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Contributors

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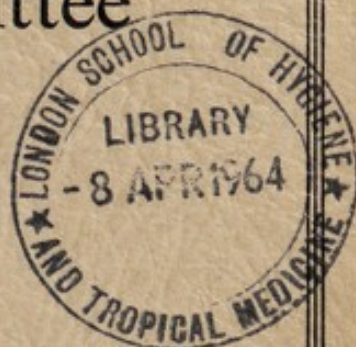
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County Borough of Wolverhampton

Education Committee



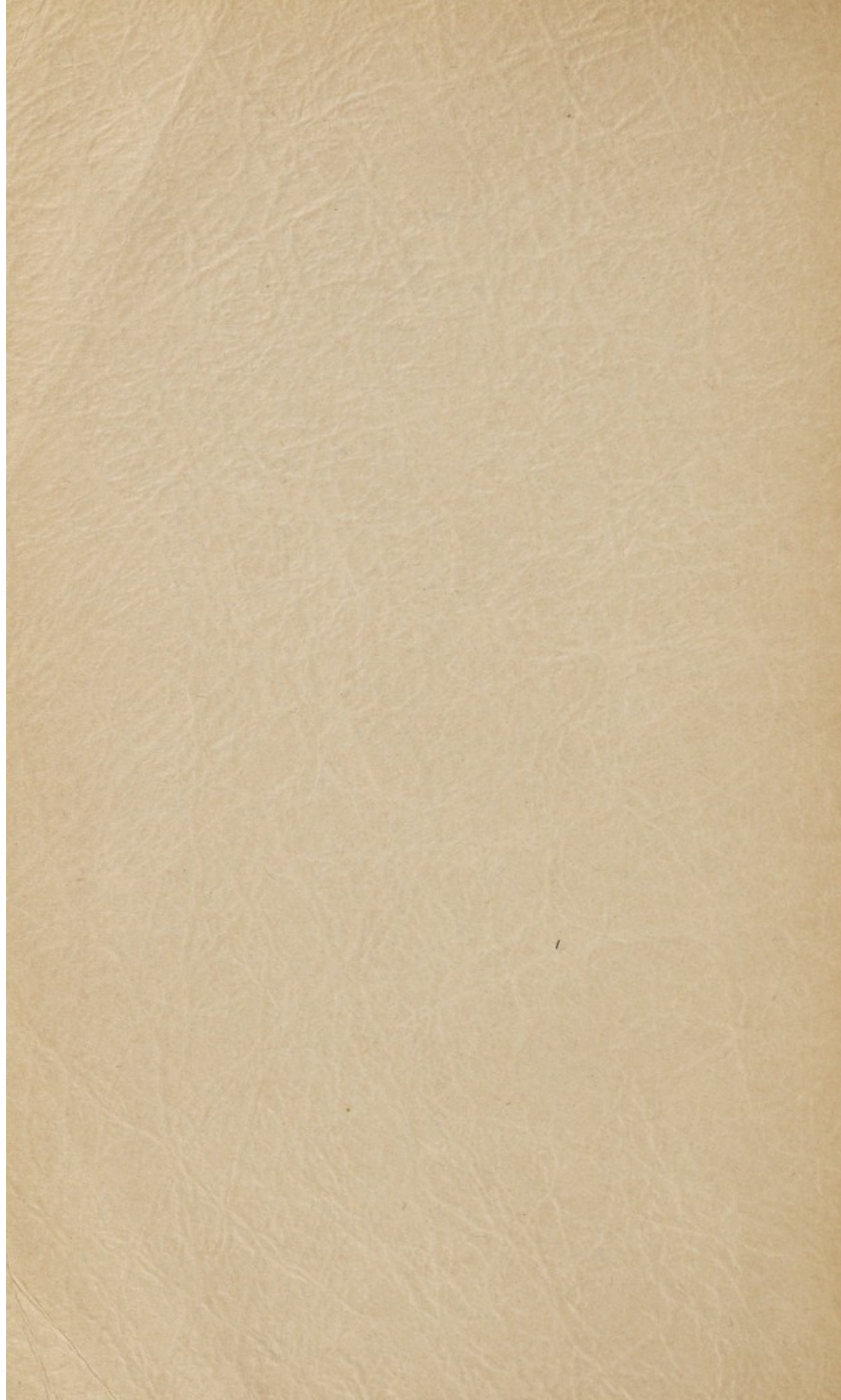
Annual Report

of the

Principal School Medical Officer

for the Year

1960





County Borough of Wolverhampton
Education Committee

Annual Report

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Principal School Medical Officer

for the Year

1960

EDUCATION OFFICES,
NORTH STREET,
WOLVERHAMPTON.

June, 1961.

TO THE CHAIRMAN AND MEMBERS
OF THE EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

The Report of the Principal School Medical Officer for the year 1960, which I now present, has been compiled and largely written by Dr. N. A. Jevons, Senior Assistant School Medical Officer, with contributions from Dr. J. Warner on the Child Guidance Clinic, Dr. Margaret Ingham on B.C.G. vaccination, Mr. F. W. MacMillan on Kingswood Residential School, Miss J. Haughton and Mr. C. Heyhoe on Physical Education, Miss M. A. Williams on Speech Therapy and Miss I. Moroni on the provision of meals.

The School Health Service has been regarded by some people as outmoded in a country that has a National Health Service. This view is both wrong and without foundation and Dr. Jevons' comments on its position today on page 6 of the Report will help them to become familiar with the facts.

It is pleasing to report that the general standard of health was excellent. Particular attention has been given to the problem of enuresis (bed wetting) and the provision of electric alarm units on loan to parents has produced results that generally have been good. Warts on the soles of children's feet (plantar warts) still are common and no effective method of preventing their spread is readily available, but fortunately it is possible to provide successful early treatment following special foot inspections.

The occupation in January of the new premises at Kingswood Residential School for delicate children was a milestone in the progress of the School Health Service; the school, which subsequently was

opened officially on 9th June by Dr. P. Henderson, Principal Medical Officer of the Ministry of Education, now provides fully residential accommodation for 120 children with a proper standard of comfort.

The staff of the School Health Service finds increasing difficulty in meeting the increasing responsibilities which are placed upon it from year to year and the time has now come when consideration must be given to augmenting the staff.

The report also incorporates that of the Principal School Dental Officer, Mr. Liptrot, which describes a service that is meeting staff difficulties with resource and ingenuity that enable it to provide a readily available emergency service for all school children in Wolverhampton and, by agreement, for some in adjacent areas. The new Central Dental Clinic in Red Hill Street, opened during the year, provides excellent facilities, and an additional clinic became available with the completion of the new Warstones Health Centre. Once again Mr. Liptrot draws attention to the advantage to be gained by adding fluoride to the water supplies, but ignorance and prejudice have to be overcome before tooth rot ceases to continue unabated.

I wish to thank my colleagues in the School Health Service for their good work, and the Director of Education and his staff for their unfailing co-operation. On behalf of my colleagues I wish to express our appreciation to the Chairman and Members of the Education Committee for their continued interest and support.

Yours faithfully,

J. F. GALLOWAY,

Principal School Medical Officer.

County Borough



of Wolverhampton

School Health Service Staff, 1960

PRINCIPAL SCHOOL MEDICAL OFFICER :

J. F. GALLOWAY, M.D., Ch.B., D.P.M., D.P.H.

PRINCIPAL SCHOOL DENTAL OFFICER :

T. H. LIPTROT, L.D.S.

SENIOR ASSISTANT MEDICAL OFFICER AND OPHTHALMOLOGIST :

N. A. JEVONS, L.M.S.S.A.

SCHOOL MEDICAL OFFICERS :

(Mrs.) M. H. BRAINE, M.B., B.S., D.P.H., M.M.S.A., D.T.M.

(Miss) P. BAKER, M.B., Ch.B., D.R.C.O.G. (Resigned 31.5.60)

C. M. MCGREGOR, B.A., M.B., B.Ch., D.P.H. (Appointed 1.7.60)

SPECIALIST OFFICERS (Part-time) :

Consultant Aural Surgeon : W. LESLIE THOMAS, F.R.C.S., D.L.O.

Consultant Orthopaedic Surgeon : C. M. C. POTTER, M.B., B.S., F.R.C.S.

Consultant Paediatrician : H. W. EVERLEY JONES, O.B.E., M.B.,
B.S., F.R.C.P.

Consultant Psychiatrist : J. WARNER, M.B., Ch.B., D.P.M.
(Appointed by Birmingham Regional Hospital Board) (Appointed 23.11.59)

SPEECH THERAPISTS :

Miss M. A. WILLIAMS, L.C.S.T.

Mrs. H. JOHNSON, L.C.S.T. (Appointed 29.8.60)

SCHOOL NURSES :

Senior Nurse : Miss P. PRYCE, S.R.N.

Miss L. ALLAN, S.R.N., S.C.M.*

Mrs. E. I. SIMPSON, S.R.N.
(Appointed to Kingswood School
26.1.60. Resigned 31.10.60)

Miss M. M. FARRELL, S.R.N., S.C.M., R.F.N.

Mrs. L. O. CARTWRIGHT, S.R.N.†

Mrs. E. M. BARNSELY, S.R.N.
(Appointed 9.2.60)

Mrs. N. E. BEECH, S.R.N.

Miss S. WATSON, R.S.C.N.
(Appointed to Kingswood School 1.4.60)

Mrs. B. G. POUND, S.R.N.

Mrs. A. M. ROWLANDS, S.R.N.
(Appointed 1.9.60)

Mrs. M. L. SHELDON, S.R.N.

Mrs. M. B. BOOTH, S.R.N.
(Resigned 30.6.60)

Mrs. J. M. RHODES, S.R.N.
(Appointed to Kingswood School
1.12.60)

* Queen's Inst. Cert. & T.B.

† Queen's Inst. Cert.

NURSING ASSISTANTS :

Miss E. E. ROPER
(Resigned 31.3.60)

Miss J. MORRIS
(Resigned 31.3.60)

Miss J. BURGESS
(Appointed 25.4.60)

Miss A. FEWTRELL
(Appointed 25.4.60)

EDUCATIONAL PSYCHOLOGIST :

Miss E. M. JONES, B.A.

SOCIAL WORKER :

Mrs. E. BOUWMEESTER

PHYSIOTHERAPIST :

(On Staff of Health Department)

Mrs. H. C. MARKER, M.S.C.P. (Resigned 31.1.60)

Miss A. O'CONNOR, M.S.C.P. (Appointed 22.2.60)

CLERICAL STAFF :

Chief Clerk : Miss M. J. HIPKISS

Miss F. J. HENWORTH

Mrs. L. C. JONES
(Orthopaedic Clinic, Part-time)

Miss B. WARD

Mrs. L. KNIGHT (Part-time)

Miss F. M. BROOKES

Mrs. D. SHORT (Child Guidance
Dept., (Part-time)

TOTAL SCHOOL POPULATION 24,977

The School Health Service— its present day position

School health work is concerned with the prevention of disease, with the correction of defects and with the interpretation of the medical aspects of certain educational problems—of handicapped pupils, for example—into terms which will help in understanding the child's difficulties. These three aspects—prevention, correction and interpretation—cause the work of the School Health Service to extend into the fields of work of educationists and of doctors in other branches of the health services. It is in many ways a bridge between education and medicine and a confident liaison at each end of the bridge is therefore essential.

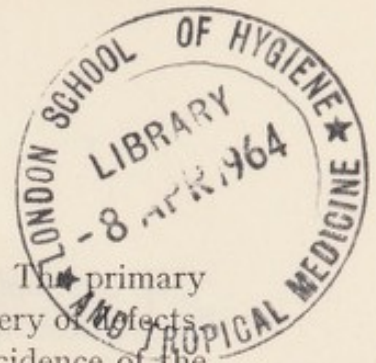
The need for the several parts of the Service must be considered with due regard to the possibility of their duplication by other agencies which would be equally effective. This may be more clearly illustrated by the following classification, in which it will be seen that some parts of the work are complementary to education, while others are supplementary to other medical services.

1. Handicapped Pupils

The ascertainment of these children is perhaps the most specialised of school medical work, as it requires a knowledge not only of the medical aspects of the handicaps but to some extent also of the educational limitations which they impose. Even in the case of the less common handicaps, where selection panels at the special schools decide the criteria for admission, the original assessment of a child's disability must always be related to his educational attainments and can be most effectively made by doctors who appreciate the physical and mental effects of the normal stresses of school life. An understanding of these effects is essential when ascertaining educationally sub-normal children, a procedure which may only be undertaken by medical officers who have been approved for this purpose by the Minister of Education.

2. Medical Work in Schools

This includes nurses' cleanliness inspections, which regrettably cannot yet be abandoned, screening tests to discover children who have defects of sight or hearing and medical examinations, whether



by age-group inspections or by a selective method. The primary object of all these tests and examinations is the discovery of defects. The time allotted to them must depend upon the incidence of the defects and upon their significance, and teaching staff must feel assured that the disturbance to school routine is justified. There is therefore an onus on the School Health Service to examine the results of the work, to discontinue procedures which have little relevance to present-day conditions but to introduce when necessary, other procedures which have such relevance. The value of recording the height and weight of every child, for example, may be questioned whereas the early diagnosis of a case of deafness may have a considerable effect on a child's education and upon his whole future.

There are, however, other important aspects of medical work in schools. Although the primary object is the discovery of defects, the school medical staff have also the opportunity of presenting to both parents and children some of the ways of keeping in good health. They are helped in this by their contact with the head teacher. These two factors, contact with parent or child and contact with head teachers, enable the school doctors and nurses to apply the simple rules of health to individual cases, and although the advice given is sometimes no more than a reinforcement of what is already known, it is often more effective when given by a doctor or nurse. This form of health education has been responsible in no small degree for the higher standards of personal hygiene which are now seen among school children and, as in the case of handicapped pupils, it is most effectively performed by those who are experienced in talking to children and parents and who are familiar with the details of personal hygiene, cleanliness, care of the feet, bed-wetting, "school phobia" and the many other conditions which occur in children of school age. Some of these conditions are subjects which may be presented by film or film strip. Most education authorities now use visual aids widely and this may be an effective form of health education of which more use could be made by school medical officers and nurses.

3. Immunisations and Vaccinations

Very few parents now withhold the benefits of inoculation from their children, the value of these injections being, of course, outstanding. As many parents, for various reasons, do not regularly

take their children to the family practitioner for inoculations, local authorities have assumed responsibility for them, the parent retaining the right to choose whether they will be given at school or at the family doctor's surgery. There is no doubt that an immunisation scheme for school children, jointly organised by the local health and education authorities, provides a highly effective way of giving protection to large numbers of children and of preventing epidemics which would certainly occur if the percentage of susceptible children were to fall below certain levels. This work must always be given priority in the School Health Service.

4. Clinics

There are three kinds of school clinic—minor ailment, school medical officers' consultation and special.

Minor ailments clinics, usually under the charge of the school nurses, deal with conditions which are not serious enough to need medical attention. They should be open for one session each day if the area served has a large school population, particularly if it is a housing estate. Three sessions per week is probably the minimum for effective use and if attendances do not justify this their establishment is uneconomic.

The value of medical officers' clinics is perhaps the most controversial issue of all school medical work and the one in which alternative views have the greatest validity. The principal objections to them are that they duplicate a service already provided by general practitioners and that, owing to inadequate knowledge of the family background, the school medical officer may give advice contrary to that given by the family doctor. There is the further ethical objection that parents and children can seek advice at a school clinic without the family practitioner being first consulted. If he is to accept responsibility for his patients' health, the family practitioner, not the parent, should decide whether the school medical officer can be of assistance in regard to some particular problem. In practice, however, medical officers' clinics serve a valuable purpose, particularly when used to elucidate problems relevant to school life and about which a head teacher may have requested advice. School medical officers are familiar with these problems and can give adequate time to their investigation and assessment. The ethical objection to "open" consultation clinics is minimised if the school medical officer informs the family practi-

tioner of every case in which he is consulted, other than those coming into the minor ailment category, and keeps constantly in mind the family practitioner's responsibility.

Special clinics deal with conditions which are not uncommon among school children but which require special equipment or specialist knowledge for their diagnosis and treatment. Children are invited to them by appointment, the family practitioner being informed at the same time that an appointment has been made. (By agreement with the Wolverhampton general practitioners they are not informed of appointments made for the eye clinic). These clinics, which are usually held on school clinic premises, provide a personal service for school children only, and the fact that the School Health Service staff are directly connected with them gives further advantages. The waiting lists are usually much shorter than for hospital out-patient departments. Special clinics dealing with defects of sight, of hearing and of speech are an essential part of an effective system of education. With the slow improvement in the staffing position of child guidance clinics, these are also beginning to occupy an important place in the bridge between medicine and education. Other clinics, paediatric and orthopaedic, for example, are of a more supplementary nature to the facilities available at hospitals but are able to provide specialist opinions and, in some cases, treatment for conditions which require such advice but are not sufficiently serious to need hospital investigation. Special clinics dealing with specific conditions—eneuresis, verrucae, asthma, etc., may be of value in certain circumstances and can be effectively organised if suitably qualified staff are available.

Present day work in the School Health Service demands a vigorous and conscientious approach, no less than that needed in past years when social conditions dominated the character of its work. Its organisation must be sufficiently flexible to enable it to deal with local needs and to be adaptable to changing circumstances. The fact that the Service is largely concerned with a field of activity which until now has received insufficient attention and with which it is particularly well equipped to deal, brings confidence that it will be more readily recognised as a partner by those who work in other medical and social services. Although the uneconomic parts of its activities should be critically examined there must be a most careful assessment of the alternatives before such activities are abandoned.

Annual Report 1960

GENERAL STANDARD OF HEALTH

This was excellent, the proportion of children with an unsatisfactory general standard being only 0.6%, the same as in 1959. Among these there were none who suffered from a serious degree of malnutrition.

The following table, from the Report of the Chief Medical Officer of the Ministry of Education, 1958 and 1959, compares the incidence of some defects found per 1,000 children in Wolverhampton with the mean incidence for English county boroughs.

	Skin	Vision	Squint	Otitis media	Heart	Lung	Hernia
Wolverhampton	31.86	84.01	11.17	15.28	15.28	35.07	1.54
Mean for English County Boroughs	31.03	119.38	25.16	13.87	14.60	28.84	3.72

In regard to the health of its school children, Wolverhampton seems to be an "average county borough," for the deviations from the mean are small compared with those for many other towns. The incidence of skin diseases, for example, ranges from 2.05 to 100.94, of otitis media from 0.27 to 188.38 and of hernia from 0.54 to 20.06. Many local factors are, of course, responsible for such extremes but the table is useful in drawing attention to defects of which the incidence is not better than average.

The slightly higher than average incidence of otitis media and diseases of the lungs may be due to respiratory catarrh, more frequent in cold and damp climates and aggravated by smoke, which in urban and industrial areas prevents warming by the sun during the winter months. Residence at Kingswood School for one or two years is sometimes helpful to children having severe catarrh and associated disorders, particularly to children under the age of eight or nine.

Medical officers and nurses have continued to take a special interest in enuresis (bed-wetting) and in plantar warts. The purchase by the Authority of a number of enuresis electric alarm units has enabled parents to have these on loan. Although the ways in which parents have used them have sometimes departed considerably from the theoretical principal on which they were designed, the results have generally been good and some dramatic cures have been reported.

Plantar warts are still endemic. Caretakers have been supplied with special buckets and mops for swabbing the floors of shower baths with Eusol, prepared fresh each day from tablets, but it is doubtful whether this will reduce the number of cases to any large extent. Similar treatment of classrooms might be more effective, as a survey in Leyton suggests that the plantar wart virus can pass through shoe-leather. Daily swabbing of classrooms is unfortunately not practicable and the most hopeful approach at present lies in the early diagnosis and immediate treatment of cases in order to reduce the reservoir of infection. The school nurses have accordingly made foot inspections, particularly in senior schools, and teachers of physical education have referred cases of plantar warts to the school clinic. Various methods of treatment have been tried and the hospital dermatologists have been consulted and have kindly given their advice and demonstrated procedures. The present method at the school clinic consists of softening and scraping, followed by the application of carbon dioxide snow, once or twice weekly. It is hoped that this will be as effective as liquid nitrogen which, although obtainable in Wolverhampton, carries some risk in a small clinic where children are present. During 1960 there were 227 cases of plantar warts treated at school clinics, compared with 322 three years previously.

STAFF

Details of appointments and resignations are given on pages 4 and 5.

The interchange of duties between Education and Health Department medical officers was continued during 1960. Dr. Margaret Ingham, Assistant Medical Officer of Health, who is responsible for the administration of the scheme for B.C.G. vaccination against tuberculosis, worked morning sessions for the Education Authority. Dr. Charles M. McGregor, School Medical Officer, attended infant welfare clinics on four afternoons weekly, his place on three of these being taken by Dr. Margaret Wood, Assistant Medical Officer of Health. This limited interchange of duties provides opportunities for school medical officers to observe development in children of pre-school age and assists in liaison between the two departments.

By the appointment of a second speech therapist by the Education Authority and of a physiotherapist by the Health Authority the establishments in these departments were filled during 1960.

Consequent upon the change at Kingswood School from residence for five days a week to full residence, including week-ends, and increase was made in the nursing establishment there from one to two nurses.

SCHOOL HYGIENE

The Authority continues to pay close attention to matters of school hygiene and there are no specific comments to be made here.

INSPECTIONS IN SCHOOLS

Medical Inspections

No change was made in the manner of conducting medical inspection during the year, the usual age groups, 5-6 years, 10-11 years, and over 14 years, being retained. The percentage attendance of parents at these inspections was 59%.

As in previous years the school medical officers visited the nursery school and the eight nursery classes each term and visits to these were made by the school nurses each week.

The following table shows the percentage incidence (all age-groups) of the commoner defects found at periodic medical during 1960 and in previous years.

	1956	1957	1958	1959	1960
					*
Vision, including squint	6.5	7.8	7.1	7.4	see below
Skin	1.5	1.9	2.6	2.4	2.6
Nose and Throat	2.4	1.3	2.3	1.8	2.1
Orthopaedic, including flat feet	2.4	2.1	2.3	2.7	2.6
Ears, including defective hearing and otitis media	1.4	1.2	1.9	2.1	1.8
Lungs	1.6	0.6	0.9	1.4	1.1

*There were 0.3% fewer visual defects among entrants in 1960 than there were in 1959, 1.8% more among intermediates and 0.9% fewer among school leavers. Owing to the fact that the terms in which junior and senior children are examined were transposed, about one third more senior school children were examined in 1960 than in 1959. As a result of this the percentage incidence of visual defects among children of all ages was raised, as ocular defects are more frequent in senior school children than in entrants or juniors. A calculation of incidence by the usual method is, therefore, misleading, while a calculation by any other method is not comparable with previous years.

Cleanliness

School Nurses made 61,572 inspections for cleanliness during 1960. The number of children who had nits or vermin in the hair at some time during the year was 1,271 representing 5.08% of the total school population. The corresponding percentage for 1959 was 6.2% ; for 1958 it was 5.7%, for 1957 it was 5.1% and for 1956 it was 6.5%.

Vision

All children had vision tests at routine medical inspections. The school nurses additionally test at least once during the child's junior school life at about the age of eight years. More frequent intermediate tests are done in the case of children having known ocular defects and annually for all grammar school pupils.

Hearing

The Audiometrician, Miss Henworth, tested the hearing of 1,927 children at the age of six years, using a pure-tone audiometer in the schools. Children who failed to attain normal standards of hearing were again tested at the school clinic and were seen by a school medical officer. Some of these children had only a temporary hearing loss owing to a cold, or had wax in the ears. Others were either referred to their general practitioner or to the Specialist Aural Clinic. Of those who failed two audiometer tests, 44 were referred to the Aural Clinic, representing 2.2% of the children tested.

Tuberculin Heaf Tests

From 1949 to 1959 tuberculin patch tests were carried out on all children at their entrant examination at the age of five years. The patch test was replaced in 1960 by the Heaf test, which is believed to be more reliable. Although it was thought that the sight of the apparatus might cause apprehension in a few children this has not in fact been the case and it has been found that the Heaf test, which the child can see being done, causes less anxiety than the simpler patch test which was placed on the child's back.

There were 90 children who gave a positive reaction to the Heaf test ; 50 of these had already had B.C.G. vaccination. Two children and two parents were admitted to hospital for treatment of tuberculosis, found as a result of Heaf tests.

ARRANGEMENTS FOR TREATMENT

Pupils requiring treatment are referred either to their own general practitioner or to the appropriate school clinic. Urgent cases are referred to the hospitals when necessary.

EDUCATION AUTHORITY MEDICAL CLINICS

Premises	Clinic	Attendance
North Street (Education Offices)	Medical Officers' Clinic	Monday, Wednesday, Thursday and Saturday mornings.
" "	Minor Ailments	Each week day ; mornings.
" "	Ophthalmic	By appointment.
" "	Speech Therapy	By appointment.
" "	Consultant Paediatric	Alternate Wednesday afternoons.
" "	Consultant Aural	Alternate Thursday afternoons.
Bushbury Lane	Medical Officers' Clinic	Tuesday and Friday afternoons.
" "	Minor Ailments	Each week day ; mornings.
" "	Speech Therapy	By appointment.
Bushbury Community Centre	Speech Therapy	By appointment.
Eastfield School	*Minor Ailments	Monday mornings, Wednesday and Friday afternoons.
" "	*(A medical officer attends on each Monday morning during school terms).	
" "	Speech Therapy	By appointment.
Warstones	Medical Officers' Clinic	Wednesday afternoons.
" "	Minor Ailments	Monday and Friday mornings.
" "	Speech Therapy	By appointment.
Ward Street	Consultant Orthopaedic	Wednesday mornings.
Ward Street Lea Road Park Lane	Physiotherapy	As arranged.
The Uplands Finchfield	Child Guidance	Whole-time department

Appointments are not required for the medical officers' and minor ailments clinics.

Medical and Minor Ailments Clinics

Fewer children attended the central clinic at North Street, partly because of the better health of children and perhaps also because head teachers are hesitant to allow pupils to travel in the busy parts of the town unless the need is obvious or urgent. The School Medical rooms in the Health Department's new clinic at Warstones have been used less than was expected for minor ailment work but the attendances for speech therapy have been good. The clinic in Eastfield School has been well used and it was found necessary not only to continue the three minor ailment sessions per week but also to increase the medical officer's clinic from one per month to one per week. Bushbury Lane clinic—in inadequate premises—is still the best attended. From 60 to 90 children attend there each morning on six days a week for the treatment of minor ailments and the medical officer's clinics on two afternoons are also busy.

Ophthalmic Clinic

This is held by Dr. Jevons at North Street.

When a child is found to have defective vision his parents are notified, and unless they wish to arrange for treatment privately his name is put on the waiting list. Spectacles are obtained from the optician of the parents' choice.

Number of clinics held	.....	.....	.....	.....	198
Total attendances	.....	.....	.....	.....	1,836
Spectacles prescribed	.....	.....	.....	.....	865

Aural Clinic

This is held at North Street once a fortnight and continues under the direction of Mr. Leslie Thomas, who attends on alternate occasions with Mr. G. O. Clark, Consultant Aural Surgeon to the Wolverhampton Hospitals.

The Aural Clinic deals with cases of suspected deafness picked out by routine audiometry at the schools and undertakes their treatment. Cases requiring operations are referred to the Royal Hospital. Among those referred to the clinic were 44 pupils who failed to attain a satisfactory standard at audiometry and for whom the school medical officers considered a specialist opinion advisable.

Number of clinics held	.....	.....	.....	.....	23
Total attendances	.....	.....	.....	.....	212
New Cases	.....	.....	.....	.....	84

Paediatric Clinic

This is held by Dr. Everley Jones at North Street Clinic twice monthly.

It is a diagnostic clinic to which cases are referred by the school medical officers and medical officers of the Maternity and Child Welfare department, and it provides a specialist opinion particularly where educational or child welfare matters are involved. The majority of cases are seen on one occasion only, those requiring further investigation being referred elsewhere. A copy of Dr. Everley Jones's report to the medical officer concerned is sent in all cases to the child's general practitioner.

Number of clinics held	.....	.....	.....	.....	23
Total attendances	.....	.....	.....	.....	143
New cases seen	.....	.....	.....	.....	48

Orthopaedic Clinic

The main clinic is at Ward Street where the Orthopaedic Surgeon, Mr. C. M. C. Potter, attends each Wednesday morning. The services of the orthopaedic department are shared by the Education and Health departments of the local authority. Orthopaedic treatment was carried out by the physiotherapist at Ward Street, Beckminster Methodist Church Hall and Park Lane Clinic.

The following table gives details of attendances and treatment at the orthopaedic clinic of children of school age :—

Individual pupils attending for treatment	.....	.....	.....	.....	568
Attendances made by patients	.....	.....	.....	.....	2,580
Number referred to Hospital :—					
(a) In-patient	.....	.....	.....	.....	1
(b) Out-patient	.....	.....	.....	.....	7
Number recommended for X-rays	.....	.....	.....	.....	12
„ „ Splints and apparatus	.....	.....	.....	.....	61
„ „ Plaster casings	.....	.....	.....	.....	—
„ „ Minor operations	.....	.....	.....	.....	8
Ultra Violet Light :—					
Number of sessions	.....	.....	.....	.....	30
Individual pupils attending	.....	.....	.....	.....	25
Number of treatments given	.....	.....	.....	.....	124

Child Guidance Clinic

The Consultant Psychiatrist, Dr. J. Warner, reports that cases are referred to the clinic mainly by hospital and family doctors, by school medical officers, by head teachers, and by the Juvenile Court and probation officers. Children of all ages are seen but most of them are of school age.

Usually, the social worker visits the home and makes the first contact with the parents. The child is then seen at the clinic by the psychiatrist who also interviews the parent who has brought the child. The child is also seen by the educational psychologist, who makes an assessment by psychological testing and by discussion with the school.

Sometimes the outcome of the investigations leads to a recommendation for a change of environment or of schooling. More frequently an attempt is made to help the parents and the child to "work through" their difficulties. Classically, the psychiatrist treats the child, the psychologist deals with educational problems, and the social worker guides and supports the parents. In this clinic, however, there is a healthy occasional interchange of function.

More staff and more room are urgently needed. There are immediate plans for increasing the number of psychiatric sessions from five to eleven per week, and for obtaining the services of a second psychiatric social worker*. Ultimately, the aim is a staff of three P.S.W's., two educational psychologists, and one psychiatrist. As emphasised in the Underwood Report, adequate secretarial assistance is most desirable.

At present there are only four rooms available. One of them is used as an office and another as a waiting room. This only leaves two rooms available for seeing children and parents, except when the appointment system works so perfectly that the waiting room is empty and can be used for interviewing.

There is a pressing need in Wolverhampton for a hostel to which certain types of cases could be sent. Some of these would be cases from homes which are essentially unmodifiable as long as the child is at home, because of extreme tension between parent and child. Relief of this tension by removing the child to a new environment would give the clinic the opportunity to work more effectively with the home.

*Appointed 1961, part-time.

Other plans for the future include an increase in the liaison with hospitals and with family doctors. It is hoped to emphasise, by propaganda, the value of early treatment. So often a case which takes many months to treat, could probably have been more effectively dealt with in a shorter time if seen at an earlier stage.

Although an increase in early referral must temporarily lengthen the waiting list, the long term effect would be helpful all round. With the preventive aspect in mind, a special session for children under five years of age is planned once the increases in staff are achieved.

Waiting list on 31st December, 1959	23
Number of cases referred during 1960	146
	<hr/> 169
Waiting list on 31st December, 1960	18
Number of cases dealt with in 1960	151
	<hr/> 12
Earlier referrals re-opened as new cases by Dr. J. Warner	
TOTAL DEALT WITH	<hr/> 163 <hr/>

Source of 1960 referrals

School Medical Department	50
Hospitals and G.P.'s	21
Heads of schools	39
Probation Department	12
School Welfare	6
Parents and others	18
	<hr/> 146 <hr/>

Summary of Cases dealt with during 1960

New cases opened by Dr. J. Warner	106
New cases dealt with by Miss E. M. Jones	29
Cases left in abeyance	14
Cases withdrawn by parents	6
Left district	1
Transferred to other clinics	2
No response from parents	5
	<hr/> 163 <hr/>

NOTE.—A further 72 children who started treatment in 1959 or earlier continued to attend, with varying degrees of frequency, during 1960.

Speech Therapy

The Speech Therapist, Miss M. A. Williams, L.C.S.T., reports as follows :—

Total number of children treated	209
" " discharged	68
Number of children with defects of articulation	164
" " stammer	41
" " cleft palate speech	4

Speech therapy was carried out at North Street Clinic, at Beckminster Special School, at Ryton Hall School and at Kingswood School.

The appointment of Mrs. H. Johnson, L.C.S.T., in August filled the vacancy for a second therapist. It was therefore possible after an interval of some years to re-open the speech therapy clinics at Eastfield minor ailments clinic and at Bushbury Lane clinic. A clinic was established in the Warstones Health Centre to replace the one previously held in Springdale School.

Students from the Leicester School of Speech Therapy attended at monthly intervals during the academic year. As in previous years the students were able to spend part of their visits observing adult patients attending for therapy at the Royal Hospital.

One child who had attended the plastic surgery unit at Wordsley Hospital was admitted to Queen Elizabeth Hospital, Birmingham, for surgery. An improvement in his speech resulted and he will attend the unit for review during 1961.

There was during the year an increase in the number of pre-school children referred by the medical officers of the Health and Education departments. This increase did not indicate an overall rise in the number of speech defective children, but rather an earlier diagnosis and referral. An encouraging feature of this was the willingness of parents to seek and accept the advice of the medical officers, particularly since many parents revealed the fact that before seeking advice they had to overcome the deep-rooted fear that defective speech was necessarily allied to defective intelligence.

In recent years there has been a growing awareness of the value of clear speech in everyday life, but the problem of the speech defective child and his inability to make adequate social relationships is not yet fully appreciated. The difficulties created by such a child

within the family group need particular attention and it is hoped that the improved staffing position will allow more time to be spent on this problem.

In conclusion, Miss Williams and Mrs. Johnson would like to thank the members of the School Medical Department for their help during the year.

Lip Reading Tuition

This continued to be given by Mrs. M. S. Poxon, B.A., L.T.C.L., at North Street Clinic every Wednesday afternoon during school terms; 35 classes were held during the year, at which 9 pupils attended.

Remedial Teaching

Cases have been referred to the Remedial Teaching Service when there has been a specific disability, usually of reading, not requiring admission to a special school.

INFECTIOUS DISEASES

The following table gives the number of notifications of infectious diseases in Wolverhampton school children in 1960 and previous years :—

	1956	1957	1958	1959	1960
Measles	99	1,050	427	795	158
Scarlet Fever	32	55	97	49	47
Diphtheria	0	0	0	0	0
Whooping Cough	131	196	16	77	83
Tuberculosis Respiratory	15	13	11	6	7
„ Meninges and C.N.S.	2	0	0	2	0
„ Other	0	4	0	1	0
Poliomyelitis	6	6	0	0	1
Meningococcal Infection	0	0	0	1	0
Acute Encephalitis, infective	1	0	0	0	0
„ „ post-infectious	2	0	0	0	0
Paratyphoid Fever	0	0	1	0	0
Dysentery	18	6	1	17	11
Food Poisoning	2	1	3	2	0
Pneumonia	14	16	10	8	3
Erysipelas	0	0	0	0	1

Diphtheria

Immunisation in schools was continued for the two principal age-groups, 5-6 and 10-11, and for other children when necessary.

Number who completed first course	.....	807
Number who received reinforcement injections	.....	2,365
Total number of children immunised	.....	3,172

Prophylaxis

Immunisation in school is now accepted by parents as a normal procedure. Fortunately, most children no longer fear an injection and a fairly high proportion of the school population is protected against diphtheria. Immunisations serve the double purpose of protecting individuals and preventing the spread of an epidemic.

Diphtheria has been almost completely eradicated, but as a result of this the population has less opportunity of developing a natural resistance to it by occasional contact with actual cases and carriers. Such contact stimulated the production of protective antibodies, sometimes with, sometimes without the occurrence of diphtheria. It is therefore now all the more important to produce these antibodies by injection. It may be noted that antibodies do not develop immediately after an injection—at least a week and usually longer than this must elapse before an adequate protection is produced. To wait for an epidemic before being immunised is dangerous.

Poliomyelitis

The Health Department continued, without interruption, the Monday evening sessions from 5-7 p.m. at North Street clinic for the vaccination of adults against poliomyelitis. The School Health Department assisted by providing a second team whenever the number attending was large. Children were immunised at schools and clinics.

Number of children of school age who were vaccinated against Poliomyelitis during 1960 :—

Received first injections	.....	627
„ second injections	.....	706
„ third injections	.....	5,201

Tuberculosis

Dr. Margaret Ingham, Assistant Medical Officer of Health, has responsibility for B.C.G. vaccination against tuberculosis. She reports that during 1960 B.C.G. vaccination against tuberculosis was offered to all 13-year-old pupils in Secondary Schools. Consent forms were issued to the parents of 2,913 children; there were 2,376 acceptances (81%) and of these 1,799 were vaccinated. The proportion of skin tests which were positive when read was 10.8%.

Those not vaccinated numbered 577 and comprised :—

Absentees	162
Unsuitable for testing	60
Positive Mantoux test	227
Not read	67
Negative, vaccination deferred	61

In addition 2 sessions were held for absentees and older children where 213 Heaf tests were completed, 21 or 10% being positive and 187 were vaccinated. There were no applications for B.C.G. vaccination from students attending Further Education establishments. The total number of B.C.G. vaccinations in 1960 by local authority medical officers was 1,986.

At the request of the Consultant Chest Physician 110 contacts included in the 1960 acceptances were Heaf tested, and those who were positive had a chest X-ray prior to being referred to the Chest Clinic, where B.C.G. vaccination was given under Dr. Aspin's supervision to suitable cases. These were in addition to the 1,986 previously mentioned.

All children found to be Heaf test positive were referred to New Cross Hospital for chest X-ray. Twenty three showed healed calcified hilar glands and of these ten showed a healed primary focus. Three children showed active lesions requiring sanatorium treatment. Two children are still under observation as out-patients, one at New Cross Hospital and the other at the Chest Clinic at Bell Street. In addition, one other 13-year-old child was notified as a case of Tuberculosis during 1960.

HANDICAPPED PUPILS

The following are the numbers of children in each category of Handicapped Pupils during 1960. The table includes those who were newly assessed and those who left school during the year.

Blind	6
Partially Sighted	10
Deaf	11
Partially Deaf	6
Delicate	139
Educationally Sub-normal	160
Epileptic	5
Maladjusted	3
Physically Handicapped	25
Speech Defective	0

Kingswood Residential School for Delicate Children

The Headmaster, Mr. F. W. MacMillan, has kindly supplied the following report :—

“The opening of the new school premises in January, 1961, has greatly increased the scope of the school. There are now 120 beds, so more children can be accepted, and the permanent nature of the premises allow them to stay at week-ends. The school is now fully residential, the children only returning home for holidays.

The comforts of the children have been much improved—bedrooms have taken the place of dormitories, while both slipper and shower baths are available. The premises were planned for the treatment of delicate children, and work which could not be done before can now be undertaken. Sick children may be accommodated in the Sick Bay and more serious cases can now be admitted to the school than was possible in the old premises. The favourable atmosphere has also permitted the admission of a limited number of problem children, with most satisfactory results. Physiotherapy is also possible, and the physiotherapist is able to accept some children from Ryton Hall School for treatment at Kingswood.

The attention given by the resident nursing staff is augmented by Dr. Jevons and the staff of the school clinics. The dental staff give regular and emergency treatment, as do the Speech Therapist, Miss Williams, and the Educational Psychologist, Miss Jones. Dr. Jackson is the school doctor. He not only gives excellent attention to children needing his services, but arranges for facilities

at Cosford Hospital to be at the disposal of the school. Children also attend for checks and for treatment at the Royal Hospital, the Eye Infirmary and Bell Street Clinic.

The increase in numbers and in the periods of residence has necessitated more teaching, nursing, household and domestic staff. Adequate living quarters are now available for the teachers, near to the children, and they are now able to make the school their home. Teaching facilities also are improved. The school now has a well-equipped hall-gymnasium, art room, domestic science room and handicraft room, and ample yard and playing field space. These new facilities enable consideration to be given to the whole life of the child, both in and out of school, on school days, on Saturdays and on Sundays, when the children attend the village Church. Here again the efforts of the staff are supplemented by help from other services, particularly the Welfare Service and the Youth Employment Service.

Arrangements are made for frequent visits by parents, at least every third week, and links with the home are maintained.

In the old premises the efforts of the school were rewarded with a considerable degree of success. The new school has extended this, and more children are now benefitting from residence at Kingswood."

	<i>Boys</i>	<i>Girls</i>
Number on roll at the end of December term, 1959	43	46
Admissions during 1960	39	50
Children left during 1960	30	40
Number on roll at the end of December term, 1960	52	56

Beckminster House Special School

There are places for 60 boys and 60 girls up to the age of 16 years at this day school for educationally sub-normal children.

	<i>Boys</i>	<i>Girls</i>
Number on roll at the end of December term, 1959	60	58
Admitted during 1960	21	14
Left during 1960	17	18
Number on roll at the end of December, 1960	64	54

Ryton Hall Special Residential School

Number on roll at the end of December term, 1959	62
Admitted during 1960	14
Left during 1960	14
Number on roll at the end of December term, 1960	62

Home Tuition

This was provided for 9 children during 1960, the causes of their disabilities being as follows :—

Muscular Dystrophy	3
Ataxia	1
Cerebral Palsy	1
Spina Bifida	1
Rheumatism	1
Maladjustment	1
Hydrocephalus	1

Education in Hospitals

Teaching each morning was continued at the Royal Hospital, at New Cross Hospital and at the children's convalescent unit at The Beeches, Penn.

Notifications to the Local Authority

20 children were notified under Section 57(5) of the Education Act, 1944 as needing supervision after leaving school (Prior to 1. 11. 60).

4 children were recommended to the Local Authority for voluntary supervision.

7 children were notified to the Local Authority under Section 57(3) of the Education Act, 1944, as having been found incapable of receiving education at school.

That part of the Mental Health Act, 1959, which affects education authorities was brought into effect in 1960. The Second Schedule of this Act replaces Section 57 of the Education Act, 1944, dealing with children who are found to be unsuitable for education at school. The new Act also removes a difficulty of procedure in regard to Sections 57 and 34 of the Education Act. The most noticeable change resulting from the Mental Health Act concerns the former procedure of notification to the local health authority of children requiring supervision after leaving school. This is no longer required, although a less formal notification may still be made between the education and health departments if it is thought advisable that the latter ought to be made aware of a child who may benefit from supervision. The abandonment of statutory notification renders more urgent the need for authorities to provide adequate after-care facilities for children who are insufficiently mature for adult life.

Hearing Aids

Of the 22 Wolverhampton children known to have hearing aids, four were supplied during 1960. Fifteen of these children attend schools in Wolverhampton ; seven are in special schools.

PHYSICAL EDUCATION

The publication in 1960 by the Central Council for Physical Recreation of the Report of the Wolfenden Committee on Sport focuses attention on this subject at a time when the School Health Service is able to give more time to matters which help children to develop and to enjoy healthy lives. It is therefore not inappropriate to preface the report of the Organisers of Physical Education with some observations on the place of physical activities in the health and development of children, with particular reference to Wolverhampton.

The School Health Service has two main links with physical education. By its general interest in the promotion of physical and mental health the Service is associated with the health benefits which physical activities can give. A well developed physique, good muscle tone and posture, a strongly acting heart, good lung capacity and a feeling of well-being and of confidence are assets to everyday life and have a further value in times of stress, whether physical or mental or the stress of illness, for qualities such as these are among the elements of stamina.

A second link with physical education is in the remedial field. The majority of severe physical defects come to the notice of the School Health Service as medical cases, provision for their treatment being made at the orthopaedic clinics but there are many more children with minor physical defects, not severe enough to require operation or physiotherapy, whose development is retarded in some particular respect. Children of this kind are to be found in every school, the appreciation and correction of their defects being undertaken in the ordinary P.E. classes and games periods. In these cases the spheres of interest of the teacher of physical education and of the school doctor overlap and it follows that an equal partnership between them—conversation in the staff room during "break", or a visit by the medical officer to a P.E. lesson—can benefit such children.

Wolverhampton's school children are fortunate in having a wide variety of physical activities in which they can participate although the opportunities for frequent enjoyment of some of these is limited. Team games, gymnastics, athletics, swimming and dance are included in the school curriculum and the recent acquisition by the Education Authority of premises at Capel Curig will provide a most valuable opportunity of introducing climbing and mountain walking to many children. Swimming is of particular interest from the health aspect, as it is an activity which gives enjoyment to the beginner as well as to the expert, developing physique, heart and lungs and giving confidence to the delicate or nervous child. It has the further advantage of being enjoyed, without the necessity of team organisation, during out-of-school hours and by young people and adults. The present school swimming programme in Wolverhampton is seriously limited by inadequate baths accommodation and there can be no doubt that a greater provision of swimming baths would benefit the health and well-being of both children and adults.

The assessment of the progress which children make during their physical education is normally made, as in the case of academic subjects, by their teachers. School medical officers may be concerned with this in the case of children who have, by analogy, a low "physical quotient." For example, measurement which is undertaken regularly at Kingswood School is the vital capacity of the lungs. A number of children there, under the direction of the specialist teacher of physical education, have daily exercises which increase the capacity of the lungs, improve the tone and power of muscles controlling respiration, improve posture and help in developing a rhythmic control of breathing—all valuable assets in the treatment of asthma, bronchitis and catarrh. At the beginning of a term a child's vital lung capacity may be 1300 ccs and after a term's daily exercises this will increase to perhaps 1600 ccs. If the exercises are not carried out at home during the holidays a regression takes place and the child may return at the beginning of the new term with the vital capacity reduced to its original figure. This need for frequent practice is also well known in the case of athletic training and it seems likely that daily, or almost daily participation in some form of purposeful physical activity is a requisite of development.

Physical activities also have a place in the prevention of some mental illnesses, principally by giving a confidence which the acquisition of a physical skill provides. Given suitable opportunities, nervous children may find in some physical pursuit a challenge which to them is not overwhelming and which may encourage them to engage in more vigorous sports where they will benefit, as all children do, from the recreative value of the sport and from the relaxation and sound sleep which follow.

These brief comments give some indication of the relationship between physical education and the objectives of the School Health Service. It is a subject which merits careful attention and interest by all who are in any way concerned with the health or welfare of children and with their preparation for and maturity into adult life.

The Organisers of Physical Education, Mr. G. Heyhoe and Miss J. Houghton, have kindly supplied the following reports.

Physical Education—Boys

Physical activity fails in its basic aims if bodily development is divorced from the feeling of well-being, self confidence and an attitude of mind which cheerfully and courageously faces challenge. Never before has the boy had an opportunity of so many different forms of activity so that there is a danger that the eventual standards achieved may suffer through this diversity. Certainly a generous apportionment of time is made to physical education in a crowded timetable. Athletics, swimming, camping, hostelling, canoeing, mountain walking and rock climbing now supplement gymnastics, dance and games.

These various activities contribute to the development of good physique and the attainment and retention of balanced muscle-tone and posture. Exercises involving neuro-muscular-skeletal co-ordination will automatically develop strength and suppleness; demands on the circulatory and respiratory systems will produce corresponding development to the heart and lungs, and maximum effects will be registered when muscular demand is made on the over-load principle as in "weight training."

The achievement of progressive muscular development requires a balanced programme of regular activities, with suitable clothing to permit unhampered movement and to stimulate pride in personal appearance. This Authority makes provision for these, with shower baths in addition. It is necessary to handle varied physical types in the same class group, and this makes it difficult to provide for the assorted individual physical requirements. Personal preferences also exist and should be catered for if possible, although a little lack of interest in any physical activities should not be accepted as justifying exemption.

Of the various types of activity varying from artificial gymnastics, through self expression in dance, to highly skilled games and athletics techniques, one deserves special mention, namely swimming, with its unique opportunity for pleasurable exercise which demands concentrated bilateral effort before success can be achieved. It requires controlled rhythmic breathing, muscular relaxation interspersed with propulsion, and has the humanitarian aspect of reducing fatalities by drowning, which all strengthen the recommendation that swimming should *not* be placed in the optional category.

Another link between the medical services and physical education lies in the remedial field where constant participation in exercise may correct minor disabilities. In the past the Swedish system or modifications of it stressed "harmonious development" which demanded equal work for paired limbs, symmetrical working of muscle groups involved in trunk movements, and antagonistic working of flexor and extensor muscle groups; in this way the remedial content was assured. Static posture was then the yardstick, anthropometric records of development were recorded as aids to diagnosis or as proof of satisfactory physical development and lung capacities might well have been added in the investigations. Specialist teachers with training in remedial gymnastics conducted classes for the correction of less severe spinal abnormalities and of knock knee and flat foot, and indeed continue to do so.

With the radical change of adopting the movement approach in physical education, some remedial benefits have been lost. The classification of exercises in anatomical groupings and the use of gymnastic tables based on them has disappeared so that remedial effects are therefore now more incidental than planned. Some

compromise is apparent by the introduction of "compensatory movements" designed to compensate for the limitation of development and growth created by the lack of movement in every day life. In modern method, emphasis is placed on the creation of movement by the child who unfortunately often has too limited a repertoire to avoid repetition of activity and who therefore has little desire to attempt natural progression to things more difficult and demanding. Accordingly coaching and teaching obviously are required.

If it is desired to measure physical efficiency it should be done by an assessment of the carriage and poise in many and varied movements. The exuberance shown by children in movement, whether in play, in dance or in some specific and purposeful skill is a realistic indication of a healthy attitude of mind towards physical activities.

Physical Education—Girls

The provision of a Physical Education Scheme has been accepted by Local Education Authorities in this country for a number of years, and it is a necessity for the all-round development of children and young adults for whom the Authority is responsible.

Children and adults of various ages will always find ways of enjoying exercise, as is seen during holidays in the streets and public parks in towns and further afield in rural districts ; it is possible to take part in an increasing number and variety of activities, both indoors and out.

During 1960, the geral scheme of physical education has been maintained, although time-tables and schemes of work have been constantly adjusted owing to innumerable changes of staff.

Following the provision of camping facilities at Ryton some years ago, and the offer of the use of Towyn Camp, Pwllheli, by the Children's Committee, the purchase of The Towers at Capel Curig opened up the possibility for senior boys and girls to take part in outdoor pursuits in ideal surroundings. This latest venture has gone a long way towards broadening the physical education scheme and making possible experience and training for teachers and children which sould prove invaluable. Although this was acquired primarily for youth groups, the schools will take full advantage of the centre when it is available.

Facilities generally are constantly improving—playgrounds have been re-surfaced, small equipment and climbing apparatus have been added, floors where unsuitable have been repaired or replaced, and some changing facilities have been improved.

When planning a programme for the hours spent in school, regard must be given to the most valuable use of time where large numbers are concerned, and very often to the situation of the school and its surroundings.

It is possible to see the carry over of work done from one year to another ; in schools where classes have formerly been apathetic, they now approach the lessons with zest and eagerness to get the most out of the time available. Preparation for the lessons in changing of clothes is increasing, so that children are more comfortably clad during periods of activity, and afterwards can replace garments so that loss of heat is not too rapid.

A great deal of benefit and enjoyment is derived from out of school activity, planned and chosen by the child. This can be enjoyed alone, or with small groups of contemporaries, and here the limitation of time is not a hindrance. It can be gentle, taken more slowly, such as rambling or playing with a ball against a wall, or more vigorous, as in a game of tennis or rowing.

What are some of the differences we see between the "in school" and "out of school" activity ?

In school, usually the whole class takes part, so that the individual is one of quite a large group ; the time allotted may be relatively short, and the planning is done by the teacher in charge. The period is approached with obvious zest and business-like preparation, and there is abundant exercise involving all parts of the body. The activity should be interesting and of a challenging nature, so that the mind is absorbed and maximum effort is demanded. There will be the opportunity of repetition and practice, so that the individual child can surpass its own record as well as measure itself against others of its own age, and there will be a growing understanding and appreciation of skill of movement and of the underlying principles.

The teacher must be skilled in observation of movement, and in seeing the difference between the performances of the children, and through guidance and encouragement should deftly carry the work forward. Thus, such qualities as endurance, perseverance,

courage and co-operation will be fostered and the harmonious development of mind and body achieved.

It is hoped that enjoyment gained during the physical education lessons at an early age will be sought through physical recreation, perhaps of a different type, and be carried on during later life.

PROVISION OF MEALS

The Organiser of School Meals, Miss I. Moroni, has kindly given the following information :—

There were 17 school kitchens operating during 1960. Approximately 11,800 dinners per day were served to school children, representing 43.4% of the school population.

The proportion of children taking milk was 78.3% in the case of maintained schools.

No case of food poisoning occurred during the year.

Over the past 12 months the number of meals served daily has increased from approximately 10,500 to 11,800.

DEATHS OF SCHOOL CHILDREN

		Boys
Age		
5		Uraemia
7		Congenital heart disease
11		Diabetic Coma
6		Fractured skull and multiple injuries caused by being knocked down by motor lorry.
5		Epilepsy
11		Cerebral tumour
5		Traumatic shock due to fractured skull and fractured tibia and fibula (road accident)
		Girls
Age		
15		Acute leukaemia
7		Acute influenzal pneumonia
10		(a) Liver failure ; (b) Infective hepatitis
9		Uraemia

ACKNOWLEDGMENT

As in previous years it is a pleasure to have the opportunity of expressing the thanks of the staff of the School Health Service to many individuals who have assisted in the work. The Director of Education and the administrative staff of the Education Department, Head Teachers and many others not directly connected with the School Health Service have in numerous ways given their advice and their services for the benefit of the children. The work of the School Health Service has been greatly helped by them.

School Dental Service 1960

DENTAL SURGEONS :

Whole time

T. L. BAGUANT, B.D.S. (Resigned 31.3.60)	D. J. BUTLER, B.D.S., D.P.D., D.ORTH. (on leave of absence until 5.10.60)
A. S. BROGDEN, L.D.S.	I. G. CREED, B.D.S. (on leave of absence from 30.11.60)
R. P. MUCKLOW, B.D.S. (Part-time until 21.3.60)	C. M. SLATER, B.D.S. (Commenced 29.12.60)

Part-time

P. WOODBINE, L.D.S.	D. R. BLUCK, B.D.S. (Commenced 11.1.60)
D. J. EVANS, B.D.S. (Commenced 21.3.60)	

SPECIALIST OFFICERS :

Anaesthetist

(Mrs.) M. M. NEWBY, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., (Part-time)

Orthodontist

T. G. N. WILLIAMS, B.D.S., D.ORTH

DENTAL TECHNICIANS

Senior Technician in Charge :	W. LINTOTT, L.I.B.S.T.
Senior Technician :	G. WHITE, C. & G. Final Certificate (Resigned 30.9.60)
Apprentice Technician :	D. TUDOR, C. & G. Intermediate Certificate.

DENTAL SURGERY ASSISTANTS

Senior Dental Attendant : *Miss E. LOVATT

Miss S. ADDISON	Mrs. D. MACKIE (Resigned 31.12.60)
*Mrs. A. WALKER	*Miss H. MORTON
*Miss J. LEES	*Mrs. B. BRISTOW (Resigned 30.11.60)
*Mrs. V. TAYLOR (Commenced 21.3.60)	*Miss J. WHITEHOUSE (on leave of absence from 2.10.60)
*Miss Y. SMITH (Commenced 21.3.60)	Miss C. M. CASWELL (Commenced 12.12.60)
Miss A. GUEST (Commenced 29.12.60)	

DENTAL CLERK

*Mrs. J. GRIFFITHS

*Holds the certificate of the Dental Nurses and Assistants Examination Board.

Report of the Principal School Dental Officer for 1960

TO THE PRINCIPAL SCHOOL MEDICAL OFFICER

The School Dental Service in Wolverhampton made appreciable progress during the year in the facilities available for clinical treatment and technical work. Unhappily there was a decline of 17% in the professional time available for inspection and treatment. The quality of the service has been a matter of steady progress over the years; the more recent setbacks in quantity remain to be solved.

The difficulties of recruitment of professional staff have been present in varying degree since the National Health Service was introduced in 1948. The problem is widespread but figures issued by the Ministry of Education show that Wolverhampton has fared better than most. In January our ratio of school dentists to children was 2.13 to 10,000 and of the 129 authorities in England only 14 were in a better position. There are, however, no grounds for complacency in this position and during the year the committee paid particular attention to the problem. An examination of the possible fields of recruitment shows that we must look primarily to the newly qualified and proposals for attracting the interest of final year dental students were agreed.

The numbers of young people from this area entering the dental schools has been lower than could be generally expected and efforts have accordingly been made to increase the interest of headteachers and their pupils in dental surgery as a career. Much assistance has also been given by the Youth Employment Officer and, by arrangement with his department, talks have been given in schools and many potential dental students have visited the clinics and observed the work of the service. The results have been encouraging and it is anticipated that 8 young people from our schools will enter university during 1961 to study dentistry.

Two whole-time dental surgeons left, Mr. T. L. Baguant in March to take up a public health appointment in his native Mauritius, and Mr. I. G. Creed in November on leave of absence to study for the Fellowship in Dental Surgery. Miss D. J. Butler returned from leave of absence in October and Mr. R. P. Mucklow

changed from part-time to whole-time in March. Just before the year closed Mr. C. M. Slater joined the whole-time staff. Two part-time dental officers joined the service.

Mr. Graham White, left in September to become an assistant demonstrator in dental technology at Sheffield University. Owing to the reduction in dental officers no immediate replacement was made. Mr. D. Tudor, the apprentice technician, passed the Intermediate City and Guilds examination.

Four new dental surgery assistants were appointed and three left including Miss J. Whitehouse on leave of absence to train as a dental auxiliary. Five of the staff were successful in the examination of the Dental Nurses and Assistants Examination Board.

Early in the year the service vacated the premises in the Education Offices which had been used as a dental clinic since the service was established in Wolverhampton in 1924. The new purpose-built Central Dental Clinic in Red Hill Street placed the facilities available on a new plane. Built on a site already occupied by the Youth Employment Bureau, the addition at a later date of a school medical clinic will complete a special services centre convenient to the proposed inner ring road. The clinic contains conservation and orthodontic surgeries and a general anaesthetic suite. There is a main waiting room with a secondary one for general anaesthetic cases. The technical laboratory accommodates three technicians with a full complement of equipment, a particular point being a dust extraction system for the polishing processes, ensuring a healthy atmosphere with general cleanliness. Offices and a store room provide for the central administration of the service. Efficiency and a congenial atmosphere are ensured by a high standard of equipment and furnishings. The clinic was formally opened in the presence of the Mayor, by Professor A. B. MacGregor of the Birmingham University School of Dental Surgery.

The service also saw further expansion by the opening of the Warstones Health Centre. This contains, on the upper floor, a dental clinic to serve the two primary and one secondary school in this area, hitherto served mainly by a mobile clinic. Here also the standard of equipment and furnishing is high.

The professional time available for inspection and treatment during the year totalled 2,474 half days, a considerable reduction from the 3,007 of the previous year. The first consequence of this

reduction of staff is a reduction in the number of children inspected in the schools, these falling from 1,440 to 599. The numbers of children inspected in the clinics, however, rose from 6,892 to 7,436, the overall reduction in inspections being 297. Of the 8,035 inspected, 7,376 were found to require treatment and this was offered to all except 4. All but 19 were actually treated.

The first call on the reduced professional staff was the provision of relief from toothache. Over ten thousand teeth were extracted and over five thousand general anaesthetics administered, both figures being small increases over the previous year.

Early in the year Staffordshire County Council asked that arrangements should be made to provide emergency treatment for County children living in the neighbourhood of Wolverhampton. Whilst such an arrangement would place an additional strain on our service it was readily agreed that such cases should be accepted, as otherwise relief from toothache might be obtainable only after considerable delay. The arrangements officially came into effect on 1st March and from then until the end of the year 420 children were treated.

Prior to the opening of the new Central clinic general anaesthetic sessions were arranged at four of the clinics and eight or nine sessions were required weekly to deal as expeditiously as possible with the cases arising. Four sessions weekly were held at the Education Office clinic and 1 or 2 at each of the others. This arrangement, which was the only possible one with the facilities then available, meant that in some districts children had to wait some days for treatment or make a journey across town to one of the branch clinics. Following the opening of the Central Dental Clinic, all general anaesthetic cases were treated in the anaesthetic suite, and this arrangement reduced the delay which had otherwise been inevitable with some cases and it is now generally possible to deal with all emergency cases within 24 hours of the request for treatment. There also followed a saving in manpower as it was found that the same number of cases could be dealt with in the specially designed suite in one session less per week. The disadvantage that some patients have to travel further is outweighed by the advantages of earlier treatment in premises specially provided and equipped for the purpose.

The maintenance of a full emergency service, even with some saving in manpower, meant that the reduction in professional staff caused a reduction in the conservation of teeth. Over 400 half days less were available for work of this kind and consequently the number of fillings fell by 1,776 and the number of teeth saved by 1,564. That we cannot meet the demand for conservative work is a disappointing aspect of our service but the solution lies partly in prevention and partly in a full establishment of dental surgeons. One aspect of the increase in decay amongst children is that not only are the numbers of decayed teeth greater but the decay per affected tooth is more extensive than formerly. The repair of these teeth now takes longer and in an increasing number of cases requires the use of the more elaborate techniques to secure a satisfactory restoration.

The orthodontic service continued to build up and 537 cases were under treatment compared with 426 in 1959. The provision of a surgery planned and equipped for this type of work has appreciably improved the service which can be rendered.

The number of children supplied with dentures happily showed virtually no increase. The majority of these cases arise from accidental loss and must be regarded as a hazard of active childhood. In many cases it is possible to save the remnants of fractured incisor teeth and to restore the lost portions but in others the damage is too great and only complete removal of the affected teeth and their replacement by dentures is possible. In the growing child replacements of dentures are required at comparatively frequent intervals.

The work of the technicians was assisted by the move into the new premises with its improved spaciousness and layout, and 95 items more than in the previous year were produced. Some work was undertaken for the Regional Hospital Board to assist them until their own laboratory is in production.

The following tables show the main work of the laboratory.

For the School Dental Service

Full dentures	4
Partial dentures	191
Orthodontic appliances	433
Repairs to dentures and appliances	40
Crowns	26
Splints	2

For the M. & C. W. Service

Full dentures	124
Partial dentures	122
Relined dentures	4
Repairs to dentures	19
Crowns	2

For the Hospital Service

Orthodontic appliances	56
------------------------	----

Previous reports have drawn attention to the benefits to be derived from the consumption of water containing minute quantities of fluoride. It is known that in areas where this substance is naturally present in the water or is added the residents have much less dental decay than would otherwise be expected. Accordingly in areas in all parts of the world public authorities are improving their water supplies to make good any fluoride deficiency. The Education and Health Committees having considered a report on the matter, asked the Water Committee to consider making good the deficiency in the fluoride content of their water supplies. The Water Committee consulted the many local authorities for whom they provide supplies and unhappily not all were prepared to support the proposal. It is to be hoped that this means of improving the health of children will not be denied to them indefinitely but in the meantime it is certain that tooth rot will continue unabated to plague the lives of our children.

In 1949 the Ministry of Education set up a working party to investigate the prospects of securing a reduction in decay by the direct application to tooth surfaces of solutions of fluoride of varying strengths and by different methods. The field work was carried out by the dental staffs of six local authorities and four dental hospitals.

The Working Party has now reported and find that no worthwhile results were obtained. They go on to state

"To prevent misunderstanding it may be well at this stage to point out that the results of our investigation have no bearing whatever on the fluoridation of drinking water. The fluoridation of a community's drinking water supply is quite different in principle from the application of a fluoride solution to the surface of the teeth of individuals, and no conclusions regarding the value of water fluoridation can legitimately be drawn from a study of the results of topical application of fluoride."

The survey of the condition of children's teeth made in the autumn of 1959 was repeated in 1960 and was extended to include two older age groups. The average number of D.M.F. (decayed, missing or filled) teeth was again determined and the results are seen below together with those for 1959.

Age	Average No. of D.M.F. teeth	
	1959	1960
5	6.55	6.72
6	7.43	7.88
7	7.58	8.89
8	9.53	9.36
9	8.45	9.60
10	7.65	8.45
11	—	5.83
12	—	6.74

("Missing" means lost for reasons of decay and does not include teeth which have been naturally shed).

Increases over the previous year were recorded in all age groups except one and this continued deterioration can only serve to add weight to all that has previously been said on the need for prevention.

The two thousand children seen during the survey were asked about toothbrushing and were classified according to their answers as 'regularly,' 'occasionally' or 'never.' The definition of 'regularly' was set at least once per day, no note being taken of how or when during each day the cleaning was done. The outcome is depressing as can be seen from the figures below.

Percentage of children who clean their teeth :—

<i>Regularly</i>	<i>Occasionally</i>	<i>Never</i>
29.2%	55.5%	15.3%

That less than one child in three cleans its teeth daily, and then not necessarily at the proper times and in a proper manner shows how far we must advance before cleanliness of the mouth is considered a routine hygienic necessity by most of us.

An appreciable reduction in the amount of tooth decay can be obtained by following a few simple rules. Everytime we eat, whether at a main meal or between meals, a small portion of the food or other tit-bit remains on the teeth. Any carbohydrate in

these remnants ferments and produces acid which attacks the teeth. Consequently the taking of snacks and the indiscriminate eating of sweets between meals increases the amount of decay we suffer and there is no doubt that the increasing habit of eating cakes, biscuits and sweets at all times is a considerable factor in the present position. It is a general habit with some children to clean the teeth before breakfast but clearly it would be better to do so after breakfast and certainly it should be done immediately before going to bed and nothing further should then be eaten. Biscuits and sweets in bed have much to answer for. The removal of fermentable food debris from the teeth can be readily achieved by completing meals with a piece of raw fibrous vegetable or fruit such as apple, carrot or celery. To overcome the difficulties of tooth cleaning after school meals raw apple or carrot is now served at the conclusion of these meals in our infant and junior schools and has proved to be a popular innovation with the children. It is our hope that parents will adopt this addition to their families meals. The dental service is grateful to Miss Moroni, the school meals organiser, and her kitchen staffs for their very willing co-operation and interest in making this venture possible. Much help and assistance was also given by head teachers and their staffs and the interest of local newspapers along with radio and television served to inform parents of the purpose and importance of this addition to their childrens meals.

Much of the smooth working of the service is dependant upon the support and assistance of associated services. We have received in full measure all the co-operation we could expect from our colleagues in all sections of the Education and Health Departments, the hospital service and the architects. Head teachers and their staff have, as always, been most helpful and we are especially fortunate in the interest and assistance we receive from them. The continued interest of the Chairman and members of the Committee in the progress and work of the service was an encouragement to all of us.

DENTAL CLINICS 1961

Premises

Central Dental Clinic,
Red Hill Street

Dental Services

Examination
Conservation
General Anaesthesia
Orthodontics
X-rays
Technical Laboratory
Maternity and Child Welfare
Administration

Park Lane Welfare Centre

Examination

No. 21, Lea Road

Conservation

Oxley Health Centre

X-rays

Warstones Health Centre

Maternity and Child Welfare

All clinics are open daily Monday to Friday

In addition there are three mobile clinics which provide examination, X-ray and conservation services on school premises. Two are at present out of service owing to lack of staff.

MINISTRY OF EDUCATION

MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1960

PART IV—DENTAL INSPECTION AND TREATMENT

CARRIED OUT BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers :—						
(a) At Periodic Inspections	.....	.....	.....	.....	.....	599
(b) As Specials	.....	.....	.....	.....	.....	7,436
					Total (1)	8,035
(2) Number found to require treatment	.....	.....	.....	.....	.....	7,376
(3) Number offered treatment	.....	.....	.....	.....	.....	7,372
(4) Number actually treated	.....	.....	.....	.....	.....	6,353
(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h)	.....	.....	.....	.....	.....	15,587
(6) Half days devoted to :						
(a) Periodic (School) Inspection	.....	.....	.....	.....	.....	9
(b) Treatment	.....	.....	.....	.....	.....	2,465
					Total (6)	2,474
(7) Fillings :						
(a) Permanent Teeth	.....	.....	.....	.....	.....	4,851
(b) Temporary Teeth	.....	.....	.....	.....	.....	411
					Total (7)	5,262
(8) Number of Teeth filled :						
(a) Permanent Teeth	.....	.....	.....	.....	.....	4,445
(b) Temporary Teeth	.....	.....	.....	.....	.....	393
					Total (8)	4,838
(9) Extractions :						
(a) Permanent Teeth	.....	.....	.....	.....	.....	4,190
(b) Temporary Teeth	.....	.....	.....	.....	.....	6,238
					Total (9)	10,428
(10) Administration of general anaesthetics for extraction	.....	.....	.....	.....	.....	5,327
(11) Orthodontics :						
(a) Cases commenced during the year	.....	.....	.....	.....	.....	182
(b) Cases brought forward from previous year	.....	.....	.....	.....	.....	355
(c) Cases completed during the year	.....	.....	.....	.....	.....	89
(d) Cases discontinued during the year	.....	.....	.....	.....	.....	32
(e) Pupils treated with appliances	.....	.....	.....	.....	.....	248
(f) Removable appliances fitted	.....	.....	.....	.....	.....	389
(g) Fixed appliances fitted	.....	.....	.....	.....	.....	30
(h) Total attendances	.....	.....	.....	.....	.....	3,156
(12) Number of pupils supplied with artificial teeth	.....	.....	.....	.....	.....	142
(13) Other operations :						
(a) Permanent Teeth	.....	.....	.....	.....	.....	2,246
(b) Temporary Teeth	.....	.....	.....	.....	.....	206
					Total (13)	2,452

MINISTRY OF EDUCATION
MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1960

Number of pupils on registers of maintained primary and secondary schools
 (including nursery and special schools) in January, 1961, as in Form 7,
 7 M. and 11 Schools24,977.

**PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED
 PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND
 SPECIAL SCHOOLS)**

TABLE A.—PERIODIC MEDICAL INSPECTIONS

Note.—Tables A, B and C relate only to medical inspections of pupils attending
 maintained schools prescribed in Section 48(1) of the Education Act,
 1944.

Age Groups Inspected (By year of birth) (1)	Pupils Inspected (2)	PHYSICAL CONDITION			
		SATISFACTORY		UNSATISFACTORY	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1956 and later	196	194	98.98	2	1.02
1955	834	830	99.52	4	0.48
1954	846	839	99.17	7	0.83
1953	127	127	100.0	—	—
1952	53	53	100.0	—	—
1951	27	27	100.0	—	—
1950	1,355	1,337	98.67	18	1.33
1949	1,360	1,351	99.34	9	0.66
1948	394	392	99.49	2	0.51
1947	89	89	100.0	—	—
1946	2,008	2,002	99.70	6	0.30
1945 and earlier	624	623	99.84	1	0.16
Total	7,913	7,864	99.38	49	0.62

**TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT
AT PERIODIC MEDICAL INSPECTIONS
(excluding Dental Diseases and Infestation with Vermin)**

Note.—Table B relates to individual pupils and not to defects. Consequently, the total in column (4) is not necessarily the same as the sum of columns (2) and (3).

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1956 and later	—	32	32
1955	12	140	152
1954	27	178	205
1953	6	18	24
1952	2	9	11
1951	3	2	5
1950	130	291	421
1949	165	270	435
1948	53	79	132
1947	10	21	31
1946	212	275	487
1945 and earlier	68	79	147
Total	688	1,394	2,082

TABLE C.—OTHER INSPECTIONS

Notes.—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.
A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	15,023
Number of Re-inspections	1,464
TOTAL	16,487

TABLE D.—INFESTATION WITH VERMIN

Notes.—All cases of infestation, however slight, should be included in Table D. The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	61,572
(b) Total number of individual pupils found to be infested	1,271
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	1,006
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

MINISTRY OF EDUCATION
MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1960

PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A.—PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4.	Skin	28	12	93	16	85	17	206	45
5.	Eyes—								
	a. Vision	38	1	276	15	374	29	688	45
	b. Squint	29	6	3	3	26	2	58	11
	c. Other	11	3	18		27	3	56	22
6.	Ears—				16				
	a. Hearing	8	19	23	9	42	41	73	69
	b. Otitis Media	12	21	15	6	24	31	51	58
	c. Other	2	6	6	5	16	12	24	22
7.	Nose and Throat	72	158	26	28	70	159	168	345
8.	Speech	18	17	4	2	11	11	33	30
9.	Lymphatic Glands	5	7	1	3	6	15	12	25
10.	Heart	9	12	10	20	22	28	41	60
11.	Lungs	20	51	18	29	52	69	90	149
12.	Developmental—								
	a. Hernia	5	1	—	—	4	3	9	4
	b. Other	7	8	6	6	11	11	24	25
13.	Orthopaedic—								
	a. Posture	3	1	12	5	27	19	42	25
	b. Feet	23	20	18	25	66	66	107	111
	c. Other	8	18	14	20	35	31	57	69
14.	Nervous System—								
	a. Epilepsy	3	3	3	3	5	11	11	17
	b. other	2	7	1	7	8	8	11	22
15.	Psychological—								
	a. Development	8	1	1	—	11	2	20	3
	b. Stability	8	9	4	7	33	18	45	34
16.	Abdomen	3	6	8	3	20	14	31	23
17.	Other	30	20	63	29	132	87	225	136

TABLE B.—SPECIAL INSPECTIONS

Note.—All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No. (1)	Defects or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	185	4
5	Eyes—		
	a. Vision	58	4
	b. Squint	10	2
	c. Other	88	2
6	Ears—		
	a. Hearing	127	15
	b. Otitis Media	81	3
	c. Other	20	7
7	Nose and Throat	108	31
8	Speech	20	3
9	Lymphatic Glands	9	1
10	Heart	18	16
11	Lungs	52	16
12	Developmental—		
	a. Hernia	1	—
	b. Other	29	2
13	Orthopaedic—		
	a. Posture	5	3
	b. Feet	64	7
	c. Other	90	7
14	Nervous System—		
	a. Epilepsy	10	3
	b. Other	20	9
15	Psychological—		
	a. Development	18	1
	b. Stability	60	3
16	Abdomen	49	7
17	Other	245	26

MINISTRY OF EDUCATION
MEDICAL INSPECTION AND TREATMENT
 RETURN FOR THE YEAR ENDED 31st DECEMBER, 1960
PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

Total numbers of :—

- (i) cases treated or under treatment during the year by members of the Authority's own staff ;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board ; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	460
Errors of refraction (including squint)	1,832
TOTAL	2,292
Number of pupils for whom spectacles were prescribed	865

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	182
(c) for other nose and throat conditions	2
Received other forms of treatment	392
TOTAL	576
Total number of pupils in schools who are known to have been provided with hearing aids—	
* (a) in 1960	4
(b) in previous years	18

*A pupil recorded under (a) above is not recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	568
(b) Pupils treated at school for postural defects	—
TOTAL	568

TABLE D.—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table D of Part I)

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	18
Impetigo	28
Other skin diseases	102
TOTAL	148

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	151

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	209

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	3,824
(b) Pupils who received convalescent treatment under School Health Service arrangements	8
(c) Pupils who received B.C.G. vaccination.....	1,986
(d) Other than (a), (b) and (c) above. Please specify	
Pupils who received Poliomyelitis vaccination—(third injection)	5,201
(No. who received first injection 627	
„ second injection 706	
TOTAL (a)—(d)	11,019

MINISTRY OF EDUCATION

YEAR 1960

**HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS
APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944
or BOARDING IN BOARDING HOMES**

Note.—Pupils suffering from more than one handicap are classified under the major handicap.

Calendar year ended 31st December 1960 Handicapped pupils	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physi- cally Handi- capped		(7) Educa- tionally sub-normal (8) Maladjusted		(9) Epi- leptic (10) Speech D'fects		Total (1)-(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
A. Newly placed in special schools (other than hos- pital special schools) or board- ing homes; (see Note (1)).	—	—	2	2	78	3	35	—	—	—	120
B. Newly assessed as needing special educational treat- ment at special schools or in boarding homes.	—	3	1	1	81	5	33	2	—	—	126

Note.—Where appropriate, pupils should be included under both A and B.

On or about 20th January 1961; num- ber of handicapped pupils from the Au- thority's area	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physi- cally Handi- capped		(7) Educa- tionally sub-normal (8) Maladjusted		(9) Epi- leptic (10) Speech D'fects		Total (1)-(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
C. (i) On the registers of :											
1. maintained special schools											
(a) as day pupils	—	3	2	4	—	9	114	—	—	—	132
b. as board- ing pupils	—	4	4	—	86	4	29	1	—	—	128
2. non-maintain- ed special schools											
(a) as day pupils	—	—	—	—	—	5	—	—	—	—	5
(b) as board- ing pupils	6	1	4	1	6	6	9	1	5	—	39
(ii) On the regi- sters of indepen- dent schools under arrange- ments made by the Authority	—	—	—	—	—	—	—	—	—	—	—
(iii) Boarded in homes and not already included under (i) or (ii)	—	—	—	—	—	—	—	—	—	—	—
Total C.	6	8	10	5	92	24	152	2	5	—	304

On or about 20th January 1961; number of handicapped pupils from the Authority's area	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic (10) Speech Defects		Total (1)-(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	

D. Were being educated under arrangements made under Section 56 of the Education Act, 1944.

(i) in hospitals	-	-	-	-	14	-	-	-	-	-	14
(ii) in other groups (e.g., units for spastics, convalescent homes)	-	-	-	-	-	-	-	-	-	-	-
(iii) at home	-	-	-	-	-	8	-	1	-	-	9

*Note.—of these 14 pupils, 3 are at the Children's Convalescent Home, Penn, Wolverhampton, 3 at New Cross Hospital, Wolverhampton, 6 at the Royal Hospital, Wolverhampton and 2 at Wordsley Hospital, nr, Stourbridge.

E. Requiring places in special schools											
(i) Total											
(a) day	-	-	-	-	-	1	6	-	-	-	7
(b) boarding	-	2	1	1	2	-	1	-	-	-	7
Pupils included in the totals above—											
(ii) who had not reached the age of 5 :—											
(a) awaiting day places	-	-	-	-	-	-	-	-	-	-	-
(b) awaiting boarding places	-	-	-	-	-	-	-	-	-	-	-
(iii) who had reached the age of 5 but whose parents had refused consent to their admission to a special school :—											
(a) awaiting day places	-	-	-	-	-	-	-	-	-	-	-
(b) awaiting boarding places	-	-	-	-	-	-	-	-	-	-	-

F. On the registers of hospital special schools—3

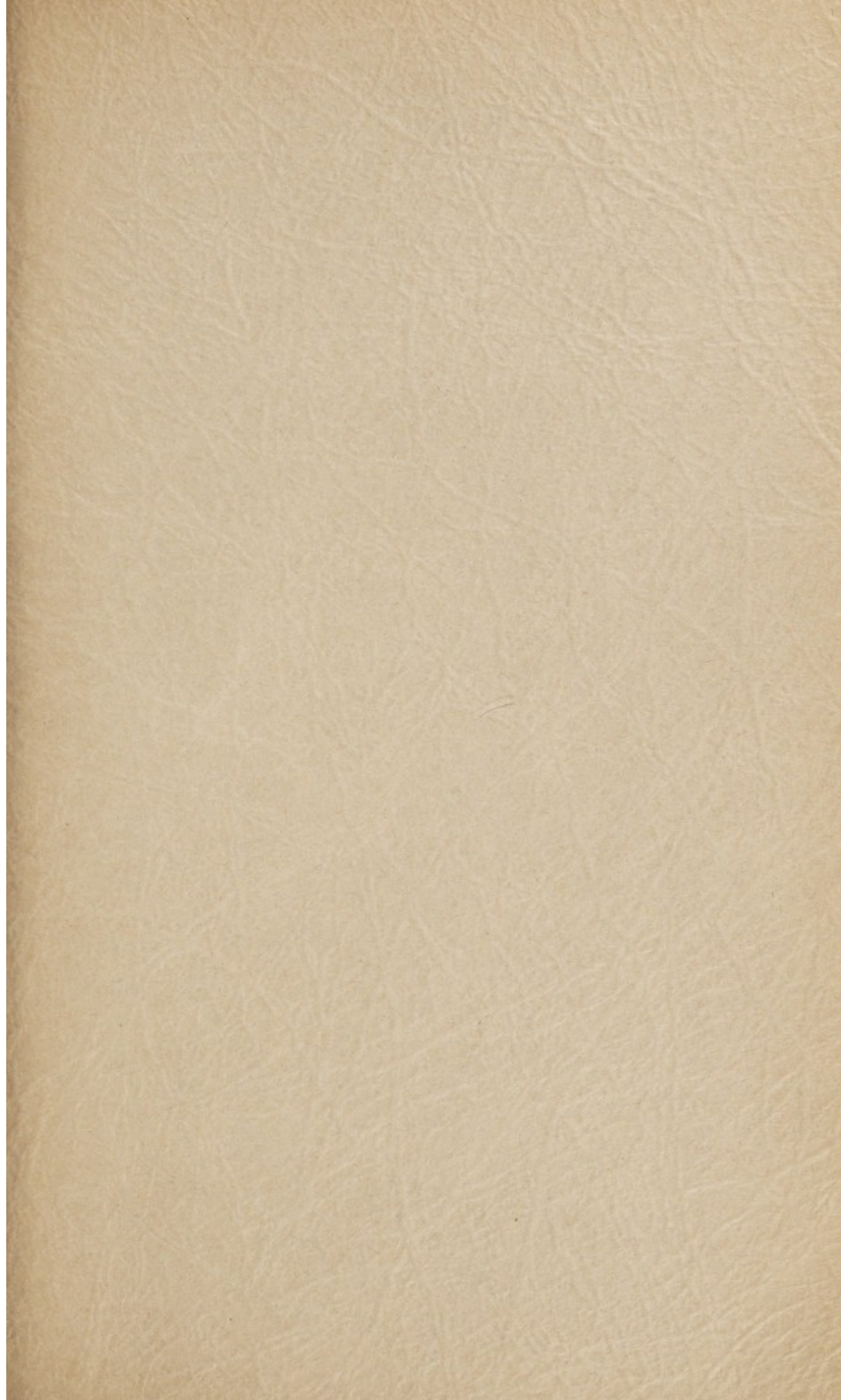
G. During the calendar year ended 31st December, 1960.

(i) Number of children reported to the local health authority—

(a) either under Section 57(3) (prior to 1.11.60) or under Section 57(4) (from 1.11.60)	7
(b) under Section 57(5) prior to 1.11.60	20

(ii) Number of decisions that a child is unsuitable for education at school cancelled under Section 57A(2) of the Education Act, 1944.

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LONDON SCHOOL OF HYGIENE
LIBRARY
APR 1964

LONDON SCHOOL OF HYGIENE
LIBRARY
- 8 APR 1964
AND TROPICAL MEDICINE