[Report 1950] / School Medical Officer of Health, Coventry.

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CITY OF COVENTRY

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

T. MORRISON CLAYTON
M.D., B.S., B.Hy., D.P.H.

FOR THE YEAR

1950

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INDEX

SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE

as at 31st December, 1950.

Chairman:—Councillor Mrs. A. OSBORN.

Vice-Chairman:—Councillor Mrs. E. JONES.

The Deputy Mayor (Councillor Mr. H. WESTON).

Alderman Mr. B. H. GARDNER (Chairman of the Education Committee).

*Councillor Mrs. STEVENS (Vice-Chairman of the Education Committee).

Alderman Mrs. J. CANT.
,, Mr. J. FENNELL.
Councillor Mr. L. LAMB.
,, Mr. G. S. N. RICHARDS.
,, Mr. H. STANLEY.
,, Mr. W. SPENCER.

Co-opted Members:—Mr. G. H. ISON.
Mrs. W. JACKSON.
Mr. H. T. SUDDENS.
Mrs. J. WALTERS.

Director of Education:—Mr. W. L. CHINN, M.A.

Deputy Director of Education:—Mr. R. B. SYKES, M.A.

*At the time of going to press I have to record with deep regret the death of Councillor Mrs. Stevens.

COVENTRY SCHOOL HEALTH SERVICE
ORTHOPTIC TREATMENT

SCHOOL HEALTH SERVICE STAFF.

School Medical Officer (and Medical Officer of Health)	T. M. Clayton, M.D., B.S., B.Hy., D.P.H.
Deputy School Medical Officer (and Deputy Medical Officer of Health) ...	Dr. A. F. Jarvie, M.B., Ch.B., D.P.H. (Resigned April, 1950). Dr. R. J. Dodds, M.B., B.S., D.P.H. (Appointed May, 1950).
Senior Assistant School Medical Officer	Dr. Margaret M. R. Gaffney, M.B., B.Ch., B.A.O., D.P.H., D.C.H.
Assistant School Medical Officers	Dorothy D. Jones, M.D., Ch.B., D.C.H. Mary S. Martin, M.B., Ch.B. Margaret J. Moir, M.A., M.D., D.P.H. A. C. Ross, M.B., Ch.B.
Medical Officer, "Town Thorns"	H. Kenyon, M.B., Ch.B. (Part-time).
Medical Officer, Wyre Farm Camp School	J. S. Jerome, M.A., B.M., Ch.B. (Part-time).
Pædiatric Specialist and Heart and Rheumatic Consultant	H. Parry Williams, M.R.C.P., M.R.C.S., L.R.C.P. (Part-time).
Ophthalmic Surgeon ...	J. W. Bishop, M.B., Ch.B., L.R.C.P., M.R.C.S., D.O.M.S. (Part-time).
Ear, Nose and Throat Surgeons	H. S. Kander, F.R.C.S., M.R.C.S., L.R.C.P. (Part-time). W. Ogilvy Reid, M.A., B.Sc., M.B., Ch.B., F.R.C.S. (Part-time).
Senior School Dental Officer	M. Raeside, L.D.S.
Assistant School Dental Officers	J. A. Smith, L.D.S. Miss J. Glasgow, L.D.S. (Appointed October, 1950).
Physiotherapist (Spastics) ...	Miss R. A. Hyatt, M.C.S.T. (Voluntary).
Speech Therapist	Miss B. Carr, L.C.S.T.
Chiropodist	Mr. A. T. E. Freke, M.Ch.S., M.R.I.P.H.H.
Orthoptists	Miss A. Pritty, D.B.O. Miss M. M. Venner, D.B.O.
Superintendent School Nurse	Mrs. B. E. Mackie, S.R.N., S.C.M., Health Visitor's Certificate.

SCHOOL HEALTH SERVICE STAFF—cont.

School Nurses ...	Miss M. E. Absalom, S.R.N., Neurological Certificate. Miss W. L. Baker, S.R.N., S.C.M. Miss E. C. Batsford, S.R.N. Mrs. B. Brand, S.R.N. Mrs. G. L. Burden, S.R.N. (Resigned). Mrs. A. O. Campbell, S.R.N. Miss L. F. M. Dunnicliffe, S.R.N., S.C.M. (Part 1) Health Visitor's Certificate. Mrs. E. Ellis, S.R.N., S.C.M. Mrs. M. George, S.R.N., S.C.M., Health Visitor's Certificate, Cert. London Hospital for Ear, Nose and Throat. Mrs. E. A. Gore, S.R.N., S.C.M., Health Visitor's Certificate. Mrs. E. M. Hale, S.R.N. Mrs. A. E. Hall, S.R.N., S.C.M. Miss P. J. Lucas, R.S.C.N. (Appointed October, 1950). Miss A. B. Seers, S.R.N. Mrs. L. Wardle, S.R.N. Mrs. O. A. White, S.R.N. Mrs. E. M. Wickens, S.R.N., S.C.M. (Resigned July, 1950). Mrs. I. Wilson, S.R.N. (Deceased, February, 1950). Mrs. G. L. Young, S.R.N.
Chief Clerk	E. A. Moore.
Deputy Chief Clerk	Miss E. Stephen.
Clerks	Miss P. Atkin. Miss K. Beasley (Appointed August, 1950). Mrs. B. Bottrill (Appointed August, 1950). Miss B. Clarke. Miss D. Clark. Miss E. Essam (Resigned May, 1950). Mrs. K. Fletcher. Mrs. A. Gardner. Miss N. B. Griffin. Miss J. Jones (Resigned April, 1950). Mrs. F. Woodcock.
Dental Attendants	Miss D. Barnes. Mrs. A. Church. Miss D. Cleaver. Miss K. Farren.

CITY OF COVENTRY

SCHOOL HEALTH SERVICE

1950 ANNUAL REPORT

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

MR. MAYOR, LADIES AND GENTLEMEN,

Once again I have much pleasure in presenting my Annual Report on the work of the School Health Service for the year 1950. *During the five years since the Education Act,* 1944, *became operative, it has been interesting to note the gradually increasing numbers of children of school age in Coventry affected by the provisions. It will be seen from details given later in the Report that the duties and scope of work for the School Health staff continue to increase steadily, thereby confirming previous impressions that we might anticipate a mounting volume of work in the future. The school population in Coventry, including an estimate of children attending private and independent schools, was approximately* 40,236 *in December,* 1950, *compared with* 38,163 *in* 1949. *It is evident that the school population is rapidly increasing in number and thereby also points to the necessity for provision of ancillary services in proportion to the essential needs of the children.*

It has again been necessary in view of the mounting volume of work to supplement the number of specialist sessions and these continue to offer most valuable service and are of considerable satisfaction to all associated with them. Additional minor ailment sessions too have been established peripherally, thereby bringing facilities closer to those who need them and at the same time widening the scope and interest of the Assistant Medical Officers, nursing and ancillary staffs. Since the establishment of the Child Tuberculosis Contact Clinic at Gulson Road (discussed elsewhere in the Report), there have been increasing opportunities for co-operation between the pædiatric personnel at the Coventry and Warwickshire Hospital, the Tuberculosis Officer and the officers of the School Health Service—besides providing the latter with additional opportunities for keeping in touch with the clinical aspects of medicine. This latter should never be lost sight of since it is essential that the day-to-day work of medical officers should receive that element of acceptable extraneous stimulation which is so essential if their professional interest is to be sustained.

The clinic accommodation continues to be inadequate but additional clinic premises attached to Stoke Heath School were

opened during the year. It was found impracticable to arrange specialists' sessions at this clinic but it has relieved to some extent the congestion prevailing at the Central School Clinic especially during periods when the schools themselves are closed and the assistant school medical officers' duties are more or less confined to clinic appointments and special examinations. It is anticipated that the appointment of a second Speech Therapist will relieve congestion in this sphere of work at the Central School Clinic since it is intended that she will be occupied with cases arising from the Stoke Heath and nearby areas at the Stoke Heath School Clinic. The work at the other outlying clinics at Binley, Longford Park and Whoberley Schools continues to increase.

The following specialist sessions are held at the Central School Clinic, Gulson Road:—

Child Tuberculosis Contact Clinic—commenced 20.10.50
Chiropody
Ear, Nose and Throat Clinic
Heart and Rheumatic Clinic
Ophthalmic and Orthoptic Clinics
Physiotherapy—for selected cases of cerebral palsy
Speech Therapy.

ROUTINE MEDICAL INSPECTIONS CARRIED OUT AT SCHOOLS.

During the year an increase was noted in the number of school children examined. This was mainly due to there being comparatively little absence of medical officers from duty because of illness. In 1950, 13,569 (8,560) *children were examined, showing an increase of* 5,009 *over last year's figures. These numbers are well up to the average to be expected from a staff with our numbers. There were also* 1,017 *special inspections carried out for primary and secondary school children attending at the various school clinics.*

GENERAL CONDITION OF PUPILS INSPECTED DURING 1950.

There was a slight increase in the percentage of children placed in category A, 47.6% *whereas* 42.8% *was the figure for* 1949. *There was quite a decrease in the "Fair" category* (4.3%) *and a further decline of* .47% *in the "Poor" type children compared with* 1949. *There has been a considerable amount of health education offered to parents of the "Poor" children categories by the nurses—concerning the need for ensuring adequacy of sleep for the children: results appear to have been fairly satisfactory.*

HANDICAPPED PUPILS.

We are still very dependent on certain other Authorities for the provision of suitable accommodation for a proportion of handicapped pupils. It is of course recognised that, with the exception of educationally subnormal and delicate children and perhaps to a lesser extent maladjusted children, there are not sufficient numbers of handicapped children in Coventry to warrant the provision of residential special schools for them alone. Our

greatest difficulty, however, appears to be in providing accommodation for children suffering from multiple handicaps or a combination of two defects, (e.g. physically handicapped and educationally subnormal types).

A considerable advance has been made in this Country during the past five years in the recognition and treatment of children suffering from effects of cerebral palsy. Plans for a new day school at Baginton Fields for physically handicapped children, with a special experimental unit for spastic children, were approved early in the year, and work is expected to be completed in September, 1951. This school is anticipated to provide for 120 children of all school age groups, and will at last meet a great need for this City. It is intended to provide speech therapy and physiotherapy services in the special unit on the school premises. This provision should relieve a number of parents from the burden of taking their children long distances from school to the hospitals, with consequent loss of valuable education.

Some of our partially sighted children will be accommodated at Exhall which is a residential school run by the Warwickshire County Education Authority. Our blind and deaf children are accommodated mostly at Birmingham establishments and our waiting list for available places is short (i.e. two deaf children and no blind being ascertained during the year). Partially deaf children equipped with hearing aids attend ordinary schools in the City.

We have a big accommodation problem in respect of our maladjusted children, especially adolescent boys and girls. The delicate children's list is also growing. Our residential open air school at Corley is very popular, the results achieved there being encouraging to parents and medical officers alike. It would be of great value to supplement the number of places so as to offer an increasing number of appropriate children the advantage of at least one term at this type of school.

Diabetic children, of which we have only a few, appear to fall within two educational categories—very bright or educationally subnormal, and in the latter case we have difficulty in catering for the children having the double handicap. Fortunately, there were no such children ascertained during 1950.

We have still a long waiting list for the treatment of children suffering from speech defects and at present only one speech therapist is available to deal with these. Miss Carr is doing excellent work and we hope, with the provision of a second speech therapist during 1951 that the waiting list will be reduced and enable the children to benefit thereby. The number of children attending for speech therapy during the year was 1,927 including 90 new cases, an increase of 17 new cases on the previous year.

A table giving the numbers of handicapped pupils ascertained during the year 1950 appears at the end of this Report.

SPECIAL SESSIONS HELD AT THE CENTRAL SCHOOL CLINIC.

Child Tuberculosis Contact Clinic.

During the last quarter of 1949 *a disturbing factor came acutely to attention. Concern was expressed by the assistant school medical officers about the number of children seen at ordinary school inspections who were suffering from what might be termed, for want of a better word, "debility". On investigation, a number of these children were found to be suffering from primary tuberculous infections ("complexes"). It became apparent that the problem was of much greater proportions than was initially supposed since few of these children were demonstrated to be contacts of known cases. Information was received from Dr. Parry Williams, Senior Pædiatrician, that a considerable number of similar cases were also finding their way to his Out-patient Department at the hospital. I therefore found it necessary to convene a meeting with the Chief Tuberculosis Officer, at which the senior school Medical staff were also present. The position was fully discussed and it was decided to seek permission from the Health Committee to inaugurate a special clinic at Gulson Road under Section* 28 *of the National Health Service Act,* 1946, *to deal with child contacts from birth up to fifteen years of age. This decision was taken with the full co-operation of, and to assist both the Pædiatrician and the Chief Tuberculosis Officer, who were already being inundated with these cases and whose waiting lists were rapidly mounting. The Health Committee readily approved the measure and the clinic was started on the 20th October,* 1950, *under the clinical control of Dr. Parry Williams. The opening of this clinic was a source of great satisfaction to all school medical officers and to their pædiatric colleagues in the hospital services. There is little doubt that this was the most important single event which happened in the Coventry School Health Service during* 1950 *(and probably for many years) since it was an additional and potent means of focussing attention more acutely upon a most serious community affliction—namely Tuberculosis.*

Pre-school children are of course included in the arrangement since it would have been a very retrograde step to have excluded them. It is intended to refer suitable children for B.C.G. vaccination from the "Contact" clinic as soon as the Chest Physician is ready to commence treatment at the special clinics to be arranged for this purpose. By the end of 1950, *although the "Contact" clinic had only been in existence a little less than three months,* 78 *new cases were seen and* 66 *re-appointments were made. Among the children examined were found a number who were suffering from active pulmonary tuberculosis and the attending medical staff feel that this clinic should be continued during* 1951 *at least, and probably much longer. There is a close liaison with the Health Department and lists of the children seen and the results of the clinical examinations, together with any other relevant information, is sent by the department to the Chest Clinic at the Quadrant, and to the appropriate family doctors concerned. The*

clinic has already a waiting list with an appointment delay of about three weeks (liable to a time increase). The cases are referred by school medical officers, family doctors, health visitors and also by the parents themselves. At the moment, although we are trying to keep the clinic for the examination of actual contacts, any child suspected of having tuberculosis or who may be susceptible thereto is accepted for investigation and advice. The Registrar Pædiatrician, together with the Senior Assistant School Medical Officer carry out the routine work at this clinic, thereby effecting a close and much desired liaison between hospital and school medical work.

Chiropody Clinic.

Mr. Freke's work at this clinic continues to grow and we regret very much that we are unable to allow him more suitable accommodation for his work. He draws attention in his report to the effect of bad shoes and ill-fitting stockings upon the feet of the average child. It appears that many parents still do not appreciate the seriousness of the more crippling foot defects caused in after life by insufficient attention to childhood defects. The foundations for foot defects are laid from the moment the child begins to wear badly designed or ill-fitting footwear. It is not generally realised that children's bones are much softer and more malleable than those of adults—due to the large cartillaginous content—and therefore they do not usually complain of shoes or stockings being too short or hurting until the damage is done. In addition, it is the practice of many parents to keep some shoes for "best" wear and they are loth to discard them when they become too small for the child's feet.

Ear, Nose and Throat.

The work of this clinic continued during the year under the direction of Mr. Ogilvy Reid and Mr. Kander. As mentioned earlier in my remarks, the waiting list for operation has grown to enormous proportions during the year, due to the almost complete cessation of tonsils and adenoids operations, consequent upon the advice of the Ministry of Health during the summer and autumn prevalence of poliomyelitis and pending research findings upon this disease. Urgent cases and those children suffering from complicated aural conditions do, however, tend to obtain priority, although it is true that even the "urgent" list is reaching alarming proportions. However, we are led to believe that allowing for the size of Coventry and the facilities available, our situation is not outstandingly bad compared with the rest of the country—a somewhat doubtful crumb of solace!

Heart and Rheumatic Clinic.

This is held once weekly under the direction of Dr. Parry Williams. Parents express themselves as very appreciative of the advice and help given at this clinic which is invaluable in regulating the amount of exercise to be taken and the day-to-day lives of children suffering from bad heart defects.

Ophthalmic and Orthoptic Sessions.

Mr. Bishop reports elsewhere upon the work undertaken in the Eye Department during the year. It is noted that the sizable waiting list for operative treatment at the hospital is due to the well-known shortage of hospital beds in Coventry. It should be appreciated that while the services of a second ophthalmic surgeon will undoubtedly reduce the list of children waiting to have specialist attention, it will also have the effect of increasing the hospital list of children awaiting operative treatment.

With regard to Orthoptic facilities, it is incomprehensible that some parents still choose to remain so unco-operative and unenlightened as to refuse the eye treatment recommended and afforded at the special eye clinic. Maybe it is because such parents are unable to appreciate the deleterious effect on educational progress caused by visual defects, and it is certainly the case that in many of these instances alternative treatment or advice is not sought elsewhere. Miss Venner, Orthoptist-in-Charge, reports on the work of the orthoptists later in this Report.

Speech Therapy Sessions.

It will be seen from Miss Carr's report that the number on the waiting list for speech therapy by December 31st, 1950, was 88. The decision to appoint a second speech therapist was taken as a result of an increase in the numbers and also in the varying types of speech defects requiring therapy. In addition, there are a few children suffering from cerebral palsy who urgently require speech therapy of an intensive nature and who are having home tuition under Section 56 of the Education Act, 1944. In several of these latter cases the parents are obliged to make great efforts at considerable personal inconvenience to bring their children for regular attention at the clinic. It is hoped, therefore, that arrangements may be made for the speech therapists to expand their domiciliary visitations and offer treatment to other such seriously affected children.

Special Clinics at the Hospitals.

As mentioned in previous reports, the closest co-operation exists between the School Health Service medical officers and the specialists of the Regional Hospital Board. My medical staff and I are very pleased to receive copies of relevant clinical reports and, in return, details of intelligence tests and educational progress, etc., are made available to the specialists where necessary.

The Child Guidance sessions, which are perforce held at the Coventry and Warwickshire Hospital pending provision of a Local Authority Child Guidance Centre, still present a problem. As mentioned by Dr. Gillman later in this report, there were 133 new cases seen during 1950, an increase of six over the previous year. Many of these children are on a waiting list for play therapy and observation, and in the opinion of Dr. Gillman, there are many more children who could be added to this list and benefit from the facilities offered if there was assurance that treatment could be

undertaken within a reasonable time. For the time being, only the most urgent cases are able to receive immediate attention.

Orthopædic Treatment.

Many children of school age are referred for treatment of postural and foot defects to the Paybody Orthopædic Clinic, Holyhead Road. The weekly report received from the Secretary, Miss A. T. Miller, gives the specialist diagnosis and the types of treatment proposed. This information is of considerable assistance to the school doctors in helping them to keep in line with modern thought and methods relating to the ascertainment of physically handicapped pupils. The Senior Assistant School Medical Officer and I are indebted to the specialists concerned for giving the former the opportunity to attend at the special clinics held monthly for children suffering from the effects of cerebral palsy. By this method a most useful and co-ordinated means of observing the progress of each child from the medical, surgical and educational aspects is available to the School Health Service and helps to decide the ultimate placement of these children. It is also a means whereby the children may be fitted into the present educational system if at all possible.

Pædiatric Clinic.

Dr. Parry Williams is most accommodating in seeing those cases referred to him by the assistant school medical officers at his Pædiatric Clinic in the Coventry and Warwickshire Hospital. The majority of these cases are, of course, referred by the family doctors, but occasionally parents request a direct appointment in order to save time, and with the permission of the family doctor, this can be arranged from the School Clinic. Heart and rheumatic cases are referred to the Central School Clinic, Gulson Road. Copies of all reports received are made available both to the assistant school medical officers and to the appropriate family doctors: these are invariably supplied direct by Dr. Parry Williams.

SPECIAL SCHOOLS.

Corley Open Air School.

Last year I reported upon the satisfactory results achieved by admitting children suffering from chronic asthma to Corley. This year, I must mention again the excellent results obtained while these children are in residence. The majority of children appear to maintain an improvement on discharge but, unfortunately, there are some who relapse when they return to their families. Usually, however, their attacks are less frequent and their general condition much more satisfactory than was the case prior to admission. Due to the length of the waiting list, we are unable to keep these children for as long as we would wish. Only one case failed completely to respond at Corley and this was an adolescent girl with emotional difficulties connected with her home life which

interfered with her normal progress. The moderate figures for enuresis were also a source of satisfaction since it was only necessary to supplement ordinary encouragement with medication in three cases. In the more persistent cases it took anything up to six months to achieve weekly periods of cure. No one, however, who works with these children can fail to see the encouraging effect of even one week's dry bed upon the mentality of an enuretic child. We find these children most co-operative and anxious to be cured of their complaint: the curing of chronic enuresis is frequently noted to coincide with a tremendous all round improvement of the child, especially in school work.

As a result of a severe outbreak of influenza during March, 1950, which affected teachers, nurses, domestics and children alike, it was found necessary to advise that the school be dispersed for a fortnight. As many as forty of the children were ill together and the situation was untenable both from the point of view of suitable accommodation for the sick children and from the nursing and domestic aspects also. When it is realised that the dormitories in this school are virtually in the open air and that the sick-bay facilities are very limited, the necessity for taking such a step in the face of widespread, acute febrile illness will be more readily appreciated. All the children returned to the school in good form following their brief stay at home. There were a few cases of infectious hepatitis during the year, but only one of these was serious: the child concerned eventually made a good recovery. Generally speaking, the condition of the children throughout 1950 was most satisfactory following their respective periods of residence.

I would like to express my appreciation of the medical care and attention given to these children by Dr. Calcott Edwards and his general practitioner assistants at Fillongley. Dr. Edwards is the practitioner in whose care these children have elected to be placed (under the provisions of the National Health Service Act, 1946) while they are at the school. I would also like to thank Mrs. Mackie, Superintendent School Nurse, for releasing her nursing staff on several occasions to assist in emergencies at the school. This was particularly appreciated during a period when the school nursing staff was considerably depleted due to illness.

Miss Caborn and her teaching staff and the resident nurses at Corley deserve our best thanks for their constant vigilance and attention to these children and for the persistent sense of humour with which they approach their ordinary duties. The psychological improvement in many of these delicate children is recognised by the School Health Service and by the specialists concerned to be due in no small measure to the happy atmosphere which pervades school life at Corley.

Miss Caborn, Headmistress, comments on the work of the school later in the Report.

THE GROVE DAY SPECIAL SCHOOL FOR EDUCATIONALLY SUBNORMAL PUPILS.

We were very sorry to lose the services of Mr. Grice, Headmaster at this school, in July, 1950: he has since taken up a residential school appointment in the south of England. Mr. J. B. Saxon was appointed as headmaster on the 1st November, 1950.

The waiting list for the school is now 124, and this does not give an adequate picture of the situation, since, in addition, there is a considerable list of children awaiting examination with a view to appropriate ascertainment. This position is a relic of the days when the Local Authority was so short of medical staff. There are now four medical officers approved for the ascertainment of educationally subnormal pupils, and it is hoped that with the additional officer who is awaiting approval, we will be able to attack this waiting list and reduce its size. As Mr. Saxon reports elsewhere, we are hoping for more adequate accommodation for our educationally subnormal pupils during 1951.

PAYBODY HOSPITAL SCHOOL.

The educational facilities at this hospital have been under the control of the Local Education Authority since 1948. As reported by Miss Craven, teacher in charge, the majority of children attending are suffering from tuberculosis of the bones and joints, Perthe's disease, other bone and joint diseases, a few old poliomyelitis cases and a few cases of cerebral palsy.

These children are in effect having individual tuition, together with what virtually amounts to occupational therapy. This ensures a much happier atmosphere and easier adjustment when the children later come to adapt themselves to the routine of a special school or ordinary school. Because of the shortage of beds, the specialists have sometimes found it necessary to discharge a number of the children from hospital before they have quite recovered, and are sufficiently adapted to return to school. There are quite a number of these children having home tuition under Section 56 of the Education Act, 1944. Home tuition, however, is usually confined to those cases who are expected to remain so physically handicapped for anything up to a period of years that they could not be expected reasonably to attend either a day or residential school for physically handicapped pupils.

PHYSICAL EDUCATION.

Lack of adequate swimming baths accommodation in Coventry is a considerable handicap to the physical education and development of children in the City and this is greatly to be regretted in view of the obvious enthusiasm shown by children: especially those of secondary school age. It is also to be deplored that the opportunities for swimming instruction appear to present themselves only in the summer months: there are few or no opportunities available for practice at indoor swimming baths during the winter months except in a comparatively few cases. It is encouraging to note the gradually increasing interest taken by

the school departments in physical education and the enthusiasm with which the children enter into practice and games: this even though arrangements may be made at short notice and with considerable difficulty owing to shortage of suitable accommodation. Mr. McCarthy and Mrs. Grant, Organisers of Physical Training, give more detailed observations upon the situation later in this Report.

STAFF.

There were few changes in the medical staff during 1950. Dr. D. Jones returned from her year's interesting and useful leave of absence in South Africa on a Kelmsley Travelling Scholarship awarded by the University of Leeds: she resumed duty on the 1st June. Dr. Martin, who had been appointed on a temporary basis in September, 1949, took up a permanent post with the Local Authority in April, 1950. Dr. Jarvie, Deputy Medical Officer of Health and Deputy School Medical Officer, left the Local Authority in April, to take up general practice: he was succeeded by Dr. R. Dodds, who commenced duties as from May 9th, 1950.

During the year, as a result of shortage of Maternity and Child Welfare medical staff, the assistant school medical officers generously agreed, when possible, to undertake a few sessions to help out the Maternity and Child Welfare Section. These were welcomed enthusiastically by the assistant school medical officers, emphasising once more the desirability for amalgamating the two services: a suggestion which I have continually advocated in the past. The school medical and the maternity and child welfare medical officers work in close (if at present limited) harmony and I consider it unsatisfactory for them to be dividing responsibility for the medical care of children especially from two to five years of age. For example, as the Local Education Authority are educationally responsible for children from two years of age, whereas children up to five years continue to attend Maternity and Child Welfare Centres under the provisions of the National Health Service Act, a certain amount of overlapping inevitably occurs. In the case of handicapped children, for example, this in fact means that the child tends to receive an excessive number of medical examinations and the parents too many interviews before a final decision is reached. This would not happen if the school medical officer who is usually qualified for the ascertainment of handicapped children were to be medically acquainted with the child from the start. Under present arrangements it is not usual for the maternity and child welfare officers to ascertain handicapped children and so they are obliged to hand over the case half way through for someone else to make the necessary examinations and recommendations as to education, etc.

Coventry is now one of the very few major local authorities to have a divided medical service, and those authorities who previously thought in terms of a separatist policy have come to appreciate the value of amalgamation. There are, of course, certain advantages in continuing a policy of laisez faire, but it is, in my

opinion, heavily outweighed by the disadvantages. It is my intention to report further upon this subject to the appropriate committees in due course.

We were fortunate in October, 1950, to appoint a full time Assistant Dental Officer, Miss E. J. Glasgow, and although the additional help is obviously very welcome, the overall picture so far as the municipal Dental Service is concerned is in much the same unfortunate position as I reported in my last Annual School Medical Report. It has, however, been possible to conduct certain dental examinations at a few of the schools during the year. Mr. M. Raeside, Senior School Dental Officer, comments very pertinently upon the dental situation later in the Report and his observations are worthy of careful note.

It is again a pleasure to report the continued and fruitful liaison and co-operation which exists between the School Medical and Nursing staff and the various consultants who undertake specialist sessions at the Gulson Road and Hospital Clinics on our behalf. This provides a good example of certain advantages which are to be derived from a welding of the needs of the School Health Service with those specialist facilities available under the National Health Service Act. As time goes by, it would seem both desirable and advantageous to all concerned that these links should be mutually forged more closely together. My thanks are also extended to the Director of Education together with his administrative and teaching staffs for their greatly appreciated helpfulness throughout the year. I would once more commend and thank all sections of the school medical team, in whatsoever capacity they are engaged for their helpful and loyal assistance and the excellence of their work during a year of increasing responsibilities. I am not unmindful of the valued assistance I have received from Dr. Margaret Gaffney and Mr. E. A. Moore and his clerical colleagues in the compiling of this Report, and my best thanks are extended to them: also to those who have contributed in any way to the information contained herein.

Finally, I would record my appreciation and thanks to the Chairman and members of the Special Services Sub-Committee for the support extended to my staff and self in the work of the department during 1950.

I am,

Your obedient servant,

Th. Clayton.

School Medical Officer.

School Population, Accommodation, Attendances.

At December, 1950, there were 76 Primary and Secondary Schools (including Wyre Farm Camp School) under the control of the Local Education Authority, viz :—

54 Primary and all age schools with 68 departments.
15 Secondary Modern Schools with 17 departments.
7 Secondary Selective Schools.

The Primary and Secondary Schools are divided as follows :—

58 County Schools with 74 departments.
12 Voluntary C.E. Schools with 12 departments.
6 Voluntary R.C. Schools with 6 departments.

Number of children on registers, January, 1950	35,788
Number of children on registers, December, 1950 ...	37,449
Average percentage attendance	91.0
Estimated number of children attending Independent and Private Schools	2,787
Estimated total population of the City of Coventry ...	256,800

Child Guidance Arrangements.

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

"The Child Guidance Clinic arrangements for 1950 were the same as in 1949 with the same difficulties existing at the Coventry and Warwickshire Hospital. These were lack of adequate accommodation and space for treatment, but I hope this will be overcome by the opening of the new building for Child Guidance which will be expected in 1951.

The number of cases that can be seen as well as the adults at this clinic has almost reached saturation point, and in my view there are many more children that could be seen if there were a whole-time Child Guidance Clinic in existence.

The total number of children seen was as follows:—

(a)	New cases	133
(b)	For treatment	448
	Total	581

It will be seen that attendances for treatment have gone up during 1950, and this trend will continue in future years.

Types of cases:—

(a)	Behaviour disorders (including delinquency) ...	30
(b)	Nervous and Mental disorders	51
(c)	Bedwetters	15
(d)	Very dull and backward and mentally deficient ...	29
(e)	Various	8
	Total	133

Chiropody.

Report of Mr. A. T. E. Freke, School Chiropodist :—

"I again have pleasure in reporting on the work carried out in the clinic during the year.

As was anticipated, the demand for treatment increased considerably and it was decided that another two sessions per month be held, on Wednesday mornings. These were commenced on 5th April, 1950.

During the year 911 treatments were given, and there are at present 43 patients undergoing treatment. A large proportion of the patients seen were suffering from verrucæ, which necessitated an average of three visits to the clinic to cure. A number of children with weak musculature were started on a course of exercises, and, with the co-operation of their respective physical training teachers, they were given extra exercises at school. A small percentage of cases were referred to the Orthopædic Clinic for advice and treatment.

It has again been noticed that a large number of the children's shoes are poorly fitted, and I think that a great number of the minor deformities, that later in life become real disabilities, could be completely eradicated if parents could be persuaded to see that their children are not allowed to wear unsuitable shoes and stockings.

The demand for chiropody treatment is still increasing and there are now about fifty patients on the waiting list."

Corley Open Air School.

Miss Caborn, Headmistress, reports :—

"During an average stay of 26.6 weeks, 260 children made an average gain of 8lbs. in weight and showed an average increase in height of 1.2ins.

Thirteen doctors and specialists visited the school on 238 occasions.

Attendances at 51 different clinics totalled 1,319.

The average number on roll was 93 and the total number of individual children who spent a period of residence at Corley during 1950 was 260.

During the past month, the usual annual gift of South African grapes was received from the Coventry Wholesale and Retail Fruiterers' Association and, on this occasion, His Worship the Mayor (Alderman J. Howat) and Mayoress visited Corley and received the gifts from the representatives of the Associations on behalf of the school.

Admissions to hospitals during 1950 were as follows:—

1.	Gulson Hospital	Bronchograms and investigation	11
		Removal of tonsils and adenoids	7
2.	Keresley Hospital	Eye operation	1
		Antrum lavage	1
		Removal of tonsils and adenoids	1
3.	Coventry and Warwickshire Hospital	Antrum lavage	1
4.	Hertford Hill	Case of active pulmonary tuberculosis (transferred within 48 hours of admission)	1
5.	Paybody Hospital	Condition of—1. knee	1
		2. hip	2
6.	Isolation Hospital, Whitley	Scarlet fever	1
		Mumps	2
7.	Bramcote Hospital	Specialised treatment	2."

Dental Treatment.

Mr. M. Raeside, the Senior School Dental Officer, reports as follows :—

"The National Health Scheme has now been in operation for two-and-a-half-years, and it is generally acknowledged that the working of the dental aspect of the scheme is most unsatisfactory. This applies particularly to the School Dental Service, and it is to be regretted

that the position has shown very little improvement during the year under review. It was found impossible to fill the vacancies caused by the resignation of four officers the previous year, and it was not until October that the position was slightly improved by the appointment of Miss Glasgow as a full-time assistant.

The latest figures available show that in Great Britain and Northern Ireland there are approximately eleven million children under fifteen years of age, and over one-and-a-half million nursing and expectant mothers. This represents roughly one dentist to 15,000. A reasonable responsibility would provide one dentist to 2,000 patients.

It will be realised, therefore, that the local position in Coventry with a school population alone of over 40,000, including private and independent schools, is very serious and calls for an immediate overhaul of the whole scheme so that adequate staff can be obtained to provide treatment for the priority classes. Various suggestions have been put forward from time to time to try and ease the situation, but the problem must be tackled right from the root of the trouble. The very foundation of dental health depends upon the treatment received in early life, and the adoption of any of these "stop gap" measures would be a grave mistake. The suggested part-time school dental service would undoubtedly cause greater chaos and confusion and delay indefinitely its ultimate recovery.

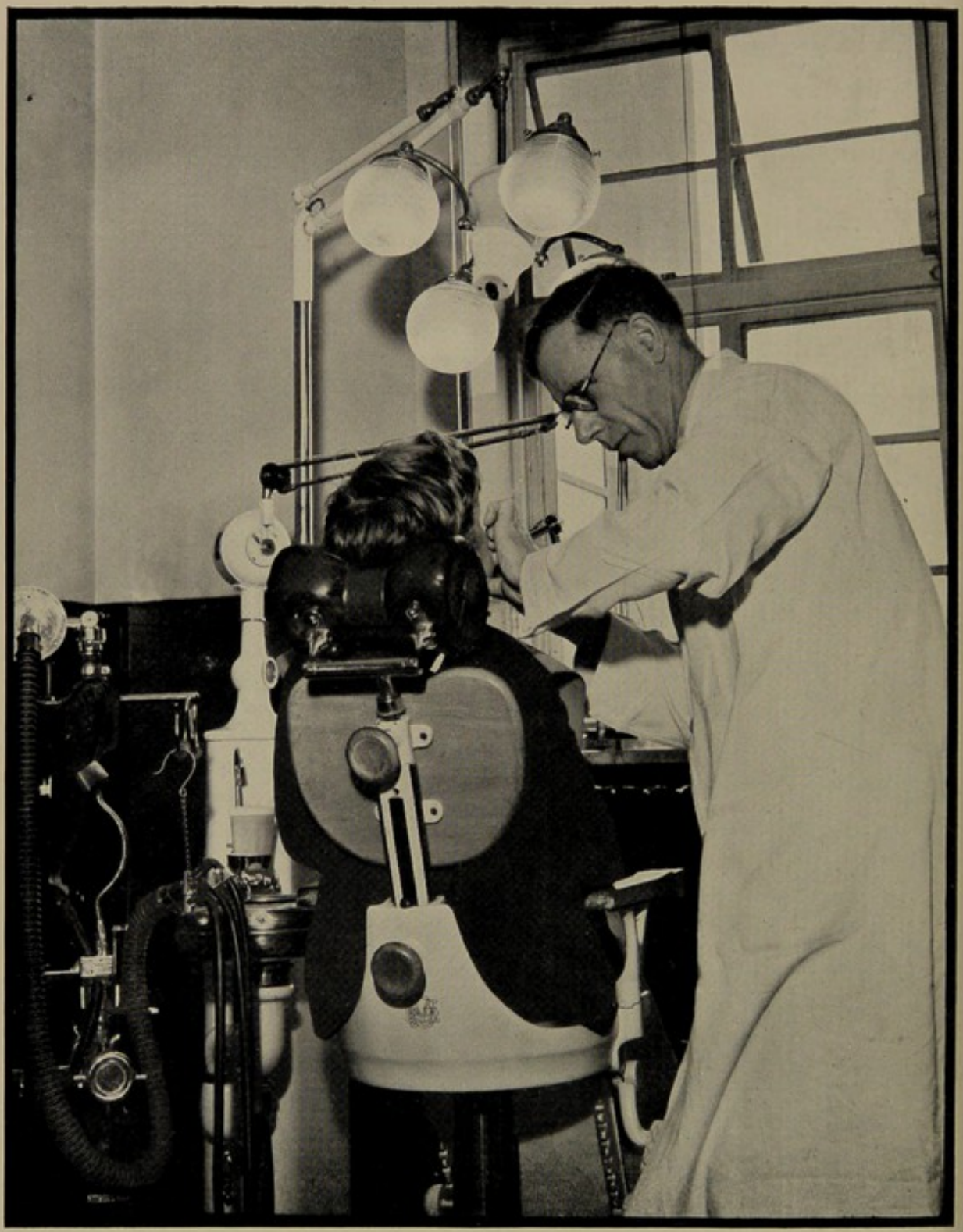
When will it be realised that the School Dental Service is of the greatest importance when considering the health of the Nation, and the idea of recruiting semi-trained personnel to the profession should be condemned? The successful dental treatment of large numbers of children is probably the most difficult and exhausting branch of dentistry and calls for infinite knowledge, patience, and skill which can only be gained by years of experience. The children should come first in our consideration and only the very best should be provided to watch over their well-being.

It would appear therefore that the present scheme should be brought to an end as soon as possible, and an alternative full-time scheme immediately inaugurated primarily to provide efficient and comprehensive treatment for expectant and nursing mothers, pre-school, school children and adolescents—whose dental condition, through lack of regular inspection and treatment during the last two-and-a-half years, has become progressively worse, with disastrous prospects for the future health of the Nation.

As in the previous year, the efforts of the depleted staff were again concentrated mainly on the relief of pain and the removal of sepsis, and very little time was available for conservative treatment. Owing to the continued heavy demand for treatment from various sources, i.e., cases referred by school medical officers, and applications from parents and head teachers, it was a complete waste of time to try and carry out normal routine inspections in the schools. Indeed it was only found possible to examine a limited number of children in a few schools towards the end of October, after the appointment of the additional dental officer.

During the year 232 visits were made to the Clinic by expectant and nursing mothers, and 458 visits by infant welfare children. The time devoted to the inspection and treatment of these cases was approximately one session per week.

Full details of the various forms of treatment carried out during the year are given in the accompanying table."



COVENTRY SCHOOL HEALTH SERVICE
DENTAL TREATMENT

DENTAL TREATMENT, 1950.

	Primary and Secondary	Infant Welfare	Ante-Natal	Totals
Fillings—Permanent	1,138	—	1	1,139
Fillings—Temporary	141	3	—	147
Extractions—Permanent	1,326	—	358	1,684
Extractions—Temporary	9,838	596	—	10,434
Other Operations	455	3	20	478
Administration of general anæsthetics for extraction	1,504	204	70	1,778
Attendances	8,186	458	232	8,876

Diphtheria Immunisation.

It will be seen from the following table that the position with regard to Diphtheria Immunisation in Coventry is still very satisfactory. It is pleasing to report that there were no deaths from diphtheria and only seven cases were notified during the year.

It is essential that all persons associated with the Educational Services should continue their good work and impress upon the parents the importance of diphtheria immunisation.

TABLE.

1945	146 cases	5 deaths of which none were immunised	
1946	115 ,,	4 ,, ,, ,, ,, ,, ,,	
1947	53 ,,	2 ,, ,, ,, ,, ,, ,,	
1948	12 ,,	NIL	
1949	12 ,,	2 ,, ,, ,, ,, ,, ,,	
1950	7 ,,	NIL	

E.N.T. Sessions.

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

"The Ear, Nose and Throat Clinic at the Central School Clinic is still working to my satisfaction; my only regret, however, is that, owing to pressure of work, I can only manage to attend once a month. In the meantime, the School Nurse carries out the required treatment on aural cases, which I advise. Her interest and keenness and that of the staff generally is very much appreciated. As reported in previous years, special cases are still being referred to my out-patient clinics at the Coventry and Warwickshire Hospital for personal supervision. The co-operation and liaison between the Central School Clinic and the Hospital Service has continued throughout the year and is most valuable.

Unfortunately the position in regard to operative treatment is still not satisfactory: the waiting list is far too long. It is hoped, however, that the bed and nursing position will improve so that the waiting list can be reduced to more reasonable proportions."

Heart and Rheumatic Clinic.

Dr. H. Parry Williams, the consultant pædiatrician, reports :—

"During the year 1950, 88 new cases were seen at the Heart Clinic, and there were in all 487 attendances.

Out of the total cases seen, 56 were functional murmurs. There were 31 congenital hearts, 53 rheumatic hearts, and four cases of chorea unassociated with cardiac disease.

During the year two cases of coarctation of the aorta have been operated upon with successful results. An atypical ductus was also done with good results.

It is hoped to start venous catheterisation of congenital hearts within the next three to four months. When this is established it will mean that all facilities for these types of lesions will be available in the vicinity of Coventry.

It is a pleasure to record my appreciation of the help which I have received from Dr. Clayton and his medical and clerical staff."

Milk and Meals in Schools during 1950.

Report of Miss J. Hatfield :—

"2,986,917 meals (2,676,302 children and 310,615 adults) were served during 1950. The daily average rose from 15,000 to 15,800 during the course of the year.

The following new kitchens were opened :—

Little Heath School Canteen	... ...	September
Manor Park School Canteen	... ...	September
Stoke Park School Canteen	... ...	September

New canteens at Barkers' Butts and Hearsall were opened to replace original canteens.

According to statistics called for by the Ministry of Education, on two specific dates during 1950 the percentage of children present at school and receiving free one-third pints of milk per day was 88% in February, 1950, and 87.4% in October, 1950. The actual figures were :—

February—

No. of children present at school	... ...	32,095
No. of children receiving free milk	... ...	28,189

October—

No. of children present at school	... ...	35,313
No. of children receiving free milk	... ...	30,847."

School Ophthalmic Clinic.

Mr. J. W. Bishop, the School Ophthalmic Surgeon, reports :

"It is regretted that during the past twelve months in spite of continued hard work by all people connected with the School Eye Clinic, there has been a steady increase in the waiting list. There has, however, been a very marked improvement in the question of supplies of spectacles and the delay between refraction and obtaining the glasses is now only a matter of two or three weeks.

The orthoptic work in the clinic has once again increased its scope and the number of cases treated during 1950 shows an increase on the number treated in 1949 (total attendances 5,508 in 1950 as against 5,079 in 1949). This is in itself a tribute to the hard work put in by the two full-time Orthoptists, but in spite of their efforts there is still a waiting list of children requiring orthoptic treatment.

The waiting list for children requiring surgical treatment has also grown and in an average case it is now approximately twelve months after a name has been placed on the waiting list before admission to hospital. This state of affairs is largely due to the bed shortage in the hospital and until the turn-over of cases can be increased by an improvement in the bed position the waiting list will unfortunately continue to grow.

I would like to express my thanks to the Nursing Staff at the Central School Clinic and to the Orthoptists for it is only by the co-operation of all that a smooth running clinic is possible, with the limited accommodation and facilities available."

Orthoptic Treatment.

Miss M. M. Venner, the Orthoptist-in-Charge, reports as follows :—

"During the year 1950, 118 cases were cured (i.e., having single binocular vision) and 7 were discharged as orthoptically satisfactory. Of these 118 cures, 23 received surgical treatment, and of the 7 orthoptically satisfactory, 4 received surgical treatment.

27 further cases were discharged as cosmetically satisfactory (i.e., appearance good and symptom free). Although these cases were operated on, they did not respond to orthoptic treatment sufficiently to gain single binocular vision.

59 operations were performed last year, and the waiting list to date stands at 56.

At the moment there are 27 cases awaiting weekly synoptophore treatment, 77 receiving occlusion, and 47 cases deferred—awaiting new glasses, or are "on trial" pending discharge.

23 cases ceased to attend, although all were written to, and sent a further appointment. 8 cases were refused ; the parents of 5 of these refused operation, consequently making further treatment useless.

By December 31st, 151 new cases were registered during the year."

Orthopædic Arrangements.

The Coventry Paybody Orthopædic Clinic has continued with its good work for children having orthopædic defects. Cases are referred to the Paybody 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 350 out-patient orthopædic defects were seen by the Orthopædic Surgeon at the Paybody 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 defects found on examination is included.

TABLE OF DEFECTS NOTED AT THE PAYBODY ORTHOPÆDIC CLINIC.

Year ended December, 1950.

Defects.	*Boys.*	*Girls.*	*Total.*
Claw Feet	2	1	3
Pes Planus	32	34	66
Hyper Mobile Ankles ...	1	—	1
Valgoid Ankles	17	6	23
Genu Varum	—	—	—
Kyphosis	2	1	3
Lordosis	4	1	5
Hammer Toe	6	4	10
Genu Valgum	8	4	12
Osteochondritis	4	2	6
Poor Posture	3	2	5
Pes Cavus	8	4	12
Scoliosis	7	9	16
Hallux Valgus	9	16	25
Metatarsus	3	—	3
,, Atavicus ...	—	1	1
Double Great Toes	1	—	1
Claw Toes	6	3	9
Valgoid Feet	4	5	9
Perthe's Disease	3	—	3
Spina Bifida Occulta	5	—	5
Webbed Toes	—	1	1
Overlapping Toes	2	3	5
Hallux Rigidus	—	1	1
Plantarfascia Strain	2	—	2
Flexed Toes	1	2	3
Schlatter's Disease	1	1	2
Torticollis	2	2	4
Ganglion	5	4	9
Ingrowing Toe Nails	2	1	3
Anterior Poliomyelitis	4	3	7
Osteomyelitis	1	1	2
Osteoporosis	—	1	1
Spastic—right-sided ...	1	—	1
Freberg's Disease	—	1	1
Lateral Malleoli	—	1	1
Amputation of left arm ...	1	—	1
Steindler Operation	—	1	1
Removal of Coccyx	1	2	3
Still's Disease	—	1	1
Toes Turn In	1	—	1
Periostitis of Right Tibia ...	—	1	1
Tibial Rotation	1	—	1
Deformed Toes	2	2	4
Curled Toes	—	1	1
T.B. Knee	1	—	1
T.B. Hip	—	1	1
Miscellaneous	33	40	73
Totals ...	186	164	350

Physical Training.

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

"Throughout the year much effort has been made to provide conditions for Physical Training in Coventry schools which would allow this side of the children's education to proceed more in conformity with present day principles. Mainly these conditions are

concerned with the provision of special apparatus in the Primary Schools and the provision of Courses for Teachers in Secondary Schools whereby they might add to their knowledge of suitable methods of teaching and coaching children in those major recreative activities which occupy such a large part of leisure time in later life.

While steady progress is being maintained in our work with the children of Primary School age, there continues to exist for Secondary children a handicap which has a most discouraging effect on children and teachers. We refer to the inadequacy of the facilities for the proper practice by children of all forms of games, athletics and swimming. Without suitable conditions in proportion to the demand for them, children will continue to leave our schools without having had the chance to develop interests and abilities in those recreative activities which play so large a part in our national life. More particularly is this the case with regard to swimming. Here we find that only a very small number of children from each school has any opportunity of learning to swim and in the case of those who are able to attend a bath for instruction the opportunity lasts for the few summer months only. With one indoor swimming bath and with two outdoor baths for use in the summer months it is quite impossible to meet in any reasonable measure the tremendous demand and enthusiasm for swimming instruction which exists in our schools. It is a great pleasure, however, to record our sincere appreciation of the help and encouragement given to Schools' Swimming by the Baths Superintendent and his staff and we trust that the efforts of the Superintendent to provide additional swimming facilities will meet with early success.

So far as Teachers' Courses were concerned, the main feature was the concentrated five-day course which was held in July at the Training College. The Course was staffed by the Local Authority's Organisers, the Training College Lecturers in Physical Education and one of the Amateur Athletic Association's National Coaches. With the permission of the Education Committee over eighty teachers were released from normal duties to enable them to put in full-time attendance from 9 a.m. to 4 p.m. on each day. The mid-day meal was taken at the College. This type of course has great advantages over the more disjointed arrangement whereby groups of teachers meet for sessions at weekly intervals. Continuity in the course is more apparent and the informal discussions which take place always help to resolve problems with which teachers are faced in their own schools. The course covered various aspects of Physical Education in Infant, Junior and Secondary Schools and it is hoped that authority will be given in the future for the organisation of similar courses.

During the mid-summer holiday a Play Leadership Scheme was organised on the same lines as in previous years. Unfortunately, the weather was extremely poor and attendances suffered in consequence. Generally speaking, however, the arrangement worked successfully and on occasions as many as 200 children attended in a single session at some of the centres. This scheme is undoubtedly a holiday service which should continue to be provided; the advantages to be gained for parents and children are manifold and the contribution of the scheme to Road Safety during holiday time must continue to be regarded as of great importance.

Playing Fields continue to be a problem. Year after year the acreage available for organised games is increased, yet we have not so far reached a stage where the needs of schools are being met in anything like satisfactory measure. We can, however, only move forward gradually in this direction and it is hoped that the building of new schools on sites which are large enough to allow of the cultivation of playing fields will not only provide for the new schools themselves but perhaps assist the general situation.

In conclusion, it is fair to say that the opportunities for children in our schools to receive a good Physical Education are much more numerous than ever before; the encouragement and assistance of all

contributes towards this end and is given in good measure, but the all-important factor is still the teacher. We would, therefore, urge teachers to continue to add to their knowledge of the various aspects of Physical Education and to take full advantage of all opportunities which may be provided in the form of lectures, demonstrations, and courses."

Secondary Grammar Schools.

The following number of medical examinations in respect of new entrants were conducted during the year :—

Barr's Hill School	86
Commercial High School	88
John Gulson School	91
Junior Art School	38
Priory High School	87
Stoke Park School	86
Technical Secondary School	87
Total ...	563

The Grove Day Special School (For Educationally Subnormal Children).

The Headmaster, Mr. J. B. Saxon, reports as follows :—

" Number on registers at 31st December, 1950 ...	89
Number on waiting list at 31st December ...	124
Number of children recommended for admission during 1950	29
Number of children leaving the school during 1950	20

1950 was a year of change. Mr. Grice was appointed to the headship of a residential school in southern England and left to take up his new post in July. Mr. Drever took charge for the first half of the Winter Term and acted as headmaster until I was free to take up my appointment in November, 1950.

The first meeting of the Governors of the Grove School, at which I was able to be present, took place on December 11th, and it was gratifying to note that the Senior Assistant School Medical Officer was able to attend. Decisions taken at this meeting included recommendations for the improvement of heating and lighting in the classrooms. These recommendations were implemented before the end of the year.

Towards the end of 1950, attempts were made to secure increased accommodation. It was decided to apply for an extension of the lease of Trinity Hall and for permission to use it as an annexe to the Grove School. By this increase in the number of rooms available it was hoped to reduce the waiting list by some 20 children and to provide improved facilities for physical training, music and major crafts such as woodwork and metalwork. Nevertheless it must be borne in mind that even if such accommodation becomes available the waiting list cannot be substantially reduced until more teachers are ready and willing to take up this kind of work.

Whitley Abbey School.

At the end of 1950 it became clear that the new school on the Whitley Abbey Estate, which is to replace the present Grove School, would begin to take shape early in 1951. On completion these buildings will provide accommodation for about 200 children with all the facilities for their physical, mental and spiritual welfare. We look forward to 1951 as the year in which we shall see the end of long waiting lists and unsuitable buildings.

I should like to express my thanks to all members of my staff and to the School Health Service for their co-operation and assistance."

The Paybody Hospital Special School.

The following is a report from the teacher in charge, Miss M. C. Craven :—

"It is perhaps hardly necessary for me to point out that this information refers only to the school side of this work—that is, it deals with those patients who receive daily instruction provided by the Local Education Authority, and makes no reference whatsoever to the children of nursery age for whom no educational provision is made, nor to those who come in weekly for minor operations, or for thermal bath treatment. The age range of school children at this school is four to sixteen years.

The following shows the numbers and types of children admitted and discharged during the year :—

Number on Registers during 1950	66
Number of long-term patients admitted	16
,, ,, short-term ,, ,, (less than 12 months)	21
Number of long-term patients discharged (recommended for home teaching or admission to normal school after convalescence)	9
Number of short-term discharges	19

Long-term disabilities include :—

Tuberculous hips	Perthe's disease
,, knee	Congenital deformities of hips
,, spine	Scoliosis
,, pelvis	Supperative Arthritis

Short-term disabilities include :—

Poliomyelitis	Spastic diplegia
Spastic Hemiplegia	Spastic quadraplegia

Children are accommodated in two wards, one for boys; one for girls—but are moved daily for school into three age groups. Infants (4-6+), Juniors (6+-10), Seniors (10+ upwards). Few patients are mobile, and bedside teaching with a little group work, is the rule Treatment goes on during school time.

Teeth are attended to by Mr. Meacock at about six-monthly intervals.

The aim of the school is to fit boys and girls for as normal a life as possible upon discharge; but because beds are badly needed, children are usually discharged before they are physically ready to attend normal school."

Physiotherapy.

Miss R. A. Hyatt, Physiotherapist, reports as follows :—

"I have been increasingly grateful to you for allowing me the continued use of the consulting room at the Gulson Road School Clinic. There is no doubt that a little time spent each day teaching children to control their muscles before performing activities is the keynote to success in the treatment of cerebral palsied children.

For the year ended December, 1950, I have made 17 visits and there have been in all 100 attendances. The children whose parents bring them regularly, and carry out the advice given, are showing signs of very definite, lasting improvement."

Report of the Superintendent School Nurse.

Mrs. B. E. Mackie, Superintendent School Nurse, reports as follows :—

"We continue to make satisfactory progress in our combat with pediculosis and the incidence of this condition is undoubtedly declining. It should be remembered, however, when comparing figures for this year with those of previous years, that a much higher standard of cleanliness is now being maintained. Mild cases of infestation, which a few years ago would have been disregarded, are now reported and dealt with. But for this, the figures would show a more marked decrease. It is gratifying to report that cases of really gross infestation are now extremely rare.

Cleanliness inspections in schools are now both frequent and thorough. The School Nurse is a regular visitor and an accepted part of a child's school life. This more favourable trend is due to fairly recent and much needed increases in the School Nursing Staff, with a consequent and much needed reduction in the numbers of children supervised by each nurse.

The School Nurses continue to visit the children's homes and much valuable work is done by personal contact with the parents. The scheme for the "follow-up" of children discharged from Corley Open Air School presents many opportunities for necessary work of this kind."

Speech Therapy.

The following is a report by Miss B. Carr, Speech Therapist :

"The Speech Therapy Clinic has been very busy during the year and the therapist has continued to receive valuable aid in her work from other Departments.

Several children have been admitted to Corley Open Air School and the subsequent improvement in their general condition has had a most beneficial effect upon speech. Two cases are particularly noteworthy. One boy, on admission to Corley, had a very severe stammer and other nervous symptoms. When he was discharged from the open air school six months later he was speaking almost normally and had lost his previous nervous habits. The other case was a girl with defective sight, hearing and speech. At Corley she received specialised help and made remarkable progress which would never have been possible in her home environment. As well as the general improvement in these two children's health, they gained a far more happy and confident attitude towards life.

The number of children referred to the clinic, because of faulty speech due to defective hearing, increased and will probably continue to do so now that audiometric tests are given more extensively. These cases vary from very high or low frequency deafness to loss of hearing over the whole of the speech range. Lip reading is now taught by the Audiometrician at the Coventry and Warwickshire Hospital and this is proving of great benefit to the children and also helps speech therapy.

Eight cases suffering from cerebral palsy have been treated throughout the year. The mothers and children have co-operated well, but more satisfactory results will be obtained when the children are at Baginton Fields School. It is essential that they should have frequent lessons in speech therapy and supervised practice.

The waiting list is now so long that it has been decided to appoint a second speech therapist.

The following are the year's figures:—

Attendances	2,179
Number of new cases	73
Number of cases treated or now under treatment	153
Number of interviews with parents	399
Number of cases discharged	37
Number of cases discharged temporarily ...	36
Number of cases found unsuitable for speech therapy	7
Number of cases on waiting list at 31st December, 1950	61."

Wyre Farm Camp School.

There were 156 boys (138 in 1949) 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) :—

"During 1950, I am pleased to say there was no departure from the usual high standard of health at the school. There were rather more minor injuries and fractures than in the previous year, but these occurred during the normal rough and tumble of school life, and are inevitable in an active community of this sort. Of the minor illnesses admitted to sick quarters, cases of chilblains on the feet are conspicuous in the winter months. Parents might perhaps take note of this, and ensure that an adequate supply of socks or stockings are sent with the boys to school.

A number of cases of defects in vision and hearing were reported by the staff and referred for specialist treatment at Kidderminster Hospital. It is apparent that much backwardness at school work can be attributed to these defects, which have escaped treatment before entry to the school.

Diet at the school is adequate in quantity and quality, and most boys put on weight at a satisfactory rate.

The new open-air swimming bath was popular, and one more aid to the health and well-being of the school."

The following are the year's figures relating to boys who have received special treatment.

Number of visits to Doctor's Surgery ...	46
Number of visits to Dentist	46
Number of patients seen by doctor in Sick Bay	209
Number of patients seen by doctor in Out-patients'	305
Boy seen by Dr. Gaffney	1

April.—Dr. A. Ross and Nurse visited Wyre Farm Camp School, and examined boys leaving school in 1950.

Injections given:—

4 Anti-Tetanus.
18 Pencillin.
12 Bismuth for Verrucae.

Number of boys in Sick Bay—127.

Chief cases:—

2 Vincent Angina.
1 Shingles.
1 Eczema of face.
3 Jaundice.
6 Otitis Media.
1 Chicken Pox.
1 Scalded legs.
1 Pneumonia and Pleurisy.
8 Fractures.
3 Urticarial rashes.
1 Osteomyelitis.

Number of visits to Kidderminster Hospital—

31 visits to Eye Specialist and Optician for testing and treatment—12 boys supplied with glasses.
2 visits to Tuberculosis Clinic (N.A.D.).
9 visits to Casualty Department— Fractures.
23 visits to Fracture Clinic (Fractures and observation) (12 X-rays included).

Fractures—

4 fractured small bones in hand.
1 ,, humerus and cyst.
1 ,, bone in foot.
2 ,, ulna and radius.

Other—

7 visits to Ear, Nose and Throat Clinic.
2 surgical clinic visits.
3 admitted to Hospital:—
  2 tonsils and adenoids.
  1 Hernia.
1 Visit to Skin Clinic.

INFECTIOUS DISEASES.

The following tables show the incidence of the more important infectious diseases occurring in School Children during the year.

It will be noted that there has been a slight increase in the incidence of scarlet fever which happily still remains of the mild type with few complications. There was also a considerable increase in the number of cases of acute anterior poliomyelitis and there were five times the number of measles cases notified (1,959), as compared with those in 1949 (387). However, such a yearly variation is not uncommon and as far as our records show, there were no deaths from measles during the year.

Age Group—5 and under 15 years.

Figures are also given for comparison with the previous year.

	1950	1949
Diphtheria	2	5
Erysipelas	2	2
Scarlet Fever	198	176
Enteric Fever	—	2
Cerebro-spinal Meningitis	1	1
Acute Anterior Poliomyelitis ...	47	5
Respiratory Tuberculosis	18	16
Other forms of Tuberculosis ...	13	17
Dysentery	2	—
Acute Primary Pneumonia	20	11
Acute Influenzal Pneumonia ...	1	2
Acute Polio-Encephalitis	—	1
Measles	1959	387
Whooping Cough	212	245
Food Poisoning	30	3
Totals ...	2505	873

It will be noticed from the Histogram on page 32 (age group 2 to 15 years), relating to Poliomyelitis that although 65 cases were notified during the year, 47 of these were the non-paralytic type, 18 had paralysis and one death occurred in January. 1950.

Clinic Sessions.

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

Central School Clinic, Gulson Road.

Minor Ailment Clinics, each afternoon and Saturday mornings.
Cleansings each morning.

Medical Officer appointments :—

Afternoons, Monday to Friday.
Saturday mornings.

Chiropody :—

By appointment, Friday mornings and alternate Wednesday mornings.

Child Tuberculosis Contact Clinic :—

Friday mornings.

Dental Clinic :—

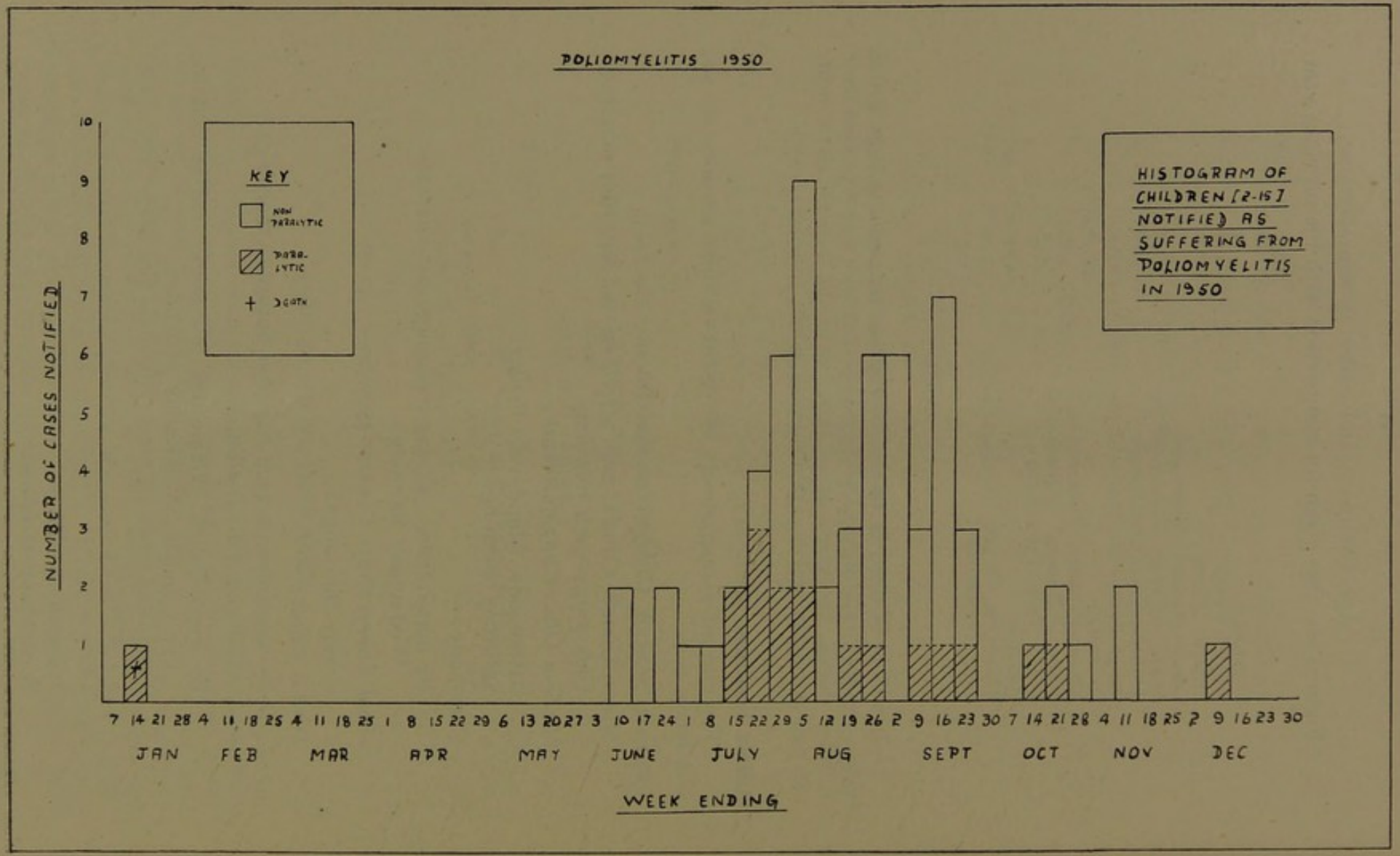
By appointment each day and Saturday mornings.

Ear, Nose and Throat Clinic :—

By appointment Wednesday mornings, and in addition every fourth Wednesday afternoon.
Treatment sessions every afternoon (includes "infra-red" treatment).

Eye Clinic :—

Tuesday mornings.
Wednesday afternoons.


POLIOMYELITIS 1950
KEY
NON PARALYTIC
PARA-LYTIC
+ DEATH
HISTOGRAM OF CHILDREN [2-15] NOTIFIED AS SUFFERING FROM POLIOMYELITIS IN 1950
NUMBER OF CASES NOTIFIED
10
9
8
7
6
5
4
3
2
1
7 14 21 28 4 11 18 25 4 11 18 25 1 8 15 22 29 6 13 20 27 3 10 17 24 1 8 15 22 29 5 12 19 26 2 9 16 23 30 7 14 21 28 4 11 18 25 2 9 16 23 30
JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC
WEEK ENDING

Heart and Rheumatic Clinic:—

By appointment alternate Thursday afternoons.

Orthoptic Clinic:—

Each day, including Saturday mornings.

Ringworm—X-ray treatment:—

By appointment.

Scabies Clinic:—

Each day, Monday to Friday.

Physiotherapy Clinic for Spastic Children:—

By appointment, alternate Saturday mornings.

Speech Therapy:—

Each day, Monday to Friday.

Sunlight Clinic:—

Tuesday and Friday mornings.

BRANCH CLINICS.

Longford Park:—

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

Whoberley Clinic:—

Medical Officer in attendance Monday afternoons from 3.30 p.m.
School Nurse in attendance every afternoon.

Binley Clinic:—

School Nurse in attendance Wednesday afternoons from 2 p.m.
Medical Officer attends by arrangement.

Attendances at the Clinics during 1950:—

Conditions.	Central School Clinic, Gulson Road		Binley School Branch Clinic.		Longford Park School Branch Clinic		Whoberley School Branch Clinic.	
	Cases.	Attendances	Cases.	Attendances.	Cases.	Attendances.	Cases.	Attendances
Skin :—								
Ringworm – scalp —								
X-ray treatment..	—							
Other treatment..	3							
Ringworm—body ..	15						4	
Scabies	43		1				1	
Impetigo ..	91		8		13		25	
Other skin diseases	119		3		29		90	
Eye Disease :—								
Blepharitis ..	10		—		3		21	
Conjunctivitis ..	38		5		12		24	
Phlyctenular ulcer	—		—		—		—	
Corneal ulcer ..	—		—		—		—	
Styes	37		7		12		18	
Other	4	4969	—	609	—	1624	—	5404
Ear Defects :—								
Otorrhœa ..	49		2		13		7	
Wax	67		1		10		18	
Other	63		—		—		—	
Miscellaneous :—								
Septic conditions ..	146		100		31		239	
Sores	94		—		70		271	
Boils	41		1		17		47	
Chilblains	5		2		2		7	
Warts	56		32		36		159	
Injuries	192		1		234		555	
Other conditions ..	170		264		153		310	
Totals ..	1243	4969	427	609	635	1624	1797	5404

Deaths of Children of School Age—5 years to 15 years are as follows:—

Acute Anterior Poliomyelitis	1
Brain Tumour	1
Broncho-Pneumonia	2
Drowning by falling into the canal	1
Hypertensive Encephalophy	1
Other defined and ill-defined diseases	2
Respiratory failure	1
Syphilitic disease	1
Toxæmia due to Influenzal Pnuemonia	1
Tuberculous Meningitis	1
Motor Vehicle Accidents	2
All other accidents	3
Total ...	17

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1950.

Table I.

Medical Inspections of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

A. Periodic Medical Inspections.

Number of Inspections in the Prescribed Groups.

Entrants	6506
2nd Age Group	3829
3rd Age Group	2224
Total ..	12559
Number of Other Periodic Inspections ..	1010
Grand Total ..	13569

B. Other Inspections.

No. of Special Inspections	470
Number of Re inspections	547
Total ..	1017

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 II.A (3)	Total individual pupils (4)
Entrants	109	1252	1266
Second Age Group	223	467	663
Third Age Group	108	232	335
Total (prescribed groups) ...	440	1951	2264
Other Periodic Inspections...	39	140	174
Grand Totals ...	479	2091	2438

Table II.

A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1950.

Defect or Disease (1)	*Periodic Inspections* — *No. of Defects* — *Requiring Treatment* (2)	*Periodic Inspections* — *No. of Defects* — *Requiring to be kept under observation, but not requiring treatment* (3)	*Special Inspections* — *No. of Defects* — *Requiring Treatment* (4)	*Special Inspections* — *No. of Defects* — *Requiring to be kept under observation, but not requiring treatment* (5)
Skin	11	2	—	—
Eyes—				
a. Vision	479	72	30	12
b. Squint	30	4	—	—
c. Other	33	15	4	1
Ears—				
a. Hearing ...	32	16	—	4
b. Otitis Media ...	2	3	—	—
c. Other	37	2	5	5
Nose or Throat ...	717	175	18	5
Speech	55	10	13	4
Cervical Glands ...	—	15	4	—
Heart and Circulation	25	30	1	1
Lungs	124	76	3	1
Developmental—				
a. Hernia	—	1	—	—
b. Other	8	—	—	—
Orthopædic—				
a. Posture ...	27	5	1	—
b. Flat Foot ...	115	19	7	—
c. Other	76	8	3	—
Nervous System—				
a. Epilepsy ...	1	—	—	1
b. Other	36	2	1	—
Psychological—				
a. Development ...	46	23	37	8
b. Stability ...	—	2	—	—
Other	262	120	27	12

B. Classification of the General Condition of Pupils nspected during the Year in the Age Groups.

Age Groups	*Number of Pupils Inspected*	A *(Good)*		B *(Fair)*		C *(Poor)*	
		No.	*% of col. 2*	*No*	*% of col. 2*	*No.*	*% of col. 2*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ..	6506	3177	48.83	3279	50.40	50	.77
Second Age Group	3829	1543	40.30	2239	58.47	47	1 23
Third Age Group	2224	1250	56.20	959	43.12	15	.68
Other Periodic Inspections	1010	494	48.91	501	49.60	15	1.49
Total ..	1359	6464	47.64	6978	51.43	127	.93

Table III.

Infestation with Vermin.

(1)	Total number of examinations in the school by the school nurses or other authorized persons	122725
(2)	Total number of individual pupils found to be infested	1849
(3)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	6
(4)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(3), Education Act, 1944)	3

Table IV.

Treatment of Pupils attendng Maintained Primary and Secondary Schools (including Special Schools)

Group I.

Diseases of the Skin (excluding uncleanliness, for which see Table III.)

	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
SKIN		
Ringworm— (i) Scalp	3	—
(ii) Body	19	—
Scabies	45	—
Impetigo	137	—
Other skin diseases	241	—
Total ...	445	—

Group II.

Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint	154	—
Errors of Refraction (including squint)	1153	—
Total ...	1307	—
Number of pupils for whom spectacles were		
(a) Prescribed	790	—
(b) Obtained	678	—
Total ...	1468	—

Group III.

Diseases and Defects of Ear, Nose and Throat

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment:—		
(a) for diseases of the ear	14	—
(b) for adenoids and chronic tonsillitis	657	—
(c) for other nose and throat conditions	36	—
Received other forms of treatment ...	57	—
Total ...	764	—

Group IV.

Orthopædic and Postural Defects.

(a) Number treated as in-patients in hospitals	46	
	by the Authority	otherwise
(b) Number treated otherwise, e.g., in clinics or out-patients departments	—	482

Group V.

Child Guidance and Treatment.

	Number of cases treated	
	In the Authority's Child Guidance Clinic	elsewhere
Number of pupils treated at Child Guidance Clinics	—	126

GROUP VI.

SPEECH THERAPY.

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapist	90	—

GROUP VII.

OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	otherwise
(a) Miscellaneous minor ailments ...	3235	—
(b) Other—		
Chiropody	194	—
Ears	230	—
Eyes	192	—
Total ...	3851	—

Table V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers:—		
	(a) Periodic Age Groups		1188
	(b) Specials		6269
		Total ...	7457
(2)	Number found to require treatment		7167
(3)	Number referred for treatment		7167
(4)	Number actually treated		6181
(5)	Attendances made by pupils for treatment		8186
(6)	Half-days devoted to: Inspection		8
	Treatment		1075
		Total ...	1083
(7)	Fillings: Permanent Teeth		—
	Temporary Teeth		—
		Total ...	—
(8)	Number of teeth filled: Permanent Teeth		1138
	Temporary Teeth		144
		Total ...	1282
(9)	Extractions: Permanent Teeth		1326
	Temporary Teeth		9838
		Total ...	11164
(10)	Administration of general anæsthetic for extraction ...		1504
(11)	Other operations: Permanent Teeth		371
	Temporary Teeth		84
		Total ...	455

HANDICAPPED PUPILS.

Number of children (a) ascertained in accordance with the Education Act, 1944, during the year 1950, (b) in Special Schools at 31st December, 1950, 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	Nil	10	2
Partially Sighted	Nil		
Deaf	2	84	6
Partially Deaf	2		
Delicate	140	91*	103*
Diabetic	—	—	—
Educationally Sub-normal:—			
Boarding School	12	20	18
Day Special School	29	90	124
Ordinary School	30	—	—
Epileptic	—	3	1
Mal-Adjusted	6	7	9
Physically Handicapped	25	47	17
Speech Defects	90	—	88 (awaiting speech therapy)
Multiple Disabilities	1	3	4
Found to be:—			
(*a*) Ineducable	25	—	—
(*b*) In need of supervision after leaving school	24	—	—
Totals	386	305	372

* Includes children suffering from Multiple defects.