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EDUCATION COMMITTEE

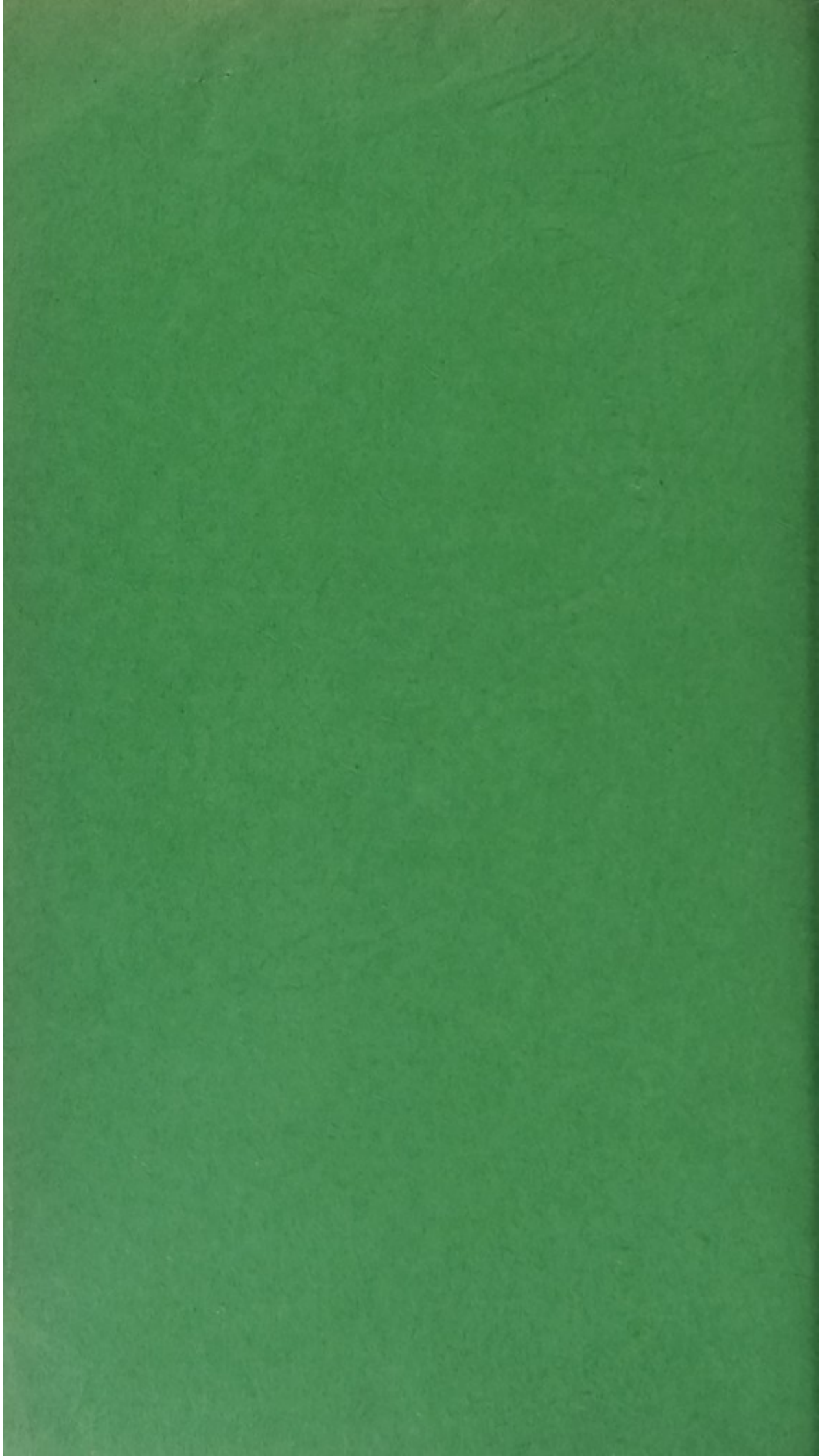
**SCHOOL HEALTH SERVICE  
REPORT**

OF THE

**SCHOOL MEDICAL OFFICER  
HAROLD M. COHEN, M.D., D.P.H.**

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**FOR THE YEAR ENDED 31st DECEMBER, 1949**



CITY OF BIRMINGHAM  
EDUCATION COMMITTEE

**SCHOOL HEALTH SERVICE  
REPORT**

OF THE

**SCHOOL MEDICAL OFFICER  
HAROLD M. COHEN, M.D., D.P.H.**

FOR THE YEAR ENDED 31st DECEMBER, 1949

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**SPECIAL SERVICES SUB-COMMITTEE :**

ALDERMAN SIR W. MARTINEAU  
(Chairman of the Education Committee)

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(Chairman)

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MR. COUNCILLOR D. H. McMAHON.	MR. COUNCILLOR F. MOODY.
MR. COUNCILLOR T. PATON.	MR. COUNCILLOR R. PURDY.
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MRS. E. E. REYNOLDS.	R. SHORTHOUSE, ESQ.

W. WALKDEN, ESQ.

Chief Education Officer : E. L. RUSSELL, M.A.

**STAFF****SCHOOL MEDICAL OFFICER :**

JAMES R. MITCHELL, M.C., M.B., Ch.B., D.P.H.  
(retired 25.2.49)

HAROLD M. COHEN, M.D., D.P.H.  
(Appointed 1.4.49)

**ASSISTANT SCHOOL MEDICAL OFFICER (Special Schools) :**

PHILIP R. KEMP, M.B., Ch.B.

**ASSISTANT SCHOOL MEDICAL OFFICER (General Purposes) :**

MAURICE E. LEMIN, M.B., Ch.B.  
(Resigned 31.3.49)

(This vacancy had not been filled by the end of the year)

**ASSISTANT SCHOOL MEDICAL OFFICERS :**

GERALD FRASER-SMITH, M.R.C.S., L.R.C.P.	ELSE A. D'AMIAN, M.D., L.R.C.P., L.R.C.S.
WILLIAM H. S. MCGREGOR, M.R.C.S., L.R.C.P. (Resigned 31.3.49).	JOSEPH J. LANDON, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P.
VICTORIA H. KING, M.B., B.S., M.R.C.S., L.R.C.P. (Resigned 31.5.49)	JOYCE M. ALLEN, M.B., Ch.B., D.P.H.
HUGH S. K. SAINSBURY, M.R.C.S., L.R.C.P.	MARGARET M. TIMPANY, M.B., Ch.B., D.P.H. (Resigned 31.12.49)
DOROTHY M. BEAUMONT, M.B., Ch.B., M.R.C.S., L.R.C.P.	JOYCE B. MOLE, M.B., Ch.B., D.C.H.
MAY W. BLAKISTON, M.A., M.B., Ch.B.	MARGARET J. CASH, M.R.C.S., L.R.C.P. (Appointed 1.4.49).
KATE GRAY, M.A., M.B., B.S.	JOAN GRAY, M.B., Ch.B. (Appointed 1.4.49).

**CHIEF DENTAL OFFICER :**

E. DAVIES-THOMAS, T.D., M.R.C.S., L.R.C.P., L.D.S.R.C.S.

**SCHOOL DENTAL SURGEONS :**

CLIFFORD J. BAKER, L.D.S.	WILLIAM A. BARTON, L.D.S.R.C.S.
HARRY A. COHEN, L.D.S.	*ALFRED WIJEYEKOON, L.D.S.
HUGH LINN, L.D.S.R.C.S.	GEORGE R. FAIRCLOUGH, L.D.S.
CYRIL R. FODEN, L.D.S.	JOHN C. CUZNER, L.D.S.
MARJORIE COOK, L.D.S.	*MARGARET A. SAINSBURY, L.D.S. (Appointed 28.2.49; Resigned 31.7.49)

(3 vacancies)

\* Part-time Officer.

**CHILD GUIDANCE CLINIC:****Medical Director**

\* CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.M.

<i>Psychiatrist</i>	.....	*MYRE SIM, M.D., D.P.M.
<i>Psychologist</i>	.....	ENID M. JOHN, M.Sc.
<i>Psychiatric Social Workers</i>	.....	DOREEN HOSKING.
		*ALICE HAAS, Ph.D.
		*MARY C. JENKIN, B.A.
		(Appointed 1.11.49)

\* Part-time Officer

**PART-TIME SPECIALIST OFFICERS:****Ophthalmic Section**

HERBERT W. ARCHER-HALL, M.R.C.S., L.R.C.P., D.O.  
 MARK TREE, M.B., B.S., F.R.C.S., D.O.M.S.  
 KATHLEEN DAVIES-THOMAS, M.B., Ch.B., D.P.H., D.O.  
 JOHN H. AUSTIN, M.B., Ch.B., D.O., D.O.M.S.  
 GILBERT M. BARLING, M.B., Ch.B., D.O.M.S.  
 (Appointed 15.3.49; Resigned 30.6.49)  
 SAMUEL ACHESON, M.B., B.Ch., B.A.O.  
 (Appointed 19.7.49)

**Ear, Nose and Throat Section**

F. BRAYSHAW GILHESPY, M.R.C.S., L.R.C.P., D.L.O.

**Surgeons at Tonsil and Adenoid Clinic**

ROBERT EVANS, M.D., F.R.C.S., D.L.O.  
 SARAL C. GHOSH, B.Sc., M.B., B.S.

**Orthopaedic Section**

FRANCIS G. ALLAN, M.B., B.S., F.R.C.S., L.R.C.P.

**Visiting Physician to Baskerville School**

WILLIAM C. SMALLWOOD, M.B., Ch.B., F.R.C.P., M.R.C.S.

**Anaesthetists**

WILLIAM R. A. LINE, M.R.C.S., L.R.C.P.  
 DOROTHY T. SHEWRING, M.B., Ch.B.  
 MARY H. TUDOR, M.B., Ch.B., B.A.O.  
 ERIC F. ADAMS, M.R.C.S., L.R.C.P., D.A.  
 OLGA MULLER, M.D.  
 MAY I. T. GRANT, M.B., Ch.B., D.P.H.

**PHYSIOTHERAPISTS**

MAUREEN WALLS, S.R.N., M.C.S.P.  
 VIOLET M. POND, M.C.S.P.  
 (Resigned 31.8.49)  
 NORA E. GOOK, M.C.S.P.  
 MARY C. DOWNING, M.C.S.P.  
 FLORA A. McLAUCHLAN, M.C.S.P.  
 (Appointed 1.9.49)  
 FLORENCE N. STODDARD, S.R.N., M.C.S.P.  
 DOREEN H. M. McMULLAN, M.C.S.P.  
 (Resigned 31.7.49)  
 NORAH M. LUCAS, M.C.S.P.  
 (Appointed 6.9.49)  
 (1 vacant)

**CHIEF SPEECH THERAPIST**

(Vacant)

**SPEECH THERAPISTS**

MARY C. GIBBINS, L.C.S.T. (Part-time)

EILEEN S. SPRAYSON, L.C.S.T.

BARBARA J. JARVIS, L.C.S.T.

*(Appointed 19.9.49)*

SUSAN J. W. TANNER, L.C.S.T.

*(Appointed 19.9.49)***SCHOOL NURSING STAFF****Superintendent School Nurse**

DOROTHY A. ASHBY, S.R.N., H.V.Cert.

School Nurses (6 vacancies) .....	42
Nurses in Nursery Schools .....	8
Nursing Assistants (1 vacancy) .....	13

**OTHER STAFF**

Matron at Martineau House .....	1
Nurses in Special Schools (1 vacancy) .....	9
State Enrolled Nurses in Special Schools .....	4
Dental Attendants .....	13

## SUMMARY OF WORK—1949.

	Children.	Attend- ances.
SCHOOL MEDICAL OFFICERS AT SCHOOLS :		
Visits to Schools—		
Routine Inspections—		
Primary and Secondary Schools .....	41,543	
Special Schools .....	1,792	
Nursery Schools and Classes .....	3,264	
Selected cases—		
Special Inspections .....	2,886	
Re-Inspections .....	7,857	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS :		
Special Inspections .....	27,822	
Re-inspections .....	42,585	
OPHTHALMIC CLINICS :		
Number examined by the Ophthalmic Surgeons .....	3,297	
Number examined by the Medical Officers .....	1,569	
AURAL CLINIC :		
Examined by the Aural Surgeon .....	832	
Treated by the School Nurse—		
Number of diastolizations .....		334
Number of mastoid dressings .....		342
Number of other aural dressings .....		2,321
TONSIL AND ADENOID CLINIC :		
Number of operations .....	2,186	
REMEDIAL EXERCISE CLINICS .....	1,989	46,812
CHILD GUIDANCE CLINIC .....	551	
SPEECH THERAPY CLINICS .....	252	
ULTRA VIOLET RAY TREATMENT .....	2,612	
DENTAL CLINICS .....	31,361	44,596
SCHOOL NURSES AND/OR NURSING ASSISTANTS :		
Examinations of children for uncleanliness .....	361,885	
Vision tests .....	21,920	
Home Visits .....	505 homes	
	539 visits	

## CITY OF BIRMINGHAM

## GENERAL INFORMATION

Population .....	1,107,200
Area .....	51,147 acres.
Density of population .....	21.6 persons per acre.
Rateable value .....	£7,319,217
Education rate .....	67.91d.
Penny rate produces .....	£28,500
Primary and Secondary Schools (including Nursery Schools)	
Number of schools .....	405
Average number on rolls .....	159,028
Special Schools :	
Number of schools .....	24
Average number on rolls .....	2,918

ANNUAL REPORT  
OF THE  
**SCHOOL MEDICAL OFFICER**

HAROLD M. COHEN, M.D., D.P.H.

For the Year ended 31st December, 1949

**To the Chairman and Members of the Education Committee.**

I have the honour to present for your consideration the report on the work of the School Health Service for the year ended 31st December, 1949.

The account whilst as complete as possible is only a pale reflection of the many-sided activities which affect the children. In the schools, in the Clinics and at out-of-school functions, the personal interest of the Staff and the consultations with teachers and parents are an unseen force continuously working for their betterment.

The National Health Service Act came into force in July, 1948, and the report accordingly covers the first full year of the new relationships between the various State activities for the welfare of the children.

For over forty years, since the Medical Inspection of school children became the duty of Local Education Authorities, plans for the medical care of the children have grown steadily. The culmination was reached in the Education Act of 1944, in the van of the social legislation which has since reached the Statute Book, and the relevant sections have indeed been described as a Children's Health Charter. One of the effects of this Act was the comprehensive treatment for school children which was to be free of cost to the parents. In particular, Local Education Authorities became responsible for payment to the hospitals, which ceased, however, when the National Health Service Act came into force. The reports which the hospitals sent to the Authorities on these children from the commencement of the scheme have fortunately been continued, so enabling the building up of continuous medical histories of the children. A recent circular of the Regional Hospital Board has emphasised the value of these reports and has indicated the nature of the joint responsibility of the family doctor and the school medical officer in the general care of the child.

The provision of specialist services for school children can be the duty of the Regional Hospital Board, although it is still possible for Local Education Authorities to provide these services. Negotiations are in progress with the Regional Hospital Board in the light of these alternatives, where indicated. Full regard is being given to the help which the specialists have given in the past through their particular relationship with the School Health Service.

Minor Ailment and Inspection Clinics which have so effectively shown their value over the years are to continue as a function of the School Health Service. Similarly the Medical Inspection of the children in the schools—the basis on which the Service rests—remains within the structure of the Local Authority.

The ascertainment of handicapped children is a further welcome duty of the School Health Service.

A national measure affecting the Service during the year was the lightening of some of the Central Government Controls, as a result of the deliberations and recommendations of the Man Power Committee.

Locally, the Service has continued effectively and various extensions have been made. The needs of the children are kept under review and consideration has been given to the erection of Clinic premises in the Lea Village and Kingstanding Areas.

Attention has been given to the possible expansion of the Child Guidance Service and the establishment of a hostel for maladjusted pupils.

During the year the Committee agreed to continue for a further period of three years the arrangements for the interchange of medical staff between the School Health Service and the Children's Hospital. The Council of the Institute of Child Health have expressed their warm appreciation of this scheme.

Proposals were accepted during the year for the re-organisation of the supervision by the Nursing Staff of the health and hygiene of the children in Nursery Schools and Classes. As far as possible the policy of the Committee would be to allocate the Nursery Schools and Classes to fully qualified school nurses, as part of their routine duties in connection with the School Health Service. To complete the scheme, the appointment of a Deputy Superintendent School Nurse was authorised.

Speech Therapy Clinics were opened at Handsworth and Kingstanding during the year.

The difficulties in connection with the School Dental Service are described by the Chief Dental Officer, but it is heartening to note that the Consultant Orthodontist in connection with the establishment of the orthodontic clinic has been appointed during the year.

Further parties of delicate boys have benefited markedly from their stay at Davos in the Alps. A full account of this remarkable scheme is given in the body of the report.

In general, the care of handicapped children has exercised the attention of the Committee. In spite of building difficulties the new Special School for educationally sub-normal children at Hallmoor Road has been begun and consideration is being given to extending Special School facilities.

It is opportune to mention here the success of the one-day conference of the Special Schools Association held in Birmingham on September 17th. The keen local interest was shown by the attendance of members of the Committee who took an active part in the proceedings.

A further opportunity for research has been afforded by the Committee by collaborating with the Medical Research Council in a survey to ascertain the prevalence of susceptibility to tuberculous infection in England and Wales.

During the year the Committee have gradually relinquished the medical supervision of children in the Institutions now controlled by the Children's Committee as the Health Committee have accepted the responsibility.

There have been various changes in the Staff during the year, but particular reference must be made to Dr. Mitchell who retired on superannuation in February after twenty-seven years' service. Well merited tribute has been paid to the excellent work which he carried out. It is as pleasing to reflect that his predecessor, Dr. Auden, the Committee's first School Medical Officer, who laid the foundation of the Service so effectively, and guided it to success and vigour, is also enjoying a happy retirement.

Whilst the co-operation of various societies is acknowledged later, I take the opportunity to express here, my pleasure at the welcome afforded to me by the Head Teachers through their Association.

I desire, also, to acknowledge my deep appreciation of the cordial welcome I have received from members of the Committee and the help they have given me, and to thank Mr. Russell, the Chief Education Officer, for his consideration and assistance, the Staff of the various departments, for their help in the preparation of the report, Dr. Newsholme, the Medical Officer of Health, for certain vital statistics, and the members of the School Health Service for their loyalty and collaboration.

H. M. COHEN,

School Medical Officer.

May, 1950.

## SCHOOL CLINICS

SCHOOL CLINIC	Number of Schools	WORK UNDERTAKEN							
		Minor Ailments and Inspection	Refraction	Dental	Remedial Exercises	U.V.R.	Ear, Nose and Throat	Speech Therapy	Tonsil and Adenoid Clinic
Aldridge Road, Great Barr, Birmingham, 22	33	X	X	X	X	X			
Albert Road, Aston, Birmingham, 6	32	X	X	X		X			
Great Charles Street, Birmingham, 3	36	X	X	X			X		
Soho Hill, Handsworth, Birmingham, 19	40	X	X	X		X		X	X
Harborne Lane, Selly Oak, B'ham 29	36	X	X	X		X			
Maas Road, Northfield, B'ham 31	24	X	X	X	X	X			
(a) Ridpool Road, South Yardley, Birmingham, 26	12	X	X						
Sheep Street, Gosta Green, Birmingham, 4.	35	X	X	X	X	X			
Sherbourne Road, Balsall Heath, Birmingham, 12	31	X	X	X		X			
Stratford Road, Sparkhill, B'ham 11	33	X	X	X	X	X			
Slade Road, Erdington, B'ham 23	33	X	X	X		X			
(b) Warren Farm Rd., Erdington, B'ham 23		X							
Warstock Lane, King's Heath, Birmingham, 14	30	X	X	X	X	X			
Yardley Green Road, Little Bromwich, Birmingham, 9	38	X	X	X		X			
Friends' Institute, Moseley Road, Birmingham, 12	—							X	
Dame Elizabeth H'se, Stechford, B'ham 9	—							X	
Congregational Hall, Brackenbury Road, Erdington, B'ham 23	—							X	

(a) Branch of Yardley Green Road Clinic. (b) Branch of Slade Road Clinic  
 CHILD GUIDANCE CLINIC, 45, LEE CRESCENT, BIRMINGHAM, 15.  
 FLOODGATE STREET BATHING CENTRE, BIRMINGHAM, 5.

### STAFF

Dr. M. E. Lemin, Assistant School Medical Officer (General Purposes), resigned in March, and at the end of the year the vacancy had not been filled.

Dr. W. H. S. McGregor resigned in March and Dr. V. H. King in May, and Dr. M. J. Cash and Dr. J. Gray were appointed in April to fill these vacancies.

Mrs. M. A. Sainsbury, who had been appointed part-time School Dental Surgeon, resigned in July. At the end of the year there were three vacancies for School Dental Surgeons.

Mr. A. J. Walpole Day was elected to the newly-created post of Consultant Orthodontist but had not yet taken up his appointment at the end of the year.

Mr. G. M. Barling who had been appointed Ophthalmologist to the Schools for the Partially-Sighted in March resigned in June, and Mr. Mark Tree was appointed to these additional duties. Dr. S. Acheson was appointed a part-time Ophthalmologist in July.

Miss V. M. Pond and Miss D. H. McMullan, Physiotherapists, resigned during the year, and Miss F. A. McLauchlan and Miss N. A. Lucas were appointed to fill the vacancies.

Mrs. M. C. Jenkin was appointed part-time Psychiatric Social Worker at the Child Guidance Clinic in November.

Miss B. J. Jarvis and Miss S. J. W. Tanner took up their appointments as Speech Therapists in September. It has not been possible to fill the post of Chief Speech Therapist.

Mrs. E. M. Morgan, Dental Attendant, retired on superannuation in June, after twenty-eight years' excellent service.

There have been numerous changes amongst the Nursing Staff and Dental Attendants. The difficulty in filling the vacancies for School Nurses is unfortunately hampering the work in this section.

### CO-ORDINATION

Close co-ordination continues between the Public Health Department and the School Health Service. During the year the services of the School Dental Surgeons were extended to Maternity and Child Welfare cases.

The Children's Department shares in the facilities afforded by the Child Guidance Clinic.

Reports are received from the Hospitals on the children who have been under their care. Mention can be made here of the section in Circular R.H.B. (50) 22nd of March, 1949, from the Ministry of Health, dealing with the transmission of information from hospitals. This states: "The joint responsibility of the family doctor and the Medical Officer of Health or School Medical Officer, is recognised, and it is suggested that the same information should be sent to the family doctor and, for a school child, to the School Medical Officer."

### MEDICAL INSPECTION

In accordance with the School Health Service Regulations, 1945, the following arrangements are made for the medical inspection of pupils :—

- (a) as soon as possible after the date of their admission to a maintained school for the first time ;
- (b) During the last year of their attendance at a maintained Primary School ;
- (c) during the last year of their attendance at a maintained Secondary School.

The main statistics on Medical Inspection will be found on pages 68 to 71, and the findings are given in accordance with the Ministry's requirements.

From the reports received from the Medical Officers it is gratifying to learn that many parents who are invited to attend the examination, avail themselves of the opportunity of being present.

The number of defects found to require treatment at these periodic examinations was 18,554 whilst in addition a further 8,699 were referred for medical supervision.

In addition, children outside these age groups are presented as "Specials" for examination by the Medical Officers and 1,464 defects were found to require treatment and 359 defects were referred for further supervision.

### GENERAL CONDITION

#### CLASSIFICATION OF CHILDREN UNDER THE HEADING "GENERAL CONDITION" ON THE SCHOOL MEDICAL RECORD CARD

The doctors are asked to classify the children at the periodic Routine Medical Examinations under the heading "General Condition" into the following groups, "good," "fair" and "poor."

The relevant figures for the year under review and certain comparable figures are given below.

AGE GROUPS	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1) Entrants .....	(2) 21,270	(3) 7,132	(4) 33·53	(5) 12,632	(6) 59·39	(7) 1,506	(8) 7·08
Second Age Group .....	12,129	3,782	31·18	7,509	61·91	838	6·91
Third Age Group .....	13,200	5,333	40·40	7,211	54·63	656	4·97
Total, 1949 .....	46,599	16,247	34·87	27,352	58·69	3,000	6·44
Total, 1948 .....	45,192	21,078	46·64	22,016	48·72	2,098	4·64
Total for England and Wales, 1948	1,793,455		35·8		59·6		4·6

Various factors have to be borne in mind, however, in considering these findings. The assessments are made by the doctors on an entirely subjective basis and they cannot be regarded as a strictly accurate measure. The general impression of the doctors, however, following the careful clinical examination would seem to give a reasonable indication of the child's general condition. Yet the grouping is arbitrary, and there is a real difficulty at times in demarcating the finer shading of the groups. A lead was given by the Ministry in March, 1948, in an attempt to clarify the grouping, and in the Chief Medical Officer's Report published in 1949, attention was drawn to the Oxford Dictionary meaning of the word "fair" as "satisfactory." The classification under that particular group should be made in that sense. Furthermore, care has to be taken in regarding the child as a whole and in relation to natural development. For example the "springing-up" and "filling-out" period have to be given due consideration and the fallacy of over-stressing a single criterion such as apparent pallor of mucous membranes has been shown<sup>(1)</sup> recently. In this investigation the findings indicate that there is very little correlation between the actual haemoglobin content of the blood and the colour of the mucous membranes.

It is interesting to note, in connection with the local impression of the satisfactory maintenance of the condition of the children, the following statement in a recent report:<sup>(2)</sup> "There has been little variation in the proportions of children routinely examined which have been placed in the various nutritional categories in the past few years. This suggests that there has been no substantial alteration in the state of health or nutrition."

#### ASSISTANT SCHOOL MEDICAL OFFICERS' REPORTS.

The following report indicates the personal impressions of the doctors.

"My impressions are that some 70/80 per cent. of the children met with at Periodic Inspection in school are in a satisfactory state of health; by which I mean that over and above the normal demands of growth, these children are possessed of the vitality which a child should have for the full enjoyment of life and normal development of mind and body. Here and there among them some physical defect which may require medical attention is observed, but which has no appreciable effect upon the general well being of the child.

A small proportion were below the average in physique and vitality. The causes commonly found in this sub-optimal group were as follows: (1) poor stock; (2) organic disease; (3) nervous disorder; (4) bad home conditions. These may be the cause of malnutrition which is still found. On the other hand I feel that under-nutrition—a sub-optimal physical state, attributable to lack of food—very rarely exists.

I believe that the condition of the child population as a whole was well maintained in 1949."

1. *Monthly Bulletin*. Ministry of Health, April, 1950.

2. *Report of the Committee on Nutrition*, 1950,  
Published by the British Medical Association.

## SCHOOL MEALS

Full attention is being given to the extension, as far as possible, of the arrangements for the provision of school meals. Several school canteens have been opened during the year and careful consideration is continuously given to dietetic principles. The value of the educational and social advantages, together with the nutritional benefit of planned meals has become increasingly evident since the inception of the scheme. The following statistics for the year show the numbers of pupils partaking of school meals during the year :

Particulars of the average number of meals supplied daily :

	<i>Secondary.</i>	<i>Primary.</i>
January .....	16,952	33,109
February .....	17,974	30,909
March .....	16,139	30,180
April .....	16,113	30,967
May .....	15,796	32,431
June .....	16,106	31,214
July .....	14,723	31,182
September .....	18,870	32,104
October .....	19,277	32,651
November .....	18,063	33,274
December .....	18,168	33,079

The number of children eligible for free meals at December, 1949, was 7,110, and at December, 1948, 6,284.

### Meals during School Holidays.

Meals are supplied during the school Holidays, and the figures are shown below :

	<i>Normal Meals.</i>	<i>Holiday Meals.</i>	<i>Percentage.</i>
Easter			
April .....	47,080	6,713	14·2
Whitsuntide			
June .....	47,320	5,734	12·1
August			
September .....	50,974	4,820	9·4
Christmas			
December .....	51,247	3,222	6·3

## PROVISION OF MILK

The high percentage of children supplied with milk has been well maintained during the year and the following relevant information is very pleasing :

Number of children taking milk (as per return to Ministry of Education) on a given day in :

	<i>Percentage.</i>
February, 1949 .....	126,107
June, 1949 .....	128,606
October, 1949 .....	131,177
	91·27
	90·83
	90·56

It is of some interest to compare these percentages with those in England and Wales :

	<i>Percentage</i>
February, 1949 .....	90.2
October, 1949 .....	86.9

All milk supplied to the schools is pasteurised. Samples are taken regularly for testing by the Public Health Department, and these have proved satisfactory from both the chemical and bacteriological aspects.

### SCHOOL BUILDINGS

Several schools and canteens have been opened during the year and numerous adaptations and improvements have been made.

The hygienic condition of the schools is the concern of the Medical Officers during their visits and any defect is notified accordingly for appropriate action.

### MINOR AILMENTS AND INSPECTION CLINICS

The School Clinics serving the various groups of schools are indicated earlier in the report. Attendances have fallen during the year and it is difficult to assess whether this is due to the advent of the National Health Service or to the lesser need for these services. However the parents still show their appreciation of being able to consult the Medical Officers at the Clinics on the general welfare of their children, apart from the treatment of minor ailments.

#### Scabies

There has been a further welcome fall in the number of cases of scabies ascertained during the year, 599 as compared with 787 in the previous year.

The number treated by the School Health Service is shown in the table below :

1	2	3	4	5
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
Floodgate Street	140	8	215	6 days
Sheep Street	175	—	175	3 days
Great Charles Street	67	9	153	4 days
TOTALS	382	17	543	4 days

The children are referred back to the Medical Officers after treatment.

### Ringworm of the Scalp

The hygiene inspections account, in a large measure, for the continuous fall in the number of these cases. Early ascertainment and prompt treatment have been effective in this control. There were 50 cases discovered during the year as against 97 in the previous year.

### Favus Capitis

This condition is now so extremely rare that it seems strange to note that two brothers aged seven and five are under treatment for this distressing complaint. The mother is also infected, and has suffered from the condition for some years.

### Diseases of the Skin

Both impetigo and other skin diseases have shown a welcome decline during the year.

## DEFECTS OF EAR, NOSE AND THROAT

Mr. F. Brayshaw Gilhespy attends for two sessions a week at the Aural Clinic, Great Charles Street. For the remaining sessions during the week, the nurse-in-charge carries out the treatment according to the specialist's directions.

Reports are also sent to the Medical Officers at the School Clinics where the treatment prescribed by the surgeon can be carried out.

During the year 619 children were seen, making 3,919 attendances.

The following table shows the nature of the work carried out at the Clinic during the year.

No. of examinations by Aural Surgeon	.....	.....	.....	.....	832
No. of ionisation treatments	.....	.....	.....	.....	Nil
No. of diastolizations	.....	.....	.....	.....	334
No. of mastoid dressings	.....	.....	.....	.....	342
No. of other aural treatments	.....	.....	.....	.....	2,321

It is hoped to resume the systematic testing of hearing by means of the gramophone audiometer in the near future.

Mr. Gilhespy gives the following report :

" Figures alone, when used in relation to disease, may be misleading but in conjunction with personal experience are illuminating. With reference to the number of 2,321 ear dressings, I can, from my attendances at the Clinic, record the high incidence of otorrhoea in our school children. The prevalence of this condition does not appear to lessen despite the many advantages of preventive medicine which this generation enjoys. Many of these patients eventually require operative mastoid treatment, which I undertake when possible at the Birmingham and Midland Ear and Throat Hospital. The number of mastoid dressings refer to cases still requiring treatment after operation in early childhood. The problem of the running ear in the young is difficult of solution.

Many of our children have dirty noses, and the few who do not respond to treatment, and instructions for the use of a handkerchief, require investigation of their accessory nasal cavities. These are dealt with at hospital as beds allow, but their complete recovery is difficult if home conditions are poor. From the clinic a choice is made of those children requiring special instruction at our Deaf Schools."

### TONSILS AND ADENOIDS

The Medical Officers continue to assess the need for operation on enlarged tonsils and adenoids on a conservative basis.

Operative treatment was carried out at the Committee's Clinic on 183 sessions during the year, but in spite of keeping the waiting list under careful review there was a large waiting list at the end of the year.

The general arrangements have been described in previous reports. It is of interest to note, however, that Dr. Sainsbury continues to check-up the bleeding time of those cases wherever possible history of delayed clotting is discovered. Where delayed clotting time is found treatment is given.

The two surgeons each attend on two sessions a week and during the year the following operations were carried out.

	Boys	Girls	Total
Tonsils only removed	42	35	77
Adenoids only removed	5	4	9
Tonsils and adenoids removed	1,070	1,027	2,097
Maternity and Child Welfare Dept.	19	13	32
	1,136	1,079	2,215
Number of tags removed under general anaesthetic			3

The arrangement by which nine children referred by the Public Health Department received operative treatment at the Handsworth Tonsil and Adenoid Clinic each week was terminated in February, following the enactment of the National Health Service Act.

### EYE DEFECTS

The number of pupils examined in the routine age groups who suffered from defective vision (excluding squint) was :

	No. examined	No. found to have defective vision	Percentage
<i>Entrants</i>	21,270	261	1.23
<i>Second Age Group</i>	12,129	1,082	8.92
<i>Third Age Group</i>	13,200	1,515	11.47

In addition the school nurses test the visual acuity of the children in certain other age groups and those found to have defective vision are referred for the appropriate examinations.

### OPHTHALMIC TREATMENT

The arrangements for the dispensing of the glasses prescribed by the Ophthalmic Surgeons and the Medical Officers who carry out refractions were made through the Supplementary Ophthalmic Service of the National Health Service. The Ophthalmic Surgeons prescribed 3,297 glasses and the Medical Officers 1,569 glasses.

When the new scheme came into being concern was expressed all over the country at the considerable length of time which elapsed before the spectacles were completed. Fortunately, however, arrangements were made by the Local Executive Council for priority to be given to special cases. It is a pleasure to note, however, that at present the general waiting period has been much shortened.

The changes in the specialist staff have been indicated earlier in the report.

Mr. H. W. Archer-Hall contributes the following account.

"During the year ended 31st December, 1949, children were examined and treated, at the Great Charles Street School Clinic, by Dr. K. Davies-Thomas, Mr. Mark Tree, Mr. Michael Barling and myself.

Glasses were prescribed for children with the following defects, the numbers being made up as follows :

Hypermetropia	.....	556
Myopia	.....	212
Astigmatism	.....	1,232

I have performed some 80 operations for strabismus at the Birmingham and Midland Eye Hospital, and have referred a large number of cases to the Orthoptic Department of the Hospital. Some of the children have had a course of exercises, but for the most part, operations have been found necessary, and have been dealt with in this manner. Where I have thought it best to advise the School Medical Officer regarding a child, I have done so, and accordingly, sent him a report.

During the past twelve months, my colleagues and I have found it necessary to recommend six children to the Blind Institute, thirteen to be educated at Schools for the Partially Sighted, but it has been most encouraging that it has been possible to recommend four children from the Partially Sighted Schools, to complete their education at an ordinary school."

### SCHOOL DENTAL SERVICE

The Chief Dental Officer, Dr. E. Davies-Thomas, submits the following report.

"The present establishment of School Dental Officers is only twelve with a school population of 160,000. During the year under review I am happy to report that there have been no resignations and the strength of the staff remains the same as in 1948—viz. eight and ten-elevenths (with the addition of part-time assistance of three sessions per week from March to July inclusive), practically nine, with the Chief Dental Officer in addition,

As your Chief Dental Officer, I am in a more fortunate position than were many of my colleagues in that my staff have remained loyal to the School Dental Service despite the lure of much greater financial reward in private practice under the National Health Service, and I feel that this loyalty is appreciated by the Authority, for it has entailed considerable sacrifice.

In addition, the staff being depleted of three Dental Surgeons means that six clinics are permanently on a part-time basis and have to 'share' the services of a School Dental Surgeon and Attendant. In order to ease the burden I have established a 'rota' so that the clinics each take a turn in carrying the load of the unstaffed one.

Under the circumstances this 'sharing' is inevitable, but I would like to point out that it is of necessity unsatisfactory and produces a sense of frustration in that it is difficult to take the same interest in a clinic to which you have, temporarily, been seconded for a relatively short period.

The schools served by these part-time clinics do, of course, get some service and the Head Teachers realise that an equal number of children cannot be treated at a part-time clinic as at a fully staffed one. Of necessity, therefore, treatment, if to be given at all, and certainly if to be given equitably, must be organised on an 'appointment system.'

This 'appointment system' worked relatively well until the advent of the National Health Service—since the implementation of this Act, private dental practitioners are refusing to treat children, for all sorts and varieties of reasons—with the inevitable result that an increase in work falls on the already overloaded School Dental Service. This produces a situation which upsets considerably the 'appointment system' in that these children who have been refused treatment by private dental practitioners are mostly 'emergency toothaches' and therefore require urgent treatment—usually extraction of the tooth and invariably requiring a general anaesthetic, with the result that the 'casuals' with toothache receive emergency treatment and the unfortunate 'appointee' has to wait. Indeed, in some cases, for so long that he, too, becomes an urgent causal with toothache for immediate treatment, possibly with the loss of the tooth which had been waiting for a filling.

### **Residential Schools**

No special comment is called for as this subject was referred to in my report last year, with the exception that Shawbury Approved School is now the responsibility of the Children's Committee and I do not therefore supervise the dental scheme which I introduced at the school in 1947.

## STATISTICS

	1949	1948	1947
Total inspected in all Schools	49,858	54,754	82,181
Total in need of treatment	34,899 (70%)	33,158 (60.5%)	41,921 (49.2%)
Total number who received treatment	31,361 (89.9%)	27,289 (82.3%)	27,250 (65%)
Increase or decrease of treatment sessions compared with previous year	5.2% increase	5.7% decrease	8.04% increase
Increase or decrease in total treated compared with previous year	14.92% increase	0.14% increase	10.56% decrease
Increase or decrease in Inspection sessions compared with previous year	1.77% increase	36% decrease	14.11 decrease
Increase or decrease in number inspected compared with previous year	8.94% decrease	33.4% decrease	8.34 decrease
Gas sessions — average attendance	22.42	21.26	20.89
Filling sessions — average attendance	7.34	6.74	6.49
Casuals (without appointments)	8,339	4,649	2,983
Percentage of total treated	26.6%	17%	10.75%
Extractions :			
Permanent teeth	10,514	10,022	8,647
Deciduous teeth	62,974	57,881	46,549
Filling :			
Permanent teeth	11,587	11,526	13,710
Deciduous teeth	288	445	449
Other operations, crownings, etc. :			
Permanent teeth	3,421	3,238	3,079
Deciduous teeth	1,450	1,507	2,636

It will be seen from the statistics provided that the number of 'casuals' in 1949 was practically double the number in 1948. Assistance in dealing with this problem has been very kindly provided by the Dental Department at the Birmingham Children's Hospital when the School Dental Clinics have had to restrict numbers owing to excessive demands on the Service, also as reported previously by a special gas session each week at Great Charles Street School Clinic for '*Casuals Only*.'

The statistics shew that the staff have worked very well, and it will be noted that there is an increase of 1.77 per cent. in the number of sessions devoted to dental inspections, whereas the number of children actually inspected has decreased by 8.94 per cent.

This is attributed to the introduction of the new Record Card, 11.M. for school entrants when parents are invited to attend and, as pointed out in my report last year, as so few children can be examined, it is too expensive in time and incidentally reduces the flow of work to the clinics. This matter is the subject of a special memorandum in which I am advocating the temporary suspension of this type of dental inspection pending further increases in staff, but with the proviso that the Record Card 11M. might be used for all patients of this age group.

### **Staff**

It is regretted that advertising (at considerable expense) has not produced applications for the vacancies in the School Dental Service. The prospects therefore of an increase in the staff are remote.

### **Anthropometrical Survey**

This has continued during the year and has been confined to pupils attending Grammar and Secondary Modern Schools. The Survey is not yet completed. The number examined by me at the end of 1949 was 3,811.

### **Student Health Visitors' Course**

Your Chief Dental Officer was again invited to take part in this course (the 4th), and to undertake the tuition of the students in dental subjects as laid down in the curriculum.

Your Chief Dental Officer was also invited for the second year to undertake the tuition of the students taking the Home Office Course, for the training of House Fathers and House Mothers for Children's Homes, organised by the Education Committee.

### **Anaesthetic Scheme**

This scheme, employing medical anaesthetists has been running for just over 12 months, being introduced at the last quarter of 1948, and is working very well.

As mentioned in my last year's report, 12 Walton No. 3 Gas/Oxygen machines had been ordered and promised for 1949.

I am happy to report that they were delivered in the month of January, 1949, and incidentally, the very first delivery of this new machine in this country.

The machines are in full use every week on an average of twenty-two 'gas' sessions. They are very satisfactory and used intelligently produce a delightful and smooth anaesthesia.

### **Orthodontics**

This scheme has suffered several setbacks for various causes, some beyond our control, but now, at the end of 1949, I am again more hopeful that next year will see it in operation.

### Children's Hospital

The close and valuable liaison between the School Dental Service and the Children's Hospital has been maintained throughout the year, and in my capacity as the Senior Consultant Dental Surgeon to the Hospital, the cases referred to the Hospital by the staff of the School Dental Service are seen by me either for consultation and report or for treatment (as in-patients if required) for surgical or medical treatment or investigation, etc., having the use of all the facilities of this modern Hospital specialising in the diseases of children.

A few statistics may be of interest :

### Children's Hospital—Out-Patients' Attendances

<i>School age</i>		<i>Pre-school age</i>		<i>Total</i>		<i>Grand Total</i>
<i>New</i>	<i>Old</i>	<i>New</i>	<i>Old</i>	<i>New</i>	<i>Old</i>	
417	1,040	223	287	640	1,327	1,967

### *Geographical Districts of Out-patients (New Cases)*

<i>Birmingham</i>	<i>Districts other than Birmingham</i>
580	60

### The Dental Hospital

I am happy to report that I work in the closest co-operation with the staff of the Dental Hospital and would like to express my appreciation of the ready collaboration I always receive from all departments. In particular, I would like to mention denture cases, which are given priority which is so essential in children, also special urgent cases for ambulant treatment referred to me from School Clinics and not requiring Hospital In-Patient treatment—e.g., accidental injury to front teeth at games, or, more frequently, in school playgrounds.

### Dental Health Propaganda

This has been maintained, chiefly during the autumn and winter, as reported last year by lectures and films to Parent-Teacher Associations and also at Nursery Schools to the mothers. The attendances have been most encouraging. The film entitled 'Your Children's Teeth' is exhibited for me by the Central Office of Information, from whom I always receive every co-operation.

### Stock-taking

It is only necessary for me to report that I have personally checked the stock, equipment, instruments, drugs, etc., at all the Dental Clinics (as near as possible to the end of the financial year), 'writing-off' any items found to be unserviceable.

A copy of the stock-book is taken during the check and this copy filed in my office.

### Maternity and Child Welfare Patients

In response to a request from the Maternity and Child Welfare Department for assistance in conservation work, as none was being done by the Dental Surgeon to that department for the obvious reason that he could not fit it in, I was asked to prepare a scheme.

This scheme was submitted by me and approved, and as from April 30th, 1949, the Dental Surgeons at eight School Clinics give conservation treatment to patients from the Maternity and Child Welfare Department on Saturday mornings.

### School 'Leavers'

It will be the fate of most school leavers in this city and indeed throughout the country that they will be sent out into the world with a neglected dental condition due to inadequate inspection and dental treatment while at school, owing to the depleted staff of the School Dental Service.

As Chief Dental Officer I would have preferred to have been able to state that when these children left school they were dentally fit.

In conclusion I would like to express my appreciation of the co-operation I have received from the staff—both professional and lay."

### ORTHOPAEDIC DEFECTS

The treatment of children suffering from these defects has been hampered by the illness of one Physiotherapist and the difficulty in obtaining Physiotherapists to fill vacancies.

During the year, however, 1,989 children were given treatment at the Orthopaedic Clinics, and made 46,812 attendances.

Unfortunately the Orthopaedic Surgeon was unable to attend during the year, but close co-operation was maintained with the Royal Orthopaedic Hospital and the Orthopaedic Department of the Children's Hospital. Full reports are sent by the Orthopaedic Surgeons to the Physiotherapists, and the children are referred to the Surgeons as required.

Reason for Attendance	Number of individual children treated	Number of attendances
Remedial exercises .....	1,483	38,185
Massage .....	109	1,989
Radiant heat .....	105	4,594
Electrical treatment .....	144	1,552
Other purposes .....	148	492
<b>TOTAL</b> .....	<b>1,989</b>	<b>46,812</b>

Defect	Number treated	RESULT OF TREATMENT				
		Remedied	Much Improved	Slightly Improved	Unchanged	Discontinued treatment
Spinal curvature .....	251	66	113	64	8	44
General muscular debility .....	60	6	17	34	3	22
Various forms of paralysis .....	15	—	6	7	2	1
Deformities of the feet .....	452	110	175	123	44	176
Chest conditions, asthma, etc. ....	217	34	97	66	20	45
Injuries to limbs .....	20	19	—	—	1	1
Wry neck, etc. ....	13	6	6	1	—	3
Septic condition .....	1	1	—	—	—	—
Rheumatism .....	1	1	—	—	—	—
TOTAL .....	1,030	243	414	295	78	292

### ULTRA-VIOLET RAY TREATMENT

Although the extent of treatment was hampered by staff shortage, all the lamps were in use during the year.

The help that this form of therapy can give in well-selected cases is shown in the following analysis :

Defect	Number Treated	Cured or much Improved	Improved	No Better	Ceased to attend before completion of cure
Enuresis .....	7	—	4	—	3
Debility .....	1,158	326	472	73	287
Rheumatism .....	151	50	56	2	43
Chorea .....	8	—	6	1	1
Bronchitis and asthma .....	525	134	230	24	137
Nasal catarrh, etc. ....	388	96	169	31	92
Enlarged glands .....	107	35	46	4	22
Otorrhoea and deafness .....	55	13	22	4	16
Blepharitis and conjunctivitis .....	23	7	9	—	7
Anaemia .....	75	20	39	4	12
Chilblains .....	40	24	13	—	3
Alopecia .....	35	23	7	1	4
Impetigo .....	1	1	—	—	—
Other skin troubles.....	39	12	14	—	13
TOTAL .....	2,612	741	1,087	144	640
1948 TOTAL .....	3,032	969	1,224	116	723

### CHILD GUIDANCE CLINIC

Dr. C. L. C. Burns, the Medical Director of the Child Guidance Clinic, submits the following report for the year ended 31st December, 1949:

" It is gratifying to report that the number of cases referred to the clinic during the past year continues to increase.

This does not imply that there are more neurotic and difficult children in the City year by year, but that our work is more known and appreciated, in spite of the serious handicaps which cause it to fall short of what it might be and should be.

It will be seen from the table below how the numbers have increased, even in the past five years, and this has to be met with the same staff as before, in the same inadequate premises.

It has been our policy to see more cases for ' diagnosis and advice ' and take on less for ' treatment ' rather than allow the waiting list to become demoralising in its length.

#### COMPARATIVE FIGURES

1944		194	
Cases referred	343	Cases referred	565
1943 Waiting List	22	1948 Waiting List	116
	<hr/>		<hr/>
	365		681
	<hr/>		<hr/>
Waiting list carried forward to 1945	33	Waiting list carried forward to 1950	130

The number of cases missing appointments, which amounted to 99 out of the total last year, was causing a considerable waste of time ; the scheme has been adopted of sending reply-paid cards, so that there may be no excuse for not replying.

Another feature has been the increased proportion of dull and backward children referred. The following figures have been furnished by Miss John, the Psychologist.

I.Q. under 70	14%
" 70—90	48%
" 90—110	27%
" 110—130	8%
" 130+	2%

This means that no less than 62% comprise educationally sub-normal and mentally dull children (I.Q. below 90).

This tendency has steadily grown since the end of the war, and may be taken as indicating the extent of the problem of retardation in general.

We are also having to cope with an increased demand from the Juvenile Court for full reports on Remand Home cases, and this work is considered of high priority in the work of the Clinic.

We also maintain close touch with the Probation Service.

We are very glad to co-operate with the University in the training of students, both for the Course for Educational Psychologists and the Diploma in Child Psychology.

Through the help of some of the students it has been possible to visit a few of the very early cases, including, in fact, case No. 1, seen in March, 1932! He is quite flourishing, as are most of those seen, in spite of vicissitudes. This kind of individual follow-up which can even take in the progeny of some of those who came to the clinic as children is certainly very instructive and is a corrective both to pessimism and optimism.

From a scientific point of view it enables us to measure the correspondence between the impression formed at the beginning, that is the 'prognosis,' and the actual outcome. This is of value only in cases treated for a considerable time by intensive methods such as 'play therapy,' so that a thorough knowledge of them could be gained.

A follow-up of individual cases also shows how little value there may be in doing the same for a large number of unselected cases, which present such extremely diverse conditions."

#### SPEECH THERAPY

No. of patients admitted for treatment January—December, 1949	242
No. of patients attending regularly during this period	313
No. of patients discharged during this period	91
No. of patients on waiting list December, 1949	144

The Speech Therapists send the following composite report :

" At the beginning of the year, there were Speech Therapy centres at the Friends' Institute, Moseley Road and at Dame Elizabeth House, Stechford. The former was functioning for  $4\frac{1}{2}$  days and the latter for 3 days per week. The work was carried out by one full-time and one part-time Speech Therapist. With the appointment in September of two additional Speech Therapists, it was possible to open Clinics at Kingstanding and Handsworth. At the end of the year, therefore, two full-time Speech Clinics were running at Stechford and Kingstanding, while the Clinics at Moseley Road and Handsworth were open for  $4\frac{1}{2}$  and 3 days respectively.

In September the necessity for co-ordinating the work at the four Clinics was realised, and to meet the difficulty it was decided to hold monthly meetings of the therapists, when, in addition to inter-clinical administration, matters relating to treatment in practice and theory came under discussion.

There is now a very large waiting list growing rapidly and we are finding it impossible to deal with it adequately. We hope that the existing vacancies will be filled as soon as possible."

## TUBERCULOSIS

The close relationship between the Chest Centre and the School Health Service continues with marked benefit. Children are referred to the Centre by the Medical Officers and reports are sent from the Centre on all the children who are referred for investigation, whatever the source.

Dr. J. E. Geddes, Chief Clinical Tuberculosis Officer, sends the following report :

### " TUBERCULOSIS NOTIFICATION—ALL FORMS OF TUBERCULOSIS

YEAR	STATEMENT A			BOYS AND GIRLS	
	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	
1947	124	66	54	244	
1948	98	75	49	222	
1949	88	55	49	192	

The above table shows the annual incidence of all forms of tuberculosis since 1936. The number of cases notified during 1949 was 62 (47·6%) above those recorded during 1939, and 48 (33·3%) above the average for the years 1936-1939. In comparison with the year 1948, there has been a reduction of 30 in the number of cases, but these figures continue to remain unsatisfactory and considerably in excess of those recorded in 1939. The comparative increase in the various age groups is shown in the following statement :—

Age Groups	1939	1949	Percentage Increase
0—4	51	88	72·5
5—9	44	55	25·0
10—14	35	49	40·0

The persistence of these augmented rates in children is disturbing, and the increase in the number of cases in the age period 0—4 emphasises with great clarity the need to develop effectively all appropriate measures for the control of tuberculous infection and to prevent in particular the dissemination of infection in the household of the adult patient with pulmonary tuberculosis. Continued attention has therefore been given to the homes of these patients and where necessary alternative accommodation has been provided.

During the past three years 597 families have been re-housed; in present conditions that is a good record, and the ready co-operation of the Estates Department in this work is of great importance and is greatly appreciated. It should be continued by both departments until the home conditions of all tuberculous families in the City are satisfactory. There would be in that accomplishment obvious benefit for the patient and his family, but in addition both the economy and the public health of the City would be effectively served.

The prevention of infection is an obvious precautionary measure which demands attention, but these general preventive measures will in the near future be sustained by the introduction of B.C.G. vaccination. Arrangements for the use of this vaccine have now been completed, and the full scheme should become operative in 1950.

The prevention of infection or the elimination of the dangers of infection are procedures of obvious importance and their application warrants the most urgent and faithful attention.

#### TUBERCULOSIS NOTIFICATIONS—PULMONARY

The following Statement B, which is extracted from Statement A, shows the annual incidence of pulmonary tuberculosis from 1936-1949 :

YEAR	STATEMENT B				BOYS AND GIRLS	
					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		
1947	82	50	32	164		
1948	64	43	38	145		
1949	56	38	30	124		

These figures show that the number of cases of pulmonary tuberculosis notified in 1949 was 71 (133·9%) above those recorded during 1939, and 55 (79·7%) above the average notifications for the years 1936-1939.

It should be mentioned that the figures in this table are general in that they include children with primary and re-infectious pulmonary lesions—the former in the majority of cases is benign, whilst in the latter the disease is more virulent and the prognosis less satisfactory.

The comparative increase in the various age groups is shown in the following table:—

Age Groups	Average notifications		Percentage Increase
	1936—1939	1949	
0—4	32	56	75·0
5—9	20	38	90·0
10—14	18	30	66·6

The increase is marked in the younger age groups and there is again in that circumstance an indication of the significance of infection from within the household.

### TUBERCULOSIS NOTIFICATIONS—NON-PULMONARY

The following statement shows the number of cases of non-pulmonary tuberculosis notified during 1939 and 1949 and these include the cases of tuberculous meningitis shown below:—

YEAR	STATEMENT C				BOYS AND GIRLS	
	AGE GROUPS					
	0—4	5—9	10—14	Total		
1939	27	29	21	77		
1949	32	17	19	68		

These figures show that the number of cases of non-pulmonary tuberculosis notified during 1949 was 9 (11·7%) below those recorded during 1939, and 7 (9·3%) below the average notifications for the years 1936-1939.

### TUBERCULOSIS NOTIFICATIONS—MENINGITIS

The following statement shows the annual incidence of tuberculous meningitis from 1939-1949:—

YEAR	STATEMENT D			BOYS AND GIRLS	
	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	
1947	15	4	2	21	
1948	12	8	—	20	
1949	15	4	2	21	

There has been no particular alteration in the total annual number of cases of tuberculous meningitis. The incidence in Birmingham has remained fairly consistent throughout the war and post-war years. The prognosis in tuberculous meningitis, previously inevitably bad, has been somewhat altered by the introduction of Streptomycin. Whilst a great deal remains to be done in relation to dosage and period of administration, most of the now numerous records indicate that the course of tuberculous meningitis is at least altered by Streptomycin and in a significant percentage of cases complete recovery has been attained. This represents a very real advance which no doubt will be more apparent when the optimum dosage and usage is established.

### CONTACTS

The examination of child contacts of patients with pulmonary tuberculosis is work of importance. There is the considerable chance of infection and re-infection of these children and by reason of hereditary factors, they may well form a particularly susceptible group; their supervision is therefore of great importance.

The number of contact children examined during 1949 is shown in the following statement:—

(a)	Total number of children	Contacts to patients with sputum containing tubercle bacilli	Contacts to patients with negative sputum
<i>0—5 years</i>			
Tuberculous	22 (3.4%)	17 (77.3%)	5 (22.7%)
Non-tuberculous	620 (96.6%)	319 (51.5%)	301 (48.5%)
	<hr/>	<hr/>	<hr/>
	642	336	306
	<hr/>	<hr/>	<hr/>
 (b)			
<i>6—15 years</i>			
Tuberculous	7 (1.2%)	6 (85.7%)	1 (4.3%)
Non-tuberculous	576 (98.8%)	283 (49.1%)	293 (50.9%)
	<hr/>	<hr/>	<hr/>
	583	289	294
	<hr/>	<hr/>	<hr/>
 <i>Totals (a) and (b)</i>			
<i>0—15 years</i>			
Tuberculous	29 (2.4%)	23 (79.3%)	6 (20.7%)
Non-tuberculous	1,196 (97.6%)	602 (50.3%)	594 (49.7%)
	<hr/>	<hr/>	<hr/>
	1,225	625	600
	<hr/>	<hr/>	<hr/>

## SANATORIUM TREATMENT

The number of children admitted to the Yardley Green Hospital during 1949 is shown in the following statement :—

	Boys	Girls	Total
Number admitted .....	55	49	104
Number admitted primarily for treatment .....	42	30	72
Number admitted primarily for observation .....	13	19	32
		104	104

These figures show that 32 children were admitted for observation, and of that number 13 (40·6%) were discharged because no evidence of tuberculosis was found, but in 19 (59·4%) 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 91, and of that number, 80 (87·9%) were cases of pulmonary tuberculosis and 11 (12·1%) cases of non-pulmonary tuberculosis. It has unfortunately been necessary to restrict the number of admissions to the hospital because of shortage of nursing staff.

## CHILDREN REFERRED TO THE ANTI-TUBERCULOSIS CENTRE

During the year 3,079 children were examined at the Chest Centre, and many of these children were referred for precautionary investigation by the Medical Officers of the School Health Service.

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

## MASS RADIOGRAPHY SURVEYS

The arrangements for the examination of pupils aged 14 and over in attendance at the Grammar, Technical and Modern Schools at the Mass Radiography Centre were continued during the year.

Dr. Halliday Sutherland, the Medical Director, gives the following particulars relating to the year's activities in this connection.

Total number of miniature films taken .....	15,511
No. of abnormal miniature films .....	888 (5·7% of total miniature films)
No. of large films taken .....	844
No. of children who failed to return for large film .....	44
	888
No. of children with abnormal large film judged to be of clinical significance .....	109 (0·7% of total miniature films)
No. of children who failed to return for clinical examination .....	2
No. of cases of tuberculosis (all forms) .....	220 (1·4% of total miniature films)

Active primary tuberculosis lesions	.....	5	
Inactive primary tuberculosis lesions	.....	191	
Active post-primary tuberculosis lesions	.....	6	
Inactive post-primary tuberculosis lesions	.....	18	
Pleural effusion	.....	—	
			220
Total number of cases of active lung tuberculosis (or 0.07% of total miniature films taken)	.....	11	
Abnormalities of bony thorax and lungs	.....		31
Chronic bronchitis and emphysema	.....		4
Pneumonia (lobar)	.....		1
Bronchiectasis	.....		1
Pulmonary fibrosis (non-tuberculous, <i>e.g.</i> , post-pneumonic)	.....		5
Pleural thickening	.....		20
Cardiovascular lesions—congenital	.....		6
Cardiovascular lesions—acquired	.....		4
Miscellaneous (including acquired conditions of ribs, abnormalities of the diaphragm, dextrocardia, dextrocardia with <b>transposition</b> of viscera, pulmonary mycosis, mediastinal effusions, etc)	.....		6
			78

The value of this extra form of examination of the pupils has now become well established. Apart from the various conditions noted above which have been discovered as a result of the examinations, the ascertainment of eleven unsuspected active cases of tuberculosis, two having tubercle bacilli in the sputum, reinforces the usefulness of this survey.

## SPECIAL INVESTIGATION

### TUBERCULIN SURVEY

The Education Committee is co-operating with the Medical Research Council in their National Survey to determine the incidence of tuberculin sensitivity. This information is basic to the problem of tuberculosis control providing as it does details regarding the proportion of persons who have been infected by tuberculosis in each age group and in relation to different localities. By comparing such data with mortality rates in similar ages, an assessment can be made as to the importance of investigation at each year of age concerned. Information of this character is necessary in connection with any scheme for immunization with B.C.G.

Twenty areas have been selected in England and Wales for the purpose of the investigation of which Birmingham and Stoke-on-Trent are two in the Midland Region. It is proposed that 250 persons, distributed equally between the two sexes, in each of the age groups 5-20 should be tested in the manner described below. So far as the Education Committee is concerned, the tests are being applied to 250 children in each of the age groups 5-15 in Primary and Secondary Schools, and to 250 pupils in the total age groups 15-20 in Grammar Schools and in the Technical College. The Chief Clinical Tuberculosis Officer is carrying out the tests. He applies as the first test a jelly to the skin, under a plaster, which is left for two days. The skin is then inspected and if there is no reaction the child is then given a skin injection and two days later the child is again examined to see if there is a reaction. A skin reaction indicates that the child has been infected with tuberculosis at some time.

Schools of different social and economic standing were selected and random sampling of the selected pupils has ensured as far as possible a representative section of the various age groups in the City.

Tribute must be paid to the co-operation of the teachers and to the large number of parents who have given their permission to the tests being carried out.

The importance of prevention of tuberculosis is obvious and the work which is now being carried out may assist more materially in the development of more effective methods of prevention.

## INFECTIOUS DISEASES AND IMMUNIZATION AGAINST DIPHTHERIA

The following table shows the incidence of the more important infectious diseases occurring in school children during the quarters of the year. Figures are also given for comparison with the previous years and with the number of cases in all age groups.

## SEX AND AGES

	SEX	1949								ALL AGES			AGE 5-15 ONLY		
		1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		TOTALS			TOTALS		
		5-9	10-15	5-9	10-15	5-9	10-15	5-9	10-15	1949	1948	1947	1949	1948	1947
WHOOPING COUGH	M.	220	11	263	6	170	2	73	1	2,472	2,830	1,772	746	675	465
	F.	239	12	299	10	217	6	84	2	2,730	3,232	2,084	869	794	538
DIPHTHERIA	M.	5	3	3	2	4	5	5	4	67	71	98	31	42	37
	F.	6	1	7	2	5	6	7	3	71	94	125	37	29	54
MEASLES	M.	630	15	944	23	263	5	112	2	6,007	5,841	5,828	2,094	2,038	2,072
	F.	702	20	913	24	239	8	103	3	5,833	5,956	5,957	1,992	2,171	2,167
POLIOMYELITIS	M.	—	—	—	—	4	—	11	6	33	14	90	21	7	31
	F.	1	—	—	—	1	3	9	2	35	18	82	16	5	26
POLIO-ENCEPH	M.	—	—	—	—	—	—	—	—	2	2	2	—	2	1
	F.	—	—	—	—	—	—	—	—	2	1	1	—	—	—
SCARLET FEVER	M.	106	17	69	12	63	17	201	22	888	940	673	507	571	388
	F.	117	35	96	10	94	24	226	53	978	1,042	734	655	650	430
ERYSIPELAS	M.	—	2	—	—	—	1	—	—	110	198	116	3	2	5
	F.	—	1	2	1	—	1	—	—	185	242	170	5	8	8
MALARIA	M.	—	—	—	—	—	—	—	—	8	9	14	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	1	—	—	—
DYSENTERY	M.	—	—	1	—	—	1	2	—	35	27	43	4	2	2
	F.	1	—	1	—	—	—	1	—	29	19	25	3	1	—
PNEUMONIA	M.	25	8	9	6	4	2	18	3	742	697	753	75	95	81
	F.	16	6	13	6	6	2	14	2	590	496	506	65	80	58
ENTERIC FEVER	M.	1	1	—	1	—	—	—	—	5	5	2	3	1	—
	F.	1	—	—	—	—	—	—	—	6	3	7	1	—	1
SMALL POX	M.	—	—	—	—	—	—	—	—	—	—	1	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—
MENINGITIS	M.	2	—	2	1	4	—	1	1	29	22	55	11	9	13
	F.	—	3	1	—	1	1	2	—	15	22	45	8	6	12
PULMONARY T.B.	M.	8	2	9	6	2	2	2	4	648	647	727	35	41	45
	F.	8	7	4	3	2	4	3	2	485	485	496	33	40	37
T.B. MENINGITIS	M.	—	—	—	—	—	—	—	—	11	9	11	—	5	2
	F.	1	1	—	1	1	—	2	1	16	14	15	7	3	4
T.B. PERITONEUM	M.	—	—	—	—	—	—	1	1	7	3	6	2	—	1
	F.	—	1	—	—	—	—	—	1	9	5	9	2	1	1
OTHER FORMS of T.B.	M.	3	1	3	1	2	1	1	1	57	63	74	13	20	17
	F.	3	2	1	2	—	4	—	1	52	68	69	13	15	13

The doctors and nurses visit the schools for special investigation when outbreaks occur and appropriate action is taken. There is close co-operation with the Public Health Department and the notification of cases is passed on immediately by the Medical Officer of Health.

No school or department was closed during the year on account of infectious disease.

Whooping cough, which shows an increase during the year, waned during the fourth quarter. The incidence of measles behaved in a similar fashion. Scarlet fever, however, showed a marked increase in the last quarter.

Unfortunately, poliomyelitis—infantile paralysis—which decreased considerably last year after the alarming incidence in 1947, again increased during the year under review.

## DIPHTHERIA IMMUNIZATION — Completed Primary Doses, 1949

	YEAR OF BIRTH																	Total
	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935			
Infant Welfare Centres	988	7,770	792	338	144	133	56	25	15	7	6	1	5	—	—	10,280		
Day Nurseries .....	17	294	81	42	16	22	—	—	—	—	—	—	—	—	—	472		
Schools .....	—	—	4	23	87	694	968	468	188	31	22	27	12	9	1	2,534		
Institutions .....	2	71	27	15	17	11	12	9	10	7	4	4	6	4	6	205		
Council House .....	59	429	47	25	18	10	3	—	1	1	—	—	—	1	—	594		
General Practitioners	683	3,968	429	200	132	180	48	17	16	13	2	7	5	6	—	5,706		
TOTAL .....	1,749	12,532	1,380	643	414	1,050	1,087	519	230	59	34	39	28	20	7	19,791		

## DIPHTHERIA IMMUNIZATION — Supplementary Injections, 1949

	YEAR OF BIRTH											Total
	1945	1944	1943	1942	1941	1940	1939	1938	1937	1936	1935	
Infant Welfare Centres	637	2,487	252	89	36	20	14	13	14	6	3	3,571
Day Nurseries	73	187	—	—	1	—	—	—	—	—	—	261
Schools	216	4,084	4,317	2,254	847	95	83	68	19	16	7	12,006
Institutions	2	9	9	29	33	17	13	17	20	6	7	162
Council House	43	179	17	6	—	1	9	14	10	6	2	287
General Practitioners	80	521	142	59	20	17	16	11	7	5	1	879
TOTAL	1,051	7,467	4,737	2,437	937	150	135	123	70	39	20	17,166

The number of cases of diphtheria again shows a decrease for the year under review. Immunization against this disease is undertaken by the Public Health Department and general practitioners, and the high percentage of children treated is indicated by the figures shown above. There is still a number of indifferent parents, however, who do not accept the offer of protecting their children and the medical officers and teachers, who co-operate very willingly, help considerably in persuading the parents when the children enter the schools.

## MORTALITY AMONG SCHOOL CHILDREN

The following table shows the causes of death among school children :

Disease or other cause		1944	1945	1946	1947	1948	1949
Common infectious diseases	Measles	—	1	2	—	—	—
	Diphtheria	5	7	2	2	5	—
	Whooping cough	1	1	—	—	1	—
	Other	1	2	1	1	—	—
Poliomyelitis	—	1	1	3	2	1	
Encephalitis lethargica	1	—	—	—	—	—	
Cerebro-Spinal fever	2	1	—	1	1	—	
Tuberculosis	Respiratory system	10	11	6	7	10	5
	Meningitis	8	9	8	8	11	7
	Other	2	3	5	4	—	—
Syphilis	1	—	—	—	—	—	
Cancer	5	—	5	7	7	5	
Diabetes	—	1	—	—	—	—	
Rheumatic fever	14	8	5	4	8	7	
Cerebral haemorrhage	2	1	—	2	1	—	
Other nervous disease and sense organs	9	4	10	13	5	10	
Heart disease	12	5	5	5	4	6	
Aneurysm	—	1	—	—	1	—	
Other circulatory diseases	—	—	1	—	—	—	
Respiratory diseases	Bronchitis	1	4	1	1	3	1
	Pneumonia	10	4	5	5	6	6
	Other	1	—	—	—	3	1
Digestive system diseases	15	12	15	11	9	8	
Acute and chronic nephritis	8	2	2	4	1	2	
Other genito-urinary diseases	—	—	1	—	—	—	
Congenital debility, malformations, etc.	5	8	—	4	3	3	
Violence, suicide	—	1	—	—	—	—	
Other violence	47	37	23	25	33	21	
Other causes	14	10	6	12	10	11	
TOTAL		174	134	104	119	124	94

Percentage of deaths 5—15 years to total

number of deaths	1.6	1.2	0.9	1.0	1.2	0.8
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The reduction in the number of deaths in this age group over the years is a gratifying feature. Whilst the deaths from violence have also decreased it is most regrettable to note that they still form a considerable proportion compared with the deaths from diseases.

### PHYSICAL EDUCATION

The value of physical education for the general development of the child has indeed become well-established. This help has been increased through the modern trends in the subject which is being given considerable attention.

Close collaboration exists between the School Health Service and the Organising Inspectors of Physical Education, both in general considerations and over individual children. During medical inspection at the schools and at the clinics the Medical Officers consider the fitness of the children for the various forms of physical activities and advise accordingly.

This critical survey has been extended logically to the students attending the Birmingham Athletic Institute and Medical Officers attend there to undertake the medical examination of selected students.

#### REPORT ON PHYSICAL EDUCATION BY THE ORGANISING INSPECTORS OF PHYSICAL EDUCATION (MISS A. THORPE AND MR. D. MACCUAIG)

##### **“ Introductory**

Recovery in physical education to pre-war standards is gradually taking place. The year under review has shown considerable progress, particularly in the improvement of facilities for physical education, the supply of equipment and the further qualifications of teachers and leaders by attendance at training courses.

The following report is necessarily limited and can deal with a small part only of the comprehensive physical education service for which the Education Committee is responsible.

##### **Primary Education**

At this stage physical education is generally in the hands of the class teacher, though some semi-specialisation takes place where, for example, it is advisable for a teacher to discontinue the teaching of physical education, or where a teacher with special qualifications is appointed.

A more liberal supply of small apparatus is becoming available for general physical education lessons, which are taken out of doors when weather permits. A special feature this year has been the supply of climbing apparatus of various types to a certain number of primary schools as an experiment with a view to assessing the value of such apparatus for children of this age. It may be possible to give a fuller report next year.

More primary children are attending playing fields as transport and ground facilities allow. Swimming is encouraged as a class activity, especially in the last year of the primary school; there are still large numbers of children, however, who are unable to swim when they enter the secondary schools. The provision of smaller baths, specially designed for teaching, situated nearer the schools, would help in the development of swimming, particularly at the primary stage.

## Secondary Education

Physical education in the various types of secondary schools has been handicapped in recent years by shortage of teachers and inadequate training facilities to train teachers for semi-specialist and specialist responsibilities. This has been improved to a large extent during the past year by the organisation of a number of training courses for teachers, under the auspices of the Local Education Authority, in gymnastics, games and athletics, dance and swimming. There has been a very good response from the teaching staffs and their enthusiasm and ability have had a considerable influence on the quality of physical education which the boys and girls receive in the secondary schools.

More playing fields are now in commission and more transport to playing fields has become available, though this is not, as yet, up to pre-war standards, the deficiency in the latter being due to shortage of drivers and conductors. Some of the playing field pavilions are still out of use and it has been necessary to supply bins for storing games apparatus, thus re-introducing at many fields the very satisfactory pre-war arrangement whereby apparatus was available at the fields and groundsmen were responsible for its care and maintenance.

On the boys' side there has been a marked development in interest in athletics, in addition to major and minor games. The programme of athletic training and competition in schools has widened, and it is proposed to include more field events which have been more or less neglected in this country so far. An experiment in the development of tennis as a summer game in secondary modern schools has been possible due to the provision of a small amount of equipment in certain schools and the hiring or loaning of tennis courts belonging to local firms and the Public Parks Committee. While chiefly developed as a game for girls it has been pleasing to note a further interest in tennis as a mixed game in mixed schools. The tennis courts in the grammar schools have generally been brought up to pre-war standard by reconditioning and fencing.

Dance of various types has continued to develop in secondary schools. The art form of expressive dance known as 'modern dance' has now passed its experimental stage as a contribution to general education but development on a large scale is not possible until a greater number of teachers of experience and understanding of 'modern dance' are available.

Folk dancing has received an impetus, especially in certain boys' and mixed schools, by the teaching of a visiting specialist (man) and by the holding of a Folk Dancing Course for men and women teachers. National dance continues to be popular in many girls' schools and considerable talent in the making of effective national costume has been displayed.

Swimming continues to make progress in secondary schools and the standard of swimming of the average boy and girl, as seen both in school classes and at swimming galas, is now higher than a few years ago. There is keen interest in the courses for teachers arranged by the Local Education Authority in swimming methods.

The success of the Turves Green Secondary Modern School in having a team of boys selected to represent Great Britain in Stockholm, 1949, is an event of which both the school and the City are rightly proud. Their work was well received and compared very favourably with demonstrations by boys from many countries.

Mention must be made of the splendid voluntary work of many teachers who undertake the organisation of out-of-school sports and swimming for boys and girls, in inter-school leagues, inter-school rallies and individual school competitions. These are making their contribution to the general welfare of the individual child and to the community.

### **Further Education**

The importance of physical education as a recreative pursuit after school leaving age has long been recognised. In this City it is encouraged by the Local Education Authority by the supply of trained leaders (and accompanists where necessary) to boys' and girls' groups in Evening Institutes and voluntary organisations, by the continuation of training schemes to prepare leaders for this work and by the development of the Athletic Institute as a special physical recreation centre for adults. All these aspects of further education have continued to expand during the past year.

The women's section of the Athletic Institute is to be congratulated on being selected to send an elite team to represent Great Britain at the Lingiad Festival in Stockholm in 1949. Their work aroused considerable interest as it was of a form rarely seen in the Scandinavian countries, and it was warmly received. From the men's section were drawn the majority of the members for the area team of the mass demonstration. Both these teams had the honour, together with the Turves Green team, of giving a demonstration before the Parliamentary Secretary of the Ministry of Education and of participating in an area Festival of Physical Education held in the Central Hall.

The supply of leaders for the Evening Institutes and the voluntary organisations can now meet all demands and the general level of ability is steadily improving with experience. The leadership scheme has provided many young men and women with an interesting and worthwhile hobby and the Youth Service generally has been appreciative of the help which they have received through the provision of instructor leaders of physical training and accompanists.

Finally, as the report indicates, efforts are being made to develop physical education so that it can make its maximum contribution to the education, health and welfare of the citizen at practically all ages. In spite of all the difficulties of the post-war years, progress is being steadily made, due in no small measure to the interest and co-operation of all who are concerned with the teaching of physical education and the provision of facilities."

### **CAMP SCHOOLS**

Both the camp school for boys at Bell Heath, and that for girls at Oxford have been open during the year. Unfortunately, staff difficulties were experienced at the beginning of the year, and this delayed the re-opening to some extent. Bell Heath, however, re-opened on the 27th April, 1949 and Oxford on the 14th May, and they remained open continuously until the 19th December and 21st December respectively. Eleven groups of boys and ten groups of girls visited the camps for a period of about three weeks each. It is satisfactory to report that some of the accumulated arrears of repairs and re-decorations have been cleared during 1949, and both camps are looking all the better as a consequence.

The weather, of course, was exceptionally fine and warm, and this materially added to the enjoyment and health of the children who benefited from the long hours of sunshine. Preparations are going forward for the re-opening of the camps in February next.

### **CONVALESCENT TREATMENT**

In accordance with the Committee's Scheme 146 children were sent to Convalescent Homes during the year ended December, 1949. Full payment was not made for all as in several cases some contribution was made by a voluntary fund.

### **COTTAGE HOMES, BOARDING-OUT AND REMAND HOMES**

The medical care and supervision of children in institutions transferred to the Children's Committee, together with the boarded-out children, has been carefully considered by the Committee. After due deliberation, the Committee came to the conclusion that it would be preferable for the Health Committee to accept general responsibility for the health services relating to those institutions for which the Children's Committee had become responsible.

Subsequently, in order to avoid any serious interruption in the necessary medical services, the medical officers in the School Health Service continued to provide certain services pending arrangements being made by the Health Committee to undertake this work.

Since April, 1949, therefore, the School Health Service provided temporarily the following services :—

1. (a) Medical examinations for the Juvenile Court.  
(b) Psychiatric reports for the Juvenile Court.
2. Medical examinations of children at Shenley Fields Cottage Homes, including short stay cases at the Middlemore Homes.
3. Medical examinations of boarded-out children.
4. The services of a psychiatrist and educational psychologist for the Forhill House Remand Home for one session each week.

Towards the end of the year further consideration was given to the continuation of these services. Following consultations with the Medical Officer of Health it was agreed that the work mentioned in items 1 (a), 2 and 3 could more appropriately be carried out by the Health Committee.

With regard to psychiatric reports, however, (items 1 (b) and 4) the Education Committee had exceptional facilities, through the Child Guidance Service, for investigations and the preparation of reports of this character, and this service would therefore more appropriately be continued to be performed by the School Health Service.

Where a medical examination and a psychiatric report were called for in respect of a child, the examinations would be done by officers of the School Health Service.

### NURSERY SCHOOLS AND CLASSES

At the end of the year there were 1,075 children in Nursery Schools and 1,197 in Nursery Classes.

The nurses pay regular visits to these children whilst the Medical Officers examine the children at least every three months.

The reports of the Medical Officers confirm the outstanding value of this form of provision. Not only are defects and deviations treated at an early stage—one of the main aims of the School Health Service—but also in this community preventive medicine is practised fully.

During the year the arrangements for the nursing supervision of Nursery Schools and Classes were reviewed and certain alterations were made in order to secure both a closer supervision of the health and hygiene of the children and a greater degree of co-ordination with the work of the School Health Service as a whole.

The Committee agreed to provide nursing assistance to the Selly Oak Nursery School.

## WORK OF THE SCHOOL NURSING STAFF

Miss D. A. Ashby, the Superintendent School Nurse, reports :

### “ MEDICAL INSPECTION AND ‘ FOLLOW-UP ’ ”

The school nurses and nurses working in Nursery Schools and Classes have assisted the Assistant School Medical Officers in periodic and special medical inspections, and in the follow-up of medical defects, as in previous years.

### HOME VISITS

Home visiting has been carried out by the school nurses throughout the year, not only as an important part of the ‘ medical follow-up ’ but also to give advice to mothers with regard to general parental care. Visits have also been paid to homes as an essential part of the cleanliness campaign, to offer help to mothers in trouble, and to give instruction in disinfection and prevention of pediculosis to mothers of children whose records show them to be persistent offenders.

### Home Visits paid by School Nurses

	1948	1949
Visits for follow-up of medical defects .....	225	271
Visits for general neglect .....	65	58
Visits for verminous conditions .....	165	210
<b>TOTAL VISITS PAID .....</b>	<b>455</b>	<b>539</b>

### CLINIC WORK

Throughout the year the school nurses have assisted the Assistant School Medical Officers at all inspection and minor ailment clinics in their own areas, at ophthalmic clinics and clinic pre-employment inspections.

Nurses visiting Nursery Schools and Classes during morning sessions attend at ultra-violet light clinics for the afternoon sessions in all areas.

### OPHTHALMIC SCHEME

School Nurses have assisted at all ophthalmic specialist clinics during the year, and the ophthalmic clinic at Gt. Charles Street still has a full-time nurse.

Vision surveys have been carried out by the nurses, chiefly in the intermediate age groups, for which the figures are as follows :—

### Vision Survey Figures

	1948	1949
Total number of examinations .....	14,256	21,920
Number of children with normal vision .....	12,786	18,747
Number of children needing refraction .....	911	1,509
Number of children referred to Assistant School Medical Officer .....	569	1,664

## NURSES' SURVEY

Owing to shortage of staff throughout the year, each school nurse has had too heavy a load to allow time for any comprehensive surveys to be carried out. Weighing and measuring outside routine age groups for periodic inspection has therefore not been done. The deficiency has been made up, as far as possible, by vision surveys and routine hygiene inspections by the school nurses, and from these, as in past years, a considerable number of children suffering from various medical defects were referred to the Assistant School Medical Officers at school or clinic inspections.

### NURSERY SCHOOLS AND CLASSES

Health and cleanliness supervision of the children under the direction of the Assistant School Medical Officers, has been maintained by school nurses and nurses employed in Nursery Schools. Simple dressings have been done on the premises in all nurseries, as previously. In the congested areas of the city seven Nursery Schools have ultra-violet lamps installed, and in these Nurseries ultra-violet ray treatment has been given by the nurses to children selected by the Assistant School Medical Officers.

### THE CAMPAIGN FOR CLEANLINESS

Of the 141,353 children in attendance at secondary modern, primary and special schools, 11,407 were found verminous at some time during the year, and the infestation rate has risen by about 0.3 per cent.

During 1949, 6 children in 5 families were found with body vermin ; 3 of these children were heavily infested and had an accompanying infestation of head, while the remaining 3 children, all from different families, were lightly infested, but had perfectly clean heads.

#### **The Routine Hygiene Inspection**

As in past years this was done by the school nurses, and is the spear-head of the campaign. Every child attending the primary and secondary modern schools has been examined at least twice during the year, and in schools in the congested areas interim inspections have been arranged according to need. During the year 340,382 examinations have been made by the school nurses at hygiene inspections.

Follow-up has also been intensified in certain schools and has sometimes included group or individual teaching of senior girls and home visits to mothers of primary school children suffering from pediculosis or other forms of neglect.

#### **The Cleanliness Follow-up**

All children found to be persistently verminous have been followed up by the nursing assistants as previously ; figures for this work are given below together with those of previous years. After the issue of cleansing notices and cleansing orders in respect of those still verminous, 3,412 children were cleansed in clinics and schools by the nursing assistants. Many of these children were cleansed on two or more occasions.

Comparative Table

CATEGORY	1945	1946	1947	1948	1949
1. Number of children on registers of primary and secondary modern schools at Dec. 31st .....	119,756	122,650	130,277	140,930	141,353
2. Number of individual children found verminous during the year .....	14,380	13,414	12,665	10,888	11,407
3. The infestation rate .....	12.2%	11.3%	9.7%	7.7%	8.06%
4. Number of verminous children reported for 'follow-up' by Nursing Assistants .....	8,151	7,127	6,379	9,234	11,820
5. Number of children found clean or cleaner at 'follow-up' .....	537	1,559	1,920	2,899	5,014
6. Total number of Statutory Cleansing Notices issued .....	3,627	5,568	4,459	6,809	5,806
7. Number of children completely cleansed by parents after issue of Cleansing Notice .....	832	1,349	1,147	1,553	1,799
8. Number of compulsory cleansings by the Local Authority .....	2,558	4,044	3,051	5,067	4,468
9. Voluntary cleansing under Scheme for Special Cases .....	?	?	122	204	231
10. Number of families prosecuted for Pediculosis under Section 54 of the Education Act, 1944 .....	—	2	2	14 families 30 children	43 families 69 children

A study of these figures shows that the number of parents who are dealing with this problem effectively after being warned is still increasing. There has been a 14 per cent. drop in the number of statutory cleansings between 1948 and 1949. The figures for individual children show that the parents of 24 per cent. of the children for whom statutory cleansing notices were issued cleansed the children themselves.

### The Scheme for Special Cases

This scheme is now nearing the end of its third year and has been described in some detail in the 1948 report. The total figures for the whole period March, 1947—December, 1949 are as under :—

	Children	Families
Total number taken on to ' Special ' Register .....	649	319
Total number discharged after maintained improvement .....	143	72
Total number removed to care of Children's Committee .....	33	10
Total number of prosecutions .....	118	77
Total number left on register, December, 1949 .....	445	232

An analysis made from the annual figures and the totals recorded above has provided some useful information :—

- A. To be effective any scheme for the follow-up and treatment of verminous conditions must be based on the family unit.
- B. Every family admitted to the scheme should be retained until a habit of cleanliness has been established. This may take two or three years in most cases. Up to the present time 20 per cent. of the families have been discharged after the children have maintained about twelve months' clean record.
- C. At present the intake of families to the scheme exceeds the discharge by about 60 per cent., owing to the long term character of the work.
- D. Since March, 1947 about 20 per cent. of the total number of families have been prosecuted under Section 54 of the Education Act, 1944, some more than once, and may eventually have to be regarded as failures and closely supervised indefinitely. Every effort has been made to teach and help the mother to help herself before prosecution is contemplated.

### BATHING CENTRES

Apart from cases of scabies treated at the Bathing Centres 390 individual children have been treated by the nursing assistants for other conditions. These conditions include multiple sores for which a bath is necessary, impetigo of scalp and training in cleanliness for children of families with no bathing facilities. During the year 230 voluntary head cleansings were also done at the Bathing Centres as part of an emergency service for children of families in temporary difficulty, owing to the illness of the mother or some similar cause.

### HEALTH EDUCATION

Throughout the year Miss Poskitt, one of the School Nurses, has been seconded as a Health Lecturer to the N.N.E.B. Training Centre at Garrison Lane for one day per week.

Mrs. M. L. Yelland and Miss M. J. Young, obtained the Health Visitor's Certificate of the Royal Sanitary Institute and returned to the Service in April, 1949 after a period of absence for the Health Visitor's training."

### INSTITUTE OF CHILD HEALTH

The value of the arrangements for the interchange of medical staff between the Children's Hospital and the School Health Service under the aegis of the Institute of Child Health has been fully discussed previously. As the sanction of the Minister of Education for the scheme had been given initially for three years which expired in March, 1949, the Institute, impressed by the advantages obtained through this interchange of staff, was of the strong opinion that the arrangements should continue. Following the request by the Education Committee, the Minister of Education, agreed to allow the scheme to continue for a further period of three years.

During the past year, one of the Assistant School Medical Officers attended at the Children's Hospital as a Clinical Assistant on two sessions per week and two Registrars from the Hospital each worked in the School Health Service on one session weekly.

It is agreed that these arrangements have worked smoothly and efficiently.

### HEALTH EDUCATION

The arrangements for health education in the schools have been continued as in previous years.

In addition, it is gratifying to note the following activities during the year.

The medical officers and nurses have given a number of talks at Parent-Teacher Association Meetings on "Child Health" and "The School Health Service." These opportunities have been especially welcomed as they afford the occasion for practical realisation of earlier expressions in this report.

Lectures and demonstrations have been given in connection with The Training Course for Staffs of Children's Homes, for Boarded-out Visitors, for Student Health Visitors, for Student Health Visitor Tutors, for revision courses for teachers of Physical Education, for Teachers' Training Courses at the University and at Westhill College, for the staff of the Home Nursing Service and to a group of students from the Selly Oak Colleges studying social science.

Demonstrations were given to Final Year Medical Students of the University.

First-aid lectures were also given at evening classes.

During May eight children's specialists from different countries in Europe and Asia spent a fortnight studying and seeing in action the work of the School Health Service. The visit was under arrangements made with the United Nations International Children's Emergency Fund and a full programme was carried out.

The British Council similarly arranged for the School Medical Officer for Rome to spend a week in November studying the School Health Service.

The part taken by the School Dental Surgeons is described by the Chief Dental Officer.

It is a pleasure to acknowledge the willing help and interest shown by the members of the staff. These activities often require preparation in leisure time and the demonstrations at the schools and Clinics have to be skilfully incorporated with the normal busy activities.

*Publications :*

Dr. H. S. K. Sainsbury	The Problem of Diabetes Mellitus in School Medical Administration.	<i>The Journal of Hygiene</i> Cambridge. June, 1949
Dr. H. S. K. Sainsbury	Debility in the School Child	<i>The Midland Medical Review</i> : February 1949

## MISCELLANEOUS

*Employment of School Children :*

Children examined under the bye-laws regulating the employment of school children	.....	2,743
Children examined for theatrical licences	.....	162

*Special Examinations :*

Examination of children sent to Approved Schools	.....	99
Examination of Manual Staff employed by the School Meals Department	.....	630
Examination of Manual Staff employed by the Repairs Department	.....	82
Examination of Male Caretakers and Assistant Caretakers	.....	48
Examination of Female Caretakers and School Cleaners	.....	75
Examination of Education Committee Staff for the Superannuation Scheme	.....	18

## CO-OPERATION AND ACKNOWLEDGMENTS

The parents attend the periodic inspections at the schools in large numbers following the personal invitation to be present. The largest number show their interest in the first examination with a progressive diminution at the second and third examination. The presence of the parents is welcome both at the schools and at the clinics as this gives an opportunity for useful consultations.

The help which the teachers give to the efforts of the School Health Service has become increasingly recognised. Their willingness and practical help has indeed been mentioned on various national public occasions.

A further reference at a conference, by Sir Martin Roseveare<sup>1</sup> appears particularly apposite.

" It seems to me essential that the parent and the teacher must understand and respect each other, and then that both of them must strive to know and understand the other influences surrounding the child (for instance, the School Medical Service, which can and must be an integral part of the school life ; . . . ) "

The Committee's inspectorate have also shown their general interest and have given valuable advice in particular cases.

To the doctors at the hospitals and in general practice this opportunity is taken of expressing appreciation of their very material help in supplying reports and for discussing special points over the telephone in the midst of their busy activities and to the Secretary of the Local Medical Committee for the interest and consideration he has shown.

Acknowledgment is also made of the willing help and co-operation given by the following who are now connected in various ways with the work of the School Health Service : the Senior Administrative Medical Officer of the Regional Hospital Board and his medical assistants ; the Secretary of the Board ; the Secretary of the United Hospital Board and the Clerk of the Local Executive Council.

In so many ways the School Attendance Officers give material assistance to the School Health Service and special mention may be made of their help in following-up certain cases and in providing information from their wide range of activities.

Appreciation is expressed to the local Press for the helpful and sympathetic presentation of school health topics.

To the organiser and Inspectors of the National Society for the Prevention of Cruelty to Children a special word of praise is due for their warm co-operation over difficult cases which call for both tact and zeal.

<sup>1</sup> *Education*, April 14th, 1950.

## HANDICAPPED PUPILS

The interests and care of the handicapped children have been fully maintained during the year. It is gratifying to note the increasing references from general practitioners for the special educational facilities which can be afforded to these children. Furthermore, the lowering of the age of responsibility by the Education Authority to two years, under the Education Act, 1944, has resulted in earlier ascertainment. In this connection also the transmission of medical records from the Maternity and Child Welfare Department has helped very materially.

The tables below show the provision made at the end of the year for the handicapped children both in the Authority's Schools and in the Schools within and outside the City which are not maintained by the Authority.

### SPECIAL SCHOOLS MAINTAINED BY THE AUTHORITY

#### Physically Handicapped Children

						No. on Register
<i>Residential :</i>						
Baskerville	.....	.....	Mixed	.....	.....	71
<i>Day :</i>						
George Street West	.....	.....	Mixed	.....	.....	192
Little Green Lane	.....	.....	Mixed	.....	.....	135

#### Delicate Children

<i>Residential Open-Air Schools :</i>						
Cropwood, Blackwell	.....	.....	Girls	.....	.....	78
Haseley Hall, Nr. Warwick	.....	.....	Junior Boys	.....	.....	40
Hunters Hill, Blackwell	.....	.....	Boys	.....	.....	120
<i>Day Open-Air Schools :</i>						
Marsh Hill, Erdington	.....	.....	Mixed	.....	.....	187
Uffculme, Queensbridge Rd.	.....	.....	Mixed	.....	.....	133

#### Deaf and Partially Deaf Children

Gem Street	.....	.....	Mixed	.....	.....	81
Moseley Road	.....	.....	Mixed	.....	.....	113

#### Partially Sighted Children

Moseley Road	.....	.....	Mixed	.....	.....	44
Whitehead Road, Aston	.....	.....	Mixed	.....	.....	51

#### Educationally Sub-normal Children

<i>Residential :</i>						
Monyhull	.....	.....	Boys and Girls	.....	.....	141
Springfield House	.....	.....	Girls	.....	.....	54

*Day :*

Bristol Street	.....	.....	Senior Girls	}	.....	116
			Junior Mixed			
Burlington Street	.....	.....	Senior Girls	}	.....	146
			Junior Mixed			
Gem Street	.....	.....	Senior Boys	}	.....	159
			Junior Mixed			
Hamilton Road	.....	.....	Senior Boys	}	.....	134
			Junior Mixed			
Highfield Road, Saltley	.....	.....	Senior Girls	}	.....	130
			Junior Mixed			
Little Green Lane	.....	.....	Senior Boys	}	.....	124
			Junior Mixed			
Sherbourne Road	.....	.....	Senior Boys	}	.....	151
			Junior Mixed			

**Hospital Special Schools***Orthopaedic :*

Forelands, Bromsgrove	.....	Mixed	.....	.....	.....	43
Woodlands, Northfield	.....	Mixed	.....	.....	.....	39

*Sanatorium :*

Yardley Green, Little Bromwich	.....	Mixed	.....	.....	.....	57
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**Home Tuition**

No. of children	.....	.....	.....	.....	.....	7
No. of teachers	.....	.....	.....	.....	.....	5

**RESULTS OF SPECIAL EXAMINATIONS**

The results of the examinations of children referred during the year as being possibly educationally sub-normal are given below :—

Recommended for Day Educationally Sub-Normal School	.....	185
Recommended for Boarding Educationally Sub-Normal School	.....	92
Recommended for Open-Air School	.....	24
Recommended for Physically Handicapped School	.....	21
Recommended for Epileptic School	.....	9
No action	.....	11
To stay in Special School	.....	38
For trial in Ordinary School	.....	13
To stay in Ordinary School	.....	22
To leave Special School	.....	24
To be seen again	.....	35
Decision pending	.....	55
To be excluded from school temporarily	.....	20
Recommended for Deaf School, subject to concurrence of Aural Surgeon	.....	4

The numbers of children reported to the Local Health Authority in 1949 were as under :—

Ineducable Section 57 (3)	.....	85
Inexpedient Section 57 (4)	.....	5
Supervision Section 57 (5)	.....	124

LIST OF BIRMINGHAM CHILDREN IN SPECIAL SCHOOLS  
NOT MAINTAINED BY THE EDUCATION COMMITTEE

**Blind and Partially Sighted Pupils**

	Number
Birmingham Royal Institution for the Blind :	
Residential .....	20
Day .....	18
Worcester College for the Blind .....	2
Royal Normal College, Rowton Castle .....	1
Chorley Wood College .....	1
Catholic Blind School, Liverpool .....	2

**Educationally Sub-normal Blind Pupils**

Overley Hall .....	1
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**Deaf and Partially Deaf Pupils**

Birmingham Royal School for the Deaf .....	1
Mary Hare Grammar School .....	6
Derby Royal School for the Deaf .....	1
St. John's Institution for the Deaf, Boston Spa .....	4

**Educationally Sub-normal Deaf Pupils**

Bridge House, Harewood .....	2
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**Educationally Sub-normal Pupils**

St. Joseph's School, Dunmow .....	3
Besford Court .....	22
Allerton Priory .....	1
Pontville School .....	1
Pield Heath House .....	2
The Vineyard School .....	1
Russell Town, Bristol .....	1

**Physically Handicapped Pupils**

Hurst Lea Home .....	1
Hinwick Hall .....	3
Pawling Home Hospital .....	1
Derwen Cripples' Training College .....	1
The Bishop's Palace School, Ely .....	1
Heritage Craft School .....	1

**Speech Defect Pupils**

Moor House, Oxted .....	1
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**Epileptic Pupils**

Lingfield School .....	16
Chalfont St. Peter Colony School .....	1
St. Elizabeth's School .....	3

**Delicate Pupils**

Liverpool Open-Air Hospital : Leasowe Children's Hospital School .....	1
St. Rose's School, Stroud .....	1

**Maladjusted Pupils**

Ledston Hall	5
Trench Hall School	1
Hill Orchard, Meriden	1

**Diabetic Pupils**

St. Monica's Hostel	1
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**Spastic Pupils**

Carlson House	18
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TOTAL	*147
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\* includes 11 young people over 16 undergoing further training.

**MEDICAL SUPERVISION OF SPECIAL SCHOOLS**

Dr. P. R. Kemp, who is in charge of the medical supervision of Special Schools, reports as follows :—

**“ Residential Open-Air Schools**

These schools are visited by the Assistant School Medical Officer (Special Schools) every fortnight, and every child is examined at least once a term. A local practitioner visits once a week to deal with any minor ailments and is on call for emergencies.

Owing to the limited accommodation available and to the increasing demands for this, it is only possible to admit the more severe cases of disability. Prominent among these are children suffering from asthma, bronchitis and bronchiectasis, most of whom have been in- or out-patients of hospitals before admission.

In dealing with the asthmatics the endeavour is to raise the whole level of the health of the sufferer by special attention to diet, with extra vitamins where necessary, etc., breathing exercises conducted by the visiting physiotherapist, and the elimination of any foci of sepsis such as unhealthy tonsils, infected sinuses or decayed teeth. A certain attitude of mind is cultivated as far as possible, and parents are advised to avoid that tendency to over anxiety and fussiness which is usually a feature of the home life of these children.

The results are good in nearly all the cases, attacks become fewer and less severe, weight increases and a happier outlook develops.

There is usually a slight relapse when the child returns home for the holidays in the earlier stage of treatment, accompanied by loss of weight, but the ground lost is regained early in the new term as a rule.

Every child is treated as an individual, and the length of time necessary to establish a cure varies very much. We do not expect much permanent improvement in a period of less than twelve months : some cases need a much longer stay.

Not every case of asthma *can be cured*, but nearly every one can be *relieved* by treatment in an Open-Air School.

It is necessary to be prepared to deal with severe bouts of spasmodic asthma during the period of early treatment, and among the most useful preparations which can be administered may be mentioned Ephedrine, Franol, Neo-Epinine and Nebulae Adrenaline or Atropine Co.

Considerable help in the investigation and treatment of the difficult cases has been received from various Hospitals, Physicians and the Chief Clinical Tuberculosis Officer, and the friendly co-operation of these colleagues is much appreciated.

There is close co-operation also between the School Health Service and the Hospitals in relation to the treatment of bronchiectasis cases, some of whom are in our Open-Air Schools to be built up prior to lobectomy, and others who are convalescent after the operation.

Encouraging results have been attained in treatment of a number of cases of enuresis by the exhibition of either Nicotinic Acid, Vitamin K, or in some instances Amphetamine.

### **Day Open-Air Schools**

Day Open-Air Schools are more than half-way houses between the Residential Open-Air and Ordinary Schools, though it is often found advisable to soften the sharp transition from country air and an hygienic existence to life in a back-house in an industrial district, by a period of attendance at a Day Open-Air School.

Apart from special cases of this sort there are many children unable to attend an ordinary school regularly because of ill-health, who are able to cope with the easier existence which they can lead in Day Schools where they can have extra rest, where the educational pressure is adapted to the abilities of the individual child, and where there is special attention to diet. In these schools there are frequent medical inspections and a trained nurse maintains constant observation. Ultra-violet irradiation is administered where indicated. The children have all their meals, breakfast, dinner and tea at school, so that there is the opportunity for attention to good nutrition which is such an important basis of good health.

### **Baskerville**

The main function of Baskerville is to deal with the problem of juvenile rheumatism and chorea and to prevent the development of heart disease in such cases or the extension of heart damage if the pathological process has begun already.

Dr. Smallwood, Consulting Physician to the Birmingham Children's Hospital visits the school each week and is accompanied at fortnightly intervals by the Assistant School Medical Officer for Special Schools. On these latter occasions an admission examination is held so that a waiting list is not allowed to accumulate.

There is more evidence that the incidence of juvenile rheumatism in the country as a whole is diminishing though it is too early to say whether this change is of a permanent or temporary nature.

Other cases accommodated in Baskerville include six children suffering from coeliac disease all of whom are having special diet and intensive vitamin treatment.

### **Schools for the Educationally Sub-Normal**

In Educationally Sub-Normal Schools it is of particular importance to exclude the possibility that any children suffer from defects of vision of hearing. This is not an easy task and special methods of testing have to be used. All non-readers are referred to the Ophthalmic Specialist for refraction, and where there is the least suspicion of deafness an audiometer examination is arranged.

Attention to nutrition is often required, vitamin deficiencies being not uncommonly associated with mental sub-normality.

### **Day Schools for the Partially Sighted**

It has been interesting to observe the results of the changed teaching methods and the use of reading lenses in the schools.

Now that partially-sighted children can, without danger to their eyes, read any size letter which they can see clearly and may hold their books as close to their eyes as they choose, and in addition can carry out normal physical education, they are obviously much happier and have lost much of that feeling of inferiority noted in these children in earlier years.

Children are admitted to these schools by the ophthalmic surgeon and the usual routine medical inspections are carried out.

### **Day Schools for the Physically Handicapped**

The closest co-operation with the Hospitals is maintained, many of the children being under the care of various consulting physicians and surgeons, the school physiotherapist carrying out treatment prescribed by them. A happy feature of the year has been the return of a few children suffering from congenital heart disease to ordinary schools and full activity, following surgical treatment of their disabilities.

Every case of congenital heart disease is, of course, referred for full cardiac investigation in hospital in the hope that surgical intervention may be possible.

### **Day Schools for the Deaf**

Both these schools are equipped with audiometers for testing hearing, and one of them makes use of the Multitone Hearing Aid.

Very good educational results are attained, and the general health of the children is safeguarded by frequent medical visits.

An investigation is being carried out to determine the possible relationship between rubella or other illness during pregnancy and the incidence of congenital deafness.

### General

Demonstrations for the benefit of final year medical students of the University of Birmingham are arranged in a representative group of Special Schools each term. These have been well attended during the year, and considerable interest has been displayed by the students concerned."

### DAVOS ALPINE SCHOOL

The remarkable experiment, begun in June, 1948, has been continued. Through the generosity of Mr. C. Kunzle in providing the premises and domestic staff, his house at Davos, in the Swiss Alps, was converted into a school for 25 to 30 Birmingham boys suffering from chest complaints. Carefully selected parties are sent to Davos for about six months where they have their school in ideal conditions.

Dr. Kemp reports as follows on the medical examination of the first and third groups of boys, which he carried out early in January, 1950 :—

#### **" 1. First Group of Children who went to Davos. (June to November, 1948)**

I have completed the examination of the 25 boys who went to the Kunzle Chateau at Davos in June, 1948 and returned in November of the same year. All these boys were in attendance at either Residential or Day Open-Air Schools before they went to Switzerland.

Fifteen of these boys are now attending ordinary schools. Thirteen of them were suffering from chest conditions and particularly asthma and bronchitis. Twelve now show no important signs of ill-health, and are taking part in all the activities of the ordinary school ; 1 boy is still having attacks of asthma, though he is better than he was before he went to Davos and is gaining weight steadily.

Nine boys are remaining at Day Open-Air Schools in the meantime, not because they show no improvement but because it is thought possible that relapse might occur if they were transferred to ordinary schools now. They will be re-considered at Easter.

One boy of 11+ has been tried at an ordinary school but is not flourishing there and accordingly he is being returned to a Day Open-Air School. He is a boy who does not grow or gain weight satisfactorily, though there are no active signs of disease apparent. His case is an obscure one and I am having him further investigated at the Children's Hospital.

To sum up—24 of the boys who went to Davos in June, 1948 are much better in health and physique than before they went, and it is now nearly 14 months since they returned.

Would the same improvement have occurred if they had remained in our own Open-Air School? This is a difficult question to answer. The 25 boys were selected from among those who did **not** appear to be progressing in Open Air Schools. At the very least they seem to have received a stimulus by their visit abroad. Unfortunately, many of these boys have to contend with overcrowded and unhealthy home conditions and the fact that their present condition is as satisfactory as it is, is promising.

In my own mind I have no doubt that the transfer of a delicate child from a crowded industrial city to a sunlit mountain slope in Switzerland, above the clouds and out of the smoke and dust for 6 months, with the attention to nutrition both of body and mind that he receives there, cannot fail to be beneficial, and at least some of that benefit must be permanent.

## 2. Preliminary Report on the Third Group of Children who went to Davos (June to November, 1949)

Twenty-five boys went to Davos in June, 1949. Most of these boys were suffering from chest conditions, particularly asthma and bronchitis. As the space available at the Kunzle Chateau increased in September, another 7 boys were sent out in that month. The type of case chosen was similar, but as these 7 boys were to have only a short stay, only the minor degrees of disability were included in the party.

Dr. Wissler reported that the Alpine School had a very good period, that there was no illness and no accident. All the boys gained weight.

I examined the whole party of 32 boys on the day after their arrival back in this country.

They were in good spirits and had evidently enjoyed a very happy time. The majority had improved greatly in health. There was no boy who had not made any progress.

I am proposing to re-examine this group in three months' time to report further."

## REPORT OF THE TEACHER IN CHARGE

Mr. P. M. Chedgy, the teacher in charge of the school, has sent the following heartening report to the Committee:—

“ Whatever the results of the experiment, known as the Alpine School Scheme, which began in June, 1948, and which perhaps can only be judged by the passage of time, there are many points which may be worthy of record.

By its very nature it was a step into the unknown. The vision could only become a reality by taking risks, by trial and error, and by the full co-operation of the Birmingham Education Committee. To set up an English type of Open-Air School in a foreign country, despite currency restrictions, customs duties, the crossing of frontiers, the satisfying of many regulations, was a new venture in education annals.

Underlying the whole scheme was the salient principle of restoring to normal health those delicate boys who were chosen for the scheme, so that on their return, they could go back to normal day schools and live the life of the normal school boy. The boys were drawn from the asthmatic, bronchitic and debilitated groups, many of them having attended the Residential and Day Open-Air Schools of the City. Many also had the usual background associated with this type of boy—poor housing conditions, overcrowded or unhappy homes, or separated parents. The age range from 9 years to 13 years was chosen as the most practical from the point of view of organisation.

The Chateau, the Swiss home of Mr. C. Kunzle, had before been used as a home for delicate children and was, therefore, equipped very well for the purpose for which it was to be used. It was to be a ‘home’ in every sense of the word. The rooms were small and retained a family atmosphere rather more than the typical residential dormitory. The two classrooms, although not ideal, had many advantages. Both were well lighted airy rooms, and in them the children had full freedom of movement. A rest platform on the south side of the Chateau was large enough to accommodate all the boys on stretchers, and could be used as an outdoor classroom during the good weather. Owing to the great changes in temperatures it was not always possible to have those open-air conditions which apply to an English Open-Air School. Even so, to the Davoser, it was a shocking sight to see so many windows open in all weathers, particularly when temperatures outside were as low as 0°F. The provision of bathrooms on all floors and the bath on three nights every week helped to retain that high ideal of hygiene which is the essential of any Open-Air type of school. Wash-hand basins in each bedroom added that extra comfort and convenience to which the children were not used, and yet during the whole year no damage was done to any fittings with which the children were surrounded. They learned to respect and take care of beautiful things.

The provision of suitable clothing was a further problem. Many of these boys had never felt so well in their lives, so it was natural that they should be high spirited and full of life, with the result that their clothes got very hard wear. Not only this, but clothing had to be provided for the many changes of weather and temperature which are characteristic of the high Alpine climate. In school the boys were in a warm atmosphere, compared with the outside temperature which often in the winter was many degrees below zero. In the afternoon, after a strenuous winter sports period for which the ski suits were very necessary, the children often came in, in clothing very wet on the outside and on some days frozen quite stiff. At once they changed and dry warm clothing was put on. Knee breeches, jerseys and warm overcoats ensured that even on the coldest day they were able to get out for the daily period of exercise.

The domestic side of the school's life was also a great experiment. Every five weeks we had a complete change of staff, some of whom had never before done the type of work which was expected of them, but all had to live with each other as a family. All differences of social status were forgotten, salaries not considered, hours of work never mentioned, all joined in the job of the moment—the comfort, happiness and well-being of the boys.

Breakfast was always followed by morning prayers. Beds were made by the boys and they were required to tidy up their personal effects. School started at 9.20 a.m. and continued until 12 noon, a period of half an hour at 10.30 being allowed for a drink and play in the open-air. Having had dinner at 12 noon, the boys then rested on stretchers under blankets until 2.15 p.m. A cup of hot milk was followed by changing for the afternoon activities. In the summer, these consisted of outdoor games on the specially prepared playing field, mountain walks and climbs, gathering specimens, sketching, rambles, investigating matters in connection with the local study, swimming, paddling and fishing in the lake in the Chateau grounds. In the winter, walks in the snow, ski-ing instructions and tobogganing were the chief interests. School followed at 4 p.m. after the boys had changed and at 5.30 p.m. high tea was served. The evening was used for dramatics, club activities, organised sing songs, etc., whilst in the summer the time was spent out of doors. Milk at 7 p.m. was followed by evening prayers at 7.15 p.m. and this brought each day's activities to a close. The advantage of the outside afternoon periods gave the children the full benefits of the glorious Alpine sunshine here, both summer and winter.

The school time-table was of necessity an elastic one. As the children had no long holiday periods and school was held on Saturday mornings, and, above all, as the classes were so very small, great progress could be made in all educational activities. Every child had to be treated as an individual. The Grammar School child was to start his first year of work including the thrill of the second language, whilst at the other end there

were examples of boys up to age of 11 years who could not read or write. All had to write home once a week. Here was the incentive—the centre of interest and very quickly the results were seen. The period of restful activity in bed before lights out, gave many the time and the atmosphere to settle down to quiet reading practice—something they had not been able to do before. Life was to be observed all round. A strange language was spoken by the farm hands, caretaker and washerwoman. The activities of the farm were so different from an English farm and could be constantly watched. Records of all activities had to be kept, sketches of things to be made; the different way of life and dress of the people, the experience of seeing avalanches and glaciers, the first appearance of the Alpine crocus, the watching of the Italian workers in the pasture as they cut the grass and sang snatches of lovely Italian songs, the lake freezing and cracking, were all matters to help broaden the mind and sharpen the eye and ear. Expeditions out of the valley to places of interest were always full of new strange sights and demanded a mental as well as a physical effort. It was a matter of personal pride as to who had the best collections or the best records, not a minute could be wasted.

During the winter the boys were able to enjoy the thrills of the winter sports enthusiast. Days of blue sky, warm sunshine and glistening snows produced a healthy tan on the boys' complexions. All had the experience of trying to ski and were soon talking the 'jargon' of the Alps of 'stemming' and 'turning.' They were most enthusiastic students. Even the hard work associated with the construction of the toboggan runs paid rich dividends as they hurtled down the snowy slopes, twisting and turning, guiding and controlling these leaping constructions.

There were no troubles of discipline in the school. It was a self-discipline inculcated by the spirit of 'Home.' At first many had to learn how to live within the family and to try and understand why certain acts were 'anti-social.' The feeling of well being made them high spirited and full of energy, all of which had to find a natural outlet. At the same time, the limitations imposed by the buildings, and the fact that one had to live with one's friends made thought for others part of one's life. Outside, too, one always had to remember that 'we are English and so much depends upon us what others may think of our country.'

Staff and children lived very close to each other. Letters from home were shared, father and mother, the family, even the cat and the dog were all part of the world we shared. Few secrets were kept from each other. The Kunzle staff often visited the homes of the boys on their return to England to tell of the activities of the month and in this way contact was made between home and school. A close contact was made, too, through the medium of the monthly letter and the many replies to these often gave a picture of home life and conditions.

The religious life of the school was always of great importance. The morning and evening prayers, the weekly visit of the chaplain, the Sunday Service and so on bound all in a feeling of 'unity.' This was of great importance to the boys, as many has never experienced living in a Christian Community such as can be found in a school of this type.

It was in this atmosphere, then, that the Birmingham boys spent the period of six months, free from attacks which had been such a part of their lives, where they could breathe easily, and where there was a great feeling of peace and security. It all produced a feeling of well-being even if only for the time they were here, and gave them a greater confidence in themselves. If, during his stay here, any boy did not benefit it was a waste of a great opportunity."

### HOME AND HOSPITAL TUITION

Under Section 56 of the Education Act 1944 the Committee is able to provide home tuition for severely handicapped children. Seven children have been helped in this way by five visiting teachers.

In addition, one peripatetic teacher visits the children at the Dudley Road Hospital and the Skin Hospital.

Classes have also been organised in Moseley Hall Hospital, and in the Accident Hospital.

### MARTINEAU HOUSE, TOWYN

The aims and purpose of this sea-side school have been given fully in previous reports.

During the year, 17 parties of children visited Martineau House, each party staying for 14 days between March and December. Two groups of 24 children each from Monyhull Residential School, and 15 groups, each of 24 children from other Special Schools were able to benefit from this provision.

The educational and physical improvement gained by these children indicate the help given by the Head Teachers and their staffs and the care given by the Resident Teacher and the Matron.

Thanks are also due to the local visiting Medical Officer who in so many ways shows a marked interest in these children.

Plans have been approved for certain structural alterations.

## CEREBRAL PALSY

Whilst the formation of the British Council for the Welfare of Spastics has stimulated interest in the care of this form of handicap, it is apposite to recall that the Committee have for many years been heedful of these sufferers in the Schools for the Physically Handicapped. Indeed, Dr. Jordan, Honorary Physician at the Children's Hospital, writing the section on "Paralytic Cripples" in 1915<sup>1</sup> mentions that Birmingham in 1909 had two schools for physically defective children. He carefully describes the cerebral spastic type met with in these schools and gives the current treatment.

However, the opening of the local Carlson House School for Spastics was welcomed as it gave a special opportunity for the study of the education, treatment and training of these children. The Institutes of Child Health and Education are linked with the school and research is being undertaken in various fields.

Although this is a voluntary school, the Local Education Authority is represented on the board of managers and a large proportion of the pupils are maintained by the Authority. Furthermore an Assistant School Medical Officer visits the school regularly and acts as Medical Officer to the school.

<sup>1</sup> *Defective Children* : London : 1915.

### AFTER-CARE OF EDUCATIONALLY SUB-NORMAL PUPILS

During 1949, 302 new cases were reported for supervision. The following table analyses these figures into their different categories :—

	Male	Female	Total
Placed under Vol. Sup. upon leaving school at approximately 16 years .....	50	33	83
Placed under Stat. Sup. upon leaving school at approximately 16 years .....	84	48	132
Placed under Stat. Sup. upon exclusion from school before 16 years .....	47	40	87
	181	121	302

Of the school leavers who were employable, few were unable to get jobs immediately, and except in the case of a small number of unstable persons, short periods only have been lost between changes of employment. It may therefore be assumed that in the following analysis of occupations, practically all those who are not in regular work are unemployable.

Most unemployable cases are receiving National Assistance grants varying from 15/- to 30/-.

## OCCUPATIONS OF ALL SUPERVISED CASES OVER 16 YEARS.

Occupation	Voluntary		Statutory		Excluded		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
A. EMPLOYED								
Factory labouring .....	28	—	73	—	45	—	146	—
Semi-skilled and machine work .....	159	93	283	147	52	27	494	267
Woodwork .....	25	—	35	1	8	—	68	1
Building .....	35	—	86	—	8	—	129	—
Boot repairing .....	20	—	17	—	1	—	38	—
Assembling and packing .....	19	62	18	70	7	22	44	154
Transport .....	22	—	30	1	5	—	57	1
Gardening and agricultural .....	11	—	17	—	2	—	30	—
Bakery and Food manufacture .....	11	16	33	28	7	7	51	51
Distributive trades	23	7	45	6	14	—	82	13
Window cleaning .....	4	—	7	—	4	—	15	—
Road mending and sweeping .....	11	—	13	—	7	—	31	—
Cinema work :								
Operators and Attendants .....	9	6	13	4	2	1	24	11
Plumbing .....	6	—	5	—	—	—	11	—
Upholstering .....	4	—	6	1	—	—	10	1
Leatherwork .....	6	3	2	3	1	—	9	6
Chemical trades	7	—	2	—	—	—	9	—
Cardboard boxmaking	—	7	—	10	—	2	—	19
Bookbinding .....	1	—	—	—	—	—	1	—
Salvage .....	3	—	6	—	2	—	11	—
Brick making .....	2	—	2	—	—	—	4	—
Painting and Decorating .....	8	—	10	—	1	—	19	—
Electric and radio work .....	5	—	10	—	3	—	18	—
Plating and jewellery	6	6	9	9	1	3	16	18
Clerical work .....	2	2	4	—	—	—	6	2
Stabling and kennels	4	—	5	—	2	—	11	—
Gas works .....	3	—	1	—	2	—	6	—
Paper manufacturers	3	—	3	1	1	—	7	1
Blacksmith .....	1	—	1	—	—	—	2	—
Rubber work .....	4	—	4	3	2	1	10	4
Hotel, cafe and Canteen .....	1	15	6	34	2	10	9	59
French polishing .....	1	—	—	—	—	—	1	—
Garage work .....	5	—	9	—	—	—	14	—
Dental work .....	1	—	1	—	—	—	2	—
Remploy factory .....	1	—	1	—	—	—	2	—
Optical .....	2	—	—	—	1	—	3	—
Glass blowing .....	1	—	3	—	3	—	7	—
Odd jobs and errands	—	1	7	1	12	2	19	4
Army .....	35	—	2	—	—	—	37	—
R.A.F. ....	4	—	1	—	—	—	5	—
W.L.A. ....	—	3	—	1	—	—	—	4
Merchant Navy	—	—	1	—	—	—	1	—
Rag collecting .....	—	—	2	—	—	—	2	—
Printing .....	—	2	1	2	3	—	4	4
Domestic .....	—	15	1	27	—	12	1	54
Crane driving .....	—	—	2	—	—	—	2	—
Laundry .....	—	8	1	15	1	5	2	28
Hairdressing .....	—	3	1	—	—	—	1	3
Laboratory .....	—	—	1	—	—	—	1	—
Sewing and tailoring	—	9	1	6	1	—	2	15
Day Nursery .....	—	2	—	1	—	—	—	3
Nursing .....	—	—	—	5	—	—	—	5
Guide to Blind	—	—	—	1	—	—	—	1
TOTAL .....	493	260	781	377	200	92	1,474	729

## OCCUPATIONS OF ALL SUPERVISED CASES OVER 16 YEARS.

Occupation	Voluntary		Statutory		Excluded		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
<b>B. UNEMPLOYED</b>								
Occupation Centre and Industrial Centre .....	—	—	2	—	17	17	19	17
In Mental Hosp. ....	9	5	14	5	6	16	29	26
In other Homes .....	—	—	1	2	15	1	16	3
In Remand Homes .....	—	—	1	—	—	—	1	—
In Borstal .....	2	—	3	—	—	—	5	—
In Prison .....	1	—	3	—	—	—	4	—
In Sanatorium .....	2	—	—	1	—	—	2	1
In Epileptic Colony .....	—	1	—	—	—	—	—	1
Attending Comm. College .....	—	1	—	—	—	—	—	1
Home duties .....	—	116	—	195	—	21	—	332
At home and not working .....	10	24	42	53	154	170	206	247
TOTAL .....	24	147	66	256	192	225	282	628

**Clubs**

A number of boys and girls leaving schools for the Educationally Sub-normal are attending clubs in the City. Many of them can mix well with adolescents from other schools but there remain a number who are apprehensive and shun the clubs, thereby missing activities which they might well enjoy. The Staffs of some of the schools for the Educationally Sub-normal have recently organised evening classes for these boys and girls and many of them now attend for crafts and reading classes. Several also attend the Education Offices for individual reading lessons weekly, having come to realise in everyday life the disadvantages of not being able to read and write.

236 cases were considered carefully and removed from the current visiting lists after a satisfactory record. Approximately 300 cases were also removed from the current file owing to their having left the district, been certified to M.D. Institutions, or having become untraceable.

In all, 5,780 visits were made during 1949.

## REPORT ON EMPLOYMENT AND AFTER-CARE OF HANDICAPPED YOUNG PEOPLE

During the year ended 31st December, 1949, 305 boys and girls left nineteen City of Birmingham Special Schools. Of these Special Schools three are for physically handicapped, two for the deaf, two for the partially sighted, eight for the educationally sub-normal, and four are open-air schools. In addition, another twenty handicapped boys and girls who had attended other Special Schools and Institutions came to the Youth Employment and Welfare Department for guidance and assistance in finding employment. Of this total of 325, 215 were educationally sub-normal.

Apart from these handicapped school leavers seeking their first job, other young people suffering with physical or temperamental disabilities were placed in touch with the Youth Employment and Welfare Department by Almoners of Hospitals, Psychiatric Social Workers, the Local Anti-Tuberculosis Clinic and by Employers. Further, on receipt of medical reports, boys discharged on health grounds from the Services, were invited to come to the Department for help in resettling into civilian life.

The employment rate among handicapped young people is high. Very few are unemployable, but where the handicap is severe a few months may elapse before the young person is settled in suitable work. Most difficult to place and keep in employment are the neurotic, who will leave a job on the slightest pretext, and the epileptic. These have to be repeatedly assisted.

In the City of Birmingham, which has so many varied trades, there are many opportunities for training through the normal channels in industry. Special cases have arisen, however, where the nature of the handicap has made it desirable that special training facilities should be arranged.

The Sub-Committee have, therefore, sent one boy to Lord Mayor Treloar Cripples' College, Alton, Hampshire, and one to Derwen Cripples' Training College, Oswestry, for a three-year course of training. Two severely handicapped boys have been taking clerical training at Queen Elizabeth Training College, Leatherhead, and a girl has taken training in typing and switchboard work at St. Loyes' Training College for Cripples at Exeter. The training for these three has been covered by grants given by the Ministry of Labour and National Service under the Disabled Persons (Employment) Act, 1944. Under the same Act, a boy with multiple deformities has been placed in training at the Royal Orthopaedic Hospital, Birmingham, in splint making and shoe repairing. At this same hospital, five girls have also entered the shorthand-typing school. Under the Disabled Persons (Employment) Act, 1944, the Ministry of Labour and National Service provides also for industrial rehabilitation after illness or accident. A seventeen-year-old boy leaving hospital after recovery from a broken leg was able, after six weeks at the Ministry's Industrial Rehabilitation Centre at Handsworth, to return to his former employment, which is the ideal rehabilitation.

### Disabled Persons (Employment) Act, 1944

On December 31st, 1948, the total number of disabled persons under the age of eighteen registered under the above Act was 279. They were divided under the following headings:—

*Surgical :*

Amputation of one or both limbs.  
Injuries to body.  
Diseases of lower and upper limbs.  
Spine injuries.  
Tuberculosis—surgical.

TOTAL 73.

*Medical :*

Arthritis and rheumatism.  
Diseases of heart, skin, digestive and respiratory system (not T.B.).

TOTAL 80.

*Psychiatric.*

Psychoneurosis.  
Nervous disorders.  
Imperfect development of mind.

TOTAL 47.

*Others*

Congenital malformation  
Defects of eyes and ears, etc.

TOTAL 79.

GRAND TOTAL 279.

During the past year, 170 boys and girls reached the age of eighteen and were therefore transferred to the Register of the Ministry of Labour and National Service. There have been 149 new registrations, so that the total on the Register on the 31st December, 1949 was 258, of whom 58% were boys and 42% girls. It will be seen from these figures that many handicapped young people do not apply for registration under the Disabled Persons (Employment) Act, 1944, and it has been agreed as best that leavers from Educationally Sub-normal Schools in particular should not be *encouraged* to do so where they are able to enter normal employment, as they frequently do without any feeling of being handicapped. It is very rare to find that a handicapped boy or girl refuses suitable work, as the majority are only too anxious to be independent. The fact that such a high employment rate is achieved among them is due to their belief in themselves and to the understanding and co-operative attitude of employers.

Of those on the Disabled Persons' Register, the highest monthly figure of those seeking employment has been twenty, but the monthly average for the year of those unemployed has been eight.

### After Care

School leavers from Educationally Sub-normal Schools are supervised by the After-Care Officers of Special Schools Department of the Education Committee. In the case of other Special School leavers, a home visit is made either by a member of a Youth Advisory Committee or by a Youth Employment Officer within three to six months of the child's leaving school. It is thus possible to ascertain the progress they have made at work, to see if any special treatment recommended is being followed up and to give any necessary advice. From time to time, individual boys and girls whose circumstances are particularly difficult, are followed up.

Close co-operation between Officers of the Special Schools Department and the Youth Employment and Welfare Department ensures that any educationally sub-normal child is helped whenever he wishes to change his employment.

# Medical Inspection and Treatment Returns

Year ended 31st December, 1949.

TABLE I.

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

### A. PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups :		
Entrants	.....	21,270
Second Age Group	.....	12,129
Third Age Group	.....	13,200
		TOTAL 46,599
Number of other Periodic Inspections		—
		GRAND TOTAL 46,599

### B. OTHER INSPECTIONS

Number of Special Inspections	.....	30,708
Number of Re-Inspections	.....	50,442
		TOTAL 81,150

### 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 IIa (3)	Total Individual Pupils (4)
Entrants	261	6,963	7,022
Second Age Group	1,082	2,787	3,601
Third Age Group	1,515	2,787	4,032
Total (prescribed groups)	2,858	12,537	14,655
Other Periodic Inspections	—	—	—
GRAND TOTAL	2,858	12,537	14,655

TABLE II

## A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1949

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 .....	1,451	208	4,998	14
5	Eyes—				
	(a) Vision .....	2,858	1,108	3,171	75
	(b) Squint .....	947	385	528	28
	(c) Other .....	377	61	1,700	10
6	Ears—				
	(a) Hearing .....	209	195	167	6
	(b) Otitis Media .....	339	74	544	3
	(c) Other .....	59	11	916	4
7	Nose or throat .....	4,003	2,171	3,745	237
8	Speech .....	142	180	68	16
9	Cervical .....	458	243	270	16
10	Heart and Circulation .....	291	598	337	88
11	Lungs .....	1,311	917	934	71
12	Developmental—				
	(a) Hernia .....	128	120	9	1
	(b) Other .....	66	55	37	2
13	Orthopaedic—				
	(a) Posture .....	892	461	111	17
	(b) Flat foot .....	1,630	588	201	9
	(c) Other .....	1,272	437	617	32
14	Nervous System				
	(a) Epilepsy .....	49	26	19	13
	(b) Other .....	101	31	267	61
15	Psychological—				
	(a) Development .....	90	159	28	11
	(b) Stability .....	265	323	57	7
16	Other .....	1,616	348	7,778	208

## 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	21,270	7,132	33.53	12,632	59.39	1,506	7.08
Second Age Group .....	12,129	3,782	31.18	7,509	61.91	838	6.91
Third Age Group .....	13,200	5,333	40.41	7,211	54.63	656	4.97
Other Periodic Inspections	—	—	—	—	—	—	—
TOTAL	46,599	16,247	34.87	27,352	58.69	3,000	6.44

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 .....	26
(ii) Other treatment .....	24
Ringworm—Body .....	164
Scabies .....	599
Impetigo .....	1,207
Other skin diseases .....	7,143
Eye Disease (External and other, but excluding errors of refraction, squint and cases admitted to hospital) .....	2,160
Ear Defects .....	2,939
Miscellaneous ( <i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.) .....	17,955
TOTAL .....	<u>32,217</u>

(b) Total number of attendances at Authority's minor ailment Clinics 75,359

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) .....	6,378
Other defect or disease of the eyes (excluding those recorded in Group I) .....	698
TOTAL .....	<u>7,076</u>

No. of Pupils for whom spectacles were	(a) Prescribed .....	5,359
	(b) Obtained .....	2,400

GROUP III. TREATMENT OF DEFECTS OF NOSE AND THROAT

	Total Number Treated
Received operative treatment—	
(a) for adenoids and chronic tonsillitis .....	2,843
(b) for other nose and throat conditions .....	217
Received other forms of treatment .....	3,616
TOTAL .....	<u>6,676</u>

GROUP IV. ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals or hospital schools .....	371
(b) Number treated otherwise, <i>e.g.</i> , in Clinics or out-patient Departments .....	5,291

GROUP V. CHILD GUIDANCE TREATMENT AND SPEECH THERAPY

No. of pupils treated	(a) under Child Guidance arrangements .....	551
	(b) under Speech Therapy arrangements.....	260

TABLE IV. DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers—					
(a)	Periodic Age Groups	.....	.....	.....	49,858
(b)	Specials	.....	.....	.....	8,339
(c)	Total (periodic and specials)	.....	.....	.....	58,197
<hr/>					
(2)	Number found to require treatment	.....	.....	.....	34,899
(3)	Number actually treated	.....	.....	.....	31,361
(4)	Attendances made by pupils for treatment	.....	.....	.....	44,596
(5)	Half-days devoted to	(a)	Inspection	.....	230
		(b)	Treatment	.....	4,024
		Total (a) and (b)			.....
<hr/>					
(6)	Fillings :	Permanent Teeth		.....	11,857
		Temporary Teeth		.....	288
		Total		.....	12,145
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(7)	Extractions :	Permanent Teeth		.....	10,514
		Temporary Teeth :		.....	62,974
		Total		.....	73,488
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(8)	Administration of General Anaesthetics for Extraction	.....	.....	.....	22,374
(9)	Other operations :	(a)	Permanent Teeth	.....	3,421
		(b)	Temporary Teeth	.....	1,450
		Total (a) and (b)			.....

TABLE V  
INFESTATION WITH VERMIN

(i)	Total number of examinations in the Schools by the School Nurses or other authorised persons	.....	.....	.....	361,885
(ii)	Total number of individual pupils found to be infested	.....	.....	.....	11,407
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (ii), Education Act, 1944)	.....	.....	.....	4,686
(iv)	Number of individual pupils in respect of whom cleansing orders were issued	.....	.....	.....	3,412

