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LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE
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26 OCT 1965

WARWICKSHIRE COUNTY COUNCIL.

Education Committee.

ANNUAL REPORT

OF THE

Principal School Medical Officer,

FOR THE YEAR

1964.

June, 1965.

Annual Report of the Principal School Medical Officer, 1964.

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LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE
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To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the report on the health of the schoolchild in Warwickshire during 1964.

As Solihull attained County Borough status on the 1st April, 1964, all figures shown in this report exclude Solihull for the whole of 1964. In earlier comparative years, except where otherwise stated, the Solihull figures have been abstracted in order that a true comparison can be made.

At the end of the year the school population within the new boundary area had slightly exceeded 90,000. Routine and special school medical examinations numbered over 30,000 during the year, and the general standard of health found at these examinations remained high. Those defects which were found followed the usual pattern and can be found in more detail in table four.

Many thousands of children continued to receive re-inforcing prophylactic immunisation and vaccination against the more serious infectious diseases. Poliomyelitis and diphtheria continued to be absent from the County, but the number of new tuberculosis cases in children of school-age increased slightly. This subject and other aspects of child health—the handicapped child, accidents in schoolchildren, and dental decay in children—are reviewed in the following paragraphs.

Accidents.

During the past three years, seventy-four children under the age of fifteen have lost their lives through accidents. Twenty-five of these children (34%) were between five and fourteen years of age. These figures are a small proportion of the accidents which our child population suffers. No comprehensive or co-ordinated data exists on the total number of accidents. In order to get some idea of the size of this problem, a survey was made during the year of the ambulance emergency calls to children between five and fifteen years of age who were Warwickshire residents or attending Warwickshire schools. Although these figures do not account for all accidents they do provide a picture of the common types of mishaps and show where greater care is needed.

Emergency Ambulance Calls to Children aged 5-15 Years during 1964.
(Warwickshire Residents or attending Warwickshire Schools).

	Age-group 5-9	10-15	*Total*
Motor-vehicle and cycle accidents...	102	192	294
Accidents at school	33	160	193
Accidents in the home	59	45	104
All other accidents	73	145	218
	267	542	809

Motor Vehicle and Cycle Accidents.

The 294 accidents under this heading amounted to well over one third of the emergency calls to children between five and fifteen years of age. A more detailed review of these cases was as follows :—

	Age-group 5-9	10-15	*Total*
Knocked down by vehicle	61	36	97
Cyclist in collision with vehicle ...	6	54	60
Fell from cycle	10	33	43
Passenger in vehicle accident ...	20	52	72
Other	5	17	22
	102	192	294

It will be noticed that a third of the children (97) were knocked down by a vehicle, usually when running across the road; a large proportion of these children were in the five to nine year age-group. Much is already done to keep accidents amongst schoolchildren down to a minimum by teaching road-drill at school, and stationing wardens at busy crossings.

Cyclists in collision with vehicles, and falls from cycles caused a further 103 cases. The majority of these children were aged between ten and fifteen years. With the ever increasing road traffic it is hoped that parents will ensure that their children have an adequate knowledge of the highway code before being allowed on the roads. Police and teachers already do a great deal of excellent work, but this is often after children have had bicycles for some time. It would also appear that more care is needed to see that children's bicycles are kept in a sound mechanical condition. The following figures were abstracted from a police report during the year and give the results of a cycle inspection made at a Warwickshire school :—

Without bell	59
With ineffective brakes	65
Other serious defects	43
Minor defects	106
Total defects	273
No. of cycles inspected	382

The accidents involving those children knocked down by a motor-vehicle, together with the cycling accidents, were analysed for six months of the year, to give some idea of the time of such accidents. Just over one hundred accidents were analysed, giving the following results :—

A.M.

7-8	8-9	9-10	10-11	11-12
2	6	6	7	4

P.M.

12-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11
9	5	3	7	**24**	**13**	8	4	3	2	1

It will be noted that over one in three of these accidents occurred between four and six o'clock in the afternoon.

Accidents at School.

A large proportion of the requests for ambulance transport to attend school accidents was for children in the ten to fifteen year age-group. The accidents were mainly fractures or suspected fractures, lacerations, sprains, dislocations or bruising and were due to the following causes :—

	Age-group 5-9	10-15	*Total*
Playground accidents (falls, fighting, colliding)	16	31	47
Falls or colliding in School	5	11	16
Accidents during Football	1	15	16
,, ,, Rugby	—	11	11
,, ,, Basket Ball, Netball, Rounders	1	4	5
,, ,, Cricket	—	3	3
,, ,, other Games and Sports	—	7	7
,, on Playing Field (unspecified) ...	—	4	4
,, in Gym or during P.T.	1	21	22
Hand or head through window or glass panel door	—	7	7
Accidents in Science Class	—	2	2
,, ,, Woodwork Class	—	6	6
,, ,, Metal Work	—	1	1
Other or unspecified	9	37	46
	33	160	193

Although many of the injuries were minor fractures and lacerations, some were of a more serious nature such as a suspected fractured skull due to falling in the playground, severe lacerations due to fingers trapped in a door and severing a wrist artery by a hand going through a window.

Accidents in the Home.

Just over one hundred of the ambulance calls to children aged five to fifteen were accidents in the home. Some idea of the nature of these accidents will be seen from the following figures :—

	Age-group		
	5-9	**10-15**	*Total*
Burns and scalds	5	7	12
Overdose of drugs	1	5	6
Drinking bleach/disinfectant	1	1	2
Cuts (from scissors, glass, etc.)	7	12	19
Falls	34	11	45
Other	11	9	20
	59	45	104

These figures emphasize the great care required in the home (with older children as well as the very young) with such hazards as fires—both electric and open fires—saucepans and kettles containing boiling liquid. Scissors, glass and sharp instruments left around the home can also prove a serious hazard. Falls varied from tumbling downstairs to falling from upstairs windows. Other accidents included trapping hands or fingers in doors, wringers or bicycle chains, etc.

All Other Accidents.

A large proportion of the accidents in this category were falls, often from swings, roundabouts, trees, garage roofs, or demolition sites. Cuts from sharp instruments included treading on broken glass while paddling, and nearly severing the end of a finger with a chopper. Three accidents involved guns; one resulted in severe injuries.

	Age-group		
	5-9	**10-15**	*Total*
Drowning	3	1	4
Falls outdoors	46	79	125
Cuts	6	20	26
Blows	5	7	12
Gun accidents	1	2	3
Dog bites	2	2	4
Other	10	34	44
	73	145	218

Degree of Severity.

All ambulance emergency report forms classify fractures, lacerations or other types of injury into minor, severe or very severe, e.g. simple fracture classified as minor, compound fracture—severe, and complicated fracture—very severe. An estimate of the degree of severity was made (covering a six monthly period—402 cases). This showed that about one child in five sustained a severe or very severe fracture, laceration or other type of injury (e.g. scald, burn, or internal injury). The highest proportion of these was amongst children knocked down by a vehicle, cyclists in collision with a vehicle and in those children suffering from burns and scalds.

Teaching children to avoid accidents is dealt with under Health Education, but the ambulance personnel have given lectures on first aid and demonstrations in mouth to mouth resuscitation.

A known accident rate of 800 a year involving ambulance transport for children aged between five and fifteen years, of which about one in five resulted in a severe fracture, laceration or other type of injury draws attention to a very serious problem in childhood.

Deaths in Schoolchildren.

Twenty-seven children in the five to fourteen age group died during the year—seventeen boys and ten girls. Of the eight deaths due to accidents, four involved motor-vehicles and three were due to drowning. As in 1963, accidental deaths and deaths due to malignant disease (including leukaemia) accounted for half the deaths registered in this age group.

	1964		1963		1962	
Motor-vehicle accidents	4	8	7	10	6	7
Other accidents	4		3		1	
Malignant disease	4	6	1	4	2	2
Leukaemia and aleukaemia ...	2		3		—	
Congenital malformations	1		3		3	
Bronchitis and pneumonia	1		3		1	
Other respiratory disease	—		—		1	
Measles	—		1		—	
Other infective and parasitic diseases	—		1		—	
Nephritis	1		—		—	
Vascular lesions of nervous system	1		1		1	
Homicide	—		—		1	
Other defined and ill-defined diseases	9		4		5	
	27		27		21	

School Swimming Pools.

During the past two years a number of schools have constructed, or are negotiating for the construction of, swimming pools. By the end of the year there were twenty-one pools in use, and a further seven were proposed or in course of construction.

Of the twenty-one in use, fifteen are regarded as small learner pools. Two of the earlier pools were built without a filtration or chlorination plant, but since these were built it has been agreed that no plans for a pool will be considered unless these provisions are included and are acceptable to the Principal School Medical Officer and the County Architect.

Regular routine visits were made by the County Health Inspector or his assistants in 1964, during the period when the pools were in use, to check the pH value and residual chlorine in the water. At the same time records kept by the person responsible for the pool were inspected and cross-checks were made with the apparatus used at the school for residual chlorine and pH value estimations. Members of the Department have been available at all times to discuss and advise on any problems arising from the chlorination and filtration plant.

A residual chlorine figure of 0.5 to 0.8 has been recommended, and if this figure is maintained, routine bacteriological samples of the water are not required. Where there were difficulties, however, bacteriological samples were taken.

Nocturnal Enuresis.

For some years, electric alarm apparatus has been available on loan throughout the County for children who suffer from persistent nocturnal enuresis. The apparatus works from a low-voltage battery; its aim is to waken the patient immediately incontinence begins (by means of a buzzer) thereby helping to improve co-ordination between bladder and brain.

A true assessment of the effectiveness of this type of apparatus is difficult to achieve owing to the many varying factors involved. A survey of one hundred and thirty-four children issued with alarms in 1963 is given below, the results being one year after the date of issue. Children who had left the district after issue, or who had only used the apparatus for one week or less were excluded from these results.

	Boys.			Girls.		
	Under 10 yrs.	*10 yrs. & over*	*Total*	*Under 10 yrs.*	*10 yrs. & over*	*Total*
Symptom free ...	17	13	30	13	4	17
Greatly improved ...	16	9	25	6	4	10
Improved	6	5	11	5	2	7
No improvement ...	18	7	25	6	3	9
	57	34	91	30	13	43

Co-operation and perseverance of both child and parent is essential and it is helpful if the child is old enough to mark up the result chart itself. Some of the difficulties found in the operation of this system are that when more than one child sleeps in a bed (in one case there were eight children in a family and three had to share a bed) all are disturbed and frightened when the alarm rings ; in some cases children switch the alarm off, usually because they are frightened of the buzzer ; other children are very heavy sleepers and do not hear the alarm although the rest of the household is awakened. In large families parents tend not to persevere long enough and this is often understandable when all are awakened by the alarm.

The following report was supplied by the Principal School Dental Officer.

Once again the increase in the number of whole-time dental officers has continued with the recruitment of two in September and a further two in January 1965 ; the officers recruited are in the younger age groups. Meanwhile one officer resigned last year and another this year. At one time the service was in danger of becoming overweighted with older men, but the balance has now been restored.

Just over 26,500 children were inspected in routine visits to schools and 14,200 of these had defects for which treatment was recommended. Many of these children received treatment through the National Health Service, but as only 6,600 attended for treatment in the School Dental Service, it is difficult to believe that all the remaining 7,600 children received the treatment which they needed. Now that the number of dental officers in some areas is increasing, it will be possible to provide more frequent and regular dental inspections, and check whether treatment previously found necessary has been carried out.

Since July 1964 a small quantity of fluoride salt has been added to the City of Birmingham water supply. Initially the amount was very small, but it is being increased until the content is one part of fluorine in a million parts of water. The City of Birmingham water is supplied to a part of the Meriden Rural District, and a check has been made there of the present degree of damage from dental caries to five year old schoolchildren. This can be compared in subsequent years to see what change is apparent. To safeguard this analysis against changes occurring through other factors, a similar survey is being undertaken in other areas of the County which are not at present receiving any appreciable amount of fluoride in their water supplies.

Preliminary calculations on the results of examining five year old children show an average of nearly five out of the twenty teeth in the primary dentition affected by dental caries. A very marked difference is apparent in the state of the teeth between those children in schools in the Kingshurst estate, and those in the Castle Bromwich and Coleshill areas, and a more detailed analysis of the results will be given in the Annual Report of the County Medical Officer of Health.

During the year new dental clinics were opened in Weddington, Hillmorton and Leamington Spa, and a number of older clinics had improvements to the equipment. Other new clinics are under construction or in the planning stage, and it should soon be possible to provide adequate coverage for the whole of the County.

The scheme for employing specially trained Dental Auxiliaries is now in its second year in the County, and the treatment so provided has been very helpful, especially in dealing with the very young patients. The Auxiliaries have also been able to devote some useful time to Dental Health Education in schools.

Pulmonary Tuberculosis.

Although the number of pulmonary tuberculosis cases in children between five and fourteen is only about a third of that found ten years ago, this disease still remains one of the most serious infectious diseases. Total notifications for the year (covering all ages) remained similar to last year, but in children aged five to fourteen notifications increased, thirteen in 1964 as against three in 1963 and eleven in 1962. Four of these children were direct contacts but the majority were picked up as a result of Heaf testing in schools.

B.C.G. is offered to all contacts of a case of open tuberculosis, and during the year one hundred schoolchildren were vaccinated under this scheme. B.C.G. is also offered as a pro-

phylactic measure usually to school leavers and students. Under this scheme 6,520 children were offered B.C.G., and an acceptance rate of 84% was obtained. Nearly 17% of the children who were skin tested showed a positive reaction, and did not therefore require vaccination. Of the remainder, 4,071 received B.C.G. vaccination.

Typhoid and Paratyphoid.

One typhoid and one paratyphoid case were notified during the year in the five to fourteen year age-group. Both cases were boys. The source of infection of the typhoid case was a carrier; the paratyphoid case was contracted abroad. No case was reported in a child of school-age during 1963.

Dysentery.

Fewer cases of dysentery were notified in five to fourteen year old children during the year:—

	1963	1964
5 - 9	199	75
10 - 14	72	32
	271	107

This disease is usually very infectious and is more prevalent amongst children. Notifications by quarter show that these are higher in the first two quarters of the year.

	March	*June*	*Sept.*	*Dec.*	*Total*
1963	164	90	11	6	271
1964	81	18	4	4	107

Because of the infectious nature of the disease a reliable standard of personal hygiene is essential at all times if infection is to be kept to a minimum. This subject is stressed in health education in the schools.

School Canteens.

During the year most of the School Canteen Workers received talks on food hygiene from the County Health Inspector. Routine inspections were also made at school kitchens and canteens.

School Medical Examinations.

Since the inception of the School Medical Service, children have had a routine medical examination on entering school, between ten and eleven years, and again before leaving school. Children could also be examined at any time during the intervening years at the request of a parent or teacher, etc. As the standard of child health has risen considerably, the continuation of periodic medical examinations (with the exception of the entrants examination) has become a controversial subject. These examinations have been a substantial help to the school child in the past. But the detection of early disease processes is far more difficult than the public realises. The earlier the disease, the less there is to detect and consequently the examination has greater technical difficulties. Whenever possible a medical history should be obtained and this in part might be supplied by the teacher (in addition to the information supplied by the parents). We are moving into a new era of school medical examinations but it will be some time before the full advantages can be realised. In this County, one Area has been investigating the possibilities of selective examination of children in the intermediate age-group.

Some selective examinations will soon begin in the larger schools where the numbers on roll are such that a school doctor already has to pay three or more visits in any one year. Questionnaires will be sent to parents, and the selection will be made by the Medical Officer in the light of this record and the school medical record. More frequent eye-testing is also being undertaken in this Area. The frequency has been limited to alternate years, but as soon as possible annual testing will be undertaken.

Speech Therapy.

The staffing position fluctuated throughout the year commencing in January 1964 with only the equivalent of three full-time speech therapists out of an establishment of seven. By October 1964, and until the end of the year, there was the equivalent of four and three-elevenths full-time speech therapists. The staffing position was therefore even lower than in 1963, and was for a large part of the year depleted by one and a half full-time speech therapists.

Eight hundred children were treated in clinics and schools in the County during 1964. It is interesting to note that of these 800 children, 551 (69%) were male and 249 (31%) were female. It has been established for many years that males are more prone to defective speech than females, but this ratio of just over 2 : 1 is lower than is usually estimated. The usual estimate is 3 : 1.

A total of 254 children were discharged during the year. The following table shows the type of defect treated, and the number of boys and girls in each group.

ANALYSIS OF DISCHARGED CASES SHOWING ORIGINAL SPEECH DEFECT.

Speech defect	*No. of males discharged*	*No. of females discharged*	*Total no. of discharges*	*% of total discharges*
Dyslalia	134	59	193	76.0%
Stammer ...	36	7	43	16.9%
Retarded language development ...	8	4	12	4.7%
Cleft palate ...	—	1	1	0.4%
Voice defect ...	1	2	3	1.2%
Dysarthria ...	2	—	2	0.8%

The following table shows the reasons for discharge. The column " others " includes those who defaulted, left the area or school, or did not co-operate.

PERCENTAGE SUCCESS OF TREATMENT.

Speech Defect	*Speech normal*	*Very much improved*	*Improved*	*No change*	*Others*
Dyslalia	52%	13%	15%	1%	19%
Stammer	30%	26%	16%	—	28%
Retarded language development	17%	17%	17%	17%	32%
Cleft palate	—	—	100%	—	—
Voice defect	33.3%	33.3%	—	33.3%	—
Dysarthria	—	—	—	50%	50%
Total	45.6%	15.4%	15.8%	2.0%	21.2%

It is encouraging to note that 76.8% of the cases discharged had benefitted from speech treatment.

In addition to the 800 children under treatment, 42 children were seen but were found either to be unsuitable for treatment or treatment was unnecessary due to spontaneous improvement.

A total of 7,511 attendances were made by the children during the year, and on 232 occasions speech therapists saw parents individually to advise on the patient's speech and language management. In addition, 1,005 appointments were made but not kept. On 350 of these occasions, the therapist was notified of the absence and the reason for it by the parent, but on 655 occasions no such explanation was received.

The College of Speech Therapists recommends an individual treatment time per patient of twenty-five to thirty minutes, and in general this is the time that the Warwickshire Speech Therapy staff spent with each child.

Child Guidance Service.

This paragraph was prepared with Dr. P. J. CROWLEY, Consultant Child Psychiatrist.

Children of all ages are seen at Child Guidance Clinics. The problems they present may be purely family ones which cause the worried parents or the family doctor to seek help or advice, but, more commonly, it is the school that refers the child.

It is in the infant or first year junior school that vigilant teachers or school medical Officers pick out the child with educational difficulties, unusual behaviour, too much aggression, fear, or other emotional problems. After the situation has been discussed with the parents and the Educational Psychologist, the problem may be referred to the Child Guidance Clinic for full investigation and treatment, if the parents and the family doctor agree. Taken in time, many disorders of childhood respond to treatment rapidly, otherwise secondary or irreversible changes take place in the personality of the child, or in the attitude of the parents.

Today, many parents worry excessively about the education of their children, their intelligence, ability to pass the 11+, future school or university, even though the boy or girl may be only four years old. They try to teach him letters or figures, almost from the time he learns to talk. When he spends so much time playing at the infant school, they complain that the child should be studying for his future exams instead of wasting his time in play. Over-zealous attempts to cram the young child may well lead to a stubborn refusal to make any attempt to learn, or a permanent dislike and fear of school.

Some successful fathers or ambitious mothers find it difficult to accept that their children's academic progress is not up to their expectations. The Psychologist can find out if their attainments are commensurate with their intelligence, or if there is some specific difficulty such as learning to read, sometimes called " Word Blindness," which needs intensive remedial work.

In the older more intelligent child, a sudden deterioration in school work may be a sign of emotional difficulties at home, and not just laziness as a teacher might first think.

Failure to attend school can often present a difficult problem because there are so many reasons why a child might be away, and the parents do not always inform the teachers. There are, however, three main causes for prolonged absence and it is essential to distinguish between them because each requires a very different kind of treatment.

(1) *The Mother keeps the child at home.*

It is rare today to find parents who would deny their children education because they are negligent or because they require the child at home, but there are many over protective, fussy mothers, who will keep the child at home because of bad weather, a running nose or a mild cough, often for weeks on end until it is not worth going back for the remainder of the term. She may encourage such an inter-dependency between herself and her only child that both use any excuse to avoid any separation. Mental ill-health (or depression) in the mother may also be the important factor requiring effective treatment.

(2) *" School Phobia " ; an acute anxiety state.*

The family doctor is often the first to see this type of child because of early morning nausea, vomiting, abdominal pain and a host of other physical or hysterical symptoms, subsequently referred to many other hospital specialists. Fear of school is only one manifestation of this disease which affects girls between the ages of ten and thirteen, a year before they reach puberty. It is not so common in boys but may happen about two years later. It is not the school that the child is afraid of, but of leaving the safety of the home for any reason or of meeting other people. For every girl who refuses to go to school, there are a dozen who are, for a time, reluctant to go and give rise to a scene every morning when the mother has to battle to make her set out. The child often tries to justify the reluctance to go to school by complaints of ill-health or ill-treatment at the school.

These are urgent cases for the Child Guidance Clinic. Unwise handling of the frightened, mentally ill child can be very harmful. Early treatment is effective in bringing the child back to school but delay makes the return more difficult.

(3) *Truancy.*

It is important to distinguish the truant from the " School Phobia " child because they are fundamentally different types and require very different treatment. Whereas the " Phobic " child is closely attached to the mother and home, and has always been of good behaviour at school, the typical truant is the opposite ; aggressive, defiant and often delinquent. It is very much commoner in boys, although fourteen year old girls who have outgrown their interest in school can be quite a problem too. It is likely to be a more serious problem when the school leaving age is raised in the future.

Children on the Handicapped Pupils Register.

At the end of the year 1,620 Warwickshire children were ascertained on the handicapped pupils register as suffering from a physical or mental handicap. Two hundred and sixty-four of these children (168 boys and 96 girls) were newly ascertained during 1964. It will be noted from the following figures that boys continued to show a higher ascertainment rate in all categories except the epileptic group :—

	Rate per 1,000 on Roll Dec. 1964 (Excluding Solihull)			*Ratio*
	Boys	*Girls*	*Total*	*Boys to Girls*
Blind and Partially Blind ...	1.16	0.55	0.86	2.25 : 1
Deaf and Partially Deaf ...	1.25	0.80	1.03	1.66 : 1
Educationally Sub-normal ...	12.65	8.60	10.69	1.56 : 1
Epileptic	0.30	0.34	0.32	0.93 : 1
Maladjusted	1.03	0.43	0.74	2.53 : 1
Physically Handicapped ...	3.08	2.67	2.88	1.22 : 1
Speech Defects	0.09	0.05	0.06	2.00 : 1
Delicate	1.68	1.00	1.35	1.77 : 1
	21.24	14.44	17.94	1.56 : 1

A study of the number of cases in the various Health Areas made at the beginning of the year showed that a rather large variation still exists in the Area ascertainment rate. These figures suggest that there are still many handicapped children not being referred for ascertainment.

Rate per 1,000 on roll Jan. 1964 (Excluding Solihull)

	Educationally Sub-normal			*All other Categories*			*Total*		
	Male	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
Sutton Coldfield ...	4.34	5.29	4.79	7.72	4.75	6.31	12.06	10.04	11.10
Nuneaton	17.15	12.99	15.12	13.36	8.80	11.14	30.51	21.79	26.26
Atherstone/Bedworth	19.10	14.32	16.84	11.41	9.90	10.68	30.51	24.22	27.52
Eastern	9.40	7.44	8.42	6.43	3.14	4.79	15.83	10.58	13.21
North-Western ...	10.79	8.99	9.91	8.09	5.99	7.07	18.88	14.98	16.98
Central	14.61	7.18	11.08	8.36	6.04	7.25	22.97	13.22	18.28
Southern	11.31	5.56	8.49	6.13	3.78	4.97	17.44	9.34	13.46
	12.48	8.68	10.64	8.71	6.03	7.40	21.17	14.70	18.04

The number of educationally sub-normal children accounts for about 60% of all handicapped children ascertained, and the age and sex distribution (per 1,000 on roll) of the 963 children on the register at the beginning of the year was as follows :—

E.S.N. Children, rate per 1,000 *on roll January,* 1964 (*Excluding Solihull*)

Year of Birth	*Age*	*Boys*	*Girls*	*Ratio Boys to Girls*
1959 or later	Under 5	1.57	— ...	—
1958	5	1.85	1.69 ...	1.14 : 1
1957	6	3.23	2.26 ...	1.56 : 1
1956	7	4.61	4.78 ...	1.06 : 1
1955	8	9.62	6.80 ...	1.48 : 1
1954	9	15.09	8.76 ...	1.81 : 1
1953	10	12.75	14.96 ...	0.91 : 1
1952	11	23.28	14.51 ...	1.65 : 1
1951	12	19.69	14.13 ...	1.47 : 1
1950	13	20.08	13.24 ...	1.61 : 1
1949	14	20.59	11.05 ...	1.88 : 1
1948 or earlier	15 and over ...	16.19	9.88 ...	1.86 : 1
		12.48	8.68 ...	1.52 : 1

In children under eleven years of age, the rate for boys was 7.19 as against 5.91 for girls, the ratio of boys to girls being 1.29. For children aged eleven and over the rate for boys was 19.86 as against 12.52 for girls, and the ratio of boys to girls 1.68.

Full ascertainment of children with handicaps is essential if adequate educational facilities are to be arranged. In certain cases—blind and deaf children—residential accommodation in special schools is necessary, but in many other cases children can be accommodated in special day schools. However numerous children do manage in ordinary schools (sometimes in special classes), and this is most desirable when possible. Partially deaf children with established language are always tried out in ordinary schools. A close watch is kept on their ability and progress. In cases of failure, special schooling is then recommended. At the end of the year about half the partially deaf children ascertained were on trial or able to manage in ordinary schools. In the physically handicapped group, 55% were in ordinary schools. Their handicaps varied greatly, e.g. minor degrees of post poliomyelitis effects (shortening of limbs or residual paralysis), slight congenital deformities of the limbs, successfully treated heart conditions and hip dislocations, mild spasticity, etc. Again in the epileptic and delicate group between 55% and 60% were on trial or able to manage in ordinary schools.

The Autistic Child.

It is impossible to define this wide range of conditions in a few words. At one extreme there is the catatonic idiot, and at the other a child who functions fairly well in society but lacks warmth, is obsessional and has poor mind/body co-ordination. The child withdraws into fantasies. By repetitive training they can learn to look after themselves to some extent in domestic concerns, but, as many of them are mute or partially mute, communication is very limited. They are unpredictable and show a patchy intellectual development.

The general consensus of opinion is that they are best handled in some form of residential community life, where they can lead regular lives in a non-demanding atmosphere.

In my opinion the severe cases become the responsibility of the Regional Hospital Board. Some of the less severe can be successfully placed in such establishments as the Rudolf Steiner Schools, whilst those who show subnormal development and a minor degree of autism can attend training centres and schools for the educationally subnormal.

The correct placing of such children can only be decided by trial, and consequently decisions have to be deferred and one is always subject to criticism from the parents.

Seven children have been notified as falling in this category: two have been recommended for trial in suitable schools, and pending vacancies becoming available remain at home with tuition. Two others are under school age, and will be re-assessed when five years of age to decide what action is to be taken regarding their future. Of the remaining three cases one is at present in a Recovery Hospital awaiting investigation at a special unit. One other has been admitted for a period of observation to a training centre, whilst the remaining case is under investigation to ascertain whether any form of education is suitable.

Health Education in Schools.

The progress of health education in the County is encouraging. The work of medical and nursing staff in this field is expanding both in volume and in the variety of the subjects covered. The range of subjects has developed from Personal Hygiene and Mothercraft to include Safety in the Home, First Aid in the Home, Simple Home Nursing, Food Hygiene, and the work of the Local Authority Services including that of such people as the Medical Officer of Health, the Health Inspector, the Health Visitor, and the District Nurse. Some of these subjects are covered in the normal school programme under the general heading of Civics and Current Affairs. Some have more immediate impact than others, and are stressed according to the day to day developments, for example, home safety. Most people are aware of the appalling road accident figures, but because home accidents usually occur singly, or are not reported to the same extent, few people are aware of the magnitude of the problem. Reporting on a survey of home accidents occurring in Great Britain over a period of ten years, the Royal Society for the Prevention of Accidents notes that there are over 2,000 *more* fatal cases per year from home accidents than road accidents. In addition, they computed that out of a population of 50 million, up to 2 million people find their way annually into hospital as casualty outpatients. Almost all of these accidents are preventable, and for this reason stress is laid upon ' education for safety ' in the health teaching programme. Some of the points of particular attention are :—

(1) Avoiding medicinal poisoning due to the use of unlocked medicine cabinets or leaving medicines within the reach of children. (Many people are unaware that ' harmless ' adult medicines may be fatal if children take excessive doses).

(2) Improper use of Do-It-Yourself tools and appliances.

(3) Guarding fires.

(4) Children playing with inflammable materials.

(5) Firework accidents.

All these and many more, form the basis for lessons in home safety.

The same sort of reasoning is used for many other subjects when devising a set of lessons for health teaching. However, since there is no agreed syllabus in general use throughout the County, uniformity is difficult to achieve. In addition, the coverage of health teaching is made more difficult by the fact that boys tend to follow a course which is not parallel to that of the girls. In boys' schools the position is such that since there is no equivalent subject to the housecraft studies of girls, formal health education is difficult to place. Greater contact is being achieved, however, through the increasing number of talks, films, and demonstrations given by Departmental Staff to Parent-Teacher Associations.

More use is now being made of sound film material in relation to sex education than in previous years, and parents previewing such material often request a further showing at some later date when they can attend with their children. At first these previews were held in order to reassure the parents of the contents of such films, but after discussion many of the parents have agreed that their own previous ideas were erroneous. A large part of these discussions is devoted to the question of maturation and the sex-education of the pre-adolescent, and the Parent-Teacher Associations of Junior Schools are becoming increasingly aware of the need for preparation.

Many of the Junior Schools are undertaking health teaching as an integral part of the daily pattern of the syllabus work in History, Geography, Current Affairs and Civics, as well as Science and Nature Study. The result is that more attention is being devoted, in the Primary Schools, to the active prevention of ill-health by attention to the principles of healthy living. Films and filmstrips are extremely valuable in this respect, since quite complex concepts can be appreciated without the problem of vocabulary level being intrusive. This factor led to a great expansion of the audio-visual aids library which is now available on loan to schools throughout the County. A catalogue was prepared, and, soon after issue to the High Schools, it was evident that many of the filmstrips and slides would have to be kept in duplicate in order to keep pace with demand. New material is constantly being made and added to the library which covers most of the requirements of schools for general health teaching. Much of the material was made with the older pupil or adult in mind, and new forms of presentation are needed for the younger pupils.

Some children in the age range five to seven years, have been taking part in some experimental health education with one of the Deputy Nursing Officers. Simple studies of healthy habits, good food, properly fitting shoes, care of the teeth, care of the hair and personal hygiene, have been made by the children under the guidance of the Nursing Officer and, after a term's work, a small exhibition has been arranged which shows the work done by the children. This has been reinforced through exhibits prepared by the County staff, and by the showing of films. So far, great interest has been shown on the part of the children, parents and school staff.

Many teachers throughout all the schools are making a significant contribution to health teaching. To help these and other members of staff to appreciate the problems and techniques of health teaching as well as some of the facilities available to them, a Conference has been arranged by the Education department for the Autumn of 1965. This Conference will draw together some of the latest thoughts and methods on the problems of health education in schools, and should be of great significance in the coming years.

S. W. SAVAGE, M.D., D.P.H.,
Principal School Medical Officer.

Shire Hall,
Warwick.

STAFF OF THE SCHOOL HEALTH SERVICE

(At time of going to Press).

Principal School Medical Officer ... ... Dr. S. W. SAVAGE.
Deputy Principal School Medical Officer ... Dr. G. H. TAYLOR.

	Medical Officer.	*School Medical Officers.*
*Sutton Coldfield M.B.	Dr. J. R. PRESTON.	Dr. ISOBEL M. S. NICHOLLS Dr. M. C. T. WILKES.
*Nuneaton M.B.	Dr. G. DISON.	Dr. N. S. TURNBULL. Dr. GWENDOLEN K. G. COOTE.
Atherstone/Bedworth Area.	Dr. E. M. HUGHES.	Dr. B. C. BARDALAI. Dr. S. H. BROCK. Dr. A. L. J. CUSACK.
Eastern Area.	Dr. D. J. JONES.	Dr. J. G. M. MORTIMER. Dr. M. STEANE. Dr. H. M. RICHARDS.†
North-Western Area.	Dr. R. S. MCELROY.	Dr. LUCY M. ELLIS. Dr. G. C. B. HAWES.
Central Area.	Dr. F. D. M. LIVINGSTONE.	Dr. MYRTLE V. RICHARDS. Dr. M. H. J. MARTIN. Dr. J. F. SANSOME. Dr. D. SUTCLIFFE WILLIAMS.
Southern Area.	Dr. J. B. BRAMWELL.	Dr. J. P. HEWSON. Dr. A. L. KIRKLAND.

* Borough Councils with delegated powers for health and ' excepted ' districts for education.

† Not entirely based in the area. Attending D.P.H. course—Drs. C. M. D. EDMONDS and N. J. B. EVANS.

Principal School Dental Officer.
Mr. H. J. BASTOW.

School Dental Officers.

Sutton Coldfield M.B. ... ... Mr. N. G. EVANS.
Nuneaton M.B. ... ... Miss E. B. NASMYTH. / Miss P. M. MCDONAGH.
Atherstone/Bedworth Area ... ...
Eastern Area ... ... Mrs. J. READE.
North-Western Area ... ... Mr. W. DOUGLAS.
Central Area ... ... Mr. R. A. LEWTY. / Miss G. M. BAKER. / Mr. C. M. B. DU BOIS. / Miss A. MARTINOVS.
Southern Area ... ... Mrs. E. I. COLDRON.

There are in addition a number of part-time dental officers.

Dental Auxiliary.
North-Western Area ... ... Miss M. E. PARKS.

Nursing Staff.

Superintendent Nursing Officer. Miss V. E. BEESTON.

Deputy Superintendent Nursing Officer. Miss M. J. HEDGES.

There are 2 Borough Nursing Officers and 5 Area Nursing Officers. School Nursing is carried out by 1 whole-time school nurse, 80 health visitors, and 16 district nurse/midwife/health visitors who combine school nursing with other duties.

Senior Speech Therapist.
Mrs. J. Beckett.

Speech Therapists.
Mrs. M. P. Manley. — Whole-time.
Mrs. P. A. Cole.
Mrs. G. Errey.
Mrs. R. W. Jenkins,
Mrs. P. D. Norman,
Mrs. B. Northen,
Mrs. K. M. Senior,
Mrs. N. M. Smits,
Mrs. E. Snow. — Part-time.

Social Worker (Child Guidance).
Mrs. S. M. Triantafillou.

Physiotherapists.
Miss N. Grisbrook.
Mrs. E. G. Mason.
Mrs. C. M. Williams, Part-time (2 sessions weekly).

Statistical Officer.
Mrs. B. Warren.

Health Education Officer.
T. T. Payne.

TABLE 1. NUMBER OF SCHOOL CHILDREN ON ROLL AT JANUARY EACH YEAR.

	Year.	*Nursery.*	*Primary and Secondary.*	*Special.*	*Total.*
Including Solihull	1953	359	69,211	547	70,117
	1954	365	72,094	592	73,051
	1955	348	75,509	602	76,459
	1956	353	78,827	615	79,795
	1957	362	81,825	750	82,937
	1958	367	84,684	780	85,831
	1959	352	87,952	801	89,105
	1960	346	90,526	811	91,683
	1961	345	93,492	828	94,665
	1962	343	95,660	820	96,823
	1963	348	97,324	884	98,556
Excluding Solihull	1963	348	83,525	834	84,707
	1964	352	86,659	953	87,964

TABLE 2. NUMBER OF SCHOOLS AND NUMBER OF SCHOOL CHILDREN ON ROLL AT JANUARY, 1964.

	Nursery Schools.		*Primary.*		*Secondary.*		*Total Schools.*	*Total Children.*
	Schools.	*Children.*	*Schools.*	*Children.*	*Schools.*	*Children.*		
Sutton Coldfield M.B.	—	—	22	7,099	10	4,794	32	11,893
Nuneaton M.B.	2	80	23	5,317	9	4,196	34	9,593
Atherstone/Bedworth Area	3	141	35	987	7	848	45	11,976
Eastern Area	—	—	45	7,118	14	4,895	59	12,013
North-Western Area	—	—	47	8,737	11	4,279	58	13,016
Central Area	3	131	72	11,345	12	6,578	87	18,054
Southern Area	—	—	67	6,185	11	4,281	78	10,466
Total	8	352	311	52,788	74	33,871	393	87,011

TABLE 3. NUMBER OF INDIVIDUAL CHILDREN FOUND TO REQUIRE TREATMENT (excluding Special Schools) **AT PERIODIC MEDICAL EXAMINATIONS.**

Age group.	*Number examined.*	*Number children found to require treatment.*		
		For defective vision (exc. squint)	*Other * conditions.*	*Total.*
Entrants	9,468	195	404	576
Second age group	6,867	293	129	414
Third age group	5,721	194	81	266
8 Year vision	6,304	249	2	251
Vision—other ages	3,770	72	—	72
TOTAL	32,130	1,003	616	1,579

* Does not include dental diseases and infestations with vermin.

TABLE 4. TYPE OF DEFECT FOUND AT SCHOOL MEDICAL EXAMINATIONS. (excluding Special Schools).

Defect	*Periodic Medical Examinations. Number* 28,360.		*Special Medical Examinations. Number* 2,738.	
	Defects requiring treatment.	*Defects requiring observation.*	*Defects requiring treatment.*	*Defects requiring observation.*
Eyes	1,049	3,316	128	276
Orthopaedic	149	1,429	20	180
Nose and Throat	88	1,389	10	184
Skin	21	415	1	50
Ears	116	719	25	81
Lungs	13	456	2	65
Speech	35	281	11	35
Developmental	50	734	15	80
Lymphatic Glands	4	168	—	22
Psychological	24	491	6	98
Nervous System	3	125	2	30
Heart	31	297	6	51
Abdomen	8	145	1	15
Other	41	537	7	89
TOTALS	1,632	10,502	234	1,256

TABLE 5.

OPHTHALMIC SERVICES.

OPHTHALMIC PART-TIME STAFF AND ATTENDANCES AT EYE CLINICS.

	OPHTHALMIC PART-TIME STAFF	*No. of sessions.*		*CLINIC.*	*WHEN HELD.*	*No. of individual children seen during 1964.*		*Total attendances made by these children.*	*No. prescribed spectacles in 1964.*		*No. referred for Orthoptic Treatment.*	*Total cases on Register. 31/12/64*
		1964	1963			*New cases.*	*Other.*		*New cases.*	*Other.*		
SUTTON COLDFIELD M.B.	Dr. E. J. McCABE ... Dr. C. LONGMORE ...	46 43	44 40	9, Holland Street, Sutton Coldfield	Tuesday p.m. ... ... Wednesday a.m.	163	431	668	107	172	—	1,103
NUNEATON M.B.	Mr. F. H. BUDDEN ... Mrs. M. C. HANDSCOMBE	16 70	26 63	Riversley Park Clinic, Nuneaton	Saturday a.m. (monthly) ... ... Wednesday a.m., Friday a.m. ...	243	560	803	138	255	56	847
ATHERSTONE/ BEDWORTH AREA.	Dr. M. KEMP ... Mrs. M. C. HANDSCOMBE	16 23	8 13	Health Clinic, Atherstone... ... Health Clinic, Bedworth ... ... Nurses Home, Polesworth ...	Friday p.m. (monthly) ... ... Saturday a.m. ... ... Friday p.m. (monthly)	36 100 17	61 117 31	97 217 48	21 55 6	19 46 19	4 27 4	83 198 54
					TOTAL	153	209	362	82	84	35	335
EASTERN AREA.	Dr. H. RILEY ... Mr. T. J. P. KERWICK	61 43	64 46	First Aid Post, Rugby	Wednesday a.m. (1st, 2nd, 3rd & 5th in month) ... ... Wednesday p.m. (1st & 3rd in month) Friday a.m.	147	800	947	54	155	23	896
NORTH-WESTERN AREA.	Dr. H. RILEY ... Dr. C. LONGMORE ...	108 44	107 43	Miner's Welfare Hall, Arley ... Area Health Office, Coleshill ... Balsall Street Institute, Balsall Common ... ... Village Hall, Meriden ... ... Parish Hall, Wilnecote	Last Tuesday a.m. (monthly) ... Tuesday p.m., Thursday a.m. ... Last Wednesday a.m. (alternate months) ... ... Tuesday p.m.	10 128 21 88	19 244 21 204	29 626 47 312	2 15 6 50	6 68 8 93	— — — —	32 370 33 298
					TOTAL	247	488	1,014	73	175	—	733
CENTRAL AREA.	Mr. M. W. SMITH ...	125	129	62, Holly Walk, Leamington Spa Health Clinic, Lillington ... ... Brunswick Clinic, Leamington Spa Cape Road Clinic, Warwick ... Health Centre, Kenilworth ...	Monday a.m. (2nd & 3rd in month), Tuesday p.m. (2nd & 4th in month) Thursday a.m. (2nd & 4th in month) Monday a.m. (1st in month) ... Thursday a.m. (1st & 3rd in month) Monday a.m. (4th in month)... ...	238 66 12 122 41	635 216 51 249 137	895 289 64 376 182	172 52 9 89 27	214 88 19 110 51	76 12 3 37 11	553 248 241 328 158
					TOTAL	479	1,288	1,806	349	482	139	1,528
SOUTHERN AREA.	Mr. F. H. BUDDEN ... Mr. M. W. SMITH ...	15 42	39 47	Health Clinic, Stratford-upon-Avon	Saturday a.m. (monthly) ... ... Friday a.m.	207	611	851	151	294	70	724
		652			GRAND TOTAL	1,639	4,387	6,451	954	1,617	323	6,166
			669		1963 TOTAL	1,592	3,965	6,059	892	1,769	380	6,060

TABLE 6.

ORTHOPTIC TREATMENT IN THE CENTRAL AND SOUTHERN AREAS.

	Number of children seen during 1964.	*Total attendances made by these children.*	*Degree of cure on discharge.*		*No. ceasing to attend or unsuitable.*	*No. still on treatment* 31*st Dec.*, 1964.
			Full binocular vision	*Partial binocular vision or cosmetic improvement.*		
Cases carried over from 1963 ...	217	766	64	59	6	88
Cases referred in 1964	211	784	28	25	10	148
TOTAL ...	428	1,550	92	84	16	236

ORTHOPAEDIC SERVICE.

AFTER CARE CLINICS.

	Clinic.	*When held.*	*Physiotherapists.*
SUTTON COLDFIELD M.B.	49, Holland Street.	Tuesday p.m. Thursday p.m.	Mrs. C. M. WILLIAMS.
NUNEATON M.B. ...	Riversley Park Clinic.	Monday a.m. Tuesday p.m. Friday p.m.	Sisters from Coleshill Orthopaedic Hospital.
ATHERSTONE/BEDWORTH AREA.	Atherstone Health Clinic.	Tuesday p.m.	Sisters from Coleshill Orthopaedic Hospital.
CENTRAL AREA. ...	Kenilworth Health Clinic. Brunswick Health Clinic, Leamington Spa. Lillington Health Clinic. Southam Child Welfare Clinic. Warwick Health Clinic, Cape Road, Warwick.	Monday p.m. Tuesday a.m. Thursday a.m. Wednesday a.m. (1st & 3rd) Friday a.m.	Mrs. E. G. MASON.
SOUTHERN AREA.	Stratford Health Clinic.	Thursday a.m.	Sisters from Coleshill Orthopaedic Hospital.

ORTHOPAEDIC SERVICE.

HOSPITAL CLINICS.

	Address of Clinic.	*When held.*	*Surgeon.*	*Physiotherapists.*
Sutton Coldfield M.B.	Sutton Coldfield Hospital.	Friday a.m. (except 5th Friday in month.)	Mr. W. H. Scrase.	R.H.B.
Nuneaton M.B.	Riversley Park Clinic, Nuneaton.	Friday, p.m. (last in month).	Mr. J. H. Penrose.	Sisters from Coleshill Orthopaedic Hospital.
	Manor Hospital, Nuneaton.	Tuesday and Thursday, p.m.	Mr. T. Sergeant.	R.H.B.
Atherstone/ Bedworth Area.	Exhall Grange School Clinic.	By arrangement.	Mr. J. H. Penrose.	Miss N. Grisbrook.
Eastern Area.	Hospital of St. Cross, Rugby.	Monday a.m. Thursday, a.m.	Mr. I. K. Sharp.	R.H.B.
North-Western Area.	Orthopaedic Hospital, Coleshill.	Monday (once every 3 months).	Mr. F. G. Allan.	Sisters from Coleshill Orthopaedic Hospital.
	College Lane School Rooms, Tamworth.	Tuesday, a.m. (last in month).	Mr. A. Innes.	,, ,, ,,
Central Area.	Health Clinic, Crown Way, Lillington, Leamington Spa. Health Clinic, Cape Road, Warwick.	Monday, a.m. (except 5th Monday in month). Friday a.m. (except 5th Friday in month).	Mr. E. J. Gallagher.	Mrs. E. G. Mason.
Southern Area.	The Hospital, Stratford-upon-Avon.	Thursday, a.m. (1st and 3rd in month). Friday, a.m. (2nd and 4th in month).	Mr. F. G. Allan. Mr. E. J. Gallagher.	Sisters from Coleshill Orthopaedic Hospital.
Birmingham.	Royal Orthopaedic Hospital, 80, Broad Street, Birmingham.	Daily.	Various.	R.H.B.
Coventry.	Coventry and Warwickshire Hospital, Stoney Stanton Road.	Monday, p.m. Thursday, p.m.	Mr. J. H. Penrose. Mr. A. J. Watson.	R.H.B.
Redditch.	Smallwood Hospital, Redditch.	Tuesday, p.m.	Mr. J. A. James,	R.H.B.
Solihull.	Solihull Hospital.	Wednesday, p.m.	Mr. W. H. Scrase.	R.H.B.

All surgeons are employed by the Regional Hospital Board.

SPEECH THERAPY.

CLINICS.

	Clinic.	*Address.*	*When held.*
SUTTON COLDFIELD M.B.	Sutton Coldfield	49, Holland Street	Wednesday 9 a.m.—12 noon.
	St. Nicholas	Upper Clifton Road	Tuesday 9 a.m.—12 noon.
	Mere Green	Health Clinic	Tuesday 1-30 p.m.—4-30 p.m.
			Wednesday 1-30 p.m.—4-30 p.m.
NUNEATON M.B.	Nuneaton	Riversley Park Clinic	Wednesday 9-30 a.m.—12-30 p.m.
			1-30 p.m.—4-30 p.m.
			Thursday 9-30 a.m.—12-30 p.m.
			1-30 p.m.—4-30 p.m.
		Red Deeps Special School	Tuesday 9-30 a.m.—12-30 p.m.
			Thursday 9-30 a.m.—12.30 p.m.
ATHERSTONE & BEDWORTH AREA	Bedworth	Health Clinic	Wednesday 9-30 a.m.—12-30 p.m.
			Thursday 9-30 a.m.—12-30 p.m.
		Exhall Grange Special School	Tuesday 9-45 a.m.—12-45 p.m.
			1-45 p.m.—4-45 p.m.
			Wednesday 9-45 a.m.—12-45 p.m.
			1-45 p.m.—4-45 p.m.
EASTERN AREA	Rugby	F.A.P., Temple Street	Tuesday 9-30 a.m.—12 noon.
	Hillmorton	Health Clinic	Wednesday 9-30 a.m.—12 noon.
	Bilton	Health Clinic	Friday 9-30 a.m.—11-30 a.m.
		Tyntesfield Special School	Friday 11-30 a.m.—12-30 p.m.
NORTH-WESTERN AREA	Coleshill	Health Clinic	Thursday 1-30 p.m.—4-30 p.m.
	Castle Bromwich	Health Clinic	Monday 9-30 a.m.—12-30 p.m.
	Kingshurst	Health Clinic	Tuesday 1-30 p.m.—4-30 p.m.
			Thursday 1-30 p.m.—4-30 p.m.
	Eastern Green	Church Hall	Tuesday 1-30 p.m.—4-30 p.m. (alt. weeks).
	Wilnecote	Schools	Tuesday 9-30 a.m.—12-30 p.m.
	Meriden	Schools	Tuesday 1-30 p.m.—4-30 p.m. (alt. weeks).
	Sparrowdale, Grendon	Special School	Tuesday 1-30 p.m.—4-0 p.m.
CENTRAL AREA	Leamington Spa	62, Holly Walk	Monday 9-30 a.m.—12-30 p.m.
			1-30 p.m.—4-30 p.m.
		Brunswick Clinic, Shrubland Street	Friday 1-30 p.m.—4-30 p.m.
			Thursday 9-30 a.m.—12-30 p.m. (alt. weeks).
	Lillington	Health Clinic	Wednesday 1-30 p.m.—4-30 p.m.
			Friday 9-30 a.m.—12-30 p.m.
	Kenilworth	Health Clinic	Friday 9-30 a.m.—12-30 p.m.
	Warwick	Health Clinic	Tuesday 9 a.m.—12 noon.
			1-30 p.m.—4-30 p.m.
		St. Michael's Special School	Friday 9-30 a.m.—12-30 p.m.
	Long Itchington	Schools	Wednesday 1-30 p.m.—4-30 p.m. (alt. weeks).
	Southam	Schools	Wednesday 9-30 a.m.—12-30 p.m. (alt. weeks).
	Bishops Itchington	Schools	Wednesday 9-30 a.m.—12-30 p.m. (alt. weeks).
	Packwood	Special School	Friday 9-30 a.m.—12-30 p.m.
SOUTHERN AREA	Stratford-on-Avon	Health Clinic	Monday 9-30 a.m.—12-30 p.m.
			1-30 p.m.—4-30 p.m.
			Friday 9-30 a.m.—12-30 p.m.
	Alcester	Schools	Monday 2 p.m.—3-30 p.m.
			Tuesday 2 p.m.—3-30 p.m.
	Bidford-on-Avon	Schools	Tuesday 9-30 a.m.—12-30 p.m. (alt. weeks).
	Brailes	Schools	Tuesday 1-30 p.m.—4-30 p.m. (alt. weeks).
	Henley-in-Arden	Schools	Thursday 1-30 p.m.—4-30 p.m. (alt. weeks).
	Loxley & Butlers Marston	Schools	Wednesday 1-30 p.m.—4-30 p.m. (alt. weeks).
	River House	Special School	Thursday 9-30 a.m.—12-30 p.m. (alt. weeks).
	Salford Priors	Schools	Tuesday 1-30 p.m.—4-30 p.m. (alt. weeks).
	Shipston-on-Stour	Schools	Tuesday 9-30 a.m.—12-30 p.m. (alt. weeks).
	Studley	Schools	Monday 9-30 a.m.—12-30 p.m.

TABLE 7. NUMBER OF CHILDREN ATTENDING SPEECH THERAPY CLINICS.

	Sutton Coldfield M.B.	*Nuneaton M.B.*	*Atherstone/ B'worth Area.*	*Eastern Area.*	*North-Western Area.*	*Central Area.*	*Southern Area.*	*Special Schools.*	1964 *Totals.*	1963 *Totals.*
No. of sessions ...	158	149	35	34	166	348	213	362	1,465	1,608
Number of children attending at 1st January, 1964 ...	19	24	7	1	53	65	24	61	254	337
Number of first attendances in 1964 ...	59	33	4	7	29	93	110	25	360	400
Number of children recalled during 1964 after having been put under observation in a previous year	39	11	1	17	15	81	7	15	186	247
Total number of children treated during 1964 ...	117	68	12	25	97	239	141	101	800	984
Total attendances ...	873	590	79	141	882	1,810	1,165	1,971	7,511	8,302
Number discharged in 1964 :—										
(a) Treatment completed ...	25	20	3	3	38	58	13	17	177	217
(b) Ceased attending	12	9	—	2	4	28	10	12	77	88
Number placed under observation ...	37	22	2	4	16	77	41	10	209	300

TABLE 8. **CHILD GUIDANCE.**

Number of Children attending Clinics.

Source of referral.	1964		
	New cases.	*Old cases.*	*Total.*
Local Authority Clinics	211	214	425
Hospital Clinics	102	235	337
Total	313	449	762

TABLE 9. **SCHOOL DENTAL SERVICE.**

STAFF AND CLINICS.

At 31st December, 1964.

	Surgeries in use.		*Dental Officers.*		*Dental Auxiliary*	*Available Sessions per week.*
	Fixed.	*Mobile.*	*Whole-time.*	*Part-time.*	*Whole-time.*	
Sutton Coldfield M.B. ...	4	—	1	6	—	31
Nuneaton M.B.	2	1	2	3	—	31
Atherstone/Bedworth Area	2	1	—	2	—	16†
Eastern Area	4*	—	1	3	—	23
North-Western Area ...	2	2	1	3	1	36
Central Area	6*	—	2	6	1	52†
Southern Area	1	1	1	1	—	17
TOTAL ...	21	5	8	24	2	206

* Includes two in same building.

† Includes two sessions by Principal School Dental Officer.

TABLE 10. **SCHOOL DENTAL SERVICE.**

	Total Sessions.		Routine Cases.				*Emergency cases for which treatment was completed.*	*Total attendances made for treatment.*
	Inspection.	*Treatment.*	*Inspected.*	*Found to require treatment.*	*Referred for treatment.*	*Cases for which treatment completed.*		
Sutton Coldfield M.B.	57	1,216	5,248	2,732	2,109	734	944	5,623
Nuneaton M.B.	30	968	3,252	2,233	1,893	739	536	6,452
Atherstone/ Bedworth Area ...	22	586	1,641	1,262	1,091	522	260	3,559
Eastern Area ...	20	771	2,578	1,651	1,651	325	1,176	4,516
North-Western Area	61	1,296	5,199	3,860	2,643	1,260	293	5,854
Central Area ...	63	1,261	6,059	4,375	3,289	1,069	683	6,946
Southern Area ...	31	587	2,585	1,909	1,562	752	219	3,085
County Total 1964	284	6,685	26,562	18,022	14,238	5,401	4,111	36,035
County Total 1963	268	5,947	23,002	14,927	11,967	4,915	4,825	29,624

TABLE 11. **DENTAL TREATMENT GIVEN.**

Type.	*Routine cases.*		*Emergency cases.*	
	Number.	*No. per 100 cases for which treatment was completed.*	*Number.*	*No. per 100 cases for which treatment was completed.*
Permanent teeth.				
Extractions	1,663	31	1,730	42
Teeth Filled	12,882	239	6,964	169
Other operations	7,422	137	4,231	103
Total	21,967	407	12,925	314
Temporary Teeth.				
Extractions	3,868	72	3,608	88
Teeth Filled	2,902	54	2,476	60
Other operations	2,657	49	1,602	39
Total	9,427	175	7,686	187
Appliances.				
Dentures	36	0.7	57	1.4
Orthodontics	169	3.1	—	—
General Anaesthetics	1,421	26	1,869	45

TABLE 12. **HANDICAPPED PUPILS, 1964.**

	Year of Ascertainment.					Disposal.																			
						Recommended Special School.																Under Review.			
						In Special School, 31/12/64.					Parents refuse consent.		On waiting list for particular school.		Under investigation or on general waiting list.		Recommended special class in ordinary school.		Home tuition.		On trial or able to manage in ordinary school.		At home or in hospital, or private school.	
	Before 1964		During 1964			Warwickshire.		Non-Warwickshire.																	
	M	F	M	F	Total.	M	F	M	F	Total.	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
A. Blind	4	4	—	1	9	—	—	3	3	6	—	—	—	—	1	1	—	—	—	1	—	—	—	—
B. Partially Sighted ...	41	16	9	3	69	24	6	4	6	40	3	1	—	—	8	5	—	—	—	—	11	1	—	—
C. Deaf	11	4	1	1	17	—	—	11	4	15	—	—	1	—	—	1	—	—	—	—	—	—	—	—
D. Partially Deaf ...	36	26	10	4	76	3	1	15	12	31	—	—	—	2	4	—	—	—	—	—	24	15	—	—
E. Educationally Sub-Normal	488	317	100	60	965	291	206	91	32	620	35	11	38	30	65	41	18	15	6	3	38	38	6	1
F. Epileptic	11	13	3	2	29	—	—	6	3	9	—	—	—	—	—	—	—	—	1	1	6	10	1	1
G. Maladjusted	39	12	9	7	67	29	—	3	8	40	2	1	2	2	3	4	—	—	—	—	9	4	—	—
H. Physically Handicapped	119	105	24	12	260	12	3	35	27	77	1	1	3	3	2	1	—	—	8	7	73	70	9	5
I. Speech Defects ...	4	—	—	2	6	—	—	—	—	—	—	—	2	—	—	2	—	—	—	—	2	—	—	—
J. Delicate	66	40	12	4	122	—	—	23	13	36	6	—	4	—	—	—	—	—	1	1	44	29	—	1
Totals	819	537	168	96	1,620	359	216	191	108	874	47	14	50	37	83	55	18	15	16	13	207	167	16	8

TABLE 13. **NUMBER OF HANDICAPPED PUPILS IN EACH AREA**

at 31st December, 1964.

	Sutton Coldfield M.B.		*Nuneaton M.B.*		*Atherstone/ Bedworth Area.*		*Eastern Area.*		*North-Western Area.*		*Central Area.*		*Southern Area.*		*Total 1964.*		*Total 1963.*	*Total 1962.*
Number of school children (excluding nursery school & special school children).	11,893		9,513		11,835		12,013		13,016		17,923		10,466		86,384		83,268	82,194
CATEGORY.	1964	*Total*	1964	*Total*	1964	*Total*	1964	*Total*	1964	*Total*	1964	*Total*	1964	*Total*	1964	*Total*	*Total*	*Total*
Blind	—	1	—	—	—	2	—	2	—	1	1	3	—	—	1	9	9	9
Partially Sighted	—	2	—	6	1	11	3	12	2	6	2	21	4	11	12	69	60	64
Deaf	1	4	—	2	—	1	—	2	—	2	—	3	1	3	2	17	22	25
Partially Deaf	1	1	5	16	1	16	—	6	1	16	6	17	—	4	14	76	79	79
Educationally Sub-normal	9	58	25	154	33	215	14	97	17	131	48	225	14	85	160	965	915	835
Epileptic	—	3	2	5	2	13	—	1	1	5	—	1	—	1	5	29	30	30
Maladjusted	—	9	—	5	2	7	2	13	5	12	6	18	1	3	16	67	55	51
Physically Handicapped ...	3	39	9	44	6	45	2	12	2	34	11	69	3	18	36	260	255	248
Speech	—	—	—	—	—	—	—	1	—	—	2	4	—	1	2	6	5	2
Delicate	—	11	2	39	2	26	5	9	2	17	4	15	1	5	16	122	132	134
TOTAL	14	128	43	271	47	336	26	155	30	224	80	376	24	131	264	1,620	1,562	1,477
Recorded as unsuitable for education under Section 57 of the Education Act	3	33	4	41	4	41	3	45	1	42	10	74	8	46	33	322	316	325

TABLE 14. **WARWICKSHIRE SPECIAL SCHOOLS.**

School.	*Type.*	*Residential accommodation.*	*Age range.*	*On roll Christmas Term, 1964.*			
				Warwickshire children.		*Children from other Authorities.*	
				Day	*Res.*	*Day*	*Res.*
Exhall Grange	(a) Physically handicapped, mixed ...	300	(a) Seniors	—	13	—	22
	(b) Partially sighted, mixed		(b) All ages	—	28	—	234
River House	Maladjusted boys ...	45	8—16	—	33	—	11
Nuneaton, Red Deeps	Educationally subnormal, mixed, day ...	—	8—16	191	—	—	—
Packwood	Educationally subnormal boys	60	10—16	—	48	—	3
Tyntesfield	Educationally subnormal girls, res. and day	40	9—16	13	35	—	5
Warwick, St. Michaels.	Educationally subnormal, mixed, day ...	—	9—16	135	—	—	—
Grendon, Sparrowdale	Educationally subnormal, mixed, day ...	—	8—16	79	—	4	—
	TOTAL	445	—	418	157	4	275

TABLE 15. **ANALYSIS OF PHYSICALLY HANDICAPPED CHILDREN**

EXHALL GRANGE SPECIAL SCHOOL

(These figures include Children from other Authorities).

Christmas Term 1964.

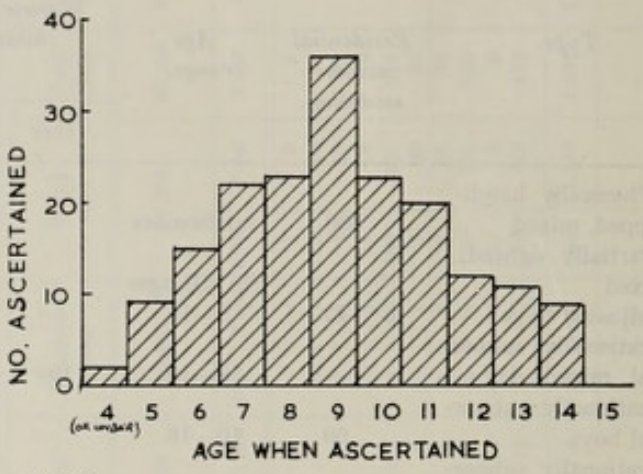
(1963 figures in brackets).

	Exhall Grange.					
	Male.		*Female.*		*Total.*	
Bronchiectatic conditions and asthma	1	(—)	—	(—)	1	(—)
Heart conditions	—	(—)	1	(1)	1	(1)
Post poliomyelitis	3	(4)	1	(1)	4	(5)
Spastic and similar conditions ...	18	(19)	6	(4)	24	(23)
Tuberculous joints and bone infections	—	(—)	1	(1)	1	(1)
Other conditions	4	(5)	—	(—)	4	(5)
TOTALS ...	26	(28)	9	(7)	35	(35)

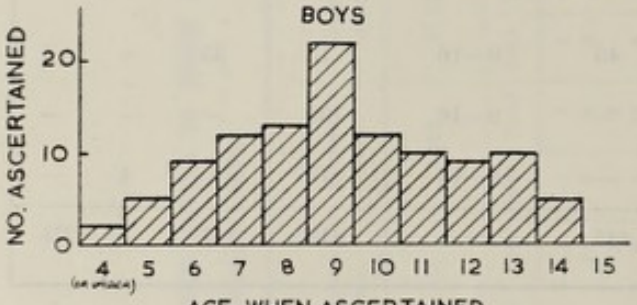
AGE DISTRIBUTION OF EDUCATIONALLY SUB NORMAL CHILDREN ASCERTAINED IN 1963 & 1964.

1963

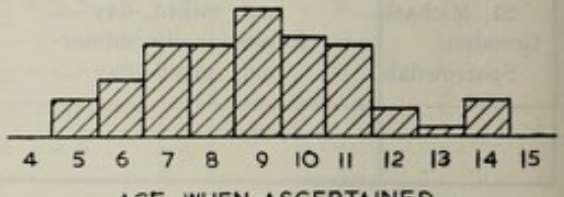
TOTAL



BOYS

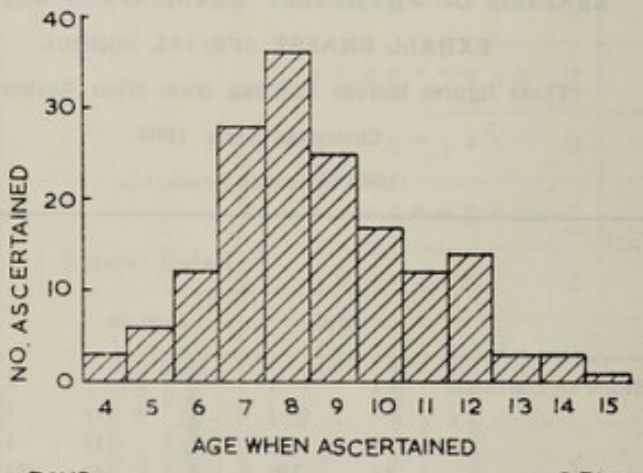


GIRLS

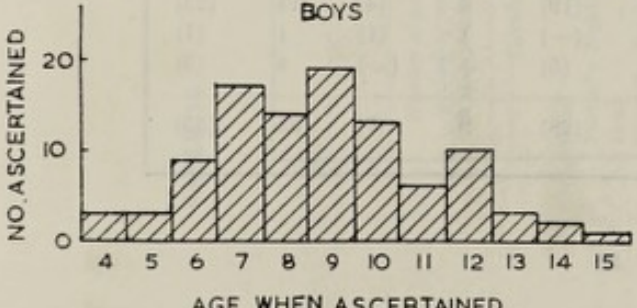


1964

TOTAL



BOYS



GIRLS

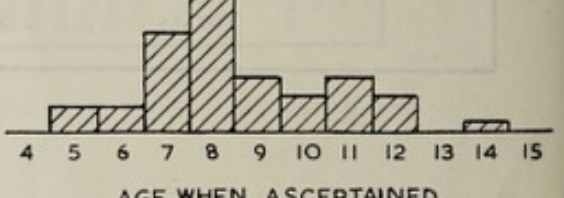


TABLE 16.

LOUSE INFESTATION.

	Number of children on roll	*Number of individual examinations made* *	*Number of individual pupils found infested during* 1964			*% of children on roll known infested* 1964	*% of children on roll known infested* 1963
			Boys	*Girls*	*Total*		
Sutton Coldfield M.B.	11,893	592	3	7	10	0.08	0.17
Nuneaton M.B.	9,593	12,509	29	62	91	0.95	0.59
Atherstone/Bedworth Area ...	11,976	18,498	29	62	91	0.76	1.22
Eastern Area	12,013	21,319	13	48	61	0.51	0.38
North-Western Area	13,016	13,965	53	84	137	1.05	0.47
Central Area	18,054	24,742	9	63	72	0.40	0.69
Southern Area	10,466	24,710	4	18	22	0.21	0.30
Total	87,011	116,335	140	344	484	0.56	0.56

* At discretion of Medical Officers, schools found to be clean over a long period are visited very infrequently.

TABLE 17. NUMBER OF ATTENDANCES AT MINOR AILMENTS CLINICS.

Clinic.	*When held.*	*Sessions.*	*Attendances.*		
			First.	*Subsequent.*	*Total.*
NUNEATON M.B.					
Riversley Park Clinic, Nuneaton	Mondays to Fridays, a.m. ...	167	238	602	840
Health Clinic, Stockingford	Mondays, Wednesdays, Fridays, a.m. Tuesdays (alt. weeks)	138	610	973	1,583
	Total	305	848	1,575	2,423
ATHERSTONE/BEDWORTH AREA.					
Newlands School, Keresley	Friday, a.m. (alt. weeks) ...	13	30	6	36
EASTERN AREA.					
First Aid Post, Temple Street, Rugby	Monday, a.m. } ... ... Thursday a.m. }	101	89	571	660
NORTH-WESTERN AREA.					
Area Health Office, Coleshill	Monday, a.m. (2nd in month)	9	40	—	40
Parish Hall, Wilnecote ...	Thursday, a.m.	16	13	2	15
	Total	25	53	2	55
SOUTHERN AREA.					
Health Clinic, Stratford-on-Avon	Monday, a.m.	48	4	—	4
	GRAND TOTALS	492	1,024	2,154	3,178
	GRAND TOTALS FOR 1963 ...	554	1,426	2,917	4,343

TABLE 18. MINOR AILMENTS CLINICS.

Type of defect.	*First attendances.*	*Subsequent attendances.*	*Total 1964.*	*Total 1963.*
Skin.				
Ringworm—Scalp	1	—	1	1
Body	—	—	—	4
Scabies	1	13	14	27
Impetigo	8	20	28	73
Other Skin Diseases	457	1,627	2,084	2,588
Total	467	1,660	2,127	2,693
Eye.				
Blepharitis	9	3	12	31
Conjunctivitis	21	25	46	103
Other Minor Eye Conditions ...	67	49	116	153
Total	97	77	174	287
Ear.				
Miscellaneous Minor Ear Conditions	21	9	30	51
Nose and Throat.				
Miscellaneous Minor Nose and Throat Conditions	72	33	105	129
Other Minor Ailments	367	375	742	1,183
TOTAL ...	1,024	2,154	3,178	4,343

TABLE 19. CHILDREN AND YOUNG PERSONS ACT, 1933.

No. OF CHILDREN EXAMINED UNDER EMPLOYMENT OF CHILDREN BYELAWS.

	Number of children examined.	*Number granted certificates.*	*Number refused certificates.*
Sutton Coldfield M.B. ...	194	194	—
Nuneaton M.B.	170	170	—
Atherstone/Bedworth Area	217	216	1
Eastern Area	276	276	—
North-Western Area ...	101	101	—
Central Area	137	136	1
Southern Area	220	220	—
Total 1964 ...	1,315	1,313	2
Total 1963 ...	1,238	1,237	1
Total 1962 ...	1,261	1,259	2
Total 1961 ...	1,397	1,392	5
Total 1960 ...	1,204	1,202	2

LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE
LIBRARY
26 OCT 1965

SCHOOL MEALS SERVICE.

Information provided by the Education Department.

The average number of meals provided daily in the schools in 1964 was 54,944. Comparison with previous years is given below :—

	Year.	*Average no. of meals provided daily in schools.*
Including Solihull	1954	30,543
	1955	34,347
	1956	35,852
	1957	35,793
	1958	41,361
	1959	44,399
	1960	49,012
	1961	52,889
	1962	56,078
	1963	60,173
Excluding Solihull	1963	51,189
	1964	54,944

The figure for 1964 represents approximately 65.56% of the children in attendance.

An average daily number of 68,153 children received milk in schools; this represents 80.88% of the children in attendance.