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CITY OF COVENTRY

ANNUAL REPORT

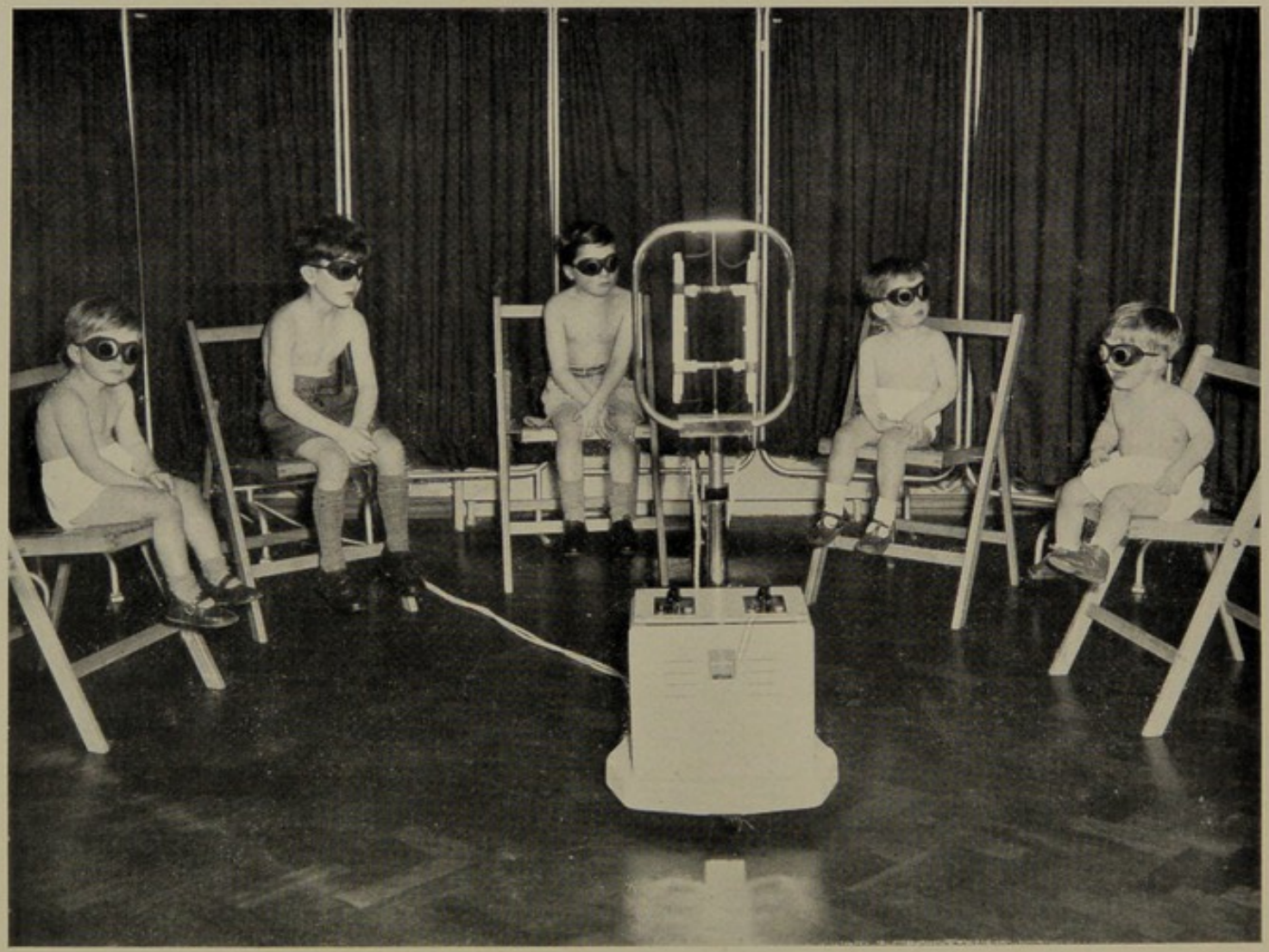
OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

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

FOR THE YEAR

1955



Ultra Violet Light Session—Broad Heath Clinic.

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SCHOOL HEALTH SERVICE

SPECIAL SERVICES SUB-COMMITTEE

as at 31st December, 1955

Chairman:—Councillor Mr. T. Meffen

Vice Chairman:—Alderman H. H. K. Winslow

The Lord Mayor:—Alderman T. H. Dewis

Alderman S. STRINGER

Councillor Mrs. E. ALLEN

„ Mr. W. CALLOW

„ Mrs. E. JONES

„ Mr. L. LAMB

„ Mr. R. LOOSLEY

„ Mr. J. F. McDONNELL

„ 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

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. (Resigned October, 1955) J. Ardley, M.B., B.S., D.P.H. (Appointed December, 1955)
Senior School Medical Officer	M. M. R. Gaffney, M.B., B.Ch., B.A.O., D.P.H., D.C.H.
School Medical Officers and Assistant Medical Officers of Health ..	C. Glynn, M.R.C.S., L.R.C.P. C. T. Howat, M.B., Ch.B. V. P. Helme, M.B., Ch.B, M.R.C.O.G. C. J. T. Jamieson, M.R.C.S., L.R.C.P. M. S. Martin, M.B. Ch.B. G. M. Medlicott, B.Sc., M.B., Ch.B. J. B. M. Porter, L.R.C.P. P. C. Powell, M.B., Ch.B. B. Schulberg, L.R.C.P., D.P.H.
Medical Officer, "Town Thorns" E.S.N. School ..	E. Killey, M.R.C.S., L.R.C.P. (Part-time).
Medical Officer, Wyre Farm Residential Camp School	J. S. Jerome, M.A., B.M., Ch.B. (Part-time).
Paediatric 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.
School Dental Officers ..	M. L. Hooker, L.D.S. J. A. Smith, L.D.S. D. H. Hooper, L.D.S. (Appointed October, 1955). (Part-time). D. Shipway, L.D.S. (April-September, 1955). (Part-time).
Superintendent Physiotherapist	Mrs. M. M. Halls, M.C.S.P. — At Baginton Fields School
Physiotherapist	Mrs. F. E. Howitt, M.C.S.P. — At Baginton Fields School
Remedial Gymnast	Mr. R. Peberdy — At Baginton Fields School
Speech Therapists	Miss B. Carr, L.C.S.T. Miss D. J. Williams, L.C.S.T. (Appointed September, 1955). Miss P. Ramsay, L.C.S.T. (Appointed October, 1955). Mrs. D. March, L.C.S.T. (Resigned September, 1955).

Chiropodists	Mr. A. T. E. Freke, M.Ch.S., M.R.I.P.H.H. (Part-time). Miss Leonard, M.Ch.S. (Part-time).
Superintendent Health Nurse	Miss M. D. Lloyd
Deputy Superintendent (School Health) ..	Mrs. B. E. Mackie.
Deputy Superintendent (M. & C.W.)	Miss K. L. Houlton.
Health Nurses	Miss M. E. Absolam. Mrs. D. Atkinson. Mrs. B. T. Butler. Mrs. A. O. Campbell. Mrs. I. M. Campbell (Appointed 24.10.55. temporary). Mrs. L. M. Devlin (appointed December, 1955 (temporary). Mrs. M. K. Dunnicliffe. Mrs. E. Dickinson. Miss S. T. Deane. Miss A. Docherty. Mrs. E. Ellis. Miss E. Fraser. Mrs. G. Foulsham. Mrs. S. Gascoyne. Mrs. M. George. Mrs. E. A. Gore. Mrs. B. Grainger. Miss E. M. Hyndman. Mrs. M. E. Harris. Miss E. C. Harmsworth. Mrs. E. M. Hale. Mrs. C. Hammond. Miss D. Jones. Miss J. S. Lusty. Mrs. N. Lever. Mrs. M. Lewis. Miss A. T. McKenzie. Mrs. L. Picken. Mrs. M. J. Pye. Miss M. E. Phillpot. Mrs. M. Player. Mrs. S. R. Shropshire. Miss E. M. Stidworthy. Mrs. T. D. Sims. Mrs. E. P. Talbot. Miss B. W. Thomas. Mrs. M. Thomas. Mrs. P. O. Wilson. Mrs. A. O. White. Mrs. L. Wardle. Mrs. E. M. Wickens (Appointed 31.10.55). (Part-time). Mrs. M. Williams.

Dental Nurse	Miss E. C. Batsford.
Dental Attendants ..	Mrs. K. Cartwright. Mrs. P. Luckman. Miss P. Parkin. Mrs. B. L. Thomas.
Chief Clerk	E. A. Moore.
Deputy Chief Clerk ..	Miss E. Stephen.
Clerks	Miss J. Baker. Miss K. Beasley. Miss D. Bell. Mrs. B. Bottrill. Miss D. Clark. Miss G. Close (Appointed January, 1955.) Mrs. K. Fletcher. Mrs. B. Glen (Resigned June, 1955). Miss N. B. Griffin. Miss P. Jacobs. Miss E. Townsend.

CITY OF COVENTRY

SCHOOL HEALTH SERVICE
1955 ANNUAL REPORT

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

MY LORD MAYOR, LADIES AND GENTLEMEN,

Once again I have great pleasure in presenting for your consideration my Annual Report upon the School Health Service in Coventry.

During 1955 *we have been fortunate in that our existing establishment of medical officers has been fully staffed. Unfortunately, we are still grossly under strength for school dentists, and to a much lesser degree for fully qualified health visitors.*

Despite this the amalgamation of the Local Authority's medical and nursing services for school and maternity and child welfare purposes was completed by April 1*st, and from the related administrative point of view the city is now divided into nine areas. Experience has already shown, however, that the areas may have to be increased to ten in view of the increasing child population, occupation of new housing estates, the establishment of new comprehensive schools, and new Local Authority clinics.*

ROUTINE MEDICAL INSPECTIONS

The number of routine inspections, both special and re-inspections, during the year fell below the figure for 1954, *but this was to be expected as a result of the re-organisation of the work of the Department from April* 1*st. The seven to eight year age group has now been included for routine medical inspection; we consider this the age group in which we are most likely to detect eye and ear defects, and also those children who are not making sufficient progress in school because of sub-normal intelligence.*

GENERAL CONDITION OF PUPILS

In 1955, 9,612 *children out of a possible figure of* 13,788 *were placed in category A, i.e.* 69.7%. *This shows an increase of* 7.2%. *In* 1954 *the figure was* 62.5%. *There was a decrease in the number placed in category B from* 36.995% *in* 1954 *to* 30% *in* 1955, *representing* 4,135 *children compared with* 5,493 *in* 1954. *Only* 41 *children were placed in category C* (.3%) *a decrease since* 1954 *when the number was* 75 (.505%).

INFECTIOUS DISEASES IN CHILDREN OF SCHOOL AGE

In 1955 *there were* 194 *notified cases of Scarlet Fever compared with* 133 *in* 1954. *There was a considerable increase in the incidence of Whooping Cough,* 245, (170 *in* 1954); *and of Measles where there were* 1,805 *cases; an increase of* 638 *cases over the previous year.*

Poliomyelitis increased slightly from 1 *in* 1954 *to* 7 *in* 1955 (*non-paralytic*), *nil in* 1954 *to* 3 *in* 1955 (*paralytic*). *See table on page* 29.

The number of Dysentery and Food Poisoning cases notified is also on the increase, and this in part may be due to a new awareness of the prevalence of both conditions which are being reported more frequently than previously, thereby making it possible to initiate the necessary laboratory investigations.

The figure for Pulmonary Tuberculosis remains about the same, and I consider the level of this disease to be much too high, even for a city of this size and changing population. An encouraging fact, however, is the reduction in the incidence of non-pulmonary tuberculosis, and it is hoped that this trend will continue.

Contagious Diseases

There were only two cases of scabies infestation during the year compared with 40 *in* 1954. *The number of children found to have ringworm of the scalp and body increased by* 12 (1955—14; 1954—2). *There was an increase from* 151 (1954) *to* 194 (1955) *in impetigenous conditions seen in school children. Other skin conditions showed an increase of* 40, 145 (1954) *to* 185 (1955). *The total number of skin infections during the year was therefore* 395.

SPECIAL SESSIONS HELD AT THE CENTRAL SCHOOL CLINIC

Child Tuberculosis Contact Clinic

This clinic continues as before although the number of 'immediate' contacts attending has fallen considerably—these being dealt with by the Chest Physician at the Coventry Chest Clinic.

However, a number of more remote contacts are examined usually following the routine medical inspections at schools. Child contacts of relatives or neighbours who are suffering from the disease are investigated at the request of family doctors, medical officers and parents.

Dr. Parry Williams is the consultant in charge at the clinic.

Attendances during 1955 *were* 323 *and a number of cases were referred for B.C.G. vaccination.*

Chiropody

We have now two part-time chiropodists, Mr. Freke and Miss Leonard, although, because of greater demands, the waiting list remains much the same. The high prevalence of foot defects appears to indicate that carelessness is not uncommon among parents when selecting footwear for their children. For example, on admitting some children to a residential school during the year, it was found that an appreciable number were wearing shoes far too small for them, and moreover a number were wearing very small socks thereby accentuating the defects. These are factors which parents should, and indeed must remember if their children are to have greater freedom from foot defects. Mr. Freke comments upon this service later in the report.

HEART AND RHEUMATIC CLINIC

Dr. Parry Williams attends this clinic every fortnight and additional sessions if necessary. I need hardly reiterate how useful this clinic is to the School Health Service, providing as it does expert advice upon the day to day activities necessary for children with congenital and acquired heart complaints.

SPEECH THERAPY

We now have three full time speech therapists on the staff, but there is still a waiting list. Miss Carr is at the Central School Clinic, Miss Ramsay at the outlying clinics attached to the schools, and Miss Williams is now working full time at the special schools.

SPECIAL SESSIONS AT CLINICS AND HOSPITALS

CHILD GUIDANCE CENTRE, *which includes the School Psychological Service.*

The team of workers at this centre, which provides a combined service, is kept increasingly busy. The work is growing rapidly; waiting lists are mounting, and the accommodation is completely inadequate. There is a maximum of four psychiatric sessions per week, but in the opinion of all concerned a full time child psychiatrist is now necessary together with a sufficiency of trained staff to cope with the increasing number of problems. At the moment the lapse of time between a child's referral for behaviour or other disorder and the interview with a psychiatrist is excessive. Dr. Gillman, Consultant Psychiatrist, Regional Hospital Board, and Mrs. Hedges, Educational Psychologist, report elsewhere upon the work conducted within this centre.

OPHTHALMIC AND ORTHOPTIC SERVICES

All cases continue to be referred to the Out-Patients Department of the Coventry and Warwickshire Hospital and there is a very short waiting period following referral of cases there.

ORTHOPAEDIC CLINIC

This is held, as heretofore, at the Paybody Orthopaedic Clinic (Regional Hospital Board administration), Holyhead Road, under the supervision of Mr. Penrose, the Orthopaedic Surgeon. All orthopaedic cases coming to the notice of the School Health Service are referred to this clinic. A detailed weekly report upon the school children seen at the clinic is submitted to the School Health Service for any necessary action. A list of defects found at the clinic sessions appears later in this report.

ANTI-TUBERCULOSIS CAMPAIGN

In accordance with the Ministry of Health circular 22/53, the Minister approved the extension of the arrangements for B.C.G. vaccination so that Authorities could offer vaccination to senior school children on the understanding that the scheme for vaccination of contacts would continue and would not be prejudiced by the extension of vaccination for school children. A pilot scheme was therefore started and during the year 1,000 parents were invited to submit their children

for B.C.G. vaccination if the latter were 13+ years of age. This meant that for the majority of cases vaccination took place during the child's penultimate year at school, and enabled the child to be followed up for at least a further year after vaccination.

Prior to commencing the vaccination programme, all general practitioners in the area were fully informed, together with the Head Teachers of the schools concerned. The Senior School Medical Officer visited the schools and discussed the scheme with the Head Teacher so as to eliminate undue anxiety and mis-understandings among the pupils. The follow-up will take place during 1956 and all pupils of 13+ years of age will be given the opportunity of participating in this scheme, which will, of course, continue in future years.

The following table shows the number of acceptances, number mantoux positive and negative, and the number of children who were given B.C.G. vaccination.

Number invited to take part	*Acceptances*	*Mantoux Positive*	*Mantoux Negative*	*Given B.C.G.*
1,000	574	174	355	350

Mass Radiography

During February, following consultations with Dr. Gordon Evans, Physician-in-Charge of the Mass Radiography Unit, arrangements were made to undertake a Mass Radiography Survey of teachers, municipal staff, and children of 14+ years of age, and I am very grateful to Dr. Gordon Evans for his helpful report regarding this survey.- The response as far as the school children were concerned was extremely good; 3,928 pupils were chest x-rayed on miniature film, and 155 were recalled for a large film. I regret, however, to report that the response as far as teachers were concerned was very disappointing indeed, for instance only 165 out of a possible figure of 1,785 teachers attended. I understand, however, that some 200 teachers included in the latter figure are new entrants and they had received a medical examination and chest x-ray on leaving the training college. I feel most strongly that teachers, and indeed all staff whose duties bring them into contact with children, should take advantage of the Mass Radiography Surveys.

HANDICAPPED PUPILS

Blind and Partially Sighted

There have been three blind children for ascertainment annually for the past few years, and they are accommodated at residential schools for blind children in the Midland area. There is a very short waiting period.

The majority of partially sighted children attend the local authority's special day classes though for other reasons we are compelled to send a few to external residential schools.

We have been much indebted to Mr. Groves, Ophthalmic Consultant, for a most helpful and successful arrangement in relation to our partially sighted children for the past few years, and it is hoped that this will continue to be an annual event. One afternoon is set aside at the Out-Patients Department for our partially sighted children, and the Head Teacher, class teachers, the Senior School Medical Officer and parents all attend together with the children. There ensues a consultation upon each child with all necessary information available. At this 'conference' children are recommended for transfer to other schools if need be; their prognosis for possible future progress of vision particularly in the more serious cases is re-assessed and each person present, including the child, has a "hearing". The parents are present and consulted whenever any decision is contemplated. Any child attending classes for the partially sighted is able to see the consultant in between these sessions if this is considered desirable.

Deaf and Partially Deaf Children

Attention has been more acutely focussed on this type of handicap of recent years because of its close relation to certain other defects, for example to defective speech and educational retardation. Moreover, there is often considerable difficulty in making an accurate diagnosis of partial deafness in a young child who is also backward and has perhaps a severe emotional disorder as well.

The setting up of a class for the partially deaf is planned for early 1956, *and arrangements have already been made for this at one of the Local Authority's ordinary day schools. Equipment has been ordered and alterations to the room are in hand. For the present this will only accommodate a class for children below eight years of age under a Manchester trained teacher. The older children will continue to be sent to external residential schools as heretofore or, if thought best, allowed to attend ordinary day schools with their appropriate hearing aids; due advice having been given to the teachers concerned.*

Educationally Subnormal Children

Children in this category are now ascertained more quickly than previously because of the greater facilities available to us. Although there has been no additional provision of places in special schools during the past year, it is nevertheless the case that such children are examined more quickly and kept under observation while at school even though it may be found impossible to provide appropriate special school education.

As can be seen from the table at the end of this report the lengthy waiting list for day special schools for this category stands at 105. *This is equally disheartening for medical officers who are trying to deal with these children as for the teachers who, of necessity, must continue to look after them in ordinary schools. All educationally subnormal children have full-scale examinations from time to time and are under observation over a period before any firm decision regarding special education is reached: the views of the head teacher*

and class teachers concerning individual children are always taken into account. Moreover, the children have been under observation by the Educational Psychologist at school, and it will be evident therefore that any decision is not made lightly. For the time being, it has only been possible to implement in part the Authority's plans for the provision of day schools for educationally subnormal children despite every effort on their part to resolve the problem.

Epileptic Children

Only two epileptics were considered in need of special education, as epileptics, in 1955. *The remainder were settled in ordinary schools, i.e. those suffering from petit mal or whose fits were infrequent or completely controlled by appropriate medication. A problem not so easily resolved is that of the retarded epileptic who in addition suffers from a behaviour disorder. There are a few of these on the permanent waiting list for accommodation in appropriate institutions.*

Maladjusted

Cromer's Close, a hostel for the residential treatment of maladjusted children, was opened in February 1955. *A few children receive education at this establishment until they are considered sufficiently responsible to attend ordinary school: when thereafter they return to the hostel at night. There was an increase in the number of ascertainments of maladjusted children during* 1955, *this being largely due to the establishment of the Child Guidance Centre, to which all such children are referred. This category of handicapped children has received much publicity of recent years and a report of the special committee set up to consider the subject of maladjusted children was published in October,* 1955.

Physically Handicapped Children

The majority of physically handicapped children in Coventry are catered for at Baginton Fields Day Special School: for domestic reasons a few others are placed in residential schools. It is recognised that many physically handicapped children can attend ordinary school without undue detriment, and an educational syllabus is prescribed for such children with this fact kept well in mind. A variety of physical defects is to be found amongst children attending our day school, and further details are given at a later stage in the report.

There is no lack of public sympathy for these children and indeed the average citizen is extraordinarily kind and generous to them. For example, the members of a local women's group use their private cars to take some handicapped children to the local swimming baths at week ends: otherwise the children would be prevented from attending because of their multiple handicaps. It is surprising how well children with widely differing backgrounds and varying degrees of handicap manage to settle so happily together. A very healthy atmosphere is apparent at our day school for physically handicapped pupils and great credit must go to the Headmaster, Mr. Bowstead, for his not inconsiderable success in the re-organisation of the school since his appointment there in January, 1955.

DELICATE CHILDREN

A multiplicity of temporary and longer-term defects are included under this heading, and many more have been added since the School Health Service and Handicapped Pupils Regulations, 1953, came into operation. By far the largest group in this category are asthmatic children for whom short term stay at an open air school is of little value in effecting a permanent improvement. Nevertheless, the interesting point which emerges is that only 1% of asthmatic children have attacks after the first week in Corley Residential School, and, moreover, none are in need of medication there. If we were able to offer a more prolonged stay at Corley to such children—say a year—then their attitude towards their complaint could usually be sufficiently adjusted either to effect a complete cure or. at worst, a prolonged improvement.

The residential school at Corley is due to be rebuilt in much larger form; this to commence in 1956. We look forward with the greatest interest to the ultimate completion of this new school.

DIABETES

All children who have this condition attend ordinary day schools in the City.

SPEECH DEFECTS

No children were ascertained as in need of special education solely on account of speech defect during 1955. During the past seven years only one Coventry child attended a residential school for a defect of this nature. Many children, however, although in need of speech therapy, are quite suitable for education in ordinary schools.

There are certain points appearing within some of the individual reports included hereinafter which will call for further considerations, for example, the Doctor in attendance at Town Thorns Residential School feels that there is a good cause for instructing the children there in postural remedial exercises, because this would be a positive contribution towards good health.

The Consultant Psychiatrist stresses the great need for increasing staff and extending the Child Guidance facilities at the centre.

The Principal School Dental Officer again draws attention to the extremely depressing situation brought about by the lack of an adequate number of municipal dentists. His argument that children and their parents should persistently be reminded of the benefits to be derived from good dental hygiene and the sensible selectivity of food stuffs is deserving of general consideration and application. His further argument that only if the municipal dental service can offer comparable attractions to those provided in private practice will recruitment thereto be adequate, seems sound common sense. Meanwhile the table on page 23 gives some little idea of the considerable amount of work which our depleted dental staff have performed during the year.

I have commented in previous annual reports concerning the great need in this city for enhanced swimming bath facilities; comments of the organisers of physical training again stress this particular need.

Mention too, is made of the increase in the 'bare foot work', and while this may be thought desirable we must also try to avoid as much as possible the transmission of unwelcome foot conditions, as for example, warts and fungoid infections.

It is again a pleasure for me to express my thanks, and those of appropriate members of my staff, to the several consultants who conduct clinical sessions in certain of our clinics and schools, and indeed within the hospitals of this City.

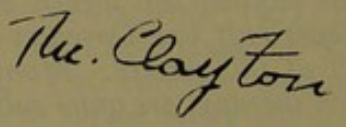
We are grateful also to the Director of Education and his staff for their much appreciated co-operation throughout the year.

My sincere thanks are due, and gladly given, to all members of my staff working within the School Health Service for their continued helpfulness and loyalty during 1955. *I am also indebted to Dr. M. M. R. Gaffney and Mr. E. A. Moore for their helpful assistance in the compilation of this Report.*

To the Chairman and Members of the Special Services Sub-Committee and of the Special Schools Sub-Committee I offer my thanks and those of my staff for their consideration and helpfulness throughout the year.

I am, My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,



Principal School Medical Officer.

School Population, Accommodation, Attendances.

At December, 1955, there were 99 Primary, Secondary and Special Schools (including Wyre Farm Camp School) under the control of the Local Education Authority, viz:—

69 Primary and all age schools with 95 departments.
15 Secondary Modern Schools with 21 departments.
4 Secondary Selective Schools.
1 Bilateral Secondary School (R.C.).
5 Comprehensive Schools.
5 Special Schools.

The Primary, Secondary and Special Schools are divided as follows:—

74 County Schools with 106 departments.
12 Voluntary C.E. Schools with 12 departments.
13 Voluntary R.C. Schools with 13 departments.

Number of children on registers, January, 1955	45,020
Number of children on registers, December, 1955 ..	46,258
Average Percentage attendances	92.0
Estimated number of children attending Independent and Private Schools	2,500
Estimated total population of the City of Coventry ..	265,500

Tonsillectomy

Following a letter which was received from the Principal Medical Officer of the Ministry of Education, a further study in connection with childhood tonsillectomies is now thought to be desirable, but before this study can be achieved it will be necessary to have accurate information about the tonsillectomy rate. The School Health Service is in a position to obtain this information from children who attend schools maintained by the local Education Authority, and throughout 1956 Medical Officers will make a note on routine medical inspection cards as to whether particular children have previously undergone tonsillectomy. At the end of the year it should be possible to ascertain the percentage of boys and girls in any age group examined who have had tonsillectomy.

The Medical Research Council's Committee for Research on Social and Environmental Health hopes to investigate the problem nationally, and I hope to report in more detail upon this matter in my 1957 report.

It is hoped that we shall be in a position to purchase one or two audiometers early in 1956, and Medical Officers will then be able to carry out hearing tests.

A few cases have been referred to Professor Ewing of Manchester University, and one particular child was seen on many occasions by him at his clinic in Leicester.

Survey of Physically Handicapped Children

In August 1954 Local Education Authorities were asked by the Ministry of Education to provide the Minister with detailed particulars of all physically handicapped children who were awaiting places in special schools on the 1st October, 1954. An analysis of the results has been received from the Ministry in the form of Administrative Memorandum No. 503 dated April, 1955. One thousand and fifty two children were awaiting places in special schools (two hundred and two in day schools and eight hundred and fifty in boarding schools). Parental consent had been given in five hundred and twenty five of the boarding school cases. In view of the special attention given to the needs of handicapped children, it can be assumed that there are few children of compulsory school age who are not known.

Over the country as a whole, there appears to be sufficient day school places for physically handicapped children, and in Coventry we are proud to have one such school at Baginton Fields. The Headmaster and Senior School Medical Officer will report hereinafter in greater detail upon the work at this school.

Baginton Fields School

The Senior School Medical Officer, Dr. M. M. R. Gaffney, reports as follows:—

"The re-organisation of the school, started in 1954, is now almost complete. Children suffering from cerebral palsy are disposed throughout the school according to their disabilities, but the infant school age group are educated in special classes next door to the medical therapy unit, and some of the primary and all the 11+ age groups are mixed with other physically handicapped children according to their ability. The Superintendent Physiotherapist, Mrs. Halls, is responsible for the work of the therapy unit and has a special responsibility for the treatment of cerebral palsied children along new lines. The results following a year of this treatment are quite apparent. Oddly enough the most outstanding result has been the sudden educational spurt made by children who have previously been doing very little. This progress is being maintained as if these children had been set free from some burden all at once. An account of the progress of four cerebral palsied cases has kindly been submitted by the Headmaster, Mr. Bowstead.

There are some children, notably heart cases, who are considerably handicapped and who have little exercise tolerance, but they are so happy at the school that they fret if compelled to stay away. They are allowed to do what they can. There are children suffering from varying degrees of bronchiectasis who need constant supervision for 'tipping' and breathing exercises, and

and the same procedure operates for children leaving to return to normal schools or starting work. In the case of school leavers the Youth Employment Officer, Mr. Casselden, and the Educational Psychologist, Mrs. Hedges, are also present. A number of children pass through Baginton for rehabilitation purposes before returning to ordinary school. These are the children for whom a period of home tuition is not necessary, or for whom continued segregation for a period of a year from the company of other children is not desirable. A number of cases have spent long periods in hospital. This arrangement works very well indeed. As transport is provided for all children either because of their handicap or because of the location of the school, the strain of getting to and from the school is eliminated. There is a Health Nurse in attendance for five half days per week for minor ailments and routine work, and the full consultant session is held at the school every fortnight. The school carpenter, Mr. Keeling, continues to give invaluable assistance in the making of special apparatus.

There were no outbreaks of infectious or contagious disease during 1955".

The following reports on four children suffering from Cerebral Palsy have been submitted by the Headmsater, Mr. L. Bowstead, and the Superintendent Physiotherapist, Mrs. M. Halls:—

CASE 1. Date of birth 3.1.46

"A spastic condition of the muscles, being treated by general therapy, with particular emphasis on walking. Is affected to a moderate degree, and other more heavily handicapped cases in greater need are receiving more therapy treatments per week than this boy.

Two years ago he presented a behaviour problem due to frustration, but now that he has become more settled he is making progress in all subjects, especially in arithmetic. He is better at oral subjects than at written work and is receiving successful speech therapy. His behaviour problems are disappearing with the progress made, both physically and educationally. He has a very good memory, but is easily discouraged if he cannot do a thing properly and gives up quickly. His written work is largely done on a special typewriter, but he needs constant encouragement and individual attention.

During the last six months on the Schonell tests his Arithmetic age increased by 18 months. His reading age, however, only progressed by three months, partly due to the fact that he has a considerable speech difficulty".

CASE 2. Date of birth 26.4.45

"A spastic condition of flexor muscle groups. Receiving treatment on new lines, making use of specially adapted furniture made by the school carpenter. Physically is progressing according to expectations, educationally is making steady progress, at a rate rather less than that of a child without handicaps, but very satisfactory when the extent of the handicap is considered. This girl has amazing determination and will not give in until she has completed a task, however difficult. Because of this, and a good memory, she has improved in all subjects, especially reading. In this she has been aided by a special appliance at the school, which enables her to focus where previously great difficulty was experienced. She, too, is using a typewriter for some of the written work, and is writing some excellent compositions. Her oral work is much better than her written work, again due to excellent speech therapy results. Her arithmetic suffers due to her difficulty in eye focus. Her mental arithmetic is well up to standard.

CASE 3. Date of Birth 7.10.46

This child cannot talk or use his hands or walk, but can recognise numbers up to one hundred. When asked to find a particular number the boy points to a card, but he is aware of the number long before he can make his hand point to it. This can be seen by the fact that he looks at the number immediately. By the same method he can pick out sounds in the alphabet but owing to the extreme nature of his handicaps his progress is painfully slow and it is very difficult to assess the actual educational progress that he is making.

He has a spastic condition of extensor muscle groups, and is being treated on new lines. Until special furniture was made it was impossible for him to sit with any comfort.

CASE 4. Date of birth 16.4.44

This case presents an excellent example of co-operation between Therapist, Consultant, Senior School Medical Officer, School Carpenter and the teaching staff, inasmuch as a desk-couch has been successfully constructed which enables this boy to combine school work with positional therapy.

He has a spastic condition of his flexor group of muscles, and is receiving a new type of treatment. Due to the fact that this particular case has received other diverse treatment, progress must of a necessity be slow, as it is extremely difficult to obliterate well established incorrect pathways for others more normal.

He is a sensitive boy with a quiet unassuming manner that very much belies his capabilities. Despite the serious obstacles to educational attainment arising from cerebral palsy—in his case difficulty in using one hand only and defective speech—he has made steady progress profiting readily from instruction given to him. As is the case with many cerebral palsied children, he has a feeling of personal insecurity, shown in his case by an acute sensitivity to criticism and a great care for the details of his daily life. He has, however, developed a balanced social attitude and his relations with other children are friendly and helpful. He converses as readily as his speech will allow and in replies to questions shows a maturity of outlook at least in accordance with his age. He likes reading (uses an advanced reader) and arithmetic, though this presents some difficulty as far as writing goes. He uses crayon and paint readily however, and the figures and words he makes are readable in spite of considerable paralysis. He enjoys painting and drawing, working well to the limits of his handicaps and striving to overcome them.

Since he has been receiving treatment along new lines, his speed of educational progress has now advanced so that during the last four months he has, in fact, made the progress of an average normal child, as measured by the Schonell Tests, both in arithmetic and reading".

Miss D. J. Williams, Speech Therapist at Baginton Fields School, reports as follows:—

"Owing to the pressure of urgent cases for Speech Therapy at Baginton Fields School, a further afternoon has been allotted for speech therapy treatment.

There are at present twenty-five children receiving speech therapy, at this school. Of these, fourteen are cases of cerebral palsy, six are dyslalic, three are dysphonic and two are stammerers.

According to allocation of time, where possible the cerebral palsy cases receive three quarter-hourly sessions per week. One case of cerebral palsy, a boy of thirteen years of age who cannot communicate by means of speech and has to resort to gesture, receives speech therapy daily. The remaining eleven children, unless their defect is acute, attend for two or one quarter-hourly session according to the time available and the severity of their defect.

On the whole all children receiving speech therapy have progressed very satisfactorily during the past year.

A new tape recorder has just been acquired (our old one was considered inadequate for our purpose), which will prove valuable both for use during actual speech therapy and also for keeping a permanent record of the children's progress".

Alice Stevens School

Dr. C. T. Howat, School Medical Officer, reports as follows:—

"It has been a pleasure to, work with the headmaster and staff of Alice Stevens School during the past two years. Their friendly co-operation and assistance has been invaluable.

On the whole, the general health of the children is satisfactory. There is still need, however, for regular head cleansing for a number of children; and the school nurse is well occupied daily attending to minor ailments. It

is possible that there is proportionately a greater incidence of accidents in this school, and the children certainly make use of the service available.

Most of the parents interviewed were co-operative and pleased with the children's progress and/or the improved behaviour. The more unco-operative parent had usually a mistaken impression of the aim and value of this type of school. Both the headmaster and the medical officer are available for interviews with parents.

Weekly routine intelligence testing is carried out by the medical officer to check continued progress or otherwise of the children. During the past year no child was found suitable to return to ordinary school. Two children were found incapable of receiving educational benefit at the school and were consequently excluded under Section 57 (3) of the Education Act, 1944. One child was transferred to a Residential School for educationally sub-normal pupils on account of behaviour difficulties both at home and at school. It was found necessary on several occasions during the past three years to exclude another child on account of the parents' lack of co-operation in carrying out essential medical treatment advised by the Paediatrician.

Before leaving school, each child is medically examined and tested, and abilities finally assessed in accordance with Section 57 (5) of the Education Act, 1944, as a form of after school care. There is great need of a trained person to conduct friendly after school supervision other than that exercised under Section 57 (5).

There is, at present time, unfortunately, a rather wide variation of I.Q. level, ranging from 49—89.

In spite of this handicap the teachers work willingly and most conscientiously and command much admiration.

The children with higher I.Q. figures are still educationally subnormal and repeated assessment of progress demonstrates that they are properly placed at the Alice Stevens School".

Miss D. J. Williams, Speech Therapist at the Alice Stevens School, reports as follows:—

"Speech Therapy sessions are given twice weekly at Alice Stevens School.

During the two afternoon sessions eight children are being treated at present, seven dyslalic children and one cleft palate case.

During the past year all these cases have progressed satisfactorily".

Corley Residential School for Delicate Pupils

The Senior School Medical Officer, Dr. M. M. R. Gaffney, reports as follows:—

"Plans for the new building on the site are now under way, and will be set into operation early in 1956. During the period of re-building it is proposed to cut the school population by 50%, that is approximately 36 (7—11 year age group) children per term.

Boys and girls are to be admitted alternate terms. This will obviate the necessity for closing down the school completely for a long period.

Older children are sent to residential schools elsewhere.

When the new school, which it is hoped will cater for 120 (7—16 age group) boys and girls, is available, the problem of sending our delicate children long distances from Coventry will be resolved.

The average weight gain per term per child over 1955 was 6-7 lbs., and three children actually gained 1st. during a 3-4 month term. Upon discharge from Corley each child is kept under constant home and school supervision for at least six months by the Health Nurse for the area, and is referred back if any deterioration is noted. There is one state registered and one state enrolled nurse on the staff, and there were no outbreaks of infectious or contagious disease during 1955, with the exception of tonsillitis, which was confined to five children. Any children on regular medical treatment, e.g. for petit mal or other conditions, are supervised by the nursing staff, who, among their other duties, also direct breathing and postural exercises, supervise and encourage children suffering from enuresis, and discourage diet 'fads' ".

Town Thorns Residential School

Dr. E. Killey reports as follows:—

"The children at Town Thorns have continued to make very satisfactory progress during the year, and there has been considerable improvement in their general health, behaviour and bearing.

There has been very little severe illness, and there has been a steady decrease in the incidence of colds, influenza, skin conditions and other minor ailments.

A certain number of old standing conditions are still under treatment at the appropriate specialist departments. One child was admitted to the Infectious Diseases Hospital during last term; there was one case of appendicitis during the year, and one child was admitted to hospital for mastoid operation.

There has been no epidemic illness at the school to date, and I feel that this fact, together with the very low incidence of minor infections and illness is remarkable in a community of this type, and is very largely due to the excellent standards of nutrition, general care, environment and employment, together with the atmosphere of well being and security which the children enjoy at Town Thorns.

I still feel that some provision for postural remedial exercises would be of great value at the school and would help to improve the general standard of health yet further".

Paybody Hospital Special School

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

"The year has been notable only for the reduction in numbers of children receiving long-term treatment for orthopaedic diseases. Of the 96 who received instruction during the period of treatment, 56 were resident for periods of three months or less. Of the remaining 40, by far the greater number received treatment for Perthe's Disease of the hips, involving two years immobilisation, while the remainder were being treated for T.B. joints, Osteomyelitis, Poliomyelitis, etc. Many of those discharged would be returning to normal school life, while others were transferred to Baginton Fields School".

A double check is kept on children discharged from this hospital. The usual note from the Hospital Authorities is sent to the Medical Officer of Health and Principal School Medical Officer together with any recommendations regarding the need for special education or continued observation etc. In addition, as most of these children receive education while in hospital, the Head Teacher, Miss Craven, notifies the Director of Education when the children leave her classes and adds her observations on their educational attainments. These children are then considered by the School Health Department and appropriate recommendation made".

Child Guidance Centre

Dr. S. W. Gillman, Consultant Psychiatrist, reports as follows:—

"During the last year the work in this clinic has continued to increase and further arrangements have had to be made for children to have individual psychotherapy. My Senior Registrar, Dr. P. R. Needham, gives individual psychotherapy on Thursday mornings and my Registrar, Dr. P. A. Morris, continues on Monday mornings. This arrangement has proved very satisfactory and it is possible that, because of this, cases have improved much more quickly. I attend the clinic on Tuesday and Thursday afternoons and am available to see urgent cases on Saturday mornings.

Although arrangements have been made for children from the age of fifteen to be seen at the Coventry and Warwickshire Hospital very few indeed are seen, but I am quite sure that it would be profitable for some to be seen.

No Children's Psychiatric Unit has been established although one has been authorised by the Birmingham Regional Hospital Board which will be situated at Stratford-on-Avon. There is no doubt that such a Unit will be of great help for the treatment and observation of severe behaviour disorders.

It is urgently necessary that there be an increase in personnel (i.e. extra psychologists and psychiatric social workers) at the Child Guidance Centre in view of the number of children who are waiting to be seen and no doubt a further number to be referred in the near future. It is of little value to people sending children if the waiting period is long and advice and treatment delayed.

The work continues satisfactorily but would give more satisfaction if the atter proposals could be seen as an urgent matter,'.

School Psychological Service

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

"The School Psychological Service, which is also linked with the work in the Child Guidance Centre, had in 1955 as its full time staff:-

2 Educational Psychologists
2 Social Workers (one left in October and was not replaced in 1955).
1 Remedial Teacher
1 Teacher in charge of the special Observation and Diagnostic Class.

Dr. Gillman, Consultant Psychiatrist, attended the Child Guidance Centre on two sessions each week. Dr. Needham, the Senior Registrar, and Dr. Morris, the Registrar, each attended on one session each week.

The demands upon the Service have continued to grow and with the present shortage of staff it has been necessary to curtail much of the work particularly in the schools.

Three hundred and thirty one new cases were seen and at the end of the year fifty three referrals awaited interview.

Source of Referral

Head Teachers	162
Education Department—Special Services Section ...	34
Primary and Secondary Education Sections	11
School Health Department (including children referred by Dr. Parry Williams)	64
Family Doctors and Chest Physician	32
Probation Officers	11
Children's Department...	6
Parents	11
	331

Problem as referred

Educationally Sub-Normal	91
Educationally Retarded children of average or above average intelligence...	47
General assessment required by Children's Department	4
on physically handicapped children (including Partially Deaf and Partially Sighted)	6
on school placement, transfer, borderline, Secondary Selection, educability	31
Speech defects	2
Behaviour problems	109
Nervous and mental disorders	23
Bed wetters	18
	331

Disposal after Investigation

General assessment and recommendation only	49
No action taken but noted for review	107
Remedial Teaching	12
Psychotherapy with psychiatrists, group therapy under psychologists, individual treatment by psychologists, and advice to parents by social workers	112
For ascertainment as educationally sub-normal	47
For admission to Observation and Diagnostic Class ...	4
	331

Eighty eight of the above cases were seen by Dr. Gillman. In addition 252 cases were reviewed. One hundred and eleven of these were then closed. Cromer's Close, the Education Authority's home for maladjusted children, was opened in March 1955 and 17 children were admitted during the remainder of the year. One boy was later transferred to the Education Authority's school for educationally sub-normal children. One girl was transferred to a residential school for maladjusted children, the parent of another girl withdrew her against advice and a boy returned home as he had made progress.

The Observation and Diagnostic Class at the Child Guidance Centre started in January 1955. The class is for those children under seven years of age whose educability is difficult to assess because of additional behaviour and emotional factors. The children attend for a period between three and six months when a re-assessment is made. Of those who attended the class 10 were passed to the Mental Health Authority, 1 was admitted to a residential school for educationally sub-normal children and 6 remained in the class.

From the results of Surveys in schools conducted during 1955 investigation was recommended into the cases of 120 children who were retarded in school work, although they were of average or above average intelligence. It was not possible to see these children due to pressure of work".

Chiropody

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

"During the year two clinics were held weekly, and an extra clinic held when necessary to keep the waiting list down to a manageable level.

On 1st May, Miss Leonard joined us and held an extra clinic weekly on Tuesday afternoons. This has helped considerably with the waiting list.

In September, Templars School was visited at the request of the Headmaster and 38 cases of verruca were seen and treated.

The opportunity was also taken to examine the remainder of the children of age group 10—12 years and a small number of them were referred to Gulson Clinic for further treatment.

During the year 1574 Treatments were given.

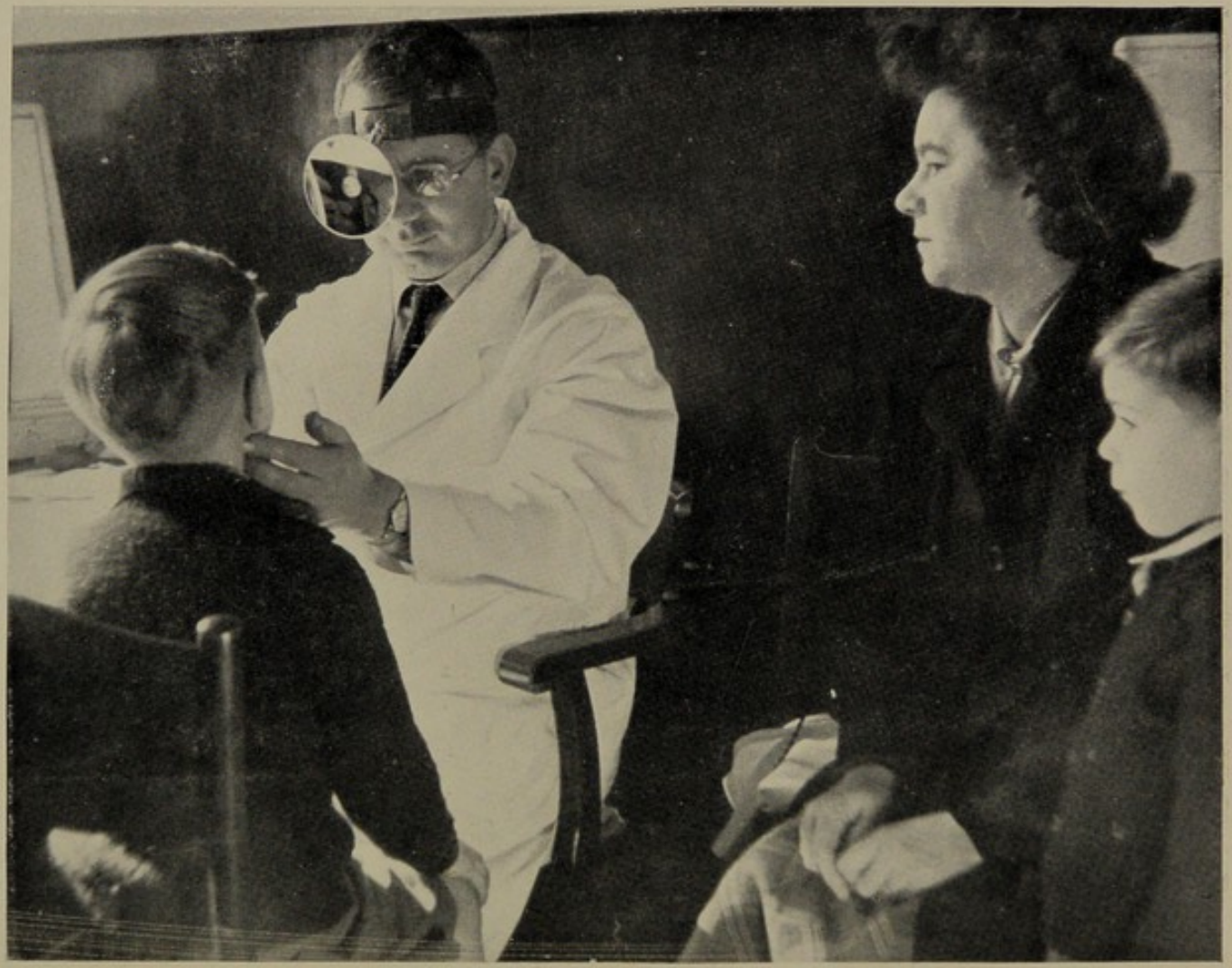
442 New Cases were seen.
266 Patients were discharged cured.
4 Patients were referred to the Orthopaedic clinic for further advice and treatment.
2 Patients were referred to the Coventry and Warwickshire Hospital, Dermatological Clinic, for advice.

The waiting list remains at 44".

Dental Report, 1955

"It is with regret that I have again to report another year of struggle against great odds—understaffing, an ever increasing school population, a higher incidence of caries and a particularly low standard of hygiene especially noticeable in the younger age groups. It is indeed distressing to have to state that a really well cared for mouth showing a caries-free deciduous or permanent dentition is now extremely rare.

During the war years it was pleasing to observe the general healthy condition of the mouths of the younger children, and this, in the main, was chiefly



Ear, Nose and Throat Consultation—Central School Clinic.

due to the strict rationing in force and the difficulty experienced in obtaining supplies of sweets, biscuits, etc. Now, unfortunately, these luxuries which constitute the most attractive items in the diet of younger children, are again being indulged in to excess and coupled wtih a general lack of oral cleanliness the results are only too apparent. Although not wishing to deny youngsters the delights of such delicacies, I consider that more discretion and common sense should be shown by parents, and care taken to ensure that the mouth is not continually in an unhealthy and sticky state. Regular cleansing after meals and particularly last thing at night before going to bed should be strictly enforced. The consumption of more fruit and raw vegetables should be encouraged and, if possible, a small piece of apple eaten after each meal.

With the present staff when it is quite impossible to give effective and complete comprehensive treatments, the only policy that can be adopted for the time being is to limit treatment in each case and deal with the major defects observed. The present staff remains at three full-time officers and it has again been found quite impossible to obtain additional officers in spite of the usual advertisements and Press appeals.

For a short period (15th April—30th September) Mr. Shipway was engaged on a sessional basis but the sum total of his attendances during the year only amounted to 46 sessions.

At the beginning of October Mr. D. H. Hooper was engaged in a similar capacity and his sessional attendances totalled 47 during the year.

I have also been pleased to welcome Dr. Kathleen Park who was appointed dental anaesthetist in succession to Dr. Bishop. She commenced duty at the beginning of the year and has given most valuable service in the administration of general anaesthetics to mothers and children.

Various suggestions have been made from time to time in an effort to attract more officers to the Service, and it cannot be too strongly stressed that the School Dental Service is of the greatest importance when considering the health of the nation. The treatment of children is probably the most difficult and exhausting branch of dentistry and calls for infinite knowledge, patience and skill which can only be gained by years of experience. The schemes now being put forward to employ semi-trained operatives, is in my opinion, a very grave mistake and will do little to ease the present difficult and serious situation.

The only real solution is to make the Service more attractive to the right type of officer by making it comparable with private practice, and in this way only will it be possible to give the required treatment to that section of the community for which the Service was primarily intended.

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	3,858	—	1	3,859
Fillings—Temporary	140	6	—	146
Extractions—Permanent ...	3,849	—	90	3,939
Extractions—Temporary ...	9,447	410	—	9,857
Other operations	839	1	4	844
Administration of General Anaesthetics ...	1,761	135	24	1,920
Attendances	11,175	295	78	11,548

Ear, Nose and Throat Sessions

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

"The Ear, Nose and Throat Clinic has continued to operate during the year, and I have very little to add to my previous report. I am attending the Central School Clinic, Gulson Road, once a month, and Mr. Roland, who reports elsewhere, attends once a week. I understand, however, that should the request for appointments mount up, and the waiting time increase, Mr. Roland will arrange extra sessions.

I would like to express my sincere thanks to the staff at the Central School Clinic, and the staff at the outpatients Department at Coventry and Warwickshire Hospital, for their co-operation in connection with cases which are referred for my personal supervision. My thanks also are included to the School Nurse at the Clinic, who attends the Ear, Nose and Throat Sessions. She carries out certain treatment of cases which I advise and her enthusiasm is very much appreciated".

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

"During 1955 I have again held a weekly E.N.T. Clinic at the Gulson Road School Clinic.

The character of the work has not changed. Much conservative treatment is being given and I am most grateful to Nurse George and the other School Nurses for the care and enthusiasm with which they have carried out the work. Miss Morris, Audiometrician at the Coventry and Warwickshire Hospital, has been as helpful as ever with the testing of deaf children and special thanks are due to her.

A most pleasing factor this year has been the reduction in waiting time for removal of tonsils and adenoids and I should like to thank again Mr. Kander and Mr. Olgilvy Reid for their co-operation in taking over these children and many others who require operative treatment which cannot be given at the School Clinic".

Heart and Rheumatic Clinic

The following is a report which has been submitted by the Consultant Paediatrician, Dr. H. Parry Williams.

"During the year 1955 ten new cases were seen at the Heart and Rheumatic Clinic, the diagnoses being as follows:-

Functional heart murmurs	6
Rheumatic mitral valve disease	2
Pulmonary stenosis	1
Patent ductus arteriosis	1

Dr. Ian Gray has joined Dr. Davison and myself in seeing these children so that when they leave school they will be under continuous supervision.

Orthopaedic Arrangements

As in previous years, such cases are referred to the Coventry Paybody Orthopaedic Clinic (Regional Hospital Board), and I am extremely grateful to the Orthopaedic Consultants and to the staff at the clinic for the very helpful reports which are submitted weekly.

Children are referred by School Medical Officers, General Practitioners, and the School Chiropodist. Some cases are referred back for special educational treatment, such as admission to Baginton Fields School, home tuition, and special transport to and from school. Head Teachers are approached in connection with medical recommendations where it is advisable to exclude children from taking part in competitive exercises or games etc. A very good liaison exists and on occasions when children fail to keep appointments, whether referred from the School Health Service or General Practitioners, arrangements are made for a Health Nurse to visit the home in order to ascertain the reason for non-attendance. Furthermore, it has been necessary occasionally for a Health Nurse to escort the younger children to the clinic, especially in cases where the mother has been unable to take the child for treatment because there are babies in the family to look after. A detailed list of defects noted at Paybody Clinic appears on Page 25 and it will be observed that 492 children were seen during the year.

Table of Defects Noted at Paybody Orthopaedic Clinic.

Year ended December, 1955

	Boys	Girls	Total
Apophysitis	1	—	1
Bunions	1	—	1
Cerebral Palsy—right sided hemiplegia	1	—	1
Chondritis	—	1	1
Chronic foot strain	1	1	2
Curled toes	2	—	2
Deformed toes and feet	2	1	3
Epiphysitis	6	5	11
Exostoses	4	4	8
Ganglion	2	1	3
Genu Valgum	6	10	16
Genu Varum	—	1	1
Greenstick fracture	—	1	1
Hallux rigidus	3	2	5
Hallux valgus	4	21	25
Hammer toe	—	4	4
Inverted fore-foot	1	—	1
Kyphosis	—	3	3
Kyphoscoliosis	1	1	2
Metatarsus varus	3	1	4
Osgood Schlatters disease	4	5	9
Osteochondritis	3	—	3
Overiding toes	1	1	2
Overlapping toes	3	2	5
Pain in coccyx	1	1	2
Perthe's disease	1	—	1
Pes cavus	8	3	11
Pes Planus	30	30	60
Pin toed gait	1	—	1
Plantar fascia strain	1	—	1
Plantar verrucas—referred to Clinic	1	—	1
Poliomyelitis	1	1	2
Poor posture	—	1	1
Post poliomyelitis	1	—	1
Postural curve	1	—	1
Sacroiliac joint condition	1	—	1
Scoliosis	1	1	2
Shortening of right leg	—	1	1
Spina bifida	—	2	2
Spondylolisthesis	1	1	2
Synovitis	—	1	1
Talipes equinovarus	1	—	1
Tenosynovitis	2	—	2
Toes turn in	2	1	3
Torticollis—right sided	2	1	3
Trigger thumb	—	1	1
T.B. hip	—	1	1
Valgoid ankles	26	27	53
Valgoid feet	3	2	5
Valgoid heels	1	2	3
Miscellaneous	104	111	215
	239	253	492

Speech Therapy

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

"There has been a very considerable waiting list for speech therapy during the past year as the vacancy left by Miss Glover was not filled for nine months. During that period I had to deal with urgent cases in her area and the time spent on these children increased my own waiting list. Eventually it was thought advisable to re-organize the work and to arrange a system of priority in treatment which the new speech therapist could follow. Miss Ramsay was appointed in October and she now has the clinics working very smoothly at Courthouse Green, Howes, Stoke Heath and Gulson Road. She has inspected all the children who have previously attended for speech therapy and is working through the waiting lists in order of priority.

Later in the year Mrs. March resigned. Her place was filled by Miss Williams who takes one session a week at Gulson Road.

Attendances during the year at the School Clinic have been good. There has been unavoidable delay before giving treatment in many cases but those who have received speech therapy have, on the whole, made satisfactory progress".

No. of new cases	201
No. of attendances	2,078
No. on waiting list	100

Miss P. A. Ramsay, Speech Therapist, reports as follows:—

"After an inevitable period of inspection and re-inspection to decide which of the cases left by the previous speech therapist were most urgently in need of continued speech therapy, the work in each of the clinics has settled down and regular treatment has been carried out since November, 1955.

During this preliminary assessment period I was most appreciative of both the work Miss Carr had already done in arranging a system of priority in the many lists awaiting me, and the help and advice she gave me personally whenever it was required.

Many of the children who had been receiving treatment made very good progress as soon as speech therapy was recommenced and several of these have been discharged with normal speech.

Attendance has been good since regular treatment became the rule rather than the exception but, understandably enough, during the initial period when children were called up for the first time in many months, there were many defaulters and attendance was in general not good".

Diphtheria Immunisation

The School Medical Officers have continued their sessions for Diphtheria Immunisation throughout the year. Visits to schools have increased considerably, and a special session for Immunisation has been arranged on Saturday mornings at the Central School Clinic. Two thousand and fifty six children were given primary injections and three thousand, nine hundred and eighty seven received booster doses.

The incidence of Diphtheria continues to fall nationally. In the last ten years notifications have fallen from 18,500 in 1945 to the low figure of 182. The following table shows the incidence of Diphtheria in Coventry up to, and including, December, 1955. I greatly value the co-operation and assistance given to my staff by the Head Teachers when Immunisation sessions are being carried out. Although the incidence has fallen considerably it is important that publicity should continue in order to prevent parents being lulled into a sense of false security.

Year	Cases	Number of deaths of which none were immunised
1945	146	5
1946	115	4
1947	53	2
1948	12	Nil
1949	12	2
1950	7	Nil
1951	3	Nil
1952	Nil	Nil
1953	Nil	Nil
1954	Nil	Nil
1955	2	Nil

Wyre Farm Camp School

There were 65 boys admitted to the Camp School during the year. All the boys were medically examined before returning to school after the school holiday. The following report is submitted by Dr. Stanbury on behalf of the Medical Officer Dr. J. S. Jerome:—

"During 1955 a good general standard of health was maintained at the school, and there were no epidemics. During the Easter term there was the usual batch of upper respiratory infections, but the incidence was not high as compared with the local population outside the school. There are still a few cases of enuresis which prove refractory to treatment, though the number is gradually being reduced.

Diet appeared to be very satisfactory in quantity and quality. Much of the summer term was spent in healthful pursuits out of doors, and altogether it was a good year".

Milk and Meals in Schools during 1955

Miss Butler, School Meals Organiser, reports:—

"4,035,156 meals (3,644,959 children's meals and 390,197 adult's meals) were served during 1955, an increase of 263,211 since 1954. The daily average in January 1955, was 20,565 and in December 1955, it was 22,904. 44.1% of the number on roll were having meals when the last return was made to the Ministry in October ,1955.

The following new kitchens were opened:-

Our Lady of the Assumption	January	1955
Holy Family	April	1955
Wood End	April	1955
Lyng Hall	September	1955
Whitley Abbey Comprehensive	September	1955

St. Osburg's School Canteen was closed during April, 1955.

According to statistics called for by the Ministry of Education on one specific date during October, 1955, the number of children present at school and receiving milk was 37,324".

Physical Training

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

"Physical Education in the City Schools continues, and this year there is a marked improvement in the facilities available to Secondary boys and girls. With the opening of two additional Comprehensive Schools there are now 8 fully equipped gymnasia for Secondary school use. Three of the existing

Secondary Modern Schools have had a new type of apparatus installed in the school halls and this has given the opportunity for hanging exercises and climbing activity.

All the new primary schools are now equipped with some kind of fixed or portable agility apparatus and many of the older schools are gradually being equipped. Only financial limitations prevent all primary schools from being thus equipped. The frequent use of this type of apparatus enables the child's body to retain its youthful mobility and to become strengthened in an enjoyable, purposeful, and interesting way and the need for more formal free standing work is being superseded. During the past few years there has been a marked improvement in the general posture of primary aged children and in the confidence on and off apparatus. This is attributed to the use of apparatus and it thus helps in the character development of the child as well as the physical.

More barefoot work is being attempted. It is hoped that this will reduce foot ailments and improve general posture.

As playing fields at Comprehensive schools and new Primary schools come into commission the pressure on other school fields and the public Parks is relieved. Secondary schools using public Parks suffer from a very shortened term of summer games due to the Parks Department not having available for the schools, pitches and courts for summer games at the commencement of the summer term.

Children from the city continue to be selected to represent City, County Territory and Country in the Major Games and Sports. Our thanks must again be expressed to the masters and mistresses who give so unstintingly of their time and energy in and out of school hours to continue this valuable work.

Training of the body with the use of music and leading to dance forms continues in the primary schools, and girls' departments of secondary schools. Unfortunately, not many boys' schools continue with this activity, but where they do, much valuable work is carried out and boys continue after leaving school in Men's Morris teams and help to keep alive a manly and historic tradition. Dance teams from two secondary boys and girls schools visited St. Etienne (Coventry's adopted town in France) during the year.

The popularity of swimming as a school subject is increasing. With the very limited accommodation for swimming in Coventry, there is a great urgency for every child to learn to swim quickly and in the smallest amount of water time. More schools now take land-drill at school as a school subject and send children for this only for one term each year in the junior school. It is hoped that by commencing swimming instruction lower down in the junior school and staggering the water work, greater efficiency will be achieved over a period of a few years.

During the winter months, of the 97 schools eligible to attend, 71 attended (73%) resulting in just over 5,000 children attending the swimming bath each week. In the summer term with the additional use of two open air pools, 93 schools of the 96 eligible to attend, took advantage of the opportunity (97%). Groups from the educationally sub-normal school and the physically handicapped school attend for swimming. During the summer 9,200 children of the secondary and junior school population of 36,664 attended for swimming instruction. During the summer term the new swimming bath at the City of Coventry Training College became available for two days each week for school children. This resulted in an additional attendance of 565 children each week. It is hoped that this number will be increased. Teachers and instructresses greatly appreciate these ideal conditions for teaching. There is a great need for similar teaching baths.

The following certificates were awarded during the year:-

	Boys	Girls
Preliminary	857	779
Intermediate	219	200
Proficiency	44	29
Speed	24	18

The emphasis has been on swimming this year and several training courses in swimming were held for teachers.

We wish to record our thanks to Head Teachers and to all members of staff with whose help and co-operation this continued progress in physical education is possible".

Secondary Grammar Schools

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

Bablake	94
Barr's Hill	94
Coundon Court	89
Foxford (Boys)	45
Foxford (Girls)	44
Junior Art	30
King Henry VIII	115
Stoke Park	95
Ullathorne (Boys)	28
Ullathorne (Girls)	32
Total	666

Medical Examination of Entrants to Training Colleges and the Teaching Profession

In accordance with Ministry of Education Circulars 248 and 249, Medical Officers have continued to examine candidates for entrance into Training Colleges and also temporary unqualified teachers. In all cases an x-ray examination of the chest on miniature film has taken place, and where necessary certain cases have been referred to Dr. Bech, Chest Physician at the Coventry Chest Clinic, for a large film, and a number of candidates received a full medical investigation at the Chest Clinic.

I am extremely grateful to Dr. Bech for his co-operation in this matter, and for the very helpful reports which are submitted and passed by us to the Director of Education.

I greatly appreciate the assistance of Dr. Gordon Evans, Chest Physician of the Mass Radiography Unit, for the reports which are received following miniature x-rays which are a condition of service.

During the year 122 candidates were examined for entrance into the Training Colleges, and 53 for direct entrance into the teaching profession.

INFECTIOUS DISEASES

Age group 5 and under 15 years

Figures are also given for comparison with the previous year.

	1955	1954
Scarlet Fever	194	133
Acute Anterior Poliomyelitis		
(non-paralytic)	7	1
(paralytic)	3	—
Pulmonary Tuberculosis	36	38
Non-pulmonary Tuberculosis	2	14
Dysentery	67	30
Acute Primary Pneumonia	14	18
Acute Influenzal Pneumonia	2	1
Acute encephalitis	1	4
Measles	1,805	1,167
Whooping Cough	245	170
Food Poisoning	35	11
Diptheria	2	—
Paratyphoid (B)	2	—
Cerebrospinal Fever	1	—
	2,416	1,587

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

Motor Vehicle Accidents	1
Other Accidents	2
Pulmonary Tuberculosis	1
Lymphatic Neoplasm	1
Congenital malformation	2
Diseases of Respiratory System	1
Homicide	1
Ill-defined Diseases	1
Total	10

Clinic Sessions

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

CENTRAL SCHOOL CLINIC, GULSON ROAD.

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

MEDICAL OFFICER APPOINTMENTS:—
By arrangements, Monday to Friday.
Saturday mornings.

CHIROPODY:—
By appointment Tuesday afternoon, 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 afternoons 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 attends by arrangement.
School Nurse in attendance every afternoon.

TEMPLARS:—
School Medical Officer attends by arrangement.
School Nurse in attendance every afternoon.

BINLEY:—
School Medical Officer attends by arrangement.
School Nurse in attendance Tuesday afternoons from 2 p.m.

STOKE HEATH:—
School Nurse in attendance Thursday afternoons.

ATTENDANCES AT CLINICS DURING 1955.

Conditions	Central School Clinic, Gulson Rd.		Binley School Branch Clinic		Longford Park Branch Clinic		Templars Branch Clinic		Wyken Croft Branch Clinic		Stoke Heath Branch Clinic	
	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances	Cases	Attendances
Skin:—												
Ringworm ...												
X-ray treatment	1		—		—		1		—		—	
Other treatment	—		—		—		—		—		—	
Ringworm—body ...	7		1		—		2		2		—	
Scabies	2		—		—		—		—		—	
Impetigo	72		1		20		94		2		3	
Other skin diseases	21		35		24		89		23		—	
Eye Diseases:—												
Blepharitis ...	—		1		—		7		1		2	
Conjunctivitis ...	17		2		4		12		2		—	
Styes	12		11		13		51		7		1	
Other	—		2		5		21		—		—	
		2256		520		1412		4187		635		68
Ear Defects:—												
Otorrhoea ...	34		16		3		2		2		1	
Wax	27		3		1		3		2		1	
Other	20		2		—		13		—		1	
Miscellaneous:— ...												
Septic conditions	118		34		65		110		48		6	
Skin Infections ...	1		85		59		313		60		11	
Boils	20		16		24		44		11		2	
Chilblains	5		7		—		13		3		—	
Warts ...	2		55		13		99		110		—	
Injuries	86		70		285		844		58		11	
Other Conditions	211		27		233		627		127		5	
Totals ...	656	2256	368	520	749	1412	2345	4187	458	635	44	68

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1955

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 Inspections.	
Entrants	4393
Second Age Group	4811
Third Age Group	2581
Total ...	11785
Number of Other Periodic Inspections ...	2003
Grand Total	13788

B. Other Inspections

No. of Special Inspections	586
No. of Re-Inspections	401
Total ...	987

Table II.

A. Return of Defects found by Medical Inspection in the Year ended 31st December, 1955

Defect or Disease (1)	Periodic Inspections — No. of Defects: Requiring Treatment (2)	Periodic Inspections — No. of Defects: Requiring to be kept under observation but not requiring treatment (3)	Special Inspections — No. of defects: Requiring treatment (4)	Special Inspections — No. of defects: Requiring to be kept under observation but not requiring treatment (5)
Skin	14	2	—	—
Eyes—				
a. Vision ...	561	94	18	4
b. Squint ...	10	3	2	—
c. Other	12	2	—	—
Ears—				
a. Hearing ...	28	12	1	2
b. Otitis Media	6	2	—	—
c. Other ...	6	11	—	—
Nose and Throat ...	259	77	14	1
Speech	57	27	13	10
Cervical Glands ...	9	7	—	—
Heart and Circulation	25	15	1	—
Lungs	46	38	2	—
Developmental—				
a. Hernia ...	5	5	—	—
b. Other	9	14	—	—
Othopaedic—				
a. Posture ...	19	16	4	—
b. Flat foot ...	39	9	—	—
c. Other ...	90	25	3	—
Nervous System—				
a. Epilepsy ...	1	1	—	—
b. Other	8	11	—	—
Psychological—				
a. Development	44	10	13	1
b. Stability ...	22	4	—	—
Other	228	185	24	9

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

Age Groups	No. of pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ...	4393	3042	69.25	1335	30.39	16	.36
Second Age Group ...	4811	3417	71.00	1381	28.70	13	.30
Third Age Group ...	2581	1764	68.34	810	31.39	7	.27
Other Periodic Inspections	2003	1389	69.35	609	30.40	5	.25
Total ...	13788	9612	69.70	4135	30.00	41	.30

C. Pupils found to require Treatment.

Number of Individual Pupils found at Periodic Medical Inspections to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table II.A	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	95	376	470
Second Age Group	248	304	550
Third Age Group	157	115	272
Total (prescribed groups) ...	500	795	1292
Other Periodic Inspections ...	61	130	190
Grand Totals ...	561	925	1482

Table III.

Infestation with Vermin

(1)	Total number of individual pupils examined	119524
(2)	Total number of individual pupils found to be infested ...	1313
(3)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) ...	1313
(4)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (3) Education Act, 1944) ...	2

Table IV

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

GROUP I.

DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
SKIN		
Ringworm—1. Scalp	2	—
2. Body	12	—
Scabies	2	—
Impetigo	194	—
Other skin diseases	185	—
Total ...	395	—

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)	—	3547
Number of pupils for whom spectacles were prescribed	—	1713

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	—	620
(c) for other nose and throat conditions	—	—
Received other forms of treatment ...	246	—
Total ...	246	620

Group IV.

Orthopaedic and Postural Defects

(a) Number treated as in-patients in hospitals	63	
	by the Authority	Otherwise
(b) Number treated otherwise, e.g. in clinic or out-patient departments ...	—	470

Group V.

Child Guidance Treatment

	Nuuuber of cases treated	
	In the Authority's Child Guidance Centre	elsewhere
Number of pupils treated at the Child Guidance Clinics (Psychiatric and Psychological)	Approx. 850	37

Group VI.

Speech Therapy

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists	201	—

Group VII.

Other Treatment Given

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments ...	3918	—
(b) Other than (a) above (specify) ...		
1. Chiropody	445	—
2. Eyes	186	—
3. Ears	131	—
4. Ultra Violet Light	146	—
Total ...	4826	—

Table V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1)	Number of pupils inspected by the Authority's Dental Officers—		
	(a) At Periodic Inspections		456
	(b) At Special Inspections		7589
		Total ...	8045
(2)	Number found to require treatment		7539
(3)	Number offered treatment...		7539
(4)	Number actually treated		7446
(5)	Attendances made by pupils for treatment		11175
(6)	Half days devoted to: Periodic Inspection		10
	Treatment		1505
		Total ...	1515
(7)	Fillings: Permanent Teeth		3858
	Temporary Teeth		140
		Total ...	3998
(8)	Number of teeth filled: Permanent Teeth		2918
	Temporary Teeth		122
		Total ...	3040
(9)	Extractions: Permanent Teeth		3849
	Temporary Teeth		9447
		Total ...	13296
(10)	Administration of general anaesthetics for extraction		1761
(11)	Other operations: Permanent Teeth		690
	Temporary Teeth		149
		Total ...	839

HANDICAPPED PUPILS

Number of children (a) ascertained in accordance with the Education Act, 1944, during the year 1955, (b) in Special Schools at 31st December 1955, 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	6	3
Partially Sighted ...	5	8(Board) 17 (Day)	1 (Day)
Deaf	—	20	—
Partially Deaf	3	9	4(Board) 2 (Day)
Delicate	133	42	31
Educationally Sub-normal			
Boarding School ...	23	72	7
Day Special School	85	195	105
Ordinary	48		
Epileptic	2	12	5
Maladjusted	15	10 14(Res. Hostel)	6
Physically Handicapped	28	6(Board) 132 (Day)	1(Board) 14 (Day)
Speech Defects ...	201	—	100 waiting treatment
Found to be:—			
(a) Ineducable, Section 57 (3) Education Act, 1944 ...	17		
(b) In need of Supervision after leaving school. Section 57 (5) Education Act, 1944 ...	34		