

[Report 1946] / School Medical Officer of Health, Birmingham.

Contributors

Birmingham (England). Council.

Publication/Creation

1946

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ANNUAL REPORT

TO THE

CITY OF BIRMINGHAM EDUCATION COMMITTEE

OF THE

SCHOOL MEDICAL OFFICER

JAMES R. MITCHELL, M.C., M.B., Ch.B., D.P.H.

FOR THE

Year Ended 31st December, 1946



BIRMINGHAM:

Templar Printing Works, 168, Edmund Street.

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ANNUAL REPORT
of the
SCHOOL MEDICAL OFFICER

JAMES R. MITCHELL, *M.C., M.B., Ch.B., D.P.H.*

For the Year ended 31st December, 1946.

INTRODUCTION.

This report on the work of the Birmingham School Health Service has been prepared in accordance with the directions of the Minister of Education, who has stated that the Report should refer not only to the health and well-being of pupils in the care of the School Medical Officer, but should also have particular reference to developments and extensions arising out of the Education Act, 1944.

STAFF.

In order adequately to carry on the work of the School Health Service in the twelve Clinics serving various districts of the City, twelve Assistant School Medical Officers are required, and an additional whole-time Medical Officer is necessary for Special Schools and certain Special Purposes. In place of this total of thirteen Officers we have had throughout 1946 the equivalent of the services of 12½ Officers which compares favourably with a total for 1945 equal to the work of nine individuals. The number of staff was increased by the return from Military Service of Dr. H. S. K. Sainsbury and Dr. C. Leith Barron and by the appointment to vacancies of Dr. Sheila Anderson and Dr. Maurice Lemin. Dr. P. R. Kemp returned from Military Service to resume charge of Special Schools and Special Purposes.

A reduction in numerical strength resulted from the appointment of Dr. E. Davies-Thomas to the new post of Senior Dental Officer and also by the death of Dr. E. H. Wilkins. Dr. Wilkins was a zealous worker and a perennial student, a General Practitioner with an enquiring research type of mind. One might not, and often did not, agree with his opinions but always they gave food for thought and had to be carefully considered. As a School Doctor he was quite widely known and recognised beyond the confines of this City. When it became necessary to lend a Medical Officer to the Children's Hospital as Clinical Assistant under the auspices of the Institute of Child Health, Dr. Wilkins accepted the duties with enthusiasm. By his death, after a short illness, the parents and children in his district have lost a competent, interested Doctor whom so many had come to regard as a friend; the Committee has lost a zealous Officer of long and proven service.

This section may be appropriately concluded with a short reference to Dr. A. W. Aldridge, who retired during the year. Dr. Aldridge for many years examined opthalmic cases at Gt. Charles Street Clinic which were unsuitable for treatment at local clinics, and each child referred to him received a most careful and thorough examination during which defects were frequently discovered which when treated, greatly improved

the child's general health, and through that, the vision. Dr. Aldridge was very well known to the parents, some of whom had been his patients when at school, and by his retirement the School Medical Service has lost a valued consultant who enjoyed the confidence and respect of hundreds of children and their parents.

STAFF (Dental)

The pre-war staff of Dental Surgeons numbered thirteen. During the year under review the number was the equivalent of the whole-time services of $10\frac{1}{2}$ Officers. Further details are given under the section devoted to dental treatment.

On October 1st, 1946, the newly-appointed Senior Dental Officer commenced duty. The choice of the Committee had fallen upon Dr. E. Davies-Thomas, T.D., M.R.C.S., L.R.C.P., L.D.S., R.C.S. By virtue of his dual qualification in medicine as well as in dental surgery, Dr. Davies-Thomas had already served for about a year as Assistant School Medical Officer in the Birmingham School Service. He thus approaches the problems of the dental treatment of our school children with an extremely useful twofold point of view. In addition to this Dr. Davies-Thomas is Senior Honorary Dental Surgeon to the Birmingham Children's Hospital, an appointment which assures a close touch with that Hospital, greatly to the advantage of the Birmingham School Health Service.

The appointment of this Officer early in the period of reconstruction and development is especially advantageous, since new projects and new schemes of considerable magnitude have to be given expert consideration for report to the Committee in due course. A careful and exhaustive scrutiny and evaluation of the present Dental Schemes is already being prosecuted with energy and discrimination.

Although details of other changes are given in another section, mention must be made of the loss felt by all his colleagues in the death of Mr. J. D. Cockburn. His work was of high quality and few men could have a more pleasing and persuasive way with children. He devoted himself to the work of his Clinic precisely as if it were his private practice and it would be difficult to find an Officer more highly esteemed or more generally liked and appreciated in a wide circle of colleagues and friends. He had served the children of Birmingham and the Committee for twenty-seven years with skill and devotion.

TONSIL AND ADENOID CLINIC.

As outlined in my report last year, operative treatment of adenoids and enlarged tonsils is carried out at Handsworth Clinic on three days per week, twelve cases being summoned for each operation day. The children remain in the Clinic for one night after operation. The Consulting Surgeon, Mr. D. J. Evans, who performs the operations, considers this sufficient for cases in which the guillotine operation is performed and this is the only technique employed in the Clinic. Only cases suitable for this operation are selected by the Assistant School Medical Officers and referred for treatment. The Nursing Staff is specially selected and a Nurse is on duty all night with the children. Should any complications arise the Surgeon is at once notified, and if there be any condition calling for such a measure he is able to transfer the child to Hospital.

Children are selected for whom the operation is urgently required, especially those in whom this operative measure is a necessary step towards further treatment.

It will be appreciated that although twelve children are summoned all may not be presented owing to inter-current illness of various kinds; some with colds or bronchial catarrh may attend but be considered unfit, at the time, for operation. To maintain the full numbers it is customary to notify two or three parents who live reasonably near the Clinic that there may be an opportunity for operation if they bring their children on a certain date, and parents readily avail themselves of this chance.

The following is a statement of the work done :

Tonsils only	...	...	...	1 girl
Adenoids only	...	...	2 boys	2 girls
Tonsils and Adenoids	...	698 boys	665 girls	
		<hr/> 700	<hr/> 668	Total 1,368

Average number of children per session, 10.6

The total number of cases is greater by 147 than the number of operations performed last year.

All other hospitals of the City which undertake this type of work have considerable waiting lists and it may again be emphasised that the work at the Handsworth Clinic represents an appreciable proportion of the total operative treatment for adenoids and enlarged tonsils available in the City.

NUTRITION.

In reporting upon this subject the first necessity year by year has been to point out the unreliability of nutrition assessment figures to give any accurate mathematical statement of the position. To begin with, the position was ill-defined since there was no unanimity as to just what should be included in the term nutrition. Secondly it has proved, as it always will, impossible to express by any mathematical formula a state of the human health, development and well-being dependent upon so many factors, any or all of which may be differently employed by various observers. While, however, these numbers are of little importance from the laboratory or research points of view, it would scarcely be true to allege that they have no significance. Considered as the expression of the clinical impressions, after due examination, of all experienced Medical Practitioners the figures do have some practical significance.

Taking groups C and D (Table II) those of sub-normal nutrition, slight or bad, the Medical Officers, after examination were of opinion that 18.9 per cent. of 35,476 children inspected showed conditions of physique, nourishment or development, of general health in fact, which could and should be improved; in 0.6 per cent. of those inspected the need was urgent and pressing. We see then that of these 35,476 children 6,632 required some form of treatment and help, ranging from advice to the parents in slighter cases to the employment of all the resources of the School Health Service in those more seriously affected—Sun-rays, Special Schools or it may be, hospital treatment.

However we view them it cannot be said that the figures show any handsome improvement, although there is no real deterioration. Conditions of living, housing, food supply and variation in diet do not yet show any notable improvement upon conditions obtaining during the

war years. Taking everything into account the state of our children is better than we would have dared to prophesy in 1940. It is stimulating to know that two Swiss Doctors who saw many of our children this year, were impressed by their generally good condition as compared with continental children of more than one country.

THE OPHTHALMIC SCHEME.

The School, through the medium of the School Health Service, forms the second line of defence in the preservation of the eye-sight and the prevention of blindness. The first line is, of course, the Maternity and Child Welfare Service. Apart from the effects upon the happiness and efficiency of the individual the matter is of high social and economic importance.

When the medical inspection of the eight year age group was given up it was felt that without some substitute the vision of school children could not be adequately safeguarded. To compensate for this, as mentioned in previous reports, vision surveys by School Nurses were instituted. It must be emphasised that in these surveys, Nurse gives what we may regard as a final opinion, only in the case of those children who respond to the tests fluently and easily. Any individuals who fail in the test or show hesitation and difficulty are referred for further examination by the School Doctor at the Clinic. In these surveys the Nurse tests large groups of children in what is, in effect, a preliminary examination.

The former intermediate inspection, the examination at the age of eight years has been replaced by inspection in the last year of attendance at a Primary School, that is to say, at the age of 11+.

The interval between the entrance inspection at 5+ and the second at 11+ is too long to ensure adequate care of the eye-sight of the children so that these vision surveys must be continued. The following shows the whole scheme in tabular form:

I. Ascertainment of defect.

- (a) In the 2—5 year age range—
 - i. Children referred by the Maternity and Child Welfare Organisation.
 - ii. Children discovered in Nursery Schools and Classes.
 - iii. Children reported by others—Parents, School Attendance Officers and other Welfare Workers.
- (b) Children of school age—
 - i. Reported by Teachers on admission to School.
 - ii. Discovered at entrance medical inspection.
 - iii. Discovered or suspected by Nurse at her vision survey and referred to School Doctor for further examination.
 - iv. Discovered by School Doctor at subsequent inspections.

II. Examination.

This is carried out at School Clinics by Assistant School Medical Officers, by Visiting Ophthalmic Specialists and by two Consultant Ophthalmic Surgeons at Great Charles Street Clinic, children being referred to these various examiners according to the needs of the cases.

III. Treatment.

- (a) Spectacles, where required, are prescribed and supplied at the Clinic by all the examining Surgeons.
- (b) Appropriate cases are referred to the Great Charles Street Clinic for examination by Mr. Archer-Hall, the Committee's Consultant Ophthalmic Surgeon, who may refer the case to Hospital for orthoptic treatment or operation or may refer the child as a "handicapped pupil" for admission to an institution for the Blind or to a School for partially-sighted children.

Mr. Archer-Hall submits the following report upon the work at Great Charles Street Clinic:

"For the year ending December 31st, 1946, I give below statistics which represent the number of cases treated for defects in refraction, and arrangements for the education of partially-sighted children, as carried out in the last twelve months at the Great Charles Street School Clinic.

For the following cases of defects in refraction, glasses have been prescribed:—

Myopia	...	...	173
Hypermetropia	...	...	265
Astigmatism	...	...	801
			<hr/>
			1,239
			<hr/>

I have performed 75 operations for strabismus at the Birmingham and Midland Eye Hospital, and have referred 55 cases to the Orthoptic Department of this Hospital for treatment. Sixteen children were recommended for education at partially-sighted schools, but five children, previously admitted to these institutions have now returned to sighted schools.

In the case of three children, I have found it necessary to admit them to the Blind Institution.

These figures also include prescriptions for glasses given by my colleague, Dr. Aldridge."

Taking the work of all the Medical Officers together there has been some increase in the number of cases of defective vision found, examined and treated. This increase cannot be regarded as significant of increase in visual defects among school children, but rather as indicating more complete ascertainment due to return to more normal strength of staff and more normal opportunity of parents to accept treatment.

AURAL CLINIC.

This centre is in the charge of Mr. F. Brayshaw Gilhespy, who is assisted by a Specialist Nurse. The type of disease dealt with has been substantially the same as in the previous year with nothing significant in preponderance or diminution of any special condition,

The cases are from various sources :

(1) Children referred by Assistant School Medical Officers for further advice; these may be treated at the Aural Clinic or may be sent back for treatment at the local clinic according to the needs of the conditions.

(2) Special cases referred by School Medical Officer. This is a very mixed group: children examined at special request of parents, cases referred by the Appeals Sub-Committee, Boarded-out children, Remand cases where necessary, and cases referred by private practitioners.

(3) Children referred for examination for possible admission to a Deaf School.

In some cases the Surgeon may consider it necessary to transfer the child to the Ear and Throat Hospital for more specialised treatment than is possible in a Clinic. In such cases, X-ray examination may be required to determine the true extent of disease, and decide whether or not the condition calls for hospital treatment. These X-ray examinations are carried out at the expense of the Committee.

This note as to the source of cases dealt with is repeated from the report for last year because it seems to show the importance of the Aural Clinic in the scheme of the School Health Service. It may be noted that the activities of this Clinic are important to the work of other Officers and Departments, while the value of early specialist examination, treatment and prompt report cannot be too strongly stressed.

Mr. Gilhespy gives the following note upon the work of this Centre :

"A greater number of patients with ear conditions have been treated during the year. Despite the fact that a majority of these children have had their Tonsils and Adenoids removed, it has been noticeable that many of them still have nasal catarrh. This observation does not invalidate the claims of the Tonsil and Adenoid operation as a means of clearing up cases of nasal obstruction and discharge due to Adenoids and helping many children with respiratory catarrh and bronchitis. Probably it points to many other factors having a bearing on the condition; home surroundings, such as overcrowding; atmosphere in a city such as this, and, quite as important as any, the lack of knowledge of the proper use of a handkerchief, if one is possessed, to blow the nose. A small proportion are probably sensitive to various foods, dust, etc.

Many of these cases of nasal catarrh have been treated by me at Hospital, as also a certain number of cases of otorrhoea requiring mastoid surgery. The facilities are limited and a more unified service is necessary before all cases can be treated."

DENTAL TREATMENT.

As already stated, there were available throughout the year, the equivalent of the services of ten and a half Dental Surgeons as against just under nine in 1945.

Dr. Davies-Thomas, the Senior Dental Officer, has examined and analysed the statistics of children examined and treated and reports as follows :

	1946	1945
Total Inspected in all Schools	89,655	81,193
„ In need of Treatment	49,375 (55.07%)	46,231 (56.9%)
„ Attended Clinics for Treatment	30,482 (61.7%)	24,595 (53.2%)
Increase in Treatment Sessions	23%	
„ „ Total Treated	24%	
„ „ Inspection Sessions	14%	
„ „ Number Inspected	10%	
Gas Sessions Average Attendance	1946=21.55	
„ „ „ „	1945=21.00	
Filling Sessions Average Attendance	1946=6.8	
„ „ „ „	1945=6.7	
Casuals (without appointments)	1946=2,065=7.1% of total treated	
„ „ „	1945=1,510=6.4% of total treated	
Extractions—Permanent Teeth	1946=10,979	
„ „ „	1945=10,162	
„ Deciduous Teeth	1946=59,262	
„ „ „	1945=48,877	
Fillings—Permanent Teeth	1946=13,179	
„ „ „	1945=11,764	
„ Deciduous Teeth	1946= 211	
„ „ „	1945= 300	

During the year under review, the department suffered a severe loss by the death of Mr. J. D. Cockburn after twenty-seven years devoted service. In addition, two Officers, namely Mr. J. Jessop and Mrs. J. L. Davies, retired (on age limit) after thirty-three and twenty-seven years' service respectively. The Department will feel the loss of these experienced Officers.

We welcome on their return from the Services Mr. H. A. Cohen and Mr. H. Linn.

It will be noticed that during 1946 there is an increase of 8,462 (10 per cent.) in the number of children inspected compared with the previous year, and that the number of children requiring treatment in 1946 is 55.07 per cent. compared with 56.9 per cent. in 1945, which is an improvement in the right direction and one which it is hoped will be maintained.

It had been hoped that the number treated would have been higher with the return of Officers from the Services, but this was counter-balanced by the difficulty in obtaining suitable replacements of personnel.

Reviewing the figures given for the number of teeth extracted, it is to be deplored that the figures given for deciduous (primary) teeth are so high, and conversely that for fillings in these teeth, so low.

While it is appreciated that the greatest good must be done for the greatest number, it is to be hoped that the future will see an improvement in these drastic figures.

The conservation of the deciduous (primary) dentition is of vital importance to the establishment of a sound permanent dentition so that in any future planning this matter will need careful consideration,

BOARDED-OUT CHILDREN.

These children have been placed by the Education Committee in the care of foster-parents. Some have been committed to the care of the Committee by the Juvenile Court: a very few are residual evacuees. Boarding-out commences at a variety of ages, according to circumstances, and continues until the age of 18, when many make their permanent home with their foster-parents. They are boarded-out chiefly in and around Birmingham and in the Bewdley area.

These children are regularly examined by the School Medical Officer every six months. In addition to these periodic inspections special examinations are arranged at any time that the health or general progress of individual children seems to call for particular investigation. In this respect the utmost vigilance is observed by members of the Boarding-Out Department as well as by the foster-parents themselves. In treatment of defects these children are eligible for all medical measures provided by the School Health Service—Clinics, Hospitals, Consultants, Child Guidance, etc., and in addition, systematic and continued treatment by Private Practitioners in the house of the Foster-Parents. Below is a half-yearly report on medical conditions as furnished to the Committee.

REPORT OF SCHOOL MEDICAL OFFICER ON THE EXAMINATION OF BOARDED-OUT CHILDREN.

During the period 1/4/46 to 30/9/46, one hundred and fifty children have been examined. This number includes 65 Ordinary Boarded-Out children and 85 children Boarded-Out as Care and Protection cases. Apart from a few isolated cases the children were all boarded-out in or around Birmingham.

Seventy-one of the children examined were in satisfactory health and required no treatment.

The children, with very few exceptions appeared to be happy and contented with their foster parents. They were also clean and well cared for.

Of the number examined, fifty-nine were recommended for treatment as follows:—

Remedial Exercises	...	...	...	5
Dental treatment	...	...	...	11
Aural treatment	...	...	...	4
Ophthalmic treatment	...	...	...	8
Sun-Ray treatment	...	...	...	1
Tonsils and Adenoids operation			...	3
Change of Air	...	...	...	2
Examination at T.B. Clinic			...	8
Further examination later			...	7
Special treatment	...	...	...	10
				<hr/>
				59
				<hr/>

Thirty-three children have also been recommended Medical Extras.

*BOARDED-OUT CHILDREN
TREATED BY PRIVATE PRACTITIONERS.*

Thirty-eight children have received treatment and the following table gives the nature of the illnesses for which they were treated:—

Measles	...	...	...	1
Scarlet Fever	...	...	...	1
Whooping Cough	...	...	...	2
Chicken Pox	...	...	...	4
Tonsilitis	...	...	...	1
Impetigo	...	...	...	1
Injury	...	...	...	2
Congestion of Lungs	...	...	...	1
Bronchitis	...	...	...	3
Anaemia	...	...	...	1
Influenza	...	...	...	3
Miscellaneous	...	...	...	18
				—
				38
				—

It may be noted that "the children, with very few exceptions, appeared to be happy and contented with their foster-parents." This point is most significant of the difficulties of boarding-out and the care and consideration given to the suitability of foster-parents chosen. There are two temperaments to consider, that of the foster-parent and that of the child. In the great majority of instances meticulous investigation and skilled selection result in satisfactory choice and happy settlement; but since the personality of the child is not static, is in fact, expanding and making progress hitherto inhibited in many cases, adjustments may be required for certain individuals. No child is ever placed and left to make the best of it. However good the foster-parent may be, a friendly yet critical supervision is maintained to ensure that in any changing circumstances the care and environment of the child remain of the best, medical and, if necessary, psychiatric assistance being freely invoked. It is probable that the continuous care of the Officers concerned and the almost uniform interest and goodwill of the selected foster-parents are not always fully appreciated except by those who have intimate knowledge of the position.

ORTHOPAEDIC SCHEME.

There have been some changes in personnel of Physiotherapists in charge of these Centres throughout the year but it has been possible to maintain the staff at very nearly full power, at least in the latter half of the twelve months. 1,675 children were admitted for treatment and 1,333 were discharged. It has again been difficult owing to pressure of work at the Royal Cripples' Hospital to arrange for clinic sessions for consultations with the Orthopaedic Surgeons so that in many cases it has been necessary to refer the children direct to the Hospital for the necessary guidance and specialised treatment.

TUBERCULOSIS.

Dr. J. E. Geddes, the Chief Clinical Tuberculosis Officer, reports as follows :—

TUBERCULOSIS NOTIFICATIONS—ALL FORMS OF TUBERCULOSIS
STATEMENT A. BOYS AND GIRLS

Year	Age Groups	0—4	5—9	10—14	Total
1936	68	42	49	159
1937	65	36	31	132
1938	79	45	30	154
1939	51	44	35	130
1940	64	36	24	124
1941	73	33	26	132
1942	77	56	40	173
1943	74	39	36	149
1944	82	44	37	163
1945	85	49	41	175
1946	77	67	52	196

The above statement shows the annual incidence of all forms of tuberculosis in children since 1936. The number of cases notified during 1946 was 66 or 50 per cent. above those recorded during 1939 and 52 or 36 per cent. above the average number for the years 1936—1939.

These figures show a definite increase in the number of cases of tuberculous disease in children. The source of infection is in many instances difficult to ascertain, but where the child is in close household contact with an adult with 'open' pulmonary tuberculosis the source of infection is obvious. The domestic environment of the tuberculous patient is altogether important. It is important for the patient, but as important for the family. The successful control of pulmonary tuberculosis depends on sanatorium treatment, but also, and this is too easily neglected, on a domestic and industrial environment, which contributes to and does not dissipate the results of sanatorium treatment.

Provision for suitable employment in Birmingham will be extended during 1947 by the erection (Disabled Persons Employment Corporation Ltd.), of a factory on the Garretts Green Lane Factory Site for the employment of three hundred tuberculous patients. That considerable advance in rehabilitation and employment must develop concurrently with a scheme which will ensure proper home accommodation. A form of preferential allocation of houses for the tuberculous population is an equitable principle. It preserves the health of the patient and reduces the dissemination of tuberculous infection. This principle has been accepted over many years by the Public Health Committee and despite present difficulties and with the co-operation of the Estates Department substantial progress in re-housing has been made. The practice must be continued until every tuberculous family in the city is properly housed. The realisation of that principle will do much to reduce tuberculous infection and disease in the child.

The reduction of tuberculous disease in children also depends on a 'safe' milk supply. It is known that one cow in every two hundred excretes tubercle bacilli in the milk, and that some 35 per cent. of cattle show evidence of tuberculous infection. It is also

known that some 2,000 deaths occur annually in England and Wales from tuberculosis of bovine origin. The majority of these deaths occur in children. That is the penalty exacted by the acceptance of the present quality of the national milk supply. Efficient heat treatment of milk destroys the tubercle bacillus and does not impair the nutritional quality of the milk.

The bulk of Birmingham milk (96 per cent.) is heat treated and in addition a considerable proportion of the remaining 4 per cent. is supplied from Tuberculin tested cattle. That is an encouraging position and the incidence of bovine tuberculosis in the city is probably small. Nevertheless the objective should be the heat treatment of all milk (other than that from tuberculin tested herds), and that, with a knowledge of the dangers of a contaminated milk, should surely be readily attained. That bovine tuberculosis can be eradicated has been shown by experience in certain States in America. The extent of tuberculous infection of cattle in this country is so considerable that elimination by slaughter of infected animals is not now practicable. The immediate policy should therefore be the heat treatment of all non-designated milk and the ultimate, however difficult the monetary and practical problems, the establishment throughout the country of milch herds free from tuberculous disease.

TUBERCULOSIS NOTIFICATIONS—PULMONARY

STATEMENT B. BOYS AND GIRLS

The following Statement B, which is extracted from Statement A, shows the annual incidence of pulmonary tuberculosis from 1936—1946.

Year	Age Groups	0—4	5—9	10—14	Total
1936	36	23	19	78
1937	32	22	19	73
1938	35	18	18	71
1939	24	15	14	53
1940	42	8	14	64
1941	38	14	13	65
1942	49	23	22	94
1943	48	22	18	88
1944	47	30	17	94
1945	51	30	29	110
1946	57	38	35	130

These figures show that the number of cases of pulmonary tuberculosis notified in 1946 was 77 or 145 per cent. above those recorded during 1939, and 62 or 91 per cent. above the average notifications for the years 1936—1939. These figures again emphasise the need to spare no effort in the elimination of known sources of infection. The Public Health Committee have approved a scheme which will enable the Tuberculosis Officers to arrange for the temporary removal of a child from a 'tuberculous' household where precautions against the spread of infection cannot be adopted. It will mean the provision of a suitable nursery but it is hoped that the scheme will become operative during 1947.

TUBERCULOSIS NOTIFICATIONS—NON-PULMONARY
STATEMENT C BOYS AND GIRLS

The following Statement C. shows the number of cases of non-pulmonary tuberculosis notified during 1946 and 1939.

Year	Age Groups	0—4	5—9	10—14	Total
1939	15	26	20	61
1946	20	29	17	66

TUBERCULOSIS NOTIFICATIONS—MENINGITIS
STATEMENT D. BOYS AND GIRLS

The following Statement D. shows the number of cases of tuberculous meningitis from 1939.

Year	Age Groups	0—4	5—9	10—14	Total
1939	12	3	1	16
1940	10	9	—	19
1941	20	6	2	28
1942	11	7	5	23
1943	11	4	5	20
1944	16	4	4	24
1945	15	7	2	24
1946	6	6	1	13

These records show a substantial reduction in the number of cases of tuberculous meningitis. During the early years of the war there was an increase in tuberculous meningitis throughout the country due most probably to overcrowding in ill-ventilated shelters and homes. The reduction in incidence is presumably due to the considerable alleviation of those conditions.

SANATORIUM TREATMENT.

The number of children admitted to the Yardley Green Road sanatorium during 1946 is shown in the following statement.

	Boys	Girls	Total
Number admitted	54	53	107
Number admitted primarily for treatment	25	21	46
Number admitted primarily for observation	29	32	61
		<u>107</u>	<u>107</u>

Sixty-one children were admitted for observation, and of that number twenty-nine, or 47 per cent. were discharged because no evidence of tuberculosis was found, but in thirty-two or 53 per cent. the diagnosis of tuberculosis was confirmed and they were transferred to the sanatorium for treatment.

The number of children admitted for treatment during the year was thus seventy-eight, and of that number sixty-nine, or 88 per cent. were cases of pulmonary tuberculosis, and nine, or 12 per cent. cases of non-pulmonary tuberculosis.

*CHILDREN REFERRED TO THE ANTI-TUBERCULOSIS
CENTRE FOR EXAMINATION.*

During the year, 1,437 children were examined at the Anti-Tuberculosis Centre, and many of these children were referred for precautionary investigation by the Medical Officers of the School Medical Service.

This association of the work of the two departments is of the greatest possible value.

GENERAL.

The Public Health Committee have made arrangements to extend the present accommodation for the treatment of tuberculous disease in children. Plans for the acquisition of a mansion house near Tenbury Wells have been approved by the City Council. This will increase the present accommodation by 70 beds and should eliminate the present waiting list which is now approximately four months. The advantage of this extended accommodation needs no emphasis.

MASS RADIOGRAPHY

*MODERN SCHOOL LEAVERS AND GRAMMAR AND
TECHNICAL SCHOOL PUPILS*

The examinations undertaken included surveys of Modern and Grammar and Technical School leavers.

The examinations were undertaken at the Central (Mass Radiography) Department. The co-operation of the parents was readily obtained.

The results are recorded in the following tables. The work has been facilitated by the co-operation of Dr. Mitchell.

MODERN SCHOOL LEAVERS

(a) Total number of Modern School Leavers	10,731	
Number who accepted invitation to attend Mass Radiography Dept.	8,232 (77 per cent.)	
Number of miniature films taken	8,232	
Number of " abnormal " miniature films	610 (7.4 per cent. of total miniature films)	
Number of large films taken	589	} 610 (3.4 per cent. failed to attend)
Number of children who failed to return for large films	21	
(b) Number of children with abnormal large films judged to be of clinical significance	107 (1.3 per cent of total miniature films)	
Number of clinical examinations	101	} 107 (5.6 per cent. failed to attend)
Number of children who failed to return for clinical examination	6	
Number of cases of tuberculosis (all forms)	59 (0.7 per cent. of total miniature films)	
Active primary Tuberculous lesions	2	
Inactive primary tuberculous lesions	53	
Active post-primary tuberculous lesions	1	
Inactive post-primary tuberculous lesions	3	
	59	

Total number of Cases of Active Lung Tuberculosis—3 (or 0.04 per cent. of total miniature films taken).

These figures emphasise the comparative infrequency of active lung tuberculosis in this age group. The investigation was worth undertaking; it does not require repetition because of the low incidence, but as a preliminary survey during the experimental stage of mass radiography endeavours, the results have served a good purpose.

GRAMMAR AND TECHNICAL SCHOOL PUPILS

(a) Total number of Grammar and Technical School Pupils	12,276
Number who accepted invitation to attend Mass Radiography Department	10,802 (88 per cent.)
Number of miniature films taken	10,802
Number of "abnormal" miniature films	544 (5 per cent. of total miniature films)
Number of large films taken	543
Number of children who failed to return for large film	1
	544
(b) Number of children with abnormal large film judged to be of clinical significance	107 (0.99 per cent. of total miniature films)
Number of clinical examinations	106
Number of children who failed to return for clinical examination	1
	107
Number of cases of tuberculosis	104 (0.96 per cent. of total miniature films)
Active primary tuberculous lesions	7
Inactive primary tuberculous lesions	85
Active post-primary tuberculous lesions	6
Inactive post-primary tuberculous lesions	6
	104

Total number of cases of Active Lung Tuberculosis—13 (or 0.12 per cent. of total miniature films taken).

These figures are of great interest. They indicate the emergence of active lung tuberculosis in the early years of adolescence. The average incidence of active lung tuberculosis detected in the adult population by Mass Radiography surveys is approximately 4 per thousand, (0.4 per cent.). The figures for this comparatively small survey of children above the age of 14 is 0.12 per cent., a figure not disproportionate to that for the adult population. These results have justified the inclusion of grammar school pupils among the groups selected for Mass Radiography surveys. This work will be continued and, with the collaboration of the School Medical Officer and the Head of the Juvenile Employment Bureau, arrangements have been made for regular annual surveys of a selected group of these pupils until they attain the age of 25.

Progressive and acute lung tuberculosis is relatively common in the adolescent and young adult. It is in many instances a malignant form of tuberculosis and the prognosis bad. It may be related to the late occurrence of the primary tuberculosis lesion which by reason of the augmented physical and physiological stress of adolescence, is not given comparable opportunities to heal as is the case in childhood. Investigations of the kind now briefly reviewed may well throw additional light on this complex and important problem."

INSTITUTE OF CHILD HEALTH.

The Institute of Child Health is an organisation, although the full scheme may, at a future date, involve provision of a building possibly near the Children's Hospital. The establishment of the Institute has resulted from collaboration of the Birmingham University, the Children's Hospital and the Birmingham City Council. The underlying purpose is improvement in the general medical standards for the care of the children of this City, and later, of a wider area. It is felt that such improvement can be gained by the interlocking of the educational, curative and preventive functions of the three bodies concerned. The object is to improve the training of medical students and so to raise even higher the standard of treatment of sick children. The curative functions of the Children's Hospital and its teaching capacity are well known and duly appreciated, but a closer linkage with the medical organisations of the Local Authority gives wider opportunity of gaining familiarity with the preventive aspects of child medicine. In this way a more closely concerted attack can be made upon disease problems in childhood and greater force given to efforts towards maintenance of health. When invited to join in this project the City Council readily agreed.

The development of the work has been directed by a Council of Management comprising representatives from the University, the Children's Hospital, and the Local Authority. On this Council the Education Committee is represented by two of its members and the School Medical Officer.

One Assistant School Medical Officer has been lent for services on one day per week as Clinical Assistant at the Children's Hospital, corresponding School Clinic work being undertaken by a Registrar, or Registrars, from that Hospital. In addition, demonstrations to medical students are given in the School Clinics. Dr. E. H. Wilkins was the first Assistant School Medical Officer to act thus as Clinical Assistant and since his death in June the post has been filled by Dr. H. S. K. Sainsbury.

An important function of the Institute is to stimulate, and help direct, the prosecution of research into all conditions affecting the welfare of children.

DIPHTHERIA IMMUNISATION.

Again during this year the aim has been to inoculate as many children as possible before their entrance to school because in these early ages diphtheria is at its deadliest. It may be repeated that the Ministry of Health advise that if a child has been inoculated in infancy, one further (supplementary) dose should be given just after the child enters school, provided that at least two years have elapsed since the previous treatment. Inoculations are given by Officers of the Public Health Department who visit Infant and Junior Schools. Any parents desiring that older children should be treated may make arrangements for these children to attend at the nearest Infant Welfare Centre or at the Public Health Department.

The table below gives the extent of the work in 1946 for all ages including school children and gives a view of the immunisation state of the City.

NUMBER OF CHILDREN AND ADULTS IMMUNISED DURING THE YEAR 1946.

	YEAR OF BIRTH														Adults	Total
	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934	1933	1932	
Infant Welfare Centres	1,227	9,606	1,681	614	321	210	62	37	20	9	15	14	10	9	7	5 13,847
War-time Day Nurseries	29	472	215	72	28	8	—	—	—	—	—	—	—	—	—	8 832
Schools	—	4	6	35	102	612	906	666	418	112	68	71	27	25	19	17 3,088
Council House	67	478	94	44	23	24	6	3	—	2	4	3	4	3	4	8 767 18
Institutions	—	32	32	25	15	11	7	5	6	11	19	19	30	17	2	1 232
General Practitioners	174	1,804	380	123	64	61	25	21	14	18	14	9	9	6	1	24 2,747
TOTAL	1,497	12,396	2,408	913	553	926	1,006	732	458	152	120	116	80	60	33	63 21,513
Supplementary Doses	—	—	—	29	196	2,422	3,246	3,183	1,685	431	345	272	77	73	56	34 12,049

PHYSICAL EDUCATION

The year under review has seen the beginnings of a gradual return to the pre-war conditions under which physical education was organised and carried out in the Committee's Schools and Institutions.

An increasing number of men teachers, for example, returned from the Services to the Schools, enabling the physical education of senior boys to be under the charge of men teachers and releasing more women teachers for girls' classes.

More playing fields, used for military, civil defence and agricultural purposes during the war, were returned to the control of the Education Committee, and, as groundsmen became available, were prepared for school games. The use of the fields by school classes, however, has been severely restricted by lack of special transport, and many Schools from the congested areas, which before the war visited playing fields weekly, have not yet resumed organised games periods. This is a detriment to the children's healthy development as well as to their education. Pre-war practically every child in Birmingham over eleven years of age had an organised games period on a playing field once a week. In 1946 only 177 Schools visited playing fields as compared with 249 in 1936.

In order to give more children the opportunity of learning to swim, it had been hoped to provide transport to baths for those Schools situated more than a mile from a swimming bath. This also, however, was not possible. Many Schools made use of normal transport services but in a number of cases this was found impracticable because it was not always possible to get the entire swimming group on to one bus.

The supply of equipment for games and gymnastics and the supply of gym-shoes was a little easier than in the previous year but the increase in price and delay in delivery restricted the amounts received by the Schools. It is hoped that many of these difficulties will be overcome during next year as the provision of transport and supply of equipment are two essentials before the pre-war organisation can be achieved.

The interest of the head and assistant teachers in physical education as a valuable aid to healthy development is still evident and many Schools have made every effort to overcome difficulties of transport and equipment in order to arrange a wide programme of physical education.

In every branch of education, primary, secondary and further, physical education is an integral part of a general educational programme. Conferences with head teachers to discuss proposals for teachers courses have been well supported, and an urgent plea made for the return to the pre-war organisation for teachers courses in physical education for teachers in infant, junior and secondary schools. In the further education branch the Committee's initial courses for leaders have continued to attract many young men and women who voluntarily give up spare-time in the evenings to a long and thorough training before qualifying as physical recreation leaders on the Education Committee's panel. Requests for these leaders continue to be received from every type of voluntary organisation, as well as official evening institutes, and the increasing number on the leaders' panel only just meets the many demands.

The Athletic Institute continues to function as an institute of physical recreation, unique in type and with a national reputation. The men's section has expanded considerably since the return of men to civilian life, and the women's section, which has reached maximum expansion in the premises available, has given a number of public demonstrations of its

work which have been appreciated by audiences representing many parts of the country.

The Committee's organising staff has kept in close touch with every side of physical education by advisory visits to Schools, Institutes and Clubs of every type, arrangement and conduct of training courses for teachers and leaders, and general organisation in such matters as supply of equipment, appointment of physical training staff, visits to consider the suitability of various sites for playing fields and by the many contacts with organisations in the City which may wish to seek the co-operation of the Education Committee in any matter concerning physical education.

The interest in physical education as an instrument of general education and health is still apparent and the fuller implementation of many projects is only limited by the lack of adequate facilities. One of the greatest fears is that some of the playground and playing field space which, even in the past, has been all too little, will be still further restricted as new buildings are planned.

PROVISION OF MEALS.

During the year ended 31st December, 1946, 6,198,640 dinners were provided for School children, an increase of 1,353,693 compared with the previous year.

Of the total number provided, 4,630,580 were paid for as against 3,823,554 last year, and 1,568,060 were for necessitous children. The number of meals provided for necessitous children shows an increase of 546,667 (approximately 53 per cent.) above the corresponding figure last year.

Of the 1,568,060 meals provided for necessitous children, 1,474,442 were provided free, compared with 866,295 last year, and 93,618 were provided on part payment compared with 155,098 last year.

The increase in the number of free meals issued is no doubt a reflection of the changed industrial situation, following the change from war time to peace time production.

At the end of the year, there were 69 kitchens in operation supplying meals to 364 School departments.

In connection with the supply of milk under the "Milk in Schools Scheme," the average number of children taking milk in June was 79.6 per cent. of the children in attendance. From August 6th, milk became free of charge, and in October the percentage of children taking milk was 97.0 per cent. of the number of children in attendance.

CHILD GUIDANCE CLINIC.

The following report has been received from Dr. C. L. C. Burns, Director of the Child Guidance Clinic:—

"The question of coping with excessive numbers referred for Child Guidance can be dealt with in two ways: one is to allow the waiting list to mount indefinitely, the other is to take fewer cases on for treatment and increase the proportion of 'diagnostic' cases. The latter method is obviously preferable, and it will be seen from the accompanying table that the 'treatment' and 'diagnostic' cases are approximately equal,

It must not be assumed however that 'diagnostic' cases are merely diagnosed and nothing done. It means that the case is fully investigated and discussed, and some advice and reassurance given to the parent, as well as a report sent to the doctor, head teacher or whoever has direct connection with the case.

The effect of clearing the air by establishing some definite finding, either positive or negative, is in itself beneficial. In any case the way is left open for the case to be seen again if necessary.

A feature of the increase in our work has been the increased number referred by the Juvenile Court for reports.

Discussions between the Clinic Staff and the Probation Officers as a body have been fruitful in improving the co-operation between us. With the School Attendance Department too, we are in constant touch.

The increased interest in Child Guidance shown by various bodies means an influx of students who want to learn something of our work, and the inadequacy of our accommodation becomes more evident; but in this respect we are no worse off than many others who are waiting upon the possibilities of reconstruction and development for the furtherance of their work.

Another most urgent problem is the provision of suitable residential accommodation for special cases, which have certainly increased with the disturbed conditions of family life, and with housing difficulties. Here again we have to await developments.

Total referred 466

Treatment cases	...	176	Total dealt with	...	354
Diagnostic cases	...	178			
Did not materialise...		32			
Waiting list	...	80			
		<hr/> 466			

<i>Treatment cases</i> —Behaviour	...	...	...	88
Nervous	...	...	...	32
Habit	...	...	...	40
Backward	...	...	...	16
				<hr/> 176

<i>Diagnostic cases</i> —Behaviour	...	...	...	96
Nervous	...	...	...	35
Habit	...	...	...	33
Backward	...	...	...	14
				<hr/> 178

Total dealt with 354

REMAND HOMES.

During this year there have been no substantial changes in the methods and procedure employed in these Homes for the care of young people admitted.

The general principle has been the institution of remedial treatment as soon as the individual enters the home. Delinquency is looked upon

not as "wickedness pure" but as a reaction—abnormal if you will—to some influence or series of influences which have been brought to bear upon the child. It is impossible to employ rule-of-thumb methods or to state what particular malign influence is most common. Only by careful consideration of each individual separately can real results be achieved. This sounds a truism but it is surprising how often these obvious truths are overlooked. When, in regard to abnormalities mental or physical, we hear the statement "I always find —," we may be sure that the investigator has either not looked far enough or has found something for which he was looking and has been satisfied. This work is in the hands of a staff directed and organised by Officers of specialised ability, whose prime aim is to know and understand each child, to find out the individual's difficulties and to develop his or her potentialities. A good many of these young people lack interest in life and have little idea of the need to accommodate themselves to community or social life. On admission, they find themselves treated not as malefactors but as new members of a community where each is expected by his mates to fit in with the rest. Even in the short stay possible in a Remand Home, remedial influences of great force may be commenced.

At the end of the year the Fircroft Remand Home was transferred to Forhill House. This is a country house equipped and given by Mr. Barrow Cadbury. It accommodates 50 senior boys and is designed to be a Remand Home and observation centre. Here, in addition to the Warden and his Staff there will be regular visiting Psychiatric and Psychological personnel so that deeper investigation may be made of certain cases.

Below are recorded the numbers dealt with in the various Homes :

FIRCROFT REMAND HOME

Birmingham boys in Remand Home, 1946	...	...	284
Outside cases in Remand Home, 1946	...	...	20
Total number of boys in Remand Home	...	...	304

MOSELEY ROAD JUNIOR REMAND HOME

	<i>Boys</i>	<i>Girls</i>
Birmingham children in Remand Home, 1946	173	33
Outside children in Remand Home, 1946	11	7
Total number of cases, 224	Total 184	40

THE LIMES REMAND HOME

Birmingham Girls in Remand Home, 1946	...	...	86
Outside cases in Remand Home, 1946	...	...	19
Total number of girls in Remand Home	...	...	105

VISIT TO SWITZERLAND.

During the Summer, the Swiss Government offered hospitality to about 130 Birmingham children, who would be accommodated in private homes in Switzerland for a period of three months. Expenses of residence and of travel on the Continent were to be borne by the Swiss Government, the Birmingham Authority paying the travelling and other

expenses to Calais. It was definitely laid down by the Swiss Authorities that certain types of case should not be sent—cases of heart disease, tuberculosis, or asthma.

Time was short for the selection of the children and it seemed best to choose appropriate cases from among the children already admitted to Open Air Schools and those on the waiting lists for admission to schools of this type.

Two Swiss doctors came over to discuss the type of child to be sent and conditions governing their choice on behalf of the Swiss Authority. They stipulated that all children should be X-rayed to make sure that no tuberculosis was present and this was readily arranged by the Mass Radiography Unit. They desired also that all the children should have been fully immunised against diphtheria and as our record in this respect is high it was easy to agree to this. A wish was expressed that the children should be vaccinated against smallpox, but this could not be agreed to because it was not felt that in the case of these children such measures were justified. In place of this, the parents signed a consent form that their children should receive any necessary medical treatment and that in the event of an outbreak of smallpox in the district in which they were located, contacts should be vaccinated to prevent infection. It was felt that this was an adequate precautionary measure and the Swiss Authorities agreed.

The children had a medical overhaul before leaving and were accompanied as far as Calais by a staff of doctors and nurses, the night being spent in London en route.

There was some delay owing to conditions in Switzerland so that the children did not leave Birmingham until September 19th. Although the day of the crossing proved to be one of the roughest of the year, the journey was made with several adventures but no mishaps. The children had been carefully examined before leaving Birmingham and all arrived in good condition at their destination.

At Calais they were handed over to the care of the Swiss Red Cross who looked after them for the rest of the journey and supervised their welfare when in Switzerland.

The duration of the stay was three months, so that most of the children returned home on December 18th. Eleven of them remained longer because it was considered that the additional stay would do these particular individuals material good.

Dr. Sainsbury, one of the Medical Officers who accompanied the party to Calais saw them on return and examined them later.

He reports as follows upon his general impression when they returned to Birmingham.

"I had the opportunity of seeing the children as a body on their return. No doubt their appearance (many had been completely refitted out and bore marks of careful foster parentage) was deceptive on this account. Nevertheless, I was struck with a certain self reliance tempered with good manners which, together with a transitory flush of health was particularly pleasing."

On examining them, Dr. Sainsbury made the following statement:

Very great improvement	...	27 per cent.
Material improvement	...	23 per cent.
Slight improvement	...	20 per cent.
No notable change	...	30 per cent.

EXAMINATION OF MILK/NEWS BOYS, ETC.

During the year 74 children were examined for theatrical licences. Under the Bye-Laws regulating the employment of children, 2,408 children were examined by the Staff of the School Health Service.

NURSERY SCHOOLS AND CLASSES.

At the end of 1946 there were, in Nursery Schools and Classes, 2,322 children as compared with 1,988 at the end of the previous year. Day-time War Nurseries previously conducted by the Public Health Department are being taken over and converted into Nursery Schools and Classes in accordance with the joint circular of the Minister of Health and the Minister of Education. As has been pointed out before, from the medical point of view the Nursery School and the Nursery Class forms a particularly useful sphere for preventive medicine. The prevention is not only in respect of actual treatment of the child but supervision of health and inculcation of a right scheme of hygiene habitually practised and more likely to become instinctive. These organisations offer too a very fine opening for parental guidance in the welfare of the children. Throughout the year there have been no outstanding epidemics or serious difficulties among children attending these Classes and the welfare of the small children has been on the whole satisfactory. Treatment is always a problem because of the difficulty in getting some of these little ones as far as the Clinic, for that reason as much as possible is done in the School itself. In this sphere particularly, there is a high estimation of the value of sun-ray treatment.

ULTRA VIOLET RAY TREATMENT.

Children treated	...	...	...	3,039
Cured or much improved	...	...	...	1,199
Improved	...	...	...	1,086
No better	...	...	...	221
Ceased to attend	...	...	...	533

Provision of Ultra Violet Light still remains greatly valued by parents and appreciated by Medical Officers, its effect upon the nutrition of the children being marked especially in some types of cases. It is not regarded by the Medical Staff as a general "cure all" but is esteemed as an impetus to the vital processes and a powerful adjunctive to other forms of treatment. Even in the summer time it is doubtful whether a really adequate proportion of the more active rays of the sun's light ever penetrate the smoky air of the City and even in the suburban districts the amount available for health is doubtful. Provision for this form of treatment is being extended whenever a proven need arises.

SCABIES.

The decline in Scabies is not so marked as formerly because the peak of the epidemic having been passed the numbers now more nearly approximate to the residual Scabies infestation which has always been present in our City as in other districts. It has been necessary to cleanse fewer cases this year than last but it is essential to maintain a vigilant watch in order, if possible, to eradicate the condition.

Year			Number of Children found to be suffering from Scabies	Number treated by this Authority	Total Number of baths given
1940	...	...	2,751	2,255	9,469
1941	...	...	5,776	4,440	12,747
1942	...	...	6,262	4,993	19,760
1943	...	...	5,160	4,547	10,114
1944	...	...	2,803	2,580	4,676
1945	...	...	1,897	1,782	3,645
1946	...	...	1,752	1,649	3,013

VERMINOUS CONDITIONS.

Examination by School Nurses disclosed the same percentage of children infested with vermin as during the last year among those actually examined, i.e., 5.6 per cent. This meant, however, that 11.3 per cent of the individual children actually on the registers showed some degree of verminous infestation during 1946 as compared with 12.2 per cent. in 1945.

The actual number of children found to be unclean was 13,414, of whom 7,127 were of sufficient degree to require special following up by Nurses, the remainder receiving warning notices to their parents. Of the number followed up 1,559 were found clean on re-examination and notices giving warning of compulsory cleansing were issued to the remainder. Of these again 1,349 were cleansed by parents before it was necessary to take any further action. Most of the remainder (4,044) were cleansed under the Committee's arrangements. In general it may be stated that there has been a decrease in the number of children so heavily infested as to require special following up, and an increase in the number of children cleansed by their parents on receipt of warning notices.

There has certainly been an increase in the number of children cleansed under arrangements made by the Committee but this is due to the Schools being more completely covered as it was possible to obtain the necessary staff, material and premises for the procedure.

It is still regarded as essential that in any complete cleansing scheme for school children, removal of nits should be scrupulously carried out since this is the only demonstrable certificate of complete removal of infestation. For this reason the same methods of disinfection have been carried out throughout the City.

Towards the end of the year several experiments have been carried out with the use of 5 per cent. D.D.T. Emulsion in order to secure some measure of protection against re-infestation, since a head treated with D.D.T. is less easily re-infested.

Findings do not yet however warrant the formation of any opinion as to the efficacy of this method which in the ensuing year will be given further trial.

SPECIAL SCHOOLS.

The medical supervision of the Special Schools during the year under review has been carried out by Dr. P. R. Kemp, who took over his duties at the beginning of March after his return from the Forces. Dr. Kemp submits the following report:—

“Work has been conducted along normal lines, and the supervision of the children at the Special Schools in the City has been maintained.

Generally speaking, the children have made satisfactory progress and have benefited from the well balanced meals and additional dietary items provided.

It has been possible to examine every child in the Residential Open Air Schools once a term, and this careful continuity of medical examination has an undoubted value in ensuring the welfare of the children.

The Camp School at Ogmores has been closed, and the premises handed back to the owners. As a wartime measure, this Camp School fulfilled its purpose as a residential school for the educationally sub-normal.

There are long waiting lists for admission to Open Air Schools, both day and residential, and further accommodation has become a pressing need. The prior claim of housing with the calls upon labour and materials will have an influence upon public building projects for some time to come, but no opportunity that offers itself will be missed to increase the accommodation available.

Dr. Geddes, the Chief Clinical Tuberculosis Officer has continued to co-operate wholeheartedly, and his department has conducted many examinations of children suspected to be suffering from tuberculosis. The ascertainment and diagnosis of tuberculous conditions is an important part of the work, and it will readily be recognised that children suffering from active tuberculosis cannot be permitted to mix with delicate children in attendance at Open Air Schools.

The Anti-Tuberculosis Clinic continues to supervise the treatment of all children who are suffering from tuberculosis while the Open Air Schools cater exclusively for non-tuberculous children, and in this respect have an important function in the prevention of tuberculous conditions.

BASKERVILLE

It is the policy to reserve the Baskerville Residential Schools at Harborne for children suffering from rheumatism and a considerable proportion show early signs of heart involvement. Early treatment of juvenile rheumatism is very desirable to prevent heart trouble developing, and at Baskerville this fact is recognised as being of prime importance, all possible measures are taken to alleviate the condition and at the same time the children receive education.

Dr. Smallwood, a Consulting Physician of the Children's Hospital, visits weekly and his wide experience of this type of case ensures that the children receive the best possible treatment and advice.

The day schools for the educationally sub-normal, seven in number, cater for children who are backward but not mentally defective in the true sense of the word.

Here again accommodation is insufficient to deal adequately with the number requiring special education and the accommodation will be increased as quickly as conditions permit."

SCHOOLS FOR THE PHYSICALLY HANDICAPPED.

The work in these schools has proceeded along the same lines as in past years. A handicap has presented itself in the inability in the latter part of the year to secure the necessary visits of an Orthopaedic Surgeon. This has been due to the extreme pressure of work upon these Surgeons and it is hoped that during the ensuing year the resumption of past arrangements will be possible.

PARTIALLY-SIGHTED CHILDREN.

Mr. Archer Hall, Ophthalmic Surgeon, has submitted the following report regarding the treatment of children with serious eye defects:—

During the year 1946, the Schools for the Partially-Sighted have been visited four times, and on one of these occasions, an epidiascope was demonstrated to them and appeared to promise a good deal for education of the partially-sighted children. A cinema projector was also used. This was at Whitehead Road, Aston.

At these visits, children were selected for complete examination at the Great Charles Street Clinic, where 103 examinations were made of partially-sighted children during the year.

During the period of observation, I found it necessary to recommend Partially-Sighted Education for sixteen pupils at Sighted Schools, and from the under five years category.

In the same period, I had to recommend residential treatment at The Royal Institution of the Blind in three cases.

Appended is a list of admissions and transferences regarding Schools for the Partially-Sighted.

Finally, I should like to speak appreciatively of the keenness of the entire teaching staffs at the two Schools for the Partially-Sighted. Now that the staffing of these two Schools is not quite so difficult as it was during the war, the Education Committee has in my opinion a very zealous and enthusiastic body of teachers at these Schools, so that already this is reflected in the present education of the pupils. I am very confident that more will be done in the future by these enthusiasts with the help of the Education Committee.

The following is a summary of the admissions, discharges, etc., of Partially-Sighted children for the year ended December, 1946:

Number of Children admitted to Moseley Road P.S. School—

6 boys 4 girls

To Whitehead Road P.S. School—

1 boy 4 girls

Number of Children left—age 14—Moseley Road P.S. School—

4 boys 0 girls

Whitehead Road P.S. School—

5 boys 2 girls

Number of Children left, to return to Normal Schools—

Moseley Road P.S. School—

2 boys 1 girl

Whitehead Road P.S. School—

3 boys 1 girl

Number transferred from Whitehead Road P.S. School to Moseley Road P.S. School—

0 boys 1 girl

Number transferred from Moseley Road P.S. School to Liverpool Institution for the Blind—

0 boys 1 girl

Number transferred from Moseley Road P.S. School to Blind Institution, Edgbaston—

0 boys 1 girl

Transferred from Moseley Road P.S. School to an Open Air School, then re-admitted to Moseley Road P.S. School—

1 boy 0 girls

Transferred from Moseley Road School for P.S. Children to Moseley Road School for Deaf Children—

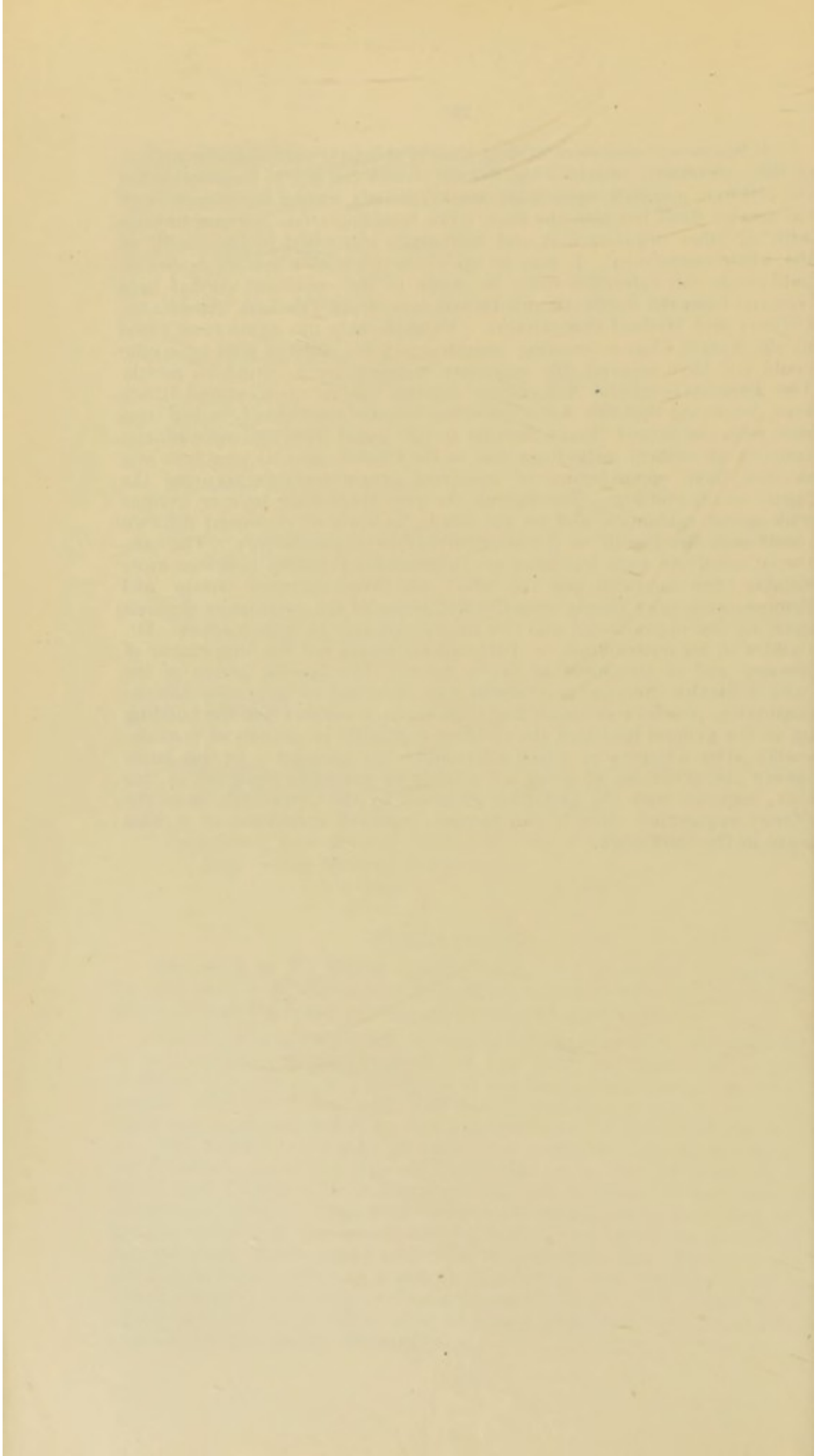
0 boys 1 girl

CONCLUSION.

The work of the School Health Service has proceeded throughout the year with some vicissitudes of staff but with a general enthusiasm of all concerned which has proved gratifying and productive.

Already arrangements are in train for the treatment of our children for any condition by the Hospitals of the City but since the actual measures are only in their inception it has been thought better to leave specific reference to this until time has allowed the scheme of work to settle into a normal swing so that a proper view of the whole position may be obtained. Although as stated any condition may be treated at the Hospitals, there is still a wide and vital sphere for the activities of the School Clinics. Their functions will still be those of out patient departments where a large mass of lighter ailments can be dealt with for the convenience of the people and for the lightening of the burden of the Hospitals which would otherwise be overwhelming. Furthermore, the School Clinic serves as a means of selecting and referring cases in which Hospital treatment is necessary and it should in the future more nearly approach to its essential function as a centre for diagnosis and for consultation and advice to parents,

It has never been more evident than in this past year that the welfare of the community, of which the School Health Service is responsible for the children, depends upon team work not only among the members of the service itself but also the team work resulting from intimate linkage with all other organisations and individuals interested in the health of the whole community. It may be invidious to mention specific bodies or individuals but reference must be made to the continued cordial help received from the Public Health Department, from Teachers, Attendance Officers and Medical Practitioners. Valuable help has again been given by the Rotary Club in securing convalescence for children who otherwise could not have secured this necessary measure for a return to health. The Parents-Teachers' Association requires special mention and it has been gratifying that this Association has become more closely linked than ever with the School Health Service so that apart from the more official contacts at medical inspections and in the Clinics, parents, teachers and doctors have opportunities of concerted action towards securing the health of the children. Throughout the year there have been no serious widespread epidemics, and on the whole, in spite of continued difficult conditions, the health of the children has been satisfactory. The continued relatively high incidence of Tuberculosis probably indicates more notably than anything else the effect of this continued strain and demonstrates more clearly that the well-being of the community depends upon no one organisation and can be secured only by united effort. Dr. Geddes in his contribution on Tuberculosis points out the importance of housing and of treatment of active cases. The specific action of the School Health Service is towards the securing of generally healthy conditions, provision of meals and milk where necessary and the building up of the general health of the children especially in periods of convalescence after ailments to which all children are exposed. In this latter sphere the provision of open air schools as presently designed in this City, together with the extension proposed by the Committee, is of the utmost importance since it can furnish improved conditions at a vital point in the child's life.



CITY OF BIRMINGHAM

Education Committee

Appendix to Annual Report

of

School Medical Officer

for the year ended 31st December, 1946

OFFICIAL TABLES

Medical Inspection and Treatment Returns

Year ended 31st December, 1946.

TABLE I.

MEDICAL INSPECTIONS OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

A. ROUTINE MEDICAL INSPECTIONS.

(1) Number of Inspections in the prescribed Groups :								
Entrants .. .. .	..	..	..	..	..	..	..	17,261
Second Age Group .. .. .	..	..	..	..	..	..	..	7,852
Third Age Group .. .. .	..	..	..	..	..	..	..	10,363
Total .. .. .	..	..	..	..	..	..	..	<u>35,476</u>
(2) Number of other Routine Inspections								
Grand Total .. .. .	..	..	..	..	..	..	..	<u>35,476</u>

B. OTHER INSPECTIONS.

Number of Special Inspections and Re-Inspections	88,611
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TABLE II.

CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-Groups	In-spected	Number of Children.							
		A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
	35,476	869	2.5	27,975	78.6	6,405	18.3	227	.6

TABLE III.

GROUP I.—**TREATMENT OF MINOR AILMENTS** (excluding Uncleanliness, for which see Table V).

Total number of Defects treated or under treatment during the year under the Authority's Scheme 21,019

GROUP II.—**TREATMENT OF DEFECTIVE VISION AND SQUINT** (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with		
	Under the Authority's Scheme.	Otherwise	Total
ERRORS OF REFRACTION (including squint)	3,998	425	4,423
Other defect or disease of the eyes (excluding those recorded in Group I)	Nil	45	45
Total	3,998	470	4,468
No. of Children for whom Spectacles were	Under the Authority's Scheme.	Otherwise.	Total
(a) Prescribed	2,991	408	3,399
(b) Obtained	*2,928	402	3,330

*Some of these Spectacles were prescribed in 1945

GROUP III.—**TREATMENT OF DEFECTS OF NOSE AND THROAT.**

Number of Defects.			
Received Operative Treatment.		Received other forms of Treatment.	Total number treated
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)		
1,368	312	1,434	3,114

TABLE IV. DENTAL INSPECTION AND TREATMENT

(1)	Number of children inspected by the Dentist :						
(a)	Routine age-groups.	..	..	..	..	..	83,979
(b)	Specials	..	..	..	..	..	319
(c)	Total (Routine and Specials)	..	..	..	..	..	84,298
(2)	Number found to require treatment	..	..	..	..	..	45,986
(3)	Number actually treated	..	..	..	..	..	29,190
(4)	Attendances made by children for treatment	..	..	..	..	..	36,082
(5)	Half-days devoted to	{ Inspection 387 Treatment 3,754 }					Total 4,141.
(6)	Fillings	{ Permanent Teeth 11,297 Temporary Teeth 210 }					Total 11,507.
(7)	Extractions	{ Permanent Teeth 9,807 Temporary Teeth 58,996 }					Total 68,803.
(8)	Administrations of general anaesthetics for extractions 18,177.						
(9)	Other Operations	{ Permanent Teeth 2,308 Temporary Teeth 2,642 }					Total 4,950.

TABLE V. VERMINOUS CONDITIONS

(i.)	Average number of visits per school made during the year by the School Nurses or other authorised persons.....	11.45.
(ii.)	Total number of examinations of children in the Schools by School Nurses.....	240,972.
(iii.)	Number of <i>individual</i> children found unclean.....	13,414.

TABLE VI. BLIND AND DEAF CHILDREN

Number of totally or almost totally blind and deaf children who were not receiving education suitable for their special needs at the end of the calendar year :—

	(1) At a Public Elementary School.	(2) At an Institution other than a Special School.	(3) At no School or Institution.
Blind Children	—	—	—
Deaf Children	—	—	—