

[Report 1959] / School Medical Officer of Health, West Bromwich.

Contributors

West Bromwich (England). Council.

Publication/Creation

1959

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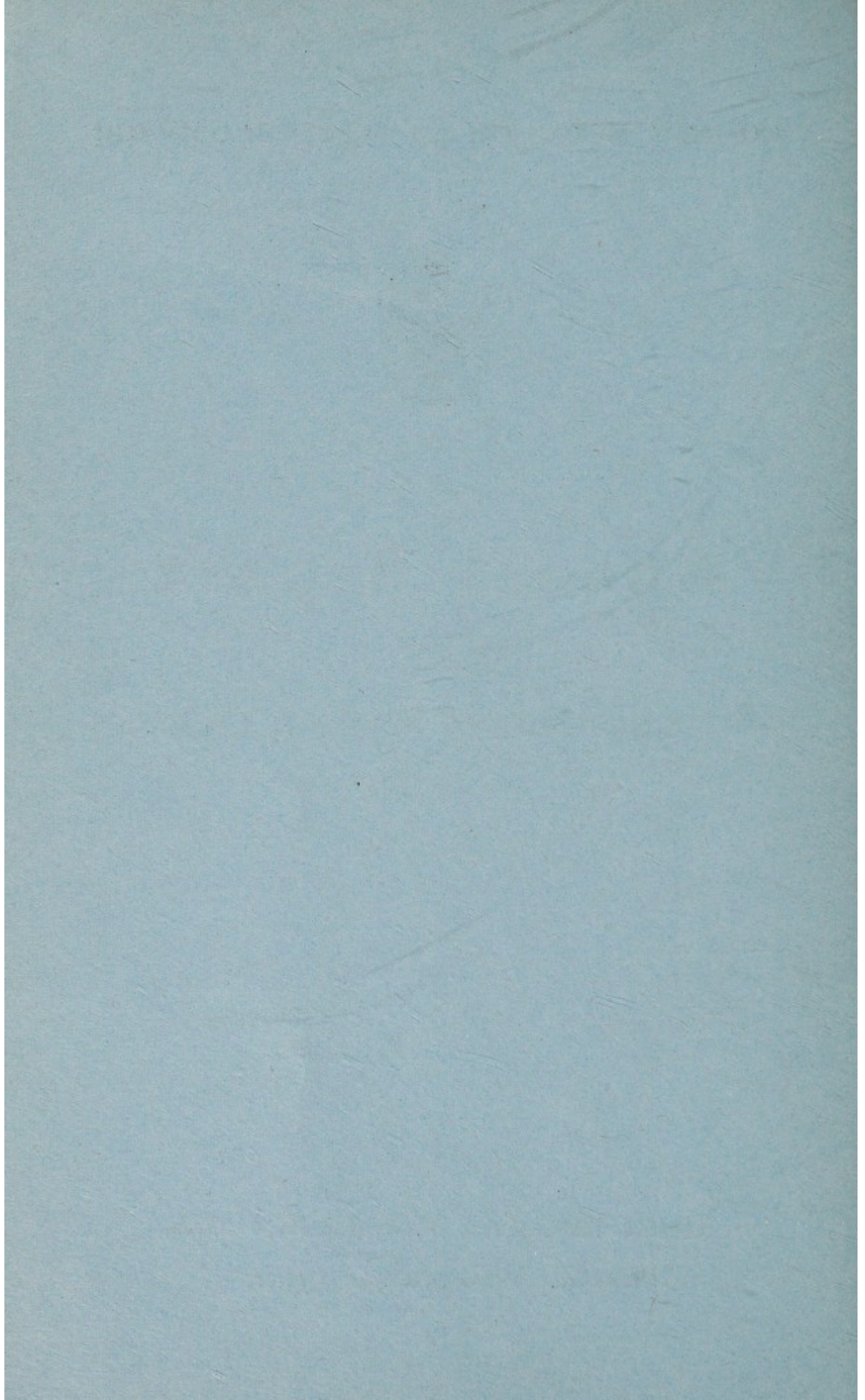
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COUNTY BOROUGH OF WEST BROMWICH



Annual Report
of the
Principal School Medical Officer
for the Year
1959

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

Principal School Medical Officer.



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Principal School Medical Officer

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WEST BROMWICH EDUCATION COMMITTEE

at 31st December, 1959

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Deputy Chairman: Councillor F. G. PHILLIPS

Special Services Sub-Committee:

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TABLE OF CONTENTS.

	<i>Page</i>
STAFF OF THE SCHOOL HEALTH SERVICE ..	8
GENERAL INFORMATION	9
ARRANGEMENTS FOR TREATMENT AND SPECIAL EXAMINATIONS	
Consultation and Treatment	10
Minor Ailments	10
Dental Surgeries	10
Ophthalmic Clinics	10
Child Guidance	11
Speech Therapy	11
Audiometry	11
Ultra Violet Light	11
MEDICAL INSPECTION OF SCHOOL CHILDREN	11
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

TABLE OF CONTENTS—continued

	<i>Page</i>
GENERAL CONDITION OF SCHOOL CHILDREN	22
Result of Routine Medical Inspection	22
The School Meals and Milk in Schools Schemes ..	23
HANDICAPPED PUPILS	24
Ascertainment in 1959	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
Speech Therapy	29
Special Schools in West Bromwich	31
Child Guidance Service	34
INFECTIOUS DISEASES IN CHILDREN	48
Incidence of Infection	48
Age at Infection	48
Diphtheria Immunisation	49
B.C.G. Vaccination	49
Poliomyelitis Vaccination	49
SCHOOL DENTAL SERVICE	50
ADDITIONAL REPORTS	52
Work undertaken by School Nurses	52
Ultra Violet Light Treatment	52
Education of Children from Overseas	52
Part-time Employment of Children	53
Employment of Children in Entertainments	53
Mortality in School Children	53
Table showing Deaths of School Children, 1950—1959	54

FOREWORD

The School Health Service has functioned satisfactorily throughout the year, although changes of medical staff have made it difficult to keep completely up to date with the examinations. The experiment of inviting children to the school clinic for examination in the holiday period assisted greatly, and the high percentage of those invited who attended is most gratifying.

School children show very few defects of importance and much of the work of the service is concerned with the child who because of physical or mental handicap may have difficulty in ordinary school.

It is interesting to note that only twelve children were thought to require special educational treatment on account of physical handicap. There are known to be 139 children so handicapped in the area and 124 are attending school in association with normal children. This represents a change of opinion which has gradually occurred, the emphasis being increasingly on education for the physically handicapped child in normal school. The main groups of handicapped children requiring special school education are now the educationally subnormal and the maladjusted.

The absence of speech therapy services for so long has resulted in numbers of children failing to receive attention for their speech defects. It is fortunate that the recent recruitment of two officers trained in speech work but not members of the College of Speech Therapy has provided some assistance to those on the large waiting list.

The School Dental Service has remained a token only and it is extremely sad to see the rapid run down of what was formerly a fine service for the care of children's teeth. There appear at the moment to be no signs that an adequate service will be forthcoming in the foreseeable future. The problem is, of course, a national one but one which to the public generally appears to cause little concern. Twelve years after the start of the National Health

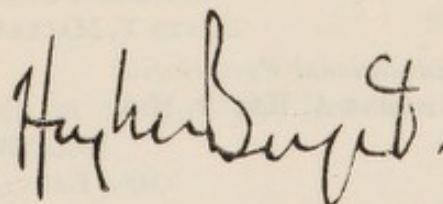
Service we are still without sufficient priority arrangements for the care of children's teeth. This year has been a particularly difficult one for this service in that the Principal School Dental Officer (Mr. Potter) left to take up a post with another authority and no successor was found for him during the year.

The waiting list for the removal of tonsils and adenoids was still very lengthy at the end of the year. It seems out of place so long after the commencement of the National Health Service to have delay in treatment for a substantial number of children, not because it is medically desirable but because it does not seem administratively possible to provide the proper facilities in the hospital service.

The problem of lousiness remains, as it has done for so long. It does not appear to cause public concern and is now a social problem because the techniques of dealing with lice are known and materials are readily available.

Audiometric testing has been carried out to a greater extent during the past year, and minimal deafness in children is now reasonably well ascertained.

My thanks are due to the Director of Education and his staff, to the teaching staff of the schools, the staff of the School Health Service, and the Special Services Sub-Committee for their un-failing interest in maintaining and improving the medical, nursing and ancillary services available to school children in the borough.



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., D.P.H.

School Medical Officers:

C. A. R. BRAY, M.B., Ch.B.
(from 13.4.59)

J. D. WAYE, M.B., B.S., M.R.C.S.,
L.R.C.P., D.Obst.R.C.O.G., D.C.H.
(to 26.9.59)

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.)
(to 27.2.59)

School Dental Officers (Part-time):

M. HEMMING ALLEN, B.D.S.
(from 12.2.59)

J. HAYNES, B.D.S.
(from 12.1.59 to 7.2.59)

J. GAWTHORPE, B.D.S.
(from 8.7.59 to 28.8.59)

H. P. A. JONES, L.D.S.
Miss M. SCANLAN, B.D.S.

T. B. HAMILTON, L.D.S.(R.F.P.S.)
(from 3.2.59)

(from 21.1.59 to 22.5.59)
D. J. F. STAMMERS, L.D.S.(R.C.S.)
P. WOODBINE, L.D.S.(R.C.S.)
(to 5.2.59)

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, 1959, there were three full-time Clinic Nurses and twelve Health Visitors and School Nurses working part-time on School Health and part-time Maternity and Child Welfare, giving an equivalent of eight full-time Nurses in the School Health Service.

Speech Training:

Mrs. D. MAUGHAN, L.G.S.M.
(from 25.5.59)

Miss I. NIVEN
(from 25.5.59)

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. (to 31.8.59)

Social Worker:

Mrs. BERYL G. SMITH

On 31st December, 1959, there were also four Remedial Teachers, and an additional Teacher for non-English speaking children, two full-time Clerks and one part-time 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	93,590
School Population (January, 1960)	16,549
Children attending Primary Schools	9,963
Children attending Secondary Schools	6,409
Children attending Special Schools	177

The number of children attending Primary Schools included 86 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

The school population over the last five years has been as follows :

1955	15,268
1956	15,521
1957	15,948
1958	16,569
1959	16,549

The population of the borough in each of the last five years is as follows :

1955	89,640
1956	90,720
1957	93,050
1958	93,380
1959	93,590

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 Lombard St. West	Tuesday and Friday at 2-0 p.m. .. } Saturday at 9-30 a.m. .. }	3
STONE CROSS CLINIC Jervoise Lane	Wednesday at 9-30 a.m. }	1

Minor Ailment Treatment Sessions — Nurse in Attendance

CENTRAL CLINIC Lombard St. West	Mon., Thurs. and Sat. at 9-30 a.m. .. } Tues., Wed. and Fri. at 2-0 p.m. .. }	6
STONE CROSS CLINIC Jervoise Lane	Mon., Tues., Wed., Thurs. and Fri. } at 9-30 a.m. }	5

Dental Surgeries

CENTRAL CLINIC Lombard St. West	Monday to Saturday at 9-0 a.m. .. } Monday to Friday at 2-0 p.m. .. }	11
STONE CROSS CLINIC Jervoise Lane	Monday to Friday at 9-0 a.m. and } 2-0 p.m. }	10
MOBILE SURGERY	Wednesday, Thursday and Friday at } 9-0 a.m. and 2-0 p.m. }	6

Patients requiring treatment are seen on Tuesday and Thursday between 9-0 a.m. and 10-0 a.m. at the Central and Stone Cross Clinics.

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

There has been no Speech Therapist since the end of 1957 in spite of many efforts to recruit one. Fortunately, in May, 1959, the services of Mrs. Maughan and Miss Niven, who are specialists in speech but not members of a College of Speech Therapists, were obtained and it was possible again to give help to the many children with speech defects.

Cases are referred through the School Medical Officers.

Audiometry

Routine audiometric testing was continued 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 for medical inspection remains the same as previously.

This provides for three routine examinations — on entry to school, in the last year at primary school and in the last year at a secondary school.

Children who were absent were followed up and were examined as soon as possible.

Periodic Medical Examinations

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

Born in 1955 and later	..	..	3
" " 1954	..	..	312
" " 1953	..	..	684
" " 1952	..	..	228
" " 1951	..	..	10
" " 1950	..	..	6
" " 1949	..	..	8
" " 1948	..	..	1,040
" " 1947	..	..	487
" " 1946	..	..	3
" " 1945	..	..	29
" " 1944 and earlier	..	..	1,209
GRAND TOTAL			4,019

At the end of the year 23% (343) of the new entrants in September had been examined. Normally it is hoped to have seen at least 60% by this time.

The primary and secondary school leavers (with the exception of 6) had been seen. This was only possible by making arrangements for some of the children leaving primary schools to be invited to Clinics in the holidays. A total of 342 was examined during the holidays, representing 85% of those invited.

This difficulty was due to periods without adequate medical staff. Fully staffed the service can just manage the routine examinations — any absence, periods between appointments, or urgent demands result in a failure to see all the children.

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

	1955	1956	1957	1958	1959
Entrants	1,348	1,097	1,771	1,012	1,227
Primary School Leavers	873	1,930	959	1,103	1,048
Secondary School Leavers	860	915	1,160	1,259	1,238
Other periodic examinations	333	45	367	734	506

RESULT OF INSPECTIONS

Periodic Inspections

The number of defects requiring treatment was 388, compared with 549 in 1958. The number requiring observation was 1,241 compared with 889 in 1958. The average number of defects per 100 children examined was 40.

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	4	19	15	7	22	6	41	32
EYES								
Vision	49	12	88	14	119	38	256	64
Squint	14	8	3	3	3	4	20	15
Other	2	6	—	—	5	7	7	13
EARS								
Hearing	1	47	2	30	—	46	3	123
Otitis Media	1	41	1	20	—	24	2	85
Other	2	10	1	4	—	3	3	17
NOSE AND THROAT	8	135	2	44	3	58	13	237
SPEECH	2	15	—	2	2	5	4	22
LYMPHATIC GLANDS	1	26	—	9	—	8	1	43
HEART	—	19	—	9	1	13	1	41
LUNGS	4	77	1	16	2	24	7	117
DEVELOPMENTAL								
Hernia	1	4	—	1	2	—	3	5
Other	—	17	1	4	—	14	1	35
ORTHOPAEDIC								
Posture	—	9	1	12	—	8	1	29
Feet	4	98	3	34	4	63	11	195
Other	—	12	3	15	2	23	5	50
NERVOUS SYSTEM								
Epilepsy	1	5	1	1	—	2	2	8
Other	—	3	1	2	—	7	1	12
PSYCHOLOGICAL								
Development	—	3	—	3	—	2	—	8
Stability	2	38	1	7	—	20	3	65
ABDOMEN	1	8	—	1	—	2	1	11
OTHER	—	2	1	1	1	11	2	14
TOTALS	97	584	125	229	166	388	388	1,241

It is difficult to draw any conclusion from these tables because a definition of "requiring treatment" and "requiring observation" does, of course, vary with different medical staff.

It would seem that in many cases a minor abnormality is found and kept under observation, often becoming corrected by the natural development of the child. This is particularly true of enlargement of the tonsils and of the orthopaedic defects such as flat feet and knock knee.

Special Inspections

The following table shows the number of defects found at the special inspection of 449 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 51.

DEFECT OR DISEASE	REQUIRING TREATMENT	REQUIRING OBSERVATION
SKIN	12	5
EYES		
Vision	57	3
Squint	7	—
Other	5	1
EARS		
Hearing	20	22
Otitis Media	7	—
Other	—	2
NOSE AND THROAT	22	9
SPEECH	34	22
LYMPHATIC GLANDS	3	1
HEART	1	—
LUNGS	16	4
DEVELOPMENTAL		
Hernia	—	1
Other	—	5
ORTHOPAEDIC		
Posture	2	1
Feet	5	11
Other	4	2
NERVOUS SYSTEM		
Epilepsy	3	3
Other	—	2
PSYCHOLOGICAL		
Development	2	10
Stability	9	7
ABDOMEN	6	8
OTHER	15	21
TOTALS	230	140

It is not possible to draw any very startling conclusions from these figures except to show that the rate of defects per 100 children is, as expected, greatest in those entering school at 5 years of age, and the total number of individual pupils found to require treatment at school medical inspection is low in relation to the total examined.

Both these tables demonstrate that the number of children suffering from defects of any importance is small and that broadly speaking the health of school children in the borough is good.

RESULT OF INSPECTIONS.

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
1955 and later	1	—	1
1954	17	9	26
1953	26	32	53
1952	3	8	11
1951	—	—	—
1950	—	—	—
1949	—	—	—
1948	79	28	102
1947	40	19	53
1946	—	—	—
1945	4	—	4
1944 and earlier	84	38	117
TOTALS	254	134	367

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
1955 and later	3	1	33
1954	312	26	8
1953	684	53	8
1952	228	11	4
1951	10	—	—
1950	6	—	—
1949	8	—	—
1948	1,040	102	10
1947	487	53	11
1946	3	—	—
1945	29	4	14
1944 and earlier	1,209	117	10
TOTALS	4,019	367	9

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	1,227	1,139	92.8
Senior Leavers	1,238	702	56.7
Other Periodic Inspections	1,554	1,365	87.8
TOTAL	4,019	3,206	79.7

These figures are good in that they show that the parents of children in the Borough are anxious, in spite of their many commitments, to be present at school medical inspections, and to have the opportunity of discussing a child's health in relation to its education.

Visits to the Homes of Children by School Nurses

A total of 278 visits was paid in 1959, compared with 385 in 1958. Of these, 160 were in connection with infestation of the head — 247 such visits were paid in 1958. These figures do not give a full picture as school nurses are also health visitors and they visit homes for many other purposes and take the opportunity of enquiring at the same time about school children. These, however, cannot be recorded as visits specifically paid to school children.

MINOR AILMENTS

It would seem that the decline in children attending minor ailments clinics which has been noted in previous years has now ceased and these clinics are continuing to fill a useful function on a rather reduced scale.

The following are the numbers of children attending during the last ten years.

1950 ..	2,367	1955 ..	1,769
1951 ..	2,519	1956 ..	1,712
1952 ..	2,402	1957 ..	1,249
1953 ..	2,000	1958 ..	1,171
1954 ..	1,824	1959 ..	1,224

A total of 504 children made 2,646 attendances at the Central Clinic, Lombard Street West, whereas at Stone Cross Clinic the corresponding figures were 720 children and 2,259 attendances.

NOTES ON SPECIFIC DEFECTS

Diseases of the Skin

The number of cases of diseases of the skin is low. Both scabies and ringworm have made a re-appearance amongst school children, as is shown by the numbers in the following table :

	Number of cases known to have been treated or under treatment during the year	
	By the Authority	Elsewhere
Ringworm: (i) Scalp ..	—	—
(ii) Body ..	2	—
Scabies	2	—
Impetigo	29	1
Other skin diseases	180	70
TOTAL	213	71

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 317 had the operation, compared with 239 in 1958. Sixteen children had operations for diseases of the ear and eight 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
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
1959	317	16,549	1.9

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	34	3.4
Senior leavers	191	15.4
Other periodic examinations ..	206	11.5

The delay between the decision (by a Consultant Surgeon) that removal of the tonsils and adenoids is necessary and the date of operation continues to cause great concern. Some improvement took place but the matter at the end of the year was still most unsatisfactory. Recently it is understood the Hospital Authorities have some further arrangements in hand in an endeavour to assist, but it seems most desirable that if the operation is considered necessary by the Surgeon the only delay that should occur should be that connected with reasons of the child's health and not due to the failure of the hospital service to cope with the numbers involved.

Treatment

	Number of cases known to have been treated during 1959	
	By the Authority	Otherwise
Received operative treatment		
(a) for disease of the ear	—	16
(b) for adenoids and chronic tonsillitis	—	317
(c) for other nose and throat conditions	—	8
	—	341
Received other forms of treatment ..	36	178
Total number of pupils in schools who are known to have been provided with hearing aids:		
(a) in 1959	5	
(b) in previous years	6	

Pure-tone Audiometric Testing for suspected Deafness

A school nurse carries 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 3,877 children. Of these 465 were called for a re-test and 120 were later referred to a school medical officer for 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 clinic, and includes 84 children referred from the audiometrist.

Number of children who attended for the first time	284
Number with defects	75
To attend for re-testing	115
Re-tests performed	39
Number re-tested and found to have defects ..	10
Number to attend for further re-test	5

Of the children with defects, three were referred to their own general practitioners and fifty-one were referred to the ear, nose and throat surgeons, who report as follows :

	Cases found by routine audiometry	Other Cases	Total
Requiring removal of tonsils and adenoids	14	7	21
Requiring myringoplasty	—	3	3
Requiring bilateral antral wash-outs	1	—	1
For treatment in out-patients dept.	1	6	7
For provision of hearing aids ..	2	—	2
For out-patient treatment, followed by removal of tonsils and adenoids, if necessary	1	2	3
Failed to keep appointment ..	1	—	1
Deafness due to infection of the middle ear — no treatment to be given	—	1	1
Deafness secondary to meningitis — child being kept under review ..	1	—	1

Reports have not been received on ten children who, at the end of the year, were still awaiting appointments to see the ear, nose and throat surgeons.

Diseases of the Eye

A total of 1,058 attendances was made by children at the Ophthalmic Clinic held at the School Clinic. The Ophthalmic Surgeon prescribed glasses in 630 cases, and another 36 children obtained their glasses through the Hospital Out-Patients' Clinic. Of the children attending the School Clinic 367 were attending for the first time, and of these 215 had been referred from routine medical examinations and the remainder from special examinations or by the school nurses. In addition, 10 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, 25 children with errors of refraction and squint were seen at the Hospital Out-Patients' Clinic in West Bromwich.

A total of 515 applications was received for repair or replacement of spectacles of school children.

Although adequate arrangements exist for the testing of children's vision and for the provision of spectacles there is still a number of children who do not appear to wear the spectacles provided.

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	130	19	149
Errors of refraction (including squint)	1,009	25	1,034
TOTALS	1,139	44	1,183
Number of pupils for whom spectacles were prescribed ..	630	36	666

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 ..	49	88	119	256
Squint	14	3	3	20
Other	2	—	5	7
TOTALS ..	65	91	127	283

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

					Right eye	Left eye
Vision 6/9	..	..	..	..	150	165
„ 6/12	..	..	..	..	44	31
„ 6/18	..	..	..	..	18	—
„ 6/24	..	..	..	..	2	2
„ 6/36	..	..	..	..	—	4
„ 6/60	..	..	..	..	3	1

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

The total number of children so examined was 1,526 and 65 of them were referred to the Consultant Ophthalmologist. The final outcome was :

					No. of cases
Glasses prescribed	..	..	..	..	33
No treatment necessary at present, for review at a later date	..	..	..	..	6
Already under treatment	..	..	..	..	3
No treatment necessary	..	..	..	..	11
Referred to hospital	..	..	..	..	2
Awaiting appointment	..	..	..	..	2
Failed to keep one appointment	..	..	..	..	6
Failed to keep two appointments	..	..	..	..	2

Uncleanliness

During 1959, 24,684 cleansing inspections were carried out on children attending maintained schools. This is a decrease compared with the figure of 30,759 for 1958. Seven hundred and eighty five individual pupils were found to be infested ; 37 cleansing notices and 7 cleansing orders were issued.

The following table shows the percentages of children found to be infested in West Bromwich over the past five years :

1955	..	..	..	..	..	7.6
1956	..	..	..	..	..	6.3
1957	..	..	..	..	..	7.4
1958	..	..	..	..	..	6.1
1959	..	..	..	..	..	4.8

Although there is an improvement in the percentage of children found to be lousy it cannot be regarded as satisfactory that at this present time the louse should continue to be found in the hair of so many school children. The problem is not a medical one for methods of treatment are readily available. It is a matter of the social behaviour of a small section of the families of the town. The reservoir of infection is probably in the parents and the children who have left school.

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 ..	239
Number of treatments given at clinics ..	454
Number of visits to homes	18
Number of children treated at home ..	59
Number of treatments given at home ..	84
Number of children treated at school ..	1,100
Number of treatments given at school ..	2,205

GENERAL CONDITION OF SCHOOL CHILDREN

Result of Routine Medical Inspection

At periodic medical inspection in school, a total of 4,019 children was examined, of which 4,006 or 99.68% were considered to be of a satisfactory nutritional standard, and only 13 or 0.32% unsatisfactory. The following table shows the figures over the last five years :

	1955	1956	1957	1958	1959
Good	34.3	—	—	—	—
Fair	65.3	—	—	—	—
Poor	0.3	—	—	—	—
Satisfactory	—	99.5	99.22	99.71	99.68
Unsatisfactory ..	—	0.5	0.78	0.29	0.32

The classification into "satisfactory" and "unsatisfactory" is empirical and represents the opinion of the Medical Officer only. It is difficult to find a simple absolute measurement of nutritional status. All the clinical evidence, however, would suggest that the children attending school are in a very satisfactory state in respect of nutrition.

The following tables show 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)
1955 and later	3	2	66.66	1	33.33
1954	312	311	99.68	1	0.32
1953	684	681	99.56	3	0.44
1952	228	225	98.68	3	1.32
1951	10	10	100	—	—
1950	6	6	100	—	—
1949	8	8	100	—	—
1948	1,040	1,039	99.9	1	0.1
1947	487	486	99.79	1	0.21
1946	3	3	100	—	—
1945	29	29	100	—	—
1944 and earlier	1,209	1,206	99.75	3	0.25
TOTAL	4,019	4,006	99.68	13	0.32

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 September, 1959.

Primary, Secondary and Special Schools :

Number of pupils present in all schools on the day selected	15,415
Number of school kitchens	11
Number of schools or departments served	47
Number of schools or departments not yet served ..	—

	MEALS		MILK	
	1958	1959	1958	1959
(a) Free Meals	520	503	13,062	12,904
(b) For payment	3,120	3,084	—	—
Percentage of Total ..	23.5	23.3	84.34	83.7

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 the 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 341 children receiving special educational treatment in special schools, and the following table gives details :

BLIND	Day Pupils	Boarders
Birmingham Royal Institution for the Blind, Technical Dept.	1	—
Lickey Grange	—	2
PARTIALLY SIGHTED		
Berkeley School, Sunninghill, Berks.	—	1
Royal Normal College for the Blind, Shrewsbury	—	1
Exhall Grange, Coventry	—	1
Birmingham Royal Institution for the Blind	1	—
Braidwood Day Special School, Birmingham	3	—
DEAF		
Royal School for the Deaf, Margate	—	1
Longwill Day Special School, Birmingham	1	—
PARTIALLY DEAF		
Royal School for the Deaf, Birmingham	—	1
Braidwood Day Special School, Birmingham	1	—
DELICATE PUPILS		
Corley Residential Special School, Coventry	—	2
Fairfield House Open Air School, Kent	—	2
Hillaway Houses, Devon	—	3
Kingswood Open Air School, Wolverhampton	—	2
Laleham Residential Special School, Margate	—	1
Ogilvie School, Clacton-on-Sea	—	1
St. Catherine's Home, Ventnor	—	2
St. John's Open Air School, Essex	—	1
St. Patrick's Open Air School, Hayling Island	—	2

	Day Pupils	Boarders
PHYSICALLY HANDICAPPED		
Baskerville School, Birmingham	—	3
Carlson House School for Spastics, Birmingham ..	1	—
Burton Hill House, Wiltshire	—	1
Lord Mayor Treloar College, Froyle, Alton, Hants. . .	—	1
National Children's Home and Orphanage, Chipping Norton	—	1
St. Catherine's Open Air School, Ventnor, Isle of Wight	—	1
Thieveswood School, Northants	—	1
Tudor Grange Special School, Coventry	—	1
Wightwick Hall, Wolverhampton	—	1
Wilson Stuart Day Special School, Birmingham ..	8	—
EDUCATIONALLY SUB-NORMAL		
Millfield School, West Bromwich	155	—
St. Francis Residential School, Birmingham	—	1
The Beacon Residential School, Lichfield	—	3
MALADJUSTED		
Bodenham Manor, Hereford	—	2
Kingsmuir School, Sussex	—	1
Red Hill School, Maidstone, Kent	—	1
Royal Alexandra and Albert School, Surrey	—	2
Shenstone Lodge School, near Lichfield	—	13
St. Hilliards, Gloucester	—	9
Shotton Hall, Shrewsbury	—	2
Swalcliffe Park, Banbury	—	1
EPILEPTIC		
Lingfield Hospital School, Shrewsbury	—	1
St. Elizabeth's School, Much Hadham, Herts.	—	1

Ascertainment in 1959

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

Blind	—
Partially Sighted	—
Deaf	—
Partially Deaf	—
Delicate	8
Physically Handicapped	4
Educationally Sub-normal	50
Maladjusted	6
Epileptic	—

Children Awaiting Placement in Special Schools

The following children 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 Deaf	1
Educationally Sub-normal	1
Maladjusted	1

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 139 handicapped children known, apart from those in schools for the physically handicapped, and shows what form of education they are receiving.

Disability	Attending ordinary schools						Receiving tuition at home						
	Aged 2-5 years	5-11 years	Grammar	Comprehensive	Secondary Technical	Secondary Modern	Millfields School	Prior to ad. to hospital	Prior to ad. to school	Home Tuition	Tuition in Hospital	Ineducable	Nursery School
Congenital Deformities ..	-	7	-	2	-	3	1	-	-	-	-	-	-
Delicate	-	8	-	-	-	3	-	-	-	-	-	-	-
Recurrent Bronchitis ..	-	1	-	-	-	-	-	-	-	-	-	-	-
Heart Disease—													
Congenital	2	7	1	-	-	3	-	-	-	1	-	-	-
Rheumatic	-	1	-	1	-	3	-	-	-	-	-	-	-
Tuberculosis	-	-	-	2	-	4	-	-	-	-	-	-	-
Post T.B. Meningitis ..	2	1	-	-	-	-	-	-	-	-	-	1	-
Deafness	-	-	-	-	-	1	1	-	-	-	-	-	-
Old Poliomyelitis	1	7	-	1	-	2	-	-	-	-	-	-	-
Osgood Schlatter Disease	-	1	-	-	-	-	-	-	-	-	-	-	-
Perthe's Disease	1	4	-	1	-	1	-	-	-	-	-	-	-
Epilepsy — Petit Mal ..	-	1	-	-	-	1	-	-	-	-	-	-	-
Grand Mal	-	4	-	1	-	2	1	-	-	-	-	-	-
Coeliac Disease	-	2	-	-	-	2	-	-	-	-	-	-	-
Rheumatoid Arthritis ..	-	-	-	-	-	1	-	-	-	-	-	-	-
Lipodystrophy and Metabolic Disorder ..	-	2	3	1	-	1	-	-	-	-	-	-	-
Gargoylism	-	-	-	-	-	-	-	-	-	-	-	-	1
Cretinism	-	1	-	-	-	-	1	-	-	-	-	-	-
Disease of Kidneys	-	1	-	1	-	-	-	-	-	-	-	-	-
Bone Disease	-	2	-	-	-	1	-	-	-	1	-	-	-
Asthma	-	4	-	-	-	2	1	-	-	-	-	-	-
Cerebral Palsy	1	3	-	-	1	2	1	-	-	1	-	2	-
Partially Sighted	-	1	-	-	-	-	-	-	-	-	-	-	-
Hydrocephalus	1	-	-	-	-	-	-	-	-	-	-	1	-
Asthma and Eczema	-	1	-	-	-	3	-	-	-	-	-	-	-
Bronchiectasis	-	-	-	-	1	1	-	-	-	-	-	-	-
Achondroplasia	1	2	-	-	-	-	-	-	-	-	-	-	-
Hiatus Hernia	-	1	-	-	-	-	-	-	-	-	-	-	-
Right Hemiplegia and Epilepsy ..	-	1	-	-	-	-	-	-	-	-	-	-	-

It is a measure of the changing attitude to physical defect that so many children who are handicapped can attend ordinary school and be educated in association with their fellows.

Children with Cerebral Palsy

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

Hemiplegia	..	..	..	..	..	..	7
Paraplegia	..	..	..	..	..	..	3
Quadriplegia	..	..	..	..	..	..	5
Tetraplegia	..	..	..	..	..	..	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 63 new cases. A total of 31 re-examinations was carried out.

The following were the recommendations :

To remain in Day Special School, Millfield	..	..	2
For admission to Day Special School, Millfield	..	39	
For admission to Day Special School, Millfield, for a trial period	..	..	2
For admission to Residential E.S.N. School	..	2	
For admission to Residential Schools for Physically Handicapped	..	..	2
For admission to St. Margaret's Hospital	..	1	
To remain in ordinary school	..	12	
To remain in Hospital School for Epileptic Children	..	1	
For admission to ordinary school	..	1	
For admission to Nursery Class of ordinary school	..	2	
For admission to ordinary school for a trial period	..	1	
For admission to ordinary school on attaining school age	..	..	1
For re-admission to ordinary school	..	1	
For attendance at Occupation Centre	..	1	
To be excluded from ordinary school	..	1	
For admission to Mental Deficiency Institution	..	2	
To leave Day Special School	..	1	
To leave Day Special School and for statutory supervision on leaving school	..	..	2
To leave Residential E.S.N. School, and for statutory supervision	..	..	1
To leave ordinary school and notify under Section 57/3	..	1	
For notification under Section 57/3 of the Education Act, 1944, for the purposes of the Mental Deficiency Act	..	..	6
Left under observation	..	..	10
Normal : to commence ordinary school	..	1	
For attendance at Occupation Centre or Nursery Class	..	1	

Children receiving Tuition at Home or in Hospital

During 1959, 67 children were taught in Hallam and the West Bromwich and District General Hospital, and 12 children received tuition at home. Of the 79 children, 49 were boys and 30 girls, and their ages were as follows :

Ages	5	6	7	8	9	10	11	12	13	14	15	16
Number of children receiving tuition :												
(a) at home	3	5	10	1	6	14	8	12	3	7	-	2
(b) in hospital	-	3	2	-	-	1	2	-	-	-	-	-

The children given tuition at home were suffering from the following conditions :

Haemophilia	..	..	..	..	..	..	..	..	..	..	..	2
Hydrocephalus	..	..	..	..	..	..	..	..	..	..	..	1
Heart Disease	..	..	..	..	..	..	..	..	..	..	..	2
Perthe's Disease	..	..	..	..	..	..	..	..	..	..	..	1
Congenital Malformations	..	..	..	..	..	..	..	..	..	..	..	1
Accident	..	..	..	..	..	..	..	..	..	..	..	1
Ulcer on Leg	..	..	..	..	..	..	..	..	..	..	..	1
T.B. Hip	..	..	..	..	..	..	..	..	..	..	..	1
Spastic	..	..	..	..	..	..	..	..	..	..	..	2

There are at present two Home Tutors — one full-time (who also does some work in the hospitals) and one part-time. In addition since the beginning of June, 1959, two additional part-time tutors have been appointed to undertake work with children in hospitals. This means that a tutor visits both Hallam and the District Hospitals on each week-day afternoon, and it has been possible to give the children there more continuous tuition.

It is most important that children who suffer from illness are not permitted to develop an educational handicap in addition and the continuation of education at home and in hospital is essential.

Generally speaking, the giving of tuition at home is no substitute for tuition in association with other children in school and every effort is made to reduce to a minimum the duration of tuition at home and to fit these children into the educational system.

Speech Therapy Service

The authority was unable to recruit a speech therapist in spite of considerable efforts. Treatment of children with defects of speech, therefore, was not carried out. It was decided that persons who were not qualified as speech therapists, but possessed other training in connection with the treatment of the disorders of speech, should be recruited to enable a service to be run.

On the 25th May, 1959, we were fortunate enough to start with two such speech specialists who gave a total of six sessions per week to this work. Mrs. Maughan, who is the senior, reports on the work for the remainder of the year, as follows :

Appointments commenced on the 25th May, 1959, individual lessons being given on Monday, Tuesday and Wednesday, five sessions in all.

Group work was started on 29th June, 1959, to enable more children to attend. This also established means by which shy and timid children could be encouraged to take an active and orally expressive part in play activity and exercises.

Millfield School was visited in September, because five children were referred, so an extra session was added making six in all, and one hour's work established, with eight children divided into two groups.

The rest of the session was given to four interviews at the Clinic to establish the nature of the difficulty and urgency of the case. This was found to be of great benefit and made a quicker contact with parent and child after audiometric referral, and was therefore continued.

In November, the journey from Millfield to the Clinic (10-30 to 11 o'clock) was found to be too strenuous. Advantage was taken of a 'bus being available outside the school at 11-20, and so another group was formed at Millfield, reducing the interviews at the Clinic to two.

Very good co-operation with the mothers has made satisfactory progress in most cases. In most cases, mothers attending with the children to see the method used were invited to join in the exercises.

The period from 25th May to the end of the year, therefore, a total of 77 children were seen and treated, and the defects from which they suffered can be classified as follows :

	Boys	Girls	Total
Simple Dyslalia	30	8	38
Multiple Dyslalia	22	5	27
Dysphonia	—	—	—
Dyslalia and Dysphonia	3	1	4
Stammer and Dyslalia	3	2	5
Cleft palate and/or hare lip	—	3	3
			—
			77
			—

The monthly list of cases under treatment and attendances is shown in the following table :

	Cases	Attendances
May	19	19
June	31	104
July	33	79
August	12	12
September	56	127
October	58	132
November	61	185
December	61	129

Apart from this work arrangements were made for a special session to be held at Millfield School for educationally sub-normal children each week, and some 13 children took part.

At the end of the year the position was that any child reported to the Principal School Medical Officer as having a speech defect, was being assisted by an interview within a month and the commencement of treatment, if necessary, within two months. This was made possible by the use of group therapy. Wherever practicable arrangements are made for every child who goes for speech training to be medically examined and to have a test of hearing by pure tone audiometer.

Special Schools in West Bromwich

MILLFIELD SCHOOL FOR EDUCATIONALLY SUBNORMAL CHILDREN

This is a modern school opened in 1958 with excellent facilities for 160 educationally subnormal pupils and has rapidly become recognised as providing a sound education for children who find difficulty in coping in ordinary school.

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

	Boys	Girls
Number on the roll, December, 1958	65	54
Number of children admitted during 1959 ..	41	25
Number of children who left during 1959 ..	22	8
Number remaining on the roll at 31st December, 1959	84	71

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

1959 was the first complete year which the school has spent in its new building at Westminster Road.

During the year an additional teacher was appointed and the number on roll increased to 155. The school now has eight classes, four junior and four senior.

The close liaison existing between the Medical and Psychological services has been maintained during the year and there has been greater contact with the Youth Employment Officer and his Staff.

The annual Camps at Plas Gwynant and the Forest of Dean were well attended and very successful. In addition the school paid a visit to Woburn Abbey, Bedfordshire, and the children in the top classes paid several visits to local factories to see people at work. This experience will, I am sure, help them to decide the kind of job they would like to do when they reach school leaving age.

During the year many people have visited the school, notably teachers from Shropshire and Stafford, and students from several Teachers' Training Colleges. One student from Birmingham University spent one afternoon per week over a period of three months in the school in order to gain experience for his Diploma.

The distribution of I.Q.'s of the 155 children on roll in December, 1959, was :

I.Q.	40-49	50-59	60-69	70-79	80-89
No. of Pupils ..	8	21	69	55	2
Mean I.Q. ..	67.7				

Of the 23 children who left school all were successfully placed in employment. Two boys were transferred to Approved Schools and one returned to normal school.

I am pleased to report that the Evening Institute started its second year in September, 1959, and classes have been reasonably well attended though the social club on Wednesday evenings could take more people so that its activities could be extended.

On the whole the year was most satisfactory and we look forward to new development in 1960.

There still remains the problem of the retarded child between the ages of 5 and 7, especially if his behaviour is such as to be disturbing to the infant class. In fairness to him he must be given the help and guidance that he so obviously needs and this cannot easily be done in a normal class. A period of observation under an able and interested teacher with the assistance of the School Medical Officers and Educational Psychologist can help greatly in assessing his future educational requirements.

There is, therefore, a need for some form of observation class in which these children can be helped and if their behaviour is such they can take their place in an ordinary school or in a special school in due course. Even if they are found incapable of education they have had a proper trial in a suitable environment within the educational system.

SHENSTONE LODGE RESIDENTIAL SPECIAL SCHOOL, SHENSTONE, NEAR LICHFIELD

	Boys	Girls
Number of children on roll at beginning of 1959	14	12
Number of children admitted during the year ..	4	1
Number of children who left during the year ..	2	1
Remaining on roll on 31st December, 1959 ..	16	12

Of the children in the school on the 31st December, seven boys and two 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 :

The year 1959 was a very happy one at Shenstone Lodge Residential Special School in spite of the fact that for the first two terms the school was running with two resident members of the staff short, as well as frequent shortages on the domestic side. A better picture, however, was presented at the commencement of last term, the Autumn term, 1959, when two resident staff were appointed to take up duties, although there were still many shortages on the domestic side again.

At the commencement of the school year the same numbers of children were on roll as in the previous year, i.e., 16 boys and 12 girls. The group of senior girls has had a new teacher during the Autumn term and already there is much improvement amongst them. Three of them are due to leave at the end of the school year and a new problem arises with regard to their placement in employment.

The problem of the boys around the age of 11 + or 12 + and having to be transferred or return home is still a major one and as yet there is no sign of a senior boarding school.

Within the school itself, besides the normal education programme which has continued much as on the lines reported last year, the outside activities now include visits to Socials in the Village as well as regular visits to friends of the staff of the school. Swimming continues to be one of the most popular, and therapeutically valuable activities of all. During the summer term, the school's own swimming pool proved to be well worth the labour involved in building it. The school camp was held in North Wales and it is hoped to make a seaside holiday at Whitsun a regular feature of the life of the school.

Alterations in the premises are forecast for 1960-1 and will include a new wing to the existing classroom unit, including a classroom for the senior girls and an assembly hall, which can also be used for Socials, Dances and Physical Education as well as indoor games. In the main house, two of the girls' bedrooms are to be converted into use for sick rooms, the girls from these two rooms going into the existing sewing room, and the sewing room being moved down to the existing girls' classroom.

The health of the children has been excellent and the co-operation and advice received from the Principal School Medical Officer and the Child Guidance Team as good as ever ; also the smooth running as a whole has been helped enormously by the co-operation of both the Director of Education and the Management Sub-committee.

Samples of water have been taken regularly from the swimming pool during the time it has been in use, and have been found to be perfectly satisfactory.

Child Guidance Service

Dr. D. T. Maclay, Consultant Psychiatrist, has made a review of the patients who were referred to him in 1958 as he thinks a sufficient length of time has elapsed to make it possible to have some idea how much help it was possible to give them. His personal impressions and evaluation have been as follows —

Grouped according to the most outstanding symptom or feature the child presented, the numbers in each diagnostic category were as follows :

Anxiety and insecurity	..	..	..	17
Behaviour disorders	..	..	..	12
Bed-wetting .. ..	..	..	..	4
Refusal to attend school	..	..	..	3
Stealing .. ..	..	..	..	3
Asthma and/or eczema	..	..	..	1
Epilepsy .. ..	..	..	..	1
Backwardness .. ..	..	..	..	1
				—
				42
				—

As measured by the apparent outcome of treatment — that is to say the extent to which we appear to have helped the child — my assessment of the results is as follows :

Satisfactory improvement	..	..	..	19
No improvement	..	..	..	20
Died (accident)	..	..	..	1
Still attending	..	..	..	2

One impression is that this appears to be a totally ' working class ' practice with only the smallest smattering of children from other social groups. Probably associated with this is the fact that we seem to see a very small number of what might be called ' true ' neuroses — obsessions, asthma, soiling and the like — although there have been a few of these both in the year under review and in other years. What is so very common is the picture of a sad, inhibited child, lost and insecure. Very often this is related to a more or less obvious rejection or hostility at home. It is probably a feature of industrial areas and I am not sure that we have yet by any means found the best way of helping these children.

Intelligence appeared to have no significance among the children referred, the vast majority being average with few above and fewer still below.

A final impression is that too few young children are referred. In the year I saw only one child under five at the Clinic, and I feel strongly that efforts should be directed towards more ready referral of pre-school children. A comment of Bowlby's comes to mind, where he says that a nervous disorder that may be difficult or impossible to remedy at the age of 13 might have been fairly easily treated at the age of three.

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

During the year under review, the seventh complete year of our establishment, there have been changes in the professional staff. These changes reflect the increasing demand throughout the country for experienced Child Guidance workers, brought about not only by the expansion of existing services, but also by the initiation of new services. It is worthy of note, however, that our colleagues left us to take up senior appointments with other Authorities.

Mr. D. F. Juniper, Assistant Educational Psychologist, resigned his appointment towards the end of the summer term to inaugurate a new Comprehensive Child Guidance Service with the Boston (Lincs.) Education Authority. At the same time, Mrs. Joyce Knowles left to take charge of the Wolverhampton Education Authority's Remedial Education Service. Mr. A. L. Hopkins, who had been with us since 1956, resigned to take up an appointment with the Birmingham Child Guidance Service, and Mrs. P. Bhasin left to take up an appointment in London. Mr. B. T. Hart and Mr. G. Neal, Remedial and Advisory Teachers, took up their appointments in April and September respectively.

Despite the difficulties created by the departure of staff, the Child Guidance Service has continued to offer and maintain co-operation with the schools and other social agencies in the Borough. The details of our activities throughout this year are outlined under their separate headings.

CHILDREN REFERRED

Fewer children have been referred to the Service this year and the total of 282 confirms our previous prediction that the average number of children requiring Child Guidance treatment would be in the region of 250 to 300 per annum. Some interesting details appear from the analysis of the referrals.

The ages of children referred range from three to sixteen years.

The children come from all types of schools in the Borough, and more boys than girls were referred — this appears to conform to the national pattern. Sixty-three per cent of the children referred were less than ten years old. This is encouraging, as it indicates that one of the primary aims of the Comprehensive Service, namely to try and contact those children whose problems are in the incipient stages, is being fulfilled. The numbers and particulars of the children referred are detailed in Tables 1(a) and (b) on page 44.

ANALYSIS OF REFERRALS

The reasons for which children have been referred have been analysed, and although no classification can be exact it is felt that this analysis provides an indication of the range of problems (see Table 1(c), page 44).

TREATMENT

Arrangements for interviewing and treating children and parents and the range of treatment available remains as outlined in previous reports.

A subject that motivated discussion in Midland Child Guidance circles during 1959 was the incidence and treatment of enuretic children. Interest was stimulated by an intensive advertising campaign of a commercially produced electrical alarm system which the makers claim cures enuresis. The cost of this apparatus is approximately £20. Professional opinion generally is divided about the efficacy of such treatment and the advisability of its use was the subject of a discussion of the Midland Association of Child Guidance Centres held at the West Bromwich Centre in June, 1959. Our Clinic team are of the opinion that the electrical apparatus should not be used until the cause of the enuresis has been ascertained, and only used under careful supervision when all other forms of treatment, such as motivation and alleviation of domestic or scholastic stresses have been applied.

Seventy-one children were referred where enuresis was a symptom of disturbance, and of these forty children were referred with enuresis, often as the principal, sometimes singular, presenting symptom. Of a total of sixty-seven children treated twenty children have made progress and in thirty cases enuresis has ceased altogether.

Details of the treatment interviews are contained in Tables 2 (a) to (e), page 45.

ACTION TAKEN ON CHILDREN TESTED

Attempts have been made here to tabulate the wide range of action taken to help children referred. It is difficult to itemise these activities as a number of treatments may be given concurrently or consecutively.

It is with regret that the report shows an increase in the number of children on the waiting list, although fifty per cent of these children whose problems lie in the educational field are receiving help in the schools. (See Table 3 on page 46).

MILLFIELD DAY SPECIAL SCHOOL FOR EDUCATIONALLY SUB-NORMAL CHILDREN

The co-operation between the Headmaster, the School Medical Officers and the Educational Psychologist on the suitability of children for admission has continued. The increased facilities available have been most helpful in discussions with parents when educational placement has been recommended. Arrangements are now in force where pupils are re-assessed in the term in which they attain the age of fourteen years and consideration given to the possibility of their transfer to the appropriate secondary modern school.

RESIDENTIAL TREATMENT FOR MALADJUSTED CHILDREN SHENSTONE LODGE RESIDENTIAL SCHOOL

The Headmaster and the Clinic team have considered all applications for admission. Interviewing children at school before a final decision on their suitability for admission is an invaluable contribution to the selection procedure.

Contact with the West Bromwich children in attendance has been maintained through regular visits made by the Educational Psychologist. The Consultant Psychiatrist has interviewed all children ready for transfer, and final recommendations have been the joint responsibility of the Headmaster and the Clinic team.

Suitable placement of junior boys at the age of eleven years is still a matter causing great concern to the Headmaster and the Clinic team. It is anticipated that these problems will be successfully overcome when the proposed school for senior maladjusted boys is available.

Twelve applications (seven girls and five boys) were received during 1959. Two West Bromwich boys, one Birmingham boy, and one Birmingham girl, were admitted to Shenstone Lodge during the year. These admissions brought the total number of West Bromwich children attending Shenstone to thirteen (three girls and ten boys).

OTHER RESIDENTIAL SCHOOLS

Out-patient treatment was considered to be insufficient for satisfactory adjustment in the case of two senior boys and they were admitted to schools for senior maladjusted boys. These admissions brought the total number of West Bromwich children attending residential schools to eighteen. These children have been interviewed during their holidays at the Centre, and close contact has been maintained with the schools concerned. (See Table 2 (a) and (b), page 45).

CHILDREN REFERRED FROM WALSALL AND OTHER LOCAL EDUCATION AUTHORITIES

A total of forty-one Walsall children received treatment during the year. The number of sessions allocated to the Walsall Authority was reduced from two to one in August, 1959. Four children received treatment at the urgent request of the Principal School Medical Officer of the County of Stafford.

THE REMEDIAL TEACHING AND ADVISORY SERVICE

In this field the Remedial and Advisory Teachers have continued to fulfil their dual role, both in the curative and preventive aspects of our work. The school survey using standardised tests of intelligence and attainment is now an accepted practice in the schools, and it is with the co-operation of the schools that for the first time it has been possible to survey all the children in their second year at the junior schools. The ways in which the school survey results are used to help individual children has been summarised in an article, representing the combined views of the staff, published in *Forward Trends*, Volume 4, No. 1, 1959, and a copy of this article is appended.

Education Authorities in Great Britain and abroad have shown great interest in the preventive aspects of our work in the schools. Details of the work carried out in the schools is shown in Tables 5 (a) to (d), page 47.

CLASSES FOR NON-ENGLISH-SPEAKING CHILDREN

These classes have continued throughout the year at Bratt Street Schools. Children attended on a part-time basis in accordance with the expressed desire of the head teachers concerned. During the year twenty-two children of school age came to live in the Borough; eleven boys and eleven girls.

Of these children attendance at the special classes was considered unnecessary for two boys and three girls, and four children (two boys and two girls) left our area after only a few weeks. In addition, six children had made sufficient progress to cease attendance. At the end of the year forty-two children (ten of whom were of infant school age) were attending the classes on a part-time basis.

These classes, insofar as they affect children of junior school age and above, fulfil an urgent need, and it is anticipated that the results of a survey of these children, carried out independently, will be available for the next Annual Report.

VISITORS TO THE CHILD GUIDANCE CENTRE

We were pleased to welcome 170 visitors to the Child Guidance Centre during the year. Visitors included student teachers from Dudley, Wrexham, and Birmingham Training Colleges ; post-graduate students from Birmingham University; student health visitors and student mental nurses. In addition, educationists from Australia, Canada, Malta, Nigeria and Thailand visited the Centre and showed great interest in the comprehensive nature of our work.

CONFERENCES AND MEETINGS

The Child Guidance Service was represented at the Fifteenth Inter-Clinic (Child Guidance) Conference on 'Truancy or School Phobia' held under the auspices of the National Association of Mental Health, by the Educational Psychologist. The Senior Remedial and Advisory Teacher attended the National Conference of the Teachers of Backward Children organised by the Guild of Teachers of Backward Children. In addition, the Educational Psychologist and the Senior Remedial and Advisory Teacher have given lectures on the work of the Service to first year students at Birmingham Training College ; second and third year students at Dudley Training College ; and to teachers' associations in Bolton and Halesowen.

Copy of article published in "Forward Trends," Vol. 4.
No. 1, Summer, 1959

The Use of the School Survey for the Ascertainment
of Children in Difficulty and its use in the Planning
of School Work.

WHY IS SUCH A SURVEY NECESSARY?

Routine medical examinations of a whole year group have now become an established pattern within our schools; a routine check of intelligence and attainment should become a similar occurrence. By such a survey one can discover children who may be very dull and in need of special educational treatment; children who are seriously retarded and/or emotionally disturbed; and children who are handicapped by constitutional disabilities, which very often escape the notice of the class teacher.

Within a remedial teaching service, especially those attached to a Child Guidance Centre, the need for such a Survey cannot be disputed, but this has yet to be realised in the general body of our schools. Such a survey is necessary so that the mental health and scholastic progress of our children can be systematically assessed at a crucial period of their lives, when there is good time to aid those in need and to contribute to the mental health of the future adult population.

To do this, the usual battery of standardised tests is not enough. It can yield considerably useful information about both the group as a whole and of individual children, but by itself it gives little beyond statistical results to the teacher or the psychologist. It can be used as the basis of work-planning; for the selection of remedial teaching groups and for the onward transmission of children for further investigation. However, a battery of impersonal tests often gives insufficient diagnostic information about individual difficulties — especially in the cases of emotionally disturbed children. For example, two children may score the same results on both Intelligence and Attainment tests and yet need radically different types of action to be taken, one of them may be seriously disturbed, the other may be E.S.N.

To refer all children in apparent need of help after the first stage and rather crude Group Tests, would result in an impossibly heavy caseload of children with vaguely defined difficulties.

The Group Testing to which so many school surveys have been restricted in the past needs further elaboration towards a closer focus on individual children, and I will later try to describe how this may be done by a suitably trained person.

WHEN IS THE MOST APPROPRIATE TIME FOR THE SURVEY TO BE GIVEN?

Although it must be accepted that children's difficulties may arise and need investigation at any time during a school career, a complete survey which takes quite a lot of time must take place at the stage when sufficient information can be obtained to be useful, yet early enough to allow for some action to be taken. From time to time failing children are found within the secondary modern and grammar schools, children whose difficulties were manifest, though not to the same extent, many years before. Such children could have derived a great deal of benefit, and possibly have been saved a great deal of distress, if they had been noticed many years before. Even admitting that there are adolescent problems due to other causes, it is still not unreasonable to suggest that the main attack on retardation and maladjustment should take place within the junior school. Left any later there is little time to help, and the hope of complete rehabilitation before school-leaving age becomes increasingly remote with every year that the survey is delayed. However desirous one may be of catching the children early, one must recognise that to judge educational retardation before the age of entry into the junior school is premature, as many dull children are only just beginning to make testable progress. To test immediately on entry to the junior school denies the child the opportunity to settle in his new environment before he is tested. On these criteria then we can establish that the second year of the junior school, i.e., when the child is 8+ years of age, is the optimum period for a survey of the nature we have in mind. Added to which, by this time, the child has some kind of educational and social history — from which some information can be gathered about the past, and certain assumptions drawn as to the future. If such tests are given annually to this age group, it ensures that apart from a few children who move into the area at a later date, all children are reviewed and from then on recorded progress can be kept.

WHO IS THE SUITABLE PERSON TO ADMINISTER THE SURVEY?

The methods of school survey techniques as carried on until recently, have been those of measuring ability and attainment and judging on these results alone. We are not here concerned with the measure and assessment of retardation in its purely statistical form, nor in the recent controversies that have ranged around it. The primary concern must be that of the child's adjustment and well-being with test results taken merely as a guide to which children are in difficulty, and considered in the light of all other available data. Bare results are not enough. Ideally, one must know the school, the type of education that the child has received during his previous school life — whether it has been formal or

whether free activity methods have prevailed; whether in reading a phonic or a word recognition approach has been prevalent; whether as a whole, there has been more or less emphasis on academic subjects. The cultural background of the majority of the school population is a useful guide. In short, one must regard the child, not as a name on a sheet, but as an individual within his own background. It is therefore suggested that a visiting tester, be he psychologist or remedial teacher, visiting solely for the purpose of conducting a survey, is not in the position to judge the situation in such a close way as is really necessary. It must be someone who is exceedingly familiar with the whole life and working of the school. On the other hand, although close, he must not be part of it. A case could conceivably be argued for the complete testing being done by the head teacher or by a member of staff, but against this, we must realise that, however impartial, he is likely to view the situation in terms of his previous relationships with the child, and also the child himself may see in the tester the symbol of authority and in these circumstances could present quite a false picture. In an organisation where the remedial teacher is a very regular visitor, he is no stranger to the children, and in fact may over the years have had dealings with other members of the family, which in itself can form a useful link. This sequence of knowledge is of great importance in any assessment. Even more important than the relationships with the individual children can rank the association with members of the school staff, school nurse and the teachers from the contributory infant school. In order to fulfil this commission an establishment of the Remedial Teacher to an area of schools can be the most profitable.

HOW SHOULD THE SURVEY BE GIVEN?

Assuming we have established that a close investigation of the individual life and problems of each child is desirable and that this should take place in the second year of Junior school life and we agree also that a visiting Remedial and Advisory Teacher could well perform this function, it now remains to outline a suitable procedure and method of Survey Test Administration.

The Sleight non-verbal Intelligence Test is given together with the Schonell Silent Reading Comprehension Test "A."

All children scoring less than eight years attainment age are tested individually by the screening Specialist Remedial Teacher, with a graded word recognition scale — Burton, Vernon Watts or Schonell. A good relationship is established with the child and conversation takes place with many leading questions, designed to elicit information about the home background, interests and out-of-school activities of the child.

The results of the whole group are scrutinised and certain children are seen again. These are children who display the following :

Those who appear to be very dull ; who are more than two years retarded in reading behind their apparent Mental Age and the Sleight Test, and those who show symptoms of excessive tension. In addition, children who are difficult in class are included. The class and head teacher are asked to provide as much information as possible about each child who is seen again and tested with the following battery of tests :

The Raven's Progressive Matrices — 1947

The Crighton Vocabulary Scale

The " Goodenough " Scale — (" Drawing of a Man ")

The Terman Merrill Diamond and Square

Children who appear to be very dull are also given a test of number concepts —

- (1) As a result of this survey work schemes in basic reading and writing can be planned for the classes or groups of children in need of such treatment.
- (2) Special small group remedial classes may be formed.
- (3) The preliminary testing has been done and full information obtained about very dull children who may require special educational treatment, and these are referred to the Educational Psychologist, together with children who are showing signs of serious emotional tension.

Table 1 (a) TOTAL NUMBER OF REFERRALS .. 282

Table 1 (b) SOURCE OF REFERRALS :

Head Teachers	169
Principal School Medical Officer	51
Director of Education	9
General Practitioners	8
Parents	9
Children's Officer	2
Probation Officer	5
Speech Therapist	—
Marriage Guidance Counsellor	—
Walsall and other Authorities	29
Total	282

Table 1 (c) ANALYSIS OF REFERRALS :

<i>Nervous disorders:</i> Include the following symptoms — fears ; withdrawn behaviour ; depressions ; excitability ; obsessions ; loss of memory ; and hysterical fits	28
<i>Habit disorders:</i> Include certain speech defects ; sleeping disorders ; involuntary movements ; feeding difficulties ; excretion disorders ; nervous pains ; and physical symptoms (e.g., asthma) ; enuresis	67
<i>Behaviour disorders:</i> Include unmanageable behaviour ; temper tantrums ; sibling rivalry ; aggression ; attention-seeking behaviour ; truancy ; lying ; stealing and similar difficulties	56
<i>Organic disorders:</i> Include — epilepsy ; chorea ; cerebral tumours or conditions following head injuries	2
<i>Psychotic disorders:</i> Signifies extreme withdrawal ; bizarre symptoms ; violence ; pathological hallucinations	1
<i>Educational and vocational problems:</i> Signify — retardation ; unusual response to school discipline ; inability to concentrate ; estimates of intelligence and special abilities for placement in industry	107
<i>Ineducable:</i> Apparent inability to benefit from special educational treatment	1
<i>Dull:</i> Intellectual ability impaired to such an extent that education in the ordinary school is not considered beneficial	20

Table 2. Treatment

(a) EDUCATIONAL PSYCHOLOGISTS :			
Number of new cases (1) 156 (2) 96	..	..	252
Number of children retested (1) 183 (2) 43	..	..	126
Number of children attended for regular treatment (1) 63 (2) 32	..	..	95
Number of treatment sessions (1) 373 (2) 134	..	..	507
(b) SOCIAL WORKER			
Number of parents interviewed (initial interview)			232
Number of follow-up interviews with parents	..	..	180
Number of home visits	..	..	53
Number of parents' interviews as part of treatment			472
(c) CONSULTANT PSYCHIATRIST			
Annual number of Clinic sessions	..	..	108
Number of children referred (initial interviews)	..	..	40
Number of follow-up interviews with children	..	..	16
Number of follow-up interviews with parents	..	..	6
Number of treatment sessions	..	..	315
Number of children treated	..	..	45
Number of home visits	..	..	7
(d) TOTAL NUMBER OF INTERVIEWS			
Educational Psychologists (1) 808 (2) 581	..	..	1,389
Social Worker	..	..	937
Consultant Psychiatrist	..	..	358
(e) CHILDREN TREATED AT CHILD GUIDANCE CENTRE			
Number attended regularly with Educational Psychologists	..	..	95
Number attended regularly with Consultant Psychiatrist	..	..	40
Number attended regularly with Specialist Remedial Teachers	..	..	68
			—
			203
			—

Table 3. Action taken on Children Tested during the year

Number for transfer to the Day Special School for Educationally Subnormal pupils recommended ..	15
Number recommended for remedial education at Child Guidance Centre	18
Number treated by Educational Psychologists ..	95
Number attending for further observation and follow-up	25
Number where discussion with Head Teacher necessary	48
Number where discussion with parent(s) only necessary	7
Number recommended for admission to Residential Establishments (some after receiving treatment)	4
Number when further action considered unnecessary (treatment terminated)	24
Number where attitude of parents is unco-operative	12
(a) Transfers to other schools/hospitals	16
(b) Number having physical disorders	1
Transferred to Social Adjustment Group	17
Transferred to Consultant Psychiatrist	35
Still on Waiting List at 31-12-59	57

Table 4. Shenstone Lodge Residential Special School

(a) Number of visits by Educational Psychologist ..	20
Number of visits by Consultant Psychiatrist ..	2
Number of visits by Social Worker	2
Number of children tested	15
Number of children attending Child Guidance Centre weekly for treatment	—
Number of children interviewed by Consultant Psychiatrist	9
(b) APPLICATIONS FOR ADMISSION	
Number of applications considered suitable for admission	4
Number of applications considered unsuitable for admission	7
Number of applications withdrawn by referring Authority	1
	—
	12
	—

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.

	<i>No. of Schools</i>	<i>English classes</i>			<i>Arithmetic classes</i>		
		A	B	C	A	B	C
Primary	18	4	6	48	4	4	24
Secondary	7	2	-	28	-	2	28
	25	88			62		

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

<i>No. of Schools</i>	<i>No. of Classes</i>	<i>No. of Children screened</i>	<i>Total No. of Children under survey</i>
18	29	276	1,300 approx.

- (c) ANALYSIS OF PROBLEMS REVEALED THROUGH 2ND YEAR SURVEY

Suspected uncorrected visual defect	4
Suspected uncorrected speech defect	10
Suspected uncorrected hearing defect	14
Possible E.S.N.	45
Emotionally disturbed/retarded	67
Retarded, no apparent emotional disturbance ..	111
Recommended for Remedial Teaching in school ..	170

- (d) TOTAL NUMBER INFLUENCED BY REMEDIAL EDUCATION

Number of children helped by Specialist Remedial teachers in small groups within schools ..	143
Number of children helped by class teachers in conjunction with Specialist Remedial Teachers within schools	35
Number of children whose work in Basic Arithmetic is influenced by Specialist Remedial Teachers	2,820
Number of children whose work in Basic English is influenced by Specialist Remedial Teachers ..	3,620

Table 6. Visits outside the Borough

Visits by Educational Psychologists (1) 18 (2) 4 ..	22
Visits by Social Worker	11
Visits by Specialist Remedial Teacher	4
	37

INFECTIOUS DISEASES IN CHILDREN

There has been nothing untoward in the incidence of infectious diseases in children. The expected measles outbreak duly arrived.

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	10	10	8	10	3	6	9	2	2	3	4	3	70
Measles	96	166	196	305	115	27	7	7	1	-	1	-	921
Whooping Cough	-	-	1	-	1	3	-	-	9	-	-	5	26
Pneumonia	-	2	5	-	-	-	-	-	-	-	-	-	7
Poliomyelitis —													
Paralytic	-	-	-	-	-	-	-	1	-	2	-	-	3
Non-paralytic	-	-	-	1	-	1	-	-	-	-	-	-	2
Dysentery	-	-	1	-	-	-	-	-	-	-	-	-	1
Food Poisoning	2	1	1	-	1	-	-	1	5	-	-	-	11
Ophthalmia Neonatorum	-	-	-	1	-	-	-	-	-	1	-	-	2
Tuberculosis —													
Respiratory	-	1	-	-	-	1	-	-	-	-	-	4	6
Meninges	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Forms	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	108	180	212	317	120	38	16	11	17	13	5	12	1,049

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	-	2	4	3	11	45	5	70
Measles	43	98	143	122	109	396	10	921
Whooping Cough	2	6	6	2	-	9	1	26
Pneumonia	-	1	-	-	-	5	1	7
Poliomyelitis —								
Paralytic	-	2	-	1	-	-	-	3
Non-paralytic	-	-	-	-	1	1	-	2
Dysentery	-	-	-	-	-	1	-	1
Food Poisoning	2	2	5	-	-	2	-	11
Ophthalmia Neonatorum	2	-	-	-	-	-	-	2
Tuberculosis —								
Respiratory	-	-	2	-	-	2	2	6
Meninges	-	-	-	-	-	-	-	-
Other Forms	-	-	-	-	-	-	-	-
TOTALS	49	111	160	128	121	461	19	1,049

Immunisation and Vaccination

Diphtheria Immunisation

The figures for primary immunisations and reinforcing injections since 1950 are summarised in the following table :

					First immunisation	Reinforcing injections
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
1959	..	..	..	..	202	627

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 :

		1955	1956	1957	1958	1959
Aged under 1 year	..	11.5	15.6	10.3	10.9	7.6
Aged 1 to 4 years	..	51.6	55.0	61.3	61.0	53.2
Aged 5 to 14 years	..	44.1	65.2	61.4	56.6	47.3
Aged 0 to 14 years	..	43.9	59.4	57.7	54.4	45.9

B.C.G. Vaccination

A total of 1,743 children was offered B.C.G. vaccination and 1,295 accepted. A total of 1,049 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 191 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 960 were given B.C.G.

Poliomyelitis Vaccination

During the year the following children were vaccinated against poliomyelitis :

Group				1st	2nd	3rd
5 to 14 years	..	..	..	863	1,548	8,935

SCHOOL DENTAL SERVICE REPORT

As there has been no Principal School Dental Officer during the greater part of the year due to the difficulty in recruiting, it is not possible to present his comments on the service. The interchange of dental staff (mainly on a sessional basis) has meant there has been very little continuity in the staffing of the service and substantially all that has been done is to run a casualty service.

It is very sad to see the present parlous state of school dentistry, especially bearing in mind the very fine service that did exist some years ago. The fact that twelve years after the commencement of the National Health Service there is no effective priority service for children is a sad reflection and one which does not appear to cause great concern to the majority of the general public.

The Education Committee has always been most anxious to improve these facilities, but the difficulties are national rather than local.

Dental Inspection and Treatment

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

(a) At periodic inspection	1,182
(b) As specials	2,156
Total	3,338
Number found to require treatment	3,049
Number offered treatment	2,963
Number actually treated	3,027
Number of attendances made by pupils for treatment, including those recorded at (h) below ..	5,858
Half-days devoted to Periodic (School) Inspection	4
Half-days devoted to Treatment	603
Total	607
Fillings : Permanent Teeth	3,258
Temporary Teeth	116
Total	3,374
Number of Teeth filled : Permanent Teeth ..	2,422
Temporary Teeth ..	107
Total	2,529
Extractions : Permanent Teeth	1,803
Temporary Teeth	3,499
Total	5,302
Administration of general anaesthetics for extractions	2,331
Orthodontics :	
(a) Cases commenced during the year ..	14
(b) Cases carried forward from previous year ..	36
(c) Cases completed during the year	8
(d) Cases discontinued during the year ..	4
(e) Pupils treated with appliances	39
(f) Removable appliances fitted	10
(g) Fixed appliances fitted	1
(h) Total attendances	83
Number of pupils supplied with artificial dentures	54
Other Operations : Permanent Teeth	1,806
Temporary Teeth	37
Total	2,092

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)	180
Cleanliness surveys	225
Other reasons (including diphtheria immunisation and B.C.G. vaccination)	213

VISITS TO HOMES

Because of uncleanliness	160
For other reasons	118
Total number of visits to schools and homes	896

EXAMINATIONS

Number of children examined for cleanliness ..	24,684
Number of children re-examined for cleanliness ..	1,108
Number of children examined for reasons other than cleanliness	2,436

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..	86	59	145
Number of attendances made	1,509	932	2,441

Education of Children from Overseas

The arrangement for giving special help to children from overseas who have difficulties with the English language has continued during the year.

At the beginning of the year 35 pupils were receiving tuition and a further 19 have entered the group during the year, although four of the earlier admissions have moved to other areas. During the year six pupils have made sufficient progress to leave the

group and continue their education full-time in the normal day school in the usual way. Children who remain are working in four groups divided according to their age and progress. Two of the groups have three sessions each per week ; one group has two, and one a single session.

Part-time Employment of Children

During the year 145 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 school-children over the age of thirteen years undertaking such part-time employment as the delivery of newspapers or milk, running errands, etc. Each child was medically examined by a School Medical Officer before receiving a licence in order to ensure that the employment would not be injurious to his health.

The Senior Education Welfare Officer continued his responsibility for ensuring that no child was employed without a licence and that the terms of all licences were strictly complied with.

It was necessary to interview and to issue warnings to a number of employers found to be contravening the Bye-Laws but it was not necessary to take any legal proceedings.

Employment of Children in Entertainments

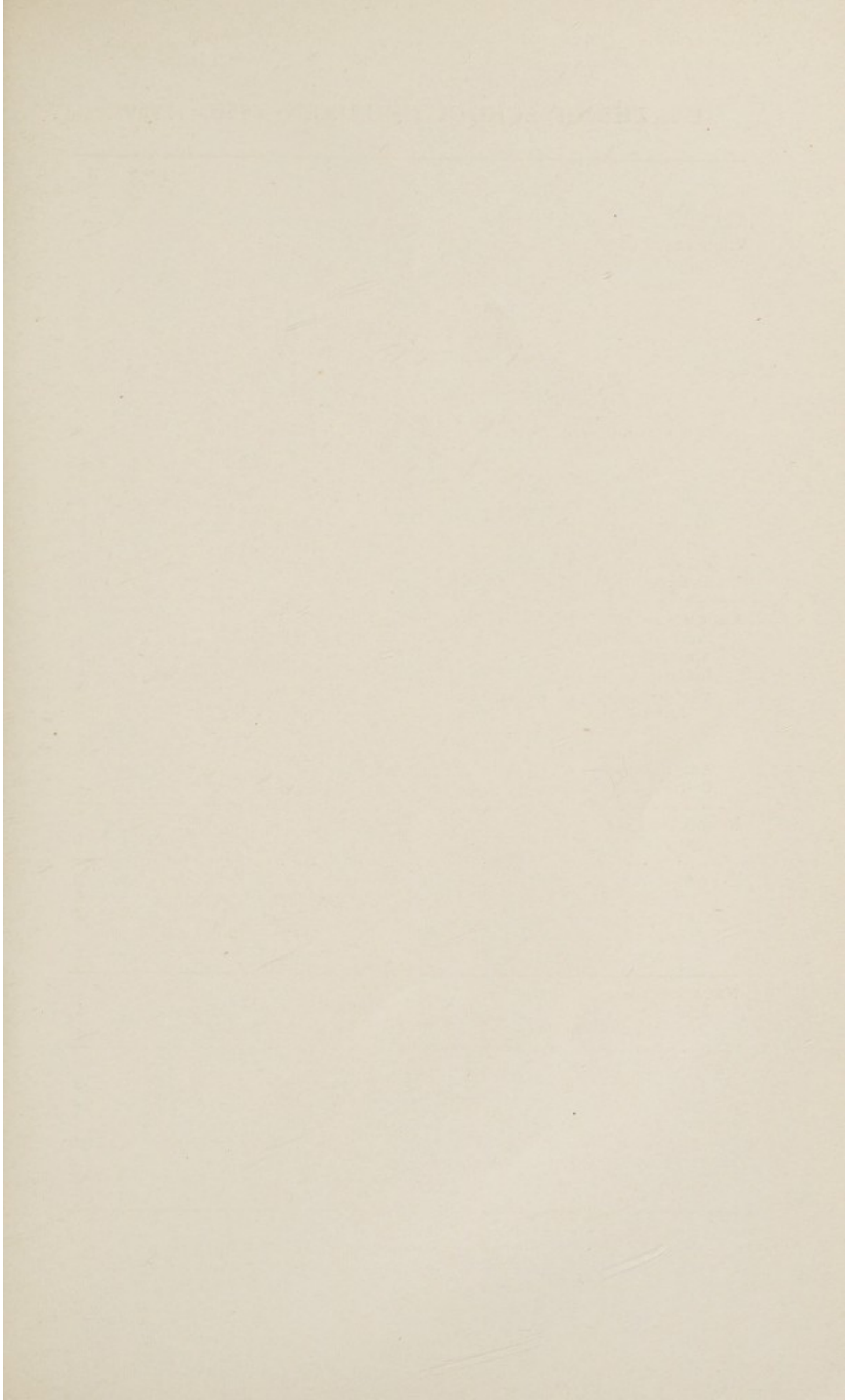
During the year two licences were issued — one to a girl and one to a boy, both in attendance at selective secondary schools in the Borough, to enable them to take part in entertainments at the Dudley Hippodrome and, in one case, in a television programme. The children resided at home and attended their normal schools. One day's absence was granted in respect of the boy making the television appearance, but no absence from school was required for the girl appearing at Dudley Hippodrome.

Mortality in School Children

During 1959 there was a total of five deaths of children of school age, one due to road accident. During the last ten years twenty-four children have died violent or sudden deaths, twenty-six from infections including pneumonia, and twenty-five from other natural causes.

DEATHS OF SCHOOL CHILDREN, 1950 — 1959

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	Total
VIOLENT AND SUDDEN DEATHS											
Road Accidents	-	1	2	-	-	1	1	-	2	1	8
Drowning	-	1	-	1	2	1	-	1	3	-	9
Railway Accidents	-	-	-	-	2	-	-	-	-	-	2
Complications of Burns	-	1	-	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	-	-	-	-	4
Pneumonia	1	1	-	-	1	-	3	5	1	2	14
Diphtheria	-	-	-	1	-	-	-	-	-	-	1
Measles	-	-	-	1	-	-	-	-	-	-	1
Meningitis	-	-	-	-	-	-	1	-	1	-	2
Paralytic Poliomyelitis	-	-	-	-	-	1	-	-	-	-	1
Encephalitis	-	-	1	-	-	-	-	1	-	-	2
ABDOMINAL, OPERATIVE AND POST-OPERATIVE CONDITIONS											
Appendicitis	-	-	-	-	-	1	-	-	-	-	1
Intestinal obstruction	1	-	-	-	-	-	-	-	-	-	1
Post-operative shock and haemorrhage	1	-	-	-	-	-	-	-	-	-	1
Operative inhalation of body fluids	1	-	-	-	-	-	-	-	-	-	1
Acute Peritonitis	-	-	-	1	-	-	-	-	-	-	1
Colitis	-	-	-	1	-	-	-	-	-	-	1
BLOOD DISEASES											
Aplastic Anaemia	-	-	-	-	-	-	-	-	-	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
Progressive muscular atrophy	-	-	-	-	-	1	-	-	-	-	1
NEOPLASTIC CONDITIONS											
Leukaemia	-	-	2	1	-	-	-	-	-	-	3
Sarcoma	-	-	-	1	-	-	-	1	-	-	2
Carcinoma	-	-	-	-	-	-	-	-	1	-	1
POST-INFECTIVE CONDITIONS											
Nephritis	-	1	-	-	-	1	-	-	-	1	3



DEATHS OF SCHOOL CHILDREN 1954 195

Violent and Sudden Deaths

- Street Accidents
- Drowning
- Railroad Accidents
- Construction of Homes
- Car Accidents
- Crane Accidents
- Other Accidents

Leukemia

- Leukemia - Acute
- Leukemia - Chronic
- Leukemia - Myeloid
- Leukemia - Lymphatic
- Leukemia - Monocytic
- Leukemia - Plasmacytic
- Leukemia - Erythroid

Respiratory Diseases and

- Pneumonia - Bacterial
- Pneumonia - Viral
- Pneumonia - Fungal
- Pneumonia - Parasitic
- Pneumonia - Hemorrhagic
- Pneumonia - Interstitial
- Pneumonia - Organized
- Pneumonia - Necrotizing
- Pneumonia - Toxic

Brain Diseases

- Brain Diseases

Heart and Lung Diseases

- Heart and Lung Diseases
- Heart and Lung Diseases
- Heart and Lung Diseases
- Heart and Lung Diseases

Stomach and Intestine Diseases

- Stomach and Intestine Diseases

Diabetes Mellitus

- Diabetes Mellitus

Parasitic Diseases

- Parasitic Diseases

