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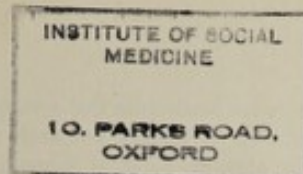
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ANNUAL REPORT

OF THE

COUNTY SCHOOL MEDICAL OFFICER

1948.

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WARWICKSHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Mr. CHAIRMAN, LADIES and GENTLEMEN.

I have the honour to present the Annual Report on the School Health Service in Warwickshire for the year ended 31st December, 1948.

The Minister of Education asks for a report on the health and well being of the school child during the year; and on any special features of interest, including any modifications consequent on the National Health Service Act which came into operation on the 5th July, 1948.

The Council's Scheme provides for administration by seven areas and during the year seven Area Medical Officers were appointed. There is in addition an establishment of sixteen Assistant School Medical Officers. In all areas office accommodation has been provided and the day to day administration of the School Health Service is carried out from these offices. The records of normal children have been transferred to the areas but handicapped children and those requiring specialist services are administered centrally. The Regional Hospital Board has been approached in order that we may co-operate on the most effective use of specialists in the area. It is hoped that agreement will be reached regarding specialist clinics as it is felt desirable that school children, where the numbers are sufficient, should be kept to specialist consultative clinics and not mix with the out-patients at hospitals.

The outbreak of poliomyelitis in 1947 brought operative treatment for tonsils and adenoids practically to a standstill for six months and in consequence large arrears have accumulated. The returns for the year show a considerable increase in those treated—1,611 in 1948 as compared with 1,165 in 1947, but there are still considerable waiting lists at the majority of hospitals and this is receiving close attention from the Regional Hospital Board.

It is proposed to alter three First Aid Posts in such a way that they will provide adequate accommodation for area officers, and specialist and school clinics. These proposals are at present with the Ministry.

Payments for children receiving specialist treatment or advice have ceased since the 5th July, 1948 but existing financial arrangements for transport have continued.

The general standard of nutrition is good and there has been further reduction in the number of children in the lowest grade. 98.2% of all children are now classed as good or fair.

It is hoped that the opening of Tyntesfield and Tudor Grange for educationally sub-normal and physically handicapped children will gradually reduce the long waiting lists that now exist for these children. At present the delay in all categories is more than six months.

Valuable work is being accomplished by the two speech therapists and several additional clinics have been opened during the year, extending the facilities to the more rural areas.

The School Dental Staff has been seriously depleted and in consequence great difficulties have been encountered which are referred to in the School Dental Officer's report.

The statistical tables which have already been submitted to the Ministry of Education are recorded throughout the pages of this report and the previous year's figures have been quoted for comparison and salient features have been amplified.

On page 10 of this report an analysis is shown of the numbers of children in the Solihull area who fall within the three primary types of Ophthalmic disability which give rise to the need for spectacles.

In subsequent reports it may be possible to make an analysis of all children attending refraction clinics and to correlate their eye disability with other medical conditions in the same family.

In this report a full statistical statement of the number of handicapped pupils is given. Each category is classified separately and the statistics show the numbers ascertained in 1948 and the total number of affected children of school age.

The County Education Officer and myself are particularly interested in these children but we wish to know whether the figures give a true picture of the total number of children so affected, or in other words whether all handicapped children, attending our schools or of school age are included in these tables.

Defects such as partial blindness, deafness and other physical handicaps, are well defined and I have good reason to believe that the statistics reveal a true picture.

"Delicateness" is such a vague classification that we cannot hope at the present time to be in a position to present a really accurate scientific picture of this somewhat nebulous disability.

I am, however, very seriously concerned about the numbers of educationally subnormal and mentally deficient children. First, this handicap is probably the most serious of all handicaps; secondly, the numbers recorded (368) are higher than any other handicap and thirdly, I have good reason to believe that the numbers shown in our statistical tables are considerably below the actual number of children in our schools who suffer from this crippling disability.

My reasons for this belief are twofold, first, we already know from past surveys† that there are over four times the number of children seriously retarded in school, the majority of them due to some brain insufficiency, and secondly, although the brain damage is brought about before the children go to school many are not reported by Head Teachers until they are 11 or 12 years of age; this means that there must be a considerable number of these children who do not appear in our statistics.

Table IV. (Page 14) shows how difficult it is to "dispose" effectively of these children and I think I am right in saying that many Head Teachers feel that as little can be done for them at present there is no point in reporting their presence.

A very few children enter school with first class brains and are reduced to the status of mental defectives by the infection of encephalitis lethargica (none were so affected to my knowledge in 1948). Fortunately this condition is very rare and it in no way accounts for the delay in ascertainment about which I am writing.

The position, therefore, is that there are probably at least between one and two thousand of these unfortunate children of school age in the County. There is no reason to suppose that Warwickshire is more seriously affected than the rest of England and Wales. In fact the Ministry of Education give a general figure of 10% of school children so affected. The Royal Commission on Population (Report published 1949) give a chapter on "differential fertility" which is related to this problem.

Children take after their parents in so many ways that it has been assumed that in the absence of any obvious cause that this condition is itself largely the result of heredity.

We have been told by eminent persons that the lower the intelligence of the parents the more children they have and by making the assumption that this condition (of mental retardation and deficiency) is hereditary, statistics have been worked out showing that in a few years the clever children will be seriously reduced in numbers and the numbers of educationally sub-normal children will be doubled.

If this is really true the situation is not only alarming but desperate. Attempts have been made in some parts of Great Britain to make comparisons of the intelligence of a number of children sampled in age groups and then to repeat the observations on the same number of children in similar age groups at intervals of 5, 10, 15 and 20 years. This method is far more desirable than some previous surveys as it is less tied up with genetic theories. The results are as yet inconclusive but I hope to be able to report on them in further detail next year.

Returning to the forecasts worked out on the theory that parents of low intelligence are said to have more children than those of higher intelligence, it is only right to point out that these views must be taken with extreme caution.

†In the 1946 survey Head Teachers reported 550 children who were generally confirmed by Assistant School Medical Officers although no official intelligence tests were carried out. This survey did not include the former Part III Authorities.

In 1947 as a result of a questionnaire sent to all Head Teachers 1,600 children were reported as being two or more years retarded. This survey included the former Part III Authorities.

None of the children in either of these surveys are included in the 368 educationally sub-normal or mentally deficient children, unless a full medical examination, including an intelligence test, has been carried out.

Similar statements were made about stature—that the shorter parents had more children, that stature was hereditary and that, therefore, the next generation of children would be shorter than those previously in our schools. Our observations on the height of school children have shown beyond question that the average height is increasing.

More comprehensive surveys of intelligence may show a similar position to that revealed by the observations on stature.

In a survey of Problem families I found that when the mothers were of average intelligence 50% of their children were retarded two years or more, but in the ordinary families used for comparison (with mothers of the same average intelligence) only 7.0% of their children were retarded two years or more. This seems to suggest that hereditary factors do not account for all differences of intelligence.

In many illnesses it is possible to classify the disease as either mental or physical, and in this way further thought on the difficult mind—body relationship is shelved; but in this disability such an easy road cannot be taken. It is discovered as a psychological condition by teachers and by educational tests—but the defect is neurological (that is physical), and must be investigated in terms of physiology, biochemistry and nutrition.

This unusual situation leads to the adoption of an apathetic attitude to the whole question. The educationalists and non-medical psychologists see the problem in great detail but are unable to do anything about it while the physiologists and neurologists are only just beginning to examine the position. It is from the work of these medical scientists together with doctors and educational psychologists working in the schools that the essential knowledge necessary to solve this problem might reasonably be expected to come.

The vast size of the human brain in proportion to the rest of the human body makes it particularly sensitive to injury during its development. Evidence is being collected showing how young developing nerve tissue may be damaged; by adverse Rhesus factors in child and mother; by the pre-natal infection of Rubella (German measles) and soon after birth by whooping cough; of the varying individual needs of each embryo and young baby of essential vitamins, especially vitamins of the B group, and how their absence may cause stunting of young, developing cerebral tissue. This abnormal nutrition is not usually caused (in this country) by a deficient bulk intake but by an expectant mother with a defective digestion and absorption, sometimes made worse by long continued child-bearing, and this in itself may be part of the cause of a lower standard of intelligence in larger families. This view would be considerably supported if systematic confirmation were given to the observation that in large families, where the children attend primary state schools, *later* children are often found to be the least intelligent. The relationship of forms of abnormal nutrition to a high still-birth rate is already established, and it is of interest to note that in a certain part of Great Britain where the still-birth rate is high, the mental deficiency rate is also higher than for the rest of the Country.

The recent work on the etiology of hare-lip and cleft palate (carried out in America on animals) and the discovery of the means of preventing this condition from arising, even when the family showed a strong hereditary tendency to this disability is of great interest, and is a further pointer to the immense possibilities which may result from the study of these developmental problems.

All these facts are mentioned in some detail in this report because these educationally subnormal and mentally deficient children present to us a problem which in my opinion outweighs all our other school medical problems put together.

Also it is hardly necessary to point out that a high proportion of children who come before the Courts for delinquency are in this category.

The time has now come when the fullest medical and educational investigations should be made. Such enquiries as have already been carried out in Great Britain have been made in the Schools of the Local Education Authorities, and I hope that Warwickshire will lead in future enquiries, which will be of value in finding effective means of preventing at least some of the brain damage which is the basis of this tragic disability.

In concluding my comments on the School Medical Service in the County, I would like to express my appreciation for the assistance given to me by the medical, auxiliary medical, nursing and clerical staffs of the Health Department and for the close co-operation of the County Education Officer and his staff.

Shire Hall,
Warwick.

S. W. SAVAGE, M.A., M.D. (Camb.), D.P.H.
County School Medical Officer.

STAFF OF THE SCHOOL HEALTH SERVICE

(on 31/12/48).

| County School Medical Officer ... Dr. S. W. SAVAGE. | | |
|---|----------------------|--|
| Deputy School Medical Officer ... Dr. G. H. TAYLOR. | | |
| Area. | Medical Officer. | Assistant School Medical Officer. |
| 1 Sutton Coldfield | Dr. J. R. PRESTON. | Dr. M. E. LEMIN. (Commenced 1/4/49). |
| 2 North Eastern. | Dr. P. G. HORSBURGH. | Dr. H. BURNS. Dr. GWENDOLINE COOTE. Dr. T. E. HAYDEN. (Temporary-Commenced 24/1/49) Dr. MATILDA THOMSON. (Commenced 24/1/49). |
| 3 Eastern. | Dr. D. J. JONES. | Dr. P. J. O'REILLY. Dr. AGNES YOUNG. |
| 4 North Western. | Dr. N. C. MACLEOD. | Dr. M. J. KELLY. Dr. G. R. KERSHAW. |
| 5 Solihull. | Dr. I. M. McLACHLAN. | Dr. J. HENDERSON. Dr. R. V. PETERS. (Commenced 15/1/49). |
| 6 Central. | Dr. H. GIBBONS WARD. | Dr. J. B. BRAMWELL. Dr. JOSEPHINE HAMILTON WOOD. Dr. KATHERINE SCOTT. |
| 7 Southern. | Dr. L. L. FYFE. | Dr. ELIZABETH THOMAS. Dr. W. M. WALKER. |

Temporary Part-time Medical Officers.

Dr. M. BRADFORD.
Dr. EDITH KANDER.
Dr. ELIZABETH STOCKWIN.
Dr. ELIZABETH THOMPSON.
Dr. PHYLLIS WHITFIELD.

Senior Dental Officer.

Mr. J. C. CROSSLEY.

Assistant Dental Officers.

Mr. H. J. BASTOW.
Mr. H. CHRISTOPHER
Mr. J. J. CLEARY
Mr. W. DOUGLAS.
Mr. W. A. FERRIS.
Mr. W. G. GRIFFITH WILLIAMS.
Mr. V. L. L. HALL.
Mrs. BARBARA REUTT.
Mr. F. S. ROBINSON.
Mr. G. R. SMITH.

Part-Time Dental Officer.

Mr. N. G. EVANS.

Speech Therapists.

Miss DOROTHY GLOVER.

Miss BRENDA WORRALL.

Nursing Staff.*Superintendent Nursing Officer.*

Miss B. SHENTON.

There are 47 School Nurses on the whole-time staff.

Orthopaedic Sisters.

Miss B. A. BAILEY.

Mrs. W. MASON.

General Statistics.

| AREAS. | Nursery Schools. | | Primary. | | Secondary Modern. | | Secondary Grammar. | | Total Schools. | Total Children. |
|----------------------|------------------|----------|----------|----------|-------------------|----------|--------------------|----------|----------------|-----------------|
| | Schools. | Children | Schools. | Children | Schools. | Children | Schools. | Children | | |
| 1. Sutton Coldfield. | — | — | 14 | 3418 | 2 | 600 | 2 | 1031 | 18 | 50 |
| 2. North Eastern. | 5 | 206 | 56 | 13823 | 7 | 2404 | 3 | 1078 | 71 | 175 |
| 3. Eastern. | 1 | 44 | 43 | 5924 | 4 | 694 | 2 | 911 | 50 | 75 |
| 4. North Western. | — | — | 38 | 4787 | 4 | 869 | 1 | 83 | 43 | 57 |
| 5. Solihull. | — | — | 23 | 6609 | 3 | 1456 | 1 | 538 | 27 | 86 |
| 6. Central. | 3 | 115 | 70 | 8184 | 4 | 1263 | 3 | 1050 | 80 | 106 |
| 7. Southern. | — | — | 62 | 4441 | 3 | 946 | 2 | 558 | 67 | 58 |
| TOTALS | 9 | 365 | 306 | 47186 | 27 | 8232 | 14 | 5249 | 356 | 610 |

Periodic Medical Examinations.

The details of the periodic examinations are recorded in the following tables. The grand total of examinations was 34,674 an increase of 2,598 on the 1947 figure.

The new School Medical and Dental cards are being introduced progressively. Each year the new record cards are being prepared for "Entrants" group and in about ten years every child will have one of these.

Record cards have now been transferred to the Area Medical Officers and suitable filing cabinets have been purchased and installed.

| | | |
|--|--------------------------|-----------------|
| Number of Examinations in the Prescribed Groups. | Entrants | 6,035 (6,184) |
| | Second Age Group ... | 6,127 (4,803) |
| | Third Age Group ... | 4,728 (2,003) |
| | Total | 16,890 (12,990) |
| Number of other Periodic Examinations | | 4,771 (2,303) |
| TOTAL | | 21,661 (15,293) |
| Other Examinations. | Special Examinations ... | 6,777 (7,637) |
| | Re-Examinations ... | 6,236 (9,146) |
| GRAND TOTAL | | 34,674 (32,076) |

(1947 figures given in brackets).

Pupils found to require Treatment.

| <i>Group.</i> (1). | <i>For defective vision (excluding squint).</i> (2). | <i>For any other conditions.</i> (3). | <i>Total individual pupils.</i> (4). |
|------------------------------------|---|--|---|
| Entrants | 75 (95) | 812 (692) | 823 (749) |
| Second Age Group ... | 312 (232) | 447 (420) | 727 (623) |
| Third Age Group ... | 213 (81) | 227 (148) | 423 (220) |
| Total (prescribed groups) | 600 (408) | 1486 (1260) | 1973 (1592) |
| Other Periodic Examinations | 291 (145) | 338 (77) | 600 (216) |
| GRAND TOTAL ... | 891 (553) | 1824 (1337) | 2573 (1808) |

(1947 figures given in brackets).

Return of Defects.

| <i>Defect or Disease.</i> (1) | PERIODIC EXAMINATIONS. | | SPECIAL EXAMINATIONS. | |
|----------------------------------|------------------------------------|---|-----------------------------------|--|
| | <i>No. of Defects.</i> | | <i>No. of Defects.</i> | |
| | <i>Requiring Treatment.</i> (2) | <i>Requiring to be kept under observation but not requiring treatment.</i> (3) | <i>Requiring Treatment</i> (4) | <i>Requiring to be kept under observation, but not requiring treatment.</i> (5) |
| Skin | 66 | 116 | 388 | 43 |
| Eyes— a. Vision | 891 | 887 | 598 | 715 |
| b. Squint | 74 | 98 | 35 | 91 |
| c. Other | 38 | 54 | 233 | 25 |
| Ears —a. Hearing | 23 | 57 | 19 | 30 |
| b. Otitis Media ... | 19 | 71 | 16 | 22 |
| c. Other | 14 | 71 | 182 | 43 |
| Nose or Throat | 694 | 1425 | 702 | 777 |
| Speech | 43 | 77 | 46 | 62 |
| Cervical Glands | 28 | 468 | 79 | 161 |
| Heart and Circulation ... | 16 | 246 | 18 | 149 |
| Lungs | 47 | 391 | 46 | 209 |
| Developmental— | | | | |
| a. Hernia | 29 | 37 | 10 | 16 |
| b. Other | 10 | 65 | 10 | 32 |
| Orthopaedic— | | | | |
| a. Posture | 61 | 173 | 24 | 56 |
| b. Flat Foot | 137 | 209 | 80 | 99 |
| c. Other | 130 | 339 | 111 | 192 |
| Nervous System— | | | | |
| a. Epilepsy | 5 | 29 | 21 | 22 |
| b. Other | 6 | 77 | 6 | 36 |
| Psychological— | | | | |
| a. Development | 16 | 120 | 21 | 139 |
| b. Stability | 14 | 77 | 15 | 43 |
| Other | 354 | 888 | 1783 | 533 |

Nutrition.

A record of the children seen at periodic medical examination is given in the following table, and it will be observed that there is a general improvement which is most marked in Column C. A good general standard of nutrition is being maintained throughout the County.

Classification of the General Condition of Pupils examined during the year in the Age Groups.

| Age Groups. | Number of Pupils Examined. | 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 | 6,035 | 3,090 | 51.2 | 2,823 | 46.8 | 122 | 2.0 |
| Second Age Group ... | 6,127 | 3,254 | 53.1 | 2,781 | 45.4 | 92 | 1.5 |
| Third Age Group ... | 4,728 | 3,023 | 63.9 | 1,630 | 34.5 | 75 | 1.5 |
| Other Periodic Examinations | 4,771 | 2,754 | 57.7 | 1,933 | 40.5 | 84 | 1.8 |
| TOTALS | 21,661 | 12,121 | 55.9 | 9,167 | 42.3 | 373 | 1.7 |
| 1947 Figures | 15,075 | 8,198 | 54.4 | 6,454 | 42.8 | 423 | 2.8 |

Medical Treatment of Children—Section 48 (3).

The returns received during the year from Hospitals show that 10,487 individual children were treated—2,639 as in-patients and 7,848 as out-patients. In 1947 the figures were 8,021—2,636 in-patients and 5,385 as out-patients. The accuracy of these figures is dependent on the submission of weekly returns from Hospitals, but after the appointed day, 5th July, 1948—these returns became irregular because it was no longer necessary to use them as a basis for payment. The figures therefore, may be incomplete.

Ophthalmic Services.

The Ophthalmic part-time staff is as follows :—

Dr. CHARLOTTE CLARK.

Dr. J. HENDERSON (Assistant School Medical Officer).

Mr. HOWELL JONES.

Dr. FRANCIS JONES.

Mr. T. J. P. KERWICK.

Mr. M. W. SMITH.

The following table gives particulars of children referred from periodic medical examinations to the Eye Clinics. It will be observed that there has been a slight increase in the number of children referred to the Clinics. There is a considerable delay in the supply of spectacles which has been accentuated by the heavy demands made on the National Health Service.

| AREA. | CLINIC. | No. of children referred in 1948 (New cases and re-exam. Cases). | No. of children prescribed Spectacles in 1948. | No. of children referred for Orthoptic Treatment. | No. of children who obtained spectacles during 1948. | Total cases on Register at 31st December, 1948. |
|------------------|-------------------|--|--|---|--|---|
| SUTTON COLDFIELD | Sutton Coldfield | 282 | 164 | 3 | 141 | 358 |
| NORTH EASTERN | Atherstone ... | 144 | 64 | 1 | 21 | 196 |
| | Bedworth ... | 383 | 138 | 22 | 43 | 449 |
| | Hartshill ... | 93 | 45 | 3 | 9 | 143 |
| | Nuneaton ... | 336 | 246 | 54 | 211 | 233 |
| | Polesworth ... | 85 | 31 | 3 | 18 | 107 |
| | TOTAL ... | 1,041 | 524 | 83 | 302 | 1,128 |
| EASTERN ... | Rugby ... | 749 | 400 | 31 | 266 | 972 |
| NORTH WESTERN | Arley ... | 107 | 30 | 1 | 9 | 92 |
| | Coleshill ... | 251 | 70 | 2 | 33 | 303 |
| | Meriden ... | 28 | 12 | — | 11 | 79 |
| | Wilnecote ... | 466 | 76 | — | 43 | 255 |
| | TOTAL ... | 852 | 188 | 3 | 96 | 729 |
| SOLIHULL ... | Haslucks Green | 191 | 51 | 13 | 49 | 308 |
| | Knowle ... | 25 | 8 | 4 | 6 | 65 |
| | Olton ... | 124 | 42 | 9 | 30 | 222 |
| | Sharmans Cross | 192 | 72 | 2 | 41 | 252 |
| | Solihull ... | 196 | 93 | 5 | 41 | 273 |
| | TOTAL ... | 728 | 266 | 33 | 167 | 1,120 |
| CENTRAL ... | Long Itchington | 8 | 1 | — | 1 | 15 |
| | Southam ... | 81 | 33 | 1 | 20 | 64 |
| | Warmington ... | 24 | 9 | 1 | 8 | 19 |
| | Warwick ... | 1,093 | 359 | 22 | 237 | 948 |
| | TOTAL ... | 1,206 | 402 | 24 | 266 | 1,046 |
| SOUTHERN ... | Alcester ... | 39 | 21 | 4 | 12 | 46 |
| | Shipston-on-Stour | 35 | 22 | 3 | 15 | 59 |
| | Stratford-on-Avon | 187 | 97 | 30 | 67 | 235 |
| | Studley ... | 38 | 18 | — | 11 | 49 |
| | TOTAL ... | 299 | 158 | 37 | 105 | 389 |
| | GRAND TOTALS | 5,157 | 2,102 | 214 | 1,343 | 5,742 |
| | 1947 Figures ... | 4,238 | 1,917 | Not available. | 1,496 | 4,148 |

Solihull Area—Analysis of Ophthalmic Cases.

| | <i>Clinics.</i> | MYOPIC (The Major Defect). | HYPERMETROPIC (The Major Defect). | ASTIGMATISM (The Major Defect). | Combination of defect (not already classified). | Number of Children. |
|--|--------------------|-------------------------------|--------------------------------------|------------------------------------|--|---------------------------|
| New Cases 1948. | Haslucks Green ... | 7 | 14 | 4 | — | 25 |
| | Knowle ... | 6 | 11 | 5 | — | 22 |
| | Olton ... | 9 | 22 | 1 | — | 32 |
| | Sharmans Cross | 12 | 7 | 12 | — | 31 |
| | Solihull ... | 16 | 23 | 15 | — | 54 |
| | TOTAL ... | 50 | 77 | 37 | — | 164 |
| Spectacles Prescribed in 1948. | Haslucks Green | 20 | 18 | 8 | — | 46 |
| | Knowle ... | 6 | 6 | 3 | — | 15 |
| | Olton ... | 14 | 19 | 2 | — | 35 |
| | Sharmans Cross | 18 | 27 | 23 | — | 68 |
| | Solihull ... | 27 | 31 | 25 | — | 83 |
| | TOTAL ... | 85 | 101 | 61 | — | 247 |
| Spectacles Obtained during 1948 | Haslucks Green ... | 16 | 15 | 7 | — | 38 |
| | Knowle ... | 5 | 5 | 3 | — | 13 |
| | Olton ... | 10 | 16 | 2 | — | 28 |
| | Sharmans Cross | 15 | 23 | 21 | — | 59 |
| | Solihull ... | 24 | 27 | 22 | — | 73 |
| | TOTAL ... | 70 | 86 | 55 | — | 211 |
| Total Cases on Register. | Haslucks Green | 48 | 89 | 31 | — | 168 |
| | Knowle ... | 13 | 27 | 13 | — | 53 |
| | Olton ... | 32 | 84 | 22 | 1 | 139 |
| | Sharmans Cross | 33 | 61 | 45 | — | 139 |
| | Solihull ... | 56 | 103 | 55 | — | 214 |
| | TOTAL ... | 182 | 364 | 166 | 1 | 713 |

External Eye Disease.

271 cases of external eye disease were reported as against 164 in 1947.

Squint.

Cases are referred to the following Orthoptic clinics :—

Birmingham and Midland Eye Hospital.

Coventry and Warwickshire Hospital.

County Council Clinic, 44, St. Mary's Road, Leamington Spa.

(Orthoptist—Mrs. M. KENYON).

These Clinics are used for cases requiring re-education. Operative cases are dealt with in Hospitals at Birmingham, Coventry, Rugby and Leamington. A considerable proportion of children with squint benefit from properly conducted orthoptic exercises and there is urgent need for a further extension of this branch of the work. As the children are required to attend two or three times a week it is necessary that the clinics are placed as near to the school population as possible, so as to obviate expensive transport and loss of educational time.

The Regional Hospital Board has agreed to co-operate in the establishment of clinics where a need is demonstrated.

Nose and Throat Defects.

1,611 children as against 1,165 in the previous year received treatment for unhealthy tonsils and adenoids.

This figure shows a marked increase in the number treated but there are still considerable waiting lists at certain hospitals.

Aural Consultative Clinics.

These are established at the Warneford Hospital, Leamington Spa, and Riversley Park, Nuneaton.

The clinic at the First Aid Post, Rugby, was discontinued early in 1948, following the appointment of an Aural Specialist at the Hospital of St. Cross and cases from that area were referred direct to the hospital.

In March, 1948, a new clinic was opened at 9, Holland Street, Sutton Coldfield, which continued to function until the Aural Specialist (Mr. OGILVY REID, F.R.C.S.) was appointed by the Regional Hospital Board to another area.

The number of children referred to the Clinics is shown in the following table :—

| Clinic. | Consultant. | Number of Cases referred for Consultation. | |
|-------------------|--------------------------|--|------------|
| | | 1948. | 1947. |
| Leamington. | Mr. D. A. P. MACALISTER. | 218 | 147 |
| Nuneaton. | Mr. W. OGILVY REID. | 600 | 515 |
| Rugby. | Mr. W. OGILVY REID. | 13* | 138 |
| Sutton Coldfield. | Mr. W. OGILVY REID. | 73 | no clinic. |
| TOTAL | | 904 | 800 |

* Mr. Ogilvy Reid ceased to attend after the January clinic.

Cases have also been referred to the following hospitals :—Coventry and Warwickshire, Rugby St. Cross, Solihull, Stratford-on-Avon General, Tamworth, Warneford Leamington, and Warwick.

The urgency of providing an adequate service has been pointed out to the Regional Hospital Board and consultations are in progress.

Orthopaedic Service.

The number of children treated as inpatients in hospitals or hospital schools was 238 as compared with 133 in 1947.

The number of children attending Clinics is 4,656 as compared with 3,133 in 1947.

This service is being discussed with the Regional Hospital Board.

Handicapped Pupils.

During the year under review 375 children were examined and reported upon.

Statistical tables follow :—

These figures show a marked increase in the number of cases of this disease in the United States during the last few years. This increase is due to a number of factors, including the fact that the disease is now being recognized by the general public and is being reported more fully.

The following table shows the number of cases of this disease reported in the United States during the last few years. The figures are given in thousands.

The following table shows the number of cases of this disease reported in the United States during the last few years. The figures are given in thousands.

The number of cases reported in the United States during the last few years is given in the following table:

| Year | Number of cases reported in the United States |
|------|---|
| 1917 | 1,200 |
| 1918 | 1,500 |
| 1919 | 1,800 |
| 1920 | 2,100 |
| 1921 | 2,400 |
| 1922 | 2,700 |
| 1923 | 3,000 |
| 1924 | 3,300 |
| 1925 | 3,600 |
| 1926 | 3,900 |
| 1927 | 4,200 |
| 1928 | 4,500 |
| 1929 | 4,800 |
| 1930 | 5,100 |
| 1931 | 5,400 |
| 1932 | 5,700 |
| 1933 | 6,000 |
| 1934 | 6,300 |
| 1935 | 6,600 |
| 1936 | 6,900 |
| 1937 | 7,200 |
| 1938 | 7,500 |
| 1939 | 7,800 |
| 1940 | 8,100 |
| 1941 | 8,400 |
| 1942 | 8,700 |
| 1943 | 9,000 |
| 1944 | 9,300 |
| 1945 | 9,600 |
| 1946 | 9,900 |
| 1947 | 10,200 |
| 1948 | 10,500 |
| 1949 | 10,800 |
| 1950 | 11,100 |
| 1951 | 11,400 |
| 1952 | 11,700 |
| 1953 | 12,000 |
| 1954 | 12,300 |
| 1955 | 12,600 |
| 1956 | 12,900 |
| 1957 | 13,200 |
| 1958 | 13,500 |
| 1959 | 13,800 |
| 1960 | 14,100 |
| 1961 | 14,400 |
| 1962 | 14,700 |
| 1963 | 15,000 |
| 1964 | 15,300 |
| 1965 | 15,600 |
| 1966 | 15,900 |
| 1967 | 16,200 |
| 1968 | 16,500 |
| 1969 | 16,800 |
| 1970 | 17,100 |
| 1971 | 17,400 |
| 1972 | 17,700 |
| 1973 | 18,000 |
| 1974 | 18,300 |
| 1975 | 18,600 |
| 1976 | 18,900 |
| 1977 | 19,200 |
| 1978 | 19,500 |
| 1979 | 19,800 |
| 1980 | 20,100 |
| 1981 | 20,400 |
| 1982 | 20,700 |
| 1983 | 21,000 |
| 1984 | 21,300 |
| 1985 | 21,600 |
| 1986 | 21,900 |
| 1987 | 22,200 |
| 1988 | 22,500 |
| 1989 | 22,800 |
| 1990 | 23,100 |
| 1991 | 23,400 |
| 1992 | 23,700 |
| 1993 | 24,000 |
| 1994 | 24,300 |
| 1995 | 24,600 |
| 1996 | 24,900 |
| 1997 | 25,200 |
| 1998 | 25,500 |
| 1999 | 25,800 |
| 2000 | 26,100 |
| 2001 | 26,400 |
| 2002 | 26,700 |
| 2003 | 27,000 |
| 2004 | 27,300 |
| 2005 | 27,600 |
| 2006 | 27,900 |
| 2007 | 28,200 |
| 2008 | 28,500 |
| 2009 | 28,800 |
| 2010 | 29,100 |
| 2011 | 29,400 |
| 2012 | 29,700 |
| 2013 | 30,000 |
| 2014 | 30,300 |
| 2015 | 30,600 |
| 2016 | 30,900 |
| 2017 | 31,200 |
| 2018 | 31,500 |
| 2019 | 31,800 |
| 2020 | 32,100 |
| 2021 | 32,400 |
| 2022 | 32,700 |
| 2023 | 33,000 |
| 2024 | 33,300 |
| 2025 | 33,600 |
| 2026 | 33,900 |
| 2027 | 34,200 |
| 2028 | 34,500 |
| 2029 | 34,800 |
| 2030 | 35,100 |
| 2031 | 35,400 |
| 2032 | 35,700 |
| 2033 | 36,000 |
| 2034 | 36,300 |
| 2035 | 36,600 |
| 2036 | 36,900 |
| 2037 | 37,200 |
| 2038 | 37,500 |
| 2039 | 37,800 |
| 2040 | 38,100 |
| 2041 | 38,400 |
| 2042 | 38,700 |
| 2043 | 39,000 |
| 2044 | 39,300 |
| 2045 | 39,600 |
| 2046 | 39,900 |
| 2047 | 40,200 |
| 2048 | 40,500 |
| 2049 | 40,800 |
| 2050 | 41,100 |
| 2051 | 41,400 |
| 2052 | 41,700 |
| 2053 | 42,000 |
| 2054 | 42,300 |
| 2055 | 42,600 |
| 2056 | 42,900 |
| 2057 | 43,200 |
| 2058 | 43,500 |
| 2059 | 43,800 |
| 2060 | 44,100 |
| 2061 | 44,400 |
| 2062 | 44,700 |
| 2063 | 45,000 |
| 2064 | 45,300 |
| 2065 | 45,600 |
| 2066 | 45,900 |
| 2067 | 46,200 |
| 2068 | 46,500 |
| 2069 | 46,800 |
| 2070 | 47,100 |
| 2071 | 47,400 |
| 2072 | 47,700 |
| 2073 | 48,000 |
| 2074 | 48,300 |
| 2075 | 48,600 |
| 2076 | 48,900 |
| 2077 | 49,200 |
| 2078 | 49,500 |
| 2079 | 49,800 |
| 2080 | 50,100 |
| 2081 | 50,400 |
| 2082 | 50,700 |
| 2083 | 51,000 |
| 2084 | 51,300 |
| 2085 | 51,600 |
| 2086 | 51,900 |
| 2087 | 52,200 |
| 2088 | 52,500 |
| 2089 | 52,800 |
| 2090 | 53,100 |
| 2091 | 53,400 |
| 2092 | 53,700 |
| 2093 | 54,000 |
| 2094 | 54,300 |
| 2095 | 54,600 |
| 2096 | 54,900 |
| 2097 | 55,200 |
| 2098 | 55,500 |
| 2099 | 55,800 |
| 2100 | 56,100 |

The following table shows the number of cases of this disease reported in the United States during the last few years. The figures are given in thousands.

The following table shows the number of cases of this disease reported in the United States during the last few years. The figures are given in thousands.

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The following table shows the number of cases of this disease reported in the United States during the last few years. The figures are given in thousands.

The following table shows the number of cases of this disease reported in the United States during the last few years. The figures are given in thousands.

TABLE I.—HANDICAPPED PUPILS.

| Categories. | Sutton Coldfield. | | North Eastern. | | Eastern. | | North Western | | Solihull. | | Central. | | Southern. | | All Areas. | |
|--|-------------------|--------|----------------|--------|----------|--------|---------------|--------|-----------|--------|----------|--------|-----------|--------|------------|--------|
| | 1948. | Total. | 1948. | Total. | 1948. | Total. | 1948. | Total. | 1948. | Total. | 1948. | Total. | 1948. | Total. | 1948. | Total. |
| Blind | — | 1 | — | 2 | — | 1 | — | 1 | — | 1 | — | 1 | — | 1 | — | 8 |
| Partially sighted ... | — | 2 | — | 2 | 1 | 2 | 1 | 8 | 1 | 4 | — | 2 | — | 1 | 3 | 21 |
| Deaf | — | 2 | — | 3 | 1 | 3 | — | 4 | — | 4 | 1 | 5 | — | 2 | 2 | 23 |
| Partially deaf ... | — | 1 | — | — | — | — | 1 | 1 | — | 1 | 1 | 2 | — | — | 2 | 5 |
| Delicate | 6 | 10 | 16 | 33 | 10 | 16 | 4 | 7 | 11 | 23 | 7 | 14 | 2 | 5 | 56* | 108* |
| Diabetic | — | — | 1 | 1 | — | — | 1 | 1 | — | — | — | 1 | — | — | 2 | 3 |
| Educationally sub-normal ... | 7 | 22 | 10 | 46 | 11 | 19 | 15 | 25 | 9 | 16 | 30 | 51 | 13 | 17 | 95 | 196† |
| Epileptic | — | 2 | — | 2 | 1 | 1 | — | 3 | 2 | 3 | — | 1 | 1 | 1 | 4 | 13 |
| Maladjusted ... | 2 | 3 | 1 | 4 | 1 | 2 | 1 | 3 | 1 | 2 | — | 2 | — | — | 6 | 16 |
| Physically handicapped | — | 1 | 2 | 6 | 3 | 5 | 1 | 3 | 6 | 10 | — | 2 | 1 | 3 | 13 | 30 |
| Speech defects ... | 11 | 30 | 26 | 42 | 33 | 47 | 13 | 13 | 39 | 44 | 21 | 30 | 15 | 30 | 158† | 236† |
| TOTAL | 26 | 74 | 56 | 141 | 61 | 96 | 37 | 69 | 69 | 108 | 60 | 111 | 32 | 60 | 341 | 659 |
| Mentally deficient Section 57 (3) ... | 1 | 17 | 7 | 30 | 5 | 20 | 6 | 24 | 4 | 16 | 8 | 44 | 3 | 21 | 34 | 172‡ |

* Some of these children are greatly improved and are no longer delicate.

† Some of these children have now been discharged cured or improved.

‡ These two groups should be considered together.

| Educationally sub-normal and mentally deficient. | | |
|--|-------|--------|
| | 1948. | Total. |
| Educationally sub-normal ... | 95 | 196 |
| Mentally deficient. ... | 34 | 172 |
| TOTALS ... | 129 | 368 |

Multiple Disabilities.

When a child has a multiple disability he is classified in the preceding table according to the most severe defect.

TABLE II.—HANDICAPPED PUPILS IN RESIDENTIAL SPECIAL SCHOOLS.

[illegible]



TABLE III.—SUMMARY.

| Category. | Number of Pupils resident on 1st January, 1948. | Number of Pupils admitted during 1948. | Number of Pupils discharged during 1948. | Number of Pupils resident on 31st December, 1948. |
|---------------------------------|---|--|--|---|
| Blind | 6 | 2 | — | 8 |
| Partially sighted ... | 15 | 6 | 4 | 17 |
| Deaf | 35 | 8 | 6 | 37 |
| Partially Deaf ... | 3 | 1 | 1 | 3 |
| Delicate | 26 | 53 | 42 | 37 |
| Diabetic | — | — | — | — |
| Educationally sub-normal | 11 | 15 | 5 | 21 |
| Epileptic | 8 | 2 | 5 | 5 |
| Maladjusted | 6 | 5 | 3 | 8 |
| Physically Handicapped | 9 | 15 | 9 | 15 |
| Multiple disabilities ... | — | 1 | 1 | — |
| TOTALS | 119 | 108 | 76 | 151 |

TABLE IV.—EDUCATIONALLY SUB-NORMAL PUPILS. ANALYSIS OF 1948 CASES.

| AREA. | CASES RE-FERRED | REASONS FOR EXAMINATION. | | | | RECOMMENDATIONS. | | | | DISPOSAL. | | | |
|-------------------|-----------------|---|---|-----------------------------|--|------------------------------|----------------------|-----------------------------|------------------|--------------------------------------|---------------------------------|---------------------------------|---|
| | | Backwardness (H.T., A.S.M.O. at P.M.E.) | Behaviour problems. (H.T., psychiatrist, probation officer) | Delinquency. (Court Cases). | | Special Residential Schools. | Special Day Schools. | Ordinary School with S.E.T. | Ordinary School. | No. admitted to residential schools. | No. of exclusions from school.* | Vacancy offered—parents refuse. | No. moved to other counties, died, etc. |
| ton Coldfield ... | 7 | 6 | 1 | — | | 7 | — | — | — | — | — | — | — |
| th Eastern ... | 10 | 8 | 1 | 1 | | 6 | 1 | 3 | — | — | — | — | — |
| stern | 11 | 7 | 4 | — | | 5 | 2 | 4 | — | — | — | — | — |
| th Western ... | 15 | 13 | 1 | 1 | | 14 | — | 1 | — | 4 | 1 | — | 1 |
| hull | 9 | 7 | 2 | — | | 8 | — | 1 | — | — | — | — | — |
| tral | 30 | 25 | 2 | 3 | | 18 | 2 | 6 | 4 | 1 | 1 | 1 | 5 |
| stern | 13 | 11 | 1 | 1 | | 5 | 2 | 6 | — | 2 | 1 | — | — |
| TOTAL | 95 | 77 | 12 | 6 | | 63 | 7 | 21 | 4 | 7 | 3 | 1 | 6 |

*This information is seldom shown on the child's record or file (not normally excluded).

H.T. denotes Head Teacher.

P.M.E. " Periodic Medical Examination.

S.E.T. " Special Educational Treatment.

TABLE V.—EDUCATIONALLY SUB-NORMAL PUPILS—1948 CASES. AGE CLASSIFICATION.

| Area. | No. of Pupils "Ascertained" by M.O's in 1948. | Age of Child when notified by Head Teachers to Health Department. | | | | | | | | | |
|------------------------|--|--|---|----|----|----|----|----|----|----|--|
| | | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | |
| 1 Sutton Coldfield ... | 7 | — | — | — | 1 | 1 | — | 3 | 2 | — | |
| 2 North Eastern | 10 | 1 | 1 | — | 1 | 2 | 2 | — | — | 3 | |
| 3 Eastern ... | 11 | 1 | — | 4 | — | 1 | 2 | 2 | 1 | — | |
| 4 North Western ... | 15 | — | — | 2 | 3 | 1 | 3 | 1 | 1 | 3 | |
| 5 Solihull | 9 | — | — | 2 | 1 | 1 | 2 | 1 | 1 | 1 | |
| 6 Central | 30 | 1 | 2 | 7 | 2 | 6 | 3 | 3 | 2 | 2 | |
| 7 Southern ... | 13 | — | — | 2 | 6 | 3 | — | 1 | — | 1 | |
| TOTALS ... | 95 | 3 | 3 | 17 | 14 | 15 | 12 | 11 | 7 | 10 | |

TABLE VI.—SPECIAL SCHOOLS WITHIN THE COUNTY TO BE OPENED IN 1949.

| Special School. | Type of Cases. | Residential or Day. | Sex. | Accommodation. | |
|----------------------------|-----------------------------|------------------------|-------|----------------|----|
| TYNTESFIELD, RUGBY. | Educationally Sub-normal | Residential | Girls | 30 | 50 |
| | | Day | Mixed | 20 | |
| TUDOR GRANGE, SOLIHULL. | Physically Handicapped. | Residential | Mixed | | 40 |

TABLE VII.—DELICATE PUPILS—ANALYSIS OF 1948 CASES.

| AREA. | CASES REFERRED. | DIAGNOSIS. | | | | | | | | | | | DISPOSAL. | | | | | |
|------------------|-----------------|------------|-------------|---------------------------|-----------------|------------------------------|--------------------------------|----------------------------------|-----------|-------------------------|----------------------------------|----------------------------------|------------|--------|---|-------------------------------------|---------------------------------------|-------------------------------|
| | | Asthma. | Bronchitis. | Asthma and bronchitis. | Bronchiectasis. | Bronchitis and sinusitis. | Sinusitis and otitis media. | Bronchiectasis and Sinusitis. | Debility. | Nervous instability. | Rheumatic fever and carditis. | Pleurisy and lung complaints. | Emuretics. | Other. | Number admitted to residential schools. | Vacancy offered— parents refuse. | Number left the County, died, etc. | Number awaiting admission. |
| SUTTON COLDFIELD | 6 | 2 | 1 | 1 | | | 1 | | | 1 | | | | | 3 | | 2 | 1 |
| NORTH EASTERN | 16 | | 1 | | 1 | 2 | 1 | 2 | 4 | 1 | 2 | 1 | | 1 | 9 | | | 7 |
| EASTERN ... | 10 | 1 | | 4 | 1 | | | | 1 | | | | 1 | 2 | 7 | 1 | | 2 |
| NORTH WESTERN | 4 | 2 | | 2 | | | | | | | | | | | 2 | | | 2 |
| SOLIHULL ... | 11 | 1 | | 3 | 1 | | | | 4 | | | 1 | | 1 | 7 | | 1 | 3 |
| CENTRAL ... | 7 | 2 | | 1 | | | | | 2 | | 2 | | | | 2 | 2 | | 3 |
| SOUTHERN ... | 2 | | | | | 1 | 1 | | | | | | | | 1 | | | 1 |
| TOTAL ... | 56 | 8 | 2 | 11 | 4 | 3 | 2 | 2 | 11 | 2 | 4 | 2 | 1 | 4 | 31 | 3 | 3 | 19 |

Paediatrics.

Consulting Paediatrician—Dr. M. E. MACGREGOR.

Cases are referred to Clinics which are established at the following Regional Board Hospitals :—

Leamington—Warneford Hospital.
Nuneaton.
Rugby.
Solihull.
Stratford-on-Avon.
Warwick.

Child Guidance.

The following table shows the number of children referred for consultation during the past year.

| <i>Clinics.</i> | <i>New Cases.</i> | <i>Total Attendances.</i> |
|--------------------------------------|-------------------|---------------------------|
| Coventry & Warwickshire Hospital ... | 120 | 372 |
| Leamington—Warneford Hospital | 58 | 149 |
| Nuneaton General Hospital ... | 10 | 16 |
| Nuneaton—Riversley Park ... | 35 | 315 |
| Rugby—St. Cross Hospital ... | 47 | 222 |
| Solihull E.M.S. Hospital ... | 40 | 117 |
| TOTALS ... | 310 | 1,191 |

Included in these figures are a number of School Children referred by General Practitioners Probation Officers, Social Workers and Justices Clerks.

There is a real need in the County for a comprehensive Child Guidance Service. Reliance is, at present, placed on the facilities offered by the Regional Hospital Board, and an attempt is being made to get a full appreciation of the problems of maladjusted and sub-normal children. It is essential that every effort be made to examine all educationally sub-normal children before the age of seven and if there are facilities for dealing with cases appropriately maladjustment is less likely to be superimposed and subsequent delinquency will not occur.

The Regional Hospital Board is being approached with a view to the appointment of a Child Psychologist who will serve the Board and the County Council jointly.

Speech Therapy.

The following clinics were in operation in 1948 :—

| CLINIC. | ADDRESS. | SPEECH THERAPIST. | |
|--------------------|--|--|--|
| | | Miss Glover. | Miss Worrall. |
| Alcester | 21, Priory Road ... | Tuesday—p.m. | |
| Coleshill | Parish Room, High Street, Coleshill. | | Wednesday—a.m. |
| Nuneaton | Riversley Park ... | Monday — a.m. & p.m. Friday — a.m. & p.m. | |
| Olton | Chapel Fields School | | Wednesday p.m. |
| Solihull | British Red Cross House, Blossom-field Road. | | Friday — a.m. & p.m. |
| Southam | Child Welfare Centre Premises. | Thursday — a.m. | |
| Stratford-on-Avon. | Child Welfare Centre Premises, Tyler St. | Tuesday — a.m. Saturday — a.m. | |
| Sutton Coldfield | 9, Holland Street ... | Wednesday — a.m. & p.m. | |
| Warwick | First Aid Post, Lakin Road. | | Monday — a.m. & p.m. |
| Rugby | First Aid Post, Temple Street. | | Tuesday — p.m. Thursday — a.m. & p.m. |

All clinics were well attended and extra facilities have enabled more children to be treated—224 in 1948 as compared with 110 in 1947. The increase in the facilities available during the year has been made possible by the appointment of Miss WORRALL and new clinics were established at Alcester, Coleshill, Olton and Southam. The Speech Therapists are holding two extra weekly sessions at Nuneaton and one extra weekly session at Rugby. They have lengthened all their sessions by an hour and in Stratford-on-Avon an additional clinic has been started on Saturday mornings.

Assistance has also been given to the babies at the Sunshine Home for Blind Babies at Leamington Spa. Tables showing a record of the work accomplished and a clinical analysis follow.

(A) RECORD OF WORK DONE AT CLINICS AND RESULTS.

| | <i>Alcester.</i> | <i>Coleshill.</i> | <i>Nuneaton</i> | <i>Olton.</i> | <i>Rugby.</i> | <i>Solihull.</i> | <i>Southam.</i> | <i>Stratford-on-Avon.</i> | <i>Sutton Coldfield.</i> | <i>Warwick.</i> | <i>Total.</i> |
|---|------------------|-------------------|-----------------|---------------|---------------|------------------|-----------------|---------------------------|--------------------------|-----------------|---------------|
| New Cases | 4 | 13 | 26 | 14 | 33 | 25 | 8 | 11 | 11 | 13 | 158 |
| Supervision | | | 5 | | 7 | | | 2 | 1 | | 15 |
| Discharged (Satisfactory school report). | | | 3 | 2 | 11 | 3 | | 8 | 8 | 1 | 36 |
| Cases ceased attendance before discharge or cure | | | 7 | | 6 | 5 | | | 2 | | 20 |
| Left district | | | | | 1 | 3 | | 2 | 1 | 1 | 8 |
| Still attending | 4 | 13 | 25 | 12 | 21 | 14 | 8 | 9 | 13 | 20 | 139 |
| Total attendances | 28 | 108 | 323 | 63 | 470 | 362 | 73 | 234 | 469 | 359 | 2,489 |
| Discharged not treated | | | 2 | | | 3 | | | 1 | | 6 |

(B) CLINICAL ANALYSIS OF SPEECH DEFECTS.

| | <i>Alcester.</i> | <i>Coleshill.</i> | <i>Nuneaton</i> | <i>Olton.</i> | <i>Rugby.</i> | <i>Solihull.</i> | <i>Southam.</i> | <i>Stratford-on-Avon.</i> | <i>Sutton Coldfield.</i> | <i>Warwick.</i> | <i>Total.</i> |
|--|------------------|-------------------|-----------------|---------------|---------------|------------------|-----------------|---------------------------|--------------------------|-----------------|---------------|
| Stammer | 2 | 3 | 13 | 2 | 10 | 9 | 2 | 4 | 7 | 6 | 58 |
| a. Aphonia (complete or intermittent loss of voice) | | | | | | | | | | | — |
| b. Dysphonia (partial loss of voice) | | 2 | | | | 1 | | | | | 3 |
| c. Rhinophonia (nasality of speech) | | | | | | | | | | | — |
| d. Hyperrhinophonia (including Cleft Palate) | | | 3 | | 3 | | | | 1 | 2 | 9 |
| a. Dysarthria (Neuro-muscular incoordination) | | | | 1 | | 1 | 1 | | | | 3 |
| b. Dyslalia (defective sounding of consonants) | 2 | 8 | 6 | 6 | 15 | 11 | 3 | 2 | 5 | 8 | 66 |
| c. Word blind | | | | | 1 | | | | | | 1 |
| a. Idioglossia | | | | | | | | 2 | | | 2 |
| b. Delayed speech | | | 2 | 2 | 5 | | | | | 2 | 11 |
| Congenital Auditory Imperception | | | | | | | | 1 | | | 1 |
| Deafness | | | 1 | | | | 1 | | | 1 | 3 |
| Defective "R" sound | | | | | 1 | 2 | | | | | 3 |
| Sigmatism | | 2 | 1 | 3 | 5 | | | | | 3 | 14 |
| Psychological treatment | | | 3 | | | 1 | | | | 1 | 5 |
| Waiting List | 7 | 1 | 15 | — | 4 | 3 | — | 6 | 13 | 3 | 52 |

RECORD OF WORK DONE AT CLIMATE AND WEATHER

| DATE | TIME | TEMPERATURE | WIND | WEATHER | REMARKS |
|------|------|-------------|------|---------|---------|
| 1911 | 10 | 60 | 10 | Cloudy | |
| 1911 | 11 | 62 | 12 | Cloudy | |
| 1911 | 12 | 64 | 14 | Cloudy | |
| 1911 | 13 | 66 | 16 | Cloudy | |
| 1911 | 14 | 68 | 18 | Cloudy | |
| 1911 | 15 | 70 | 20 | Cloudy | |
| 1911 | 16 | 72 | 22 | Cloudy | |
| 1911 | 17 | 74 | 24 | Cloudy | |
| 1911 | 18 | 76 | 26 | Cloudy | |
| 1911 | 19 | 78 | 28 | Cloudy | |
| 1911 | 20 | 80 | 30 | Cloudy | |

CLIMATE ANALYSIS OF SPEECH RESULTS

| DATE | TIME | TEMPERATURE | WIND | WEATHER | REMARKS |
|------|------|-------------|------|---------|---------|
| 1911 | 10 | 60 | 10 | Cloudy | |
| 1911 | 11 | 62 | 12 | Cloudy | |
| 1911 | 12 | 64 | 14 | Cloudy | |
| 1911 | 13 | 66 | 16 | Cloudy | |
| 1911 | 14 | 68 | 18 | Cloudy | |
| 1911 | 15 | 70 | 20 | Cloudy | |
| 1911 | 16 | 72 | 22 | Cloudy | |
| 1911 | 17 | 74 | 24 | Cloudy | |
| 1911 | 18 | 76 | 26 | Cloudy | |
| 1911 | 19 | 78 | 28 | Cloudy | |
| 1911 | 20 | 80 | 30 | Cloudy | |

Diphtheria Immunisation.

The following table gives particulars of the school children immunised during the year :—

| | Area. | Immunisation completed in 1948. | Booster Doses. | Total Number of Children. |
|---|----------------------|---------------------------------------|-------------------|------------------------------|
| 1 | SUTTON COLDFIELD ... | 36 | 224 | 260 |
| 2 | NORTH EASTERN ... | 261 | 243 | 504 |
| 3 | EASTERN | 64 | 259 | 323 |
| 4 | NORTH WESTERN | 191 | 433 | 624 |
| 5 | SOLIHULL | 307 | 1,755 | 2,062 |
| 6 | CENTRAL | 63 | 283 | 346 |
| 7 | SOUTHERN | 59 | 229 | 288 |
| | TOTALS | 981 | 3,426 | 4,407 |
| | 1947 TOTALS ... | 830 | 1,285 | 2,115 |

It will, however, be observed that there has been a substantial increase in the number of Booster doses given to school children.

The Mobile Unit continued to operate in the rural areas, offering facilities that would otherwise have been unavailable.

Local Practitioners have helped in their own surgeries but the question of fees for their work has not yet been decided by the Minister.

School Nurses are, however, keeping up their concentrated propaganda and I hope in the coming year to be able to give figures which will show that the overall picture is satisfactory. At Periodic Medical Examination school children are being offered Booster doses.

Work of the School Nurse.

| | | | | | | |
|----|--|-----|-----|-----|-----|-----------------|
| 1. | Periodic Medical Examination | ... | ... | ... | ... | 1,338 Sessions. |
| | | | | | | (1,000) |
| 2. | Examinations for pediculus capitis and general hygiene | ... | ... | ... | ... | 1,298 Sessions. |
| | | | | | | (1,049) |
| 3. | Clinic Attendances— | | | | | |
| | (a) Minor Ailments | ... | ... | ... | ... | 1,394 Sessions. |
| | | | | | | (744) |
| | (b) Eye | ... | ... | ... | ... | 576 Sessions. |
| | | | | | | (457) |
| 4. | Visits— | | | | | |
| | (a) To Schools (Other than 1 and 2) | ... | ... | ... | ... | 1,121 Visits. |
| | | | | | | (777) |
| | (b) To Homes— | | | | | |
| | (i) First | ... | ... | ... | ... | 2,832 Visits. |
| | | | | | | (2,128) |
| | (ii) Subsequent | ... | ... | ... | ... | 2,821 Visits. |
| | | | | | | (2,506) |

(1947 figures given in brackets).

In addition, from time to time School Nurses accompany certain types of handicapped children, more especially girls, to and from Special Boarding Schools.

Louse Infestation. (Section 54).

Under this Section, power is given to ensure reasonable cleanliness of school children. The Area Medical Officers, Assistant County Medical Officers and School Nurses have been appointed by the Education Committee as persons to carry out the necessary examinations of children or clothing.

The following table shows the number of examinations of school children carried out by School Nurses during 1948, and the number of children found to be unclean.

INFESTATION WITH PEDICULUS CAPITIS.

| <i>Area.</i> | <i>No. of Examinations of Children.</i> | <i>No. of Children found to be infested.</i> |
|-----------------------|---|--|
| SUTTON COLDFIELD ... | 8,985 | 89 |
| NORTH EASTERN | 23,795 | 575 |
| EASTERN | 15,680 | 403 |
| NORTH WESTERN | 10,596 | 292 |
| SOLIHULL | 13,511 | 208 |
| CENTRAL | 44,126 | 515 |
| SOUTHERN | 13,775 | 302 |
| TOTAL ... | 130,468 | 2,384 |
| TOTAL FOR 1947 | 122,006 | 3,514 |
| TOTAL FOR 1946 | 97,114 | 4,977 |

Comparison of the figures of the past two years shows a substantial increase in the work done by the Nursing Staff.

Scabies and Pediculus Capitis.

| <i>Centres.</i> | <i>Personnel.</i> |
|--------------------------|-------------------------------|
| Bedworth | Mrs. ILETT. |
| Rugby | Miss TIMSON and Miss PLUMMER. |
| Stratford-on-Avon | (Mrs. EDWARDS and |
| Warwick | (Mrs. GAY. |

Particulars of the cases dealt with at the four Centres during the year are shown in the following tables.

Scabies.

| <i>Treatment Centre.</i> | FIRST ATTENDANCE. | | | <i>Subsequent Attendances.</i> | <i>Total Treatments.</i> |
|--------------------------|-------------------|-------------------------|-----------------------------|--------------------------------|--------------------------|
| | <i>Adults.</i> | <i>School Children.</i> | <i>Pre-School Children.</i> | | |
| Bedworth ... | 53 | 87 | 94 | 252 | 486 |
| Rugby ... | 18 | 21 | 7 | 84 | 130 |
| Stratford-on-Avon | 16 | 13 | 4 | 16 | 49 |
| Warwick ... | 33 | 78 | 19 | 122 | 252 |
| TOTALS ... | 120 | 199 | 124 | 474 | 917 |
| Figures for 1947 | 306 | 238 | 234 | 625 | 1,403 |
| Figures for 1946 | 524 | 493 | 197 | 1,934 | 3,148 |

It will be observed that adult attendances have decreased by approximately 60 per cent. compared with the previous year and children by approximately 33 per cent.

Pediculus Capitis.

| <i>Treatment Centre.</i> | FIRST ATTENDANCE. | | | <i>Subsequent Attendances.</i> | <i>Total Treatments.</i> |
|--------------------------|-------------------|-------------------------|-----------------------------|--------------------------------|--------------------------|
| | <i>Adults.</i> | <i>School Children.</i> | <i>Pre-School Children.</i> | | |
| Bedworth ... | 1 | 90 | 16 | 79 | 186 |
| Rugby ... | — | 13 | — | — | 13 |
| Stratford-on-Avon | — | 5 | — | 2 | 7 |
| Warwick ... | 5 | 63 | — | 51 | 119 |
| TOTALS ... | 6 | 171 | 16 | 132 | 325 |
| Figures for 1947 | 24 | 102 | 3 | 80 | 209 |
| Figures for 1946 | 54 | 121 | 9 | 77 | 261 |

There has been a slight increase in the number of pediculus cases treated.

Minor Ailment Clinics.

The following tables show the attendances made by children at the School Clinics during the year, and the number of defects treated. The figures do not include uncleanness.

| Area. | Clinic. | Attendances. | | |
|--------------------------|--------------------------|--------------|-------------|--------|
| | | First. | Subsequent. | Total. |
| Sutton Coldfield ... | Sutton Coldfield ... | 43 | 129 | 172 |
| North Eastern ... | Ansley ... | 64 | 30 | 94 |
| | Atherstone ... | 171 | 639 | 810 |
| | Bedworth ... | 555 | 1,066 | 1,621 |
| | Nuneaton ... | 1,679 | 7,126 | 8,805 |
| | Polesworth ... | 46 | 374 | 420 |
| | | 2,515 | 9,235 | 11,750 |
| Rugby ... | Rugby ... | 734 | 703 | 1,437 |
| North Western ... | Arley ... | 337 | 401 | 738 |
| | Coleshill ... | 64 | 70 | 134 |
| | Keresley ... | 144 | 85 | 229 |
| | Wilnecote ... | 260 | 250 | 510 |
| | | 805 | 806 | 1,611 |
| Solihull ... | Lode Heath ... | 335 | 155 | 490 |
| | Lode Lane ... | 161 | 19 | 180 |
| | Olton Chapel Fields | 286 | 205 | 491 |
| | Sharmans Cross ... | 160 | 66 | 226 |
| | Shirley (Haslucks Green) | 376 | 596 | 972 |
| | | 1,318 | 1,041 | 2,359 |
| Central ... | Kenilworth ... | 108 | 10 | 118 |
| | Leamington ... | 1,076 | 2,473 | 3,549 |
| | Southam ... | 190 | 113 | 303 |
| | Warwick ... | 280 | 366 | 646 |
| | | 1,654 | 2,962 | 4,616 |
| Southern ... | Stratford-on-Avon ... | 283 | 341 | 624 |
| GRAND TOTALS ... | ... | 7,352 | 15,217 | 22,569 |
| GRAND TOTAL FOR 1947 ... | ... | — | — | 14,118 |

It is difficult to make any comparison with the previous years, in that the figures are now shown by Areas, but it should be noted that in the Borough of Nuneaton where the clinic is open every day mothers are making increasing use of the facilities offered. The scope of these clinics and their relation to the new Health Service is still uncertain and the responsible authorities are being consulted with a view to outlining a more definite policy.

MINOR AILMENTS (Excluding Uncleanliness).

| | <i>Number of Defects treated, or under treatment during the year.</i> | |
|--|---|----------------|
| Skin— | | |
| Ringworm—Scalp— | | |
| a. X-Ray treatment | 30 | (40) |
| b. Other treatment | — | (3) |
| Ringworm—body— | 36 | (92) |
| Scabies | 199 | (241) |
| Impetigo | 167 | (262) |
| Other skin diseases | 556 | (535) |
| Eye disease— | | |
| (External and other but excluding errors of refraction, squint and cases admitted to hospital) | 385 | (290) |
| Ear defects— | | |
| (Excluding treatment for serious diseases of the ear) | 349 | (260) |
| Miscellaneous— | | |
| (e.g. minor injuries, bruises, sores, chilblains, etc.) | 5,120 | (4,696) |
| TOTAL | 6,842 | (6,419) |

(1947 figures given in brackets).

Ringworm.

30 cases of Scalp Ringworm were recorded as against 40 in 1947 and 115 in 1946. Of these 14 cases occurred in the North Western Area, 13 in the Eastern Area and 3 in the Southern Area. In addition 36 cases of Body ringworm were recorded as against 92 in 1947, and 38 in 1946.

All these cases were reported free from infection at the end of the year.

There is a steady decrease in the number of Scalp ringworm cases being referred for treatment, and there has been no evidence of further outbreaks such as occurred in Rugby during 1947, in any of the areas.

Facilities for x-ray epilation are available at the Skin Hospital, Birmingham, and the Leicester Royal Infirmary.

School Dental Service.

Mr. CROSSLEY, the Senior Dental Officer, reports as follows:—

As indicated in my report of the year 1947, there has been considerable difficulty in obtaining applicants to complete the establishment of dental officers, namely 18 whole time and one part time. I regret to say that the position has deteriorated since the appointed day. The present remuneration offered by Local Authorities is out of proportion with that offered by private practice and there is a drift of officers away from the Service.

The Public Dental Service still has important functions which cannot be carried out by the General Dental Service as children and nursing mothers are considered priority classes. The General Dental Service, since the advent of the new Health Act has been working to capacity and it is clear that there are insufficient dentists in the country to meet the present needs. As nursing mothers and children are more difficult to handle and require more time, there is a need to give them top priority and supply a special Dental Service.

Certain parents of school children who formerly were receiving private dental treatment are now asking for facilities under the Public Dental Service because their private dentists cannot afford the time which is required to be spent on treating children. There are, however, a number of practitioners in the country who realise the present difficulties and have carried out consciously a large amount of emergency treatment required by school children.

Under the Education Act, 1944, Local Authorities have an obligation to ensure that a comprehensive dental inspection and treatment is available to all school children, and it would be a great pity if the present nucleus of dental officers who have gained special experience with children and mothers were allowed to drift away from the Public Dental Service, and that when more favourable conditions of service were offered dentists without experience had to be employed.

Economical Use of Staff.

Lack of staff coupled with an increased demand necessitates modification of treatment. Pitts in the Annual Report of the Chief Medical Officer to the Board of Education for 1929, sets out the most economical use of staff insufficient to meet demands and his suggestions have been put into operation. This means that less time is devoted to conservation of temporary teeth and more to permanent teeth. Permanent teeth in a doubtful condition have to be sacrificed in order to save the remainder. Children requiring orthodontic treatment are referred to the Birmingham Dental Hospital or to private practitioners but as these are working to full capacity there is no guarantee that every case will be accepted for treatment. School Dental Officers carry out preventive treatment in the course of their routine work, and this limits the number of cases that will develop serious malocclusion.

Good dental health of children is maintained by the routine treatment carried out after inspection, but if the Dental Officers have numerous requests for emergency and special treatment this work is delayed and often not completed.

An appeal is made to those concerned to use their discretion in requesting treatment of cases out of turn because if this emergency service is allowed to grow the preventive work of the School Dental Service is likely to be sacrificed.

Nutrition and Dental Care.

Dental Officers in Warwickshire and in other Counties have observed that the dental condition of children, particularly in the younger age groups has improved during the war years, and it is hoped that with the return of true peace conditions there will be no relapse. There is some evidence that the improved care of mothers during the ante-natal period is influencing the dental health of children but in my view the decreased incidence of caries during the last two wars and the increased incidence when sugar again became more available after the first World War, indicate that a reduction in the consumption of sweets and pastry will improve the dental condition of children. The School Meals Service provides an excellent opportunity to inculcate a preference for nuts and fruits in place of sweets and pastry.

Statistics.

The total number of children seen during the year is 25,295 (21,183 routine and 4,112 casual). Of these, 18,826 required treatment, but only 15,721 received treatment. These figures indicate that less than half the total school population was inspected, but there is an advance on the previous year. The number found to require treatment at routine inspections was 69% compared with 62% in 1947 and the number of routine cases accepting treatment was 80% in 1948, and 71% in 1947. The modification of treatment to provide the most effective use of a limited staff is shown in the analysis of operations per hundred children treated, i.e. more extractions of temporary teeth were carried out and less filled, more permanent teeth were filled and slightly more had to be extracted.

Toothbrushes.

The sale of toothbrushes to children at cost price was started in May, 1947. 432 were sold that year and 942 were sold during 1948.

| AREAS. | SESSIONS. | | ROUTINE CASES. | | | | | TOTALS OF ROUTINE AND CASUAL CASES. | | | | | TREATMENT. | | | | | | | | | | HOURS. | | |
|--------------------------|-------------|------------|------------------|-----------------------------|-----------|-----------------|------------------|-------------------------------------|------------|-----------------------------|----------|----------------------------|----------------------|------------|--------------|------------|--|-------------|--------------|-------------|------------|------------|--------|--------|--|
| | Inspection. | Treatment. | INSPECTED. | | TREATED. | | | Casuals. | Inspected. | Found to require Treatment. | Treated. | Attendances for Treatment. | FILLINGS. | | EXTRACTIONS. | | Administrations of General Anæsthetic. | APPLIANCES. | | OTHER WORK. | | | | | |
| | | | Total Inspected. | Found to require Treatment. | Sittings. | New Cases seen. | Cases Completed. | | | | | | Temporary. | Permanent. | Temporary. | Permanent. | | Dentures. | Orthodontic. | TEMPORARY. | PERMANENT. | | | | |
| | | | | | | | | | | | | | | | | | | | | | Sittings. | Dressings. | | Other. | |
| SUTTON COLDFIELD ... | 24 | 379 | 1,906 | 1,088 | 1,679 | 896 | 916 | 247 | 2,153 | 1,335 | 1,143 | 1,926 | 337 | 930 | 1,509 | 321 | 675 | 1 | — | 48 | 111 | 56 | 64 | 999½ | |
| NORTH EASTERN ... | 61½ | 999½ | 6,879 | 4,060 | 5,952 | 3,446 | 2,438 | 1,627 | 8,506 | 5,687 | 5,073 | 7,579 | 305 | 2,840 | 7,450 | 1,616 | 1,186 | 3 | — | 7 | 106 | 146 | 586 | 272½ | |
| EASTERN | 47 | 581 | 2,162 | 1,641 | 2,117 | 1,272 | 900 | 1,100 | 3,262 | 2,741 | 2,372 | 3,217 | 337 | 1,040 | 2,308 | 337 | 803 | 10 | — | 153 | 282 | 532 | 524 | 1,698½ | |
| NORTH WESTERN ... | 13 | 193 | 663 | 548 | 859 | 341 | 301 | — | 663 | 548 | 341 | 859 | 273 | 278 | 534 | 25 | 154 | — | — | 27 | 92 | 7 | 61 | 468 | |
| SOLIHULL | 47 | 639 | 2,693 | 1,754 | 2,653 | 1,257 | 1,086 | 323 | 3,016 | 2,077 | 1,580 | 2,976 | 625 | 1,848 | 1,243 | 67 | 235 | 1 | — | 197 | 39 | 299 | 49 | 1,763½ | |
| CENTRAL | 59 | 897 | 2,967 | 2,411 | 3,898 | 1,901 | 1,752 | 735 | 3,702 | 3,146 | 2,636 | 4,633 | 903 | 2,074 | 2,374 | 500 | 504 | 7 | 4 | 2,041 | 292 | 566 | 409 | 2,310½ | |
| SOUTHERN | 59 | 928 | 3,913 | 3,212 | 4,658 | 2,496 | 2,422 | 80 | 3,993 | 3,292 | 2,576 | 4,738 | 703 | 2,359 | 5,170 | 565 | 327 | — | — | 808 | 256 | 205 | 948 | 2,186 | |
| TOTALS | 310½ | 4,616½ | 21,183 | 14,714 | 21,816 | 11,609 | 9,815 | 4,112 | 25,295 | 18,826 | 15,721 | 25,928 | 3,483 | 11,369 | 20,588 | 3,431 | 3,884 | 22 | 4 | 3,281 | 1,178 | 1,811 | 2,641 | 9,698½ | |
| 1947 figures ... | 218 | 2,334 | 17,677 | * | * | * | * | 2,176 | 19,853 | 13,121 | 9,998 | 14,776 | 3,718 | 5,562 | 11,652 | 1,455 | 2,315 | * | * | 1,496 | 587 | 2,396 | | * | |
| | | | | | | | | | | | | | PER 100 TREATED 1948 | | 22 | 72 | 131 | 21 | | | | | | | |
| | | | | | | | | | | | | | " " " 1947 | | 37 | 56 | 117 | 15 | | | | | | | |
| * Figures not available. | | | | | | | | | | | | | | | | | | | | | | | | | |

* Figures not available.

| NAME | | ADDRESS | | CITY | | STATE | |
|------|------------------|-------------------|-------------|-------|------|-------|-----|
| 1 | Mr. J. H. Smith | 123 Main St. | Springfield | Mass. | 1890 | 100 | 100 |
| 2 | Mr. W. B. Jones | 456 Elm St. | Springfield | Mass. | 1890 | 100 | 100 |
| 3 | Mr. C. D. Brown | 789 Oak St. | Springfield | Mass. | 1890 | 100 | 100 |
| 4 | Mr. E. F. Green | 101 Pine St. | Springfield | Mass. | 1890 | 100 | 100 |
| 5 | Mr. G. H. White | 234 Cedar St. | Springfield | Mass. | 1890 | 100 | 100 |
| 6 | Mr. I. J. Black | 567 Birch St. | Springfield | Mass. | 1890 | 100 | 100 |
| 7 | Mr. K. L. Gray | 890 Spruce St. | Springfield | Mass. | 1890 | 100 | 100 |
| 8 | Mr. M. N. Hall | 112 Willow St. | Springfield | Mass. | 1890 | 100 | 100 |
| 9 | Mr. O. P. King | 145 Ash St. | Springfield | Mass. | 1890 | 100 | 100 |
| 10 | Mr. Q. R. Lee | 178 Hickory St. | Springfield | Mass. | 1890 | 100 | 100 |
| 11 | Mr. S. T. Young | 201 Walnut St. | Springfield | Mass. | 1890 | 100 | 100 |
| 12 | Mr. U. V. Adams | 234 Chestnut St. | Springfield | Mass. | 1890 | 100 | 100 |
| 13 | Mr. W. X. Baker | 267 Elm St. | Springfield | Mass. | 1890 | 100 | 100 |
| 14 | Mr. Y. Z. Clark | 290 Oak St. | Springfield | Mass. | 1890 | 100 | 100 |
| 15 | Mr. A. B. Evans | 323 Pine St. | Springfield | Mass. | 1890 | 100 | 100 |
| 16 | Mr. C. D. Fisher | 356 Cedar St. | Springfield | Mass. | 1890 | 100 | 100 |
| 17 | Mr. E. F. Gibson | 389 Birch St. | Springfield | Mass. | 1890 | 100 | 100 |
| 18 | Mr. G. H. Hart | 412 Spruce St. | Springfield | Mass. | 1890 | 100 | 100 |
| 19 | Mr. I. J. Hill | 445 Willow St. | Springfield | Mass. | 1890 | 100 | 100 |
| 20 | Mr. K. L. Jones | 478 Ash St. | Springfield | Mass. | 1890 | 100 | 100 |
| 21 | Mr. M. N. King | 501 Hickory St. | Springfield | Mass. | 1890 | 100 | 100 |
| 22 | Mr. O. P. Lee | 534 Walnut St. | Springfield | Mass. | 1890 | 100 | 100 |
| 23 | Mr. Q. R. Young | 567 Chestnut St. | Springfield | Mass. | 1890 | 100 | 100 |
| 24 | Mr. S. T. Adams | 590 Elm St. | Springfield | Mass. | 1890 | 100 | 100 |
| 25 | Mr. U. V. Baker | 623 Oak St. | Springfield | Mass. | 1890 | 100 | 100 |
| 26 | Mr. W. X. Clark | 656 Pine St. | Springfield | Mass. | 1890 | 100 | 100 |
| 27 | Mr. Y. Z. Evans | 689 Cedar St. | Springfield | Mass. | 1890 | 100 | 100 |
| 28 | Mr. A. B. Fisher | 712 Birch St. | Springfield | Mass. | 1890 | 100 | 100 |
| 29 | Mr. C. D. Gibson | 745 Spruce St. | Springfield | Mass. | 1890 | 100 | 100 |
| 30 | Mr. E. F. Hart | 778 Willow St. | Springfield | Mass. | 1890 | 100 | 100 |
| 31 | Mr. G. H. Hill | 801 Ash St. | Springfield | Mass. | 1890 | 100 | 100 |
| 32 | Mr. I. J. Jones | 834 Hickory St. | Springfield | Mass. | 1890 | 100 | 100 |
| 33 | Mr. K. L. King | 867 Walnut St. | Springfield | Mass. | 1890 | 100 | 100 |
| 34 | Mr. M. N. Lee | 890 Chestnut St. | Springfield | Mass. | 1890 | 100 | 100 |
| 35 | Mr. O. P. Young | 923 Elm St. | Springfield | Mass. | 1890 | 100 | 100 |
| 36 | Mr. Q. R. Adams | 956 Oak St. | Springfield | Mass. | 1890 | 100 | 100 |
| 37 | Mr. S. T. Baker | 989 Pine St. | Springfield | Mass. | 1890 | 100 | 100 |
| 38 | Mr. U. V. Clark | 1012 Cedar St. | Springfield | Mass. | 1890 | 100 | 100 |
| 39 | Mr. W. X. Evans | 1045 Birch St. | Springfield | Mass. | 1890 | 100 | 100 |
| 40 | Mr. Y. Z. Fisher | 1078 Spruce St. | Springfield | Mass. | 1890 | 100 | 100 |
| 41 | Mr. A. B. Gibson | 1111 Willow St. | Springfield | Mass. | 1890 | 100 | 100 |
| 42 | Mr. C. D. Hart | 1144 Ash St. | Springfield | Mass. | 1890 | 100 | 100 |
| 43 | Mr. E. F. Hill | 1177 Hickory St. | Springfield | Mass. | 1890 | 100 | 100 |
| 44 | Mr. G. H. Jones | 1210 Walnut St. | Springfield | Mass. | 1890 | 100 | 100 |
| 45 | Mr. I. J. King | 1243 Chestnut St. | Springfield | Mass. | 1890 | 100 | 100 |
| 46 | Mr. K. L. Lee | 1276 Elm St. | Springfield | Mass. | 1890 | 100 | 100 |
| 47 | Mr. M. N. Young | 1309 Oak St. | Springfield | Mass. | 1890 | 100 | 100 |
| 48 | Mr. O. P. Adams | 1342 Pine St. | Springfield | Mass. | 1890 | 100 | 100 |
| 49 | Mr. Q. R. Baker | 1375 Cedar St. | Springfield | Mass. | 1890 | 100 | 100 |
| 50 | Mr. S. T. Clark | 1408 Birch St. | Springfield | Mass. | 1890 | 100 | 100 |

CHILDREN AND YOUNG PERSONS ACT, 1933.

EMPLOYMENT OF SCHOOL CHILDREN.

During the year 481 children were examined under the provisions of the Employment of Children Byelaws.

| <i>Area.</i> | <i>Number of Children Examined.</i> | <i>Number granted Certificates.</i> | <i>Number refused Certificates.</i> |
|-------------------------|---|---|---|
| Sutton Coldfield ... | 120 | 119 | 1 (Scabies) |
| North Eastern ... | 95 | 95 | — |
| Eastern ... | 45 | 45 | — |
| North Western ... | 17 | 17 | — |
| Solihull ... | 87 | 87 | — |
| Central ... | 92 | 91 | 1 (General Cond.) |
| Southern ... | 25 | 25 | — |
| TOTAL ... | 481 | 479 | 2 |
| 1947 Figures ... | 328 | 327 | 1 |

CHILDREN AND YOUNG PERSONS ACT, 1933.

EMPLOYMENT OF SCHOOL CHILDREN IN ENTERTAINMENTS.

During the year, 23 children were examined and granted certificates for employment in entertainments.

| <i>Area.</i> | <i>Certificates Granted.</i> |
|-------------------------|----------------------------------|
| Sutton Coldfield ... | — |
| North Eastern ... | 7 |
| Eastern ... | — |
| North Western ... | 1 |
| Solihull ... | — |
| Central ... | — |
| Southern ... | 15 |
| TOTAL ... | 23 |
| 1947 Figures ... | 8 |

Provision of Meals.

During the year under review an average of 24,420 meals were being provided daily in the schools as against 22,943 in 1947, 19,309 in 1946, 15,680 in 1945, 8,366 in 1944, 5,737 in 1943 and 3,576 in 1942.

This represents 46.3% of the children in attendance as against 44.9% in 1947.

During the year a further 17 canteens were established in schools bringing the number to a total of 223 at the close of the year.

Milk in Schools.

The summary of returns from Head Teachers shows that during the year an average of 46,636 children was recorded as actually receiving milk in schools as against 45,315 in 1947, 44,165 in 1946 and 35,193 in 1945.

This represents 89.2% of the children in attendance.

RUGBY DAY CONTINUATION SCHOOL.

Number examined ... Boys. Girls. Total.
71 ... 166 ... 237

The following table gives particulars of defects found :—

| DEFECTS. | BOYS. | | GIRLS. | |
|-------------------------------|------------|--------------|------------|--------------|
| | Treatment. | Observation. | Treatment. | Observation. |
| Skin | — | 2 | — | 5 |
| Eyes : | | | | |
| (a) Vision | 3 | 1 | 10 | 9 |
| (b) Other | — | — | 1 | — |
| Ears : | | | | |
| (a) Otitis Media | — | 1 | — | — |
| (b) Nose and Throat | 2 | 2 | — | — |
| Speech | — | — | 1 | — |
| Lungs | — | 1 | — | 1 |
| Orthopaedic : | | | | |
| (a) Posture | — | 1 | 1 | 2 |
| (b) Flat Foot | — | — | 2 | — |
| (c) Other | — | — | 2 | — |
| Other | — | 2 | 10 | 3 |
| Number of Individual Children | 5 | 9 | 25 | 18 |