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CITY OF BIRMINGHAM
EDUCATION COMMITTEE

**SCHOOL HEALTH SERVICE
REPORT**

OF THE

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

MEDICAL OFFICERS LIBRARY
PUBLIC HEALTH DEPARTMENT

FOR THE YEAR ENDED 31st DECEMBER, 1951

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CITY OF BIRMINGHAM
EDUCATION COMMITTEE

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SPECIAL SERVICES SUB-COMMITTEE :

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(Chairman of the Education Committee)

COUNCILLOR MRS. E. V. SMITH, J.P.

(Chairman)

ALDERMAN DR. L. GLASS	COUNCILLOR MRS. E. WRIGHT, J.P.
MR. COUNCILLOR S. E. DAWES	MRS. H. CAVENAGH, B.Sc., D.P.A., J.P.
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MR. COUNCILLOR C. H. RATHBONE	COUNCILLOR MRS. F. M. SMALLWOOD
	Mrs. A. L. GIBSON

*Chief Education Officer : E. L. RUSSELL, M.A.***STAFF****SCHOOL MEDICAL OFFICER :**

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

DEPUTY SCHOOL MEDICAL OFFICER :MAURICE E. LEMIN, M.B., Ch.B., *(Appointed 1.2.51)***ASSISTANT SCHOOL MEDICAL OFFICER (Special Schools) :**

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

ASSISTANT SCHOOL MEDICAL OFFICER (General Purposes)*(Vacant)***ASSISTANT SCHOOL MEDICAL OFFICERS**

GERALD FRASER-SMITH, M.R.C.S., L.R.C.P.	JOYCE B. MOLE, M.B., Ch.B., D.C.H.
HUGH S. K. SAINSBURY, M.R.C.S., L.R.C.P. <i>(Resigned 31.3.51)</i>	MARGARET J. CASH, M.R.C.S., L.R.C.P.
DOROTHY M. BEAUMONT, M.B., Ch.B., M.R.C.S., L.R.C.P.	JUNE B. BROWN, M.B., Ch.B.
MAY W. BLAKISTON, M.A., M.B., Ch.B.	KATE GRAY, M.A., M.B., B.S.
ELSE A. D'AMIAN, M.D., L.R.C.P., L.R.C.S.	JAMES W. McCONACHIE, M.R.C.S., L.R.C.P., D.P.H.
JOSEPH J. LANDON, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P.	BERYL W. MARSON, M.B., Ch.B., D.C.H. <i>(Appointed 1.1.51)</i>
	WILLIAM H. MCGREGOR, M.R.C.S., L.R.C.P. <i>(Appointed 1.4.51)</i>

CHIEF DENTAL OFFICER :*(Vacant)*E. DAVIES-THOMAS, T.D., M.R.C.S., L.R.C.P., L.D.S.R.C.S.
*(Resigned 30.9.51)***SCHOOL DENTAL SURGEONS :**

J. CLIFFORD BAKER, L.D.S.	*ALFRED WIJEYEKON, L.D.S.
HARRY A. COHEN, L.D.S.	GEORGE R. FAIRCLOUGH, L.D.S.
HUGH LINN, L.D.S.R.C.S.	<i>(Resigned 30.9.51)</i>
CYRIL R. FODEN, L.D.S.	*MARGARET A. SAINSBURY, L.D.S.
MARJORIE COOK, L.D.S.	<i>(Resigned 11.8.51)</i>
*HELLA M. LEVY, L.D.S.R.C.S.	D. HALLEY GOOSE, B.Sc., B.D.S., L.D.S.R.C.S. <i>(Resigned 31.12.51)</i>
WILLIAM A. BARTON, L.D.S.R.C.S.	

(3 4/11 vacancies)

CHILD GUIDANCE CLINIC :**Psychiatrist :**

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

Psychologists ENID M. JOHN, M.Sc.

*ALICE HAAS, Ph.D.

(Appointed temporarily 1/10/51)

Psychiatric Social Workers DOREEN HOSKING

*MARY C. JENKIN, B.A.

MILDRED J. HOLLOWAY

(Resigned 13/10/51)

† Appointed by the Regional Hospital Board.

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. (*Also Visiting Ophthalmic Surgeon to the Schools for the Partially Sighted*)

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.

SAMUEL ACHESON, M.B., B.Ch., B.A.O.

MICHAEL J. ROPER-HALL, M.B., Ch.B., F.R.C.S., L.R.C.P., D.O.M.S.
(Resigned 8.3.51)

Orthopaedic Section :

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

T. S. DONOVAN, M.B., Ch.B., F.R.C.S. (*Visiting Orthopaedic Surgeon to the schools for the Physical Handicapped*)

Ear, Nose and Throat Section :

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

(*Also visiting Aural Surgeon to the schools for the Partially Deaf*)

Surgeons at the Tonsil and Adenoid Clinic :

ROBERT EVANS, M.D., F.R.C.S., D.L.O.

SARAL C. GHOSH, B.Sc., M.B., B.S.

Visiting Physician to Baskerville School :

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

Orthodontic Section :

A. J. WALPOLE DAY, B.D.S.

Anaesthetists :

WILLIAM R. A. LINE, M.R.C.S., L.R.C.P.

DOROTHY T. SEWRING, M.B., Ch.B.

MARY H. TUDOR, M.B., Ch.B., B.A.O.

OLGA MULLER, M.D.

MAY I. T. GRANT, M.B., Ch.B., D.P.H.

DONALD A. L. CRAWSHAW, M.R.C.S., L.R.C.P.

PHYSIOTHERAPISTS :

MAUREEN WALLS, S.R.N., M.C.S.P.

NORA E. GOOK, M.C.S.P.

MARY C. DOWNING, M.C.S.P.

FLORA A. McLAUGHLAN, M.C.S.P.

MARIE JAMES, M.C.S.P.

*MARJORIE E. FINNEY, M.C.S.P. (*Appointed 1.7.51*)

FLORENCE N. STODDARD, S.R.N., M.C.S.P.

NORAH M. LUCAS, M.C.S.P.

Chiropodist :

*HAROLD WILDBORE, M.S.Ch. (*Appointed 18.9.51*)

REMEDIAL GYMNASTS :

MARION J. DAVIS
 WILLIAM COLLINS (*Appointed 1.12.51*)

CHIEF SPEECH THERAPIST :

(Vacant)

SPEECH THERAPISTS :

*EILEEN S. SPRAYSON, L.C.S.T.
 BARBARA J. JARVIS, L.C.S.T.
 SUSAN J. W. TANNER, L.C.S.T.
 SHIELA M. KALRA, L.C.S.T. (*Appointed 5.2.51*)
 * PAMELA D. LEES, L.C.S.T. (*Appointed 11.9.51*)

*Part-time Officers.

SCHOOL NURSING STAFF :**Superintendent School Nurse :**

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

Deputy Superintendent School Nurse :

FLORENCE M. POSKITT, S.R.N., H.V.Cert.

School Nurses	.....	49
Nurses in Nursery Schools	.....	5
Nursing Assistants	.....	18

OTHER STAFF :

Matron at Martineau House	.....	1
Nurses in Special Schools	.....	7
State Enrolled Assistant Nurses in Special Schools	.....	4
Dental Attendants	.....	14

SCHOOL HEALTH SERVICE,
 EDUCATION DEPARTMENT,
 74-75, BROAD STREET,
 BIRMINGHAM, 15.
 (Telephone : MIDland 5751).

December, 1951.

SUMMARY OF WORK—1951 :

	<i>Children</i>	<i>Attend- ances</i>
SCHOOL MEDICAL OFFICERS AT SCHOOLS :		
Visits to Schools—2,065		
Routine Inspections—		
Primary and Secondary Modern Schools	35,291	
Secondary Grammar Schools	4,360	
Special Schools	1,166	
Nursery Schools and Classes	2,854	
Selected Cases—		
Special Inspections	2,117	
Re-inspections	5,418	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS :		
Special Inspections	28,673	
Re-inspections	32,115	
OPHTHALMIC CLINICS :		
Number of Spectacles prescribed by the Ophthalmic Surgeons	4,029	
Number of Spectacles prescribed by the Medical Officers	1,154	
AURAL CLINIC :		
Number examined by the Aural Surgeon	939	} 3,824
Number of diastolizations	230	
Number of mastoid dressings	474	
Number of other aural treatments	2,181	
TONSIL AND ADENOID CLINIC :		
Number of operations	2,181	
ORTHOPAEDIC CLINICS :		
Number examined by the Orthopaedic Surgeon	163	
Number treated by the Physiotherapists	2,106	42,587
CHILD GUIDANCE CLINICS	482	
SPEECH THERAPY CLINICS	250	
ULTRA VIOLET RAY TREATMENT	2,183	30,555
DENTAL CLINICS	28,574	44,765
SCHOOL NURSES AND/OR NURSING ASSISTANTS		
Examinations of Children for Uncleanliness	291,023	
Vision Tests	32,478	
Home Visits	1,103	

CITY OF BIRMINGHAM

GENERAL INFORMATION

Population	1,112,340
Area	51,147 acres
Density of population	21.7 persons per acre
Rateable value	£7,445,188
Education rate	84.02d.
Penny rate produces	£29,059
Primary and Secondary Schools (including Nursery Schools)	
Number of Schools	422
Average number on rolls	166,607
Special Schools	
Number of Schools	24
Average number on rolls	2,978

ANNUAL REPORT
of the
SCHOOL MEDICAL OFFICER

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

For the Year ended 31st December, 1951

To the Chairman and Members of the Education Committee.

I have the honour to present for your consideration the work of the School Health Service for the year ended, 31st December, 1951.

The report as usual gives an account of the many activities which comprise the Service. One of these, the periodic medical examination was discussed last year: having regard to its value, it is gratifying to note the number carried out during the year. From the findings of these and other examinations it is apparent that the health of the children has been well maintained.

It is a pleasure to report various additions to the Service for the children during the year.

During the last decade the importance of foot health has become increasingly recognised. Many defects of the feet seen in adults could have been cured or at least have been minimized by proper care during childhood. Accordingly the Committee considered there was need for such chiropodial treatment, and during the year authorised the appointment of a part-time chiropodist. Treatment at the chiropody clinic commenced in September.

In the same month also the orthodontic clinic was opened and already there is a heavy demand for this important form of dental treatment.

A physiotherapist was appointed during the year to resume treatment at the re-instated Birmingham Athletic Institute which had been given there until the building was damaged in 1940.

During the year the Committee agreed to the proposal that the Aural Surgeon should visit the schools for the deaf children. The visiting Orthopaedic Surgeon was able to recommence his visits to the day schools for the physically handicapped children. The residential school—Baskerville, enjoys the benefits of a visiting physician and the Ophthalmic Surgeon visits the schools for the partially-sighted.

Accordingly there is now close specialist supervision of the children in these schools, integration of the specialist with the education of the work of the schools, and close collaboration between the specialist and the teachers.

A section of the plan for the extension of the Child Guidance Service has now materialised. A branch Clinic for the north part of the City was opened towards the end of the year in Birchfield Road. The Hostel for maladjusted children is to be opened shortly.

New lighting has been installed at Moseley Road School for the partially-sighted and this has proved most helpful to the children. Consideration was given to schemes in the minor building programmes for special schools during the year.

Plans were accepted for a school clinic at Stud Lane to service the Lea Village area. It is a pleasure to report that the school clinic in Warren Farm Road to serve the Kingstanding area, is rapidly nearing completion. The school for educationally subnormal children at Hallmoor Road is now being opened.

Of a personal nature to the children, there is the record of the sanction of the Committee for the provision of a second pair of spectacles for certain children attending the schools for partially-sighted. As only one pair is allowed under the Supplementary Ophthalmic Regulations these children were severely handicapped when their spectacles were broken and it was important that they should have a spare pair. The Committee provided an extra omnibus for the conveyance of children to and from Little Green Lane School for the physically handicapped.

Against these improvements, however, it is unfortunately necessary to state that the position relating to school dental surgeons shows no improvement. Dr. E. Davies-Thomas, the Chief Dental Officer resigned in September and it is fitting to record here the help he gave the Service.

For the last few years the school dental surgeons had been carrying out conservative treatment for mothers referred by the Maternity and Child Welfare Section of the Health Committee. The Education Committee were anxious to make the most useful contribution possible to the work of the Maternity and Child Welfare dental service. As the Health Committee considered denture work would be more valuable than the conservative work, the Committee agreed, towards the end of the year, to the variation suggested as the dentists had expressed their willingness to undertake it.

Following the publication of Circular 179 of the Ministry of Education which dealt with the procedure which could be adopted by Local Education Authorities resulting in the establishment of the National Health Service, negotiations were commenced with the Regional Hospital Board. Local requirements were carefully considered and during the year the negotiations were concluded and agreement was reached. The Regional Hospital Board accepted responsibility for the specialist psychiatric services rendered by consultants hitherto engaged by the Local Authority for child guidance work from April 1st, 1951. Administrative control of

the Child Guidance Clinic would remain with Education Committee. The Committee would be represented at the Advisory Committee set up by the Regional Hospital Board for the appointment of any further consultant staff.

~~the Child Guidance Clinic would remain with Education Committee. The Committee would be represented at the Selection of the Regional Hospital Board for the appointment of any further consultant staff.~~

The Regional Hospital Board also agreed at first to take over the Handsworth Tonsil and Adenoid Clinic from April, 1951. Later, however, the Board decided not to take over the premises of the Handsworth Tonsil and Adenoid Clinic but to carry out this work on a permanent basis at the Dudley Road Hospital as accommodation was being prepared there. Accordingly the Handsworth Tonsil and Adenoid Clinic closed at the end of December, 1951. This ended an interesting chapter in the Birmingham School Health Service as the Tonsil and Adenoid Clinic was opened by the Education Committee as far back as 1913.

The account of tuberculosis amongst school children by the Chief Tuberculosis Officer is of special interest in view of the treatment being given to school leavers from Secondary Modern Schools through the Medical Research Council.

During the year the Committee gave permission for a special survey of epilepsy among school children as it was felt this would be of real value.

Attention is drawn to the report of the effective work of the School Nursing Staff.

I feel it is appropriate to mention in this letter the resignation of Miss E. L. Ross, Inspector of Special Schools who worked so zealously over a period of 26 years for the welfare of Handicapped Children and to wish her good health and happiness in her retirement.

It is a pleasure to acknowledge the support and interest of the Chairman and members of the Committee in the welfare of the children; to thank Mr. Russell, the Chief Education Officer, for his consideration and his assistance, the staff of the various departments for their help in the preparation of the report, Dr. Burn, the Medical Officer of Health, for certain vital statistics, and the members of the School Health Service for their continued loyalty and collaboration.

H. M. COHEN.

April, 1952.

SCHOOL CLINICS

SCHOOL CLINIC	Number of Schools	WORK UNDERTAKEN									
		Minor Ailments and Inspection	Refraction	Dental	Orthopaedic	U.V.R.	Ear, Nose and Throat	Speech Therapy	Tonsil and Adenoid Clinic	Orthodontic	Chiropractic
Aldridge Road, Great Barr, Birmingham, 22	32	X	X	X	X	X					
Albert Road, Aston, Birmingham, 6	32	X	X	X		X					
Great Charles Street, Birmingham, 3	37	X	X	X			X				
Soho Hill, Handsworth, Birmingham, 19	38	X	X	X		X	X	X	X		
Harborne Lane, Selly Oak, B'ham 29	32	X	X	X		X					
Maas Road, Northfield, B'ham 31	24	X	X	X	X	X					
(a) Ridpool Road, South Yardley, Birmingham, 26	16	X	X								
Sheep Street, Gosta Green, Birmingham, 4.	31	X	X	X	X	X				X	X
Sherbourne Road, Balsall Heath, Birmingham, 12	31	X	X	X		X					
Stratford Road, Sparkhill, B'ham 11	34	X	X	X	X	X					
Slade Road, Erdington, B'ham 23	34	X	X	X		X					
(b) Warren Farm Rd., Erdington, B'ham 23		X									
Warstock Lane, King's Heath, Birmingham, 14	28	X	X	X	X	X					
Yardley Green Road, Little Bromwich, Birmingham, 9	41	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			
Birmingham Athletic Institute, John Bright Street, B'ham, 1						X					

(a) Part Time Clinic.

(b) Branch of Slade Road Clinic.

CHILD GUIDANCE CLINICS, 45, LEE CRESCENT, BIRMINGHAM, 15 AND 280, BIRCHFIELD ROAD, BIRMINGHAM, 20.

FLOODGATE STREET BATHING CENTRE, BIRMINGHAM, 5.

STAFF

Dr. M. E. Lemin whose appointment as Deputy School Medical Officer was mentioned in last year's report commenced duty in February.

Dr. B. W. Marson was appointed in January in place of Dr. J. Gray who had resigned at the end of the previous year. Dr. W. H. S. McGregor was appointed in April in place of Dr. H. S. K. Sainsbury who resigned at the end of March.

Dr. E. Davies-Thomas, Chief Dental Officer resigned at the end of September, and Mrs. M. A. Sainsbury in August, Mr. Fairclough in September, and Mr. D. Halley Goose in December, resigned from their appointments as School Dental Surgeons.

Mr. M. J. Roper-Hall, part-time Ophthalmic Surgeon resigned in March.

Mr. A. J. Walpole Day took up his appointment as Orthodontist in September.

At the Child Guidance Clinic Dr. A. Haas was appointed temporary Educational Psychologist in October, whilst in the same month Miss M. Holloway resigned her appointment as Psychiatric Social Worker.

Mr. H. Wildbore took up his appointment as Chiropodist in September and Miss M. E. Finney was appointed part-time Physiotherapist in July.

Miss S. M. Kalra was appointed Speech Therapist in February and Mrs. P. D. Lees was appointed part-time Speech Therapist in September.

There have been a number of changes amongst the nursing staff and dental attendants. A number of vacancies for school nurses had not been filled by the end of the year.

CO-ORDINATION

Close co-ordination exists between the Public Health Department and the School Health Service.

In accordance with the Circular of the Hospital Board, reports are received from the hospitals on the children who have been under their care. These are proving most useful in building up continuous medical histories of school children.

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 73 to 76, 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 17,998 whilst in addition a further 8,834 were referred for medical supervision.

In addition, children outside these age groups are presented as "Specials" for examination by the medical officers.

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) 19,833	(3) 4,943	(4) 24.92	(5) 13,544	(6) 68.29	(7) 1,346	(8) 6.79
Second Age Group	9,016	1,830	20.29	6,583	73.02	603	6.69
Third Age Group	14,822	4,215	28.44	9,930	66.99	677	4.57
Total, 1951	43,671	10,988	25.16	30,057	68.83	2,626	6.01
Total, 1950	41,616	12,607	30.29	26,541	63.78	2,468	5.93

Once again it is necessary to bear in mind various factors when considering these findings. They are to be regarded as indicative and not as an absolute measure. Furthermore the grouping is necessarily arbitrary with a resulting difficulty at times in demarcating the finer shading of the groups. Various criteria, of course, influence the classification and these have been described in previous reports. It is reasonable to assume, however, though the examination by the medical officer is subjective, that the categories give a fair picture of the distribution of the general condition of the children.

Although there have been several changes in the medical staff during the year, this contention is borne out by the comparisons with the previous years in the table given above.

By means of a careful clinical examination and the assessment of relevant figures, a common outlook has been reached and the conclusions reached by the doctors serve therefore as a useful local guide.

It is not possible, however, to make a national comparison as it has been stated that the assessments are too variable in standard. From another source, though, on a description of sample examinations of the nutrition of boys in various localities, Berry and Cowin writing in the March, 1952 number of the Monthly Bulletin of the Ministry of Health, state that over the past eighteen months, the proportions in their nutrition grades have remained unchanged.

In the doctors' accounts on their work for the year, there is general agreement that the health of the children has been well maintained. From cases seen at the Inspection Clinics, however, it would appear that information has still to be given about balanced diets, although the intake of nutriment are generally satisfactory.

SCHOOLS MEALS SERVICE

The daily number of children supplied with dinners during the year ended 31st December, 1951 was:

	<i>Secondary.</i>	<i>Primary.</i>
January	15,919	29,829
February	19,189	31,864
March	18,666	32,088
April	17,457	32,700
May	17,159	31,912
June	15,823	32,019
July	15,427	31,534
September	19,414	32,445
October	18,725	33,577
November	18,835	34,522
December	18,883	34,601

Number of Meals served during School Holidays

	<i>Average number of Meals during Term.</i>	<i>Holiday Meals.</i>	<i>Percentage.</i>
Easter			
April	50,157	3,933	7.84
Whitsuntide			
June	49,071	3,014	6.14
August			
September	51,859	3,081	5.94
Christmas			
December	53,484	1,668	3.11

The number of children eligible for free meals at December, 1951 was 6,101.

Comparative figures for 1950 and 1951 :

NUMBER OF DINNERS SUPPLIED TO CHILDREN DURING 1950

	<i>Free Dinners</i>	<i>Part-paid Dinners</i>	<i>Paid Dinners</i>	<i>Total</i>
Nursery	13,347	—	369,037	382,384
Primary	788,804	35,596	4,731,805	5,557,205
Secondary Modern	277,224	11,876	1,609,390	1,898,490
Grammar and Technical	10,970	179	1,194,545	1,205,694
Special Schools	43,881	2,049	239,916	285,846
	1,134,226	50,700	8,144,693	9,329,619

NUMBER OF DINNERS SUPPLIED TO CHILDREN DURING 1951

	<i>Free Dinners</i>	<i>Part-paid Dinners</i>	<i>Paid Dinners</i>	<i>Total</i>
Nursery	10,807	—	365,377	376,184
Primary	758,802	22,258	5,158,944	5,940,004
Secondary Modern	268,245	9,540	1,670,926	1,948,711
Grammar and Technical	19,558	297	1,325,345	1,345,200
Special Schools	35,038	1,496	232,373	268,907
	1,092,450	33,591	8,752,965	9,879,006

MILK IN SCHOOLS SCHEME

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

		<i>Percentage.</i>
February, 1951	126,865	85.84
June, 1951	130,718	87.79
October, 1951	135,685	88.06

EXAMINATION OF CANTEEN STAFF

During the year, 589 employees of the School Meals Service have been examined for admission to the Corporation Sickness and Accident Allowance Scheme.

Special examinations have also been carried out to ensure that canteen staff are fit to be employed in the preparation and serving of meals.

SCHOOL BUILDINGS

Several schools and canteens have been opened during the year and numerous adaptations and alterations have been carried out.

The medical officers pay attention to the hygienic condition of the schools during their visits and notify any defect for appropriate action.

MINOR AILMENTS AND INSPECTION CLINICS

The attendances at these clinics have been very much the same as during the previous year. There have been 60,788 attendances compared with 61,630 during 1950. The parents 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 during the year compared with the previous year. The comparative figures are 147 and 207 respectively. It may be noticed that the figure for 1949 was 599.

Ringworm of the Scalp

There were 66 cases of ringworm of the scalp discovered during the year compared with 75 cases during the previous year.

Diseases of the Skin

Both impetigo and other diseases of the skin show a decline, although small, 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 458 children were seen, making 3,824 attendances.

The following table shows the nature of the work carried out at the clinic during the year:

No. of examinations by the Aural Surgeon	.....	.....	.....	.....	.....	.....	939
No. of Ionisation Treatments	.....	.....	.....	.....	.....	.....	—
No. of diastolizations	.....	.....	.....	.....	.....	.....	230
No. of mastoid dressings	.....	.....	.....	.....	.....	.....	474
No. of other aural treatments	.....	.....	.....	.....	.....	.....	2,181

Mr. Gilhespy reports:

"Eighty children from the Clinic have had their tonsils and adenoids removed at Soho Hill on my recommendation. These patients have been seen again some months after their operation, and their condition noted. Relying on parents' statements and re-examinations, only seven patients were considered not to have benefited by the operation. Improvement lay in general health, less liability to colds and catarrh and alleviation of deafness and aural discharge. It is worth recording that the waiting period for this operation was as a rule under three months.

A certain number of children required investigation of their accessory nasal sinuses owing to symptoms of chronic catarrh, nasal obstruction, etc. Twelve of such cases were dealt with by me at the Birmingham and Midland Ear and Throat Hospital. There is in my experience a small but constant number of these patients in the school population and their treatment is difficult but is helped, at least temporarily, by the appropriate antibiotic.

I have operated upon the middle ear and mastoid bones of six children suffering from chronic suppurative otitis, which would not be expected to yield to local dressings of the ears at the Clinic.

Forty-six children have been recommended for admission to Deaf Schools. This is a slightly larger number than ever previously recorded and I do not expect any decrease in this number in the future, as parents are becoming more co-operative and the issue of Hearing Aids, in my opinion, will not lessen the necessity for special education for deaf children. I visit each School for the Deaf every term so that children sent from the Clinic can be regularly observed. By arrangement with the National Health Service more children at these schools receive Hearing Aids than formerly and also at an earlier age, permitting them to master their use thoroughly before leaving school".

TONSILS AND ADENOIDS

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

During the year operative treatment was carried out at the Committee's Clinic in accordance with the general arrangements described in previous reports. The check-up of the bleeding time of those cases where there was a possible history of delayed clotting time was continued.

The two surgeons each attended on two sessions a week and during the year the following operations were carried out:—

	Boys	Girls	Total
Tonsils only removed	65	74	139
Adenoids only removed	8	4	12
Tonsils and adenoids removed	999	1,025	2,024
	1,072	1,103	2,175

No. of tags removed under general anaesthetic

6

The Committee's Clinic for the operative treatment of tonsils and adenoids closed on December 31st, in accordance with the arrangements made with the Regional Hospital Board for the transfer of this service to the Dudley Road Hospital.

It is fitting, therefore, to review the help which has been given to Birmingham children through the years by the Committee's Clinic at Handsworth,

Following the enlargement of the City in November, 1911 the Education Office of the late Handsworth Local Education Authority was converted into a Medical Inspection and Treatment Sub-centre. The first floor was converted into a Clinic for the operative treatment of tonsils and adenoids. The Board Room was made into a Ward to accommodate ten beds and the first operations took place at the beginning of October, 1913. From the beginning children were detained over night with a "fully qualified surgical nurse" taking charge, and this arrangement was continued throughout the history of the clinic. The building was equipped with a post office telephone and was also connected by a private telephone with the caretaker's quarters on the same site.

It is interesting to note that directions were printed for the information of teachers relating to the formation of the habit of nose-breathing. In the annual report for 1922, there is a record that children were referred to the Remedial Exercises Clinic for breathing exercises.

Operations at first commenced on one session a week and from October to December, 1913, 66 operations were carried out. In the autumn of 1914 the number of beds were increased to 12 and an extra weekly operating session was given to the work. In 1916 the operating sessions were increased to three, whilst in 1917 the beds were increased to 14. The operating sessions were increased to four in 1920 but returned to three in 1921. There were no changes in the arrangements from that year until September, 1939 when the clinic was closed on the outbreak of the war. Operations, though reduced in number, commenced again in April, 1940 with suitable precautions against enemy activities. From November, 1940 to June, 1941 the clinic was closed on account of enemy action over the city. After re-opening operations were carried out on two sessions a week until 1944 when they were increased to three. In 1947 when the operating sessions were again increased to four, operations were carried out on pre-school children by arrangement with the Maternity and Child Welfare Department. Following the inauguration of the National Health Service, operations on this group were discontinued.

On account of the prevalence of poliomyelitis it was considered advisable to close the clinic towards the end of July, 1950 and operations commenced at the beginning of November of that year.

The total number of children operated on since the clinic was opened in 1913 is 48,671.

This short account of the Clinic's beneficial activities must pay tribute to the surgeons and anaesthetists for their skill and unfailing co-operation and to the band of nurses for their care and devotion to the children.

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
Entrants	19,833	251	1.26
Second Age Group	9,016	977	10.83
Third Age Group	14,822	2,168	14.62

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 4,029 glasses and the Medical Officers 1,154 glasses.

Mr. H. W. Archer-Hall reports :—

"I have pleasure in reporting the numbers treated at the Great Charles Street School Clinic, on my sessions, on Wednesday afternoons and Thursday mornings, during the school year.

I think I am justified in saying, that the work at these Clinics, is widely appreciated by the parents and by the children, as the numbers turning up, have been most satisfactory.

The bulk of the patients seen, are suffering from myopia, and sometimes this is of fairly considerable degree. In the main, however, the myopes are those which are not bad enough for Part-Sighted Education, but rather those who require advice as to the use of the eyes for close work, the administration of various vitamin preparations, and also consultation regarding their occupation on leaving school.

During the year ending 31st December, 1951, I have examined 655 children at those two weekly sessions, during the school year. Of this number, 439 were suffering from short sight. In 183 patients, I found that the lenses worn by the patient were correct, or that the child did not require glasses. This latter group of cases, is made up of those who have two normal eyes, and those possessing one eye of normal focus with a large degree of defect in the other eye. These one-eyed defects, were of such degree, that correction by glasses would not restore binocular vision, and furthermore, might embarrass the patient by causing difficult vision, or actual double vision. For 472 patients, fresh lenses were prescribed, and in a number of these, one new lens only was required."

Mr. Mark Tree reports:—

“Parents have continued to avail themselves freely of the facilities for ophthalmic examination of children at the school clinics.

During the year, amongst the examinations carried out, five pupils were certified as fit for admission to the Blind Institution.

21 pupils were recommended to partially-sighted schools and 2 pupils of partially-sighted schools were sufficiently improved to return to normal schools.

In addition the pupils of both partially-sighted schools were completely re-examined and spare spectacles were ordered as necessary. The provision of spare pairs of spectacles has been made at the expense of the Education Committee as being outside the provisions of the Health Service. I have taken the opportunity of classifying the pupils attending the partially-sighted schools as in July, 1951. In this I have had the most helpful assistance of Miss Cox and Miss Ludford, the Headmistresses of the Schools.

Many of the children at these schools have multiple defects but major classifications are as follows. Out of a total of 125 pupils in both schools in July, 1951:

1. **High myopia**—40 cases of which there are:
 - (a) 5 with retinal degenerative changes
 - (b) 7 with strabismus—3 alternating convergent
1 alternating divergent
2 monocular convergent
1 monocular divergent
 - (c) 1 with corneal dystrophy
 - (d) 1 with old disseminated choroiditis
2. **Nystagmus**—39 cases.
 - (a) 15 associated with albinism
 - (b) 4 associated with congenital cataracts
 - (c) 7 associated with disease of central nervous system
 - (d) 13 simple congenital cases of which 2 had a family history of nystagmus
3. **Bilateral Ectopia Lentis**—2 cases
4. **Congenital Cataracts**—23 cases:
 - (a) 6 with a family history of inherited cataracts
 - (b) 4 associated with nystagmus
 - (c) 1 with alternating squint
5. **Corneal Pemphigus**—1 case

6. **Corneal Dystrophy**—2 cases
7. **Bilateral Buphthalmos**—1 case
8. **High Hypermetropia**—4 cases
9. **Multiple Defects and Syndromes**
 - (a) Laurence-Moon syndrome—2 cases
 - (b) Retinitis pigmentosa—1 case
 - (c) Batten-Mayou disease—1 case
 - (d) Little's disease + partial albinism—1 case
 - (e) Hydrocephalus + epilepsy—1 case
10. The remaining few cases were of no unusual interest, e.g., corneal leucoma and cystoid corneal scar".

Mr. J. H. Austin reports:

"The attendance of children at my clinics has remained satisfactory, particularly in view of the fact that in the poorer districts the mothers frequently have to lose time from work to accompany them. I now have an arrangement whereby, if there are any absentees at a session, their places can be filled by any specially urgent cases which the nurses wish me to see; and this is working very well. In addition, there are often a few children requiring treatment other than refraction, and others, normally squint cases, whom I call for review when their glasses have been dispensed. But it is still my practice, when home circumstances permit, to take squinting children under the care of the orthoptic department of either the Eye or the Children's Hospitals as early as possible".

SCHOOL DENTAL SERVICE

The worsened position regarding the Dental Staff at the end of the year is reported with regret. No new appointments were made during the year and the following resignations occurred.

Dr. E. Davies-Thomas, the Chief Dental Officer resigned at the end of September and mention is again made of the help which he gave during his term of office.

Mrs. Sainsbury who had been giving four sessions a week resigned in August, whilst Mr. Fairclough and Mr. Goose, whole-time surgeons resigned in September and December respectively.

Hence, although at the beginning of the year there were two and three elevenths vacancies for dental surgeons, at the beginning of 1952 the vacancies had increased to four and four elevenths, together with a vacancy for a Senior School Dental Surgeon. It can be realised, therefore, how difficult it was, in view of the large number of children who required treatment, to spread the work of the remaining dental surgeons over all the clinics.

The arrangements, however for meeting emergency treatment for toothache cases have been maintained in spite of obvious difficulties. Dental inspections in the schools have been continued but with fewer dentists there is a longer interval between the visits to the schools; the inevitable result being that more dental caries was discovered.

Against this gloomy picture, it is a pleasure to report that the Orthodontic Clinic, which had been excellently equipped, commenced operations on 11th September, 1951. Mr. Walpole Day, the Orthodontic Surgeon, gives one session weekly to this work and he contributes an account of the activities in the clinic. The children are selected and referred by the School Dental Surgeons.

The Dental Department at the Children's Hospital has continued to give treatment to those children who require special investigations and in-patients treatment. This service has been appreciated.

The Dental Hospital has also helped the School Service materially. Not only are children x-rayed on behalf of the School Dental Surgeons when this aid to diagnosis is required, but also such work as crownings and dentures is also carried out. Appreciation of this helpful co-operation is readily accorded.

During the year in accordance with the request made by the Public Health Department the provision of dentures instead of conservative treatment was undertaken for the mothers referred by the Maternity and Child Welfare Department. The School Dental Surgeons expressed their willingness to carry out the work and accordingly the patients are attending four clinics on Saturday mornings.

STATISTICS

	1951	1950	1949
Total inspected in all schools	39,161	41,671	49,858
Total in need of treatment	38,832	29,753	34,899
Total number who received treatment	28,547	29,641	31,361
Increase or decrease of treatment sessions compared with previous year	8.5% increase	4.1% decrease	5.2% increase
Increase or decrease in total treated compared with previous year	3.7% decrease	5.5% decrease	14.9% increase
Increase or decrease in Inspection sessions compared with previous year	16.3% decrease	17.4% decrease	1.8% increase
Increase or decrease in number inspected compared with previous year	6.1% decrease	16.4% decrease	8.9% decrease

STATISTICS—*continued*

	1951	1950	1949
Gas sessions — average attendance	22.5	22.1	22.42
Filling sessions — average attendance	7.2	7.53	7.34
Casuals (with or without appointments)	17,695	Casuals (without 7,573 appointments)	8,339
Percentage of total treated	61.9%	25.5%	26.6%
Extractions :			
Permanent teeth	11,127	10,861	10,514
Deciduous teeth	58,246	58,911	62,974
Filling :			
Permanent teeth	11,645	11,164	11,587
Deciduous teeth	162	241	288
Other operations, crownings, etc. :			
Permanent teeth	3,950	3,821	3,421
Deciduous teeth	934	833	1,450

Unfortunately it has not been possible to give the number of children requiring treatment as distinct from the number of children referred for treatment.

Of the 39,161 children inspected, 21,137 were referred for treatment, and 10,852 were treated. In addition, of course, 17,695 casuals were treated. This is a very high proportion of the total number treated (28,547) and is indicative of the lack of personnel.

However, of the children who were treated through inspection at school, it is pleasing to note that there were 107 fillings inserted for every 100 children treated as routine cases. This is an indication that it has been possible to adopt useful conservative measures for these children.

Conclusion

Without entering in to a discussion on present far reaching proposals, it can be stated that the school dental service is at present at the cross roads. Whether it will emerge in its previous form from the critical position in which it has been placed, especially in view of the recent disclosure that it was always the intention that the general health service should absorb the school dental service, or whether it will take on a new form, the only concern is with the welfare of the child.

In this connection the opening words of the Board of Education's "Conditions of a Satisfactory Dental Scheme" can well be restated. "The aim of the school dental service should be to secure that as many children as possible shall leave school without the loss of the permanent teeth, free from dental disease, and trained in the care of the teeth".

ORTHODONTIC CLINIC

Mr. A. J. Walpole Day reports:—

“After many delays the Orthodontic Clinic came into operation on September 11th. At present it is only possible to devote one session per week to this work but it is hoped that as the personnel becomes available it will gradually increase until it is a full-time Clinic.

In view of the limited time available, only urgent cases and such cases as will give a good result by comparatively simple means, are at present accepted for treatment. Consideration is also given to those cases of over crowding where extraction of teeth will improve both function and appearance without the use of orthodontic appliances.

All the removeable appliances are made by technicians to the profession but fixed appliances and models casting is done on the premises. In this connection it is to be hoped, when the department has expanded sufficiently, that we shall be able to employ a dental technician full-time.

At the moment, when the scheme has been in operation for such a short while it is not possible to pass judgment on its success either from the patient's point of view or in general, but the figures appended, herewith, do indicate an almost 100 per cent. acceptance rate and a very healthy demand for treatment.”

FIGURES FOR SEPTEMBER—DECEMBER, 1951.

Number of attendances	.....	96
Number of new cases	.....	43
Non-acceptances	.....	1
Number of appliances	.....	24
Number of cases on waiting list at end of December	.....	44
Number of sessions	.....	15

ORTHOPAEDIC DEFECTS

The Committee were fortunate enough to secure the services of a further physiotherapist for part-time duty during the year.

During the year 2,106 children were given treatment at the orthopaedic clinics and made 42,587 attendances.

Mr. F. G. Allan, F.R.C.S., the Orthopaedic Surgeon continued his consultative clinics during the year. All the physiotherapists attend with their special cases on the occasion of his visit and benefit from the stimulating guidance.

Mr. Allan reports:

“The work at the School Exercise Clinics has been continued as was outlined in last year's report. Cases presenting postural and functional abnormalities are referred directly to the school medical officer and the masseuses in charge of the clinics, with instructions for treatment. Children who do not respond satisfactorily are later referred to the Consultative Clinic which meets once every two months, and is attended by the Orthopaedic Surgeon, some of the school medical officers and all the masseuses. Here too, are referred all doubtful cases and those who may require hospital treatment.

During the year however it has been found necessary to refer only a few cases of exceptional difficulty, and a very small number requiring operative treatment. A considerable proportion of those under treatment have been discharged as cured, or have been sufficiently proficient in their exercises to continue at home without supervision.

In certain conditions, physical treatment has to be assisted by the wearing of a surgical instrument such as a back support, or a toe brace. Since these aids can be obtained through the National Health Service only if the child attends a hospital and is registered as a patient this involves the child being under the care simultaneously of two institutions, and occasionally leads to a little confusion, it is hoped that a way of overcoming this difficulty will be devised".

Reason for attendance	Number of children treated	Number of attendances
Remedial exercises	1,847	30,802
Massage	133	1,607
Radiant heat	173	6,083
Electrical treatment	258	2,968
Other purposes	543	1,127
TOTAL	2,954	42,587

Defect	Number treated	RESULT OF TREATMENT				
		Remedied	Much Improved	Slightly Improved	Unchanged	Discontinued treatment
1	2	3	4	5	6	7
Spinal curvature	266	86	113	43	13	42
General muscular debility	140	40	41	24	11	26
Various forms of paralysis	21	2	10	6	2	1
Deformities of the feet	859	157	344	185	38	175
Chest conditions, asthma, etc.	306	57	151	40	30	46
Injuries to limbs	124	92	23	16	0	27
Wry neck and other defects	244	164	53	13	4	10
TOTAL	1,960	598	735	327	98	327

Total number of individual children treated during the year, 2,106.

A summary and analysis of the cases seen by the Orthopaedic Surgeon is given below :

Knee deformities	15
Foot deformities	79
Postural deformities	16
Kyphosis	22
Paralysis of hand	1
Poliomyelitis	6
Pseudo hypertrophic dystrophy	1
Schlatter's disease	1
Hallux valgus	9
Scoliosis	3
Osteo-chondritis	4
Spastic paralysis	2
Injury to ankle	1
Deformity of chest	1
Old congenital dislocation of hip	1
Congenital short leg	1
	<hr/>
TOTAL	163
	<hr/>

Close co-operation is 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.

CHIROPODY CLINIC

Mr. H. Wildbore reports as follows :

"Work at this Clinic commenced on Tuesday, 18th September, 1951, and has continued each Tuesday and Thursday morning. Up to the end of the year 69 children were seen and the total number of attendances was 262. The method of making appointments and keeping records has proved efficient.

A large proportion of the children attended with verruca. As verrucae are usually contagious, it seems advisable that stringent measures should be taken to prevent their dissemination.

Many children who attended for verruca treatment were seen to have minor or incipient deformities. I believe that the most important chiropodial work with children lies in the prevention and correction of these conditions, and look forward to an increase in this work.

Many cases of pes valgus and hallux valgus have been observed but not treated by me".

An analysis of the defects found on examination follows:

<i>Condition</i>	<i>Number of Cases</i>
Verruca	20
Verrucae (multiple)	31
Warts on hands	3
Helloma molle	1
Helloma durum	15
Callosity	3
Onychocryptosis	1
Involuted nails	3
Onychauxis and onychogryphosis	3
Pes valgus	1
Hallux valgus	3
Hallux rigidus	2
Burrowing and rotating toes	2
Over-lapping toes	1
Anomalies of 1st metatarsal	1
Weak foot	1
Supination of forefoot	1
TOTAL	92
Total number of new cases	69
" " re-examinations	193
" " attendances	262
" " transferred to specialist	1
" " discharged cured	37
" " referred back to clinic	2
" " still under treatment	35
" " of cases of verruca discharged	25
" " attendances of verruca before discharged	128
Average attendances per case of verruca	5.1

SPEECH THERAPY

The Speech Therapists submit a composite report:

"The Annual Report for 1951 has been slightly changed in structure from previous reports by the addition of figures to indicate the types of speech disorders which have been treated. Over a period of years this additional information should prove a valuable indication when new clinics are being opened. Those responsible will be able to judge more effectively the kind of clinic which will best serve the interests of the speech defective child.

In February, Miss Sheila Kalra was appointed as a full-time Speech Therapist at the Moseley Road Centre, and in September Mrs. Pamela Lees started a part-time appointment at Stechford. The former appointment enabled Miss Tanner to work full time at Handsworth, and the

latter meant that the Stechford Clinic was once again open for the whole week. Miss Sprayson and Mrs. Lees have found their partnership at Stechford a valuable one.

Some interesting work has been done this year with groups of children. There is bound to be controversy about the relative value of group and individual treatment, and group therapy is only carried out in cases where there is an obvious advantage to the child in a group situation. A group of stammerers has been started at Stechford attending weekly. Five boy stammers whose ages range from 8 to 13 years have shown definite improvement since treatment in this group.

At Handsworth clinic a definite advantage has been found in treating suitable dyslalic patients in twos or threes. Self-consciousness is lessened, and the competitive element makes for harder work and greater interest.

The Moseley Road Speech Therapist has found the weekly treatment session spent at George Street West Physically Handicapped School both interesting and stimulating. The children thoroughly enjoy their treatment, and the work, especially with cerebral palsy cases, has been most rewarding.

Attendance has been satisfactory at all clinics during the year. It has been observed at some clinics that children attending by themselves have been more regular and punctual than those brought by their mothers. On the other hand the treatment is often facilitated by frequent talks with mothers, when the patients progress may be discussed, questions answered, and advice given on home problems and treatment.

There has been continued interest in the method employed at the clinics. In addition to many local visitors, two speech therapists from overseas, two Australian teachers and a health visitor from Ceylon have attended the clinics".

Number of cases referred for treatment during the year	.....	.....	313
" " patients admitted for treatment during the year	.....	.....	250
" " patients receiving treatment during the year	.....	.....	458
" " patients failing to attend interviews	.....	.....	22
" " cases where speech therapy was contra-indicated	.....	.....	50
" " cases eliminated from waiting lists due to double references	.....	.....	10
" " cases on waiting list—December, 1951	.....	.....	276
" " cases discharged during the year	.....	.....	205
" " parents or guardians interviewed during the year	.....	.....	478
" " visits to schools during the year	.....	.....	41
" " visits to homes during the year	.....	.....	21

Classification of speech disorders in cases under treatment during 1951

Number of cases of dyslalia	.....	.....	.....	.....	250
" " cases of stammering	.....	.....	.....	.....	157
" " cases of cleft palate speech	.....	.....	.....	.....	27
" " cases of dysphonia	.....	.....	.....	.....	4
" " cases not yet diagnosed	.....	.....	.....	.....	20

TUBERCULOSIS

Dr. J. E. Geddes, Chief Clinical Tuberculosis Officer, reports :

"TUBERCULOUS NOTIFICATIONS AND DEATHS
ALL FORMS OF TUBERCULOSIS

STATEMENT A. BOYS AND GIRLS

Year	0—4		AGE GROUPS			Totals	
	Cases	Deaths	5—9 Cases	10—14 Cases	5—14 Deaths	Cases	Death
1936	68	33	42	49	22	159	55
1937	65	42	36	31	25	132	67
1938	79	32	45	30	18	154	50
1939	51	36	44	35	19	130	55
1940	64	21	36	24	19	124	40
1941	73	52	33	26	28	132	80
1942	77	38	56	40	28	173	66
1943	74	36	39	36	12	149	48
1944	82	45	44	37	20	163	55
1945	85	35	49	41	23	175	58
1946	77	29	67	52	19	196	48
1947	124	47	66	54	19	244	66
1948	98	36	75	49	21	222	57
1949	88	23	55	49	12	192	35
1950	90	13	65	55	10	210	23
1951	96	22	82	41	8	219	30

The above table shows the annual incidence and mortality from all forms of tuberculosis since 1936. The number of cases notified during 1951 was 89 (68.5 per cent.) above those recorded during 1939, and 75 (52.1 per cent.) above the average for the years 1936—1939, but there has been a considerable reduction in the number of deaths.

The number of deaths recorded in 1951 was 25 (45.5 per cent.) below those recorded during 1939 and 27 (47.4 per cent.) below the average for the years 1936—1939. These figures despite the large numbers of new cases, are on the whole satisfactory.

The increase in notifications and decrease in deaths for the various age groups, in 1951 and 1939, are shown in the following table.

Age Groups	1939		1951		Percentage	
	Cases	Deaths	Cases	Deaths	increase Cases	decrease Deaths
0—4	51	36	96	22	88.2	38.9
5—9	44	} 19	82	} 8	86.4	} 57.9
10—14	35		41		17.1	
Totals	130	55	219	30	68.5	45.5

TUBERCULOSIS NOTIFICATIONS AND DEATHS
PULMONARY TUBERCULOSIS

The following statement, which is extracted from Statement A, shows the annual incidence of and mortality from pulmonary tuberculosis since 1936.

Year	STATEMENT B		AGE GROUPS			BOYS AND GIRLS	
	0—4		5—9	10—14	5—14	Total	
	Cases	Deaths	Cases	Cases	Deaths	Cases	Deaths
1936	36	14	23	19	4	78	18
1937	32	18	22	19	11	73	29
1938	35	7	18	18	8	71	15
1939	24	12	15	14	8	53	20
1940	42	6	8	14	8	64	14
1941	38	21	14	13	11	65	32
1942	49	16	23	22	9	94	25
1943	48	15	22	18	2	88	17
1944	47	19	30	17	10	94	25
1945	51	15	30	29	11	110	26
1946	57	15	38	35	6	130	21
1947	82	30	50	32	7	164	37
1948	64	22	43	38	10	145	32
1949	56	5	38	30	5	124	10
1950	70	6	44	35	2	149	8
1951	68	10	60	35	2	163	12

It should be noted that the figures in this table are general in that they include children with primary and re-infection 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.

These figures show that the number of cases of pulmonary tuberculosis notified in 1951 was 110 (207.5 per cent.) above those recorded in 1939, and 94 (136.2 per cent.) above the average for the years 1936—1939. but in the same period the mortality figures show a marked reduction.

The number of deaths recorded in 1951 was 8 (40 per cent.) below those recorded in 1939, and 9 (42.9 per cent.) below the average for the years 1936—1939.

The increase in notifications and decrease in deaths for the various age groups, in 1951 and 1939, are shown in the following statement.

Age Groups	1939		1951		Percentage	
	Cases	Deaths	Cases	Deaths	increase Cases	decrease Deaths
0—4	24	12	68	10	183.5	16.6
5—9	15	} 8	60	} 2	300.0	} 75.0
10—14	14		35			
Totals	53	20	163	12	207.5	40.0

The increase in the number of cases is marked in the younger age groups, and there is in these circumstances an indication of the importance of infection within the household.

TUBERCULOSIS NOTIFICATIONS AND DEATHS NON-PULMONARY TUBERCULOSIS

STATEMENT C

BOYS AND GIRLS

The following statement shows the number of cases and deaths from non-pulmonary tuberculosis during 1939 and 1951, and these figures include those cases of tuberculous meningitis shown in Statement D.

Age Groups	1939		1951	
	Cases	Deaths	Cases	Deaths
0—4	27	24	28	12
5—9	29	} 11	22	} 6
10—14	21		6	
Totals	77	35	56	18

These figures show that the number of cases of non-pulmonary tuberculosis notified during 1951 was 21 (27.3 per cent.) below those recorded during 1939, and 19 (25.3 per cent.) below the average for the years 1936—1939.

The reduction in notifications is also associated with a considerable fall in the number of deaths which in 1951 was 17 (48.6 per cent.) below the figure for 1939, and 21 (53.8 per cent.) below the average number of deaths for the years 1936—1939.

TUBERCULOSIS NOTIFICATIONS—MENINGITIS

The following statement shows the annual incidence of tuberculous meningitis from 1939 to 1951.

STATEMENT D

Year	AGE GROUPS			Total
	0—4	5—9	10—14	
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
1950	8	5	7	20
1951	10	4	1	15

Housing:

During the past six years (1946—1951), 1,211 families have been rehoused and of that number, 349 were rehoused during 1951.

The ready co-operation of the Housing Management Department in this work is of the greatest importance. 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.

B.C.G.

The general measures in prevention are supported by B.C.G. vaccination which was first commenced during 1950; since when 1,523 contact children have attended the B.C.G. clinic and 571 have been vaccinated.

It should be possible to analyse the immediate results of vaccination during the early part of 1952 and that will be the subject of a special report.

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 an indigenously susceptible group: their supervision is therefore of great importance.

The number of contact children examined during 1951 and the results of these examinations, are shown in the following statement.

(a)	Ages	Total number of children	Contacts to patients with sputum containing tubercle bacilli	Contacts to patients with negative sputum
	0—5 years			
	Tuberculous	37 (5.5%)	30 (81.1%)	7 (18.9%)
	Non-tuberculous	633 (94.5%)	372 (58.8%)	261 (41.2%)
		<u>670</u>	<u>402</u>	<u>268</u>
<hr/>				
(b)	6—15 years			
	Tuberculous	16 (2.5%)	11 (68.7%)	5 (31.3%)
	Non-tuberculous	636 (97.5%)	377 (59.3%)	259 (40.7%)
		<u>652</u>	<u>388</u>	<u>264</u>
<hr/>				
<i>Totals of (a) and (b)</i>				
	0—15 years			
	Tuberculous	53 (4.0%)	41 (77.4%)	12 (22.6%)
	Non-tuberculous	1,269 (96.0%)	749 (59.0%)	520 (41.0%)
		<u>1,322</u>	<u>790</u>	<u>532</u>

Sanatorium Treatment

The number of children admitted to the Yardley Green Hospital during 1951 is shown in the following statement:

	Boys	Girls	Total
Number admitted	57	43	100
Number admitted primarily for treatment	37	26	63
Number admitted primarily for observation	20	17	37 = 100

These figures show that 37 children were admitted for observation and of that number 15 (40.5 per cent.) were discharged because no evidence of tuberculosis was found, but in 22 (59.5 per cent.) the diagnosis was confirmed and they were transferred to the sanatorium for treatment.

The number of children admitted for treatment during the year was thus 85, and of that number 79 (92.9 per cent.) were cases of pulmonary tuberculosis and 6 (7.1 per cent.) cases of non-pulmonary tuberculosis.

Children referred to the Chest Clinic

During the year 3,258 children were examined at the Chest Clinic, and many of these children were referred for precautionary investigation by the medical staff of the School Health Service.

This association of the work of the two departments is of the greatest 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. L. A. McDowell, the Medical Director, gives the following particulars relating to the year's activities in this connection.

Total number of miniature films taken	.....	10,257	
No. of abnormal miniature films	.....	282	(2.7% of total miniature films)
No. of large films taken	.....	280	
No. of children who failed to return for large film	.....	2	
	.....	282	
No. of children with abnormal large film judged to be of clinical significance	.....	48	(0.46% of total miniature films)
No. of children who failed to return for clinical examination	.....	1	
No. of cases of tuberculosis (all forms)	.....	101	(0.98% of total miniature films)
Active primary tuberculosis lesions	.....	3	
Inactive primary tuberculosis lesions	.....	90	
Active post-primary tuberculosis lesions	.....	5	
Inactive post-primary tuberculosis lesions	.....	3	
Pleural effusion	.....	0	
	.....	101	
Total number of cases of active lung tuberculosis (or 0.09% of total miniature films taken)	.....	8	
Abnormalities of bony thorax and lungs	.....	2	
Chronic bronchitis and emphysema	.....	1	
Bronchiectasis	.....	1	
Pulmonary fibrosis (non-tuberculous, <i>e.g.</i> , post-pneumonic)	.....	5	
Pleural thickening	.....	9	
Cardiovascular lesions—congenital	.....	0	
Cardiovascular lesions—acquired	.....	4	
Miscellaneous (including acquired conditions of ribs, abnormalities of the diaphragm, dextrocardia, dextrocardia with transposition of viscera, pulmonary mycosis, mediastinal effusions, etc)	.....	5	

The pupils who have been taking part in the scheme for evaluating the use of anti-tuberculosis inoculation in young people were x rayed during the year through this agency only.

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 eight unsuspected active cases of tuberculosis reinforces the usefulness of this survey.

SPECIAL INVESTIGATIONS

TUBERCULIN SURVEY

The complete results of the investigation in connection with the National Survey carried out by the Medical Research Council to determine the incidence of tuberculous sensitivity have now been published.

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

The tests were applied to approximately 125 boys and 125 girls in each of the age groups 5—14 in Primary and Secondary Modern Schools and to approximately 150 pupils in the age groups 15—18 in Grammar Schools.

Dr. Marc Daniels of the Medical Research Council sends the following report :

“Birmingham co-operated in the National Tuberculin Survey which was conducted by the Medical Research Council in 1949-50. The results of the Survey were published in the *Lancet*, April 19th, 1952.

In Birmingham Dr. J. E. Geddes made all the tests on school children, and Dr. Gordon Evans was responsible for the tests on adolescents. Organisation of visits and examinations in the schools was carried out by the School Health Service.

In the age-group 5—6, 15.2 per cent. of Birmingham school children were positive to the tuberculin test, i.e., had had a tuberculous infection at some time. This is very near the average (15.1 per cent.) for the 22 areas surveyed. The figure for school children rose to 25.3 per cent. at the age of 10 (national average 32.1 per cent.), and 40.2 per cent. at the age of 14 (national average 43.9 per cent.). Thus on the whole the Birmingham figures for school children show a slightly lower percentage infected than the average for all areas.

After the school-leaving age the infection rate rises rapidly, and in the age-group 19—20 two of every 3 young people in Birmingham are tuberculin positive (66.7 per cent.—again almost exactly the same as the national average (66.6 per cent.)”.

MEDICAL RESEARCH COUNCIL INVESTIGATION INTO THE
USE OF ANTI-TUBERCULOSIS INOCULATION

Dr. J. P. W. Hughes, the Physician in charge reports :

"During the year the Authority co-operated closely with the Medical Research Council in research designed to evaluate the use of anti-tuberculosis inoculation. The scheme was designed so that every child in his or her penultimate term at all of the Secondary Modern Schools should have a chance to participate. At the first examination each child was x rayed and Mantoux tested up to a strength of 1.100 O.T., and a proportion of those negative to the test were inoculated with B.C.G. or with Vole vaccine. Those negative at their original examination were re-tested in the final term, and all the volunteers were again x rayed. After leaving school the Medical Research Council intends to follow up these children for a further three years.

The scheme is, of course, voluntary and as the table below shows the response has been most gratifying. Even in the first intake term (Spring Term), out of 4,263 Summer Leavers 2,951 forms were signed by parents on behalf of their children, a response of 69 per cent. During the year an even higher percentage signed acceptance forms. Out of a total number of 3,084 Christmas Leavers, 2,338 volunteered for the scheme (77 per cent.) and out of 3,254 children due to leave at Easter 1952, 2,461 had acceptance made on their behalf, a response of 75 per cent. The accumulated totals at the end of the year were 7,750 volunteers out of an annual total of 10,601 Leavers making an overall 73 per cent. response.

<i>Term of Leaving</i>	<i>Total No. of Leavers</i>	<i>No. of Volunteers</i>	<i>No. completed and admitted</i>	<i>No. Positive To 1.100 O.T.</i>
Summer, 1951	4,263	% 2,951 (69)	% 2,505 (59)	% 890 (36)
Christmas, 1951	3,084	2,338 (77)	2,002 (65)	683 (34)
Easter, 1952	3,254	2,461 (75)	2,256 (69)	814 (36)
TOTAL	10,601	7,750 (73)	6,763 (64)	2,387 (35)

Since all children are required to attend at least twice (and the majority three times) at initial examination it was inevitable that some children would be absent but those who failed to complete in their first term had the opportunity of doing so in their last term. In addition, an extra absentee session was held at the end of each term from the Summer Term onwards so that the number of children lost to the scheme was markedly reduced. Expressed as a percentage of the Leavers the proportion who completed and were admitted to the trial were, respectively,

Summer Leavers 59 per cent., Christmas Leavers 65 per cent. and Easter Leavers (1952) 69 per cent.

The number who were positive to 1.100 O.T. or weaker dilution formed a fairly constant percentage throughout the year. As the table shows 890 out of 2,505 children who completed their tests in the first group were positive, or 36 per cent. of the total, 683 out of 2,002 were positive in the second group (34 per cent.) and 814 out of 2,256 were positive in the third group (35 per cent.). All the children were in the second half of their fifteenth year and it is interesting to compare these results with those found in the City during the Tuberculin Survey conducted by the Medical Research Council (as a precursor of the present scheme) in 1950.

	<i>No. Tested</i>	<i>No. Positive</i>	<i>% Positive</i>
Investigation Tuberculin Survey, 1950 (14 year olds)	290	118	40.7
Present Trial	6,763	2,387	35.3
TOTAL	7,053	2,505	35.5

$$\text{S.E.} = \sqrt{\frac{35.5 \times 64.5}{290} + \frac{35.5 \times 64.5}{6763}}$$

$$\text{S.E.} = 8.24$$

$$\text{S.E.} = 2.87 \quad \text{so that } 2 \times \text{S.E.} = 5.74.$$

The standard error of the difference between these two proportions is 2.87 and $2 \text{ S.E.} = 5.74$. The observed difference is $40.7 - 35.3 = 5.4$, so that the observed difference may have occurred by chance. Subsequent findings may indicate a significant difference between the results to form a parallel between the current downward trend in mortality in the general population of the City and the proportion of children who have become Mantoux-positive".

CHILD GUIDANCE CLINIC

Dr. C. L. C. Burns, reports;—

"The past year saw the opening of a new Clinic at Birchfield Road to serve the northern area of the City.

This Clinic is in the administrative charge of the Psychologist, Miss E. John, and is staffed with two Social Workers, and a part time Psychiatrist for five to six sessions.

For purposes of the Mental Health Conference in London, November, 1951, a follow-up was carried out by Mrs. Holloway, the Psychiatric Social Worker who managed to interview 44 cases, and received replies by letter from another 26, out of 200 cases selected. These were cases treated at the Clinic in the years 1934—1942.

The estimate of results on statistics covering a heterogeneous collection of cases is apt to be misleading, and the interest of a follow-up lies much more in seeing how individual cases have fared. Nevertheless the over-all impression is satisfactory, and the percentage of cases which had maintained improvement was 65.

The classification of cases according to types of diagnosis, factors concerned, types of treatment etc., is a matter of very great difficulty as each case is so individual.

The attempt was made with our follow-up cases, but it is my personal opinion that such results are too full of fallacy for any valid conclusions to be drawn.

A follow-up of a different nature was also made in the form of a questionnaire sent to Head-Teachers in all types of schools, asking for their opinion on the work of the Clinic—the replies to be anonymous if desired.

Out of 108 replies, 68 were favourable, 22 were neutral or could not express an opinion, and 18 were definitely critical or unfavourable.

Many of the replies were very encouraging and also instructive. Most stressed the need of more co-operation with the schools. Of this we are well aware but shortage of staff and time is our excuse”.

The following figures indicate the number of cases and how they were dealt with:

YEAR ENDING 31st DECEMBER, 1951

On waiting list at time of last report	.....	.....	.....	.....	.....	96
Referred to Clinics during the year	.....	.....	.....	.....	.....	582
						<hr/>
TOTAL	.....	.....	.....	.....	.....	678
						<hr/>
Cases accepted for treatment	.....	.....	.....	.....	.....	271
Consultative cases	.....	.....	.....	.....	.....	211
Failed to attend or waiting	.....	.....	.....	.....	.....	196
						<hr/>
TOTAL	.....	.....	.....	.....	.....	678
						<hr/>

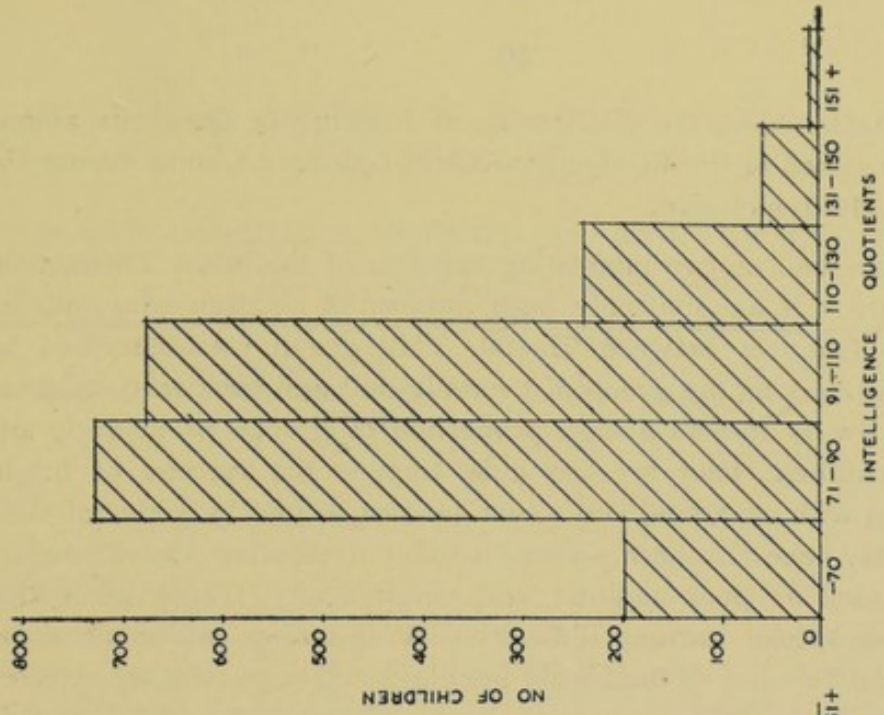
It is of interest to work out the age distribution of cases referred to the Central Clinic for the main variety of problems: "nervous", "behaviour" and "educational", and the following table indicates the peak ages for the various problems:

Age	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Total
Behaviour	0	3	7	13	14	15	15	23	3	13	18	16	14	0	0	154
Nervous	2	5	13	11	21	10	19	14	15	10	8	6	4	2	1	141
Educational	1	0	1	2	1	3	1	3	2	1	3	4	0	0	1	23
Total	3	8	21	26	36	28	35	40	20	24	29	26	18	2	2	318

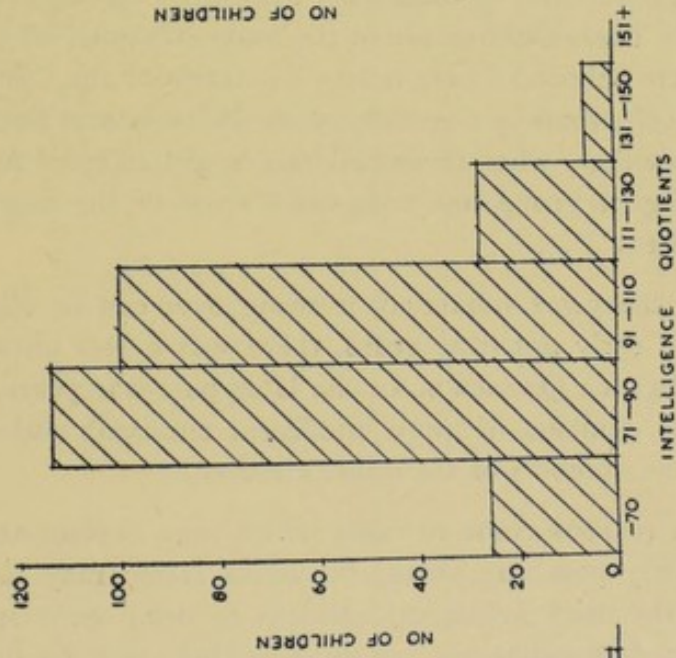
The following table of distribution of intelligence levels has been compiled by the Psychologist, Miss E. John, who adds her observations:

DISTRIBUTION OF INTELLIGENCE
QUOTIENTS AMONG CHILDREN SEEN AT
BIRMINGHAM CHILD GUIDANCE CLINIC
YEARS 1944-1951 INCLUSIVE

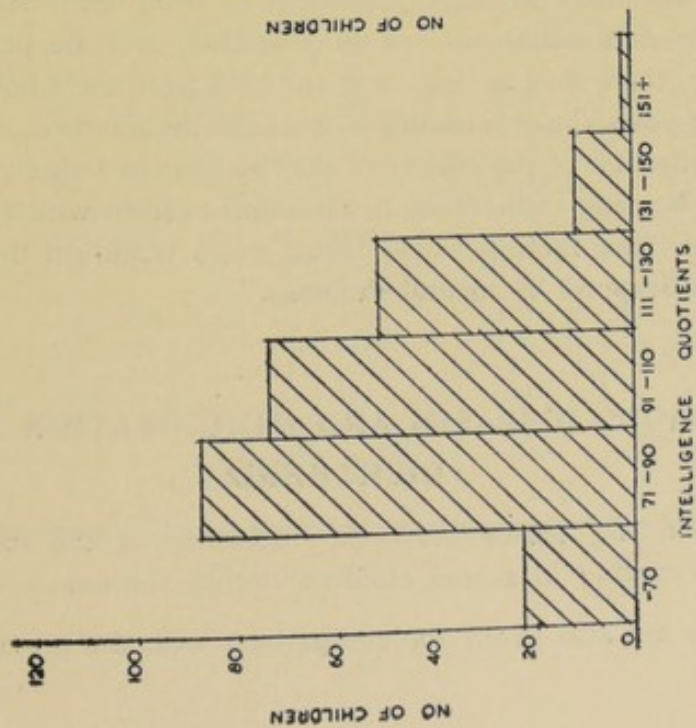
Year	I.Q. -70	I.Q. 71-90	I.Q. 91-110	I.Q. 111-130	I.Q. 131-150	I.Q. 150+	Total
1944	23	87	74	52	12	3	251
1945	30	82	82	30	12	2	238
1946	29	89	92	41	10	1	262
1947	18	80	83	18	5	—	204
1948	14	76	84	29	4	2	209
1949	24	83	77	26	8	—	218
1950	39	122	87	18	5	—	271
1951	26	113	99	28	6	—	272
	203	732	678	242	62	8	1925



TOTALS FOR YEARS 1944-1951.



YEAR 1951.



YEAR 1944.

"This table shows the distribution of Intelligence Quotients among the children tested at the Birmingham Child Guidance Clinics during the years 1944—1951 inclusive.

There are one or two interesting features of the table. Throughout the years, there is an unusually high number of children who have an Intelligence Quotient between 71—90. This group was described by early investigators as the group of mentally dull and backward children. They have always formed a high proportion of groups of neurotic and delinquent children. They are less able, than is the average or bright child, to deal with emotional and social handicaps, just by virtue of their dullness. They have also been shown to suffer from other specific mental handicaps, such as poor auditory and visual acuity. These perceptual defects create special learning difficulties. At the other end of the scale, there are relatively few of the highly intelligent children who are referred to the Clinic. These children are in the main streamed off to the Technical and Grammar Schools. There is less use made of the Clinic by the staffs of these schools, than by the staffs of the Primary and Secondary Modern Schools. However, when these children do get referred to the Clinic, the highly intelligent group has comprised some of the most seriously disturbed children.

During the years tabulated, a swing over can be observed. During the war, and early post-war years, there was a less uneven distribution of the Intelligence Quotients. In the later post-war years, there is a decrease in the numbers of more intelligent children, and a very marked increase in the numbers of the duller children.

Various reasons come to mind which may explain this. During the war, and early post-war years, the extra strain may have caused the mothers of the more intelligent children to need some special help and advice. Now that conditions are more settled, and the parents together in the home, there may be less need for help from the Clinic. During the more recent years the remarkable increase in the numbers of dull children may be a reflection of the effects of the 'population bulge', and the great pressure of housing difficulties, in the families from which these children come. All of these factors would throw extra strain on the child who is already handicapped by mental dullness."

INFECTIOUS DISEASES AND IMMUNIZATION AGAINST DIPHTHERIA

The following tables show the incidence of the more important infections occurring in school children during the quarters of the year.

Figures are also given for comparison with the previous year.

INCIDENCE OF INFECTIOUS DISEASES OCCURRING IN SCHOOL CHILDREN
(5—14 YEARS INCLUSIVE) 1951

Disease	AGE GROUP 5—9						AGE GROUP 10—14					Total Year 1951	Total Year 1950
	Sex	1st, Quarters	2nd, Quarters	3rd, Quarters	4th, Quarters	Total	1st, Quarters	2nd, Quarters	3rd, Quarters	4th, Quarters	Total		
Typhoid	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fevers ...	M.	—	2	7	2	11	—	—	5	—	5	16	—
	F.	—	1	9	2	12	—	2	7	1	10	22	—
Scarlet fever	M.	61	69	35	121	286	18	16	14	19	67	353	738
	F.	73	70	43	137	323	20	38	13	12	83	406	569
Diphtheria	M.	4	—	1	—	5	2	1	—	—	3	8	17
	F.	—	—	—	—	—	—	—	—	2	2	2	21
Erysipelas	M.	2	—	—	—	2	—	—	—	1	1	3	3
	F.	—	—	1	—	1	1	1	—	1	3	4	4
ACUTE POLIOMYELITIS :													
Paralytic	M.	1	2	—	—	3	—	—	—	1	1	4	89
	F.	2	3	—	1	6	—	—	—	1	1	7	91
Non-paralytic	M.	—	1	—	1	2	—	—	—	—	—	2	25
	F.	1	2	—	1	4	—	—	—	—	—	4	12
ACUTE ENCEPHALITIS :													
Infective	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
Post infectious	M.	—	—	1	—	1	—	1	1	—	2	3	—
	F.	—	—	2	—	2	—	—	—	—	—	2	1
Meningococcal infections	M.	1	4	3	3	11	—	1	—	2	3	14	20
	F.	4	5	—	3	12	—	2	—	—	2	14	22
Dysentery	M.	37	15	3	2	57	6	3	1	—	10	67	27
	F.	28	14	5	1	48	5	1	4	—	10	58	22
Pneumonia	M.	18	11	7	16	52	4	3	2	1	10	62	75
	F.	20	7	4	9	40	3	4	2	4	13	53	53
Measles	M.	1181	1381	151	82	2795	38	69	6	3	116	2911	2014
	F.	1182	1321	163	56	2722	45	90	7	5	147	2869	1949
Whooping cough	M.	184	178	199	113	674	6	3	5	1	15	689	891
	F.	205	186	215	120	726	5	3	7	8	23	749	998
T.B. Pulmonary	M.	7	9	5	8	29	6	3	4	8	21	50	—
	F.	13	5	3	10	31	3	6	3	2	14	45	—
T.B. Non-pulmonary	M.	2	3	2	2	9	—	1	1	1	3	12	—
	F.	—	4	3	6	13	1	1	—	1	3	16	—

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.

There was a large increase in the number of measles occurring chiefly in the first two quarters of the year, possibly assuming the biennial periodicity beat.

There was a welcome decrease in the incidence of whooping cough.

Poliomyelitis fortunately occurred in comparatively few children during the year.

It is pleasing to note that the number of cases of diphtheria again shows a decrease for the year under review.

With a complete year's work the number of children who have been immunized, both primary and supplementary against diphtheria, has risen.

DIPHTHERIA IMMUNIZATION DEPARTMENT — Completed Cases, 1951

	YEAR OF BIRTH												Total	Adults			
	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940			1939	1938	1937
Infant Welfare Clinics	567	6118	1830	191	129	117	68	34	21	6	3	1	3	2	—	9090	3
Day Nurseries	10	225	157	53	31	11	1	—	—	—	—	—	—	—	—	488	1
Institutions	3	45	45	20	10	7	9	10	7	7	6	10	11	10	9	209	9
Schools	—	—	1	23	42	689	743	429	128	13	11	13	5	9	3	2109	8
Council House Clinic	30	276	87	14	7	3	4	1	1	—	—	—	1	—	—	424	2
General Practitioners A.P.T.	536	4239	1434	104	84	76	35	13	6	2	3	3	2	2	1	6540	40
General Practitioners P+D.I. (Mixed injections)	41	471	174	8	5	10	3	—	1	—	—	—	—	—	—	713	—
	1187	11374	3728	413	308	913	863	487	164	28	23	27	22	23	13	19573	63

DIPHTHERIA IMMUNISATION DEPARTMENT — Supplementary Doses, 1951

	YEAR OF BIRTH													Total	Adults		
	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939			1938	1937
Infant Welfare Clinics	—	—	—	—	607	1939	319	101	30	11	2	2	1	—	—	3012	—
Day Nurseries	—	—	—	—	49	194	1	—	—	—	—	—	—	—	—	244	—
Institutions	—	—	—	—	3	19	22	29	31	17	16	15	9	10	6	177	—
Schools	—	—	—	—	364	5273	5098	2250	544	53	29	21	6	7	8	13653	9
Council House Clinic	—	—	—	—	19	52	10	5	—	4	2	1	5	2	2	102	6
General Practitioners A.P.T.	—	—	1	1	204	1080	403	134	42	24	8	11	8	2	13	1931	48
General Practitioners P & D.I. (Mixed Injections)	—	—	1	1	15	45	9	4	—	—	—	—	—	—	—	75	—
	—	—	2	2	1261	8602	5862	2523	647	109	57	50	29	21	29	19194	63

MORTALITY AMONG SCHOOL CHILDREN

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

Deaths of Children aged 5 and under 15 Year ended 31st December, 1951

Cause	Male	Female	Total
Whooping cough	1	—	1
Diphtheria	1	—	1
Influenza	—	1	1
Acute infectious encephalitis including encephalitis lethargica	—	2	2
Tuberculosis of respiratory system	1	1	2
Tubercular meningitis	1	4	5
Tuberculosis of glands and other parts	1	—	1
Cancer of other organs, leukaemia, etc.	8	2	10
Rheumatic fever	—	1	1
Cerebral haemorrhage, etc.	1	—	1
Other nervous dis. and sense organs	2	4	6
Heart disease	2	—	2
Arterio-sclerosis and other circulatory dis.	—	1	1
Bronchitis	1	—	1
Pneumonia (all forms)	1	2	3
Other respiratory diseases	1	1	2
Peptic ulcer	—	1	1
Diarrhoea and enteritis	1	—	1
Appendicitis	3	1	4
Acute and chronic nephritis	2	3	5
Other genito-urinary dis.	1	—	1
Congenital debility, premature birth, malformations, etc.	1	1	2
Accidents and other violence	21	7	28
Other causes	3	4	7
TOTAL OF ALL CAUSES	53	36	89

Generally there was a further fall in the number of deaths in this age group which is of significance.

Unfortunately, however, deaths from accidents show an increase and it would seem that care and attention to the subject of accident prevention is very much required. The Accident Prevention Council continue in their praiseworthy endeavours to reduce accidents both in the streets and in the homes.

PHYSICAL EDUCATION

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.

In the same way the medical officers attend the Birmingham Athletic Institute to undertake the medical examination of selected students.

The Organising Inspectors indicate in the following report the changing trends in physical education, the inter-relation of the development of the body and mind and the opportunities which are available for pupils after leaving school.

“General

Generally speaking, progress continues to be made in the wide field of physical education and recreation. This is seen not only in the content, method and standard but also in the attitude and enjoyment of the pupils.

The modern, free, more informal and objective methods, when used by capable teachers, make a strong appeal to the children, especially in Primary Schools. The increased keenness of the pupils, their livelier response, their improved bearing and the more widespread changing into special clothing for physical education, all indicate the considerable progress which is being made. Changing into suitable dress for physical activities has resulted in a greatly improved standard of personal cleanliness, besides making for better and more enjoyable performance; in those Grammar and Modern schools with gymnasia and showers the standard is high as might be expected.

Teachers' and Instructor Leaders' Courses

The provision of Courses for the further training of teachers in various phases of physical education, which has been a feature in the City for over a quarter of a century, has continued during last year, and Courses in gymnastics, games, athletics, dancing and swimming were held for teachers in Secondary and Primary Schools. Such Courses have proved to be of incalculable value, and are indeed, an indispensable factor in the development of physical education in a City the size of Birmingham.

The training of selected men and women at two Year Evening Courses has also continued during last year. Students who complete their Courses satisfactorily are eligible for paid appointments in Evening Institutes and Clubs and many of them have done, and are still doing, excellent work in various branches of physical recreation.

Organised Games

(a) **Facilities.** Facilities for organised games, which suffered during the war, are gradually improving. More fields, used then for agricultural or military requirements, have now been returned to playing field purposes and much has been done to improve their surfaces and to repair pavilions which were blitzed or otherwise damaged. Much more, however, remains to be done.

Pitches are regularly marked out and fields which have reasonably safe storage are supplied with summer and winter games equipment. Promising experiments with pre-fabricated concrete cricket pitches are being carried out on some fields where space does not permit of the reservation of squares exclusively for cricket.

(b) **Transport.** Most Grammar, Technical, Modern and Primary Schools over a mile from a playing field have a certain amount of transport. This amount is equivalent to 100 buses weekly, running on a shuttle system which works out at 2.6 journeys per bus, or to 260 buses making 1 return journey each. This service, however, does not meet present needs, as many schools are either unable to give all pupils a period on a field or only one at fortnightly or longer intervals.

When more fields come into use and new schools open, the need for more buses will increase. So far, however, the difficulty of finding additional bus crews has proved insurmountable.

School and Inter-School Athletics and Games.

Athletic training and sports have a prominent and very popular place in general physical education in schools. Training is given methodically to an increasing extent during physical training periods at school, as well as at playing fields, especially in Spring and Summer. A great number of schools, both Secondary and Primary, have their Annual Sports Day and there are very few which do not participate in one or other of the several District Sports.

Inter-school Competitions.

League and friendly games are played on a large scale in Secondary, Primary and Special Schools in football (both codes) cricket, hockey, netball and skittle ball. These games take place on Saturday mornings in summer and winter and cricket is also played in the evenings.

Swimming.

There has been considerable progress in swimming since the war. A large number of men and women teachers have attended courses in the method of teaching beginners and also courses in advanced swimming. The progress made is not only reflected in the larger number of entries for and improved swimming at district galas but also in the attendance

at baths during the winter, which has increased from 355 half hour periods in 1945 to 538 in 1951, an increase of 51 per cent. It is also seen in the increasing number of Free Passes obtained by pupils.

Camping.

The Committee have a certain amount of camping equipment which is available on loan to schools during both term time and holidays. Several Modern Schools used this equipment during the whole of the period between May and September on sites in various parts of the country; in addition, several other schools made their own arrangements for camping. The pupils concerned greatly benefited from the experience and it is hoped that, as a result, some of them at least will continue to benefit and find pleasure in camping when their school days are over.

Festival of Britain Displays.

Visit of H.R.H. Princess Elizabeth.

As part of the Birmingham programme of Festival activities several large scale displays of physical education and recreation were held during June and July. The largest of these was held at the Aston Villa Football Ground, by kind permission of the Directors, and was honoured by the presence of H.R.H. Princess Elizabeth. The display which was witnessed by 20,000 persons included gymnastics, games, dancing and athletics and was given by 2,500 performers from 150 schools, Institutes and from some Voluntary Clubs. In addition, 6 displays were given before about 8,000 spectators in the Central Hall. These were also given by Schools, Evening Institutes and Clubs backed up by two selected teams of women from Finland and Sweden who were specially invited to Birmingham for the purpose.

Considerable public interest was aroused by these displays which gave some idea of the method and standard of achievement, as well as the vitality, variety and enjoyment of present-day physical activities".

CAMP SCHOOLS

The Stansfeld Camp School for Girls at Oxford and the Bell Heath Camp School for Boys at Belbroughton, have been running smoothly during the year 1951. The Oxford Camp School re-opened on the 2nd April and remained open until the 14th December. That at Bell Heath re-opened on the 6th March and closed on the 18th December. Twelve groups of girls and ten groups of boys have spent periods of two to three weeks at these Camp Schools during the year.

During July and August a party of children from the Baskerville School for Physically Handicapped Children stayed at the Bell Heath Camp School and children from the Diocesan Home also spent two periods at the Bell Heath Camp during March and May.

Following the acquisition of Bockleton Court, nr. Tenbury Wells, it was decided to convert the building for use as a Camp School. At the moment the premises are being adapted for this purpose and it is hoped that they will be ready for occupation in the Spring of 1952. However, before the alterations had been started, three parties of school children visited Bockleton during July and August, 1951.

Arrangements are again in hand for the re-opening of the Camp Schools in March, 1952.

CONVALESCENT TREATMENT

In accordance with the Committee's Scheme 238 children were sent to convalescent homes during the year ended December, 1951. Full payment was not made for all, as in several cases some contribution was made by a voluntary fund.

NURSERY SCHOOLS AND CLASSES

Dr. Lemin, Deputy School Medical Officer reports:

"There are under the control of the Birmingham Education Committee 22 Nursery Schools (No. of classes 49) and 50 Nursery Classes; the number of children on roll being 2,122.

The medical care in the nursery schools and classes has been continued this year by the Assistant School Medical Officers, on the same lines as in previous years.

During the year many of the nursery schools and classes have been visited by the Deputy School Medical Officer accompanied by the Deputy Superintendent School Nurse. At these visits conferences were held with the Nursery Superintendent, the visiting school nurse and various other members of the nursery staff.

Toilet and kitchen facilities were seen, and the serving of meals. Altogether a clear picture of the nursery school would emerge and the free discussion of any difficulties has proved of great value to all concerned, producing closer co-operation between teaching and medical staffs.

During November a short course for Assistant Teachers in nursery schools and classes was held and two mornings' talks were given by a member of the School Health Service, on Child Welfare and Hygiene. These were followed by discussions which again helped to clarify many practical issues.

Members of the Public Health Department visit the nursery schools and classes at regular intervals for the purpose of diphtheria immunization, and thanks to the co-operation between Nursery Superintendents, school nurses, and the Public Health Department, the response is extremely satisfactory.

The value of nursery schools and classes becomes more and more evident in many ways, and not the least in seeing the child at such an early age and making contact with the mother”.

WORK OF THE SCHOOL NURSING STAFF

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

“Although most of the work of the School Nursing Section has followed much the same pattern as previously, developments in the follow-up work which became apparent in 1950 have made further progress in 1951.

Medical Inspection and Follow-up

Assistance to medical officers has been given by the school nurses, at all inspection sessions in schools and clinics.

Follow-up of children for observation or treatment of defects following medical inspection has again been intensified and has almost doubled the number of home visits paid, as will be seen from the following table :

	1949	1950	1951
Inspection in school by the School Nurses for follow-up	—	7,456	9,286
Number of homes visited by the School Nurses for follow-up	539	576	1,103

These home visits were paid for the following conditions :

General neglect and verminous conditions	286
Orthopaedic conditions	188
Visual defects	180
Ear, nose and throat defects	98
Infectious diseases	84
Environmental factors	48
Behaviour difficulties	22
Other conditions	197
TOTAL	1,103

189 visits were also paid and no access to the homes was obtained, where mothers were out or working.

A large proportion of the home visits paid for orthopaedic defects were hospital follow-through cases, defaulting from out-patient clinics. Co-operation with hospital almoners at various hospitals is increasing, and surgeons are asking for more reports on home background and environmental conditions of school children under treatment, especially the thoracic units.

Vision Survey.

Most of the routine examinations for visual acuity conducted by the nurses in school during the year were among the 8 and 9 year old children. This survey is arranged as a separate activity to take place annually for each child between the age of 8 and 14. With the present shortage of staff we are only covering about $2\frac{1}{2}$ of the 5 groups which should be tested each year. The children in the 10 year age group are tested at the periodic medical inspection and are not counted for this purpose.

A great deal of follow-up of children with visual defects previously noted for observation or treatment is carried out at the vision survey and the following table is intended to give some idea of this :

	1950	1951
Total number of examinations for visual acuity	31,201	32,478
The number of children with normal vision	21,989	24,426
The number of children with defective vision already wearing glasses	3,930	2,984
The number of children with defective vision not wearing glasses referred to the Assistant School Medical Officers	2,733	2,374
The number of children with low visual defects, and no other symptom, for further observation	2,549	2,694

Nurses' Survey.

The Nurses' Survey plays a valuable part in maintaining the health of the children by the opportunity it affords to refer certain children to the Assistant School Medical Officers. Children referred in this way, for medical inspection either at school or Clinic, include any not making reasonable progress, those who are not well, neglected children, and any who show abnormalities of growth or development which a nurse may suspect or recognise.

Totals for the three years given below do not include any work done in nursery schools and classes :

	1949	1950	1951
Total number of examinations by school nurses at nurses' surveys	340,382	285,107	247,422
Children referred for special medical inspection from nurses' survey	<i>not recorded</i>	1,167	2,040

Although there is a further drop in the total number of examinations made in 1951 every child has been examined by the school nurse twice during the year.

Nursery Schools.

Work has continued very much as in previous years. Nurses maintain a health and cleanliness supervision of the children under the

direction of the assistant school medical officers. Routine work in the nursery includes weighing and measuring at regular intervals; treatment of simple minor ailments; special interviews with mothers; attendance at medical inspection; administration of ultra-violet light to selected children; follow-up of children and maintenance of records.

The Campaign for Cleanliness.

The spearhead of this campaign is undoubtedly the nurses' survey mentioned earlier. The reduction in the total number of examinations by the school nurses was the result of a decrease in the number of nurses' surveys during the year. This in turn was due to deliberate policy, an attempt being made to economise on the school nurse's time so that other sides of her work could be developed, not curtailed. At the same time it was important to ensure that the standard of personal cleanliness among the children should not be affected. To this end a more careful check has been kept on children absent at the visit of the school nurse, and they are all seen by her at a later date.

A further safeguard on the cleanliness side has been more frequent re-examinations by the nursing assistants of all children found verminous, whatever the degree of infestation. Figures for the past 5 years, given below, show that this has been a gradual process, but has been greatly accelerated recently.

Re-examinations of verminous children by Nursing Assistants:

<u>1947</u>	<u>1948</u>	<u>1949</u>	<u>1950</u>	<u>1951</u>
6,379	9,234	11,820	21,267	38,977

These figures do not include any of those given in Columns 4, 5 and 7 of the comparative table immediately following. All children not perfectly clean have been seen at approximately monthly intervals throughout the year.

COMPARATIVE TABLE FOR PEDICULOSIS CAPITIS:

Category	1947	1948	1949	1950	1951
1. Number of children on registers of primary and secondary modern and special schools at Dec. 31st (excluding Nursery Schools)	130,277	140,930	141,353	150,824	153,363
2. Number of individual children found verminous during the year	12,665	10,888	11,407	12,957	13,224
3. The infestation rate	9.7%	7.7%	8.06%	8.6%	8.6%
4. Total number of statutory cleansing notices issued	4,459	6,809	5,806	4,291	4,665
5. Number of children completely cleansed by parents after issue of cleansing notice	1,147	1,553	1,799	1,118	629
6. Number of compulsory cleansings by the Local Authority	3,051	5,067	4,468	3,211	3,345
7. No. of individual children cleansed	3,051	3,982	3,412	2,751	2,639
8. Voluntary cleansing under scheme for special cases	122	204	231	375	517
9. Cleansing demonstration to parents	—	—	—	39	204
10. Number of families prosecuted for pediculosis under section 54 of the Education Act, 1944	2	14 families 30 children	43 families 69 children	2 families 6 children	5 families 11 children

Only the children of one family were found to have body vermin during the year.

The figures shown in the foregoing table refer only to infestation of the head; of the children infested about 90 per cent. were girls and 10 per cent. boys. The pediculosis rate, the number of individual children cleansed by the nursing assistants, and the total number of cleansings were about the same as 1950.

The increases in the number of homes visited for general neglect, verminous conditions and other defects, has been largely responsible for the increased number of cleansing demonstrations to mothers at the bathing centres. This demonstration is a practical teaching session by the nursing assistant, arranged by the school nurse during her visit to the mother, at which the mother is taught and helped to cleanse all her children by the simplest possible method.

The bathing centres play an important part in the campaign for cleanliness, quite apart from the treatment of scabies and other skin conditions, by the reason of the help given to special families. During the past year 37 families, representing 93 school children, have received regular weekly or fortnightly supervision and baths, the mothers playing as active a part as possible. These families are all handicapped in some way, either by housing difficulties, broken homes, invalid or widowed parents, or parents with mental defect; many are true problem families, and all live in the congested areas of the City. This scheme is an attempt at conservation and rehabilitation, the value of which, as a long term policy, is very difficult to assess. One thing is certain; everything in our power must be done to help these children, in the hope that some of them may not repeat the parental pattern, and by this present method they are no longer outcasts at school, shunned by the children of better or more fortunate parents. The children enjoy it.

Post-Certificate Refresher Courses.

Six school nurses attended the 25th Winter School at Bedford College, a two week course arranged by the Women Public Health Officers' Association, commencing at the end of December. The opportunity was appreciated and the course enjoyed by all who went.

Training Course for Health Visitors.

Two of the school nurses, Miss Biggs and Miss Oliver, attended the above course in Birmingham from September, 1950—April, 1951, and obtained the Health Visitor's Certificate of the Royal Sanitary Institute".

INSTITUTE OF CHILD HEALTH

The advantages of the active relationship between the School Health Service and the Institute of Child Health have been described in previous reports.

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

It is again a pleasure to acknowledge the help and encouragement given by Professor J. M. Smellie, Professor of Child Health, both directly in connection with the hospital and Institute, and indirectly over a wide area to those engaged in preventive medicine, where more especially latterly an attempt is being made to link up with curative medicine.

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 specially welcomed as they afford occasions for reinforcing the impressions made at the periodic medical inspections and for discussing problems raised by the parents.

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 teachers' training courses at Westhill College, for the staff of the Home Nursing Service, to a group of students from the Selly Oak Colleges studying social science, to Education Welfare Officers, to the party of Netherlands teachers, to Japanese Civil Servants, to the party of European teachers attending the course on rehabilitation of physically handicapped children arranged by the Ministries of Education and Health, to the Wolverhampton Nursery and Infant Teachers' Association, and at the London Institute of Child Health. Through the British Council arrangements were made for two welfare workers from Denmark, a Persian doctor from the country's Ministry of Health, and a party of European Soroptomists to study the work of the School Health Service.

Visits were also made by British Education Officers in Germany, health visitors from Bristol, and student health visitors from Oxfordshire and Gloucestershire.

It is again a pleasure to acknowledge the willing help and interest shown by 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.

EMPLOYMENT OF SCHOOL CHILDREN AND YOUNG PERSONS

Reference was made in last year's report to the amendments of the Bye-Laws governing the employment of school children and street trading by persons under eighteen.

Amongst these amendments is the requirement of a half-yearly medical examination of all children so employed in addition to the preliminary examination. The medical examinations are proving to be a heavy additional load but are worth while as a preventive measure. There is also vigilance over the general care of these children, illustrated by the following cases which came before the Courts during the year.

Two boys were seen by a police officer in August, 1951, struggling to get a heavily laden truck on to the path from the roadway. The truck was loaded with 4 boxes of bolt-shoots and it was estimated that the load weighed $2\frac{1}{2}$ -cwt.

In the opinion of the police officer who witnessed the offence, this load was too much for the boys to manage and likely to cause them injury. This opinion was later confirmed by the School Medical Officer.

In the course of his enquiries the police officer ascertained that one of the boys had been employed more than the eighteen hours per week permitted by the Bye-laws; on four occasions he had been employed at a time other than that appearing on his employment card; and on three days he had been employed in the afternoon after having been employed in the morning on the same day. In the case of the second boy the offence took place on his first day of employment. Only one summons under the Bye-laws was issued in his case, i.e., that the boy had been employed in the afternoon of a day when he had already worked the $3\frac{1}{2}$ permitted hours in the morning.

Fines totalling £10 10s. were imposed.

The other case concerned a newsagent who was summoned by the Education Committee on October, 1951, for:

- (a) Employing a boy in the delivery of newspapers when he was not suitably clad for protection against the weather.
- (b) Failing to exhibit in a conspicuous position in his place of business particulars of the boys he employed.

A police officer gave evidence that at 7.35 a.m. on a Saturday in September, 1951, he saw a boy delivering newspapers. It was pouring with rain and the boy was attired only in a shirt, jacket, short trousers and Wellington boots. The boy was wet through and, in his view, the boy was insufficiently clad to protect him from the weather.

The defendant was fined £1 on each summons.

The numbers of school children referred for medical examination during the year under review were :

Under the bye-laws regulating the employment of school children	.....	.....	.....	.....	.....	8,105
For theatrical licences	.....	.....	.....	.....	.....	194

MISCELLANEOUS

Special Examinations :

Examination of manual staff in accordance with the Corporation's Sickness and Accident Scheme	.....	.....	.....	.....	869
Examination of staff of the Education Committee in accordance with the Corporation's Superannuation Scheme	.....	.....	.....	.....	128
Examination of other adult employees of the Education Committee	.....	.....	.....	.....	51

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. Locally, it is a pleasure to record the cordial relationship and to acknowledge more particularly, the co-operation over special investigations.

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 Education Welfare and 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.

It has been a pleasure to acknowledge, in the past, the ready help of the Central Office of Information both in providing and projecting films for various health education activities and it is with feelings of regret that notice has been received that the Office has been closed down.

Appreciation is expressed of the Pearson's Fresh Air Fund in arranging outings and holidays for Birmingham children. During the year, 36 boys went to camp at Colwell for a fortnight, 64 to Ludlow for 10 days and 20 to Maxstoke for a week. 24 girls went to St. Oswalds for 10 days. Day outings to country and seaside were arranged for over 3,000 children, including 745 physically or mentally handicapped children.

HANDICAPPED PUPILS

The arrangements for the early ascertainment of handicapped children continues to work satisfactorily. With the further knowledge of the service which the Authority gives for these children, and through the extension of medical services under the National Health Service Act, general practitioners increasingly refer children under their care for examination.

Important information is also obtained from the records of the Maternity and Child Welfare Department which are transmitted as soon as the children become the responsibility of the Education Authority under the terms of the Education Act, 1944.

The Education Welfare Officers are also fully aware of the special educational facilities available for handicapped children and send valuable reports as a result of their district visits. Dr. Kemp also discusses other sources of ascertainment in his report.

During the year Mr. T. S. Donovan the Orthopaedic Surgeon was able to resume his visits to the day schools for the physically handicapped.

Mr. Gilhespy the Authority's Aural Surgeon commenced to visit the schools for the deaf during the year.

Mr. Tree, the Ophthalmic Surgeon continued his visits to the schools for the partially-sighted.

In this way the children at these schools are seen by the specialists in relation to their educational environment and progress.

Epilepsy

The Committee have given permission to Mr. Halsted, the psychologist at All Saints' Clinic, to carry out a survey of epilepsy amongst Birmingham School children.

The school medical officer ascertains the children who are suffering from epilepsy in the first place, and with the co-operation of the Head Teachers, available educational data are added to the child's record. The parents receive a personal letter asking for their help and explaining that the object of the enquiry is to learn how better to help these children. A trained social worker from All Saints' Clinic then calls on all parents who had raised no objection to helping and obtains from them the family and social data.

It is felt that this enquiry would have real value as information about the incidence of epilepsy in school children is generally incomplete.

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.

**BIRMINGHAM CHILDREN ON REGISTERS OF SPECIAL
SCHOOLS MAINTAINED BY THE AUTHORITY AS AT
1st DECEMBER, 1951.**

Educationally Sub-normal Children

<i>Residential :</i>				No. on Register
Monyhull	.....	.....	Boys and Girls	141
Springfield House	.....	.....	Girls	57
<i>Day :</i>				
Bristol Street	.....	.....	Senior Girls	} 124
			Junior Mixed	
Burlington Street	.....	.....	Senior Girls	} 136
			Junior Mixed	
Gem Street	.....	.....	Senior Boys	} 159
			Junior Mixed	
Hamilton Road	.....	.....	Senior Boys	} 129
			Junior Mixed	
Highfield Road	.....	.....	Senior Girls	} 150
			Junior Mixed	
Little Green Lane	.....	.....	Senior Boys	} 124
			Junior Mixed	
Sherbourne Road	.....	.....	Senior Boys	} 167
			Junior Mixed	

Deaf and Partially Deaf Children

Gem Street Day School	.....	.....	Mixed	105
Moseley Road Day School	.....	.....	Mixed	132

Partially-Sighted Children

Moseley Road Day School	.....	.....	Mixed	60
Whitehead Road Day School	.....	.....	Mixed	66

Delicate Children*Residential Open-Air Schools :*

Cropwood, Blackwell	Girls	80
Hunter's Hill, Blackwell	Boys	123
Haseley Hall, nr. Warwick	Junior Boys	40

Day Open-Air Schools :

Marsh Hill	Mixed	199
Uffculme	Mixed	169

Physically Handicapped Children*Residential :*

Baskerville School	Mixed	78
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Day :

George Street West	Mixed	215
Little Green Lane	Mixed	135

RESULTS OF SPECIAL EXAMINATIONS—1951.

Results of examinations of children referred during the year as being possibly in need of special educational treatment :

Number of children seen	1,405
Recommended for Day (E.S.N.) School	215
Recommended for Residential (E.S.N.) School	59
Recommended for „ Open-Air School	229
Recommended for Day Open-Air School	119
Recommended for Residential (P.H.) Special School	28
Recommended for Day (P.H.) Special School	102
Recommended for Residential School for Epileptics	13
No action	65
To stay in special school	61
For trial in ordinary school	40
To stay in ordinary school	101
To leave special school	125
To be seen again	53
Decision deferred	92
To be excluded from school temporarily	5
Recommended for exclusion under Section 57 (3) of the Education Act, 1944	76
Recommended for Home Teaching	4
Recommended for Carlson House School for Spastics	3
Recommended for Residential School for Children suffering from speech defects	1
Recommended for Transfer from Residential to Day (E.S.N.) School	3
Recommended for Residential School for the Deaf (subject to examination by Aural Surgeon)	1
Recommended for period at Davos, Switzerland	10

Number of children reported to the Local Health Authority in 1951 :

Under Section 57 (3) of the Education Act, 1944	82
Under Section 57 (3) relying on Section 57 (4), (inexpedient)	4
Under Section 57 (5) of the Education Act, 1944	136

Hospital Special Schools

Orthopaedic :

Forelands, Bromsgrove	Mixed	30
Woodlands, Northfield	Mixed	39

Sanatorium :

Yardley Green, Little Bromwich	Mixed	59
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The following return made to the Ministry of Education relating to handicapped pupils in the calendar year ended 31st December, also gives valuable information.

	<i>Blind</i>	<i>Partially Sighted</i>	<i>Deaf</i>	<i>Partially Deaf</i>	<i>Delicate</i>	<i>Physically Handicapped</i>	<i>Educationally Sub-Normal</i>	<i>Maladjusted</i>	<i>Epileptic</i>	<i>Total</i>
	1	2	3	4	5	6	7	8	9	10
A. Handicapped Pupils newly placed in Special Schools or Homes	3	17	20	13	428	106	269	4	12	872
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding-in Homes	5	19	21	16	342	115	259	10	13	800

ANALYSIS OF PHYSICALLY HANDICAPPED CHILDREN IN THE CARE OF THE EDUCATION COMMITTEE.

TABLE I.

Defects	Number of Children ages 5—16 years :—												
	(1)		(2)		(3)		(4)				(5)		Total
	at ordinary schools		at day special schools		at Residential special schools including hospital schools		at Home				Totals		
							(a) Having Home Teaching		(b) Not having Home Teaching				
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Congenital Heart...	3	1	13	18		1			7		23	20	43
Rheumatic Heart	2	4	7	9	23	29	2				34	42	76
Haemophilia ...			6	1	3				1		10	1	11
Cerebral Palsy (including athetosis)	2		24	20	2	8	2	2	7	4	37	34	71
Poliomyelitis ...	2	2	18	20	6	11		1	3	2	29	36	65
Muscular Dystrophy			8	1	1			5		1	15	1	16
Muscular Atrophy													
Spina bifida ...			7	3	1				3		11	3	14
Osteomyelitis ...													
Hydrocephalus ...			5	5				1	2	1	7	7	14
Fragilitas Ossium			1		1	1					2	1	3
Achonodroplasia ...			2	1	1						3	1	4
Arthrogryphosis ...													
Perthé's Disease ...	1				11	5					12	5	17
Tb. joint ...	3	1	13	10	11	19	2	1			29	31	60
Talipes ...			10	4	1	2				1	12	6	18
Cong. Dislocation hips ...			1	3		7		1		1	1	14	15
Cong. deformities :													
(a) arms & hands			5	3					1	1	6	4	10
(b) legs & feet ...	2		4	4	2	5					8	9	17
Amputations :													
(a) Legs ...	2	1	2	3					1		5	4	9
(b) Arms ...			1								1		1
Rheumatoid arthritis (including Still's Disease) ...	1	1	2								3	1	4
Septic arthritis ...					1	1					1	1	2
Fractured Skull ...	1										1		1
Brain Tumour ...			1	2							1		1
Friedreich's Ataxia											1	2	3
OTHERS (specify)													
Congenital Rickets				1								1	1
Amyotonia													
Congenitalis ...					1				2		3		3
Spinal Curvature			1								1	1	2
Cerebellar Aplasia				1				1				1	1
Ectopia Vesicalis...			1									1	1
Syringomyelia ...			1								1		1
Microcephalic ...				1							1		1
Cretinism ...			3								1	1	1
Hernia Cerebi ...										1	3	1	4
Purpura										1		1	1
Haemorrhagica										3		3	3
TOTAL ...	19	10	136	112	65	89	11	7	29	14	260	232	492

TABLE II.

No. of P.H. Children at home, or at ordinary schools, who are waiting admission to :

(1) Day P.H. schools*		(2) Residential P.H. schools				Totals		
		(a) For seriously crippled children <i>e.g.</i> , Hinwick Hall		(b) For less seriously crippled children <i>e.g.</i> Victoria Home, Bournemouth				
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
42	18	—	—	2	2	44	20	64

* P.H. children who are sent to day open air schools because there are no accessible day P.H. schools are included under this heading.

TABLE III.

Number of seriously P.H. children for whom home teaching is the best provision. (Excluding those who are waiting admission to special schools).

	Totals		
	Boys	Girls	Total
	11	6	17

TABLE IV.

How many have incontinence of	Already in Residential P.H. schools		Waiting admission to Residential schools		For whom* Home teach- ing is best provision		Totals		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Total
(1) Bladder	4	5					4	5	9
(2) Bowel									
(3) Both									
How many are chair cases ?									
(1) Self-propelled	3						3		3
(2) Push chairs									
How many with crutches or 2 sticks ?									
How many are :									
P.H. + E.S.N.	10	9					10	9	19
P.H. + Epileptic	1	2					1	2	3
P.H. + Maladjusted									
P.H. + Blind									
P.H. + Pt. Sighted					1		1		1
P.H. + Deaf									
P.H. + Pt. Deaf									
P.H. + More than one other defect	1	2					1	2	3

* Excluding those who are waiting admission to special schools.

LIST OF BIRMINGHAM CHILDREN IN SPECIAL SCHOOLS
NOT MAINTAINED BY THE EDUCATION COMMITTEE
AS AT 1ST DECEMBER, 1951.

Blind and Partially-Sighted Pupils

Birmingham Royal Institution for the Blind

Residential	18
Day	15
Royal Normal College	2
Chorley Wood College	1
Worcester College for the Blind	1
Exhall Grange, Coventry	4
Liverpool R.C. School for the Blind	1

Educationally Sub-Normal Blind Pupils

Condover Hall	2
---------------------	---

Deaf and Partially Deaf Pupils

Birmingham Royal School for the Deaf	2
Mary Hare Grammar School for the Deaf	4
Derby Royal School for the Deaf	2
St. John's Institution for the Deaf, Boston Spa	4
Manchester (Old Trafford) Royal Deaf School	1
Donnington Lodge, Berks.	2

Educationally Sub-Normal Deaf Pupils

Bridge House, Harewood.....	2
-----------------------------	---

Epileptic Pupils

Lingfield School	31
Chalfont St. Peter's Colony School	1
St. Elizabeth School, Much Haddam.....	2

Physically-Handicapped Pupils

Hurst Lea Home for Crippled Boys	1
Hinwick Hall School for Crippled Children	2
Pawling Home Hospital	1
Coney Hill Home for Crippled Children	1
Burton Hill House School	1

Physically-Handicapped and Educationally Subnormal Pupils

Exhall Grange, Coventry	3
-------------------------------	---

Spastic Pupils

Carlson House School	22
----------------------------	----

Diabetic Pupils

St. George's Hostel, Kersal	1
St. Monica's Hostel, Deal	1
Fir Bank Home, Frodsham	1

Delicate Pupils

St. John's Open Air School	2
Dedisham Convalescent Nursery School	1
Port Regis Open Air School, Broadstairs	3
St. Catherine's Home, Ventnor, Isle of Wight	3
Ogilvie School of Recovery, Clacton-on-Sea	4

Maladjusted Pupils

Ledston Hall School	3
Trench Hall School	1
Hill Orchard Hostel	2
Bodenham Manor	17

Educationally Subnormal Pupils

St. Joseph's R.C.	10
Besford Court	30
Pontville R.C.	2
Pield Heath (All Souls')	2
Allerton Priory R.C.	1
Tyntesfield Special School	1

*211

* Includes 9 young people over 16 undergoing further training.

Handicapped pupils attending independent schools assisted by the Education Committee under Section 9 (1) of the Education Act, 1944 :—

Westhope Manor School	2 pupils (maladjusted)
Convent of the Good Shepherd, St. Joseph's School, East Finchley	1 pupil (maladjusted)
Puckle Hill House	1 pupil (physically handicapped)
Bruce Porter Hospital Home School	1 pupil (physically handicapped)

MEDICAL SUPERVISION OF SPECIAL SCHOOLS

Dr. P. R. Kemp, Assistant School Medical Officer for Special Schools, reports :—

“Cases requiring special examination are reported from many different sources, including Assistant School Medical Officers, Hospitals, General Practitioners, the Juvenile Courts, the Children's Department and Education Welfare Officers.

The children concerned are sent for with their parents and in the first instance a careful physical examination is carried out. All available reports on the child in question are studied—the hospitals of the City are particularly co-operative and willingly send full notes of any investigations which may have been carried out by members on their consulting staff.

Where the child's mentality seems abnormal a special report from the school is called for and a detailed mental test is arranged.

Often there is doubt about a child's hearing or vision; it is of the utmost importance that specialist opinion should be obtained in such cases, as where there is any question of defective hearing an audiometer test will be required, while refraction is called for where defective vision is suspected.

When all such investigations—and possibly others—are completed it is then found possible to recommend the type of special education if any which the particular child requires.

The all-important parental co-operation is usually forthcoming when the situation is fully and sympathetically explained and any questions answered.

Residential and Day Open Air Schools

Children suffering from abnormal conditions of the chest continue to form the bulk of admissions to these schools and nearly all of them improve in the healthy environment and regular regime provided there.

In a great many instances that improvement is permanent and the children are able to return to ordinary schools and attend regularly.

In cases of bronchiectasis the aim is to build up the child's general condition prior to lobectomy—where this is a feasible procedure—and subsequent to lobectomy to enable the child to be kept under observation while at the same time receiving education.

A great number of the children suffering from bronchiectasis require postural drainage—sometimes thrice daily. This must be attended to by a trained nurse and in these days when nurses are in great demand and short supply it is important to remember that a trained nurse is a very important member of the staff of Residential or Day Open Air Schools. Apart from postural drainage there are usually a number of cases of otitis media requiring daily treatment (and no untrained person should treat these cases). There are medicines to be administered, advice on diet and general hygiene to be given, minor skin trouble and the other ailments which occur from time to time in any group of delicate children to be treated; and above all the nurse must keep a watchful eye on every pupil and report any doubts to the Medical Officer.

The closest liaison is maintained, of course, with the hospitals of the City and our thanks are due to the Consulting Physicians and Surgeons there who are always ready to help.

Alpine School, Davos

Two groups of 32 boys have been sent to this school during the year each staying 6 months. Most of these boys have been suffering from asthma and results which can be described as highly satisfactory have been obtained.

Dr. Wissler of Davos supervises the health of the boys during their stay at Mr. Kunzle's Chateau.

Dr. Kemp paid his second visit to the school in August.

A detailed report by Dr. Wissler accompanies each boy on returning to Birmingham.

The boys are re-examined at intervals of about six months to see that their improved health is being maintained.

Schools for the Educationally Subnormal

Parents now generally realize that these schools cater for the educationally backward and that the label of "mentally defective" is not now attached to educable pupils.

Accordingly, it is very unusual to meet any serious opposition to the provision of special education where needed. Further advice and more individual attention will often enable the subnormal child to make real educational and social progress and to attain happiness.

Sometimes it is the duty of the Medical Officer—following upon reports from the Head Teacher of the Special School and the Educational Psychologist and after carrying out mental tests himself—to recommend that a child shall be permanently excluded as ineducable. This is a distasteful task though happily, owing to the increase in the number and scope of the Occupation Centres of the City there is now much better provision for the welfare of the excluded child.

Before making such an important decision every effort is made to investigate the child's mind and body as completely as possible.

Every term in the Schools for the Educationally Subnormal, children are reviewed and tested to decide whether they are possibly fit to return to ordinary schools.

Also when leaving age approaches every young person is seen by the doctor and educational psychologist to determine whether Statutory Supervision is required or whether Voluntary Supervision will suffice.

Occupation Centres

The usual medical inspections have been carried out in all these Centres and Clinic facilities provided for treatment where required.

Schools for the Physically Handicapped

The regular visits of an Orthopaedic Surgeon, Mr. F. S. Donovan, interrupted by the war, have now been resumed. He visits each Day Physically Handicapped School once a month accompanied by the Assistant School Medical Officer for Special Schools and sees all the Orthopaedic cases prescribing treatment where necessary, this treatment being carried out in the school by the Physiotherapist. In this way time arranging difficult visits to hospitals is avoided.

The Visiting Orthopaedic Surgeon also advises us when, from the Orthopaedic point of view, a handicapped child has improved sufficiently to attend an ordinary school.

Any child attending a Physically Handicapped School who is thought able to cope with the physical and mental activities of an ordinary school is of course promptly transferred.

Any slightly handicapped children are able to attend ordinary schools successfully and special education never becomes necessary for them.

Baskerville.

This school now admits children suffering from rheumatism only.

Dr. Carey Smallwood, Consulting Physician, continues to visit at weekly intervals and Dr. Kemp attends every fortnight. More frequent visits are paid when the situation demands it.

Day Schools for the Deaf

These schools continue to progress. At the Gem Street Day School for the Deaf where there are 103 children on the register there are now two Nursery Classes. An important development has been the formation of a Parent-Teachers Association. The aims of this Association are:—

1. To provide opportunity for discussion on educational methods and the social and physical development of deaf children.
2. To impart any knowledge and to foster co-operation and consistency in appeal to the children.

These aims are secured by the holding of evening meetings which are addressed by various experts and also by demonstrations of methods and standards of work. The latter are held once or twice a term for parents of 2—7 year old children.

A Group Hearing Aid has been installed. There are twelve pairs of headphones, and seven microphones enable class lessons to be taken with a great deal of amplification to both ears.

Most children derive some benefit from this aid including the totally deaf if only from vibration.

Day School for the Partially Sighted

Work in these schools has continued on the same lines as last year and the usual medical examinations have been carried out.

Visits of Medical Students

Medical Students of the University of Birmingham visit as many of the Special Schools as possible during their first year of study and demonstrations are arranged for them. Special visits are also arranged for graduate candidates for the Diploma in Child Health."

DAVOS ALPINE SCHOOL

Although Dr. Kemp includes an account of this school, it is considered that a further note for general reference should be made on this enterprising venture.

Two further groups, each consisting of 32 boys suffering from chest complaints were sent during the year to the school in the Swiss Alps.

The chateau which houses the school, together with the domestic staff are provided through the generosity of Mr. Christian Kunzle.

A full account of life at the school has been given in previous reports. Dr. Kemp examines the boys at intervals following their return.

HOME AND HOSPITAL TUITION

The Committee continue to provide home tuition for severely handicapped children under Section 56 of the Education Act, 1944. 19 children have been helped in this way and it is of interest to record that one boy has been successful in the Grammar School Entrance Examination.

In addition, one peripatetic teacher visits the children at the Dudley Road Hospital and the Birmingham Skin Hospital. Another visits the Little Bromwich Hospital and teaching is also given to child patients who are fit for education at the Accident Hospital.

MARTINEAU HOUSE, TOWYN

During the period 23rd February to 7th December, 18 groups of 24 children from the various special schools took full advantage of the open air facilities available at this sea-side school for periods of 14 days. The children were accompanied by teachers from their own schools.

In the course of his report the Residential Teacher states that the activities are carefully graded to suit the capabilities and ambitions of the children. For example, three groups of selected boys reached the top of Cader Idris. On the other hand, the two schools for the physically handicapped, sent mixed groups, consisting of some of their more severely handicapped children and even these less mobile children enjoyed their visit. The educational scope of visits and activities must necessarily vary with each type of child but it was possible for all groups to receive a thorough grinding in the "Code of the Countryside".

Favourable comment is made on the physical improvement of these children and thanks are due to the Matron and the visiting medical officer who are greatly interested in these children.

CEREBRAL PALSY

There has been a steady interest in the advances of treatment and care of the children suffering from this defect. They are accommodated in the schools for the physically handicapped and at Carlson House, if their condition is too severe for the ordinary school.

Spectacular change, of course, cannot be expected but through local studies and investigations by members of the Institute of Child Health and Education and through national inspiration and co-ordination by the British Council for the Welfare of Spastics, modern knowledge and treatment is spread amongst those caring for the children. Furthermore, through expert investigation sponsored by the Council and the National Foundation for Educational Research in England and Wales, help has been given over the methods of assessment of intelligence of cerebral palsied children.

EMPLOYMENT AND AFTER-CARE OF HANDICAPPED PUPILS

As in previous years, arrangements were made to interview all leavers at Special Schools during the year, and parents were invited to attend the Choice of Employment Conferences to meet the Youth Employment Officer. It is of distinct value if the parent is able to come to the Conference because not only can he or she often give information which is useful to the vocational adviser but the occasion is valuable as a means of establishing contact and confidence between parents and the Youth Employment Department.

Very special efforts have been made to place leavers in suitable employment, and in some cases it has been necessary to approach several employers before the right job could be found for a boy or girl. Employers have continued to be very helpful and co-operative. In many instances the young person has been advised to apply for registration under the Disabled Persons (Employment) Act, 1944. Particular difficulty is experienced in placing in employment young persons suffering from epilepsy because so many potential hazards have to be considered such as moving machinery, staircases, gangways, glass, chemicals, in addition to the reactions of the other workers.

After-care work was continued and officers from the Department of voluntary helpers from local Youth Advisory Committees have visited the majority of handicapped school leavers during the first three months after leaving school. Advice and help has also been given to a number of young people who had left school at some earlier date, but had encountered some problem or difficulty.

Disablement Classifications	Boys	Girls	Total
SURGICAL			
Amputation—one arm (including partial)	2	3	5
Amputation—one leg (including partial)	2	2	4
Body injury	1	—	1
Injuries and diseases of lower limbs (except T.B.)	2	1	3
Injuries and diseases of upper limbs (except T.B.)	—	3	3
Injuries and diseases of spine (except T.B.)	—	3	3
Tuberculosis—surgical	2	2	4
MEDICAL			
Rheumatism, arthritis, fibrositis	—	1	1
Diseases of genito-urinary system (except T.B.)	1	—	1
Diseases of the heart or circulatory system	4	6	10
Chronic bronchitis, bronchiectasis, etc.	1	—	1
Diseases of the skin	—	1	1
Epilepsy	5	7	12
Other organic nervous diseases	4	10	14
Tuberculosis—pulmonary	2	5	7
PSYCHOLOGICAL			
Psychoneuroses	—	1	1
Retarded mental development	4	—	4
OTHERS			
Congenital malformations	2	3	5
Total deafness	2	6	8
Only fractional sight (registered under the Blind Persons or National Assistance)	1	2	3
Eye defects other than total blindness	2	2	4
Other diseases and disabilities (not specified above). <i>e.g.</i> asthma, diabetes, osteomyelitis	1	3	4
	38	61	99

DISABLED PERSONS' REGISTER.

NUMBER OF DISABLED PERSONS ON THE FILE, 31ST DECEMBER, 1950.

	<i>Boys.</i>	<i>Girls.</i>
	106	73
Current 31st December, 1949	75	51
Plus new registrations, July-Dec., 1950	49	38
	124	89
Less Jan.-Dec., 1950	18	16
Number on file 31st December, 1950	106 Boys	73 Girls

NEW REGISTRATIONS FOR THE YEAR 1ST JANUARY, 1951—31ST DECEMBER, 1951.

38 Boys

61 Girls

SPECIAL SERVICES AFTER-CARE

During 1951 the After-Care and training of those who have left or been excluded from schools for the Educationally Sub-normal has continued with little change. On the After-care side, the staff still consists of the After-care Officer and four Visitors. While the number of visits made during the year has risen again, it is felt that supervision is not yet adequate. It is therefore gratifying to be able to report that permission has now been granted for the appointment of a fifth visitor in the next financial year.

The main problems encountered in the carrying out of supervision continued to be those resulting directly from lack of housing and lack of institutional care. In both cases the health and happiness of the family to which the handicapped person belongs, is at stake, particularly that of the mother.

Employment of the lower grade or less stable defectives has begun to be a little less easy to find. Up till the end of 1950 unemployment was almost nil. During 1951, the After-care Staff working with the Youth Employment Department and the Disablement Officers at the Labour Exchanges have experienced some difficulty in placing the less promising men and women. Up till the present, however, there are still plenty of suitable jobs for the great majority of persons under supervision.

The Occupation Centres in the City number six and have catered for some 190 ineducable children. The Industrial Centre which trains unemployable boys and men over 15, has increased its numbers from 24 to 40 and a second male instructor has been appointed.

Farm Street Occupation Centre, the first of Birmingham's Occupation Centres (opened in 1924) was closed in April, 1951, and more modern premises were opened in its place at the New Church Hall, Wretham Road, in the same district.

A third Home Teacher has been appointed and an average of 40 children per term have received weekly visits providing training on Occupation Centres lines in their own homes.

A new experiment was made this year when two batches of 25 ineducable children were taken on a week's holiday each to Windmill House, Weather Oak. This proved most successful and it is hoped to make it a yearly occurrence.

Medical Inspection and Treatment Returns

Year ended 31st December, 1951.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS).

A. PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups :	
Entrants	19,833
Second Age Group	9,016
Third Age Group	14,822
	<u>TOTAL</u> 43,671
Number of other Periodic Inspections	
	<u>GRAND TOTAL</u> 43,671

B. OTHER INSPECTIONS

Number of Special Inspections	30,790
Number of Re-Inspections	37,533
	<u>TOTAL</u> 68,323

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	251	6,579	6,889
Second Age Group	977	2,015	2,829
Third Age Group	2,168	3,261	5,075
Total (prescribed groups)	3,396	11,855	14,593
Other Periodic Inspections	—	—	—
GRAND TOTAL	3,396	11,855	14,593

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1951

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	1,522	266	4,532	44
5	Eyes—				
	(a) Vision	3,396	1,180	2,402	122
	(b) Squint	1,016	356	372	14
	(c) Other	334	69	1,656	9
6	Ears—				
	(a) Hearing	155	166	201	32
	(b) Otitis Media	260	106	400	5
	(c) Other	68	30	817	28
7	Nose or throat	3,234	2,013	4,021	421
8	Speech	130	188	122	28
9	Cervical Glands	348	453	322	46
10	Heart and Circulation	139	475	233	50
11	Lungs	1,577	777	1,338	92
12	Developmental—				
	(a) Hernia	150	102	15	3
	(b) Other	93	100	1	1
13	Orthopaedic—				
	(a) Posture	825	617	72	14
	(b) Flat foot	1,365	567	139	10
	(c) Other	1,655	662	840	41
14	Nervous System				
	(a) Epilepsy	50	31	27	6
	(b) Other	108	27	307	20
15	Psychological—				
	(a) Development	58	99	25	1
	(b) Stability	242	198	25	5
16	Other	1,273	352	8,636	134

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	19,833	4,943	24.92	13,544	68.29	1,346	6.79
Second Age Group	9,016	1,830	20.29	6,583	73.02	603	6.69
Third Age Group	14,822	4,215	28.44	9,930	66.99	677	4.57
Other Periodic Inspections	—	—	—	—	—	—	—
TOTAL	43,671	10,988	25.16	30,057	68.83	2,626	6.01

TABLE III

INFESTATION WITH VERMIN

(i) Total number of examinations in the Schools by the School Nurses or other authorised persons	291,023
(ii) Total number of individual pupils found to be infested	13,224
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	3,409
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	2,639

TABLE IV

TREATMENT TABLES

GROUP 1. DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table III)

	<i>No. of cases treated or under treatment during the year</i>	
	<i>by the Authority</i>	<i>otherwise</i>
Ringworm—Scalp—	23	43
Ringworm—Body	170	10
Scabies	81	7
Impetigo	922	116
Other skin diseases	5,265	1,026
TOTAL	6,461	1,202

GROUP 2. EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>No. of cases dealt with</i>	
	<i>by the Authority</i>	<i>otherwise</i>
External and other, excluding errors of refraction and squint	2,146	174
Errors of refraction (including squint)	6,358	51
TOTAL	8,504	225
No. of pupils for whom spectacles were :		
(a) Prescribed	5,183	4,908
(b) Obtained	4,549	Fig. not avail.

GROUP 3. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	No. of cases treated	
	by the Authority	otherwise
Received operative treatment :		
(a) for diseases of the ear	—	515
(b) for adenoids and chronic tonsillitis	2,181	2,355
(c) for other nose and throat conditions	—	294
Received other forms of treatment	3,657	1,200
TOTAL	5,838	4,364
GROUP 4. ORTHOPÆDIC AND POSTURAL DEFECTS		
(a) Number treated as in-patients in hospitals	—	286
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments	2,106	1,036
GROUP 5. CHILD GUIDANCE TREATMENT		
No. of pupils treated at Child Guidance Clinics	482	49
GROUP 6. SPEECH THERAPY		
No. of pupils treated by Speech Therapists	458	30
GROUP 7. OTHER TREATMENT GIVEN		
(a) Miscellaneous minor ailments	12,786	7,974
(b) (1) Operations for squint	—	541
(2) In-patients at Hospitals—Surgical Treatment	—	342
(3) In-patients at Hospitals—Medical Treatment	—	658
TOTAL	12,786	9,515

TABLE V. DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers :		
(a) Periodic Age Groups		39,161
(b) Specials		17,695
(c) Total (periodic and specials)		56,856
(2) Number found to require treatment		38,832
(3) Number referred for treatment		38,832
(4) Number actually treated		28,547
(5) Attendances made by pupils for treatment		44,765
(6) Half-days devoted to (a) Inspection		159
(b) Treatment		4,415
Total (6)		4,574
(7) Fillings :		
Permanent Teeth		12,784
Temporary Teeth		163
Total (7)		12,947
(8) No. of teeth filled :		
Permanent teeth		11,645
Temporary teeth		162
Total (8)		11,807
(9) Extractions :		
Permanent Teeth		11,127
Temporary Teeth		58,246
Total (9)		69,373
(10) Administration of general anaesthetics for Extraction		21,865
(11) Other operations :		
(a) Permanent Teeth		3,950
(b) Temporary Teeth		934
Total (11)		4,884