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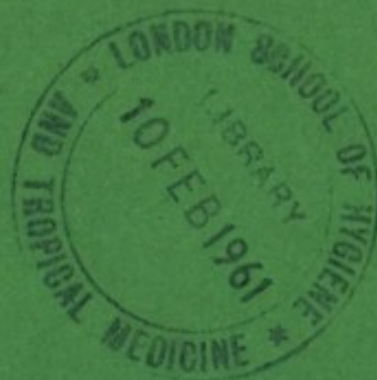
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**CITY OF BIRMINGHAM  
EDUCATION COMMITTEE**

**SCHOOL HEALTH SERVICE  
REPORT**

**OF THE**

**PRINCIPAL SCHOOL MEDICAL OFFICER  
HAROLD M. COHEN, C.B.E., M.D., D.P.H.**



**FOR THE YEAR ENDED 31st DECEMBER, 1956**



CITY OF BIRMINGHAM  
EDUCATION COMMITTEE

**SCHOOL HEALTH SERVICE  
REPORT**

OF THE

**PRINCIPAL SCHOOL MEDICAL OFFICER  
HAROLD M. COHEN, C.B.E., M.D., D.P.H.**

**FOR THE YEAR ENDED 31st DECEMBER, 1956**



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**SPECIAL SERVICES SUB-COMMITTEE :**

MR. COUNCILLOR J. WOOD  
*(Chairman of the Education Committee)*

COUNCILLOR MRS. F. M. SMALLWOOD  
*(Chairman)*

ALDERMAN MRS. E. V. SMITH, J.P.  
*(ex-officio)*

MR. COUNCILLOR H. BENTLEY

MR. COUNCILLOR S. E. DAWES

COUNCILLOR MRS. W. O. EASEY

COUNCILLOR MRS. D. M. FISHER

COUNCILLOR MRS. A. M. JOHNSON

MR. COUNCILLOR W. J. LYGO

MR. COUNCILLOR I. L. MORGAN

MR. COUNCILLOR T. PATON

COUNCILLOR MRS. H. L. RADFORD

MR. COUNCILLOR W. H. RATHBONE

COUNCILLOR MRS. E. WRIGHT, J.P.

DR. D. C. ARTINGSTALL

MRS. H. CAVENAGH, B.Sc., D.P.A., J.P.

MISS J. DAVID

MRS. A. L. GIBSON

MRS. P. H. JONES

T. T. LOCKIE, Esq.

A. L. McCULLOCH, Esq.

MRS. N. SMITH

*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.

ELSE A. D'AMIAN, M.D. (Heidelb.),  
L.R.C.P., L.R.C.S.

JOYCE B. MOLE, M.B., Ch.B., D.C.H.

BERYL W. MARSON, M.B., Ch.B.,  
D.C.H.

WILLIAM H. S. MCGREGOR, M.R.C.S.,  
L.R.C.P.

JEAN E. CUMMING, M.B., Ch.B.

JOAN I. BUCHANAN, M.B., Ch.B.

MARGARET D. WIGLEY, M.B., Ch.B.,  
D.C.H. (*Resigned 31.5.56*)

CHARLES R. A. MARTIN, M.B., B.S.,  
L.R.C.P., M.R.C.S., D.P.H.,

Barrister-at-Law

M. ELSPETH SEATON, M.B., B.Ch.,  
B.A.O.

PHILIP H. SEATON, M.B., B.Ch., B.A.O.

NATALIE M. JOHNSTON, L.R.C.P.,  
L.R.C.S., D.P.H.

ARNOLD SHAW, M.B., B.S.

CLEON WHITE, M.B., Ch.B. (*Appointed*  
16.1.56)

PATRICIA E. V. McFARLAND, M.B.,  
Ch.B., L.M., D.P.H. (*Appointed*  
11.6.56)

**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 WIJEYEKON, L.D.S.

DAVID A. MORTIMER, L.D.S.

ERNEST A. K. BAIRD, L.D.S.R.F.P.S.

NEVILLE, A. ROBERTS, L.D.S., B.D.S.

GERTRUDE M. LEAHY, L.R.C.P.S.I.,  
L.M., L.A.H., L.D.S.

BELLA BROCH, M.D. (Vienna)

GERALD H. KETTLE, L.D.S., H.D.D.,  
R.F.D.S. (*Resigned 31.12.56*)

DOROTHY E. FERRIS, L.D.S.  
(*Appointed 1.9.56*)

DAVID A. BAKER, L.D.S.  
(*Appointed 1.10.56*)

ELIZABETH P. HANLEY, B.D.S.  
(*Appointed 1.10.56*)



**PART-TIME DENTAL OFFICERS**

who gave service during the year

TOLLENDAL L. BAGUANT, L.D.S. (Resigned 30.6.56)	EDITH KETTLE, L.D.S.
STANLEY H. I. BASSETT, L.D.S., R.F.P.S. (Appointed 28.6.56)	WILLIAM LUDFORD, B.D.S. (Appointed 26.7.56)
ROBIN EGGLESTON, L.D.S. (Resigned 21.6.56)	GORLON A. McMURLO, L.D.S.R.C.S. (Appointed 15.10.56)
MARIAN GREENSTONE, L.D.S. (Appointed 15.8.56)	ALISON M. REALETT, L.D.S.
DOUGLAS H. HOOPER, L.D.S.R.C.S. (Resigned 11.4.56)	MARY V. WALTEAM, L.D.S.

During the year 14 Part-time Dental Officers appointed on a sessional basis,  
gave service equivalent to 2 1/10 full-time Officers.

(At the end of the year 1 1/10 vacancies)

**CHILD GUIDANCE SERVICE:**

<b>Senior Educational Psychologist:</b>	<b>Senior Consultant Psychiatrist:</b>
W. J. BANNON, M.A., Ed.B.	†*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. (Left 21.7.56).  
†\*JAMES A. CRAWFORD, L.R.C.P. & S., L.R.F.P. & S., D.P.M.

**Psychologists:**

ENID M. JOHN, M.Sc.  
EDNA HOWARD, B.A.  
HECTOR J. SANTS, B.A.  
JOHANNA E. REINER, Ph.D. (Vienna).

**Psychiatric Social Workers:**

DOREEN HOSKING  
\*ALICE HAAS, Ph.D. (Munich)  
JOAN M. CARPENTER, B.A. (Resigned 30.9.56)  
GWENDOLIN M. JENNISON  
BARBARA K. DEARNLEY (Resigned 31.5.56)  
ESTELLE CAUDELL  
\*NORMAN L. CAUDELL, B.Comm. (Appointed 11.9.56)

**Remedial Teachers:**

MISS N. LOWE, B.A.  
MISS B. LONG  
MISS G. LEMON

**Part-time Teacher of Remedial Eurhythimics:**

MRS. J. MADDERS

**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 :**

NORMAN L. CRABTREE, F.R.C.S., 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.  
 VERA K. STANLEY, L.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.  
 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, T.D., 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.  
 ENID M. MACKINTOSH, M.B., B.S.  
 NORMAN B. CRISP, M.B., Ch.B.  
 BETTY BARSHAM, M.B., Ch.B., D.A.  
 COLIN M. CAMPBELL, M.B., B.Chir., M.R.C.S., L.R.C.P.  
 DAVID W. J. CULLINGFORD, M.B., B.S., L.R.C.P., M.R.C.S., D.A., F.F.A.C.R.S.  
 EILEEN M. DUDLEY, M.B., Ch.B.  
 BARBARA B. SCHOOLING, M.B., B.S. (*Appointed 31.5.56*)  
 MICHAEL D. READETT, M.R.C.S., L.R.C.P. (*Appointed 1.8.56*)

**PHYSIOTHERAPISTS :**

MAUREEN WALLS, S.R.N., M.C.S.P.  
 \*MARJORIE E. FINNEY, M.C.S.P. (*Resigned 31.7.56*)  
 MADELEINE M. WILLIAMS, C.S.P., S.O.N.A.  
 FLORENCE N. STODDARD, S.R.N., M.C.S.P.  
 NORA M. LUCAS, M.C.S.P.  
 MARGARET J. E. DE HAAN, M.C.S.P.  
 GERALDINE D. GIBBONS, M.C.S.P.  
 MARY C. FIELD, M.C.S.P.  
 JOY E. BLACKWOOD, M.C.S.P. (*Appointed 1.10.56*)  
 (3 vacancies at the end of the year)

**CHIROPODIST :**

\*HAROLD WILDBORE, M.Ch.S.

**REMEDIAL GYMNASTS :**

MARION J. DAVIS  
 WILLIAM COLLINS

**SENIOR SPEECH THERAPIST :**

(Vacant)

**SPEECH THERAPISTS :**

\*EILEEN S. SPRAYSON, L.C.S.T.  
 SHEILA M. KALRA, L.C.S.T.  
 BRENDA M. GROSSMITH, L.C.S.T.  
 JEAN A. BRICK, L.C.S.T. (*Resigned 31.1.56*)  
 RUTH E. LOADES, L.C.S.T.  
 JENNIFER M. BECKETT, L.C.S.T.  
 HEATHER SULTON, L.C.S.T.  
 ANNE E. WALSH, L.C.S.T. (*Appointed 23.1.56*)  
 SHEILA M. WILKINSON, L.C.S.T. (*Appointed 3.9.56*)



**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.

School Nurses	.....	53
Nurses in Nursery Schools	.....	5
Nursing Assistants	.....	18
(8 Vacancies for School Nurses)		

**OTHER STAFF :**

Matron at Martineau House	.....	1
Matron at Wake Green Hostel	.....	1
Nurses in Special Schools :		
Residential	.....	5
Day	.....	4
State Enrolled Assistant Nurses in Special Schools :		
Residential	.....	1
Day	.....	1
Dental Attendants	.....	24

\*Part-time Officers

†Appointed by Regional Hospital Board.

SCHOOL HEALTH SERVICE,  
102, EDMUND STREET,  
BIRMINGHAM, 3.  
(Telephone : CENTRAL 7741)

December, 1956.

## SUMMARY OF WORK—1956 :

	<i>Children</i>	<i>Attend- ance</i>
SCHOOL MEDICAL OFFICERS AT SCHOOLS :		
Visits to Schools—2,710		
Routine Inspections—		
Primary and Secondary Modern Schools ...	41,801	
Secondary Grammar Schools ... ..	3,985	
Special Schools ... ..	327	
Nursery Schools and Classes ... ..	2,346	
Selected Cases—		
Special Inspections ... ..	4,415	
Re-inspections ... ..	6,439	
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS :		
Special Inspections ... ..	21,053	
Re-inspections ... ..	14,858	
OPHTHALMIC CLINICS :		
Number of spectacles prescribed by the Ophthalmic Surgeons ... ..	5,503	7,404
Number of spectacles prescribed by the School Medical Officers ... ..	464	667
AURAL CLINIC :		
Number examined by the Aural Surgeon ... ..	579	} 2,412
Number of mastoid dressings... ..	197	
Number of other aural treatments ... ..	1,803	
Number of audiograms ... ..	412	
ORTHOPAEDIC CLINICS :		
Number examined by the Orthopaedic Surgeon ... ..	107	} 43,966
Number treated by the Physiotherapists ... ..	3,656	
CHILD GUIDANCE CLINICS ... ..	653	
SPEECH THERAPY CLINICS ... ..	1,023	13,160
ULTRA-VIOLET RAY TREATMENT ... ..	2,109	26,513
DENTAL CLINICS ... ..	44,989	68,849
ORTHODONTIC CLINIC ... ..	462	4,229
ASTHMA CLINIC ... ..	116	2,024
SCHOOL NURSES AND/OR NURSING ASSISTANTS		
Examinations of Children for Uncleanliness ...	373,317	
Vision Tests ... ..	44,465	
Home Visits ... ..	3,067	
CHIROPODY CLINIC ... ..	282	1,218

## CITY OF BIRMINGHAM

## GENERAL INFORMATION

Population (Estimated) ... ..	1,110,800
Area ... ..	51,147 acres
Density of population ... ..	21.72 persons per acre
Rateable Value (at 1-10-56) ... ..	£16,278,506
Education rate ... ..	67.68d.
Penny rate produces ... ..	£64,082
Primary and Secondary Schools (including Nursery Schools)	
Number of Schools ... ..	479
Average number on rolls ... ..	185,271
Special Schools :	
Number of schools ... ..	26
Average number on rolls ... ..	3,168



ANNUAL REPORT  
of the  
**PRINCIPAL SCHOOL MEDICAL OFFICER**

HAROLD M. COHEN, C.B.E., M.D., D.P.H.,

For the Year ended 31st December, 1956.

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

I have the honour to present for your consideration the report on the School Health Service for the year ended 31st December, 1956.

I have pleasure in stating early in this letter that the findings of the school medical officers would suggest that in general the health of the Birmingham school children is very good. Yet although the percentage of children who were found to be in an unsatisfactory condition is comparatively small, it is of the utmost importance to supervise these children more carefully. Amongst this group is the "chesty child" and it is difficult to define this condition as there are no agreed terms for such physical conditions in the chest. It is accepted that children living in an industrial town are more likely to suffer from physical conditions. The family practitioners are well placed for ascertaining these children and out of experience these doctors continue to recommend admission to an open-air school.

Whilst much attention and consideration are being given to the planning and re-development of the older areas, there is justification for regarding increased provision of open-air school accommodation for many of these children who are in an unsatisfactory condition, as of special importance. The condition is often of a temporary nature and those who attend the open-air school are restored to full health and are able to return to normal full-time education.

A welcome addition to the measures already undertaken to prevent the onset of disease was provided during the year in the form of vaccination against poliomyelitis. A limited supply of poliomyelitis vaccine was made available through the Ministry of Health for use in the months of May and June. Forms of consent were sent to parents of school children born between the years 1947-1954. From the acceptances children were selected on a centrally determined plan to receive the vaccine.

Sections of the report have been contributed, as in previous years, by various members of the Service, indicating the varied aspects of the work carried out during the year.



It is now over a year since the Food Hygiene Regulations (1955) came into force. As Dr. Lemin points out in the Report the arrangements and conduct of the School Canteens have been steadily progressing towards the standards laid down in the Regulations. Furthermore, the Committee are pressing on with such structural improvements as wash-basins where required, as quickly as possible. Fortunately the staff in the School Canteens have a high standard of hygiene and the premises are kept clean and sanitary in the way the Regulations demand. Moreover, the lectures which have been held for supervisors have helped the staff to be "hygiene conscious."

There is general agreement that there has been an increase in the incidence of dental decay amongst children in recent years. Accordingly, increasing attention has been given to dental health education, in co-operation with the Public Health Department, in an endeavour to maintain dental health and prevent the onset of decay. In particular mention should be made of the Dental Health Campaign carried out by the Public Health Department in association with the Birmingham Local Dental Committee, the Central Counties Branch of the British Dental Association and the School Health Service in September, 1956.

The Principal School Dental Officer gives a full account of the excellent work of the School Dental Service. Fortunately there has been an increase in the number of sessions worked during the year and the personnel in post has not been far short of establishment. Plans for development of the service, including an increase in the number of dental clinics and a dental laboratory and in establishment, have been approved.

I would draw attention to the comprehensive report by Miss Ashby on the work of the school nurses. In particular, it has been found possible to arrange for the nurses to give more time to health education in the schools. This is regarded as an important development in the integration of the Service with the schools, and strengthening in this instance the partnership which exists with the teacher for the presentation of the subject. The Ministry, ever mindful of the value of this form of education, published a new edition of "Health Education," their handbook of suggestions as Pamphlet No. 31 in the early part of the year.

A note on Benacre Street Clinic, replacing Sherbourne Road Clinic and completed at the end of 1956, appears in the Report.

Amongst the courses to which the Committee sent members of the staff, the following which were held locally are of special interest.

A two day (Friday and Saturday) Refresher Course arranged by the Midland Area Branch of the College of Speech Therapists at Westhill Training College was attended by the seven Speech Therapists. The subjects covered included demonstrations of treatment of the special school child, aphasia and stammering.



The British Council for the Welfare of Spastics held a one day (Saturday) national conference at the Bournville Girls' Technical School for members of the medical profession. As the conference was in the nature of a refresher course on cerebral palsy the Committee arranged for all the school medical officers to attend.

Consideration was given during the year to the need for increasing the numbers of professional workers in the School Health Service. The establishment of the various classes had remained substantially unaltered since the war except that where new school clinics had been opened, as at Warren Farm Road and Church Lane, new posts had been added so as to provide the services planned for those clinics. Proposals were accepted by the Committee for an establishment which it was hoped would be possible to reach in three years.

The relevant Circulars and Memoranda which have appeared during the year are discussed in the Report. Mention is made here of Circular 312, September, 1956 which dealt with "The Education of Patients in Hospital."

In general the Education Committee were already acting in the terms of the Circular except for one point. This was met by recommending that a letter should be sent to the various Hospital Management Committees requesting that particulars be forwarded of any child likely to remain in hospital for six weeks or more for whom education should be provided.

I am glad to draw attention to the informative account by Dr. Kemp on his supervision of the special schools.

The results of the vigorous policy which the Committee has shown over building new special schools for handicapped pupils came into fruition during the year. It is a pleasure to note that the following special schools re-opened after the summer vacation in new buildings:

The Amblecote (ESN) formerly Burlington Street	in	Amblecote Avenue, Birmingham, 22a.
The Braidwood School for the Deaf, formerly in Gem Street	in	Perry Common Road, Birmingham, 23.
The Wilson Stuart School for Physically Handicapped, formerly George Street West	in	Perry Common Road, Birmingham, 23.
The Collingwood (ESN) formerly Bristol Street	in	West Heath Road, Birmingham, 31.

The new school to replace Whitehead Road School for partially sighted pupils is being built in Perry Common Road in the same campus as the schools for the deaf and physically handicapped.



Plans have been accepted for a new school to replace part of The Pinsent School (ESN) at Holly Bank Farm, Billingsley. It is planned to accommodate 140 pupils, boys aged 5-15 and girls aged 5-11. After the transfer of the school, the existing building at Little Green Lane could be used for a small school of 60 junior mixed children. The building at Little Green Lane would not have the same disadvantages for younger children as it had for senior boys for whom there is a serious lack of amenities.

A scheme for the improvement of conditions at St. Francis Residential School is under consideration.

The Towyn premises of the Martineau House School were vacated in December, 1956. Craigweil Lodge, Bognor Regis, which will provide more suitable accommodation with surrounding amenities was opened in May.

At Haseley Hall a paddling pool has been constructed. New wooden bedsteads have replaced the old iron bedsteads in one dormitory in accordance with the scheme for replacing old fashioned and out-of-date furniture in the residential schools. In addition, hand-basins have been fitted in all the staff bedrooms.

The erection of the three classroom block at The Longwill School for the Deaf is nearing completion. It is planned to make one of the rooms sound proof and to equip it with an up-to-date group hearing aid. At the present time accommodation at The Friends' Institute is being used.

Work is proceeding on the new sanitary blocks at Cropwood and Rosemary Cottage. Consideration is being given to the best use which can be made of the former youth club at Blackwell for the purposes of the school.

At Uffculme the rest shed has been enclosed and work is about to start on two new classrooms and two new practical rooms.

New showers have been installed at Marsh Hill replacing the out-worn system. Improvements have been made in the medical room, to the rest shed and to the sanitary block.

At St. Francis Residential School, a project was carried out by Dr. L. J. Segal and Mr. E. E. Tansley on a group of maladjusted educationally sub-normal children. They reported on improvements in behaviour and performance by this group of children following the administration of hydroxyzine. A summary of their findings is included in the report.

The auditory training unit designed and developed by Amplivox Ltd. in co-operation with the Department of Education for the Deaf, Manchester University, which had been provided in the schools for the



deaf in 1955 has proved to be an unqualified success. The equipment is designed to facilitate the individual teaching of deaf children. Accordingly, during the year the Committee agreed to provide two further similar equipments at each school for the deaf.

Mention has been made in previous reports of the Audiology Clinic conducted by the Health Committee for the ascertainment of deafness in very young children. During the year the Education Committee agreed to the request from the Health Committee to an arrangement by which the Ear, Nose and Throat Consultant should also act in an advisory capacity for such children as it might be necessary to refer to him from the Audiology Clinic. This course would have the advantage of continuity since most of the children who would be referred would eventually come under the care of Mr. Crabtree.

The Education Committee have already given permission to the Head Teachers of the schools for the deaf to attend the Audiology Clinic in an advisory capacity.

The purpose of the West Midlands Conference on Special Residential Schools has been discussed in previous reports. At a meeting of the Conference during the year, the constituent Authorities adopted a new constitution. Accordingly, the Conference is to be known as the West Midlands Advisory Council on Special Educational Treatment. Under the constitution the Council appoints an Advisory Committee serving on a rota and consisting of Education Committee member representatives, Chief Education Officers, and Principal School Medical Officers.

Councillor Mrs. Smallwood, Miss Dove and I were given the privilege of attending the Biennial Conference of the Special Schools Association in London in September. The conference as usual served as a helpful medium in the inter-change of knowledge regarding the help which can be given to handicapped children.

The Committee warmly thank the members of the University Carnival Fund Committee for their generous allocation of £1,753 for the benefit of handicapped children attending Special Schools in Birmingham. Amongst these benefits two tables for table tennis have been provided at the Braidwood School out of the donation for the Youth Club which had been started there for the deaf.

I very much regret to have to report the death on May 3rd of Dr. G. A. Auden, who was appointed in 1908 as the first School Medical Officer to the Birmingham Education Committee. He retired in 1937 and for a time held the appointments of Professor of Public Health and Medical Officer at Birmingham University. Dr. Auden was also honorary psychiatrist to the Birmingham Children's Hospital and to Besford Court. He built up an excellent medical service for the schools and he inspired enthusiasm for the new developments.



Dr. Auden had far-seeing views and in his first annual report he stressed the need for psychological help. I drew attention in last year's Report to the inclusion of this statement in the Report of the Committee on Maladjusted Children. His interest and knowledge of all handicapped children was wide and the Committee paid tribute to him by naming one of the schools for partially sighted children after him.

It is appropriate to record here that Dr. J. R. Mitchell, who was appointed to succeed Dr. Auden, died in March, 1954, after retiring in 1948. He was first appointed Assistant School Medical Officer in Birmingham in 1921 and was extremely successful in his work. Dr. Mitchell was so well liked by parents and children that the number of children attending for advice and treatment became embarrassing.

Unfortunately, during a great part of Dr. Mitchell's service as School Medical Officer, the country was at war, and developments in the School Health Service were necessarily restricted. Evacuation of school children, however, placed a very heavy burden upon him for he was responsible for the well-being and medical care of those children who left the City, and those who later came to Birmingham during the bombardment of the southern cities by flying bombs.

Mention is made in the report of the changes amongst various members of the staff. I would like to mention more particularly the retirement of Miss M. H. Davies, who was appointed a school nurse in September, 1928 and retired in March, 1956. Miss Davies gave loyal and conscientious service and we wish her a happy retirement.

Mr. F. G. Allan, the Consulting Orthopaedic Surgeon was unfortunately ill during the year. We are very pleased to welcome him back and we are grateful to Mr. Alexander Innes, who took over in his absence.

In November we mourned the loss of Miss Valerie M. Baldwin, dental attendant, who died tragically in a motor accident.

It is a pleasure to acknowledge warmly 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 account of the work undertaken by his Department, the teachers for their ready help, and the members of the School Health Service for their continued loyalty and collaboration.

H. M. COHEN.

July, 1957.



### SCHOOL CLINICS

SCHOOL CLINIC	Number of Schools	WORK UNDERTAKEN (Number of Sessions per week)									
		Minor Ailments and Inspection	Refraction	Dental	Orthopaedic	U.V.R.	Ear, Nose and Throat	Speech Therapy	Orthodontic	Chiropody	Asthma
Aldridge Road, Great Barr,	21	4	1	10	10	2					
Albert Road, Aston,	32	4	1½	10		5					
Church Lane, Kitts Green,	38	4	1	20	10	3					
Great Charles Street,	35	4	5	12			2				1
Soho Hill, Handsworth,	37	4	1½	10		3		10			
Harborne Lane, Selly Oak,	45	4	1	10		3					
Maas Road, Northfield,	34	4	1½	10	5	3					
Sheep Street, Gosta Green,	39	4	1½	10	10	4			5	3	
Sherbourne Road, Balsall Heath,	33	4	2	8		4					
Stratford Road, Sparkhill,	38	4	1	9	10	4					
Slade Road, Erdington,	34	4	1	10		3					
Warren Farm Road, Kingstanding	25	4	1	18							
Warstock Lane, King's Heath,	34	4	1	10	5	2					
Yardley Green Road, Little Bromwich,	55	4	2	19		2					
Friends' Institute, Moseley Road,	—							10			
Dame Elizabeth H'se, Stechford,	—							10			
Congregational Hall, Brackenbury Road, Erdington,	—							10			
280, Birchfield Road,	—							20			
29, George Road,	—							15			
455 Yardley Wood Rd.	—							10			
Birmingham Athletic Institute, John Bright Street,	—					7					

CHILD GUIDANCE CLINICS, 29, GEORGE ROAD, BIRMINGHAM, 15, 280, BIRCHFIELD ROAD, BIRMINGHAM, 20, and 455, YARDLEY WOOD ROAD, KING'S HEATH. 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. Cleon White was appointed in January to replace Dr. M. P. Paterson who had resigned at the end of the previous year and Dr. M. D. Wigley resigned in May, being replaced by Dr. P. E. V. McFarland who took up her duties in June.

Three full-time dental officers were appointed during the year Mrs. D. E. Ferriss in September, Mr. D. A. Baker and Miss E. P. Hanley in October, to fill vacancies. Mr. G. H. Kettle resigned his full-time appointment at the end of the year to join the part-time staff. A number of part-time dental officers were also appointed during the year.

Drs. B. E. Schooling and M. D. Readett joined the panel of anaesthetists in May and August respectively.

In the Child Guidance Service Mrs. B. K. Dearnley, Psychiatric Social Worker, resigned at the end of May, but carried on in a part-time capacity until the end of the year. Miss J. M. Carpenter resigned at the end of September, being partly replaced by Mr. N. Caudell during the same month. Mr. Caudell's appointment is a part-time one.

One physiotherapist, Mrs. J. E. Blackwood, was appointed in October to replace Miss M. E. Finney who resigned in July. Two speech therapists were appointed: Miss A. E. Walsh in January to replace Miss J. A. Brick who resigned during the same month, and Miss S. M. Wilkinson in September.

A number of changes occurred amongst the nursing staff and dental attendants and several vacancies for school nurses remained unfilled at the end of the year. Miss M. H. Davies, who had given excellent service for nearly twenty years as a school nurse, retired in March.

### CO-ORDINATION

The interchange 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 Ear, Nose and Throat Consultant employed by the Education Committee acts in an advisory capacity for such children as it might be necessary to refer to him from the Audiology Clinic. The Head Teachers of the two schools for the deaf attend the unit alternately.

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.



The school medical officers take part in the scheme for supplying the Ministry of Health, through the Medical Officer of Health, with early information regarding winter epidemics of influenza and similar diseases. The school medical officers are well placed to obtain early information as to the occurrence, incidence and severity of influenza among school children and to give an indication of the beginning of any increase and to trace its spread over the city.

### MEDICAL INSPECTION

In accordance with the decision taken under the School Health Service Regulations, 1953, the following arrangements are made for the medical inspection of pupils :—

- (a) As soon as possible after entry into the Infants' School.
- (b) In the early part of the last year in the Primary School.
- (c) In the early part of the 14th year in Secondary Modern Schools; or in the early part of the 15th year and again within a year of leaving, in Grammar Schools.

Children who may need to be kept under observation for any defects found at the intermediate examination are 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 this way they are followed up regularly.

The main statistics on medical inspection will be found on pages 113 to 118 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	...	...	...	...	...	...	97 per cent.
Intermediates	...	...	...	...	...	...	90 per cent.
Leavers	...	...	...	...	...	...	53 per cent.

The number of defects found to require treatment at these periodic examinations was 16,874 whilst in addition a further 15,115 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.

## PHYSICAL CONDITION

### Classification of Children under the Heading "Physical Condition" on the School Medical Record Card

The Ministry of Education Administrative Memorandum, No. 515, October, 1955, referred to paragraph 16 of Circular 269 (August, 1953), in which it was stated that the Minister would review from time to time the medical and dental records approved for the purposes of Regulation 10 (3) of the School Health Service and Handicapped Pupils Regulations, 1953. Following consultations with appropriate professional organizations, the Minister decided that revised Forms 10M, 10aM (Medical) and 11M (Dental) should be the forms approved for the purpose of the Regulations.

The new forms are being brought into use with new admissions to the schools, but certain revised headings occurring in these new records are being substituted immediately in the previous records.

In this new medical record the former heading "General Condition" has been amended to "Physical Condition," and it is recommended that this should be a summing up of the medical officer's opinion of the child's physical fitness. Only two categories are considered necessary, i.e., "Satisfactory" and "Unsatisfactory." The reason for having two categories only is a practical one—it is suggested that every child whose physical condition is considered unsatisfactory should be thoroughly investigated, including the home circumstances so that he can be helped as far as possible.

The relevant findings for the year under review are given below according to the new classification.

<i>Age Groups</i>	<i>Number of Pupils Inspected</i>	<i>Satisfactory</i>		<i>Unsatisfactory</i>	
		<i>No.</i>	<i>% of Col. 2</i>	<i>No.</i>	<i>% of Col. 2</i>
1	2	3	4	5	6
Entrants ... ..	15,843	15,200	95.95	643	4.05
Intermediates ...	15,277	14,630	95.75	647	4.24
Leavers ... ..	14,471	13,901	96.06	570	3.94
Additional Periodic Inspections ...	2,868	2,737	95.44	131	4.56
<b>TOTAL ...</b>	<b>48,459</b>	<b>46,468</b>	<b>95.89</b>	<b>1,991</b>	<b>4.11</b>



Yet it must be mentioned once again that the grouping is arbitrary and the assessments by the medical officers are made on a subjective basis. So whilst the grouping cannot be regarded as a strictly accurate measure, for example, the medical officer's standard might be influenced by that of the locality or particular school, it is reasonable to assume that the general impression of the doctor, following the careful clinical examination, gives a reasonable indication of the child's physical condition.

The following comments by two of the School Medical Officers are indicative of the need for careful appraisal and for health counselling

Dr. Martin reports :—

“ With all the thousands of children and their mothers which a school doctor sees during each year, it is perhaps not surprising we tend at times to become obsessed with the psychological difficulties in youth ; with the stutterers, the nail biters, chewers of handkerchiefs and coat lapels ; those with habit spasms, children who won't eat, children who won't sleep, violent boys, weeping girls. To preserve a sense of reality can be nowhere more important than in child health and how important are all these conditions viewed against the background of a child's life ! We are all with differing personalities, varying levels of nervous and emotional stability, and the light and shade of a child's growing and developing years have even wider extremes.

All too often we have children going the rounds of surgeries, out-patients' departments, clinics, lapping up in an unhealthy way the attention they receive for conditions that are purely phasic, transient incursions into those extremes of temperament that have occurred in the lives of all of us. Parents should be encouraged not to make too much of them, not to accord them an importance they do not deserve, for there can be few that a healthy regime—sensible diet, adequate sleep, fresh air and a firm but kindly discipline—would not fail to correct. Or as many a mother has said to me : ‘ It's us that need the guidance ; not the children.’ ”

Dr. Beaumont reports :

“ The number of minor skin conditions was lower than usual in 1956, but there was a marked increase in the number of verrucae that were treated here.

There was a decrease in the number of general cases, but there was an increase in cases of emotional difficulties and these take far more time than those with straightforward physical abnormalities.

A number of children were sent to The Hospital Saturday Fund Convalescent Homes because of debility following influenza and other upper respiratory infections. The Rotary Boys' Home at Weston-super-Mare fills a great need for boys and it is a pity that there is not a corres-



ponding home for girls. It is useful for cases of respiratory catarrh and asthma and for the boy who needs a recuperative holiday and whose parents cannot afford the usual cost of such a holiday. Thirty-nine boys went there during 1956 and four boys went to farms in the Ludlow area during August. All the boys improved and enjoyed themselves. Occasionally a boy does not like the food but usually it is the boy who does not like school dinners.

In the autumn a boy aged seven was found at medical inspection to have progressive muscular atrophy. His older brother (nine) is in a more advanced stage of the disease and has home teaching. This child sleeps with an older brother (fourteen) who is wakened every night in order to help the boy to turn over in bed. To give the family some respite, this boy (nine) was sent to a home in the south of England for a period.

Two children suffered from leukaemia and lived within a mile of one another. (One died in March, the other in April, 1957).

I am perturbed by the number of cases where mother goes out to work and the children from the infant and junior school go into the house and may be there an hour before an adult returns home from work. Also in the increase in the number of boys who smoke regularly. Later, I hope to have some figures on this question."

### SCHOOL BUILDING

During the year the policy of improving the standards of the older schools has continued and the following schemes were approved :—

Additional accommodation at 21 schools, improvements to sanitary and staff room accommodation at 136 schools, minor improvements at 602 schools, various improvements at controlled schools.

Building of new schools in accordance with the Committee's Building Programme has continued and at the end of the year 16 new schools had been opened, 31 were under construction and the building of a further 25 had been authorised but work had not been commenced.

### 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 continued during the year. This investigation is being sponsored by the Joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health and the Population Investigation Committee. The Special Services Branch of the Ministry of Education have been closely associated with the planning of the enquiry.

In previous reports the aims and progress have been discussed. During the past year the children have not been medically examined but the follow-up study has been continued by the school nurses and the teachers.



The school nurses paid a home visit to each child and information was obtained according to the form of enquiry, on the health of the child, relating to general welfare, accidents, illness and major disturbances of behaviour. In particular efforts have been made to ascertain the attitude of parents to the schooling of their children and their interest in their achievement. The Committee appreciate the valuable help given by the school nurses in obtaining the information and in maintaining the interest and co-operation of the parents.

Further information is obtained through the class teachers who have kept special record of all absences of the survey children and the reasons for them, and who complete a short questionnaire giving an assessment of the child's ability and achievements.

The number of children seen for the purpose of this survey during the year was 98 as compared with 95 in the previous year.

Various articles relating to features which are emerging from the information already obtained continue to be published.

### PROBLEM FAMILIES

Dr. Lemin reports :—

“ The need for work amongst this section of the community has continued during the year and has been carried out consistently. It remains a condition of affairs giving cause for thought and worry. During the year there have not been any court proceedings in which the School Health Service has had need to take any part. However, a considerable amount of work has been done in the field to bring about a better approach to life by one or another or both the parents. Properly to deal with the situation much time must be spent at all hours in a personal contact if any modification of the situation is to be brought about and such personal contact has undoubtedly been given in the field by all branches of the service. A happy relationship has been maintained with the Education Welfare Department, both centrally and in the field. A liaison has been kept with the Maternity and Child Welfare side of the Public Health Department, the Children's Department, the Family Service Unit and the National Society for the Prevention of Cruelty to Children, whose inspectors have, from time to time, been in touch with the School Health Service on various problems. However variable may be the economic condition of the country as a whole basic causative factors of child neglect remain constant. The parents who have a strong sense and understanding of parental responsibility and put that into practical procedures as far as the care of their children is concerned will continue to try to do so in every situation in which they might find themselves. The converse, however, is unfortunately true and this underlines the need for vigorous and concerted drive and realistic appreciation if this hard core of problem families is to be lessened before they establish another equally feckless generation.”



## SCHOOL MEALS SERVICE

The value of school meals in promoting the health of children and its importance as an educational and social measure have been discussed in previous reports.

Co-operation continues between the Medical Officer of Health, the Principal School Medical Officer, the Head Teacher, the Meals Organisation and the staff of the kitchen. Furthermore in addition to the general inspection by the school doctor, the Principal and Deputy Principal School Medical Officer, pay special visits in connection with the hygienic conditions in the kitchen and make recommendations where necessary for the improvement of the school canteen.

The Principal School Medical Officer is regularly consulted over the health of the canteen workers.

Daily number of children supplied with dinner during the year ended 31st December, 1956 :

						<i>Secondary</i>	<i>Primary</i>
January...	...	...	...	...	...	24,243	37,818
February	...	...	...	...	...	23,542	37,956
March ...	...	...	...	...	...	24,219	38,532
April ...	...	...	...	...	...	22,978	38,745
May ...	...	...	...	...	...	21,881	38,677
June ...	...	...	...	...	...	21,105	38,571
July ...	...	...	...	...	...	19,972	37,937
September	...	...	...	...	...	26,879	34,681
October ...	...	...	...	...	...	26,652	35,960
November	...	...	...	...	...	26,225	35,692
December	...	...	...	...	...	25,694	35,732

### DAILY NUMBER OF MEALS SERVED DURING HOLIDAYS

			<i>Average Number during Term</i>	<i>Holiday Meals</i>	<i>Percentage.</i>
Easter	}	...	61,723	1,432	2.32
April		...			
Whitsuntide	}	...	60,558	1,469	2.42
June		...			
August	}	...	61,560	1,298	2.11
September		...			
Christmas	}	...	61,426	1,078	1.75
December		...			

Number of children eligible for free meals at December, 1956 was 6,485. The number for December, 1955 was 5,801 and for December, 1954 was 5,986.



DINNERS SUPPLIED TO CHILDREN  
1ST JANUARY, 1956—31ST DECEMBER, 1956

	<i>Free</i>	<i>Part-Paid</i>	<i>Paid</i>
	<i>Dinners</i>	<i>Dinners</i>	<i>Dinners</i>
Nursery ... ..	9,580	152	344,884
Primary ... ..	677,563	16,774	6,023,934
Secondary Modern ... ..	244,369	6,383	2,264,455
Grammar and Technical ... ..	31,631	1,139	1,880,431
Special Schools ... ..	28,748	436	279,449
	991,891	24,884	10,793,153

### MILK IN SCHOOLS SCHEME

Number of children taking milk (as per return to Ministry of Education) on a given day in October, 1956,

162,741      *Percentage 86.53*

### SCHOOL CANTEENS

Dr. Lemin reports :—

“ One of the particular events during the past year in relation to school canteens and the serving of meals is the coming into force of the Food Hygiene Regulations, 1955.

These regulations have put into statutory form certain requirements and precepts. Many of these precepts and conditions have been discussed over the years during my visits with Miss Jones, School Meals Organiser, to the school canteens of the Authority. These regulations, therefore, were welcomed. The School Meals have been observed during the visits in all the various processes, from the initial preparation to the individual wash-ups. Taking a retrospective view there is no doubt in my mind that the canteens have moved with the times in their ideas of food preparation and presentation. It is the proper preparation and imaginative presentation which is so important in converting a meal from a mere consumption of material to what it should be, an educational social event. On all visits, not only have the canteens themselves been visited but also the Head Mistress or Head Master has been seen and any point that may have arisen during the visit has been fully discussed.

Thanks are due to the School Meals Service and the canteen staff who have been most helpful, co-operative and interested. The canteen staffs during the visits have readily adopted any suggestions which enabled them to obtain even greater food safety, and they have been ready to put forward suggestions of their own which they have gained from their experience in the work. It has been noted during the visits modifications and improvements had been carried out in the various canteens, helping to maintain a high standard of good hygiene which is so often in inverse ratio to the fatigue of the staff.



Particular thought has been given to the facilities available for quick and satisfactory hand-washing in hand basins for that purpose and the accessibility and proper spacing of individual towels, the food safety and safety of the community resting so greatly as it does on the personal care and hygiene of each individual member of the staff."

### **MINOR AILMENTS AND INSPECTION CLINICS**

The purpose and scope of these clinics have been described in previous Reports. It is of some importance to emphasise, however, that whilst the majority of children attend for treatment of minor ailments, nevertheless the parents are highly appreciative of being able to consult the medical officer over the widest aspects of the children's health.

There have been 72,588 attendances during 1956.

#### **Scabies**

72 cases were treated compared with 68 last year. It is gratifying to note that the numbers are remaining low and it is interesting to note the decline from 1949 when there were 599 cases to 207, 147, 149, 68 and 96, for the years 1950, 1951, 1952, 1953 and 1954.

#### **Ringworm of the Scalp**

As the Ministry have not asked for the return of cases treated otherwise than by the Authority it is impossible to compare the incidence this year with that of last year.

#### **Ringworm of the Body**

As most of these cases are treated at the school clinic it can be assumed that the numbers treated this year were 42 compared with 79 last year.

#### **Diseases of the Skin**

There has been a welcome decline in the numbers of impetigo, but the number of general skin diseases remains very much the same as the previous year.

#### **Benacre Street School Clinic**

The need for extra school accommodation in the Sherbourne Road Schools gave a welcome opportunity to consider the possibility of a new clinic to replace the one housed in some of the classrooms. Fortunately permission was given to build a new clinic nearby in Benacre Street and at the end of 1956 this was completed. As the clinic will serve a central area which is necessarily congested and containing older property the provision of up-to-date services is especially welcome. Then when the area is re-developed the clinic will be fitting to the new surroundings.

The City Architect (A. J. Sheppard-Fidler, M.A., B.Arch., F.R.I.B.A.), has kindly supplied some interesting notes on the building.



" The site is situated about seventy yards east of the Bristol Road between Benacre Street and Hope Street, in a re-development area. The previous buildings on the site were bomb-damaged houses, which had been demolished, and their cellars, which had been loosely back-filled, were adjoining both street frontages. The new buildings were sited between these cellars in order to take full advantage of the better load-bearing qualities of the ground in the middle of the site.

The Clinic is planned in four main divisions around a central Waiting Hall for the purpose of simple recognition and circulation.

The Medical Suite is on the right upon entering the Hall, with the Enquiry Counter and Records Room immediately prominent, and adjoining the Medical Officer's Room. The Medical Officer can summon the next patient by pressing a button connected to an indicator panel in the Waiting Hall. The Treatment Room is adjacent, only being separated from it by two small Changing Rooms. This room has a separate exit to enable patients to return direct to the main Waiting Hall upon completion of treatment.

The Dental Suite is on the left upon entering the Hall, and has its own Enquiry Counter and Records Room. There is a small Dental Waiting area where the mother can wait while her child is being treated, with a separate exit enabling them to leave without having to pass through the main Waiting Hall. Both Dental Surgeries are connected to the Hall by a similar indicator system to that installed for the Medical Officer. At the end of the Dental Suite, entirely private, are full Staff facilities.

The Physiotherapy and Ultra-Violet Ray Rooms are in close proximity, divided by the Boys' and Girls' Changing Rooms, which are available to both.

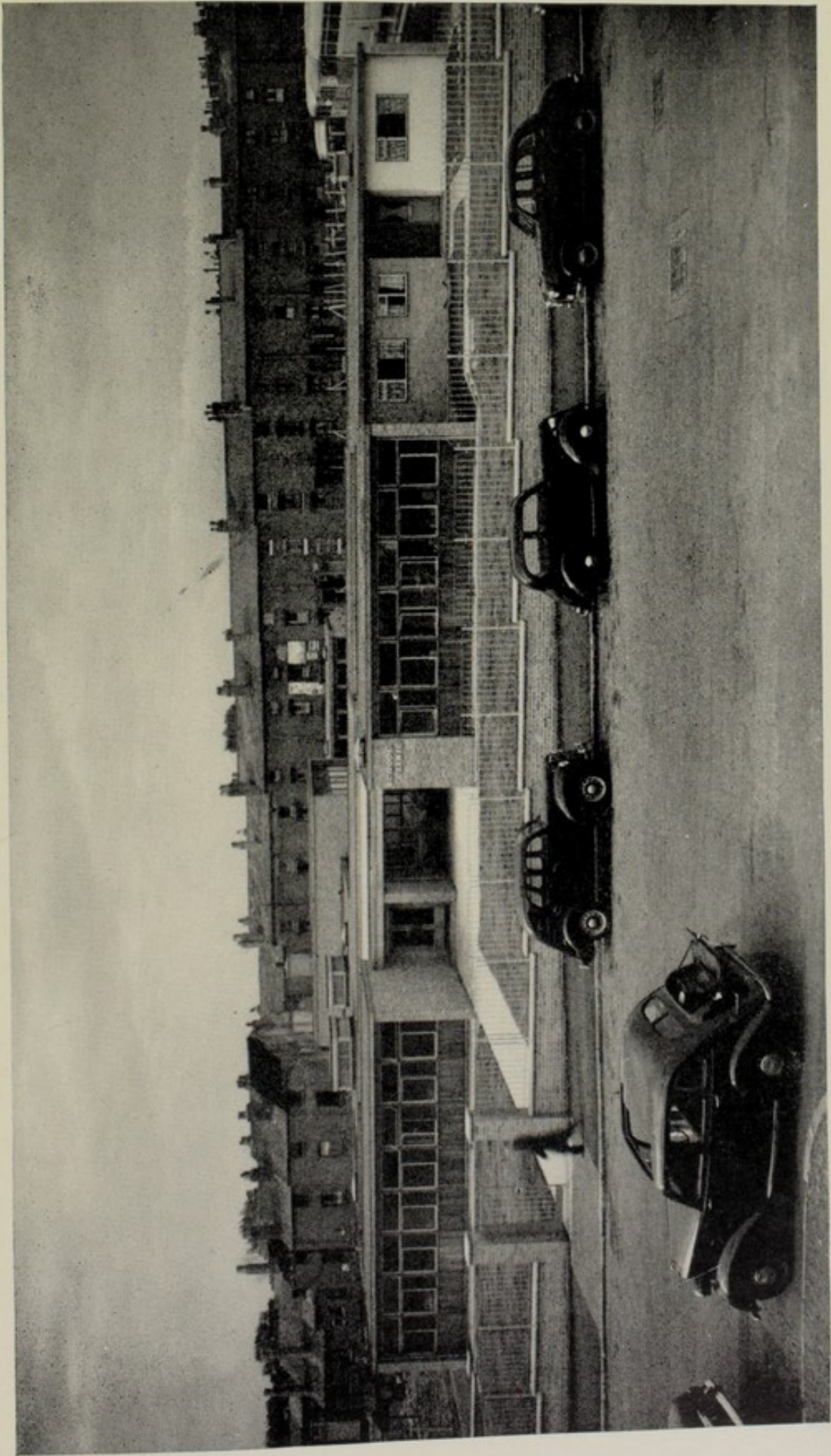
The Cleansing Department is planned as a separate unit although adjoining the Medical Treatment Room. It has a separate small entrance off the Entrance Court and is self-contained, having its own Bathroom, Cloaks, W.C. and Store.

The colour scheme throughout was carefully chosen in an endeavour to create a gay and friendly atmosphere. Vivid reds and greens were avoided in the Medical and Dental Suites, and the softer pastel shades, contrasted with darker hues, were used in order to create a more sympathetic atmosphere.

The siting of all fixed equipment was given careful consideration, and the heights of shampoo basins and dental bowls were staggered in an endeavour to suit all ages of children. A telephone booth was included at a late stage in the contract, and an elaborate system of call bells installed. A further feature was the system of cross-ventilation to all the main rooms.

The Clinic shares Boiler House services with the adjoining Nursery School, and a Caretaker's House was also included in the scheme."



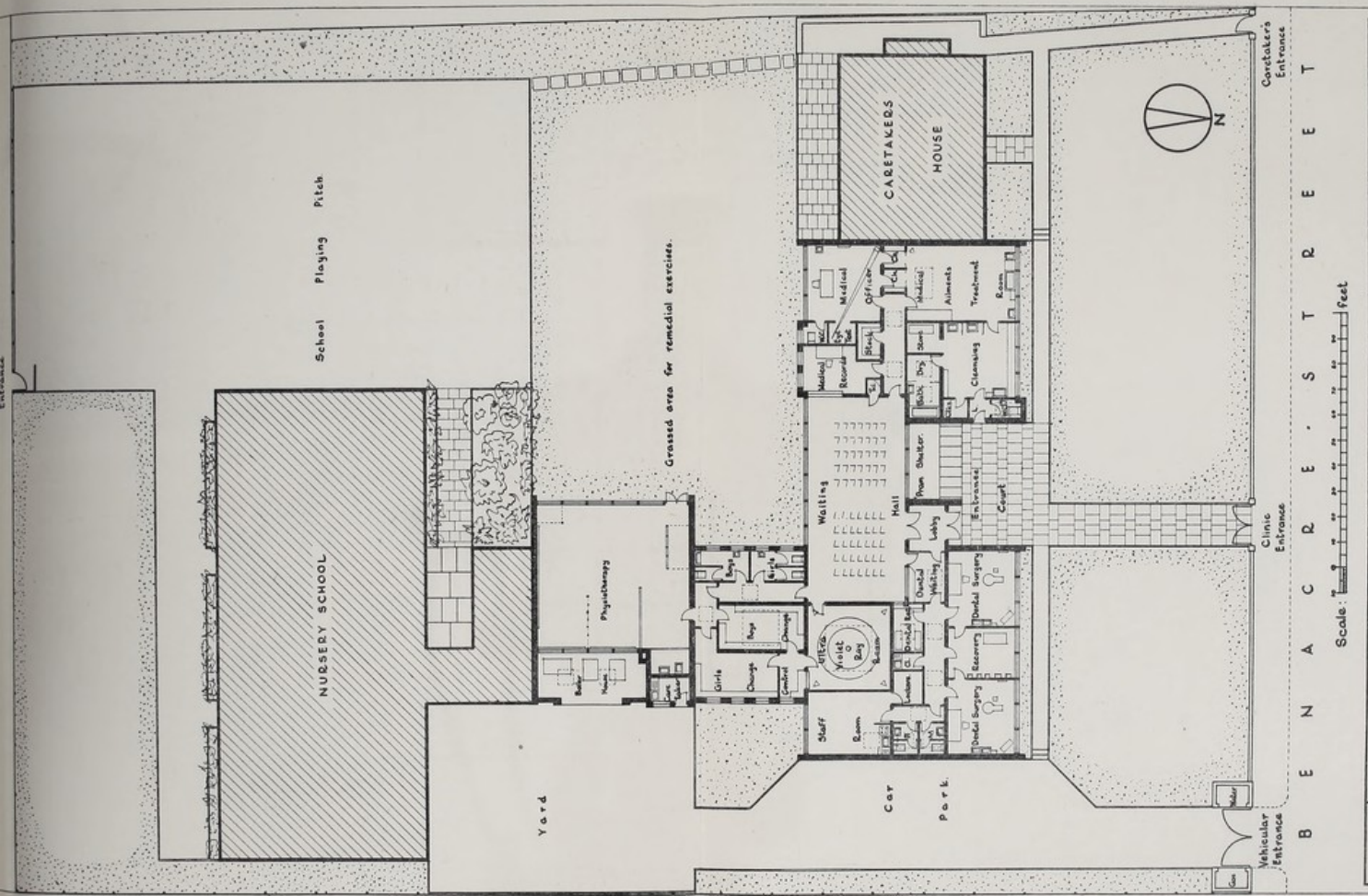


BENACRE STREET SCHOOL CLINIC





BENACRE STREET CLINIC: U.V.R. ROOM



B E N A C R E S T R E E T

Scale: feet

B E N A C R E S T R E E T

PLAN

**BENACRE STREET CLINIC**

NURSERY SCHOOL & CARETAKERS HOUSE

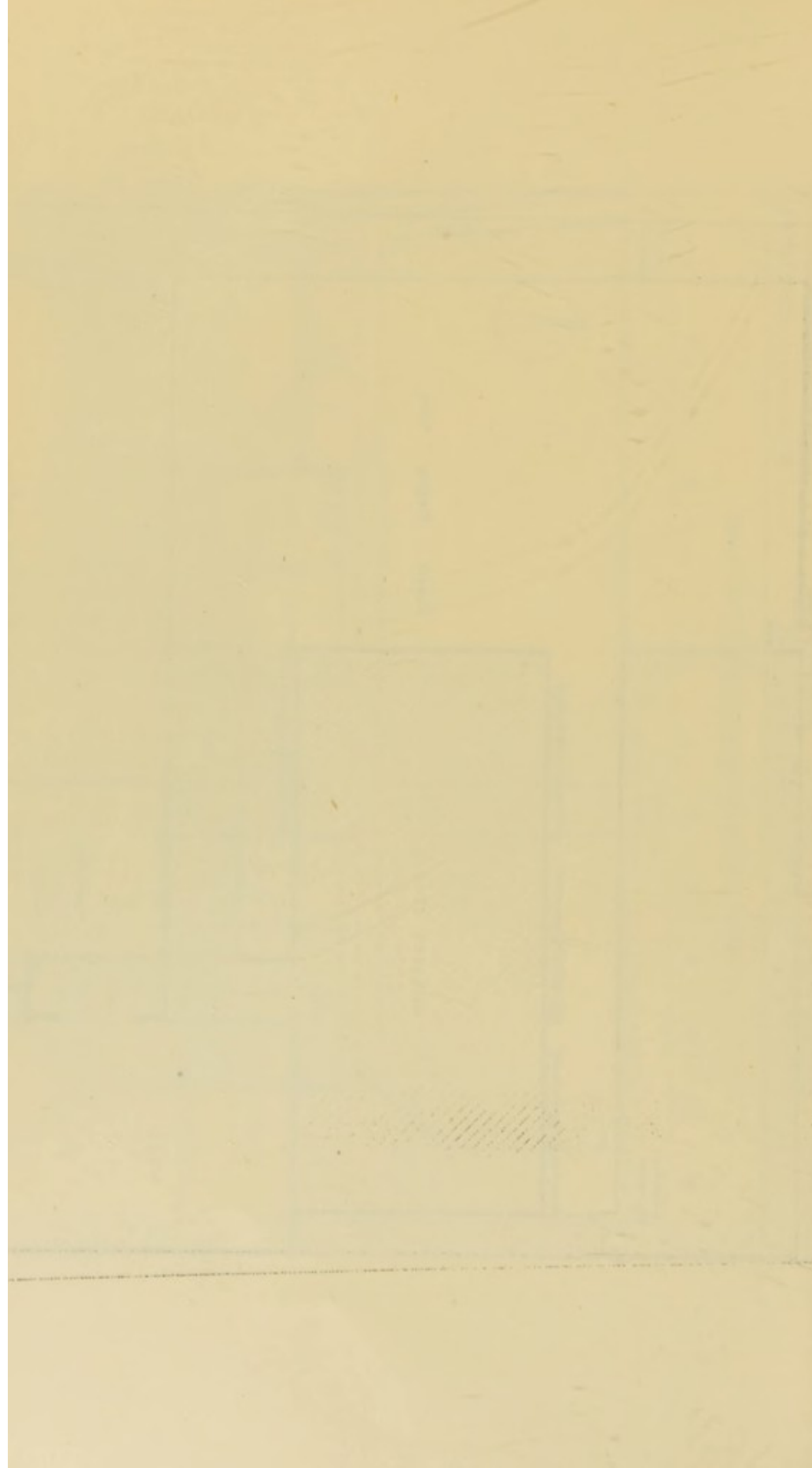
CITY OF BIRMINGHAM

CITY ARCHITECTS DEPARTMENT

SCHOOLS SECTION

City Architect  
A.C. Sheppard Fidler M.A. B.Arch. F.R.I.B.A. A.M.T.P.





## DEFECTS OF EAR, NOSE AND THROAT

Mr. Norman L. Crabtree, the Ear, Nose and Throat Surgeon, continues to attend the Aural Clinic, Great Charles Street. There is a nurse in charge who carries out the treatment according to the Specialist's direction. The testing of hearing of children who are referred for various reasons by means of the Pure Tone Audiometer is undertaken by the nurse.

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, 2,412 attendances were made at the Aural Clinic.

No. of examinations made by the Aural Surgeon ...	...	...	...	579
No. of mastoid dressings ...	...	...	...	197
No. of other aural treatments ...	...	...	...	1,803
No. of Pure Tone Audiometer tests ...	...	...	...	412

Mr. Crabtree reports :

" The great majority of children seen during the year have been suffering from those ear, nose and throat disabilities which create an educational problem. This has been made possible by the excellent co-operation of the School Medical Officers, in their careful selection of those cases which are better handled by the Aural Clinic than by the normal hospital services.

The provision of a new audiometer of high quality and advanced design has improved the accuracy of hearing assessment in the older child.

The examination of cases of hearing difficulty detected during the course of the gramophone group audiometric survey shows a close correlation of findings, and confirms the value of this method of screening, which was in fact first used in Birmingham. Recent work elsewhere has suggested that an individual pure tone screening test has certain advantages, particularly with the younger school child, and a machine is now available for this purpose.

By screening cases of possible hearing defects in the very young child, the Child Welfare Department is able to provide information of special hearing needs at a much earlier age than formerly, and before the child comes within the provisions of the Education Act. These cases are seen and assessed earlier by the Aural Surgeon. This has been facilitated by the establishment of a Hearing Assessment Clinic at the Children's Hospital, the clinical records of which are being made inter-communicable with those at the Aural Clinic.

The arrangements made for the Teachers of the Deaf to attend the Hearing Assessment Clinic of the Child Welfare Department is important and valuable in determining the special educational needs which will later be needed. It is hoped that this arrangement will also assist the function of the Clinic at the Children's Hospital.



A handicapped child is a combined medical and educational problem from birth to school-leaving age. The earlier the disability is assessed, the earlier remedial measures are established and the earlier education is begun, the higher will be the child's intellectual and educational attainment. This cannot be achieved by different units working in watertight compartments. The more closely those responsible for guiding each aspect of the child's progress orientate themselves as a team around the child, the better will be the ultimate result.

It may be thought that too great a stress is being laid on the importance of deafness in children, to the detriment of other upper respiratory problems. A review of our cases during the past year, and experience elsewhere does not support this view.

It is, of course, true that the common use of antibiotics in the past decade has very greatly reduced the incidence of significant deafness due to ear infections ; but these same drugs have also increased the survival rate of previously fatal conditions such as meningitis, and which have deafness as one of their sequelæ. Such deafness, which is of perceptive type, is a much more severe handicap than that following aural infections, which is conductive.

The incidence of deafness in children is, therefore, not lessening. On the contrary, the degree of deafness is becoming more severe. It requires more attention to remedial measures, particularly in hearing aids and auditory training. We still await the provision of a Government hearing aid suitable for young children. As yet, we are dependent on commercial aids bought by the parents, or supplied through some charitable organisation. The use of auditory training in the young child is only just beginning to be properly developed.

On the educational side, a continuation of special educational facilities will be required at the present high level as far as we can see into the future ; but in addition to the Special Schools, there will be a need for increasing care and supervision of those deaf children who are capable of being educated amongst their normal hearing fellows."

### AUDIOMETRIC SURVEY

During the year the nurse at the Aural Clinic (Nurse Hall) attended an Audiometric Course held at the Department of Education of the Deaf, at Manchester University. The course included training in making accurate tests of hearing, the assessment of residual hearing in relation to speech and the use of a hearing aid, as well as techniques which are applied at the Audiology Clinic.

Towards the end of the year a portable model of a pure tone audiometer was secured and experiments in testing children by the sweep-frequency method were carried out. This method of testing will be used for certain age groups in future.



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 152 schools have been visited.

Continuing the programme of the previous year, children between the ages of eight and fifteen were tested during the earlier part of the year, but in the latter half of the year testing was concentrated on the Primary Schools with children aged eight to ten.

In all, 28,013 were tested of whom there were 13,714 boys and 14,299 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 1,872 of whom 947 were boys and 925 girls. These children were re-tested and 493 again failed the test—241 boys and 252 girls. The hearing of each ear separately in this group is shown as follows :—

Boys failed in one ear	...	203	Girls failed in one ear	...	217
Boys failed in two ears	...	38	Girls failed in two ears	...	35

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

<i>Group A</i>	<i>Group B</i>	<i>Group C</i>	<i>Group D</i>
27,520	7	404	82

The number of ears tested in the survey :—

Boys 56,024	Girls 27,426	Total 28,598
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(One boy was found to possess no left middle ear and one girl no right middle ear, due to congenital deformity).

The hearing acuity of all ears by groups :—

<i>Group A</i>	<i>Group B</i>	<i>Group C</i>	<i>Group D</i>
55,458	7	432	127

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 examin-



ation 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 149 (of these 41 returned by the practitioners to the school clinics and 2 to hospital). The options for the school clinics were 213. In addition, 19 children were attending hospital and 28 the Committee's Aural Clinic. Twenty-five children had previously been operated on for diseased mastoids and sixty-four replies were still awaited. In seventeen 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, 213 ; of these 205 received treatment.

Children examined by general practitioners, 106 ; all of whom received treatment.

Children examined at hospital, 82 ; of whom 42 received treatment

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

	<i>Examined by own doctor</i>	<i>Examined at hospital</i>	<i>Examined at School clinic</i>	<i>Total</i>
Ch. sup. otitis media ...	18	19	45	82
Old otitis media ...	31	26	85	142
Polypi ...	—	2	—	2
Sub-acute otitis media ...	—	—	—	—
Mastoids post operative ...	—	25	—	25
Eustachian obstruction ...	—	—	1	1
Cerebral and other causes ...	—	1	—	1
Wax and foreign bodies ...	8	—	26	34
Retracted drumheads ...	—	—	5	5
Sclerosis ...	—	—	1	1
Catarrh ...	3	—	11	14
Diagnosis not known ...	46	9	31	86
N.A.D. ...	—	—	8	8
	106	82	213	401

The children were tested again after examination and treatment. Of 201 tested, 144 failed in some degree, 126 in one ear and 18 in two ears.

The grouping of the children was as follows :—

<i>Group A</i>	<i>Group B</i>	<i>Group C</i>	<i>Group D</i>
57	—	110	34

Hearing acuity in all ears in these groups was :—

<i>Group A</i>	<i>Group B</i>	<i>Group C</i>	<i>Group D</i>
114	—	115	47

Of the children with defective hearing in both ears, there were no children in Group B, 14 children in Group C and 4 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

As far as can be ascertained 4,601 children received operative treatment for adenoids and chronic tonsillitis through the various hospitals. The arrangements made with the Regional Hospital Board for this operative treatment at the Dudley Road Hospital, following the closing of the Committee's Clinic at Handsworth, were continued during the year. As the Dudley Road Scheme deals only with a limited number, some of the school medical officers referred the children to other hospitals. During the year 222 cases were referred to the hospital and 70 have had the operation. Not all the cases attended the hospital, and 79 are on the waiting list for operation, a further 18 cases are under review and 20 were found not to require operative treatment. In addition a further 31 were operated on who had been referred previously to 1956.

An investigation carried out during the year gives some interesting results.

The number of children who had undergone removal of tonsils and adenoids was ascertained at the Periodic Medical Inspection.

The figures are as follows :—

						<i>Number and Percentage having undergone T &amp; A.</i>	
						<i>Boys</i>	<i>Girls</i>
Entrants	...	...	...	...	...	783 10·08%	736 9·96%
Intermediates	...	...	...	...	...	1,873 24·12%	1,791 23·70%
Leavers	...	...	...	...	...	1,312 20·35%	1,432 21·50%



In this connection the figures and comment by John Fry in a recent article are worthy of notice.\* It would appear that as a national average  $33\frac{1}{2}$  per cent of all children have had their tonsils and adenoids removed. In certain areas of the country the percentage is more than double that figure. On the other hand in some areas comparatively few children have been operated on. Fry discusses the management of the children in these areas so that the operation is restricted to a small number. The School Medical Officers agree with this conservative attitude, but the reference for operation can be made through other channels.

### EYE DEFECTS

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

	<i>Number examined</i>	<i>Number found to have defective vision</i>	<i>Percentage</i>
Entrants ... ..	15,843	476	3.01
Intermediates ... ..	15,277	1,785	11.68
Leavers ... ..	14,471	2,023	13.97

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 5,503 glasses and the school medical officers 464.

Mr. Mark Tree reports on "The Care and Treatment of Squinting Children at School Clinics, with Special Reference to the Problem of the Amblyopic or 'Lazy' Eye."

"These cases have for very long been a matter of great interest and concern to Ophthalmologists. The matter was particularly highlighted during the last war as a result of routine examination of service recruits. In one survey of 60,000 recruits a total of 1,920 had one poor or amblyopic eye, i.e., just over 3 per cent.

Of these 855 cases had no squint.

770 cases had a convergent squint.

and 295 cases had a divergent squint.

The fact that such a large proportion of amblyopic cases had no observable squint is important, and indicates that small angles of squint sufficient to put an eye out of use may be readily missed, and also that in course of time squinting eyes tend naturally to become straighter. This

\**British Medical Journal*, January 19th, 1957.



is unfortunate because it has stimulated the very bad advice which is still given to some parents to refuse spectacles and treatment for their squinting child because 'it will grow out of it.' The fact is, that without spectacles and treatment, the child will probably be left with one poor 'lazy' eye for the rest of its life. The importance of early treatment in these cases and the responsibility of parents should be emphasised by all who come into contact with them: General Medical Practitioners, Medical Officers of Health, School Medical Officers, Infant Welfare Personnel, Health Visitors, School Nurses and School Teachers. The occurrence of so many adult recruits with avoidable poor vision indicates that this important matter has not been given the publicity it deserves.

The ophthalmic school clinics have a very important function to perform in treating these squinting children and the fact should be known that many cases commence as periodic or occasional squints only, and the provision of suitable spectacles at this stage will often prevent the establishment of a permanent squint. For this reason we want these cases referred to us early. I believe that some cases are missed through being absent from school when the School Nurse calls for her vision-survey examinations. This obviously calls for co-operation with teachers to see that such absentees are examined in due course. The early provision of spectacles is often of great importance especially in cases of hypermetropia, astigmatism, and anisometropia. Our present day views on the treatment of squint have been influenced by the work of the late F. B. Chavasse, of Liverpool, on the development of the Binocular Reflexes. He postulated that in the child, the anatomical basis was complete by the age of 6 months, that the reflexes were being actively developed by the age of 2-3 years and were fully fixed from 5-8 years. Moreover, visual acuity is gradually developed especially during the first two years of life. Therefore, if a squint develops early during the first two years of life, not only is vision actively inhibited in the amblyopic squinting eye, but the development of visual acuity and reflexes is arrested, and even with treatment is unlikely to resume its normal progress. Squints with amblyopia arising around the age of three years have a much more hopeful outlook and respond well to treatment especially if given early, while squints arising later during 5-8 years have a more satisfactory outlook, even if treatment is much delayed.

It is therefore important to obtain an accurate history of the time onset of all squints and this will influence the prognosis and decide on the most profitable line of treatment. It would naturally be useless to patch the good eye where a squint has existed since birth. In the more favourable cases the provision of spectacles where necessary, the recording of visual acuity as soon as possible, and occlusion of the good eye must be instituted. All this requires co-operation on the part of the child, the parents and the teacher at school. Co-operation with the child will vary with intelligence and temperament. In my own clinic I often find



the 'E' test for visual acuity produces earlier responses than recognition of pictures. The Maddox Rod and the Worths 4 Dot tests are most useful, while in the later stages the Holmes Stereoscope with Hegg's cards are both useful and interesting to the children and parents. Ideally one should persist with occlusion until vision in the two eyes becomes approximately equal. If the eyes are then straight with spectacles, partial occlusion (or stripping of spectacle lens) and development of binocular vision is indicated. If the eyes are not straight, the patient is then ready for operation.

Early occlusion will bring quicker improvement in the amblyopic eye, but the same principles obtain in children of the 5-10 years age group. Here, however, a longer period of occlusion may be necessary. Before the age of five years, three months may suffice, after five years an average of six months may be necessary. This is compensated for by the fact that it is then easier to obtain co-operation from the child and also to obtain a more accurate idea of visual acuity.

I have regularly obtained good results for many years during the 5-9+ age period at the clinic and in my own private cases. After this, although long occlusion is often unwelcome, as too disturbing to the increasing tempo of school work and examinations, it is always worth while the effort to obtain co-operation of parents and child. Duke-Elder records in his Text Book of Ophthalmology, Vol. IV that 'in young adults up to the age of 25 years prolonged occlusion, if persisted in sufficiently long may still be worth while; improvement—sometimes surprisingly dramatic in its extent—occurs in 50 per cent. of cases, provided the squint was not of early origin—a process however usually too arduous, and economically difficult to be thoroughly undertaken.'

With regard to cases submitted to operation, the school clinics have an important function to perform in detecting and treating relapses of amblyopia. Parents often tend to desert crowded hospital clinics after operation has been performed, and I have seen a number at the school clinic where relapse of amblyopia has occurred.

I have selected a small number of what I consider to be especially interesting cases seen by me at Great Charles Street Clinic and I append below the relevant details:—

*A. Cases cured by spectacles alone.*

**Case 1.** B.F. born 6.6.47.

Seen 31.7.52 — Right eye turning in for one year, i.e. onset at 4 years. The mother also has a right convergent squint. Child's convergence noted to be variable.

Refracted error Rt. +2.0 sph.	L. +1.50 sph.
+1.50 cyl.	+1.50 cyl.
90°	90°

Spectacles ordered.

Child unco-operative in determining visual acuity.

- 28.7.53 — Eyes straight with spectacles.  
 22.4.54 — Rt. vision  $\bar{c}$  gl.=6/12 L. vision  $\bar{c}$  gl.=6/9  
 9.6.55 — Rt. vision  $\bar{c}$  gl.=6/9 L. vision  $\bar{c}$  gl.=6/6  
 Stereoscopic vision and depth perception.

**Case 2.** L.H. born 23.2.46.

Seen 20.5.54 — Right eye converging up to  $30^\circ$  since the age of 2 years.

Rt. vision  $\bar{c}$  +3.0 sph. =6/18

+1.50 cyl.

$100^\circ$

L. vision  $\bar{c}$  +2.0 sph. =6/9 spectacles ordered

+1.50 cyl.

$80^\circ$

31.3.55 — Rt. vision  $\bar{c}$  +3.50 sph. =6/6

+1.50 cyl.

$100^\circ$

L. vision  $\bar{c}$  +1.50 sph. =6/6 spectacles ordered

+0.50 cyl.

$80^\circ$

7.3.56 — Spectacles and vision unchanged. *Eyes straight with glasses*

18.4.57 — *Eyes straight with and without glasses*

Full stereoscopic vision.

**Case 3.** D.C. born 7.1.47.

Seen 12.11.52— Occasional L. convergent squint since Feb., 1952. (Onset at 5 years). Squint now persistent at  $25^\circ$ — $30^\circ$ .

Rt. vision  $\bar{c}$  +3.50 sph.=6/12.

L. vision  $\bar{c}$  +3.50 sph.=6/36 spectacles ordered.

24.6.53 — Eyes straight with glasses.

Rt. vision  $\bar{c}$  +4.0 sph.=6/12.

L. vision  $\bar{c}$  +4.0 sph.=6/12 ordered.

18.3.54 — Rt. vision  $\bar{c}$  +4.0 sph.=6/9.

L. vision  $\bar{c}$  +4.50 sph.=6/9.

28.4.55 — Rt. and L. visions  $\bar{c}$  +4.50 sph.=6/6.

5.7.56 — Eyes straight with and without glasses and full stereoscopic vision.

*B. Cases cured by spectacles and occlusion.*

**Case 4.** G.A.W. Born 28.9.46.

Seen 31.7.56 — L. amblyopic eye with no history of squint and eyes apparently straight. Never previous spectacles and now age almost 10 years.

Rt. vision  $\bar{c}$  +2.50 sph. =6/9.

+1.0 cyl.

$90^\circ$

L. vision  $\bar{c}$  +3.50 sph. =6/24

+1.0 cyl.

$90^\circ$

ordered 0.50 sphs. less.



10.9.56 — Rt. eye patched.

13.12.56 — Rt. vision  $\bar{c}$  +2.0 sph. =6/5 part.

+1.0 cyl.

90°

L. vision  $\bar{c}$  +3.50 sph. =6/5 part.

+1.0 cyl.

90°

Orthophoria with Maddox Rod but gets 5 Worths lights—  
*stripped Rt. lens.*

14.2.57 — Rt. and L. visions  $\bar{c}$  gl.=6/5. Full stereoscopic vision  
stripping removed.

14.3.57 — Rt. and L. visions  $\bar{c}$  gl.=6/5. To retest in 6 months.

**Case 5.** R.K. Born 11.8.47.

Seen 29.12.53 — Rt. eye converging since the age of 4 years (35°).

Three sisters have a right squint and also the maternal aunt.  
Illiterate and unhelpful. Ordered +2.50 sph. Rt. and L.

11.1.55 — Lost his glasses one month ago.

Rt. vision  $\bar{c}$  +3.0 sph.=6/60.

L. vision  $\bar{c}$  3.0 sph.=6/9. Ordered to patch L. eye +  
glasses.

24.1.55 — Patched L. eye now aged 7½ years.

13.6.55 — Rt. vision  $\bar{c}$  gl.=6/12.

L. vision  $\bar{c}$  gl.=6/9. Eyes straight with glasses.  
To strip left lens.

26.7.56 — Seen having failed intervening appointments.

Rt. and L. visions  $\bar{c}$  +3.0 sphs.=6/9, with full stereoscopic  
vision.

**Case 6.** L.H. Born 3.11.47.

Seen 12.11.52 — Said to have had an occasional squint for 4 months (aged 5).  
Ordered +3.5  $\bar{c}$  sphs R. and L.

18.6.53 — L. converging 30° visual acuity difficult to assess.

Rt.  $\bar{c}$  gl. ? 6/36 ? L. 6/60.

2.2.54 — Rt.  $\bar{c}$  +4.50 sph.=6/24 L.  $\bar{c}$  +3.50 sph. 6/36—ordered.

8.3.55 — Rt. vision  $\bar{c}$  gl.=6/9. L. vision  $\bar{c}$  gl. 6/12 part.

2.5.56 — L. converging 30° without gl. +20° with gl.

Rt. vision  $\bar{c}$  gl. +4.50 sph.=6/6. L. vision  $\bar{c}$  +4.0 sph. = 6/12  
part ordered.

22.11.56 — *Eyes are now straight with glasses.*

Rt. vision  $\bar{c}$  gl.=6/6 part. L. vision  $\bar{c}$  gl.=6/9 1 letter.  
stripped Rt. lens.

9.5.57 — Eyes straight with and without glasses.

Rt. vision  $\bar{c}$  gl.=6/6 part. L. vision  $\bar{c}$  gl.=6/9 part.

Orthophoria with Maddox Rod and full stereoscopic vision.

C. *Cases needing spectacles, occlusion and operation.*

**Case 7.** K.R. Born 14.10.47.

- Seen 9.9.54 — L. eye converging since the age of 5—6 years.  
Paternal uncle has a squint. Ordered +7.0 sphs. R. and L.
- 5.4.56 — Rt. vision  $\bar{c}$  +7.50 sph.=6/6. L. vision  $\bar{c}$  +8.0 sph.=6/24,  
2 letter.  
*Patched Rt. eye now aged 8½ years.*
- 5.7.56 — L. vision  $\bar{c}$  gl.=6/12 most.
- 19.8.56 — L. vision  $\bar{c}$  +8.50 sph.=6/9 part.
- 5.6.57 — Alternates and converges with glasses about 15°.  
Rt. vision  $\bar{c}$  8.50 sph.=6/9.  
L. vision  $\bar{c}$  +7.50 sph.=6/9.  
Operation arranged.

**Case 8.** P.T. Born 1945.

- Seen 21.6.55 — L. converging ? since 1951 (aged 5 or 6 years).  
Maternal uncle and aunt and also maternal grandfather have  
squints.  
Rt. vision  $\bar{c}$  +1.0 sph.=6/5.  
L. vision  $\bar{c}$  +1.0 sph.=6/24 ordered.  
*Patched Rt. eye now aged 10 years.*
- 11.10.55 — L. vision  $\bar{c}$  gl.—6/6 part.
- 12.1.56 — Rt. vision and L. vision  $\bar{c}$  gl. 6/5 part.
- 12.7.56 — Rt. vision  $\bar{c}$  +1.50 sph.=6/5.  
L. vision  $\bar{c}$  +1.0 sph.=6/1.  
L. convergence persists—operation arranged.

The attendance of these cases at the clinic was often erratic but I found that when occlusion was arranged and a pep talk given to both parent and child attendances often improved. There were, of course, numbers of cases where co-operation could not be maintained and others where patching was refused.

*Analysis.* In *Case 2* a minor degree of amblyopia (6/18) was overcome by spectacles alone without occlusion, when ordered at the age of 8 years in a squint existing for 5—6 years.

In *Case 3* Amblyopia of 6/36 was overcome by spectacles alone in a case of late onset (five years).

*Case 5* was patched successfully at 7½ years.

*Case 6* was patched successfully at 8½ years.

*Case 7* was patched successfully at 8½ years and *Case 8* was patched successfully at 10 years.

*Case 4* is exceptionally interesting. Here was an amblyopic eye with no history of squint, provided with spectacles for the first time at 10 years and patched in which amblyopia was cured in 3 months and full stereoscopic vision resulted.



I have to thank Nurse Davies for constant help with these cases. She has supervised the patching and also the stripping of lenses where necessary. We have not had the assistance of an orthoptist, and this has resulted in much closer personal contact with patients. With future accession of cases such assistance will probably become essential.

Finally, I am grateful to Dr. Cohen both for his keen personal interest in all these matters and for good relations with the Public Health Department. In addition the modernising and accession of new clinic equipment are much appreciated."

Mr. S. Acheson reports :—

" I have examined 1,691 children during the year with the following results :

Hypermetropia	...	...	...	...	...	...	...	179
Hypermetropic Astigmatism	...	...	...	...	...	...	...	816
Myopia	...	...	...	...	...	...	...	212
Myopic Astigmatism	...	...	...	...	...	...	...	310
Mixed Astigmatism	...	...	...	...	...	...	...	136
Emmetropia	...	...	...	...	...	...	...	38
Strabismus	...	...	...	...	...	...	...	106

The following abnormalities were observed :

Ptosis	...	...	...	...	...	...	...	2
Congenital Cataract	...	...	...	...	...	...	...	1
Nystagmus	...	...	...	...	...	...	...	5
Coloboma Choroid	...	...	...	...	...	...	...	1
Paresis of Left External Rectus	...	...	...	...	...	...	...	1 "

Mr. J. H. Austin reports :

" During the latter part of the year, I was gratified to find that routine ophthalmic inspection of infants by the school nurses was already bearing fruit, and I was seeing a number of children with amblyopic eyes who would otherwise have been missed."

Mr. B. C. Curwood reports :

" Glasses were found necessary in 75 per cent. of cases referred during the year.

Strabismus continues to be the chief cause of reference to hospital, and these cases were followed up for orthoptic reports and treatment.

Parents prove very co-operative when a little time is taken in explaining the circumstances on first prescribing glasses.

Pathological cases encountered included one of ocular nystagmus, three of corneal nebulae from earlier ulceration, one of lamellar cataract and one of old healed choroiditis."

Dr. Lothar Marx reports :

" I have seen 674 children during 96 sessions in various clinics. The proportion of various refractive errors does not seem to vary much from year to year. Conditions other than refractive errors were detected as follows :

(1) Squints, mostly referred to hospital	...	...	...	...	14
(2) Colour blindness of various degrees	...	...	...	...	7
(3) Congenital cataracts	...	...	...	...	2
(4) Unilateral optic atrophy	...	...	...	...	1
(5) Congenital nystagmus	...	...	...	...	2
(6) Corneal opacities	...	...	...	...	5
(7) Retinitis pigmentosa	...	...	...	...	1
(8) Vitreous opacity	...	...	...	...	1

Most of the children with colour blindness were unaware of the condition. The child with complete optic atrophy in one eye was investigated at the Eye Hospital, but nothing was detected to be responsible for it, or even a remotely possible cause."

Mr. S. W. K. Norris reports :—

" More children were examined as a second weekly clinic was undertaken. Attendances were good and parents co-operative though inevitably some were concerned as to when their child could dispense with glasses. The pattern of cases showed the usual trend and happily pathological cases other than squint and amblyopia were not encountered this year.

A number of amblyopic eyes were successfully treated by persistent occlusion and a few squints not likely to be cured by glasses referred to hospital for orthoptic or operative treatment."

Mrs. N. Walkinshaw reports :—

" Attendances have been well maintained at all clinics with few exceptions. I have examined 620 children during the year.

For comparative statistics I continue to classify the children into two groups : (1) under ten, (2) over ten.

The commonest refractive error in both groups in order :

	<i>Under Ten</i>	<i>Over Ten</i>
	<i>Percentage</i>	<i>Percentage</i>
Hypermetropic astigmatism	30.0	33.25
Myopic astigmatism	13.3	15.25
Myopia	7.3	18.25
Hypermetropia	13.3	10.25
Strabismus (all forms)	23.0	10.25
Anisometropia	4.1	7.75
Normal	9.0	5.0

The following cases were also noted :

Mentally retarded hypermetrope with squint	...	Aet	15
Posterior polar cataract with squint...	...	Aet	11
Albino with nystagmus, myopic astigmatism	...	Aet	9
Mentally retarded Mongolian, myopic	...	Aet	7"



## SCHOOL DENTAL SERVICE

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

### “ Staff

The recruitment of full-time dental officers has not been very satisfactory. The average strength of dental officers was 16·8 including part-time dental officers. This was an improvement on the previous year when the effective strength was 15·09.

The acute shortage of dentists becomes worse each year and there is a lack of suitable candidates for training. It is anticipated that about 2,500 dentists will be lost to dentistry before 1958 through natural causes and retirement from the General Dental Service. The Committee has increased the establishment of dental officers to 25 for 1957 and 30 for 1958-59. The Ministry of Education's view is that a minimum standard of staffing should be one dental officer to 5,000 children in an urban area. The Guillebaud Report published in January, 1956, states in para. 538— ‘ One lesson to be learned from these last seven years is that if the local authority service and the general dental service are to be developed in step, then it is essential that the relationship between the two types of remuneration should be kept in balance. . . . ’ Sessions lost through sickness amounted to 528 which is 169 more than last year. Operative dentistry becomes increasingly difficult with advancing years and it is most essential that the School Dental Service be made sufficiently attractive to young graduates so that they will enter the Service and make it a career.

### New Appointments (full-time)

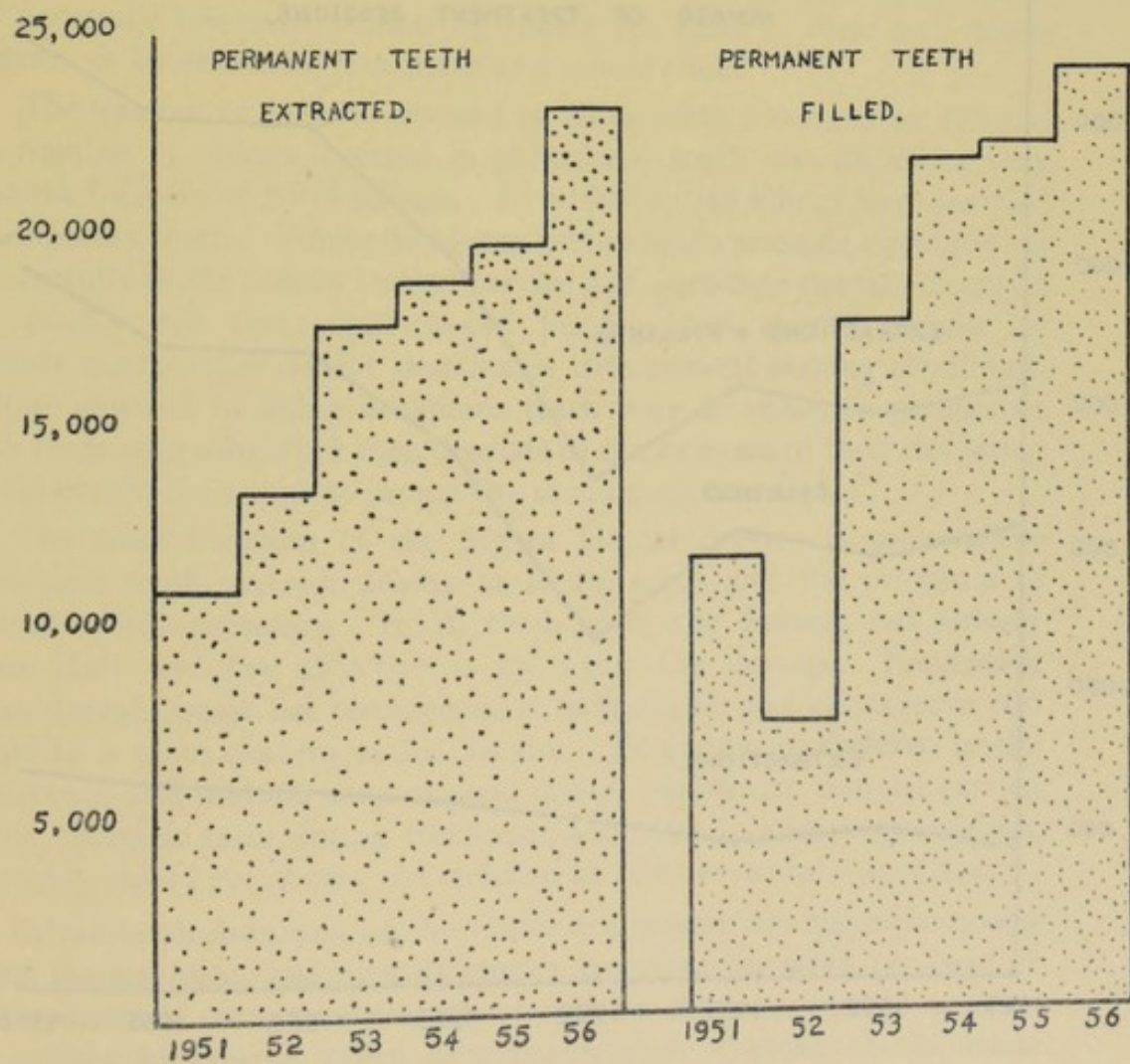
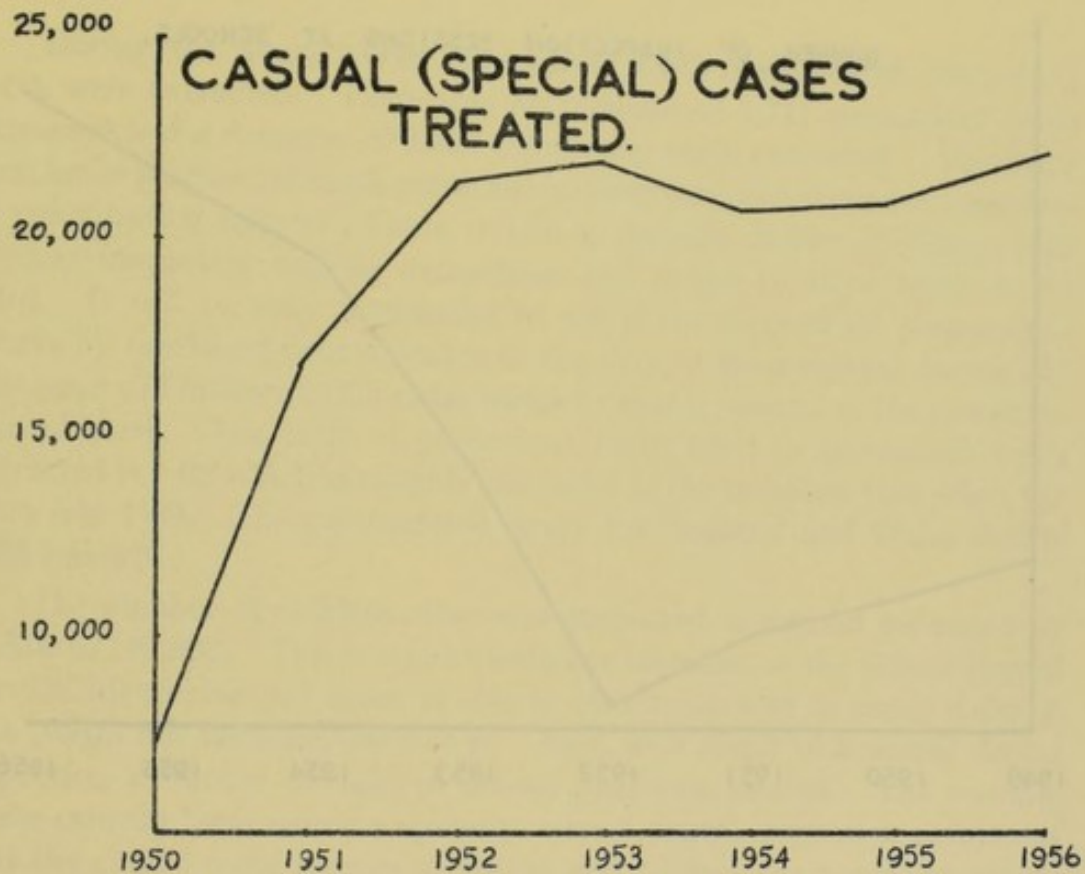
Mrs. D. E. Ferriss	.....	.....	.....	1.7.56
Mr. D. A. Baker	.....	.....	.....	1.10.56
Miss E. P. Hanley	.....	.....	.....	1.10.56

### Resignations

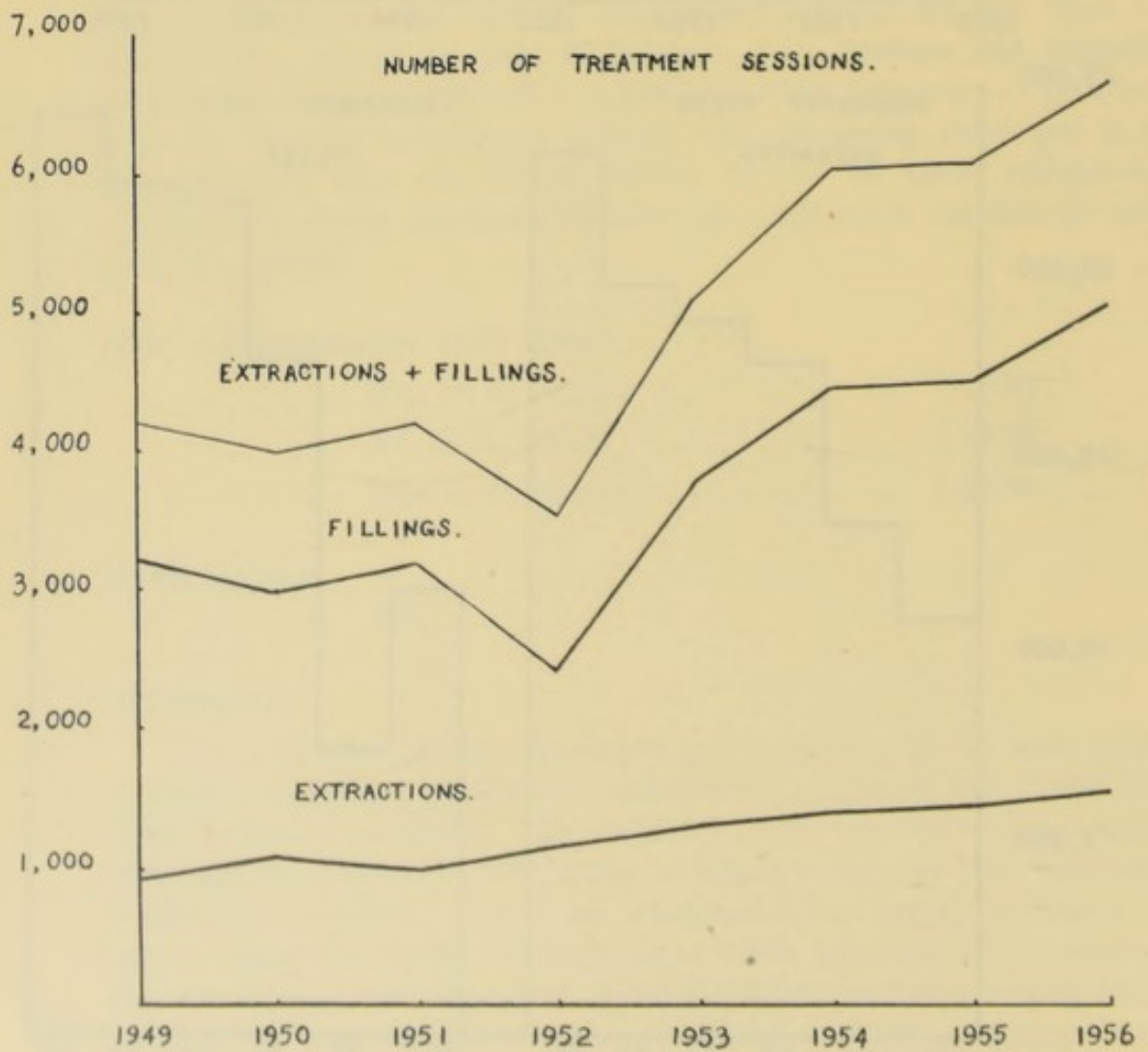
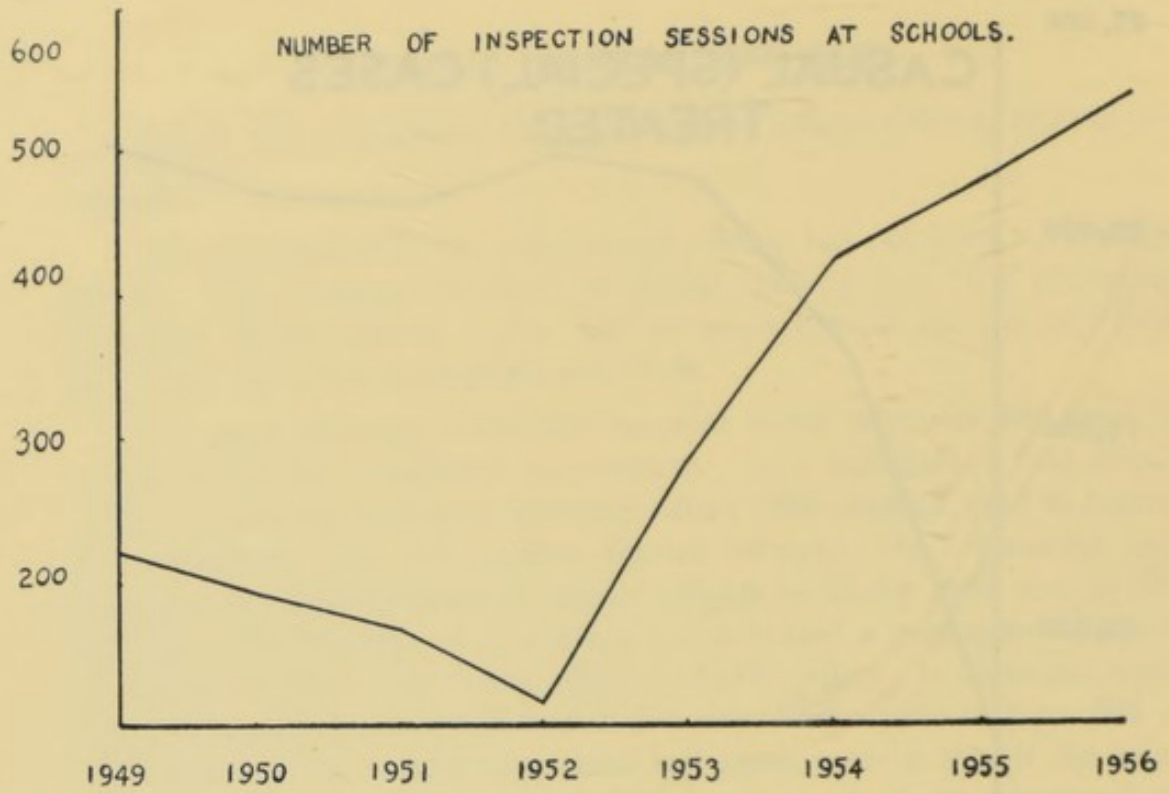
Nil

### Treatment

Of the 119,990 children inspected in 212 schools, 78,417 were found to require treatment, 64,884 were referred for treatment and 22,874 had their treatment completed. In addition, 22,115 casuals received treatment and attended on 11,125 further occasions to have all their necessary treatment completed. The total attendances for dental treatment at school clinics was 68,849, an increase of 5,585, but only 52 per cent. of the attendances were in respect of those children receiving routine treatment following a school inspection. In addition, 4,229 attendances were made for orthodontic treatment at the Sheep Street School Clinic.







During the year, 23,691 permanent teeth and 61,078 temporary teeth were extracted. There was an increase of 3,711 permanent teeth extracted and a decrease of 3,223 temporary teeth extracted. The large increase in permanent teeth extracted is disturbing and there are a number of contributing causes. There is still a genuine dislike of fillings and parents frequently request extractions but refuse to allow teeth to be filled. It will be very interesting to see if the large scale propaganda efforts by combined dental bodies in the City of Birmingham during the past year will influence this antagonism by many parents to the conservation of teeth. The ratio of permanent teeth filled to permanent teeth extracted is 1.02 which is roughly the same as the previous year when the ratio was 1.09. The comparative figure for England and Wales during 1955 was 3.01.

The number of children who were inspected in schools increased by 11,519 to 119,990. This is a most welcome increase, as the School Dental Service, by seeking out cases, is able to offer treatment to many children who would not normally receive it. Also, as a result of a school dental inspection a number of children attend their own dentist. The wording of the consent form issued to parents after a dental inspection points out that the child's teeth require attention and advises the parent to obtain the necessary treatment, either by taking the child to their own dental surgeon, or by obtaining treatment at a school clinic.

The number of sessions devoted to filling teeth increased by 423 and the number of fillings inserted in permanent teeth was 28,057, a very welcome increase of 2,914 fillings. In addition, 245 fillings were inserted in temporary teeth. Filling deciduous teeth always presents a problem, as new recruits to the School Dental Service and part-time dental officers do not readily see that what would be an ideal if the number of dentists warranted it, is not practicable with present staffing conditions. If time devoted to filling deciduous teeth were to result in permanent teeth remaining untreated then dentists in the exercise of their discretion should devote their time to saving the permanent dentition.

The main function of the School Dental Service is to conserve permanent teeth, extract aching or septic teeth and the provision of dentures when necessary. In all these cases the damage has already taken place and the objective is to repair the damage. Prevention before dental disease has commenced is both simple and inexpensive and should be a main concern of the Service. Education of children in the importance and maintenance of good dental health can best be carried out by chairside talks during treatment and talks to groups of children, preferably the 11 to 12 year old children at routine dental inspections.

Britain's consumption of chocolates and sweets has again increased during the last year, and over  $8\frac{1}{2}$  ounces are eaten per week per head of the population. In-between meals should be discouraged and a more fibrous diet introduced which necessitates more chewing of the food,



mouth rinsing after meals with water when the use of a tooth brush is not practicable, and a thorough cleansing of the teeth and mouth after the last meal before going to bed. Bad habits or deforming habits such as thumb, tongue or lip sucking, cupping the chin in the hand when watching television, all contribute to æsthetic and functional disturbances and should be corrected when first noticed.

Finally, fluoridation of domestic water supplies may do much to reduce disease. It is not a cure for dental caries and it is not known whether it retards the progress of existing caries. Older children and adults can not expect much direct benefit from fluoridation of domestic water. The benefit of fluoride is greatest when the teeth are being formed and it is therefore important that the expectant mother should have the correct amount of fluoride, as the baby teeth are partly formed before birth. It has been stated in America that under these circumstances dental caries may be reduced by as much as 30 per cent.

The Ministry of Health has arranged for controlled experiments to be carried out in this country and four local authorities have been selected : Andover, Anglesey, Watford and Kilmarnock. Some years will be required before the results may be assessed, as the full effect must be looked for in children whose mothers have used the fluoridated water.

### **Dental Hospital**

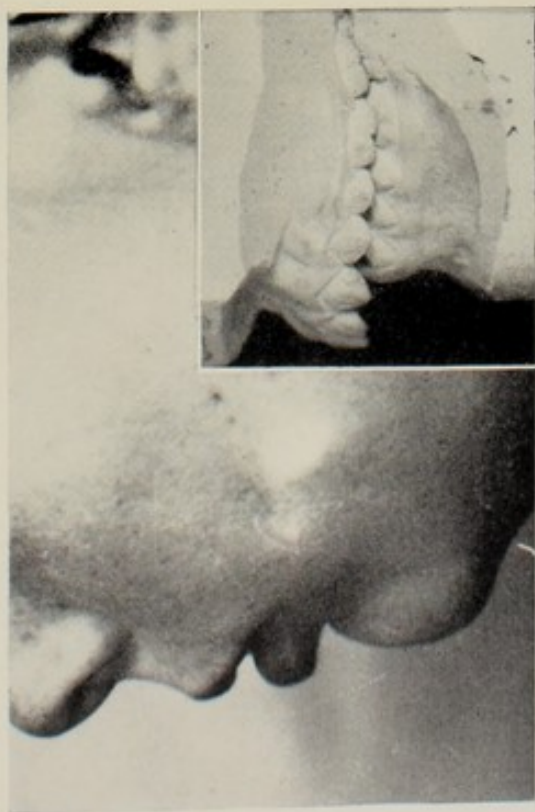
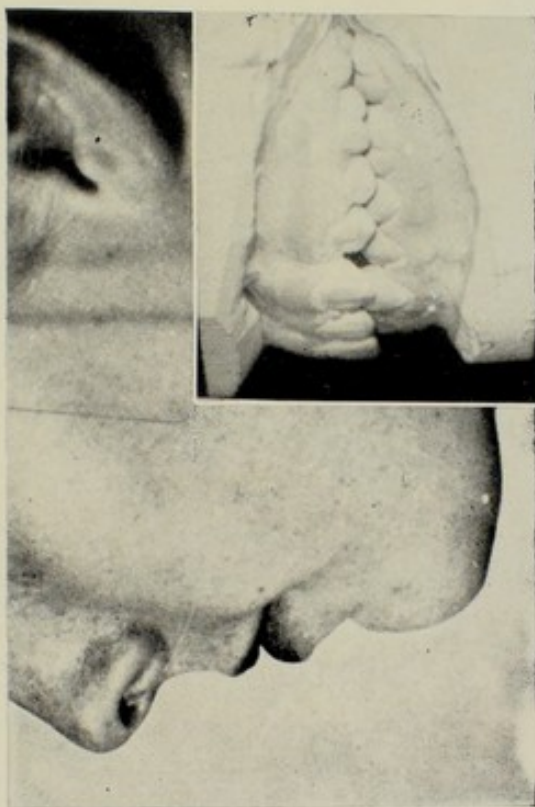
The closest relations continue to exist between the School Dental Service and the Dental Hospital. Dr. Hardwick has seen all cases of fractured incisors resulting from accidents referred to the clinics and and after treatment these teeth are ultimately crowned. Dr. Fox, of the Paradental Department, has treated all gum conditions requiring specialist treatment. Children referred for x-rays during the year totalled 172.

### **Casuals**

There has been an increase in the number of casual cases attending the School Clinics for dental treatment which can be seen on the graph illustrating casual attendances at School Clinics. Since 1952, the number of casuals has been constant at about 20,000 children a year, but in 1956 the number has increased to 22,115. These children are given a thorough inspection at the time of their treatment and are given the opportunity of having their dental treatment completed. In a number of instances this offer was accepted and 11,125 further attendances were made by these casual children on subsequent occasions to have their dental treatment completed.

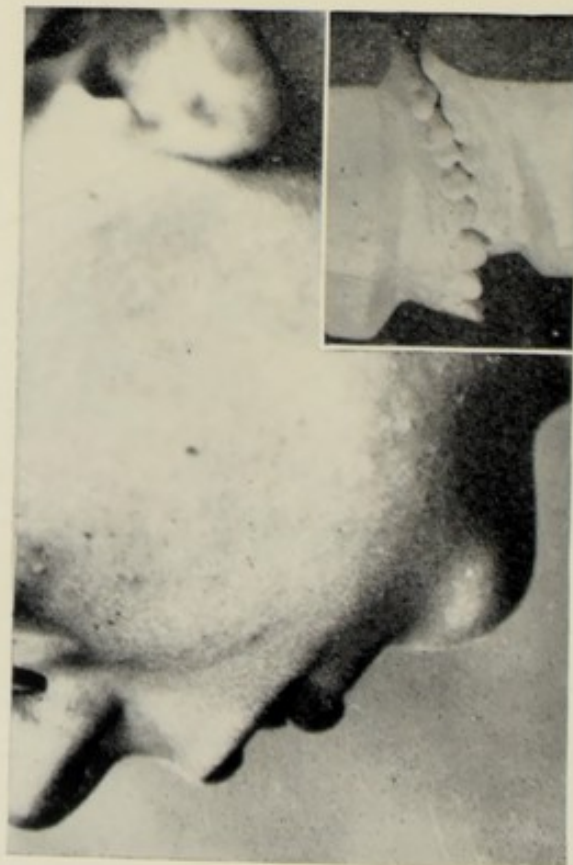
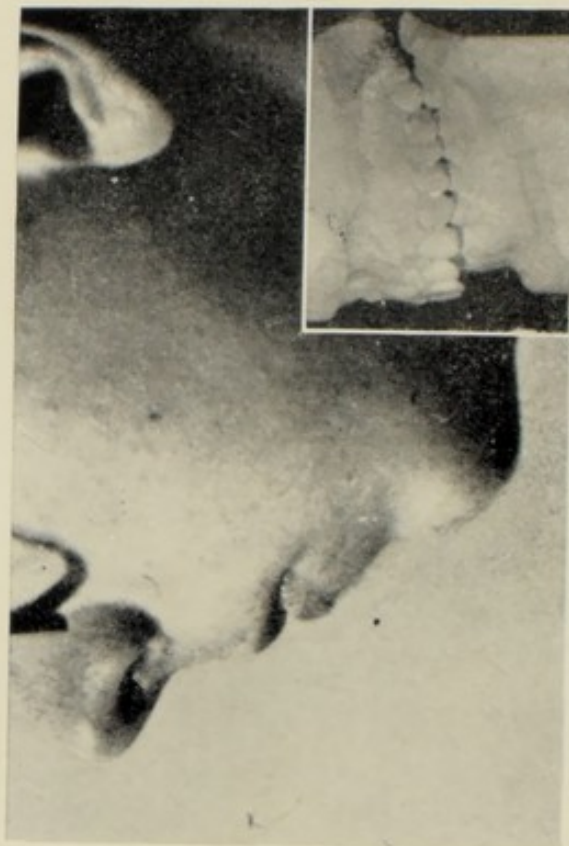
### **Children's Hospital**

The dental department at the Children's Hospital has again given treatment to all children requiring special investigation. These include heart and lung cases and known and suspected bleeders. In all instances



MODEL SUPERIMPOSED ON PHOTOGRAPH SHOWS POSITION OF TEETH BEFORE





MODEL SUPERIMPOSED ON PHOTOGRAPH SHOWS POSITION OF TEETH BEFORE  
AND AFTER TREATMENT

where special investigation is considered necessary arrangements exist for beds to be available. Mr. Hoggins, Consultant Dental Surgeon, has given much of his time to treatment of these children. Ninety-two cases were referred to the Hospital during the year. When the surgical treatment is completed the children are referred to the clinic nearest their homes and the necessary conservations are completed.

### **Handicapped Children**

These children receive special consideration and every effort is made to give full comprehensive treatment in every case. 1,205 children received dental inspection on school premises and treatment offered in every case found necessary. Children suffering from severe physical handicaps and those who for medical reasons make attendance at a clinic undesirable are referred to the Children's Hospital where they are admitted as in-patients. When their surgical treatment is completed the children are referred to the clinic nearest to their homes and given the opportunity of having all their necessary conservative treatment completed. This is considered most important as it is essential that these children possess a healthy mouth free from infection.

Physically handicapped children at Baskerville Residential School, children residing at the open-air schools at Cropwood, Haseley Hall and Hunter's Hill, and educationally sub-normal children at Astley Hall and Springfield House, all receive dental inspection and treatment twice a year.

### **Anæsthetic Scheme**

The panel of Medical Anæsthetists continue to give excellent service and once again I take this opportunity to express my appreciation of their excellent work. The service is very popular with parents and they are most grateful that dental extractions are carried out under such ideal conditions with the presence of an experienced medical anæsthetist.

There were 1,506 gas sessions during the year, an increase of 29 sessions. A total of 32,385 general anæsthetics of nitrous oxide and oxygen were administered, an increase of 2,274 cases. The average number of attendances for each gas session was 21.7, the previous year being 20.4. This is a welcome increase in the number of appointments kept, but the number failing to keep their appointments is still too high and contributes to the administrative difficulties.

### **Dental Attendants**

A well trained dental attendant can relieve the dentist of much trouble and reduce time wasted. She should be proficient in cleaning equipment, requisitioning drugs, etc., keeping records and compiling weekly and monthly summaries, sterilizing instruments and preparation



of materials used by the dentist. It cannot be repeated too often that any and every demand for dental or advice treatment will naturally have to be met by the dental attendant with whom first contact is established between the parents and the School Dental Service.

It is therefore most important that only dental attendants with a genuine love of children and possessing a capacity for patient understanding of parents' mental condition during and after dental treatment of their children should be recruited to the School Dental Service.

### Other Operations

A detailed analysis of attendances at the clinics for other treatment is given as considerable time is devoted to these operations.

<i>Permanent Teeth</i>				
	1956	1955	1954	1953
Advice ... ..	5,161	4,049	2,990	2,893
Dressing of Zinc Oxide ...	4,807	3,833	2,821	2,080
Root Fillings ... ..	26	39	70	62
Gum Treatment ... ..	206	118	148	161
Stoning and Trimming ... ..	276	454	225	298
Scaling ... ..	1,527	1,199	814	940
Impressions, Bites and Trys ...	574	557	649	632
<b>TOTAL ... ..</b>	<b>12,577</b>	<b>10,249</b>	<b>7,717</b>	<b>7,066</b>

<i>Temporary Teeth</i>				
	1956	1955	1954	1953
Advice ... ..	781	867	1,247	1,667
Silver Nitrate ... ..	84	166	68	203
Dressings ... ..	776	386	637	734
<b>TOTAL ... ..</b>	<b>1,641</b>	<b>1,419</b>	<b>1,952</b>	<b>2,604</b>

	1956	1955	1954	1953
Total number of dentures provided for school children ...	359	245	204	159

### Orthodontics

The Orthodontic Department at Sheep Street continues to be very busy but it has not been possible to increase the number of sessions the clinic is in use. Photographs are given on pages 42 to 43 illustrating orthodontic cases before and after treatment. These show the change in position of teeth and how it affects the appearance of the children.

An account of the activities of the Orthodontic Department is given by Mr. Walpole Day and Mr. Norris :—

' The work of the Orthodontic Department has continued at much the same tempo as in the previous two years and although there have been no additions to the staff it has been possible to improve the figures a little. The number of patients on the waiting list continues to grow at an alarming rate in spite of the fact that the cases are very carefully selected. Authority has been obtained for an additional full time orthodontist to be appointed and for an orthodontic laboratory to be built. Unfortunately it has so far been found impossible to find a suitable candidate for the orthodontic post but it is hoped to make a start on building the laboratory in the near future.

In spite of the difficulties due to shortage of staff and the excessive number of patients it is a very happy department both from the point of view of the staff and the patients.'

	1956	1955
Number of cases commenced ... ..	310	212
Number of cases carried from previous year ...	152	
Number of cases completed ... ..	235	201
Number of cases discontinued ... ..	24	
Number of cases treated with appliances ...	264	212
Removable appliances ... ..	349	390
Fixed appliances ... ..	22	
Cases summoned for treatment ... ..	4,857	
Total attendances ... ..	4,229	4,071
Active treatment ... ..	2,882	
Observation ... ..	1,347	
Number of x-rays taken ... ..	700	779
Number of sessions ... ..	243	234
Number of cases waiting for treatment ... ..	571	406

### Clinics

No new clinic was opened during the year, but the policy was continued of replacing equipment at existing clinics which was well worn or of an obsolete pattern.

I would like to express my thanks to the dental officers for an excellent year's work and to the dental attendants for their co-operation, which has enabled the service to run smoothly and efficiently. I am glad to have this opportunity of expressing my thanks for the assistance given to the dental services by Head Teachers and teaching staff.

Miss Ashby, Superintendent School Nurse, has permitted nursing assistants to help on occasional gas sessions which has been much appreciated. The dental clerks and clerical staff have been, as always, most helpful."



## ASTHMA CLINIC

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

“ There was a further increase in the work of the Clinic again in 1956. During the year 116 new patients were seen and there were 1,908 return visits giving a total of 2,024 attendances. In spite of this there is still a large waiting list of new patients to be seen. It does not, however, seem possible to increase the number of attendances at each session any further. In the last four months of the year I have had the assistance of Dr. A. N. Dempsey, who has been appointed Assistant Chest Physician (Senior Hospital Medical Officer) to Romsley Hill Hospital, Birmingham Chest Clinic and this Asthma Clinic. His valuable assistance coming at an opportune time has been greatly appreciated.

The work of the Nursing Staff has been carried out mainly by Miss C. Butt but she has had the invaluable assistance of Mrs. Roberts-Jones during the clinic sessions. Both are very fully employed. Miss Butt also carried out 468 visits to patients' homes to give advice and help as well as to supplement the information obtained at the medical examination. In all cases home visiting is essential and in a considerable proportion of the milder cases the results obtained by carrying out simple measures in the home are excellent without medical treatment of any other kind.

The waiting list gives rise to problems in that some children when sent for have already been referred elsewhere in the interval. There is at present no solution to this problem.

Of 116 new patients seen 109 were found to have asthma and were investigated. There were 32 girls and 77 boys.

### Seasonal Incidence

Summer only (pollen asthma and hay fever) ... ..	2
Perennial asthma ... ..	86
Mixed perennial with summer exacerbation ... ..	21
TOTAL ... ..	109

### Treatment Given or Recommended

	<i>No. of Cases</i>
Breathing exercises ... ..	44
' Desensitisation ' at Clinic ... ..	25
' Desensitisation ' by Family Doctor ... ..	5
Open Air School ... ..	11
E.N.T. Clinic ... ..	2
Child Guidance Clinic ... ..	2
Diet ... ..	2
No treatment required ... ..	8



## **Incidence and Natural Trends in Asthma**

In making provision for people suffering from any condition it is essential to have reasonably accurate knowledge of the extent to which it occurs in the population concerned. No reliable information is available in this country regarding the incidence of asthma in various age groups. There is a great need for such information which might throw light on the natural trends in this disease. A start has been made to gather such information in Birmingham and children suspected of suffering from asthma at routine school medical examinations are being followed up to confirm the condition. All members of the School Health Service are taking part in this in the course of their normal duties. No results are likely to be available until late in 1957 but they should be of interest from both medical and administrative points of view.

## **Developments in Treatment**

Cortisone and related hormones have in recent years come into use on a large scale in asthma but are not generally considered desirable in children although they can be used safely in the form of local applications such as ointments for eczema. Cortisone has also been used as a snuff in cases of hay fever with reported success. Similar local application in asthma by means of inhalation seemed worth trial. This trial has been commenced and the results controlled by means of a simple respiratory function test (Expiratory Flow Rate). We have been greatly assisted by Glaxo Laboratories Ltd., who have supplied the active material, hydro cortisone hemi-succinate, free and have also contributed £50 towards the cost of apparatus.

## **'Desensitisation' in Asthma**

Currently there are 58 children attending weekly for injections. Theoretically desensitisation should cure asthma due to any specific sensitivity but in practice its benefits are often limited and sometimes absent. Most of the solutions available are dust or pollen mixtures which are relatively crude preparations compared with pure chemical substances. Where asthma is due to eating or inhaling something which can be easily avoided completely, that is the treatment of choice. Most cases, however, are due to inhaling substances which cannot be avoided completely in ordinary life in this country such as house dust and grass pollen. When everything possible has been done to reduce the patients' exposure to the offending substance without relief, it is then that 'desensitisation' is given to make the patient less sensitive to something he cannot completely escape. Results are good except in very severe cases where the sensitivity is too high to be reduced sufficiently to give relief or in cases where the exposure to the offending substance is so massive that 'desensitisation' is insufficient to deal with it.



There is probably scope for considerable improvement both in the quality of solutions commercially available for 'desensitisation' and in the method of use."

### ORTHOPAEDIC DEFECTS

Mr. F. G. Allan, F.R.C.S., the Committee's Orthopaedic Surgeon, was unfortunately unable to attend the consultative clinic after July, 1956, but Mr. Alexander Innes, F.R.C.S., agreed to attend later in the year in his place.

The usual arrangements were accordingly able to continue in general during the year. In accordance with the preventive principles of the Service, the attempt is made to discover any deviation from the normal as early as possible and to institute treatment. Indeed, it is realised that some abnormalities which can become very serious may present very few symptoms in the early stages.

Accordingly, with the examination of children taking place in greater detail, more minor defects are referred to the physiotherapists for treatment. Unfortunately there are still vacancies for physiotherapists, and the work is restricted to that extent.

The school medical officers refer the children to the physiotherapists for treatment, or where a further operation is required, to the orthopaedic surgeon on his visits. All the physiotherapists attend on these occasions and derive much benefit from these consultations.

Close co-operation is maintained with the Royal Orthopaedic Hospital and the Orthopaedic Department of the Children's Hospital. Full reports are sent by the Orthopaedic Surgeon to the physiotherapists on the children who are referred to their care.

The following is a record of work carried out in the department during the year :

Reason for attendance	Number of children treated	Number of attendances
Remedial exercises	2,790	37,071
Massage	155	2,020
Radiant heat	176	1,570
Electrical treatment	71	979
Other purposes	1,685	2,326
<b>TOTAL</b>	<b>4,877</b>	<b>43,966</b>

Defect	Number treated	RESULT OF TREATMENT				
		Remedied	Much Improved	Slightly Improved	Unchanged	Discontinued treatment
Spinal curvature .....	455	175	149	72	24	35
General muscular debility .....	420	167	137	46	34	36
Various forms of paralysis .....	29	1	6	9	10	3
Deformities of the feet and legs .....	1,371	460	398	266	105	142
Chest conditions, asthma, etc. ....	744	178	236	166	71	93
Injuries to limbs .....	60	45	8	2	2	3
Wry neck and other defects .....	173	72	37	32	20	12
<b>TOTAL</b> .....	<b>3,252</b>	<b>1,098</b>	<b>971</b>	<b>593</b>	<b>266</b>	<b>324</b>

Total number of individual children treated during the year 3,656.

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

1. Postural Defects :

Kyphosis ... ..	19
Scoliosis ... ..	24
Poor posture ... ..	1

2. Defects in extremities :

(a) Foot and Ankle :

Pes cavus ... ..	4
Pes planus ... ..	9
Hallux valgus ... ..	15
Hallux rigidus ... ..	1
Hammer toe and toe deformities	10
Valgoid ankles ... ..	11
Knock knee ... ..	21
Stiff ankle ... ..	1
Sprained ankle ... ..	1
Toe injury ... ..	1

(b) Arm and shoulder girdle :

Torticollis ... ..	5
--------------------	---

3. Congenital defects :

Club foot ... ..	1
Spastic hemiplegia ... ..	3

4. Disease :

Osteochondritis ... ..	1
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5. Other conditions :

Exostosis of heel ... ..	2
Teno-synovitis ... ..	1
Deformity of thoracic cage	2



## ULTRA-VIOLET RAY TREATMENT

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

	<i>No. treated</i>	<i>Cured or much improved</i>	<i>Improved</i>	<i>No better</i>	<i>Ceased to attend before completion of cure</i>
Debility .....	826	208	401	42	175
Rheumatism .....	65	26	26	3	10
Chorea.....	71	57	9	—	5
Bronchitis and asthma	463	107	217	40	99
Nasal catarrh, etc. ....	402	101	199	14	88
Enlarged glands .....	23	7	11	—	5
Otorrhoea and deafness	82	27	35	7	13
Blepharitis and conjunctivitis .....	22	10	9	—	3
Anaemia .....	21	4	16	—	1
Chilblains .....	18	7	11	—	—
Alopecia .....	10	2	5	1	2
Impetigo .....	14	13	—	—	1
Other skin troubles .....	92	37	31	4	20
<b>TOTAL</b> .....	<b>2,109</b>	<b>606</b>	<b>970</b>	<b>111</b>	<b>422</b>

## CHIROPODY CLINIC

Mr. H. Wildbore reports :

“ Treatment of plantar warts still occupies the majority of the time in this clinic—73 per cent. of the children who attended had these painful, contagious growths and 55 per cent. of these cases had anything from two to fifty of them. There is evidence that an outbreak of plantar warts is now developing on the east side of Birmingham which has previously been held under control for several years.

## Analysis 1956

<i>Condition</i>							<i>Number of cases</i>
Plantar warts—single ...	...	...	...	...	...	...	107
Plantar warts—multiple	...	...	...	...	...	...	112
Warts on hands, etc. ...	...	...	...	...	...	...	17
Helloma durum	...	...	...	...	...	...	53
Helloma molle	...	...	...	...	...	...	4
Callous ...	...	...	...	...	...	...	17
Onychocryptosis	...	...	...	...	...	...	6
Involuted nail ...	...	...	...	...	...	...	11
Onychophosis ...	...	...	...	...	...	...	5
Onychogryphosis and onychauxis	...	...	...	...	...	...	14
Pes cavus	...	...	...	...	...	...	2
Pes valgus	...	...	...	...	...	...	4
Hallux valgus ...	...	...	...	...	...	...	11
Hallux rigidus ...	...	...	...	...	...	...	2
Hammer toes ...	...	...	...	...	...	...	2
Claw toes	...	...	...	...	...	...	2
Burrowing toes	...	...	...	...	...	...	5
Over-lapping toes	...	...	...	...	...	...	4
Metatarsalgia ...	...	...	...	...	...	...	1
Bullae ...	...	...	...	...	...	...	3
Bromidrosis	...	...	...	...	...	...	1
Tinea pedis ...	...	...	...	...	...	...	7
Painful heels ...	...	...	...	...	...	...	2
Acute strain ...	...	...	...	...	...	...	2
Fracture 5th metatarsal	...	...	...	...	...	...	1
Erythema pernio ...	...	...	...	...	...	...	1
							<hr/>
	TOTAL	...	...	...	...	...	396
							<hr/>
Total number of new cases ...	...	...	...	...	...	...	282
Total number of re-examinations	...	...	...	...	...	...	936
Total number of attendances	...	...	...	...	...	...	1,218
Total number of treatments ...	...	...	...	...	...	...	1,451
Total number discharged	...	...	...	...	...	...	283
Total number referred for physiotherapy, etc.	...	...	...	...	...	...	33
Total number still under treatment ...	...	...	...	...	...	...	66
Total number of cases of verruca discharged	...	...	...	...	...	...	218
Total number of attendances of verruca before discharge...	...	...	...	...	...	...	888
Average attendances per case of verruca	...	...	...	...	...	...	4.1

A preliminary school inspection was carried out on 27th November, 1956, at Nansen Junior School. Although the number of children seen (ages 10-11) was too small to reach any conclusions the following points are of interest: 38 per cent. of the girls inspected had incipient hallux valgus, 11 per cent. of the boys showed signs of this condition. No cases of plantar warts were found in this school.



							<i>Girls</i>	<i>Boys</i>
Number of children seen	...	...	...	...	...	...	45	27
<i>Conditions noticed</i>								
Pes valgus	...	...	...	...	...	...	27	20
Hallux valgus (mild-moderate)	...	...	...	...	...	...	17	3
Hammer toes	...	...	...	...	...	...	1	—
Burrowing toes	...	...	...	...	...	...	5	7
Retracted toe	...	...	...	...	...	...	1	—
Corns	...	...	...	...	...	...	1	1
Onychiauxis	...	...	...	...	...	...	1	—
Onychocryptosis	...	...	...	...	...	...	1	—

Pes valgus, in a mild degree, is so very common that it must be regarded as normal and I feel quite sure that all the feet seen would show some movement at the sub-taloid joint—which instigates the valgus position—if accurate measurements could be made.

It is interesting that hallux valgus is more common in girls than boys at this age. The girls' shoes were more varied and frequently less adequate in shape and size than the boys.

Only the child with onychocryptosis had any pain. Twenty children were referred for corrective treatment in this department or Physiotherapy Department."

## SPEECH THERAPY

The Speech Therapists submit the following report :

" In January, 1956, Miss A. Walsh was appointed to the Stechford Clinic a month before Miss J. A. Brick relinquished her post in February, 1956.

Miss S. Wilkinson was appointed to the Birchfield Road Clinic in September, 1956.

It is apparent that with fewer changes of staff than in recent years, greater stability has been achieved both in the administration of clinics, contact with schools and rapporte with patients.

### School Visits

It has been possible during the last twelve months for the therapists to increase their number of visits to schools. During these visits, speech defective children of all types have been seen, and school staff given advice as to the correct way of dealing with the children's difficulties where the speech defect is a very slight one. The other cases have been seen as soon as possible at the Speech Clinics.

Head Teachers have welcomed these visits and it has been possible for the therapists to discuss the general problem of speech defective children, stressing particularly the correct time for referral for speech therapy.

This early referral naturally results in a reduction in the length of treatment, as the speech defect is less complex. It is interesting to note that many Head Teachers remark upon the increasing incidence of speech defectives in schools, particularly in the Infant Departments.

### Stammering

A third of the children under treatment during 1956 were stammerers. Although this is slightly less than the number of dyslalic children in the clinics during the year, the treatment of stammering is almost invariably of longer duration. It is therefore necessary, if satisfactory results are to be looked for, that the children should be referred to the clinic as soon as the stammer is noticed and before it has become an integral part of the speech-pattern."

#### STATISTICS

	1956	1955
Number of cases under treatment ... ..	747	756
Number of cases referred for treatment ... ..	790	571
Number of cases transferred between clinics while on the waiting list ... ..	98	26
Number of cases admitted for treatment ... ..	370	384
Number of cases failing to attend interviews ... ..	99	76
Number of cases where speech therapy was contra- indicated ... ..	100	75
Number of cases discharged ... ..	335	340
Number of children on the waiting list ... ..	564	343
Number of interviews with parents and guardians ... ..	879	1,202
Number of schools visited ... ..	59	52
Number of homes visited ... ..	34	24
Number of visitors ... ..	61	60

#### CHILDREN UNDER TREATMENT—CLASSIFICATION OF DEFECTS

	1956	1955
Dyslalia ... ..	368	387
Sigmatism ... ..	49	33
Stammer ... ..	249	255
Stammer and dyslalia ... ..	23	27
Language retardation ... ..	16	15
Aphasia ... ..	1	Nil
Dysphasia ... ..	3	2
Post-operative cleft palate ... ..	16	14
Cerebral palsy ... ..	4	9
Dysarthria ... ..	5	Nil
Hyper-rhinolalia ... ..	5	9
Dysphonia ... ..	5	Nil
Partially deaf ... ..	3	Nil
Alalia ... ..	Nil	3
Chronic mouth breathing and dyslalia ... ..	Nil	2





## TUBERCULOSIS

Dr. V. H. Springett, Chief Clinical Tuberculosis Officer, reports :

### 'N otifications

Notifications of new cases of tuberculosis in children of school age or less numbered 201 in 1956, a decline of 28 compared with 1955 (Table 1). The numbers in each age group are now comparatively small and liable to variation from year to year: the main decline in 1956 was in children aged 5—14 years, while in children aged 0—4 years there was some increase in notifications.

Table 2 shows that 180 of the notifications in children were of respiratory tuberculosis, 21 of other forms of the disease. It is particularly satisfactory to record the decline of non-respiratory notifications from 35 to 21, including as it does the substantial decline in the meningeal form of the disease.

B.C.G. vaccination of tuberculin-negative school children between the 13th and 14th birthdays has been practised since March, 1954. No case of tuberculosis was notified in Birmingham during 1956 amongst the children vaccinated under this scheme, and the number of notifications in each yearly age group suggests that there may have been a selective decline in the number of notifications at ages 14 and 15 years, presumably as a result of the vaccination scheme and the associated *x* raying of tuberculin positives.

### Deaths

The number of deaths amongst Birmingham children due to tuberculosis in 1956 was 2, a further great improvement on any previous year (Table 2): in each of the three preceding years there have been either 7 or 8 deaths, and before that more than double this number.

Both deaths were due to tuberculous meningitis, one of a girl aged 7 months and the other of a boy aged 11 years.

### Contact Examinations

					<i>Examined</i>	<i>Found tuberculous</i>	
0—5	...	...	...	...	734	15	2.5%
6—15	...	...	...	...	811	11	1.4%
0—15	...	...	...	...	1,545	26	1.7%

1,545 children were examined at the Chest Clinic as contacts of cases of tuberculosis, an increase of 600 in the number of examinations performed, but finding only one more case than in the previous year. In addition, some child contacts over the age of 12 years were examined at the Mass Radiography Unit.



### Sanatorium treatment

During 1956 90 children were admitted to Yardley Green Hospital, 79 for treatment of pulmonary tuberculosis, 6 for treatment of non-pulmonary tuberculosis and 5 for observation or treatment of conditions ultimately found to be non-tuberculous.

73 Birmingham children were admitted to Kyre Park Hospital, Tenbury Wells for treatment of primary tuberculosis. At both these hospitals there is a staff of teachers to continue the children's education, and again examination successes were achieved.

**TABLE I**  
BOYS AND GIRLS

*Tuberculosis—All forms :*

Age Groups	Cases			Deaths		Cases	Deaths
	0—4	5—9	10—14	0—4	5—14		
1936 ...	68	42	49	33	22	159	55
1937 ...	65	36	31	42	25	132	67
1938 ...	79	45	30	32	18	154	50
1939 ...	51	44	35	36	19	130	55
1940 ...	64	36	24	21	19	124	40
1941 ...	73	33	26	52	28	132	80
1942 ...	77	56	40	38	28	173	66
1943 ...	74	39	36	36	12	149	48
1944 ...	82	44	37	45	20	163	65
1945 ...	85	49	41	35	23	175	58
1946 ...	77	67	52	29	19	196	48
1947 ...	124	66	54	47	19	244	66
1948 ...	98	75	49	36	21	222	57
1949 ...	88	55	49	23	12	192	35
1950 ...	90	65	55	13	10	210	23
1951 ...	96	82	41	22	8	219	30
1952 ...	94	84	71	11	4	249	15
1953 ...	99	115	69	5	3	283	8
1954 ...	82	66	74	4	3	222	7
1955 ...	74	86	69	4	3	229	7
1956 ...	85	62	54	1	1	201	2

**TABLE II**

Age Groups	Pulmonary		Non-Pulmonary		All Forms	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
0—4 ...	79	0	6	1	85	1
5—9 ...	53	0	9	1	62	1
10—14 ...	48		6		54	
TOTALS ...	180	0	21	2	201	2

### B.C.G. AND VOLE VACCINES TRIAL

Dr. D. N. Mitchell, the Physician in Charge reports on the local progress of the investigation which was sponsored by the Medical Research Council.

"The follow-up of the volunteers concerned continues by means of Health Visit, interim postal questionnaire and annual *x*-ray. Arrangements were made whereby a modified form of follow-up could be continued whilst volunteers served their period of National Service. The response to these various methods of follow-up continues to be satisfactory, and a full scale analysis of the results is in progress. The trial is continuing as outlined above."

### B.C.G. VACCINATION OF SCHOOL CHILDREN

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 Circular of November 1953 has continued. A designated Medical Officer from the Health Department visits all Secondary Schools in the same way that visits are now paid to the schools for the purpose of diphtheria immunization. The consent of the parents of children in the age group mentioned is sought and those children whose parents had given this consent are, first of all, given a pre-vaccination test—the Mantoux test. The negative reactors then receive B.C.G. vaccination.

#### The following Statistics Relate to B.C.G. Vaccination of School Children during the Year

Number of schools	...	...	...	...	...	...	...	165
Number of visits to schools	...	...	...	...	...	...	...	372
Number of Clinics held at Public Health Department for children who were absent at times of visits to schools	...	...	...	...	...	...	...	22
Number of parents approached with offer of Mantoux Test and if necessary B.C.G. vaccination	...	...	...	...	...	...	...	16,013
Number of parents accepted	...	...	...	...	...	...	...	12,158
Number of parents refused	...	...	...	...	...	...	...	3,855

#### RESULTS OF MANTOUX TESTING PRIOR TO VACCINATION

<i>Number Positive</i>	<i>Number Negative</i>	<i>Number Vaccinated</i>
1,594	10,213	10,185

#### MANTOUX TESTING OF A SAMPLE OF CHILDREN AFTER VACCINATION

<i>Number Tested</i>	<i>Number converted</i>	<i>Number not converted</i>	<i>Number refused conversion test</i>
763	706	22	173
		(+ 35 failed for Reading)	

During the year 409 children who showed a strong positive Mantoux without B.C.G. vaccination were *x* rayed and 16 were called to the Chest Clinic for further examination. Seven were found to be suffering from tuberculosis.



### MASS RADIOGRAPHY SURVEYS

Pupils have been selected for radiographic examination in the same manner as for the last two years.

Dr. L. A. McDowell, the Medical Director, gives the following report and particulars :

" In 1956 the routine  $x$  raying of schoolchildren continued to be restricted to tuberculin positive children aged 13 and over, and children whose parents would not allow them to be tuberculin tested. The proportion of children giving a positive tuberculin reaction continued to fall, and so there were fewer children to be  $x$  rayed during the year. It was decided that, on account of the numbers involved, children giving a strongly positive reaction to the tuberculin test should be  $x$  rayed by miniature film at the Mass Radiography Centre instead of at the Chest Clinic (hypersensitive tuberculin positive children). This alteration took effect from September.

Only eight active cases of tuberculosis were discovered in the 6,394 children examined (1.2 per 1,000). This is six cases fewer compared with 1955. Three of the eight active cases were found amongst the 325 hypersensitive tuberculin positive children examined in the last quarter of the year. I expect that the results for 1957 will confirm the value of examining this particular group. The low over-all prevalence reflects the present favourable position in the City in the control of tuberculosis."

Group	Examined by Miniature Film			Large Films taken		
	Boys	Girls	Total	Boys	Girls	Total
<b>1. Tuberculin positive children and Refusers*</b>						
(a) Secondary Modern and All-age Schools... ..	1,918	2,406	4,324	35	54	89
(b) Grammar and Technical Schools ... ..	593	623	1,216	7	10	17
(c) Schools of K.E. Foundation	225	141	366	7	4	11
(d) Special Schools ... ..	100	63	163	2	1	3
<b>2. Hypersensitive tuberculin positive children†</b>						
All Schools ... ..	179	146	325	7	6	13
<b>3. Colleges of Further Education ...</b>						
Full-time students ...	428	271	699	4	—	4

## RESULTS OF THE SURVEYS

Group	Tuberculous conditions				Other Abnormalities		
	Active	Inactive			Referred to Chest Clinic or Hosp.	Referred to Doctor	No Action
	Referred to Chest Clinic or Hosp.	Referred to Chest Clinic	Reported to Doctor	No Action			
<b>1. Tuberculin positive children and Refusers*</b>							
(a) Secondary Modern and All-age Schools	3	5	7	25	5	5	6
(b) Grammar and Technical Schools	2	2	1	1	—	2	3
(c) Schools of K.E. Foundation ...	—	—	—	—	1	1	—
(d) Special Schools ...	—	—	2	1	—	1	—
<b>2. Hypersensitive tuberculin positive children†</b>							
All Schools ...	3	2	1	3	—	—	1
<b>3. College of Further Education</b>							
Full-time students	—	—	—	—	—	—	2

*Cases of Active Tuberculosis*

1 (a) Secondary Modern and All-age Schools	3	(0.7 per thousand examined)
1 (b) Grammar and Technical Schools	2	(1.6 " " " )
2. Hypersensitive tuberculin positive children	3	(9.2 " " " )

\* Refusers = children whose parents refused to allow them to be tuberculin tested.

† X-rayed at Mass Radiography Centre since September, 1956.

## CHILD GUIDANCE SERVICE

Dr. Burns, the Senior Psychiatrist, reports :

" Child Guidance Clinics have always been overburdened with cases, and it has always been a problem which is much discussed at staff meetings as to how best to deal with waiting-lists. The choice lies to some extent between having an external one—of cases referred but not yet seen—and an internal one—of cases seen and more or less diagnosed but awaiting some form of disposal or treatment.



As against the latter it is argued that if cases are seen once and then placed on a waiting-list, their expectation of having the problem dealt with at last, will be dashed, and more anxiety evoked. This implies, however, that diagnostic interviews are nothing but diagnostic, which is, of course, far from being the case—or should not be the case. At diagnostic interviews much of the anxiety and tension, in both parent and child, which are keeping the problem going round in a vicious circle, are lightened. The mysterious malady or disturbing behaviour of the child is brought into perspective and explained, the child's guilt and fear are allayed, and sometimes the case will begin to improve from that moment. In the majority of cases where further treatment is indicated, the parent and child are not just 'left in the air,' as is often assumed, if they have to wait, because they have the assurance of further help, and something to go on with. In most cases, too, the school will have been brought into the picture. In many cases, where it is not certain that intensive treatment will, in fact, be necessary, it is often useful to have a follow-up interview a few weeks after the first one, and see how the problem is developing.

Screening procedures are also important as a means of avoiding undue delay, and of giving priority to the more urgent cases. It is all too easy for a clinic to get into a routine of submitting every case to the routine of P.S.W. interview with mother, and Psychologist's testing of the child, before they cross the portals of the Psychiatrist's room. The P.S.W. is going to take the history really thoroughly or not at all—such is her training and function. The Psychologist is going to test the child in an 'objective situation' with a method which may be apparently completely remote from the child's problem. Naturally a good Psychologist will know when a child is too disturbed for routine testing, and will, to some extent, discuss the problem, or carry out other procedures according to age, and usually, therefore, no harm is done. But there are cases where the child, especially if adolescent, will think, or say: 'do you think I'm mental (or balmy)?'

There are cases, therefore, which should be seen at first interview by the Psychiatrist, who may find (a) that the problem is simple enough to be dealt with on the spot, so to speak, (b) may consider that it is a case for hospital admission to a Pediatric Unit, or (c) for further detailed investigation at the Clinic.

The plea is for more elasticity in procedure, since administrative ease may harden into routine.

As regards the type of cases referred to the Clinics on a symptomatic basis, there is not very much difference between their distribution now and what it was, say, ten years ago. The largest single category is still that of 'behaviour disorders.'

The Sources of Referral are fairly evenly balanced between the cases referred from the schools, i.e., either from S.M.O.'s at School Clinics,



or by Head Teachers, and those referred by General Practitioners, Hospitals, Probation Officers, Parents, and other sources. This is satisfactory, as indicating a wider appreciation of the service offered.

A survey undertaken by the psychologists of the Child Guidance Service in 1954, on the basis of detailed questionnaires to parents and teachers, independently, gave the startlingly high result of about 10 per cent. of children suffering from symptoms apparently serious enough to require investigation and possibly treatment along Child Guidance lines. The total figure would be such as to require an impossibly large increase in this type of Service, which is elaborate and costly. The answer must eventually lie in the increase both of prevention and of treatment of many of the less serious problems by family Doctors, School Medical Officers, and others; so that there will be a more stringent selection of cases to refer to Child Guidance Clinics and Child Psychiatry Clinics in Hospitals. To give an example: cases of simple enuresis should not reach the Child Guidance level.

Prevention or very early treatment will come from the work done at Infant Welfare Centres and Parent Guidance Clinics (which should form one Unit) and by education of parents-to-be in the simple rules of psychological child care. No less important: the education of medical students in child psychiatry, in such a manner that they may be able, as Physicians and General Practitioners of the future, to advise parents and deal with children, according to an agreed body of doctrine, and not as hitherto according to personal whim or primitive psychological ideas. The mental health of a community depends on many wider issues than the ones mentioned above, but this cannot concern us here.

The year before last saw the publication of the long-awaited report on Maladjustment and this is still being debated; its conclusions modified and amplified. Child Guidance is, therefore, at a kind of adolescent period—in a plastic stage—that new forms of it may emerge in the next few years. Those of us who have known the many frustrations of its early years, such as excessive case-loads, insufficient premises, lamentable lack of facilities for residential placement, and so on, may begin perhaps to relax a little, and to breathe an ampler air—in spite of shortages still extant.”

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

“The favourable state of full establishment with which the year began has not been maintained. For one P.S.W. resignation in May and a second in September, it has not been possible to secure replacements. Six only of the twenty sessions so lost are covered by two part-time workers. The effects of the shortage in this field are particularly severe in a Service where the emphasis, so far, has been on therapy. The problem is, of course, a national one outside of London. Whatever increase there may have been in the output of the training schools seems to have had little effect on the provinces.



It becomes increasingly evident that expansion, or even maintenance, of Child Guidance Services cannot afford to await indefinitely for adequate supplies of P.S.W. staff with which to maintain the traditional team-work approach. Such approach dies hard where staffing is fairly adequate, but in the less favoured areas efforts will be intensified to find new methods of approach to reduce the ever-increasing waiting lists. There is little doubt such efforts will be concentrated in the important and less costly field of preventive work. The way is already indicated in the routine inspections and prophylactic treatment of the School Health Services with hospital and specialist contacts where necessary.

The importance of reducing waiting time to a minimum has been underlined in this Service where, of late, a number of certain types of cases have been seen by one member of staff immediately on referral. In some such cases prompt action has effected great improvement and prevented the necessity for full-team investigation and therapy. This has happened even in cases of the difficult problem of School Phobia.

Far from causing stagnation, therefore, staffing difficulties should prove the necessary spur to the reassessment of the place of the traditional methods in Child Guidance.

The numbers referred in 1956 show an increase of 7 per cent. over the previous year and with smaller staffs than previously it was not possible to maintain completely our ideal of quick appointments. Birchfield Clinic was particularly hit by short-staffing. Only one of the seven Clinic workers is a full-time officer.

Cases referred from School Medical Officers increased by 20 per cent. and from Probation Officers by almost 50 per cent. The numbers from the latter source are still comparatively small but there seems a definite tendency by Probation Officers to increase their use of the Service. Cases referred from other sources remained steady.

The 'failure to attend' numbers remained at approximately 10 per cent.

At the end of the second year of assessments on behalf of Special Schools Department, waiting lists have been virtually disposed of. 1,500 psychological tests have been carried out in these two years.

Of those pupils examined in 1956 with a view to admission to Schools for E.S.N.s, 40 per cent. were considered of too high intelligence for such placing. This figure is 10 per cent. more than in 1955. The most probable explanation of the rise is that the disposal of accumulated waiting lists in 1955 and the consequent speeding up of the assessment procedure, has cleared the way for providing, in reasonably quick time, a specialist's report on children who are extremely backward. It is just as important for Head Teachers and Class Teachers to know that 8 year old A, who cannot read, is of average intelligence as it is to know that B, of the same age and lack of reading ability is of sub-normal intelligence.

Whatever may eventually be shown by the latest theory of lack of correlation between Attainments and Mental Age, the use of the mental levels, measured in intelligence tests, as the goal of each child's attainments has, in practice, proved useful. Hence our encouragement of Head Teachers who are in doubt about a pupil, to ask for examination.

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 ... ..	110
School Medical Officers ... ..	205
General Practitioners ... ..	68
Hospitals, etc. ... ..	23
Head Teachers ... ..	218
Probation Officers ... ..	58
Other agencies ... ..	161
	<hr/>
	843
	<hr/>

*Reasons for referral :*

Behaviour problems ... ..	356
Nervous symptoms ... ..	118
Habit disorders ... ..	109
Educational problems ... ..	95
Multiple problems ... ..	165
	<hr/>
	843
	<hr/>

On waiting list at 31.12.55 ... ..	59
	<hr/>
	902
	<hr/>

*Seen (653) :*

Accepted for regular treatment ... ..	466
Clinic diagnosis, advice and periodic supervision ... ..	187

*Not seen (249) :*

Failed to attend ... ..	87
On waiting list at 31.12.56 ... ..	162
	<hr/>
	902
	<hr/>



*Cases closed during year :*

Improved ... ..	426
Placed away from home ( <i>e.g.</i> , to Schools for Maladjusted Children) ... ..	25
Did not materialize ... ..	87
Other reasons ( <i>e.g.</i> , no improvement, no co-operation, left district, to hospital or other agencies) ... ..	43
	<hr/> 581 <hr/>

*Assessments for Special Educational Treatment (523) :*

Assessed as E.S.N. (59·65%) ... ..	312
Not E.S.N. (40·35%) ... ..	211
	<hr/> 523 <hr/>

Tested in connection with Section 57 of the Education Act, 1944	145
	<hr/> 668'' <hr/>

## INFECTIOUS DISEASES AND IMMUNIZATION AGAINST DIPHTHERIA AND POLIOMYELITIS

A new memorandum on the closure of schools and exclusion from school on account of infectious diseases was published during the year jointly by the Minister of Education and the Minister of Health. This revision, in common with previous issues, takes cognisance of the modern practice of epidemiology.

Accordingly the procedure to be followed with contacts of infectious disease is flexible. Exclusion is recommended for given types of contacts with "selective exclusion" as having the greatest value. Factors such as geographical distribution, and concentration on the earliest contacts of cases enter into this method.

Whilst modified exclusion periods have been given for cases of infection, they need not be adhered to rigidly. As a medical certificate of fitness is required, the doctor can use his discretion over the return of the child to school.

The memorandum does not recommend closure of a school, or even part of a school except in special and exceptional circumstances.

The following table shows the incidence of the more important infections occurring in school children during 1956. Figures are given for comparison with the previous year.

The School Medical Officers and nurses visit the schools for special investigations when outbreaks occur and action is taken. There is close co-operation with the Public Health Department, and where indicated, a medical officer from that department visits the schools for appropriate investigation. 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.

The welcome fall in the number of measles cases during the year illustrates the biennial periodicity beat which is characteristic of the disease.

On the other hand whooping cough which so often follows in the track of measles showed a characteristic increase.

It is most gratifying to report that no single case of diphtheria occurred during the year. Practically the same number of completed primary courses of immunization treatment were given during 1956 as during the previous year. In addition figures are given for reinforcing injections. It is important, however, to maintain the effort over immunization if eradication of diphtheria as an indigenous disease in this country is to be brought about.

#### *Vaccination against Poliomyelitis*

There was a welcome fall in the number of poliomyelitis cases, but advantage was taken of the opportunity to offer prophylactic treatment.

A limited supply of poliomyelitis vaccine was made available through the Ministry of Health, and the Ministry of Education in Administrative Memorandum No. 522, of January, 1956, which accompanied Ministry of Health Circular No. 2/56, appealed to the local education authority to co-operate with the local health authority in arrangements for giving poliomyelitis vaccine to school children.

The Education Committee agreed to co-operate fully with the Health Committee. A meeting of officers with representatives of the teachers was held when the proposed scheme was discussed. It is gratifying to note that in spite of pressure of other duties, and the help already required with the schemes for the carrying out of immunization against diphtheria and of B.C.G. vaccination against tuberculosis the teachers readily promised their assistance for this prophylactic measure.

Forms of consent to their children receiving the poliomyelitis vaccine were sent to parents of school children born between 1947 and 1954. From the acceptances, the children who were to receive the vaccine were selected on a centrally determined plan. Two injections were given to the children during the months of May and June, and by the end of the year 3,479 children had received two injections and 101 children had been given one.



## CASES OF INFECTIOUS DISEASES AMONG SCHOOL CHILDREN, 1956

<i>Disease</i>		<i>5-9 years</i>	<i>10-14 years</i>	<i>Total 1956</i>	<i>Total 1955</i>
Diphtheria	M.	—	—	—	—
	F.	—	—	—	1
Dysentery	M.	169	49	218	73
	F.	146	40	186	60
Encephalitis acute infective	M.	—	1	1	2
	F.	—	—	—	—
Encephalitis post infectious	M.	—	1	1	1
	F.	—	—	—	1
Erysipelas	M.	1	2	3	1
	F.	—	—	—	2
*Food poisoning	M.	18	8	26	48
	F.	16	11	27	42
Measles	M.	110	6	116	5541
	F.	121	4	125	5424
Meningococcal Infection	M.	10	6	16	19
	F.	3	2	5	9
Paratyphoid Fever	M.	—	—	—	3
	F.	—	1	1	2
Poliomyelitis paralytic	M.	1	—	1	15
	F.	1	—	1	10
Poliomyelitis non-paralytic	M.	—	—	—	6
	F.	—	—	—	2
Pneumonia	M.	22	10	32	52
	F.	30	6	36	42
Scarlet Fever	M.	157	28	185	315
	F.	203	25	228	292
Smallpox	M.	—	—	—	—
	F.	—	—	—	—
Tuberculosis pulmonary	M.	grouped 5-14 years	48	48	55
	F.		53	53	72
Tuberculosis non-pulmonary	M.		6	6	27
	F.		9	9	11
Typhoid Fever	M.	—	—	—	1
	F.	—	—	—	—
Whooping Cough	M.	796	31	827	437
	F.	820	28	848	557

\* There was no evidence that meals in the school canteens were involved.

## CITY OF BIRMINGHAM. DIPHTHERIA IMMUNIZATION, 1956. CHILDREN 0—15 YEARS.

<i>Year of Birth</i>	1956	1955	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	Total	Adults <i>No. of sessions</i>	
<i>PRIMARY</i>																		
Welfare Centres ...	280	2241	464	254	173	121	44	19	8	—	—	—	—	—	—	3604	—	568
Schools ...	—	—	9	63	105	1024	1002	453	137	18	5	5	13	7	5	2846	9	672
Day Nurseries ...	17	118	47	31	12	2	—	—	—	—	—	—	—	—	—	227	—	148
Institutions ...	—	22	25	18	11	16	10	6	3	3	4	6	6	6	5	141	3	62
Council House ...	25	134	22	10	5	2	2	—	1	—	—	1	1	—	—	203	—	48
General Practitioners A.P.T.	380	2852	418	166	93	71	37	10	6	4	1	3	—	—	1	4042	2	—
General Practitioners D.P.P.	628	3858	488	134	51	31	10	3	1	—	—	1	—	—	—	5205	—	—
TOTAL PRIMARY	1330	9225	1473	676	450	1267	1105	491	156	25	10	16	20	13	11	16268	14	1498
<i>REINFORCING</i>																		
Welfare Centres ...	—	—	—	—	593	1442	174	78	67	7	3	—	1	—	—	2365	—	—
Schools ...	—	—	—	—	304	3424	2569	683	316	21	18	6	5	6	5	7357	2	—
Day Nurseries ...	—	—	—	—	14	49	—	—	—	—	—	—	—	—	—	63	—	—
Institutions ...	—	—	—	—	3	15	8	5	6	2	1	2	1	5	3	51	5	—
Council House ...	—	—	—	—	16	36	7	2	—	—	—	—	—	—	—	61	—	—
General Practitioners A.P.T.	—	—	—	—	479	1919	348	57	13	10	3	9	2	4	3	2847	3	—
General Practitioners D.P.P.	—	—	—	4	97	262	47	9	3	—	—	—	—	—	—	422	—	—
TOTAL REINFORCING	—	—	—	4	1506	7147	3153	834	405	40	25	17	9	15	11	13166	10	—



## MORTALITY AMONG SCHOOL CHILDREN

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

### DEATHS OF SCHOOL CHILDREN AGED 5 TO 14 INCLUSIVE

<i>Cause</i>	<i>Male</i>	<i>Female</i>	<i>Total for year 1956</i>	<i>Total for year 1955</i>
Measles ... ..	—	—	—	2
Poliomyelitis including polio encephalitis ... ..	—	—	—	1
Acute infectious encephalitis in- cluding encephalitis lethargica ...	—	—	—	1
Meningococcal infections, including cerebrospinal fever ... ..	—	—	—	—
Tuberculosis of respiratory system	1	—	1	1
Tuberculous meningitis ... ..	—	—	—	2
Cancer ... ..	—	—	—	—
Diabetes ... ..	—	1	1	—
Rheumatic fever ... ..	—	1	1	—
Cerebral haemorrhage, etc....	—	—	—	1
Other nervous diseases and sense organs ... ..	—	—	—	5
Heart disease ... ..	2	2	4	3
Bronchitis ... ..	1	—	1	—
Pneumonia (all forms) ... ..	2	3	5	4
Other respiratory diseases ... ..	—	1	1	5
Diarrhoea and enteritis ... ..	—	—	—	—
Appendicitis ... ..	2	—	2	2
Other digestive diseases ... ..	1	—	1	2
Acute and chronic nephritis ... ..	—	2	2	2
Other genito-urinary diseases ...	1	2	3	4
Congenital debility, premature birth, malformations, etc. ... ..	1	1	2	3
Suicide ... ..	—	1	1	—
Other violence ... ..	16	4	20	25
Other causes ... ..	8	6	14	15
All causes ... ..	35	24	59	78

## DEATHS FROM ACCIDENTS OF BOYS 5—14 YEARS FOR 1956

<i>Date</i>	<i>Sex</i>	<i>Age</i>	<i>Cause of Death</i>
9th February	M.	14 years	Cerebral lacerations with fractured base of skull, sustained when he, a pedal cyclist, came into collision with a motor car. (Accidental death).
2nd January	M.	7 years	Fractured skull and severe laceration of the brain, boy pedal cyclist in collision with a motor lorry. (Accidental death).
5th May	M.	12 years	Asphyxia due to strangulation sustained when boy's head caught in loop of rope, suspended from tree whilst playing at home in garden. (Accidental death).
21st June	M.	7 years	Cerebral lacerations due to fractured base of skull sustained when he was riding a child's truck which collided with a motor lorry.
28th March	M.	11 years	Middle meningeal haemorrhage, following head injury when he fell down a bank on to roadway, and was struck by car. (Accidental death).
5th June	M.	8 years	Fractured skull and cerebral lacerations. Child pedestrian knocked down by reversing motor salvage wagon. (Accidental death).
25th May	M.	8 years	Asphyxia due to drowning. Sustained when he fell into reservoir of water whilst fishing. (Accidental death).
26th May	M.	5 years	Cerebral compression from traumatic cerebral haemorrhage sustained when his head was pierced by a dart thrown by another boy whilst playing. (Accidental death).
6th September	M.	5 years	Fractured base of skull sustained when he, a child pedestrian, was struck by a motor lorry on public road. (Accidental death).
27th August	M.	12 years	Asphyxia due to hanging. Sustained when he became suspended from a cross bar with a leather strap round his neck in toilet at home.
17th August	M.	8 years	Asphyxia due to drowning. Fell into waters of canal whilst playing. (Accidental death).
6th July	M.	7 years	Fractured skull and multiple injuries sustained when he, a pedestrian, was struck by a motor lorry. (Accidental death).
24th November	M.	5 years	Asphyxia due to coal gas poisoning. Inhaled coal gas which penetrated house from a fractured main in street. (Accidental death).
4th November	M.	10 years	Asphyxia due to hanging. Became suspended from tree with rope round his neck. (Accidental death).
28th September	M.	12 years	Fractured skull and cerebral lacerations. Fell from tree on to pavement. (Accidental death).
21st October	M.	12 years	Fractured base of skull. Derelict house collapsed on boy whilst he was playing. (Accidental death).



## DEATHS FROM ACCIDENTS OF GIRLS 5—14 YEARS, FOR 1956

<i>Date</i>	<i>Sex</i>	<i>Age</i>	<i>Cause of death</i>
8th January	F.	11 years	Cerebral laceration and intracranial haemorrhage due to head injury. Pedestrian in collision with motor car. (Accidental death).
14th January	F.	6 years	Cerebral lacerations with fractured skull. Child at play in street in collision with car. (Accidental death).
9th May	F.	8 years	Shock due to multiple injuries when she, a pedestrian, was struck by a motor lorry. (Accidental death).
26th December	F.	14 years	Fractured base of skull with cerebral lacerations. Cyclist struck by motor cycle in street. (Accidental death).

It is of some consolation to note that the overall number of deaths in this age group due to accidents has decreased this year. The wastage of precious young lives continues to give rise to much concern and the details of the causes are set out in the hope that thought is given to their prevention. There is need for making parents aware of needless dangers in the home. This is ably undertaken by the Royal Society for the Prevention of Accidents, the Birmingham Accident Prevention Council and the Birmingham Accidents Committee. It would seem that these efforts are having an effect as last year there was the melancholy report that eight girls died from home accidents—chiefly from burns.

Street accidents, however, still take their toll. Through Home and Road Safety Exhibitions, Junior Cycle Rallies, Safe Driving Competitions, "The Safety Campaigner" (the official organ of the Birmingham Accident Prevention Council), and the circulation of leaflets, and a very strong bid is being made to reduce the number of deaths and injuries resulting from accidents. Moreover, Head Teachers, some of whom are members of the Birmingham Accident Prevention Council, have for many years included road safety as part of the curriculum in schools.

It is hoped also that "Safe Cycling," published by H.M.S.O., will stimulate preventive action.

### INSTITUTE OF CHILD HEALTH

The general aims and activities of the Institute have been outlined in previous reports. More especially it may be stated that the interchange of whole-time medical officers between the School Health Service



and the Children's Hospital was continued during the year. It is a pleasure to acknowledge the help given by Professor J. M. Smellie, Professor of Child Health, in integrating the principles underlying this exchange scheme.

Some of the projects appertaining to the School Health Service in which the Institute is interested can be briefly mentioned.

During the year 316 children, of all ages, were examined in the department of electro-encephalography. The E.E.G. tracing was definitely pathological, indicative of epilepsy or organic neurological disease in 65 cases and inconclusive in 19. The work in this new department is of great importance as to diagnose (or not diagnose) a child with a history of fits described by parents but without conclusive evidence can be very detrimental to his or her welfare.

In last year's report mention was made of the investigation taking place into the intellectual progress and capacity of a group of children born prematurely in 1948-49, and who are now of school age. The Committee are co-operating with this investigation which is supervised by Professor Peel, Professor of Education, University of Birmingham. Some 200-300 children are being examined, and as no accurate assessment of the intellectual development of premature children has hitherto been carried out in this country, the detailed report which is shortly to be published, is awaited with great interest.

The necessity for the early detection of hearing defects in children as a pre-requisite to enable appropriate treatment to correct or minimise this defect is fully realised. Recently it has been decided to set up a special audiological unit within the curtilage of the Children's Hospital.

The problem of the overweight obese child occurs continuously. For many years a special weekly clinic to deal with these cases has been held at the Children's Hospital and has proved to be of great service and is well attended and in constant demand. The average weekly attendance at this clinic is 26 and during 1956 new cases accepted for treatment totalled 113. The main cause of the overweight is an excessive appetite which is a complicated and intricate problem with which to deal.

Close co-operation between the Children's Hospital, Carlson House for Spastics and the Midland Spastic Association continues. A number of children who are awaiting admission to the various schools are being treated in the physiotherapy department of the Children's Hospital. In this way their physical welfare is being cared for and deformities and bad habits are being prevented until such time as it is possible for them to be admitted and treated at the various schools.



## 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 wide range of facilities for indoor and outdoor physical education. It is to be regretted, therefore, that while numbers of teachers avail themselves of the courses in physical education there are insufficient trained teachers at present to meet the needs of the scholars.

Miss A. Thorpe and Mr. J. F. McCarthy, Organising Inspectors of Physical Education, report :

“ The increasing demand from schools for additional facilities for Physical Education makes it safe to say that this subject continues to play an extensive and important part in the general education of the City's boys and girls. Unfortunately, it is not always possible to satisfy every demand, there are always limiting factors, but during the past year progress has again been made towards the provision of satisfactory standards in certain of the requirements necessary to enable teachers to pursue their proper aims in Physical Education.

At present, arrangements are made in all schools for pupils to take part in indoor and playground lessons, in major and minor games, athletics and swimming, while in some schools, activities like camping, canoeing and youth hostelling have been taken up with considerable success. In fact, it is becoming more noticeable that the trend is towards a wider programme in Physical Education, and there is increasing evidence of interest in such activities as cycling, hill walking, climbing and sailing. If this trend continues, then quite obviously the school timetable will be quite incapable of containing such a programme within its limits and many activities will have to take place out of school hours. Games and Athletics Competitions have been organised in this way for many years and the teachers who have made the arrangements, coached the pupils and supervised them, have been most unselfish with their time and energy. The wider programme of activities, which we have referred to, now makes further demands on teachers' voluntary service to which they are already responding in the most commendable way and pupils are being presented with new opportunities to enrich their experience, acquire technical skill and to develop their appreciation of sound values.



PHYSICAL EDUCATION COURSES—1ST JANUARY—31ST DECEMBER,  
1956

<i>Name of Course</i>	<i>From</i>	<i>To</i>	<i>No. of sessions</i>	<i>Class hours</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>Student hours</i>
Irish Dance, Jigs and Reels (intermediate) for men and women teachers	22.3.56	24.3.56	5	10	10	27	37	289
Advanced course in Sword and Morris Dancing for men teachers	18.10.55	27.3.56	12	18	18	—	18	207
P.E. for men teachers in secondary schools	6.2.56	19.3.56	12	26	13	—	13	317
P.E. for men teachers in junior schools	6.2.56	19.3.56	12	26	29	—	29	619
Athletics for women teachers. Track Events	13.2.56	12.3.56	6	12	—	20	20	156
Athletics for women teachers. Field Events	15.2.56	9.5.56	6	14	—	15	15	148
Swimming for women teachers	13.2.56	14.3.56	8	16	—	35	35	434
Swimming for men teachers of beginners	24.4.56	31.5.56	8	12	28	—	28	284
Association football coaching. Men teachers	7.5.56	25.6.56	6	9	32	—	32	249
Games for teachers of girls, 7—11	25.9.56	4.10.56	4	4	—	48	48	161
P.E. for men teachers in Secondary Schools	26.9.56	28.11.56	10	20	30	—	30	512
Umpiring and Coaching for women teachers (netball)	2.10.56	20.11.56	8	12	—	28	28	237
Gymnastics for women teachers with a basic College Course	4.10.56	13.12.56	10	15	—	25	25	234
Basic dance for men and women teachers of children 7—11 yrs.	10.10.56	14.11.56	6	9	20	21	41	313
P.E. for women teachers of children 5—7 years	15.10.56	26.11.56	6	9	—	43	43	360
Soccer Refereeing for men teachers	6.11.56	11.12.56	6	6	50	—	50	255
TOTALS			125	218	230	262	492	4775



### **Teachers' Courses**

The Education Committee is assisting in the development of this wider programme in various ways, particularly by providing Teachers' Courses. Throughout the year under review, the Authority provided sixteen Physical Education Courses of various types. Teachers' courses have been an outstanding feature of the Authority's work for many years, but we must now anticipate an even more pressing need for courses dealing with outdoor recreative activities. Not all teachers have knowledge of some of the activities which may reasonably come within the Physical Education programme, but many have a keen interest and desire to know more of them.

### **Playing Fields**

#### **(a) Facilities**

During last year, to the existing 710 acres, 8 playing fields totalling some 70 acres were added. Although this is a welcome addition to the playing field requirements for the City, there is still a great need for games space for Birmingham schools and particularly those schools in the central area.

In the winter season, some pitches are used as many as 25 times per week, in school time ; in addition there is considerable out of school use of these pitches. In spite of this heavy load, the fields are kept in good condition. The development of existing fields continues steadily and the erection of new pavilions and the repair of old ones, the construction of proper jumping pits and the provision of tennis courts and concrete cricket practice wickets help to meet the demand for necessary facilities.

#### **(b) Transport**

The communal use of playing fields by schools requires considerable transport arrangements to convey pupils who are more than one mile from the field. All types of schools benefit by this arrangement. Although there are 137 shuttle services per week, this is inadequate to enable all pupils to have a weekly period on a field, and only represents 50 per cent. of the present provision.

### **Swimming**

In 1956, provision was made for 49,959 classes to attend the Baths and during the year over 688,000 attendances were recorded. The swimming improvement is reflected in the high standard to be seen at the schools' swimming galas and in the success of so many more children in gaining free passes, 10,083 of which were granted during the year.

The number of swimming baths in the City has not changed since the war. The growing number of schools on the other hand has created an increased demand for time at the Baths, which cannot be met until new baths are built.



## Camping

A number of Modern Schools have a regular camp each year, some in term time and some during holidays at various sites throughout the country. A limited amount of camping equipment is available on loan from the Committee and this is well used during the season. There is need for increased provision for Camping to meet the growing demand from schools, including a greater variety of equipment and also possibly the provision by the Education Committee of a camp site."

## CAMP SCHOOLS

During the year 1956 approximately 1,266 children have visited the three Camp Schools, at Stansfeld, Oxford ; Bell Heath, Romsley ; and Bockleton, near Tenbury Wells.

It has not been possible to utilise the Camp Schools to their fullest extent owing to staffing difficulties, and the fact that Bell Heath has been without any resident teaching staff during the whole year. It was, however, possible to send several parties there under the supervision of the staff and their wives from their own schools.

All children have been medically inspected before going to the Camps and very little illness has been reported during their visits.

During the August holidays camps were held both at Stansfeld and Bell Heath by voluntary workers for children from two church clubs.

From the letters and reports received in this office it is very apparent that the Camps are greatly appreciated by the teaching staff and parents who say that these visits to the Camp Schools are very beneficial to the children, both in mind and body.

## WOOD END HALL HOSTEL

Dr. Lemin reports :

" This hostel, which provides the children of families living and working on the canals with an opportunity to obtain consistent education has been supervised medically again during the past year. As on previous occasions, the examinations have taken place at the beginning, the middle and the end of each term. The inspection of the children is conducted at the hostel so that the various people responsible for the welfare of these children may be present and an opportunity for discussion is given, between the Matron, School Health Visitor, Youth Employment Officer and the Medical Officer. These discussions naturally include any problems that arise, either in the hostel or in school, that may have any bearing on the welfare of the children. For example, such points as diet, the effect of school on the new-comers and the adapting of new-comers to the life of the hostel. This last factor is quite a large one as there is a marked change in the order of life from living on a water-way to the communal life of the hostel. It is gratifying to note that at a recent examination the welding of the children and the hostel into one satisfactory and happy community was particularly noticeable.



During the first term in this year there were 27 children. This was increased to 29 children during the remainder of the year. The health of the children has not caused any undue anxiety. At the beginning of the year there was a mild outbreak of chickenpox but there has been no further infectious diseases since. One child was admitted to hospital for removal of his appendix and one child was admitted to hospital with acute otitis media. I am glad to be able to report that these children were sent away for convalescent treatment on their discharge. Thanks are due to Dr. Goldman who has kept the children under observation if any medical treatment has been required. Such defects as were found during the inspection, vision, teeth or orthopaedic treatment were referred to the clinic for appropriate treatment. Each child admitted to the hostel has been x rayed and has had a diphtheria inoculation where this was omitted in early life.

Observing the progress of the children during their stay in the hostel there was no doubt in my mind that hostels of this type can fulfil a very necessary and useful function in the life of the community."

### CONVALESCENT TREATMENT

Convalescence is an important aspect of complete treatment and the need for convalescence for children recovering from illness is stressed by pædiatricians.

Accordingly it is a pleasure to report that the Committee under the scheme was able to send 228 children to convalescent homes. Full payment was not made for all, as in several cases, some contributions were made by a voluntary fund.

### NURSERY SCHOOLS AND CLASSES

Number of Schools, 24.

No. of classes attached to primary schools, 35.

Dr. Lemin reports :

" A number of nursery schools and classes have been visited throughout the year, in company with Mrs. Ashworth, Deputy Superintendent School Nurse. In addition to the routine visits which have been paid, special visits have been undertaken where necessary, such as on the incidence of an infectious condition, for example, enteritis. The arrangement that immediate notification of any such outbreak should be reported to the office has been continued satisfactorily from last year. Generally speaking such incidence has not been great, and by careful hygiene and assiduous following up of the cases the condition has been kept under control. Where necessary the Public Health Department and ourselves have formed a most satisfactory working party. During each visit a very wide range of subjects have been discussed, the children being watched at play, at their general activities, and at meals. The impression left with us this year is that the nursery children in general appear to benefit greatly from their stay in the nursery and are in the main healthy



and content, adjusting themselves to the early start of life with others of their own age from many and various types of families."

### THE DODFORD NURSERY CHILDREN'S HOLIDAY FARM

A wider range of children stayed at the Farm during the year. Dr. Beaumont, who continues to act as Chairman of the Committee of Management, writes :

" 173 children from Nursery Schools and Classes, including a group from the Grantham Yorke E.S.N. School, stayed six or seven days at ' The Farm.' Eleven Brownies with their Leaders spent a week there in August. This total number is less than last year because of the reduction in the number of Staff in the Nurseries, so that three Schools were unable to pay their accustomed visit.

115 went for a day's outing. All the children benefited by their holiday, and it is very sad that some of the children who live in the inner ring of the City, and therefore need the holiday more than some of the others, were unable to get that holiday.

Children who are often shy or difficult at home, or in the Nursery, rarely present any difficulty while at ' The Farm.'

Plenty of space, fresh air, good food well planned, and a bed to each child, makes a wonderful difference even in a week.

To fill the vacant weeks, older children were sent to ' The Farm.' The girls were chosen by their teacher or sent through the Child Guidance Clinic. Four of them stayed two weeks in August and had a very happy holiday. Their parents paid what they could, and in two cases the remainder of the cost of their stay was covered by a grant from The Hadley Holiday Homes Children's Trust.

Some children went with their mothers, and were referred to us through various agencies.

One small boy had been in hospital for three months, and was waiting for a vacancy at The Princess Alice's Orphanage, so was sent to ' The Farm ' for five weeks. He was 12 years old.

Other boys who needed a holiday and could not be sent elsewhere because of enuresis, stayed at ' The Farm ' and had only occasional wet beds. They, too, had a very happy time.

At Christmas, four children were sent for two weeks by The Family Service Unit, and had a wonderful time. The Headmistress of two of the girls commented on the improvement in their behaviour and asked if they could go again the following Christmas.

' The Farm ' fills a real need for these children who need help and we shall be glad when we are better known so that we shall not have so many ' empty ' weeks.

We are fortunate in having Mrs. Collins, our housekeeper-cook, who has such a great understanding of children. So far there has been no real difficulty with these children.



Before ending this report, a great tribute must be paid to the Staff who go with the children. They work unceasingly, and it is no holiday for them. Without them, there would not be a holiday farm."

Report from Dr. Mundy, Bromsgrove, 1956.

"I have pleasure in reporting on our medical work at the Dodford Nursery Children's Holiday Farm for the past year. The main point is that there has been very little call upon our time and we can therefore say that the health of the children has been good. We have seen a few minor complaints and dealt with them. If, however, any infectious or contagious condition arises there are no facilities for dealing with them at 'The Farm,' and it is then necessary for us to send the child home. I suppose and hope that each child is looked at by a doctor before it comes out here to prevent infection spreading, and to avoid having a child sent straight back, and thus spoil its holiday.

I think that things are running very smoothly at Dodford as far as our side of the matter is concerned."

Dr. Beaumont's note :

"All children are seen by a school nurse on the morning of departure at school. If necessary, the child is referred to a doctor. There is an isolation room at 'The Farm' where a child can be isolated temporarily.

Dr. Mundy and his partners saw three cases during the year. One child had shingles and the other two had 'spots.' One of these was sent home. Another child had otitis media and was taken to the surgery and given suitable treatment. Each child came from a different school. There has been very little infectious disease this year. Several schools asked the Local Health Visitor, Mrs. Walls, for help, and she gave this very willingly."

## REPORT ON THE WORK OF THE SCHOOL NURSING STAFF

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

"The nursing strength has fluctuated and remained well below establishment throughout the past year. This shortage of staff is reflected in certain aspects of the work, again chiefly in follow-up, home visiting, health education, and in work with problem families and families with problems. The staff time consumed by the last category is considerable, not only in actual contact with the families themselves but in liaison with workers in other departments and voluntary organisations. There is still much to be done in this field and the school health visitor needs to be a woman of quality and firmness with a wealth of experience and depth of sympathy which is not always easy to obtain.



### **At Medical Inspection**

Assistance at Medical Inspection and consultation has been given to the school medical officers much as in previous years both in schools and in clinics, the only development being the testing of visual acuity with some of the children before the actual day of the school medical inspection. This is done by the nurses in the case of all infant children, in other age groups where the children are backward or testing conditions are impossible on the day of inspection, and in all schools where more time is likely to be spent with the mothers or much follow-up is to be done at the inspection.

As more staff is available and establishment is reached it may be desirable to extend this practice to allow the nurses more time for the essential contact with parents and teachers, which is so valuable for all the children, especially those with particular difficulties, mental or physical defects or poor home backgrounds. The presence of the school nurse at medical inspections also enables her to bring forward to the school medical officer in consultation with the teachers, children who were not satisfactory at her various surveys.

### **Follow-up and Home Visiting**

The individual follow up of all children with defects has been carried out, in conjunction with the medical officers, at schools, in clinics and in the course of home visiting. Nurses' follow-up visits to children in school for all purposes except verminous conditions amounted to 8,252 examinations during the year. Of this total there were 4,391 children found to have been satisfactorily dealt with, 2,464 kept under further observation and 1,397 referred back to the school medical officers.

The re-examination of medical defects is essentially the doctor's responsibility; the nurses' part in this is to bring the children forward to be seen again at appropriate intervals, unless satisfactorily treated by the family doctor or the hospital. In some cases, where the doctor's load is not too heavy, this follow-up work is done by both doctor and nurse together, but where the medical officers' time is governed by load, the school nurse can save a great deal of the doctor's time by this referral system. For this reason the work from area to area of the city, and the follow-up figures sent in by the nurses, may vary from year to year. Where there is any shortage of school nursing (or medical) staff follow-up is usually the first casualty.

The home visiting which arises from follow-up work in schools and clinics tends to fluctuate accordingly. The differential table given below shows the purposes for which the homes of the children were visited by the school nurses during the year.



Neglect and verminous conditions	...	...	...	...	...	...	...	870
Infectious diseases	...	...	...	...	...	...	...	77
Orthopaedic defects	...	...	...	...	...	...	...	72
E.N.T. defects	...	...	...	...	...	...	...	199
Visual defects	...	...	...	...	...	...	...	502
Behaviour difficulties	...	...	...	...	...	...	...	65
Environmental conditions	...	...	...	...	...	...	...	111
Health and Development Survey	...	...	...	...	...	...	...	37
Asthma, heart and chest conditions	...	...	...	...	...	...	...	433
Other conditions	...	...	...	...	...	...	...	228
No access (all categories)	...	...	...	...	...	...	...	563
Total number of home visits	...	...	...	...	...	...	...	<u>3,067</u>

It may be noticed that the highest proportion of home visits are still made for child neglect and verminous conditions. The actual figures, 870 effective visits and 217 visits where the parents were not at home, constitute well over one-third of the total number of home visits.

### Nursery Schools and Classes

Very little change has taken place in the work of the school nurse with the nursery school children recently. During the year under review the nurses have interviewed 3,072 mothers in the nursery schools and classes (excluding attendance at medical inspection), mostly before or at the time the children are admitted. They have also made a total of 237 home visits in the course of follow-up of defects in the nursery age group. This home and school contact with the mothers in the informal atmosphere of the nursery is of great value to the nursery school, and to the nurse herself when she deals with the children later in the primary and secondary schools. During the course of the year's work 302 children were referred by the nurses to the medical officers.

### Vision Survey

The school nurses have conducted vision surveys for children outside the medical inspection age ranges in most junior and some secondary age groups. Approximately 60 per cent. of the children in the requisite age groups are tested annually leaving a residue of 40 per cent. who are tested at less regular intervals.

On the whole the children in the junior schools and the 5-6 age group are satisfactorily covered by this survey.

A total number of 44,465 children were tested during the year. Analysis of this figure shows :—

Children with normal vision	...	...	...	...	...	...	35,689
Children already wearing glasses	...	...	...	...	...	...	3,703
Children referred to Medical Officers and Ophthalmologists	...	...	...	...	...	...	2,216
Children to be re-tested later by the nurses	...	...	...	...	...	...	2,856

The last category is made up of children with a slight loss of visual acuity and no other symptom.



## Nurses' General Survey

General surveys of all school children have been carried out by the nurses, at slightly less frequent intervals in some areas, as a check on deviations from normal standards of health, well being, personal hygiene and parental care. A total of 267,378 examinations were made on these occasions and 3,018 children were referred to the school medical officers for advice.

The importance, frequency, and conduct of health and hygiene surveys has been discussed in previous reports but it is evident that their value among infant and junior groups, inner ring schools, and any area where there is a moving population, still cannot be rated too highly. A large proportion of home visiting takes place after each survey in the inner ring schools, and where a school nurse is overloaded and cannot carry out surveys with sufficient frequency, a cleanliness inspection by a nursing assistant may be substituted, occasionally or at alternate intervals, to ensure there is no retrogression in standards of personal hygiene.

## The Cleanliness Campaign

A vigorous campaign to maintain reasonable standards of cleanliness among the school children necessitates close co-operation between parents, teachers, school nurses and nursing assistants.

It will be seen from the following statistics that the incidence of pediculosis capitis remains fairly constant, although the degree of infestation is very much less in recent years.

	1956	1955	1954	1953	1952
Infestation rate (per cent.) ...	8.5	7.8	8.6	7.7	9.3
Number of children cleansed on statutory cleansing orders	1,717	1,655	2,067	1,771	2,010
Total number of statutory cleansings ... ..	2,260	2,171	2,756	2,251	2,385
Cleansing demonstrations to mothers ... ..	508	458	423	443	394
Prosecutions under Section 54	22	21	37	21	36
No. of families involved ...	20	20	33	17	25

Every effort has been made to reduce these figures during the past year, chiefly by personal contact with the parents and by practical help. The number of home visits made by the nurses for verminous conditions were the highest ever recorded and the number of cleansing demonstrations to mothers in the clinics has increased steadily from 39 in 1950 to 508 in 1956, involving the voluntary cleansing of 1,361 children. The



re-examination of children found verminous and the statutory cleansing of recalcitrant cases has been carried out by the nursing assistants who have also made 57,237 examinations at cleanliness inspections in areas where these were found to be necessary. The failure to effect any appreciative improvement in the overall picture may be due, in part, to less frequent inspections owing to shortage of staff, and in part to the large number of mothers who go out to work.

The four bathing centres in the central area clinics have made a notable contribution, in past years, to the cleanliness campaign, quite apart from their function in the treatment of scabies. During 1956 more than half the total number of demonstrations have been carried out in these four clinics, 1,165 baths have been given for uncleanliness alone, and 24 families who are socially handicapped, involving the regular attendance of 76 children, have been helped. This particular aspect of the work is hard, unspectacular, sometimes frustrating, but always rewarding in the satisfaction felt by the staff who have helped, and grown to know so many of the children and their families in times of stress and hardship. Sometimes this help is short term but for some families may go on for years.

### **Specialist Work**

School health visitors having special interest and experience are working among the handicapped children and the children attending the asthma clinic and their work is mentioned in other parts of the report.

As part of the asthma follow-up, 468 home visits were paid by the school health visitor concerned. Of this number, 116 were primary visits, 243 re-visits, 46 part of a special survey, and 63 were wasted because the parents were not at home.

The school health visitors and school nurses specialising in the work with handicapped child in special schools and occupation centres made 128 home visits for various reasons, 20 of which gave no access because the parents were out.

The aural clinic and audiometric survey, both of which are discussed in another part of the report are staffed by nurses with special experience who have been doing this work for several years. The follow-up and home visiting from all the ear, nose and throat work is carried out by the nurse for the school which the child attends, who maintains contact with the aural clinic.

A school nurse in the central office is concerned entirely with the needs of the persistently verminous children, deployment of nursing assistants for cleansing and demonstration sessions which are different each day, and to form the necessary liaison between school nurses and other workers and agencies concerned with problem families.



### **Clinic Superintendents**

I think this development calls for honourable mention although it has only such short history. There is already an indication of the stabilising effect a leader of the local nursing team can have on the work and on the staff in areas where newly qualified health visitors are employed and where the requirements of the students are a regular feature of the work.

### **Post Graduate Training and Refresher Courses**

Two school nurses successfully completed the health visitors' course and obtained the Health Visitors' Certificate and two more were enrolled in the course commencing in September, 1956.

Six school nurses attended recognised post certificate refresher courses, two nurses going to each of the Summer, Autumn and Winter Schools.

All nursing staff have given the usual practical help to post certificate students and visiting colleagues.

### **Health Education**

More and more time is being spent by the school nurses in health teaching to groups of school children, chiefly on the topic of personal hygiene. The staff shortage continues to hamper the development of this side of the school health visitors' work, but there is every indication that there is much work of this kind to be done when availability of suitable staff enables us to follow up opportunities which are constantly presenting themselves.

In closing I should like to acknowledge all the co-operation given and the work done by all those, both inside and outside the Service, whose interest in the well-being, care and health of the children means so much to the school nursing staff."

### **SUITABILITY FOR FUTURE EMPLOYMENT**

The School Medical Officers have continued to take their part in vocational guidance when they examine the school leavers. There is also collaboration with the Youth Employment Officers over particular cases who have left school and with the approved Factory Doctors.

Furthermore, in accordance with the Ministry's Circular 249, the School Medical Officers have examined the candidates for admission to a training college, and intending teachers other than those who were examined on the completion of the approved course of training before entering into the teaching profession. The number of training college entrants has shown a moderate increase this year but the number of "intending teachers" has again risen considerably.



Fourteen candidates were referred for specialist opinion and recommendation in accordance with the Committee's Scheme and in each case the co-operation and advice of the candidate's medical practitioner was sought prior to reference to the specialist.

The Ministry of Education issued Addendum No. 2 to Circular 249 in October, 1956. This modified the advice contained in the Notes of Guidance on Medical Standards attached to that Circular which relates to pulmonary tuberculosis.

Medical examination of entrants to Training Colleges and of intending teachers :

	1954	1955	1956
Training College Candidates ... ..	322	317	354
Intending Teachers ... ..	131	182	279
	<hr/>	<hr/>	<hr/>
	453	499	633
	<hr/>	<hr/>	<hr/>

In addition 38 candidates were examined for other authorities and 43 candidates were examined for the College of Art at the end of the approved course.

### HEALTH EDUCATION

The School Nurses are now taking an active part in the arrangements for Health Education in the schools.

In addition the following activities have taken place during the year.

The School 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 continue to be welcomed as they afford occasions for reinforcing the impressions made at the periodic medical inspections and for discussing problems by the parents.

Lectures and demonstrations have been given in connection with the training course for staffs of children's homes, for the Child Care Course, for student health visitors, for teachers' training courses at the City Training College and at Westhill College, for teachers taking the Birmingham University course for the certificate in the teaching of educationally sub-normal children, for the staff of the Home Nursing Service, to the student nurses at Selly Oak and St. Chad's Hospitals, to a group of students from the Selly Oak Training College studying Social Science, to students at Birmingham University taking the Social Science course, to students at the Physical Education Department, Birmingham University, to students at the Bletchley Park Training College, to a Wesley Guild, to a group of German Headmasters, to groups at Winson Green Prison, to a research worker in the Netherlands Institute of Preventive Medicine,



to a doctor from Egypt under the auspices of the World Health Organisation, to a Medical Officer from Northern Germany, to a School Medical Officer from Sweden, to a Public Health Nurse from Jamaica, to an Australian Public Health Nurse on a study tour, to a member of the Home Department, West Bengal under the auspices of the British Council, and to a German medical student writing a thesis on open-air schools. It is of some interest to note in connection with this German visitor that the open-air school originated in Germany!

### EMPLOYMENT OF SCHOOL CHILDREN AND YOUNG PERSONS

Dr. Lemin writes :

" During the year 1956 fifty-one children were found to be unfit for part-time employment, either temporarily or permanently, out of 9,852 examined in accordance with the Bye-Laws. Of these, six were found to be suffering from epilepsy, six had some form of injury; three being broken arms, one fractured left wrist, one broken leg and one injured leg. Some twelve children were suffering from acute infections of which four were feverish colds, two were ring-worm, one had impetigo, three had infected mouths, one had a synovitis of the knee and one had tonsillitis. Eight were suffering from some chronic condition; of which three were recovering from tuberculosis infection, one had osteochondritis of the spine, one had asthma, two were suffering from rheumatism and one was recovering from pneumonia. Nineteen children were of such poor physique as to make it unwise for them to pursue the additional responsibility of part-time employment. Later on seven of these children were re-examined and found to have improved so much that they could take on some form of part-time employment. Two children of the fifty-one were brought forward in relation to pantomime licences. Their general condition, however, was so unsatisfactory as to make it impossible for them to undertake so arduous a procedure."

#### MISCELLANEOUS

##### *Special Examinations :*

Examinations of manual staff in accordance with the Corporation's	
Sickness and Accident Scheme	1,260
Examination of other adult employees of the Education Committee	114

### 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 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 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 to Pearson's Fresh Air Fund for their help in providing outings and holidays for Birmingham children. From Special Schools for handicapped children, and from the Occupation Centres, 391 partially-sighted, sub-normal, crippled or delicate children, had a day outing at Manor Farm, and 483 children were taken for outings to Wicksteed Park and Colwyn Bay. 74 boys had camping holidays for a week at Wye Forest and Exmouth, and 24 little girls and boys had a week at St. Oswald's Camp.

## HANDICAPPED CHILDREN

The continued care which is given to this group of children is described in the introductory letter and in the pages which follow in this section.

During the year the Ministry have called the attention of local education authorities to various aspects of the problems relating to these children and to the help which can be given.

In Circular 300 (March, 1956), "Special educational treatment for physically handicapped children" the Minister offers guidance on various aspects in the light of post-war developments.



Quite rightly emphasis is made at the beginning of the Circular on the need for early ascertainment of these children. Here in Birmingham most of the information is obtained through the Child Welfare Department, but the Education Welfare Officers, Consultants at the hospital, General Practitioners and Almoners also refer these children to the Education Authority. There is already the requirement that hospitals should notify the School Medical Officer of all discharges and where this is carried out, the physically handicapped child can be specially noted.

Reference is made to the desirability of regional planning. As mentioned elsewhere in this report, the West Midlands Conference on Special Educational Treatment has been meeting regularly with this aim in view.

Vocational guidance when the child approaches school leaving age is of special importance in these cases. The recommendation that there should be early and close co-operation between teacher, Youth Employment Officers and School Medical Officers, regarding the placement in industry or the suitability for further education and training, is carried out locally. Attention is drawn to the Central Youth Employment Executive Memorandum No. 18, "The Youth Employment Service and Handicapped Young People" which was issued in August, 1954 and explains fully the advisability of these conferences.

The relaxation of the requirements that a class of physically handicapped should consist of twenty children, where all or many of the children are severely handicapped, is emphasised by the Minister. Where these children need a great deal of individual attention classes should be smaller.

Authorities are reminded that home tuition should be adapted to the needs and circumstances of the individual child and that speech therapy and physiotherapy should be provided where required.

From these considerations and other features of the Circular it is felt that the Ministry have taken a broad view and shown considerable insight into the physical, educational and therapeutic needs of these children.

Administrative Memorandum No. 527 (March, 1956), calls attention to the Lord Mayor Treloar College, Froyle, near Alton, Hants. The Trustees of the College were to open in September, 1956 a special school which would make provision for able and gifted physically handicapped boys. This will cater for the small proportion of physically handicapped boys who are unable to attend ordinary grammar schools even with special arrangements. Boys will be admitted at any time from the age of eleven.

Circular 312 (September, 1956), "The Education of Patients in Hospital" deals mainly with education provided for children in hospitals.



The importance of primary and secondary education in hospital is stressed and in the accompanying memorandum of the Ministry of Health, hospital authorities are asked to notify the local education authority of the presence in hospital of any child of school age who is likely to remain there for a substantial period and to be medically fit to receive education.

It was felt that the Education Committee was already acting in the terms of the Circular except for one point. Very good co-operation between the Authority and the hospitals, at all of which teaching facilities had been provided at some time or other, existed. It would seem, however, that no formal request had been made to Hospital Almoners for information regarding child patients for whom educational provision would be desirable. Accordingly, the Committee agreed that a letter should be sent to the various Hospital Management Committees requesting that particulars be forwarded of any child likely to remain in hospital for six weeks or more for whom education should be provided.

The interest in the welfare of epileptics has been stimulated by the report of the Central Health Services Council's Special Sub-Committee on their medical care in June, 1956. It is a comprehensive report dealing with the medical, social and economic problems affecting epileptics as well as such aspects as facilities for hospital treatment, education and employment. This follows on an earlier report to the Minister of Health on the special welfare needs of epileptics by a Committee of the Advisory Council on the Welfare of Handicapped Persons in 1953, and in general supports the recommendations made in this earlier report. A circular has also been sent by the Minister of Health to hospital authorities embodying the recommendations of the Special Sub-Committee concerning the provision of centres for the treatment of epileptics.

Locally, full consideration is given to this group of handicapped children. It will be recalled that Dr. Halstead, Psychologist, reported last year on a survey of epilepsy which he carried out over several years. The aim of the investigation was two-fold. Firstly an attempt was made to locate all children of school age in Birmingham who were known or were suspected to suffer from epilepsy. This scrutiny has continued and in accordance with the report of the Sub-Committee the sufferers are encouraged to receive treatment and to follow the medical advice which they are given. There is still, unfortunately, the need to persuade parents not to accept epileptic fits as inevitable but to carry out medical treatment regularly.

The Sub-Committee recommend that children suffering from epilepsy should, as far as possible, be educated at ordinary schools. This is the policy in Birmingham and the second aim of Dr. Halstead's research project was to compare epileptic children with a matched central group in a wide range of activities, both academic and non-academic.



BIRMINGHAM CHILDREN ON REGISTERS OF SPECIAL SCHOOLS  
MAINTAINED BY THE AUTHORITY AS AT 1st DECEMBER, 1956.

**Educationally Sub-normal Children**

*Residential :*

St. Francis (Boys and Girls) ... ..	85
Springfield House (Girls) ... ..	58
Astley Hall (Boys and Girls) ... ..	49

*Day :*

Collingwood Senior Girls, Junior Mixed ... ..	175
Amblecote Senior Girls, Junior Mixed ... ..	145
Grantham Yorke Senior Boys, Junior Mixed ... ..	146
The Hamilton, Senior Boys, Junior Mixed ... ..	130
Hallmoor Senior Mixed ... ..	122
Hallmoor Junior Mixed ... ..	69
Pinsent, Senior Boys, Junior Mixed ... ..	103
Calthorpe, Senior Boys, Junior Mixed ... ..	158

**Deaf and Partially Deaf Children—Day Schools**

Braidwood School for the Deaf, Mixed ... ..	74
Longwill School for the Deaf, Mixed ... ..	104

**Partially Sighted Children—Day Schools**

George Auden School for P.S. Children—Mixed ... ..	41
Whitehead Road School for P.S. Children—Mixed ... ..	44

**Delicate Children**

*Residential Open-Air Schools :*

Cropwood (Girls) ... ..	79
Hunter's Hill (Boys) ... ..	122
Haseley Hall (Junior Boys) ... ..	40

*Day Open-Air Schools :*

Marsh Hill (Mixed) ... ..	183
Uffculme (Mixed) ... ..	120

**Physically Handicapped Children**

*Residential :*

Baskerville (Mixed) ... ..	37
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*Day :*

Wilson Stuart (Mixed) ... ..	157
Victoria (Mixed) ... ..	142



**Hospital Special Schools***Orthopaedic :*

Forelands, Bromsgrove (Mixed)	...	...	...	...	50
Woodlands, Northfield (Mixed)	...	...	...	...	49

*Sanatorium :*

Yardley Green, Little Bromwich (Mixed)	...	...	...	44
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**Handicapped Pupils Boarded in Hostels maintained by the Education Authority**

Wake Green Hostel	...	...	...	...	12
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EXTRA DISTRICT CHILDREN ATTENDING BIRMINGHAM  
SCHOOLS AS AT 1st DECEMBER, 1956

**Educationally Sub-normal Children**

St. Francis Residential School	...	...	...	...	224
Hallmoor Senior Day School	...	...	...	...	1
The Calthorpe Day School	...	...	...	...	1
The Grantham Yorke Day School	...	...	...	...	1
The Hamilton Day School	...	...	...	...	1

**Deaf and Partially Deaf Children**

The Braidwood Day School for the Deaf	...	...	...	30
The Longwill Day School for the Deaf	...	...	...	16

**Partially Sighted Children**

The George Auden School for P.S. Children	...	...	...	9
Whitehead Road School for P.S. Children	...	...	...	7

**Physically Handicapped Children**

Baskerville Residential P.H. School	...	...	...	16
The Wilson Stuart Day P.H. School	...	...	...	5
The Victoria Day P.H. School	...	...	...	3

**Delicate Children**

Cropwood Residential Open-Air School	...	...	...	1
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**Hospital Special Schools***Orthopaedic :*

Woodlands	...	...	...	...	54
Forelands	...	...	...	...	51

*Sanatorium :*

Yardley Green, Little Bromwich	...	...	...	13
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**Deaf and Partially Deaf Pupils**

Birmingham Royal School for the Deaf	...	...	...	...	5
Mary Hare Grammar School for the Deaf	...	...	...	...	7
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
Needwood School for the Partially Deaf.	...	...	...	...	3
Burwood Park, Sec. (Tech.) School for Deaf, Surrey	...	...	...	...	1
Royal School for the Deaf and Dumb, Margate	...	...	...	...	1

**Epileptic Pupils**

Lingfield Epileptic Colony, Surrey	...	...	...	...	26
Chalfont St. Peter's, Bucks.	...	...	...	...	1
St. Elizabeth's School, Much Hadham, Herts.	...	...	...	...	1
Soss Moss Residential Epileptic, Manchester	...	...	...	...	1

**Physically Handicapped Pupils**

Ian Tetley Memorial Home, Harrogate, Yorks	...	...	...	...	1
Tudor Grange School, Solihull	...	...	...	...	2
Hinwick Hall School for Crippled Children	...	...	...	...	1
Burton Hill House School for Crippled Girls	...	...	...	...	1
Derwen Cripples' Training College	...	...	...	...	1
Halliwick Cripples' School, Winchmore Hill, London	...	...	...	...	1
Chipping Norton National Children's Home	...	...	...	...	3
Victoria Home (Bournemouth)	...	...	...	...	1
"Warlies," Waltham Abbey (Dr. Barnardo's)	...	...	...	...	2
Barkingside Village Home, Essex	...	...	...	...	1
Lord Mayor's Treloar's College	...	...	...	...	1
Barleythorpe Hall, Rutlandshire	...	...	...	...	1
Warwickshire Orthopaedic (Hospital School)	...	...	...	...	48

**Spastic Pupils**

Carlson House	...	...	...	...	34
Talbot House, Glossop, Derbyshire	...	...	...	...	2
Wilfred Pickles School, Tixover Grange, Duddington	...	...	...	...	1

**Delicate Pupils**

St. Patrick's Open-Air School, Hayling Island	...	...	...	...	2
St. John's Open-Air School, Woodford, Essex	...	...	...	...	1
Port Regis Open-Air School, Broadstairs	...	...	...	...	1
Meath School of Recovery, Ottershaw, Surrey	...	...	...	...	2
St. Catherine's Open-Air School, Ventnor	...	...	...	...	3
Children's Convalescent Hospital School, West Kirby	...	...	...	...	3
Eden Hall Residential School, Bacton-on-Sea, Norfolk	...	...	...	...	7
Brentwood School of Recovery, St. Leonard's-on-Sea	...	...	...	...	1
St. Dominic's Open-Air School, Godalming, Surrey	...	...	...	...	1
Kyre Park and St. Cuthbert's	...	...	...	...	41
Marlborough Children's Hospital School	...	...	...	...	14







## MEDICAL SUPERVISION OF SPECIAL SCHOOLS

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

" No important changes in the arrangements for the ascertainment of Handicapped Pupils have occurred during the year and there is no need to recapitulate the descriptions given in previous reports of the methods used in Birmingham.

There seems at last to be a growing realisation of the fact that the study of the handicapped child as a human being with problems to solve and difficulties to overcome is a matter for a specialist—not of the conventional kind who tended to concentrate perhaps on one particular system or aspect of the child but one who studies the whole child. Such a specialist can only be the School Medical Officer. Before devoting himself to the handicapped he must gain an extensive knowledge of the ' normal ' child, he must be a lover of children and he must have wide human sympathies. He must have enough social knowledge and experience to be aware of the difficulties faced by a parent who seeks to bring up a family in the less salubrious quarters of industrial Birmingham and he must be capable of putting himself, at least in theory, in the same position.

The immediate task to be accomplished is the determination of a diagnosis in each case of alleged handicap which is brought before him. In some cases it will be found that there is no real handicap other than that which exists in the mind of the parent, one which has been placed there by suggestion perhaps, and which has sometimes to be removed by similar methods.

In many cases the diagnosis is one of considerable complexity in that the handicaps are not only real but multiple. Here the problem is to ascertain the major of these handicaps and to choose the form of education most suitable for the child in the light of such a decision.

In all this work the parental attitude is of great importance and it is encouraging that through the years this continues to become more helpful and understanding.

We hear much these days—as though it were a new principle—about the importance of educating the handicapped child in an ordinary school whenever possible. It is not a new idea in the Birmingham area where such a possibility is considered in every case of handicap and, if necessary, re-considered at intervals where special education is regarded as essential.

It should always be remembered, however, as a reviewer has recalled recently, that the indiscriminate placing of a physically handicapped child in competition with the normal child may lead to over-compensation as difficult to tolerate as passive acceptance of handicap.



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

The great event of the year has been the removal of the Wilson Stuart School for the Physically Handicapped from the old congested site to new buildings in an open situation, and hope seems to have grown in the airy and well-lit classrooms.

A consulting Orthopaedic Surgeon continues to visit regularly and advises us regarding treatment—much of which can be carried out on the school premises—and also as to possible fitness for transfer to ordinary school. In addition to co-operation in this work the non-orthopaedic cases are watched by the visiting Assistant Principal School Medical Officer who maintains close contact with the family doctors and the various consultants involved. In this work he is helped by the School Nurse, the physiotherapist and, of course, by the experienced Head Teacher.

The children are encouraged to lead as active a life as possible. A girl without legs, for example, has become a champion swimmer, and many others can put some of their more fortunate fellows to shame by their aquatic prowess.

Every term there are some children found to be fit to proceed to ordinary schools following the improvement obtained in the school for the physically handicapped and prompt transfer is effected accordingly.

### **Schools for the Educationally Subnormal**

In the difficult work of selecting the children who require education in E.S.N. schools I must pay special tribute to the assistance given me by Miss Dove, the Inspector of Special Schools, whose vast experience and acumen in educational matters are placed freely at my disposal. I receive the help also of the Senior Educational Psychologist and his staff, which is greatly appreciated. Last, but by no means least, I must express my gratitude to the staff of the Special Schools Department whose powers of interpreting cryptic calligraphy are indeed remarkable!

The Intelligence Quotient has never been regarded by us as sacrosanct, never more than a guide, but a survey of the children admitted to E.S.N. schools over the years in Birmingham suggests that our selections have been fairly and properly made. These selections have not been based on a blind acceptance of a result of a mental test. As has been well said recently the assessment of intelligence quotient in certain quarters is in danger of becoming 'a clinical stereotype and a positive hindrance to diagnosis since it tends to dominate the psychologist's mind.' Not so in Birmingham.

During the year, two of the Day E.S.N. Schools have been moved out from noisy and smokey areas to more salubrious surroundings on the periphery. These are the Amblecote (North Cross-Burlington Street) and Collingwood (Bristol Street) Schools. The children will, I feel sure, benefit ultimately both mentally and physically from the



change, in spite of the fact that some of them now have to carry out long 'bus journeys in order to get to school and home again, but this is, of course, inevitable in a big city.

It is quite clear that mild cases of brain damage resulting from a great variety of causes are more common than generally suspected in the E.S.N. schools.

Mr. Monks, Head Teacher of the Hallmoor Primary Special School, is doing some valuable work in investigating the educational possibilities in these cases.

The investigations and experiments carried out in this school have included a survey of temperamental differences and changes, an enquiry into the value of drama in relation to art, the use of the playroom, in addition to the work with an experimental group of children having conditions of cerebral damage not involving major motor disabilities. This latter was based on the work (in America) of Strauss and Lehtinen.

The characteristics of the children concerned include: 'explosive' behaviour, extreme destructibility, disinhibition in the emotional field and minor physical deficiencies. Particular patterns of test responses, conditions of drawing, writing and so on may also be noticed. The group was chosen using Strauss and Lehtinen criteria, though there are major problems in diagnosis. Teaching methods were highly specialised and took place in a specially prepared environment. The work was discussed with the parents of the children concerned and they gave the maximum co-operation.

It is also of interest to note that this school runs, in out-of-school hours, an active Art Group and Foreign Stamp Club.

#### **Physical Education in the E.S.N. Schools**

While doubtless slow mental processes result often in lack of physical alertness it is clear that physical education and practice in active movement and games can lead to an increased mental facility and awareness.

It is hoped that physical education, already well developed in some of our E.S.N. schools, will be available on an even wider scale during the coming year. A Special School Football Association encourages the cultivation of soccer!

Minor orthopaedic defects are common among E.S.N. children and remedial gymnasts are able to visit a number of the schools at regular intervals giving advice to teachers and prescribing exercises in special cases.

#### **Occupation and Industrial Centres**

Although the children and young people in these centres are being trained outside the educational system their medical inspection and supervision are carried out by the School Health Service. There are



nine of these centres in the City and Dr. J. B. Mole assists in carrying out the routine work with her usual care and conscientiousness.

Constantly in our minds we have the thought that our young charges may improve sufficiently to justify transfer to school and we are always only too willing to reconsider decisions made in the earlier years.

### Open-Air Schools

Without any wish to decry or underestimate the value of 'Open Air' in the treatment of the varied disabilities of children educated in our schools which are so labelled, I would say that it is by no means the most important factor. The understanding teacher, the ordered rest, the smaller class, the studied diet, the visit to the parents by the School Health Visitor, the observations and advice of the School Doctor—all these are vital.

At Hunter's Hill Residential Open-Air School there is a flourishing Boating Club under whose auspices young oarsmen practise their art on the calm waters of a neighbouring canal. Memories of a mountaineer recently on the staff persist, and feats of prowess on the Malvern Hills perhaps lead to dreams of Everest and Kanchenjunga!

Cropwood, with its swimming pool, and its troop of Guides, continues to point the way to health with vigour and enthusiasm, while Haseley Hall rejoices in a new paddling pool and a pony.

We are grateful to the local practitioners, Dr. Vollam and Dr. Gaston, who are always on hand when required and who keep a medical eye on the children, apart from my own visits at fortnightly intervals.

The important role played by the Uffculme and Marsh Hill Day Open-Air Schools is well known and, as in the case of the residential schools, I am greatly helped by enthusiastic Head Teachers and Staff.

For example, Mr. Miles, of the Marsh Hill Day Open-Air School, has co-operated with me in an interesting study of the distribution of types of diagnosis.

The pre-war open-air school did much of its work with children suffering from malnutrition. To-day the number of children being admitted to schools for delicate children on account of malnutrition, pure and simple, is small: probably less than one in twenty. To-day the main groups of disability are: Bronchitis and Bronchiectasis, Asthma, General Debility and Nervous Instability. There seems to be a never failing supply of new cases in these categories and it has always been important to see that no child spends a longer period in the Open-Air Special School than is necessary to re-equip him to cope successfully with ordinary school. The remedial problem is always medical, educational and social. Only when there is sufficient progress along all three fronts is it possible to launch the child back into the main stream of schooling. Although some cases will spend the greater part of their



school lives in the open-air school, it has been found that after a stay of from two to four years it is usually possible to advise a return to normal schooling with every hope of success. In fact, each year about a third of the open-air school population is judged fit to return either to normal schools or to work. The number of relapsed cases demanding readmission to the open-air school is surprisingly few. In one school discharging an average of sixty children per year readmissions have averaged only four per year.

The Open-Air School is almost unique among special schools in that it is able to make its first aim the recovery of the child, as opposed to teaching the child how to live with its handicap. Naturally there are serious bronchiectasis cases, some persistent asthma cases, and an assortment of other major physical disabilities where complete recovery cannot be expected; these children need to be taught how to minimise the handicap of their particular disability. These are the cases which may stay in the open-air school for the best part of their school life.

The following sample cases illustrate the nature of the work done in open-air schools.

*Case One*: A highly intelligent child from a good home admitted at six years suffering from asthma and intense excitability which had caused him to fail completely in the normal infant school.

He was placed in a class group far below him in natural ability, he was given breathing exercises to help control the asthma spasms, encouraged to take part in P.T. and games within his physical limits, shown how to meet everyday situations without tears, temper, excitement or fear, and gradually promoted through the groups until he was working with children much older than himself.

At ten years of age the boy was well in control of his asthma, and his emotions, and his attainments were at least three years above average, and he was an enthusiastic and skilful games player. He was discharged 'Fit for Ordinary School' and entered a County Junior School where he became Football Captain, took the eleven plus examination in his stride and is reported to be set fair for a successful academic career.

*Case Two*: A very dull child admitted at 10 years. 'Severe bronchitis likely to deteriorate, poor appetite, poor speech, undersized.' Attendance had been so irregular that his widowed mother was unable to go out to work and so remained near the poverty line. The boy was unfit to compete in an E.S.N. school.

The boy was placed in a class spanning the Infant Junior range, was trained in eating habits and because medical care and additional rest were available at the open-air school he was able to attend regularly through the year. Mother took work and improved their living standard, but was still able to be at home when he returned



from school. Speech therapy helped the boy to express himself more clearly and he is taking some interest in reading. Though his attainments remain negligible he can cope with the school situation. Habit training has made him a pleasanter child to live with and there is a possibility that the deterioration of the chest condition is arrested.

*Case Three:* A girl aged 8 years of average ability admitted suffering from bronchiectasis requiring daily drainage. Because of absence the child was  $2\frac{1}{2}$  years retarded in arithmetic and  $1\frac{1}{2}$  years retarded in reading. She was a very untidy left-handed writer.

The child was trained in the chest drainage routine, and with good food, fresh air and regular P.E. and games her physical condition improved and drainage was no longer necessary. Within 18 months the child was excelling at P.E. agilities and remedial work in the three R's was showing results. With training in the method of coping with left-handedness the girls work improved in appearance and the child gained self-respect. She is taking up swimming and after three years in an open-air school she will be ready to enter ordinary school this year.

*Case Four:* A girl admitted at eleven years of age suffering from debility and malnutrition. There had been four prosecutions for non-attendance at ordinary school and chronic absence continued for the first term at open-air school. The child disliked all food except pastry and sterilised milk and the widowed mother left all decisions of this nature to the children. It was decided to give the girl responsibility in school for the care of an infants' table at meal-times. The need to set an example brought her to normal eating habits and a feeling of importance brought her to school regularly. Now she is 15 years old, she is working up to capacity, after being three years retarded and, but for an overwhelming shyness on public occasions, she would have been appointed to the post of Head Girl.

### Baskerville

It now seems that the decline in the incidence of juvenile rheumatism is not only apparent, but real. The reasons for this welcome dwindling in the number of cases of such a menacing disease are hard to find. Improved diet, better housing, anti-biotic prophylaxis and treatment all play their part undoubtedly, but some other factor must be involved. For example, there has been no such improvement in the southern hemisphere where, in spite of similar social and medical advances, juvenile rheumatism is as persistent as ever.

Baskerville admits cases of rheumatic infection of all types and also cases of congenital heart disease in which there is evidence of super-added bacterial infection.



Admission examinations are held every fortnight at which our Consultant, Dr. Carey Smallwood attends with the Assistant Principal School Medical Officer. We are indeed fortunate that Dr. Smallwood is able to devote so much of his valuable time to Baskerville and to advise us with regard to admissions, discharges and treatment.

We are also grateful to Dr. Pearce, the local practitioner, who also visits, and is on call for emergencies.

The children are graded according to their capacity for activity; some have to be in bed, others can lead a life approximating to the normal before they return to ordinary school.

Results, generally speaking, are good. Relapses are rare and the majority of pupils are ultimately discharged to ordinary schools or to work.

Oral Penicillin is advised to be continued daily as a prophylactic for five years or until the pupil attains school leaving age; this is arranged with the family doctor concerned. It is hoped that this measure will prevent any relapse in the future.

The Head Teacher, teaching staff, the Nursing Sister and staff all work together in a very harmonious manner with the result that the school is a happy one.

The fact that the famous Baskerville donkey gave birth to a bouncing son during 1956—later to be christened 'Noddy' following a school ballot—has added to the joys of the year!

### **Day School for the Deaf and Partially Deaf**

These two schools, Braidwood and Longwill, have continued to function at full pressure during the year and are a favourite venue for many visitors from all over the world.

It has been a specially happy year for Braidwood School which has now moved to new premises which offer more facilities than have ever been available before.

There are 124 children in the school and more younger children have been admitted than in recent years. There are now enough young children to allow the formation of two separate nursery classes, one for three year olds and the other for four year olds.

#### *Special Treatment Rooms*

There are three rooms at Braidwood specially treated to exclude sound :—

- (a) One small room for testing hearing by the Audiometer.
- (b) Another small room to take up to six children using a group hearing aid.
- (c) A larger room for the same purpose taking up to twelve children with a group hearing aid.



*Hall*

This has a specially sprung floor for training in rhythmic work. For use as a gymnasium it has the Sherwood apparatus. This allows for portable apparatus to be fixed in the room giving all the scope of a modern gymnasium including climbing practice on ropes and rope ladders, scrambling nets, beams, balance bars and window ladders. Changing rooms and lavatories lead off the hall.

*Equipment*

There are four Auditory Training Units one of which has been provided by the Parent-Teacher Association. A new small group hearing aid for the infant group aid room has been provided.

Several children own transistor aids which have been purchased by their parents.

The school is also provided with an 'Epivisor' and daylight rear projection screens. These are of great educational value to deaf children.

**Schools for the Partially Sighted**

The routine medical examinations in these schools are carried out by the Assistant Principal School Medical Officer.

Cases are admitted on the advice of Mr. Tree, the Committee's Ophthalmic Specialist, who also advises us in those cases where vision improves and children become fit to leave the Schools for the Partially Sighted.

**Home Teaching Cases**

Those children who are too handicapped even to attend a Special School receive teaching in their own homes.

Before their teaching is arranged the Assistant Principal School Medical Officer visits the home, examines the child and advises as to the necessity for home tuition. Many of these children improve and are later able to attend school.

**Visits to Special Schools**

The interest in Birmingham Special Schools is world wide and there are a great many visitors throughout the year. In particular special visits, demonstrations and lectures are arranged for the benefit of senior students of the University of Birmingham Medical School.

In conclusion, once again I should like to express my appreciation of the services rendered by Miss F. Smith, School Health Visitor. In her many home visits and interviews with parents and her devotion to the general interests and welfare of handicapped children she is of the greatest assistance to me."



## SPEECH THERAPY IN SPECIAL SCHOOLS

The Speech Therapists submit the following report :

“ A re-allocation of the Special Schools among the therapists was made during the year, so that travelling time could be reduced, especially to those schools that have moved to new areas.

It has been found that in many cases parents are unable to come to see the therapist, either at school or at the corresponding clinic, on account of the long distance usually involved. The need for home visits in Special School work is therefore greater than is the case with the normal school child due to the infrequent contact with parents. It is regretted that so little time is available for these visits, since in the few cases where they have been made, great benefit has been derived.

Speech therapy in Special Schools has now become more firmly established as part of the school's extra curriculum, and the children have responded to these more settled conditions accordingly.”

### STATISTICS

	1956	1955
No. of cases under treatment... ..	276	265
Referred ... ..	145	142
Admitted ... ..	117	116
Speech therapy contra-indicated ... ..	25	21
Discharged ... ..	91	90
Waiting list ... ..	26	23
Interviews with parents or guardians ... ..	35	42

### HOME AND HOSPITAL TUITION

The Committee provide home tuition for severely handicapped children under Section 56 of the Education Act, 1944. At the end of the year, 52 children were being helped in this way.

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

In Children's Hospital, Birmingham ... ..		35
In Moseley Hall Convalescent Home ... ..		11
In Dudley Road Hospital and Skin Hospital ... ..		29
In Accident Hospital ... ..		34
In Summerfield Hospital ... ..		1

### MARTINEAU HOUSE, TOWYN

During the year sixteen parties consisting in the main of twenty-four children from Special Schools of various types, and the Hostel for Maladjusted Children 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 generally by the visiting Medical Officer are greatly appreciated.

### CEREBRAL PALSY

The local developments in the interest and care for the children suffering from cerebral palsy, outlined in previous Reports, have been continued.

As part of its activities the British Council for the Welfare of Spastics held a one day national conference in October at Bournville Girls' Technical School for members of the medical profession. Five addresses on cerebral palsy were given, and as the subjects were of special interest to the school medical officers, the Committee arranged for all these officers to attend the conference.

The following information relating to children aged five to fifteen years of age as at December 1956, has been supplied through the courtesy of the Midland Spastic Association.

#### *Day Provision*

Cerebral palsy school	...	...	...	...	...	...	...	24
Physically handicapped schools...	...	...	...	...	...	...	...	69
Deaf schools	...	...	...	...	...	...	...	8
Partially sighted schools	...	...	...	...	...	...	...	1
E.S.N. schools	...	...	...	...	...	...	...	4
Open Air school	...	...	...	...	...	...	...	2
Normal school	...	...	...	...	...	...	...	77
Home Tuition	...	...	...	...	...	...	...	6
Occupation centre	...	...	...	...	...	...	...	10
Home Training	...	...	...	...	...	...	...	6
M.S.A. Play Centre	...	...	...	...	...	...	...	2

#### *Residential Provision*

Cerebral palsy school	...	...	...	...	...	...	...	2
Physically handicapped school	...	...	...	...	...	...	...	3
Deaf school	...	...	...	...	...	...	...	0
Partially sighted school	...	...	...	...	...	...	...	0
E.S.N. school	...	...	...	...	...	...	...	1
Open Air school	...	...	...	...	...	...	...	1
Hospital school	...	...	...	...	...	...	...	2
M.D. Institution	...	...	...	...	...	...	...	19

#### *At Home*

Educable	...	...	...	...	...	...	...	0
Ineducable	...	...	...	...	...	...	...	33

A large proportion of the pupils at Carlson House are maintained by the Birmingham Education Authority and a school medical officer and nurse visit the school regularly.

It is of some interest to note that the 269 children represent an incidence between 1.4 and 1.5 per 1,000 children aged 5-15 years. Various surveys in the country indicate the incidence rate to be between one and two per 1,000.

## ST. FRANCIS' RESIDENTIAL E.S.N. SCHOOL

### A Clinical Project with Hydroxyzine (Atarax) on a Group of Maladjusted Educationally Subnormal Children

*Report by Leslie J. Segal, M.R.C.S., L.R.C.P., Consultant Psychiatrist, and A. E. Tansley, B.Sc., M.Ed., Headmaster, St. Francis' Residential Special School, Birmingham.*

"An examination of the results of Laboratory and Clinical Studies indicated that hydroxyzine might be a suitable preparation to use in the treatment of maladjusted children. The following is a brief account of a clinical investigation with hydroxyzine carried out at St. Francis' Residential Special School, Birmingham.

#### Scope of this Project

The scope of this project was to assess the value of the preparation in a group of maladjusted educationally subnormal children, and to investigate the effect of hydroxyzine on the total white cell count and the differential count. These children were all under-functioning in that their educational attainments as measured by their ability to read and to carry out simple problems in arithmetic were well below their potential as measured by the Terman Merrill Intelligence Scale.

The children were all attending the same Residential School. Sixteen matched pairs were selected. They were matched for developmental age, sex, test quotient and degree of underfunctioning. Each pair lived in the same villa, were in the same class and were being taught by the same teacher. Children showing evidence of the presence of an organic lesion were excluded from the test.

Their ages ranged from 11 9/12 years to 15 10/12 years, with a mean of 13 8/12 years:—their I.Q.s ranged from 56 to 81 with a mean of 66.9.

One of each pair was given 10 mg. hydroxyzine after breakfast and 10 mg. after the mid-day meal. The other of each pair was given a dummy tablet in appearance similar to the preparation. This was continued for 3 weeks. At the end of this period all the children were given dummy tablets for 2 weeks, after which hydroxyzine and dummy tablets were administered as in the first period for a further 3 weeks.



It was decided that the blood picture would be checked at intervals during the 8 weeks trial.

All the children in both experimental and control groups were rated by the class teachers on 5-point rating scales for activity, application and progress in the basic subjects. Ratings were made for the week prior to and the eight weeks of the trial. The teachers were also asked to give additional remarks to cover changes which could not be dealt with adequately by the rating scales. None of the raters knew which of the 32 children were receiving hydroxyzine or the dummy tablet.

## Results.

### Effects on the Children

It was intended to evaluate the results statistically by utilising the information obtained from the rating scales. However these scales proved to be too crude a measure. Therefore it was decided to assess the results according to whether or not the children in the experimental group had improved as compared with the controls. In deciding whether or not a child had improved both his behaviour in class and his performance in basic subjects were borne in mind.

The teachers were asked to say which of the 32 children (16 on treatment 16 controls) were receiving treatment. They were aware that 16 matched pairs had been selected, but they did not know which children had been matched, or who was receiving treatment. The results are shown in Table 1.

TABLE 1

	<i>On Treatment</i>	<i>Controls</i>
Teachers absolutely sure receiving treatment	4	—
Teachers reasonably sure receiving treatment	10	2
Teachers unable to decide ... ..	—	2
Teachers reasonably sure <i>not</i> receiving treatment ... ..	2	8
Teachers absolutely sure <i>not</i> receiving treatment ... ..	—	4

On enquiring why in 10 cases they felt reasonably sure and not absolutely sure the child was receiving treatment it was found there had been a period when the child failed to maintain the initial improvement. This period coincided with the period when dummy tablets had been given not only to the controls but also the Trial Group.



At the end of the trial, before the identity of the matched pairs was disclosed, all 32 children were case-conferenced to ascertain changes in behaviour and school progress. Table 2 shows the distribution of these changes.

TABLE 2

<i>On Treatment</i>		<i>Control</i>	
Improved 14	No change 2	Improved 2	No change 14

The cases were reviewed from the clinical standpoint to see if any specific disorder could be found in the type of case which responded to the treatment. It was found that the symptom pattern varied. The common feature which did seem to be present was a Tensional State, associated with awareness of scholastic failure. There was an apparent tendency for the children's reactions to become less abnormal; over-active children became less restless and distractible, and withdrawn children more sensitive to external stimuli. Psychosomatic manifestations were reduced or disappeared.

#### **Effects on the White Cell Count**

The total White Cell Count and a Differential Count were taken on the 11th day, 32nd day, 39th day and at the end of the 8 weeks Trial. In addition a further count was taken 4 weeks after the termination of the Trial (one case who left the school had to be omitted).

The total White Cell Count in no case was abnormally low, neither did the absolute number of neutrophil polymorphs fall below the normal range. In half the cases there was a rise in the eosinophil polymorphs (to between 8.5 per cent. and 22 per cent.). The possibility that this might be due to parasitic infection, such as threadworms, was considered, but rectal swabs in suspicious cases failed to show any evidence of such an infection. Four weeks after the termination of the treatment the eosinophil polymorph count was back to normal levels except in one case. In this case the eosinophil polymorph count fell four weeks after the treatment discontinued from 22 per cent. to 14 per cent. This is a case of recurrent asthma and it is likely that the rise in the eosinophil polymorphs may be due to factors other than Atarax.

In five cases there was a slight rise in the Monocyte Count (to between 10.5 per cent. and 15.1 per cent.), but 4 weeks after the termination of the treatment the counts were within the normal range.

The findings regarding the Total White Cell Count and the neutrophil polymorphs are supported by the work of Bayart (Personal Communication) who treated 8 children with Atarax and found no reduction in the Total White Cell Count or the neutrophil polymorphs."



## ACUTE RHEUMATISM

Dr. Cary Smallwood reports :

“ The only noteworthy feature of the doings at Baskerville during the year 1956 (if we exclude the acquisition of a new donkey and its foal), has been the use of oral penicillin chemo-prophylaxis in the control of streptococcal throat infection and rheumatic relapse. This promises to be as useful a measure in institutional management of rheumatic subjects as in domiciliary practice. By shortening the average time spent by children in the school it may have the effect of reducing still further the numbers resident in Baskerville at any one time.”

This fortunate decline in the incidence of acute rheumatism is reflected in the national figures. For a long period rheumatic fever and rheumatic heart disease were the major causes of death in children and young adults. Since the haemolytic streptococcus is accepted as an essential agent in the causation of the disease, the advance in the control of relapses described by Dr. Cary Smallwood holds out hope for further reduction of the toll of rheumatism.

### REPORT ON BIRMINGHAM SCHOOLS FOR THE PARTIALLY SIGHTED, YEAR ENDING 31st DECEMBER, 1956

Mr. Mark Tree reports :

“ In a previous report I drew attention to the fact that the tuition of the partially sighted in this country is somewhat hampered by the limited publication of classical literature in large type printing. The National Institute for the Blind did publish for the use of Local Education Authorities in 1935, a few clear type readers of about 32 pages each in 18 and 24 point type, which were produced by Whitefriars Press Ltd. These were small pamphlets and not books and therefore not completely adequate. However, they are now out of print, and no other classical literature has been published in this type, in this country. There are adequate publications for the partially sighted produced in the U.S.A., but there is, of course, the disadvantage of difference in spelling practice. However, it is interesting to learn that the New Zealand Department of Education is producing all essential books for its partially sighted pupils through its Government Printers at Wellington, New Zealand, and also published a New Zealand Quarterly School Journal for the Partially Sighted. The latter has been imported privately into this country by the Association for the Welfare of the Partially Sighted.

During the past year I have re-examined and reviewed the progress of the pupils at both partially sighted schools. In this I have had the constant help and co-operation of both Headmistresses, Miss Ludford and Miss Cox. They have not only helped with their personal knowledge

of individual pupils, but have, as heretofore, given me all the statistical details necessary for this report. I am also indebted to Nurse Davies for her most helpful assistance with these children at Great Charles Street Clinic.

At 31st December, 1956, the total number of pupils at both schools was 101, consisting of 66 boys and 35 girls.

There were during the year :—

New admissions	...	...	...	...	...	...	...	23 pupils
Leavers	...	...	...	...	...	...	...	9 ..
Transfers to Normal Schools	...	...	...	...	...	...	...	8 ..
Transfers to Residential Schools	...	...	...	...	...	...	...	4 ..
Transfers to School for the Blind	...	...	...	...	...	...	...	1 ..
Excluded as Sub-normal...	...	...	...	...	...	...	...	1 ..
Transfers between the Partially Sighted Schools	...	...	...	...	...	...	...	1 ..
Died	...	...	...	...	...	...	...	1 ..

I have classified the pupils as follows :—

1. *High Myopia.* 16 cases consisting of 8 boys and 8 girls.

- (a) 2 with marked astigmatism
- (b) 3 with retinal degenerative changes
- (c) 6 with squints
  - 2 alternating convergence ...
  - 1 monocular divergence
  - 3 monocular convergence
- (d) 1 with nystagmus

2. *Nystagmus.* 48 cases consisting of 31 boys and 17 girls.

- (a) 13 with albinism
- (b) 11 with congenital cataracts
- (c) 13 with squints
- (d) 1 with corneal nebulae
- (e) 1 with bilateral macular degeneration
- (f) 1 with bilateral inferior colobomata
- (g) 1 with congenital hemiplegia



3. *Congenital cataracts.* 24 cases consisting of 16 boys and 8 girls.
  - (a) 11 Familial types of which 4 had nystagmus
  - (b) 13 sporadic types, 7 with nystagmus, of which one mother gave a history of German Measles during pregnancy.
4. *Bilateral Ectopia Lentis.* 3 cases consisting of 2 boys and 1 girl.  
In both boys the condition is familial or inherited.
5. *Bilateral Buphthalmos.* 2 boys.
6. *High Hypermetropia.* 3 boys.
7. *Bilateral Xerophthalmia.* 1 boy.
8. *Syndromes and Multiple Defects.* 17 cases consisting of 13 boys and 4 girls.
  - (a) Congenital Toxoplasmosis—3 boys
  - (b) Retrolental Fibroplasia plus myopia—1 boy
  - (c) Atypical Retinitis Pigmentosa—3 cases—2 boys and 1 girl
  - (d) Bilateral Optic Atrophy—2 boys
  - (e) Bilateral Familial Macular Degeneration—1 girl
  - (f) High Myopia with deafness and defective speech—1 girl
  - (g) Bilateral Congenital External Rectus Palsy with Facial Palsy and Hypermetropia—1 boy
  - (h) Microphthalmos with congenital cataracts—1 girl
  - (i) Microphthalmos with interior colobomata—1 boy
  - (j) Microcorneae, choroideraemia and nystagmus—1 boy
  - (k) Bilateral central choroido-retinitis, hypermetropia, Nystagmus and Pituitary Infantilism—1 boy
  - (l) Partial Albinism, Congenital cataract and nystagmus—1 boy."

### EMPLOYMENT AND AFTER-CARE OF HANDICAPPED CHILDREN

During 1956 the Special Schools have been visited each term by Officers of the Youth Employment Branch for the purpose of giving vocational guidance to the pupils leaving school. The majority of these have been placed in suitable employment, but in the latter part of the year industrial conditions made the search for suitable employment difficult, owing to the scarcity of vacancies.

Where appropriate, school leavers were advised to apply for registration as Disabled Persons, and to accept training in courses under the Government Vocational Training Scheme.

The Special Services Branch has availed itself of the services of the Youth Employment Branch whenever necessary on matters of employment and industrial supervision.

An analysis of those on the Disabled Persons Register at the end of 1955 and of those who have been added during 1956 is appended.

DISABLED PERSONS' REGISTER

	<i>New Registrations during 1956</i>			<i>No. on Register at 31.12.55</i>		
	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
<b>SURGICAL :</b>						
Amputation of one or both limbs ...	—	—	—	4	2	6
Injuries and diseases of trunk or limbs	5	10	15	9	3	12
Spine injuries and diseases (not T.B.)	—	—	—	4	3	7
Tuberculosis—surgical ...	2	2	4	2	—	2
<b>MEDICAL :</b>						
Arthritis and rheumatism ...	1	—	1	1	2	3
Diseases of heart and circulatory system ...	1	—	1	5	11	16
Diseases of skin, genito-urinary and respiratory system (not T.B.) ...	2	1	3	6	2	8
Epilepsy ...	2	1	3	9	8	17
Other organic nervous diseases ...	2	2	4	8	4	12
Tuberculosis—pulmonary ...	2	7	9	7	11	18
Diseases of digestive system ...	—	—	—	—	1	1
<b>PSYCHIATRIC :</b>						
Imperfect development of the mind ...	2	1	3	7	3	10
<b>OTHERS :</b>						
Congenital malformation ...	1	1	2	1	3	4
Defects of eyes, ears, etc. ...	19	15	34	30	20	50
Asthma, anaemia, etc. ...	2	—	2	7	4	11
	41	40	81	100	77	177

**SPECIAL SERVICES AFTER-CARE SUB-COMMITTEE**

**Numbers under Supervision**

During 1956 a total of 3,873 persons were in this sub-committee's care. In all 260 children were referred during the year. Of these 79 had been found incapable of receiving education at school; some of them never attended school, others had to be excluded after a trial. In a further 84 cases the Education Committee had reported that the child might require supervision after leaving school and the Health Committee had placed the child under statutory supervision. Finally, 97 boys and girls were accepted for voluntary supervision after leaving one of the Education Committee's special schools.



### **Occupation and Industrial Centres**

The sub-committee maintained the same services as in 1955 ; seven occupation centres served junior children of both sexes throughout the city, with two industrial centres for senior boys and one centre for senior girls. It was not found possible to increase the establishment of the centres and so to reduce the waiting lists.

### **Home Training**

Three Assistant Supervisors visited the homes of 47 children in the city for an hour's occupational teaching each week. These children are either unsuitable for centre training or are waiting for a place.

### **Holidays**

Four groups of 25 children and young persons in the care of members of centre staffs spent a week's holiday at Windmill House, Weatheroak. All parties had an enjoyable time in good weather and the respite was much appreciated by parents.

### **Visiting**

Home visiting of both statutory and voluntary cases was again carried out by the staff of five After-Care Visitors.

### **Co-operation with the Public Health Committee**

The operation of occupation and industrial centres and the visiting of persons under statutory supervision is a function in which the Sub-Committee act as agents of the Public Health Committee. Throughout the year there was close liaison between the Sub-Committee's officers and the Chief Inspector and staff of the Mental Health Section of the Public Health Department.

# Medical Inspection and Treatment Returns

Year ended 31st December, 1956.

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	...	...	...	...	...	...	...	...	15,843
Intermediates	...	...	...	...	...	...	...	...	15,277
Leavers	...	...	...	...	...	...	...	...	14,471
								TOTAL	45,591

Number of other Periodic Inspections ... .. 2,868

GRAND TOTAL ... .. 48,459

## B. OTHER INSPECTIONS

Number of Special inspections ... .. 25,468

Number of Re-Inspections ... .. 21,297

TOTAL ... .. 46,765



## 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 ... ..	476	4,380	4,671
Intermediates ... ..	1,785	3,587	4,871
Leavers ... ..	2,023	2,865	4,448
Total (prescribed groups) ... ..	4,284	10,832	13,990
Additional Periodic Inspections ...	141	846	943
GRAND TOTAL ... ..	4,425	11,678	14,933

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

Age Groups	Number of Pupils Inspected	SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	15,843	15,200	95.95	643	4.05
Intermediates	15,277	14,630	95.75	647	4.24
Leavers	14,471	13,901	96.06	570	3.94
Additional Periodic Inspections	2,868	2,737	95.44	131	4.56
TOTAL	48,459	46,468	95.89	1,991	4.11

TABLE II

## INFESTATION WITH VERMIN

(i) Total number of examinations in the Schools by the School Nurses or other authorised persons .....	373,317
(ii) Total number of individual pupils found to be infested .....	14,700
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .....	2,105
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .....	1,717

TABLE III

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED  
31ST DECEMBER, 1956.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		ENTRANTS		LEAVERS		Requir- ing Treat- ment	Requir- ing Obser- vation
		Requir- ing Treat- ment	Requir- ing Obser- vation	Requir- ing Treat- ment	Requir- ing Obser- vation		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin ... ..	483	160	740	145	1,840	465
5	Eyes—						
	(a) Vision ...	477	295	2,021	661	4,425	1,594
	(b) Squint ...	524	222	174	96	1,123	569
	(c) Other ...	164	70	147	38	524	180
6	Ears—						
	(a) Hearing ...	76	193	65	166	228	550
	(b) Otitis Media	123	255	84	107	337	597
	(c) Other ...	53	25	40	31	149	89
7	Nose or throat	1,063	1,217	230	265	1,967	2,327
8	Speech... ..	107	213	22	38	202	375
9	Lymphatic Glands ... ..	36	272	4	37	56	443
10	Heart ... ..	30	163	29	175	87	557
11	Lungs ... ..	459	512	118	217	793	1,110
12	Developmental—						
	(a) Hernia ...	53	109	15	17	112	202
	(b) Other ...	45	109	27	44	118	293
13	Orthopaedic—						
	(a) Posture ...	128	183	241	456	685	1,202
	(b) Feet ... ..	315	484	329	497	1,207	1,742
	(c) Other ... ..	217	340	180	250	699	1,010
14	Nervous System—						
	(a) Epilepsy	22	28	22	21	75	73
	(b) Other ... ..	23	34	12	21	55	97
15	Psychological—						
	(a) Developm't	65	130	7	37	116	248
	(b) Stability ...	142	224	37	91	318	591
16	Abdomen ... ..	49	53	30	38	113	154
17	Other ... ..	525	182	483	192	1,645	647



## B. SPECIAL INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin ... ..	4,077	74
5	Eyes—		
	(a) Vision ...	1,891	188
	(b) Squint ...	308	39
	(c) Other ...	876	40
6	Ears—		
	(a) Hearing ...	394	94
	(b) Otitis Media	473	36
	(c) Other ...	391	53
7	Nose and Throat	1,242	176
8	Speech ... ..	210	43
9	Lymphatic Glands	56	28
10	Heart ... ..	77	138
11	Lungs ... ..	636	286
12	Developmental—		
	(a) Hernia ...	28	11
	(b) Other ...	142	16
13	Orthopaedic—		
	(a) Posture ...	309	42
	(b) Feet ...	642	80
	(c) Other ...	629	164
14	Nervous system—		
	(a) Epilepsy	61	38
	(b) Other ...	109	74
15	Psychological—		
	(a) Development	138	50
	(b) Stability	293	165
16	Abdomen ... ..	171	88
17	Other ... ..	4,233	701

## GROUP 1. EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>No. of cases treated</i>	
	<i>by the Authority</i>	<i>otherwise</i>
External and other, excluding errors of refraction and squint	1,432	232
Errors of refraction (including squint)	8,411	255
<b>TOTAL</b>	<b>9,843</b>	<b>487</b>
No. of pupils for whom spectacles were :		
Prescribed	5,967	6,184

## GROUP 2. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	<i>No. of cases treated</i>	
	<i>by the Authority</i>	<i>otherwise</i>
Received operative treatment :		
(a) for diseases of the ear ... ..	—	495
(b) for adenoids and chronic tonsillitis	—	4,601
(c) for other nose and throat conditions	—	383
Received other forms of treatment ...	2,401	98
TOTAL ... ..	2,401	5,577
Total number of pupils who are known to have been provided with hearing aids :		
(a) in 1956 ... ..	—	152
(b) in previous years ... ..	—	152
GROUP 3. ORTHOPAEDIC AND POSTURAL DEFECTS		
Number treated in clinics or out-patient departments ... ..	3,656	148

TABLE IV

## TREATMENT TABLES

## GROUP 4. DISEASES OF THE SKIN (excluding Uncleanliness, for which see Table III)

	<i>No. of cases treated or under treatment during the year by the Authority</i>
Ringworm—Scalp ... ..	20
Ringworm—Body ... ..	42
Scabies ... ..	72
Impetigo ... ..	449
Other skin diseases ... ..	4,607
TOTAL	5,190

## GROUP 5. CHILD GUIDANCE TREATMENT

No. of pupils treated at Child Guidance Clinics 653

## GROUP 6. SPEECH THERAPY

No. of pupils treated by Speech Therapists 747

## GROUP 7. OTHER TREATMENT GIVEN

(a) Miscellaneous minor ailments ...	10,299
(b) Pupils who received convalescent treatment	228
(c) Pupils who received B.C.G. vaccination	10,185
(d) Asthma Clinic ... ..	2,024



TABLE V. DENTAL INSPECTION AND TREATMENT

(1)	Number of pupils inspected by the Authority's Dental Officers :					
	(a)	Periodic Age Groups...	...	...	...	119,990
	(b)	Specials	...	...	...	22,115
	(c)	Total (periodic and specials)	...	...	...	<u>142,105</u>
(2)	Number found to require treatment					100,532
(3)	Number referred for treatment					86,999
(4)	Number actually treated					44,991
(5)	Attendances made by pupils for treatment					73,078
(6)	Half-days devoted to (a) Inspection					529
		(b) Treatment	...	...	...	6,759
		Total (6)	...	...	...	<u>7,288</u>
(7)	Fillings :					
		Permanent Teeth	...	...	...	28,047
		Temporary Teeth	...	...	...	245
		Total (7)	...	...	...	<u>28,292</u>
(8)	No. of teeth filled :					
		Permanent teeth	...	...	...	24,357
		Temporary Teeth	...	...	...	194
		Total (8)	...	...	...	<u>24,551</u>
(9)	Extractions :					
		Permanent teeth	...	...	...	23,691
		Temporary teeth	...	...	...	61,078
		Total (9)	...	...	...	<u>84,769</u>
(10)	Administration of general anaesthetics for extraction					32,385
(11)	Orthodontics :					
	(a)	Cases commenced during the year	...	...	...	310
	(b)	Cases carried forward from previous year...	...	...	...	152
	(c)	Cases completed during the year	...	...	...	235
	(d)	Cases discontinued during the year	...	...	...	24
	(e)	Pupils treated with appliances	...	...	...	264
	(f)	Removable appliances fitted	...	...	...	349
	(g)	Fixed appliances fitted	...	...	...	22
	(h)	Total attendances	...	...	...	<u>4,229</u>
(12)	Number of pupils supplied with artificial dentures					<u>355</u>
(13)	Other operations :					
		Permanent teeth	...	...	...	13,310
		Temporary teeth	...	...	...	1,713
		TOTAL (13)	...	...	...	<u>15,023</u>