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COUNTY BOROUGH OF WEST BROMWICH



Annual Report

of the

Principal School Medical Officer

for the Year

1961

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

Principal School Medical Officer.



COUNTY BOROUGH OF WEST BROMWICH

WEST BROMWICH EDUCATION COMMITTEE



Chairman: Alderman H. WILKES, J.P.

Deputy Chairman: Councillor R.D. WIMBURY

Annual Report

of the

Principal School Medical Officer

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1961

Alderman Mrs. H. WILKES, J.P.

Councillor M. D. MANFOLD

Councillor J. MARTIN

Councillor F. G. PHILLIPS

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R. C. JONES, ESQ.

Dr. D. SALLATVALA

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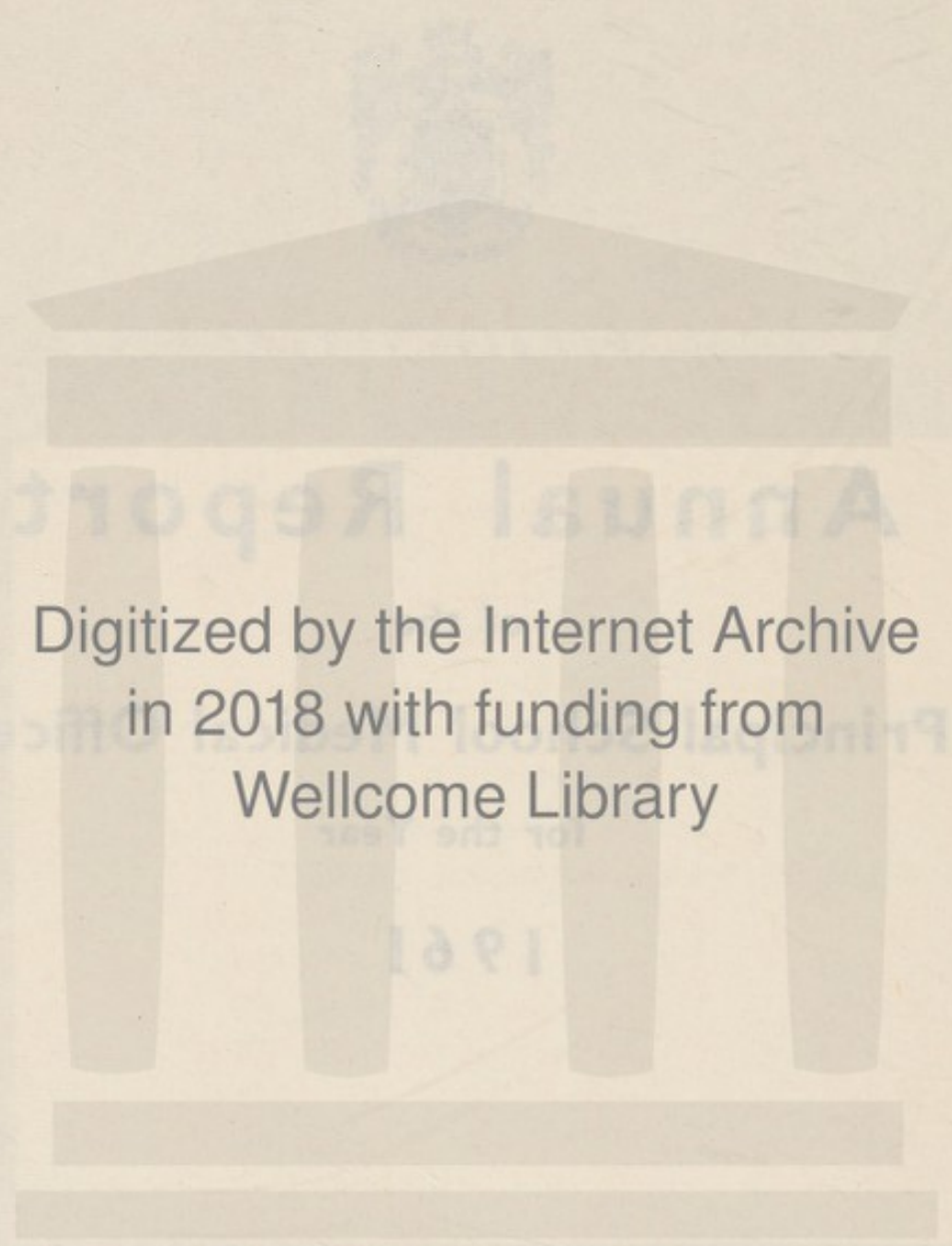
Director of Education: J. H. TURNER, ESQ., B.Sc.

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

Principal School Medical Officer.

COUNTY BOARD OF WEST BROMWICH

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WEST BROMWICH EDUCATION COMMITTEE

at 31st December, 1961

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Mrs. M. COOPER

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TABLE OF CONTENTS

	Page
STAFF OF THE SCHOOL HEALTH SERVICE	8
GENERAL INFORMATION	9
ARRANGEMENTS FOR TREATMENT AND SPECIAL EXAMINATIONS	
Consultation and Treatment	11
Ophthalmic Clinics	11
Child Guidance	11
Speech Therapy	12
Testing of Hearing	12
Ultra Violet Light	12
MEDICAL INSPECTION OF SCHOOL CHILDREN	13
RESULT OF INSPECTIONS	14
Periodic 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
Special Inspections	16
MINOR AILMENTS	18
Treatment in School	18
NOTES ON SPECIFIC DEFECTS	21
Diseases of the Skin	21
Defects of the Ear, Nose and Throat	21
Treatment	22
Tests of Hearing	23
Diseases of the Eye	25
Uncleanliness	26
GENERAL CONDITION OF SCHOOL CHILDREN	28
Result of routine Medical Inspection	28
HANDICAPPED PUPILS	29
Ascertainment in 1961	31

TABLE OF CONTENTS — continued

	Page
Children awaiting placement in Special Schools	31
Children with a Handicap	31
Children with Cerebral Palsy	33
Ascertainment of Educationally Subnormal Children	33
Children receiving tuition at Home or in Hospital	33
Speech Therapy	34
Special Schools maintained by West Bromwich	37
INFECTIOUS DISEASES IN CHILDREN	41
Incidence of Infection	41
Age at Infection	41
Diphtheria	42
Poliomyelitis	42
Measles	43
Immunisation and Vaccination	44
Diphtheria Immunisation	44
B.C.G. Vaccination	44
Poliomyelitis Vaccination	44
SCHOOL DENTAL SERVICE	45
ADDITIONAL REPORTS	47
Work undertaken by School Nurses	47
Health Visitors Visits	47
Ultra Violet Light Treatment	47
Part Time Employment of Children	48
Employment of Children in Entertainments	48
Mortality in School Children	48
Table showing Deaths of School Children 1952-1961	49
THE SCHOOL MEALS AND MILK IN SCHOOLS SCHEMES	50
CHILD GUIDANCE SERVICE	51

FOREWORD

The School Health Service has functioned satisfactorily throughout the year and the routine inspection of school children at the end of the year was reasonably up to date. No experiment in replacing the second inspection at the age of 11 was started during the year but this is one of the possible variations that could be considered in the future.

During 1960 a nurse was employed part-time at Churchfields School and this has proved a most successful and useful innovation and led to the extension of this type of service by a similar provision in 1961 at Charlemont Secondary Modern School. There is no doubt that a nurse on school premises can make the School Health Service truly an integral part of school life and it is hoped that it will be possible to pursue further this technique by extension to other secondary schools in future years. It is difficult to relate the same principles to the primary schools which are not large enough.

Increasingly attention needs to be paid to the question of defects of hearing in children and although it was unfortunate that the ear, nose and throat surgeon was unable to continue with this Authority, the new arrangements by which a school medical officer with an interest in this work has close liaison with the hearing clinic at the Birmingham Children's Hospital has improved the general efficiency of our arrangements. These now include hearing tests at pre-school age (particularly for children with a history that might suggest the probability of a defect) and the routine screening audiology tests which are now carried out three times during a child's school life. The principal shortage in this field at present is that of a person who can teach the deaf child not merely the correct and proper use of a hearing aid but also, when appropriate, such matters as lip reading, and assist greatly in guiding the parents of such children in the very difficult problem of management at home. To obtain the best possible effects from the early ascertainment and treatment of deafness, efficient home management and training are, of course, essential.

One of the next tasks is to try and review the arrangements for dealing with defective vision and there is still a number of children for whom glasses are prescribed who never wear them. Sometimes parents do not even bother to collect them.

As always, the problem of uncleanness persists with a small number of families acting as a reservoir of infection. One of the results of having a nurse in a secondary school appears to be a much tighter control over the spread of lousiness in the school.

The care and treatment of children with defects of speech has been catered for but additional help may well be required if a waiting list is not to be created.

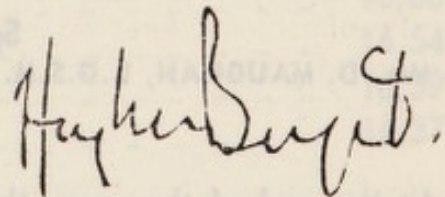
GENERAL INFORMATION

The school dental service during the year has, I fear, still been mainly one for dental emergencies and casualties.

The most alarming fact in the field of infectious diseases was the outbreak of poliomyelitis in the spring. This was unexpected and resulted in no less than 13 cases, all in children (4 were in children of school age). None of these children had received a full course of vaccination against the disease. The fact that so many cases occurred in young children is most interesting. It is, of course, simpler to have a high measure of protection among the school population because of the ease with which vaccination can be given to children whilst they are at school in comparison with the younger age group who have to be brought up to a clinic or doctor. The main lesson of the poliomyelitis outbreak is, of course, the further emphasis of the necessity for early and adequate vaccination against this disease and it is to be hoped that the advent of the oral polio vaccine will strengthen still further the protection by its ease of administration. However, until the greater part of the child population is adequately protected we can expect to see cases of poliomyelitis occurring in children in the borough.

The report of the Educational Psychologist has been included in a slightly different form this year so that it can be published separately for circulation to persons with an interest in this field only. I must record my thanks to Mr. Kelly for his co-operation and help throughout the year.

My thanks over so many matters are due to the Director of Education and his staff, including the teaching staff of the schools, the staff of the School Health Service itself and, of course, the Special Services Sub-Committee of the Education Committee for their great interest in the School Health Service and the help and consideration that has always been given to the problems which from time to time have arisen during the course of the year.



Principal School Medical Officer

April, 1962.

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. (to 30.9.61.)
P. HOLLIER, M.B., Ch.B. (from 2.10.61.)
R. LINDOP, M.B., Ch.B., D.C.H. (part-time)
E.T. RILEY, M.B., Ch.B.

Ophthalmologist (part-time)
L. MARX, M.B., Ch.B., D.O.M.S.
Consultant Aural Surgeon (part-time)
W.B.L. DOWNING, F.R.C.S., D.L.O. (to 20.10.61.)

Principal School Dental Officer:
J.B.C. CUZNER, L.D.S.

School Dental Officers (part-time)
M. HEMMING ALLEN, B.D.S.
T.B. HAMILTON, L.D.S. (R.F.P.S.) (to 30.11.61.)
D.J.F. STAMMERS, L.D.S. (R.C.S.)

Dental Anaesthetists (part-time)
G. COWIE, M.B., Ch.B., D.R.C.O.G. (to 30.6.61.)
C.W. THORNTON, M.B., Ch.B.
B.W. DAVIS, M.B., Ch.B. (from 4.7.61.)

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, 1961, there were three full-time Clinic Nurses and thirteen Health Visitors and School Nurses working part-time on School Health and part-time Maternity and Child Welfare, giving an equivalent of 8.5 full-time Nurses in the School Health Service.

Speech Training

Mrs. D. MAUGHAN, L.G.S.M. Miss I. NIVEN

Other Staff

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

Child Guidance

Details of the staff of the Child Guidance Clinic will be found in the appropriate section at the back of this report.

GENERAL INFORMATION

Population of West Bromwich	95,930
School Population (January, 1961)	16,372
Children attending Primary Schools	9,683
Children attending Secondary Schools	6,504
Children attending Special Schools	185

The number of children attending Primary Schools included 126 children in three Nursery Classes held in three of the Primary Schools.

Number of Schools maintained by the Authority:

Primary Schools	22
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:

1957	15,948
1958	16,569
1959	16,549
1960	16,391
1961	16,372

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

1957	93,050
1958	93,380
1959	93,590
1960	93,780
1961	95,930

GENERAL INFORMATION

SCHOOL HEALTH SERVICES

92,930	Population of West Birmmich in 1961
18,372	School Population (January 1961)
9,883	Children attending Birmingham Schools in 1961
6,501	Children attending Birmingham Schools in 1960
182	Children attending special schools

The number of children attending Birmingham Primary Schools in 1961 was 18,372. The number of children in Birmingham in 1961 was 92,930. The number of children in Birmingham in 1960 was 88,372. The number of children in Birmingham in 1959 was 84,872. The number of children in Birmingham in 1958 was 81,372. The number of children in Birmingham in 1957 was 77,872. The number of children in Birmingham in 1956 was 74,372. The number of children in Birmingham in 1955 was 70,872. The number of children in Birmingham in 1954 was 67,372. The number of children in Birmingham in 1953 was 63,872. The number of children in Birmingham in 1952 was 60,372. The number of children in Birmingham in 1951 was 56,872.

22	Primary Schools
2	Secondary Modern Schools
1	Secondary Grammar School
1	Secondary Technical School
1	Comprehensive School
1	Day Special School
1	Residential Special School
1	Art School
1	Technical College

The school population in Birmingham in 1961 was 18,372. The school population in Birmingham in 1960 was 16,372. The school population in Birmingham in 1959 was 14,372. The school population in Birmingham in 1958 was 12,372. The school population in Birmingham in 1957 was 10,372. The school population in Birmingham in 1956 was 8,372. The school population in Birmingham in 1955 was 6,372. The school population in Birmingham in 1954 was 4,372. The school population in Birmingham in 1953 was 2,372. The school population in Birmingham in 1952 was 372. The school population in Birmingham in 1951 was 172.

16,372	1961
14,372	1960
12,372	1959
10,372	1958
8,372	1957
6,372	1956
4,372	1955
2,372	1954
372	1953
172	1952
72	1951

The population of Birmingham in 1961 was 92,930. The population of Birmingham in 1960 was 88,372. The population of Birmingham in 1959 was 84,872. The population of Birmingham in 1958 was 81,372. The population of Birmingham in 1957 was 77,872. The population of Birmingham in 1956 was 74,372. The population of Birmingham in 1955 was 70,872. The population of Birmingham in 1954 was 67,372. The population of Birmingham in 1953 was 63,872. The population of Birmingham in 1952 was 60,372. The population of Birmingham in 1951 was 56,872.

92,930	1961
88,372	1960
84,872	1959
81,372	1958
77,872	1957
74,372	1956
70,872	1955
67,372	1954
63,872	1953
60,372	1952
56,872	1951

ARRANGEMENTS FOR TREATMENT AND SPECIAL EXAMINATIONS

SCHOOL CLINIC	DAY AND TIME OF COMMENCEMENT	NO. OF SESSIONS WEEKLY
<u>Consultation and Treatment Sessions - Doctor in Attendance</u>		
CENTRAL CLINIC, Lombard Street West	Tuesday and Friday at 2.0 p.m.	2
STONE CROSS CLINIC, Jarvis's Lane	2nd and 4th Wednesday in each month at 9.30 a.m.	1 alternate weeks
<u>Minor Ailment Treatment Sessions - Nurse in Attendance</u>		

MEDICAL EXAMINATION AND TREATMENT

CENTRAL CLINIC, Lombard Street West	Monday to Friday at 2.0 p.m.	5
STONE CROSS CLINIC, Jarvis's Lane	Monday, Tuesday, Wednesday, Thursday and Friday at 11.0 a.m.	5
Consultation and Treatment Sessions		
<u>Dental Surgeries</u>		
Medical Inspection of School Children		
CENTRAL CLINIC, Lombard Street West	Monday to Friday at 9.0 a.m. and 2.0 p.m.	10
Minor Ailments		
STONE CROSS CLINIC, Jarvis's Lane	Monday to Friday at 9.0 a.m. and 2.0 p.m.	10
Specific Defects		
MOBILE SURGERY	General Condition of School Children	

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

Children breaking or losing their glasses should attend any School Clinic and obtain the necessary 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.

ARRANGEMENTS FOR TREATMENT AND SPECIAL EXAMINATIONS

SCHOOL CLINIC	DAY AND TIME OF COMMENCEMENT	NO. OF SESSIONS WEEKLY
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STONE CROSS CLINIC, Jervoise Lane	2nd and 4th Wednesday in each month at 9.30 a.m.	1 alternate weeks
<u>Minor Ailment Treatment Sessions – Nurse in Attendance</u>		
CENTRAL CLINIC, Lombard Street West	Monday and Thursday at 9.30 a.m. Tuesday, Wednesday and Friday at 2.0 p.m.	5
STONE CROSS CLINIC, Jervoise Lane	Monday, Tuesday, Wednesday, Thursday and Friday at 11.0 a.m.	5
<u>Dental Surgeries</u>		
CENTRAL CLINIC, Lombard Street West	Monday to Friday at 9.0 a.m. and 2.0 p.m.	10
STONE CROSS CLINIC, Jervoise Lane	Monday to Friday at 9.0 a.m. and 2.0 p.m.	10
MOBILE SURGERY		

Ophthalmic Clinics

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Speech Therapy

There has been no Speech Therapist since the end of 1957. Two specialists in speech, but not members of a College of Speech Therapists, assisted children with speech defects.

Cases are referred through the School Medical Officers.

Testing of Hearing

The arrangements for dealing with the ascertainment of defects of hearing were overhauled, and one of the School Medical Officers now holds a clinic on Friday mornings at the Central Clinic, Lombard Street West, particularly to deal with children thought to have defects of hearing together with those referred from the routine hearing tests carried out at schools for children in their first year at infant, junior and senior departments.

Ultra Violet Light Treatment

Children referred 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 in previous years, children being examined on entry to school, in the last year at primary school and in the last year at secondary school.

Children who were absent from school at the time of routine medical examination were offered an appointment at the school clinic and examined as soon as possible.

Periodic Medical Examinations

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

Born in 1957 and later	76
Born in 1956	995
Born in 1955	224
Born in 1954	28
Born in 1953	7
Born in 1952	2
Born in 1951	9
Born in 1950	974
Born in 1949	498
Born in 1948	4
Born in 1947	44
Born in 1946 and earlier.....	1,676
	<hr/>
GRAND TOTAL	4,537

At the end of 1961 we were in the fortunate position of being substantially up-to-date with the routine medical examinations of school children. Only 435 infants entering school during the year had not been examined and these would not normally be examined until the spring term, 1962. This position is largely due to the fact that there has been a full medical staff for the greater part of the year.

With regard to primary school leavers, it was possible to carry out their medical examinations in term time instead of inviting some to attend School Clinics during the August holidays, as had been the case in the two previous years.

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

	1957	1958	1959	1960	1961
Entrants	1,771	1,012	1,227	2,386	1,295
Primary School Leavers	959	1,103	1,048	1,608	1,481
Secondary School Leavers	1,160	1,259	1,238	1,544	1,720
Other Periodic Examinations	367	734	506	232	41

RESULT OF INSPECTIONS

Periodic Inspections

The number of defects requiring treatment was 367 compared with 632 in 1960. The number requiring observation was 1,363 compared with 1,786 in 1960.

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	41	9	67	14	37	25	145
EYES								
Vision	38	15	94	5	165	8	297	28
Squint	8	20	2	3	3	3	13	26
Other	2	11	3	5	2	6	7	22
EARS								
Hearing	-	31	1	19	1	25	2	75
Otitis Media	-	16	2	19	3	27	5	62
Other	-	5	1	6	-	8	1	19
NOSE AND THROAT	1	125	2	35	4	66	7	226
SPEECH	1	32	-	7	3	8	4	47
LYMPHATIC GLANDS	-	10	-	5	-	4	-	19
HEART	-	7	-	17	-	8	-	32
LUNGS	-	29	-	20	-	22	-	71
DEVELOPMENTAL								
Hernia	-	8	-	-	-	1	-	9
Other	-	16	-	32	1	44	1	92
ORTHOPAEDIC								
Posture	-	4	-	18	-	5	-	27
Feet	-	84	-	61	2	61	2	206
Other	-	20	-	57	2	37	2	114
NERVOUS SYSTEM								
Epilepsy	-	11	-	2	-	2	-	15
Other	-	27	-	5	-	6	-	38
PSYCHOLOGICAL								
Development	-	7	-	5	-	5	-	17
Stability	-	8	-	13	-	25	-	46
ABDOMEN	1	16	-	3	-	7	1	26
OTHER	-	-	-	1	-	-	-	1
TOTALS	53	543	114	405	200	415	367	1,363

It is always difficult to draw conclusions from tables showing the number of children requiring treatment because not all doctors attach the same meaning to this phrase. The number of defects, however, is below that for the previous year and generally speaking the health of the children examined was good. As is to be expected the most common reason for children requiring treatment was defective vision.

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
1957 and later	1	-	1
1956	35	8	41
1955	2	7	9
1954	1	1	2
1953	1	-	1
1952	-	-	-
1951	1	-	1
1950	111	16	125
1949	51	18	68
1948	-	1	1
1947	1	-	1
1946 and earlier	93	18	111
TOTALS	297	69	361

Frequency of Defects in the Children Examined

Years of Birth	Number of children examined	Total number of individual pupils with defects	Percentage of Children examined found to have defects
1957 and later	76	1	1
1956	995	41	4
1955	224	9	4
1954	28	2	7
1953	7	1	14
1952	2	-	-
1951	9	1	11
1950	974	125	13
1949	498	68	14
1948	4	1	25
1947	44	1	2
1946 and earlier	1,676	111	7
TOTALS	4,537	361	8

Presence of Parents at Periodic Medical Inspection

Age Group Inspected	Number of pupils inspected	Number with parent present	Percentage with parent present
Entrants	1,295	1,244	96.0
Senior Leavers	1,720	910	52.9
Other Periodic Inspections	1,522	1,338	87.9
TOTALS	4,537	3,492	76.9

There is a slight fall in the percentage of children examined with parents present from 82.4% in 1960 to 76.9%. The main difficulty, as always, is with the senior leavers, and yet this medical examination is particularly important because for many it is the last time that the individual will be medically examined comprehensively as a routine health check and in the absence of specific ill-health.

Special Inspections

The following table shows the number of defects found at the special inspection of 382 children. This refers to children examined at the request of head teachers, parents, school nurses and education welfare officers, and therefore is a selected group. The average number of defects requiring treatment per 100 children in this group was 57.

System	Number of children examined	Number of defects found	Percentage of children with defects
Other	382	218	57.1
ORTHOPAEDIC			
Posture	382	15	3.9
Feet	382	1	0.3
Other	382	1	0.3
NERVOUS SYSTEM			
Epilepsy	382	1	0.3
Other	382	1	0.3
PSYCHOLOGICAL			
Development	382	1	0.3
Other	382	1	0.3
TOTAL	382	218	57.1

Defect or Disease	Requiring Treatment	Requiring Observation
SKIN	7	5
EYES		
Vision	54	14
Squint	-	-
Other	5	-
EARS		
Hearing	33	35
Otitis Media	7	-
Other	11	3
NOSE AND THROAT	19	4
SPEECH	11	1
LYMPHATIC GLANDS	1	-
HEART	1	3
LUNGS	15	5
DEVELOPMENTAL		
Hernia	1	5
Other	7	3
ORTHOPAEDIC		
Posture	-	-
Feet	12	4
Other	7	1
NERVOUS SYSTEM		
Epilepsy	-	1
Other	7	6
PSYCHOLOGICAL		
Development	4	1
Stability	4	4
ABDOMEN	3	2
OTHER	9	7
TOTALS	218	104

MINOR AILMENTS

There has been a decrease in the number of children attending for treatment of minor ailments at school clinics. This is partly due to the fact that the provision of treatment in school at both Churchfields and Charlemont Schools has naturally reduced the necessity for such children to go to a school clinic.

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

1952	-	2,402	1957	-	1,249
1953	-	2,000	1958	-	1,171
1954	-	1,824	1959	-	1,224
1955	-	1,769	1960	-	1,698
1956	-	1,712	1961	-	1,133

A total of 401 children made 2,023 attendances at the Central Clinic, Lombard Street West, whereas at Stone Cross Clinic the corresponding figures were 732 children and 2,750 attendances.

Treatment in School

Churchfields Comprehensive School

In 1960 arrangements were made for the provision of a nurse each morning at this school. This service has proved valuable and the nurse, apart from relieving the teaching staff of the need for dealing with minor injuries and ailments, does take part in the general life of the school. This prevents children from wasting time in travelling to and from clinics and also allows a concentrated effort to be made against various health problems such as verminous heads.

During the year the nurse dealt with the following conditions:

Skin diseases	176
Eye diseases	75
Ear diseases	27
Miscellaneous	818
Accidents	464
Dental	60
TOTAL	1,620

Number of first attendances for treatment	1,620
Number of re-attendances	1,826

In addition the following routine inspections were carried out:

Pre-medical examinations	488
Campers	82
Hygiene inspections	2,776
Re-inspection of heads	273
Eye tests	1,672

Arrangements were also made for one of the school medical officers to attend on alternate Wednesdays when the school is in session to see children referred by the school nurse and teaching staff. Opportunity was also taken for the doctor to carry out re-examination of children with defects. The total number of children examined for the first time was 73, and 10 re-examinations were done. Twenty three of the children examined did not require any treatment and in the remaining 50 the following were the defects:—

	Requiring Treatment	Requiring Observation
Skin	1	1
Eyes — Vision	19	11
Ears — Hearing	-	1
Heart.. .. .	-	1
Lungs	1	-
Developmental — Hernia.. .. .	-	-
Other	1	5
Orthopaedic — Posture	-	-
Feet	2	2
Other	-	-
Nervous System — Epilepsy	-	-
Other.. .. .	-	1
Psychological — Development	1	-
Stability	-	-
Abdomen	1	-
Other.. .. .	1	3

Charlemont Secondary Modern School

Following on the success at Churchfields, the scheme was extended to Charlemont and a school nurse commenced attendance there in September, 1961. She dealt with the following cases:

Skin diseases	73
Eye diseases	37
Ear diseases	10
Miscellaneous	285
Accidents	21
Dental	18
	<hr/>
TOTAL	444
	<hr/>
Number of first attendances for treatment	444
Number of re-attendances	797

In addition, the following routine inspections were carried out:

Pre-medical examinations	26
Hygiene inspections	103

NOTES ON SPECIFIC DEFECTS

Diseases of the Skin

It is pleasing to report that no case of scabies was reported in school children last year. The other skin diseases in the main were rashes of various sorts and the inevitable warts.

	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	-	-
Impetigo	31	-
Other skin diseases	460	7
TOTAL	493	7

Defects of the Ear, Nose and Throat

One-hundred and fifty-one school children are known to have had their tonsils and adenoids removed during the year, as shown by returns from the hospitals, compared with 256 in 1960.

Eight children had operations for diseases of the ear, and 18 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 10 years.

Year	No. of operations	School Population	Per 100 children
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
1960	256	16,391	1.6
1961	151	16,372	0.93

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	35	2.7
Senior Leavers	280	16.3
Other periodic examinations	200	13.1

Treatment

	Number of cases known to have been treated during 1961	
	By the authority	Otherwise
Received operative treatment		
(a) for diseases of the ear	-	8
(b) for adenoids and chronic tonsillitis	-	151
(c) for other nose and throat conditions	-	18
TOTAL	-	177
Received other forms of treatment	89	64
Total number of pupils in schools who are known to have been provided with hearing aids -		
(a) in 1961	3	
(b) in previous years	8	

The Consultant Aural Surgeon, held a clinic fortnightly particularly to deal with problems of deafness. The following table gives details of the children seen and treatment given.

Number of children seen	85
Number of attendances	105

Recommendation

		Dealt with in 1961	Awaiting treatment on 31.12.61.
Operative Treatment			
(a) Removal of Adenoids	7	4	3
(b) Removal of Tonsils and Adenoids	19	16	3
(c) Myringoplasty	2	1	1
(d) Removal of wax under general anaesthetic	2	1	1
(e) Antrum wash-out	1	1	-
(f) Removal of nasal polyp	1	1	-
Other Treatment			
(a) Breathing exercises and ultra violet light	2	2	-
(b) Anti-catarrhal vaccine and Antihistamines	3	3	-
(c) Removal of wax from ear	4	4	-
(d) Hearing Aid	4	3	1
(e) Returned to hospital for out-patient treatment	2	2	-
(f) For review at a later date	13		

Ten cases were reviewed and discharged; in 11 cases no significant abnormality was found and no treatment was recommended, and 4 patients failed to return for review.

Unfortunately Mr. Downing was unable to continue this work after the end of October, and from that date arrangements were made for a school medical officer to hold a weekly session at the school clinic to see children with defects of hearing and arrange to refer, subject to the agreement of the general practitioners, cases requiring more specialised treatment to the out-patient departments of the hospitals. Children requiring hearing aids were referred direct to the Hearing Clinic at the Children's Hospital, Birmingham.

Tests of Hearing

Arrangements for tests of hearing in children start as far as possible in infancy and a school medical officer holds a clinic weekly to which are referred children found by the health visitors to fall within one of the following categories:

- (i) children with cerebral palsy
- (ii) children with family history of deafness
- (iii) children who were premature babies

- (iv) children with a history of abnormality in the ante-natal period, e.g. virus infection of the mother during pregnancy
- (v) children with a history of perinatal abnormality, e.g. asphyxia, rh. incompatibility (especially kernicterus) etc.
- (vi) children who have had a severe illness, e.g. meningitis, or who have been treated with streptomycin for any illness
- (vii) children who are not speaking well by the age of two, and children aged two to five years with speech defects.
- (viii) children with a history of otitis media or chronic upper respiratory tract infection
- (ix) children with congenital abnormalities other than any mentioned above, together with children of school age who are suspected of having difficulty in hearing or referred for speech therapy or retardation, and those referred from the routine audiometric examinations carried out in school by a nurse employed specifically for this purpose.

Routine audiometry was carried out in all children in the first years at infant, junior and secondary schools, thus, giving three tests in school life. A total of 4,777 was examined, 782 required retest, and during the year 580 of these were in fact re-tested. This resulted in 142 children being referred to the school medical officers at the school clinic for further investigation.

In addition to this routine work, 44 audiograms were performed at the request of the E. N. T. Specialist.

The school medical officers themselves performed a number of tests of hearing with an audiogram, as is shown in the following table:

Number of children who attended for the first time	73
Number with defects	13
To attend for re-testing	21
No defects found	39
Re-tests performed	10
Number with defects	1
To attend for further re-tests	-
No defects found	9

Of the children with defects found by a school medical officer at these examinations, 12 were sent to the ear nose and throat surgeon and one to his own general practitioner.

Diseases of the Eye

A total of 1,045 attendances was made by children at the Ophthalmic Clinic held at the School Clinic. The Ophthalmic Surgeon prescribed glasses in 702 cases and another 54 children obtained their glasses through the hospital out-patients' clinic. Of the children attending the School Clinic 363 were attending for the first time, and of these 244 had been referred from routine medical examinations and the remainder from special examinations or by the school nurses. In addition, one child was seen by the Eye Specialist at the School Clinic with another defect of the eye apart from an error of refraction or squint, and arrangements were made for suitable treatment. In addition, 34 children with errors of refraction and squint were seen at the Hospital Out-Patients' Clinic in West Bromwich.

A total of 526 applications was received for replacement or repair of spectacles of school children.

The following table shows the number of cases known to have been treated in the School Clinic 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)	205	23	228
Errors of refraction (including squint)	1,318	34	1,352
TOTALS	1,523	57	1,580
Number of pupils for whom spectacles were prescribed	702	54	756

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

	Age Groups Inspected			Total
	Entrants	Leavers	Others	
Defective Vision	38	94	165	297
Squint	8	2	3	13
Other	2	3	2	7
TOTALS	48	99	170	317

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

	Right Eye	Left Eye
Vision 6/9	49	49
Vision 6/12	23	28
Vision 6/18	11	11
Vision 6/24	4	-
Vision 6/36	3	3
Vision 6/60	1	2
No vision in right eye	1	-

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

The total number of children so examined was 2,075 and 50 of them were referred to the Consultant Ophthalmologist. The final outcome was:

Glasses prescribed	34
No treatment necessary at present, for review at a later date	4
No treatment necessary	8
Referred to hospital	-
Awaiting appointment	6
Failed to keep one appointment	4
Gone to private optician for treatment	3

There is still a number of children whose parents do not collect spectacles prescribed and a larger number who do not wear their glasses for a variety of reasons. This is most unfortunate and detrimental to both the health and education of the children.

Uncleanliness

During 1961, 15,925 cleansing inspections were carried out on children attending maintained schools. This is a decrease compared with the figure of 18,700 for 1960. Five hundred and sixty nine individual pupils were found to be infested; 20 cleansing notices and 9 cleansing orders were issued.

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

1957	.. .. .	7.4
1958	.. .. .	6.1
1959	.. .. .	4.8
1960	.. .. .	4.2
1961	.. .. .	3.4

A cleansing assistant is employed to carry out cleansing, either at the request of parents who have difficulties in managing or when a cleansing order is issued. During the year she carried out the following work:

Number of children treated at Clinic	28
Number of treatments given at clinic	80
Number of visits to homes	109
Number of children treated at home	60
Number of treatments given at home	101
Number of children treated at school	128
Number of treatments given at school	2,242

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

Age Group (years)	Number of Pupils Inspected		Percentage of Col. (2)		Un satisfactory
	No.	%	No.	%	
1955 and later	75	75	100	100	
1956	202	99.5	100	100	
1958	224	99.5	100	100	1.54
1954	28	28	100	100	
1953	7	7	100	100	
1952	2	2	100	100	
1951	9	9	100	100	
1950	274	97.4	100	100	
1949	428	99.8	100	100	
1948	4	4	100	100	
1947	44	44	100	100	
1946 and earlier	1,678	99.7	100	100	
TOTAL	4,537	4,534	99.9	99.9	0.07

GENERAL CONDITION OF SCHOOL CHILDREN

Result of Routine Medical Inspection

At periodic medical inspection in school, a total of 4,537 children was examined, of which 4,534 or 99.93 per cent were considered to be of a satisfactory nutritional standard, and only 3 or 0.07 per cent unsatisfactory. The following table shows the figures as percentages over the last five years:

	1957	1958	1959	1960	1961
Satisfactory	99.22	99.71	99.68	99.31	99.93
Unsatisfactory	0.78	0.29	0.32	0.69	0.07

The classification of "satisfactory" and "unsatisfactory" rests on the view of the examining doctor. In the absence of strictly scientific criteria it must therefore remain, at the best, an individual impression. There is, however, no evidence to suggest that the majority of children are not in good health.

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)
1957 and later	76	76	100	-	-
1956	995	995	100	-	-
1955	224	221	98.66	3	1.34
1954	28	28	100	-	-
1953	7	7	100	-	-
1952	2	2	100	-	-
1951	9	9	100	-	-
1950	974	974	100	-	-
1949	498	498	100	-	-
1948	4	4	100	-	-
1947	44	44	100	-	-
1946 and earlier	1,676	1,676	100	-	-
TOTAL	4,537	4,534	99.93	3	0.07

HANDICAPPED PUPILS

Handicapped pupils are provided with special educational treatment when this is necessary and the work of assessing the needs of these children is one of the most interesting parts of a school medical officer's duties. The fact of a handicap does not necessarily mean a child requires education in a special school. Many children with handicaps attend ordinary school and manage with the co-operation of the school very successfully. It is nearly always in the interests of a child to keep him in association with other ordinary school children rather than educate him specially.

Over the years, therefore, the emphasis has gradually been towards education in ordinary school wherever possible, with careful selection for education in special school for the few cases really requiring it.

Ascertainment involves not merely consideration of the physical condition of the child but the social and educational attainment and potentiality. Therefore it is particularly work for an experienced

HANDICAPPED PUPILS

At the end of the year there were 229 children receiving special educational treatment in special schools, and the following table gives details.

General Comments

Speech Therapy

Special Schools –

Millfield School for Educationally
Subnormal Children

Shenstone Lodge School for
Maladjusted Children

BLIND

Birmingham Royal School
Lickey Grange S.S.

PARTIALLY SIGHTED

Priestley South Day Special School, Birmingham
Bensley School, Spondon, Derby
Charley Wood College for the Blind

DEAF

Bealwood Day Special School, Birmingham
Royal School for Deaf Children, Glasgow

PARTIALLY DEAF

Royal School for the Deaf, Birmingham

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At the end of the year there were 229 children receiving special educational treatment in special schools, and the following table gives details:

	Day Pupils	Boarders
BLIND		
Birmingham Royal Institution for the Blind	1	-
Lickey Grange B.R.I. for the Blind	-	2
PARTIALLY SIGHTED		
Priestley Smith Day Special School, Birmingham	2	-
Barclay School, Sunninghill, Berks.	-	1
Chorley Wood College for the Blind	-	1
DEAF		
Braidwood Day Special School, Birmingham	3	-
Royal School for Deaf Children, Margate	-	2
PARTIALLY DEAF		
Royal School for the Deaf, Birmingham	-	1

DELICATE

Kingswood Open Air School, Wolverhampton	-	2
Corley Residential Open Air School, Coventry	-	2
Park Place School, Henley-on-Thames	-	1
Fairfield House, Broadstairs, Kent	-	2
Hillaway Houses for Children, Devon	-	1
St. Dominic's Open Air School for Boys, Hambleton, Surrey	-	1
St. Catherine's Home, Ventnor, I.O.W.	-	3
St. Patrick's Open Air School, Hayling Island	-	1
Ogilvie School, Clacton-on-Sea	-	1

PHYSICALLY HANDICAPPED

Wilson Stuart Day Special School, Birmingham	8	-
Wightwick Hall Special School, Wolverhampton	-	1
Thieveswood Residential School, Nottingham	-	1
Baskerville School, Birmingham	-	1
National Children's Home, Chipping Norton	-	1

EDUCATIONALLY SUB-NORMAL

Millfield School, West Bromwich	162	-
The Beacon Residential School, Lichfield	-	3

MALADJUSTED

Shenstone Lodge School, near Lichfield	-	9
St. Hilliard's School, Mickleton Manor	-	3
Red Hill School, Surrey	-	2
Bodenham Manor, Hereford	-	3
Swalcliffe Park, Banbury, Oxon.	-	1
Cam House Hostel, Dursley, Glos.	-	1
Royal Alexandra & Albert School, Surrey	-	4

EPILEPTIC

St. Elizabeth's, Much Hadham, Herts.	-	1
Lingfield Hospital Special School, Surrey	-	1

Ascertainment in 1961

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

Blind	-
Partially Sighted	1
Deaf	-
Partially Deaf	1
Delicate	7
Physically Handicapped	1
Educationally Subnormal	39
Maladjusted	6
Epileptic	-

Children Awaiting Placement in Special Schools

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

Partially Deaf	1
Delicate	4
Physically Handicapped	2
Educationally Subnormal	14
Maladjusted	3

Children with a Handicap

Children with a handicap are not necessarily in need of education in special schools. The following table shows firstly the number of children aged two to five years who are known to have a handicap and who will ultimately require careful assessment and planning for their education, secondly the number of children attending ordinary school who are handicapped, and thirdly those attending Millfield Day Special School, receiving home tuition, or ineducable.

Disability	Aged 2 - 5 years		Attending ordinary school					Millfield School	Rec'g tuition at home		Home tuition	Tuition in Hospital	Ineducable
	5 - 11 years	Grammar	Comprehensive	Tech. High	Sec. Modern	Prior to ad. to hospital	Prior to ad. to school						
Congenital Deformities	2	9	-	4	-	2	-	-	-	-	-	-	
Delicate	-	5	-	1	-	3	-	-	-	-	-	-	
Heart Disease - Congenital	1	6	1	-	-	3	1	-	-	-	-	-	
Rheumatic	-	1	-	-	-	3	-	-	-	-	-	-	
Tuberculosis	-	1	-	-	-	-	-	-	-	-	-	-	
Post T.B. Meningitis	-	2	-	-	-	-	-	-	-	-	-	2	
Deafness	1	-	-	-	-	-	1	-	-	-	-	-	
Old Poliomyelitis	1	6	-	-	1	4	-	-	-	-	-	-	
Hodgkins Disease	-	-	-	-	-	1	-	-	-	-	-	-	
Perthe's Disease	-	5	-	1	-	2	-	-	-	-	-	-	
Epilepsy - Petite Mal	-	1	-	-	-	1	-	-	-	-	-	-	
Grand Mal	-	5	-	2	1	3	-	-	-	-	-	-	
Coeliac Disease	-	-	-	-	-	2	-	-	-	-	-	-	
Diabetes	1	-	3	1	-	1	-	-	-	-	-	-	
Rheumatoid Arthritis	-	-	-	-	-	1	-	-	-	-	-	-	
Lipodistrophy and Metabolic Disorder	-	1	-	1	-	-	-	-	-	-	-	-	
Gargoylism	-	-	-	-	-	-	-	-	-	-	-	1	
Hydrocephalus	1	1	-	-	-	-	-	-	-	-	-	-	
Cretinism	-	1	-	-	-	-	1	-	-	-	-	-	
Kidney Disease	-	1	-	1	-	-	-	-	-	-	-	-	
Bone Disease	-	1	-	-	-	-	-	-	-	1	-	-	
Asthma	-	3	-	-	-	3	-	-	-	-	1	-	
Cerebral Palsy	7	4	-	-	1	-	-	-	-	-	-	3	
Partially Sighted	-	2	-	1	-	1	-	-	-	-	-	-	
Blind	1	-	-	-	-	-	-	-	-	-	-	-	
Backward	2	1	-	-	-	-	-	-	-	-	-	-	
Orthopaedic conditions	-	1	-	-	-	2	-	-	-	-	-	-	
Asthma and Eczema	-	2	-	-	1	2	-	-	-	-	-	-	
Bronchiectasis	-	1	-	-	1	3	-	-	-	-	-	-	
Achondroplasia	-	2	-	-	-	1	-	-	-	-	-	-	
Dwarfism and Backwardness	-	1	-	-	-	-	-	-	-	-	-	-	
Eczema	-	1	-	-	-	-	1	-	-	-	-	-	
Mongol	1	1	-	-	-	-	-	-	-	-	-	-	

Children with Cerebral Palsy

It is known that 19 West Bromwich children are suffering from this condition and the type of disability can be summarised as follows:

Hemiplegia	4
Paraplegia	3
Quadriplegia	9
Tetraplegia	1
Athetosis	2

Ascertainment of Educationally Subnormal Children

Statutory examinations for the purpose of ascertaining educationally subnormal pupils were carried out by approved school Medical Officers in 50 new cases, and 14 re-examinations were carried out.

The following were the recommendations:

To remain in Day Special School, Millfield	1
For admission to Day Special School, Millfield	25
For admission to Day Special School, Millfield, for a trial period	1
To remain in ordinary school	12
For admission to residential school	1
For admission to nursery school	1
For admission to training centre	2
To be excluded from ordinary school	1
To receive remedial teaching	1
To leave Day Special School Millfield, and be admitted to the Training Centre	2
To remain in Training Centre	2
No action – child leaving the Borough	1
Left under observation	14

Children receiving Tuition at Home or in Hospital

During 1961, 75 children were taught at Hallam Hospital and 13 children received tuition at home. Of the 88 children, 45 were boys and 43 girls, and their ages were as follows:

No. of children receiving tuition	AGE														Total
	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
(a) at home	1	2	2	-	2	3	-	-	1	-	-	-	-	2	13
(b) in hospital	7	7	12	9	9	4	10	9	4	3	1	-	-	-	75

These children were suffering from the following conditions:

Perthe's Disease	3
Cerebral Palsy	3
Osteomyelitis	1
Heart Disease	1
Peritonitis	1
Nephritis and Asthma	1
Broken Leg	1
Hepatitis	2

The children given tuition at home were not given this educational treatment as long-term replacement for attendance at school but largely for limited periods when for medical reasons they were unfit to go to any type of school. The aim is to use tuition at home to keep education going rather than to offer it as an alternative to attendance at school.

Speech Therapy

The authority has no speech therapist as such but has the services of two persons trained in the treatment of disorders of the speech, and this has assisted very greatly in dealing with the problems of speech defects and difficulties.

Mrs. Maughan, Senior Speech Consultant, reports as follows:—

One hundred and thirty one children attended the Speech Clinic during 1961 and made a total of 2,023 attendances. Comparative totals for 1960 were 134 and 1,763 respectively.

Both individual treatment and group work continued to give a very satisfactory result, and the waiting list has been eliminated.

Mothers attending with young children are encouraged to take an active part in the lessons. This has proved beneficial in practice and does much to co-ordinate the work of the clinic with correct application of exercises which have to be carried out at home. Close co-operation with schools encourages regular attendance, and the interest taken by both Head Masters and Head Mistresses has proved of great value. In some cases, Head Teachers have willingly co-operated by interesting themselves in corrective exercises with the children, where it is known that parents have failed to carry out these duties at home.

Non-attendance, after repeated letters giving appointments, is referred to the Education Welfare Officers. The very good work done in difficult cases by this Department has resulted in the more satisfactory attendance figure reported above.

Partially deaf children with speech faults were brought within the activities of the Speech Clinic during May and very good results have been achieved. It must be pointed out, however, that these children also require the attention of a peripatetic teacher of the deaf and every endeavour should be made to provide this service. Immediately following the introduction of this new work within the responsibility of the Clinic, two visits were made to the Deaf School (Bradwood) Birmingham and one to Hallam Hospital.

Several visits were made during the year by students from both universities and training colleges.

Children from 3 to 16 years of age together with persons aged 16 to 20 years in attendance at a Training Centre for the mentally subnormal were referred, and details are given in the following tables.

A special point is made of the advantages in social relationship which has been gained by the children who have attended from both Millfield Day Special School and the Crest Junior Training Centre. They have made slow but steady progress in increasing their powers of communication using an enlivened orally expressive language within the limits imposed by their disabilities.

Summary of Cases and Attendances

	1960		1961	
	No. of Cases	Total Attendances	No. of Cases	Total Attendances
January	54	109	60	109
February	50	148	62	160
March	47	169	65	187
April	62	93	66	122
May	44	159	71	189
June	57	120	71	234
July	60	164	69	227
August	43	105	32	32
September	77	187	70	212
October	65	204	67	220
November	57	181	68	228
December	55	124	62	103
		1,763		2,023

Diagnosis of Defects

	Boys	Girls	Total
Simple Dyslalia	37	11	48
Multiple Dyslalia	27	18	45
Dysphonia	1	2	3
Dyslalia and Dysphonia	-	2	2
Dyslalia and Rhinolalia	-	1	1
Stammer/Dyslalia	12	6	18
Cleft Palate and/or Hare Lip	-	3	3
Alalia (one Mongol)	3	1	4
Dyslalia and Partially Deaf	2	5	7
	82	49	131

Summary of Schools attended by Pupils receiving Speech Therapy

	1960	1961
All Saints	2	3
Beeches Road	4	3
Black Lake	6	3
Charlemont	5	6
Christ Church	-	3
Churchfields	1	-
Fir Tree	3	6
Fisher Street	6	6
George Salter	-	1
Gorse Farm	3	1
Grammar	2	3
Greets Green	-	2
Guns Village	5	4
Hall Green Road	10	6
Hamstead	13	12
Harvills Hawthorn	19	14
Hateley Heath	5	9
Hill Top	1	2
Holy Trinity	-	1
Joseph Edward Cox	11	10
Kent Close	-	1
Lyttleton Hall	2	-
Lodge Estate	5	3
Lyng	3	7
Technical High	-	2
Yew Tree	10	7
Millfield	5	7
In addition treatment was given to the following children not attending maintained schools:		
"The Crest" Training Centre	2	4
"Alma House" Private School	-	2
Charlemont Close Nursery	1	-
Pre-school age	-	3
	124	131

The position at the end of the year was as follows:

	1960	1961
Discharged cured or improved to maximum	46	27
Under observation after short period of treatment	31	42
Still attending regularly each week	54	59
Left the district	3	2
Transferred to Deaf School	-	1
Discharged - non-attendance	10	-

Special Schools Maintained by West Bromwich

Millfield School for Educationally Subnormal Children

This is a modern school with excellent facilities for 160 educationally subnormal pupils of both primary and secondary school age.

I am indebted to Mr. Hollyhead, Headmaster, for the great help and co-operation he always gives to the school health service and his kindness in showing parents of prospective pupils the facilities of the school and assisting them in accepting the fact that their children have limited academic ability and require education of this nature.

There is, however, still the problem of the retarded or disturbed child between the ages of 5 and 7. If these children were placed in observation classes under skilled teachers it would relieve infants' departments of primary schools of difficult children and would assist very greatly in the assessment of their educational abilities and needs.

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

	Boys	Girls
Number on the roll, December, 1960	86	68
Number of children admitted during 1961	16	9
Number of children who left during 1961	9	8
Number remaining on the roll on 31st December, 1961	93	69

Mr. Hollyhead reports as follows:

During 1961 the number on roll at Millfield School averaged 160, the school being organised on an 8 class basis with additional specialist teachers in woodwork and

domestic science. The school is co-educational throughout.

The close liaison between the school and the medical and psychological services was maintained and the Youth Employment Officer successfully placed all leavers except one in employment.

The annual camps at Plas Gwynant and the Forest of Dean were again most successful.

Towards the end of March the two top classes spent a very pleasant day in London, the total cost being borne by the "Friends of Millfield" Association, who also paid the fee of the Southern Children's Theatre when they visited the school in April to give a dramatic performance "in the round". Outings were also arranged for the two top classes to Birmingham Art Gallery and the girls also went to Messrs. Rackhams' fashion shows.

During the year the school had many visitors, notably teachers attending full-time courses at Birmingham University and those from Dudley and Shenstone Training Colleges.

The evening school had its most successful year yet, more students than ever before taking advantage of the classes offered.

The school looks forward with confidence to the year 1962.

Shenstone Lodge Residential Special School, Shenstone, Near Lichfield

This school is situated some distance from West Bromwich and caters particularly for children in the primary school age with maladjustment. There are 28 places and children from other authorities apart from West Bromwich are admitted.

The great need at the moment is for a senior school for maladjusted children and this project is under consideration. Once this has been provided there will be very much better provision for this particularly difficult group of handicapped pupils.

The number of children on the roll and the admissions and discharges during the year were as follows:

	Boys	Girls
Number of children on roll at beginning of 1961	15	12
Number of children admitted during the year	8	1
Number of children who left during the year	7	1
Remaining on the roll on 31st December, 1961	16	12

I am grateful to Mr. Latchem, the Headmaster, for the close co-operation maintained with the School Health Service and for this report, given below.

Shenstone Lodge Residential Special School has now been opened since 1954. The policy of the School Managers of only admitting from the West Midlands area has resulted in there only being three children living at a long distance. It is felt that the close contact between parents and school is so essential in the readjustment of the child.

During the year major alterations were made so that now Shenstone Lodge is divided into house and school in very close proximity. Provision has been made for sick rooms and more space is available for evening and mid-week activities. Outside facilities have been improved with the addition of a hard playground so that the school block now resembles very closely a normal school.

The usual pattern of out of school activities has been followed including the annual camp at Dyffryn, Sports Days, joining in village activities and the Christmas Concert, so that the children have as full and as varied a life as is possible in such a close community.

The Child Guidance team under Mr. T.A. Kelly have given their usual and valuable assistance, and the Headmaster and Psychologist have worked closely together.

The general health of the children has been extremely good and we have had little recourse to use the new sick room. This is due in large measure to the assistance given by the School Medical Officer's staff.

INFECTIOUS DISEASES IN CHILDREN

During the year there have been two matters of note in this connection, firstly the expected rise in the number of cases of measles during the spring and secondly the completely unexpected sharp outbreak of poliomyelitis in the same period.

Incidence of Infection (0 - 14 years inclusive)

The number of cases each month was as follows:

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Scarlet Fever	3	4	3	3	6	2	3	2	2	1	1	1	25
Diphtheria	1	1	1	1	1	1	1	1	1	1	1	1	11
Measles	30	109	232	211	241	231	86	12	3	1	1	1	1,155
Whooping Cough	3	1	1	1	1	1	1	1	1	1	1	1	15
Pneumonia	1	1	1	1	1	1	1	1	1	1	1	1	11
Poliomyelitis													
Paralytic			1	6	2	1	1	1	1	1	1	1	11
Non-Paralytic					1	1	1	1	1	1	1	1	7
Dysentery											1	1	2
Ophthalmia Neonatorum													3
Tuberculosis													
Respiratory					4				2	2	1		10
Meningitis													
Other Forms													
TOTALS			238	324	325	343	273	46	7	2	3	1,330	

INFECTIOUS DISEASES

Incidence

Immunisation and Vaccination

Age at Infection

The age of the children at infection is shown below:

	Under 1 yr.	1	2	3	4	5 to 9	10 to 14	Total
Scarlet Fever	1	1	2	1	3	14	5	26
Diphtheria	1	1	1	1	1	1	1	11
Measles	52	127	148	148	161	436	23	1,155
Whooping Cough	3	1	1	1	1	1	1	15
Pneumonia	3	1	1	1	1	1	1	11
Poliomyelitis								
Paralytic	1	3	2	1	3	1	1	11
Non-Paralytic						2	1	7
Dysentery			1			1		2
Ophthalmia Neonatorum	3							3
Tuberculosis								
Respiratory			1			4	5	10
Meningitis								
Other Forms								
TOTAL	59	121	171	171	174	490	23	1,330

INFECTIOUS DISEASES IN CHILDREN

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Incidence of Infection (0 - 14 years inclusive)

The number of cases each month was as follows:

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Scarlet Fever	3	4	3	3	6	2	2	-	2	-	-	1	26
Diphtheria	-	-	-	-	-	-	1	-	-	-	-	-	1
Measles	50	109	232	211	241	231	66	12	3	-	-	-	1,155
Whooping Cough	3	1	-	4	1	3	-	3	-	-	-	-	15
Pneumonia	1	1	1	-	-	2	-	-	-	-	-	-	5
Poliomyelitis													
Paralytic	-	-	1	6	2	1	1	-	-	-	-	-	11
Non-Paralytic	-	-	-	-	1	-	1	-	-	-	-	-	2
Dysentery	-	-	-	-	-	1	-	-	-	-	-	1	2
Ophthalmia Neonatorum	-	1	1	-	-	-	1	-	-	-	-	-	3
Tuberculosis													
Respiratory	-	1	-	-	4	-	-	-	2	-	2	1	10
Meninges	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Forms	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTALS	57	117	238	224	255	240	72	15	7	-	2	3	1,230

Age at Infection

The age of the children at infection is shown below:

	Under 1 yr.	1	2	3	4	5 to 9	10 to 14	Total
Scarlet Fever	1	-	2	1	3	14	5	26
Diphtheria	-	-	-	-	-	1	-	1
Measles	52	127	160	168	168	458	22	1,155
Whooping Cough	-	1	3	2	-	9	-	15
Pneumonia	3	-	2	-	-	-	-	5
Poliomyelitis								
Paralytic	1	3	2	-	3	1	1	11
Non-Paralytic	-	-	-	-	-	2	-	2
Dysentery	-	-	1	-	-	1	-	2
Ophthalmia Neonatorum	3	-	-	-	-	-	-	3
Tuberculosis								
Respiratory	-	-	1	-	-	4	5	10
Meninges	-	-	-	-	-	-	-	-
Other Forms	-	-	-	-	-	-	-	-
TOTAL	60	131	171	171	174	490	33	1,230

Diphtheria

A case of diphtheria (a boy aged 6 years) was reported in July. He was admitted to hospital and died fairly shortly after admission and the diagnosis was made post mortem. Nose and throat swabs were taken from all the children in the street, all known contacts of the boy at home, together with all the children in his class and his close friends at school and the teaching staff. No carrier was found and all these results were negative.

At the same time all children in the families visited at home and in the school who had not been immunised against diphtheria were immunised and children in his class or who had been in close contact with him and who were not immunised, were in addition given antitoxin. Other children in close school and home contact who had previously had immunisation were given a further booster as a precautionary measure. Apart from a mild rash developing shortly after the giving of antitoxin in one child no complications ensued and the rash itself cleared rapidly.

No further case arose and the whole occurrence is rather mystifying as diphtheria was not known in the borough for many years and close investigation revealed nobody who had been in close contact with this child who in any way had an illness suggestive of the disease, or in fact who could produce a positive growth of the organism on the culture of nose or throat swabs.

This one case caused a considerable amount of work but it was necessary to make every attempt to trace possible carriers and to produce a ring of thoroughly immune persons amongst the contacts.

Poliomyelitis

Poliomyelitis as a disease has been endemic in the area over the past 13 years with the exception of 1958 and has been largely a disease of children, the commonest age groups being 5-9 and 1-2 years. The disease, however, has not occurred as early as March and April during this period and it was somewhat surprising therefore to find in March and early April, 1961, cases occurring, particularly as the national incidence at that time was comparatively low. At the commencement of the outbreak it was estimated that 45 per cent of the children between 0 and 5 years old had been adequately vaccinated against the disease and 80 per cent of those from 0 to 16.

A case was reported just over the northern border of the borough on the 6th March, 1961 and was followed shortly afterwards by 13 cases, the twelfth case occurring on the 7th April; the last case, which was unconnected with this outbreak (having only arrived in the borough two days before becoming ill) was on the 26th April.

In total there were 11 paralytic cases and 2 non-paralytic. Two children died, one a child under 5 and one a child of school age.

Careful thought was given to the question of the use of oral vaccine as an emergency measure but this had not been done previously in this country at that time and since the number of cases was comparatively small it was not felt, for various reasons, that such a measure was desirable. An intensive immunisation campaign using Salk vaccine commenced on the 9th April and finished on the 31st July. As a result of this it was estimated that of children between 0 and 5 years 54 per cent were protected and of children 5 to 16 years 95 per cent. (It must be realised of course that since immunisation against polio with Salk vaccine is not desirable until 6 months of age is reached the figure of the 0 to 5 years old group will tend to be lower than for other age groups).

Poliomyelitis vaccination was taken to children at school, and children also assisted in the distribution of letters to parents pointing out the importance of vaccination for all persons up to the age of 40 years.

It was not necessary or desirable to close any school but the normal swimming programme was suspended.

One interesting point was the result of the examination of the stools of other members of the family in which a case of poliomyelitis had occurred. Samples were taken between 4 and 9 days after the first symptom of the illness and the following table gives results:

Age Group	% carrying Polio. Virus
0 - 5	43.3
5 - 15	69.1
Over school age	6.2

This outbreak was due to polio virus type III and was the first of three rather sharp outbreaks in the country, one at Liverpool and one at Hull, which were both due to type I. The outbreak caused a considerable amount of work for many members of the staff and I am very pleased to record the excellent response to demand for work at all hours and also the fact that although at the time many of the existing services were necessarily upset we were still able at the end of the year to find no great interruption in the programme of school medical inspection. In fact, during the remaining portion of the year additional effort enabled the work to be coped with and no back log of any size to be carried forward into 1962.

Measles

The expected measles outbreak started in the early part of the year and affected children in the early part of their primary education. There was nothing unusual about this.

IMMUNISATION AND VACCINATION

Diphtheria Immunisation

The figures for primary immunisations and reinforcing injections since 1952 are summarised in the following table:

	First immunisation	Reinforcing injections
1952	27	324
1953	327	1,483
1954	409	1,604
1955	107	488
1956	510	2,161
1957	235	976
1958	121	615
1959	202	627
1960	338	1,210
1961	254	683

B.C.G. Vaccination

A total of 1,680 children was offered B.C.G. vaccination and 1,393 accepted. A total of 1,287 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 111 children had positive skin tests which indicated that they had made the acquaintance of tuberculosis and did not require B.C.G. vaccination. Of the remainder 1,139 were given B.C.G.

Poliomyelitis Vaccination

During the year the following numbers of children aged 5 to 14 years were vaccinated against poliomyelitis:

1st injections	845
2nd injections	894
3rd injections	642
4th injections	1,350

SCHOOL DENTAL SERVICE

Mr. J.B.C. Cuxner, Principal School Dental Officer, reports as follows:

The year 1961 was rather disappointing in that no new dental staff was forthcoming and in fact we lost one weekly session in the latter part of the year.

Throughout the year it was possible to relieve toothache and deal with emergencies quite quickly. At the end of the year there was a welcome falling off in the numbers of children who attended the clinics as casual patients. During the outbreak of poliomyelitis routine extractions were not carried out but toothache was relieved.

The smaller number of Dental Officers engaged in this work during last year and the time lost because of illness is shown in the reduced number of sessions. The general pattern is very similar to the previous year.

One of the anaesthetists, Dr. Cowie, left to go abroad and was replaced by Dr. Davis, who is an anaesthetist at the Major Hospital, Walsall.

SCHOOL DENTAL SERVICE

Encouraging reports have been seen regarding fluoridation of water supplies. The final results of the Ministry of Health's surveys in Kent and Walsall are awaited with interest. To be continued in the next issue of the end of school life.

Report of Principal School Dental Officer

Summary of Inspections and Treatment

At the beginning of the year alterations were carried out at the Central Clinic. These improvements, together with new lighting, heating and redecoration have made this a very pleasant unit in which to work.

During December applications for posts of part-time Dental Officers were received from 3 newly qualified dentists. It is hoped that there will be a great deal of help from this source next year.

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One of the anaesthetists, Dr. Cowie, left to go abroad and was replaced by Dr. Davis, who is an anaesthetist at the Manor Hospital, Walsall. Thus we now have two regular anaesthetists at our call.

Encouraging reports have been seen regarding fluoridation of water supplies. The final results of the Ministry of Health's surveys in Kilmarnock, Anglesey, and Watford are awaited with interest. To be of most value the intake of fluorine must be continued from the time of conception through to the end of school life, although some benefit is obtained during shorter periods. There do seem to be grave difficulties arising from prejudice to the introduction of artificial fluoridation of drinking water.

At the beginning of the year alterations were carried out at the Central Clinic. These improvements, together with new lighting, heating and redecoration have made this a very pleasant unit in which to work.

During December applications for posts as part-time Dental Officers were received from 3 newly qualified dentists. It is hoped that there will be a great deal of help from this source next year.

Dental Inspection and Treatment

Number of pupils inspected by the Authority's Dental Officers		
(a) at periodic inspection	5,311	
(b) as specials	2,411	
	Total	7,722

Number found to require treatment	5,216
Number offered treatment	5,213
Number actually treated	3,450

Number of attendances made by pupils for treatment, including those recorded at (h) below	5,599
--	-------

Half days devoted to Periodic (School) Inspection	26	
Half days devoted to Treatment	566	
	Total	592

Fillings: Permanent Teeth	2,303	
Temporary Teeth	11	
	Total	2,314

Number of Teeth filled: Permanent Teeth	2,086	
Temporary Teeth	11	
	Total	2,097

Extractions: Permanent Teeth	1,890	
Temporary Teeth	4,525	
	Total	6,415

Administration of general anaesthetics for extraction	2,768
---	-------

Orthodontics:

(a) Cases commenced during the year	10
(b) Cases brought forward from previous year	5
(c) Cases completed during the year	6
(d) Cases discontinued during the year	3
(e) Pupils treated by means of appliances	8
(f) Removable appliances fitted	12
(g) Fixed appliances fitted	3
(h) Total attendances	57

Number of pupils supplied with artificial teeth	45
---	----

Other operations

Permanent Teeth	557	
Temporary Teeth	-	
	Total	557

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)	131
Cleanliness Surveys	140
Other reasons (including diphtheria immunisation and B.C.G. vaccination)	367

VISITS TO HOMES

Because of uncleanliness	111
For other reasons	114
Total number of visits to schools and home	813

EXAMINATIONS

Number of children examined for cleanliness	15,925
Number of children vaccinated for cleanliness	680
Number of children vaccinated for cleanliness	5,719

ADDITIONAL REPORTS

Health Visitors Visits

A total of 257 visits were made by Health Visitors during the year. Of these 157 were made in connection with the head, comparative

Work undertaken by School Nurses

Employment of School Children

School Meals and Milk in Schools Schemes

Mortality

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	51	55	106
Number of attendances made	812	856	1,668

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)	131
Cleanliness Surveys	140
Other reasons (including diphtheria immunisation and B.C.G. vaccination)	307

VISITS TO HOMES

Because of uncleanliness	121
For other reasons	114
Total number of visits to schools and home	813

EXAMINATIONS

Number of children examined for cleanliness	15,925
Number of children re-examined for cleanliness	680
Number of children examined for reasons other than cleanliness	5,119

Health Visitors Visits

A total of 235 visits was paid in 1961, compared with 257 in 1960. Of these 121 were in connection with infestation of the head, compared with 141 such visits in 1960.

The school nurses, who are also health visitors, in the course of visits paid to younger children often enquire about matters relating to school children. Figures of visits to the homes of school children, therefore, do not really show the full amount of home visiting done in this field.

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	Central Clinic	Stone Cross Clinic	Total
Number of children treated	51	55	106
Number of attendances made	812	856	1,668

Part-time Employment of Children

During the year 110 licences were issued (in accordance with the Bye-Laws made under the Children and Young Persons' Act, 1933, as amended by the Education Act, 1944) to school children over the age of 13 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 the child's health.

The Senior Education Welfare Officer has continued his responsibility for ensuring that no child was employed without a licence and that the terms of all licences were strictly complied with. As a result it was found necessary to interview and to issue warnings to a number of employers found to be contravening the Bye-Laws, but it was not considered necessary to take any legal proceedings.

Employment of Children in Entertainments

No application was made during the year for a licence to be issued in respect of the employment of children in entertainments. However, application was made by a School of Dancing for a number of West Bromwich children to take part in 7 performances of a pantomime "Puss in Boots". It was not necessary in these cases for licences to be issued.

Mortality in School Children

Twelve children of school age died during the year, 7 from violent causes 4 of which were due to road accidents, 2 from infectious diseases (1 poliomyelitis and 1 diphtheria) and 3 from other natural causes.

This is a considerable rise on previous years. The occurrence of a case of diphtheria is fortunately extremely uncommon nowadays and generally speaking mortality in children of school age is largely due to violent causes.

The following table gives the causes of death in school children from 1952 to 1961.

Total	Central Clinic	Stone Cross Clinic
106	21	22
1,668	872	838

DEATHS OF SCHOOL CHILDREN, 1952-1961

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	Total
VIOLENT AND SUDDEN DEATHS											
Road Accidents	2	.	.	1	1	.	2	1	1	4	12
Drowning	.	1	2	1	.	1	3	.	1	2	11
Railway Accidents	.	.	2	.	.	.	.	.	.	.	2
Complications of Burns	.	.	1	.	.	.	.	.	.	.	1
Gas Poisoning	1	1
Crush Injury	.	.	.	1	.	.	.	.	.	.	1
Other Accidents	1	.	.	.	1
INFECTIONS											
Tuberculosis - Meninges	.	1	.	1	.	.	.	.	.	.	2
Pneumonia	.	.	1	.	3	5	1	2	.	.	12
Diphtheria	.	1	.	.	.	.	.	.	.	1	2
Measles	.	1	.	.	.	.	.	.	.	.	1
Meningitis	1	.	1	.	.	.	2
Paralytic Poliomyelitis	.	.	.	1	.	.	.	.	.	1	2
Encephalitis	1	.	.	.	.	1	.	.	.	.	2
ABDOMINAL, OPERATIVE AND POST-OPERATIVE CONDITIONS											
Appendicitis	.	.	.	1	.	.	.	.	1	.	2
Acute Peritonitis	.	1	.	.	.	.	.	.	.	.	1
General Peritonitis	1	1
Colitis	.	1	.	.	.	.	.	.	.	.	1
BLOOD DISEASES											
Aplastic Anaemia	1	.	.	1
CARDIO-VASCULAR DISEASE											
Cardiac Failure	1	1
Rheumatic Heart disease	.	1	.	1	.	.	.	.	.	.	2
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	.	.	.	.	.	.	1	.	4
Sarcoma	.	1	.	.	.	1	.	.	.	.	2
Carcinoma	1	.	.	.	1
Stroma of Brain stem	1	.	1
POST-INFECTIVE CONDITIONS											
Nephritis	.	.	.	1	.	.	.	1	.	.	2

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, 1961.

Primary, Secondary and Special Schools

Number of pupils present in all schools on the day selected	15,273
Number of school kitchens	14
Number of schools or departments served	47
Number of schools or departments not yet served	-

	MEALS		MILK	
	1960	1961	1960	1961
(a) Free Meals	413	482	12,546	12,613
(b) For payment	3,580	3,769	-	-
Percentage of total	26.3	27.8	82.4	82.46

CHILD GUIDANCE SERVICE

Dr. D.T. Macleay, Consultant Psychiatrist, whom I asked for his comments about the year's work reports as follows:

I have felt that the last year has been one of smooth running in the Clinic. My experience of the one-and-a-half days in which I work here has been of a series of children, many of whom suffer from quite marked disturbances of personality, and often the opportunity has been afforded me of getting my teeth well into many problems of treatment. I am thus finding it interesting and satisfactory work.

During much of the year my colleague, Dr. Collabowalla of All Saints Hospital, has been working with me in a post-graduate student capacity, and she has had an opportunity to learn something of our techniques and methods of treatment.

The inevitable departure of Mrs. Francis on health grounds will have been mentioned by Mr. Kelly in his report, but her going has represented an abate loss to us.

I should like to mention the excellent work done by the secretaries in the Clinic and the happy relationships I have had with them as well as with my professional colleagues.

I think it is worth noting that we have only the equivalent of the time of a Consultant Psychiatrist in the Clinic and the time of a Consultant Educational Psychologist. Of course, a general shortage of Child Psychiatrists and Child Psychologists, which is provided by the Regional Hospital Board, is rather below what would be expected to be the demand for the service of a Child Psychiatrist.

To enable the report of Mr. Kelly, Educational Psychologist, to be published separately and as economically as possible in view of the interest in his work among his professional colleagues, it is given in the appendix which now follows.

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Dr. D.T. Maclay, Consultant Psychiatrist, whom I asked for his comments about the year's work reports as follows:

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The inevitable departure of Mrs. Francis on health grounds will have been mentioned by Mr. Kelly in his report, but her going has represented no small loss to us.

I should like also to make reference to the excellent work done by the Secretarial Staff in the Clinic and the happy relationships I have had with them as well as with my professional colleagues.

I think it is important to note that we have only the equivalent of one-and-a-half days of the time of a Consultant Psychiatrist available in the borough. There is, of course, a general shortage of Child Psychiatrists but this service, which is provided by the Regional Hospital Board, is rather below what would be expected to be the demand for the service of a Child Psychiatrist.

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CHILD PSYCHOLOGY SERVICE

NINTH ANNUAL REPORT

(Year ended 31st December, 1961)

Child Guidance Centre Staff

Educational Psychologist	Thomas A. Kelly, M.A.
Assistant Educational Psychologist	Mrs. Rowena H. Francis, B.A.
Social Workers	Mrs. Beryl G. Smith Miss Audrey J. Smith, B.A.
Specialist Remedial & Advisory Teachers	Geoffrey A. Thomson (Senior) Bernard T. Hart Geoffrey Neal Alwyn L. Lodwick John J. Jones
Secretaries	Mrs. Thelma G. Cooper Mrs. Joan M. Owen Mrs. Beryl Martin
Consultant Psychiatrist (3 sessions per week)	David T. Maclay, M.D., D.P.M.

From the staffing point of view we were successful during 1961 in appointing, for the first time since 1958, a full complement of staff in accordance with our establishment, although it was unfortunate that we were deprived of the services of two of our members of staff for prolonged periods owing to illness. We are pleased to report the continued satisfactory relationships with other social services in the Borough and the fact that we were able to deal with approximately the same number of children as in the previous year. Mr. G.N. Neal left us at the end of the year to take up an appointment as lecturer at Dudley Training College. We were very sorry to lose such an able and conscientious member of our staff. Mrs. R.H. Francis, who has been our Assistant Educational Psychologist since September, 1960, informed us in December that she would be leaving us early in the New Year.

We were pleased to welcome Mr. John Jones, who was appointed as a Specialist Remedial and Advisory Teacher to our staff in May 1961. Although the shortage of qualified personnel is a national problem and not one purely confined to this Borough it is hoped that the difficulties inherent will be overcome and that the positions vacated by the resignation of our colleagues will not cause too great a disruption in the services we aim to afford to the children in the Borough.

Children referred

The procedure for investigating problems on their initial referral remains the same and has been detailed in previous reports. During the year the number of children referred to the Service shows a slight increase over the previous year. Approximately one-third of the children referred were in the 9+ age group and two-thirds of the children referred were of Primary School age, i.e. under 11 years of age. The number of boys referred was greater than the number of girls (193 boys as against 100 girls). This of course follows the national pattern. During the year 20 children were referred because of their inability to face school attendance. By individual treatment we have been successful in helping 18 of these to return to school, while two are still receiving individual treatment. Generally speaking, these latter children have failed to receive sufficient parental support to face up to the realities of life. Is it perhaps the fact that this technological age with its increased material advantages brings in its wake a weakening of parental confidence when dealing with their own children? An analysis of referrals shows that the pattern is much the same as in previous years. Here again, the majority of referrals are from the Head Teachers, an aspect which reveals the close co-operation existing between the Service and the Schools.

Treatment

The treatment provided for the children (and their parents) has continued to be orientated towards the individual child and his problem, and we have continued to emphasise the importance of positive relationships within the family circle.

Action taken

An analysis under this heading indicates the wide range of methods undertaken to help the individual child. The waiting list at the end of the year was 35. It is hoped that, despite the national shortage of professionally trained colleagues we shall be successful in filling the vacant appointments so that the waiting list remains within reasonable proportions.

Special Schools

(1) Millfield Day School for E.S.N. Pupils

Children suitable for admission are normally selected from our Surveys of intelligence and attainment carried out in the second year of the Primary School, although a number of individual children are referred earlier than this age when necessary. The Head Teacher of Millfield, the School Medical Officer and the Educational Psychologist have continued their practice of consulting to select children from the waiting list who are in urgent need of the special small type group approach available in this particular type of school. The Headmaster has been most co-operative in making himself available for discussion with parents who have been unable to accept wholly the recommendation for their child's admission. In addition, the Headmaster and the staff have been extremely helpful in dealing with the number of children receiving individual help.

(2) Shenstone Lodge Residential School for Maladjusted Children

The close co-operation established between Shenstone Lodge School and the Child Guidance Service has continued throughout the year. Applications for admission have been examined jointly by the Clinic team and the Headmaster, and our practice of interviewing children prior to their admission has proved extremely beneficial. The problem of placing Senior boys still remains with us, although it is anticipated that this situation will be eased when the proposed new Senior School is built.

(3) Other Residential Schools

The children, mainly senior boys and girls placed in other Residential Schools, have been interviewed in the holidays, and an assessment of progress made. In addition, the Educational Psychologist has visited the schools to maintain the personal

relationship, not only with the staff, but also with the children placed there. During the year it was necessary to admit to other residential schools three West Bromwich boys.

Referrals from neighbouring Authorities

The Service has continued to offer its facilities to the Walsall L.E.A. on the basis of one session per week. It was anticipated that during 1962 it would be possible to increase this to two sessions, but unfortunately the recent developments in the staffing situation have necessitated the postponement of this proposal. Three children from Staffordshire have received treatment at the Child Guidance Centre. The relationship between the Child Guidance Service and the Officers of the Authorities concerned remains a cordial one.

REMEDIAL TEACHING AND ADVISORY SERVICE

The Specialist Remedial and Advisory Teachers have continued to offer their services to the schools throughout the Borough, in addition to helping children either individually or in small groups at the Centre.

The survey of intelligence and attainment in the second year of the primary schools has remained the key to the advisory work in the schools.

The incorporation of the Bristol Social Guide into the survey battery of tests has proved valuable in detecting children with symptoms of incipient emotional disturbance.

The West Bromwich graded reading series is being used extensively throughout the Borough, allied to this the Senior Remedial Teacher has devised a new reading and writing scheme, which has proved so valuable that its use is being offered on a much wider scale throughout the Borough.

The main resources of our advisory service have been concentrated on the teaching of reading, and we have also during the year investigated a number of new approaches to the teaching of mathematics in the primary schools. Although it has long been recognised that failure in the basic subjects is part of the general picture of emotional disturbance and maladjustment in the schools, the anxieties produced by the lack of understanding of number are, however, much more subtle than those produced by reading failure. In arithmetic during the early stages of primary school work a great deal of mechanical manipulation of figures is possible without any accompanying sense of failure. The child appears to be capable of successfully "learning his tables" but to be unable to fill in the blank spaces when his memory fails, or even to be unable to compile or compute a new table, although it is possible and does happen that a child can finish his Junior school course with a highly developed expertise

in computing, he may nevertheless be unprepared and unable to participate in the mathematics course in the secondary school. Generally speaking the majority of the teaching profession are now aware of this aspect of the teaching of number, and efforts are being made to eliminate this rigidity. In the past remedial methods in number have concentrated on diagnosing the child's particular errors and arranging a teaching programme so that these were eliminated. It would seem, however, that although these diagnostic procedures have their place it is possible that the attack should be concentrated more on the root of the difficulty rather than in the patching up process of remedial teaching in number.

Surveys carried out in the Junior schools during this year and previous years seem to indicate that certain advantages were to be gained from putting into practice the results of recent researches. For example, it was felt that many errors occurring in the four rules of number could be attributed to a lack of understanding of our place-value system of notation. Other areas have actually experimented with the use of concrete materials to alleviate these difficulties, and as a result of researches certain other apparatuses have been introduced.

To enable the Head Teachers and Class Teachers in the Borough to see this equipment in action two exhibitions were arranged. In May 1961 Mr. G.H. Thompson, B.Sc., employed by the Cuisenaire Company as a demonstrator, gave a talk on the principles behind the Cuisenaire material, and also demonstrated its use with two classes at Harvills Hawthorn Junior School. This demonstration received a great deal of support and over 60 Head Teachers and Class Teachers from the Borough attended. In June 1961 Mr. G.N. Precious, Head Master of Thurmaston Primary School, Leicestershire, and his Assistant Mr. Browse, demonstrated at the Child Guidance Centre the use of the Dienes Multi-base arithmetic material, which has been in use throughout the schools in Leicestershire over the last two years. More than 40 Head Teachers and Class Teachers in the Borough attended this demonstration. The general impression from these demonstrations was that interest had been stimulated in its practical use in the class rooms, and arrangements have been made for the full range of materials to be on display at the Child Guidance Centre for further appraisal by Head Teachers and Class Teachers.

An attempt was made to sum up the whole situation and two booklets on this subject were distributed to all schools. In addition a minor exhibition of all the mathematical equipment produced commercially was held at the Child Guidance Centre. One booklet outlined the need for concrete materials for the introduction of mathematical ideas in the primary schools, thus ensuring better preparation for mathematics in the secondary schools. The other booklet listed the books and apparatus dealing with these ideas.

Our general assessment of the picture indicated that it would be better at this stage to concentrate on the use of the Cuisenaire material in our primary schools, as this material is extremely useful and is not too expensive. Plans were formulated to draw up a scheme of mathematics for the primary schools based mainly on the Cuisenaire material, but also incorporating some of the ideas and practices contained in "Primary Mathematics" by Flavell and "Creative Use of Mathematics" by Sealey. Our original plan was to devise this scheme of mathematics in three sections—

- Section 1 for use with the Infant school and first year Junior school children.
- Section 2 for use with the second, third and possibly fourth year Junior children.
- Section 3 for use with the children of 10 and upwards.

It is anticipated that the first section of this scheme will be available for evaluation by the Head Teachers concerned during the Summer Term of 1962.

The Remedial and Advisory Teachers throughout the year have continued to grade all published reading materials and to incorporate them into the West Bromwich graded reading series.

Non-English Speaking Children

The classes for immigrant children have continued throughout the year under review. At the beginning of the year there were 25 in regular attendance. Six children were discharged at half term and five at Easter, but 14 new children were accepted for the classes. During the latter part of the year a further 14 new immigrants were admitted, and we were able to discharge 14. The number of children attending has varied between 25 and 30 during the year. Four schools, two Primary and two Secondary Modern, took advantage of the facilities offered by these classes. Other schools in the Borough have managed to cope with the immigrants. The children are grouped into three separate classes, a class for Primary School Children, a class for Secondary Modern School children who are new arrivals to the Borough and a class for Secondary Modern children with some proficiency in English. As the children can only benefit from these classes when the numbers are small, at no time during the last year has the number in a class exceeded 12. It is interesting to note that immigrant children entering the Infant Department of our educational system continue to make good progress and are able to cope successfully with the school curriculum in the Junior School.

A survey of all immigrant children in the Borough was carried out in September, 1961, and the detailed conclusions were reported to the Committee at their Meeting on October 2nd. The recommendation that extra teachers on a temporary basis should be provided for schools where the proportion of immigrant children creates difficulties within the school situation has been implemented in one Junior School, and the results so far justify this experiment. The methods of tackling the problem of teaching English to the immigrant children has aroused much interest in the West Midlands area, and during the year Educationalists and Teachers from neighbouring Authorities have visited the classes seeking an interchange of ideas and methods considered necessary and useful in the solution of many of the difficulties experienced by these children in our environment.

Visitors to the Child Guidance Service

We were pleased to welcome to the Small Exhibition of Mathematical Apparatus, Alderman Mrs. N. Wilkes, Chairman of the Education Committee and Alderman Mrs. E.W. Grant, Chairman of the Special Services (Education) Sub-Committee and members of both Committees.

A total of 153 visitors have been welcomed throughout the year. Among these have been students from Training Colleges and Universities, Remedial Teachers, and Directors and Deputy Directors of Education, Educational Psychologists and Student Health Visitors.

Acknowledgements

Child Guidance work dealing with individual children and their parents is, of necessity, an onerous and responsible task, and this year for the Service has been a busy but happy one, and there is no doubt that credit for this must be given to the staff of the Centre. In addition, I should like, on behalf of the Staff, to express my appreciation to the Chairman and Members of the Special Services (Education) Sub-Committee, and to the Director of Education and his administrative staff, for their interest, encouragement and help. Lastly, I should like to express on record my appreciation of the degree of co-operation given by the Head Teachers and Class Teachers in the Borough.

THOMAS A. KELLY,

Educational Psychologist.

APPENDIX

TABLE 1 (a) Total number of referrals 293

TABLE 1 (b) Source of referrals

1. Head Teachers	184
2. School Medical Officers	37
3. Director of Education	12
4. General Practitioners	5
5. Parents	11
6. Children's Officer	2
7. Probation Officer	4
8. Speech Therapist	3
9. Other Social Services in the Borough	4
10. Walsall and other Authorities	31
	293
	293

TABLE 1 (c) Analysis of referrals

1. Nervous disorders: Include the following symptoms; fears; withdrawn behaviour; depressions; excitability; obsessions; loss of memory; and hysterical fits.	61
2. Habit disorders: Include certain speech defects; sleeping disorders; involuntary movements; feeding difficulties; excretion disorders; nervous pains; and physical symptoms (e.g. asthma); enuresis.	25
3. Behaviour disorders: Include unmanageable behaviour; temper tantrums; sibling rivalry; aggression; attention seeking behaviour; truancy; lying; stealing; and similar difficulties.	57
4. Organic disorders: Include epilepsy; chorea; cerebral tumours or conditions following head injuries.	6
5. Psychotic disorders: Signify – extreme withdrawal; bizarre symptoms; violence; pathological hallucinations.	10
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.	103
7. Ineducable: Apparent inability to benefit from special educational treatment	4
8. Dull: Intellectual ability impaired to such an extent that education in the ordinary school is not considered beneficial	27
	293
	293

THOMAS A. KELLY,

Educational Psychologist.

TABLE 2 Treatment

(a) Educational Psychologists	
Number of new cases	264
Number of children re-tested	127
Number of children attended for regular treatment	182
Number of treatment sessions	918
(b) Social Workers	
Number of parents interviewed (initial interview)	261
Number of follow-up interviews with parents	127
Number of home visits	67
Number of parents' interviews as part of treatment	382
(c) Consultant Psychiatrist	
Annual number of Clinic Sessions	123
Number of children referred (initial interviews)	34
Number of follow-up interviews with children	21
Number of follow-up interviews with parents	4
Number of treatment sessions	312
Number of children treated	30
Number of home visits	8
(d) Total Number of interviews	
Educational Psychologists	1,464
Social Workers	837
Consultant Psychiatrist	378
(e) Children treated at Child Guidance Centre	
Number attended regularly with Educational Psychologists	182
Number attended regularly with Consultant Psychiatrist	30
Number attended regularly with Specialist Remedial Teachers	65

TABLE 3 Action taken on children tested during the year

1. Number for transfer to the Day Special School for Educationally Sub-Normal pupils recommended	29
2. Number recommended for remedial education at the Child Guidance Centre	41
3. Number treated by Educational Psychologists	116
4. Number attending for further observation and follow-up	14
5. Number where discussion with Head Teacher necessary	68
6. Number where discussion with parent(s) only necessary	29
7. Number recommended for admission to Residential Establishments (some after receiving treatment)	5
8. Number when further action considered unnecessary (treatment terminated)	36
9. Number where attitude of parents is unco-operative	25
10. (a) Transfers to other schools/hospitals	8
(b) Number having physical disorders	1
11. Transferred to Social Adjustment Group	21
12. Transferred to Consultant Psychiatrist	30
13. Still on Waiting List at 31.12.61.	21
14. Referred to Speech Therapist	2

TABLE 4 Shenstone Lodge Residential Special School

(a) Number of visits by Educational Psychologist	38
Number of visits by Consultant Psychiatrist	3
Number of visits by Social Workers	8
Number of children tested	25
Number of children attending Child Guidance Centre weekly for treatment	1
Number of children interviewed by Consultant Psychiatrist	10

(b) Application for Admission

Number of applications considered suitable for admission	6
Number of applications considered unsuitable for admission	12

TABLE 5

(a) Showing number of surveys of Basic Attainment carried out during the year

<u>No. of Schools</u>	<u>No. of Children screened</u>	<u>Total No. of Children under Survey</u>
19	302	1,262

(b) Analysis of Problems revealed through 2nd year Survey

Referred to Principal School Medical Officer for physical examination	18
Referred to Educational Psychologist	76
Retarded, no apparent emotional disturbance and recommended for remedial teaching in school	147

TABLE 6 Visits outside the Borough

Visits by Educational Psychologists	11
Visits by Social Workers	8
Visits by Specialist Remedial Teachers	4

