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CITY OF COVENTRY



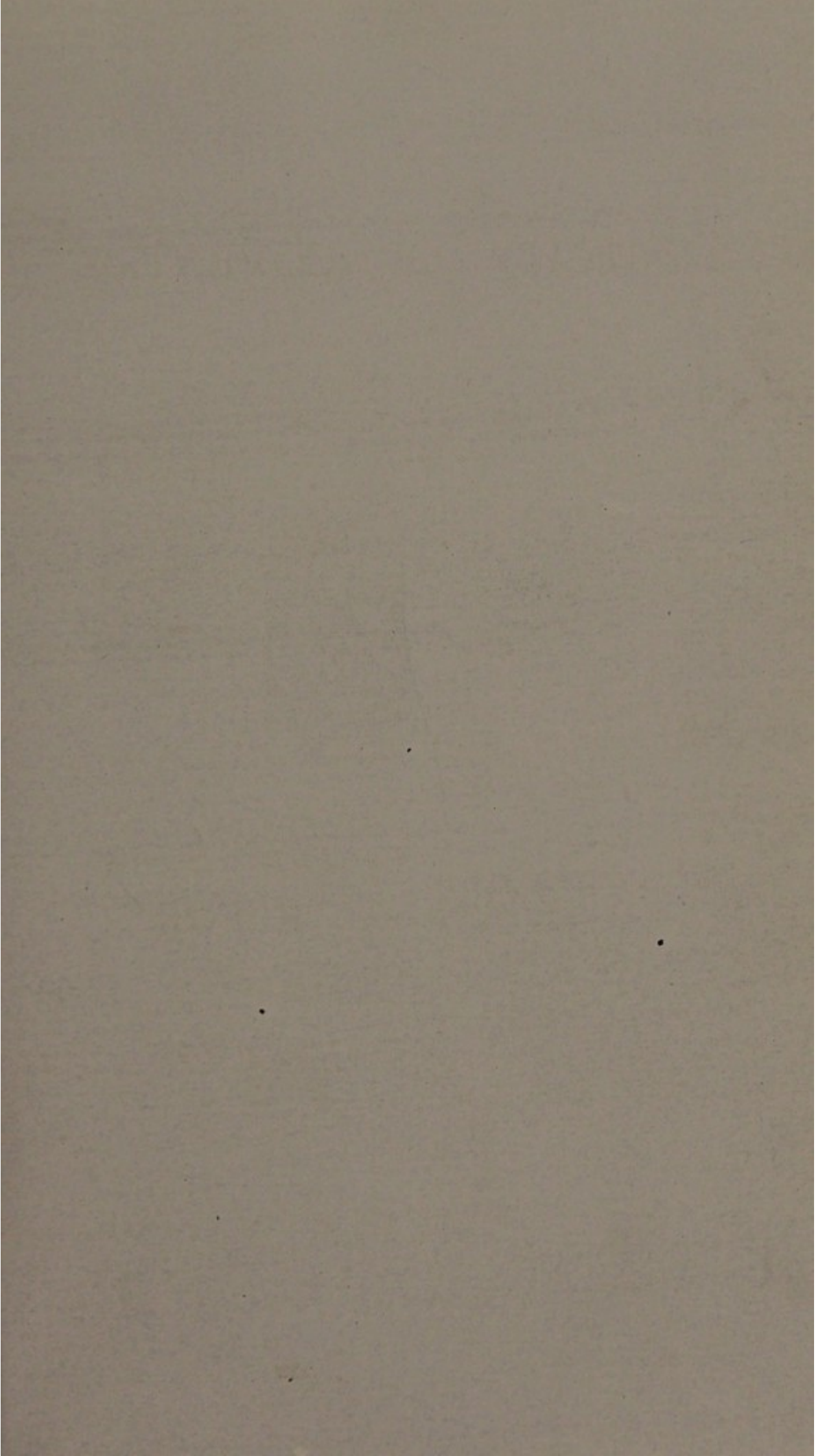
ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR

1948



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Deputy School Medical Officer (and Deputy Medical Officer of Health) ... ..	C. R. MAYOU, M.R.C.S., L.R.C.P., D.P.H. (Resigned December, 1948)
Senior Assistant School Medical Officer ... ..	C. G. WOOLGROVE, M.B., Ch.B., D.P.H.
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Medical Officer, 'Town Thorns.'	H. KENYON, M.B., Ch.B.*
Medical Officer, Wyre Farm Camp School ... ..	J. S. JEROME, M.A., B.M., B.Ch.*
Paediatric Specialist and Heart and Rheumatic Consultant	H. PARRY WILLIAMS, M.R.C.P., M.R.C.S., L.R.C.P.*
School Oculist ... ..	J. W. BISHOP, M.B., Ch.B., L.R.C.P., M.R.C.S., D.O.M.S.*
Ear, Nose and Throat Surgeons	H. S. KANDER, F.R.C.S., M.R.C.S., L.R.C.P.* W. OGILVY REID, M.A., B.Sc., M.B., Ch.B., F.R.C.S.*
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Assistant School Dentists ...	{ R. B. VAUSE, L.D.S. K. J. TIMMS, L.D.S. E. K. BREAKSPEAR, L.D.S. J. A. SMITH, L.D.S. S. F. POLLEY, M.R.C.S., L.R.C.P., D.A., L.D.S., R.C.S.+
Physiotherapist (Spastics) ...	MISS R. A. HYATT, M.C.S.T.†
Speech Therapist ... ..	MISS B. CARR, L.C.S.T.
Chiropodist ... ..	MRS. M. J. PEACOCK, M.Ch. S.
Orthoptists ... ..	MRS. G. HARRISON, D.B.O.* MISS A. PRITTY, D.B.O.
Senior School Nurse ... ..	MRS. B. E. MACKIE, S.R.N., S.Cm., H.V. Certificate.

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\* Part-time

† Temporary, part-time

‡ Temporary

§ Resigned

# CITY OF COVENTRY

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## SCHOOL MEDICAL SERVICE 1948 ANNUAL REPORT

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To the Right Worshipful the Mayor, Aldermen  
and Councillors of the City of Coventry

MR. MAYOR, LADIES AND GENTLEMEN,

*It is again a pleasure to present my Annual Report concerning the work of the School Medical Department for the year 1948. It is now 3 years since the Education Act of 1944 commenced to operate and its importance is becoming more apparent as time goes by and the demands upon the service reach larger proportions.*

*1948 will go down in the annals of this country as one of the most important years in the history of its medical services, since, on July 5th the National Health Act, 1946 came into operation. Although this Act will affect the Public Health Services of the Local Authorities primarily, yet will it also have very close repercussions on the School Medical Services and the Health of the School Child. It is widely anticipated, for example, that there will be a much closer liaison between the hospital and specialist services of the Regional Hospital Boards and those of the Local Education Authorities within the school clinics. It is also probable and desirable that as the nursing situation eases throughout the provincial parts of this country there will be considerable advantages in having the work of the Health Visitors and that of the School Nurses harmonising more closely. Indeed a fusion of the two services with dually qualified nursing staff might be considered a progressive approach as being likely to achieve a higher degree of liaison and administrative efficiency between the domiciliary nursing services now administered by the Local Health Authority and that of the School Nursing Service of the Local Education Authority. Such a method is, of course, by no means original but is already working with great efficiency in many County and County Borough Areas. It also has the advantage of providing complete continuity of nursing facilities and advice for every child from before birth to the school leaving age.*

*A further outstanding result of the National Health Service Act is that for the first time in the history of our country every child becomes entitled to the free services of the family doctor and it is hoped and anticipated that much additional benefit will accrue to the health of the school child thereby.*



Facilities offered to the school children of this city have been considerably extended by the provision of specialist sessions at the Central School Clinic. Such sessions cover:— (1) Ear, Nose and Throat conditions, (2) Heart and Rheumatic conditions, (3) Chiropody facilities and (4) the treatment of selected cases of Cerebral Palsy through the generosity and close co-operation of the Midland Spastic Association's team. All of these augmentations were urgently needed as is shown only too clearly by the mounting waiting list in each branch, with the exception of Chiropody: the latter provision being a very recent addition to the School Medical Service is likely to increase as time progresses.

The Local Education Authority is directly concerned in the specialist services in that they are responsible for ensuring that the latter are adequate to the needs of the school population which, including an estimate of children attending private and independent schools, now stands at 35,988. The present clinic facilities are all too inadequate to deal with the considerable numbers requiring the specialist services, dental and medical inspections and treatments. It is hoped that, with the eventual provision of an initial Health Centre in a selected district and the Medical Inspection unit for the Stoke area, the pressure on the existing Central School Clinic may be somewhat lessened.

The branch clinic at Windmill Road School has gained steadily in popularity and on the 4th November, 1948, the branch dental clinic was also opened there. The combined branch medical and dental clinic offers facilities for minor ailments and dental treatment every afternoon to the following schools:—

Broad Street Secondary Modern Boys  
 " " " " " Girls  
 Edgewick Junior Mixed  
 " " Infants  
 Foleshill C.E.  
 Foxford  
 Hawkesbury C.E.  
 Little Heath Junior Mixed and Infants  
 Longford C.E.  
 Paradise  
 St. Elizabeth's R.C.  
 Windmill Road Secondary Modern  
 " " Junior Mixed and Infants

(It is to be regretted that at the time of writing (August, 1949) the branch Dental Clinic has had to be closed owing to the lack of trained staff; the bi-weekly visits of the Medical Officers to the clinic have also ceased due to the same reason)\*

Ascertainment and examination of Handicapped Pupils in accordance with the provisions of the Handicapped Pupils and School Health Service Regulations, 1945, have greatly increased during the

\* Since recommenced in October, 1949.

year. All Assistant School Medical Officers have taken the course connected with educationally subnormal children and mental defectives arranged by the National Association for Mental Health and all have been approved by the Minister of Education for this work.

#### MEDICAL INSPECTIONS.

During the year 10,428 (9,862) children were medically inspected under routine arrangements. There were also 5,592 (4,192) special inspections and re-inspections in Primary and Secondary schools.

#### GENERAL CONDITION OF PUPILS INSPECTED DURING 1948.

	No. of pupils inspected.	Good (A)	Fair (B)	Poor (C)
Entrants ... ..	4,969	1,696—34%	2,912—58.8%	361—7.2%
Second Age Group	2,230	792—35.5%	1,344—60.3%	94—4.2%
Third age Group ...	1,148	518—45.1%	592—51.6%	38—3.3%
Other Periodic Medical Inspections ...	2,081	655—31.5%	1,320—63.4%	106—5.1%
No. Inspected ...	10,428	3,661—35.1%	6,168—59.2%	599—5.7%

It is to be noted that a steady increase in numbers in the Category (a) continued during 1948, 35.1% of the children examined came within this category whereas in 1947 only 24.98% were classified as good. There has been a decrease in the numbers falling within the "Fair" classification and a slight increase from 2% to 5.7% of those found to be of "Poor" physique.

#### CHILD GUIDANCE ARRANGEMENTS.

During the year there has been an increase of 30 children referred to the Physician in Psychological Medicine. The total number for 1948 being 120. This clinic gives invaluable advice to parents concerning limited accommodation and facilities available—and will not be adequate until the Authority's proposed Child Guidance Centre is established and functioning.

#### CHIROPODY.

Weekly Chiropody sessions were commenced at the Central School Clinic during November and 36 children had treatment by the end of the year. It is anticipated that the need for this branch of the work will tend to increase and approval has been obtained to commence additional sessions as and when necessary.

#### CONTAGIOUS DISEASES.

The incidence of scabies in Coventry had again shown a decrease for the year as against the 1947 figures which in themselves were an improvement on those of preceding years. During the year there were 208 cases of scabies treated at the Central School Clinic as against 425

cases in 1947. There were 357 cases of impetigo treated in 1948, a decrease of nearly 100 cases over the preceding year when 447 cases were treated. There has also been a substantial decrease in cases of ring-worm of the scalp; 25 cases were treated in 1948 as against 57 in 1947. The total number of individual pupils to be infested by pediculosis was 1,249 as compared with 3,770 in 1947.

#### CORLEY OPEN AIR SCHOOL.

*It is always a pleasure to be able to report upon the continued progress of the work at this establishment and the year has proved no exception to the rule. There has been an increase in the number of children who have improved in their general health during their stay at the Open Air School and there is little doubt but that many parents in this City have a great deal to be thankful for that such a place as Corley exists; it will be a red letter day for Coventry when further and more modern accomodation of this type is provided for the benefit of the City's children, since its value is inestimable.*

*Additional amenities have been provided at the school in the form of (a) quarantine accommodation for isolation purposes and (b) a rest room and play room. Both will meet much needed wants and will be assets to the facilities at Corley.*

*The staffing position (nurses) has at times been acute and much credit is due to the Staff generally upon whom has fallen a considerable burden during some seven months of the year.*

*To Miss Caborn is due my sincere thanks for her willing and helpful co-operation with members of my school medical staff—this has contributed in no small measure to the success of the School Medical Department during the year.*

*Dr. C. G. Woolgrove has commented in more detail upon the year's work at Corley Open Air School and this is included later in the report.*

#### DENTAL SERVICE.

*The dental staff has been increased, not without difficulty, to 6 dentists and the dental facilities offered to school children, including specialist orthodontic treatment, have been maintained. In addition dental treatment for Maternity and Child Welfare also continued to the equivalent of 50% of a full-time dentist's work. It should be noted however, that to cope satisfactorily and efficiently with all the work involved (i.e. inspections and treatment of all school children; specialist orthodontic treatment and Maternity and Child Welfare cases) the staff should be at least doubled as soon as additional premises become available. It is as well to indicate that under that section of the National Health Service Act dealing with the Care of Mothers and Young Children, provision has been made to extend considerably the dental facilities for Maternity and Child Welfare cases.*

Mr. Raeside has reported upon the dental service elsewhere in the report and has stressed the great importance of adequate staffing if the priority classes are to derive that benefit which they should be entitled to. (N.B.—At the time of writing, the dental staffing is becoming alarmingly depleted due to resignations arising directly out of the impasse resulting from the failure to negotiate terms and conditions of appointment at National level in respect of dentists employed by Local Authorities.)

During the year 13,788 (10,542) children were inspected under routine age groups or as special cases and 9,820 (7,282) were found to have some dental defect. The number of children who received treatment was 6,408 (5,781) making 13,438 (12,113) treatment attendances.

#### DIPHThERIA IMMUNISATION.

The immunisation of school children against Diphtheria was speeded up considerably as more School Medical staff became available and altogether the following immunisations were given to children of school age during the year :—

	1948	1947
Diphtheria Immunisation ... ..	1,093	468
" Booster " Dose (i.e. Reinforcing Dose)	1,810	70
Combined Diphtheria and Pertussis ...	9	—
Pertussis only ... ..	1	—

The decrease in deaths from this disease (none in Coventry during 1948) shows a very encouraging trend and this is regarded as a vindication of the immunisation campaign.

#### EAR, NOSE AND THROAT CLINIC.

In view of the very great number of children found to be suffering from Ear, Nose and Throat conditions, it was possible to establish weekly sessions at the Central School Clinic and these were started in June, 1948 with the valuable specialist co-operation of Mr. H. S. Kander and Mr. Ogilvy Reid. Excellent work has been done at these sessions, a total of 546 children having been seen by the specialists during the six months ended December, 1948. This number may not seem to be large but the amount of work carried out will be appreciated to some extent when it is realised that a considerable amount of routine treatment is ordered by the specialists and subsequently carried out by a trained nurse at further treatment sessions. The total number of operations performed during the year was 403.

#### HANDICAPPED PUPILS.

During the year 500 cases were ascertained as falling within the meaning of the Handicapped Pupils and School Health Service Regulations. The greatest difficulty is finding accommodation where these cases would be enabled to receive the special instruction and supervision necessary to their future welfare. "Spastics" come within this category but as they receive special mention elsewhere in this report little further comment is made at this stage. It is, however, necessary to commend the

efforts of the Birmingham "Spastic" team who have given of their valued advice and treatment facilities unstintingly and in complete co-operation with members of my staff so that all those children in the city who have been brought to notice as suffering from spastic conditions may have the benefit of this service. It is now manifest that remarkable improvement has been achieved in some parts of the country in respect of a number of spastic "incurables." Great credit is therefore due to those of the profession who are progressively tending to explode previous dismal and bankrupt theories and who have brought new hope to not a few children and their parents alike. It is also apparent that little can be done for a proportion of more severe cases at present and it therefore behoves us to be cautious in respect of prophesy. Nevertheless the service is in comparative infancy and out of the future may come more welcome developments. Of great interest in relation to this problem is a progressive theory (tending to be substantiated in some few cases) that a small proportion of so called mentally defectives may, in fact, be suffering from varying degrees of cerebral palsies and such as may in greater or lesser degree derive benefit as a result of the more recent enlightened turn of events.

In Coventry at the end of the year there were 277 ascertained pupils awaiting admission to special schools and this fact underlines the great need for the provision of suitable establishments for such cases by the Local Authority.

A statistical table is appended elsewhere in this report.

#### HEART AND RHEUMATIC CLINIC.

The Heart and Rheumatic Clinic attended by Dr. H. Parry Williams was commenced at the Central School Clinic, Gulson Road, on November, 18th. A total of 46 cases was seen at this clinic by the end of December, 1948. It is confidently anticipated that the facilities now offered for children found to be suffering from heart and rheumatic defects will improve their future prospects considerably by arresting such conditions in the early stages if at all possible.

The School Medical Service still makes use of the general Paediatric Clinic held by Dr. Parry Williams at the Coventry and Warwickshire Hospital and refers cases there other than heart and rheumatic conditions which latter are seen by him at Gulson Road Clinic.

I would wish to take this opportunity of recording, on behalf of my staff and self, how much we have appreciated the co-operation and advice of Dr. Parry Williams since he came to Coventry as Paediatrician: he has indeed been invaluable to the great advantage of the School Medical Service of this City.

#### MILK AND MEALS IN SCHOOLS.

By the end of the year there were 29,026 (26,399) children receiving milk in schools and 12,344 (11,162) receiving regular mid-day meals at school canteens. Since September, 1948 the "Oslo" type meal has been provided once a week and it is reported from the schools that this innovation is appreciated by the children and is becoming increasingly popular. Details of the ingredients will be found in the body of the report.

#### ORTHOPAEDIC TREATMENT.

During 1948, 544 (445) children were referred to Dunsmoor Orthopaedic Clinic for special treatment and opinion. The School Health Service continues to work on a very friendly basis with the Coventry and District Crippled Childrens Guild and the mutual co-operation results in a more efficient service for those pupils suffering from orthopaedic defects.

#### SCHOOL OCULIST DEPARTMENT.

The work in the School Eye Clinic continues very satisfactorily under the guidance of Mr. J. W. Bishop. A total of 1,526 children were referred for errors of refraction and 174 children made 5,476 attendances for treatment at the Orthoptic Clinic.

#### SECONDARY GRAMMAR SCHOOLS.

It is to be regretted that due to shortage of medical staff it is still not possible to examine pupils at these schools yearly and examinations are still confined to entrants and leavers.

#### SPASTICS.

It has been a privilege to co-operate with the Midland Spastic Team and the guidance and advice received from this service, coupled with the physiotherapy treatment given under its auspices at the Central School Clinic have undoubtedly benefited those Coventry children unfortunate enough to suffer from Cerebral Palsy. We in Coventry are alive to the special needs of these cases and it is hoped when the time comes for opening a local Day Special School for physically handicapped pupils that provision may also be made for the education of "spastics."

#### SPECIAL SCHOOL FOR EDUCATIONALLY SUBNORMAL PUPILS.

The numbers on the register at this school continue to show a slight increase and the excellent work done by Mr. R. A. Grice, the Headmaster, for this type of pupil is limited only by the lack of suitable accommodation. The need for the provision of a new school for educationally subnormal pupils is fully realised in Coventry and it is hoped that provision will be made in the near future for such an establishment.

#### SPEECH THERAPY.

Miss B. Carr continues with her good work at the Central School Clinic and during the year she undertook treatment of 69 new cases including a proportion of spastic children needing this service. In all, there are now 149 cases attending the clinic for speech therapy treatment.

#### WYRE FARM CAMP SCHOOL.

The report of Dr. J. S. Jerome, the Medical Officer for Wyre Farm Camp School shows a very satisfactory position for the year. The health of the boys appears to have been fairly good throughout and such treatment as was necessary was regularly afforded by the doctor in the school hospital and, if the case was sufficiently serious, at the Kidderminster Hospital. The calls on the services of the camp medical officer were greatly increased by the presence of children occupying the camp for 5 weeks during the summer holidays.

## STAFF.

The year 1948 has brought several rapid changes in the composition of the medical staff. Dr. C. R. Mayou, the Deputy School Medical Officer left the service of the Local Authority in December, 1948, to take a post with the Birmingham Regional Hospital Board. Doctors W. C. Collins and D. D. Jones both commenced with the School Medical Service during this year. In spite of the increase in full time appointments it has been necessary to continue to employ Dr. J. M. Wilson as Locum Assistant Medical Officer and it would appear that her services will be necessary for some considerable time to come. Dr. S. F. Polley has been a very welcome addition to the Dental staff and it is regretted that he is only able to offer his services in a temporary capacity.

Continued co-operation with the Health Department and Health Services generally has been a much appreciated feature during the year.

In view of the extension of specialist services at the Central School Clinic, there has been much closer liaison with the E.N.T. surgeons, Messrs H. S. Kander and Ogilvy Reid and the Heart and Rheumatic consultant Dr. H. Parry Williams. We have also received invaluable help and assistance from Dr. P. Asher, Mrs. Schonell and Miss R. A. Hyatt, the Midland Spastic Association's special team.

There has been an increase of 2 School Nurses in the establishment during the year in order to cope with the additional work. It is with pleasure that I acknowledge the efficient work and loyal co-operation of the Senior Assistant School Medical Officer and all other members of the school medical staff during the year. I am very conscious of the invaluable assistance given by the Director of Education and the helpfulness of his administrative staff. It is possibly not generally appreciated that without the untiring efforts of the clerical staff in the School Medical Department the work on the medical side would be largely abortive and I am indeed grateful to the Chief Clerk and his colleagues for their consistent interest and meticulousness in the work of the department working as they are under over-crowded and trying conditions. Apart from being custodians of some 70,000 records, the clerical staff made arrangements for over 11,000 appointments for school children and parents with doctors and specialists during the year, in addition to the normal routine work of arranging systematic inspections at schools; I consider this to be a noteworthy achievement. I offer my sincere thanks to all Head Teachers and class teachers throughout the schools for their helpful co-operation.

Finally I wish to record my thanks for the encouragement and support given to my staff and self by the chairman and members of the Special Services Sub-Committee during the year; this has been much appreciated.

I am,

Your obedient servant,

T. M. CLAYTON.

The Council House,

Coventry.

15th July, 1949.

School Medical Officer.

### School Population, Accommodation, Attendances.

At December, 1948, there were 68 Primary and Secondary Schools (including Wyre Farm Camp School) under the control of the Local Education Authority, viz :—

- 48 Primary and all age schools with 63 departments.
- 13 Secondary Modern Schools with 16 departments.
- 7 Secondary Selective Schools.

The Primary and Secondary Schools are divided as follows :—

- 50 County Schools with 68 departments.
- 12 Voluntary C.E. Schools with 12 departments
- 6 Voluntary R.C. Schools with 6 departments.

Number of children on registers, January, 1948	...	...	30,887
Number of children on registers, December, 1948	...	...	32,991
Average percentage attendance	...	...	91.1
Estimated number of children attending Independent and Private Schools	...	...	2,997
Estimated total population of the City of Coventry	...	...	250,400

### Child Guidance Arrangements.

Dr. S. W. Gillman reports as follows :—

" In the year 1948 there has been an increase in the number of children seen. In 1947 there were 90 new cases and in 1948 there were 120 new cases and the total attendances during the year was 372.

The cases were referred from the School Medical Officers, Family Doctors, Probation Officers and Social Workers.

This clinic is run under difficulties as the children have to be seen at the Adult Clinic of the Coventry & Warwickshire Hospital and adequate room for therapy for children is not available.

The children referred come under the following headings :—

1. Behaviour disorder (including delinquency)	...	...	40
2. Nervous and mental disturbances	...	...	37
3. Bed wetters	...	...	17
4. Mental deficiency	...	...	18
5. Various	...	...	8

There is a full team working at the clinic, that is Psychiatrist, Psychologist and Psychiatric Social Worker. The Psychiatrist saw all the children and in most cases the Psychologist was able to give educational or personality tests. Home and School Visits were made by the Psychiatric Social Worker.

The co-operation of the Coventry Authorities was very good indeed and suitable placement of children could be effected wherever needed.

There is no doubt that suitable accommodation for a Child Guidance Clinic is urgently needed and work will be done more adequately when the new centre is built and properly equipped.

I wish to thank Dr. T. M. Clayton, his Medical Officers and Staff for their co-operation during the year 1948."



## Chiropody.

Report of Mrs. M. J. Peacock, School Chiropodist :—

"The Chiropody Department was opened on November 16th, and comprises a three-hourly session each Tuesday morning. The average attendance has been eight patients a week.

The majority of these were verruca cases requiring weekly treatment, although since the commencement of the department, a number have been cured and replaced by others.

In addition, eight cases of acquired deformity have been treated with corrective strapping and padding, together with exercises. The response to this treatment has been satisfactory; only two were referred to Dunsmoor Orthopaedic Clinic.

As the department is a recent addition there is very little to report so far, but the gradual rise in the number of applications for treatment indicated that during 1949 there will be a considerable increase in the average weekly attendance."

## Corley Open Air School.

Dr. Woolgrove reports :—

"It is pleasing to be able to report continued progress in the work of the school and to note that there has been an increase in the number of children who have benefited during the past year.

It cannot be too often repeated that the success of such an establishment depends upon the full co-operation of the whole staff to ensure that each pupil benefits to the maximum, not only through improved health but also by the education provided. It is only due to this co-operation and cheerfulness at all times that Corley has achieved so much, and the Committee can be justly proud of the medical facilities provided at this school.

Any child requiring specialist advice or treatment is referred to the appropriate consultant. It is interesting to note that visits to the various clinics and hospitals number 895 and that visits to specialists total 92. The school doctors paid 192 visits to Corley for the twice weekly visit for routine school medical work and also for incidental emergencies. This ensures that the child can receive the maximum benefit from the new environment and from the medical and special educational facilities.

The policy of arranging for those requiring removal of tonsils and adenoids to have the operation carried out while in residence has continued. 17 such children have had their tonsils and adenoids removed.

The School Oculist is still obtaining encouraging results from the experiment of admitting those delicate children suffering from amblyopia (dimness of vision) and these children receive special attention by medical and teaching staff.

The provision of quarantine "quarters" for the isolation of suspected infectious cases was a welcome and very necessary provision. Such facilities are essential in a residential school, and greatly assist in limiting the danger of spread amongst other members of the community. There is no doubt that these facilities will prove a boon in the future.

A proportion of the children admitted to the school suffer from enuresis (bed wetting). Every effort is made to discover if there is any medical cause for such a condition, all too often with a negative result.

The daily routine of life at the school with the help of the trained staff has greatly assisted in the treatment of this condition, and the results obtained have been rather amazing. If one regards as a provisional "cure" a trial period of one month without a relapse, it can be stated that of 118 boys admitted, 54 were enuretics, and on discharge, 30 of these were classified as provisionally cured (55%). Of 130 girls admitted, 37 were enuretics and on discharge, 33 of these were classified as provisionally cured. (89%). These results reflect great credit on all concerned.

It is a pleasure to note that the provision of a rest and play room has at last been completed. I know that full advantage of the increased amenities offered will be taken, with resultant benefit to the pupils.

One may well ponder over the advances made in special educational facilities for delicate children. This should serve to encourage the resolve that the future provision for delicate children shall be adequate to meet the needs of a school population of 36,000.

I would like to express my appreciation for all the help and assistance I have received from Miss Caborn and each member of the staff. It should be mentioned that owing to the difficulty in filling the nursing establishment at Corley, Nurse Poole, Senior Nurse, has had to manage single-handed over the past seven months. Great credit is due for the care and attention she has given to the children over this harassing period. School nurses from the clinic have helpfully assisted by volunteering for short periods of duty at Corley."

The number of children admitted during the year was 248 (238). The average length of stay at the school was 24.5 weeks (24.2 weeks). The average gain in weight was 8.4 lbs. (8.4 lbs.) and the average gain in height 1.00 ins. (1.05 ins.). There were 895 (476) special investigations and medical treatments arranged and carried out in conjunction with the various hospitals and clinics. The figures in brackets refer to the previous year.

### Dental Treatment.

The report of Mr. Raeside, the Senior School Dentist:—

"At the outset it is pleasing to be able to report a slight extension of the School Dental Service by the opening of a branch clinic at Windmill Road. This new surgery was completed during the year, but it was not possible to appoint a dental officer (Dr. Polley) to commence duty until 1st November. However, in the short time it has been functioning there is every evidence to show that it is proving a great benefit to the children in this particular part of the City. It is to be hoped that in the near future similar branch clinics will be established in other outlying districts of the City.

The staff now consists of six dental officers, five full time and one part-time, as the services of Mr. Breakspear are still not available on two full days each week. With a school population of approximately 36,000 it will be realised that the staff is totally inadequate to give a full comprehensive dental service, and as a consequence the routine inspection of children in the schools has proved quite impossible. To cope satisfactorily with all the work involved i.e., inspection and treatment of all school children, specialised orthodontic treatment, and maternity and child welfare cases—would necessitate the staff being more than doubled.

The problem of providing orthodontic treatment is one which has caused grave concern, and it was found possible to attend to only a very small percentage of the children requiring this specialised treatment. Approximately six sessions per week were devoted to this work and during the year 1643 attendances were made by these particular children for whom 422 appliances were constructed. Any increase of the number of orthodontic sessions would be at the sacrifice of the more important general routine work and this is not justified at the present time.

A dental survey of 19 nursery schools was carried out by Mr. Timms during the year in order to ascertain the probable dental condition of future school entrants. 464 children were examined ranging in age from 2—4 years and classified as:—

- A Good—Caries free.
- B1 Requiring fillings—prognosis good.
- B2 Requiring fillings—prognosis doubtful, may be for extraction.
- C Requiring extraction.

With the following results expressed as percentages of each age group.

Age	A	B1	B2	C
2 years ... ..	78.75	20	1.25	
3 .. ... ..	55.7	34	8.5	1.4
4 .. ... ..	34.4	40.4	16.8	8.4

These figures show how inevitable the high percentage of deciduous extractions become at school age, since classes B1 and B2 rapidly degenerate to Class C unless early treatment is given.

It is abundantly clear that the whole problem should be attacked at the source and work concentrated on the pre-school child as soon as the temporary dentition is completed at the age of 2 years.

Regular treatment from this early age with the object of retaining the temporary molar teeth until the normal time (10—11 yrs.) would greatly reduce the number of children now presenting themselves for orthodontic treatment.

The urgency of more staff may be appreciated when it is realised that roughly 50% of the children having premature deciduous extractions become orthodontic cases a few years later. The new Health Act states that priority is to be given to the pre-school child, but unfortunately at the moment conditions are such that is quite impossible to obtain dental officers to carry out this very important work. Perhaps in the course of time the situation will improve and keen and suitable officers will be attracted to the service.

About 200 boys in residence at Wyre Farm Camp School were inspected twice during the year and those found to require treatment were given the opportunity to attend the clinic during the holiday periods when the camp was closed. It was pleasing to observe the general healthy oral condition of the boys and this factor alone gives some true indication of the benefit being derived by them under such ideal surroundings. The children at "Town Thorns" and Corley Open Air School were all inspected and treatment for them was carried out as necessary.

As in previous years much valuable work was again done for expectant and nursing mothers and also for children referred from the various welfare centres 1,407 attendances were made by the mothers and for these patients alone 2,333 teeth were extracted and 180 dentures supplied. Since the introduction of the new Health Act on the 5th July the number of mothers referred for treatment has shown a marked increase, the figures being, up to the 5th July, 172, and since 5th July, 251."

The following table gives details of the various forms of treatment carried out during the year:—

#### Dental Treatment, 1948.

	Primary and Secondary	Infant Welfare	Ante- Natal	Totals
Fillings				
Permanent     ...     ...	3,390	—	102	3,492
Temporary     ...     ...	898	122	—	1,020
Extractions—				
Permanent     ...     ...     ...	2,275	—	1,960	4,235
Temporary     ...     ...	7,397	373	—	7,770
Other Operations     ...     ...	2,418	2	524	2,944
Administration of general anaesthetics for extraction	993	111	251	1,355
Attendances     ...     ...     ...	12,988	450	1,407	14,845

#### Diphtheria Immunisation.

The Senior Assistant School Medical Officer, in his report to me concerning the 1948 position relating to immunisation against diphtheria amongst the school population, states:—

“ If the present satisfactory position regarding diphtheria in the City is to be maintained, and if possible, improved, it is essential that all associated with the educational services should continue to impress upon the parents the necessity for continued vigilance in this matter, otherwise there will be increase in unnecessary suffering, illness and loss of life due to a preventable disease.”

This statement of course is only too true and should be fully appreciated by all concerned with the welfare of children both in the pre-school and inter-school periods.

As a further reminder, the following tables are included to draw attention both to the National and Local positions over a period of several years:—

**Table I**  
**Diphtheria in England and Wales**

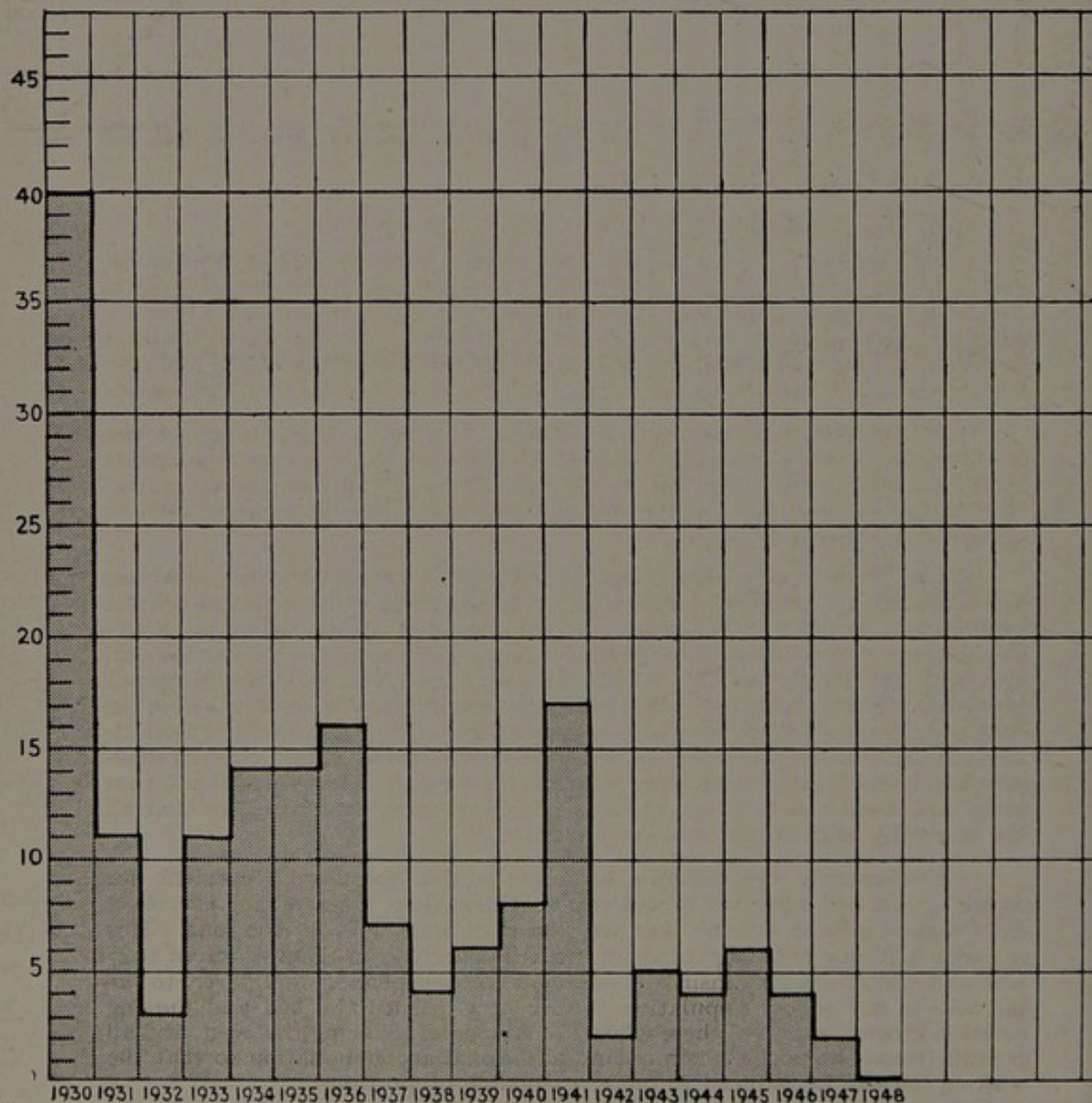
Year	Deaths	Cases
1940	2,480	46,281
1941	2,641	50,797
1942	1,827	41,404
1943	1,371	34,662
1944	934	29,949
1945	722	25,246
1946	472	18,283
1947	244	10,465
1948	150	8,034

Table II  
Diphtheria in Coventry

1945 ...	...	146 cases	5 deaths of which none was immunised.
1946 ...	...	115 "	4 " " " " " "
1947 ...	...	53 "	2 " " " " " "
1948 ...	...	12 "	NIL

The dramatic reduction both in the incidence of the disease and in the number of deaths caused by it is all too apparent. It has never been claimed by those who believe in the undoubted merits of immunisation that the procedure is an infallible preventive against diphtheria in every immunised case. Nevertheless, the above figures and the graphs appended hereinafter should be a good and sufficient answer to those who continue unjustly to decry the benefits which have obviously accrued to the children of this country by the introduction and continued use of this well-tried and valuable preventive.

DIPHTHERIA DEATHS IN COVENTRY 1930-1948



## DIPHTHERIA CASES IN COVENTRY 1930-1948



### Ear, Nose and Throat Clinic.

Mr. H. S. Kander, the Joint Consultant reports:—

" Ear, Nose and Throat clinics were started in June, 1948 at the Central School Clinic at Gulson Road, thus filling a long felt gap in the School Medical Service of Coventry as previously limited facilities only were available through clinics at the Coventry and Warwickshire Hospital. At first three clinics a month were held, but it soon became clear that this was not sufficient and now five sessions per month are held by the Ear, Nose and Throat Specialists.

Children referred by the School Medical Officers or the private doctors are seen and treated, and cases in which operation for tonsils and adenoids have been advised are reviewed by the specialists. In this way some system of priorities is arranged, and the waiting period for those in greatest need of operation somewhat reduced.

In addition to this large group, patients with discharging ears, deafness and sinus disease are being treated, either in the clinic or by operation in the Coventry hospitals. Full liaison and co-operation exists with the X-ray Department at Gulson Hospital where all X-ray investigations are carried out, and with the Deafness Clinic at the Coventry and Warwickshire Hospital. Here deaf children have special audiometric tests by the Audiometrician of the Hospital. Some children have also been referred to the Radiotherapy Department of the Coventry and Warwickshire Hospital where certain cases of deafness are being treated with very satisfactory results. It is thus hoped that early treatment can be given to any child developing ear disease so that all the crippling after-effects can be prevented.

Unfortunately the position as regards the operative treatment for septic tonsils and adenoids is still very unsatisfactory. The waiting lists show little sign of getting smaller, and the period of waiting is far too long. This is partly a legacy of the epidemic of infantile paralysis in the autumn of 1947 when all operations for tonsils and adenoids were suspended, and partly to the increase in the school population of Coventry. Until the bed and nursing position greatly improves there is little likelihood of reducing this wait, and all possible steps should be taken to find additional accommodation so that the waiting list can be reduced to more reasonable proportions."

Mr. Ogilvy Reid, the Joint Consultant, reports:—

**Tonsils and Adenoids**—I have found that the majority of children referred by your medical officers certainly require operational treatment but existing conditions make it essential for me to place them in categories (as I have done elsewhere). These are A, B, and C. The "A" cases are in the urgent category. In the case of the "B's," operation is desirable and the "C" may safely be reviewed later. Dealing only with the "A" group taxes the operating facilities to the utmost and I think it is important that the list should be vetted from time to time to make sure that the most urgent cases in this group are being done."

**Other E.N.T. conditions—mostly Chronic Otitis Media.**—"Again the bed shortage results in only a proportion of those requiring the operation receiving this treatment within a reasonable time although I think the situation will improve with increasing use of Gulson Hospital. In the meantime, extension of treatment facilities for such cases at the Central School Clinic, would be of great value during the period of waiting. Thorough, frequent conservative treatment can achieve much."

N.B.—The above mentioned suggestion of Mr. Ogilvy Reid re treatment of cases at the Central School Clinic is now in operation. Treatments are carried out under the supervision of a nurse specially qualified for this work.

### Heart and Rheumatic Clinic.

Dr. H. Parry Williams the consultant paediatrician reports:—

"Owing to the help and willing co-operation of Dr. Clayton it has been found possible to commence for this city a Congenital Heart, and Rheumatic clinic for children.

The surgical advances in the treatment of congenital heart disease have made accurate diagnosis imperative. It was realised that these should be available to all Coventry children, and that it was a responsibility to be undertaken locally. As operation is not without risk, investigation clinically, radiologically, and by angiocardiology is essential in order to arrive at as accurate an assessment of the condition as possible. The work is obviously a question of team work, and we are grateful to school medical officers and private doctors for their help.

The future looks brighter for these "blue" children—but they are not the only type of congenital heart lesion that will benefit. There are other cases—not so spectacular because they are not blue—who will receive help towards living a more normal life.

Mr. Leigh Collis, Thoracic Surgeon, is very interested in this work, and will do the surgery. Dr. Glasgow and Captain Smith Clarke have made angiocardiology possible in this city. Captain Smith Clarke has invented a machine for taking serial films of the heart that is of inestimable value, and a great tribute to his ability. Later it is hoped—with Dr. Clayton's encouragement and continued interest—to publish figures in this report.

Rheumatic fever and chorea had declined during the war years—but chorea is now more common. The importance of these diseases as a cause of cardiac crippling later in life cannot be overestimated; so that these cases are also being seen—carefully examined, and seen at regular intervals.

It is hoped that soon we will have long term accommodation for children requiring it, with a teacher so that long bed rest will not preclude education going ahead.

Children often have heart murmurs that are of no consequence—investigation into these is going on, and in course of time it is hoped to publish results. It is sad to see a child restricted in activities because of a cardiac murmur that is of no real significance. It is appreciated that differentiation is difficult, but its importance cannot be overstressed.

It is largely in these three fields that the work is being undertaken

I would like to place on record my appreciation of the welcome and co-operation of Dr. Clayton, and all medical officers of the Public Health Service, since my arrival in Coventry on 1st February, 1948. There had been no Paediatrician previously, and without their help my work would have been impossible."

### **Milk and Meals in Schools during 1948.**

Report of Miss J. Hatfield :—

" At the end of the year there were 29,026 children receiving milk in schools and 12,344 children receiving regular mid-day meals at school canteens.

This figure includes 1,000 meals of the " Oslo " type which have been supplied to a rota of schools so that 5,000 children had the meal one day during the week, and the introduction of this type of meal has meant that it has been possible, during a period when no additional kitchen accommodation was available, to supply 1,000 extra mid-day meals of a high nutritional value.

The average " Oslo " meal consist of one ounce of grated cheese, half an ounce of margarine or butter, approximately two ounces of bread (the amount varies according to the appetite of the child) salad consisting of four or five of the following :— Lettuce, watercress, shredded cabbage, tomato, peas, beetroot, radishes, raw shredded carrot, — usually lettuce, tomato, beetroot and grated carrot form the principle ingredients ; half a pint of cocoa made from one ounce of dried milk. The second course consists of a cold sweet with milk foundation using one ounce of dried milk per head, or a piece of cake or a portion of tart. Fresh fruit, usually an apple or tangerine, is served occasionally when available at a reasonable price. Tinned meat or tinned fish is served as an occasional variant from cheese."

### **School Oculist.**

Mr. Bishop, the School Oculist, reports :—

" Work in the School Eye Clinic has proceeded in a smooth and efficient manner during the past year thanks to the interest and co-operation of the nursing staff and the very satisfactory work performed by the orthoptists. The advent of the new Health Service on July 5th. has not made any very great change to routine, though it does give to the parents a wider choice of spectacles, which can be obtained free of charge. The one big disadvantage of the new arrangements is the delay in the delivery of the spectacles. However, there are signs that the supply position will shortly improve.

The treatment of squinting children is tending to lag behind a little, partially because of insufficient orthoptic facilities, (the appointment of another orthoptist has been approved,) and partly, in the case of children requiring surgical treatment, due to a shortage of hospital beds. No improvement in the bed position can, unfortunately, be expected for some time to come."

### **Orthoptic Treatment.**

Mrs. G. Harrison, the Senior Orthoptist, reports as follows:—

" The work of the Orthoptic Department has progressed more than satisfactorily this year. To continue this progress through 1949 it will be necessary, as seen from the figures below, to employ another full-time Orthoptist. Despite the fact that 144 cases are now receiving weekly treatment, the waiting list still stands at 122, which is far too high, and will take approximately 2 years to eliminate, excluding the fact that new cases are constantly being added to the list. During 1948, 167 new cases have been seen in the Orthoptic Department.



Only 2 cases have been refused this year—one a girl with a small Divergent Strabismus—which did not respond to treatment. Cosmetically the Strabismus was hardly noticeable and she was symptom-free. The other case—a boy, aged 13 years, with very low vision in the squinting eye ; occlusion treatment was tried, but the boy attended very spasmodically, and it was felt that, at his age, without the fullest co-operation, improvement could not be hoped for.

11 cases have ceased to attend, all were written to and sent a further appointment, but without result.

During 1948, 61 Orthoptic cures (i.e., both eyes working in perfect unison) have been effected ; of these 46 were cured with treatment alone, the other 15 by operation combined with treatment. 24 further Cosmetic cures (i.e., Appearance very good and symptom-free, but unable to obtain Binocular Single Vision) were effected by operation, having failed to respond to Orthoptic treatment.

Although the waiting list is still formidable, once the case is receiving weekly Orthoptic treatment no delay is encountered. If operation is necessary the child is admitted to hospital within a very short time, and afterwards receives daily treatment until the eye condition is satisfactory. The waiting list for operation stands at 35, at the moment, and during 1948, 85 operations were performed.

These few paragraphs briefly outline the work of the Orthoptic Department during 1948, and with further assistance in 1949, we hope to be able to give Orthoptic treatment to a greater number of patients, without the long weeks of waiting."

### **Orthopaedic Arrangements.**

The Coventry Crippled Children's Guild has continued with its good work for children with orthopaedic defects. Cases are referred to the Dunsmoor Clinic by the school doctors. These cases are found at the routine medical inspection at schools and as a result of parents requesting appointments at the School Clinic. A total of 544 out-patient orthopaedic defects were seen by the Orthopaedic Surgeon at the Dunsmoor Clinic, Holyhead Road, the necessary treatment being provided, such as remedial exercises under supervision, massage, physio-therapy treatment, and surgical appliances. Suitable cases were also referred for operation. A detailed table of the orthopaedic and postural defects found on examination is included.

ORTHOPAEDIC AND POSTURAL DEFECTS SEEN AT THE DUNSMOOR  
ORTHOPAEDIC CLINIC

<i>Defects.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Infantile Paralysis Deformities	3	3	6
Calcaneo Tuberositas	3	3	6
Claw Foot	8	8	16
Erb's Palsy	2	1	3
Genu Valgum	59	53	112
Genu Varum	2	7	9
Hallux rigidus	1	—	1
Hammer toe	1	1	2
Hemiplegia	1	1	2
Haemophilia	1	—	1
Kohler's Disease	4	1	5
Matatarsus varus	4	11	15
Miscellaneous	4	9	13
Osteomyelitis	1	—	1

POSTURAL DEFECTS :—

Bad posture	8	5	13
Kypho-scoliosis	—	3	3
Kyphosis	7	10	17
Pes planus	101	100	201
Lordosis	2	3	5
Scoliosis	8	8	16

SPASTIC DEFORMITIES :—

Spastic diplegia	—	1	1
Spastic valgus	—	2	2
Spastic monoplegia	—	1	1
Spastic paraplegia	—	2	2
Still's Disease	1	—	1
Talipes Equino Varus	2	—	2
Tendo Achilles Bursitis	2	1	3
Torticollis	2	2	4
Ulnar synostosis	1	—	1
Valgoid ankles	9	16	25
Valgoid feet	6	29	35
Valgoid heels	15	5	20
<b>Totals</b>	<b>258</b>	<b>286</b>	<b>544</b>

### Physical Training.

The following is the report of the Organisers of Physical Training (Miss G. W. Baker and Mr. J. F. McCarthy) viz :—

“ Throughout the year, 1948, considerably more attention has been paid to the facilities and opportunities which can be provided for more and more children to learn and play games. It seems reasonable to establish as one of the main objects of teachers of Physical Education, the all-round development of the child in such a way as to bring to the child a realisation and consciousness of the physical abilities and potentialities of which he is capable. Too many of our schoolchildren have left school without being brought into contact with a variety of activities. We have selected one or two games perhaps which were thought suitable and which quite definitely were of great value but which, while having a genuine appeal to the majority of children, failed to attract a

substantial minority. With increased facilities for games it is now possible to broaden the games programme and it is with some satisfaction that we report that Tennis is now proving to be a major summer attraction to great numbers of girls and boys in school and that teachers themselves are keen and anxious to improve their knowledge and coaching ability in the game. Other games and activities will be added in due course as we progress with development of our playing fields.

### **Swimming.**

Swimming instructions is still limited by the lack of indoor facilities in the City. Continuous instruction is necessary to produce the best results and unfortunately for some schools, provision can only be made during the summer months when the privately owned open air pools are in use. Teachers have attended Courses in the Teaching of Swimming, and instruction is at quite a high standard but the continuity is lost during the winter months when the open air pools close down. However, the results of Swimming Tests show that large numbers of children are learning to swim and further that there is a considerable improvement in the standard of swimming.

### **Play Leadership.**

The Play Leadership Scheme which operated in the Parks during the Schools' Summer Holiday was a great success. Some of the Centres were attended by as many as 200 children at one time. The scheme covered seven centres and six Play Leaders were appointed to organise, conduct and generally supervise the activities for which apparatus, was provided. The Scheme is to be developed further in future years, as its popularity is proved and its value as a means of occupying the children healthily and safely is unquestioned.

### **Remedial Exercises.**

Under the direction of the Schools' Medical Officer, children suffering from Flat Feet, Spinal Curvatures and Chest Deformities are given remedial exercises which they are encouraged to perform at home. Unfortunately at the moment, we have no direct evidence that such exercises are continuously and properly performed and we are hoping that it may be possible to arrange special classes for remedial exercises under the supervision of teachers with special qualifications in this work.

Once again we have to pay tribute to the work of the teaching staffs in Coventry, whose efforts on behalf of the Physical welfare of the children are generous and untiring. The number of men teachers who have taken an Advanced Course in Physical Education during their College Training is steadily increasing but we regret to have to say that the number of women teachers who have taken a similar Course is not yet sufficient to meet the needs in Coventry.

The Organising staff of the Education Authority is, to a great degree these days, occupied on administrative matters and we sometimes feel that the important work of Inspecting and Supervising practical Physical Education in schools is not given the attention which it merits. It is however, impossible to carry out the work of Inspection and administration without additional assistance but we feel that the provision of adequate and suitable facilities for as many children as possible is of prime importance and should therefore, receive our first attention."

### Secondary Grammar Schools.

Barr's Hill School	...	...	...	...	153
Commercial High School	...	...	...	...	105
John Gulson School	...	...	...	...	NIL
Junior Art School	...	...	...	...	15
Priory High School	...	...	...	...	13
Stoke Park School	...	...	...	...	285
Technical Secondary School	...	...	...	...	181
					<hr/>
			Total ...	...	752
					<hr/>

Dr. Moir reports that,

"During the year 1948, 242 entrants to three girls' secondary schools were examined by me. These numbers are included in the total shown above.

Again during 1948 in the Girls' Secondary Grammar Schools, only the entrants and the leavers were examined because of inadequacy of staff. But in order to enlarge the scope of the examination in the only possible way, the card of every girl in the three schools, Priory High, Barr's Hill and Stoke Park, was examined and where any defect was recorded that girl was interviewed and examined with regard to the recorded defects."

### The Physically Handicapped Child with Special Reference to Cerebral Palsies ("Spastics.")

The Senior Assistant School Medical Officer, in his memorandum to me for 1948, draws attention to the historical background of the cerebral palsies and points out that the child so afflicted has always presented a most difficult problem so far as treatment, education and community responsibility are concerned. Dr. Woolgrove thereafter continues:—

"Since the advent of the special and hospital school, however, a fortunate percentage, though still but a fraction of the total number, have been able to secure a measure both of treatment and education. The remainder have had to struggle on as best they could. Many have been confined to their homes, with little, if any, help of any kind, a growing burden to themselves, and a perpetual anxiety to their parents. While some have secured a temporary haven in crippled children's homes, not a few have found themselves relegated to public assistance, and other institutions, including those for the mentally defective."

It is necessary to indicate for the benefit of the lay mind that these palsies are produced either as the result of an under-developed brain or injury thereto, and in consequence, a variety of end results may appear, i.e., either stiffness or weakness of the limbs or perhaps a series of uncontrollable muscular movements. Sometimes, too, other parts of the body or senses are affected by this muscular involvement, e.g., speech defects, squints, etc.

It is also pointed out that in straightforward, uncomplicated cases of cerebral palsy, the affliction is not progressive in so far as brain damage is concerned, although it may be so in relation to

deformity of limbs, particularly if treatment is not commenced sufficiently early. On the other hand, much can be done for the musculature of the great majority of educable cases with careful training. The success of treatment in spastic cases depends largely upon careful specialist selection of children who are likely to respond and benefit by the treatment offered, and the ability of the child to make the initial **voluntary** effort to overcome his disability: without this, other extraneous remedial measures are largely abortive (e.g., massage, physiotherapy, etc.). It is therefore encouraging to note, from the report of the Midland Spastic Association (q.v.) that over two-thirds of the children examined were found to be educable; these would benefit from special educational measures.

**Present available facilities.**

1. **Ordinary school** :—Children having slight afflictions attend ordinary schools and receive treatment at an orthopaedic clinic.
2. **Paybody Convalescent Home** :—Two cases have received treatment here.
3. Home tuition for some cases has commenced.
4. Regular physiotherapeutic treatment through the Midland Spastic Association

The following report addressed to me is from Dr. P. Asher of the Midland Spastic Association :—

“ 39 children in all have been examined, of whom two were found not to be suffering from cerebral palsy. Of these 39 children, 31 were seen at Gulson Road Clinic, two at the Paybody Hospital and six at Great Barr Colony. I still have three children to see and Mrs. Schonell has another seven.

“ 23 children were suffering from spastic conditions, 11 hemiplegias, 5 paraplegias and seven quadriplegias. There were seven athetoids and one congenital tremor.

“ Intelligence quotients ranged from 109 downwards, the lowest being untestable.

“ Since July Miss Hyatt has been visiting Coventry at regular intervals and has treated eight children, mostly athetoids. She has since discontinued treatment of two children as they were found to have very low intelligence.

“ I should like to mention in our report how grateful we are for your co-operation and for that of the Public Health Department in enabling us to examine these children in Coventry.”

It will be recalled that the services of the Midland Spastic Team, Birmingham, were offered quite voluntarily and warm thanks are due to the members for the excellence of their work and co-operation throughout the year. The Team comprises the following :—

Dr. P. Asher, M.D., M.R.C.P.

Mrs. F. E. Schonell, M.A., Educational Psychologist.

Miss R. A. Hyatt, M.C.S.T., Physiotherapist.

## The Special School, South Street (for Educationally Sub-normal Children).

Report of the Head Master Mr. R. A. Grice :—

		<i>Boys.</i>	<i>Girls.</i>
" No. on Register 31st December, 1947	...78	43	35
No. admitted during 1948	...29	13	16
Allowed to leave for work at 16	... 7	3	4
Excluded as ineducable	... 7	2	5
Transferred to Approved School	... 1	1	—
Transferred to Residential School	... 2	1	1
Transferred to Deaf School	... 1	1	—
Transferred to Normal School	... 1	1	—
No. on Register 31st December, 1948	...88	47	41

### 1. Reorganisation.

The Reorganisation of the School on individual lines has had very satisfactory results. Each child is allowed to progress at his or her own individual rate ; with the result that the children are much more happy, alert and interested in their work. The aim is for each child to match capacity with attainment, and the keynote of the school, individual attention. The Staff is exceptionally keen and capable, and constantly experiment with new methods and ideas. In this respect we are in close contact with the Institute of Education at Birmingham University.

Individual Progress Report Books have been instituted. These are completed for each child every six months.

### 2. Sport.

Boys and girls have attended Swimming lessons once per week—at Gosford Green Pool in the Summer and Livingstone Road Baths in the Winter. As a result the following Certificates have been obtained:—

1st Class — 1 Boy (1st in School).  
2nd Class — 2 Boys.

#### Athletics.

Children competed in the Schools Athletic Competition for the first time.

### 3. Speech Therapy.

Four children with marked speech Defects have attended the School Speech Therapist. They are receiving valuable assistance and will benefit permanently.

### 4. School Outing.

The first annual school outing was held on Thursday, July 21st, when a day was spent at Moat House Farm, Berkswell.

### 5. Open Day.

Open day for Parents and friends to see the work of the school was held on December 16th. The day concluded with the performance of two plays, the dialogue, costumes, scenery and properties for which were the work of the children. Many more parents were present than last year and contact with them has proved invaluable. One of the pleasing features of 1948 has been a more marked interest displayed by parents in the work of the school.

## 6. School Visits.

A study of civics for the senior children has been introduced into the curriculum and in conjunction with this, visits have been paid to the following :—

Corporation Transport Department,	Salvage Depot,	...
Sewerage Undertaking,	Gas Works,	
A Dairy, Post Office,	Railway Station, Etc.,	

## 7. Waiting List.

Waiting List is now 97, I am very concerned with this. This is due to lack of accommodation. The whole work of the school is hampered by being housed in too small and unsuitable premises which results in an already arduous task being made increasingly difficult for the staff, and the children being deprived of many amenities.

## 8. Social Training.

More attention has been paid to this subject. Individual tooth brushes have been provided and daily teeth cleaning drill instituted. More emphasis has been placed on personal cleanliness and appearance with a resultant increase in individual self respect and personal pride.

## 9. Attendance.

Average attendance for	1947 —	71%
“ “ “	1948 —	85%

Dr. Moir visits for one day per week (each Wednesday) for the purpose of re-testing children on trial and for making periodic tests with the other pupils.

I should like to pay tribute to Miss A. V. George who retired on 31st August after 34 years service with handicapped children, also to the rest of the staff who by their enthusiasm and devotion to duty have made a happy and efficient school. There is need however for much propoganda work on the part of the Authority. Tradition dies hard in Coventry and far too large a proportion of the general public regard this school as the "Daft" or "Silly" school. This is unfair to the children, and to all concerned with their education.

## Speech Therapy.

The following is a report by Miss B. Carr, the speech Therapist :-

" In the past year a large number of children suffering from a wide range of defects have been referred to the Speech Therapy Department. Attendances have been steady and mothers and teachers have proved very helpful to the children concerned.

Several children of pre-school age have been inspected. Although it is wise for young children with cleft palates to start training in speech as soon as possible, an early commencement in speech therapy is to be avoided in those infants whose defect is of psychological origin. In such cases an interview with the parents for re-assurance and advice is often the most helpful way of dealing with the problem because the defect is but the outward manifestation of an inner disturbance caused by wrong conditions in the environment. If these conditions can be remedied at an early age, the talking will become normal.

From the time speech therapy sessions commenced at the School Clinic 3½ years ago, six children have been referred who have speech defects arising from conditions of spasticity and athetosis. In 1948 two children with generalized athetosis started attending who had no power of speech at all, although their intelligence is estimated to be normal. It would be to the best advantage of these severely handicapped children if they could receive special education, including daily speech therapy, at a suitable school; but at present there are no vacancies at any such schools in England. The children, therefore, have one or two lessons a week with the speech therapist and daily home practice. Under these conditions, even with the utmost co-operation between child, mother and therapist, improvement in speech is so gradual as to be hardly perceptible at first, and very great perseverance on the part of the mother is required over a prolonged period. Such patient work will be well worth while if the children are able eventually to express themselves by the spoken word."

The following are the year's figures relating to the speech therapy clinic :—

**Attendances. 2133**

Number of new cases ... ..	69
Number of cases treated or now under treatment ...	149
Numbers of interviews with parents ... ..	311
Number of cases discharged ... ..	46
Number of cases discharged temporarily ... ..	37
Number of cases found unsuitable for Speech Therapy ...	10
Number of cases on waiting list at 31st December, 1948	31

**Wyre Farm Camp School.**

There were 165 (146 boys admitted to the Camp School during the year. All the boys are medically examined before admission and return to the school after the school holidays. The following is the report submitted by Dr. Stanbury on behalf of the Medical Officer (Dr. J. S. Jerome) :—

" The general health of the boys was fairly good throughout the year, and there were no large outbreaks of infectious disease. Indeed, they seem to be remarkably immune to the mild epidemics which break out periodically in the local village. Matron's statistics show a considerable amount of treatment given at the hospital. Much of this is preventive, for boys are encouraged to have their minor troubles attended to before they become major ones; I do not think much school time is lost through this. The increase in medical treatment, as compared with 1947, is accounted for by the presence of children occupying the camp for five weeks during the summer holidays.

Quality and quantity of food remained satisfactory, and probably as a result of this balanced diet, new boys often show rapid improvement in health and physique.

Recreational and athletic facilities are excellent and have an obvious beneficial effect on the general health of the boys. The staff appear to devote much time and attention to the encouragement of hobbies of all sorts, and there is ample opportunity for healthy mental, as well as physical development. Once the initial period of homesickness is over most boys find sufficient outlet for their energies.

In conclusion, my general impression of 1948 is that there was very little avoidable illness, and the staff of the school has done much to promote the positive health and well-being of the pupils."



The number admitted to the sick bay at the school was 346 as compared with 284 in the previous year. There were 7 cases admitted to Kidderminster Hospital for operation during the year. One Coventry girl was operated for appendicitis during the holidays, while 37 hospital out-patient visits were made during the same period.

### **Clinic Sessions.**

The current arrangements in regard to clinic session are set out below :—

#### **Central School Clinic, Gulson Road.**

Minor Ailment Clinics, each afternoon and Saturday mornings.

Cleansings, each morning.

Medical Officer appointments :—

Monday mornings.

Tuesday afternoons.

Wednesday mornings and afternoons.

Saturday mornings.

Chiropody :—

By appointment, Tuesday mornings.

Dental Clinic :—

By appointment each day and Saturday mornings.

Ear, Nose and Throat Clinic :—

By appointment Wednesday mornings, and in addition every 4th week Wednesday afternoons.

Treatment sessions, Monday, Wednesday and Friday afternoons (includes "infra-red" treatment).

Eye Clinic :—

Tuesday mornings.

Wednesday afternoons.

Heart and Rheumatic Clinic :—

By appointment alternate Thursday mornings.

Orthopaedic Clinic :—

By appointment.

Orthoptic Clinic :—

Each day, including Saturday mornings.

Ringworm—X-ray treatment :—

By appointment.

Scabies Clinic :—

Each day, Monday to Friday.

" Spastic " Clinic :—

By appointment, alternate Saturday mornings.

Speech Therapy :—

Each day, Monday to Friday.

Sunlight Clinic :—

Tuesday and Friday afternoons.

**Branch Clinics.****Windmill Road.**

Medical Officer in attendance Tuesday, and Friday from 3.45 p.m.  
School Nurse in attendance each afternoon.

**Whoberley Clinic.**

Medical Officer in attendance Monday afternoons from 3.30 p.m.  
School Nurse in attendance Monday, Wednesday and Friday  
afternoons from 2.0 p.m.

**Binley Clinic.**

School Nurse in attendance Tuesday afternoons from 2.0 p.m.  
Medical Officer attends by arrangement.

**Attendances at the Clinics during 1948 :—**

CONDITIONS.	Central School Clinic Gulson Road		Binley School Branch Clinic		Windmill Road School Branch Clinic		Whoberley School Branch Clinic				
	Cases.	Attend- ances.	Cases.	Attend- ances.	Cases.	Attend- ances.	Cases.	Attend- ances.			
Skin :—											
Ringworm—scalp											
X-ray treatment	16	} 9435		} 1250		} 1287		} 3447			
Other treatment	9										
Ringworm—Body	42						2		4		
Scabies ... ..	199						2		7		
Impetigo ... ..	223		45				29		60		
Other skin diseases	145		23				14		71		
Eye Disease :—											
Blepharitis ...	25				—		1		30		
Conjunctivitis ...	87				8		14		32		
Phlyctenular ulcer	—				—		—		—		
Corneal ulcer ...	—		—	—	—						
Styes ... ..	53		6	11	41						
Other ... ..	8		—	—	—						
Ear Defects :—											
Otorrhoea ...	112		13	11	26						
Wax ... ..	63		2	10	11						
Miscellaneous :—											
Septic conditions...	243		152	28	144						
Sores ... ..	116		120	26	162						
Boils ... ..	100		19	16	25						
Chilblains ...	11		7	2	16						
Warts ... ..	132		37	28	128						
Injuries ... ..	356		37	130	273						
Other Conditions...	357		464	77	309						
TOTALS ...	2297	9435	933	1250	401	1287	1339	3447			

## Deaths of Children of School Age 5 yrs to 15 yrs.

Accidents ... ..	6
Ac. Lobar Pneumonia ... ..	1
Cerebral Abscess ... ..	1
Chronic Nephritis ... ..	1
Nephro Blastoma ... ..	1
Pulmonary Collapse (with Measles) ... ..	1
Rheumatic Infections ... ..	5
Miliary Tuberculosis ... ..	1
Tubercular Meningitis ... ..	2
Total ... ..	19

## PRIMARY AND SECONDARY EDUCATION

Table 1

## A.—ROUTINE MEDICAL INSPECTIONS.

Entrants ... ..	4,969
Second Age Group ... ..	2,230
Third Age Group ... ..	1,148
TOTAL ... ..	8,347
Other Routine Inspections ... ..	2,081
GRAND TOTAL	10,428

## B.—OTHER INSPECTIONS.

Number of Special Inspections and Re-inspections	5,592
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Table II.

No. of pupils Inspected ... ..	10,428	—
General condition—A (Good)	3,661	35.1%
“ “ B (Fair) ...	6,168	59.2%
“ “ C (Poor) ...	599	5.7%

Table III

GROUP I—TREATMENT OF MINOR AILMENTS  
(excluding Uncleanliness)

Total Number of Defects treated or under treatment during the year under the Authority's scheme ... ..	4,970
<b>GROUP II.—TREATMENT OF DEFECTIVE VISION AND SQUINT</b>	
Errors of Refraction (including Squint) ... ..	1,526
Other Defect or Disease of the Eyes (excluding those recorded under Group I) ... ..	10
	—————
	1,536
Number of children for whom spectacles were	
(a) Prescribed ... ..	1,039
(b) Obtained up to 4th July, 1948 ... ..	592
<b>GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.</b>	
Received operative treatment under the Authority's Scheme ...	403
<b>GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.</b>	
(a) Number treated as in-patients in hospitals or hospital schools. ... ..	58
(b) Number treated otherwise, e.g., in clinics or out-patient departments ... ..	544
<b>GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.</b>	
Number of pupils treated—	
(a) Under Child Guidance arrangements ... ..	120
(b) Under Speech Therapy arrangements ... ..	69

Table IV.—Dental Inspection and Treatment

Number of Pupils who were :—

(1) Inspected by Dentist : Routine Age Groups ... ..	8,384	
Specials ... ..	5,404	
TOTAL ... ..		13,788
(2) Found to require treatment ... ..		9,820
(3) Actually treated ... ..		6,408
(4) Attendances made by Pupils for treatment ... ..		13,438
(5) Half-days devoted to : (a) Inspection ... ..	85	
(b) Treatment ... ..	2,301	
Total (a) and (b) ... ..		2,386
(6) Fillings, Permanent Teet ... ..	3,390	
" Temporary Teeth ... ..	1,020	
TOTAL ... ..		4,410
(7) Extractions, Permanent Teeth ... ..	2,275	
" Temporary Teeth ... ..	7,770	
TOTAL ... ..		10,045
(8) Administrations of general anaesthetics for extractions ...		1,104
(9) Other operations : (a) Permanent Teeth ... ..	2,248	
" (b) Temporary Teeth ... ..	172	
TOTAL (a) and (b) ... ..		2,420
(10) Orthodontic appliances ... ..		422

Table V—Verminous Conditions.

(1)	Average number of visits per school made during the year by School Nurses ... ..	8
(2)	Total number of examinations of pupils in the Schools by School Nurses ... ..	114,941
(3)	Number of individual pupils found unclean ... ..	1,249
(4)	Number of cleansing notices issued under Section 54 (2) Education Act, 1944 ... ..	962
(5)	Number of cleansing orders issued under Section 54 (3) Education Act, 1944 ... ..	103

## HANDICAPPED PUPILS.

Number of children (a) ascertained in accordance with the Education Act, 1944, during the year 1948 (b) in Special School at 31st December, 1948, and (c) awaiting admission to Special Schools.

TYPE OF HANDICAP	Ascertained during year	Total number of pupils in Special Schools	Total number awaiting admission to Special Schools
Blind ... ..	3	} 12	1
Partially Sighted. ... ..	3		
Deaf ... ..	5	} 29	11
Partially Deaf ... ..	—		
Delicate ... ..	238	89	101
Diabetic ... ..	—	—	—
Educationally Subnormal Boarding School ...	13	10	16
Day Special School ...	45	92*	93*
Ordinary School ... ..	40	54*	—
Epileptic ... ..	5	6	1
Maladjusted ... ..	12	2	7
Physically Handicapped ...	29	19	12
Speech Defects ... ..	69	—	31 (awaiting speech therapy)
Multiple Disabilities ...	14	3	4
Found to be :—			
(a) Ineducable ... ..	17	—	—
(b) In need of supervision after leaving school ... ..	7	—	—
TOTALS ...	500	316	277

\* Includes children suffering from Multiple defects.

