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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, 1947



BIRMINGHAM :

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INTRODUCTION

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the School Health Service for the year 1947. It has been prepared in accordance with the directions of the Ministry of Education. This is the second complete year since the Education Act, 1944 came into operation. Following on this Act, the work and obligations of the Local Education Authority have increased, and the facilities available for medical treatment of school children, which were commenced in 1946, have been widened and consolidated.

J. R. MITCHELL,  
*School Medical Officer.*

STAFF—MEDICAL

During the year 1947, there was some change in the personnel of the School Health Service. Two Assistant School Medical Officers left the service, Dr. C. L. Barron in June, and Dr. D. S. Strettan at the end of August. These losses, and a previous vacancy, were made good by the appointment of Dr. J. J. Landon in March, and Dr. J. M. Allen and Dr. M. Timpany in September. Dr. M. Lemin, who had taken up duty in September, 1946, as an Assistant School Medical Officer, was appointed to carry out special duties in September, 1947. Throughout the year, therefore, there was available the equivalent of  $11\frac{1}{2}$  Assistant School Medical Officers in place of 12, which would be the normal complement for the ordinary inspection and clinic work.

Dr. K. Davies-Thomas was appointed as Ophthalmic Surgeon for three sessions weekly in place of Dr. A. W. Aldridge, who retired during the year.

By the death of Mr. D. J. Evans, F.R.C.S., the professional staff of the School Health Service suffered a severe blow. Mr. Evans had carried on the operative work of the Handsworth Tonsil Clinic since 1929. He was a man of first rank professional capacity who had a living interest in the work of his Clinic, and whose personality was appreciated by all. Although he had been in indifferent health for some time, he carried on his work with unabated keenness and ability until a short period before his death in May, 1947. His loss has been felt by a large number of colleagues, friends and patients.

Towards the end of the year, Mr. R. Evans, M.B., B.Ch., M.D., F.R.C.S., and Mr. S. Ghosh, M.B., B.S., B.Sc., were appointed to carry on the operative work at the Tonsil Clinic.



## STAFF—DENTAL

DR. E. DAVIES-THOMAS, *T.D.*, *L.D.S.*, *R.C.S.*, reports :

" During 1947 the following Officers were appointed, and we extend to them a warm welcome on becoming full members of the Staff of the School Dental Service of the City of Birmingham Education Committee.

Mr. G. Fairclough, <i>L.D.S.</i>	1st May, 1947.
Mr. G. Kerr, <i>L.D.S.</i>	1st May, 1947.
Miss A. Maclachlan, <i>L.D.S.</i>	9th September, 1947.
Mr. J. B. C. Cuzner, <i>L.D.S.</i>	1st October, 1947.

It is worthy of note that all the male appointees had served in the Forces during the War 1939–1945.

Mr. Standen Paine, *L.D.S.*, served on the Staff as a part-time Officer from 1st January, 1947, to 30th June, 1947.

## RESIGNATIONS :

It is with regret that I record the resignations of the following Officers :—

Mr. A. E. T. Hunt, *L.D.S.*, who resigned on the 30th August, 1947, was a senior member of the Staff, having been appointed in April, 1923. The loss of such an experienced Officer is deplored.

Mrs. M. A. Sainsbury, *L.D.S.*, who resigned on the 31st December, 1947, was appointed on the 10th September, 1945, left the Staff for domestic reasons, and we extend to her our very best wishes.

The resignation of Mr. G. Kerr, *L.D.S.*, tendered on the 30th November, 1947, so soon after his appointment in May, was an unexpected blow. We regret the loss of this Officer who, although new to Public Dental Officer's work, was making his mark.

The resignation of Miss Birchall, Dental Attendant, after 34 years' service constitutes a record. I cannot praise too highly her devoted service to the Department. We extend our best wishes to her in her retirement.

Whereas, as Chief Dental Officer, one would naturally like to regard one's Staff as permanent, changes for various reasons are unfortunately unavoidable, inevitably causing some temporary disruption in the Service. This is most marked in replacing those members of the Staff who resign, as it is usually the senior and experienced Officers who leave. One is faced not only with the difficulty of filling the vacancy, but usually the applicants—if any—though well qualified, have had only slight experience in Public Dental Officer's work, or none at all. This is to be expected in a period following hostilities extending over six years. I am happy to state that the new appointees to the Staff are making excellent progress in the specialisation of the dental treatment of children."

## TONSIL AND ADENOID CLINIC

Some changes in the work of this Clinic have been inaugurated during the year. The chief principles of employing always the guillotine enucleation operation and retaining the children in the Clinic for one night have been continued. The number of urgent cases requiring treatment, however, was so great, and available beds elsewhere are so inadequate that towards the end of the year, it was considered advisable to



arrange for four operative sessions per week instead of three until conditions became easier. This has been made possible by adjustment of Staff and hours of duty, and more particularly by the willing co-operation of an expert team. It was represented to the Committee that the Maternity and Child Welfare Department of the Public Health Authority found it impossible to arrange for operative treatment of any of their children. The Committee, having regard to the fact that these children, although below school age, were in danger of reaching the age of school admission with serious disease well established and deformities already marked and in some cases incurable, if, in acute cases, operation had to be delayed, decided to extend emergency help to the M. & C.W. Department which, although small in amount, would be some contribution towards relief of the most urgent cases. For this reason, arrangements were made to operate upon nine pre-school children per week, and in order that the volume of work among children of school age should be reduced as little as possible, the fourth operative session per week was introduced. In addition to this, two more beds were put in use, bringing up the bed strength of the Clinic to its maximum of 14. These arrangements actually came into force in November, and by the end of the year 50 pre-school children had been treated.

To undertake the total work of four sessions weekly Mr. Robert Evans was appointed for two sessions and Mr. Ghosh for the third session, and for the fourth for as long as this emergency measure should be considered necessary.

The actual number of operations throughout the year is less than in the previous year, chiefly because the Clinic had to be closed for 27 operating sessions on account of the epidemic of Infantile Paralysis. The following is a statement of the work done :—

Tonsils only	Boys	1	Girls	1 =	2
Adenoids only	„	9	„	5 =	14
Tonsils and Adenoids	„	616	„	626 =	1,242
					<hr/> 1,258
Maternity and Child Welfare Department	Boys	26	Girls	24 =	50
				TOTAL	<hr/> 1,308

### NUTRITION

The returns for 1947 (Table IIB), are given under categories different from those in use in previous years. A good deal of time was formerly occupied in endeavouring to find a formula which would express the nutritional state of the individual with mathematical accuracy, an attempt which proved fruitless since so many varying factors are involved. The statement now is in respect of the "general condition" of the child and classification is made according to clinical assessment by the observing medical officers.

The condensation of four categories into three and the varying interpretation of the relative significance of the categories make comparison of this year's return with those of previous years of little practical value. When once this change has been made, succeeding yearly returns should be more reliable as basis for estimations of the children's condition.



Clinical assessment is subjective and may be fallible, but it has as its sound foundation the medical officer's opinion as to the possibility of the individual's improvement in general condition and his need for treatment.

In the present Table, Category C (Poor), shows those previously classified as "Bad," along with the worst of those formerly entered as "slightly sub-normal," while B (Fair), comprises the normal children along with the more mild cases of sub-normality. In future returns it should be possible to present some more reliable pictures for comparison than in the past. Meantime, we must rely upon more general indications in assessing the state of well-being of our children as will be shown in the conclusion to this Report.

### PROVISION OF MEALS

The number of meals supplied during the year ended 31st December, 1947, has continued to follow the upward trend shown in last year's report. 7,203,457 dinners were provided in Primary and Secondary Modern Schools, an increase of 1,004,817 compared with the previous year. Of this total, 1,497,771 were provided free or on part payment for necessitous children, a decrease of 70,289 compared with the corresponding figures for last year.

At the end of the year, the average daily number of meals supplied in all types of schools represented 34·5% of the number of children on the roll, compared with 27·1% in January, 1947.

In connection with the supply of milk under the Milk in Schools Scheme, the number of children taking milk in October was 92·8% of the number of children in attendance, compared with 97·0% at the corresponding time last year.

### OPHTHALMIC SCHEME

The School Health Service has continued to work this year in an ever-increasing and vigilant scrutiny of the eyes of school children. Again, it should be emphasised that the efficiency and the happiness of the child is greatly affected by its vision, and it is with this in mind that the Assistant School Medical Officers, both at Schools and in the Clinics, with the assistance of the preliminary examination by the School Nurses in a School, have checked the vision of children, and by this method provided a filter through which the more serious cases can be referred to our visiting Ophthalmic Surgeons. Mr. Archer Hall, Senior Ophthalmic Surgeon, submits the following report on the work at the Central Clinic at Great Charles Street.

"During the year ended 31st December, 1947, the following children with visual defects were treated at the Great Charles Street School Clinic. These numbers include children treated by Dr. A. W. Aldridge until his resignation and since then, those treated by Dr. K. Davies-Thomas. Glasses were prescribed for defects, the numbers of which were made up as follows :—

Hypermetropia .....	352
Myopia .....	182
Astigmatism .....	814
	<hr/>
	1,348
	<hr/>



I have performed 85 operations for Strabismus at the Birmingham and Midland Eye Hospital, and have referred a large number of cases to the Orthoptic Department of this Hospital, for treatment with exercises and operation if this should prove necessary.

In a number of cases I have written special reports to the School Medical Officer, with regard to the type of education for which the pupil was suited. During the above period I examined 17 children for whom I deemed part-sighted education necessary, and for them, filled up the appropriate forms, and communicated my report to the School Medical Officer. Further, I found it necessary to arrange admission to the Birmingham Royal Institution for the Blind in four cases."

This work is, of course, in addition to the examinations carried out by Dr. K. Davies-Thomas, Mr. Tree, Mr. Austin, and Assistant School Medical Officers at the Suburban Clinics. This year shows an increase in the number of cases of defective vision found, examined and treated, marking, once again, the increasing efficiency of the ascertainment of defective vision during the year under the Authority's scheme.

#### AURAL CLINIC

This Clinic is in the charge of Mr. F. Brayshaw Gilhespy, who is assisted by a specialist nurse. Mr. Gilhespy reports :

"Since the return to a full medical complement, a good deal of re-examination of our hard of hearing children has been undertaken. Some of these may be able to appreciate their lessons if they are able to sit in the front rows at not more than five yards from their teachers. If, however, it is noticed that they are falling behind in their classes or, in other words, 'not holding their own,' then they should be sent to a deaf school full-time. Before this is done, they might be tried for six months by attending lip-reading classes part-time.

Another, and I am afraid, rather a large class of children is both hard of hearing and mentally defective. At a single examination it is impossible to say whether these children could benefit by attendance at a Deaf School, owing to their impaired mental capacity. A special class for observation of these children has been arranged at the Schools for the Deaf, where they can be carefully watched, if the class remains within reasonable dimensions. Eventually some may be returned to special schools for the mentally defective, but I hope that the majority may continue at the Deaf School.

During the year I have taken into hospital many cases with nasal infections and chronic cases of discharging ears requiring mastoid operations. This latter 'potential mastoid' class shows little signs of diminution in numbers."

This Clinic is felt to be of great value, providing, as it does, a close co-operation between the Assistant School Medical Officers and the Aural Surgeon. Much valuable work has been done by these two categories working as a team, and the reports of the Aural Surgeon's findings have been of great value in carrying out treatment prescribed by him to these children in the local school clinics.



SUMMARY OF WORK CARRIED OUT AT AURAL DEPARTMENT, GREAT CHARLES STREET CLINIC, DURING THE YEAR ENDED 31st DECEMBER, 1947

No. of children seen for first time by Aural Surgeon .....	460
No. of children examined by Aural Surgeon .....	461
No. of <del>ionisation</del> treatments by Aural Nurse :	
<i>Displacement.</i> New cases	1
Old cases	2
No. of mastoid dressings by Aural Nurse :	
New cases	8
Old cases	355
No. of diastolisation treatments by Aural Nurse :	
New cases	18
Old cases	150
No. of other Aural treatments by Aural Nurse :	
New cases	94
Old cases	1,554
No. of individual children seen by Aural Nurse .....	2,396

## DENTAL TREATMENT

Dr. Davies-Thomas reports :

## STATISTICS.

	1947	1946
Total inspected in all schools .....	82,181	89,655
Total in need of treatment .....	41,921 (49.2%)	49,375 (55.07%)
Total number who received treatment .....	27,250 (65%)	30,482 (61.7%)
Increase in treatment sessions .....	8.04%	
Decrease in total treated .....	10.56%	
Decrease in Inspection sessions .....	14.11%	
Decrease in number inspected .....	8.34%	
Gas sessions—average attendance	1947=20.89	
“ “ “ “	1946=21.55	
Filling sessions, average attendance	1947= 6.49	
“ “ “ “	1946= 6.80	
Casuals, (without appointments) .....	1947=2,983 (10.75% of total treated)	
“ “ “ “	1946=2,065 (7.1% of total treated)	
Extractions, Permanent teeth .....	1947=8,647	
“ “ “ “	1946=10,979	
Extractions, Deciduous teeth .....	1947=46,549	
“ “ “ “	1946=59,262	
Fillings, Permanent teeth .....	1947=13,710	
“ “ “ “	1946=13,179	
Fillings, Deciduous teeth .....	1947=449	
“ “ “ “	1946=211	
Other operations, crownings, etc.		
Permanent teeth .....	1947=3,079	
“ “ “ “	1946=2,643	
Deciduous teeth .....	1947=2,636	
“ “ “ “	1946=2,666	



" Taking the figures (as given) for 1947, and comparing them with 1946, one can say that in view of the Staff changes (and the inevitable " gaps " before replacements that took place in the year under review) the Service has been maintained at a high level and is a credit to the whole Staff.

The total number inspected was, for the reasons already given, less in 1947 by 7,474, and the percentage requiring treatment dropped from 55.07% in 1946 to 49.2% in 1947, but the percentage of children who actually received treatment rose from 61.7% in 1946 to 65% in 1947.

The average attendance at gas sessions has decreased by a fraction from 21.55 in 1946 to 20.89 in 1947, and, similarly, in filling sessions from 6.80 in 1946 to 6.49 in 1947. There is a welcome increase in fillings in permanent, and more especially in deciduous teeth; also and equally important, conversely fewer extractions. These are indications of a movement in the right direction for our aim should always be the conservation of the teeth—both of the first and second dentition.

The attendance of " casuals " (*i.e.*, patients without appointment) has increased from 2,065 in 1946 (7.1% of total treated), to 2,983 in 1947 (10.75% of total treated), and constitutes a problem, as these children have to be seen (quite often to the detriment of those with appointments) owing to toothache or other causes which could have been avoided had the parents given consent to treatment or had they not failed to keep the appointment made for the child.

The other cause, equally important, is that the children are not inspected often enough. This, unfortunately, cannot be done by the existing staff. The average number of children per Dental Clinic is 10,000, equal to the population of a moderately sized town.

#### SPECIAL SCHOOLS

Of the Special Schools, Shawbury Approved School calls for particular mention, as a new Dental Scheme has been brought into being.

The School is about twelve miles from Birmingham and accommodates eighty boys for a normal stay of about nine months so that there is frequent change in the inmates. The necessary Dental Inspections and Treatment of the pupils were undertaken at the Dental Clinic in Great Charles Street, Birmingham. This was unsatisfactory, and a self-contained Scheme was prepared for the School for the following reasons:—

- (1) To relieve the pressure of work on the existing Staff of Dental Surgeons of the City of Birmingham Education Committee.
- (2) To save the time utilised in the inspection and treatment of the boys of the above-named school at the expense of the children of the area in Birmingham served by that particular Clinic.
- (3) The Head Master, Mr. Mattock, rightly pointed out the amount of school time lost by his pupils having to travel to and from Birmingham.
- (4) The use of the school transport, plus a member of the School Staff for half-a-day, was uneconomical.



## SCHEME :

- (a) Visits are paid by a Dental Surgeon on one half-day per fortnight, the half-day in question being mutually arranged between the Head Master and the Dental Surgeon. The Dental Surgeon is one practising as near to the school as circumstances permit, and he is using his own transport. This visiting Dental Surgeon carries out inspections and conservative treatment.
- (b) *Anaesthetics.* The administration of anaesthetics (Nitrous-Oxide), is carried out as and when required, probably once a month, at the place of practice of the Dental Surgeon, the patients being transported by the school transport and accompanied by a member of the school staff. The anaesthetic is administered by a local medical practitioner.
- Equipment.* The dental equipment at the school needed overhauling, and was replaced where necessary. This did not involve a large expenditure as no anaesthetic apparatus was required under this scheme.

Your Committee appointed as Dental Surgeon :—

Mr. W. R. Spooner, L.D.S.,  
76, New Road,  
Water Orton ;

and as anaesthetist :—

Dr. (Mrs.) Wall, M.B., etc.,  
Greenways,  
Coleshill.

(Mrs. Wall is the wife of the Medical Officer to the School).

The Scheme started on the 29th October, 1947, and up to the end of the year (31st December, 1947), the undermentioned work had been undertaken :—

Number of Sessions	5
Number of Attendances	41
Fillings—Permanent teeth	33
Extractions—Permanent teeth	1
Other Operations—Permanent teeth (Scaling)	6

## ANTHROPOMETRICAL SURVEY

The Dental part of the Survey is being undertaken by your Chief Dental Officer working in conjunction with the Anatomy Department of the University of Birmingham.

Up to date 2,055 children have been examined in all the school age groups. The schools have been selected in various parts of the City in order to get an accurate cross-section of the school population, but the investigation has not yet been completed.



### STUDENT HEALTH VISITOR'S COURSE

The course of study for the Health Visitor's Certificate is being conducted under the auspices of the School Health Service, the Public Health Department and the University of Birmingham.

This is the second course since my appointment and in each Course your Chief Dental Officer was invited to undertake the tuition of the Students on Dental Subjects having a bearing on the future work of the students as Health Visitors.

### DENTAL HEALTH PROPAGANDA

On request, lectures, usually in the evenings, have been given to Parents' Associations attached to schools.

The attendances at the lectures have been very good and the interest shown in the subject most encouraging.

The Dental Surgeons are encouraged to give talks to children at schools during Inspections, especially when parents are present. This is laid down for the future.

### ORTHODONTICS

Hitherto no scheme has been formulated for orthodontic treatment within the School Health Service. The formation of a suitable scheme is rendered difficult by the shortage of trained staff, and the lack of adequate accommodation. The matter is under discussion, and it is hoped to formulate a scheme, even if with small beginnings, in the near future, and in the course of time to build it up to a full service.

### CHILDREN'S HOSPITAL

A most valuable and close liaison has been maintained by the School Dental Service and the Dental Department of the Birmingham Children's Hospital, where I am Senior Honorary Dental Surgeon.

From the point of view of the School Dental Service this double function and liaison has proved to be invaluable in that the Dental Surgeons on the staff of the School Dental Service are enabled to send all difficult cases unsuitable for Clinic treatment to their own Chief Dental Officer at the Children's Hospital, with the added advantage of treatment as in-patients if required for operative or medical treatment.

### INVENTORIES OF STOCK.

In order to put the stock of Instruments, Drugs, etc., on a proper basis, and also to acquaint myself of the requirements at the various Clinics, I personally made a complete inventory at each Dental Clinic and issued new Stock Books, as from the 1st April, 1947.

It is proposed to undertake at each Clinic an annual check of Instruments, Drugs, etc., which should be in accordance with the Stock Book.

Any surplus to immediate requirements was "called in," credited to the Clinic in question, and re-issued in general on demand by requisition."



## BOARDING-OUT

Boarding-out of children with foster parents may be described as an effort to provide the children with suitable family atmosphere where normal happy family ties may be formed and a confident attitude towards life cultivated.

At the present time there are 420 children boarded-out in foster homes inside and outside the City; this number includes orphans and deserted children and those in need of care and protection. Foster parents are chosen from various classes in society because it is found that the children themselves come from all types of homes. In the majority of cases the child settles down quickly and happily, especially if placed at an early age.

The Committee feel that very careful supervision is needed to ensure the success of the boarding out of children, therefore monthly visits are paid to the home and more frequently when a child is placed out.

It is a statutory obligation for each child to be medically examined prior to Boarding-out, and during the first month of Boarding-out; in addition to these examinations the children are seen every six months by the School Medical Officer. The Doctor has not only regard to the physical state of the child, he uses these occasions to see whether mentally and emotionally the child appears to be stable and happy in his environment. The foster mother calls in the family doctor whenever she feels it is necessary. Any medical extras that are recommended by the doctor are provided by the Committee.

Where children are placed outside the City in country districts it is usual to have the services of the voluntary committee, in addition to the Committee's own visitor; these voluntary committees give valuable and ungrudging service on behalf of the children under their care. In those instances, where other authorities supervise and make payments for Birmingham, the Committee are grateful for their co-operation and assistance.

At the present time, difficulty has been experienced in finding suitable foster homes, especially for boys and families.

Happy and successful placings are in the majority, and the Boarding-out system tends to produce a healthy and natural type of character, and therefore give valuable service to the Community.

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#### REPORT ON MEDICAL SUPERVISION OF BOARDED-OUT CHILDREN AND YOUNG PEOPLE IN HOSTELS.

During the period 1st April, 1947 to 30th September, 1947, a number of Boarded-out children have been examined, and the result is set out under (a).

Boarded-out children have been treated when necessary by Private Practitioners. The number and total cost is set out under (b).

Boys and girls at the Vauxhall and Riversdale Hostels have received treatment as set out under (c).

(a) REPORT OF SCHOOL MEDICAL OFFICER ON THE EXAMINATION OF  
BOARDED-OUT CHILDREN

During the period 1st April, 1947, to 30th September, 1947, one hundred and sixty-four children have been examined. This number includes 88 ordinary boarded-out children and 76 children boarded-out as Care and Protection Cases in the Birmingham and Bewdley area.

Of the number examined, sixty-two were found to be in satisfactory health and required no treatment.

Apart from a very few cases the children all appeared to be very happy and contented with their foster parents.

Fifty-six were recommended for treatment as follows :—

Dental treatment	4
Aural treatment	2
Ophthalmic treatment	13
Tonsillectomy	5
Remedial exercises	3
Sun-ray treatment	2
Examination at T.B. Clinic	5
Further examination later	5
Special treatment	17
	—
	56
	—

Fifty-three children have also been recommended medical extras.

(b) BOARDED-OUT CHILDREN TREATED BY PRIVATE PRACTITIONERS.

Thirty-seven children have received treatment and the total amount expended is £38 5s. 4d.

The following table gives the nature of the illnesses for which the children have received treatment :—

Bronchitis	5
Rheumatism	2
Chicken-pox	1
Measles	5
Pneumonia	1
Asthma	1
Epilepsy	1
Eczema	1
Injury	3
Miscellaneous	17
	—
	37
	—



## TREATED IN THE HOSTELS

*" Riversdale "*

Accidents (minor) .....	2
Attendance at (i) Hospital .....	—
(ii) Clinic .....	—
Attended by Private or Panel Doctor .....	21
Dental treatment .....	—
Examined by School Medical Officer .....	—
Minor ailments .....	21
Operations .....	Nil

*Boys' Hostel*

Accidents (minor) .....	14
Attendance at (i) Hospital .....	8
(ii) Clinic .....	1
Attended by Private or Panel Doctor .....	6
Dental treatment .....	1
Examined by School Medical Officer .....	1
Minor ailments .....	51
Operations .....	Nil

## ORTHOPAEDIC SCHEME

Over the past year we have been able to maintain our staff of Physiotherapists nearly at full strength. It has been impossible to arrange for consultations with the Orthopaedic Surgeon during this year owing to pressure of work and calls upon his time, and, therefore, many cases have had to be referred to him at the Royal Cripples' Hospital. It should be added that in this way we have received the most kindly co-operation from the staff of that Hospital, and we have been able to reciprocate by relieving pressure in their Treatment Departments by carrying out their instructions in our own gymnasias by our own Physiotherapists.

During the year 1,687 children were admitted to the School Orthopaedic Clinics for treatment, and 1,252 discharged were either cured or improved. The following table shows the types of disability which have been treated. It will be noticed that the majority of these fall into two groups, *i.e.*, spinal curvature and postural deformities and deformity of the feet. Accent has also been placed on the remedial work in the instruction of breathing exercises in asthmatic and allied cases.

# ORTHOPAEDIC RETURNS, 1947

CLINIC	Spinal Curvature and Postural Deformity	General Muscular Debility	Various forms of Paralysis	Deformities of the feet	Chest conditions asthma etc.	Injuries to Limbs	Wry Neck etc.	Circulatory disturbance	Skin Conditions	Tonsils and Adenoids
	A. D.	A. D.	A. D.	A. D.	A. D.	A. D.	A. D.	A. D.	A. D.	A. D.
ALDRIDGE ROAD	25 22	— —	— 1	113 150	14 8	5 —	— 2			
SPARKHILL	75 43	15 4	4 2	150 72	44 15	12 10	4 2			
WARSTOCK LANE	17 9	3 2	— 1	51 18	9 3	1 —	1 —			15
SHEEP STREET	182 159	— —	3 —	235 204	101 78	1 —	3 4			
MAAS ROAD	79 56	29 18	4 3	171 122	62 29	11 7	2 1	18 17	6 5	13 8
SEVERN STREET	52 43	11 9	— —	103 82	37 24	4 3	2 2			15 14
TOTAL	430 332	58 33	11 7	823 648	267 157	34 20	12 11	18 17	6 5	28 22

Total Admitted 1,687  
 Total Discharged 1,252

A = Admitted  
 D = Discharged



## TUBERCULOSIS

## TUBERCULOSIS NOTIFICATIONS—ALL FORMS OF TUBERCULOSIS

## STATEMENT A.

## BOYS AND GIRLS

Year	AGE GROUPS			Total
	0—4	5—9	10—14	
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
1947	124	66	54	244

The above statement shows the annual incidence of all forms of tuberculosis, with the exception of meningitis, since 1936. The number of cases notified during 1947 was 244 or 87% above those recorded during 1939 and 100 or 70% above the average number for the years 1936–1939.

These are significant figures and the particular increase in the number of cases in the age period 0—4 suggests infection within the home. Reference has been made in previous reports to the need for satisfactory housing conditions for the tuberculous population and the figures now under consideration mark the urgency of that need.

The shortage of houses creates many difficulties but none more significant than those which make good hygienic conditions in the home of the tuberculous patient unattainable.

Despite the unsatisfactory character of the records now under consideration it is however appropriate to record that considerable assistance has been made available by the Estates Department. During the year, and in most difficult general circumstances, 215 tuberculous families have been re-housed.

## 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—1947.

Year	AGE GROUPS			Total
	0—4	5—9	10—14	
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
1947	82	50	32	164



These figures show that the number of cases of pulmonary tuberculosis notified in 1947 was 111 or 209% above those recorded during 1939 and 95 or 130% above the average notifications for the years 1936–1939. The burden has fallen heavily on the youngest age groups and it is unfortunate that the scheme for the removal of a child from a "tuberculous" household where conditions were unsatisfactory could not be applied during the year now under review.

#### TUBERCULOSIS NOTIFICATIONS—NON-PULMONARY

##### STATEMENT C.

##### BOYS AND GIRLS

The following statement shows the number of cases of non-pulmonary tuberculosis notified during 1947 and 1939.

##### AGE GROUPS

Year	0—4	5—9	10—14	Total
1939	15	26	20	61
1947	42	16	22	80

These figures show that the number of cases of non-pulmonary tuberculosis notified in 1947 was 19 or 31% above those recorded during 1939, and 7 or 11% above the average notifications for the years 1936–1939.

#### TUBERCULOSIS NOTIFICATIONS—MENINGITIS.

##### STATEMENT D.

##### BOYS AND GIRLS

The following statement shows the annual incidence of tuberculous meningitis from 1939 to 1947.

##### AGE GROUPS

Year	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
1947	15	4	2	21

The reduction in the number of cases of tuberculous meningitis recorded during 1946 has unfortunately not been maintained and whilst the increase has been relatively small, the comparative increase in the 0—4 age group has been considerable. Tuberculous meningitis is an invariably fatal form of tuberculosis and whilst the introduction of



Streptomycin may alter that prognosis there is in these figures little cause for complacency and much need to recognise the importance of prevention.

These statements (B., C and D), provide general information regarding the occurrence of tuberculosis in the Child population during 1947. The position is not satisfactory but the significance of tuberculosis in the child varies considerably and that should, of course, be recognised. Included in these figures are cases of tuberculous meningitis in which the fatality rate is high—cases of bone and joint tuberculosis in which the fatality rate is low—the clinical course prolonged and the resulting crippling often considerable, but there are other cases both pulmonary and non-pulmonary in localisation in which the clinical course is benign and the prognosis good.

The figures are general but they have their value as an index of the incidence of tuberculous disease. They are unsatisfactory and warrant the particular attention of those concerned with the well being of the child population.

#### SANATORIUM TREATMENT

The number of children admitted to the Yardley Green Road Sanatorium during 1947 is shown in the following statement :—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number admitted .....	49	45	94
Number admitted primarily for treatment .....	33	31	64
Number admitted primarily for observation .....	16	14	30
			<hr/>
			94      94
			<hr/>

30 children were admitted for observation, and of that number 8 or 26·7% were discharged because no evidence of tuberculosis was found, but in 22 or 73·3% 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 86, and of that number 73 or 84·9% were cases of pulmonary tuberculosis, and 13 or 15·1% cases of non-pulmonary tuberculosis. It has unfortunately been necessary to restrict the number of admissions to the Sanatorium because of shortage of nursing staff.

#### CHILDREN REFERRED TO THE ANTI-TUBERCULOSIS CENTRE

During the year, 2,652 children were examined at the Anti-Tuberculosis Centre, and many of these children were referred to precautionary investigation by the Medical Officers of the School Health Service.

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



## MASS RADIOGRAPHY—GRAMMAR SCHOOL AND TECHNICAL SCHOOL PUPILS

The examinations undertaken during 1947 included surveys of Grammar School and Technical School pupils.

The examinations were undertaken at the Central Mass Radiography Department.

Total number of pupils concerned .....	6,535	
Number who accepted invitation to attend Mass Radiography Department .....	5,721	(87.5%)
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Number of miniature films taken .....	5,721	
Number of " abnormal " miniature films .....	235	(4.1% of total miniature films)
Number of large films taken .....	232	} 235
Number of children who failed to return for large film .....	3	
Number of children with abnormal large film judged to be of clinical significance .....	41	
		(0.6% of total miniature films)
Number of children who failed to return for clinical examination .....	—	
Number of cases of tuberculosis (all forms) .....	26	(0.4% of total miniature films)
Active primary tuberculous lesions .....	—	} 26
Inactive primary tuberculous lesions .....	20	
Active post-primary tuberculous lesions .....	1	
Inactive post-primary tuberculous lesions .....	3	
Pleural effusion .....	2	
Total number of cases of Active Lung Tuberculosis (or 0.05% of total miniature films taken) .....	3	

These surveys have been undertaken with satisfactory co-operation of the parents and with the collaboration of the School Medical Officer.

Arrangements have been made to undertake an annual survey of all children in the Grammar and Technical Schools from the age of 14.

During 1947, 2,336 children were examined who had previously attended the Mass Radiography Department. This scheme of annual radiography for these children has many advantages and whilst the number of cases of active pulmonary tuberculosis detected has been low the educative value of the scheme warrants attention in any final assessment of its usefulness.

It will clearly become necessary when the surveys have been in operation for an appropriate period to consider the general arrangements in the light of the information obtained so that the surveys can be applied to maximum advantage.

## REMAND HOMES

In my report for 1946, it was pointed out that the Fircroft Remand Home had, at the end of the year, been given up and that a new institution for senior boys on remand opened at Forhill House. The value of medical examination with, in many cases, psychiatric investigation, had become increasingly evident to the Magistrates and to all directly interested in



juvenile delinquency. These services have always been available in the Birmingham Remand Homes, the psychiatric investigation being carried out at the Child Guidance Clinic. The work of this Clinic, however, is so great that it is not possible to undertake there, more than the most pressing cases. It was felt that, in addition to the psychiatric examination of the more obvious delinquency, it might be advantageous to conduct similar investigation in the cases of children showing perhaps less severe variations from normal, but especially those whose behaviour seem to have origin in some maladjustment not yet serious in degree. It was judged that in such cases a slightly longer retention in the remand home might be arranged, so that the home would then function as an observation centre in which psychiatric treatment might be arranged or actually carried out.

In organising the staff, Mr. Barrow Cadbury, the donor of the Home, arranged for the part-time service of an Educational Psychologist, Miss J. W. Dove, M.A., B.Ed., and a Psychiatrist, Mrs. M. P. Mulvany, M.D., B.Ch., B.A.O., L.M., D.P.M., D.C.H. In addition, the daily health of the boys is supervised by Dr. H. Middleton Turnbull, G.M., M.R.C.S., L.R.C.P., who attends regularly. The Principal of the team is the Warden (Mr. J. Connolly), who confers with these other Officers, and is thus able from his own observation combined with other findings, to present to the Magistrates a comprehensive picture of the boy's physical condition, his mental and emotional make-up, his educational attainment and the effect which residence in the remand home has had upon his behaviour. It is felt that in this way some practical help is given to the magistrates in deciding the ultimate disposal of the individual under consideration.

Our Remand Home work has always been directed towards cure of the abnormal social condition of the boy or girl rather than towards punishment, and the new organisation at Forhill is an activity of great promise. The full success of any such activities will depend upon the co-ordinated action of all members of the team and it becomes increasingly obvious that the most important point of all is the choice of a really good, efficient warden. His observations of the inmates of the homes is continuous, and his must be the striking of a happy medium between control and freedom. In regard to disposal of these children, there are certain quite serious difficulties. A good many of these children are educationally sub-normal. It appears, however, that a proportion of these are considered on account of this sub-normality, to be unsuitable for admission to an approved school, so that the only disposal possible seems to be a return home with attendance at one of the Authority's special schools and perhaps supervision by a probation officer. Some of these individuals might be maladjusted to a degree which makes their attendance at special schools undesirable in the interest of the other scholars, although neither on account of their sub-normality nor because of their maladjustment can they rightly be considered ineducable. It would, therefore, be a great practical advantage if there were approved schools to which those children can be admitted whose mentality is low but above the line of ineducability.

In dealing with these children, the Committee has always considered it right and advantageous that they should receive all the medical treatment (including dental) available through the School Health Service, so that if time serves, they may go to their approved schools with all necessary treatment carried out or with appropriate reports for the assistance of the Authorities of the School to which they are admitted.



During 1947, there has been a fall in the numbers of children admitted to all our Remand Homes, but it is too early yet to claim that this is of significance as diminution in the incidence of delinquency and maladjustment.

#### FORHILL HOUSE REMAND HOME

Birmingham boys in Remand Home during 1947	233	During 1946	284
Outside cases in Remand Home during 1947	60	„ „	20
	<hr/> 293		<hr/> 304
	<hr/>		<hr/>

#### MOSELEY ROAD JUNIOR REMAND HOME

Birmingham boys in Remand Home during 1947	118	During 1946	173
Outside cases (boys) in Remand Home during 1947	14	„ „	11
Birmingham girls in Remand Home during 1947	8	„ „	33
Outside cases (girls) in Remand Home during 1947	2	„ „	7
	<hr/> 142		<hr/> 224
	<hr/>		<hr/>

#### THE LIMES GIRLS' REMAND HOME

Birmingham girls in Remand Home during 1947	84	During 1946	86
Outside cases in Remand Home during 1947	28	„ „	19
	<hr/> 112		<hr/> 105
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### INSTITUTE OF CHILD HEALTH

During the past year there has been a consolidation and extension of the Child Health Institute. Where it impinges on the School Health Service, Dr. Sainsbury has continued to act as Clinical Assistant and demonstrations to medical students have been given in the School Clinics. Registrars from the Children's Hospital have worked in the School Clinics which has led to the interchange of ideas, and has formed a useful link. The Midland Spastic Association was formed and a survey of school children suffering from cerebral palsy was carried out through the School Health Service. It has been estimated that among Birmingham's 144,000 school children there are probably about 170 spastics and, in addition, there must be some 110 under five years of age.

### IMMUNISATION AGAINST DIPHTHERIA

During the year the need for immunisation against Diphtheria has been urged by the Officers of the School Health Service, with the co-operation of the Public Health Department. The following table shows the number of children immunised during the past year.

CITY OF BIRMINGHAM  
DIPHTHERIA IMMUNISATION DEPARTMENT  
Children Immunised During 1947

	YEAR OF BIRTH																Adults	Total
	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935	1934	1933			
Maternity and Child Welfare Centres .....	1,469	10,384	892	380	211	164	53	27	13	9	11	9	7	15	2	—	13,646	
Day Nurseries .....	48	420	166	63	43	11	—	—	—	—	—	—	—	—	—	6	757	
Schools .....	—	—	4	33	76	641	741	492	297	75	37	41	19	14	6	4	2,480	
Institutions .....	1	20	32	27	24	27	16	16	16	14	22	24	24	24	12	19	318	
The Council House .....	66	448	43	21	10	8	1	1	—	1	1	2	—	2	—	3	607	
General Practitioners .....	195	1,730	193	56	28	47	16	13	10	4	3	5	4	1	3	29	2,337	
TOTAL .....	1,779	13,002	1,330	580	392	898	827	549	336	103	74	81	54	56	23	61	20,145	
Supplementary Doses .....	—	—	—	209	506	3,645	4,098	3,184	1,815	467	261	207	51	27	29	47	14,546	



## CAMP SCHOOLS

During the War the Girls' Camp at Blackwell was unfortunately destroyed by enemy action, and that at Bell Heath was taken over by the Civil Defence Authorities as an Emergency Feeding Centre. As would be expected, considerable alteration and renovation was necessary at Bell Heath Camp School when it was returned to the Committee, and the Stansfeld Camp School at Oxford also needed a certain amount of repairs and renovations. Further, staff difficulties have persisted after the War, and it was only possible to re-open these two Camps towards the end of 1947.

Temporary arrangements were made in regard to staff for the Stansfeld Camp at Oxford, and three groups of about 40 children each went from the middle of September to the middle of November, 1947. It is expected that this Camp will open for a complete season during 1948.

Fortunately it was found possible to make arrangements for the Bell Heath Camp School to re-open on a permanent basis towards the end of 1947, and parties of 40 children have been staying at the Camp since early in November, 1947, and a complete programme has been drawn up for 1948.

## PHYSICAL EDUCATION

MISS THORPE and MR. MACCUAIG, Organising Inspectors of Physical Education, submit the following report :—

“ Post-war recovery in physical education has been continued in the year under review.

### ORGANISED GAMES

There has been a gradual improvement in playing field facilities, including a resumption, on a small scale, of transport for school children to the Fields. A total of 190 Schools visited the Committee's Playing Fields, as compared with 177 in 1946, and 250 in 1936. The total acreage in use was approximately 185, as compared with 270 before the war.

The standard of play is naturally much lower to-day than it was in pre-war days, when children attended the fields regularly over a period of years under teachers who had attended courses in methods of coaching games and athletics, and when there was ample apparatus available to permit the organisation of classes in small groups in order to concentrate their training and thus make more rapid progress.

The long war prevented a large proportion of boys and girls from obtaining any practical knowledge of field games and all the moral and physical training that this includes.

It is hoped that when the staffing of schools allows, the provision of teachers' courses in games and athletics will be resumed on the pre-war scale.



## SWIMMING

More baths have been re-opened and more scholars have attended than in any year since 1939. Mainly as a result of the keenness aroused at courses for teachers in Methods of Teaching Swimming, held in the previous year, substantial progress in teaching method has taken place. The number of free passes gained by scholars was 2,533, as against 786 in the previous year, and the general improvement in swimming in the schools was also reflected in the higher standard of performance at the Annual Swimming Gala held at the end of the Swimming season.

## TEACHERS' COURSES

In spite of staffing difficulties three courses in general physical training for 152 men and women teachers in Secondary Modern Schools were held during the year. These have been most valuable in re-creating interest on the part of teachers who have been away from teaching, as well as in setting a high standard of performance.

Two initial training courses for women instructor-leaders of physical recreation in Clubs and Evening Institutes and one refresher course for men were held during the year.

## POST-SCHOOL RECREATIVE PHYSICAL TRAINING

The recovery of ground lost in post-school physical recreation owing to the War continued during the year, and about 430 classes for both sexes were held weekly. There were, in addition, about 100 mixed classes in dancing.

The very considerable demands for instructor-leaders for staffing these classes has been met satisfactorily from the Committee's panels of about 250 men and 100 women leaders trained at the Authority's special courses. Their services have been greatly appreciated in the voluntary organisations, for which about 130 classes were staffed from the panel, and in the Evening Institutes.

In spite of the poor facilities for recreative activities at the Birmingham Athletic Institute in the Severne Street premises, and for changing and showering, classes have been well attended. The number of students enrolled during the year was over 1,450. These figures represent an optimum intake with the existing accommodation. There are possibilities of considerable expansion when the original centre at John Bright Street again becomes available."

## CHILD GUIDANCE CLINIC

DR. C. L. C. BURNS, Medical Director of the Child Guidance Clinic, submits the following report :—

" The increase in numbers referred continues to be noted year by year, and the need for further expansion of the Child Guidance Service becomes increasingly imperative.

The total has more than doubled itself in ten years without a corresponding increase in staff or premises, so that the work has to be conducted at rather too great a speed and pressure to be wholly satisfactory to all concerned.



Great developments are, however, under discussion for a future, we hope, not too distant.

The impression is gained that an increasing number of cases are those of the six and seven year olds, chiefly boys, who are both backward and difficult, or very disturbed, or both. The schools are meeting this problem too, and doing what they can with large classes. It is a good age at which to tackle the problem, and we do what we can by special coaching, play groups and the like to improve their condition.

Taking some figures for 1938 for comparison we find the following :—

In 1938 'behaviour problems' amounted to 30% of cases diagnosed, and the average age was 10·3.

In 1947 these amounted to 43% with an average age 8·9.

The Electro-Encephalogram Department at the Queen Elizabeth Hospital is being used for more cases this year, including some as a control group, where the problem is not considered to be due, on clinical evidence, to constitutional instability. What is required is a large scale study of 'normal' children, otherwise we do not yet know how to assess the importance or meaning of abnormal curves. So far, in practically every case where epilepsy—masked or open—or cortical instability is suspected, an abnormal record is found.

The following are the totals of cases dealt with during the year 1947 :  
Cases dealt with=504.

Accepted for treatment	.....	.....	.....	241
Diagnostic with advice	.....	.....	.....	216
Failed to attend	.....	.....	.....	47
Total				<u>504</u> "

### EMPLOYMENT OF CHILDREN

The number of children who were medically examined under the Bye-Laws Regulating the Employment of Children during the twelve months ended 31st December, 1947, were as follows :—

<i>Clinic</i>	<i>No. Examined</i>	<i>Clinic</i>	<i>No. Examined</i>
Gt. Charles Street	557	<i>Brought forward</i>	1,545
Harborne Lane	177	Sheep Street	72
Warstock Lane	111	Aldridge Road	139
Yardley Green	370	Sparkhill	381
Soho Hill	173	Aston	154
Sherbourne Road	49	Slade Road	177
Maas Road	108		
<i>Carried forward</i>	1,545	Total	<u>2,468</u>

In addition to the above, a total of 155 children were medically examined during the past year in connection with the Employment of Children in Entertainments.



## ULTRA-VIOLET RAY TREATMENT

Ultra-Violet Ray treatment has been continued throughout the year in spite of difficulties, *e.g.*, fuel restrictions. A large number of children have improved after treatment, which forms a very useful adjunct to the other forms of treatment available to the child who is ailing.

### SUMMARY OF TREATMENT

Cured or much improved	442
Improved	1,063
No better	159
Ceased to attend	800
Total number treated	<u>2,464</u>

### FREE MEDICAL TREATMENT

The Education Act, 1944, Section 48 (3) places upon every Local Education Authority the duty to secure facilities for the free medical treatment of pupils in attendance at any school or county college maintained by the Authority.

Section 78 (2) gives an Authority power to extend free medical treatment to pupils attending schools not maintained by the Authority with the consent of the proprietors of the school and on agreed terms.

According to Section 114 "medical treatment" includes treatment by any duly qualified medical practitioner or by any person registered under the Dentists' Act, 1878, but does not include treatment in the pupil's home except in the case of pupils receiving primary or secondary education otherwise than at school under arrangements made by a local education authority.

There is thus no separate mention of dental treatment, but arrangements for this must be as comprehensive as those for actual medical treatment.

In devising a comprehensive scheme for the provision of medical treatment which shall be free to parents, several difficult points, chiefly administrative, have come up for consideration and for discussion among the neighbouring Authorities so that uniformity of action shall be secured. The settling of these difficulties has taken longer than was first expected and consequently the Authority's scheme has not yet been submitted for the sanction of the City Council or the Ministry of Education.

The duty of an Authority to bear the cost of Hospital treatment for pupils living in and attending maintained schools in the Authority's area is clear. When, however, a pupil resides in the area of one Authority and attends a school in the area of another Authority, the responsibility is not so clear. As a result of conferences with Local Education Authorities of contiguous areas, it was agreed that, subject to reciprocal arrangements, the Local Education Authority of residence shall bear the cost of Hospital treatment of a child attending school in one area but living in another.

It has been recommended that the facilities for free medical treatment which are made available for pupils attending maintained schools shall be extended to pupils attending certain non-maintained schools, provided they reside within the City.



The scheme for free medical treatment includes also free provision, repair and replacement of appliances (artificial eyes, dentures and limbs, trusses, splints, crutches, etc.), supplied through Hospitals, their contractors or firms with whom they have arrangements. In this respect, it seemed desirable to fix a scale of maximum prices beyond which the Authority would not ordinarily pay. This proved unworkable, because the appliances were found to vary considerably, according to the individual patient, and his condition. It was, therefore, agreed that where it does not exceed ten guineas, the whole cost of a surgical appliance should be paid by the Authority and that for expenditure in excess of this figure prior approval should be obtained. Payment for spectacles is a matter of separate arrangement, but these, too, are free to parents, provided the cost does not exceed that which would have been incurred had the spectacles been prescribed at a School Clinic.

Facilities for transport in the same manner and under the same conditions as those obtaining with regard to school clinics are to be extended to meet the cost of transport to Hospitals within the City.

### SPEECH TRAINING

MISS M. C. WALLACE, Speech Therapist, reports as follows:—

“ SPEECH THERAPY REPORT—SEPT.—DEC., 1947

#### 1. REMOVAL

This autumn period began well with the removal of the Speech Clinic from the old premises at Audley Road School, Glebe Farm, to the Friends' Institute, Moseley Road, Birmingham, 12.

These new premises are highly satisfactory in every way. They are warm, comfortable and impressive, and are a delight to work in.

A few patients\* from the Glebe Farm district have been unable to continue to come for treatment at the new centre, because of the distance, etc., but the number involved was not considerable, and the added advantages of the Clinic are great, especially the more central position.

#### 2. CASES REFERRED FOR TREATMENT. (Sept.—Dec., 1947, inclusive).

Total number = 84.

Of this number:—

11 have been admitted for treatment.

40 have been interviewed and a full case history taken. They now await admission.

15 have had two invitations to attend for interview and have not done so.

10 have had one invitation but did not attend. They will have a second chance in January, 1948.

8 have not yet been sent any communication.

3. TOTAL NUMBER OF CASES ADMITTED. (Sept.—Dec., 1947) = 35

4. TOTAL NUMBER OF PATIENTS RECEIVING REGULAR TREAT-  
(Sept.—Dec., 1947, *i.e.*, attending twice weekly) = 50

5. TOTAL NUMBER OF CASES UNDER OBSERVATION ONLY 8

6. TOTAL NUMBER OF CASES DISCHARGED. 18\*  
(not included)



## 7. ADVICE

A new scheme has been started during the period, whereby arrangements have been made for the parents of children to visit the Clinic unaccompanied by the child in question to discuss the best method of handling the speech disorder at home, etc.

This has been extremely valuable—the parents have been most co-operative and much useful information has also been obtained—particularly in the case of stammerers—which would not have been possible in the presence of the child.

A total of 62 parents has been interviewed during the period.

## 8. SCHOOL VISITS.

I have spent a short period of observation at each of the following schools, gaining valuable instruction closely linked with my work :—

Moseley Road School for the Deaf.

Occupational Centre for Mental Defectives, Moseley Road.

Weoley Castle Nursery School.

## 9. VISITORS

The Clinic has been visited by many interested people, including Dr. Mitchell, Mr. Pilling and the Vicar of Warstock, whose aid was enlisted in the case of a patient, two or three Headmasters and Headmistresses, and Health Visitors.

## 10. CHILD GUIDANCE CLINIC

The link between the Speech Clinic and the Child Guidance Clinic is growing stronger than ever, as we now have several patients in common. I find the Child Guidance Clinic Staff most helpful."

## NURSERY SCHOOLS AND CLASSES

There were 2,654 children attending Nursery Schools and Classes at the end of 1947, as compared with 2,322 in the previous year. The health of the children was good, and the Nurseries were visited on several occasions each week by Nurses, who treated minor ailments and generally supervised the health and hygiene of the infants in Nurseries. Medical Inspection by Assistant School Medical Officers was carried out at frequent intervals, and such children as were suffering from defects who could not be treated at the Nurseries were referred either to the School Clinics or to their own doctor. It is felt that the work in the Nursery Schools and Classes is important, especially in its preventive and early treatment aspect. It is hoped to consolidate and extend the work of 1947.



## SCABIES

The following table shows the number of children treated in the Clinics for Scabies and other skin conditions (*e.g.*, Impetigo) during the year. The number of cases receiving baths was fewer than in the previous year (1,032 as against 1,649 in 1946). It is satisfactory to note that the epidemic of Scabies which occurred during the War years appears to have passed.

1	2	3	4	5	6
Clinic	Individual Children treated for Scabies	How many of Col. 2 were re-infections	No. of baths given for Scabies	Average period elapsing between first and last bath	Individual Children treated for other forms of disease
Floodgate Street	485	6	1,016	6 days	863
Aston	86	—	172	4 days	260
Sheep Street	367	19	1,133	3 days	142
Great Charles Street	94	4	220	7 days	109
TOTALS	1,032	29	2,541	5 days	1,374

## VERMINOUS CONDITIONS

The percentage of children found verminous during the last three years is of considerable interest. Taking the number of individual children found to be infested as a percentage of the number of children on the registers, we get the following :—

1945	.....	12.2% infested
1946	.....	11.3 „
1947	.....	9.7 „

It is felt that, for the first time, it has been possible not only to catch and deal with infested children but to make some real impression upon the state of verminous infestation throughout the City. This has depended upon the co-ordinated work of the whole of the School Health Service according to a detailed plan which it has been possible to work out and to put into operation by collaboration with the Superintendent Nurse and chiefly by her supervision of those actually dealing with the children.

It has been our experience that throughout the City, there are, in each district, families who are persistently infested and who spread infestation throughout the schools at which their children attend. These have been dealt with as special cases and scheduled as “neglected children.” This term is not synonymous with the legal description used in the Children’s Act, but is a clinical differentiation connoting children who are persistently uncared for and in whose cases special measures are necessary.



## THE CAMPAIGN FOR CLEANLINESS—COMPARATIVE TABLE.

Category	1945	1946	1947
1. Number of children on School Registers, December 31st .....	119,756	122,650	130,277
2. Number of individual children found verminous during the year .....	14,380	13,414	12,665
3. Number of verminous children reported for "follow-up" by Nursing Assistants .....	8,151	7,127	6,379
4. Number of children found clean or cleaner at "follow-up" .....	537	1,559	1,920
5. Number of children in respect of whom Statutory Cleansing Notices were issued .....	3,627	5,568	4,459
6. Number of children completely cleansed by parents after issue of Cleansing Notice .....	832	1,349	1,147
7. Number of children compulsorily cleansed by the Local Authority .....	2,558	4,044	3,051
8. Voluntary cleansing under Scheme for Special Cases .....	?	?	122
9. Number of families prosecuted for Pediculosis under Section 54 of the Education Act, 1944 .....	—	2	2

## IMPROVEMENTS IN STANDARDS OF CLEANLINESS

It will be seen from the comparative table that in spite of a considerable increase in the school population, the pediculosis figures have fallen steadily since 1945. While the pediculosis figures show this steady decrease, the figures illustrating those children who are habitually clean, or whose parents cleanse them after "follow-up" are mounting steadily.

This is very encouraging and may be due in part to some or all of the following factors:—

- (i) The consistent maintenance, by School Nurses and Nursing Assistants, in the schools of a standard of 100% cleanliness as far as pediculosis is concerned.
- (ii) Intensification of "follow-up" activities by School Nurses and Nursing Assistants.
- (iii) Increasing use of D.D.T. by general public.

## SPECIAL SCHOOLS

DR. P. R. KEMP, who is in charge of the medical supervision of Special Schools during the year under review, submits the following report:—

"The year has been a busy one in the Special Schools, and dislocations resulting from the War have now been largely overcome, except the shortage of accommodation.

## OPEN AIR SCHOOLS

All the Open Air Schools, Residential and Day, are filled to capacity, and large numbers of children are still awaiting admission. At the end of the Christmas Term, 1947, the number of children examined by the Authority's Medical Officer for Special Schools and certified by him as requiring Open Air School treatment, but for whom there was no immediate accommodation, totalled 327.



A further 293 children recommended by other Doctors, Hospitals, etc., were still awaiting examination by the Assistant School Medical Officer for Special Schools, at that date.

Most of these cases can be described as urgent, none as very urgent.

Cases which do well in Open Air Schools include Asthma, Bronchitis, Eneuresis and the generally delicate child.

The nervous child, sometimes backward in the ordinary school, not as a result of inherent lack of ability but because of emotional maladjustments, will often flourish, physically and educationally, in the Open Air School.

It has been found possible to examine medically every child in the Residential Open Air Schools at least once a term, but where more frequent examinations are indicated on account of some special disability, these are arranged.

The great majority of the children in both Residential and Day Open Air Schools gain weight steadily throughout their stay, though they often lose when they go home for the school holidays.

An investigation was recently carried out at Hunter's Hill Open Air School (120 boys) following a holiday of one month's duration. All the boys were weighed on returning to school; it was found that 79.4% had lost weight, 16.9% had gained, and 3.5% were static. In contrast to this, weights taken at the end of a school term showed that 94.6% of the boys had gained, 3.5% had lost, and 1.7% were static.

#### BASKERVILLE

Apart from two children suffering from Diabetes, Baskerville School is entirely occupied by cases of Rheumatism and Chorea, it being the policy, as far as possible, to admit children who are convalescing from acute Rheumatism and Chorea and whose hearts are still undamaged. The real object of the school is to *prevent* heart damage, though sometimes children with carditis are admitted in the hope that further impairment of heart function may be avoided by appropriate treatment.

A consulting Physician—Dr. Carey Smallwood—visits the school every week and Dr. Kemp visits every fortnight. A local practitioner deals with any emergency work which may arise.

After a length of stay which varies in individual cases the children usually improve sufficiently to enable them to proceed either to Day Schools for the Physically Handicapped or to ordinary schools.

#### SCHOOLS FOR THE EDUCATIONALLY SUB-NORMAL

An encouraging feature of the year's work in relation to educationally sub-normal children has been the increased co-operation shown by parents and their greater appreciation of the value of special teaching in the smaller classes which are possible in these special schools.

The progress of the children is kept under constant observation by the Medical Officer, working in co-operation with the Educational Psychiatrist.



The usual routine medical inspections have been carried out.

The new Residential School for Educationally Sub-normal Girls, Springfield House, is going to be of the greatest value, and a similar school for boys is urgently required.

#### OTHER SPECIAL SCHOOLS

Medical inspections have been regularly carried out at the schools for the Physically Handicapped, the Deaf and the Partially-sighted.

Thanks are due to the Chief Clinical Tuberculosis Officer who has investigated many children from Special Schools to exclude the possibility of tuberculosis and to the various hospital consultants who have always been ready to help in cases presenting special difficulties."

#### PARTIALLY-SIGHTED CHILDREN

MR. ARCHER-HALL, Ophthalmic Surgeon, has submitted the following report with regard to children attending the Special Schools for Partially-sighted Children :

" During the year ended 31st December, 1947, I have attended the Moseley Road School for the Partially-sighted on three occasions, and have visited the Whitehead Road School on four occasions.

At these visits, I have, as in previous years, gone through the Ophthalmic Records of the children, and have selected cases for examination at the School Clinic, Great Charles Street. In this, I have aimed at examination at the School Clinic of every pupil at least once every twelve months. This has, of course, occasionally been upset by failure to keep an appointment by the parents of the child.

I consider that excellent work has been done at the Schools, and that the Head Teacher at each of these Schools is a model of keenness and selflessness, in devoting many hours of leisure each week, to preparation of the necessary educational material for the children.

I was pleased to see at my last visit to the Moseley Road School, that the building had been entirely re-decorated inside, and that the black-out materials which had been in place for a considerable time after the War, had at length been removed. The whole atmosphere of the School was much improved by the very considerable increase in lighting obtained.

At my sessions at Great Charles Street School Clinic for children from sighted schools, I found it necessary to recommend education at part-sighted schools in 17 cases. When making these recommendations, I have, as in previous years, discussed at length the advantages of this type of education for the particular child, and have overcome, as far as humanly possible, the objections to the Schools, such as distance from the child's home, etc. I attach a list of children admitted and discharged from the two Schools during 1947.



## MOSELEY ROAD

## GIRLS

Number of children admitted	3
Number of children discharged from	Nil
Number of children left to return to ordinary schools	1
Number of children left to go to Birmingham Royal Institution for the Blind	Nil

## BOYS

Number of children admitted	2
Number of children discharged from	1
Number of children left to return to ordinary schools	2
Number of children left to go to Birmingham Royal Institution for the Blind	1

## WHITEHEAD ROAD

## GIRLS

Number of children admitted	3
Number of children discharged from	Nil
Number of children left to return to ordinary schools	1
Number of children left to go to Birmingham Royal Institution for the Blind	Nil

## BOYS

Number of children admitted	5
Number of children discharged from	1
Number of children left to return to ordinary schools	1
Number of children left to go to Birmingham Royal Institution for the Blind	Nil "

## COTTAGE HOMES

The medical examination of children at Erdington Cottage Homes was carried out as in previous years, by Dr. Hugh Kirkland, of Highcroft Hall.

DR. M. E. LEMIN, Assistant School Medical Officer, submits the following report on the medical supervision of the children at Shenley Fields Cottage Homes.

" Routine examination is carried out once a week on one individual home, when defects are checked up and such treatment as they require is recommended and the progress of old defects is kept under supervision. At this examination the foster mother of the home is asked to attend and bring with her and place on the table the diet book for the home concerned. It is hoped by this course that a close personal relationship will be brought about between the foster mothers and the Medical Officer, and it is felt that great benefit will accrue to the welfare of the children and the smoothness of administration. At these inspections full and friendly interchange of ideas and criticism takes place between foster mother, Medical Officer and Hospital staff. Suggestions as to the best use of diet come up and where necessary supplementary food factors such as vitamins are ordered to suit the individual child's requirements.

When it is considered that these children come from so many diverse places it is obviously essential that no pains must be spared to arrive at an early and just understanding of their mental and physical condition. With this in view a routine Wassermann and patch test are done so that not only, as far as possible, will the heritage of the past be erased but, taking a long view, their future



may be safeguarded and, should a chance of boarding-out or adoption occur, we may let the prospective parents or guardians have the child with perfect confidence.

The hospital is visited in the company of the Sister each week, and such other times as may be necessary.

One cottage is inspected each week, without previously warning the staff, so that actual working conditions, meals and sanitation may be observed. This is done in the company of the Matron and such recommendations as may seem necessary are put forward then and there and their practicability discussed. Special regard is given to the comfort and compatibility of children and staff so that as far as possible a reasonable and happy domestic atmosphere may prevail.

In addition to these matters, a careful supervision is exercised over any child that is tuberculous or has shown signs of such a tendency, and monthly weight graphs are kept and, where these are not satisfactory, reference is made to the Tuberculosis Officer.

Where children show scars in their mental make-up from past life or surroundings they are carefully observed and, should they show no sign of betterment under improved conditions, they are referred to the appropriate specialist. Children with physical handicaps are likewise treated.

Where children would benefit from sunlight they are first given a patch test to avoid flaring up any latent T.B.

Where close observation is required by trained personnel the child is admitted to the Homes hospital—therefore a child need not necessarily be seriously ill if it is in this hospital.

Other investigations such as the microscopic investigations of the blood, etc., are carried out where it is thought advisable."

## CONCLUSION

The increase of cases of Tuberculosis are more especially in the lower age groups, previous to the school age, which indicates some results of the stress of war difficulties, and is a pointer to the fact that in future, when these children come to school age, we shall have to increase our accommodation for delicate children, and we shall have to emphasise an increasing vigilance in school inspections. Presentiment of this led to advising the Committee that an increase of accommodation for the delicate child should be considered. One is forced to the opinion that at present the most serious factor affecting the health of the children is housing. The diet may show some monotony, but that is mainly a matter of lack of initiative and faulty and uninteresting presentation. Housing on the other hand is not keeping pace with the needs of the people. This has a most harmful effect because of the lack of air space and also the lack of home life, and it may be stated, more or less generally, that children lose their sleep when they have to accommodate themselves very nearly to the hours of bedtime of their elders giving insufficient sleep for the young. Furthermore, the occupation of a house by two or more families prevents a domestic and social type of life which is profitable to the child. Female employment may be economically necessary, but the employment of mothers is, to my mind, doing more harm to the nation by the lack of parental supervision than the work of these individuals does good to our economic condition. The general



health state of the children is indicated to some extent by the prevalence of epidemics and the reaction of the young population when such widespread illness occurs. During the year there was an outbreak of Poliomyelitis, or infantile paralysis, as we know it better. This outbreak or epidemic caused considerable upset, in some cases amounting almost to panic, among some parents, largely because the nature of the onset of the disease seemed vague or almost mysterious. Actually throughout the year there were fifty-three cases, of whom four died. The difficulty in the effective control of Poliomyelitis arises from the various manners of onset of the disease. In a great many cases the onset appears as what might be known as an "influenzal cold," and in many cases there is no suspicion that here is Poliomyelitis until paralysis sets in. It should be noted, however, that paralysis does not appear in all cases and in a great many is confined only to isolated groups of muscles. The utmost vigilance was maintained by the Public Health Department, and all possible methods to prevent spread were constantly under discussion between the Medical Officer of Health and the School Medical Officer. It is fair to conclude that the small number of cases showed good resistance on the part of our children and a competitive spirit in that they stood up to it as well as those of any other densely populated area.

The future of the School Health Service is not yet decided. Looking back over twenty-six years' experience of school work in Birmingham one can say that the value of the work has greatly increased in the eyes of teachers and parents, and has taken more and more an essential place in the preservation of health of the nation. Whatever may be the School Health Service of the future it should be so devised or maintained so that teachers and parents will be able to regard the School Doctor and Nurse as belonging to their own service, and as part of a closely integrated company. To accomplish this, school inspection is not sufficient; there should be centres such as our Clinics of to-day for advising in cases which give, or seem to give, occasion for examination between periodic inspections. Only by this means can real preventive medicine be properly carried out. Should any other method be adopted, such as school inspection alone, then it may safely be prophesied that the preventive side of the work would be diminished. It must not be thought that these remarks in any way suggest reduction in the number of school inspections; these should be increased, and there should be a real active contact between the School Health Authority and the medical authorities supervising young people on their admission to employment. It may be possible for these duties to be vested in one individual in small communities, but specialisation with close locking of the departments is essential in the larger centres.

Thanks are again due to Medical Officers and Nursing Staff, to Teachers, School Attendance Officers and Officers of the administrative staff of the Education Committee for willing and effective help and co-operation in carrying out the work of the School Health Service. All help and information needed has been given unstintingly, and my gratitude is tendered to all concerned.



**CITY OF BIRMINGHAM**

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**Education Committee**

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**Appendix to Annual Report**

**of**

**School Medical Officer**

**for the year ended 31st December, 1947**

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**OFFICIAL TABLES**



# Medical Inspection and Treatment Returns

Year ended 31st December, 1947.

TABLE I.

## MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

### A. PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups :

Entrants .....	20,503
Second Age Group .....	12,356
Third Age Group .....	10,990
<b>TOTAL</b>	<b>43,849</b>

Number of other Periodic Inspections .....	—
<b>GRAND TOTAL</b>	<b>43,849</b>

### B. OTHER INSPECTIONS

Number of Special Inspections .....	33,977
Number of Re-Inspections .....	52,900
<b>TOTAL</b>	<b>86,877</b>

### C. PUPILS FOUND TO REQUIRE TREATMENT

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN)

GROUP (1)	For Defective Vision (Excluding Squint) (2)	For any of the other Conditions Recorded in Table II a (3)	Total Individual Pupils (4)
Entrants .....	301	7,297	7,104
Second Age Group .....	1,012	3,498	4,116
Third Age Group .....	1,194	3,139	4,018
Total (prescribed groups) .....	2,507	13,934	15,238
Other Periodic Inspections .....	—	—	—
<b>GRAND TOTAL</b> .....	<b>2,507</b>	<b>13,934</b>	<b>15,238</b>



TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED  
31ST DECEMBER, 1947

Defect Code Number	Defect or Disease  (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		Number of Defects		Number of Defects	
		Requiring Treatment  (2)	Requiring to be kept under observation but not requiring treatment  (3)	Requiring Treatment  (4)	Requiring to be kept under observation but not requiring treatment  (5)
4	Skin .....	1,123	112	6,663	64
5	Eyes—				
	(a) Vision .....	2,507	545	2,536	45
	(b) Squint .....	915	281	500	18
	(c) Other .....	419	54	1,473	36
6	Ears—				
	(a) Hearing .....	156	45	176	24
	(b) Otitis Media .....	308	56	722	5
	(c) Other .....	100	18	908	47
7	Nose or throat .....	4,131	1,187	3,356	278
8	Speech .....	100	61	67	6
9	Cervical Glands .....	574	104	373	60
10	Heart and Circula- tion .....	682	323	410	59
11	Lungs .....	1,660	368	1,298	53
12	Developmental—				
	(a) Hernia .....	96	33	8	—
	(b) Other .....	64	79	63	2
13	Orthopaedic—				
	(a) Posture .....	1,221	276	48	7
	(b) Flat foot .....	1,231	146	257	6
	(c) Other .....	1,080	244	428	36
14	Nervous System				
	(a) Epilepsy .....	38	28	33	7
	(b) Other .....	139	27	332	62
15	Psychological—				
	(a) Development .....	61	61	48	3
	(b) Stability .....	115	111	37	2
16	Other .....	1,770	375	11,095	430

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING  
THE YEAR IN THE AGE GROUPS

Age Groups	Number of Pupils Insp't'd	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	20,503	11,773	57.42	7,824	38.16	906	4.42
Second Age Group .....	12,356	7,468	60.44	4,385	35.49	503	4.07
Third Age Group .....	10,990	6,982	63.53	3,627	33.00	381	3.47
Other Periodic Inspections	—	—	—	—	—	—	—
TOTAL	43,849	26,223	59.80	15,836	36.11	1,790	4.09



## TABLE III

## TREATMENT TABLES

## GROUP I. MINOR AILMENTS (excluding Uncleanliness, for which see Table V).

(a)	Number of Defects Treated or under treatment during the year
Skin—	
Ringworm—Scalp—	
(i) X-Ray treatment	34
(ii) Other treatment	54
Ringworm—Body	163
Scabies	1,111
Impetigo	1,988
Other skin diseases	6,211
Eye Disease	
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)	3,342
Ear Defects	2,341
Miscellaneous	
(e.g., minor injuries, bruises, sores, chilblains, etc.)	12,971
<b>TOTAL</b>	<b>28,215</b>

(b) Total number of attendances at Authority's minor ailment Clinics 73,318

## GROUP II. DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I)

	Number of Defects dealt with
Errors of Refraction (including squint)	7,398
Other defect or disease of the eyes (excluding those recorded in Group I)	110
<b>TOTAL</b>	<b>7,508</b>
No. of Pupils for whom spectacles were	
(a) Prescribed	5,042
(b) Obtained	4,970

## GROUP III. TREATMENT OF DEFECTS OF NOSE AND THROAT

	Total Number Treated
Received operative treatment—	
(a) for adenoids and chronic tonsillitis	2,736
(b) for other nose and throat conditions	243
Received other forms of treatment	5,759
<b>TOTAL</b>	<b>8,738</b>

## GROUP IV. ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals or hospital schools	725
(b) Number treated otherwise, e.g., in Clinics or out-patient Departments	3,209

## GROUP V. CHILD GUIDANCE TREATMENT AND SPEECH THERAPY

No. of pupils treated	
(a) under Child Guidance arrangements	457
(b) under Speech Therapy arrangements	195



TABLE IV. DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers—				
(a)	Periodic Age Groups	.....	.....	82,181
(b)	Specials	.....	.....	2,983
(c)	Total (periodic and specials)	.....	.....	85,164
(2) Number found to require treatment				41,921
(3) Number actually treated				27,250
(4) Attendances made by pupils for treatment				37,210
(5) Half-days devoted to (a) Inspection				353
	(b) Treatment	.....	.....	4,056
	Total (a) and (b)	.....	.....	4,409
(6) Fillings : Permanent Teeth				13,710
	Temporary Teeth	.....	.....	449
	Total	.....	.....	14,159
(7) Extractions : Permanent Teeth				8,647
	Temporary Teeth :	.....	.....	46,549
	Total	.....	.....	55,196
(8) Administration of General Anaesthetics for Extraction				15,795
(9) Other operations : (a) Permanent Teeth				3,079
	(b) Temporary Teeth	.....	.....	2,636
	Total (a) and (b)	.....	.....	5,715

TABLE V  
INFESTATION WITH VERMIN

(i)	Total number of examinations in the Schools by the School Nurses or other authorised persons	.....	241,540
(ii)	Total number of individual pupils found to be infested	.....	12,665
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (ii), Education Act, 1944)	.....	4,459
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (iii), Education Act, 1944)	.....	3,088