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CITY OF COVENTRY

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# ANNUAL REPORT

OF THE

## SCHOOL MEDICAL OFFICER

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

FOR THE YEAR

1951

COVENTRY SCHOOL HEALTH SERVICE
CHIROPODY TREATMENT


# CITY OF COVENTRY

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*Curtis and Beamish, Ltd., Printers, Northfield Road, Coventry*

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## SCHOOL HEALTH SERVICE

*SPECIAL SERVICES SUB-COMMITTEE*

as at 31st December, 1951.

*Chairman:*—Councillor Mrs. A. OSBORN.

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

*The Mayor* (Councillor H. WESTON).

*The Deputy Mayor* (Alderman B. H. GARDNER).

Councillor Mrs. E. ALLEN.
,, Mr. K. B. BENFIELD.
Alderman Mr. G. BRIGGS.
,, Mrs. J. CANT.
Councillor Mr. L. LAMB.
,, Mr. T. MEFFEN.
,, Mr. G. S. N. RICHARDS.
,, 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., L. es L.

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

## *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) ... | R. J. Dodds, M.B., B.S., D.P.H. |
| Senior Assistant School Medical Officer ... ... ... | 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.<br>Mary S. Martin, M.B., Ch.B.<br>Margaret J. Moir, M.A., M.D., D.P.H.<br>A. C. Ross, M.B., Ch.B., D.P.H. |
| 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 Surgeons ... | J. W. Bishop, M.B., Ch.B., L.R.C.P., M.R.C.S., D.O.M.S. (Part-time).<br>Charlotte Clark, M.B., Ch.B., D.O.M.S. (Part-time). Appointed October, 1951. |
| Ear, Nose and Throat Surgeons | H. S. Kander, F.R.C.S., M.R.C.S., L.R.C.P. (Part-time). Resigned May, 1951.<br>W. Ogilvy Reid, M.A., B.Sc., M.B., Ch.B., F.R.C.S. (Part-time).<br>P. E. Roland, F.R.C.S., D.L.O. (Part-time). Appointed October, 1951. |
| Senior School Dental Officer | M. Raeside, L.D.S. |
| Assistant School Dental Officers | J. A. Smith, L.D.S.<br>Miss J. Glasgow, L.D.S. |
| Physiotherapists (Spastics) ... | Mrs. Adams, M.C.S.T. (Part-time).<br>Mrs. D. A. Thomas, M.C.S.T., M.E., L.E.T. (Appointed October, 1951). |
| Speech Therapists ... ... | Miss B. Carr, L.C.S.T.<br>Miss D. Glover, L.C.S.T. (Appointed June, 1951). |
| Chiropodist ... ... ... | Mr. A. T. E. Freke, M.Ch.S., M.R.I.P.H.H. |
| Orthoptists ... ... ... | Mrs. M. M. Cadenhead, D.B.O. (Part-time).<br>Mrs. A. Whitelaw, D.B.O. (Part-time). |
| 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.<br>Miss W. L. Baker, S.R.N., S.C.M. (Retired January, 1951).<br>Miss E. C. Batsford, S.R.N.<br>Mrs. B. Brand, S.R.N. (Resigned December, 1951).<br>Mrs. A. O. Campbell, S.R.N.<br>Miss L. F. M. Dunnicliffe, S.R.N., S.C.M. (Part 1) Health Visitor's Certificate.<br>Mrs. E. Ellis, S.R.N., S.C.M.<br>Mrs. M. George, S.R.N., S.C.M., Health Visitor's Certificate, Cert. London Hospital for Ear, Nose and Throat.<br>Mrs. E. A. Gore, S.R.N., S.C.M., Health Visitor's Certificate.<br>Mrs. E. M. Hale, S.R.N.<br>Mrs. A. E. Hall, S.R.N., S.C.M. (Resigned February, 1951).<br>Miss P. J. Lucas, R.S.C.N. (Resigned December, 1951).<br>Mrs. S. Player, S.R.N. (Appointed April, 1951).<br>Miss A. B. Seers, S.R.N. (Resigned June, 1951).<br>Miss B. Thatcher, S.R.N., S.C.M. (Appointed April, 1951).<br>Mrs. L. Wardle, S.R.N.<br>Mrs. O. A. White, S.R.N.<br>Mrs. J. E. F. Wills, S.R.N. (Appointed March, 1951).<br>Mrs. G. L. Young, S.R.N. |
| Chief Clerk ... ... ... | E. A. Moore. |
| Deputy Chief Clerk ... ... | Miss E. Stephen. |
| Clerks ... ... | Miss P. Atkin.<br>Miss K. Beasley.<br>Mrs. B. Bottrill.<br>Miss B. Clarke.<br>Miss D. Clark.<br>Mrs. K. Fletcher.<br>Mrs. A. Gardner.<br>Miss N. B. Griffin.<br>Miss J. Holdway (Appointed September, 1951).<br>Mr. D. Slater (Appointed September, 1951).<br>Mrs. F. Woodcock. |
| Dental Attendants ... ... | Miss D. Barnes. (Resigned July, 1951).<br>Mrs. A. Church.<br>Miss D. Cleaver.<br>Miss K. Farren. |

# CITY OF COVENTRY

## SCHOOL HEALTH SERVICE
## 1951 ANNUAL REPORT

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

MR. MAYOR, LADIES AND GENTLEMEN,

*It is again my privilege to present my Annual Report on the work of the School Health Service for* 1951.

*The past year has been an interesting one from many points of view. We were fortunate to have the continual services of four full-time Assistant School Medical Officers and a Senior Assistant throughout the year and this was the means of making steady progress. There is, however, a rapidly increasing volume of work and we have not as yet mastered the long waiting lists of certain handicapped categories who are to be ascertained.*

*The school population in Coventry, including an estimate of children attending private and independent schools, was approximately* 42,003 *in December,* 1951, *which compared with* 40,236 *in December,* 1950. *The former figure shows a steady increase and emphasises the size of the problem with which we have to deal.*

*The numbers of specialist clinic sessions were again increased slightly, and the peripheral school clinics continued to operate where necessary. The Child Tuberculosis Contact Clinic established in* 1950, *for the examination of child contacts of tuberculosis and to augment other provisions available at the Chest Clinic, achieved some useful results during the year. The Anti-tuberculosis Campaign (B.C.G.), sponsored by the Medical Research Council, for school leavers, began in Coventry in* 1951. *Dr. J. Hughes paid several visits to Coventry schools and he examined* 1,700 *school leavers and innoculated* 412. *The scheme, which is still in operation, necessitates many follow-up visits by Health Visitors. We are happy to report that to date the response to B.C.G. vaccination in Coventry compares favourably with that elsewhere in the Midlands.*

*A more detailed report on this scheme and on the work of the Child Tuberculosis Contact Clinic appears later in the report.*

*The following specialist and auxiliary sessions were held at the Central School Clinic, Gulson Road:—*

Child Tuberculosis Contact Clinic
Chiropody
Ear, Nose and Throat Clinic
Heart and Rheumatic Clinic
Ophthalmic and Orthoptic Clinics
Speech Therapy.

## Routine Medical Inspections carried out at Schools.

*An increase was noted in the number of schoolchildren examined throughout the year and this was mainly due to the Medical Staff being at full establishment. In 1951, 14,632 children were seen by Assistant School Medical Officers at Routine Medical Inspections in Schools as compared with 13,569 in 1950, thereby showing an increase of 1,063 over last year's figures. Apart from the usual Routine Medical Inspections, pupils were also examined at the various branch clinics and there were 5,356 (1950—4,516) Special Inspections, and 1,949 (1950—1,166) Re-inspections carried out for Primary and Secondary Schoolchildren.*

## General Condition of Pupils Inspected during the Year.

*During the year, 6,119 pupils out of a possible figure of 14,632 were placed in Category " A " (Good); this being 41.82% whereas 47.64% was the percentage for 1950. 8,334 pupils were placed in Category " B " (Fair); 56.96% showing an increase over the previous year (6,978—51.43%), in this group. 179 pupils were placed in Category " C " (Poor); 1.22% showing a slight increase over the previous year (127—0.93%).*

*The " poor " type and certain "fair " type children are followed up as far as possible until their condition is satisfactory.*

## Contagious Diseases.

*It is pleasing to report a decrease in the incidence of most contagious diseases affecting Coventry schoolchildren during the year and the most outstanding instance of this was Scabies; (6 cases in 1951; 45 in 1950). Ringworm of the scalp and body showed a small increase (1951—37; 1950—22). All cases were excluded from school and the Woods Light method of diagnosis was used by the Nursing Staff at the appropriate schools; this proved to be a very satisfactory arrangement. All cases of Ringworm of the scalp are now treated in the Skin Department of the Coventry and Warwickshire Hospital.*

## Infectious Diseases.

*There were no deaths of schoolchildren recorded due to infectious diseases during the year. There was a slight decrease in the number of Measles; an incrase in Whooping Cough; and a notable increase in Food Poisoning and Sonné Dysentry. There were, in addition, 10 cases of Paratyphoid Fever notified (1950—NIL). The latter three types of disease, usually being due to ingestion of contaminated foodstuffs, inevitably draws attention to the need for constant vigilance in food handling habits and a continuation of informative propaganda in matters relating to food hygiene. Tabulated details are given later in the report.*

## *SPECIAL SESSIONS HELD AT THE CENTRAL SCHOOL CLINIC.*

### The Child Tuberculosis Contact Clinic.

*Since Dr. Parry Williams comments on the work of this Clinic later in the report, it will suffice for me to say here that a great deal of constructive work has been accomplished during the year and, besides giving a necessary service for many children, it also provides an added academic interest to the work of some Assistant School Medical Officers.*

*It is interesting to note a decided decrease in the incidence of fulminating pulmonary tuberculosis and tuberculous meningitis in children in this City, and it is thought (with some justification, I feel) that this Clinic may have contributed in no uncertain measure towards this happier situation.*

*We are grateful to Dr. Parry Williams and Dr. Ingham for their great helpfulness and co-operation in this work.*

*It is inevitable that the work performed at this Clinic will shortly come to be taken over by the staff at the Coventry Chest Clinic as their accommodation, equipment, staff and general facilities are augmented; this transfer of function will be in accord with the intention of the National Health Service Act, 1946. There is reason, however, for the local authority to be pleased with the progress which has been made over these last two or three years for so many children by a "stop-gap" measure instituted in mutual collaboration with our friends in the pædiatric service.*

### Chiropody Clinic.

*Clinic accommodation for Mr. Freke's work was still very limited during 1951: it was possible to supply him with a proper chiropody chair however. Due to the pressure of work and long waiting list it was agreed to increase Mr. Freke's work by one extra session per fortnight. It is noted that one school was visited by the chiropodist as a result of which some interesting cases were found and referred for treatment. It is sad to reflect that, in spite of all the publicity and propaganda about the importance of obtaining adequately fitting shoes and early treatment of defects, we still get a variety of excuses to account for obvious dilitoriness, e.g., "My father had bunions and it's natural that I should have them too," etc. Some parents apparently feel that there is no need for treating minor foot ailments—they cannot yet appreciate the benefits which their children will derive therefrom.*

### Ear, Nose and Throat Clinic.

*At the beginning of the year we were all very much concerned about the size of the waiting list for tonsils and adenoids operations and also the number of children awaiting specialist appointments. A complete review of the list was commenced and by the end of the year we had made some welcome reductions.*

*In May, 1951, Mr. H. S. Kander resigned from our specialist staff, and I would take this opportunity of saying how much we appreciated his valuable work for schoolchildren. We are grateful to him for his efforts in this direction.*

*In October, 1951, Mr. P. E. Roland consented to do E.N.T. sessions for the Local Education Authority, since when there has been a noticeable reduction in the list of children waiting for tonsils and adenoids operations. Mr. Roland was able to deal with some of our cases at Rugby, and some operations were also performed at Bramcote Hospital by arrangement with the staff there. Altogether the outlook is much brighter than it was at the end of 1950. Another factor which helped to reduce our waiting list was that the amount of poliomyelitis notified in the area during 1951 was not considered sufficiently widespread to warrant the discontinuance of routine tonsils and adenoids operations during the Summer months as was the case in 1950.*

*Reports from Mr. Ogilvy Reid and Mr. Roland, Ear, Nose and Throat Consultants, appear elsewhere in this report.*

### Heart and Rheumatic Clinic.

*Dr. Parry Williams also comments later regarding the work carried out at the Heart and Rheumatic Clinic, Gulson Road. It will be observed that there was no significant change in the proportion of cases attending during the year* (i.e., 1951—450; 1950—466). *There were fewer new cases examined however* (i.e., 1951—27; 1950—88).

### Ophthalmic and Orthoptic Sessions.

*We are happy to report that the services of a second opthhalmic surgeon were secured in October, 1951, with noticeable benefit to our waiting list. Unfortunately, as noted by Mr. Bishop in his report, this only served to increase the already overcrowded orthoptic waiting list. The position was further aggravated when both orthoptists became part-time officers following respective marriages. Despite repeated advertisements we have, to date, been unable to engage any full-time orthoptist.*

*It appears, however, that the Regional Hospital Board contemplate taking over the ophthalmic services completely, in accordance with Ministry of Education Memorandum No. 303 (21st October, 1948), and, as this may possibly come about during 1952, it is unlikely that the situation with regard to orthoptic treatment will alter in any way during the interim period. It is to be hoped that the Regional Hospital Board will be able to employ an adequate staff of orthoptists to cope with this work and that the hospital outpatient facilities will not be overtaxed during the difficult transitional period of the next few years.*

### Speech Therapy Sessions.

*Following repeated efforts, the Authority were at last able to secure the services of a second speech therapist, who commenced*

*duty in June, 1951. Miss Glover became our mobile speech therapist and soon evidenced a special interest in the treatment of children suffering from effects of cerebral palsy. Since the "spastic" unit was opened at Baginton Fields Special School in October, 1951, there have been five speech therapy sessions per week at the school and already considerable progress has been made with a number of children. Miss Carr and Miss Glover both report later concerning their work during the year and on perusal of these reports it will become apparent that the situation has radically altered for the better.*

## SPECIAL CLINICS AT THE HOSPITAL OR ELSEWHERE.

*We continue to have the most satisfactory co-operation with the appropriate specialists of the Regional Hospital Board and the Assistant School Medical Officers much appreciate, for example, the opportunity of doing ward rounds with the Pædiatrician thereby keeping in touch with clinical medicine, particularly as it applies to children.*

### Child Guidance Clinic.

*Child Guidance Sessions are still held at the Coventry and Warwickshire Hospital as mentioned by Dr. Gillman in his report. The Local Education Authority Child Guidance Centre was opened in September, 1951, but it was only possible to deal with certain problems because of staff shortage. So far, there has been no child psychiatrist appointed and until this happens it cannot be expected that the Clinic will operate to complete satisfaction. Comments from Mrs. Hedges, the Educational Psychologist, upon the school psychological aspect of the work at the Child Guidance Centre are available in the body of this report.*

### Orthopædic Treatment.

*These arrangements are still carried on satisfactorily as heretofore at the Paybody Orthopædic Clinic. It is hoped to transfer the special clinic for the observation and treatment of cerebral palsy cases to the unit at Baginton Fields School in due course. The same team which has performed such good and harmonious work in the past and consisting of Mr. Penrose, Orthopædic Surgeon; Dr. Parry Williams, Pædiatrician; Dr. Gaffney, Senior Assistant School Medical Officer; together with Dr. Martin, Assistant School Medical Officer; Mrs. Thomas, Physiotherapist; and Miss Glover, Speech Therapist; hope to see these children at reasonable and regular intervals (possibly each month). From these joint consultations it will be possible to determine the physical and mental capabilities of the children, to offer appropriate advice, give necessary treatment, and to assess the children's progress. Such consultations, held, when possible, in conjunction with the Headmaster, should do much to advance the capabilities and welfare of cerebral palsied children and would supplement in specialised form the more frequent routine inspections and treatment undertaken by the Assistant School Medical Officers and Medical Auxiliaries.*

PÆDIATRIC CLINIC.

*The great majority of cases seen by Dr. Parry Williams at the Coventry and Warwickshire Hospital Pædiatric Clinic are referred direct by family doctors. Some are, however, referred by the Assistant School Medical Officers either at the request or with the consent of the family doctors. There is a helpful interchange of medical reports from all these sources. There is no apparent problem to overcome in Coventry in order to attain satisfactory co-operation between family doctors, specialists and school medical officers.*

ANTI-TUBERCULOSIS CAMPAIGN (B.C.G. VACCINATION OF SCHOOL LEAVERS).

*During* 1951, *the Education Committee agreed to a request from the Medical Research Council for the Authority's co-operation in undertaking important research in the campaign against tuberculosis. Basically, this controlled research involved the hypodermic administration of anti-tuberculosis vaccine to boys and girls leaving school at the age of* 15 *years, and the subsequent follow-up of these volunteers for at least three years thereafter. Permission of appropriate parents and guardians to this procedure was of course obtained. Clinics were set up at three schools, namely, Frederick Bird, Longford Park and Hearsall, and it was made convenient for children attending other schools to visit one of these centres. All children taking part were X-rayed and subjected to skin tests during their penultimate school term and three days later the skin reactions were assessed. Those children with negative reactions were re-tested and innoculated with B.C.G. (Bacillus Calmette-Guerin) vaccine. All selected children were X-rayed during their final term. In addition, any children found to have been in direct contact with tuberculosis or known to be harbouring the disease, were referred to the Coventry Chest Clinic for essential treatment and observation. Dr. J. P. W. Hughes, of the Medical Research Council and physician in charge of the B.C.G. experiment, visited Coventry to deal with children during March, July and December. In all,* 1,700 *children took part and* 412 *children received innoculations.*

*Of those widespread infectious diseases which regularly affect people in Great Britain, none causes greater concern to Public Health workers than tuberculosis. There are many patients who remain under treatment for years and the resultant loss of manpower to the nation must be very large indeed. Moreover there is a sizeable number of children, who, by direct contact, are vulnerable to infection from phthisical patients. Especially is this so under overcrowded housing conditions.*

*It is therefore against such a background as this that one readily co-operates with the Medical Research Council in their work with susceptible school leavers. The latter, it is anticipated, will thereby receive adequate protection against the disease at a vital period in their lives.*

*Although spectacular results have been obtained with B.C.G. vaccination in other countries the experiments have not usually been adequately controlled, and it is not surprising, therefore, that responsible medical opinion in this country should be reasonably conservative pending the outcome of their current research. Final results may shortly vindicate the method completely and, this being so, we are bound to see a widespread use of the vaccination procedure in an all-out effort to help eliminate the "white scourge" from our midst.*

## HANDICAPPED PUPILS.

### Children Suffering from the Effects of Cerebral Palsy.

*The position with regard to these children appears to be improving slowly. We have still, however, a big problem in dealing with children having multiple handicaps: more especially if one of the handicaps is that of educational subnormality.*

*During the year the new Day School for Physically Handicapped Pupils at Baginton Fields was opened. This school contains a special unit with accommodation for approximately 25 children suffering from the effects of cerebral palsy. Here, facilities are available for the children to take advantage of physiotherapy and speech therapy services and thereafter are free to assimilate such teaching instruction as their handicapped ability will allow. This cerebral palsy unit was opened in October, 1951, and the numbers of affected children gradually built up over the next few weeks. Orderlies are available to help lift and carry the more helpless children from place to place. Although the unit had only been in operation for a little over ten weeks, some of the children had made noticeable physical progress and had settled down very well by the end of the year. Some of these children, whose ages ranged from 7 to 15 years, had never been to a school before—home tuition in some cases being the nearest approach to this except for the period previously spent in hospital schools. It was touching and of great interest to note how these children readily took to school routine. Class teachers and medical auxiliaries have quickly developed a close understanding of the children's needs and, with future co-operative teamwork, should achieve much for their young charges: it must ideally be their endeavour to fit the school to the child rather than the child to the school. It is probable that there are several children in the unit whose intelligence is not very high, but a reasonable trial period is the best way of eliciting a child's latent capabilities quite apart from set intelligence tests. It is fortunate at this stage that teaching and medical staff at Baginton Fields are particularly agreed on this latter point. A further section of the school—for children suffering from the effects of Physical handicaps other than cerebral palsy, is to be opened in January. Mr. D. P. Hamon, who has been appointed Headmaster of the consolidated school, is at present engaged in supplementing the equipment needed in the school and gaining a close acquaintance with the handicapped children.*

*Most of the pupils attending the school arrive daily by specially arranged transport, some from their homes and some from collecting points. Every reasonable endeavour will be made to study the interests of the children in this connection and prevent unnecessary hardships.*

### Diabetic Children.

*Residential accommodation at some suitable establishment has been readily procured for the diabetic children on our register—there are so few of these that their placement presents no real difficulty.*

### Delicate Children.

*The school medical officers are invariably very pleased with the results obtained by sending the delicate children of Coventry to our only Open Air School at Corley. Miss Caborn, Headmistress from July, 1945, resigned on August 31st to take up an appointment with the Warwickshire County Council Education Authority. We were very sorry to see her go although we found solace in the knowledge that she would still be in charge of some of the City's children at the Residential School for Partially Sighted and Physically Handicapped Pupils at Exhall. Miss R. R. Thomas took up duty as headmistress at Corley on September 1st and her report on the work of the school during 1951 appears elsewhere.*

*An astonishing improvement is often apparent in many children after only a few weeks at Corley. It would surprise certain anxious parents to see how happily and quickly their children settle down to the school's routine as soon as the latter realise why they are there. Asthma cases sent to Corley progress particularly well, and the teaching staff readily help to achieve that necessary mental attitude for sufferers which is so essential to their successful treatment and recovery.*

*Progress of children at Corley is uniformly splendid, and we look forward to an essential increase in available Open-Air accommodation so as to reduce our waiting list. 187 children were ascertained during 1951, and of these 88 are still awaiting admission.*

### Deaf and Blind Children.

*The number of* deaf *and of* blind *children ascertained during the year was* 6. *The average waiting time for placement of deaf children is about 2 years and for blind children approximately 1 year: this tries the patience of parents and officers alike.*

### Partially Deaf Children.

*A proportion of our* partially deaf *are equipped with appropriate hearing aids and are in attendance at ordinary schools. A number attend the Coventry and Warwickshire Hospital for lip-reading classes. 4 new cases were ascertained during 1951.*

PARTIALLY SIGHTED CHILDREN.

*The number of* partially sighted *children ascertained during* 1951 *was* 6 *of which* 3 *are in the Warwickshire County Council Residential School at Exhall. It is hoped that the remainder may soon be accommodated in a special class established for this purpose at either the Day Special School for Physically Handicapped Pupils or at the Day School for Delicate Children.*

EDUCATIONALLY SUB-NORMAL CHILDREN.

*As will be noted from Mr. Saxon's report which follows later, our hopes that the new day school for educationally sub-normal pupils at Whitley would be available in* 1951 *were disappointed. This, I understand, was primarily due to material shortages and building difficulties. However, the building is now proceeding and should be ready by the end of* 1952. *In the meantime extra accommodation has been achieved by the addition of an annexe at Trinity Hall.*

*An assistant school medical officer is scheduled to attend the Grove Day Special School for Educationally Sub-normal Pupils on one day per week at least. I would like to record our appreciation of Mr. Saxon's ready co-operation in all matters relating to the ascertainment and well-being of educationally sub-normal children. It is pleasing to note his sympathetic preparedness to give certain border-line cases a trial opportunity—in spite of the obvious difficulties consequent upon shortage of accommodation. Appropriate disposal of some of these children might well have proved a source of difficulty to examining medical officers had the headmaster not been so helpful.*

EPILEPTICS.

*Most of our epileptic children are attending ordinary schools as their fits become controlled. The more serious and less controlled cases are a much more difficult problem. We find little difficulty in obtaining accommodation for epileptics with fairly high I.Q.'s but the educationally sub-normal + epileptic group are almost impossible to place. Most of these latter children are obliged to attend our day school for educationally sub-normal pupils in the absence of suitable accommodation elsewhere.*

*A table dealing with the ascertainment of Handicapped Pupils during* 1951 *appears at the end of this report.*

MALADJUSTED.

*The most difficult children in this group are undoubtedly the intellectual ones of whom we have quite a number. They are all in need of residential treatment and the struggle to acquire suitable school accommodation for them is persistent but difficult. This situation, however, showed slight improvement during the year although the Education Authority's Special Services Department continue to have obvious difficulties in achieving their object. With*

*a minority of such children, it appears to be just a matter of getting them away from their home environment in order to achieve improvements, but the remainder definitely need specific supplementary treatments. There were 11 children (9 boys and 2 girls) ascertained as maladjusted during 1951 and recommended for residential treatment.*

SPEECH DEFECTS.

*The position with regard to speech therapy altered for the better during 1951. In June, 1951, Miss Glover was appointed as second Speech Therapist, and by the end of the year our waiting list was reduced to 49. Miss Glover gives part-time service in the cerebral palsy unit at Baginton Fields Special School. We were also able to commence speech therapy sessions at other outlying clinics and to arrange for the speech therapist to visit various schools.*

STAFF.

*The medical personnel was at full strength throughout the year. There were four resignations and one retirement of school nurses. Three new nurses were appointed. One dental attendant resigned. Two new clerks were appointed to the School Health Department.*

*Dr. C. Asher from the Ministry of Education visited us in September and expressed satisfaction with the arrangements for medical inspection of Coventry schoolchildren.*

*In previous reports I have expressed the opinion that an amalgamation of the Health and School Health Medical and Nursing Services would benefit all Coventry children—and indeed the community. One feels that the appropriate Committees will shortly be giving their consideration to such a reorganisation.*

*There is little difficulty at present in enlisting the services of school nurses, but the health visiting staff was depleted during the year due to a more widespread demand for more qualified staff throughout the country. One feels that an amalgamated nursing service will stimulate recruitment by offering a wider field of interest besides being of greater benefit to the community. The shortage of qualified health visitors, however, will probably cause delay in putting such a scheme into comprehensive and immediate effect, although it might well be possible to initiate the scheme in a more modest form.*

*The School Dental Service is still badly under-staffed. We continue to have the services of our Senior Dental Officer and his two assistant dental officers. All are working at high pressure and mainly upon ameliorative dentistry, and this, being a reversal of the policy of previous days when conservative dentistry was the watchword, must be frustrating in the extreme.*

*Mr. Raeside comments fully in his report (q.v.) on the work of the dental service,*

*In spite of repeated advertisements we have had no suitable applications to enhance our establishment. To date it has been impossible to obtain the services of practising dentists to undertake sessional work on behalf of the local authority. This is unfortunate in that we cannot offer treatment to the " priority " classes* (i.e., *young children and expectant and nursing mothers*).

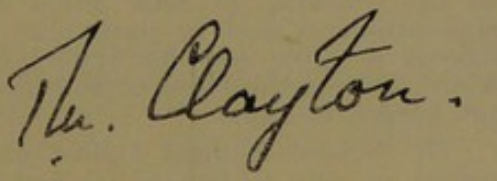
*Co-operation between the various consultants undertaking sessional work at Gulson Road Clinic or at the local hospitals, medical auxiliaries* (i.e., *Physiotherapists, Speech Therapists, Audiometrician, etc.), and the Authority's School Health Service Staff has been excellent and to the great benefit of Coventry schoolchildren: my grateful thanks are due to them all.*

*To the Director of Education, his appropriate staff, and to the teachers of this City, I offer appreciation for the assistance given at various times to doctors and nurses during the course of their work.*

*It is indeed a pleasure to commend my medical and nursing staffs for their loyalty and efficiency throughout a busy year. I would also record my grateful appreciation to Dr. Margaret Gaffney, Mr. E. A. Moore and his clerical assistants for their application in compiling statistical details for this Report. My thanks, too, are here recorded to all those who have contributed information in succeeding pages.*

*Finally, my thanks are extended to the Chairman and Members of the Special Services Sub-Committee for supporting the work of my staff and self throughout* 1951.

*I am, ladies and gentlemen,*
*Your obedient servant,*



*School Medical Officer.*

**School Population, Accommodation, Attendances.**

At December, 1951, there were 76 Primary and Secondary Schools (including Wyre Farm Camp School) under the control of the Local Education Authority, *viz:*—

56 Primary and all age schools with 74 departments.
12 Secondary Modern Schools with 19 departments.
7 Secondary Selective Schools.

The Primary and Secondary Schools are divided as follows :—

58 County Schools with 74 departments.
13 Voluntary C.E. Schools with 12 departments.
6 Voluntary R.C. Schools with 7 departments.

| | |
|---|---|
| Number of children on registers, January, 1951 ... ... | 37,721 |
| Number of children on registers, December, 1951 ... | 39,141 |
| Average percentage attendance ... ... ... ... | 90.25 |
| Estimated number of children attending Independent and Private Schools ... ... ... ... ... | 2,862 |
| *Estimated total population of the City of Coventry* ... | 258,000 |

REPORTS FROM SPECIAL SCHOOLS.

**Baginton Fields Special School (for Physically Handicapped Pupils).**

The Headmaster, Mr. D. P. Hamon, reports as follows :—

"This School began to receive its pupils on the 24th October, 1951, and there are now 19 children here. These are all cerebral palsy cases and are housed in the first building handed over, namely, the C.P. Department.

It is confidently expected that the main building will be available for use in January next. Children suffering from physical handicaps other than cerebral palsy will then be admitted.

We are greatly indebted to the Education Authority, the Director and his Officers, for their great generosity in connection with our many problems and in particular with regard to staffing. This has made it possible for the School to be organised at once into four classes and for the children to enjoy full-time physiotherapy and part-time speech therapy.

The School Medical Officer and his staff have shown a special interest in our undertaking, and all the children receive constant medical supervision. Medical inspections are regular and frequent, and all necessary treatment is readily available. A School Nurse is in regular attendance, also.

The situation of the School in the communal buildings of a war-workers' hostel poses special problems because the site is freely accessible to the public. Further, the numerous other buildings here are used by several departments of the Corporation, but mainly to provide temporary housing for a large number of families. This problem will, of course, automatically solve itself when finances allow the School site to be fully enclosed.

It gives me the greatest possible pleasure to be able to report that with the loyal support of a very able Staff, and under the genial direction of an intensely interested Board of Governors, I am confident that this School will quickly become a most effective instrument for the succour and rehabilitation of the physically disabled children who attend it."

## Corley Open Air School.

Miss Thomas, Headmistress, comments upon the amazing benefit which children derive from a stay at Corley Open Air School :—

"There seems to be a quality in the air which makes for good health. Children become alive and vital; increase in weight is rapid—an outstanding example being that of a child who gained 2 stones in 4 months. The average increase in weight is from 8 to 10 lbs. per child per annum.

I feel that it is difficult to assess the value of Corley upon the child during the first few weeks of adjustment in its new environment and many factors have to be taken into consideration. For example, one child, because of pampering at home, may find life very difficult and so for a time may prove a disturbing influence among other newcomers; another child may find communal life quite easy. Corley helps to produce the complete child as far as it is able and in no small measure this is assisted by the work of nursing staff and teachers alike."

During the year, 124 children were admitted, whereas 83 were discharged. Clinical visits have totalled 528. The average number on the roll was 87. Admission to Hospitals (*i.e.*, Gulson Hospital, Stratford Hospital and Whitley Hospital) during 1951 totalled 21.

## The Grove Day Special School (for Educationally Sub-normal Children).

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

" Number of children on the registers at 31st December 99
Number of children on Waiting List 105

It is with great regret that I have to report that the new school which we had hoped to see completed during 1951 is still in the early stages of its construction. We have, however, been able to bring about considerable changes during the year which will materially assist in the reorganisation of the school when the new premises are ready for occupation.

An annexe to the present school has been established at Trinity Hall and, although this is some 15 minutes' walk from South Street, it has enabled us to increase the educational facilities and bring the number of children on the registers to 100. This figure will rise to approximately 110 during 1952.

In September, 1951, the staff was increased by two men and one woman teacher, thus making it possible to reduce the age range in the classes from two years to one year.

Facilities for craft work have been improved by the introduction of a general Crafts Room at the annexe. The nucleus of woodwork, metalwork and other crafts, is being built up ready for expansion as soon as the permanent accommodation is ready. In addition to this, a room has been set aside for pottery and a small gas-fired kiln will be installed in 1952.

Physical Education facilities have been improved by the use of a large hall at the annexe. We are now able to expand into the realms of music and movement with the recruitment of two competent musicians on the staff.

A small Medical Inspection Room has been provided by the reconstruction of the present bathroom and is proving most valuable to the School Nurse.

A special class has been formed to cater for children who, it is felt, are likely to prove to be ineducable. This class is very small, not more than six children, and is most useful in the case of children sent to the school for a trial period.

During 1951 two children have been excluded from this group and two have been passed into the main stream of the school. It is felt that any system which prevents the premature notification of children is most desirable, particularly in view of the shortage of accommodation in institutions, occupation centres, etc. It is hoped to extend the scope of this group when extra room permits.

Most cordial relations have been maintained with the School Health Service and our thanks are due to them for their whole-hearted co-operation during 1951."

### The Paybody Hospital Special School.

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

"Again I write from the educational side of the work at the Paybody Hospital and my remarks refer only to those children who actually receive instruction during treatment.

During 1951 there have been 35 long-term cases (from 6 months to 3 years) and 16 short-term cases (less than 6 months).

Long-term patients include those receiving treatment for tuberculous infection of hips, knees and shoulders, Perthe's disease of the hips, congenital deformities and poliomyelitis.

The short-term patients include cases of scoliosis, osteomyelitis, reticulosis and foot deformities.

Work during the year has progressed steadily and much has been accomplished physically and mentally.

During December, school members were depleted by an epidemic of chicken-pox and some activities had to be suspended.

The 'broomstick plaster' treatment of Perthe's disease of the hips (affecting 11 children) is of great advantage, and, from an educational standpoint, a decided improvement upon the horizontal frame treatment of previous years. Children are able to sit up and have freedom of movement from the hips upwards. This means, of course, that they have greater command and control of apparatus, and, best of all, can work without undue eyestrain.

Dentists' visits, though regular, are, of course, not greatly welcomed by the children, but are fairly cheerfully endured. All things considered, the time spent here is usually happy and the children are amazingly contented."

## REPORTS ON SPECIAL CLINICS AND OTHER SERVICES.

### Child Guidance Arrangements.

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

"The number of new cases seen in 1951, was about the same as last year but there have been more treatment sessions.

One advance has been that fewer dull and backward and mentally deficient children were sent to my clinic.

I had hoped that with the opening of the new building for Child Guidance more adequate accommodation would be available for the treatment of children, but unfortunately no psychiatrist has yet been appointed and this has held up the work that is waiting.

There is no doubt that many more children should be seen in a city with the population of Coventry, and it will be a useful service for children when the Child Guidance Clinic and Psychological Service are running side by side and this should not long be delayed.

At present children needing psychiatric treatment and guidance are seen at the Coventry and Warwickshire Hospital."

*Total number of children seen* :—

| | | |
|---|---|---|
| (*a*) | New Cases ... ... ... ... ... ... | 132 |
| (*b*) | For Treatment ... ... ... ... ... | 494 |
| | Total | 626 |

*Types of cases* :—

| | | |
|---|---|---|
| (*a*) | Behaviour disorders (including delinquency) ... | 41 |
| (*b*) | Nervous and mental disorders ... ... ... | 59 |
| (*c*) | Bedwetters ... ... ... ... ... | 8 |
| (*d*) | Very dull and backward and mentally deficient | 18 |
| (*e*) | Various ... ... ... ... ... ... | 6 |
| | Total | 132 |

**Child Guidance Centre.**

Mrs. P. E. Hedges, Educational Psychologist, reports as follows :—

*"Educationally Sub-normal Children.*

School Surveys have been conducted in a number of schools and from these, children have been found who appear to be of dull mentality. 61 of these have been referred to the School Medical Officer with a view to ascertainment as educationally sub-normal.

*Maladjusted Children.*

The names of 3 children who, in the opinion of the Educational Psychologist, were in need of residential treatment because of maladjustment, were forwarded for ascertainment purposes. The appropriate examination was duly carried out and the children recommended for education in residential schools for maladjusted children or for educationally sub-normal children. Two other children whose maladjustment was very severe were referred from the Child Guidance Centre, through the School Medical Officer, to the Physician in Psychological Medicine at the Coventry and Warwickshire Hospital.

*Physical Condition.*

Subsequent to referral to the Child Guidance Centre and psychologist's examination, 8 children whose general health seemed to be poor or who appeared to have specific handicaps such as poor vision or hearing, were examined by assistant school medical officers and appropriate recommendations made.

*Children Referred by the School Medical Officer to the Educational Psychologist.*

Four children, who were educational problems, were referred by the School Medical Officer to the Educational Psychologist, following examinations by assistant school medical officers."

## The Child Tuberculosis Contact Clinic.

Dr. H. Parry Williams reports as follows :—

"The Child Tuberculosis Contact Clinic was commenced in September, 1950. Children are referred to the clinic from the tuberculosis health visitors, the general practitioners, the school health service, the infant welfare department and the out-patient departments of the hospital. The aim of this clinic is to examine each child and classify them into the following categories :—

1. Those who are Mantoux positive and have an active tuberculous lesion requiring hospital treatment.
2. Those who are Mantoux positive and have an active tuberculous lesion which can be cared for under supervision at home.
3. Those who are Mantoux positive, but who have healed lesions and require infrequent attendance at the clinic for supervision.
4. Those who are Mantoux positive, but have never had any demonstrable tuberculous lesion.
5. Those who are Mantoux negative and require to be segregated from the active contact for B.C.G. vaccination. The majority of these cases are young infants.
6. Those who are Mantoux negative, who are either no longer in contact or are in contact with an inactive case, and can have B.C.G. vaccination at home.

Throughout its existence the clinic has had close co-operation with the hospital service and the Quadrant, and there has been little difficulty in disposing of the cases satisfactorily. Many have been admitted to hospital, and it is felt that these cases have been spared delay in diagnosis until the lesions have become manifest owing to the child's deterioration in general condition. Bramcote Hospital has accepted several cases under the age of one year for segregation and B.C.G. vaccination, and there has been a notable reduction in the cases of fulminating miliary tuberculosis and tuberculous meningitis in young infants.

In co-operation with the Quadrant we have been advised as to whether the adult case is active or inactive, and whether segregation is necessary before B.C.G. vaccination is proceeded with.

All cases requiring vaccination without segregation have been referred to Dr. Gordon Evans of the B.C.G. Clinic.

It has also been found helpful to send some of the cases of debility with healed primary lesions to Corley Open Air School.

Another feature of our work has been to help dispose of families who have been left stranded owing to the mother having been taken into hospital with active tuberculosis, and here we are indebted to Miss Barnes, Children's Officer, and the Homes and foster parents who are willing to accept such children.

The routine work of the clinic was carried on as before by Dr. Margaret Ingham, Pædiatric Registrar, and the Senior Assistant School Medical Officer, Dr. Margaret Gaffney.

The number of new cases seen since the clinic opened is 409; number of re-appointments 617; and 138 children were referred for B.C.G. vaccination."

## Chiropody.

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

"The Chiropody Clinic arrangements for 1951 were the same as in 1950. During the year, 829 treatments were given, there were 261 new cases seen and 211 patients discharged, cured. Five children were referred to the Orthopædic Clinic for further treatment and advice. The waiting list now stands at 56.

I was able to carry out a foot inspection at one school in October, which was very informative. Of the 89 children seen, 15 were referred to the Clinic for treatment of various conditions. Only 30 of the children seen at this school were wearing shoes, the remainder were wearing gym shoes and sandals. Most of the shoes were badly fitted, in fact one child had both her great toe nails completely rubbed away by her shoes, which were too short.

It has been reliably estimated that 80% of the foot disabilities of the middle aged are due primarily to some abnormality of the great toe and its metatarsal bone. The majority of these disabilities, being mainly congenital, could have been remedied at an early age.

Corrective measures to remedy these defects should be undertaken before secondary changes have occurred—that is before adolescence and sometimes as early as the age of 7 or 8.

In view of the frequency of these conditions, and the severe disablement to which they give rise, it is of the utmost importance that they should be discovered as early as possible.

To discover these defects in time, I believe that a regular foot inspection should be carried out in all schools. At the same time endeavour should be made to promote the interest of the children and the teachers.

The fullest advantage is being taken of contact with parents at the foot clinic, to utilize that all-important personal contact to the fullest extent, to gain their willing co-operation and to instruct them."

## Dental Treatment.

The following is a report by Mr. Raeside, Senior Dental Officer :—

"Another year has passed without any signs of improvement in the School Dental Service. The same depleted staff of three dental officers has endeavoured to cope with an ever increasing, difficult and trying situation and the outlook for the future is far from promising.

Even if the full establishment of twelve dentists were immediately available a long time would be required to make good the considerable damage resulting from three years of enforced neglect. Many thousands of children who should normally receive routine dental treatment can now only be offered emergency treatment. There is consequently an appalling deterioration in their dental condition at an age when regular routine treatment is of vital importance.

The emergency problem in the City is very formidable, and, as in the previous two years, the efforts of the staff were again chiefly devoted to the relief of pain and the eradication of sepsis, very little time being available for conservation treatment.

It must be realised that any improvement in the service is impossible at the moment owing to the acute shortage of dentists, and that a number of years must elapse under present conditions before any marked increase in man power will become possible. The question is, how can the School Dental Service be rescued from its present appalling state? There are strong indications that there are some who regard "dilution" as a possibility but in this connection professional opinion is very much divided. Dental hygienists, properly trained, have undoubtedly won some recognition in public services, but the introduction into this Country of a scheme similar to the one at present in operation in New Zealand calls for careful thought before any definite steps are taken. The chief objections to the scheme in present circumstances in this Country might, at the moment, perhaps, be the economic difficulties of buildings and the recruitment of the necessary training staff. It should also be noted that some thirty years of the New Zealand scheme do not appear to have produced a good result, as the teeth of the adult population are amongst the worst in the world.

Emphasis must be placed on conservation treatment if the Health Scheme is to fulfil its proper function, and, if necessary, further restrictions must be made on the treatment of the adult population in order to ensure that the children and adolescents receive attention to render them dentally fit.

With a school population of over 40,000 it will be realised that the staff is totally inadequate to give a fully comprehensive dental

service and, as a consequence, the routine inspection of children in the schools has proved quite impossible. As in the previous years, owing to continued heavy demand for emergency treatment, it was only found possible to carry out inspections in a few schools.

With regard to expectant mothers it should be noted that at present emergency treatment only can be offered to these patients and the fitting of dentures has had to be discontinued. During the year 161 visits were made by expectant mothers and 461 visits by infant welfare children. The time devoted to Maternity and Child Welfare treatment 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."

| | Primary and Secondary | Infant Welfare | Ante-Natal | Totals |
|---|---|---|---|---|
| Fillings—Permanent .. .. | 2,566 | — | 5 | 2,571 |
| Fillings—Temporary .. .. | 341 | 3 | — | 344 |
| Extractions—Permanent .. .. | 1,881 | — | 194 | 2,075 |
| Extractions—Temporary .. .. | 11,705 | 517 | 1 | 12,223 |
| Other Operations .. .. | 802 | 8 | 5 | 815 |
| Administration of general anæsthetics for extraction .. | 1,725 | 193 | 49 | 1,967 |
| Attendances .. .. .. | 10,749 | 461 | 161 | 11,371 |

## Ear, Nose and Throat Sessions.

Mr. W. Ogilvy Reid, Ear, Nose and Throat Consultant, reports as follows :—

"The Clinic continues to serve a very useful purpose, especially as the children are dealt with in a department designed for the work and not in the over-crowded Hospital Out-patient Clinics. These they would have to attend if the School medical work were absorbed into the already over-burdened National Health Service, which is being arranged by certain Authorities.

Owing to pressure of work it is only possible for me to attend one clinic per month but in the meantime the School Nurse carries out the required treatment on aural cases, which I advise. The interest and keenness shown by the staff generally is very much appreciated.

Special cases are still being referred to my Out-patient Department 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 to the Ear, Nose and Throat Clinic."

The following is a report by Mr. P. E. Roland, Ear, Nose and Throat Consultant :—

"Only during the last three months of 1951 have I been associated with the E.N.T. Clinic, helping Mr. Ogilvy Reid in the work which has been developed to such a large extent by Mr. Kander.

A large number of cases were referred on account of upper respiratory infections mainly to advise for or against removal of tonsils and adenoids. By no means all of them required operation; sinus

infection was found to be the cause of quite a proportion of the children's complaints and many of them responded to conservative treatment. A fair number of children were referred on account of deafness and otorrhœa. Intensive treatment in the clinic and during the week by the Nurse-in-charge, Mrs. George, produced a cure or marked improvement in the majority of cases.

The waiting time for children requiring operation on their tonsils and adenoids is still many months, but there has been some improvement during the past year and I have been able to help the more urgent cases by putting them on the waiting list at Rugby where the pressure for beds is not quite so acute. Of greater concern is, in my opinion, the long wait until children are seen at the Clinic, as only then is it possible to give the necessary priority to the urgent cases.

Finally, I should like to mention my appreciation of the co-operation given by Mr. Kander and Mr. Ogilvy Reid at the Coventry and Warwickshire Hospital and Miss Adamson, Audiometrician at the Hospital, when children require further investigation or admission to Hospital."

## Heart and Rheumatic Clinic.

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

"The following are the figures of the cases seen during the year 1951. There is no significant change in the proportion of cases.

| | |
|---|---|
| Total number of cases ... ... ... ... ... | 450 |
| Discharged or transferred to Adult Cardiac Clinics ... | 16 |
| Total number of new cases ... ... ... ... | 27 |

*Analysis of New Cases.*

| | |
|---|---|
| Rheumatic Hearts ... ... ... ... ... ... | 4 |
| Congenital Hearts ... ... ... ... ... ... | 10 |
| Functional Murmurs ... ... ... ... ... ... | 8 |
| Miscellaneous ... ... ... ... ... ... | 5 |

It is still a pleasure to acknowledge the continued co-operation and help of Dr. Clayton and his staff."

## School Ophthalmic Clinic.

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

"During the course of 1951 there has been a great improvement in the number of children waiting examination in the eye clinic. At the beginning of the year the waiting list was considerable because I could only find time to do two clinics per week, which was proving inadequate. Towards the end of the year, however, thanks to Dr. Charlotte Clark who is doing one session per week, this waiting list was beginning to show a rapid reduction in size.

Unfortunately, to counter-balance this, the waiting list for orthoptic reports and orthoptic treatment has gradually increased. This has been brought about by the fact that although at the beginning of the year the clinic was staffed by two full-time orthoptists, both these orthoptists, during the course of the year, got married, but fortunately they are both able to do part-time work at the clinic. In spite of this, during their part-time attendance they have worked extremely hard and there has only been approximately 20% reduction in the number of attendances over the full year. This state of affairs reflects very favourably on the hard work put in by both Mrs. Cadenhead and Mrs. Whitelaw during their sessions at the clinic. Since the middle of the year when both of the orthoptists became part-time, endeavour has been made to obtain the services of another orthoptist, but in spite of repeated advertisements it has not been possible to obtain the services of a new orthoptist.

There has also been an improvement in the waiting list for children requiring surgical treatment for strabismus. This improvement in the operation waiting list is largely due to the fact that during the latter part of the Summer when Tonsils and Adenoids operations were temporarily suspended because of the risk of Poliomyelitis several beds were made available at Bramcote Hospital for the purpose of doing strabismus surgery. Since then, owing to the hard work put in by all peoples concerned at the Coventry and Warwickshire Hospital, the waiting list has been prevented from increasing in size again. However, it would appear that a waiting list is inevitable whilst the present shortage of beds is still the order of the day in Coventry.

I would like, finally, to express my thanks to the Nursing Staff at the 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 available."

## Orthoptic Treatment.

Mrs. M. M. Cadenhead and Mrs. A. J. Whitelaw jointly report as follows :—

"During the year a total of 4,392 cases were seen in this department. Cases cured numbered 58, 4 of them requiring surgery. A further 11 were discharged as orthoptically satisfactory, being slightly under our standard of cure, and 29 as cosmetically satisfactory and symptom-free. 28 children ceased to attend.

There were 74 cases deferred from treatment pending discharge. Only 5 cases were refused, the parents of 2 refusing operation. One case failed to respond to treatment and 5 cases were transferred to other hospitals.

There were 76 children who had operations and these were given intensive orthoptic treatment immediately on discharge from hospital.

The number of new cases registered was 109.

There are at present 31 children receiving weekly synoptophore treatment and 62 having occlusion for poor vision.

The operation waiting list stands at 24 and our treatment waiting list at 49. There is, unfortunately, a list of 61 children awaiting their initial orthoptic report."

## Orthopædic Arrangements.

The arrangements regarding orthopædic defects have continued throughout the year and the Coventry Paybody Clinic has carried out good work for children suffering from orthopædic defects. Cases are still being referred to the Paybody Clinic by School Doctors and the School Chiropodist, following Routine Medical Inspections at Schools and special requests for appointments at the various School Clinics. It will be seen from the following table that a total number of 263 new cases and 453 re-appointments were seen by the Orthopædic Surgeon at the Paybody Clinic, Holyhead Road, and 82 children were admitted to Paybody Hospital. The required treatment was carried out, such as remedial exercises under supervision, massage, physiotherapy treatment and surgical appliances. Suitable cases were also referred for operation and some cases were seen and referred to the School Medical Officer for admission to Residential and Day Special Schools for Physically Handicapped Children.

Miss A. T. Miller, Secretary of the Paybody Orthopædic Clinic, continues to submit weekly reports, showing the specialist diagnosis and the type of treatment proposed. We are indeed most grateful for this information, which is of considerable assistance to Assistant School Medical Officers dealing with the ascertainment of physically handicapped children.

TABLE OF DEFECTS NOTED AT PAYBODY ORTHOPÆDIC CLINIC.

*Year ended December, 1951.*

| *Defects.* | *Boys.* | *Girls.* | *Total.* |
|---|---|---|---|
| Sub-periosteal Haematoma ... | — | 1 | 1 |
| Postural Curve ... ... ... | 1 | — | 1 |
| Bunions ... ... ... ... | — | 2 | 2 |
| Claw Feet ... ... ... ... | 1 | 1 | 2 |
| Pes Planus ... ... ... ... | 16 | 31 | 47 |
| Hyper Mobile Ankles ... ... | — | 1 | 1 |
| Valgoid Ankles ... ... ... | 7 | 9 | 16 |
| Genu Varum ... ... ... ... | 1 | 4 | 5 |
| Kyphosis ... ... ... ... | 2 | 2 | 4 |
| Lordosis ... ... ... ... | 2 | 1 | 3 |
| Hammer Toe ... ... ... ... | 3 | 3 | 6 |
| Genu Valgum ... ... ... ... | 3 | 5 | 8 |
| Osteochondritis ... ... ... | — | 1 | 1 |
| Poor Posture ... ... ... ... | 2 | 6 | 8 |
| Pes Cavus ... ... ... ... | 5 | 2 | 7 |
| Scoliosis ... ... ... ... | 1 | 1 | 2 |
| Hallux Valgus ... ... ... | — | 11 | 11 |
| Claw Toes ... ... ... ... | 4 | 4 | 8 |
| Valgoid Feet ... ... ... ... | 6 | 3 | 9 |
| Perthe's Disease ... ... ... | — | 1 | 1 |
| Spina Bifida Occulta ... ... | — | 1 | 1 |
| Webbed Toes ... ... ... ... | — | 1 | 1 |
| Overlapping Toes ... ... ... | — | 2 | 2 |
| Hallux Rigidus ... ... ... | — | 3 | 3 |
| Plantarfascia Strain ... ... | — | 1 | 1 |
| Schlatter's Disease ... ... ... | 4 | 1 | 5 |
| Torticollis ... ... ... ... | 2 | 1 | 3 |
| Ganglion ... ... ... ... | 3 | 2 | 5 |
| Ingrowing Toe Nails ... ... | 2 | 1 | 3 |
| Anterior Poliomyelitis ... ... | 1 | — | 1 |
| Osteomyelitis ... ... ... | 1 | 1 | 2 |
| Spastic ... ... ... ... | 2 | 2 | 4 |
| Toes Turn In ... ... ... | — | 1 | 1 |
| Curled Toes ... ... ... ... | 5 | 3 | 8 |
| Calcaneo Valgus ... ... ... | 2 | — | 2 |
| Kypho-Scoliosis ... ... ... | 1 | — | 1 |
| Little's Disease ... ... ... | 1 | — | 1 |
| Athetoid ... ... ... ... | — | 1 | 1 |
| Infantile Hemiplegia ... ... | — | 1 | 1 |
| Apophysitis ... ... ... | — | 1 | 1 |
| Sacro-iliac strain ... ... ... | 1 | — | 1 |
| Tenosynovitis ... ... ... | — | 1 | 1 |
| Miscellaneous ... ... ... | 28 | 43 | 71 |
| Totals ... | 107 | 156 | 263 |

## Speech Therapy.

The following is a report by Miss B. Carr, Speech Therapist, Central School Clinic, Gulson Road :—

"A second speech therapist was appointed in June of this year and many children who had previously attended at Gulson Road were handed over to her care. All the children at Baginton Fields School who had speech defects were enabled to have daily Speech Therapy and, in addition, the new Therapist visited Corley Open Air School once a week. A Speech Therapy Centre at Stoke Heath School Clinic was opened and thirty-seven children were transferred there from Gulson Road. The vacancies at the Central School Clinic were quickly filled from the waiting list so that the year was as busy as ever.

A wide variety of cases were seen. It is most helpful to the therapist to know that she can seek help from specialists on difficult cases, and their advice was frequently sought and proved very beneficial. Many children with speech defects of nervous origin were sent to the psychiatrist and several children attended the Ear, Nose and Throat Clinics.

The proportion of hard-of-hearing children referred for speech therapy continued to increase and the speech therapist visited Hearing Aid Clinics at the Royal National Throat, Nose and Ear Hospital, Golden Square, London, W.1., and the Metropolitan Ear, Nose and Throat Hospital, Stanville Place, London, W.1.

The following are the year's figures:—

| | |
|---|---|
| Attendances ... ... ... ... ... ... | 2062 |
| No. of new cases ... ... ... ... ... ... | 96 |
| No. of cases treated or now under treatment ... | 175 |
| No. of interviews with parents ... ... ... ... | 439 |
| No. of cases discharged ... ... ... ... ... | 39 |
| No. of cases discharged temporarily ... ... ... | 43 |
| No. of cases found unsuitable for speech therapy ... | 5 |
| No. of cases on waiting list at 31st December, 1951 | 49 " |

The following is a report by Miss D. Glover, Speech Therapist, Stoke Heath School Clinic :—

"In June, Speech Clinics were opened at Stoke Heath and Corley Open Air School. Nine sessions a week were held at Stoke Heath and one at Corley.

From about 28 patients, the numbers rapidly increased until, with the opening of the new Baginton Fields Physically Handicapped School in November, the Clinics were running to capacity. From November 5th, 5 sessions per week were devoted to Baginton Fields School as it was considered advisable for the Cerebral Palsy cases to have daily treatment.

Some schools in the Stoke Heath area were visited during the early part of the Autumn term and it is hoped that it will be possible to visit more schools next year."

## Report of the Superintendent School Nurse.

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

"In January, 1951, the School Nurses began follow-up visits to children discharged from Corley Open Air School. Visits were paid monthly for six months and these gave excellent opportunities for health teaching. The School Nurses report that in the majority of homes the parents were appreciative of the continued interest in their children.

An attempt was also made during the year to classify the home visits made by the School Nurses, and some interesting conclusions can be drawn from the figures shown in the table following this report. Approximately one visit in ten proves ineffective In most cases this is accounted for by both parents being at work, but where it seems advisable, the School Nurses undertake visiting in the late evening and at week-ends.

It seems that of the defects found at Routine Medical Inspection, only about 1 case in 20 needs a follow-up visit. This is most encouraging if it denotes that parents follow the School Doctor's advice without further persuasion. It may, however, indicate that there is a need for more intensive visiting in the future.

A total of 69 visits (approx. 1 in 15 of total visits) were made on behalf of the Regional Hospital Board. Of these, 45 were in regard to hospital appointments, either to ensure attendance, or to enquire into the reason for non-attendance. The remaining 24 visits were made on behalf of Hospital Almoners for various reasons.

The Nursery Schools continued to be under the supervision of a special nurse who made 367 visits during the year. Every Nursery was visited at least once a week and close contact was maintained with mothers."

The following is a tabulation of visits made by School Nurses during 1951 :—

| | |
|---|---|
| Visits to children with verminous conditions ... ... | 254 |
| Follow-up of defects found at routine medical inspection | 117 |
| Follow-up of children discharged from Corley Open Air School ... ... ... ... ... ... ... | 129 |
| Follow-up of children attending the E.N.T. Department | 34 |
| Follow-up of children attending the Child Tuberculosis Contact Clinic ... ... ... ... ... ... | 37 |
| Visits to schoolchildren suffering from all forms of Tuberculosis ... ... ... ... ... ... | 20 |
| Visits concerning Hospital appointments ... ... ... | 45 |
| Visits on behalf of Hospital Almoners ... ... ... | 24 |
| Investigations into home conditions ... ... ... ... | 32 |
| Miscellaneous visits ... ... ... ... ... ... | 354 |
| | 1046 |
| **Ineffective visits** ... ... ... ... ... ... ... | **128** |
| Total ... | 1174 |
| Cases referred to Sanitary Inspectors ... ... ... | 1 |
| Cases referred to Children's Officer ... ... ... ... | 4 |
| Visits to schools for Routine Cleanliness Inspections ... | 785 |
| Visits to schools for all other purposes ..... ... ... | 1329 |
| Visits to Nursery Schools by Nursery School Nurse ... | 367 |

**Diphtheria Immunisation.**

The position with regard to Diphtheria Immunisation in Coventry during 1951 is still satisfactory. It will be seen from the following table that there were only 3 cases notified between the age group of 5—15 years (and these in non-immunised children) and that no deaths occurred during the year. This shows a great achievement since 1945 when 146 cases were notified and 5 deaths were reported.

The importance of the campaign should continue to be stressed and it is essential that all persons associated with the welfare of children should continue the good work,

As in previous years the Assistant School Medical Officers carried out sessions in the Schools and one morning per week was set aside for the purpose, apart from a period commencing in June and ending in September when, in view of the continued rise in the number of cases of Poliomyelitis notified, it was decided to postpone Diphtheria Immunisation.

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 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 | | | | | |
| 1951 | ... | ... | 3 | ,, | NIL | | | | | |

**Wyre Farm Camp School.**

There were 153 boys (156 in 1950) 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 :—

"This year the usual high standard of health in the school was maintained, and in fact there were fewer admissions to the sick bay than in either of the two previous years. Most cases admitted were minor injuries, upper respiratory infections and superficial infections of the skin. The influenza epidemic in the early part of the year caused very little interference with school routine and there were remarkably few cases considering the severity of the epidemic elsewhere.

A considerable number of boys were taken to Kidderminster (11 miles away) for treatment of eye defects and emergency dental treatment. These journeys take up much of the spare time of the nursing staff. It would be a great help if boys were to have a greater part of their dental treatment during the holidays when facilities are more readily available.

School Meals are satisfactory and at least two meals daily have a main protein course. The life of the school is varied and conducive to a high standard of mental and physical well-being."

**Milk and Meals in Schools during 1951.**

Miss Piggins, School Meals Organiser, reports :—

"3,236,259 meals (2,919,023 children and 317,236 adults) were served during 1951. The daily average rose from 15,800 to 17,800 during the course of the year. 42.5% of the number on roll were having meals when the last return was made to the Ministry in October.

The following new kitchens were opened:—

| | | |
|---|---|---|
| Whitmore Park School Canteen | ... | January |
| Stivichall School Canteen | ... | May |
| Courthouse Green School Canteen | ... | September |
| Wyken Croft School Canteen | ... | September |
| St. Mary's R.C. School Canteen | ... | September |

Whoberley School Canteen closed in May.

According to statistics called for by the Ministry of Education, on three specific dates during 1951, the percentage of children present at school and receiving free one-third pints of milk per day was 85%

in February, 1951, 86.3% in June, 1951, and 83.1% in October, 1951. The actual figures were:—

*February*

| | | | |
|---|---|---|---|
| No. of children present at school | ... | ... | 33,911 |
| No. of children receiving free milk | ... | ... | 28,837 |

*June*

| | | | |
|---|---|---|---|
| No. of children present at school | ... | ... | 35,178 |
| No. of children receiving free milk | ... | ... | 30,361 |

*October*

| | | | |
|---|---|---|---|
| No. of children present at school | ... | ... | 36,783 |
| No. of children receiving free milk | ... | ... | 30,581 " |

## Physical Training.

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

"During the past year there has been continued improvement in standard in the various branches of Physical Education and teachers and children throughout the City have shown increased enthusiasm. This is due in no small measure to the attendance of teachers at Courses in this and previous years.

For the Coventry Festival of Britain Week the Schools combined to give a demonstration at the Butts Stadium of the work being done in schools. Schools from all age groups, from Infant to Secondary, wishing to enter took part.

*Physical Training*

Progress is hampered in Secondary Schools by lack of fully equipped gymnasia, and schools continue to conduct their classes either in the school assembly halls or in the playgrounds using portable apparatus. Four schools only have fully equipped gymnasia.

The prospect in Infant and Junior Schools is brighter. An increasing number have now some form of agility apparatus. This scrambling and climbing apparatus is proving such an essential part of Primary School equipment that Head Teachers are endeavouring to install some in their schools irrespective of receiving a grant towards the cost from the Authority. Facilities in new primary school buildings are better and most new schools are being equipped with some type of agility apparatus.

The establishment of agility apparatus has been responsible for a marked increase in mental, physical and character development in the schoolchildren.

*Games and Athletics*

All Secondary and many Junior Schools have field facilities for playing games either on the Authority's school fields or in the public parks. Unfortunately the weather during the winter months, combined with the intensive use of the pitches, makes play during some winter months impossible. This means that the winter games schemes suffer through lack of continuity. The boys, playing rugger and soccer, suffer in this respect more than the girls who can continue playing Netball in the school playgrounds. Many women teachers now hold the Midland Netball Umpires' Certificate and a few the All England Netball Umpires' Award. The interest and improvement in umpiring during the past few years has been responsible for the raising of the standard of play. Teachers are training to become more competent coaches of Hockey, and this is resulting in the game becoming more popular. Adverse weather conditions and a complete lack of good Hockey pitches in the City, however, has made it difficult to establish the game in schools.

Summer games flourish but suffer because there is only one summer term and that not a complete one, as summer pitches are not available in the parks until the first week in May. Cricket facilities are available for all Secondary boys' and most Junior boys' Schools. Secondary and Junior girls' Schools use field accommodation for Rounders and Stoolball. Many Secondary Schools now play Tennis and a satisfactory standard is being established. This year Podder Tennis was introduced in a few schools. It is a fast game and can be played in a small space and on school playgrounds.

Girls have shown greater interest in Athletics than previously and there has been an improvement in the general standard of both boys' and girls' track events. Field events are now being tackled seriously.

Coventry is taking its place in the Country in schools games and sports activities. Two boys played for England in the English Schools Rugby Team, one of them captaining the team in the match against Wales at Newport. Ten boys and seven girls were chosen to represent Warwickshire in the English Schools Athletics Championships, six of them (4 boys, 2 girls) reaching National Standards. A team of girls from a Secondary Modern School was chosen to represent the West Midland region at a demonstration of Netball at the South Bank Exhibition.

*Swimming*

The amount of swimming facilities has not improved, but classes follow each other continuously throughout the day during school hours at Livingstone Road Baths throughout the winter and summer. 93 classes, approximately 3,300 children, receive instruction each week during the winter, and, with the additional use of three privately owned pools, 200 classes, approximately 7,000 children, each week in the summer months.

The transport for children to swimming and games now exceeds anything which has been arranged before and appears to be increasing. In view of the present cuts the Committee do not see their way to increase the financial grant and schools have responded well although at great inconvenience.

*Dancing*

More mixed classes are including National Dancing as a school subject, and this year several schools have included Sword and Morris classes.

*Training Courses*

Training Courses for Teachers are proving more and more popular, and all have been well attended. Courses have been run for Secondary P.T. (men) and Junior P.T. (men and women), National Dancing (men and women), Sword and Morris Dancing (men and women), Athletics (women), Hockey (women), Infants' General P.E. (women). A one week's intensive Course was again held at the end of the summer term and was attended by men and women teachers.

*Play Leadership Scheme*

The Play Leadership Scheme for the summer holidays was again in operation and proved even more popular. The weather was good and apart from the final week did not adversely affect the attendance. Eight centres were opened and approximately 1,200 children were off the streets for four hours every day.

In conclusion, we would like to thank all Head Teachers and Assistant Teachers for their continued work in schools, on the playing fields and at the Baths."

**Secondary Grammar Schools.**

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

| | |
|---|---|
| Barr's Hill School ... ... ... ... ... | 85 |
| Churchfield High School ... ... ... ... | 56 |
| Leamington College ... ... ... ... | 4 |
| Priory High School ... ... ... ... | 90 |
| Stoke Park School ... ... ... ... ... | 91 |
| Warwick High School ... ... ... ... | 7 |

## INFECTIOUS DISEASES.

Age Group—5 and under 15 years.

Figures are also given for comparison with the previous year.

| | 1951 | 1950 |
|---|---|---|
| Diphtheria ... ... ... ... | 3 | 2 |
| Erysipelas ... ... ... ... | 2 | 2 |
| Scarlet Fever ... ... ... ... | 185 | 198 |
| Para-Typhoid Fever ... ... ... | 10 | — |
| Cerebro-spinal Meningitis ... ... | 3 | 1 |
| Acute Anterior Poliomyelitis ... | 46 | 47 |
| Respiratory Tuberculosis ... ... | 18 | 18 |
| Other forms of Tuberculosis ... | 12 | 13 |
| Dysentery ... ... ... ... | 34 | 2 |
| Acute Primary Pneumonia ... ... | 13 | 20 |
| Acute Influenzal Pneumonia ... ... | 5 | 1 |
| Measles ... ... ... ... | 1168 | 1959 |
| Whooping Cough ... ... ... | 257 | 212 |
| Food Poisoning ... ... ... | 89 | 30 |
| Totals ... | 1845 | 2505 |

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

| | |
|---|---|
| Spinal Tumour ... ... ... ... | 1 |
| Wilms Tumour ... ... ... ... | 1 |
| Road Accidents ... ... ... ... | 4 |
| Hernia ... ... ... ... ... | 1 |
| Acute Rheumatism ... ... ... | 1 |
| Congenital Heart Diseases ... ... | 1 |
| Drowning ... ... ... ... | 2 |
| Rheumatic Pancarditis ... ... ... | 1 |
| Uræmia ... ... ... ... ... | 1 |
| Total ... | 13 |

**Clinic Sessions.**

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

CENTRAL SCHOOL CLINIC, GULSON ROAD.

*Minor Ailments 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 Monday mornings and in addition every fourth Wednesday afternoon.
Treatment sessions every afternoon (includes "infra-red" treatment).

*Eye Clinic* :—
Tuesday, mornings and afternoons.
Wednesday afternoons.

*Heart and Rheumatic Clinic* :—
By appointment alternate Thursday afternoons.

*Orthoptic Clinic* :—
Monday afternoons.
Tuesday mornings.
Thursday and Fridays, all day.

*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 mornings and Friday afternoons.

BRANCH CLINICS.

*Longford Park* :—
Medical Officer in attendance Tuesday and Friday, from 3.45 p.m.
School Nurse in attendance every afternoon.

*Templar's* :—
Medical Officer in attendance Monday afternoons from 3.30 p.m.
School Nurse in attendance every afternoon.

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

*Stoke Heath* :—
School Nurse in attendance Monday and Thursday afternoons.

## Attendances at the Clinics during 1951:—

| Conditions. | Central School Clinic, Gulson Road | | Binley School Branch Clinic. | | Longford Park School Branch Clinic | | Templar's School Branch Clinic. | |
|---|---|---|---|---|---|---|---|---|
| | Cases. | Attendances | Cases. | Attendances. | Cases. | Attendances. | Cases. | Attendances |
| Skin :— | | | | | | | | |
| Ringworm—scalp— | | | | | | | | |
| X-ray treatment.. | 2 | | | | | | | |
| Other treatment.. | 7 | | | | | | | |
| Ringworm—body .. | 21 | | | | 3 | | 6 | |
| Scabies .. .. | 6 | | | | — | | — | |
| Impetigo .. | 62 | | 7 | | 13 | | 17 | |
| Other skin diseases | 54 | | 1 | | 27 | | 75 | |
| Eye Disease :— | | | | | | | | |
| Blepharitis .. | 10 | | — | | 5 | | 12 | |
| Conjunctivitis .. | 60 | | 3 | | 15 | | 18 | |
| Styes .. .. | 17 | | 3 | | 22 | | 42 | |
| Other .. .. | — | | — | | — | | 2 | |
| Ear Defects :— | | 4180 | | 231 | | 2108 | | 3504 |
| Otorrhœa .. | 50 | | — | | 8 | | 4 | |
| Wax .. .. | 65 | | — | | 5 | | 3 | |
| Other .. .. | 78 | | — | | — | | — | |
| Miscellaneous :— | | | | | | | | |
| Septic conditions .. | 167 | | 36 | | 46 | | 200 | |
| Skin infections .. | 60 | | 9 | | 79 | | 148 | |
| Boils .. .. | 21 | | 2 | | 42 | | 68 | |
| Chilblains | 21 | | — | | 7 | | 24 | |
| Warts .. .. | 39 | | 15 | | 36 | | 99 | |
| Injuries .. .. | 166 | | 4 | | 385 | | 628 | |
| Other conditions .. | 136 | | 51 | | 181 | | 226 | |
| Totals .. | 1042 | 4180 | 131 | 231 | 874 | 2108 | 1572 | 3504 |

# MEDICAL INSPECTION RETURNS.

## Year ended 31st December, 1951.

### 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 .. .. .. .. | 5744 |
| 2nd Age Group .. .. .. | 4685 |
| 3rd Age Group .. .. .. | 3257 |
| Total .. | 13686 |
| Number of Other Periodic Inspections .. | 946 |
| Grand Total .. | 14632 |

B. Other Inspections.

| | |
|---|---|
| No. of Special Inspections .. .. | 795 |
| Number of Re-inspections .. .. | 778 |
| Total .. | 1573 |

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 ... ... ... | 80 | 767 | 836 |
| Second Age Group ... ... | 171 | 348 | 501 |
| Third Age Group ... ... | 157 | 189 | 341 |
| Total (prescribed groups) ... | 408 | 1304 | 1678 |
| Other Periodic Inspections... | 21 | 73 | 90 |
| Grand Totals ... | 429 | 1377 | 1768 |

## Table II.

A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1951.

| *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 ... ... | 6 | 4 | — | — |
| Eyes— | | | | |
| a. Vision ... ... | 429 | 61 | 48 | 9 |
| b Squint ... ... | 25 | 4 | 8 | — |
| c. Other ... ... | 23 | 7 | 1 | — |
| Ears— | | | | |
| a. Hearing ... | 14 | 9 | 6 | 3 |
| b. Otitis Media ... | 1 | — | — | — |
| c. Other ... ... | 8 | 3 | — | — |
| Nose or Throat ... | 433 | 173 | 14 | 7 |
| Speech ... ... | 46 | 19 | 6 | 2 |
| Cervical Glands ... | 8 | 12 | 4 | 2 |
| Heart and Circulation | 35 | 16 | 7 | 2 |
| Lungs ... ... | 86 | 49 | 8 | 4 |
| Developmental— | | | | |
| a. Hernia ... ... | 4 | 2 | — | — |
| b. Other ... .. | 2 | 2 | — | — |
| Orthopædic— | | | | |
| a. Posture ... | 5 | 4 | 1 | — |
| b. Flat Foot ... | 34 | 17 | 3 | 1 |
| c. Other ... ... | 91 | 5 | 5 | — |
| Nervous System— | | | | |
| a. Epilepsy ... | 2 | 2 | — | — |
| b. Other ... ... | 18 | 4 | 2 | 2 |
| Psychological— | | | | |
| a. Development ... | 60 | 14 | 31 | 7 |
| b. Stability ... | 5 | 3 | 5 | — |
| Other ... ... | 203 | 97 | 26 | 9 |

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

| *Age Groups* (1) | *Number of Pupils Inspected* (2) | A *(Good)* No. (3) | A *(Good)* % of col. 2 (4) | B *(Fair)* No. (5) | B *(Fair)* % of col. 2 (6) | C *(Poor)* No. (7) | C *(Poor)* % of col. 2 (8) |
|---|---|---|---|---|---|---|---|
| Entrants .. | 5744 | 2491 | 43.37 | 3193 | 55.59 | 60 | 1.04 |
| Second Age Group | 4685 | 1636 | 34.92 | 2974 | 63.48 | 75 | 1.60 |
| Third Age Group | 3257 | 1620 | 49.74 | 1602 | 49.19 | 35 | 1.07 |
| Other Periodic Inspections | 946 | 372 | 39.32 | 565 | 59.73 | 9 | 0.95 |
| Total .. | 14632 | 6119 | 41.82 | 8334 | 56.96 | 179 | 1.22 |

## Table III.

### Infestation with Vermin.

| | | |
|---|---|---|
| (1) | Total number of examinations in the school by the school nurses or other authorized persons ... ... ... ... | 785 |
| (2) | Total number of individual pupils examined ... ... | 92968 |
| (3) | Total number of individual pupils found to be infested ... | 1048 |
| (4) | Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) | 6 |
| (5) | Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) | 491 |

## Table IV.

Treatment of Pupils attending 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—1. Scalp ... ... ... | 9 | 18 |
| 2. Body ... ... ... | 28 | 2 |
| Scabies ... ... ... ... ... | 6 | — |
| Impetigo ... ... ... ... ... | 99 | — |
| Other skin diseases ... ... ... | 157 | — |
| Total ... | 299 | 20 |

## 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 ... ... ... | 109 | — |
| Errors of Refraction (including squint) | 1262 | 97 |
| Total ... | 1371 | 97 |
| Number of pupils for whom spectacles were | | |
| *(a)* Prescribed ... ... ... | 885 | 85 |
| *(b)* Obtained ... ... ... ... | — | — |

## 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 ... ... | — | — |
| *(b)* for adenoids and chronic tonsillitis | 700 | — |
| *(c)* for other nose and throat conditions | — | — |
| Received other forms of treatment ... | 66 | — |
| Total ... | 766 | — |

## Group IV.

### Orthopædic and Postural Defects.

| | | |
|---|---|---|
| *(a)* Number treated as in-patients in hospitals ... ... ... ... | 82 | |
| | by the Authority | otherwise |
| *(b)* Number treated otherwise, e.g., in clinics or out-patient departments | — | 453 |

## Group V.

### Child Guidance and Treatment.

| | Number of cases treated | |
|---|---|---|
| | In the Authority's Child Guidance Centre | elsewhere |
| Number of pupils treated by the Psychiatrist at Child Guidance Clinics ... ... ... ... | — | 125 |

## Group VI.

### Speech Therapy.

| | Number of cases treated | |
|---|---|---|
| | by the Authority | otherwise |
| Number of pupils treated by Speech Therapists ... ... ... ... | 133 | — |

## Group VII.

### Other Treatment Given.

| | Number of cases treated | |
|---|---|---|
| | by the Authority | otherwise |
| (*a*) Miscellaneous minor ailments ... | 2896 | — |
| (*b*) Other than (*a*) above (specify) | | |
| 1. Chiropody ... ... ... | 219 | — |
| 2. Eyes ... ... ... ... | 209 | — |
| 3. Ears ... ... ... ... | 213 | — |
| 4. Ultra Violet Light ... ... | 113 | — |
| Total ... | 3650 | — |

## 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 ... ... ... ... ... | | 6142 |
| | (*b*) Specials ... ... ... ... ... ... | | 4682 |
| | | Total ... | 10824 |
| (2) | Number found to require treatment ... ... ... | | 7516 |
| (3) | Number referred for treatment ... ... ... ... | | 7516 |
| (4) | Number actually treated ... ... ... ... ... | | 7468 |
| (5) | Attendances made by pupils for treatment ... ... | | 10749 |
| (6) | Half-days devoted to: Inspection ... ... ... ... | | 53 |
| | Treatment ... ... ... | | 1407 |
| | | Total ... | 1460 |
| (7) | Fillings: Permanent Teeth ... ... ... ... | | 2778 |
| | Temporary Teeth ... ... ... ... | | 350 |
| | | Total ... | 3128 |
| (8) | Number of teeth filled: Permanent Teeth ... ... | | 2566 |
| | Temporary Teeth ... ... | | 341 |
| | | Total ... | 2907 |
| (9) | Extractions: Permanent Teeth ... ... ... ... | | 1881 |
| | Temporary Teeth ... ... ... ... | | 11705 |
| | | Total ... | 13586 |
| (10) | Administration of general anæsthetics for extraction ... | | 1725 |
| (11) | Other operations: Permanent Teeth ... ... ... | | 723 |
| | Temporary Teeth ... ... ... | | 79 |
| | | Total ... | 802 |

## HANDICAPPED PUPILS.

**Number of children (a) ascertained in accordance with the Education Act, 1944, during the year 1951, (b) in Special Schools at 31st December 1951, 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 | 5 | 4 |
| Partially Sighted ... ... | 6 | 4 | 3 |
| Deaf ... ... ... ... | 3 | 28 | 5 |
| Partially Deaf ... .. ... | 4 | 8 | 2 |
| Delicate ... ... ... ... | 187 | 85 | 88 |
| Diabetic ... ... ... ... | 2 | 1 | 1 |
| Educationally Sub-normal :— | | | |
| Boarding School ... ... | 12 | 17 | 21 |
| Day Special School ... | 42 | 99 | 105 |
| Ordinary School ... ... | 48 | — | — |
| Epileptic ... ... ... | — | 1 | — |
| Mal-Adjusted ... ... ... | 11 | 11 | 14 |
| Physically Handicapped ... | 44 | 8 (Boarding)<br>18 (Day) | 39 |
| Speech Defects ... ... | 133 | — | 51 |
| Found to be :— | | | |
| (*a*) Ineducable ... ... | 19 | — | — |
| (*b*) In need of supervision after leaving school ... | 21 | — | — |
| Totals | 535 | 285 | 333 |