part in surveys of intelligence and attainment are included in the grand total. (see Statistical Appendix 5 (a) and (b) and (c).)

TEACHERS' STUDY GROUPS

Teachers interested in assessing text books and materials suitable for use with backward and retarded children were invited to attend the Child Guidance Centre in May.

As a result of this meeting three study groups were formed—one to assess the suitability of geography books, one to compile work books and one to assess the readability of English text books. These groups held regular meetings throughout the year and it is hoped that eventually the results of their investigations will be available to all schools in the borough.

NON-ENGLISH SPEAKING CHILDREN IN THE BOROUGH

The staff of the Child Guidance Centre undertook a survey of the intellectual ability, attainment levels and the social adjustment of all the children attending schools in the borough whose native language was not English. The main conclusion of the survey was that the number of children in the borough needing some form of remedial education was such as to justify the establishment of a special class for these children. This recommendation was accepted and the special class started in January, 1958.

REFERRALS FROM WALSALL EDUCATION AUTHORITY

The agreement whereby the Walsall Education Committee are able to refer selected children for investigation, diagnosis and treatment at the West Bromwich Guild Guidance Centre continued throughout the year until September, when it was agreed, at the request of the Walsall Authority, that the Service should be expanded to allow the Walsall Authority one complete session per week, with effect from the first week in October, 1957.

The total number referred to the Service from this source was 29—an increase of ten over the total for 1956. The total number of Walsall children investigated during the year, including a number of those who had remained from 1956, was 28. Of these, it was recommended that five should receive some form of residential treatment, six received treatment from the Educational Psychologist, three attended for remedial education at the Child Guidance Centre and in twelve cases it was considered that regular opportunity for discussing the problem and giving suitable advice was all that was necessary.

VISITS MADE BY CENTRE STAFF TO ESTABLISHMENTS OUTSIDE THE BOROUGH

Visits have been made to the following places, either in connection with a West Bromwich child or to deal with some aspect of the work of the Centre :

- Shotton Hall Residential School for Senior Maladjusted Boys, Shrewsbury.
- Ledstone Hall Residential School for Senior Maladjusted Boys, Allerton, Yorks.
- St. Hilliard's Court Residential School, Mickleton, Gloucester.
- The Beacon Residential School for Educationally Sub-normal Pupils, Lichfield.
- Institute of Remedial Education, Selly Wick, Birmingham, 29.
- St. Michael's Home for Girls, Leamington.
- Tone Vale Hospital, Taunton, Somerset.
- St. George's Hospital, Brentwood.
- Child Guidance Centre, Coventry.
- Child Guidance Centre, Bolton.
- Child Guidance Centre, George Road, Birmingham.
- St. Francis' Residential School for Educationally Subnormal Pupils.
- School of the Convent of the Holy Child Jesus, Birmingham.

The Educational Psychologist, Social Worker, and Specialist Remedial and Advisory Teachers have all attended meetings of the Midland Child Guidance Clinics and British Psychological Society.

VISITORS TO THE CHILD GUIDANCE CENTRE

A number of people interested in Child Guidance work have visited the Centre during the year. Students from the Diploma in Child Psychology Course at Birmingham University spent half-a-day each either at the Centre or visiting schools in the borough, to obtain an insight into the practice of remedial teaching and advisory work in schools. Trainee Educational Psychologists from the Institute of Remedial Education, Selly Wick, Birmingham, paid a visit to the Child Guidance Centre and also saw some aspects of remedial teaching in some of the schools in the borough. Arrangements were made for Student Health Visitors to visit the Centre to discuss in general the problems likely to be encountered in their daily work.

Dr. Llewellyn, of the Ministry of Education, paid a two-day visit to West Bromwich and showed a great interest in all aspects of the Service and, in addition to visiting the Centre, she also paid a visit to a junior school and to Shenstone Lodge Residential School to allow her to assess the degree of co-operation existing between the Child Guidance Service and schools in the borough.

We were pleased to welcome visits from Councillor R. T. Spooner, Chairman of the Education Committee ; Councillor Mrs. D. Manifold, Chairman of the Special Services (Education) Sub-committee ; Councillor P. D. Taylor, Special Services (Education) Sub-committee.

In addition to these individual visits the Special Services (Education) Sub-committee visited the Centre in December.

APPOINTMENTS

Two new appointments were made to the staff of the Child Guidance Centre in 1957. Mr. Dean F. Juniper, M.A. (Oxon.) was appointed Assistant Educational Psychologist in October, although he was unable to take up his appointment until 1st February, 1958.

Mr. Jack Mount was appointed Specialist Remedial and Advisory Teacher in December, 1957, for work mainly with the non-English-speaking children in the borough.

ACKNOWLEDGMENT

Throughout the year the interest, enthusiasm and co-operation of the staff has been responsible for making the Service of the Child Guidance Centre an outstanding example of team-work. The desirability of team-work is not, of course, limited to the confines of the Child Guidance Centre and if, in our contacts with other departments

in the borough concerned with child welfare, we have gone some way during the year towards fostering a co-operative attitude, we shall feel some sense of achievement, because it is only by such interchange of views and interdependence that the interests and welfare of the children entrusted to our care can best be served.

On behalf of myself and my colleagues, I would like to express to the Chairman and members of the Special Services (Education) Committee and to the Director of Education our appreciation for the support they have given us throughout the year.

THOS. A. KELLY,
Educational Psychologist.

STATISTICAL APPENDIX

Referrals

Table 1A TOTAL NUMBER OF REFERRALS 257

Table 1B SOURCE OF REFERRALS

1.	Head Teachers	...	...	...	...	...	107
2.	Principal School Medical Officer	...	...	...	...	...	35
3.	Director of Education	...	...	...	...	...	31
4.	General Practitioners	...	...	...	...	...	11
5.	Parents	...	...	...	...	...	10
6.	Children's Officer	...	...	...	...	...	9
7.	Probation Officer	...	...	...	...	...	15
8.	Speech Therapist	...	...	...	...	...	10
9.	Marriage Guidance Counsellor	...	...	...	...	...	—
10.	Walsall Authority	...	...	...	...	...	29
Total							257

Table 1C ANALYSIS OF REFERRALS

1.	Nervous disorders	...	...	...	...	...	21
2.	Habit disorders	...	...	...	...	...	56
3.	Behaviour disorders	...	...	...	...	...	60
4.	Organic disorders	...	...	...	...	...	2
5.	Psychotic disorders	...	...	...	...	...	2
6.	Educational and Vocational Problems	...	...	...	...	...	47
7.	Ineducable	...	...	...	...	...	2
8.	Dull	...	...	...	...	...	67
							257

Treatment—Analysis of Interviews

Table 2

(a) EDUCATIONAL PSYCHOLOGIST						
Number of new cases	...	...	...	...	...	186
Number of children retested	...	...	...	...	...	156
Number of children attended for regular treatment	...					71
Number of treatment sessions	...	...	...	...	...	351
(b) SOCIAL WORKER						
Number of parents interviewed (initial interview)	...					144
Number of follow-up interviews with parents	...	...				126
Number of home visits	...	...	...	...	...	55
Number of parents interviewed as part of treatment	...					670
(c) CONSULTANT PSYCHIATRIST						
Annual Number of Clinic Sessions	...	...	...	...	...	135
Number of children referred (initial interviews)	...					30
Number of follow-up interviews with children	...					43
Number of follow-up interviews with parents	...	...				4
Number of treatment sessions	...	...	...	...	...	373
Number of children treated	...	...	...	...	...	27
(d) TOTAL NUMBER OF INTERVIEWS						
Educational Psychologist	...	...	...	...	...	721
Social Worker	...	...	...	...	...	995
Consultant Psychiatrist	...	...	...	...	...	420
(e) CHILDREN TREATED AT CHILD GUIDANCE CENTRE						
Number attended regularly with Educational Psychologist						71
Number attended regularly with Consultant Psychiatrist						27
Number attended regularly with Specialist Remedial and Advisory Teachers	...	...	...	...	...	61
					Total	159

Action Taken on Children Tested During the Year

Table 3

1.	Number recommended for transfer to the Day School for Educationally Sub-normal Pupils	25
2.	Number recommended for remedial education at Child Guidance Centre	15
3.	Number treated by Educational Psychologist	32
4.	Number attending for further observation and follow-up	20
5.	Number where discussion with Head Teacher necessary	19
6.	Number where discussion with parent(s) only necessary	16
7.	Number admitted to Residential Establishments (some after receiving treatment)	5
8.	Number when further action considered unnecessary (treatment terminated)	36
9.	Number where attitude of parents unco-operative ...	22
10.	(a) Transfers to other schools/hospitals	5
	(b) Number having physical disorders	2
11.	Transferred to Social Adjustment Group	4
12.	Transferred to Consultant Psychiatrist	30
13.	Still on Waiting List at 31.12.57	98
	Total	329

NOTE.—The discrepancy in the number of children tested and the total as shown on preceding page 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	26
	Number of visits by Consultant Psychiatrist	4
	Number of visits by Social Worker	4
	Number of children tested	21
	Number of children attending Child Guidance Centre weekly for treatment	4
	Number of children interviewed by Consultant Psychiatrist	15
(b)	APPLICATIONS FOR ADMISSION	
	Number of applications considered suitable for admission	7
	Number of applications considered unsuitable for admission	22
	Number of applications withdrawn by Referring Authority	2
	Total number of applications	31

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	17	29	39	9	15	18	8
Sec. Mod. Schools	9	18	8	9	17	10	6
Infant Schools	6		3				
Special Schools	2			5			
	<hr/> 34 <hr/>	<hr/> 120 <hr/>			<hr/> 74 <hr/>		

(b) SHOWING THE NUMBER OF SURVEYS OF BASIC ATTAINMENT CARRIED OUT DURING THE YEAR

	Intelligence	English : No. of Classes Surveyed	Arithmetic : No. of Classes Surveyed
By School Staffs in conjunction with Specialist Remedial Teachers	7	31	24
Classes of September entrants to Secondary Schools originally conducted by Child Guidance Clinic Staff continued by School Staff ...	41	88	80
Total	<hr/> 48 <hr/>	<hr/> 119 <hr/>	<hr/> 104 <hr/>

(c) TOTAL NUMBER INFLUENCED BY REMEDIAL EDUCATION

Number of children helped by Specialist Remedial Teachers in small groups within Schools	119
Number of children helped by Class Teachers in conjunction with Special Remedial Teachers within Schools	411
Number of children whose work in Basic Arithmetic is influenced by Specialist Remedial Teachers ...	3,090
Number of children whose work in Basic English is influenced by Specialist Remedial Teachers ...	4,877

Visits Outside the Borough

Table 6

Visits by Educational Psychologist	...	...	...	8
Visits by Social Worker...	...	...	...	11
Visits by Remedial Teachers	...	...	...	3

Child Psychiatrist's Report

I am indebted to Dr. David T. Maclay, Child Psychiatrist, for the following report :

As seen from the Child Psychiatrist's eye-view, this is an active clinic, which reflects in encouraging measure the generous support and absence of restrictiveness on the part of the Education and related committees.

The work is varied : at one end of the scale, as Child Psychiatrist, I am able to devote a large proportion of my time to psychotherapy, involving often many hours with one individual child patient ; likewise the Educational Psychologist has devoted a proportion of his time to treatment, and the Remedial Teachers, in giving specialised help, do in fact render a service that frequently means more than simply that. At the other end of the scale, a considerable volume of work is done in making contact with our own schools and with residential schools in other areas, and there exists a readiness on the part both of the Director of Education and of the clinic to place children in different schools, whether residential or day, where such is in the child's interest.

As an indication of the extent to which it is sometimes necessary to overstep the bounds of ordinary clinic procedure, I may instance the case of a boy brought to the clinic for help, in whose case it was necessary not only to see the boy in interviews, to counsel his mother and on one or two occasions to give her direct help in kind, but personal liaison with various authorities, a visit by the psychiatrist to the father at his place of work, determined efforts on the part of the Social Worker to find housing, and a most thorough-going form of after-care of both a moral and material kind were called for in what amounted to the rehabilitation of this whole family.

The appointment, in 1956, of Mrs. Beryl Smith as Social Worker has turned out to be a very happy one and has led to the realisation of much that could not otherwise have been achieved.

The weekly conference of Maternity and Child Welfare workers with the Child Psychiatrist has continued to be well attended by several Health Visitors and Maternity and Child Welfare doctors from West Bromwich, Walsall and, occasionally, Dudley.

INFECTIOUS DISEASES IN CHILDREN

There was a rise in the number of cases of measles notified, the monthly incidence being highest in April and May. This was a major outbreak, the figures for 1954, 1955 and 1956, respectively, being 511, 425 and 16. The disease was largely one of children of pre-school and primary school age, although ten cases did occur in the 10-14 age group.

There was a rise in the number of cases of whooping cough, the major incidence being from March to May.

There was also a rise in the number of cases of dysentery, 95 being notified in children up to the age of 15. Most of these appeared to occur from January to March, affecting pre-school and primary school children. The disease is extremely infectious and tends to spread easily particularly among young children.

Although the tuberculosis figures show a low incidence of notified cases, there was an outbreak of infection at the Grammar School (an account of this is given later in the report). The children infected here were of an older age group and therefore do not appear in these tables.

Incidence of Infection

The number of cases each month was as follows :

DISEASE	NUMBER OF CASES (first six months)					
	Jan.	Feb.	Mar.	April	May	June
Scarlet Fever	1	—	—	1	—	—
Measles	54	85	255	429	613	311
Whooping Cough	19	22	33	20	34	9
Pneumonia	—	—	6	—	—	1
Poliomyelitis—						
Paralytic	—	—	—	—	1	—
Non-Paralytic	—	—	—	—	—	—
Dysentery	15	35	24	1	3	3
Food Poisoning	7	5	4	3	2	1
Meningococcal Meningitis	—	—	1	—	1	—
Acute Encephalitis	—	—	—	—	—	—
Tuberculosis—						
Respiratory	—	1	—	—	—	—
Meninges	—	—	1	—	—	—
Other Forms	—	—	—	1	2	—
TOTALS	96	148	324	455	656	325

DISEASE	NUMBER OF CASES (second six months)						Total
	July	Aug.	Sept.	Oct.	Nov.	Dec.	
Scarlet Fever	—	2	3	2	1	7	17
Measles	79	17	5	4	1	1	1,854
Whooping Cough	6	6	7	8	9	1	174
Pneumonia	—	1	3	—	—	—	11
Poliomyelitis—							
Paralytic	1	1	—	—	1	—	4
Non-Paralytic	—	1	—	—	—	—	1
Dysentery	2	11	—	—	—	1	95
Food Poisoning	—	—	5	—	—	—	27
Meningococcal Meningitis	—	—	—	—	—	—	2
Acute Encephalitis	—	1	—	—	—	—	1
Tuberculosis—							
Respiratory	4	—	—	2	—	—	7
Meninges	1	2	—	—	—	—	4
Other Forms	—	—	—	1	—	—	4
TOTALS	93	42	23	17	12	10	2,201

Age at Infection

The age of the children at infection is shown below :

	Under 1	1	2	3	4	5 to 9	10 to 14	TOTAL
Scarlet Fever	—	—	1	3	2	8	3	17
Measles	84	200	227	252	278	803	10	1,854
Whooping Cough	22	16	30	13	28	63	2	174
Pneumonia	—	4	—	1	2	3	1	11
Poliomyelitis—								
Paralytic	1	1	1	—	—	1	—	4
Non-Paralytic	—	—	—	—	—	1	—	1
Dysentery	5	9	5	12	12	41	11	95
Food Poisoning	—	5	2	4	2	10	4	27
Meningococcal Meningitis	—	—	—	—	—	1	1	2
Acute Encephalitis	—	—	—	—	1	—	—	1
Ophthalmia Neonatorum	1	—	—	—	—	—	—	1
Tuberculosis—								
Respiratory	1	2	1	1	1	—	1	7
Meninges	—	1	1	—	2	—	—	4
Other Forms	1	—	—	—	—	1	2	4

Influenza Epidemic

An epidemic of influenza affecting the whole country started to spread into the area of West Bromwich on or about the 9th September, on which day the normal school absence of 3 per cent. increased to about 10 per cent. By the 17th September 5,038 children were absent out of a total of 16,029 on the roll of maintained schools. At that stage the absence rates were highest on the north side of the town but the disease began to spread, moving to the east and west. The figures rose further,

some schools reporting absences of up to 64 per cent. On the 20th September no less than 7,256 children were known to be absent from school. After this date absences started to fall and the epidemic swiftly passed away. Specimens taken from children affected were sent to the laboratory for examination and Virus Influenza "A" of the so-called Asiatic type was recovered. Altogether it is known that up to the end of October 19 deaths occurred in which influenza was mentioned on the death certificate as a possible cause. Five of these deaths were in children, most being due to a swift broncho-pneumonia of influenzal origin. No secondary wave of infection had occurred by the end of the year. The outbreak was therefore of considerable magnitude but the majority of the children were ill for a short period and recovered rapidly and completely. Although so many deaths occurred, the outbreak if put into perspective by comparison with 1931 and 1918 (in which years influenza caused 29 and 291 persons' deaths, respectively, in West Bromwich), is seen to be fairly mild in character.

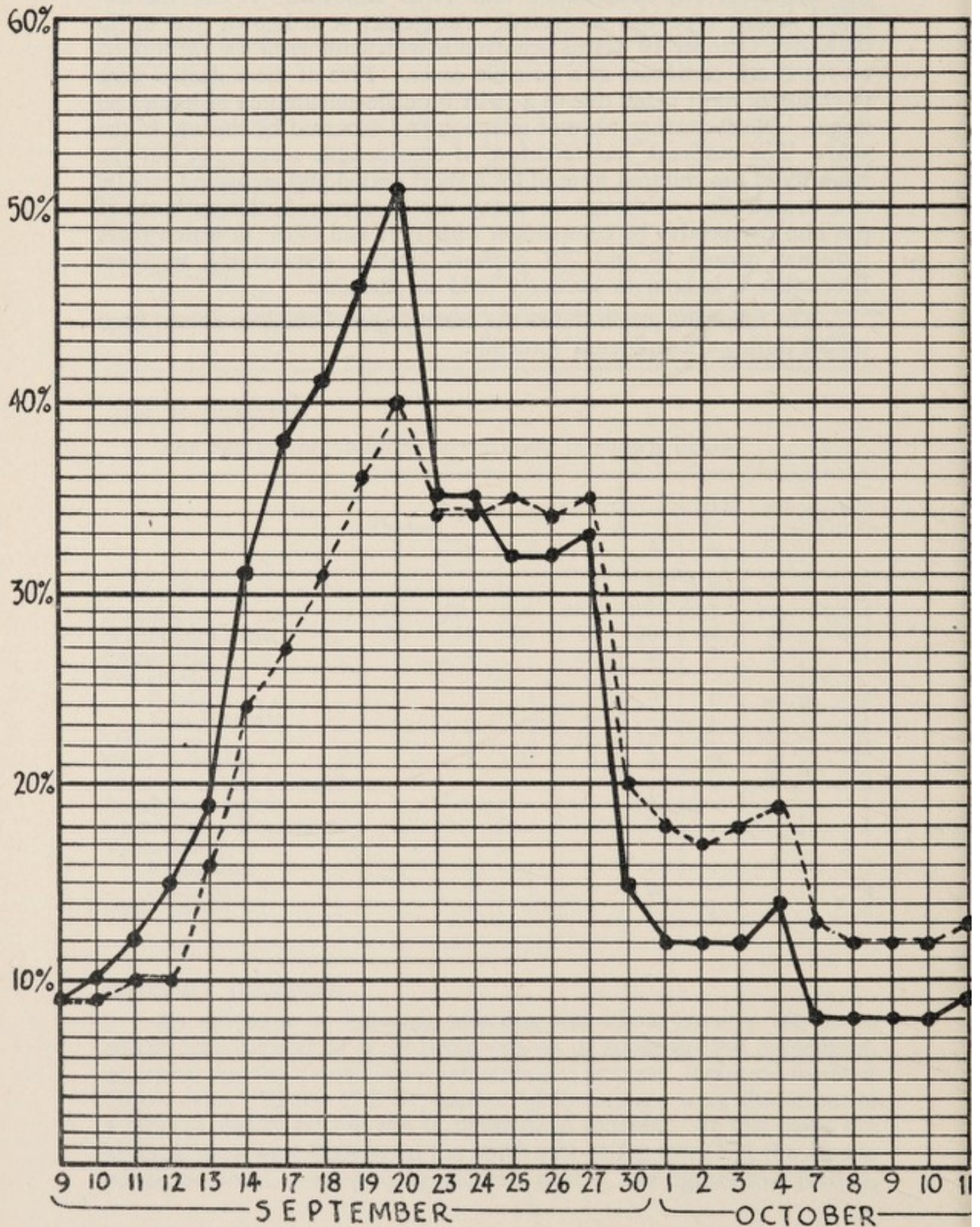
The following graph shows the percentages of children absent from school during the influenza epidemic.

INFLUENZA EPIDEMIC WEST BROMWICH SCHOOLS

September — October, 1957

% Children
absent from
school.

———— Senior Schools
----- Primary and Special Schools



Outbreak of Tuberculosis at the Grammar School

An outbreak of tuberculosis occurred at the Grammar School in July, 1957. The school is a mixed day school of about 650 pupils with free mixing between forms within the same age group.

A fifteen-year-old boy in the fifth form was sent by his family doctor for mass X-ray and found to have pulmonary tuberculosis. There was a family history of tuberculosis but the boy was known to have had clear lung fields except for some calcium deposition in the hilar regions well after his last possible contact with the infective relatives and some eighteen months before the date of this epidemic. Enquiries had revealed that there had been four notified cases of tuberculosis in the school during the fifteen months prior to this epidemic.

Immediate arrangements were made, with the assistance of the Chest Clinic, for the whole of the 5th Form (some 104 children) to have X-rays on large films, at the Chest Clinic, and skin testing (1 in 1,000 old tuberculin) carried out by the School Medical Officers. From this three further cases were discovered and promptly admitted to Hospital—a boy and two girls in the 15-16 age group. Eight other children were thought by reason of strongly positive skin tests or X-ray signs or both, to have primary tuberculosis. At the same time, an X-ray examination was offered to the teaching and other staff, and this revealed one member of the staff who had suffered from tuberculosis and was under supervision at a Chest Clinic in a neighbouring town, who needed treatment. She herself had been officially quiescent for six years but full examination revealed a possible cavity. She was admitted to sanatorium. Her employment was such that she was a specialist teacher working particularly with the upper forms.

By this time the school had broken up for the long summer holidays, but arrangements were made in the autumn term for the remainder of the children to have skin tests and mass radiography, together with all those children in the fifth form who were not already in hospital or under the supervision of the Chest Clinic. It was felt that the inclusion of these in further testing would reveal any further cases in that form developing over the summer holidays. Arrangements were made also for children who had left school the previous term to be dealt with similarly. Fortunately, from these examinations, only two further cases came to light, one a 17-year-old boy and the other a girl who was found to have firmly calcified tuberculous lesions in her right lung, regarded as the fortuitous finding of the scarring of an old tuberculosis.

The outbreak occurred in a form who were too old to receive the B.C.G. vaccination at the time the scheme was started, but among the other children in the school a large number had been so protected. The total outbreak, therefore, resulted in five cases requiring sanatorium treatment and eight cases of primary infection, five meriting notification.

It would appear possible that the infection had emanated from the member of staff who is now in hospital, but there was evidence of a stream of infection confined largely to the fifth forms and particularly in one of those forms where no less than 87 per cent. of the children

had positive skin tests. It seems possible that one of the children found at the first investigation may have received the infection from the original source and acted as the main method of dissemination amongst this form, but this is largely speculation and it is difficult to be more precise.

To summarise, the outbreak was investigated by large film examination of the immediate contacts in the same age group and of the domestic and teaching staff, with miniature X-ray of the remaining children eight to ten weeks after the outbreak. Repeat miniature X-ray films of the immediate contacts not already under supervision at hospital and of the staff was carried out eight to ten weeks after removal of the cases. Skin tests (1 in 1,000 old tuberculin) were carried out on the immediate contacts in the same age group and repeated eight to ten weeks after the removal of the case. Similar skin tests were carried out eight to ten weeks later on the whole school.

I should like to take this opportunity of thanking Dr. Cole, the Chest Physician, Dr. Bardsley, the Medical Director of the Mass Miniature Radiography Unit of the Birmingham Regional Hospital Board, and Mr. Wood, the Headmaster of the School, together with the Director of Education and the parents of the children involved. All these persons co-operated wholeheartedly and no administrative difficulties were encountered. It is fortunate also to record that of the cases of tuberculosis amongst the children all have done very well under treatment, and that no very serious complication has occurred from this outbreak. In fact, the results of the General Certificate of Education examination showed that those most seriously affected had done well!

Immunisation and Vaccination

Diphtheria Immunisation

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	...	...	...	...	235	976

There is a convention to express indices of children protected from the disease by quoting the number of children immunised per 1,000. The immunisation indices for the last five years were—

	1953	1954	1955	1956	1957
Aged under one year	2.1	2.7	11.5	15.6	10.3
Aged one to four years	53.6	51.5	51.6	55.0	61.3
Aged five to fifteen years	33.4	35.4	44.1	65.2	61.4
Aged 0 to fourteen years	37.0	37.6	43.9	59.4	57.7

Duration of Immunity against Diphtheria

In order to check the state of immunity of children from 10 to 12 years old who had been immunised in infancy and who had received a booster dose at five years old, arrangements were made for a series of Schick tests to be performed on a total of 103 children during the period January to May, 1957. The findings were as follows :—

Positive Schick tests	...	...	...	...	...	3
Pseudo reactors	...	...	...	...	...	8
Negative	...	...	...	...	...	36
Negative and pseudo-reaction	...	...	...	...	...	56

This shows that out of this total of 103 children, only three were found to be Schick positive and therefore particularly susceptible to the disease. This is consistent with recent findings of similar tests in Army recruits and is evidence to support the practice of not giving a further booster dose of antigen against diphtheria at the age of ten.

B.C.G. Vaccination

943 children were offered B.C.G. vaccination and 727 accepted. 681 children (thirteen-year-olds) were examined in connection with the scheme for B.C.G. vaccination for school children. The procedure is that the child is given a skin test to determine whether or not he is in need of the protection offered by B.C.G. A total of 155 children had positive skin tests which indicated they had made the acquaintance of tuberculosis and did not require B.C.G. vaccination. Of the remaining 526, 525 were given B.C.G. and had subsequent skin tests; 521 were found to now have a positive skin test indicating a measure of immunity. The remaining four were absent after repeated invitations to attend.

B.C.G. vaccination was not carried out at the Grammar School during the year because of the outbreak of tuberculosis. Children who should have been done will be included in the group to be dealt with in 1958.

Because of the influenza epidemic it was not possible to offer vaccination to children at the Spon Lane and George Salter Schools and these also will be included in the programme for 1958.

Poliomyelitis Vaccination

Arrangements for vaccination of school children against poliomyelitis were carried out during the year. There was a great national shortage of vaccine, but 5,125 children of school age were vaccinated.

SCHOOL DENTAL SERVICE

Report of the Principal School Dental Officer

I am indebted to Mr. J. G. Potter, Principal School Dental Officer, for the whole of the report on this service.

This year a more constant staffing position than usual has been maintained, although unfortunately we have only been able to engage part-time dental officers, as no applications have been forthcoming for a full-time post. Mr. Jones, Mr. Woodbine and Mr. Ruddle have been employed throughout the year; Mr. Barker until July, and Mr. Bancroft, Mr. Hemming-Allen and Mr. Hurst during January. In July we were joined by Mr. Stammers, who is still with us, and once again we have been fortunate in retaining the services of Dr. Mills as our anaesthetist.

The sessions devoted to treatment were increased by 37 per cent. over last year, the main results being that the number of fillings in permanent teeth was 43 per cent. higher; the number of other operations was nearly doubled, and the number of orthodontic cases was trebled. Generally, however, the state of dental health remained poor, as only 14 per cent. of the children inspected at school had sound teeth. The ratio of teeth filled to teeth extracted was better than last year, being 0.64, as compared with 0.47, but is still unsatisfactory. However, some consolation may be taken from the fact that 98 per cent. of the fillings were in permanent teeth and 64 per cent. of the extractions were temporary teeth. Until the dental condition of the permanent teeth can be improved we shall have to continue our present policy of ignoring cavities in temporary teeth unless fillings are specifically requested by the parent. The number of extractions was substantially the same as last year, although regrettably the number of permanent teeth extracted continued to rise.

Orthodontic work is very time-consuming and only straightforward and co-operative cases were accepted; nevertheless, more orthodontic work was done than ever before and the satisfaction it gives both to patient and operator more than justifies the extra effort involved. Complicated cases were normally referred to Birmingham Dental Hospital, which is not a very convenient arrangement, but we have been fortunate in receiving the assistance of Mr. Huddart, consultant orthodontist at the District Hospital, and children requiring specialist treatment are now being referred to him. A similar arrangement is in force for patients requiring surgical treatment and for those with a poor medical history, and Mr. Calverley, the consultant dental surgeon, has been most co-operative.

The number of periodic inspections has been increased considerably, and, although the acceptance rate varied from school to school, it averaged 59 per cent., which is much higher than one would expect considering that no propaganda or persuasion was used. It is felt that those children who are most anxious to receive treatment should have first call on the service as they are generally more conscientious in oral

hygiene and in keeping appointments. At Harvills Hawthorn Junior School, an experimental inspection was made to which the parents were invited ; however, the response was so overwhelming that the scheme had to be abandoned. The acceptance rate became higher than we could deal with, while the time spent inspecting became too long. It is, however, an excellent method of reaching the parents, by whom it was much appreciated, and with a good staffing position it could be adopted to some advantage.

Nearly all the specials inspected do, of course, accept treatment as this group is mainly composed of emergency cases, but it is pleasing to observe an ever-increasing number of regular patients returning at six monthly intervals for a check-up.

The mobile dental surgery has been in use for most of the year and has proved quite satisfactory, despite some initial difficulties. An electric water heater had to be installed and it is hoped that improved lagging will obviate the persistent freezing of the water system. The mobile proved of particular value during the influenza epidemic as alternative patients could be obtained more easily than at the clinics.

A modern unit with engine and spittoon was installed at Stone Cross and a new Walton gas machine was obtained free of charge for the Central Clinic. The previous model had given continuous trouble since its purchase two years ago and it is particularly gratifying that the British Oxygen Company Limited have replaced it with their latest model after such a long time.

The recruiting outlook for 1958 is no more hopeful than in the past and, in fact, may well be worse, as the National Health Service will have been running for ten years in the summer and the first wave of retirements will then be due. Although this will not affect the school service immediately, an indirect effect can be expected to follow when the shortage of dentists in general practice becomes more acute.

I should like to thank the staff of the school health and public health departments, as well as the staffs of the schools visited, for their co-operation during the year.

J. G. POTTER,
Principal School Dental Officer.

Dental Inspection and Treatment

Number of pupils inspected by the Authority's Dental Officers :

(a) At Periodic Inspections	...	...	...	5,051	
(b) As Specials	...	...	...	2,871	
				<hr/>	
				Total	7,922
Number found to require treatment	...	...	...	6,961	
Number offered treatment	...	...	...	6,364	
Number actually treated	...	...	...	4,694	
Number of attendances made by pupils for treatment, including those recorded at (h) below *	...	...	...		9,119
Half-days devoted to Periodic (School) Inspection	...	...	...	24	
Half-days devoted to Treatment	...	...	...	1,071	
				<hr/>	
				Total	1,095
Fillings : Permanent Teeth	...	...	...	5,310	
Temporary Teeth	...	...	...	101	
				<hr/>	
				Total	5,411
Number of teeth filled : Permanent Teeth	...	...	...	4,489	
Temporary Teeth	...	...	...	91	
				<hr/>	
				Total	4,580
Extractions : Permanent Teeth	...	...	...	2,575	
Temporary Teeth	...	...	...	4,618	
				<hr/>	
				Total	7,193
Administration of general anaesthetics for extraction	...	...	...		3,132
Orthodontics :					
(a) Cases commenced during the year	...	...	...	54	
(b) Cases carried forward from previous year	...	...	...	2	
(c) Cases completed during the year	...	...	...	38	
(d) Cases discontinued during the year	...	...	...	3	
(e) Pupils treated with appliances	...	...	...	56	
(f) Removable appliances fitted	...	...	...	43	
(g) Fixed appliances fitted	...	...	...	11	
*(h) Total attendances	...	...	...	407	
Number of pupils supplied with artificial dentures	...	...	...	51	
Other Operations : Permanent Teeth	...	...	...	2,365	
Temporary Teeth	...	...	...	331	
				<hr/>	
				Total	2,696

ADDITIONAL REPORTS

An Alternative Method of School Medical Inspection

Details of this scheme were given in Reports of my predecessor for 1954, 1955 and 1956. In particular, in the 1956 Report contrast was made between this method of inspection and the normal routine medical inspection. In conclusion, it was found that there was a number of children who had conditions requiring treatment but which did not appear to be known to the school medical officer under the alternative scheme of visiting by a school medical officer and reporting by teachers and parents. In view of this and certain changes in staff, the alternative scheme has not been proceeded with and was, in fact, not in being when I took up my duties. The experiment has shown certain things of importance ; firstly, that to carry out this type of inspection without regular routine examinations of children requires regular visiting of the schools by a medical officer, complete and thorough follow-up by the school nurse and the establishment of an extremely close liaison with the headmaster of the school. One of the first criteria necessary to operate it successfully is so often lacking, that is the experienced school medical officer who knows thoroughly both the staff and the children in the school. Equally, it cannot be said that the experiment provided complete and thorough follow-up by the school nurse of the nature which would be necessary to make it suitable as a replacement for routine examinations. In my predecessor's Report he stated as follows : " In view of these considerations, it would seem best to combine the two methods and thus achieve the need for more individual attention which is the express aim of a modern school health service." It is to be hoped that at some time in the future it will be possible to do a further trial on those lines.

Work Undertaken by School Nurses

The following table gives a summary of the work undertaken by School Nurses during the year.

VISITS TO SCHOOLS

Routine inspections (with Medical Officer)	...	...	230
Cleanliness surveys	...	...	154
Other reasons (including diphtheria immunisation and B.C.G. vaccination)	...	...	157

VISITS TO HOMES

Because of uncleanliness	...	...	231
For other reasons	...	...	123
Total number of visits to schools and homes	...	...	895
Number of children examined for cleanliness	...	...	26,278
Number of children re-examined for cleanliness	...	...	1,081
Number of children examined for reasons other than cleanliness	...	...	78

Ultra Violet Light Treatment

Ultra Violet Light Clinics were held at Stone Cross and the Central Clinic, the following table shows the attendances made by school children.

	Central Clinic	Stone Cross	Total
Number of children treated ...	85	48	133
Number of attendances made ...	1,332	1,002	2,334

Education of Children from Overseas

During the early months of the year, it was clear that the number of children from overseas attending West Bromwich schools was gradually increasing. Some of these children came from the West Indies and therefore had no language difficulty, but in July there were 35 children who could speak little or no English (22 Indians, five Maltese, five Poles, two Yugoslavs, and one Russian). All these children were tested individually by the staff of the Child Guidance Centre in co-operation with the head teachers, to ascertain their intellectual ability and the extent to which their progress at school was affected by their language difficulty. The younger children (there were 15 in infants' schools) were in many cases able to take part in the normal school activities without serious difficulty and were, as a result, beginning to learn simple English naturally. It was clear, however, that most of the older children would be seriously handicapped in many subjects unless they had special help in English. By the end of the year arrangements were in hand for these pupils (who were attending various schools throughout the borough) to meet in small groups three times a week to receive instruction in English from a teacher appointed for the purpose.

Part-time Employment of Children

During the year 223 licences were issued (in accordance with the Bye-Laws made under the Children and Young Persons' Act, 1933, as amended by the Education Act, 1944) to schoolchildren over the age of thirteen years undertaking such part-time employment as delivering newspapers or milk, running errands, etc. Before receiving licences all children had medical examinations to ensure that the employment would not be injurious to their health and the Senior Education Welfare Officer continued his responsibility for ensuring that no children were employed without licences and that the terms of all licences were strictly complied with. It was necessary to interview and issue warnings to a number of employers and legal proceedings were taken against seven milk roundsmen who, despite previous warning, were found to be contravening the Bye-Laws in the employment of ten children; in each case a conviction was made.

Employment of Children in Entertainments

Two licences were issued to a girl and one to a boy attending selective secondary schools in the borough, and one licence was issued to a girl attending a non-selective secondary school, to enable them to take part in entertainments at the Dudley Hippodrome, the Aston Hippodrome and the Windsor Theatre, Bearwood. The children resided at home and attended their normal schools, except in one case when tuition was given at the Theatre by the tutor approved by a neighbouring Authority who had a number of children appearing in the same pantomime. In one case a holiday of two days and nine half days was granted for rehearsals and matinee performances, and in another case a holiday of five days was granted for rehearsals, and leave of absence from her own school for eighteen days while receiving tuition at the Theatre.

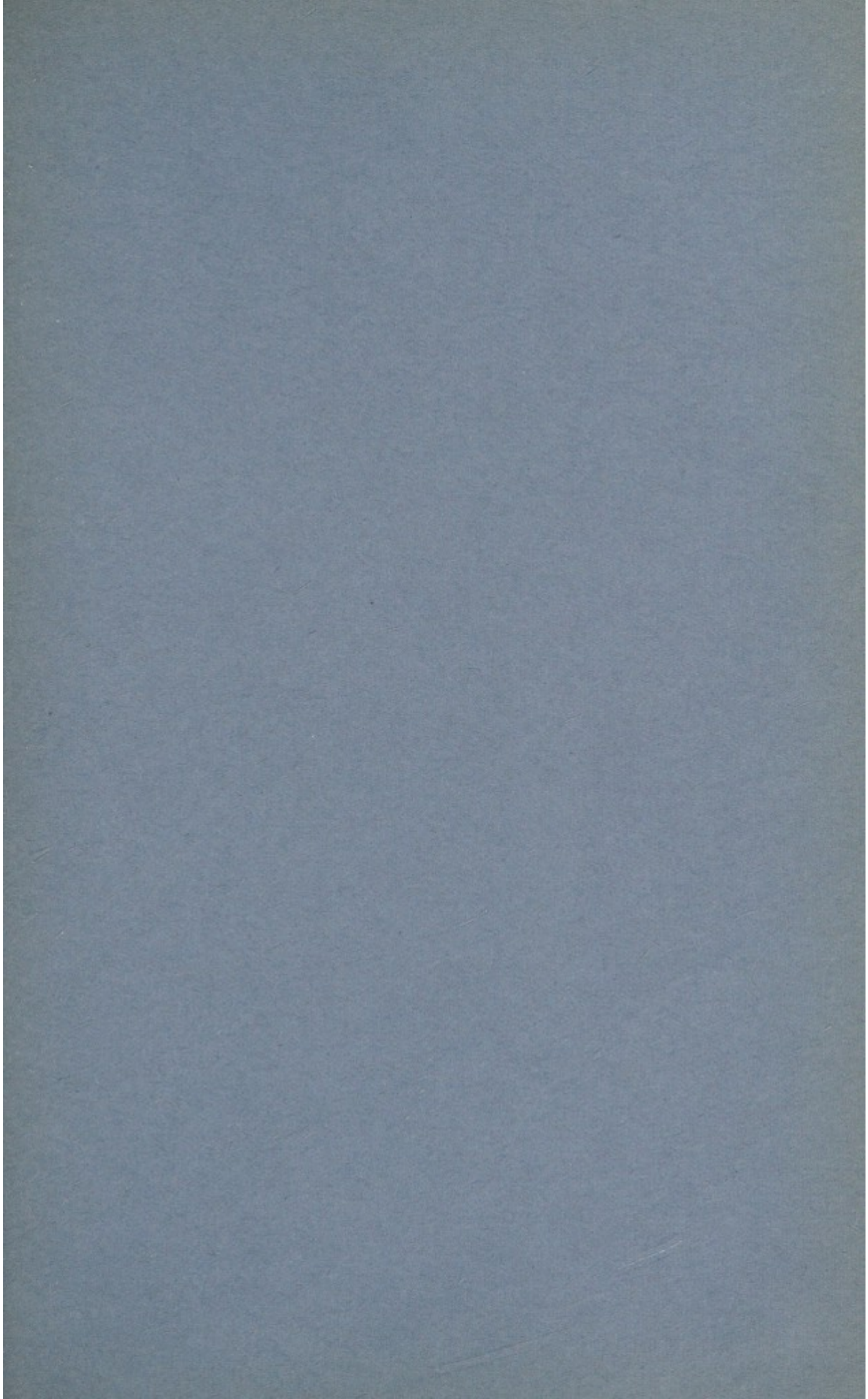
Mortality in School Children

During 1957 there was a total of eight deaths among children of school age, six of these were due to infections, but during the last ten years 24 have died violent or sudden deaths and 28 from infections and 28 from other natural causes. Road accidents during this period formed the single most common cause of death, although it is gratifying to note that the number of cases recently appears to be diminishing.

The sharp rise in deaths due to pneumonia was connected with the influenza epidemic.

DEATHS OF SCHOOL CHILDREN, 1948-1957

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	Total
VIOLENT AND SUDDEN DEATHS											
Road Accidents	3	3	-	1	2	-	-	1	1	-	11
Drowning	-	1	-	1	-	1	2	1	-	1	7
Railway accidents	-	-	-	-	-	-	2	-	-	-	2
Complications of burns	-	-	-	1	-	-	1	-	-	-	2
Gas poisoning	-	-	-	1	-	-	-	-	-	-	1
Crush injury	-	-	-	-	-	-	-	1	-	-	1
INFECTIONS											
Tuberculosis—											
Pulmonary	-	-	1	-	-	-	-	-	-	-	1
Meninges	-	1	1	1	-	1	-	1	-	-	5
Pneumonia	1	-	1	1	-	-	1	-	3	5	12
Cerebro-spinal fever	1	-	-	-	-	-	-	-	-	-	1
Diphtheria	-	-	-	-	-	1	-	-	-	-	1
Tetanus	-	1	-	-	-	-	-	-	-	-	1
Whooping Cough	1	-	-	-	-	-	-	-	-	-	1
Measles	-	-	-	-	-	1	-	-	-	-	1
Meningitis	-	1	-	-	-	-	-	-	1	-	2
Paralytic Poliomyelitis	-	-	-	-	-	-	-	1	-	-	1
Encephalitis	-	-	-	-	1	-	-	-	-	1	2
ABDOMINAL, OPERATIVE AND POST-OPERATIVE CONDITIONS											
Appendicitis	-	-	-	-	-	-	-	1	-	-	1
Intestinal obstruction	-	-	1	-	-	-	-	-	-	-	1
Post-operative shock and haemorrhage	-	-	1	-	-	-	-	-	-	-	1
Operative inhalation of body fluids	-	-	1	-	-	-	-	-	-	-	1
Acute peritonitis	-	-	-	-	-	1	-	-	-	-	1
Colitis	-	-	-	-	-	1	-	-	-	-	1
CARDIO-VASCULAR DISEASE											
Rheumatic heart disease	1	-	1	1	-	1	-	1	-	-	5
Cerebral haemorrhage	-	-	-	-	1	-	-	-	1	-	2
NEUROLOGICAL CONDITIONS											
Epilepsy	-	1	-	1	-	-	-	-	-	-	2
Infective polyneuritis	1	-	-	-	-	-	-	-	-	-	1
Diffuse cerebral sclerosis	1	-	-	-	-	-	-	-	-	-	1
Progressive muscular atrophy	-	1	-	-	-	-	-	1	-	-	2
Glioma	-	1	-	-	-	-	-	-	-	-	1
NEOPLASTIC DISEASES											
Leukaemia	1	-	-	-	2	1	-	-	-	-	4
Sarcoma	-	-	-	-	-	1	-	-	-	1	2
POST-INFECTIVE CONDITIONS											
Nephritis	-	-	-	1	-	-	-	1	-	-	2



Frank Morris Ltd.
West Bromwich