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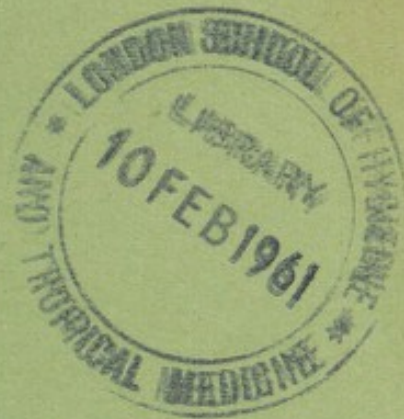


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COUNTY BOROUGH OF WEST BROMWICH



ANNUAL REPORT

of the

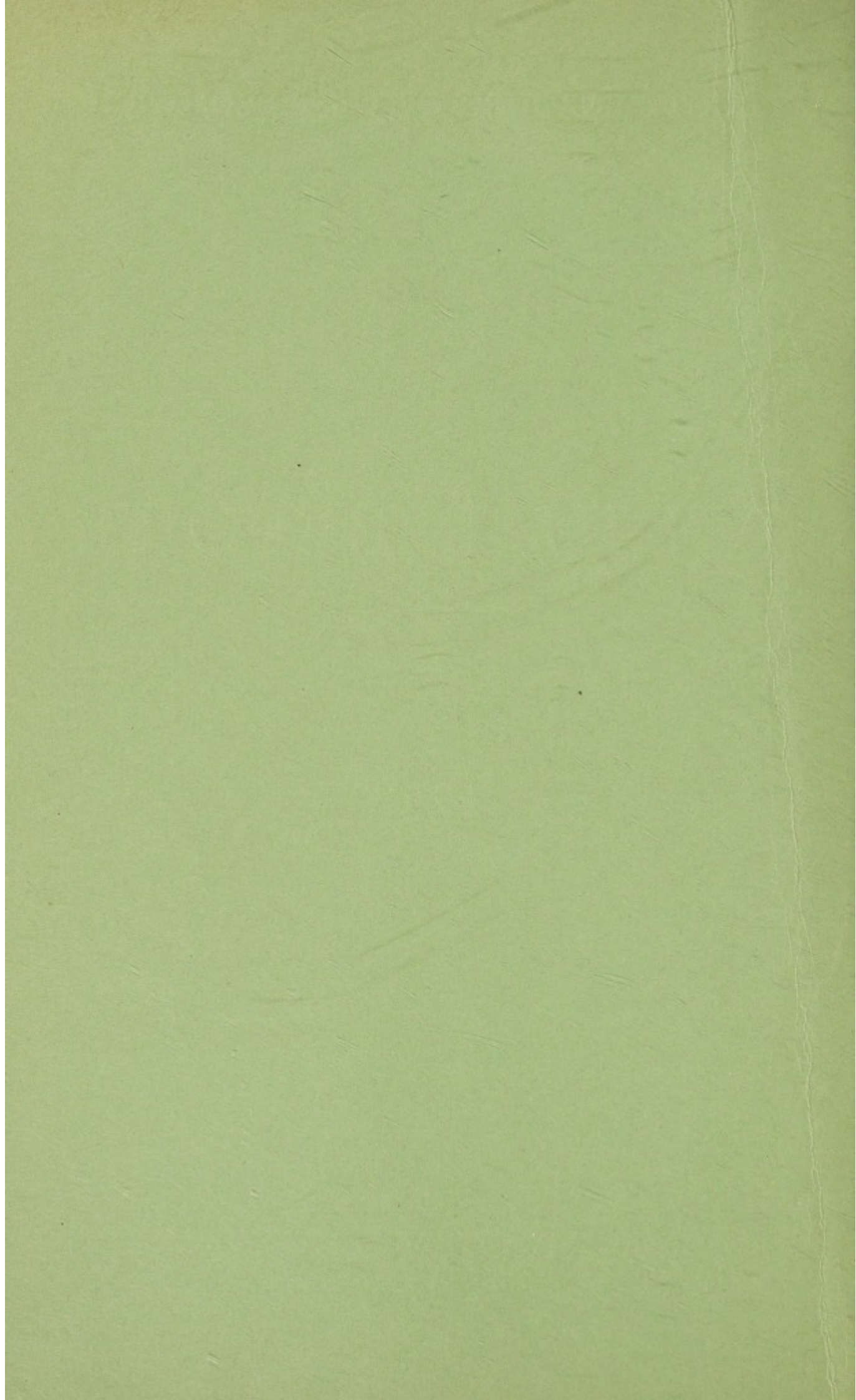
PRINCIPAL SCHOOL MEDICAL OFFICER

for the Year

1958

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

Principal School Medical Officer



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TABLE OF CONTENTS

WEST BROMWICH EDUCATION COMMITTEE

at 31st December, 1958

Chairman: Councillor R. T. SPOONER, M.A.

Deputy Chairman: Councillor F. G. PHILLIPS

Special Services Sub-Committee :

Chairman: Councillor MRS. D. MANIFOLD

Deputy Chairman: Alderman MRS. G. WILKES, J.P.

THE MAYOR (Councillor T. ROCHELLE, J.P.)

Councillor MISS M. B. BROAD	Councillor P. D. TAYLOR
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Councillor R. T. SPOONER	MAJOR F. KEMSEY BOURNE

Director of Education: J. H. TURNER, ESQ., B.SC.

TABLE OF CONTENTS

	<i>Page</i>
STAFF OF THE SCHOOL HEALTH SERVICE	9
GENERAL INFORMATION	10
ARRANGEMENTS FOR TREATMENT AND SPECIAL EXAMINATIONS	
Consultation and Treatment	10
Minor Ailments	11
Dental Surgeries	11
Ophthalmic Clinics	11
Child Guidance	11
Speech Therapy	11
Audiometry	12
Ultra Violet Light	12
MEDICAL INSPECTION OF SCHOOL CHILDREN	12
RESULT OF INSPECTIONS	13
Periodic Inspections	13
Special Inspections	14
Summary of Pupils found to require Treatment ...	15
Frequency of Defects in the Children examined ...	15
Presence of Parents at Periodic Medical Inspections ...	16
Visits to the Homes of Children by School Nurses ...	16
MINOR AILMENTS	16
NOTES ON SPECIFIC DEFECTS	17
Diseases of the Skin	17
Defects of the Ear, Nose and Throat	17
Pure-Tone Audiometric Testing for suspected deafness	19
Diseases of the Eye	20
Uncleanliness	21
GENERAL CONDITION OF SCHOOL CHILDREN	22
Result of Routine Medical Inspection	22
The School Meals and Milk in Schools Schemes ...	23

TABLE OF CONTENTS—*continued*

	<i>Page</i>
HANDICAPPED PUPILS	24
Ascertainment in 1958	25
Children Awaiting Placement in Special Schools ...	25
Children with a Handicap	26
Children with Cerebral Palsy	27
Ascertainment of Educationally Subnormal Children ...	27
Children receiving Tuition at Home or in Hospital ...	28
Special Schools in West Bromwich	28
Child Guidance Service	32
 INFECTIOUS DISEASES IN CHILDREN	 45
Incidence of Infection	45
Age at Infection	45
Diphtheria Immunisation	46
B.C.G. Vaccination	46
Poliomyelitis Vaccination	46
 SCHOOL DENTAL SERVICE	 47
Report of the Principal School Dental Officer	47
Dental Inspection and Treatment	49
 ADDITIONAL REPORTS	 50
Work undertaken by School Nurses	50
Ultra Violet Light Treatment	50
Education of Children from Overseas	50
Part-time Employment of Children	51
Employment of Children in Entertainments	51
Mortality in School Children	51

FOREWORD

*"Be not the first by whom the new are tried
Nor yet the last to lay the old aside"*

ALEXANDER POPE (1688-1744)

Half a century has now passed since my predecessor, Dr. Herbert Manley, presented the first Annual Report of the School Medical Officer for West Bromwich. It is interesting to note the changes that have occurred. Dr. Manley found defective clothing and defective boots to be particularly common in school children. In five-year-old children he notes the prevalence of defects of the throat, eyes, ears and lungs. He comments on the large number of girls examined who were found to have vermin in their hair and states "The worst feature of the case is that in most cases the girls and their parents do not regard it as cause for shame that the hair should be in this condition."

Much has happened since that report. The problems of clothing and footwear have substantially ceased to exist. The general condition of school children is much better — it is unusual to find a child in poor physical condition. Physical defect is uncommon and that seen is more often due to congenital abnormality or accident than disease. Conditions such as acute rheumatism, rickets, the common infectious diseases and tuberculosis no longer take a heavy toll of child life, or cause grave interruption in the education of many school children, but accidents and violence have assumed a much greater importance, now being responsible for a large proportion of deaths in children of school age.

The louse is still part of our civilisation, although less common than when Dr. Manley found one-sixth of all girls infested. Fifty years later some 4% of school children examined at hygiene inspections in the country as a whole have revealed signs of lice, and in West Bromwich the figure is 6.1%. Dr. Manley did comment on the "curious and unfounded impression prevalent that lice were a spontaneous product of a child's head." This superstition has not completely died, though it is not as common now. All these changes are due to many causes and represent a substantial advance in our way of life.

The School Health Service of today is functioning in a different setting, and an appraisal of its purpose and methods is desirable so that what is good in the old can be preserved, and what is unnecessary can be discarded in favour of the new. There has been much speculation recently on the value of routine medical inspection of school children, and the arguments were admirably summarised in

" The Health of the School Child — Fifty years of the School Health Service " published by the Ministry of Education. A good case can be made out for the inspection of children entering school at or about the age of five, in whom some 15% over the country as a whole will be found to have defects. In West Bromwich children this figure for 1958 was 13%. The examination before leaving serves a valuable purpose and permits the future employment to be taken into account, and allows advice to be given on matters relating to individual health and proposed employment. At this examination 13% of children from West Bromwich were found to have defects. The national figure for 1957 was 14.75%. It is difficult to make out so strong a case for the intermediate examination.

Thought is being given in many authorities to alternatives to the second examination, and although in West Bromwich this was done experimentally some time ago, it was obvious that there needs to be an extremely good relationship between the teacher, the doctor and the nurse, and that these three between them must know the children of any particular school extremely well. We have never had a sufficient stability of staff in the School Health Service to have this happy situation so far.

The School Health Service has become more and more interested in the problems of the individual handicapped child. Originally it was concerned with gross defect, now it is more concerned with advising on the implications of a handicap as affecting the education of a child. This demands a considerable amount of knowledge and experience in what is available in the field of education. It is unfortunate that so often the staff are relatively inexperienced in the knowledge of education and the available facilities, and an opportunity for the closer study of mutual problems by groups of teachers, school doctors, school nurses and administrators would be of considerable help. It has been aptly said that one of the marks of an educated professional person is the ability to work with others from different professional disciplines. If this is so, more opportunities need to be made for the mixing of professional groups having a common interest, so that a synthesis of the contribution each can make to the problems under discussion can be achieved.

The next fifty years will probably see more change in the School Health Service. It is to be hoped that this will lead to a closer integration of the service with the schools and to the development of services more individual to the child in need than a mere inspection of his physical handicap.

In broad terms, the problems of acquired physical illness and deformity are now fewer and attention needs to be given to the problems of congenital abnormality and emotional disorder.

In the year under review, there is little of outstanding importance to report, with two exceptions, viz., the breakdown of speech therapy and the almost complete breakdown of the school dental service.

The lack of a speech therapist in spite of efforts to obtain one has meant that many children with severe speech defects have been left without assistance. Speech being the commonest form of communication and the medium of most instruction has a particular importance in education. These children are being allowed to grow up with a severe handicap socially, in the gaining of employment and in taking advantage of the education offered to them. There is a national shortage of speech therapists, but it is hoped that the number in training will eventually provide sufficient for present demands. This is little consolation for the present situation means a large number of children will continue to suffer from this distressing handicap.

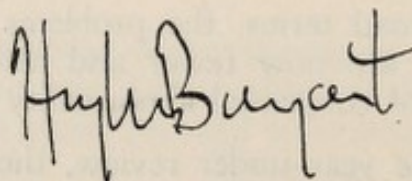
Equally the breakdown of the school dental service will leave a generation of children without the help and assistance they have formerly had. It is sad to see the rapid running down of a fine service and futile to pretend that the existing arrangements are able in any way to provide the service of years ago. All that can be managed is to deal with "casualties" in a few children. The routine inspection and treatment which was the backbone of the service has now virtually ceased.

Although the remedy lies with the hospital authorities I must still report that the number of children waiting for the removal of their tonsils and adenoids is excessive. The effects of this delay so often mean repeated absences and missed schooling apart from the effect on the children's health.

On the brighter side, there is the development further of psychological services. As the physical defects have become less common, attention has been concentrated on the intellectual and emotional. Mr. Kelly, the educational psychologist, has contributed a valuable report on the work of the Child Guidance Centre indicating the wide scope of the activities there.

The opening of the Millfield School has provided better facilities for educationally subnormal children, and the fact that so many children leaving can be satisfactorily placed in employment indicates the excellent results obtained from this form of special education.

My thanks are due to the Director of Education and his staff for their unfailing kindness and willingness to discuss matters, the teaching staff of the schools, the staff of the school health service for their hard work, and the Special Services Sub-Committee for their encouragement and understanding.



Principal School Medical Officer.

STAFF OF THE SCHOOL HEALTH SERVICE

Medical and Dental Staff :

Principal School Medical Officer :

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

Deputy Principal School Medical Officer :

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

School Medical Officers :

M. HOMMERS, M.B., Ch.B.
(to 7.11.58)

J. D. WAYE, M.B., B.S., M.R.C.S.,
L.R.C.P., D.Obst.R.C.O.G., D.C.H.

A. J. PAUL, M.B., B.S., D.P.H.
(from 1.10.58 to 5.12.58)

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) :

H. P. A. JONES, L.D.S.

D. J. F. STAMMERS, L.D.S. (R.C.S.)

J. M. RUDDLE, L.D.S. (R.C.S.), B.D.S.
(to 30.4.58)

P. WOODBINE, L.D.S. (R.C.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.

Deputy Chief Nursing Officer :

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

On the 31st December, 1958, there were two full-time Clinic Nurses and eleven Health Visitors and School Nurses working part-time on School Health and part-time Maternity and Child Welfare, giving an equivalent of six full-time Nurses in the School Health Service.

Speech Therapist :

Post vacant.

Child Guidance :

Consultant Child Psychiatrist :

DAVID T. MACLAY, M.D., D.P.M.

Educational Psychologist :

THOMAS A. KELLY, M.A.

Assistant Educational Psychologist :

DEAN F. JUNIPER, M.A. (from 1.2.58)

Social Worker :

Mrs. BERYL G. SMITH

On the 31st December, 1958, there were also four Remedial Teachers, an additional Teacher for non-English speaking children, and one Clerk.

Other Staff :

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

GENERAL INFORMATION

Population of West Bromwich	93,380
School Population (January, 1959)	16,569
Children attending Primary School	10,227
Children attending Secondary Schools	6,198
Children attending Special Schools	144

The number of children attending Primary Schools included 84 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	5
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

It will be noticed that the average number of children attending school during the year has risen, as shown by the following table :

1954	...	...	...	...	15,202
1955	...	...	...	...	15,268
1956	...	...	...	...	15,521
1957	...	...	...	...	15,948
1958	...	...	...	...	16,101

The population of the borough generally is rising as shown by the following figures :

1954	...	...	...	...	88,650
1955	...	...	...	...	89,640
1956	...	...	...	...	90,720
1957	...	...	...	...	93,050
1958	...	...	...	...	93,380

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			
Jervoise Lane	Wednesday at 9.30 a.m.	... ..	1

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	}	5
Jervoise Lane	Friday at 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. & 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 Tuesday and Thursday 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.

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. Any spectacles prescribed were obtained from the optician of the parents' choice.

Children breaking their glasses should attend any School Clinic and obtain a repair or replacement form.

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 at the request of doctors, teachers, parents or other interested persons.

Speech Therapy

The Speech Therapist for the authority resigned at the end of 1957, and in spite of repeated effort she was not replaced during the year. This has resulted in a very large gap in the arrangements for dealing with children suffering from handicaps and is much to be deplored. Two children who have required this treatment urgently have attended speech therapists in neighbouring authorities, but it is most unfortunate to report a complete absence of speech therapy for a full year. This has been to the detriment of many individual children and this problem of a national lack of speech therapists will have a serious effect on quite a number of children, possibly for the greater part of their lives.

Audiometry

Routine audiometric testing was carried out in schools on children aged six and ten years. Those 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 in whom deafness was suspected, who were 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 or General Practitioners attended the Central Clinic and Stone Cross Clinic. The treatment was given by the School Nurses.

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. Children who were absent were followed up and examined as soon after these periods as was convenient. Towards the end of the year, due to lack of medical staff, the number of examinations fell slightly.

Periodic Medical Examinations

The following table shows the number of children examined by years of their birth :

Born in 1954 or later	...	...	25
„ „ 1953	...	...	584
„ „ 1952	...	...	360
„ „ 1951	...	...	43
„ „ 1950	...	...	15
„ „ 1949	...	...	8
„ „ 1948	...	...	9
„ „ 1947	...	...	1,094
„ „ 1946	...	...	641
„ „ 1945	...	...	70
„ „ 1944	...	...	29
„ „ 1943 and earlier	...	...	1,230
		GRAND TOTAL	<u>4,108</u>

At the end of the year, due to changes of staff, some children who were due for examination had not been examined. These amounted to about 600.

The following table shows the number of routine examinations in each of the last five years :

	1954	1955	1956	1957	1958
Entrants	705	1,348	1,097	1,771	1,012
Primary School Leavers	1,390	873	1,930	959	1,103
Secondary School Leavers	980	860	915	1,160	1,259
Other periodic examinations	167	333	45	367	734

RESULT OF INSPECTIONS

Periodic Inspections

The number of defects requiring treatment was 549, compared with 575 in 1957. There is no great change in the type of defect found. Treatment is discussed with the parents and arranged either through a clinic or the family doctor. The average number of defects per 100 children was 35.

DEFECT OR DISEASE	PERIODIC INSPECTIONS						TOTAL	
	Entrants		Leavers		Others		Requiring treatment	Requiring observation
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation		
SKIN	2	14	3	—	5	2	10	16
EYES								
Vision	23	9	114	2	163	44	300	55
Squint	11	5	1	—	5	3	17	8
Other	1	2	3	1	2	1	6	4
EARS								
Hearing	2	27	1	45	5	61	8	133
Otitis Media	6	37	5	20	7	21	18	78
Other	9	10	1	2	3	5	13	17
NOSE AND THROAT	26	100	7	8	6	34	39	142
SPEECH	3	15	1	—	—	4	4	19
LYMPHATIC GLANDS	3	36	—	—	1	4	4	40
HEART	6	9	—	7	1	10	7	26
LUNGS	9	40	1	3	5	27	15	70
DEVELOPMENTAL								
Hernia	9	4	—	—	1	3	10	7
Other	15	16	1	6	7	26	23	48
ORTHOPAEDIC								
Posture	—	4	—	5	1	7	1	16
Feet	21	32	5	1	10	30	36	63
Other	4	21	5	7	8	13	17	41
NERVOUS SYSTEM								
Epilepsy	—	4	—	—	—	4	—	8
Other	—	5	1	4	2	7	3	16
PSYCHOLOGICAL								
Development... ..	—	5	—	—	1	9	1	14
Stability	—	39	1	3	2	12	3	54
ABDOMEN	1	4	6	1	7	8	14	13
Other	—	—	—	—	—	1	—	1
TOTALS	151	438	156	115	242	336	549	889

Special Inspections

The following table shows the number of defects found at the special inspection of 279 children. This refers to children examined at the request of head teachers, parents or school nurses, and therefore is a selected group. The average number of defects requiring treatment per 100 children in this selected group was 66.

DEFECT OR DISEASE	REQUIRING TREATMENT	REQUIRING OBSERVATION
SKIN	7	3
EYES		
Vision	42	4
Squint	3	1
Other	7	3
EARS		
Hearing	27	15
Otitis Media	3	1
Other	6	—
NOSE AND THROAT	11	5
SPEECH	1	2
LYMPHATIC GLANDS	1	1
HEART	—	2
LUNGS	15	13
DEVELOPMENTAL		
Hernia	—	1
Other	5	4
ORTHOPAEDIC		
Posture	2	—
Feet	5	2
Other	3	5
NERVOUS SYSTEM		
Epilepsy	—	1
Other	4	2
PSYCHOLOGICAL		
Development	6	1
Stability	2	1
ABDOMEN	1	1
OTHER	32	9
TOTALS	183	77

These two tables demonstrate that the number of children who are found to suffer from defects of any importance is small and that the health of school children in the Borough is, generally speaking, extremely good.

Summary of Pupils found to Require Treatment

Age Group Inspected (by years of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in previous table	Total individual pupils
1954 and later	—	1	1
1953	8	68	70
1952	15	47	58
1951	2	4	6
1950	—	—	—
1949	1	—	1
1948	2	—	2
1947	96	55	144
1946	64	32	95
1945	5	1	6
1944	1	—	1
1943 and earlier	114	42	150
TOTALS	308	250	534

Frequency of Defects in the Children Examined

Years of Birth	Number of children examined	Total number of individual pupils with defects	Rate per 100 children of these defects
1954 and later	25	1	4
1953	584	70	12
1952	360	58	16
1951	43	6	14
1950	15	—	—
1949	8	1	12
1948	9	2	22
1947	1,094	144	13
1946	641	95	15
1945	70	6	9
1944	29	1	3
1943 and earlier	1,230	150	12
TOTALS	4,108	534	13

It is not possible to draw any firm conclusion from these figures.

Presence of Parents at Periodic Medical Inspections

Age Group Inspected	Number of pupils inspected	Number with parent present	Percentage with parent present
Entrants	1,012	952	94.1
Senior Leavers	1,259	775	61.6
Other Periodic Inspections ...	1,837	1,664	80.5
TOTAL	4,108	3,391	82.5

These figures are very gratifying. The value of school medical inspection is greatly enhanced if there is an opportunity for the school doctor and the parent to discuss the child's health and approach to school, and for the results of these discussions to be conveyed to the school teacher.

Visits to the Homes of Children by School Nurses

A total of 385 visits was paid in 1958, compared with 354 in 1957. Of these visits, 247 were paid in connection with infestation of the head. These figures do not, of course, give a full picture of the amount of liaison that exists with the home, for as the majority of school nurses are also health visitors they have occasion to visit homes for other purposes and at the same time often make enquiries concerning school children. Such enquiries are not included in the number of visits recorded as specifically paid to school children.

MINOR AILMENTS

The decline noticed in recent years in the number of children attending these clinics still continues, but there is no evidence to show that there is an increase in the neglect of treatment of minor illness. The following figures give details for the last ten years of the number of children attending.

1949 ...	3,087	1954 ...	1,824
1950 ...	2,367	1955 ...	1,769
1951 ...	2,519	1956 ...	1,712
1952 ...	2,402	1957 ...	1,249
1953 ...	2,000	1958 ...	1,171

A total of 401 children made 2,276 attendances at the Central Clinic, Lombard Street West, whereas at Stone Cross Clinic the corresponding figures were 770 children and 2,417 attendances.

NOTES ON SPECIFIC DEFECTS

Diseases of the Skin

There has been a decline in the number of cases of diseases of the skin in recent years, but these have now apparently reached a stable level. No cases of scabies were treated, no ringworm was reported, and impetigo was not a very great problem, as is shown by the following figures:

	Number of cases known to have been treated or under treatment during the year	
	By the Authority	Elsewhere
Ringworm: (i) Scalp ...	—	—
(ii) Body ...	—	—
Scabies	—	—
Impetigo	45	—
Other skin diseases ...	221	8
TOTAL	266	8

It is particularly interesting to note that since 1955 no ringworm of the scalp or body has been reported to the school clinic. It does not mean necessarily that no case has occurred, but so far as can be ascertained no ringworm has been treated at the hospitals either. It is also notable that no case of scabies was treated.

Impetigo has fallen since a rise in 1954 and 1955.

Defects of the Ear, Nose and Throat

There was a slight increase in the number of school children who are known to have had their tonsils and adenoids removed during the year, as shown by returns from the hospitals. Altogether 239 had the operation, compared with 206 in 1957. Sixteen children had operations for diseases of the ear, and fourteen had operations for other nose and throat conditions.

The following table shows the number of children who are known to have received treatment for removal of tonsils and adenoids during the last ten years.

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
1958	239	16,569	1.4

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

	Percentage of children examined
Entrants 33	3.3
Senior leavers 213	16.9
Other periodic examinations 231	11.6

The waiting list in October, 1958, was as follows:

For removal of tonsils	132
For removal of tonsils and adenoids ...	292
	<hr/>
	424
	<hr/>

Great concern is felt about the delay between the decision by the surgeon that the tonsils and adenoids need removal and the date of the operation. The hospital authorities were approached on several occasions and asked to remedy this. At the end of the year the situation had not improved substantially but it is understood that the arrangements being made by the hospital authorities will take some time to implement.

Mr. Stroud, the Ear, Nose and Throat Surgeon, has left the district and the one session he gave to the authority was not taken up by his successor in the hospital service. Arrangements were made, therefore, for children requiring ear, nose and throat examinations by a consultant, to be referred to the hospital out-patients' departments, and these arrangements are working well.

Treatment

	Number of cases known to have been treated during 1958	
	By the Authority	Otherwise
Received operative treatment		
(a) for disease of the ear	—	16
(b) for adenoids and chronic tonsillitis	—	239
(c) for other nose & throat conditions	56	14
	56	269
Total number of pupils in schools who are known to have been provided with hearing aids:		
(a) in 1958		1
(b) in previous years		7

Pure-tone Audiometric Testing for suspected deafness

On the 4th February, 1958, a nurse was appointed to carry out audiometric examinations as a routine measure, using a pure-tone audiometer. She commenced with the infant and junior departments, and examined a total of 2,298 children. Of these, 244 were called for a re-test — 53 were found to have a loss of hearing in one or both ears of 20 decibels or more. These children were seen by a school medical officer, and given a further test, after which they were referred to the ear, nose and throat surgeons if necessary.

The following table gives details of audiometry performed by the medical officers at the school clinics, and includes the 53 children referred from the audiometrist.

Number of children who attended for the first time ...	104
Number with defects	23
Number to attend for re-testing	48
Number of re-tests carried out	35
Number of above with defects	6

Of the 53 children referred to the school medical officers by the audiometrist, 24 were subsequently seen by the ear, nose and throat surgeons, who considered that no treatment was necessary in one case. In the other 23 cases their recommendations were as follows:

Treatment in out-patients' departments ...	4
Removal of tonsils and adenoids	10
Removal of adenoids	1
Other operative treatment	5
Removal of adenoids, followed by speech therapy	1
Provision of hearing aid	1
Removal of tonsils and adenoids, and later consideration for hearing aid ...	1

Diseases of the Eye

A total of 1,012 attendances was made by children at the Ophthalmic Clinic held at the School Clinic. The Ophthalmic Surgeon prescribed glasses in 641 cases, and another 15 children obtained their glasses through the Hospital Out-Patients' Clinic. Of the children attending the School Clinic 511 were attending for the first time, and of these 394 had been referred from routine medical examinations and the remainder from special examinations or by the school nurses. In addition, 13 children were seen at the School Clinic with other defects of the eye apart from errors of refraction and squint, and arrangements were made for suitable treatment. In addition, eight children with errors of refraction and squint were seen at the Hospital Out-Patients' Clinic in West Bromwich.

A total of 556 applications was received for repair or replacement of spectacles of school children.

The following table shows the number of cases known to have been treated in the School Clinics or at the West Bromwich and District Hospital.

	Number of cases dealt with		Total
	By the Authority	Otherwise	
External and other conditions, excluding errors of refraction and squint	135	8	143
Errors of refraction (including squint)	964	9	973
TOTALS ...	1,099	17	1,116
No. of pupils for whom spectacles were prescribed	641	15	656

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

	Age Groups Inspected			Total
	Entrants	Leavers	Others	
Defective Vision ...	23	114	163	300
Squint	11	1	5	17
Other	1	3	2	6
TOTALS ...	35	118	170	323

The school nurse continued to test the vision of children entering infants' departments. Her findings were:

				Right eye	Left eye
Vision	6/9	...	...	100	143
"	6/12	...	...	24	34
"	6/18	...	...	9	18
"	6/24	...	...	—	2
"	6/36	...	...	7	1

These examinations are independent of and in addition to the routine medical examination.

The total number of children so examined was 1,427, and 23 of them were referred to the Consultant Ophthalmologist. The final outcome was

	No. of cases
Glasses prescribed	15
No treatment necessary at present, for review in one year	2
Red/Green colour blind	1
No treatment necessary	5

Dr. Marx, the consultant ophthalmologist, comments as follows:

"One of the minor difficulties is the poor quality of the frames supplied under the National Health Service. Quite a few parents do not mind paying for the frames in order to avoid some of the frequent repairs, quite apart from the appearance of the Health Service frames. One really wonders whether it would not be in the interests of national economy in the long run if the Health Service provided slightly stronger glasses."

Uncleanliness

During 1958, 30,759 individual cleansing inspections were carried out on children attending maintained schools. This is a substantial rise over the figures of 22,988 for 1957. One thousand and seven individual pupils were found to be infested and 174 cleansing notices and 13 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:

	1954	1955	1956	1957	1958
England and Wales ...	4.4	4.1	3.9	3.6	—
West Bromwich ...	7.5	7.6	6.3	7.4	6.1

It is not possible at the time of writing to give the figures for England and Wales in 1958, for these figures are produced every two years.

On the whole this position is slightly more satisfactory than last year but it still shows a considerable amount of infestation (more than the national average). It is most probable that the reservoir of infection is in the adults and in the very young at home. The presence of lousy children is still a reproach to society in general and in individual cases it does cause considerable trouble by infecting the children of parents who normally strive to keep them clean and who rightly resent the fact that their children pick up lice at school. It is comparatively few families who are responsible for this great nuisance.

A cleansing assistant is employed to carry out cleansing, either at the request of parents who for various reasons cannot do this themselves, or when a cleansing order has been issued. During the year she carried out the following work :

Number of children treated at clinics	...	...	513
Number of treatments given at clinics	...	...	1,048
Number of visits to homes	...	...	39
Number of children treated at home	...	...	137
Number of treatments given at home	...	...	191
Number of children treated at school	...	...	634
Number of treatments given at school	...	...	1,327

This shows a considerable increase in the amount of work done in the home, and this has occurred in cases where either the parents because of illness or other reasons could not manage the work for themselves, or alternatively in those families whose ability to manage was at such a low level that in the interests of others it was thought desirable to pay visits from time to time to keep the children's heads clean.

GENERAL CONDITION OF SCHOOL CHILDREN

Result of Routine Medical Inspection

At periodic medical inspection in school, a total of 4,108 children was examined, of which 4,096 or 99.71% were considered to be of a satisfactory nutritional standard, and only 12 or 0.29% unsatisfactory. The following table shows the figures over the last five years.

			1954	1955	1956	1957	1958
Good	...	...	45.4	34.3	—	—	—
Fair	...	...	54.1	65.3	—	—	—
Poor	...	...	0.4	0.3	—	—	—
Satisfactory	...	...	—	—	99.5	99.22	99.71
Unsatisfactory	...	...	—	—	0.5	0.78	0.29

In 1955 the classification of 'good,' 'fair' and 'poor' was altered to 'satisfactory' or 'unsatisfactory.' These categories represent, of course, only the medical officers' opinion of the nutritional state of the child. It is difficult to get any absolute standard measurement for this purpose. All the evidence, however, leads one to believe that the children attending school are bigger, heavier and in better health than ever before.

The following table shows the classification of the physical condition of pupils by years of birth in those examined:

Age Groups inspected	Number of Pupils inspected	Satisfactory		Unsatisfactory	
		No.	Percentage of Col. (2)	No.	Percentage of Col. (2)
1954 and later	25	25	100	—	—
1953	584	584	100	—	—
1952	360	359	99.72	1	0.28
1951	43	43	100	—	—
1950	15	15	100	—	—
1949	8	8	100	—	—
1948	9	8	88.88	1	11.12
1947	1,094	1,090	99.63	4	0.37
1946	641	638	99.53	3	0.47
1945	70	70	100	—	—
1944	29	29	100	—	—
1943 and earlier	1,230	1,227	99.76	3	0.24
TOTAL	4,180	4,096	99.71	12	0.29

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, 1958:

Primary, Secondary and Special Schools:

Number of pupils present in all schools on the day selected	15,488
Number of school kitchens	11
Number of schools or departments served	51
Number of schools or departments not yet served	—

	MEALS		MILK	
	1957	1958	1957	1958
(a) Free Meals ...	416	520	11,972	13,062
(b) For payment ...	2,805	3,120	—	—
Percentage of total ...	22.16	23.5	81.94	84.34

HANDICAPPED PUPILS

The Local Education Authority has a duty to provide special educational treatment for handicapped pupils, and an increasing proportion of the work of school medical officers is concerned with individual children who have a handicap. The possession of a handicap does not necessarily mean a child is in need of education in a special school. It is the aim to keep children in association with others at an ordinary school whenever possible as, broadly speaking, this is beneficial to their education and development. There are, however, some children whose handicap is much better treated educationally in schools catering for similarly handicapped children.

At the end of the year there were 202 children receiving special educational treatment in special schools, and the following table gives details:

	Day Pupils	Boarders
BLIND		
Birmingham Royal Institution for the Blind, Technical Dept.	—	1
Lickey Grange	—	2
PARTIALLY SIGHTED		
Royal Normal College for the Blind, Shrewsbury	—	1
Exhall Grange, Coventry	—	1
Birmingham Royal Institution for the Blind ...	1	—
Priestley Smith Day Special School	4	—
DEAF		
Royal School for the Deaf, Margate	—	1
Longwill Day Special School, Birmingham ...	1	—
Braidwood Day Special School, Birmingham ...	3	—
PARTIALLY DEAF		
Royal School for the Deaf, Birmingham ...	—	1
Longwill Day Special School, Birmingham ...	1	—
Braidwood Day Special School, Birmingham ...	4	—
DELICATE PUPILS		
Fairfield House Open Air School, Kent ...	—	1
Ogilvie School, Clacton-on-Sea	—	1
St. Patrick's Open Air School, Hayling Island ...	—	3
Kingsmuir School, Sussex	—	1
Baskerville School, Birmingham	—	1
Hillaway House, Devon	—	3
St. Catherine's Home, Ventnor	—	3
The Hollies, Smethwick	—	1
Kingswood Open Air School, Wolverhampton ...	—	1
St. John's Open Air School, Essex	—	1
St. Vincent's Open Air School, St. Leonard's ...	—	1
Wilson Stuart School, Birmingham	1	—

	Day Pupils	Boarders
PHYSICALLY HANDICAPPED		
Lord Mayor Treloar College, Froyle, Alton, Hants.	—	1
Tudor Grange Special School, Coventry	—	1
National Children's Home & Orphanage, Chipping Norton	—	1
Baskerville School, Birmingham	—	1
Carlson House School for Spastics, Birmingham ...	1	—
Wilson Stuart Day Special School, Birmingham ...	6	—
EDUCATIONALLY SUB-NORMAL		
Millfield School, West Bromwich	119	—
St. Francis Residential School, Birmingham ...	—	2
The Beacon Residential School, Lichfield ...	—	2
MALADJUSTED		
Shenstone Lodge Special School, near Lichfield ...	—	11
St. Hilliard's, Gloucester	—	10
Shotton Hall, Shrewsbury	—	1
Red Hill School, Maidstone, Kent	—	1
Swalcliffe Park, Banbury	—	1
Cam House Hostel, Dursley, Glos.	—	1
Bodenham Manor, Hereford	—	2
EPILEPTIC		
St. Elizabeth's School, Much Hadham, Herts. ...	—	1
Lingfield Hospital School, Surrey	—	1

Ascertainment in 1958

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

Blind	—
Partially Sighted	2
Deaf	—
Partially Deaf	—
Delicate	10
Physically Handicapped	3
Educationally Subnormal	52
Maladjusted	17
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 and educationally subnormal ...	1
Educationally subnormal	12
Physically Handicapped	3
Partially sighted	1
Delicate	2
Physically Handicapped and Educationally sub-normal	1
Maladjusted	2

Children with a Handicap

Not all children with a physical 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 141 handicapped children known, apart from those in schools for the physically handicapped, and shows that form of education they are receiving.

Disability	Aged 2-5 years	Attending ordinary schools					Millfields School	Receiv'g tuition at home		Home Tuition	Tuition in Hospital	Ineducable
		5-11 years	Grammar	Compre- hensive	Secondary Technical	Secondary Modern		Prior to ad. to hospital	Prior to ad. to school			
Congenital Deformities	8	10	-	2	-	2	1	-	-	-	1	-
Delicate ...	-	2	-	1	-	1	-	-	1	-	-	-
Recurrent Bronchitis	-	1	-	-	-	-	-	-	-	-	-	-
Muscular dystrophy ...	-	1	-	-	-	-	-	1	-	-	-	-
Heart disease—												
Congenital ...	2	8	1	-	-	1	-	1	-	-	-	-
Rheumatic ...	-	1	-	-	-	4	-	-	-	-	-	-
Tuberculosis ...	-	1	1	1	-	6	-	-	-	-	-	-
Post T.B. Meningitis	2	-	-	-	-	-	-	-	-	-	-	1
Partially Deaf ...	-	-	-	-	-	2	1	-	-	-	-	-
Old Poliomyelitis ...	2	8	-	1	-	4	-	-	-	-	-	-
Osgood Schlatter disease ...	-	1	-	-	-	-	-	-	-	-	-	-
Perthe's Disease ...	-	5	-	-	-	-	-	-	-	-	1	-
Epilepsy—Petit Mal...	-	-	-	-	-	1	-	-	-	-	-	-
Grand Mal	-	2	-	-	-	2	-	-	-	-	-	-
Blood Diseases—												
Haemophilia ...	-	-	-	-	-	-	-	-	-	-	-	-
Christmas Disease	-	-	-	-	-	-	-	-	1	-	-	-
Coeliac Disease ...	-	2	-	-	-	2	-	-	-	-	-	-
Rheumatoid Arthritis	-	-	-	-	-	2	-	-	-	-	-	-
Lipodystrophy and Metabolic Disorder	-	3	1	1	-	-	-	-	-	-	-	-
Cretinism ...	-	1	-	-	-	-	1	-	-	-	-	1
Colour Blindness ...	-	-	-	-	-	1	-	-	-	-	-	-
Deformities due to Accidents ...	-	-	-	-	-	1	-	-	-	-	-	-
Disease of Kidneys ...	-	1	-	1	-	-	-	-	-	-	-	-
Bone Disease ...	-	1	-	-	-	-	-	-	-	-	-	-
Asthma ...	-	2	-	1	-	1	-	-	-	-	-	-
Cerebral Palsy ...	5	3	-	-	1	2	-	-	-	1	-	3
Partially Sighted ...	-	2	-	-	-	1	1	-	-	-	-	-
Hydrocephalus ...	-	-	-	-	-	-	-	-	-	-	-	2
Asthma and Eczema	-	2	-	-	-	1	-	-	1	-	-	-

Children with Cerebral Palsy

It is known that 18 children are suffering from this condition and the type of disability can be summarised as follows:

Hemiplegia	...	...	...	...	...	...	8
Paraplegia	...	...	...	...	...	...	5
Quadriplegia	...	...	...	...	...	...	4
Athetosis	...	...	...	...	...	...	1

Ascertainment of Educationally Subnormal Children

Statutory examinations for the purpose of ascertaining educationally subnormal pupils were carried out by approved School Medical Officers in 74 new cases. A total of 26 children was examined again. The following were the recommendations:

To remain in Day Special School, Millfields	...	...	...	...	...	1
For admission to Day Special School, Millfields	...	...	...	...	...	44
For admission to Day Special School, Millfields, for a trial period	...	...	...	...	...	3
For admission to Residential E.S.N. School	...	...	...	...	...	5
For admission to Residential School for Physically Handicapped	...	...	...	...	...	1
To remain in ordinary school	...	...	...	...	...	10
For admission to ordinary school	...	...	...	...	...	4
For admission to ordinary school for a trial period	...	...	...	...	...	2
For remedial teaching	...	...	...	...	...	1
For extra school tuition at Child Guidance Centre	...	...	...	...	...	1
For part-time attendance at Occupation Centre	...	...	...	...	...	1
To be temporarily excluded from ordinary school	...	...	...	...	...	1
To be excluded from school pending admission to Mental Deficiency Institution	...	...	...	...	...	1
To leave Day Special School	...	...	...	...	...	4
To leave Day Special School and for statutory supervision on leaving school	...	...	...	...	...	2
To leave Residential E.S.N. School, and recommended for statutory supervision (this recommendation was later altered by the Committee in favour of voluntary notification)	...	...	...	...	...	1
For notification under Section 57/3 of the Education Act, 1944, for the purposes of the Mental Deficiency Act	...	...	...	...	...	3
Left under observation	...	...	...	...	...	15

Children receiving Tuition at Home or in Hospital

During 1958, 29 children were taught in Hallam and the West Bromwich and District General Hospitals, and seven children received tuition at home. Of the 36 children, 22 were boys and 14 girls, and their ages can be summarised as follows:

Age	...	...	5	6	7	8	9	10	11	12	13	14	15
Number of children			3	6	4	—	4	6	4	3	3	1	2

Generally speaking, the giving of tuition at home is no substitute for education in association with other children in school, and every effort is made to fit such children into the educational system, with particular reference to the handicap and their ability.

The services of a peripatetic teacher working in the hospital and the home does, however, enable the education of the child to continue during a long-term illness.

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

Tuberculosis: Respiratory	...	...	...	...	—
Other forms	...	...	...	...	1
Perthes disease	...	...	...	...	3
Abscess of leg	...	...	...	...	1
Accident	...	...	...	...	3
Ear, Nose and Throat disease	...	...	...	...	7
Appendicitis	...	...	...	...	2
Rupture	...	...	...	...	1
Heart disease	...	...	...	...	2
Eye operation	...	...	...	...	2
Cerebral palsy	...	...	...	...	2
Muscular dystrophy	...	...	...	...	1
Haemophilia	...	...	...	...	1
Incontinence	...	...	...	...	1
Hydrocephalus	...	...	...	...	1
Asthma	...	...	...	...	1
Other diseases	...	...	...	...	7
					—
					36
					—

Special Schools in West Bromwich

MILLFIELD SCHOOL FOR EDUCATIONALLY SUBNORMAL CHILDREN

The new school with 160 places for educationally subnormal children was opened on the 23rd October, 1958, by W. P. Alexander, Esq., Secretary of the Association of Education Committees. This school is an immense improvement on the previous facilities and provides an environment in which it should be possible for the staff to obtain the maximum educational progress in the

pupils. The school provides additional places which will be very welcome and is rapidly settling down. It should be possible to give a first-class education under really suitable conditions to educationally subnormal pupils, but there is still a shortage of suitable teachers.

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

	Boys	Girls
Number on the roll, December, 1957 ...	60	44
Number of children admitted during 1958	19	16
Number of children who left during 1958	14	6
Number remaining on the roll at 31st December, 1958	65	54

The 29 boys and girls leaving the school during the period Easter, 1956, to Easter, 1958, were followed up through the Youth Employment Officer, and his impression of their history after leaving school was as follows:

Settled, with no problems	15
Rather doubtful (either unemployed at present or some doubt about remaining with present employer)	2
Had six jobs	1
Had four jobs	2
Had three jobs	1
Had two jobs	6
Classed as unemployable	2
Total ...	29

Of the two classed as unemployable, one is a Mongolian imbecile and the other unfortunately suffers from chronic colitis.

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

“1958 will be one of the most memorable years in the history of the West Bromwich Day Special School for at Whitsuntide the school transferred from Bratt Street to the beautiful new school in Westminster Road and was renamed ‘Millfield.’

The school now has accommodation for 160 pupils though during 1958 the number on the roll never exceeded 120, due to lack of staff. The facilities of the school have been greatly extended and the curriculum now includes pottery, gardening and metalwork, all of which were impossible at Bratt Street.

The staff has been extended to seven class teachers, a wood-work teacher and domestic science teacher, and classes are organised throughout the school on a co-educational basis.

During the year there has been very close liaison between the medical and psychological services and the school, and assessment of children's abilities is more valid than ever before.

Swimming was again included during the summer term, and a large number of children learned to swim. The school camps at Plas Gwynant and the Forest of Dean were great successes. The school meals service has been a great success, the meals now being cooked on the premises. Over 80% of all children stay to lunch.

The school has had its fair share of visitors during the year, notably students from Birmingham University and Dudley Training College.

The number on roll at 29th December, 1958, was 119, the distribution of I.Qs. being :

Quotient	...	40-49	50-59	60-69	70-79	80-89
No. of pupils	...	6	13	57	38	3
Mean I.Q. = 65.4.						

During the year, 14 children left the school for employment and all but one girl were successfully placed, and appear to be doing reasonably well.

In September, an evening institute was started for former pupils, and although classes are small the standard of work in woodwork, metalwork, cookery and needlework is very satisfactory. A social club is also available on Wednesday evenings.

The development of the evening institute and social club are matters of considerable importance, for they continue to provide for old pupils of the school, help and assistance in an environment to which they have become accustomed. I am certain that this development will contribute greatly to their success in after life."

One of the great problems is the young child who is backward through lack of intelligence or through emotional disturbance. On entry to a normal school he can be a disturbing influence and some thought needs to be given to the possibility of starting some form of observation class where with small numbers his ability and progress can be closely watched so that special educational treatment if necessary in the form of admittance to a special school or otherwise can be recommended on the basis of detailed observation between the ages of 5 and 7.

SHENSTONE LODGE RESIDENTIAL SPECIAL SCHOOL, SHENSTONE, NEAR LICHFIELD

	Boys	Girls
Number of children on roll at beginning of 1958	16	12
Number of children admitted during the year	7	1
Number of children who left during the year	7	1
Remaining on roll on 31st December, 1958	16	12

Of the children in the school on the 31st December, eight boys and three girls were from West Bromwich, the remainder came from other local education authorities.

I am indebted to Mr. J. D. Wincer, the Headmaster, for the following report :

“ Shenstone Lodge Residential Special School for 28 mal-adjusted children completed its fourth year at the end of the summer term 1958. As in the past, full co-operation between the school, Director of Education, Child Guidance Team and School Medical Officers has been maintained.

At the commencement of the school year there were 16 boys and 12 girls on the roll. The new group of senior girls formed the previous year has become settled and much of the work of the school has been devoted to this group. Provision for this group has caused far more anxiety than was at first anticipated and much careful thought is still necessary in planning for the future of this group. Since the formation of this group no girls have left the school, with the exception of one who did not return after the Christmas holidays. She was replaced by a Grammar School pupil from Walsall who did not actually enter into the group itself but has continued her education at the local Grammar School.

Of the 16 boys, seven were due to leave in July, 1958, most of whom moved on to senior boarding schools. The provision of a senior boarding school controlled by the West Bromwich Education Committee is an urgent matter and is receiving consideration by the Committee. Of those boys who left, we have had varying reports, but the fact remains that to change schools at the time when they do is not desirable.

Out-of-school activities now include, with the advent of the group of senior girls, greater attention to social life, and old-time dancing and parties have been added to the list of activities mentioned last year, the most important of which are still swimming, camping and outside visits. The purification of the water in the swimming pool is managed simply by the addition of the necessary amount of hypochlorite and the water is tested during the time in which it is used for swimming.

Staffing the school still continues to be a problem, the accommodation being such that there is no room for married couples with children, thus restricting the number of couples who might apply for positions. The deputy headmaster and his wife left at Christmas and whilst they have been replaced by the assistant master and his wife, who were already holding appointments in the school, the posts held by these latter two have not yet been filled.

The health of the children has been very good and the usual normal routine checks have been maintained by the Principal School Medical Officer. There have been no outbreaks of infection of a serious nature, with the exception of one child, who, unfortunately, before admission to the school was suffering from a chronic bone infection which flared up during last year. This girl has now been in Walsall General Hospital for three months, and there is a possibility that she may not be able to return to this school.

The Child Guidance Team has continued to visit the school regularly and report on the emotional progress of the children, and give advice and help when needed."

Child Guidance Service

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

"The Comprehensive Child Guidance Service has now completed the sixth year since inauguration. In addition to the usual activities, already detailed in previous reports, it was found possible to start classes for children living within the Borough whose native language is not English — this is an interesting experiment in remedial education. A summary of the development of these classes is included in this report.

Mr. D. F. Juniper assumed his duties as Assistant Educational Psychologist on February 1st. This appointment has added greatly to the resources of the Centre Team and has enabled quicker action to be taken on children referred to the Service.

At the beginning of the year, Mr. J. Mount joined the Staff as a Remedial and Advisory Teacher; so far his work has been mainly confined to the teaching of non-English-speaking Children. In September, Mrs. Parvesh Bhasin was seconded to the Child Guidance Staff on a temporary basis for teaching duties with the non-English-speaking Children.

PROCEDURE

Throughout the year, arrangements for interviewing parents and children have continued as before, and where and when necessary, with the co-operation of Head Teachers, interviewing has taken place in schools.

REFERRALS

There has been a twenty per cent increase in the number of children referred to the Service this year. The age range of the children referred was from 2+ to 19 years and came from every type of school in the Borough and all socio-economic levels. The sources and number of children referred are recorded in tables 1a and 1b of the Appendix.

ANALYSIS OF REFERRALS

The reasons for which children were referred have been analysed. This gives an indication of the range of problems which are referred to us for help. (See Appendix Table 1c).

TREATMENT

Treatment has ranged from individual psycho-therapy to remedial education and social adjustment groups. During treatment, parents, and on occasions, other adult members of the family group, have been interviewed. (See Appendix Table 2a — 2e).

ACTION TAKEN ON CHILDREN TESTED

Because some children require more than one form of help throughout the year, they have been recorded in at least two categories; therefore, there is a discrepancy between the number of children tested and the total in Table 3 of the Appendix. Moreover, as the additional staff has allowed quicker action to be taken on children referred, there has been an increase in each category.

It is worthy of note that the ninety-eight children on the waiting list at the end of 1957 have now all been tested and the necessary treatment begun. The twenty-seven children who formed the waiting list on 31st December, 1958, had by that time all had at least some form of screening test, and steps had already been taken within the schools to help these children. (See Appendix Table 3).

DAY SCHOOL FOR EDUCATIONALLY SUB-NORMAL PUPILS

Co-operation between the staff of the Child Guidance Centre and the Day Special School has been of a high degree throughout the year. Where it has been necessary, both Services have worked together to enable parents of children considered suitable for admission to gain a fuller insight and understanding of the aims and activities of the School.

Arrangements for selection of suitable pupils for the School have continued as outlined in previous reports.

SHENSTONE LODGE RESIDENTIAL SCHOOL FOR MALADJUSTED CHILDREN

The Clinic Team (that is, the Consultant Psychiatrist and the Educational Psychologist) and the Headmaster, have con-

tinued to examine applications for admission to Shenstone and children considered suitable have been interviewed at Shenstone before a final decision has been made.

The Educational Psychologist has visited the School regularly to maintain contact with the West Bromwich children, to test new entrants, to review all children who have attained statutory age for transfer to home or to a senior boarding school, and to discuss both general and individual problems with the Headmaster and Staff.

Final recommendations for children who are eligible to leave or to transfer were made to the School Managers, after each child had been interviewed by both the Consultant Psychiatrist and by the Educational Psychologist, and discussed with the Headmaster.

Seven boys were admitted to the School in September, 1958. Five of these were recommended by the West Bromwich Child Guidance Service. These admissions brought the total of children in attendance at Shenstone under the auspices of the West Bromwich Child Guidance Service to thirteen (nine boys and four girls).

OTHER RESIDENTIAL SCHOOLS

In addition to the five junior boys who were admitted to Shenstone during the year, it was considered necessary to recommend other West Bromwich children for admission to residential schools. Ten West Bromwich boys and two West Bromwich girls were admitted to senior schools for maladjusted children; two boys were admitted to residential schools for educationally sub-normal children; two boys and one girl, who had been attending the Centre for treatment, were sent to approved schools.

Children admitted to other residential schools are interviewed at the Child Guidance Centre during the holidays to assess their progress. Close contact is maintained with the staff of the schools, progress and problems relating to each individual child are discussed frequently. (See Appendix Tables 4 a—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 Child Psychiatrist's Discussion Group with Maternity and Child Welfare Health Visitors and Doctors has had its venue transferred for the time being from West Bromwich to Dudley, as the Dudley Workers had previously been unable to attend owing to lack of transport. Workers from both Walsall and West Bromwich have travelled over to Dudley on a number of occasions.

This discussion group, begun experimentally two and a half years ago, seems to have become an accepted forum of dissemination of ideas. In our present method of working, the Psychiatrist outlines, in a series of twenty-minute talks, the child's emotional development. The remainder of the time available, and frequently the full period of discussion, is devoted to comments on the problems presented by cases brought up by members of the group, and on discussion within the group, of these problems and also of other issues. In this latter way, we have dealt with such matters as the perennial problem of bed-wetting, the handling of emotional problems presented by women who attend the ante-natal clinic, problem families in the town, and others."

REFERRALS FROM WALSALL EDUCATION AUTHORITY

The arrangement made in 1957 whereby the Educational Psychologist and Social Worker devoted one session per week to interviewing parents and children at Littleton Street Clinic, Walsall, was continued during 1958. The number of sessions was increased to two in August. This arrangement is more convenient for Walsall parents and has enabled a total of forty-one children to receive some form of treatment. The co-operation given by the officers of the Walsall Authority has resulted in this arrangement being a happy one.

EXHIBITION OF THE ACTIVITIES OF A COMPREHENSIVE CHILD GUIDANCE SERVICE

This Exhibition was opened on 11th, 12th and 13th June by the Director of Education and remained open on Tuesdays and Thursdays until 17th July.

It was our intention to display in visual form, the comprehensive activities of our Child Guidance Service. To this end, a wide range of material drawn from all aspects of Child Guidance work, was displayed and efforts were made to make the exhibits and "lay-out" as interesting as possible, without the use of photographs or real case history material.

The Exhibition was divided into three principal sections: In the clinical section, the processes of "Referral," "Investigation" and "Action Taken," were exhibited by means of a Wall Diagram, produced specially for the Exhibition by the Principal and his assistant of the West Bromwich Art School. This diagram showed clearly the multifarious activities of the Child Guidance from the clinical to the educational aspects.

To explain the background and the processes of the different problems, files were attached to this Chart, so that visitors, at their leisure, could examine these procedures. This central

diagram led naturally to the room allocated to the development of clinical activities. Here an attempt was made to show the relationship between normality and abnormality in the child's development. Ways in which a child may be expected to develop from the emotional, social and educational standpoints were displayed in chart form and linked closely with the activities of the child at these different levels.

From these different activities, conclusions as to the problems affecting individual children and their solutions were demonstrated; in particular, by means of wall exhibits and drawings by emotionally disturbed children and a collection of play material on a "World" basis, we attempted to show how these project materials could form a basis for a diagnosis of problems.

Demonstrations of craft and some education material displayed adjacent to the clinical apparatus led logically to the educational sections of the Exhibition, with a display of graded materials for reading, writing and comprehension at Infant, Junior and Secondary Modern levels. Allied to this section, a description of a testing programme and the uses of the results of such programme were displayed in chart form. The Standardised Test — both of intelligence and attainment — used in such a testing programme were clearly displayed and distinguished from the battery of individual tests generally used only by Psychologists. Moreover, again in chart form, a comprehensive set of specialised techniques for teaching retarded children was also demonstrated. Ingenious ways of overcoming various problems connected with the acquisition of reading skill were also outlined.

A section of the Exhibition was devoted to the display of methods and apparatus useful in the teaching of arithmetic. Graded material and books ranged to approximate attainment ages were displayed. Aids to the acquisition of "number" facts and "bonds" and a suggested way of re-organizing the teaching of arithmetic in senior schools were also displayed in chart form. To stimulate interest in the visitors, several Rod Calculating material methods were shown.

Ancillary Sections to the Exhibition were:—

(1) Display of books used in the teaching of non-English-speaking children.

(2) A Record Card Format used in a Secondary Modern School, devised by Mr. Turley, Headmaster of George Salter Secondary Modern Boys' School.

(3) A Charted Comparison of the alternative methods of streaming and grouping within schools.

The Exhibition was attended by approximately five hundred people and received favourable comment both from the regional press and broadcasting services.

REMEDIAL TEACHING AND ADVISORY SERVICE

The Specialist and Remedial Advisory Teachers have been extremely active throughout the year in fulfilling their two-fold role. In addition to their traditional function as remedial teachers in the Clinic, using their special techniques to help disturbed children who are grossly retarded, they have also carried out a heavy programme of surveys of intelligence and attainment, using Standardised Tests of Intelligence and Attainment Tests. They have also co-operated with head teachers and class teachers in organizing surveys in the schools, where the head teachers and class teachers have themselves been responsible for the actual testing.

In the Appendix an attempt has been made to give an account of the actual numbers of children who, it is felt, have benefited from some aspect of our remedial teaching service. As peripatetic advisory teachers, the remedial staff have devoted a great deal of their time to the following topics:—

(1) In the Infant Schools, they have discussed with head teachers and class teachers, suitable methods of helping children of this age range, to develop the "pre-reading" and "number" skills and have also discussed the "Readiness" aspect of both reading and number work.

(2) In the Primary Schools, the Remedial and Advisory Teachers at the request of head teachers, have carried out a number of surveys of intelligence and attainment, either of classes, age ranges or whole schools. In co-operation with head teachers and class teachers, the results of these surveys have been used as a basis for discussion of teaching techniques, class and/or school organization and also for requisitioned materials.

(3) In the Secondary Modern Schools, the Remedial and Advisory Teachers have again used surveys for the same purposes as outlined above. In addition, they have co-operated with head teachers and class teachers in devising reading schemes for use with the backward children throughout the whole school.

As in former years, the remedial teaching staff have played a noteworthy part in helping the transfer from Junior to Secondary Modern School to be as smooth as possible. All the children eligible for transfer to Secondary Modern Schools in September were tested on a Comprehension Reading Test and the results used to help their receiving school in allocating the children to their appropriate groups. For this purpose, a total of approximately 900 children were tested and it is worthy of

interest to know that only fifteen out of this number had comprehension reading ages of less than $7\frac{1}{2}$. These fifteen children were all known to the Child Guidance Service and were receiving some form of special help.

Moreover, the remedial and advisory teaching staff have continued their efforts in the grading of published books and material and they have now developed a comprehensive scheme of reading, comprehension and writing, based on graded materials, which is suitable for use with children with reading ages of $5\frac{1}{2}$ to 13 years.

An analysis of the contacts with schools and the work carried out by the Specialist Remedial and Advisory Teachers is shown in 5a — b of the Appendix.

NON-ENGLISH SPEAKING CHILDREN IN THE BOROUGH

Special classes for the non-English-speaking children in the Borough began in January, 1958, in one classroom at Beeches Road Junior School.

From January to November, a total number of twenty-three children attended. Ten children attended for four sessions per week and thirteen children attended for five sessions per week. These attendances are of course in line with the Committee's decision that the additional help provided for these children should be on a part-time basis, which would still allow them to remain part of their school community.

The transfer of the Day Special School to new premises enabled two class rooms at Bratt Street School to be allocated for use by these classes, which were transferred there in November, 1958. The increased accommodation allowed the number of children admitted to the course to be increased and there were thirty-five children of school age in attendance at the end of 1958. All the children attending the special classes are making progress in accordance with their individual rates of development and it does appear that the additional help provided by these classes will enable them eventually, to fit completely into their school communities.

Our thanks are due to the officers of the Eastern Film Society, Darlaston, for their generous grant which enabled a great deal of educational (in its broadest sense) apparatus and materials to be purchased for the use of the children.

I should like to take this opportunity of acknowledging the co-operation given by Miss Boulton, Headmistress of Beeches Road Junior School in the initial stages of development of the classes.

TEACHERS' STUDY GROUPS

These Teachers' Study Groups, which were formed in 1957 by teachers interested in assessing text books suitable for use with backward and retarded children have continued to meet throughout the year.

As a result of investigations made by the group, it was discovered that most of the published material available was unsuited for work with this type of child. To meet their needs, the group decided that it was necessary to compile suitable work books with both graded vocabulary control and a reading age of $7\frac{1}{2}$ to $8\frac{1}{2}$ years. Two books produced by the group are being tried out in six schools in the Borough.

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:—

Beacon School for Educationally Sub-normal Children,
Lichfield.

Bodenham Manor School for Maladjusted Children,
Herefordshire.

Cam House Hostel for Maladjusted Boys, Gloucester.

Kingsmuir School for Maladjusted Children, West Hoathley, Sussex.

Royal Albert and Alexandra School, Reigate, Surrey.

Shotton Hall School for Maladjusted Boys, Shropshire.

St. Hilliards Court School for Maladjusted Boys,
Gloucestershire.

(See Appendix Table 6).

VISITORS TO THE CHILD GUIDANCE CENTRE

In addition to the five hundred people who visited the Child Guidance Centre to see the Exhibition of comprehensive activities, we have also had visits from Student Health Visitors and Post-graduate students from Birmingham University, who were either reading for a Diploma in Psychology of Childhood or the teaching of Educationally Sub-normal Children.

We were also pleased to welcome visitors from Malta, South Africa, Sweden and the United States of America, who all showed a great interest in the variety of activities at the Centre.

CONFERENCES

The Educational Psychologist attended the Fourteenth Inter-Clinic Conference (Child Guidance) held under the auspices of the National Association of Mental Health in London on 21st and 22nd March. The subject of the Conference was "The Residential Care of Disturbed Children."

The Senior Remedial and Advisory Teacher attended the National Conference on "The Teaching of Backward Children" organized by the Guild of Teachers of Backward Children on 18th and 19th April.

The Child Guidance Service was also represented at the three meetings held during the year under the auspices of the Midland Child Guidance Association and the quarterly meetings of the Midland Branch of the British Psychological Society. A representative of the Remedial Teaching and Advisory Staff has attended the meetings of the Remedial Teachers' Association."

APPENDIX

Referrals

Table 1A	TOTAL NUMBER OF REFERRALS	306
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Table 1B SOURCE OF REFERRALS

1.	Head Teachers	208
2.	Principal School Medical Officer	32
3.	Director of Education	...	...	9
4.	General Practitioners	...	...	15
5.	Parents	...	...	7
6.	Children's Officer	...	...	4
7.	Probation Officer	...	...	6
8.	Speech Therapist	...	...	—
9.	Marriage Guidance Counsellor	...	...	—
10.	Walsall and other Authorities	...	...	25
Total				306

Table 1C ANALYSIS OF REFERRALS

1.	Nervous disorders: Include the following symptoms – fears, withdrawn behaviour, depressions, excitability, apathy, obsessions, loss of memory and hysterical fits	...	...	45
2.	Habit disorders: Include certain speech defects, sleeping disorders, involuntary movements, feeding difficulties, excretion disorders, nervous pains and physical symptoms (e.g. asthma), enuresis	...	...	27
3.	Behaviour disorders: Include unmanageable behaviour, temper tantrums, sibling rivalry, aggression, attention-seeking behaviour, truancy, lying, stealing and similar difficulties	...	...	78
4.	Organic disorders: Include epilepsy, chorea, cerebral tumours or conditions following head injuries	...	...	4
5.	Psychotic disorders: Signifies extreme withdrawal, bizarre symptoms, violence, pathological hallucinations	...	...	1
6.	Educational and Vocational Problems: Signify retardation, unusual response to school discipline, inability to concentrate, estimates of intelligence and special abilities for placement in industry	...	...	62
7.	Ineducable: Apparent inability to benefit from special educational treatment	...	...	5
8.	Dull: Intellectual ability impaired to such an extent that education in the ordinary school is not considered beneficial	...	...	84

Treatment—Analysis of Interviews

Table 2

(a) EDUCATIONAL PSYCHOLOGISTS					
Number of new cases	(1) 198	(2) 179	...	...	377
Number of children retested	(1) 166	(2) 93	...	...	259
Number of children attended for regular treatment	(1) 95	(2) 33	...	...	128
Number of treatment sessions	(1) 329	(2) 251	...	...	580
(b) SOCIAL WORKER					
Number of parents interviewed (initial interviews)					204
Number of follow-up interviews with parents					226
Number of home visits					47
Number of parents interviewed as part of treatment					485
(c) CONSULTANT PSYCHIATRIST					
Annual Number of Clinic Sessions					100
Number of children referred (initial interviews)					31
Number of follow-up interviews with children					23
Number of follow-up interviews with parents					10
Number of treatment sessions					318
Number of children treated					36
Number of home visits					12
(d) TOTAL NUMBER OF INTERVIEWS					
Educational Psychologists	(1) 817	(2) 623	...	...	1440
Social Worker	...	...	...	...	962
Consultant Psychiatrist	...	...	...	...	358
(e) CHILDREN TREATED AT CHILD GUIDANCE CENTRE					
Number attended regularly with Educational Psychologists	...	...	...	...	128
Number attended regularly with Consultant Psychiatrist	...	...	...	...	31
Number attended regularly with Specialist Remedial Teachers	...	...	...	...	52
					211

Action Taken on Children Tested During the Year

Table 3

1.	Number for transfer to the Day School for Educationally Sub-normal Pupils recommended ...	29
2.	Number recommended for remedial education at Child Guidance Centre	22
3.	Number treated by Educational Psychologists ...	128
4.	Number attending for further observation and follow up	49
5.	Number where discussion with Head Teacher necessary	74
6.	Number where discussion with parent(s) only necessary	82
7.	Number recommended for admission to Residential Establishments (some after receiving treatment) ...	17
8.	Number when further action considered unnecessary (treatment terminated)	63
9.	Number where attitude of parents is unco-operative	31
10.	(a) Transfers to other schools/hospitals	6
	(b) Number having physical disorders	2
11.	Transferred to Social Adjustment Group	9
12.	Transferred to Consultant Psychiatrist	31
13.	Still on Waiting List at 31st December, 1958 ...	27

Shenstone Lodge Residential School

Table 4

(a)	Number of visits by Educational Psychologist ...	33
	Number of visits by Consultant Psychiatrist ...	2
	Number of visits by Social Worker	2
	Number of children tested	20
	Number of children attending Child Guidance Centre weekly for treatment	—
	Number of children interviewed by Consultant Psychiatrist	8
(b)	APPLICATIONS FOR ADMISSION	
	Number of applications considered suitable for admission	11
	Number of applications considered unsuitable for admission	10
	Number of applications withdrawn by Referring Authority	2
	Total number of applications	23

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	18	17	44	29	12	21	17
Secondary Mod. Schools	9	6	—	23	—	3	22
Infant Schools	5	—	3	—	—	—	—
Special Schools	2	—	—	7	—	—	—
	<u>34</u>		<u>129</u>			<u>75</u>	

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

	Intelligence No. of classes surveyed	English No. of classes surveyed	Arithmetic No. of classes surveyed
By School Staffs in conjunction with Specialist Remedial Teachers	12	29	10
Classes of Sept. entrants to Secondary Schools originally conducted by Child Guidance Clinic Staff continued by School Staff	<u>62</u>	<u>164</u>	<u>117</u>
Totals	<u>74</u>	<u>193</u>	<u>127</u>

(c) TOTAL NUMBER INFLUENCED BY REMEDIAL EDUCATION

Number of children helped by Specialist Remedial Teachers in small groups within Schools	257
Number of children helped by Class Teachers in conjunction with Specialist Remedial Teachers within Schools	420
Number of children whose work in Basic Arithmetic is influenced by Specialist Remedial Teachers	3,295
Number of children whose work in Basic English is influenced by Specialist Remedial Teachers	5,515

Visits Outside the Borough

Table 6

Visits by Educational Psychologists: (1) 17 (2) 4	21
Visits by Social Worker	16
Visits by Specialist Remedial Teachers	<u>7</u>
Total	<u>44</u>

INFECTIOUS DISEASES IN CHILDREN

There has been nothing untoward in the incidence of infectious disease in children. Measles was not a problem during 1958.

Incidence of Infection (0 to 14 years inclusive)

The number of cases each month was as follows:

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Scarlet Fever ...	1	2	3	5	5	2	2	-	3	2	8	8	41
Measles ...	-	1	1	2	69	51	39	17	3	3	14	24	224
Whooping Cough ...	5	9	4	-	2	-	-	-	-	-	1	4	25
Pneumonia ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Poliomyelitis—													
Paralytic ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Non-paralytic ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery ...	2	2	-	1	-	-	1	-	1	-	-	-	7
Food Poisoning ...	-	-	-	-	-	1	-	-	-	-	-	-	1
Meningococcal Meningitis	-	-	-	-	1	-	-	-	-	-	-	-	1
Ophthalmia Neonatorum	-	-	-	-	-	-	1	-	-	-	-	-	1
Acute Encephalitis ...	-	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis—													
Respiratory ...	-	-	-	-	1	-	3	-	1	-	2	-	7
Meninges ...	-	-	-	2	-	-	-	-	-	-	-	-	2
Other Forms ...	-	-	1	-	-	-	1	-	-	-	-	-	2
TOTALS ...	8	14	9	10	78	54	47	17	8	5	25	36	311

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	1	3	5	23	8	41
Measles ...	7	23	22	24	27	121	-	224
Whooping Cough ...	2	4	8	6	2	3	-	25
Pneumonia ...	-	-	-	-	-	-	-	-
Poliomyelitis—								
Paralytic ...	-	-	-	-	-	-	-	-
Non-paralytic ...	-	-	-	-	-	-	-	-
Dysentery ...	-	-	2	-	-	2	3	7
Food Poisoning ...	1	-	-	-	-	-	-	1
Meningococcal Meningitis	1	-	-	-	-	-	-	1
Acute Encephalitis ...	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	1	-	-	-	-	-	-	1
Tuberculosis—								
Respiratory ...	2	-	-	-	1	2	2	7
Meninges ...	-	-	1	1	-	-	-	2
Other Forms ...	-	1	-	-	-	1	-	2
TOTALS ...	14	29	34	34	35	152	13	311

Immunisation and Vaccination

Diphtheria Immunisation

The figures for primary immunisations and reinforcing injections since 1949 are summarised in the following table:

					First 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
1958	...	...	...	...	121	615

There is a convention to express as an index the number of children protected from the disease by quoting the number of children immunised per 1,000 in that age group. The immunisation indices for the last five years were:

	1954	1955	1956	1957	1958
Aged under one year ...	2.7	11.5	15.6	10.3	10.9
Aged one to four years ...	51.5	51.6	55.0	61.3	61.0
Aged five to fourteen years	35.4	44.1	65.2	61.4	56.6
Aged 0 to fourteen years	37.6	43.9	59.4	57.7	54.4

B.C.G. Vaccination

A total of 1,456 children was offered B.C.G. vaccination and 963 accepted. A total of 786 children (thirteen-year-olds) was 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 protection offered by B.C.G. A total of 132 children had positive skin tests which indicated that they had made the acquaintance of tuberculosis and did not require B.C.G. vaccination. The remaining 654 were given B.C.G. and 131 had subsequent skin tests; 131 were found to now have a positive skin test indicating a measure of immunity.

Poliomyelitis Vaccination

During the year the following children were vaccinated against poliomyelitis:—

Group	1st	2nd	3rd
5 — 14 years ...	5,337	4,993	2,026

SCHOOL DENTAL SERVICE REPORT

I am indebted to Mr. J. G. Potter, Principal School Dental Officer, for the following report:—

“ At the end of the year, the whole-time equivalent of dental officers employed was 1.8, while our establishment allows for 4. This is not an accurate representation of the position, however, as it is obvious that a considerably larger establishment would be required to deal with the amount of caries present. My personal estimate for comprehensive treatment would be about eight whole-time officers.

As usual the staff shortage has continued throughout the year and no full time appointments have been made. The present sessional dentists are Mr. Jones, Mr. Stammers and Mr. Woodbine, with Dr. Mills as anaesthetist. Detailed staff changes are given at the commencement of the report.

Although the number of sessions devoted to treatment fell by 7% as compared with last year, there has not been any significant change in the amount of conservation done, in fact the number of fillings was slightly increased. A drop of 15% in the number of permanent teeth extracted is indeed a welcome change, but it would be wrong to assume that this implies any significant trend, as it can be simply related to the smaller number of children referred for extraction from periodic inspections at school. The ratio of teeth filled to teeth extracted shows a slight improvement, being 0.66 as compared with 0.64 in 1957, and 0.47 in 1956. Perhaps a more promising relationship is that of permanent teeth filled to permanent teeth extracted, and here the figure is 2.0. As no attempt is being made at present to combat decay in temporary teeth, this figure represents a more accurate assessment of our efforts.

The number of orthodontic patients treated during the year was slightly higher than in 1957, although the number of new cases accepted was 20% lower. This is the first full year in which we have been able to refer patients to Mr. Huddart, the consultant orthodontist at the District Hospital, and he has advised and treated a large number of cases, so that orthodontically the children have been well looked after. I am greatly indebted to Mr. Huddart and also to Mr. Calverly, the consultant dental surgeon, for their active co-operation.

Considerably fewer children were seen at periodic school inspections, 28% below last year and less than one quarter of the school population. This is due to the curtailing of these inspections as I feel that there can be no point in offering treatment to large numbers of children, while we do not have the

staff to see them. However, no child requesting treatment is turned away, and it would appear that the time is approaching when the staff will be fully occupied dealing with these "voluntary" patients to the exclusion of school inspection and referrals.

The mobile dental surgery has not been used for visiting schools this year, as to staff it adequately would have left a clinic with no dentist in attendance. It has been very useful as an extra surgery at our Lombard Street West Clinic.

With regard to the future of the school dental service on a national basis, there are many indications that it may collapse altogether, and it has certainly not been fulfilling its basic function which is to provide comprehensive treatment for all the children in its care.

An excellent emergency service has always been available in West Bromwich but the lack of staff is such that the conservation of teeth remains almost untouched. This is a great pity as the authority has in no way neglected its responsibilities in providing good equipment and surgeries. The school population should be seen every six months which would involve over 30,000 periodic inspections annually followed by treatment. This year only 3,637 periodic inspections were made.

If the school service fails then much will be lost, for it seems unlikely that the children will obtain treatment elsewhere. I am convinced that the only way to dental health in the community is by inspection in the schools followed by a high standard of treatment in the surgery, so that a pride in dental health may be established in childhood. As long as the school dental service fails in its duty then inevitably it will follow that yet another generation will grow up requiring early extractions and dentures."

It is unfortunate to record that Mr. Potter, Principal School Dental Officer, has intimated that he will be leaving the service of the Authority early in the new year. This will be a great loss to the School Dental Service in this area.

Dental Inspection and Treatment

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

(a) At periodic inspections	...	...	...	3,637	
(b) At specials	...	...	...	2,688	
				Total	6,325
Number found to require treatment	...	...	...	5,689	
Number offered treatment	...	...	...	5,389	
Number actually treated	...	...	...	4,040	
Number of attendances made by pupils for treatment, including those recorded at (h) below	...	...	...	8,602	
Half-days devoted to Periodic (School) Inspection	...	...	...	18	
Half-days devoted to Treatment	...	...	...	995	
				Total	1,013
Fillings: Permanent Teeth	...	...	...	5,437	
Temporary Teeth	...	...	...	63	
				Total	5,500
Number of Teeth filled: Permanent Teeth	...	...	...	4,374	
Temporary Teeth	...	...	...	53	
				Total	4,427
Extractions: Permanent Teeth	...	...	...	2,177	
Temporary Teeth	...	...	...	4,541	
				Total	6,718
Administration of general anaesthetics for extractions					2,819
Orthodontics :					
(a) Cases commenced during the year	...	...	...	43	
(b) Cases carried forward from previous year	...	...	...	15	
(c) Cases completed during the year	...	...	...	45	
(d) Cases discontinued during the year	...	...	...	2	
(e) Pupils treated with appliances	...	...	...	58	
(f) Removable appliances fitted	...	...	...	33	
(g) Fixed appliances fitted	...	...	...	10	
(h) Total attendances	...	...	...	296	
Number of pupils supplied with artificial dentures	...	...	...	52	
Other Operations: Permanent Teeth	...	...	...	2,267	
Temporary Teeth	...	...	...	126	
				Total	2,393

ADDITIONAL REPORTS

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)	196
Cleanliness surveys	283
Other reasons (including diphtheria immunisation and B.C.G. vaccination)	179

VISITS TO HOMES

Because of uncleanliness	247
For other reasons	138
Total number of visits to schools and homes	1,143

EXAMINATIONS

Number of children examined for cleanliness	30,759
Number of children re-examined for cleanliness	2,476
Number of children examined for reasons other than cleanliness	262

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 Clinic	Total
Number of children treated	89	51	140
Number of attendances made	1,555	890	2,445

Education of Children from Overseas

During this year children from overseas who have difficulties with the English language have been meeting in small groups at a special centre to receive instruction from two teachers appointed for the purpose. This experiment, which was begun early in the year, has gradually expanded and the thirty-five pupils are now divided into three groups according to their age and progress. Two of the groups meet for five half-days each week and the third, which is for more advanced pupils, has met for a gradually reducing number of sessions. The children spend the remainder of their time in various schools in the Borough. Most of the children are making quite good progress and it is intended that all should eventually be able to return to full-time attendance in normal schools. Two pupils have already improved sufficiently to leave the Centre and two or three more will be able to leave shortly.

Part-time Employment of Children

During the year 77 licences were issued (in accordance with the Bye-Laws made under the Children's 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 the delivery of newspapers or milk, running errands, etc. Before receiving licences all children were examined by a School Medical Officer to ensure that the employment would not be injurious to their health.

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 to issue warnings to several employers and legal proceedings were taken against two employers who, despite previous warnings, were found to be contravening the bye-laws. In each case the defendant was convicted.

Employment of Children in Entertainments

During the year three licences were issued — one to a girl and one to a boy — both in attendance at selective secondary schools in the Borough, and one to a girl attending a non-selective secondary school, to enable them to take part in entertainments at the Aston Hippodrome, the Dudley Hippodrome, and a television performance. The children resided at home and attended their normal schools. On the occasions of matinée performances tuition was given at the Theatre by the tutor approved by a neighbouring Authority which had a number of children appearing in the same pantomime. In one case a holiday of eight half-days was granted for rehearsal and matinée performances and in the other two cases a holiday of one afternoon for a matinée performance.

Mortality in School Children

During 1958 there was a total of ten deaths of children of school age, no less than three being due to drowning and two to road accidents. During the last ten years twenty-seven children have died violent or sudden deaths, twenty-seven from infections including pneumonia, and twenty-six from other natural causes. Road accidents and drowning are the commonest causes of death except for pneumonia, being equal in number.

It is sad to reflect on the loss of child life due to preventable causes such as these.

DEATHS OF SCHOOL CHILDREN, 1949-1958

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	Total
VIOLENT AND SUDDEN DEATHS											
Road Accidents	3	-	1	2	-	-	1	1	-	2	10
Drowning	1	-	1	-	1	2	1	-	1	3	10
Railway accidents	-	-	-	-	-	2	-	-	-	-	2
Complications of burns	-	-	1	-	-	1	-	-	-	-	2
Gas poisoning	-	-	1	-	-	-	-	-	-	-	1
Crush injury	-	-	-	-	-	-	1	-	-	-	1
Other accidents	-	-	-	-	-	-	-	-	-	1	1
INFECTIONS											
Tuberculosis—											
Pulmonary	-	1	-	-	-	-	-	-	-	-	1
Meninges	1	1	1	-	1	-	1	-	-	-	5
Pneumonia	-	1	1	-	-	1	-	3	5	1	12
Diphtheria	-	-	-	-	1	-	-	-	-	-	1
Tetanus	1	-	-	-	-	-	-	-	-	-	1
Measles	-	-	-	-	1	-	-	-	-	-	1
Meningitis	1	-	-	-	-	-	-	1	-	1	3
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	-	-	-	4
Cerebral haemorrhage	-	-	-	1	-	-	-	1	-	-	2
Vascular lesions affecting the central nervous system	-	-	-	-	-	-	-	-	-	1	1
NEUROLOGICAL CONDITIONS											
Epilepsy	1	-	1	-	-	-	-	-	-	-	2
Progressive muscular atrophy	1	-	-	-	-	-	1	-	-	-	2
Glioma	1	-	-	-	-	-	-	-	-	-	1
NEOPLASTIC DISEASES											
Leukaemia	-	-	-	2	1	-	-	-	-	-	3
Sarcoma	-	-	-	-	1	-	-	-	1	-	2
Carcinoma	-	-	-	-	-	-	-	-	-	1	1
POST-INFECTIVE CONDITIONS											
Nephritis	-	-	1	-	-	-	1	-	-	-	2

