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CITY OF BIRMINGHAM
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

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

PUBLIC HEALTH DEPARTMENT.

FOR THE YEAR ENDED 31st DECEMBER, 1953

BEEN BY THE
MEDICAL OFFICER

CITY OF BIRMINGHAM
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

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

FOR THE YEAR ENDED 31st DECEMBER, 1953

INDEX

SPECIAL SERVICES SUB-COMMITTEE:

ALDERMAN MRS. E. V. SMITH, J.P.
(*Chairman of the Education Committee*)

COUNCILLOR MRS. E. WRIGHT, J.P.
(*Chairman*)

MR. COUNCILLOR S. J. BROWN
MR. COUNCILLOR S. E. DAWES
MR. COUNCILLOR E. J. EAMES
COUNCILLOR MRS. D. M. FISHER
MR. COUNCILLOR T. PATON
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MR. COUNCILLOR W. H. RATHBONE
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COUNCILLOR MRS. F. M. SMALLWOOD

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MRS. A. L. GIBSON
MRS. P. H. JONES
T. T. LOCKIE, ESQ.

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

STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER:
HAROLD M. COHEN, M.D., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER:
MAURICE E. LEMIN, M.B., CH.B.

ASSISTANT PRINCIPAL SCHOOL MEDICAL OFFICER:
PHILIP R. KEMP, M.B., CH.B.

SCHOOL MEDICAL OFFICERS:

GERALD FRASER - SMITH, M.R.C.S., L.R.C.P.
DOROTHY M. BEAUMONT, M.B., CH.B., M.R.C.S., L.R.C.P.
MAY W. BLAKISTON, M.A., M.B., CH.B.
ELSE A. D'AMIAN, M.D., L.R.C.P., L.R.C.S.
JOYCE B. MOLE, M.B., CH.B., D.C.H.
KATE GRAY, M.A., M.B., B.S.
BERYL W. MARSON, M.B., CH.B., D.C.H.
WILLIAM H. S. MACGREGOR, M.R.C.S., L.R.C.P.
MARGARET L. WILLIAMSON, M.B., CH.B., D.P.H. (*Resigned* 19.12.53)
MURIEL J. DAVIES, M.B., CH.B., D.P.M. (*Resigned* 10.12.53)
JEAN E. CUMMING, M.B., CH.B.
MARGARET P. PATERSON, M.B., B.S.
JOAN I. BUCHANAN, M.B., CH.B. (*Appointed* 1.1.53)
MARGARET B. WIGLEY, M.B., CH.B. (*Appointed* 30.3.53)
MARGARET R. MACLEOD, M.B., CH.B. (*Appointed* 7.12.53)

PRINCIPAL SCHOOL DENTAL OFFICER:
DONALD GLEN THOMSON, *T.D.*, L.D.S.R.C.S.

SCHOOL DENTAL OFFICERS:

CLIFFORD J. BAKER, L.D.S.
HARRY A. COHEN, L.D.S.
HUGH LINN, L.D.S.R.C.S.
CYRIL R. FODEN, L.D.S.
MARJORIE COOK, L.D.S.
WILLIAM A. BARTON, L.D.S.R.C.S.
ALFRED WIJEYEKOON, L.D.S.
JEAN M. HOWARD, B.D.S. (*Resigned* 30.9.53)
DAVID N. MORTIMER, L.D.S. (*Appointed* 9.3.53)
ERNEST A. K. BAIRD, L.D.S.R.F.P.S. (*Appointed* 14.9.53)

12 Part-time Dental Officers appointed on a sessional basis, gave service equivalent to 1 3/11 full-time Officers.
(At the end of the year 2 8/11 vacancies).

CHILD GUIDANCE SERVICE:

Senior Educational Psychologist:
W. J. BANNON, M.A., ED.B.

Senior Consultant Psychiatrist:
†*CHARLES L. C. BURNS, M.R.C.S., L.R.C.P., D.P.M.

Consultant Psychiatrists :

†*Louise F. W. Eickhoff, M.D., D.P.M.

†*Jeanne E. Stirrat, M.B., Ch.B., D.P.M.
(*Appointed* 2.11.53).

Psychologists :

Enid M. John, M.Sc.
Edna Howard, B.A.

Psychiatric Social Workers :

Doreen Hosking
*Alice Haas, Ph.D.
*Mary C. Jenkin, B.A.
Joan M. Carpenter, B.A. (*Appointed* 7.9.53).

Social Worker :

Barbara K. Dearnley

Remedial Teacher :

Noreen Lowe, B.A.

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 Schools for the Partially Sighted*)
John H. Austin, M.B., Ch.B., D.O., D.O.M.S.
Samuel Acheson, M.B., B.Ch., B.A.O.
Benjamin C. Curwood, M.B., Ch.B., M.R.C.S., L.R.C.P., D.O.M.S.
Lothar Marx, M.B., Ch.B.
Stuart W. K. Norris, B.Com., M.R.C.S., L.R.C.P., D.O.
Nora Walkinshaw, M.B., B.S.

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 Physically 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 Deaf*)

Asthma Section :

J. Morrison Smith, M.B., M.R.C.P.E., D.P.H., D.T.M.H., T.D.D.

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., H.D.D.
Norman Norris, B.D.S.

Anaesthetists :

William R. A. Line, M.R.C.S., L.R.C.P.
Dorothy Taylor Shewring, 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.
John Bunting, M.B., B.Ch., B.A.O., F.R.C.S.I., L.P.S.N.I.
Edith M. Stockwin, M.B., Ch.B., D.P.H. (*Appointed* 15.1.53)
Enid M. Mackintosh, M.B., B.S. (*Appointed* 28.9.53)

PHYSIOTHERAPISTS :

MAUREEN WALLS, S.R.N., M.C.S.P.
NORA E. GOOK, M.C.S.P. (*Resigned* 27.2.53)
MARIE JAMES, M.C.S.P. (*Resigned* 30.9.53)
*MARJORIE E. FINNEY, M.C.S.P.
MADELEINE M. WILLIAMS, C.S.P., S.O.N.A. (*Appointed* 1.2.53)
JOYCE M. KREMER, M.C.S.P. (*Appointed* 22.4.53 ; *Resigned* 31.12.53)
FLORENCE N. STODDARD, S.R.N., M.C.S.P.
NORA M. LUCAS, M.C.S.P.
(3 5/11 Vacancies)

CHIROPODIST

*HAROLD WILDBORE, M.S.CH.

REMEDIAL GYMNASTS :

MARION J. DAVIS
WILLIAM COLLINS

CHIEF SPEECH THERAPIST :

(Vacant)

SPEECH THERAPISTS :

*EILEEN S. SPRAYSON, L.C.S.T.
SHEILA M. KALRA, L.C.S.T.
*MARY P. MANLEY, L.C.S.T. (*Resigned* 31.8.53)
*FRANCES D. HILL, L.C.S.T. (*Resigned* 31.8.53)
*SYLVIA M. B. WHITE, L.C.S.T.
HENRIETTA I. N. NUTT, L.C.S.T. (Aus.), A.A.S.A. (*Appointed* 16.3.53)
FLORENCE E. B. SAVAGE, L.C.S.T. (*Appointed* 7.9.53)
PATRICIA S. MCDONOUGH, L.C.S.T. (*Appointed* 7.9.53)

SCHOOL NURSING STAFF :

Superintendent School Nurse :

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

Deputy Superintendent School Nurse :

A. WINIFRED ASHWORTH, S.R.N., S.C.M., H.V.Cert. (*Appointed* 1.1.53)

School Nurses	50
Nurses in Nursery Schools	5
Nursing Assistants	20

(5 Vacancies for School Nurses)

OTHER STAFF :

Matron at Martineau House	1
Nurses in Special Schools :	
Residential	4
Day	4
State Enrolled Assistant Nurses in Special Schools :	
Residential	3
Day	1
Dental Attendants	18

*Part-time Officers
†Appointed by Regional Hospital Board.

SCHOOL HEALTH SERVICE,
QUEEN'S COLLEGE CHAMBERS,
38A, PARADISE STREET,
BIRMINGHAM, 1.
(*Telephone : MIDland* 1518)
December, 1953.

SUMMARY OF WORK—1953 :

	Children	*Attendance*
SCHOOL MEDICAL OFFICERS AT SCHOOLS :		
Visits to Schools—2,459		
Routine Inspections—		
Primary and Secondary Modern Schools	44,947	
Secondary Grammar Schools	3,708	
Special Schools	635	
Nursery Schools and Classes	2,151	
Selected Cases—		
Special Inspections	2,781	
Re-inspections	3,627	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS :		
Special Inspections	22,617	78,650
Re-inspections	19,708	
OPHTHALMIC CLINICS :		
Number of Spectacles prescribed by the Ophthalmic Surgeons	4,809	
Number of Spectacles prescribed by the Medical Officers	850	
AURAL CLINIC :		
Number examined by the Aural Surgeon	1,107	3,763
Number of diastolizations	186	
Number of mastoid dressings	405	
Number of other aural treatments	2,863	
Number of audiograms	309	
ORTHOPAEDIC CLINICS :		
Number examined by the Orthopaedic Surgeon	173	
Number treated by the Physiotherapists	2,647	
CHILD GUIDANCE CLINICS	658	
SPEECH THERAPY CLINICS	657	
ULTRA-VIOLET RAY TREATMENT	2,134	
DENTAL CLINICS	40,496	59,295
ORTHODONTIC CLINIC	204	1,730
ASTHMA CLINIC	14	20
SCHOOL NURSES AND/OR NURSING ASSISTANTS		
Examinations of Children for Uncleanliness	406,034	
Vision Tests	42,672	
Home Visits	2,884	
CHIROPODY CLINIC	230	821

CITY OF BIRMINGHAM

GENERAL INFORMATION

Population (Estimated)	1,118,500
Area	51,147 acres
Density of population	21·86 persons per acre
Rateable value	£7,626,035
Education rate	100·1d.
Penny rate produces	£29,809
Primary and Secondary Schools (including Nursery Schools)	
Number of schools	445
Average number on rolls	178,420
Special Schools	
Number of schools	26
Average number on rolls	2,943

ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

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

For the Year ended 31st December, 1953

To the Chairman and Members of the Education Committee.

I have the honour to present for your consideration a report of the School Health Service for the year ended 31st December, 1953.

The report, as usual, gives an account of the many activities which the Service undertakes.

Possibly the curative side to many of these may be more emphasised as it is not easy to indicate how attention is given to the promotion of health, mental as well as physical. There is no clear-cut distinction however, between curative and preventive medicine, but it is the outlook of those practising in the School Health Service which is of importance. Opportunities for carrying out promotion of health occur everywhere in the school doctor's work. The meeting with the parents at the periodic medical inspections in the schools, and at the clinics afford an excellent opportunity. The teachers are active agents in the Service and in their turn school medical officers take part in the life of the school through discussing with the teachers either individual or general matters like health education. Furthermore, interest in physical education and in the nutrition of children through the school meals service is also of prime importance. The consideration of social and economic conditions and the advancement of mental hygiene may suggest action which can be taken to improve the children's health. Through taking an interest in children in all these ways school medical officers are likely to become more sensitive to their various needs and better able to recognise early deviations from the normal.

Early in this report there is a discussion on the general condition of the children examined during the year. It is heartening to note that as far as can be judged by the school medical officers and by scrutiny of the available information, the general health and well-being of the children continues to be satisfactorily maintained. In this connection attention is drawn to the analysis of the results of the anthropometric survey amongst groups of children. The findings will form a valuable basis for future comparisons of the heights and weights of Birmingham children.

The report includes sections contributed by various members of the Service, indicating the many-sided nature of the work undertaken.

A full account of the excellent work of the dental service is given by the Principal School Dental Officer. Extra sessions have been given by one of the orthodontic specialists, a pointer to the need of a full-time orthodontic clinic.

The Superintendent School Nurse reports on the effective work of the School Nursing Staff.

During the year new school health service regulations came into effect. The School Health Service and Handicapped Pupils Regulations (S.I. 1953 No. 1156) operated from August, 1953, taking the place of the Handicapped Pupils and School Health Service Regulations made in 1945. Some of the differences are mentioned in the relevant sections in the Report. Here it can be mentioned that the School Medical Officer and Senior Dental Officer are now to be styled respectively " Principal School Medical Officer " and " Principal School Dental Officer." No doctor or dentist working in the School Health Service is to be styled " Assistant." These changes are mentioned advisedly as they appear in the list of staff for the first time and may also resolve possible confusion at some future date.

The Regulations incorporate changes which had been found to be desirable as a result of eight years' experience of the working of the previous Regulations and include suggestions made in 1949 and 1950 during the discussions of the Education Sub-Committee of the Local Government Man-Power Committee. Here also it may be stated with pleasure that the change in order of the title and in the order of the sections recognise the importance of the School Health Service.

It is known that there are a number of local children who suffer from asthma, and the Committee agreed to the establishment of an Asthma Clinic. Asthma often becomes more difficult to treat the longer it lasts, so that in children treatment is usually more successful than in adults. Whilst many facilities for its treatment already exist in the School Health Service, such as the Ear, Nose and Throat Clinic, the Child Guidance Clinic, and the Physiotherapy Department, there was no school clinic specially concerned with the integration of the services for the remedying of this condition. As it was possible to obtain the assistance of Dr. Morrison Smith, Consultant Chest Physician with special knowledge of the condition, through the Regional Hospital Board, full discussions took place locally with all who had a medical interest in the subject. As a result support was given to the Committee's proposal and treatment commenced towards the end of the year.

The interchange of whole-time medical officers between the School Health Service and the Children's Hospital has been continued. This arrangement is effected through the Institute of Child Health and there

is no doubt that the scheme is of great benefit. It will be noted that the purpose is in accordance with the spirit of the remarks at the beginning of this letter.

The Committee continue their vigorous policy over the care of handicapped children.

Astley Hall, the former residence of Earl Baldwin, was opened in May as a residential school for 46 educationally sub-normal boys and girls between the ages of five and eleven.

At St. Francis Residential School new classrooms and a gymnasium were opened during the year.

Work has commenced for the reinstatement of two classrooms for the physically handicapped and the provision of two practical rooms for the educationally sub-normal at the Little Green Lane Schools.

Improvements to the sanitary accommodation at Moseley Road Schools for the Deaf and Partially-Sighted were completed during the year.

Plans have been approved for schools at Wyrley Birch, North Birmingham, to replace Gem Street School for the Deaf and George Street West School for the Physically Handicapped, and work on the site has commenced.

The provision of teaching children in hospitals under Section 56 of the Education Act, 1944 has been extended to the Birmingham Children's Hospital.

During the year there was a further meeting of the West Midlands Conference on Special Residential Schools. The Conference first met in April, 1947, its purpose being the co-ordination of the provision of residential special schools throughout the West Midlands Area. It comprises three representatives (one member, one administrative officer and one medical officer) of each local education authority in the West Midlands. The Ministry of Education recognise the value of the Conference and representatives attend the meeting and take part in the discussion. At this meeting, the opening of the Needwood School for Partially Deaf Children by the Staffordshire Authority was in particular discussed.

Mention was also made of the need for accommodation of severely physically handicapped children, and a review is to be carried out.

The ascertainment of deafness in children in all schools has been continued. Attention is drawn to the results of the routine audiometric survey. This survey in disclosing unsuspected hearing defects at an early stage when simple treatment may prevent more serious deafness is valuable, and falls within the preventive nature of the Service.

The Committee have also been concerned over the help which could be given to very young deaf children below the age for admission to the schools for the deaf. Experience in the audiology units in London has shown how much help can be given to these children if training can be started at the age of 6–9 months when a child's deafness is often suspected by the mother.

This training must be given continuously by the parents at home following instruction and supervision at an audiology unit. The Committee, of course, have no authority to provide for children under the age of two and it is gratifying to report that the Health Committee opened such a clinic during the year. Professor and Mrs. Ewing, of the Department of Education of the Deaf, Manchester University, have been closely concerned in the setting up of this unit and through the Medical Officer of Health suggested that a teacher of the deaf should attend each session. The Committee willingly agreed to allow the Head Teachers of the two schools for the deaf to attend alternately.

At the end of the year further action was taken towards the protection of children against tuberculosis. The Committee agreed to the Health Committee's proposals to make arrangements for the B.C.G. vaccination against tuberculosis for children between their thirteenth and fourteenth birthdays, in accordance with the scheme outlined in the Ministry of Health's Circular of November, 1953. A designated medical officer from the Health Department would visit all Secondary Schools in the same way that visits are now paid to the schools for the purpose of diphtheria immunisation. The consent of the parents of children in the age group mentioned would be sought and those children whose parents had given their consent would, first of all, be given a pre-vaccination test. The negative reactors will thereupon receive B.C.G. vaccination. Valuable experience has already been gained through the trials which the Medical Research Council carried out here, and a report on the follow-up of this investigation is included in this Report.

The Chief Clinical Tuberculosis Officer, in view of the interest in tuberculosis, has contributed a full account on this subject to this Report.

The new school clinic at Warren Farm Road to serve the Kingstanding area was opened in June. Full use is already being made of the excellent facilities afforded by the clinic, and a short description is given in the Report.

Through the courtesy of the architects, a plan and details of construction of the clinic are included.

During the year the final stages in the completion of the school clinic in Church Lane, Kitts Green, were reached.

In accordance with the Committee's decision alterations were commenced to adapt the accommodation which became vacant at Hands-

worth Clinic, following the transfer of operative treatment for tonsils and adenoids, for physiotherapy and ultra-violet ray treatment.

Adaptations at 29, George Road, Edgbaston, to replace the Child Guidance Clinic at Lee Crescent were almost complete at the end of the year.

In accordance with the Committee's scheme to extend the Child Guidance Service, steps were taken during the year to acquire "Stannington," 455, Yardley Wood Road, King's Heath, for use as a third Child Guidance Clinic to serve South Birmingham.

A tape recorder has been provided for the use of all the Speech Therapists, and its usefulness has become well-established. In particular, a permanant record of the children's progress is kept while attending the Speech Therapy Clinic ; the tape recorder is a method of providing encouragement and incentive for new children and particularly parents ; and is a means of demonstrating to the child his own speech pattern.

It is with sorrow that we record the death of Mr. Christian Kunzle in January this year. In 1948 he placed his chateau at Davos at the disposal of the Committee for the purpose of the Alpine School. He helped personally in very many ways to make the scheme a success. We mourn the loss of a generous and devoted friend of our children.

It is a pleasure again 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.

May, 1954

SCHOOL CLINICS

School Clinic	Number of Schools	Work Undertaken (Number of Sessions per week)								
		Minor Ailments and Inspection	Refraction	Dental	Orthopædic	U.V.R.	Ear, Nose and Throat	Speech Therapy	Orthodontic	Chiropody
Aldridge Road, Great Barr, Birmingham, 22	22	6	½	9	8	2				
Albert Road, Aston, Birmingham, 6	33	6	2	9		6				
Great Charles Street, Birmingham, 3	34	6	6	7			2			
Soho Hill, Handsworth, Birmingham, 19	40	6	2	11		4		10		
Harborne Lane, Selly Oak, B'ham 29	38	6	2	10		4				
Maas Road, Northfield, B'ham 31	28	6	1	11	5	4				
Ridpool Road, South Yardley, Birmingham, 26	21	6	1							
Sheep Street, Gosta Green, Birmingham, 4.	37	6	1½	9	11	6			2	2
Sherbourne Road, Balsall Heath, Birmingham, 12	27	6	1	11		4				
Stratford Road, Sparkhill, B'ham 11	42	6	2	11	11	4				
Slade Road, Erdington, B'ham 23	28	6	½	8		4				
Warren Farm Road, Erdington, B'ham 23	25	6	1	8						
Warstock Lane, King's Heath, Birmingham, 14	27	6	1	9	6	2				
Yardley Green Road, Little Bromwich, Birmingham, 9	43	6	4	15		4				
Friends' Institute, Moseley Road, Birmingham, 12	—							10		
Dame Elizabeth H'se, Stechford, B'ham 9	—							15		
Congregational Hall, Brackenbury Road, Erdington, B'ham 23	—							10		
280, Birchfield Road, Birmingham, 20.	—							8		
Birmingham Athletic Institute, John Bright Street, B'ham, 1	—				6					

Child Guidance Clinics, 45, Lee Crescent, Birmingham, 15 and 280, Birchfield Road, Birmingham, 20.

Floodgate Street Bathing Centre, Birmingham, 5.

The figure under the heading " Work Undertaken " indicates the number of sessions usually held. The figure is not constant, however, and varies according to the demand of the particular forms of treatment concerned.

STAFF

Dr. J. I. Buchanan was appointed in January, in place of Dr. J. B. Brown, who had resigned in December, 1952.

Dr. M. B. Wigley was appointed in March to fill a vacancy created by opening a new clinic. Dr. M. L. Williamson resigned in December, and Dr. M. R. MacLeod was appointed to fill the vacancy. Dr. M. J. Davies also resigned in December.

Two full-time Dental Officers were appointed to fill long-standing vacancies ; Mr. D. N. Mortimer in March and Mr. E. A. K. Baird in September. Miss J. M. Howard, Dental Officer, resigned in September. A number of part-time Dental Officers were also added to the staff during the year.

Dr. Jeanne E. Stirrat was appointed as additional part-time Consultant Psychiatrist at the Child Guidance Clinic in November, and Miss J. M. Carpenter took up her duties as Psychiatric Social Worker in September.

In December, Mr. N. Norris, Orthodontist, was appointed to serve a further two sessions per week.

Dr. Edith M. Stockwin was appointed to the panel of Anæsthetists in January, and Dr. E. M. Mackintosh in September.

Two Physiotherapists, Miss N. E. Gook, and Mrs. M. James, resigned during the year, the former in February and the latter in September. The resultant vacancies were filled by Mrs. M. M. Williams and Mrs. J. M. Kremer. Mrs. Kremer, however, also resigned in December.

Mrs. M. P. Manley and Miss F. D. Hill, part-time Speech Therapists, both resigned in August, their places being filled by Misses F. E. B. Savage, and P. S. McDonough, who took up duty in September. In addition, Miss Henrietta I. N. Nutt joined the Speech Therapy staff in March.

Several changes occurred amongst the nursing staff and dental attendants. Miss D. Asher, School Nurse, who had been appointed to the service of the Committee in 1925 retired on superannuation in October. Miss Asher was a loyal and competent worker in the various branches of the service. Miss E. Moore, Dental Attendant, also retired after nearly 29 years' loyal service. Several vacancies for School Nurses remained unfilled at the end of the year.

CO-ORDINATION

The inter-change of relevant information between the Public Health Department and the School Health Service continues to take place smoothly and satisfactorily.

Further help is given in the building up of continuous medical histories of school children through the reports received from the hospitals on children who have been under their care. In general, the suggestions in the Circular to the Hospital Boards are being carried out.

The Regional Hospital Board, in accordance with the agreement, appointed a consultant psychiatrist for extra sessions at the Child Guidance Clinics.

The arrangements for the removal of tonsils and adenoids at Dudley Road Hospital have continued in accordance with the agreement with the Regional Hospital Board.

MEDICAL INSPECTION

Regulation 10 of the School Health Service Regulations, 1953, insofar as medical inspection of children is concerned states that arrangements shall ensure :

> " A general medical inspection of every pupil on not less than three occasions at appropriate intervals during the period of his compulsory school age and other medical inspections of any pupil on such occasions as may be necessary or desirable.
>
> Provided that there may be fewer than three general medical inspections for any pupil who attends schools maintained by the Authority for less than the period of his compulsory school age or, if the Minister approves, for all pupils."

Circular 269 of the Ministry relates to the new regulations. With regard to medical inspection it states that

> " Regulation 10 introduces certain changes in the requirements regarding medical inspections. Under the 1945 Regulations three general medical inspections were prescribed during a pupil's attendance at school, at specified periods in his school career. Under the new Regulations a minimum of three is prescribed during the period of school life, but it is left to the Authority's discretion when to arrange these and also whether to arrange for additional general inspections. Many Authorities limiting the number of general inspections to three will no doubt decide to conduct two of them during the first and last years of compulsory school attendance, and to carry out the intermediate inspection either during the last year in the primary school or during the first year in the secondary school. An arrangement of this kind has much to recommend it ; in particular it is useful for record purposes for the three main inspections to cover complete age groups. Where this is done, however, it will also be desirable to inspect young children under five as soon as possible after they begin school, in addition to inspecting them with the five year age group, and to inspect during their last year at school, pupils who stayed at school beyond fifteen."

It has been decided to continue with the three medical inspections. Certain extra inspections are mentioned in Circular 269 paragraph 3. These are at present covered locally. The school doctors already pay extra visits to the Nursery Schools and Classes, generally once a term, for the purpose of examining the children. In accordance with the Circular arrangements will continue to be made for all children under five to be examined as soon as possible after they begin school in addition to inspecting them with the five year age group of children.

Reference is now made to a suggestion in the Circular to make arrangements which are not based on periodic medical inspections. The possibility of the school doctor visiting the schools at least two or three times a term can be considered as an alternative. In Birmingham, it would not be possible for the present number of school doctors to visit each school as frequently as suggested. Furthermore, when it is considered that the school doctor would see on these occasions such children who are brought to his attention by parents, teachers or the school nurse, it is considered that these special inspections are already met satisfactorily in Birmingham. With the ready availability of school doctors at clinics within reach of all schools, such special inspections are carried out in addition to the periodic medical inspections. One other referring agent indeed deserves to be mentioned, namely, the Education Welfare Officers.

When the 1945 Regulations were introduced there was a certain amount of controversy concerning the selection of the age group ten plus for the second periodic inspection. This is discussed in the Report of the Chief Medical Officer of the Ministry of Education for the years 1946 and 1947. The alternatives of carrying out the intermediate examination during the last year in the primary school or during the first year in the secondary school are posed in the Circular and were discussed with the teacher representatives locally. Accordingly, it has been decided to examine children during the early part of their last year in the primary school. Children who may need to be kept under observation for any defects found at this examination will be seen either at the school clinic or when they arrive at the secondary modern or grammar school at the next visit of the medical officer. In that way they will be followed-up regularly.

The main statistics on medical inspection will be found on pages 110 to 113 and the findings are given in accordance with the Ministry's requirements.

The parents receive an invitation to be present at these examinations so that a full discussion can take place on each child. Whilst the parents in general appreciate the value of this consultation with the doctor, it is interesting to note from the following percentages that the attendances fall off with the older children.

Percentages of parents attending with children at the various age groups :

Entrants : 5 years old	93 per cent.
Second age group : 10 years old	85 per cent.
Third age group : 14 years old	57 per cent.

The number of defects found to require treatment at these periodic examinations was 19,209 whilst in addition a further 14,104 were referred for medical supervision.

Children previously found to have defects are also examined (re-inspections).

In addition, other children are presented as " specials " for examination by the school 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)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	22,546	5,049	22·40	16,468	73·04	1,029	4·56
Second Age Group	13,696	3,276	23·92	9,741	71·12	679	4·96
Third Age Group	15,199	3,535	23·26	11,300	74·34	364	2·40
Total, 1953 ...	51,441	11,860	23·05	37,509	72·92	2,072	4·03
Total, 1952 ...	44,845	9,871	22·01	32,834	73·20	2,150	4·79

From this analysis it will be noted that the condition of the children examined has been maintained. The grouping is arbitrary, however, and the assessments by the school medical officer are made on a subjective basis. So whilst the grouping cannot be regarded as a strictly accurate measure, yet it is reasonable to assume that the general impression of the doctors following the careful clinical examination, gives a reasonable indication of the child's general condition. In considering

the classification, it is useful to remember that attention has been drawn by the Chief Medical Officer to the Ministry of Education, to the Oxford Dictionary meaning of the word " fair " as " satisfactory." The school medical officers classify the children in that sense under that particular heading.

HEIGHTS AND WEIGHTS

It is considered that in general the heights and weights of children bear a relation to their physical fitness. Through the courtesy of Dr. Padley, of the Central Statistical Office, the measurements of the children for 1952 have been analysed and the results should provide a basis for comparison in future years.

The inter-relationships, however, of the findings for the various classes of schools are of special interest. The progressive diminution in height and weight through the grades is a problem which may have to be considered with regard to such factors as socio-economic conditions and physiological maturity.

Dr. Padley and Miss Gales, of the Central Statistical Office, report :—

" The basic data referred to the Central Statistical Office for use in the investigation of the heights and weights of Birmingham school children consisted in written records of the date of birth, date of examination, height in feet and inches and weight in stones and pounds, of about fifteen thousand children, together with the names of the schools attended by them. All measurements were taken between February 1st, 1952, and February 1st, 1953. The three largest age groups into which the children fell were found to be 6, 11 and 14, the age being taken from the last and not the nearest birthday. Thus under the heading " 6 " are included all children between their sixth and seventh birthdays.

The aim of the investigation was to provide a basis for historical records showing the growth of Birmingham children and also to obtain some picture of the extent to which the heights and weights of the children varied with the area of the City in which they lived. The classification of areas was done by the Education Welfare Officers who gave to each school a grading A, B or C, to represent the social level of the area from which the majority of the pupils were drawn. These grades were transferred to the forms containing the other data.

As it had been decided to work with the age groups 6, 11 and 14, the data fell into eighteen distinct groups since the boys and girls of the three different ages had the gradings A, B or C. Records were discarded whenever the information was incomplete, when it referred to a child of an age group other than the chosen ones or when part of the information (most frequently the date of birth) was obviously incorrect.

Final records used were for 7,576 children of whom 3,477 were boys and 4,199 were girls. The distribution between the age groups was approximately equal, but while there were 1,162 children from A Groups, there were 4,328 from B Groups and 2,186 from C Groups.

Although the degree of accuracy obtained in the measurements was unknown, all recorded heights were converted into inches and taken to the nearest half-inch below any recorded quarter-inch. Weights were converted into pounds and taken to the nearest half-pound below any recorded quarter-pound. Ages were taken in years and months to the nearest calendar month.

The mean age, height and weight was calculated for each of the eighteen groups while in the case of the heights and weights, the standard deviations from the mean and the standard errors were also calculated. Tables I and II show these results for girls and boys respectively. These Tables show a progressive diminution in height and weight from Class A to Class C in practically all age groups for both boys and girls. The mean ages did not show differences sufficiently large or consistent to provide an explanation for this diminution.

Table III gives the mean, standard error and standard deviation for height and weight for the boys and girls of the three age groups, together with their mean ages. This Table was obtained by combining the figures obtained in Tables I and II for children from Classes A, B and C. It is of some interest to compare these average heights and weights for Birmingham school children with those obtained in 1949 for school pupils in the County of London. This has been done in Table IV which shows the actual means of weight and height for the London school children together with the calculated means at a mean age equal to that of the Birmingham children of that age group. These estimated means, obtained by interpolation, are shown in red.

In Tables V, VI and VII, the mean heights and weights of boys from Classes A, B and C, are compared in order to show in which cases the differences are sufficiently large to be statistically significant. The measure of significance used was that the ratio of difference in means to standard error of difference should be equal or greater than two. The results show that the differences between the classes, although consistent, were not in most cases sufficiently large to conform with the convention of statistical significance adopted. The differences of greatest significance were found in the 6 year old age group.

In Tables VIII, IX and X similar data is given for the girls. In this case, however, it was found that the diminution in height and weight from Class A to Class C was sufficiently great to be statistically significant in all of the age groups, while the diminution from Class A to Class B was statistically significant except in the 14 year olds.

The consistency of the occurrences of differences in height and weight between children of the three different social backgrounds suggests that these differences are real. Surveys carried out in various other towns have not always arrived at a similar conclusion. As was pointed out by us in a recent letter in the British Medical Journal* in which results obtained in Sheffield and Liverpool were commented upon, it is important to realise that any results obtained in local surveys provide estimates which relate with certainty only to the local community sampled. The most important purpose of this survey of the heights and weights of Birmingham school-children was thus to obtain a yardstick by which future changes in stature could be assessed, rather than to afford a means of comparing their present stature with that of children in other towns."

*British Medical Journal, Feb. 13, 1954. *Weight of British Children. H. M. Cohen and K. E. Gales.*

TABLE I. **GIRLS.**

	Age	Class A			Class B			Class C.		
		No. of Girls	Mean ± S.E.	S.D.	No. of Girls	Mean ± S.E.	S.D.	No. of Girls	Mean ± S.E.	S.D.
Height in ins.	6	172	46·28 ± 0·382	5·02	767	45·38 ± 0·088	2·46	266	44·64 ± 0·125	2·05
	11	144	57·03 ± 0·286	3·33	531	55·52 ± 0·13	2·97	376	55·12 ± 0·171	3·21
	14	437	62·4 ± 0·255	5·36	892	61·97 ± 0·079	2·37	614	61·40 ± 0·113	2·8
Weight in lbs.	6	172	48·2 ± 0·482	6·46	767	46·03 ± 0·224	6·22	266	45·64 ± 0·187	3·05
	11	144	80·32 ± 1·39	16·67	531	73·74 ± 0·593	13·67	376	73·49 ± 0·724	14·04
	14	437	110·31 ± 0·01	18·81	892	109·26 ± 0·571	17·05	616	107·00 ± 0·708	17·53

Mean Ages—Class A— 6·54, 11·35, 14·68

Mean Ages—Class B— 6·46, 11·40, 14·87

Mean Ages—Class C— 6.44, 11·37, 14·72

TABLE II. **BOYS.**

	Age	Class A			Class B			Class C		
		No. of Boys	Mean ± S.E.	S.D.	No. of Boys	Mean ± S.E.	S.D.	No. of Boys	Mean ± S.E.	S.D.
Height in ins.	6	191	46·81 ± 0·193	2·66	882	45·73 ± 0·029	2·68	287	45·08 ± 0·126	2·17
	11	103	55·88 ± 0·263	2·67	565	55·6 ± 0·122	2·91	291	55·16 ± 0·182	3·10
	14	115	63·31 ± 0·310	3·33	691	63·15 ± 0·386	3·2	352	62·6 ± 0.200	3·75
Weight in lbs.	6	191	49·41 ± 0·439	6·08	882	47·10 ± 0·585	5·49	287	46·27 ± 0·109	5·85
	11	103	74·75 ± 1·01	10·26	565	73·65 ± 0·465	11·05	291	73·76 ± 0·670	11·59
	14	115	109·21 ± 2·11	22·65	691	109·24 ± 0·709	18·60	352	105·92 ± 0·920	17·44

Mean Ages—Class A— 6·47 yrs., 11·33 yrs., 14·65 yrs.

Mean Ages—Class B— 6·45 yrs., 11·40 yrs., 14·71 yrs.

Mean Ages—Class C— 6·42 yrs., 11·40 yrs., 14·68 yrs.

	Age	No. of Boys	All Boys		No. of Girls	All Girls	
			Mean ± S.E.	S.D.		Mean ± S.E.	S.D.
Height in ins.	6	1,360	45·74 ± 0·021	2·4	1,205	45·35 ± 0·0259	2·84
	11	959	55·50 ± 0·0311	2·99	1,051	55·58 ± 0·0319	3·28
	14	1,158	63·00 ± 0·0313	3·37	1,943	61·89 ± 0·0236	3·21
Weight in lbs.	6	1,360	47·25 ± 0·211	6·85	1,205	46·25 ± 0·167	5·8
	11	959	73·80 ± 0·436	11·35	1,051	74·55 ± 0·442	14·32
	14	1,158	108·23 ± 0·503	17·11	1,943	108·78 ± 0·41	17·74

Mean Ages for Boys — 6·447 yrs.
11·390 yrs.
14·697 yrs.

Mean Ages of Girls — 6·465 yrs.
11·380 yrs.
14·778 yrs.

TABLE IV. **LONDON AND BIRMINGHAM.**

	Boys						Girls					
	London			Birmingham			London			Birmingham		
	Mean Age	Mean	S.D.	Mean Age	Mean	S.D.	Mean Age	Mean	S.D.	Mean Age	Mean	S.D.
Height in ins.	6·92	45·67 46·61	2·26	6·45	45·74	2·4	6·91	45·57 46·38	2·29	6·47	45·35	2·84
	11·98	55·62 56·61	2·78	11·39	55·5	2·99	11·91	56·10 57·24	3·00	11·38	55·58	3·28
	14·88	62·92 63·38	3·65	14·70	63·00	3·37	14·84	61·67 62·4	2·46	14·78	61·89	3·21
Weight in lbs.	6·92	47·04 49·51	6·00	6·45	47·25	6·85	6·91	46·81 48·37	6·53	6·47	46·25	5·8
	11·98	77·43 81·46	13·05	11·39	73·80	11·35	11·91	78·07 83·07	15·81	11·38	74·55	14·32
	14·88	111·05 111·60	18·82	14·70	108·23	17·11	14·84	107·86 113·03	18·47	14·78	108·78	17·74

TABLE V. **BOYS—CLASS A AND CLASS B.**

	Age	Class A			Class B			Difference ± S.E.	Ratio = Difference / S.E.
		No. of Boys	Mean ± S.E.	S.D.	No. of Boys	Mean ± S.E.	S.D.	Class A — Class B	
Height in ins.	6	191	46·81 ± 0·193	2·66	882	45·73 ± 0·029	2·68	1·08 ± 0·195	5
	11	103	55·88 ± 0·263	2·67	565	55·61 ± 0·122	2·91	0·27 ± 0·29	0
	14	115	63·31 ± 0·310	3·33	691	63·15 ± 0·386	3·2	0·16 ± 0·495	0
Weight in lbs.	6	191	49·41 ± 0·439	6·08	882	47·10 ± 0·585	5·49	2·31 ± 0·731	3
	11	103	74·75 ± 1·01	10·26	565	73·65 ± 0·465	11·05	1·10 ± 1.11	0
	14	115	109·21 ± 2·11	22·65	691	109·26 ± 0·709	18·60	—0·03 ± 2·25	0

TABLE VI. **BOYS—CLASS A AND CLASS C.**

	Age	Class A			Class C			Difference ± S.E.	Ratio = Difference / S.E.
		No. of Boys	Mean ± S.E.	S.D.	No. of Boys	Mean ± S.E.	S.D.	Class A—Class C	
Height in ins.	6	191	46·81 ± 0·193	2·66	287	45·08 ± 0·126	2·17	1·73 ± 0.230	7
	11	103	55·88 ± 0·263	2·67	291	55·16 ± 0·182	3·10	0·72 ± 0·407	1
	14	115	63·31 ± 0·310	3·33	352	62·6 ± 0·2	3·75	0·71 ± 0·369	1
Weight in lbs.	6	191	49·41 ± 0·439	6·08	287	46·27 ± 0·109	5·85	3·14 ± 0·442	7
	11	103	74·75 ± 1·01	10·26	291	73·76 ± 0·67	11·59	0·99 ± 1·21	0
	14	115	109·21 ± 2·11	22·65	352	105·92 ± 0·930	17·44	3·29 ± 2·31	0

TABLE VII. **BOYS—CLASS B AND CLASS C.**

	Age	Class B			Class C.			Difference ± S.E.	Ratio— Difference / S.E.
		No. of Boys	Mean... ± S.E.	S.D.	No. of Boys	Mean ± S.E.	S.D.	Class B — Class C	
Height in ins.	6	882	45·73 ± 0·029	2·68	287	45·08 ± 0·126	2·17	0·65 ± 0·129	5
	11	565	55·61 ± 0·122	2·91	291	55·16 ± 0·182	3·10	0·45 ± 0·330	1
	14	691	63·15 ± 0·386	3·2	352	62·6 ± 0·200	3·75	0·55 ± 0·435	1
Weight in lbs.	6	882	47·10 ± 0·585	5·49	287	46·27 ± 0·109	5·85	0·83 ± 0·595	1
	11	565	73·65 ± 0·465	11·05	291	73·76 ± 0·670	11·59	—0·11 ± 0·814	0
	14	691	109·24 ± 0·709	18·60	352	105·92 ± 0·930	17·44	3·32 ± 1·17	2

TABLE VIII. **GIRLS—CLASS A AND CLASS B.**

	Age	Class A			Class B			Difference ± S.E.	Ratio— Difference / S.E. of Diff.
		No. of Girls	Mean ± S.E.	S.D.	No. of Girls	Mean ± S.E.	S.D.	Class A — Class B	
Height in ins.	6	172	46·28 ± 0·382	5·02	767	45·38 ± 0·088	2·46	0·9 ± 0·383	2
	11	144	57·03 ± 0·286	3·33	531	55·52 ± 0·13	2·97	1·51 ± 0·314	4
	14	437	62·4 ± 0·255	5·36	892	61·97 ± 0·079	2·37	0·43 ± 0·268	1
Weight in lbs.	6	172	48·2 ± 0·482	6·46	767	46·03 ± 0·224	6·22	2·17 ± 0·521	4
	11	144	80·32 ± 1·39	16·67	521	73·74 ± 0·593	13·67	6·58 ± 1·51	4
	14	437	110·31 ± 1·01	18·81	892	109·26 ± 0·571	17·05	1·05 ± 1·16	0

TABLE IX.

GIRLS—CLASS A AND CLASS C.

	Age	Class A			Class C			Difference ± S.E.	Ratio = Difference / S.E. of Diff.
		No. of Girls	Mean ± S.E.	S.D.	No. of Girls	Mean ± S.E.	S.D.	Class A — Class C	
Height in ins.	6	172	46·28 ± 0·382	5·02	266	44·64 ± 0·125	2·05	1·64 ± 0·403	4
	11	144	57·03 ± 0·286	3·33	376	55·12 ± 0·171	3·21	1·91 ± 0·333	6
	14	437	62·4 ± 0·255	5·36	614	61·40 ± 0·113	2·8	1·0 ± 0·279	3
Weight in lbs.	6	172	48·2 ± 0·482	6·46	266	45·64 ± 0·187	3·05	2·56 ± 0·517	5
	11	144	80·32 ± 1·39	16·67	376	73·49 ± 0·724	14·04	6·83 ± 1·565	4
	14	437	110·31 ± 1·01	18·81	614	107·00 ± 0·708	17·53	3·31 ± 1·233	2

TABLE X.

GIRLS—CLASS B AND CLASS C.

	Age	Class B			Class C			Difference ± S.E.	Ratio = Difference / S.E. of Diff.
		No. of Girls	Mean ± S.E.	S.D.	No. of Girls	Mean ± S.E.	S.D.	Class B — Class C	
Height in ins.	6	767	45·38 ± 0·088	2·46	266	44·64 ± 0·125	2·05	0·74 ± 0·128	5
	11	531	55·52 ± 0·13	2·97	376	55·12 ± 0·171	3·21	0·40 ± 0·215	1
	14	892	61·97 ± 0·079	2·37	614	61·40 ± 0·113	2·8	0·57 ± 0·137	4
Weight in lbs.	6	767	46·03 ± 0·224	6·22	266	45·64 ± 0·187	3·05	0·39 ± 0·292	1
	11	531	73·74 ± 0·593	13·67	376	73·49 ± 0·724	14·04	0·25 ± 0·936	0
	14	892	109·26 ± 0·571	17·05	614	107·00 ± 0·708	17·53	2·26 ± 0·910	2

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

The enquiry into the growth, health and development of children born between the 3rd and 9th March, 1946, was described in last year's Report. The progress of these children was followed during the year when a special medical examination was given by the School Medical Officers. In addition the School Nurses visited the homes on several occasions during the year in order to check school absences and to obtain details of illnesses and accidents. Valuable information was gained through the School Teachers keeping absence records for all the children and completing a short questionnaire on each child's school history for the year.

It is of some interest to note that several of these children had been withdrawn from the survey but following the visit by the School Nurse, the parents agreed to co-operate with the project.

During the year 107 children were seen for the purposes of the survey giving a loss of under five per cent. through refusal of the total number eligible.

THE PROBLEM FAMILY

Dr. Lemin reports :—

" During the past year the problem family has still provided some thought.

Thirty-two cases were specially investigated, reported either through the School Health Service, the Education Welfare Officer, or the N.S.P.C.C. Of these, only 5 were of such a degree as to warrant Court action and removal of the children. These steps were undertaken after repeated visits and practical help having been given without obtaining any improvement. Of these five cases only 3 parents in two families were sent to prison. The other 3 families and 1 parent were put on probation for varying terms. In each of these cases home conditions were so bad children were taken into care until the home could be improved, or in one case until fresh housing could be obtained. In the remaining 27 cases, 12 are still under supervision in the home either by N.S.P.C.C. or Family Service Unit or School Health Service Staff, or Welfare Officers.

In one case it was quite obvious that the parent who was left was quite unable to cope with a family. Dr. Barnardo's Homes were good enough to undertake residential care.

Two cases were reported to the Public Health Department with the view to obtaining improved accommodation.

In one case especially of the two mentioned, it was felt that the unfortunate mother could not possibly make any improvement within her home in the present circumstances.

SCHOOL CANTEENS

Dr. Lemin reports :—

" During the year a number of School Canteens have been visited in company with Miss Jones, the meals organiser.

The preparation of the meals has been observed and the premises inspected. Special attention has been paid to food storage, fly proofing and washing-up facilities and the methods of keeping kitchen waste. The containers and their positions were particularly noticed.

At a later stage the meals were followed to the dining room and the serving and eating of the food was watched. It must be said that the staff in each kitchen were most co-operative and all were anxious to incorporate any suggestions into their work ; not only this, but they were able to offer a number of helpful suggestions from their own practical experience.

Certain recommendations were made on each kitchen individually with regard to general hygiene. The meals provided were interesting and varied both as to type and the method of setting out. While there is no doubt that a sound meal of any sort may be equally basically nutritious, the setting out and variation goes far to encourage the child both in eating and getting used to the types of food which are beneficial to him, but which he did not get previously.

Opportunities arose during the year to talk to the kitchen and canteen superintendents on two occasions on the health and hygiene in the kitchens. The many questions which ensued gave an indication of the interest which they showed in their work.

The more the School Meals Service was observed the more clear it became what a potent factor it can be in the education of the child."

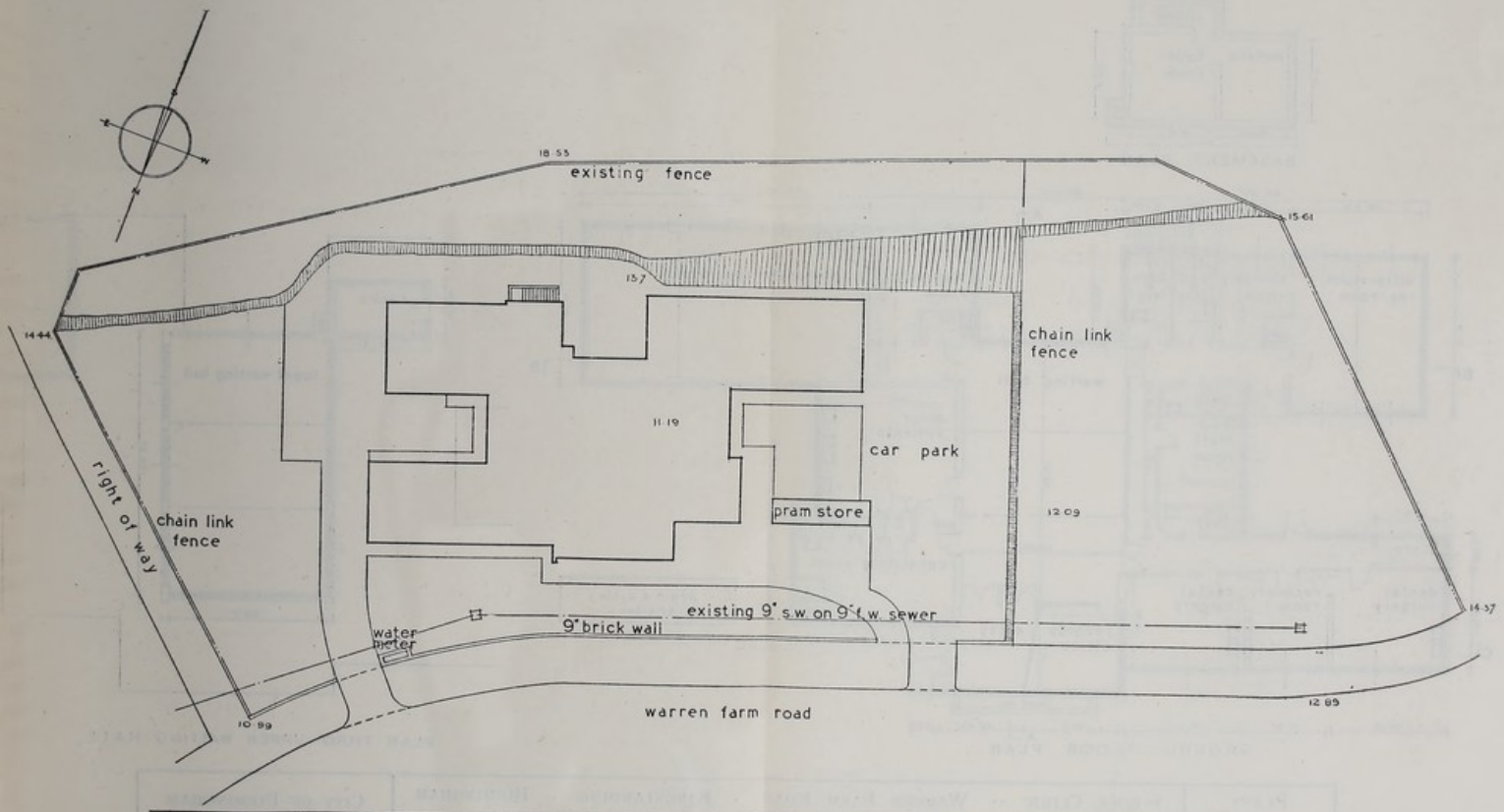
MINOR AILMENTS AND INSPECTION CLINICS

The value of the aid which is given to both mothers and children is shown by the number of attendances. Whilst treatment of minor ailments constitutes the major reason for attendance, the opportunity to consult the school medical officer is also frequently taken by the parents.

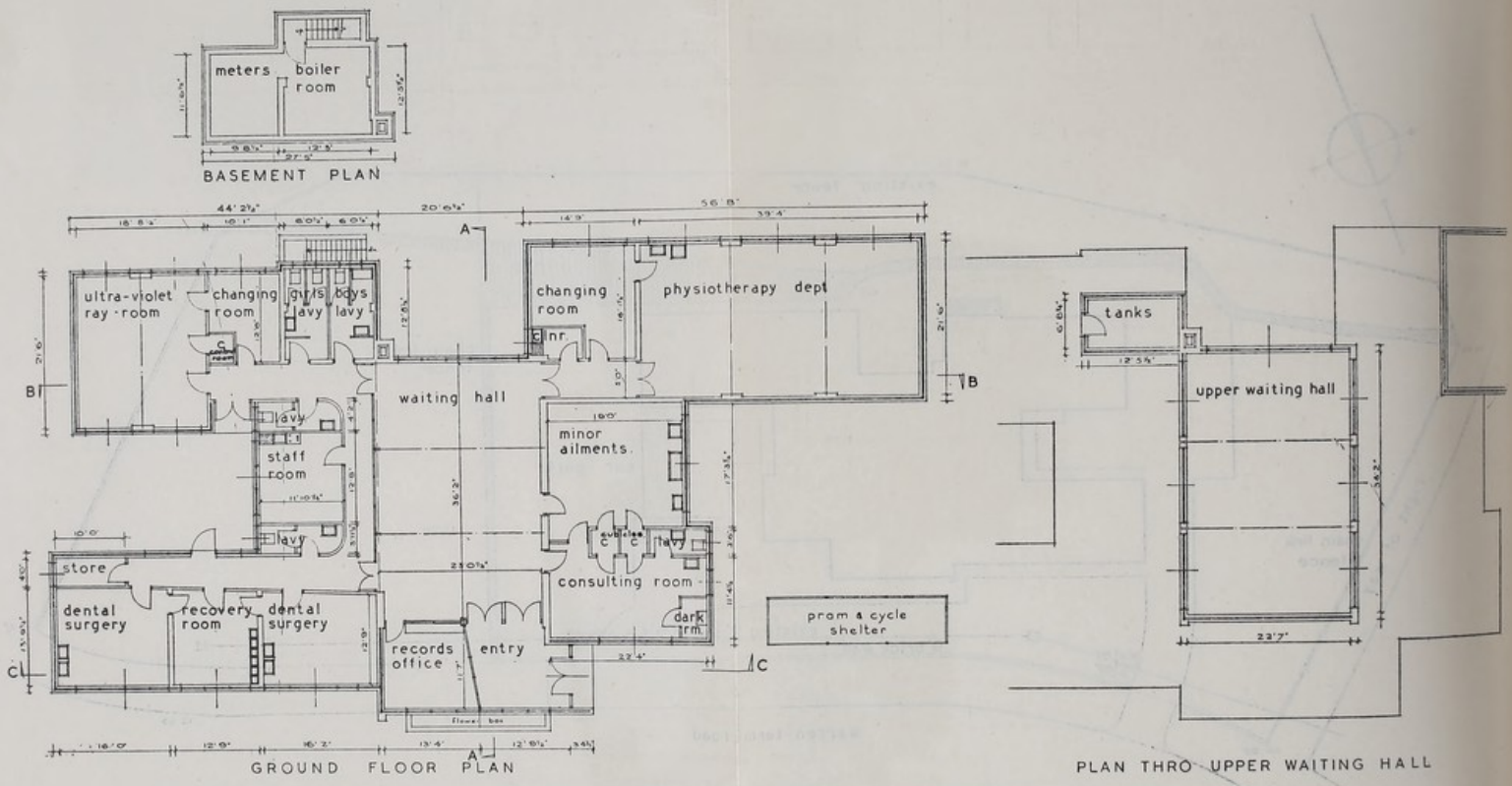
There have been 78,650 attendances during 1953.

Scabies

Since the war years the number of cases of scabies has fallen very considerably. For example, the number for 1949 was 599, whilst for 1950, 1951 and 1952 was 207, 147 and 149. During 1953 the number known to the Authority was 68. This fall is particularly gratifying in view of the increase in the number of cases last year over the previous year. Foreboding was expressed then as an increase in the number of scabies has had an ominous implication in the past.



Site Plan	School Clinic · Warren Farm Road · Kingstanding · Birmingham Scale: Eight Feet to One Inch Francis B. Andrews & Son, A. A.R.I.B.A., Chartered Architects, 95 Colmore Row, Birmingham 3.	City of Birmingham Architects Dept.



Plans	School Clinic · Warren Farm Road · Kingstanding · Birmingham Scale: Eight Feet to One Inch Francis B. Andrews & Son, A. A.E.I.B.A., Chartered Architects, 95 Colmore Row, Birmingham 3.	City of Birmingham Architects Dept.

Ringworm of the Scalp

Ringworm of the scalp also shows a decrease over the previous year, namely, 32 cases as compared with 76 cases in 1952. During 1951 there were 66 such cases.

Diseases of the Skin

There has been a further reduction in the cases of impetigo and the number of cases of general skin diseases has also decreased during the year under review.

Warren Farm Road Clinic, Kingstanding

The development of housing in the Kingstanding area raised the problem of clinic facilities and extra staff for dealing with the children in this new population. Accordingly, the Committee decided to build a new school clinic in Warren Farm Road and to appoint the requisite staff.

The building started in May, 1951, and the clinic was opened in June, 1953. There is a large central waiting hall with a registration room at the entrance. The medical officer's consultation room has a small dark cabinet opening off so that the room can also be used for refraction work. There is direct communication with the minor ailment treatment room and in between, with two-way communications, two undressing cubicles. With the need for dental treatment two dental surgeries have been incorporated with a recovery room in between. There is a separate exit for children who have been treated so that they do not have to pass through the general waiting room. An orthopædic and remedial exercises department contains one large room equipped with wall bars and other necessary gymnastic apparatus and a changing room. Ultra-violet ray treatment is accommodated in a room large enough for the installation of a " centrosol " lamp. Four " sollux " radiant heat lamps have also been fixed in this room. There is changing accommodation adjoining. A staff room has been provided, and there is covered accommodation for perambulators.

The Architects, Messrs. Andrews and Son, have supplied a brief description of the details of construction.

Structure. Load-bearing 11" cavity and 14" brick walls to all departments except the Waiting Hall, which is steel-framed to allow unobstructed glazing to the glass screen on the east side. Floors are 4" concrete finished in all departments with thermoplastic tiles except to Physiotherapy Department, which is finished with hardwood strip. Roofs consist of hollow precast concrete beams, finished on top with a Vermiculite Screed and Roofing Felt.

Finishes. External. Facing brick outer skin to all cavity walls except wall adjacent to front entrance which is finished with dark blue glazed tiles. A brick fire box is incorporated at its base. Paint work to windows off-white, rainwater pipes and gutters grey. The main entrance door painted dark red, secondary entrance doors dark blue.

Internal. Walls and ceilings to all departments are plastered and finished with emulsion paint. In order to avoid an institutional atmosphere bright colours have been used in all departments according to the particular function of the department.

Services. Heating is by low-pressure hot water fed from a gas-fired boiler in the basement to Hospital-type radiators. In some departments this is supplemented by panel-type gas fires.

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 530 children were seen, making 3,763 attendances.

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

Number of examinations made by Aural Surgeon during 1953 ...	1,107
Number of diastolizations during 1953	186
Number of mastoid dressings during 1953	405
Number of other aural treatments during 1953	2,863
Number of pure tone audiometer tests during 1953	309

Twenty-seven children were sent to the schools for the deaf and thirty-three children were referred to the lip-reading classes.

Mr. Gilhespy reports :—

" After the experience of many years' work at this Clinic, one can now appreciate its important position in a chain of various centres dealing with the important problem of ear, nose and throat disorders in children.

During the year, liaison with the Birmingham and Midland Ear and Throat Hospital has been close. Twenty children with infections causing nasal symptoms have been admitted and their nasal accessory sinuses investigated ; seven mastoid operations have been performed to clear up long standing ear discharge and aural polypi have been removed in cases where they were impeding local treatment. Our tonsil and adenoid patients have been sent to Dudley Road Hospital for this operation but some of the more urgent among these cases I have operated upon at the Ear and Throat Hospital.

The Deaf Schools at Gem Street and Moseley Road have been visited at regular intervals when many problem cases have been discussed with the teaching staff. However, now, with the very active and sympathetic co-operation of the Hearing Aid Clinic, all children requiring aids are supplied with these without undue delay. Border line children, with deafness insufficient to require attendance regularly at a Deaf School, are sent from this Clinic for lip-reading classes held at Gem Street and Moseley Road. Probably in the future children of pre-school age with severe deafness will be referred to this Clinic for advice.

I should like to record also the liaison with the Children's Hospital. It is gratifying in the extreme to have watched this improved co-operation develop."

AUDIOMETRIC SURVEY

The testing of hearing by means of the gramophone audiometer has been continued during the year. With the willing and active co-operation of the head teachers, 109 schools have been visited.

The children tested were generally between the ages of eleven and fourteen, but a number of ten-year-olds were also included.

In all, 24,244 were tested of whom there were 10,626 boys and 13,618 girls. Each ear was tested separately and the arbitrary classification which has been accepted, is used in the results obtained. It is well to state this classification as a guide :

Group A. Normal hearing falling within—3 to 6 units loss.

Group B. Slightly deaf, where there is 9 units loss.

Group C. Moderately deaf, where there is 12 to 18 units loss.

Group D. Severely deaf, where there is 21 to 30 units loss.

All the children who are found to have more than 9 units loss on the first test are re-tested to eliminate such facts as novelty, lapse of concentration and nervousness ; more especially is the second test necessary for the duller children. It has also been found helpful to test certain children three times instead of twice at first sitting ; this eliminates a number of failures.

The number of children who failed to pass the first test was 1,573 of whom 700 were boys and 873 were girls. These children were re-tested and 1,040 again failed the test—441 boys and 599 girls. The hearing of each ear separately in this group is shown as follows :

Boys failed in one ear ...	322	Girls failed in one ear	411
Boys failed in two ears ...	119	Girls failed in two ears ...	188

As a result of the two tests, the children were grouped as under :

Group A	Group B	Group C	Group D
23,204	25	584	431

The number of ears tested in the survey :

Boys 21,252 Girls 27,235 Total 48,487

(One girl had only one external ear due to congenital deformity).

The hearing acuity of all ears by groups :

Group A	Group B	Group C	Group D
47,141	126	750	470

The parents of all children who failed to pass the second test, with the exception of those children who had suffered a mastoid operation, were notified of the deafness. They were also given the option of attending either the school clinic or their general practitioner for clinical examination and treatment. Where the parents decided on the latter course, an explanatory note was sent to the general practitioner with the option in this case of referring the child back to the school clinic.

The options for general practitioners were 329 (of these 205 were returned by the practitioners to the school clinics and 19 to hospital). The options for the school clinics were 516. In addition, 102 children were attending hospital and 44 the Committee's Aural Clinic. Sixty children had previously been operated on for diseased mastoids and twenty-six replies were still awaited. In sixteen cases, home visits were paid to obtain the parents' consent for clinical examination.

At the end of the year, the following examinations had been made :

Children examined at school clinics—721 ; of these 255 received treatment.

Children examined by general practitioners—105 ; of these 89 received treatment.

Children examined at hospital—188 ; of these 161 received treatment.

The defects from which the children were suffering are shown below ;

	Examined by own doctor	*Examined at hospital*	*Examined at school clinic*	*Total*
Ch. sup. otitis media	11	12	94	117
Old otitis media	71	65	226	362
Polypi	—	—	—	—
Sub-acute otitis media	—	1	2	3
Mastoids post operative	—	60	—	60
Eustachian obstruction ...	6	10	28	44
Cerebral and other causes ...	—	2	—	2
Wax and foreign bodies ...	2	9	78	89
Retracted drumheads ...	—	—	6	6
Sclerosis	—	—	5	5
Catarrh	5	2	29	36
Diagnosis not known ...	6	27	211	244
N.A.D.	4	—	42	46
	105	188	721	1,014

The children were tested again after examination and treatment. Of 409 tested, 254 failed in some degree, 188 in one ear and 66 in two ears.

The grouping of the children was as follows :

Group A	Group B	Group C	Group D
155	23	118	113

Hearing acuity in all ears in these groups was :

Group A	Group B	Group C	Group D
550	34	152	132

Of the children with defective hearing in both ears, there were 34 children in Group C and 9 children in Group D, taking the better ear as the criterion.

It will be noted that a number of children suffering from various degrees of deafness have been discovered through this survey. These children, by interesting the parents who were unaware of the condition, have had the benefit of a clinical examination and, in most cases, treatment has greatly improved the hearing. Furthermore, it can be stated that many of these conditions, so often painless and with no outward signs, if allowed to go untreated, become much more severe in adolescence and in later life, with increasing deafness. The work of this section falls within the spirit of the School Health Service—namely, the early detection and amelioration of defects, and the prevention of destructive processes.

TONSILS AND ADENOIDS

Since the closure of the Committee's Handsworth Clinic at the end of 1951, the arrangements made with the Regional Hospital Board for the removal of tonsils and adenoids at the Dudley Road Hospital have been continued. The operation performed at the Hospital is of a type which tends to restrict the number treated during the session. As it was considered that most of the children referred by School Medical Officers would require operation, the references were, therefore, rigidly controlled. Moreover, the post of Ear, Nose and Throat Surgeon at the hospital was unfilled for over three months during the past year. Even so 244 children were seen and 75 children were operated on for removal of tonsils and adenoids.

In addition 3,351 children received operative treatment in the various Birmingham hospitals.

EYE DEFECTS

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

	Number examined	*Number found to have defective vision*	*Percentage*
Entrants	22,546	378	1·6
Second Age Group	13,696	1,694	12·3
Third Age Group	15,199	2,200	14·4

In addition the school nurses test the visual acuity of the children in certain other age groups and those found to have a 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 Services of the National Health Service. The ophthalmic surgeons prescribed 4,809 glasses and the medical officers 850.

Mr. Mark Tree reports :—

" The ophthalmic school clinics continue to show high attendances and there has been an accession of cases of pre-school age from child welfare centres and nurseries. This has served to emphasise the medical aspect of eye examinations. Children coming to school clinics are not merely ' tested for glasses,' they are also examined for abnormalities and defects which may be dependent upon inherited factors and general or local disease. The full appreciation and assessment of these matters necessitates a fully trained medical observer. Our pre-school patients have shown several cases of an important eye disease occurring exclusively in prematurely born children and known as Retrolental Fibroplasia. There have also been several cases of a disease which is now attracting great interest in medical circles and known as Congenital Toxoplasmosis. This is due to an infection acquired by the mother probably from infested domestic animals, and transmitted by her during pregnancy to her unborn child. The effects on the adult mother are often trifling, but the results in the child are devastating and lead to severe and permanent eye defects and meningitis with subsequent mental deficiency and fits. As this is a matter which may have a bearing on children with multiple defects in the partially-sighted schools, I intend to investigate the possibilities when re-examining the pupils of these schools. The question of preventive medicine is also an important consideration and Dr. Cohen is showing a keen interest. I hope it will be possible to arrange for diagnostic blood tests and thereafter the early antenatal treatment of affected pregnant mothers by the known antidote Aureomycin. I have no doubt this is a matter of very great importance.

On 5th May, 1953, a meeting of the Midland Ophthalmological Society was held at the Exhall Grange Special Residential School, to discuss the problems arising in the teaching of partially-sighted children. Present-day medical views were put forward by ophthalmologists and the educational aspects were discussed by school staffs including the headmistresses of our own partially-sighted schools. A conducted inspection of the school was part of the meeting arrangements. Much useful information was exchanged and it was evident that in the case of the Birmingham Partially-Sighted Schools we were fortunately placed in the matter of facilities available, up-to-date lighting, and the small number of pupils per class, all conducing to a good standard of academic and cultural clime.

During the past year I have re-examined and reviewed the progress of the pupils at both partially-sighted schools and in this I have had the valuable co-operation of Miss Cox and Miss Ludford.

I am also indebted to Nurse Davies for her ready assistance with and keen interest in the defective and very young children who are now coming to us in increasing numbers. During the past year ending December, 1953, there were at the two schools for the partially-sighted 84 boys and 52 girls, making a total of 136 pupils.

There were :—

New admissions	24 pupils
Leavers	14 ,,
Transfers to normal schools	6 ,,
Removal from the Birmingham Area	1 pupil
Transfer to Blind Institution	1 ,,

I have classified the pupils as follows :—

1. *High Myopia.* 39 cases consisting of 23 boys and 16 girls.
   - (*a*) 5 with central retinal degenerative changes
   - (*b*) 3 with marked astigmatism
   - (*c*) 8 with strabismus :
     - 2 alternating convergent
     - 4 monocular convergent
     - 2 monocular divergent
   - (*d*) 1 with partial albinism
   - (*e*) 1 with mild oxycephaly
   - (*f*) 1 with corneal dystrophy
   - (*g*) 1 with old disseminated choroiditis

2. *Nystagmus.* 46 cases consisting of 29 boys and 17 girls, of which there was one case of the rotatory type and the rest with pendulum motion.
   - (*a*) 17 associated with albinism of whom 2 had monocular convergent strabismus
   - (*b*) 21 congenital cases without albinism
     - i. 2 with a family history of nystagmus
     - ii. 2 with head shaking or tremors
     - iii. 1 with congenital hemiplegia
     - iv. 2 with monocular convergent strabismus
   - (*c*) 8 with congenital cataracts

3. *Congenital cataracts.* 23 cases consisting of 13 boys and 10 girls.
   (*a*) 9 with a family history of inherited cataract of which 4 had nystagmus
   (*b*) 14 sporadic cases of which 5 had nystagmus
4. *Bilateral Ectopia Lentis.* 3 cases consisting of 2 boys and 1 girl.
5. *Bilateral Buphthalmos.* 4 cases consisting of 3 boys and 1 girl.
6. *High Hypermetropia.* 4 cases consisting of 2 boys and 2 girls, of whom 1 had a left convergent strabismus.
7. *Corneal Pemphigus.* 1 case—girl.
8. *Corneal Dystrophy.* 1 case—boy.
9. *The Cases of Syndromes and Multiple Defects.* I am omitting to classify in detail on this occasion in view of my intention to investigate them in greater detail as indicated at the beginning of this report.

As in the past the three main groups of pupils are those with Nystagmus, High Myopia and Congenital Cataract in this numerical order.

The number of boys exceeds that of girls in both schools."

Mr. Austin reports :—

" Out of 374 children referred for symptoms attributed by the School Doctors or Nurses to their eyes, and examined consecutively at my Clinics during the first three months of 1953, I found that glasses were necessary in 299 and unnecessary in 59, while the remaining 16 were ' border-line ' cases. This last group consisted mainly of hypermetropes and astigmats with small refractive errors from which most children experience no discomfort whatever. When, however, the child has complained, for example, of eyestrain on reading for which there is no other ocular cause, I have sometimes prescribed glasses, even though I have felt that these would have mainly a psychological effect.

These figures are interesting as showing that, in my experience at any rate, only about 80 per cent. of children referred for visual symptoms definitely require glasses, the rest requiring treatment—sometimes, indeed, only reassurance—which it is within the province of a tactful doctor to give. Many of the ' no glasses ' group exhibited other features of nervous tension, such as nail-biting and enuresis ; this being further evidence of the fact—well-known to psychiatrists but sometimes forgotten by other medical men—that the eyes are a common ' point of reference ' in psychological disorders.

It has been noteworthy, too, that not all those children who ' cannot see the blackboard ' have been found to require glasses. Several have volunteered the information that reflections from the board itself are to blame ; in other cases, small writing by the teachers appears to be responsible, particularly in large classes.

The school oculist regards the actual prescription of glasses as but a part of his work, even if the major one. Where the refractive error is minimal, and no organic disease of the eyes exists, he can, and should, do much to remove inhibitions and create self-confidence. He will not fall into the error of concentrating too much upon the eye, the sensory end-organ of seeing and, ignoring the cerebral processes of perception and interpretation."

Mr. S. W. K. Norris reports :—

" Having now completed about eighteen months' work at the Ophthalmic Clinic, I am convinced of the great value in providing early treatment of ocular defects in children.

Teachers, Medical Staff, and Parents all co-operate in bringing children for examination at a time in their lives when treatment is of value from a curative and educational point of view.

The early school years have a marked effect on the child's future mental attributes, and it is vital that the visual impressions (the primary sense in man) should not, owing to failure to remedy defects, be sufficiently intense and defined.

The vast majority of the parents co-operate well if a careful and simple explanation of the necessary treatment is given, and one's own reward comes from a sense of satisfaction when one is able to improve a child's capacity for advancement."

Mr. B. C. Curwood reports :—

" In my clinic during the year I have discontinued the use of lamellæ for producing cycloplegia, and substituted drops. Besides being easier to apply drops when used 3 times at intervals of five minutes produce a more certain effect on the accommodation.

The commonest condition requiring further investigation is of course strabismus in its various forms. I have been pleasantly surprised to observe that every single case (at least 35) has turned up at hospital and been seen by me after an Orthoptic Report has been obtained. I think this is very satisfactory when one considers the casual approach of a minority of parents.

Only one case of note was found and this was a familial corneal dystrophy, made easy to diagnose because the parent had perforce to bring three other children with her, and two had it as well."

Mrs. N. Walkinshaw reports :—

" During the year 1953 attendances at my clinics have been up full standard, with a few exceptions, approximately about 80% of children attending for examination were prescribed glasses, but a fair proportion of this percentage did not require glasses for constant wear, and parents were advised accordingly.

I feel that children in the younger age group with squints should be reviewed at frequent intervals, and with this end in view I have endeavoured to guide and advise the parents, and where necessary have recommended them to keep in touch with me at Hospital. I am pleased to say that in almost every case the parents have been willing, and have fully co-operated, feeling that a personal interest in their child's welfare has been established."

Mr. Lothar Marx reports :—

" During the year I have worked at the Clinics in Sherbourne Road, Slade Road, Maas Road, Soho Hill, Stratford Road, Great Charles Street and Ridpool Road.

Most of the Clinics were well attended, and the work done seems to be appreciated. A large proportion of the children who attend for the first time need glasses, some of them very badly. With quite a few one feels that the help given by glasses ought to go a long way in speeding up the progress of the school work in general. This certainly has been my experience in the Clinics outside Birmingham where I have worked during the last few years.

Now and again, conditions other than refractive errors are detected which have not been known to patients or parents before. My first patient in Handsworth had a unilateral congenital cataract which came as a surprise to parent and child alike.

Some of the children might be encouraged to look after the glasses a bit better. It amazed me to see glasses a fortnight after the boy had received them so badly scratched in the centre that they were practically useless. This may be an exception, but small scratches are very common in many cases."

SCHOOL DENTAL SERVICE

Mr. D. Glen Thomson, Principal School Dental Officer, reports :—

" I have pleasure in submitting my Annual Report on the work of the School Dental Service for 1953.

Staff

The recruitment of full-time Dental Officers has not been too satisfactory. The geographical amenities of the coast towns must prove more attractive than the industrial Midlands. The policy of supplementing the permanent staff of Dental Officers by part-time Officers on a sessional basis has been most helpful. These officers have given invaluable services and now represent the equivalent of two full-time officers. The arrangement causes certain administrative difficulties but their help has enabled many more children to be made dentally fit.

The findings of the Industrial Court Award for full-time School Dental Officers has not yet been promulgated and therefore its possible effect on recruitment of dental officers to the School Dental Service is unknown.

The average effective strength of Dental Officers was eleven including the Principal School Dental Officer.

Miss Grant, L.D.S., was appointed 1.2.53 and resigned 31.10.53. Miss Howard, B.D.S., resigned 30.9.53. Mr. Mortimer, L.D.S., was appointed 9.3.53 and Mr. Baird, L.D.S., 14.9.53.

Treatment

Of the 68,703 children inspected in schools, 43,895 were found to require treatment, 40,101 were referred for treatment and 18,503 had their treatment completed. In addition 21,981 casuals received treatment. The large number of casual cases gives reason for concern. One of the causes is the lack of dental staff to provide regular dental inspection and treatment. The emergency extraction of many of these aching teeth would have been avoided with early conservation. Nevertheless, treatment of casual cases was usually not limited to the extraction of aching teeth since about 50 per cent. of cases attending for further treatment made further visits until all the necessary treatment was completed.

The number of children who were inspected in schools increased from 30,304 in 1952 to 68,703 during 1953. This is a very important increase and it is hoped that it will be possible to inspect an even greater number each year.

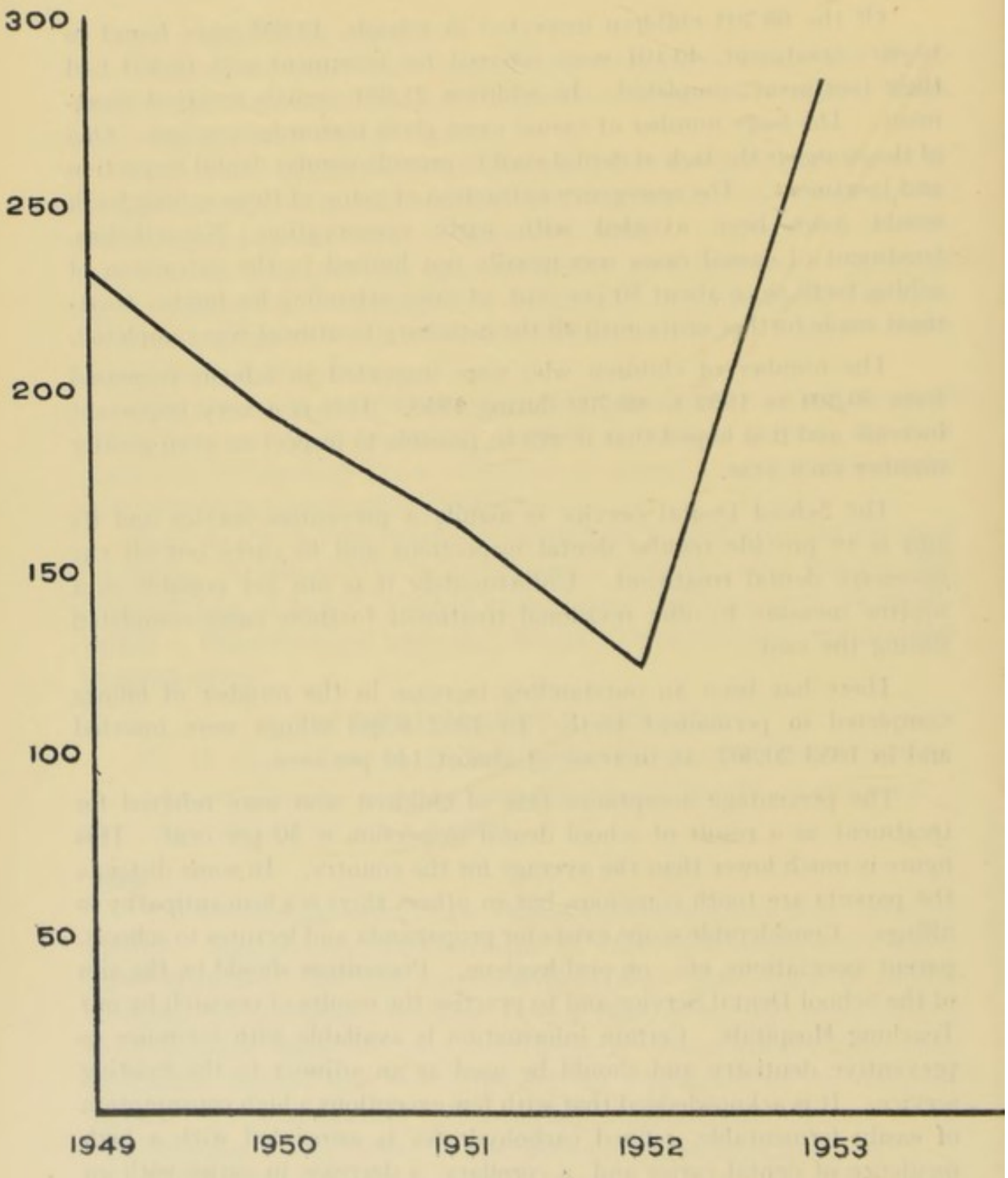
The School Dental Service is mainly a preventive service and its aim is to provide regular dental inspections and to carry out all the necessary dental treatment. Unfortunately it is not yet possible as a routine measure to offer revisional treatment to those cases completed during the year.

There has been an outstanding increase in the number of fillings completed in permanent teeth. In 1952 8,563 fillings were inserted and in 1953 20,367, an increase of almost 140 per cent.

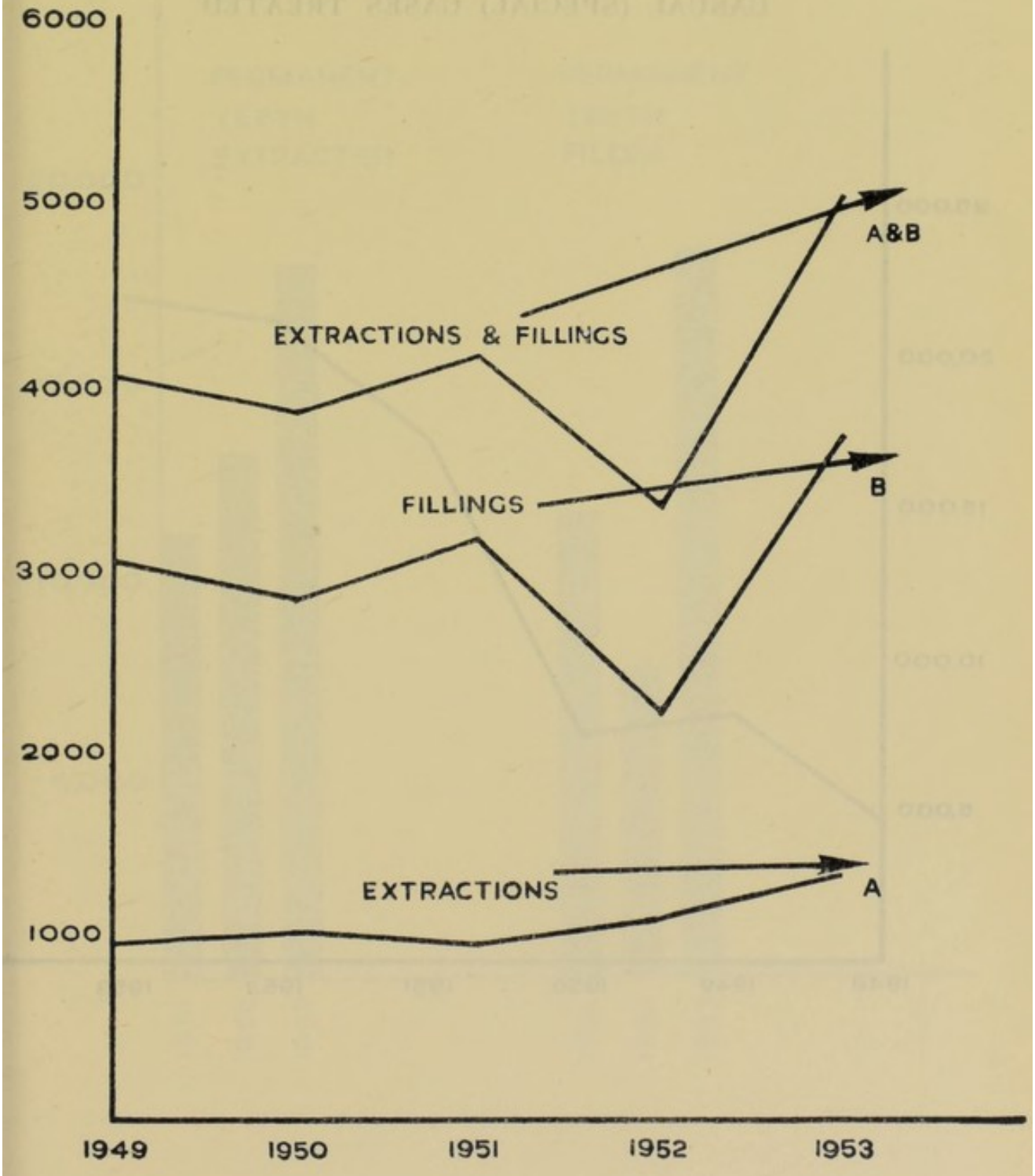
The percentage acceptance rate of children who were referred for treatment as a result of school dental inspection is 50 per cent. This figure is much lower than the average for the country. In some districts the parents are tooth conscious, but in others there is a firm antipathy to fillings. Considerable scope exists for propaganda and lectures to schools, parent associations, etc., on oral hygiene. Prevention should be the aim of the School Dental Service and to practise the results of research by our Teaching Hospitals. Certain information is available with reference to preventive dentistry and should be used as an adjunct to the existing service. It is acknowledged that with few exceptions a high consumption of easily fermentable, refined carbohydrates is associated with a high incidence of dental caries and, a corollary, a decrease in caries with an increase in fats.

A suitable type of diet should include meat, fish, wholemeal brown bread, vegetables, fruits and dairy products.

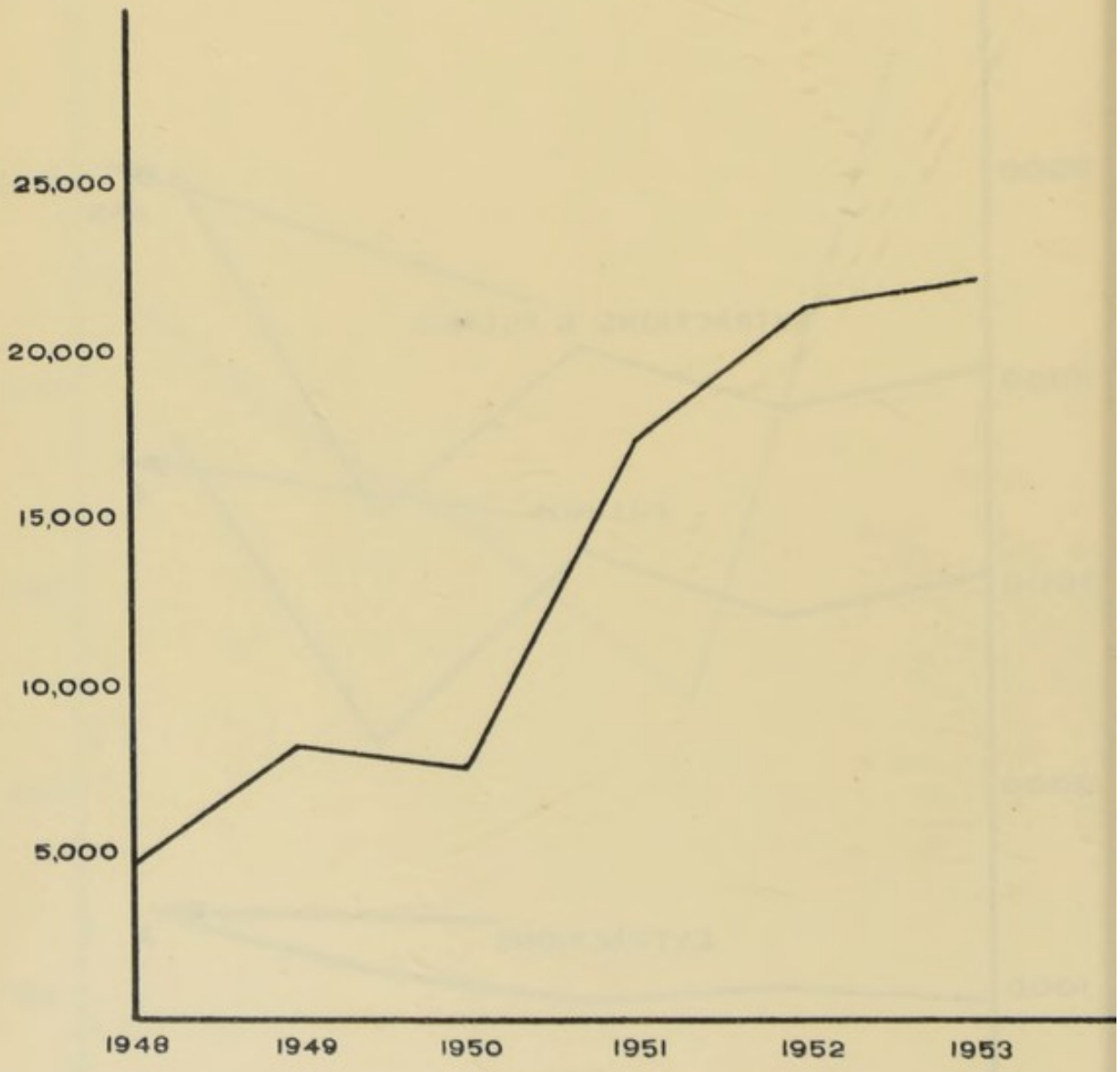
NUMBER OF INSPECTION SESSIONS AT SCHOOLS



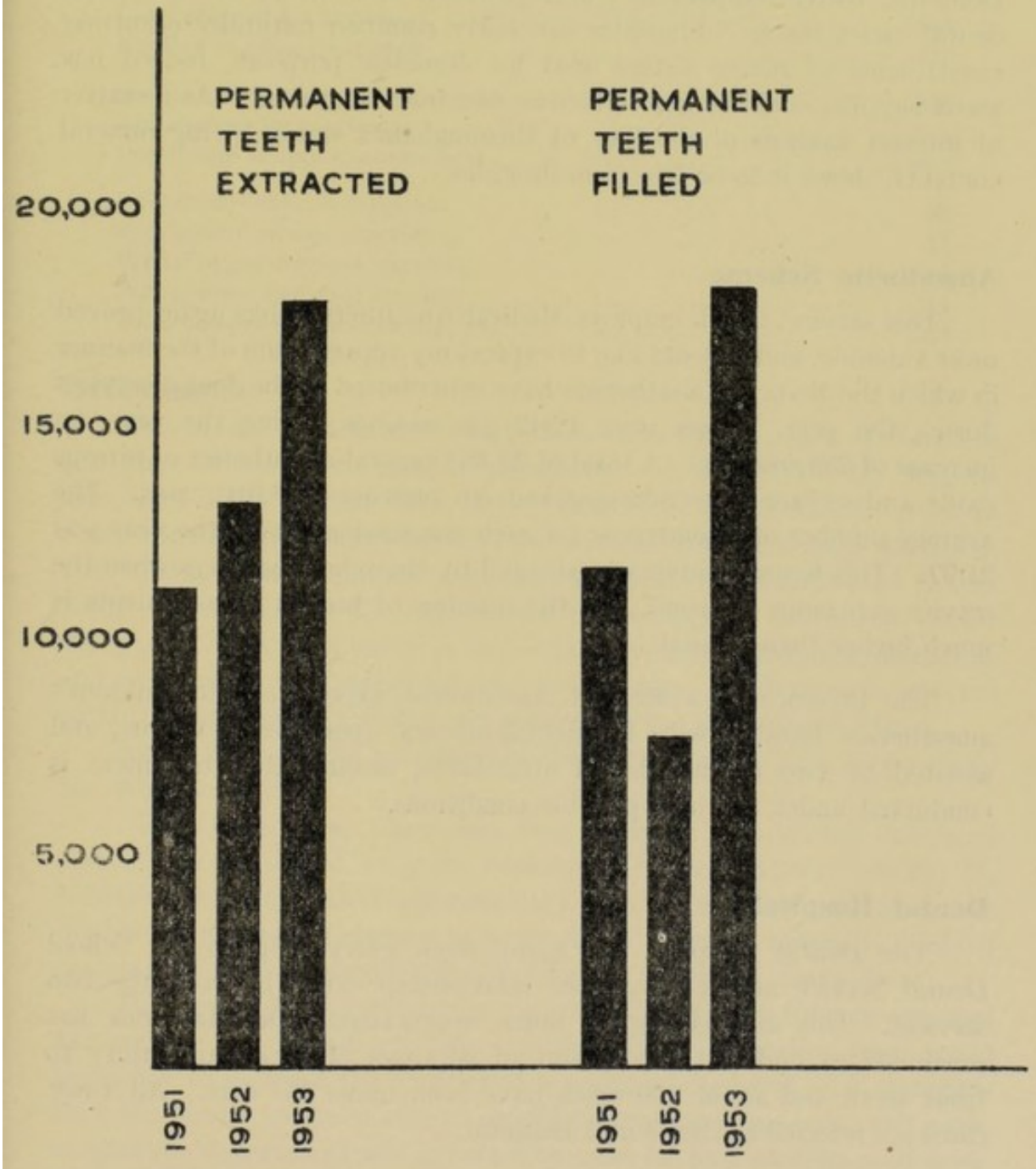
NUMBER OF TREATMENT SESSIONS



CASUAL (SPECIAL) CASES TREATED



TREATMENT OF PERMANENT TEETH



The habit of eating ' snacks ' should be avoided. Milk taken alone or with fruit can do no harm to the teeth. It is not always possible to brush the teeth after each meal when away from home, but if the mouth were rinsed with water after the meal it would prove beneficial.

The Report of the United Kingdom Mission on Fluoridation of Domestic Water Supplies in North America as a means of controlling dental caries states " Fluorides are fairly common naturally occurring constituents of many waters used for domestic purposes, indeed few water supplies could be guaranteed as free from fluorides." As a matter of interest analysis of the City of Birmingham's water, giving mineral contents, shows it to be free from fluorides.

Anæsthetic Scheme

This service, which employs Medical Anæsthetists has again proved most valuable, and I would like to express my appreciation of the manner in which the Medical Anæsthetists have contributed to the dental services during the year. There were 1,342 gas sessions during the year, an increase of 238 sessions. A total of 29,483 general anæsthetics of nitrous oxide and oxygen were administered, an increase of 6,010 cases. The average number of attendances for each gas session during the year was 21·97. This figure is adversely affected by the school holidays when the service continues as usual, but the number of broken appointments is much higher than normal.

The presence of a Medical Anæsthetist experienced in children's anæsthetics, familiar with the dental officers' operative technique, and assisted by two trained dental attendants, ensures that treatment is conducted under the best possible conditions.

Dental Hospital

The Dental Hospital has again given every help to the School Dental Service and a very close relationship exists between the two services. This arrangement is much appreciated. Dr. Hardwick has continued to undertake treatment of all cases of accidental injury to front teeth and about 100 cases have been under his care. All *x*-ray cases are referred to the Dental Hospital.

It is now possible for the Dental Officers to provide dentures for those children requiring such provision and the Dental Hospital has been relieved of this undertaking. The service is in connection with those children who had lost their front teeth either as a result of accident or by dental caries too advanced to be restored by conservation. 159 dentures were provided at the Clinics and 11 at the Dental Hospital during the period before the service had been initiated.

Maternity and Child Welfare

There has been no change in the existing arrangements for the treatment of mothers referred by the Maternity and Child Welfare Department in accordance with the request made by the Public Health Department. Patients attend at four clinics on each Saturday throughout the year, and are provided with dentures.

Cases referred for treatment	312
Number of cases completed	216
Number of appointments made for treatment	916
Attendances for treatment	768
Percentage of appointments kept	83·84%
Full upper dentures supplied	92
Full lower dentures supplied	51
Partial upper dentures supplied	41
Partial lower dentures supplied	44
Total number of dentures supplied	228

Orthodontics

This branch of dentistry which deals with irregularities of the teeth and jaws continues to gain in popularity. A School Dental Surgeon who is in daily contact with large numbers of children must gain, in time, considerable knowledge of the normal and abnormal dentition. The treatment in a number of instances is best conducted by an Orthodontic Specialist, but the experienced School Dental Officer can decide the type of child most likely to be co-operative and thus ensure that time and expense is not wasted on unsuitable cases. Children are selected by the School Dental Officers and referred to the Orthodontic Clinic.

An account of the activities of the Orthodontic Clinic is given by Mr. Walpole Day :—

'The Orthodontic Clinic has now completed its second full year and it has continued to grow rapidly. The appointment of Mr. N. Norris at the end of 1952 has been fully justified and has enabled almost double the number of sessions to be worked. This has naturally doubled the amount of work completed as the figures appended clearly show.

The demand for orthodontic treatment continues to increase, and the waiting list is still growing rapidly. It has therefore been again necessary to increase the number of sessions worked and it is fortunate that Mr. Norris has been able to attend for two extra sessions each week, so that the department will in future be open for four sessions each week. If this trend continues, the hope of a full-time Orthodontic Clinic may be realised in the not too distant future. It is still possible to treat only the simple or more urgent cases so that most of the difficult and lengthy cases have to seek treatment elsewhere. Fortunately, the close liaison with the Birmingham Dental Hospital helps considerably in making sure that most of the cases which really desire treatment do eventually get treated.'

Figures—January—December, 1953

Number of children referred by the School Dental Officers ...	578
Number accepted for treatment after preliminary examinations...	204
Number left under observation	374
Number found unsuitable after observation	27
Number of cases treated by extractions only	8
Number of treatments commenced	169
Number of cases finished	80
Number of cases on waiting list	175
Number of sessions worked	100
Number of attendances	1,730
Number of appliances fitted	188
Number of models cast	522
Number of *x*-ray films	834

Children's Hospital

The dental department at the Children's Hospital has continued to give treatment to those children who require special investigation, or if it is necessary to be an in-patient. Mr. Hoggins has been particularly helpful in treating these special cases.

Other Operations

This figure is usually given without details and it may prove of interest to give an analysis since a considerable amount of time is given to these operations :—

Permanent Teeth :	
Advice	2,893
Dressings, zinc oxide	2,080
Root fillings	62
Gum treatment	161
Stoning or trimming	298
Scaling	940
" Impressions," " Bites," " Tryins, Easing, etc."	632
TOTAL	7,066
Temporary Teeth :	
Advice	1,667
Silver nitrate	203
Dressing, zinc oxide	734
TOTAL	2,604

Special Schools

More time has been devoted to the dental treatment of these children, and it has given much satisfaction to the Dental Officers concerned.

Physically handicapped children at Baskerville Residential School, children residing at the Open-Air Schools at Cropwood, Haseley Hall and Hunter's Hill and the Educationally Sub-Normal at Astley Hall and Springfield House all receive regular dental inspection and treatment at least twice a year. The actual extractions are conducted on the school premises. A surgery is improvised with mobile equipment and the dental officer, together with a medical anæsthetist and two dental attendants attend, and all the necessary extractions are completed at the one visit. The medical officer examines each case with a history. This arrangement of conducting treatment at the school enables those cases requiring rest after treatment to do so. Previously the treatment had been undertaken at the Clinics which often necessitated a long 'bus journey after the treatment. Arrangements are made for those children requiring conservations to attend during the school holidays at the Clinic nearest to their homes.

Clinics

One new Clinic, situated at Warren Farm Road, was completed during the year and is of the same high standard set by its predecessors. The dental suite comprises two surgeries with a communicating recovery room. This room has a separate exit enabling patients to leave the Clinic when the treatment is completed without the necessity of returning to the waiting room.

In conclusion I would like to thank the Dental Officers and Dental Attendants for an excellent year's work. I would also like to pay tribute to the co-operation given by the majority of the teaching profession. Their help can do a great deal to assist the Dental Service, and much of its success is due to their efforts. The clerical staff have been, as always, most co-operative."

ASTHMA CLINIC

Dr. J. Morrison Smith, Chest Physician, reports :—

" I have pleasure in reporting that the Asthma Clinic opened on the 8th of December, 1953, and that 14 patients were seen during the four sessions in December. The Clinic is held on Tuesday mornings at the central School Clinic in Great Charles Street.

Asthma is a common condition at all ages and frequently starts in early childhood. Although at all ages it requires very careful and prolonged study and treatment, it is among children that the best results of

treatment can be expected before the condition has become complicated by chronic infection and by permanent damage to the respiratory system. Although death from asthma in childhood is uncommon, it is a frequent cause of much ill-health and of very great distress both to the child and to the parents.

Initial investigation includes a careful case history recorded on special record cards, physical and radiological examination. *X*-ray films are taken at the Birmingham Chest Clinic which is within easy distance. Laboratory investigation and skin tests are carried out as required. Investigation of dietetic factors is frequently made by means of special records kept by the patients' mother.

All cases are referred with the consent and approval of the family doctor and reports and records of treatment and injections given are supplied to the family doctor. In each case the home is visited and a specially designed record is completed by the School Health Visitor who has received training in this work. The information obtained is of the greatest value in assessing each case and at the same time the Visitor is able to give essential practical advice regarding factors in the home likely to increase the patients' attacks of asthma. This supplements advice received at the Clinic from the Physician, and also general advice in written form which is given to the parents.

While symptomatic treatment remains in the hands of the family doctor it is the object of this Clinic to investigate the underlying cause or causes and eliminate them where possible or increase the child's resistance to them where elimination is impossible. It is also the aim to teach the parents how to avoid circumstances likely to upset them and to help them to avoid and to relieve their attacks. The help and advice of Dr. C. L. C. Burns is sought on psychological aspects and of Mr. Gilhespy on upper respiratory conditions.

In treatment the use of physiotherapy to improve respiratory function and add to the confidence of the patient is very helpful in many cases. In a few cases, particularly where home conditions are found to be unsatisfactory, a recommendation is made for the child to go to an open-air school. It is hoped that by thorough investigation first only those children who cannot be otherwise treated and who are likely to benefit will be sent to open-air schools. It is also hoped that in all cases everything possible will be done to enable children to take their place in life normally on leaving the open-air schools.

It will be appreciated that the work of the Clinic demands most comprehensive study of each patient and frequently prolonged treatment. The factors contributing to asthma are many and vary greatly from case to case and from city to city, district to district and country to country.

Much more work remains to be done on the etiology, epidemiology and treatment of asthma and the results of the work carried on in this Clinic should prove of the greatest interest.

I should like to express my gratitude for the help of Dr. Cohen and Miss Ashby in establishing this Clinic and for the enthusiasm and assistance of Miss Butt, who acts as clinic nurse and school health visitor."

ORTHOPÆDIC DEFECTS

During the year, 2,647 children were given treatment at the orthopædic clinics and made 38,043 attendances.

Mr. F. G. Allan reports :—

" The visits of the Consulting Orthopædic Surgeon to the Sheep Street Physiotherapy Clinic have continued during the past year. Twice during each school term cases collected by the school medical officers are examined and the whole of the physiotherapy staff are present to receive instruction for the treatment of new cases, and to review and discuss the progress of those already undergoing treatment.

The selection of cases for treatment is still largely confined to children presenting symptoms, and a large body of cases which might possibly benefit from preventive treatment has to be turned away owing to the shortage of trained staff (a national, as well as a local problem).

The position has recently been made worse by the resignation of certain members for domestic reasons, and as replacements are not available some of the clinics have had to close down. This was most unfortunate as the service had just recovered from the effects of war-time stringency and plans for its expansion were being formulated. The remaining members have done their utmost, but they cannot cover the whole city.

Instances of overlapping still occur almost always because parents or the children themselves withhold information about treatment already in being, and this of course accentuates the problem.

It can be avoided only by a free interchange of information between the hospitals and the School Health Services. It might be worth while considering the notification of commencement and ending of periods of treatment by some very simple means to a central point by both hospitals and school services. This would also prevent the duplication of names on waiting lists for operations such as tonsillectomy.

I am again most grateful to all members of the School Health Service who have assisted in this work."

Resumé of orthopædic treatment.

Reason for attendance	Number of children treated	Number of attendances
Remedial exercises	2,380	32,202
Massage	148	2,235
Radiant heat	97	699
Electrical treatment	162	2,055
Other purposes	599	852
TOTAL	3,386	38,043

Defect	Number treated	Result of Treatment				
		Remedied	Much Improved	Slightly Improved	Unchanged	Discontinued treatm't
Spinal curvature	357	69	222	35	9	22
General muscular debility	236	54	74	43	38	27
Various forms of paralysis	23	—	5	11	7	—
Deformities of the feet and legs	1,315	282	476	284	112	161
Chest conditions, asthma, etc.	471	109	164	124	45	29
Injuries to limbs	53	37	7	2	1	6
Wry neck and other defects	158	74	45	19	4	16
TOTAL	2,613	625	993	518	216	261

Total number of individual children treated during the year 2,647.

A summary and analysis of the cases seen by the Orthopædic Surgeon is given below.

1. POSTURAL DEFECTS:
   - Kyphosis ... 22
   - Scoliosis ... 1
   - Poor posture ... 6
   - Shape of spine ... 2

2. DEFECTS IN EXTREMITIES:
   (a) *Foot and Ankle*:
   - Pes cavus ... 18
   - Pes planus ... 6
   - Hallux valgus ... 24
   - Hallux rigidus ... 1

Hammer toe and toe deformities	15
Painful first metatarsal	1
Thickened skin under second metatarsal	1
Metatarsus varus	2
Foot deformity	2
High longtitudinal arch	7
Valgoid ankles	1
Knock knee	14
Twisted tibia	1
Tendo Achilles	3
Bow legs	2
Injury to leg	1
Prominent head of fibula	1
Painful left heel	1
(*b*) *Arm and Shoulder Girdle* :	
Tight pectoral muscles	1
Buttonhole lesion extensor tendons (finger)	1
3. Birth Injuries	—
4. Congenital defects :	
Torticollis	10
Club foot	1
Dorsal displacement of 5th toes	1
Short leg	1
Deformed sternum	2
Projection of sternum	1
Deformed right hand and leg	1
Muscular dystrophy	1
Muscle spasm	1
Chest deformity	2
Short thick neck	1
Weak control of scapula, shoulder and elbow	1
5. Disease :	
Poliomyelitis	1
Osteochondritis	1
Post paralytic condition	1
Tubercle left foot	1
6. Other Conditions :	
Painful back	1
Stiff back	1
Lumbar lordosis	2
Harrison sulcus	1
Prominent upper lumbar spinal processes	1
Diaphysial aclasis	1
Peculiar gait	2
Internal cartilage lesion	1
Fibrous nodule	1
Dorsiflexed spasm	1
	173

Close co-operation is maintained with the Royal Orthopædic Hospital and the Orthopædic Department of the Children's Hospital. Full reports are sent by the orthopædic surgeons to the physiotherapists and the children are referred to the surgeons as required.

ULTRA-VIOLET RAY TREATMENT

The following analysis is indicative of the help which can be given in well selected cases.

	No. treated	*Cured or much improved*	*Improved*	*No better*	*Ceased to attend before completion of cure*
Debility	783	281	333	15	154
Rheumatism	79	14	45	5	15
Chorea	1	—	—	—	1
Bronchitis and asthma	450	148	197	15	90
Nasal catarrh, etc.	468	207	171	19	71
Enlarged glands	64	13	40	2	9
Otorrhoea and deafness	66	27	34	1	4
Blepharitis and conjunctivitis	37	20	9	—	8
Anaemia	12	4	5	—	3
Chilblains	26	11	12	—	3
Alopecia	20	2	11	3	4
Impetigo	9	5	2	—	2
Other skin troubles	63	27	29	2	5
Enuresis	52	7	30	4	11
Rickets	4	—	2	—	—
TOTAL	2,134	766	920	66	382

CHIROPODY CLINIC

Mr. H. Wildbore reports :—

" During 1953 the number of children commencing treatment was 231, an increase of 49 over the previous year. Total attendances numbered 779.

Verruca treatment still forms a major part of the work of this department. It is regrettable that children sometimes have to wait several weeks before treatment can be commenced on these painful, contagious growths.

A number of minor deformities have been treated and others have been referred for remedial exercises."

Analysis, 1953

Condition	*Number of Cases*
Verruca	94
Verrucae (multiple)	50
Warts on hands, etc.	17
Helloma durum	65
Helloma molle	7
Callosity	12
Onychocryptosis	4
Onychorrexhis	1
Involuted nails	9
Onychophosis	3
Onychogryphosis	8
Onychauxis	8
Pes valgus	8
Peroneal spasm	1
Hallux valgus	9
Hallux rigidus	2
Hallux flexus	1
Claw toes	1
Retracted toes	2
Hammer toes	5
Burrowing toes	15
Over-lapping toes	6
Bursitis	2
Painful heel	1
Blisters	2
Fissures	1
Tinea pedis	12
	346

Total number of new cases	231
Total number of re-examinations	548
Total number of attendances	779
Total number discharged	232
Total number referred for Physiotherapy, etc.	22
Total number still under treatment	43
Total number of cases of verruca discharged	155
Total number of attendances of verruca before discharged	530
Average attendances per case of verruca	3·4

SPEECH THERAPY

The Speech Therapists submit the following joint report :—

" Mrs. M. P. Manley and Miss Frances Hill relinquished their posts in August, 1953. Miss N. Nutt was appointed as full-time Speech Therapist to Kingstanding Clinic in March, 1953. Miss F. E. B. Savage and Miss P. S. McDonough joined the staff in September, 1953.

In September, Birchfield Road Clinic ceased to operate as a full-time clinic, Mrs. S. M. White working there for nine sessions only. All other clinics were functioning on a full-time basis.

The number of patients referred has shown a marked increase this year. It is felt that in some cases Head Teachers and school doctors, knowing the length of waiting lists, are referring only those children with apparently severe defects.

It is also known that in some schools, Head Teachers are under the mistaken impression that children, under the age of seven cannot be treated by a Speech Therapist. We are endeavouring to rectify this erroneous idea when encountered.

In the latter half of 1953 a survey of special schools was made, from which statistics were compiled of speech defective children. It was found that 156 children were in urgent need of some help from the Speech Therapists. In addition to this number 36 children were receiving treatment at the various clinics. Owing to the long waiting lists it is impossible to consider any, but the most urgent, of these cases.

During the year there have been many visitors, including students from the Leicester School of Speech Therapy, and the Child Care Course, Student Teachers, prospective Speech Therapy Students and overseas visitors."

1.	Number of cases under treatment during period	657
2.	Number of cases referred for treatment during period ...	442
3.	Number of cases transferred between clinics while on waiting lists during period	16
4.	Number of cases given appointments during period ...	539
5.	Number of cases admitted for treatment during period ...	336
6.	Number of cases failing to attend interviews during period ...	66
7.	Number of cases where Speech Therapy was contra-indicated during period	45
8.	Number of cases discharged during period	311
9.	Number of cases on waiting lists on 31.12.53	291
10.	Number of interviews granted to parents or guardians during period...	755
11.	Number of schools visited during period	53
12.	Number of homes visited during period	18
13.	Number of visitors to clinic during period	55

Classification of Defects:

Dyslalia	390
Alalic	2
Stammer	220
Dysphasia	1
Cerebral palsy	21
Cleft palate	16
Dysphonia	6
Not yet diagnosed	1

TUBERCULOSIS

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

"NOTIFICATIONS AND DEATHS
ALL FORMS OF TUBERCULOSIS

STATEMENT A. BOYS AND GIRLS

	Age Groups						
Year	0–4		5–9	10–14	5–14	Totals	
	Cases	*Deaths*	*Cases*	*Cases*	*Deaths*	*Cases*	*Deaths*
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	65
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
1952 ...	94	11	84	71	4	249	15
1953 ...	**99**	**5**	**115**	**69**	**3**	**283**	**8**

The above table shows the annual incidence and mortality from all forms of tuberculosis, since 1936. The number of cases notified during 1953 was 153 (117·7%) above those recorded during 1939, and 139 (106·25%) above the average for the years 1936—1939, but within the same period there has been a very considerable reduction in the number of deaths.

The number of deaths recorded was 47 (85·5%) below those recorded for 1939, and 49 (86%) below the average for the years 1936—1939.

The marked fall in the mortality rate is satisfactory but the augmented morbidity rate is disturbing.

Increase in Notification in Adults and Children

In the report for 1952 the following statements were made :—

' There is no evidence of any retardation in the rate of increase new cases which has been apparent in recent years and, as its cause somewhat obscure, there is a natural anxiety.'

' There is no evidence that the increase in the morbidity rate (notific tion) is due to an absolute (real) increase in the number of cases. It ma all be due to improving endeavours in case finding but the figures w at least serve to emphasise that, despite the favourable mortality rate we are not done with tuberculosis and any relaxation of endeavours control and eradication would be most untimely.'

This problem of a considerable increase in the number of new cas with a marked reduction in the number of deaths has not only occurr among children but also in adolescents and adults. A high level morbidity has been associated with a declining mortality as an almo universal experience. It has occurred in the United States, in Hollan Denmark and elsewhere. It has a great interest and importance. It h occurred in Birmingham. During recent years the notifications pulmonary tuberculosis (in adults and children) have increased from 8 in 1940 to 1,242 in 1952, whilst deaths, after a small increase at the b ginning of the war have continued to fall. Indeed, during the past years the rate of decrease has rapidly accelerated, and the number deaths recorded in 1952 (280) was less than half the number recorded in 1947 (691).

This divergence between the numbers of notifications and deat commenced about 1943, before methods in treatment were particular altered by the introduction of chemotherapy. The ratio of new cases deaths in 1939 was : adults 1 to 1, children 2·6 to 1, whilst in 1953 was : adults 4 to 1, children 55 to 1. The sustained incidence mig be due to several factors—(a) the increased frequency of late prima pulmonary lesions in the young adult ; (b) the rising reservoir of tuberc lous patients ; (c) the big number of patients under treatment at hom (d) the aggregation of foreign workers ; (e) a change in the virulen of the tubercle bacillus ; or (f) more intensive endeavours in case findin Whatever the cause, its identification had and has an obvio importance.

During the year this problem received particular and detail attention and part of the information obtained is extracted and sho in the following tables.

SOURCE OF NEW CASES OF RESPIRATORY TUBERCULOSIS SEEN AT THE CHEST CLINIC

Year		1935	1940	1945	1947	1949	1950	1951	1952
Notified	%	61·8	56·6	49·4	40·8	34·5	32·2	23·5	19·1
	No.	593	496	556	426	359	356	254	216
Referred as Suspects	%	29·8	36·9	43·5	47·4	54·6	47·6	47·5	46·6
	No.	286	324	490	496	568	525	512	527
Examined as Contacts	%	8·4	6·5	3·6	8·4	7·5	10·6	10·8	9·6
	No.	81	57	41	88	78	117	117	109
Referred from Mass *X*-ray Service...	%	—	—	3·5	3·5	3·5	9·6	18·2	24·7
	No.	0	0	39	37	36	106	196	280
TOTAL	%	100	100	100	100	100	100	100	100
	No.	960	877	1,126	1,047	1,041	1,104	1,079	1,132

PERCENTAGE OF ALL NEW PATIENTS EXAMINED AT THE CHEST CLINIC WHO WERE FOUND TO HAVE RESPIRATORY TUBERCULOSIS

Year		1935	1940	1945	1947	1949	1950	1951	1952
Notified	%	67·3	71·9	70·3	66·9	66·1	69·9	63·8	69·5
	No.	881	690	791	637	543	509	398	311
Referred as Suspects	%	18·3	16·8	11·3	9·8	8·4	8·7	8·6	9·4
	No.	1,559	1,928	4,354	5,064	6,796	6,027	5,964	5,618
Examined as Contacts	%	7·2	5·5	4·2	3·9	3·0	3·3	3·8	2·0
	No.	1,131	1,041	966	2,255	2,585	3,523	3,085	5,577
Referred from Mass *X*-ray Service...	%	—	—	22·9	26·2	48·6	54·9	58·5	53·1
	No.	—	—	170	141	74	193	335	527
TOTAL	%	26·9	24·0	17·9	12·9	10·5	10·8	11·0	9·4
	No.	3,571	3,659	6,281	8,097	9,928	10,252	9,782	12,035

The conclusions reached are indicated in the following summary :—

(1) During recent years in Birmingham, as in England and Wales, the number of notifications of respiratory tuberculosis has increased while the number of deaths has fallen. Data collected from the Birmingham Chest Clinic (where more than 90% of all Birmingham notifications are examined) are used to enquire whether the high rate of notification is due to a raised incidence of the disease or to improved case finding.

(2) It is shown that between 1940 and 1952 the number of new cases notified before examination at the Clinic fell from 496 to 216. The increase in the number of notifications from all sources (from 877 to 1,132) is due about equally to :

(a) cases discovered by mass radiography (280 in 1952) ;

(b) an increase in cases identified among suspects and contacts (from 381 to 636).

(3) In the same period, the proportion of patients with notifiable lesions discovered among suspects and contacts examined at the Clinic fell from 17% to 9%, and from 6% to 2% respectively. The fact that the number of new cases from these two sources was almost doubled is explained by the fact that four times as many persons were examined.

(4) These observations strongly support the accepted view that the raised incidence of notification is due to more effective case finding. Extracted from :

Title : " An investigation of the recent increase in the rate of notification of respiratory tuberculosis," by Lowe, C. R. and Geddes, J. E. Reprinted from the British Journal of Preventive and Social Medicine, Vol. 7, No. 4, October, 1953."

It can therefore be assumed that the increase in notifications among children which has been subject to recurring comment in previous reports, is due to our present improved endeavours in case finding and not to any **real** increase in the amount of tuberculosis in Birmingham children. The present figures in fact indicate more accurately the true incidence of tuberculosis in the childhood population.

The next endeavour in tuberculosis control must be to trace with all energy the source of infection among these children, as, for example, is the regular practice with the detection of a case of typhoid or smallpox.

NOTIFICATIONS AND DEATHS
PULMONARY TUBERCULOSIS

STATEMENT B — BOYS AND GIRLS

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

Year	Age Groups 0–4		5–9	10–14	5–14	Totals	
	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
1952 ...	69	4	63	57	1	189	5
1953 ...	**73**	**2**	**90**	**56**	**2**	**219**	**4**

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 1953 was 166 (313·2%) above those recorded in 1939, and 150 (217·4%) 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 1953 was 16 (80%) below those recorded in 1939, and 17 (81%) below the average for the years 1936—1939.

NOTIFICATION 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 1953, and these figures include those cases of tuberculous meningitis shown in Statement D.

Age Groups	1939 Cases	1939 Deaths	1953 Cases	1953 Deaths
0—4	27	24	26	3
5—9	29	11	25	1
10—14	21		13	
Totals	77	35	64	4

These figures show that the number of cases of non-pulmonary tuberculosis notified during 1953 was 13 (16·9%) below those recorded during 1939, and 11 (14·7%) 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 1953 was 31 (88·6%) below the figure for 1939, and 35 (89·8%) below the average number of deaths for the years 1936—1939.

The reduction in the number of cases of non-pulmonary tuberculosis in contrast with the big increase in the number of children with pulmonary lesions must mean, as indicated in 1952, a very benign primary lesion with low dissemination, and also a reduction in tuberculous disease caused by the bovine tubercle bacillus.

TUBERCULOUS MENINGITIS

STATEMENT D — BOYS AND GIRLS

The following statement shows the annual incidence of tuberculous meningitis from 1939 to 1953.

	Age Groups			
Year	0–4	5–9	10–14	Total
1939	12	3	1	16
1940	10	9	—	19
1941	20	6	2	28
1942	11	7	5	23
1943	11	4	5	20
1944	16	4	4	24
1945	15	7	2	24
1946	6	6	1	13
1947	15	4	2	21
1948	12	8	—	20
1949	15	4	2	21
1950	8	5	7	20
1951	10	4	1	15
1952	9	—	—	9
1953	**8**	**5**	**4**	**17**

This table shows a most regrettable increase in the number of cases of meningitis : 9 cases in 1952, 17 cases in 1953—an increase of 88·9%—and of these 17 children, 13 *were from the homes of tuberculous patients.*

Reference has been made to the general increase in morbidity—an increase almost certainly due to the improved methods in case finding. The following extract from the 1952 Report warrants repetition in the light of the disturbing figures of incidence of tuberculous meningitis.

" Efforts in case finding must not be dissipated by the continuance of circumstances which perpetuate infection and disease—chief of which is the retention of the ' sputum positive ' adult in a house where the conditions are such that there is a grave danger to the children within the household. If these patients require treatment they should be in a hospital or a sanatorium, and if treatment is not possible, hostels should be provided where the patients can reside until the home conditions are properly adjusted and the family protected by immunization."

That must surely be the attainable objective in the control of tuberculosis in the City—meantime there is an absolute shortage of treatment beds in the sanatoria, and beds are also closed because of shortage of staff.

Housing. During the past eight years (1946—1953) 1,980 families have been rehoused, and of that number 367 were rehoused during 1953.

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. Measures of prevention are now supported by B.C.G. vaccination which was introduced during 1950, since when 4,680 contact children have attended the B.C.G. Clinics established at the Carnegie Institute and 1,917 have been vaccinated. The routine introduced during 1952 was continued and is shown in the following table :

A	B	C
Tuberculin Test Intradermal Tuberculin (0.1 mg. or 10 units)	An interval of 72 hours	If negative — vaccination

The scheme for the vaccination of contacts has developed successfully. The routine previously described whereby children negative to 10 units (0·1 mg.) of tuberculin are vaccinated immediately has continued. It has proved to be satisfactory and no untoward incidents have occurred. During the year 1,650 children attended the special vaccination clinic and 497 were vaccinated. The arrangements in this clinic have continued to be maintained at a very high level of efficiency.

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 1953 and the results of those examinations are shown in the following statement.

Ages	*Total number of children*	*Contacts to patients with sputum containing tubercle bacilli*	*Contacts to patients with negative sputum*
(*a*)			
0–5 years			
Tuberculous	36 (5·6%)	24 (66·7%)	12 (33·3%)
Non-tuberculous	612 (94·4%)	300 (49·0%)	312 (51·0%)
	648	324	324
(*b*)			
6–15 years			
Tuberculous	22 (3·0%)	14 (63·6%)	8 (36·4%)
Non-tuberculous	717 (97·0%)	374 (52·2%)	343 (47·8%)
	739	388	351
Totals of (*a*) and (*b*)			
0–15 years			
Tuberculous	58 (4·2%)	38 (65·5%)	20 (34·5%)
Non-tuberculous	1329 (95·8%)	674 (50·7%)	655 (49·3%)
	1387	712	675

School Leavers. Towards the end of the year, arrangements were in progress for the extension of vaccination to school leavers (13—14 years), and a special B.C.G. Clinic under the direction of the Deputy Medical Officer of Health (Dr. E. L. M. Millar) was established. In the light of the experience gained from the Contact Vaccination Clinic, the technique of vaccination will be as shown in the table on page 63 of this report.

(Every tenth child will also be recalled for a conversion tuberculin test to control the efficiency of the vaccination procedure).

It will be of absorbing interest to note the effect of vaccination on these children as they proceed through adolescence to adult life.

Sanatorium Treatment

The number of children admitted to Yardley Green Hospital during 1953 was 46. Of these 8 were admitted for observation and 38 for treatment, and of the latter 36 cases were of pulmonary tuberculosis and 2 cases of non-pulmonary tuberculosis.

Kyre Park Hospital, Tenbury Wells

This hospital which provides 66 beds for the treatment of children with primary pulmonary tuberculosis in Birmingham and in the Midland region, was opened during (September) 1952. During 1953, 49 children from Birmingham were treated, making a total of 89 since the Hospital was opened.

The Hospital is delightfully situated in the Worcestershire countryside and is excellently established to provide happy circumstances for the recuperation of these children.

The educational facilities are good. A school, fully recognised in accordance with the Education Act, 1944, is administered by Worcestershire County Education Committee. The teaching staff consists of a Headmaster, 1 male and 2 female teachers—all fully qualified. I am indebted to the Headmaster (Mr. A. E. Rudhall), for the following information :—

Two school-rooms are provided by the Hospital, and furniture and equipment is provided by the Local Education Authority. All ambulant children receive full-time education in these school-rooms. Children in bed receive full-time education in the wards, with both group and individual work. A full-time education curriculum is followed with all children whose ages range from 3 to 16. The Local Education Authority have been most generous and helpful in the matter of staffing and equipment.

During the past year a hundred children have passed through the school. Two boys of eleven sat for the Grammar School entrance examination. Two boys of fifteen are working for the National Certificate in Engineering, and one girl of fifteen is working for School Certificate. These varying subjects are undertaken by the normal teaching staff.

There are four school terms in each year with three weeks' holiday at the end of each term. This does away with a long holiday in the summer.

Ambulant children carry out extensive nature studies during afternoon walks. Children in bed receive hand-work training in basketry, fretwork, leatherwork, needlework, weaving, bookcrafts and art.

Boy Scouts and Girl Guides are organised for one evening each week by the teaching staff. A fortnightly film show of children's films is also arranged. The School National Savings Group has saved during the year £50.

The educational standard of a large number of children on entry is low, but progress is quite marked in the majority of these cases after a short while.

All hospital staff have been helpful and co-operative with all matters relating to the school, and this is greatly appreciated.

Skilts Residential (B.C.G.) Nursery—(36 beds)

This Nursery has developed with high efficiency. It has in all respects had a satisfactory year. It is used for the vaccination of children—many infants—whose home conditions are unsatisfactory.

The technique of vaccination has meant an initial tuberculin test (intradermal or percutaneous), immediate vaccination, and, because of the domestic environment, an interval of six weeks to ensure assessment of conversion before the discharge of the children. The following table indicates the work undertaken throughout the year :—

Number of children in residence on January 1st, 1953	25
Total admissions during the year	132
Total discharges during the year	122
Number of children in residence on December 31st, 1953 ...	35

Analysis of admissions in age groups :—

0—1 year	75	
2—4 years	25	
5—9 years	24	
10—15 years	8	
TOTAL	132	(68 girls and 64 boys)

The source of admission of these children was as follows :—

Direct from their homes	83
Sorrento Maternity Hospital	21
Loveday Street Maternity Hospital	4
Heathfield Road Maternity Hospital	7
Dudley Road Hospital	4
Somerset Road Nursery	1
Harborough Hall Convalescent Home	1
Little Bromwich Hospital	1
Marston Green Maternity Hospital	10

It is a pleasure to acknowledge the splendid work undertaken by Miss K. W. James and her staff throughout the year.

Children referred to the Chest Clinic

During the year 5,535 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 is an increase of 933 over 1952 when the number seen was 4,602.

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, including those relating to full-time students at the Colleges for Further Education.

Group	*Examined by Miniature Film*			*Large Films taken*		
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*
(*a*) School Leavers from Primary and Secondary Modern Schools	4,118	4,833	8,951	71	99	170
(*b*) Grammar Schools, age 15 and over, (January - March) Completion of 1952–3 Survey ...	692	621	1,313	12	8	20
(*c*) Schools of K.E. Foundation, aged 15 and over, (*X*-rayed by Mobile Unit, Oct. 1953)	886	588	1,474	21	15	36
(*d*) Colleges of Further Education (full-time Students) ...	404	242	646	3	3	6

RESULTS OF THE SURVEYS

Group	Cases of Tuberculosis				Other Abnormalities		
		Inactive					
	Active Referred to Chest Clinic	Ref. to Chest Clinic	Reported to Dr.	No Action	Ref. to Chest Clinic or Hosp.	Reported to Doctor	No Action
(a) School Leavers	15	10	4	27	6	11	19
(b) Grammar Schools	2	1	1	4	—	—	5
(c) Schools of K.E. Foundation	1	1	—	1	1	—	1
(d) Colleges	—	—	—	—	—	—	—

Cases of Active Tuberculosis

(a)	School Leavers	15 (1·7 per thousand xrayed)
(b)+(c)	Grammar Schools	3 (1·1 per thousand xrayed)
(d)	Colleges·	Nil

Special Investigation

During the survey one girl in a secondary modern school was found to be suffering from active tuberculosis with a positive sputum. Accordingly arrangements were made to xray the chests of all the scholars over the age of eleven. There were 501 children and 17 staff examined and the results are important. Out of this group of children two active cases of tuberculosis were found and in addition two inactive and healed primary lesions, and one case of congenital heart disease. No tuberculosis was found amongst the teachers.

Protection Against Tuberculosis

Following the issue of Ministry of Education Circular 248 on the subject of the control of tuberculosis in schools, teachers in Nursery, Primary, Secondary Modern and Secondary Grammar Schools who had not previously had such a test were invited to undergo an xray examination of the chest and 1,214 men and 1,935 women responded.

With the co-operation of Dr. L. A. McDowell, the Medical Director, who kindly reserved a special weekly session for the purpose, examinations have been taking place since June, and at the end of the year 386 men and 1,016 women teachers had been xrayed.

Medical Research Council Investigation into the use of Anti-Tuberculosis Inoculations

Dr. D. N. Mitchell, the Physician in charge, reports :—

" The scheme, designed to evaluate the use of anti-tuberculosis inoculation, was described in some detail in the reports of the Principal School Medical Officer for the years 1951 and 1952.

Every child in Secondary Modern Schools was given an opportunity of taking part during his or her penultimate term at school.

The intake from the schools was completed in 1952 and during 1953 the Medical Research Council commenced the follow up of these young persons.

All volunteers have now left school and gone into their various jobs and are being followed up as below :—

Follow Up

For comparison of the morbidity occurring in the different groups within the next few years, it will be essential for the success of the scheme that every case of tuberculosis which develops should be recorded.

For the purpose of the follow-up these cases may be divided into two groups :—

(a) Those in which tuberculosis is not clinically evident but which will be discovered at the annual re-examination.

(b) Those which will emerge clinically and which it is hoped to discover by the procedure outlined below.

Fifteen follow-up centres have been developed in Birmingham itself, each draining a small number of basic Health Visitor units. This allows of the rhythm of follow-up for each centre as indicated.

Visits by Health Visitors

It is hoped that each child in the scheme will be visited by a Health Visitor each year in the weeks preceding the annual xray appointment. The objects of this visit are :—

(1) To remind the child of the scheme.

(2) To record any change of address.

(3) To obtain any information which might relate to tuberculous morbidity.

(4) To obtain additional information which will help to test the comparability of the groups surveyed.

Postal Follow-up

This is despatched midway between the two examinations and whilst not so valuable nor in any way a satisfactory substitute for the Health Visitor visit, it retains co-operation of the volunteer and extracts further valuable information.

Cases referred to Chest Clinics

Each month all Chest Clinics in the areas concerned are being asked to return a list of all children in the appropriate age group who attend the clinic. The majority of clinical cases occurring amongst volunteers should emerge by this means.

The Tuberculosis Register

In order to find any cases of tuberculosis occurring in volunteers who have not attended a Chest Clinic, the appropriate tuberculosis registers are inspected at 6-monthly intervals.

The Annual Re-examination

The Unit will re-visit each area twice a year, staying in the district at least a week on each occasion, to allow for alternative appointments for contacting defaulters. The re-examination consists of a two-stage Mantoux test and chest *x*ray, and is being carried out between 4.30—8.0 p.m. at a centre conveniently situated. Many employers have encouraged the young people to attend by allowing them off one hour earlier on the day of the *x*ray without loss of pay. The Youth Employment Officers and Youth Leaders in the areas concerned are giving valuable help by speaking to the young people about the scheme and by explaining it to employers. The big cinema circuits are also co-operating by showing announcements of the Unit's visit, and in many cases the local press and trade associations have given valuable publicity.

The W.V.S. are very much an integral part of the scheme. They undertake to collect from the Unit on Wednesday evening of each week, a further appointment card for each person failing to attend, asking him or her to attend on the Friday evening. This card is delivered personally and has resulted in a very material increase in the response rate. When the Unit leaves a centre, the hard core of defaulters remaining are listed and visited by the W.V.S. as part of a long term follow-up. On this occasion they are asked to attend a special defaulter clinic.

The scheme could not operate satisfactorily without the goodwill of all concerned, and this has been given in full measure."

CHILD GUIDANCE SERVICE

Dr. Burns, the Senior Psychiatrist, reports :

" The annual increase in the number of cases referred to the Child Guidance Service, raises the question of ' psychiatric time ' in this work. In some quarters it is maintained that only a small proportion of the cases referred to a clinic need to see a psychiatrist at all ; in others, that every case, severe enough to need clinic investigation, should be seen by the psychiatric member of the team.

The correct view must lie between the two extremes and depends on the number of mainly ' educational ' cases submitted for advice and disposal (this is what vitiates the comparison of results achieved, as between clinics under psychological or psychiatric direction respectively, which certain Professors and others are fond of making).

From our experience the minimum attendance of a psychiatrist should be for half the number of weekly sessions at the usual full-time clinic. Most clinics are usually crying out for more psychiatric time.

Now it is important to realise that the Child Psychiatrist has two main functions : diagnosis and therapy.

With regard to the first, it must be stressed that a great part of this is a ' medical ' diagnosis in the widest sense, because the child's mental life is so intimately bound up with the *physical* side of the personality : inherited temperament, birth, feeding, weaning, excretion, illness, daily routine, the medical history of the parents also being important. The discussion of all these matters with the parents is bound to be more fruitful when conducted by someone with a medical background, but also with psychological knowledge ; therefore it is not the same if the physical aspect, in this sense is dealt with only by a ' doctor ' without a psychiatrist coming into it.

Now with regard to treatment, it has become increasingly clear to me that intensive, expert, psychotherapy, on an analytic basis, is a paramount need in many cases—where any more superficial treatment may well result in years of wasted effort.

By no means all child psychiatrists, much less all psychiatrists, have the aptitude and training for this work (though nowadays there is a tendency to assume that all psychiatrists should be able to tackle any branch of their difficult art).

Therefore the need is great for psychiatrists with special training in therapy, but as there may never be enough, the employment of lay child therapists—usually psychologists with special training in this field—comes into the picture (and this is still a controversial issue).

In any case the increase of the therapeutic side, but also the wider vision of the preventive side, will continue to render necessary an increasing supply of child psychiatrists.

I need not mention the Birmingham Service in particular, because I dealt with it in a personal way in the last year's Report of the School Medical Officer. I need only say that the increased and altered nature of this scheme has in no way prevented the smooth acceleration of its progress."

Mr. W. J. Bannon, Senior Educational Psychologist, reports:

"The year 1953 was the 21st of the Central Clinic's existence, the Service being the first in the country under a Local Education Authority to reach its majority. Appropriately enough, the occasion was marked by the taking over of the keys of the new George Road premises, acquired to replace the existing Lee Crescent Clinic, which has been the Service's headquarters for seventeen years.

The old premises had become so inadequate that it was not possible for all members of the staff to work in the clinic at the same time. This difficulty has now been completely overcome.

During the year Dr. Stirrat was appointed as a locum during Dr. Eickhoff's illness and has continued to work at Birchfield Road Clinic after Dr. Eickhoff's return. Another full-time psychiatric social worker, Miss Carpenter, was also appointed to the staff in December and a second remedial teacher, Miss B. Long, was appointed. She will take up duty early in 1954.

The two clinics are now fully established.

It is hoped that the third clinic in King's Heath, to serve the south of the City, will be opened in 1954, but the usual staffing difficulties are anticipated. The continued increase in cases referred, the consequent lengthening of waiting lists, and the failures to attend because of the long journeys, all emphasise the need for this clinic.

The total number of cases referred to the Service during the year was 762 (Lee Crescent 442, Birchfield Road 320)—an increase of 226 (42%) on the year 1952, and an increase of 312 (69%) on the year 1951.

The following figures show the sources of and reasons for referrals and how the cases were disposed of throughout the year:—

Sources of Referral:

Parents	83
School Medical Officers	108
General Practitioners	55
Hospitals, etc.	26
Head Teachers	279
Probation Officers	37
Other agencies	174
	762

Reasons for Referral :—

(Many cases were referred under more than one heading).

Behaviour problems	341
Nervous symptoms	145
Habit disorders	113
Educational problems	190
Total referred to clinics during 1953	762
On waiting list at 31.12.52	49
	811

Seen (672) :

Accepted for regular treatment	291
Clinic diagnosis, advice and periodic supervision	249
Consultative	132

Not seen (139) :

Failed to attend	80
On waiting list at 31.12.53	59
	811

Cases closed during year :

Improved (72%)	503
Placed away from home (*e.g.*, to Schools for Maladjusted Children)	30
Did not materialize	80
Other reasons (*e.g.*, no improvement, no co-operation, left district, to hospital or other agencies)	85
	698

The increase in numbers referred is due to wider contacts with Teachers, School Medical Officers, Family Doctors, Probation Officers, Public Health Visitors, Parents' Associations and others, made possible by additions in staff since the latter part of 1952. It is an indication of the trend expected as the Service develops.

The new clinics and additional staff envisaged will, for many years, be hard pressed to keep pace with ever-increasing case loads. The belief that psychological problems exist in very great numbers among the school population, without being brought to the notice of the clinics, has been fully confirmed by a survey of the incidence of maladjustment in schools undertaken during the year by the Clinic Staff. It is clear

from the results of this survey, and of others conducted similarly throughout the country, that Local Authorities' Child Guidance Services cannot hope to fulfil their ultimate aim of improving the mental health standards of the school community merely by maintaining the present therapeutic approach to the problems.

The concrete evidence slowly accumulating in clinics on the causes of children's emotional, nervous behaviour, and educational disorders will require to be conveyed in understandable terms to parents, teachers and to the general public.

Only by the development of widespread preventive measures alongside the present methods will the full function of the Child Guidance Service be attained. The part of the Psychologist and Psychiatric Social Worker in this task is of utmost importance. Fortunately the pattern of the School Health Service is available as a basis for development."

Wake Green Road Hostel

In some cases maladjusted children have to be treated away from their home. Accordingly a hostel for twelve boys has been opened by the Committee and mention was made in last year's Report that the boys were responding to their new environment and the treatment provided.

Extracts from the report of the Warden, Mr. T. Whalley, are given below :

The boys were admitted in three groups of four from June 16th, 1952, and they very quickly settled down. With two exceptions the standard of behaviour has been quite good.

The boys of primary age, who have never exceeded four in number, have attended College Road School and have been no trouble. The boys of secondary school age attend Pitmaston Secondary Modern School. There has been very close co-operation with the Headmaster of the latter school, who has been greatly interested in the experiment. The Headmaster reports that the boys have been absorbed into the school—their school reports have been good.

At home the boys help in the house—there are certain jobs which are performed by the boys—making beds, cleaning own bedrooms, playroom, hobbies room, night toilets, cloakroom, laying table for meals and washing up. Their efforts, if lacking in perfection do not lack willingness (with one notable exception). They helped with the construction of a walled garden, a rockery, a crazy pavement, and a fish pond, all of which have done much to improve the appearance of the back garden. Four boys made their own individual flower gardens and produced a pleasing variety of bloom.

The summer activities have included swimming, tree climbing, building houses in the orchard. Thanks to the generosity of Mr. Chinn, a neighbour, we have been able to play cricket and football (of a kind) in his field. For quite a time the control of the games had to be fairly strict as there was a constant danger of any game degenerating into a free fight. The indoor activities have included a fairly wide variety of games, but there was also during the winter some surprisingly good art, particularly in pattern, potato cuts, lino cuts and Christmas cards. Many boys embroidered floor cloths with brilliantly coloured wool and made these into knitting bags for Christmas presents which were most attractive. Few hobbies have been developed as yet although three boys still collect stamps, a few collect cigarette packages and one still shows interest in his scrap book. Two boys are becoming quite proficient with a harmonica (mouth organ) for which one must be grateful since the pre-proficiency period is rather trying on the nerves.

In August 1952 the boys went on holiday camp to Halstead in Essex. The local scout troop erected the tents and the boys had a most enjoyable week " under canvas." Perhaps the most popular activities were riding around a field of corn on a combine, and chasing rats in the farmyard. This year the boys are in camp at St. Mary's Bay, New Romney, Kent, and appear to be having a really wonderful time.

Co-operation with parents has been successful in most cases but some have been difficult about pocket money in spite of the fact that all these parents are in receipt of a family allowance. An effort has been made to help them see their boys in a more favourable light and this has been successful to some extent since all the boys except one are more acceptable to their parents.

In conclusion, it would appear that a good start has been made, although one must be cautious in claiming any success until it is seen how the boys readjust themselves when they return to their home environment.

INFECTIOUS DISEASES AND IMMUNIZATION AGAINST DIPHTHERIA

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

Figures are given for comparison with the previous year.

INCIDENCE OF INFECTIOUS DISEASES IN SCHOOL CHILDREN

		AGE GROUP 5—9					AGE GROUP 10—14						
	Sex	Quarters				Total	Quarters				Total	Total for yr. 1953	Total for yr. 1952
		1st	2nd	3rd	4th		1st	2nd	3rd	4th			
Typhoid fever ...	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
Para-typhoid fever ...	M.	—	—	—	—	—	—	—	—	—	—	—	1
	F.	—	—	—	—	—	—	—	—	—	—	—	1
Scarlet fever... ...	M.	157	94	51	90	392	35	22	11	19	87	479	602
	F.	132	113	62	95	402	32	30	14	16	92	494	701
Diphtheria	M.	—	—	—	—	—	—	—	—	—	—	—	2
	F.	—	—	—	—	—	1	—	—	—	1	1	3
Erysipelas	M.	—	—	—	1	1	—	—	—	—	—	1	5
	F.	—	—	—	—	—	—	—	—	1	1	1	2
Poliomyelitis paralytic	M.	—	—	2	—	2	—	2	—	—	2	4	6
	F.	—	—	1	1	2	—	1	—	—	1	3	5
Poliomyelitis non-para.	M.	—	—	1	—	1	—	—	1	1	2	3	4
	F.	—	—	2	—	2	—	—	—	—	—	2	—
Encephalitis infective	M.	—	—	—	1	1	—	—	—	—	—	1	1
	F.	—	1	—	—	1	—	—	—	1	1	2	—
Encephalitis post-infect.	M.	3	—	—	—	3	—	—	—	—	—	3	—
	F.	—	1	—	—	1	—	—	—	—	—	1	2
Meningococcal Infect.	M.	3	2	3	3	11	1	—	2	1	4	15	9
	F.	1	—	1	—	2	2	—	—	—	2	4	8
Dysentery	M.	1	8	12	20	41	2	—	5	6	13	54	16
	F.	5	3	10	14	32	—	4	—	4	8	40	11
Pneumonia	M.	25	8	5	10	48	3	3	3	6	15	63	66
	F.	20	7	2	16	45	6	2	3	2	13	58	54
Measles	M.	2633	298	32	6	2969	63	12	2	3	80	3049	2158
	F.	2554	304	27	6	2891	71	21	2	1	95	2986	2237
Whooping cough ...	M.	116	278	367	176	937	4	10	7	5	26	963	924
	F.	137	343	346	200	1026	4	12	8	6	30	1056	1124
Pulmonary tuberculosis	M.	—	—	—	—	47	—	—	—	—	27	74	62
	F.	—	—	—	—	43	—	—	—	—	29	72	58
Non-pul. tuberculosis	M.	—	—	—	—	18	—	—	—	—	3	21	15
	F.	—	—	—	—	7	—	—	—	—	10	17	20

The doctors and nurses visit the schools for special investigation when outbreak occurs, 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 welcome fall in the number of cases of scarlet fever and in comparing the seasonal incidence with the previous year the rhythm of the seasonal trend is as expected with the highest incidence in the previous fourth quarter.

The large increase in the number of measles which occurred in the fourth quarter of the previous year continued in the first quarter of 1953. There were very few cases in the fourth quarter of 1953 however, showing the biennial periodicity beat so often characteristic of this disease.

Whooping cough showed a somewhat similar incidence to that of the previous year.

There was a further welcome drop in the number of cases of poliomyelitis which occurred during the year.

It is gratifying to note that only one case of diphtheria occurred during the year. Practically the same number of completed primary courses of immunization treatment were given during 1953 as during the previous year. In addition, figures are now given for reinforcing injections. It has been stated that the eradication of diphtheria as an indigenous disease in this country can be foreseen if there is no slackening in the immunization efforts.

DIPHTHERIA IMMUNIZATION 1953

Year of Birth		1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940	1939	Total	Adults
Maternity and Child Welfare Centres	*Primary*	498	3896	443	219	176	98	37	13	9	—	—	2	1	—	—	5392	1
	Reinforcing	—	—	—	446	1525	187	43	25	2	1	—	4	—	1	2234	1	
School, Nursery Schools and Classes	P.	—	1	8	60	134	878	1102	542	247	21	8	11	10	7	3	3032	8
	R.	—	—	—	—	313	5048	4420	1359	602	57	17	16	7	11	11	11861	12
Day Nurseries	P.	17	125	50	36	20	4	—	—	—	—	—	—	—	—	—	252	1
	R.	—	—	—	—	40	91	2	—	—	—	—	—	—	—	—	133	—
Institutions	P.	2	32	22	6	12	14	18	15	11	6	17	14	12	13	15	209	5
	R.	—	—	—	—	—	22	12	5	12	17	12	19	6	10	6	121	4
Council House	P.	41	196	23	10	7	5	2	—	1	—	—	—	—	—	—	285	—
	R.	—	—	—	—	17	68	14	3	1	1	3	4	2	1	2	116	7
A.P.T.-General Practitioners	P.	611	4553	602	173	148	83	22	12	6	4	2	3	2	3	1	6225	27
	R.	—	—	—	2	320	1632	384	82	46	13	11	4	1	6	—	2501	5
D.P.P.	P.	89	912	147	43	25	18	5	5	—	—	—	1	—	1	—	1246	—
	R.	—	—	—	1	20	75	28	7	—	—	2	—	—	—	—	133	—
Children who completed a Primary Course		1258	9715	1295	547	522	1100	1186	587	274	31	27	31	25	24	19	16641	42
Total reinforcing injections ...		—	—	—	3	1156	8461	5047	1499	686	90	46	43	20	28	20	17099	29

MORTALITY AMONG SCHOOL CHILDREN

The following table shows the causes of death among school children

DEATHS OF SCHOOL CHILDREN AGED 5 TO 14 INCLUSIVE

Cause	*Male*	*Female*	*Total for year* 1953	*Total for year* 1952
Measles	—	1	1	1
Poliomyelitis including polio encephalitis	1	—	1	1
Acute infectious encephalitis including encephalitis lethargica	1	2	3	—
Meningococcal infections, including cerebrospinal fever	1	—	1	—
Tuberculosis of respiratory system ...	1	1	2	1
Tuberculous meningitis	1	—	1	2
Tuberculosis of spinal column ...	—	—	—	1
Cancer of digestive organs	—	—	—	1
Cancer of urinary organs	—	—	—	2
Cancer of other organs	4	5	9	6
Rheumatic fever	—	1	1	—
Diabetes	—	—	—	1
Cerebral haemorrhage, etc.	1	—	1	3
Other nervous diseases and sense organs	2	2	4	1
Heart disease	1	3	4	6
Bronchitis	—	1	1	—
Pneumonia (all forms)...	—	3	3	4
Other respiratory diseases	—	—	—	2
Diarrhoea and enteritis	1	—	1	—
Appendicitis	2	—	2	3
Other digestive diseases	—	1	1	—
Diseases of liver, etc.	—	—	—	1
Acute and chronic nephritis	2	1	3	3
Other genito-urinary diseases... ...	1	—	1	1
Congenital debility, premature birth, malformations, etc.	1	2	3	4
Suicide	—	1	1	—
Other violence	17	4	21	23
Other causes	2	1	3	6
All causes	39	29	68	73

A further fall in the numbers of deaths in this age group is noted with satisfaction. Although deaths from accident show a slight decrease care and attention to the subject of accident prevention is still necessary. The Accident Prevention Council continue in their praiseworthy endeavours to reduce accidents, both in the streets and in the home.

BIRMINGHAM INSTITUTE OF CHILD HEALTH

Professor J. M. Smellie, Professor of Child Health, gives a report on the relationship between the Institute and the School Health Service :—

" To promote, improve and maintain the health of the school child are important functions of the Birmingham Institute of Child Health. For these objectives to be achieved team work is essential and the members of the team comprise teachers, parents, nurses, school health medical officers, general practitioners and pædiatricians. The school doctor has to act as the guide, philosopher and friend to parents, teachers and nurses, and encourage and advise on matters of health. If these responsibilities are to be carried out effectively and efficiently there must be a close link between the school, the general practitioner and the hospital. Whilst the school doctor is a specialist in positive health he must be fully conversant with modern medical practice and be able to recognise early deviations from the normal, and this demands diagnostic skill and judgment. Divorcement from the growing points of diagnosis and treatment such as are being developed in children's hospitals has been a serious handicap and disadvantage to the school doctor and to remedy such imperfections is the desire of the Birmingham Institute of Child Health. Furthermore, doctors working in hospital and in practice must be kept fully informed on the activities, duties and responsibilities of the school health service and must know what can and cannot be done for the school child, including those handicapped mentally or physically.

The programme of the Institute whereby medical students visit the schools and special clinics and the hospital and school health medical officers interchange their work has gone a long way towards the integration of all the activities that are in being for the health and welfare of the school child population. It is by such means that the quality of the service can be improved, and interest and enthusiasm maintained."

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.

The Organising Inspectors indicate in the following report the changing trends in physical education and the opportunities which are available for pupils after leaving school.

Mr. D. MacCuaig and Miss A. Thorpe, Organising Inspectors, of Physical Education, report as follows :—

" General

Steady progress continues to be made in Physical Education in schools and institutions generally under the Committee. The somewhat ill-considered interpretation of " free activity " which characterised the work of many young teachers who came into the schools a year or two ago has been tempered by experience and reality, much to the advantage of the pupils.

The greatly increased use now made of small apparatus in the physical training lesson, particularly for infants and juniors, enhances considerably both its value and enjoyment.

Experiments are being carried out with climbing apparatus for infants and juniors in order to arrive at a more satisfactory design than is commercially available at present. The design and installation of this apparatus have an important bearing on efficiency and safety and require the prior approval of the Physical Education Inspectors and the Architect.

The considerable building programme now being carried out includes many new gymnasia with up-to-date equipment and the usual ancillary rooms. Wherever possible level grass plots of adequate dimensions are sited adjoining the gymnasia so that in suitable weather pupils may take physical training with portable apparatus in the open air.

Organised Games

Playing fields which were used for agricultural purposes during the war are nearly all returned, and again in use for organised games and athletic training. It will be some time, however, before they are all up to their pre-war standard.

The problem of obtaining an adequate number of playing fields in areas where they are most needed remains unsolved, as does that of attracting groundsmen of the right calibre.

A weekly period of at least 45 minutes in winter and 60 minutes in summer is desirable for primary and secondary children. This, however, is not possible in many schools, partly because of the shortage of playing fields in some areas and partly for lack of crews to man 'buses. At present these 'buses make about 260 return journeys weekly.

The number of children at any one time on several of the fields is greater than is desirable for good organisation and a good standard of play, especially in the winter when the main games played are football and hockey, both of which are extravagant of space. There are two ways of improving this situation : one is by reducing the number attending the

fields, a method which would certainly be most unpopular, and the other is to encourage the wider use of such games as rugby touch and handball, both of which require rather less than half the space needed for football and hockey. Before the war the latter method succeeded to a remarkable degree and returns from the groundsmen at all the fields showed that in one week 135 games of rugby touch and 134 handball games were played as compared with 185 games of football.

In many years up to 1939 games courses for teachers were held regularly as they have been since 1945, and due prominence has been given to the above-mentioned and similar games on these courses. The longer average period for which teachers remained in the service of the Committee before the war resulted in the knowledge and skill they acquired at the courses being available for a longer period than is now the case, and that fact made the progressive development of a wider range of games more easily and quickly attainable than it is to-day. While the standard of organisation and coaching in games falls below that of pre-war days, some progress is being made, mainly as a result of our courses. With the constant changes of teachers, however, courses run by the L.E.A. are not sufficient by themselves. The lack of adequate training in games and athletics of young teachers coming from Training Colleges is as noticeable in these branches of physical education as it is in swimming, referred to below. It does not appear to be sufficiently realised that : (1) games training does not consist only in providing a weekly game of football, hockey or cricket for the recreation of teachers in training, although occasional games are an important part ; (2) in large towns and cities, particularly, the usually inadequate amount of playing space available could accommodate more children if games requiring less space than the national games were played, especially in winter ; and (3) the playing of vigorous team games for its immediate effects by a large number of players is more important than the playing of one of the national games exclusively by a relatively small number of players.

Athletics

The development of athletics as part of physical education continues both on school premises and on the playing field. Although individual and the district school sports naturally provide a strong incentive for the practice of athletics, there is a growing recognition of the value of athletics for its own sake. The several courses for teachers which have been held in recent years have resulted in a widening of the content of training programmes and Sports Day programmes alike. Throwing the javelin and putting the shot for boys, and hurdling for boys and girls (events which were rarely seen at school sports a few years ago), are now finding their way into school schemes to an ever-increasing extent, much to the advantage, particularly of pupils not gifted as runners.

Swimming

Substantial progress has been made in teaching method and consequently in the results obtained. The interest shown by teachers generally in swimming and the standard of teaching of non-swimmers and swimmers alike, are higher now than at any time. There is a great difference, however, between the demand for facilities and their provision, more particularly in the suburbs recently built. It is difficult to see how very much more progress can be achieved without increasing the number of baths and it is, therefore, hoped that the restriction on building swimming baths can be relaxed at an early date.

The great need and value of the Committee's training courses will be appreciated when it is remembered that many teachers come into our schools from several colleges which do not include swimming, even as a recreation, let alone provide instruction in the methods of teaching swimming, while others do so only for the small number of teachers who specialise in Physical Education.

In the baths built immediately before the war, a small shallow bath was provided for teaching beginners and this bath has proved most satisfactory in practice and has enabled two groups—one of beginners and one of swimmers—to undergo instruction at the same time. It is therefore hoped that the policy of providing a learners' bath as well as an area of about 30 ft. × 30 ft. of shallow water in the recreational bath, as at Monument Road, will be continued.

Camping

The camping equipment owned by the Committee is fully used from May to September, including the holidays, in various parts of the country, Several schools moreover now own their own equipment, and others make their own arrangements for camping. Camping is a very popular activity with those boys and girls who are fortunate enough to be able to take part, and teachers who run the camps are unanimous in placing high value on the training it gives in communal living and on its effects on healthy development.

Physical Recreation in Institutes of Further Education and Voluntary Organisations

The provision of a wide range of physical recreation for young persons and adults is an important and considerable part of the work of Institutes of Further Education and of clubs. Gymnastics, Dance, Keep Fit, Games, Boxing, Wrestling and Fencing are some of the activities in which instruction is given. The Instructor Leaders are trained on comprehensive courses run by the Committee and are supplied to voluntary organisations and paid by the L.E.A., subject to certain conditions being fulfilled."

CAMP SCHOOLS

It is pleasing to report that during the year 1953, both the Stansfeld Camp School for girls at Oxford, and the Bell Heath Camp School for boys at Belbroughton have again functioned smoothly. The girls' Camp School at Oxford re-opened on the 24th February and remained open until the 11th December. The Bell Heath Camp School for boys re-opened on the 26th February and closed on the 15th December. Eight groups of girls and thirteen groups of boys spent periods of from two to three weeks at these Camp Schools during the year.

Fortunately the weather during the year was quite good and all the schools had an excellent time ; the children benefiting considerably from their period of residence at the Camps.

The adaptation of the house and premises at Bockleton were completed during the year and it was possible to have several groups of children there during the latter part of 1953. The Official Opening took place on the 23rd November, by Mr. W. Byng Kenrick, B.A., before a representative gathering of members of the Education Committee and other interested and local people. The development of the premises at Bockleton for use as a Camp School, situated as it is in beautiful country, will greatly increase the value and scope of this branch of the Committee's activities.

CONVALESCENT TREATMENT

The importance of convalescence for children recovering from illness is stressed by pædiatricians. Accordingly it is a pleasure to report that the Committee under the scheme were able to send 307 children to convalescent homes. Full payment was not made for all, as in several cases, some contribution was made by a voluntary fund.

The recommendations were made for children recovering from an acute illness, and this form of treatment generally restores the children's health.

WOOD END HALL HOSTEL FOR CANAL BOAT CHILDREN

Dr. Lemin reports :—

" The medical supervision of Wood End Hostel has been continued during the past year. Children have been medically examined, weighed and measured at the beginning and the end of each term. Taking the initial examination when the Hostel opened as the basis of assessment, it is most noticeable how the children have consolidated, mentally, emotionally and physically. In addition, the situation has changed from that of finding a number of minor defects in posture and physique, in vision, or special senses to one wherein those children who have been at the Hostel consistently since it opened pass through the medical examination as not requiring any treatment.

In one or two cases especially, it is noticeable that children who originally had constant colds and bronchitis have now lost these conditions, and shown improvement in physique, and an increasing resistance.

While there has been a little mild illness this year, we are able to record a clean bill of health as far as generalised infection is concerned. It was only the very end of the year, just before Christmas, that several children had mild bronchitis. This, however, cleared up with appropriate medical attention, and did not hinder them from arriving back to their families in good time. One child who came to the Hostel with a marked speech defect has improved considerably after speech therapy.

Two children have had tonsillectomy at Dudley Road Hospital. Both these cases were in urgent need of treatment and have shewn a great improvement after the operation.

There is no doubt on looking back over the past year that the Hostel is proving a major factor contributing to the welfare of these children."

NURSERY SCHOOLS AND CLASSES

Nursery Schools, 23 ; 52 Classes in all.
Nursery Classes, 48.
Number of children on roll, 2,228.

Dr. Lemin reports :—

" A number of visits have been paid to Nursery Schools and Classes during the year. Mrs. Ashworth, Deputy Superintendent School Nurse, has been present on these occasions, and the nurse visiting the nursery school class has also been present. Her presence is important in view of her responsibility in the field of child hygiene and welfare.

The buildings have been seen, and a visit paid to the kitchen. It has been most useful to watch the children in their various activities, indoor and out, and any difficulties in hygiene or child welfare have been discussed between all the members of the team on the ground, which has led to an increasing unity of effort ; a condition of affairs which has been on the increase each year during the last few years.

Whenever any particular illness has manifested itself in the nursery school or class, a special visit has been made with the deputy superintendent nurse, and where necessary discussion has taken place with our colleagues on the public health side concerning the particular illness incidence in the field.

The Medical Officers have continued their supervision of the nursery schools and classes in their area ; arising out of this children requiring early attention have been enabled to receive special care. Through such co-operation of effort it has been possible to make recommendations for the improvement of the health and welfare of our children in this particular age group."

THE DODFORD NURSERY CHILDREN'S HOLIDAY FARM

A description and aims of this project were given in last year's Report.

During 1953, 212 children from nursery schools and day classes and 14 from a day nursery stayed at " The Farm " for varying periods. 255 children from various schools and classes and a day nursery spent a day at " The Farm."

All children are seen by a school nurse before their departure. In general the children did very well, and gained weight, and satisfaction is expressed over seeing the children so much improved even in so short a space of time as a week.

Thanks are due to Dr. Mundy, of Bromsgrove, who visits " The Farm." Three children required his special attention.

The extension described in last year's report has now been completed. Through the generosity of the Birmingham University Carnival Committee, the cost of this building has been defrayed. Further developments have been planned.

REPORT ON THE WORK OF THE SCHOOL NURSING STAFF

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

"At Medical Inspection

Work with the School Medical Officers at medical inspection has been subject to no change during the year, except in schools where lack of space has necessitated a special visit of the nurse to the school, prior to the inspection, to test the vision of children to be medically examined. It would be of real value to the child, and to the conduct of the inspections, if this method could be adopted for at least C stream children in the intermediate age groups. Shortage of staff precludes any experimentation along these lines at present.

Vision Survey

Roughly all children in the 8 and 9 year age group have had a routine vision survey during the year in all areas of the City, while in about half the schools most children in the 12 year age group have also been tested. Although the following table shows a steady increase in the total number of children tested, the position is still much as it was in 1952. Owing to shortage of staff and increase in the numbers of junior children, we are still only testing about 2½ out of the 5 groups (8, 9, 10, 12 and 13 years of age) which should be tested annually.

	1951	*1952*	*1953*
Total number of examinations for visual acuity	32,478	33,732	42,672
Number of children with normal vision	24,426	26,487	34,117
Number of children with defective vision already wearing glasses ...	2,984	2,482	2,648
Number of children with defective vision not wearing glasses referred to the school medical officers ...	2,374	2,215	2,979
Number of children with low visual defects, and no other symptom, for further observation	2,694	2,548	2,928

The figures for retest of those children with visual defects for observation are not shown here but appear as a part of the follow up.

Nurses' Survey

The nurses' surveys have been carried out in all schools as in previous years with the exception of the schools in four out of the fourteen areas of the City. In all schools in these areas nursing assistants' cleanliness inspections have replaced nurses' surveys for the latter half of the year. This experiment was started during the autumn term ; it is therefore impossible to attempt any assessment of its value or effect at this early stage, and the numbers examined are too low to warrant inclusion in this report.

The numbers dealt with at the nurses' surveys are given below :—

	1951	*1952*	*1953*
Total number of examinations by school nurses at nurses' surveys...	247,422	316,552	323,760
Children referred to the medical officers from nurses' surveys	2,040	3,983	4,852

During the course of the nurses' surveys opportunities have been taken, whenever possible, to talk to individual children and sometimes to small groups about health and personal hygiene. Children showing signs of mental or physical ill-health or emotional disturbance, who were not already under treatment by the family doctor, were referred to the School Medical Officer.

Follow Up and Home Visiting

During 1953, 10,485 children were seen in the course of the nurses' follow-up visits to schools, 1,593 were referred back to the various doctors and 3,736 were kept for further observation.

Follow up and home visiting are, of necessity, an essential part of each other. The spread of the follow-up, which includes all children found with defects, or in any way neglected, appears to have differed very little from 1952, but the substantial increase in the home visiting does show an attempt to deal with the problems found. The time allowed for this part of the work, however, is still grossly inadequate, children have

to wait far too long to be followed up, and homes which need several visits can only be visited once. This is particularly true in the case of handicapped children, children with environmental and behaviour difficulties, and children from problem families.

These home visits were paid for the following conditions :—

	1951	*1952*	*1953*
General neglect and verminous conditions	286	642	704
Orthopaedic conditions	188	214	328
Visual defects	180	244	324
Ear, nose and throat defects	98	119	133
Infectious diseases	84	93	86
Environmental factors	48	34	55
Behaviour difficulties	22	25	27
Other conditions	197	328	290
National health and development survey	—	108	324
Total number of effective home visits by the school nurses	1,103	1,797	2,844

To this total must be added 573 visits to homes where no access was obtained on that occasion.

The figures shown above give no idea of the work still waiting for the school health visitor to do in this particular field, but all concerned in the work feel that more children need more follow-up, of a more intensive quality, than can possibly be given with the number of staff at present available.

Treatment at Clinics

At the inspection and minor ailment clinics 17,743 children have been treated during the year by the school nurses, 56,551 treatments have been carried out.

The nurse's work in the clinics varies considerably in the different areas. In the central areas many children come to clinics without parents, often dirty, neglected, sometimes with quite serious conditions, and the treatment work is heavy because of the condition of the children and the lack of parental understanding and care. The main reasons for this seem to be ignornace, bad housing, mother at work, poverty, and comparatively large families.

In the outlying areas, although there is much to be done because of people constantly moving out, the actual treatment is much lighter. The children who attend are usually accompanied by a parent or guardian, opportunity for consultation and individual health teaching occur much more frequently, and a great deal of follow-up work can be done in the clinics.

Nursery Schools

The work in the nursery schools has followed much the same pattern as in previous years. There seems to be a growing awareness, amongst the teachers working with these young children, of the part the school nurse can play in health education, and the value of her contact with the homes of those children who have defects, or difficulties needing special care.

Specialist Work

(a) **Asthma**

A school health visitor is now working part-time in the recently opened Asthma Clinic. She assists the Chest Physician at the clinic and carries out all the detailed follow-up necessary for the children suffering from this condition.

(b) **Child Neglect**

Another health visitor, who over the past five years has had considerable experience of child neglect, spends a small part of her time in the follow-up of problem families. We are only touching the fringe of the need in this direction ; much more could and would be done if more time was available. Children of school age usually suffer more acutely than other members of problem families because of the conditions which engender, accompany, and ensue from a complete lack of care and control. They are expected to look after themselves and the babies, ostracised by their school fellows, and are too young to have become case hardened. Experience has shown that an experienced nurse with the right approach, given continuity of contact, can do much to help the children through the parents and the home, once the parents have learned to respect and trust her. For this work time is imperative, but unfortunately lacking.

(c) **Audiometry**

The audiometric scheme has occupied the whole time of one nurse and has been satisfactorily integrated with the rest of the service during the past two years.

Health Education

The school nurses have dealt mostly with individuals and small groups, mothers and children in schools, clinics and homes. Nursing staff have contributed to the health education programmes of parent teacher groups, women's prison courses, refresher course for teachers in nursery schools and the Course for Staffs of Children's Homes. Some opportunities cannot be taken in this branch of the work because of staff shortage.

Health Visitors' Training and Refresher Courses

Two school nurses obtained the Health Visitor's certificate during the year and six nurses attended refresher courses.

The Campaign for Cleanliness

The percentage rate of children with verminous conditions of the head, and the percentage rate of children cleansed on statutory orders, have both been reduced during the year. The cleansing scheme has functioned as in previous years, all children found verminous being examined at regular and frequent intervals by the nursing assistants, 44,557 examinations of children having been carried out in the primary and secondary modern schools.

COMPARATIVE TABLE FOR PEDICULOSIS CAPITIS

	1949	*1950*	*1951*	*1952*	*1953*
Percentage rate of children found verminous	8·06	8·6	8·6	9·3	7·7
Number of children cleansed on statutory cleansing order ...	3,412	2,751	2,639	2,010	1,771
Percentage rate of above ...	2·41	1·82	1·59	1·35	1·04
Total number of statutory cleansings	4,468	3,211	3,345	2,385	2,251
Cleansing demonstrations ...	Not recorded	39	204	394	443
Prosecutions under Section 54 ...	69	6	11	36	21
Families involved...	43	2	5	25	17

The infestation rate is not based on the total school population, but on the number of children in attendance at the primary, secondary modern and special schools on 31st December, as the incidence of pediculosis in the grammar and technical schools is negligible.

Home visits for neglect and verminous conditions still form over one-fifth of the total visiting done by the school nurses, and although this proportion is too high it is still insufficient to meet the need. Much more visiting needs to be done for these conditions, to teach parents and persuade them to accept and discharge their responsibility to their children and to the community. It is a pity that shortage of trained staff curtails the home visiting ; the steady rise in the number of practical demonstrations to mothers is sufficient evidence of the parent's willingness to learn, and the fact that a fair proportion of persistent offenders dealt with in this way do not repeat the offence justifies the time spent. Prosecutions, of course, are an admission of failure, and in some cases might be avoided if more contact could be established with the parents in the early stages.

The bathing centres have been used as previously, not only for the treatment of scabies and pediculosis, but to help families who are socially handicapped. During the year 75 children of 26 families have been helped in this way.

It is in the cleanliness work that most team work between school nurses and nursing assistants has taken place, and co-operation of our teaching colleagues and the education welfare officers is most valued."

SUITABILITY FOR FUTURE EMPLOYMENT

The way in which the School Health Service co-operates over vocational guidance was discussed in last year's Report.

In particular the examination of all candidates for admission to a training college and all intending teachers other than those who were examined on the completion of the approved course of training before entering into the teaching profession in accordance with the Ministry's Circular, was accepted very willingly by the School Medical Officers. Furthermore, it is considered that these medical reports can be of great assistance to the college medical officer whilst the students are in residence.

There were 416 such examinations as to fitness but fortunately it has been possible to assimilate the extra load, which is of an exacting nature, within the normal framework of the service.

Medical Examination of Entrants to Training Colleges and of Intending Teachers

The requests were spread in general over the year and the following table shows the monthly distribution of the examinations for both types of candidates.

	Training College Candidates	*Intending Teachers*
January	21	6
February	16	8
March	28	4
April	21	2
May	12	5
June	20	8
July	21	8
August	20	53
September	23	1
October	53	4
November	47	4
December	22	9
	304	112

TOTAL 416

Ten candidates were referred for specialist opinion and in each case the co-operation and advice of the subject's general practitioner was sought prior to specialist reference. In accordance with the decision of the Committee, a fee was paid for seven candidates where arrangements could not be made under the National Health Service.

HEALTH EDUCATION

No alteration has been made in the arrangements for health education in the schools.

In addition the following activities have taken place 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 the City Training College and at Westhill College, for the staff of the Home Nursing Service, to a group of students from the Selly Oak Training Colleges studying social science, to Education Welfare Officers, to the Midland Adult School Union, to a member of the University of Illinois, to a pædiatrician from Jordan, to a party of Dutch teachers, to the Education Society University of Reading, to a tutor in Child Study from the University of Sydney, to a Public Health Nurse from Denmark, to a United Nations Welfare Fellow from Switzerland, to a member of the Ministry of Social Affairs, Finland, to a pædiatrician from Rotterdam, to a member of the Ministry of Education, Egypt, to a pædiatrician from Montreal, to a member of the Vienna Ministry of Social Affairs, to a World Health Organisation Fellow from the Pædiatric Hospital, Ceylon and to the Director of the Maternal and Child Health Department, Indonesia.

EMPLOYMENT OF SCHOOL CHILDREN & YOUNG PERSONS

The number of children medically examined by school medical officers in accordance with the byelaws regulating the employment of children was 8,174 and the number of examinations carried out in connection with the issue of theatrical licences was 263. Of this total of 8,437 children examined, 46 were found to be unfit for employment.

MISCELLANEOUS

Special Examinations :

Examinations of manual staff in accordance with the Corporation's Sickness and Accident Scheme	629
Examination of other adult employees of the Education Committee	135

CO-OPERATION AND ACKNOWLEDGMENTS

It is a pleasure to acknowledge the material help which the teachers give to the School Health Service. The relationship continues to be cordial and ready assistance is given, sometimes in spite of difficulties over accommodation in the school. The mutual aid which the teaching and school health service staff can give to the pupils is fully recognised.

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.

It is a pleasure to mention the help which the Almoners of the hospitals render over many children.

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.

Appreciation is expressed of the Pearson's Fresh Air Fund in arranging outings and holidays for Birmingham children. During the year 1,113 children from schools in the inner circle enjoyed a day's outing at Manor Farm, Northfield. Grants were given to 417 handicapped children, physically handicapped and educationally subnormal, to enable them to enjoy a day at the sea or at Wickstead Park.

Fifty-eight boys were given ten days' camping holiday at Malvern, 24 handicapped girls enjoyed ten days at St. Oswald's Camp, and 30 handicapped boys received help towards their ten days' holiday at Much Wenlock.

HANDICAPPED PUPILS

The arrangements for the early ascertainment of handicapped children continue to work smoothly and satisfactorily. It is satisfying to note that the general practitioners and the consultants are aware of the help which the Authority can give to this group and 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 fully aware of the special educational facilities available for handicapped children and send valuable reports as a result of their district visits. Dr. Kemp discusses other sources of ascertainment in his report.

The specialist supervision of the children through visits to the various special schools outlined in previous reports is of distinct value. There is, in this way, integration of the specialist with the education in the schools and close collaboration between the specialist and the teachers.

The School Health Service and Handicapped Pupils Regulations came into effect in August, 1953. There has been some slight modification in the classification of handicapped pupils and the categories are set out as follows :—

(a) Blind Pupils, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

(b) Partially Sighted Pupils, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

(c) Deaf Pupils, that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

(d) Partially Deaf Pupils, that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

(e) Educationally Sub-normal Pupils, that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

(f) Epileptic Pupils, that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

(g) Maladjusted Pupils, that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

(h) Physically Handicapped Pupils, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

(i) Pupils suffering from Speech Defect, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

(j) Delicate pupils, that is to say, pupils not falling under any other category in this Regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

The definition of partially deaf has been slightly amended with a view to clarification.

It will also be noted that diabetic pupils have been excluded as a separate category and it is recognised that they can be dealt with under the heading of delicate pupils.

There has also been an alteration in the requirements as to the place in which handicapped pupils are to be educated. In particular only the blind or deaf must be educated in special schools unless the Minister otherwise approves. Other handicapped pupils may be educated in special schools or ordinary schools as may be appropriate.

BIRMINGHAM CHILDREN ON REGISTERS OF SPECIAL SCHOOLS MAINTAINED BY THE AUTHORITY AS AT 1st DECEMBER, 1953.

Educationally Sub-normal Children

Residential:			
St. Francis ...	(Boys and Girls)		124
Springfield House...	(Girls)		58
Astley Hall ...	(Junior Mixed)		24
Day:			
Bristol Street ...	(Senior Girls : Junior Mixed) ...		113
Burlington Street	(Senior Girls : Junior Mixed) ...		121
Gem Street ...	(Senior Boys : Junior Mixed) ...		146

Hamilton Road ...	(Senior Boys : Junior Mixed) ...	123
Hallmoor	(Senior Mixed)	131
Hallmoor	(Junior Mixed)	64
Little Green Lane	(Senior Boys : Junior Mixed) ...	111
Sherbourne Road	(Senior Boys : Junior Mixed) ...	164

Deaf and Partially Deaf Children—Day Schools

Gem Street School for the Deaf	(Mixed)	110
Moseley Road School for the Deaf	(Mixed)	113

Partially Sighted Children—Day Schools

Moseley Road School for P.S. Children	(Mixed)	59
Whitehead Road School for P.S. Children	(Mixed)	67

Delicate Children

Residential Open-Air Schools :

Cropwood	(Girls)	80
Hunter's Hill ...	(Boys)	125
Haseley Hall ...	(Junior Boys)...	40

Day Open-Air Schools :

Marsh Hill ...	(Mixed)	195
Uffculme	(Mixed)	136

Physically Handicapped Children

Residential :

Baskerville ...	(Mixed)	49

Day :

George Street West	(Mixed)	168
Little Green Lane	(Mixed)	128

Hospital Special Schools

Orthopaedic :

Forelands, Bromsgrove	(Mixed)	28
Woodlands, Northfield	(Mixed)	14

Sanatorium :

Yardley Green, Little Bromwich	(Mixed)	36

Handicapped Pupils Boarded in Hostels Maintained by the Education Authority

Wake Green Hostel for Maladjusted Boys	12

EXTRA-DISTRICT CHILDREN ATTENDING BIRMINGHAM MAINTAINED SCHOOLS

Educationally Sub-normal Children

St. Francis Residential E.S.N.	221
Hallmoor Senior Day E.S.N.	1

Deaf and Partially Deaf Children

Gem Street Day School for the Deaf	9
Moseley Road Day School for the Deaf	19

Partially Sighted Children

Moseley Road Day School for P.S. Children	5
Whitehead Road Day School for P.S. Children	4

Physically Handicapped Children

Baskerville Residential (P.H.) School	27
George Street West Day (P.H.) School	3

Hospital Special Schools

Orthopaedic :

Forelands, Bromsgrove	35
Woodlands, Northfield	56

Sanatorium :

Yardley Green, Little Bromwich	5

RESULTS OF SPECIAL EXAMINATIONS, 1953

Results of Examinations during the year of children with a view to their receiving or continuing to receive special educational treatment.

Number of Children seen	1,578
Recommended for Day (E.S.N.) School	207 (See Note 1)
Recommended for Residential (E.S.N.) School	86 (See Note 2)
Recommended for Residential Open-Air School	259
Recommended for Day Open-Air School	140
Recommended for Residential (P.H.) Special School	48 (See Note 3)
Recommended for Day (P.H.) Special School	60
Recommended for Residential School for Epileptics	19
Recommended for Residential Diabetic Hostel	2
No action	64
To stay in Special School	31
For trial in Ordinary School	10
To stay in Ordinary School	151
To leave Special (E.S.N.) Schools in order to take up employment	126
To leave Open-Air Schools in order to take up employment ...	13
To be seen again	2
Decision deferred	187
To be excluded from school temporarily	5
Recommended for exclusion under Section 57 (3) of the Education Act, 1944	105
Recommended for Home Teaching	5
Recommended for Carlson House School for Spastics	4
Recommended for period at Davos, Switzerland	38
Recommended for transfer from Residential to Day Open-Air School	1

Recommended for transfer from Day to Residential Open-Air School	2
Recommended for Residential School for the Deaf (subject to examination by Aural Surgeon)	2
Recommended for Day School for the Deaf (subject to examination by Aural Surgeon)	1
Recommended for Convalescent treatment	2
Recommended for transfer from Open-Air Schools to Ordinary Schools	8

(1) Includes 16 transferred from other types of Special Schools.

(2) Includes 48 already attending Day (E.S.N.) Schools.

(3) Includes 12 already attending Day (P.H.) Schools.

Number of Children Reported to the Local Health Authority.

Under Section 57 (3) of the Education Act, 1944	113
Under Section 57 (3) relying on Section 57 (4) (inexpedient)	2
Under Section 57 (5) of the Education Act, 1944	133

The following return made to the Ministry of Education relating to handicapped pupils in the calendar year ended 31st December, 1953 also gives valuable information.

	(1) *Blind* (2) *Partially sighted*		(3) *Deaf* (4) *Partially Deaf*		(5) *Delicate* (6) *Physically Handicapped*		(7) *Educationally sub-normal* (8) *Maladjusted*		(9) *Epileptic*	(10) *Total* (1)–(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the Calendar year ended 31st Dec., 1953 :—										
A. Handicapped Pupils **newly placed** in Special Schools or Boarding Homes	4	19	19	7	245	98	205	24	19	640
B. Handicapped Pupils **newly ascertained** as requiring education at Special Schools or boarding in Homes	4	21	25	6	399	96	229	21	19	820

LIST OF BIRMINGHAM CHILDREN IN SPECIAL SCHOOLS NOT MAINTAINED BY THE EDUCATION COMMITTEE AS AT 1st DECEMBER, 1953

Blind and Partially Sighted Pupils

Birmingham Royal Institution for the Blind :	
Residential	25
Day	10
Royal Normal College for the Blind	1
Exhall Grange, Coventry	3
National Institute for the Blind :	
Sunshine Home, Pirates Spring	2
Sunshine Home, Overley Hall	1
Sunshine Home, Leamington	1
Chorley Wood College	1
Liverpool Catholic School for the Blind	2

Educationally Sub-normal Blind Pupils

Condover Hall	3

Deaf and Partially Deaf Pupils

Birmingham Royal School for the Deaf	3
Mary Hare Grammar School for the Deaf	4
Derby Royal School for the Deaf	2
Royal Cross School for the Deaf, Preston	1
Manchester (Old Trafford) Royal Deaf School	1
St. John's Institution for the Deaf, Boston Spa	3
Donnington Lodge School for the Deaf	1
St. Vincent's School for Blind and Deaf, Glasgow	1

Epileptic Pupils

Lingfield Epileptic Colony	31
Chalfont St. Peter's	1
Sedgwick House	1
St. Elizabeth's School, Much Hadham	3

Physically Handicapped Pupils

Tudor Grange, Solihull	3
Shaftesbury Society : Victoria Home for Crippled Children, Bournemouth	2
Hinwick Hall School for Crippled Children	1
St. Rose's R.C. School for P.H. Girls	1
Lord Mayor Treloar Cripples' College	1
Burton Hill House School for Crippled Girls	1
Derwen Cripples' Training College	1
Bruce Porter Hospital Home School	1

Physically Handicapped and Educationally Sub-normal Pupils

Exhall Grange, Coventry	3

Spastic Pupils

Carlson House	30

Delicate Pupils

St. John's Open-Air School, Essex	1
St. Catherine's Home, Ventnor, Isle of Wight	5
Port Regis Open-Air School	1
West Malvern O.A.S.	1
Ogilvie School of Recovery, Clacton-on-Sea	1
Firs Day Open-Air School, Smethwick	1

Educationally Sub-normal Pupils

St. Joseph's R.C. School, Cranleigh	8
Besford Court, Worcs....	31
Allerton Priory R.C. School, Liverpool	1
Pield Heath (All Souls'), Middlesex	4
Holyport Manor Special School, Maidenhead	1
Rhydd Court, Worcs.	1

Maladjusted Pupils

Ledston Hall School, near Leeds	2
Trench Hall School, Salop	
River House, Henley-in-Arden	5
Caldecott Community	1
Bodenham Manor School, Hereford	24
Redhill School, Surrey	1
*TOTAL	236

* Includes 15 young people over 16 years of age undergoing further training.

Handicapped Pupils attending Independent Schools assisted by the Education Committee under Section 9 (1) of the Education Act, 1944

Rudolf-Steiner School, Aberdeen (Maladjusted)	1
*Puckle Hill House (Spastic)	1

* Over 16 years of age, undergoing further training.

Handicapped Pupils Boarded in Hostels—and who attend Schools near to the Hostel

Diabetic Pupils :

St. George's Hostel, Kersal	1
Fir Bank Hostel, Fordsham	1
Hutton Boarding Home, Brentwood, Essex	1

Maladjusted Pupils :

Malmesbury Branch of the National Children's Homes ...	1
St. Michael's Moral Welfare Home, Leamington	1

MEDICAL SUPERVISION OF SPECIAL SCHOOLS

Dr. P. R. Kemp, Assistant Principal School Medical Officer, reports :

" Methods of interview in the large number of special cases which are referred for examination and appropriate placing have been similar to those employed in previous years. Co-operation of parents, private doctors and hospital consultants has been sought and has been willingly forthcoming. In spite of the difficult nature of the work it is usually found possible to work out solutions acceptable to all concerned.

There are many traps for the unwary—the child with the label of ' mental retardation ' may be found to be suffering from high frequency deafness, the apparently straightforward case of 'asthma' may resolve into the unhappy youngster who has learned to hate school because he is unable to cope with the work there and who needs special teaching and some individual attention in a class less than half the size of that in the normal school.

Sometimes a problem can be cleared by removing a child temporarily from his over-anxious parents and sending him for a time to a residential school.

Sometimes it is necessary to advise parents about their own maladjustments and show them how domestic disharmony may be affecting their children adversely.

Residential and Day Open-Air Schools

These schools continue to fulfil their valuable function in rehabilitating the delicate child and the main problem has been to find accommodation for the many who are on the waiting lists.

In order that the nurses may be fully cognisant of modern methods of postural drainage in bronchiectasis, demonstrations have been arranged for them with the kind co-operation of the Thoracic Unit, Hill Top Hospital, Bromsgrove. This enables the nurses to supervise efficiently the progress of the considerable number of bronchiectatic children who are cared for in our Open-Air Schools, and for whom postural drainage is essential.

In the case of pupils suffering from asthma in its various forms, the value of healthy exercises as a therapeutic measure is beyond doubt. These are prescribed by the Medical Officer and carried out regularly under the supervision of the visiting Remedial Gymnast. This auxiliary also carries out remedial exercises for the children who are found to require such treatment on account of postural defects or deformities of the feet.

Particularly in the residential schools we are more often than not successful in curing enuresis. Medical remedies are kept in the background and children of normal mentality usually respond to a regular routine in which they rise out of bed some two hours after retiring and empty their bladders.

It is essential, of course, that the urine should be tested in every case of enuresis to exclude organic disease.

Encopresis is another condition which is not infrequently cured in Residential Open-Air Schools.

The weights of all children are carefully recorded and watched, and where gain is not adequate special investigations are initiated.

Once again we express thanks to the many Consulting Physicians and Surgeons who have willingly assisted us in a number of cases.

Alpine School, Davos

Excellent results continue to be obtained in the treatment of asthma and general delicacy at Davos and groups each consisting of 32 boys are sent twice yearly.

A follow-up scheme is operated by which boys are examined every six months after their return and contact is maintained also after they have left school.

Schools for the Educationally Sub-normal

Children who are seriously backward but who are quite capable of education, and whose backwardness is due to innate causes and not to physical handicap are admitted to these schools.

Strict medical investigation is necessary before admission and a high standard of medical supervision is maintained during the pupils' stay.

An addition to our resources which will ultimately prove to be of great value is Astley Hall Residential E.S.N. School—intended for the younger E.S.N. children—which has been opened during the year.

Occupation Centres

The usual routine inspections have been carried out in these centres and Clinic facilities provided when required.

Baskerville

This school admits children suffering from rheumatic infections who are fit to be up for not less than three hours daily.

Admission examinations are held every fortnight at the school, so that long waiting lists are avoided.

Pupils are graded according to their degree of disability, lessons being given at the bedside in some cases, while in others a moderate amount of physical activity is allowed and education is given in classes.

Dr. Carey Smallwood, Consulting Physician, visits the school each week and is accompanied by the Assistant Principal School Medical Officer once a fortnight. A local practitioner is on call to deal with any emergencies.

Day Schools for the Physically Handicapped

These schools are attended by those children who are unable to cope with ordinary schools on account of some physical handicap—including such conditions as cerebral palsy, sequalæ of poliomyelitis, congenital heart disease, muscular dystrophies and many other disabilities.

Mr. T. S. Donovan, Surgeon to the Royal Orthopædic Hospital, visits both schools regularly and advises as to the treatment of the orthopædic cases—physiotherapy being carried out on the premises.

The children proceed to and from the P.H. Schools by special 'buses and a high educational standard is maintained.

A number of pupils improve sufficiently to transfer to ordinary schools in due course.

Day Schools for the Deaf

Children are selected for these schools by the Aural Surgeon, Mr. Brayshaw Gilhespy, and the work has continued on similar lines to last year.

The usual routine medical inspections have been carried out.

Day Schools for the Partially-Sighted

Children are admitted to these schools on the advice of Mr. Mark Tree, Ophthalmic Surgeon. Here again there are the usual regular general medical examinations.

Visits of Medical Students

Final year students in the Faculty of Medicine, University of Birmingham, visit a group of Special Schools and demonstrations and lectures are arranged for them.

Special visits are also arranged for graduate candidates reading for the Diploma in Child Health."

HOME AND HOSPITAL TUITION

The Committee provides home tuition for severely handicapped children under Section 56 of the Education Act, 1944. At the end of the year, twenty-eight children were being helped in this way.

In addition, peripatetic teachers visited the children at the following institutions :—

Skilts Residential Nursery, near Redditch (T.B. contact children)	8
In Moseley Hall Convalescent Home	21
In Dudley Road Hospital and the Skin Hospital	29
In Accident Hospital	33
In Little Bromwich Hospital	9
Home Tuition	28

EDUCATION AND THE PHYSICALLY HANDICAPPED

The provision of grammar school education for physically handicapped pupils has been discussed nationally. Concern has been expressed over the possibility that children who could benefit from this form of education have been denied this course on account of their physical handicap, Accordingly a special enquiry was made locally and it is gratifying to note that as far as can be ascertained no child has been denied admission to grammar school because of physical handicap. The investigation revealed a number of minor defects and 15 girls and 13 boys were suffering from severe handicaps. In several cases special transport was provided by the Authority. There were also five boys and four girls in this category who were attending the secondary technical, commercial, and art schools.

The survey showed that a large number of these pupils suffered from congenital deformities and the after effects of poliomyelitis. It is pleasing to note the help and assistance given by the masters and fellow pupils and the effort made by the children themselves to overcome their handicaps.

RESEARCH INTO EPILEPSY IN CHILDREN

The research which is being carried out by Mr. H. Halstead, Psychologist, with the consent of the Birmingham Education Committee, was outlined in last year's Report.

Mr. Halstead sends the following account of his further investigations :—

> " The whole of the testing has been done on the epileptic children, and the results are being looked at in relation to various factors such as type and duration of epilepsy, family history and so on.
>
> As some of the tests are not well standardised on English children, it has been necessary to test a control group, matched for age and sex, etc. This part of the work is almost at an end, and it will then be possible to proceed with the comparisons.
>
> I previously acknowledged gratefully the help given me by the School Health Service. As the work proceeded I became more and more conscious of the generosity of school heads, who did all they could to make the machine run smoothly. I owe them sincere thanks."

MARTINEAU HOUSE, TOWYN

During the year eighteen parties, each consisting of twenty-four children from special schools of various types, visited this Seaside School for periods of fourteen days. In accordance with established practice, each group was accompanied by a teacher from the school who gave welcome assistance to the residential teacher in charge.

The school continues to provide an important and valuable contribution to the physical and educational welfare of these handicapped pupils.

The work of the Matron and the interest shown by the visiting Medical Officer are greatly appreciated.

DAVOS ALPINE SCHOOL

The curative value of the Swiss Alps for chest conditions has been recognised over a long period. In the early days accommodation was provided for the wealthy only and one sanatorium to this day appears as if it were planned for "Crowned heads." Over the years various countries opened more modest establishments for the benefit of their nationals. Britain at the present time has two sanatoria at Davos for the treatment of tuberculosis. The British Red Cross has sent out small parties of children on the strong recommendation of pædiatricians. Indeed, so convinced are these doctors of the value of Davos that one London pædiatrician whilst at Davos, asked if Birmingham could take children from outside this area. This doctor is working very hard to obtain accommodation in Davos for a group of British children.

Dr. Wissler, the Medical Superintendent of the Kinder Preventorium, who has had long experience in treating children with chest conditions at Davos, is convinced also that the air has some specific healing quality owing to the height of the area. This appears to be recognised internationally and accordingly it is a subject for congratulations that Birmingham is able to enjoy this unique facility for treating children.

Since the inception of the scheme, when the first party of boys left for the Kunzle Chateau at Davos, on 9th June, 1948, the total number of boys dealt with has been 307, including the present party.

Age Range

The boys are, generally speaking, from age 9 to 13 inclusive, although a few older boys whom it was thought would specially benefit from a stay at Davos have been included from time to time.

Type of Case

Apart from tuberculosis—no cases of which are sent under the Education Committee's Scheme—the condition which seems most suitable for Alpine treatment is juvenile asthma.

Asthma is more common in boys than girls and this fact together with the lack of suitable facilities for girls in the Chateau has led to the scheme being made available for boys only.

Occasionally boys are sent with other respiratory conditions such as bronchiectasis with a view to improving general condition before or after surgical treatment, but there is no doubt that the main value of the Davos scheme lies in the treatment of asthma.

Before a boy is sent to Davos he is carefully examined, his chest is *x*rayed, he is immunised against diphtheria and a quick estimate of his intelligence is made following a school report.

Treatment at Davos

Medical treatment in the strict sense of the word is kept at a minimum. Dr. Wissler, a pædiatrician whose practice is in Davos, treats any emergencies that arise and visits the Chateau at regular intervals—but apart from that the treatment is on general lines, viz., mountain walks, ski-ing and tobogganing, regular hours, early bed, plain nourishing food and above all the establishment of confidence, independence and a healthy mental attitude.

The tablets and inhalants upon which some boys have tended to become dependent are kept in the background and rarely is it necessary for them to be used at Davos.

Once the boy has lost the habit of having attacks of asthma there is considerable hope that he may be cured.

Period of Stay

The ordinary period is approximately six months but in certain cases it has been found that two visits of six months' duration each, with an interval of six months at home between these visits, is necessary to effect a cure.

Subsequent Examination

Every boy is examined on the day after arrival home and at intervals of about six months thereafter during the remainder of his school career. Letters have been sent to those boys who have left school and started work, asking for details of their state of health, and many encouraging replies have been received.

Results

As far as can be ascertained from re-examinations and perusal of records permanent benefit has been obtained by approximately 80% of the boys sent. Of that 80%, 20% could be described as "cured." Practically all of the 20% who did not appear to gain permanent benefit obtained very definite temporary benefit; they gained considerably in weight and their attacks were less severe on their return. There was a tendency in this group to relapse later however.

Special Advantages of Davos

(1) Altitude. The fact that Davos stands at a height of over 5,000 feet is of importance. Further research is called for into the relationship between respiration in asthma and lowered atmospheric pressure, but the latter does seem beneficial.

(2) Pure air. The air at Davos is free of industrial contamination.

(3) Complete change of environment. The boy is removed from his environment for 6 months without interruption by school holidays or monthly parental visits which are often disturbing.

Education

As the classes are small, the children can be taught individually. With increasing health and freedom from attacks, great progress is usually made in educational activities.

Social and Spiritual Values

Here for a period are thirty-two boys brought together, strangers to each, previously denied in greater or lesser degree, physical activities ; very soon they form a homogeneous group well schooled in the art of living harmoniously together.

There is corporate worship by the boys morning and evening and on Sunday mornings the boys worship at the English Church and form the choir.

To conclude, here in the Swiss Alps is an English type of open-air school, pulsating with a character of its own, with the boys enjoying the invaluable benefits of the wonderful climate. The boys breathe easily, feeling more and more secure as they lose their attacks, giving them confidence in all their activities.

More particularly the results of the physical examinations reinforce the inestimable value of maintaining this school at Davos.

CEREBRAL PALSY

Whilst as mentioned in earlier reports there has been local interest in the care of children suffering from this handicap, the formation of the British Council for the Welfare of Spastics quickened the efforts for advancing the forms of treatment. About that time Carlson House School for Spastics was opened locally as a non-maintained Special School. The school gives special opportunities for the study of the education, treatment and training of these children. The Institutes of Child Health and Education are linked with the school and research is being undertaken in various fields.

During the year a nursery unit was opened at Carlson House as it is well recognised that treatment and care should commence as early in life as possible.

A large proportion of the pupils at Carlson House are maintained by the Birmingham Authority, and a school medical officer and nurse visit the school regularly. Other children who suffer from this condition attend the schools for the physically handicapped which have physiotherapists in attendance. Children whose handicaps are less severe are satisfactorily accommodated in the ordinary schools.

In view of recent national comment in general it will be seen that locally special care is given to this group of handicapped children.

EMPLOYMENT AND AFTER-CARE OF HANDICAPPED CHILDREN

All the boys and girls leaving special schools during the year have been interviewed by the officers of the Youth Employment Department. A number of these were advised to apply for registration under the Disabled Persons (Employment) Act, 1944. Several young persons have been recommended for courses of training or industrial rehabilitation. As in previous years arrangements have been made for one of the Youth Employment Officers or a Voluntary Helper from a Youth Advising Committee to visit each special school leaver at home during the first three months of his or her working life.

	New Registrations 1953			*No. on file* 12.12.53		
	Boys	*Girls*	*Total*	*Boys*	*Girls*	*Total*
SURGICAL :						
Amputation of one or both limbs ...	3	2	5	6	5	11
Injuries and diseases of lower and upper limbs	6	4	10	9	9	18
Spine injuries	2	1	3	8	2	10
Tuberculosis—surgical	1	—	1	4	2	6
MEDICAL :						
Arthritis and rheumatism	—	1	1	—	1	1
Diseases of heart and circulatory system	1	5	6	7	8	15
Diseases of skin, genito-urinary and respiratory system (not T.B.) ...	1	4	5	1	5	6
Epilepsy	5	4	9	11	4	15
Other organic nervous diseases	5	6	11	14	7	21
Tuberculosis—pulmonary	4	8	12	6	8	14
Diseases of digestive system	2	1	3	1	1	2
PSYCHIATRIC :						
Imperfect development of the mind ...	4	4	8	5	4	9
OTHERS :						
Congenital malformation	—	1	1	1	5	6
Defects of eyes, ears, etc.	18	5	23	32	16	48
Asthma, anaemia, etc.	3	2	5	6	9	15
	54	49	103	111	86	197

SPECIAL SERVICES AFTER-CARE COMMITTEE

During the year, 372 additional persons were referred for supervision, 278 of whom were placed under Statutory Supervision. One hundred and fifteen had been excluded under Section 57 of the Education Act, the remainder being mainly boys and girls leaving educationally subnormal schools. In addition, a few older persons were referred for supervision by the Mental Health Services, and some children under the age of 2 years (i.e., those too young to be excluded under the Education Act but clearly of imbecile or idiot grade).

In addition to the above persons, supervision continues with the much larger number of previously referred cases.

For the first time for some years, no new Occupation Centres were opened, but St. Paul's Occupation Centre, Balsall Heath, was expanded to accommodate 40 instead of 30 children. This brought the total number of children receiving training in the seven Occupation Centres to approximately 220. In addition a few older unemployable girls attended as " helpers "—it is hoped that the Training Centre which is being planned for those older girls will be opened in the near future.

An Assistant Supervisor was appointed at each of the two Industrial Centres in addition to the Supervisor. This allowed the number of senior boys and men trained at these two Centres to be increased in June, 1953 from approximately 12 per day to 25. The Industrial Centre at Burlington Hall is rather inadequately housed at present, but it is hoped that the Occupation Centre held on the same premises will be moved shortly to its new situation, and this will enable the Industrial Centre to expand considerably.

One hundred children were again taken during 1953 for one week's holiday each to Windmill House, Weatheroak. The children are sent in four parties of 25 and are looked after by Occupation Centre Staff and a School Nurse. This is a tremendously popular treat amongst the children and those who have been once are always anxious to go again the next year. The children are selected from those who have not had any other holiday and many are restless, difficult children whose parents may never have had a week's relief before.

Occupational Home Training continues to be provided by three staff who visit children who are unable to attend Centres and who receive training on similar lines in their own homes. These visits are usually on one half-day per week and where possible the children are taught in groups in each other's homes.

Those children who are crippled but well enough to enjoy and benefit by Occupation Centre training are brought to the Centres daily by taxi.

The training of these ineducable children, and the visiting of all those under Statutory Supervision continues to be carried out by the Education Committee on behalf of the Health Committee.

Medical Inspection and Treatment Returns

Year ended 31st December, 1953.

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	22,546
Second Age Group	13,696
Third Age Group	15,199
TOTAL	51,441
Number of other Periodic Inspections	—
GRAND TOTAL	51,441

B. OTHER INSPECTIONS

Number of Special inspections	25,398
Number of Re-Inspections	23,335
TOTAL	48,733

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	378	6,616	6,691
Second Age Group	1,694	3,393	4,493
Third Age Group	2,200	3,034	4,572
Total (prescribed groups)	4,272	13,043	15,756
Other Periodic Inspections	—	—	—
GRAND TOTAL	4,272	13,043	15,756

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1953

Defect Code Number	Defect or Disease	Periodic Inspections — Number of Defects		Special Inspections — Number of Defects	
		Requiring Treatment	Requiring to be kept under observation but not requiring treatment	Requiring Treatment	Requiring to be kept under observation but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	1,880	498	4,419	89
5	Eyes—				
	(*a*) Vision ...	4,272	1,067	2,142	125
	(*b*) Squint ...	1,183	331	344	33
	(*c*) Other ...	519	170	1,229	44
6	Ears—				
	(*a*) Hearing ...	218	482	536	75
	(*b*) Otitis Media	399	435	704	48
	(*c*) Other ...	127	118	661	41
7	Nose or throat ...	3,175	2,714	1,890	266
8	Speech	185	327	183	50
9	Cervical Glands ...	196	876	104	55
10	Heart and Circulation	183	574	97	72
11	Lungs	1,389	1,416	921	280
12	Developmental—				
	(*a*) Hernia ...	196	256	48	15
	(*b*) Other ...	102	306	89	18
13	Orthopaedic—				
	(*a*) Posture ...	758	845	259	43
	(*b*) Flat Foot ...	1,097	1,053	388	73
	(*c*) Other ...	1,574	1,160	818	115
14	Nervous System—				
	(*a*) Epilepsy ...	90	54	41	13
	(*b*) Other ...	110	68	287	41
15	Psychological—				
	(*a*) Development	37	140	110	31
	(*b*) Stability ...	203	404	181	52
16	Other	1,716	810	6,541	647

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 ...	22,546	5,049	22·40	16,468	73·04	1,029	4·56
Second Age Group ...	13,696	3,276	23·92	9,741	71·12	679	4·96
Third Age Group ...	15,199	3,535	23·26	11,300	74·34	364	2·40
Other Periodic Inspections	—	—	—	—	—	—	—
TOTAL	51,441	11,860	23·05	37,509	72·92	2,072	4·03

TABLE III

INFESTATION WITH VERMIN

(i)	Total number of examinations in the Schools by the School Nurses or other authorised persons	406,034
(ii)	Total number of individual pupils found to be infested	13,068
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	2,207
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	1,771

TABLE IV

TREATMENT TABLES

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

	No. of cases treated or under treatment during the year	
	by the Authority	*otherwise*
Ringworm—Scalp—	9	23
Ringworm—Body	86	8
Scabies	60	8
Impetigo	910	34
Other skin diseases	4,103	1,892
TOTAL	5,168	1,965

GROUP 2. EYE DISEASES, DEFECTIVE VISION AND SQUINT

	No. of cases dealt with	
	by the Authority	*otherwise*
External and other, excluding errors of refraction and squint	1,501	199
Errors of refraction (including squint)	8,364	137
TOTAL	9,865	336
No. of pupils for whom spectacles were :		
(*a*) Prescribed	5,659	5,090
(*b*) Obtained	5,169	3,442

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	—	760
(*b*) for adenoids and chronic tonsillitis	—	3,426
(*c*) for other nose and throat conditions	—	515
Received other forms of treatment ...	3,436	1,683
TOTAL	3,436	6,384

GROUP 4. ORTHOPÆDIC AND POSTURAL DEFECTS

(*a*) Number treated as in-patients in hospitals	—	355
(*b*) Number treated otherwise, *e.g.*, in clinics or out-patient departments	2,647	1,071

GROUP 5. CHILD GUIDANCE TREATMENT

No. of pupils treated at Child Guidance Clinics	658	4

GROUP 6. SPEECH THERAPY

No. of pupils treated by Speech Therapists	657	19

GROUP 7. OTHER TREATMENT GIVEN

(*a*) Miscellaneous minor ailments ...	13,577	8,892
(*b*) (1) Operations for squint	—	483
(2) In-patients at Hospitals—Surgical Treatment	—	649
(3) In-patients at Hospitals—Medical Treatment	—	2,115
TOTAL	13,577	12,139

TABLE V. DENTAL INSPECTION AND TREATMENT

(1)	Number of pupils inspected by the Authority's Dental Officers :	
	(*a*) Periodic Age Groups...	68,703
	(*b*) Specials	21,981
	(*c*) Total (periodic and specials)	90,684
(2)	Number found to require treatment	65,876
(3)	Number referred for treatment	62,082
(4)	Number actually treated	40,496
(5)	Attendances made by pupils for treatment	59,295
(6)	Half-days devoted to (*a*) Inspection	283
	(*b*) Treatment	5,227
	Total (6)	5,510
(7)	Fillings : Permanent Teeth	20,367
	Temporary Teeth	262
	Total (7)	20,629
(8)	No. of teeth filled : Permanent teeth	18,099
	Temporary teeth	252
	Total (8)	18,351
(9)	Extractions : Permanent teeth	17,852
	Temporary teeth	75,133
	Total (9)	92,985
(10)	Administration of general anaesthetics for Extraction ...	29,483
(11)	Other operations : (*a*) Permanent teeth	7,066
	(*b*) Temporary teeth	3,459
	Total (11)	10,525