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CITY OF COVENTRY

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# ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

T. MORRISON CLAYTON

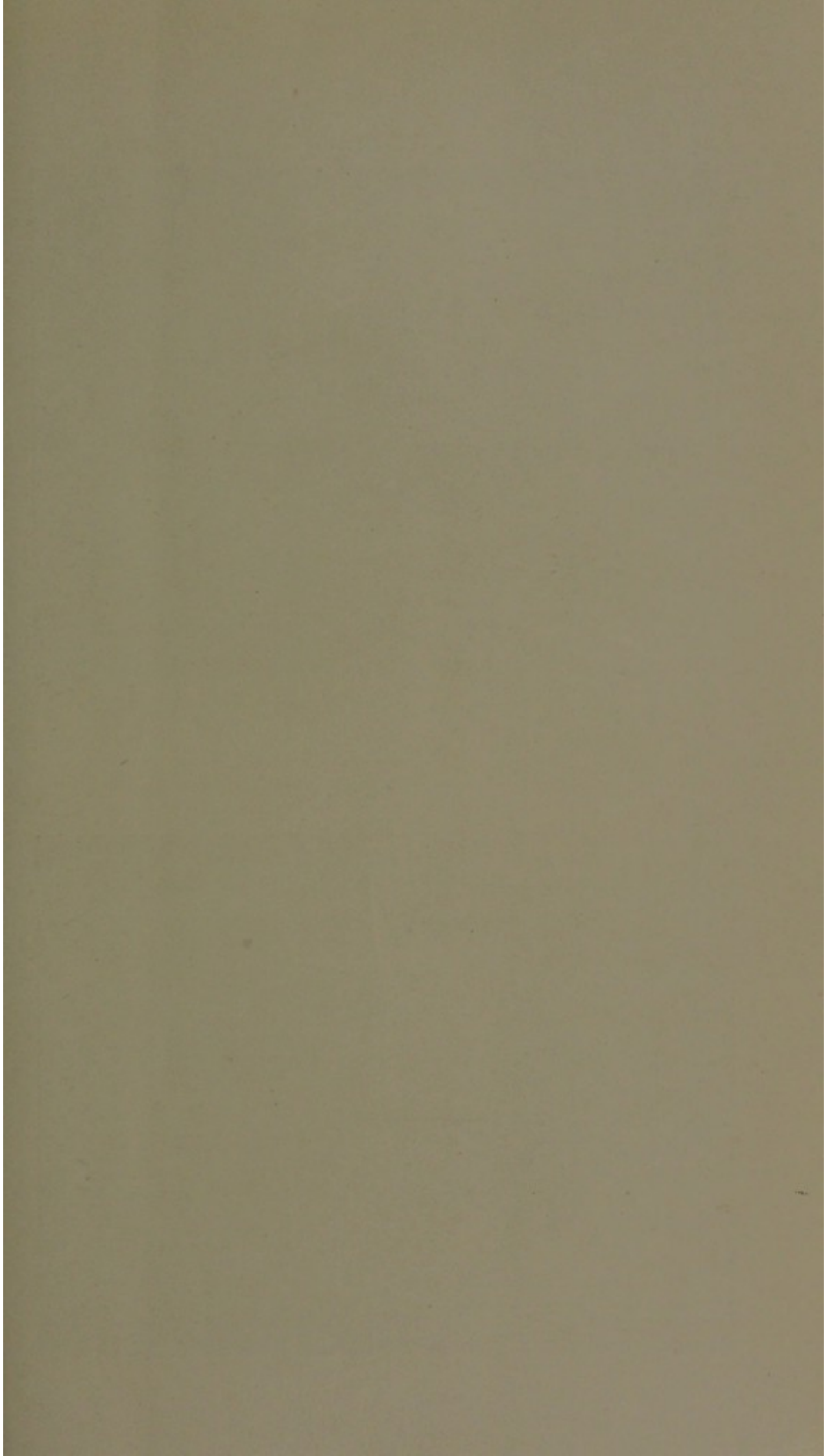
M.D., B.S., B.Hy., D.P.H.

FOR THE YEAR

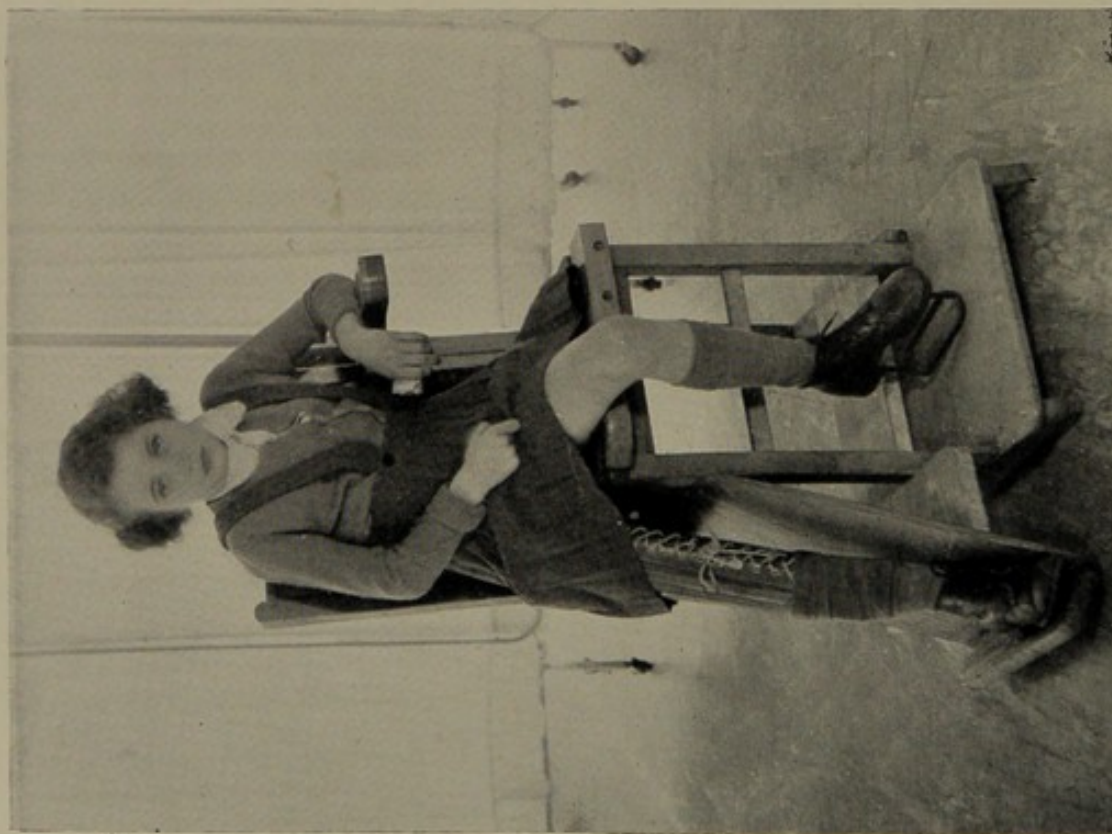
1953

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SPECIAL CLASS-ROOM HIP CHAIRS USED AT  
BAGINTON FIELDS SCHOOL.



CITY OF COVENTRY

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# ANNUAL REPORT

OF THE

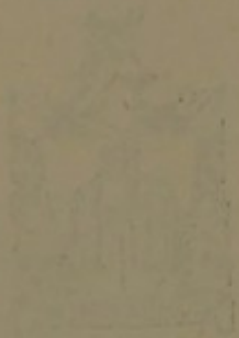
PRINCIPAL SCHOOL MEDICAL OFFICER

T. MORRISON CLAYTON

M.D., B.S., B.Hy., D.P.H.

FOR THE YEAR

1953



CITY OF OREGON

ANNUAL REPORT

OF THE

CHIEF OF BUREAU OF HEALTH

T. A. HARRISON

1914



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## SCHOOL HEALTH SERVICE

### SPECIAL SERVICES SUB-COMMITTEE

as at 31st December, 1953.

*Chairman*:—COUNCILLOR MRS. E. JONES.

*Vice-Chairman*:—COUNCILLOR MR. T. MEFFEN.

*The Lord Mayor*:—ALDERMAN H. B. W. CRESSWELL.

COUNCILLOR MRS. A. F. EWART.

„ MR. L. LAMB.

„ MR. R. LOOSLEY.

„ MRS. A. OSBORN.

„ MR. W. H. SMITH.

„ MR. W. SPENCER.

*Co-opted Members*:—MR. G. H. ISON.

MRS. W. JACKSON.

MRS. H. I. SAUNDERS.

MR. C. A. THOMPSON.

MR. F. WEST.

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

*Deputy Director of Education*:—MR. R. B. SYKES, M.A., L.es.L.



*SCHOOL HEALTH SERVICE STAFF.*

Principal School Medical Officer (and Medical Officer of Health) ... ..	T. M. CLAYTON, M.D., B.S., B.Hy., D.P.H.
Deputy Principal School Medical Officer (and Deputy Medical Officer of Health) ... ..	R. J. DODDS, M.B., B.S., D.P.H.
Senior School Medical Officer	{ M. M. R. GAFFNEY, M.B., B.Ch., B.A.O., D.P.H., D.C.H.
	{ J. B. M. PORTER, L.R.C.P.
	{ D. D. JONES, M.D., Ch.B., D.P.H.
	{ M. S. MARTIN, M.B., Ch.B.
	{ G. M. MEDLICOTT, B.Sc., M.B., B.Ch. (appointed November, 1953).
School Medical Officers ...	{ B. B. MAPSTONE, M.B., B.Ch., B.A.O. (Part-time). (Resigned, June, 1953).
	{ E. L. DUNNET, M.B., Ch.B. (Resigned, November, 1953).
	{ K. SCOTT, M.B., Ch.B., D.P.H. (Temporary). (Resigned, July, 1953).
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).
Ear, Nose and Throat Surgeons	{ W. OGILVY REID, M.A., B.Sc., M.B. Ch.B., F.R.C.S. (Part-time).
	{ P. E. ROLAND, F.R.C.S., D.L.O. (Part-time).
Principal School Dental Officer	M. RAESIDE, L.D.S.
	{ M. L. HOOKER, L.D.S. (Appointed July, 1953).
	{ J. A. SMITH, L.D.S.
School Dental Officers ...	{ MISS J. GLASGOW, L.D.S. (Resigned, 31st March, 1953).
	{ E. F. STONEHOUSE, L.D.S. (Part-time).
	{ W. A. FERRISS, L.D.S. (Part-time).
	{ S. L. STRACHON, L.D.S. (Part-time).
Physiotherapists ... ..	{ MRS. D. A. THOMAS, M.C.S.P., M.E., L.E.T. (Resigned, 23rd July, 1953).
	{ MRS. M. M. HALLS, M.C.S.P. (Appointed 1st July, 1953).
Speech Therapists ... ..	{ MISS B. CARR, L.C.S.T.
	{ MISS D. GLOVER, L.C.S.T.
	{ MRS. D. MARCH, L.C.S.T. (Part-time). (Baginton Fields School).



*SCHOOL HEALTH SERVICE STAFF—cont.*

Chiropodist	...	...	...	{ MR. A. T. E. FREKE, M.Ch., S., M.R.I.P.H.H. (Part-time).
Superintendent School Nurse				MRS. B. E. MACKIE, S.R.N., S.C.M. (Health Visitor's Certificate).
				MISS M. E. ABSALOM, S.R.N., Neurological Certificate.
				MISS E. C. BATSFORD, S.R.N.
				MRS. A. O. CAMPBELL, S.R.N.
				MRS. M. K. DUNNICLIFFE, S.R.N., S.C.M.
				MRS. E. ELLIS, S.R.N., S.C.M.
				MRS. M. GEORGE, S.R.N., S.C.M. Health Visitor's Certificate, Cert. London Hospital for Ear, Nose and Throat.
School Nurses	...	...	...	MRS. E. A. GORE, S.R.N., S.C.M. Health Visitor's Certificate.
				MRS. E. M. HALE, S.R.N.
				MRS. C. HAMMOND, S.R.N.
				MRS. B. HORSMAN, S.R.N., S.C.M.
				MISS P. O. MASTERS, S.R.N.
				MRS. M. A. TEW, S.R.N. (Appointed 1st January, 1953).
				MISS V. THOMAS, S.R.N. (Resigned, June, 1953).
				MRS. S. R. SHROPSHIRE, S.R.N. (Appointed 1st September, 1953).
				MRS. G. G. TUNNICLIFFE, S.R.N.
				MRS. O. A. WHITE, S.R.N.
				MRS. L. WARDLE, S.R.N.
Chief Clerk	...	...	...	E. A. MOORE.
Deputy Chief Clerk	...	...	...	MISS E. STEPHEN.
				MISS J. BAKER.
				MISS K. BEASLEY.
				MISS D. BELL.
				MRS. B. BOTTRILL.
				MISS B. CLARKE.
				MISS D. CLARK.
Clerks	...	...	...	MRS. K. FLETCHER.
				MISS N. B. GRIFFIN.
				MISS P. JACOBS (Appointed 27th July, 1953).
				MISS E. TOWNSEND (Appointed 17th August, 1953).
				MRS. F. WOODCOCK (Resigned, 15th May, 1953).
Dental Attendants	...	...	...	MISS P. ATKIN.
				MRS. A. CHURCH.
				MISS K. FARREN.
				MISS M. NEWTON.



# CITY OF COVENTRY

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## SCHOOL HEALTH SERVICE

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## 1953 ANNUAL REPORT

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

MY LORD MAYOR, LADIES AND GENTLEMEN,

*The past year has been notable for two main events. Firstly the amalgamation of the Health and School Health and Nursing Services (i.e. Health Visiting and School Nursing) which was approved in principle by the Education and Health Committees in 1952 and was initiated in the Cheylesmore area by a 'pilot' scheme on the 1st January, 1953. The second happening of note, and indeed anxiety, was the outbreak of poliomyelitis a report upon which is included hereinafter (page 34), as it related to school children. A more detailed report upon the effects of the disease is given in the Medical Officer of Health Report for 1953.*

*Returning to the scheme of amalgamation experience in the 'pilot' zone show that an arrangement of this nature has long been needed. Parents are enthusiastic that the same Medical Officer and Nurse are now tending to give regular oversight to their children from the time of birth (and sometimes even attend the expectant mother in the antenatal period) right through to the school leaving age.*

*It is anticipated that the City will be divided into nine areas having roughly the same number of school children, schools and Clinics and in fact will be based upon the school catchment areas.*

*There will be no great difficulty in the allocation of Medical Officers to undertake joint responsibilities providing all are eventually equipped and approved to undertake the ascertainment of educationally sub-normal children. The main difficulty for some little time will be the shortage of certificated Health Visitors, although one is glad to note the increasing tendency for pupil nurses to come forward for training.*

*The 'pilot' area in Cheylesmore is bounded by the Coventry-Leamington railway, Quinton Road, Parkside, Much Park Street, London Road, and the City Boundary and includes ten schools, one day nursery and five Maternity and Child Welfare Clinics.*

*The school population within the area at the end of 1953 was 4909. Two Health Visitors and one School Nurse, the latter having a year's dispensation from the Ministry of Health to undertake Health Visiting work, have been allocated as "Health Nurses" and one Medical Officer has also been assigned for combined duties in the area. This team of four is to be congratulated upon its efforts and it is in no small measure due to its members that the 'pilot' scheme has been so satisfactory.*



*It is in mind to extend the service with two further and contiguous areas early in 1954, and the basic pattern will be the same as in Cheylesmore.*

*One fact has already emerged, namely that in avoiding overlap, more economical use can be made of the services of the Medical Officers and Nurses, the former, too, carries more individual responsibility than was the case previously.*

*The School population continues to increase being now 45,641 at the end of the year (1952=43,626). It is difficult therefore, with present medical and nursing staff to keep pace with requirements resulting from the school building programme.*

*There has been a small but necessary increase in the number of specialist and auxiliary sessions during the year, notably chiropody and speech therapy. It will be recalled that the School Ophthalmic Services passed to the administration of the Regional Hospital Board just over one year ago.*

*The special and auxiliary sessions held at the Central School Clinic, Gulson Road, in 1953 consisted of:—*

- Child Tuberculosis Clinic
- Ear, Nose and Throat Clinics
- Chiropody
- Speech Therapy
- Heart and Rheumatic Clinic

#### ROUTINE SCHOOL MEDICAL EXAMINATIONS.

*Due to an improvement in the staffing position towards the end of the year it was possible to increase the number of routine medical inspections for all three age groups. As far as possible entrants and leavers are medically examined every year, sometimes, we regret, at the expense of the 7—11 year group. This is one main reason for suggesting a local arrangement for a further group of 8-year-olds for routine medical inspection (i.e. between the entrants and the second age group) and with additional staff this could be possible.*

*There was a slight decrease in the number of special and re-inspections during the year as will be seen from the table.*

#### GENERAL CONDITION OF PUPILS DURING THE YEAR.

*In 1953, 8,420 children out of a possible figure of 13,133 were placed in Category A, i.e. 64.113 of the total number of children examined (1952=52.49%), and this represents an increase of 11.623%. There was a further decrease in the number of children in Category B, from 46.33% (1952) to 35.110 1953, representing 4,611 children herein compared with 5,099 in 1952. 102 pupils were placed in Category C, .777% a further decrease since 1952 when the number was 129 (1.17%).*



Generally speaking we are satisfied concerning our sources of information relating to children in Category C, apart from that picked up at routine medical inspections.

We are in receipt of frequent reports from hospitals, schools and the Children's Officer concerning children in this latter category and a careful watch is kept upon them.

#### CONTAGIOUS DISEASES.

28 cases of scabies received treatment during the year as compared with 46 in 1952. Children having ringworm of the scalp or body numbered 24 as compared with 19 during 1952. Other skin conditions, including impetigo, remained at about the same level during the year.

#### INFECTIOUS DISEASES.

A severe outbreak of acute poliomyelitis which involved 64 school children (1 death) occurred during the year (1952=12) and caused anxiety from time to time. A feature of this outbreak was the comparatively large number of patients with some degree or other of paralysis but fortunately most of these complications proved of a transient nature and cleared up with appropriate care and treatment. A special report upon the outbreak as it related to school children has been prepared and appears on page 34 of this report.

The number of scarlet fever cases notified during 1953 was 198 (1952=305) and the number of measles was 1360 as compared with 1541 in 1952. There were 139 more notifications however of whooping cough (1953=300, 1952=161).

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

##### CHILD TUBERCULOSIS CONTACT CLINIC.

The character of the work at this Clinic changed gradually during the year. The children seen now are usually candidates for the B.C.G. Clinic. They are contacts of cases in a more remote sense than the word "contact" has previously connoted. For example some children are referred from routine school medical inspections and also by family doctors, as "contacts" of tuberculous neighbours or distant relatives. Children too, who have a remote family history of tuberculosis but no signs or symptoms of the disease themselves are referred for examination. From time to time we are also consulted by parents who would like to know if their children "have had their primary infection as yet": parents are much more knowledgeable nowadays about various matters relating to tuberculosis (e.g. B.C.G.) and are much more anxious to take every reasonable opportunity to protect their children from the disease. This is a favourable contrast with the position only a few years ago when mere mention of the disease was studiously avoided.



*Dr. Parry Williams supervises the "Contact Clinic" while the day to day work is carried out by the Senior School Medical Officer. The number of new cases (attendances) during 1953 at the Clinic was 88 and for re-appointments 555.*

#### CHIROPODY CLINIC.

*The Chiropodist, Mr. Freke, now works two sessions per week at the Clinic although the waiting list shows no sign of diminishing: indeed, as we anticipated, it is tending to increase as the service becomes more widely known. Visits to schools have been impracticable because of the pressure of work at the Clinic which occupies the Chiropodist's time very fully. (Mr. Freke submits his report hereinafter).*

#### HEART AND RHEUMATIC CLINIC.

*Dr. Parry Williams writes upon his work at this Clinic later in this report. The facilities are most helpful to my Medical Officers who freely refer children with doubtful heart murmurs for the Pædiatricians advice. I am glad to note that 30 out of a total of 53 children referred were confirmed as having functional cardiac murmurs. Generally too those children with organic heart defects are recommended to continue with ordinary school activities—modified of course according to the degree of defect.*

#### SPEECH THERAPY.

*A report from both Speech Therapists on the work of this department is available in the body of the report.*

*Our peripatetic speech therapist conducts sessions in various schools thereby avoiding long journeys and undue interruption of school work for those children who are in need of therapy. These sessions are a great success and much appreciated.*

*Mrs. March—who reports later on her part-time work at Baginton Fields School (page 22) hopes to help out with our waiting list, early in 1954, and also to take over necessary treatment of certain children at Corley Residential School for delicate pupils and also at the Alice Steven's E.S.N. School.*

#### SPECIAL CLINICS AND SESSIONS AT THE HOSPITAL AND ELSEWHERE.

##### CHILD GUIDANCE CENTRE.

*This year all children needing psychiatric investigation and treatment were seen at the above Clinic—previously a proportion were dealt with by Dr. Gillman at his Out-Patients Sessions at the Coventry and Warwickshire Hospital. Dr. Gillman gives two sessions weekly at the Clinic and this is of great assistance pending an eventual part-time appointment of a child psychiatrist.*

*The work at this Clinic grows apace and a report from Dr. Gillman and Mrs. Hedges, Educational Psychologist, appears later.*



## MEDICAL EXAMINATION OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND THE TEACHING PROFESSION.

*In accordance with the Ministry of Education Circular 249 (28th March, 1952) the School Medical Officers are now medically examining all candidates applying for entrance into Training Colleges, University Departments of Education and Approved Art Schools and also all entrants to the teaching profession.*

*Circular 248 (28th March) indicated that from the 1st April, 1953, an X-ray examination of the chest would be included as an essential part of the medical examination on entry to the teaching profession. Candidates are therefore referred to the Regional Hospital Board's Mass Radiography Unit, Tamworth Road, Keresley. In this connection I would like to express my sincere thanks to Dr. Gordon Evans, Physician in Charge of the Mass Radiography Unit, for his valued co-operation and for the very helpful X-ray reports which we receive from him. Chest X-rays are not usually arranged for students on entry to Training Colleges unless clinical examination shows this necessary; a second medical examination and X-ray is however arranged upon completion of the approved training course.*

*One or two cases have been referred for Specialist advice and several cases referred to the candidate's family doctor for appropriate investigation.*

*A total number of 135 candidates were medically examined during the year.*

## OPHTHALMIC AND ORTHOPTIC CLINICS.

*Since 1952 these Clinics have become the responsibility of the Regional Hospital Board and we have good liaison with the Coventry and Warwickshire Hospital's Ophthalmic Department from whence we receive regular detailed lists of school children who have been seen and treated there. These recent arrangements are working with commendable smoothness.*

## ORTHOPÆDIC TREATMENT.

*Children with orthopædic defects are referred for necessary treatment and observation to the Paybody Orthopædic Clinic, Holyhead Road, with which hospital service we have excellent mutual co-operation.*

*Referrals are made by School Medical Officers, General Practitioners and by the School Chiropodist.*

*A detailed table showing the numbers of children referred and defects found is given on page 29. A total of 565 children were seen during 1953.*

*During the year, Miss Miller resigned her position as Secretary to the Paybody Orthopædic Clinic, for domestic reasons and I should like to take this opportunity of expressing my deep*



appreciation for her lengthy and valued assistance and co-operation with the School Health Staff and myself.

The weekly lists continue to be forwarded from the Paybody Clinic by the Chief Clerk, Miss Smith. These are of considerable help to our Medical Officers, especially in connection with cases requiring ascertainment as physically handicapped pupils.

#### ANTI-TUBERCULOSIS CAMPAIGN.

As mentioned in my previous Annual Reports, we are still co-operating with the Medical Research Council in their local controlled investigation into methods of preventing tuberculosis. All children whose parents gave their consent were skin tested and X-rayed during their penultimate school term in 1952. It is proposed that such children should have a similar investigation at yearly intervals for a period of three years.

Dr. Hughes, Area Physician in Charge to the Medical Research Council, came to Coventry for the purpose of "follow-ups" from the 24th February to the 2nd March, 1953, and Dr. Mitchell from the 15th to the 19th September, 1953. The Research Unit operated from the Central School Clinic and the Technical College respectively. The response to these clinics was very good, and was due in no small measure to the home visiting carried out by the School Nurses and Health Visitors who were also in attendance at the Clinics.

In accordance with memorandum number 451 from the Ministry of Education we are hoping to go ahead with arrangements for B.C.G. Vaccination of suitable school children of 13 years of age in 1954. A number of administrative problems are bound to arise particularly during the preliminary arrangements and investigations. We aim however, to continue to cause as little interruption with normal school routine as possible during future visits.

#### MASS RADIOGRAPHY SURVEY.

In my previous report I indicated that following a routine medical inspection in one particular school it had been decided to have a certain department X-rayed and investigated by the Mass Radiography Unit, under the control of Dr. Gordon Evans.

In March a similar arrangement was carried out in another department and I did receive the following report including Teachers and School Meal Helpers, from Dr. Gordon Evans:—

Total X-rayed at school		
Children	...	254
Adults (teaching and non-teaching)	...	9
of these 18 were recalled for large films with the following results :		
Inactive primary—action taken	...	4
Inactive primary—no action taken after clinical examination	...	1



Post-primary—no action taken after clinical examination ... ..	1
In-active primary—referred to own Doctor ... ..	1
Congenital heart : referred to own Doctor	1
Lobar Pneumonia non-tuberculous—referred to T.B. Dispensary ...	2
Broncho-pneumonia—referred to T.B. dispensary ... ..	1
Nothing abnormal found on clinical examination ... ..	2
Active T.B. (afterwards diagnosed as Broncho Pneumonia) ... ..	1
Nothing abnormal found after large film	4

#### HANDICAPPED PUPILS.

*The School Health Service and Handicapped Pupils Regulations, 1953, which took effect on the 4th August, 1954 (Vide Ministry of Education Circular 269—25th August, 1953) superseded the Handicapped Pupils and School Health Service Regulations 1945.*

*The new regulations incorporate changes found desirable as a result of eight years experience of the previous regulations, and of the Education Act, 1944. The Minister approves of the present medical and dental record cards and suggests that a minimum of three inspections be carried out at specified periods during the child's school career. In Coventry, schools are visited for the purpose of Routine Medical Inspection of children at 5 years of age (new entrants); at 10 years of age (mid-way through their school life); and again at 14+ years—if possible during their penultimate school term.*

*In the near future when, possibly, more medical staff are available, I am hoping to arrange for an increased number of visits to schools. This will mean inspection at the 7 to 8 level, or ensuring that, the Medical Officers go into the schools for 'follow-up' examinations and special problems at say six monthly intervals.*

*Under the new regulations, the Medical Officer in charge of the School Health Service is now designated "Principal School Medical Officer", and Assistant Medical Officers on his staff become "School Medical Officers"; the Senior Assistant School Medical Officer is now designated "Senior School Medical Officer". A change has also been made in the title of the Senior School Dental Officer who now has the title "Principal School Dental Officer".*

*A table giving the number of pupils ascertained is available on page 46.*



## BLIND CHILDREN.

*We have no waiting list for accommodation for blind children at the end of the year.*

## PARTIALLY SIGHTED CHILDREN.

*There has been an increase in ascertainties of partially sighted children during 1953. There has been a greater focus of attention locally upon this type of handicap particularly since the recent inclusion of a temporary special class for partially sighted children at Baginton Fields Special School.*

*All such children are seen by an Ophthalmic Surgeon before ascertainment is proceeded with.*

*At the end of the year there were 5 children waiting for accommodation although at the time of this Report going to the Printer, the number had been reduced.*

## DEAF CHILDREN.

*Only one school child was placed in this category during the year and this constitutes our total "waiting list". We do not anticipate that this child will have long to wait for appropriate education.*

*Altogether we have now 30 deaf children of school age from Coventry who are appropriately catered for.*

## PARTIALLY DEAF CHILDREN.

*These children have caused my staff much concern for some time past. They are usually found at routine medical inspections and some have been brought to attention by the Educational Psychologist in the course of her visits to schools.*

*In many cases neither the parent nor the teacher were aware that a hearing defect was present. We have at times considerable difficulty in persuading the parents that even a degree of deafness (apart from total deafness) can interfere with a child's assimilation and educational progress.*

*Previously these children had perforce to be sent to a residential school there being no suitable facilities locally. It has been most difficult at times to persuade some parents that to send their child to a residential school was in their best interests.*

*Now however, it is probable that a special day class for partially deaf children may be started in one of the City Schools and this arrangement would have distinct advantages for children, parents and staff alike.*

*When children who are obliged to wear hearing aids are brought together for educational purposes, there is less likelihood of emotional upsets than when they are mixed with normal hearing children.*

*The possibility of any deaf or partially deaf child being mistakenly diagnosed as educationally sub-normal or mentally*



defective becomes progressively less likely as the years go by because this handicap is receiving much greater attention throughout the country generally. In Coventry great care is taken to eliminate any degree of deafness as being the cause of backwardness, including full use of audiometric facilities whenever necessary. Furthermore all such children with doubtful hearing are seen by one or other of the Ear, Nose and Throat Consultants.

There are 3 partially deaf children on our waiting list and 7 others are accommodated in Special Schools. These latter might well be reviewed for inclusion in a Special Class if this were to be set up locally.

#### EDUCATIONALLY SUB-NORMAL.

Almost twice the number of children were referred for mental assessment in 1953 as in 1952. 184 children were examined and of these 113 were graded as suitable for educationally subnormal schools and 20 of these latter as suitable for residential treatment.

By the end of the year three School Medical Officers were approved for purposes of ascertainment. Two other School Medical Officers who were approved for this work resigned during the year for domestic reasons. Nevertheless ascertainments went ahead quite satisfactorily and we hope to be in a position to tackle the sizeable waiting list to better advantage early in 1954.

It is anticipated that Town Thorns, a large building at Easenhall previously used by the Children's Department for other purposes, will be established early in 1954 as a residential school for educationally sub-normal children providing places in the first instance for 40 pupils.

In addition to the 184 children who underwent special examinations, it is necessary to add a further 18 children recommended to be dealt with under Section 57(3) of the Education Act, 1944 and a further 21 examined under Section 57(5) bringing our total to 223 children for the year. It should be appreciated that each one of these children takes long and patient testing and several interviews before the examination can be completed by the Medical Officers.

#### EPILEPSY.

This has always been a difficult type of handicap to deal with to the satisfaction of all concerned. The Education Special Services Department were more successful during 1953, in acquiring places for children with severe epilepsy than was the case in the preceding year. At present there are 4 epileptic children awaiting suitable accommodation which entails residence away from home.

We have a number of children suffering from minor epilepsy or "petit-mal" in our ordinary schools but their fits are adequately controlled and their educational progress does not appear to be



unduly affected by these 'episodes'. These children are mostly under the clinical care of local pædiatricians and in one or two cases only have special educational methods been considered necessary.

#### MALADJUSTED.

A hostel to accommodate approximately 20 maladjusted children is proposed for the Coventry area. This provision is much needed particularly for the maladjusted child of average intelligence as opposed to the child who is categorised as educationally sub-normal and suffering from maladjustment as a result.

10 children who were ascertained as having true maladjustment came to our notice during the year. These children and others previously on the list now total 17. Pending accommodation in a suitable school or unit they will remain under constant supervision at the Child Guidance Centre.

#### PHYSICALLY HANDICAPPED.

I had hoped this year to be in a position to make a more detailed report upon the medical progress of those physically handicapped children attending the day school at Baginton Fields, but owing to limited medical staffing it was not found possible to provide all the medical attendance we would have desired.

By December, 1953, a second full-time physiotherapist had been appointed and also a remedial gymnast to commence duties in the medical unit during January 1954.

The staff at Baginton now consists of two full time physiotherapists, a remedial gymnast, a part-time Speech Therapist (5 sessions weekly) and an orderly who is a trained orthopædic nurse and who has been delegated to the department in view of her previous experience. The School Nurse has a Neurological Certificate and divides her available time between Baginton Fields School which she attends each morning and the Alice Steven School for Educationally Sub-normal Children to which she goes every afternoon. This arrangement has proved very satisfactory.

It is very much hoped that it will be possible to provide a more informative account of this special field of work undertaken by the doctors and medical auxiliaries together with the progress of the children, in my next Annual Report.

The poliomyelitis outbreak of 1953, was the unfortunate means of bringing a few more physically handicapped children into the school. In view of the enhanced incidence of this outbreak which was vastly ahead of anything which had previously been experienced from this disease in Coventry, it is surprising and a cause for thankfulness, that a greater number of children were not more seriously affected.

Certain of the children suffering from the results of cerebral palsy have at last begun to make noticeable physical progress.



The courage, determination and unfailing good humour of these unfortunates whose defects are usually multiple makes it a joy to work for them and never fails to bring out the best in the staff.

The majority of the physically handicapped children examined by my Medical Officers attend Baginton Fields School although 9 are accommodated at appropriate boarding schools for particular reasons. 4 others have been recommended for home tuition which is usually needed for temporary periods only.

Dr. H. Parry Williams, Consultant Pædiatrician, and Mr. J. H. Penrose, Orthopædic Surgeon, still conduct a special fortnightly Clinic at the School. There is reason to be grateful for this helpful arrangement since it obviates the need for children to attend the hospitals and causes much less interference with their work and progress. Parents too are very appreciative of this arrangement because for many it has put an end to daily or weekly visits to the Hospital Outpatient Departments in an effort to keep up with the special treatments advised for their children.

#### SPEECH DEFECTS.

Again this year no child needed to be ascertained with a speech defect so severe as to warrant their being educated in a special school, 111 children however were found to be in need of speech therapy and this was carried out at our various clinics and at certain schools—both day and residential.

#### DELICATE CHILDREN.

There were fewer of these children ascertained during 1953, than in 1952, one reason being that entrants into our Residential Open Air School at Corley are limited to the 7—11 year category.

With regard to the majority of delicate school children outside this age range all are ascertained by the School Medical Staff and usually recommended for entry to a residential school for delicate children outside the Coventry area. A proportion of these latter children are also recommended by the Hospital Consultants for a period of recuperative convalescence in the first instance.

These arrangements will undergo reorientation of course when the new Residential Open Air School is finally built at Corley. The existing and very desirable site at Corley is most conveniently situated for the purpose and is also reasonably accessible to visiting parents. Building operations are hoped to commence early in 1954.

During 1953, we have noticed a fair number of boys 6—7 years, whose general condition has been decidedly under normal and as little a period as one month at Corley has brought about the most remarkable improvement in their health; some boys having gained as much as 7 or 8 pounds in that time.

The Headmistress and other resident staff are to be congratulated upon their successful approach to the dieting problems of children placed in their care.



Four days after admission to Corley is the longest period my Senior School Medical Officer has noted any child persisting with a "food fad". All too often do we hear such fond parental comment as: "He never eats greens" or "she cannot drink milk or take cod-liver oil—it makes her ill".

The "atmosphere" at Corley Residential School is extremely happy for children and resident staff alike and my own staff welcome the opportunity of visiting. We look forward with much interest to the provision of new day and residential accommodation for delicate children which has been included in the Local Education Authority's plans for the near future.

Diabetic children of whom there were three ascertained during the year are now included in this category of delicate children. These few are attending ordinary schools and do not present us with any real problem.

#### GENERAL.

I should like to draw attention to the Principal School Dental Officer's Report (page 26). I frequently read that the supply of dentists to local authorities has improved but it is clearly not so in Coventry and one could wish for a reversion to the happier "municipal dental" days prior to the introduction of the National Health Service Act. Mr. Raeside has made the present day position quite clear in his comments and again pin points the local position in relation to conservative dentistry as it relates to the priority classes and also the need for the services of a full-time orthodontist.

Remarks have been made in my previous Annual Reports of the need for enhanced swimming bath facilities for Coventry schoolchildren as indeed for the City's population as a whole. This matter we know has received close attention from the appropriate Municipal Committee and from the Council and we look forward to the day when such additional amenities will be available.

There has been a welcome increase in the number of tonsil and adenoid operations performed during the year and much thought and effort to this end has been given by the hospital consultants staffs. The waiting list still remains formidable however.

I should like to express our sorrow upon the death in 1953 of the "instrument maker" for Baginton Fields School, Mr. Pinfold; he did much valuable work there.

I would record the appreciation of my staff and myself for the helpful co-operation we receive from all those consultants who conduct specialist clinical sessions for Coventry school children at Gulson Road Clinic, Baginton Fields School, and the Child Guidance Centre and elsewhere.

My thanks, too, are willingly offered to the Director of Education, his appropriate departmental staff and to the head-

teachers and their staffs for their helpfulness and close interest in the work of the School Health Department.

It is too with much happiness that I commend and thank the Staff of the School Health Department for their helpfulness and consistency throughout the year and I would also say how much I have appreciated the valued assistance of Dr. Margaret Gaffney, Mr. E. A. Moore and his Clerical Staff in the compilation of this Report; also to those who have kindly made their contribution of data included herein.

I take pleasure in recording appreciation and thanks to the Chairman and members of the Special Services Sub-Committee for the consideration which they have given to the School Health matters and for their support of the work undertaken by my Staff and myself on behalf of Coventry school children throughout the year.

I am, My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

*The Clayton.*

Principal School Medical Officer.



### School Population, Accommodation, Attendances.

At December, 1953, there were 87 Primary and Secondary Schools (including Wyre Farm Camp School) under the control of the Local Education Authority, *viz* :—

- 64 Primary and all age schools with 86 departments.
- 13 Secondary Modern Schools with 19 departments.
- 8 Secondary Selective Schools.
- 1 Bilateral Secondary School (R.C.).
- 1 Comprehensive School.

The Primary and Secondary Schools are divided as follows :—

- 66 County Schools with 94 departments.
- 12 Voluntary C.E. Schools with 12 departments.
- 9 Voluntary R.C. Schools with 9 departments.

Number of children on registers, January, 1953 ... ..	41,862
Number of children on registers, December, 1953 ... ..	43,141
Average percentage attendances ... ..	91.88
Estimated number of children attending Independent and Private Schools ... ..	2,500
<i>Estimated total population of the City of Coventry</i> ... ..	263,000

### REPORTS FROM SPECIAL SCHOOLS.

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

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

“The year has been one of steady expansion. At its close, the roll stood at 125 pupils organised into nine classes. Three of these are classes mainly for Cerebral Palsy cases and one, new this year, is for Partially Sighted Pupils. Specialist rooms are now available for Housecrafts, Woodwork and Metalwork. A Potter’s Wheel and an Electric Pottery Kiln have been purchased and are shortly to be installed in a special Studio Block.

One of our pupils has successfully passed the Secondary Selective Examination this year. As the physical condition in this instance had also improved sufficiently, this pupil was transferred to a Grammar School in September.

The holding of Consultant’s Clinics and the School Medical Officers’ Clinics at the School in alternate weeks has been maintained throughout the year and has developed into a successful and well-established system.

The School’s physiotherapy staff will be increased to four in 1954 by appointments made this year. The School Nurse attends daily throughout every morning session and our Speech Therapist functions as before.

The assistance of the two Educational Psychologists who visit weekly continues and is greatly appreciated.

The School has now had two complete years of life and the problem of finding suitable employment for leavers, who have begun to emerge of late, has required attention. Meetings of the parents concerned have been held at the School, together with Case Conferences attended by the Education Officer for Special Services, the Senior School Medical Officer, the Educational Psychologist, the Youth



Employment Officer and the Headmaster. All relevant information has been pooled for the use of the Youth Employment Officer who has thereafter dealt with each case in the normal manner. It has been most encouraging to discover that the employment situation is such that the scheme has been successful from the outset.

Regular swimming instruction (additional to the hydrotherapy for which some children travel to Leamington Spa) has become an important feature of the curriculum, is thoroughly enjoyed by the children, and is most beneficial to them.

A carpenter was appointed to the Staff early in the year and it has therefore become possible to construct our own special furniture and other equipment, as well as to carry out adaptations and to make improvements as these become necessary.

The School Transport Service now utilises five coaches which convey the children from and to all parts of the extensive City Area at the beginning and end of each day.

Among the many improvements to the site and buildings made during the year were the following:—

Fencing off of the adjacent housing accommodation; provision of entrance gates; road re-surfacing; constructional improvements and extensions to classrooms; the planting of a number of trees and the seeding of some of the area.

The introduction of the service of school dinners under the Family System was made during the year and has proved very helpful.

There has been a noticeable increase of public interest in the School and its pupils during the year. Those who establish direct contact with the school, organised bodies in particular, usually express the wish to offer some practical help. The School is benefiting increasingly from this un-publicised support and our deepest gratitude is extended to all those responsible for it."

The Physiotherapist, Mrs. M. M. Halls, reports as follows:—

Number of children attending department ... ..	103
Number of Physiotherapy treatments given ... ..	2061
Number of orthopædic after-care appointments (including plaster work and splintage) ... ..	432
Number of medical after-care appointments ... ..	140
Total number of visits ... ..	2633

Shortage of staff has not allowed sufficient time to be spent on the treatment of the children."

#### CEREBRAL PALSY.

Since taking up duty following the resignation of Mrs. Thomas in July, 1953, I have been unable to follow out the suggestions set forth in the Health of the School Child 1951, due to shortage of Staff. These cases had perforce to be treated in groups, based on Temple Fay Methods. Progress, due to the all important time factor, was slow. The children were grouped according to their physical disabilities.

#### ANTERIOR POLIOMYELITIS.

Corresponding muscle group disabilities were formed into Classes and treated twice weekly. The visits to Leamington Spa for hydrotherapy and supervision by the Physiotherapist there have been of great help.



#### ORTHOPÆDIC AFTER-CARE.

This forms the bulk of the work and the supervision of splintage, boots, lengthening of calipers, and the day to day first aid, and wear and tear has taken up a good deal of time.

Mrs. K. D. Jones, O.N.C., gives considerable help in this particular direction. Mr. E. W. Pinfold, the Instrument Maker, attended weekly during 1953 and his sudden death during the Christmas holidays left a gap we all felt. Tuberculous bone and joint cases attend the Department weekly for supervision of calipers, etc.

#### MEDICAL AFTER-CARE.

This covers bronchiectasis, asthma, and heart conditions. The first are tipped regularly and attempt made to re-educate them in breathing.

The asthma cases play certain games and are taught breathing exercises.

The heart cases have graduated exercise tables.

U.V.R. treatment was given to certain cases under this heading.

These were arranged in suitable groups for treatment, once or twice a week, as time and condition required.

Hæmophiliacs attend for observation weekly or on emergency.

Medical and auxiliary staff are grateful to all who help and co-operate towards the not too easy running of an under-staffed department".

Mrs. D. March, Speech Therapist, reports as follows:—

"Between January and December, 1953, 23 children received speech therapy and two attended for short periods for observation with a view to subsequent treatment, making a total of 25. Of these there were 17 cerebral palsies (including spastic, athetoid and ataxic children), 7 physically handicapped children (including two cleft palates, one totally deaf child, one suffering from bronchiectasis, one with xanthomatous deposits, one partially sighted child and one who had had poliomyelitis) and one child retarded mentally.

Fifteen children attended for regular treatment throughout the year, two from February onwards, one from April onwards, six from September onwards, and one for one month only.

The age range of the cerebral palsy group was five to seventeen years and the average length of treatment per week was 40 minutes, composed of two or three short periods.

The amount of progress varied considerably according to the severity of the handicap, the intelligence of the child, the willingness of the parents to co-operate and the ability of the speech therapist to establish a good relationship between herself and the child.

The amount of treatment time devoted to the physically handicapped section of the school was considerably less than that taken by the cerebral palsy section, due to the fact that the speech defects were on the whole not so severe. The exceptions to this were the two cleft palate children, one of whom started in April, the other in September. Neither had the characteristic speech associated with repaired soft palate movement, both were of rather low intelligence, and both were extremely timid and anxious.



On the whole, the note has been one of progress and I am looking forward to next year when I hope to have the opportunity of treating two other categories of handicapped children, namely delicate and educationally sub-normal."

### **Corley Residential School for Delicate Children.**

Mrs. Parkerwood, Headmistress, reports as follows:—

"During 1953, one hundred and thirty-five children attended Corley Residential School for delicate children. The age range is from 7—11 years of age. During 1953 some six year olds were admitted and they settled very well on the whole into community life. The children are at Corley for various reasons:—bronchitis, asthma, T.B. contacts, debility and nervous troubles are among the chief ailments. A few had presented "behaviour problems" before they were admitted. A settled and home-like routine is aimed at in the school, combined with the atmosphere of a modern junior boarding school. Health is the first consideration, and as the health improves, the educational capacity usually improves also.

This year we have had a Bedford Carrier attached to the school. This is used for taking children to the Clinics and Hospitals.

The visits of Dr. Gaffney, Senior School Medical Officer, twice a week are of great value to the individual children and to the school as a whole. Each child is studied as an individual. Those who have not had an opportunity at home to be self-reliant are encouraged to enter into as many activities as possible, so that the best in their personalities may be developed. Those who have been deprived are given as much individual interest and attention as possible.

A regular routine is followed, plenty of good food, sunshine, fresh air and rest.

Usually the children stay for three months, unless the Doctor recommends a further three months.

Contacts with home are encouraged, through weekly letters. Visiting days are held twice each month. Children pay a short visit to their homes if they are returning for a second term.

The children are out-of-doors as much as possible and every advantage is taken of the beautiful country in which the school is situated. Lessons are taken out of doors in the Summer. Work is on individual lines or in small groups.

Records and reports of school work are sent to parents and the Education Office at the end of the child's stay.

Diet plays an important part in the children's life at Corley. Careful and constant records are made of their weight. While the children's health is the chief concern the aim is to give them a happy normal life, free from "fuss". In an atmosphere of tranquility and encouragement, the wealth of medical skill which is bestowed upon the children bears fruit, and they return to their homes with minds refreshed and bodies healthy and robust."

### **The Alice Stevens Day Special School (for Educationally Sub-Normal Children).**

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

"I am happy to be able to report that we have now taken over the greater part of the new premises at Whitley Abbey. This means that we are at last well on the way to providing 180 places for E.S.N. pupils, twice as many in fact as the old school would accommodate. Our staffing situation has improved and the new school has been most generously equipped. We now have facilities for Woodwork, Metalwork, Pottery, Housecraft and light Crafts such as basketry,



simple leather-work, fabric printing, etc. A well equipped physical education room and increased playground space, together with the delightful environment of the new school is reflected in the obvious happiness and improved bearing of the children. We are now able to offer more congenial conditions of work to the school nurse and the Speech Therapist whose efforts are of such value to us. Meals are provided from our own kitchen and a full family service is in operation in the dining hall. Each teacher has a "family" of 6 or 8 children and the provision of small interlocking tables allows the little groups to be well spaced out. A considerable increase in social training is therefore possible. I feel that we are now at the beginning of a new phase in the development of Special Educational Treatment for E.S.N. children. We have the facilities for which we have waited so long and we must make the best possible use of them. The future is a challenge to us."

### **The Paybody Hospital Special School.**

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

"The year ending 31st December, 1953, has been the busiest so far experienced. The average weekly number on the roll was 43.5 and the total number of patients treated for whom educational facilities have been provided was 89. Of these 31 were short-term people (3 months or under) and the remaining 58 were long-term. A number of young patients temporarily accommodated in the annexe of Allesley Hall also received instruction, and have been included in the total number quoted.

The diseases for which long-term treatment has been given are as under:—

Perthes disease of the hips ... ..	21
T.B. Hip ... ..	8
T.B. Knee ... ..	6
T.B. Spine ... ..	5
Congenital Dislocation of the Hip ... ..	3
Anterior Poliomyelitis ... ..	3
Spastics ... ..	3

and others which include arthritis, fragilitas ossificans, Morquio's disease, hæmophilic effusion, and osteomyelitis.

Some children have received optical treatment, and all have had the usual regular dental inspections and treatment. They benefit greatly from the open air, and in the summer, when the weather is favourable, delight in sleeping out on the terrace. Colds are few and far between.

Regular instruction in school according to age and ability helps to ensure healthy minds and to prepare for normal life upon discharge. It has an enormous therapeutic value in the restoration of confidence, the loss of which is a major cause of maladjustment; and for its occupational value in the prevention of boredom and self pity."

### **Child Guidance Centre.**

The following is a report submitted jointly by the Consultant Psychiatrist and Educational Psychologist:—

"The year of 1953 was a year of expansion of the work of the School Psychological Service in all its aspects. Over 600 children have been referred and individually investigated, and, in addition, many children have been covered by school surveys.

During the year the staff of the Centre was strengthened by the appointment of an Assistant Educational Psychologist, and this made possible an extension of the work of the Service directed particularly



towards the problem of bright but retarded children, and dull and backward children in the schools, and the ascertainment of children needing special educational treatment in special schools.

162 dull children were tested during the year, 67 of whom were referred to the Senior School Medical Officer for ascertainment as educationally sub-normal, 64 borderline cases were noted for review later and 31 were definitely suitable for the ordinary school. The investigation of the category of dull and backward children emphasises the need for an observation and diagnostic class in which young mentally backward children can be tried out in a group, under conditions not so exacting as those of the normal infant class.

About 100 cases of intelligent but retarded children were investigated during the year. Because of the limited facilities only 36 of these, plus 40 from the previous year, received remedial teaching at the Centre. Special teaching methods and treatment were discussed with the Head Teachers of the remaining cases.

In addition, advice was offered, and reports made on physically handicapped children at Baginton Fields School, including those leaving to seek employment, and on the educational problems of other children with specific defects. The Psychologists continued to examine children in the care of the Children's Committee and advise on placement and other problems. A number of children were examined individually in connection with secondary school placement.

Approximately 200 children were referred during the year as emotional or behaviour problems. These cases fell into the following main categories:—

(a) Social and behaviour problems	95
(b) Children with nervous tendencies	63
(c) Enuretics	15
(d) Others	27

The opinion of the Consultant Psychiatrist was sought on 60 of these children.

Treatment has been covered by individual psychotherapy conducted by the Psychiatrist for 12 new cases and by group therapy and "re-education" conducted by the Psychologists for 134 cases. 33 children from the previous year continued treatment under the Psychiatrist and Psychologists. The Social Worker plays an important part in the work with the parents of these children. An additional Psychiatric Social Worker is urgently needed.

This aspect of the work of the Centre finds the maladjusted child who needs special educational treatment appropriate to that handicap. Contact has been maintained with such children already in special schools. The opening of the proposed boarding home for maladjusted children is eagerly awaited.

During the year arrangements were made for all children of school age or under school age to be referred to the Centre, thus making it unnecessary for any school child to be dealt with in the first instance at the Coventry and Warwickshire Hospital. General practitioners were asked to co-operate by referring children direct to the Centre.

In order to deal with the additional case load, the psychiatric sessions were increased from one to two a week. The Consultant Psychiatrist continued to attend the Centre for these sessions under the arrangements made with the Regional Hospital Board. The Centre became officially recognised as one at which doctors training in psychiatry could attend for practical experience with children.

Children accepted for treatment and some others, received a full medical examination by the Senior School Medical Officer or a School Medical Officer. This proved invaluable in detecting in a number of cases, physical defects such as poor hearing, poor sight and physical causes of soiling and bedwetting and some behaviour problems.



One very important yet difficult aspect of the work of a Child Guidance Centre must necessarily be an attempt to prevent maladjustment occurring. In order to forward this in the schools, the remedial teacher attached to the Centre has organised courses for teachers."

### **Chiropody.**

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

"During the year two clinics were held, on Wednesday and Friday mornings at the Central School Clinic.

- 1127 Treatments were given.
- 267 New cases were seen.
- 232 Patients were discharged, cured.
- 5 Patients were referred to the Orthopædic Clinic during the year for further advice and treatment.
- 3 Cases were referred to the Dermatologist at the Coventry and Warwickshire Hospital.

The waiting list stands at 43, rather an increase on last year's figures.

No schools were visited this year, but a follow-up examination of an earlier School visit will be undertaken in the New Year.

Clinic facilities have considerably improved now that space from the old Eye Clinic has been allotted."

### **Dental Treatment.**

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

"I regret to report that the staffing position showed very little improvement during the year. The gravity of the situation can be realised when it is pointed out that for a school population of 46,000, the present staff consists of only three full-time officers, and part-time assistance from three private practitioners working at the Clinic on a sessional basis. One of the full-time officers, Miss Glasgow, resigned on the 31st March and the vacancy caused was not filled until Mr. M. L. Hooker was appointed in July. It will be recalled that Mr. Hooker originally joined the staff in 1934 and resigned in 1945 to take up an appointment in Weymouth. It is particularly pleasing to welcome him back again to Coventry. The recruitment of adequate staff is still proving a difficult and serious problem and frequent advertisements in professional journals and the local press met with little success. Two additional private practitioners offered their services at the beginning of the year on a sessional basis and the three Dentists thus employed (Messrs. E. F. Stonehouse, W. A. Ferriss and S. L. Strachan) worked a total of 243 sessions during the year.

Owing to the heavy demand for treatment from various sources, i.e., cases referred by school medical officers and applications from parents and head teachers, it was considered a waste of valuable time to try and carry out mass routine inspections in the schools.

Many parents are under the impression that their children's teeth are carefully inspected at School and so take no action themselves to ensure full examination and treatment elsewhere.

In the interests of the school children and their parents it should be made perfectly clear that every child can obtain dental treatment, without cost, through the National Health Scheme. Any dentist on the list of the Local National Health Services as one accepting N.H.S. patients is entitled to give this treatment to any child on request. This fact is unfortunately less well known than it should be and it cannot be too strongly stressed that the initiative must be taken by the parents on whom rests the responsibility of making the necessary arrangements.



The situation is even more serious because dental health consciousness in the country has advanced enormously since introduction of the Health Scheme, and parents are becoming more and more insistent on comprehensive dental care for their children. This is particularly noticeable in the growth in the demand for orthodontic treatment and it is to be regretted that only a very small percentage of these cases could be accepted for treatment during the year.

At present it is only possible to undertake the most urgent cases, (approximately 25 cases annually) and treatment is carried out by Mr. Breakspear in his own surgery.

It is very evident that the demand for this class of treatment will continue to increase and the appointment of a full-time orthodontist should receive serious consideration.

It should be pointed out that it is wasteful and entirely useless to undertake extensive orthodontic treatment unless the need for it is fully appreciated by the parents and the child is willing to co-operate with the dentist.

With regard to expectant and nursing mothers, it should be noted that emergency treatment only can be offered to these patients.

During the year 132 visits were made by mothers and 299 visits by infant welfare children, and the time devoted to the Maternity and Child Welfare Work was approximately one session per week.

Two visits were made to Wyre Farm Camp School to inspect the boys in residence and arrangements were made to carry out the necessary treatment at the Clinic during the holiday periods when the Camp was closed.

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 .. ..	2,523	—	2	2,525
Fillings—Temporary .. ..	278	7	—	285
Extractions—Permanent .. ..	2,270	—	124	2,394
Extractions—Temporary .. ..	10,125	387	—	10,512
Other Operations .. ..	1,015	4	14	1,033
Administration of General Anæsthetics .. ..	1,421	132	34	1,587
Attendances .. ..	11,161	299	132	11,592

### Ear, Nose and Throat Sessions.

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

"The Ear, Nose and Throat Clinics have continued to be very satisfactory during the year. Unfortunately, as far as I am concerned, I can still only manage to attend once a month but Mr. Roland who reports elsewhere attended weekly sessions at the Central School Clinic, Gulson Road.

During the year Mr. Roland and myself saw 1962 children and 748 children were operated on for the removal of tonsils and adenoids. The reduction in the waiting list for appointments is most pleasing;



for instance at the end of 1952, 1184 children were awaiting appointments, and the figures up to the 31st December, 1953, was 28. This is due to the extra sessions that Mr. Roland has fitted in during the year. I am bound to say, however, that although the waiting time for appointments has been considerably reduced there are still 1040 children awaiting operation.

Several of my patients are still being referred to the Out-patients Department at the Coventry and Warwickshire Hospital for personal supervision and the continued co-operation and liaison between the Hospital Service and the Central School Clinic is of considerable value to the Ear, Nose and Throat Clinic. I would like to take the opportunity of expressing my thanks to the School Nurse who carries out certain treatment on cases which I advise; her keenness and that of the Staff generally at the Central School Clinic is much appreciated."

Mr. P. E. Roland, Ear, Nose and Throat Consultant, reports as follows :—

"1953 has shown little change in the type of work done in the Ear, Nose and Throat Clinic. By means of occasional increase in the sessions it has been possible to keep down the waiting list for appointments.

Mrs. George and the other School Nurses have again given me great help and by carrying out conservative treatment in cases of sinusitis and otitis media helped to obtain a cure or great improvement of symptoms in the majority of cases.

Mr. Kander, Mr. Ogilvy Reid and the other members of the Staff of the Coventry and Warwickshire Hospital have given their usual co-operation in taking over children requiring forms of treatment which could not be given at the School Clinic. Miss Morris, Audiometrician at the Coventry and Warwickshire Hospital, has been most helpful in dealing with deaf children whose hearing required further investigation."

### Heart and Rheumatic Clinic.

Dr. H. Parry Williams, the Consultant Pædiatrician, reports :

"During the year 1953, 53 new cases were seen, and 242 children in all were examined and screened.

Of the 53 new cases seen, the following table classifies the different defects.

Functional heart murmurs	...	...	...	...	...	30
Rheumatic heart disease;						
(1) Mitral stenosis	...	...	...	...	...	1
(2) Mitral incompetence	...	...	...	...	...	1
Chorea (with soft apical systolic murmurs)	...	...	...	...	...	3
Patent ductus arteriosus	...	...	...	...	...	4
Pulmonary stenosis	...	...	...	...	...	2
Ventricular septal defect	...	...	...	...	...	3
Aortic stenosis	...	...	...	...	...	2
Miscellaneous:						
Limb pains (Anxiety state)	...	...	...	...	...	1
Fainting attacks	...	...	...	...	...	1
No defect found	...	...	...	...	...	2
Recurrent bronchitis	...	...	...	...	...	1
Obesity	...	...	...	...	...	1
Enuretic	...	...	...	...	...	1

Two out of the patent ductus have been operated on.

Most of these children have been able to carry on perfectly normally, and I think possibly the major function of such a clinic is to ensure that the children are allowed to live as normal a life as possible and partake in all school activities.



TABLE OF DEFECTS NOTED AT PAYBODY ORTHOPÆDIC CLINIC.  
Year ending December, 1953.

Defects.	Boys.	Girls.	Total.
Tuberculous Arthritis ... ..	1	—	1
Claw Feet ... ..	4	2	6
Pes Planus ... ..	42	56	98
Valgoid Ankles ... ..	31	19	50
Valgoid Heels ... ..	7	5	12
Genu Varum ... ..	1	5	6
Kyphosis ... ..	—	3	3
Lordosis ... ..	—	2	2
Hammer Toe ... ..	5	3	8
Genu Valgum ... ..	18	26	44
Osteochondritis ... ..	2	—	2
Poor Posture ... ..	2	—	2
Pes Cavus ... ..	3	5	8
Scoliosis ... ..	1	1	2
Hallux Valgus ... ..	—	21	21
Metatarsus Varus ... ..	3	5	8
Claw Toes ... ..	2	4	6
Valgoid Feet ... ..	9	10	19
Perthe's Disease ... ..	7	1	8
Spina Bifida Occulta ... ..	—	4	4
Webbed Feet ... ..	—	1	1
Overlapping Toes ... ..	3	6	9
Hallux Rigidus ... ..	1	1	2
Flexed Toes ... ..	—	1	1
Schlatters Disease ... ..	3	1	4
Torticollis (left-sided) ... ..	1	—	1
Torticollis (right-sided) ... ..	1	1	2
Ganglion ... ..	1	—	1
Osteomyelitis ... ..	—	2	2
Spastic Hemiplegia (right-sided) ... ..	1	—	1
Toes Turn In ... ..	4	4	8
Deformed toes and feet ... ..	1	8	9
Curled Toes ... ..	2	2	4
Miscellaneous ... ..	78	96	174
Post Polio ... ..	6	3	9
T.B. Spine ... ..	2	1	3
Splay Feet ... ..	1	—	1
Exostosis of Os-Calcis ... ..	1	—	1
Dorsal Kyphosis ... ..	—	2	2
Strain of Dorsal Spine ... ..	1	—	1
Dislocation of Left Hip ... ..	—	2	2
Lateral Cartilage (removal of) ... ..	1	—	1
(Swelling of foot following operation of old T.B. Right Hip) ... ..	—	1	1
Sprengles Deformity ... ..	1	1	2
Sprained ankle ... ..	1	1	2
Kohl's Disease ... ..	2	1	3
Strained arch of foot ... ..	—	1	1
Wasting of left thigh ... ..	1	1	2
Swelling of ankle ... ..	—	1	1
Dislocation of Patella ... ..	—	1	1
Bursa—right knee ... ..	1	—	1
Chest Deformity ... ..	—	1	1
Plantar Fascia Strain ... ..	1	—	1
	<u>253</u>	<u>312</u>	<u>565</u>



### Speech Therapy.

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

"The Speech Therapy Centre at the Central School Clinic has been as busy as ever during the past year. The waiting list has increased considerably and it is hoped that a second speech therapist will work for a few sessions weekly at Gulson Road in the near future.

A wide variety of cases are referred to the School Clinic and it is helpful to know that, where it is necessary, advice can be sought from other departments.

A number of cases have been referred to the Child Guidance Centre. Several children have been able to attend for both play therapy and speech therapy on the same morning or afternoon and have thus avoided frequent absences from school.

Three educationally sub-normal pupils with major defects of speech are awaiting entry to the Alice Stevens Schools for educationally sub-normal pupils. They are in need of intensive speech therapy and it is felt that this will prove most beneficial when given in their school surroundings."

The following is a report by Miss D. Glover, Speech Therapist :—

"A Speech Clinic was opened at Courthouse Green School in September—two sessions a week being held there. This has been a very satisfactory clinic—attendances having been almost 100% during the Christmas Term. The success of this clinic has been greatly influenced by the co-operation and interest of Mrs. Major and her staff.

Visits have been made to many schools in the area and new cases notified. Some children needing intensive treatment have been treated at school so that no time has been wasted in travelling to and from the clinic.

Corley Residential School has been visited weekly and the Alice Stevens School twice weekly until the Christmas Term when speech therapy at the school was suspended owing to lack of suitable accommodation—one severe case continuing treatment at Courthouse Green.

Attendances at Stoke Heath Clinic continue to be rather poor—possibly due to the fact that many of the children have to travel such a long way and that the numbers of cases at the local schools are dwindling."

The following is the report of Mrs. B. E. Mackie, Superintendent School Nurse :—

"There are no new developments to report on the work of the School Nurses during the past year. With the exception of Social casework, all categories of home-visits show an increase over last year—apart from the work of one Nurse, Mrs. Dunncliffe, who has been approved for temporary duties as a Health Nurse in the 'Pilot' area.

I regret having to report the continued popularity of the head cleansing sessions at the Gulson Road Clinic. The cost of this service in materials and nurses' time must now be quite a large sum and this money is expended in dealing with an effect rather than a cause.



The following is a tabulation of visits made by School Nurses during 1953:—

Verminous conditions ... ..	569
Routine Medical Inspection Follow-ups ... ..	230
Discharges from Corley Open Air School ... ..	146
Tuberculosis (lung) ... ..	10
Tuberculosis (contacts) ... ..	21
Ear, Nose and Throat Follow-ups ... ..	11
Hospital appointments ... ..	26
Social casework ... ..	5
Investigations into Home Conditions ... ..	8
Miscellaneous ... ..	1135
Total ... ..	2161

Follow-up visits were made in connection with the Child Health Survey of the Institute of Child Health. These visits were made at the homes of parents of each child. The aim of this enquiry is to collect up-to-date information regarding the health and school attendance of each child chosen in the original Survey.

The School Nurses have also assisted Dr. Hughes and Dr. Mitchell of the Medical Research Council in the Anti-Tuberculosis Campaign, and have carried out varying periods of duty at Corley Residential School in the absence of the regular nursing staff.

I would like to take this opportunity of showing my appreciation of the way in which the Head Teachers are helping the School Nurses to take a full share in school life by inviting them to attend various school functions."

### **Diphtheria Immunisation.**

As in previous years the School Medical Officers carried out sessions in the Schools and when possible two sessions per week were set aside for the purpose. 303 children received primary injections and 1,766 children were given booster doses.

Comparative table for incidence of diphtheria:—

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	
1952	...	...	NIL	NIL	
1953	...	...	NIL	NIL	

### **Wyre Farm Camp School.**

There were 102 boys (117 in 1952) admitted to the Camp School during the year. All the boys were medically examined prior to admission and before returning to school after the school holidays. The following is the report submitted by Dr. Stanbury on behalf of the Medical Officer, Dr. J. S. Jerome:—

"1953 was on the whole a healthy year at the school, and the sickness incidence tended to be slightly lower than in the previous two years. In May there was a sharp outbreak of gastroenteritis which affected 29 boys, but this was of short duration and there was no evidence of food contamination to account for it.

There was a slight increase in the number of throat infections, but these were mostly mild and complications such as otitis media were rare.



Most of the boys entering the school this year appeared to be in good physical condition and well suited to take part in the many sided activities of the school."

### **Milk and Meals in Schools during 1952.**

Miss Piggins, School Meals Organiser, reports:—

"3,515,154 meals (3,154,636 child meals and 360,518 adult meals) were served during 1953. The daily average in January, 1953, was 19,505, and in December, it was 19,000. 41.79% of the numbers on roll were having meals when the last return was made to the Ministry in October.

The following new kitchens were opened:—

Coundon Court School Canteen	...	...	April
Richard Lee School Canteen	...	...	April
Alderman's Green School Canteen	...	...	September
Ullathorne School Canteen	...	...	October

Baginton Fields Central Kitchen changed from a central kitchen to a self-contained kitchen in October, 1953.

According to statistics called for by the Ministry of Education on one specific date during October, the percentage of children present at school and receiving free one-third pints of milk per day was 86.4%.

The actual figures were:—

No. of children present at school	...	...	...	40,964
No. of children receiving free milk	...	...	...	35,428

### **Physical Training.**

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

"The event for which 1953 will be remembered is the Coronation of Her Majesty Queen Elizabeth II. The Coronation was celebrated by the school children of Coventry with a demonstration of physical training and dancing.

For the first six months of the year the physical work in schools centred around this demonstration. Not only was the physical work affected by this but academic subjects such as history, social study, music and literature as well as drama, art and needlework were involved for in addition to the demonstrations of physical training and apparatus work by Infant, Junior and Secondary boys and girls, village life in the reign of Elizabeth I was depicted by 1,500 children in costume. This was followed (also in costume) by Twentieth Century dances from all the countries of the British Isles.

Teachers Training Courses during the first half of the year therefore, focused on the work for the celebration, and no adequate compliment can be paid to the teachers who worked so energetically in this connection. The results of their efforts as seen in the display are a measure of the high ability and skill of the authority's teaching staff. Particular mention must be made of the work of Head Teachers and Assistant Teachers who undertook many extra duties, helped in making costumes, props, etc., and without whose help the whole thing would have been impossible.

The 6,000 children who took part in the display will have good reason to remember their contribution to the City's Coronation Celebrations and be grateful to those who made it possible for them to play such an outstanding part.

### **Physical Training.**

Agility climbing apparatus is now installed in each newly built Primary School and almost every Infant and Junior department in the City has some of this kind of apparatus.



**Games.**

An additional playing field has been in use and several Junior departments have now field facilities on the school site.

Games continue to be played enthusiastically, but the limiting of time to three days a week during the height of the winter season, in order to help preserve the state of the fields, is disappointing and frustrating to staff and pupils. Despite this, school teams from Coventry still maintain a high standard in connection with other towns, and increased membership of work's Sports Clubs is indicative that a greater number of boys and girls leave school with the desire to continue playing some game.

**Athletics.**

More schools are asking for facilities for athletics and increased keenness has been shown in this branch of work during the last few years. The increased interest has resulted in improved standards and in several records being broken at this year's meeting of the Coventry Schools Athletic Association.

**Swimming.**

Swimming facilities are the same as in 1945. Despite this handicap, and due entirely to the improved standard of teaching of swimming, greater numbers of children learn to swim in a shorter space of time. Thanks to the helpful co-operation of the Bath's Department, classes of swimmers can now attend for instruction in the deep end while the shallow end is occupied by a class of non-swimmers. 3,815 children attended for swimming instruction each week during the winter months, and during the summer months, with the additional use of two open air pools, 7,280 children attended each week.

The following numbers of children gained preliminary, intermediate and proficiency certificates and speed awards:—1,106 (608 boys, 498 girls), 353 (224 boys, 129 girls), 99 (69 boys, 30 girls), 32 (24 boys, 8 girls).

General improvement in the standard of correct style in swimming has resulted in the time for the speed award being reduced from 100 seconds to 85 seconds for a distance of 100 yards for boys, and for girls from 110 seconds to 95 seconds. Several records were broken by both girls and boys at the Coventry Schools Swimming Gala.

The Play Leadership Scheme was again in operation during the summer holidays at six centres.

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, in and out of school hours."

**Secondary Grammar Schools.**

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

Barr's Hill	...	...	...	...	...	...	87
Churchfield High	...	...	...	...	...	...	88
Leamington College	...	...	...	...	...	...	4
Priory High	...	...	...	...	...	...	89
Stoke Park	...	...	...	...	...	...	90
King Henry VIII	...	...	...	...	...	...	114
Technical Secondary	...	...	...	...	...	...	90
Bablake	...	...	...	...	...	...	94
John Gulson	...	...	...	...	...	...	89
Foxford (Girls)	...	...	...	...	...	...	89
Coundon Court	...	...	...	...	...	...	90
Ullathorne	...	...	...	...	...	...	58
Nuneaton High	...	...	...	...	...	...	1
							<hr/>
						Total	983



**INFECTIOUS DISEASES.**

Age Group 5 and under 15 years.

Figures are also given for comparison with the previous year.

	1952	1953
Diphtheria ... ..	—	—
Erysipelas ... ..	2	2
Scarlet Fever ... ..	305	198
Para-Typhoid Fever ... ..	1	3
Cerebro-spinal Meningitis ... ..	3	2
Acute Anterior Poliomyelitis ... ..	12	66
Respiratory Tuberculosis ... ..	31	22
Other forms of Tuberculosis ... ..	6	4
Dysentery ... ..	32	13
Acute Primary Pneumonia ... ..	19	28
Acute Influenzal Pneumonia ... ..	—	4
Measles ... ..	1541	1360
Whooping Cough ... ..	161	300
Food Poisoning ... ..	26	20
Total ...	2139	2022

**Incidence of Poliomyelitis as it affected School Children in the City during 1953.**

It is generally known that poliomyelitis was very prevalent in Coventry during 1953, more cases being confirmed than during any previous year. A fuller account of the outbreak will be included in the Medical Officer of Health's Annual Report so that here attention will largely be confined to the effects on the school population.

Taking the age group 5—15 years as roughly corresponding to the school population, 64 cases of poliomyelitis were confirmed among children in this group, of which 33 were paralytic and 31 non-paralytic. As is usual the younger children were more affected, and Table I shows the cases analysed into the 5—9, and 10—14 age groups, showing the proportion of paralytic cases in each.

**Table I.**

<i>Age Groups.</i>	<i>Type.</i>	<i>Numbers.</i>
5—9	Paralytic	24
	Non-paralytic	26
10—14	Paralytic	9
	Non-paralytic	5

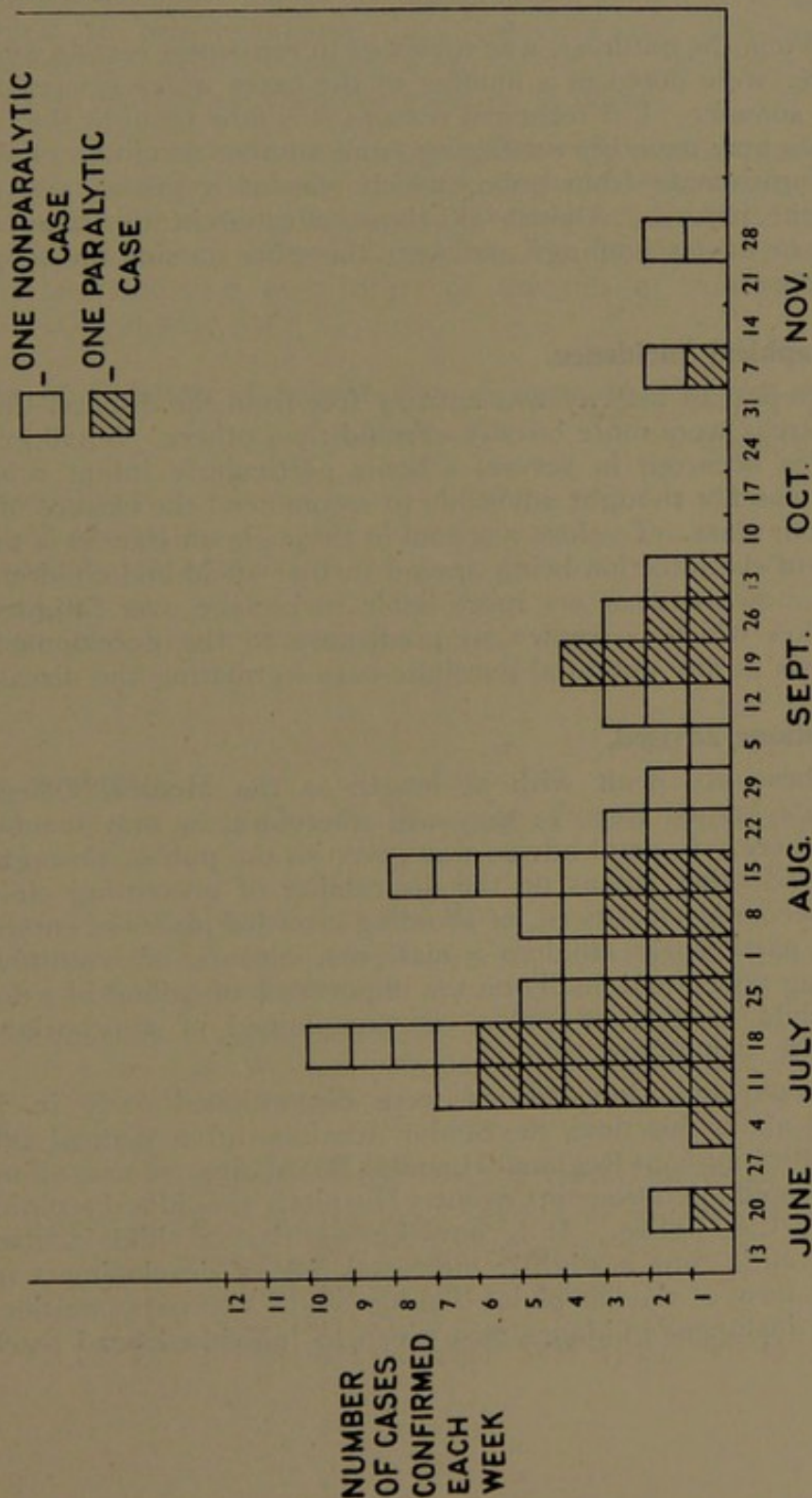
Fortunately most of the paralytic cases were fairly mild, only 8 being assessed as severely affected; of these 1 died, 2 were treated in the mechanical respirator for fairly long periods and 1 for a short period. Analysed into the same age groups, the severity of the 33 paralytic cases were as shown in Table II.



Table II.

Age Groups.	Severity.	Numbers.
5—9	Mild	13
	Moderate	7
	Severe	3
10—14	Mild	5
	Moderate	0
	Severe	5

It is apparent because of the relatively small numbers of severely affected children—nearly all of whom were taken ill early in the outbreak—that smaller demands will be made on special educational facilities for children left physically handicapped from this disease in the future, than was feared at first. The following graph shows the number of cases confirmed.





The first six cases of poliomyelitis in the city (3 of whom were of school age) were confirmed during the four weeks ending 4th July, 1953; after this there was a rapid spread of the disease during the remainder of July, though the school holidays at the end of the month and the Coventry "holiday fortnight" coincided with a reduction in the apparent rate of spread. There was another peak of incidence in Mid-August, possibly due to the return of population to the city. As the summer progressed the proportion of school children among the poliomyelitis victims fell steadily—in the same way as the number of severely affected patients became smaller.

When the outbreak was reviewed in retrospect certain unusual features were noted in a number of the cases which occurred late in the summer. For technical reasons it is now thought that these patients may have been suffering from another condition clinically indistinguishable from polio, which was of a milder and more transient nature. Almost all those affected in this way were adults or over school age and were therefore outside the scope of this report.

### **Geographical Incidence.**

No part of the city was entirely free from the disease, though some areas were more heavily affected than others. Small groups of cases occurred in several schools particularly infant schools, but it was not thought advisable to recommend the closure of any school or class. To close a school in these circumstances is to run a risk of the infection being spread further afield and children left to their own devices are more liable to become over fatigued—a condition which is known to predispose to the development of paralysis in any potential paralytic case incubating the disease.

### **Precautions advised.**

These are dealt with at length in the Medical Officer of Health's Annual Report: they will, therefore, be only mentioned briefly here. General advice was given to the public, through the press and other means on the desirability of preventing children from becoming over-tired, of avoiding crowded places of entertainment, particularly children's matinees, closure of overcrowded paddling pools, and finally on the importance of calling in a doctor if a child seemed off colour or complained of appropriate or indefinite symptoms.

Prophylactic inoculations were discontinued early in July, and, at about this time, the Senior Administrative Medical Officer of the Birmingham Regional Hospital Board directed that all tonsil and adenoid operations in Coventry Hospitals should be discontinued until further notice. It is now known that a child incubating poliomyelitis runs a slightly increased risk of developing a more serious form of the complaint if subjected to a throat operation. In certain instances guidance was given to individual head teachers



and organisers of certain public functions upon certain related matters, for example, whether or not to hold a sports day when maybe one or two children in the school were down with poliomyelitis; or perhaps concerning the possibility of holding a garden fete. It is best for contacts of poliomyelitis to avoid over fatigue and this might be taken as an argument in favour of holding school sports days early in the summer before poliomyelitis is likely to be prevalent. Each request was treated on its merits when a decision was taken. Swimming in properly chlorinated swimming baths is not in itself considered dangerous in the presence of poliomyelitis in the community, though certain risks incidental to the swimming, i.e., overcrowding, chilling and fatigue of the children involved, all of which are undesirable, have to be considered when the question is raised.

Advice is invariably based upon good hygienic and preventive principles and upon such factual and conclusive information as is available concerning this disease. There is yet much to be learned about acute poliomyelitis and until a complete answer to the disease is found it is best to err on the side of caution rather than to take unwise risk.

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

Poliomyelitis	...	...	...	...	...	...	...	1
Road Accidents	...	...	...	...	...	...	...	3
Leukæmia (Aleukemia)	...	...	...	...	...	...	...	1
Nephritis and Nephrosis	...	...	...	...	...	...	...	1
Other Defined and Ill-Defined	...	...	...	...	...	...	...	5
							Total	11

**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.  
Cleansing each morning.

*Medical Officer appointments:—*  
Afternoons, Monday to Friday.  
Saturday mornings.

*Chiropody:—*  
By appointment, Wednesday and Friday 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).

*Ringworm—X-ray treatment:—*

By appointment at Coventry and Warwickshire Hospital.

*Scabies Clinic:—*

Each day, Monday to Friday.

*Speech Therapy:—*

Each day, Monday to Friday.

*Sunlight Clinic:—*

Tuesday mornings and Friday afternoons.

*Heart and Rheumatic Clinic:—*

By appointment alternate Thursday afternoons.

## BRANCH CLINICS.

*Longford Park:—*

School Medical Officer in attendance Friday afternoon from 3.34 p.m.

School Nurse in attendance every afternoon.

*Templar's:—*

School Medical Officer in attendance Tuesday and Friday afternoons from 3.30 p.m.

School Nurse in attendance every afternoon.

*Binley:—*

School Nurse in attendance Wednesday afternoons from 2 p.m.

School Medical Officer attends by arrangement.

*Stoke Heath:—*

School Medical Officer in attendance Thursday afternoons.

School Nurse in attendance Thursday afternoons.

*Speech Therapy.*

Tuesday afternoon.

Wednesday all day.

Thursday afternoon.

Friday afternoon.







**MEDICAL INSPECTION RETURNS.****Year ended 31st December, 1953.****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 .. .. .	5391
Second Age Group .. .. .	4080
Third Age Group .. .. .	3072
Total ..	<u>12543</u>
Number of Other Periodic Inspections ..	590
GRAND TOTAL ..	<u>13133</u>

**B. OTHER INSPECTIONS.**

No. of Special Inspections .. .. .	948
Number of Re-inspections .. .. .	607
Total ..	<u>1555</u>



Table II.

A. Return of Defects found by Medical Inspection in the  
Year ended 31st December, 1953.

Defect or Disease  (1)	Periodic Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring Treatment  (2)	Requiring to be kept under observation, but not requiring treatment  (3)	Requiring Treatment  (4)	Requiring to be kept under observation, but not requiring treatment  (5)
Skin ... ..	21	—	1	—
Eyes—				
a. Vision ... ..	457	7	8	—
b. Squint ... ..	7	—	5	1
c. Other ... ..	18	5	1	—
Ears —				
a. Hearing ... ..	36	6	1	1
b. Otitis Media ... ..	17	2	1	—
c. Other ... ..	10	2	—	—
Nose and Throat ... ..	646	67	6	—
Speech ... ..	68	11	13	2
Cervical Glands ... ..	13	3	2	—
Heart and Circulation	67	13	4	—
Lungs ... ..	158	15	6	1
Developmental—				
a. Hernia ... ..	9	—	—	—
b. Other ... ..	7	5	—	—
Orthopaedic —				
a. Posture ... ..	44	6	3	—
b. Flat Foot ... ..	114	11	5	—
c. Other ... ..	96	10	1	—
Nervous System—				
a. Epilepsy ... ..	3	1	—	—
b. Other ... ..	18	1	1	—
Psychological—				
a. Development ... ..	63	8	61	35
b. Stability ... ..	7	—	2	—
Other ... ..	219	76	12	3

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)		B (Fair)		C (Poor)	
		No. (3)	% of col. 2 (4)	No. (5)	% of col. 2 (6)	No. (7)	% of col. 2 (8)
Entrants .. ..	5391	3484	64.626	1860	34.502	47	.872
Second Age Group	4080	2554	62.598	1502	36.814	24	.588
Third Age Group	3072	2065	67.220	979	31.869	28	.911
Other Periodic Inspections	590	317	53.729	270	45.763	3	.508
Total ..	13133	8420	64.113	4611	35.110	102	.777

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 ... ..	106	1114	1216
Second Age Group ... ..	197	480	671
Third Age Group ... ..	142	210	350
Total (prescribed groups) ...	445	1804	2237
Other Periodic Inspections...	12	109	119
Grand Totals ...	457	1913	2356

Table III.

INFESTATION WITH VERMIN.

(1) Total number of examinations in the schools by the school nurses or other authorised persons ... ..	2329
(2) Total number of individual pupils examined ... ..	133100
(3) Total number of individual pupils found to be infested	1346
(4) Number of individual pupils in respect of whom cleansing notices were issued (Section 54) (2) Education Act, 1944	—
(5) Number of individual pupils in respect of whom cleansing orders were issued (Section 54) (3) Education Act, 1944	798



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).

SKIN	Number of cases treated or under treatment during the year	
	by the Authority	otherwise
Ringworm—1. Scalp ... ..	—	1
2. Body ... ..	10	13
Scabies ... ..	28	—
Impetigo ... ..	97	—
Other skin diseases ... ..	170	—
Total ..	305	14

## 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 ... ..	—	—
Errors of Refraction (including squint)	—	2464
Total ...	—	2464
Number of pupils for whom spectacles were		
(a) Prescribed ... ..	—	1084
(b) Obtained ... ..	—	967

## 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	—	748
(c) for other nose and throat conditions	—	—
Received other forms of treatment ...	134	—
Total ...	134	748

GROUP IV.  
ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals ... ..	70	
	by the Authority	otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments	—	557

GROUP V.  
CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Centre	elsewhere
	611	46
Number of pupils treated at the Child Guidance Clinics ... ..		

GROUP VI.  
SPEECH THERAPY.

	Number of cases treated	
	by the Authority	otherwise
	111	—
Number of pupils treated by Speech Therapists ... ..		

GROUP VII.  
OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	otherwise
(a) Miscellaneous minor ailments ...	3485	—
(b) Other than (a) above (specify)		
1. Chiropody ... ..	265	—
2. Eyes ... ..	160	—
3. Ears ... ..	227	—
4. Ultra Violet Light ... ..	190	—
Total ...	4327	—



Table Y.

## DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1) Number of pupils inspected by the Authority's Dental Officers:—						
(a) Periodic Age Groups	...	...	...	...	...	2317
(b) Specials	...	...	...	...	...	6914
				Total	...	<u>9231</u>
(2) Number found to require treatment	...	...	...	...	...	8045
(3) Number referred for treatment	...	...	...	...	...	8045
(4) Number actually treated	...	...	...	...	...	7687
(5) Attendances made by pupils for treatment	...	...	...	...	...	<u>11161</u>
(6) Half-days devoted to: Inspection	...	...	...	...	...	22
Treatment	...	...	...	...	...	1447
				Total	...	<u>1469</u>
(7) Fillings: Permanent Teeth	..	..	...	...	...	3283
Temporary Teeth	...	...	...	...	...	282
				Total	...	<u>3565</u>
(8) Number of teeth filled: Permanent Teeth	...	...	...	...	...	2523
Temporary Teeth	...	...	...	...	...	278
				Total	...	<u>2801</u>
(9) Extraction: Permanent Teeth	...	...	...	...	...	2270
Temporary Teeth	...	...	...	...	...	10125
				Total	...	<u>12395</u>
(10) Administration of general anæsthetics for extraction	...	...	...	...	...	1421
(11) Other operations: Permanent Teeth	...	...	...	...	...	819
Temporary Teeth	...	...	...	...	...	196
				Total	...	<u>1015</u>

## HANDICAPPED PUPILS.

Number of children (a) ascertained in accordance with the Education Act, 1944, during the year 1953, (b) in Special Schools at 31st December, 1953, 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	—
Partially Sighted ... ..	12	19	5
Deaf ... ..	1	30	1
Partially Deaf ... ..	2	7	3
Delicate ... ..	147	73	54
Educationally Sub-normal:—			
Boarding School ... ..	20	23	32
Day Special School ... ..	93	110	140
Ordinary School ... ..	71	—	—
Epileptic ... ..	3	10	4
Mal-adjusted ... ..	10	17	17
Physically Handicapped ... ..	31	9 (Boarding) 120 (Day)	20
Speech Defects ... ..	111	—	53
Found to be:—			Awaiting treatment
(a) Ineducable. Section 57 (3) Education Act, 1944	18	—	—
(b) In need of supervision after leaving school. Education Act, 1944 ...	21	—	—
<b>TOTALS</b>	<b>540</b>	<b>421</b>	<b>329</b>





