**[Report 1949] / School Health Service, Halifax County Borough.**




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County Borough of Halifax

## EDUCATION COMMITTEE

# ANNUAL REPORT

ON THE

# SCHOOL HEALTH SERVICE

FOR THE YEAR 1949

C. RICHARDSON, HALIFAX

200/16/6/50

# COUNTY BOROUGH OF HALIFAX.

# EDUCATION COMMITTEE.

**Chief Education Officer:** C. E. GENT, M.A.

## STAFF OF THE SCHOOL HEALTH SERVICE.

**School Medical Officer:**
George C. F. Roe, M.R.C.P., L.R.C.S., D.P.H., D.P.M.

**Assistant School Medical Officers:**
Francis Mautner, M.D. (Prague).
Emily J. Kelly, M.B., B.Ch., B.A.O.

**Part-time Ophthalmic Surgeon:**
Robert W. Greatorex, M.B., Ch.B.

**Part-time Orthopædic Surgeon:**
Geoffrey Hyman, M.B., Ch.B., F.R.C.S. (Eng.), L.R.C.P.

**Part-time Auralist:**
William Oliver Lodge, F.R.C.S. (Edin.).

**Dental Surgeons:**
Frank H. Richardson, L.D.S., R.C.S.
Thomas A. A. Eaves, L.D.S., R.C.S. (Resigned August 31st).

**Dental Attendant:**
Eileen Burrows (Resigned August 31st).
Anne Murgatroyd (Appointed September 5th).

**Nursing Staff:**
Dorothy B. Parkinson (Senior Nurse), Mary Denham, Sylvia L. P. Good, Constance Greaves, Gladys Nelson, Anne Storey.

**Orthopædic Staff:**
Sophie Dudgeon (Supervisor & Organiser of Physical Training), Doreen M. Foers, Rosa Enderby (Part-time, Resigned April 30th), Doreen Greenwood (Junior Assistant), Gregory H. Szyjka (Resigned December 31st), Patricia M. Stanton (Appointed September 15th).

**Speech Therapist:**
Mrs. M. Moore-Blake, M.A., L.C.S.T. (Part-time).

**Orthoptist:**
Position vacant.

# ANNUAL REPORT

ON THE

## School Health Service for the Year 1949

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*To the Chairman and Members of the Education Committee.*

Ladies and Gentlemen,

I have the honour to present herewith the Annual Report dealing with the School Health Service for the year 1949.

The Report, as in former years, has been prepared by Dr. F. Mautner and Dr. E. J. Kelly.

The aim of the School Health Service is to ensure that every school child found to require treatment shall obtain it.

The chief causes of the exclusion of children from school, on medical grounds, were the common infectious diseases and, of these, measles was the worst offender.

With regard to Diphtheria, a dangerous disease, you will remember that in 1940 immunisation on a large scale was launched. This mass immunisation was followed by a spectacular fall in the death-rate from diphtheria. The present position is that the non-immunised child is about four times more likely to contract diphtheria than the immunised child, and about 25 times more likely to die of it.

The problems facing the School Health Service are gradually changing. I envisage an increasing demand for accommodation for mental defectives, the dull and backward and epileptics.

During 1949 outbreaks of poliomyelitis in surrounding areas caused us some uneasiness. This is a serious disease. The early signs include fever and pains in the head and back. The child is restless and irritable. In an epidemic any febrile illness in a child should be considered from a poliomyelitis point of view and a doctor consulted. During outbreaks of the disease, children should be kept away from crowded places. Food should not be handled with dirty hands, and it should be protected from flies. The popular name Infantile Paralysis is terrifying and, in my view, misleading. The disease is not confined to infants and paralysis does not always occur. If, during epidemics of this disease, the power to exclude individual children from

school is used to the best advantage, it is only in special and exceptional circumstances that it is necessary to close a school in the interests of the public health. In Boarding Schools it is sometimes advisable to allow parents to remove their children, and, if they are removed, the parents should be advised to keep them isolated from other children for three weeks.

With regard to the School Dental Service I would like to mention orthodontic treatment. Its benefits include the mental value to a girl or boy of being freed from disfiguring dental irregularity, and this is very considerable. By its nature, however, orthodontic treatment is a time-consuming procedure. Any scheme providing this form of treatment would necessitate provision for the services of a part-time dental specialist. Shortage of staff is the core of our dental problems.

I wish to record my appreciation of the work of the medical, nursing, dental and clerical staffs. My thanks are also due to the teaching staffs whose co-operation is invaluable.

I have also to thank the Chairman and Members of the Education Committee for their encouragement and assistance in all matters pertaining to the welfare of the School Health Service.

I am, Ladies and Gentlemen,

Your obedient servant,

G. C. F. ROE,

Medical Officer of Health
and School Medical Officer.

PUBLIC HEALTH DEPARTMENT,
POWELL STREET, HALIFAX.

# CLINICS.

| Name | Purpose | Where held | Days | Time Hours |
|---|---|---|---|---|
| **Inspection** | Examination of cases sent by Teachers, School Attendance Officers, etc. | Horton St. | Tuesdays to Fridays | 2-0 to 4-30 p.m. |
| **Minor Ailments** | Treatment of Minor Diseases of Skin, etc. | Horton St. | Daily | 9-0 a.m. to 12-0 noon<br>2-0 to 5-0 p.m. |
| | | Bermerside Home | Daily | 10-0 a.m. to 12-0 noon |
| | | Ovenden | Mondays to Fridays | 9-0 a.m. to 12-0 noon |
| **Dental** | Dental Treatment | Horton St. | Mons.Thurs. and Fridays | 9-30 a.m. to 12-0 noon |
| | | | Daily | 2-0 to 5-0 p.m. |
| **Ophthalmic** | Treatment of Visual Defects | Horton St. | Tuesdays<br>Wednesdays<br>Other days as required | 10-0 a.m. to 12-0 noon<br>do. |
| **Speech Defects** | Speech Training | Akroyd Place School | Tuesdays | |
| **Orthopædic** | | Horton St. | Wednesdays | 2-30 to 4-30 p.m. |
| **Tonsils and Adenoids** | Treatment of Tonsils and Adenoids | General Hospital Halisax | Mondays to Wednesdays | |
| **Remedial Exercises** | Treatment of Deformities | Horton St. | Daily | 9-0 a.m. to 12-0 noon<br>2-0 to 5-0 p.m. |
| | | Bermerside | Tuesdays | 10-15 a.m. to 12-0 noon |
| | | Ovenden | Thursdays | 2-0 to 5-0 p.m. |
| **Treatment of Ringworm** | | Royal Halifax Infirmary | As required | |
| **Employment of School Children** | Examination as to fitness to follow part-time employment | Horton St. | Saturdays | 9-30 a.m. to 12-0 noon |
| **Ultra Violet Ray Treatment** | For treatment of Anæmia, Debility, etc. | Horton St. | Mondays<br>Tuesdays<br>Thursdays<br>Fridays | 2-0 to 5-0 p.m. |
| **Immunisation against Diphtheria** | | School premises and Horton St. | Alternate Mondays | 2-30 to 3-30 p.m. |
| **Psychiatric Clinic** | Child Guidance Cases | General Hospital Halifax | By Appointment | |
| **Orthoptic Clinic** | Cases of Squint, etc. | Haugh Shaw Secondary School | Clinic closed pro tem. | |

# TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Routine Medical Inspections and re-inspections have been carried out at schools during the period under review as in former years. The number of attendances made by parents at these examinations witnesses to the appreciation shown, and the regard for the importance of this branch of the service.

Inspection Clinics, conducted by the Assistant School Medical Officers on four afternoons each week, though not perhaps so largely attended as formerly, on account of the parents going out to work, are continuing to give a useful and necessary service.

At the Minor Ailment Clinics, held daily at the Horton Street Clinic, the nurses are kept busy attending to the various ailments of the children or handing out the different medicines, tonics, etc., now dispensed. A nurse also attends each morning, when schools are in session, at the Ovenden Branch Clinic to treat minor ailments.

Ultra Violet Ray treatment which is proving of great benefit to the children, is still having to be given under most unsatisfactory conditions, preparation for treatment and the actual treatment having to be done in the same room, with no separate dressing accommodation.

The testing of eyes has been carried out by the Committee's Ophthalmic Surgeon, who usually attends on three sessions per week. The end of the year under review marks the termination of 30 years' faithful service to the Education Committee of Dr. Greatorex as Ophthalmic Surgeon. He will continue to attend the Clinic as Eye Specialist, but will do so under the Royal Halifax Infirmary Hospital Eye Service of the National Health Services. The delay in the supplying of glasses through the supplementary Ophthalmic Service of the National Health Services has been the cause of much anxiety. In some cases children tested towards the end of 1948 had not received their glasses by the end of 1949, and the children who have to wait longest are invariably the ones who need glasses most!

Owing to no Orthoptist being available, the Orthoptic Clinic has been closed during the whole of the year. There is now a long list of children waiting for treatment.

The number of "boosting" doses given for Immunisation against Diphtheria, as will be seen from the body of the report, has again outnumbered the initial doses, and the incidence of Diphtheria amongst school children has been very low. A full complement of nurses during the whole of the year has again been able to give the necessary attention to Cleanliness Inspections at schools, follow-up work and their various other duties.

The Assistant Dentist left the services during the year to take up private practice. Unfortunately it has not been possible to replace him, and for the greater part of the latter half of the year there has only been the services of one dentist. This, of course, means that the inspection of children's teeth at schools has to be done less frequently and less treatments can be given at the Dental Clinic. The Dental Clinic has now to be closed for a number of sessions per week, and children coming with toothache on these occasions have to be sent home to come again when the dentist is present. After 20 years of efficient dental treatment such as has been given in our Clinic this enforced curtailment of inspection and treatment is a definite retrograde step and very much to be deplored.

During part of the year the Orthopædic Clinic has had a staff of three full-time Physiotherapists, who have done good and successful work with treatments and excercises at the Clinics. They have also supervised the special excercises given at schools for various minor defects. The number of full-time assistants will again be reduced to two at the end of the year.

The measuring and fitting of special surgical appliances supplied to school children by the Ministry of Pensions, for the National Health Services, is still carried out at the School Clinic.

Children continue to be referred to the Royal Halifax Infirmary or the General Hospital for treatment of more serious cases. A system of detailed reports to the Clinic of treatments given at these institutions is now in operation, thus giving a better liaison between the two Services.

All cases of suspected ringworm are now referred for diagnosis and treatment to the Skin Specialist at the Royal Halifax Infirmary.

Cases for orthopædic operation are referred to the General Hospital, but the length of time between notification and operation is gradually lengthening, similarly the time between parents consenting to operative treatment for diseased tonsils and adenoids and the date on which the Hospital can accept them for treatment is gradually getting longer.

Full details of the Services are given in the following pages.

## Medical Inspections.

Medical Inspections in the School Health Service may be divided into (a) Inspections outside the School Clinic and (b) Inspections within the School Clinic.

There has been no alteration since last year in the age groups for routine medical inspections done in school premises, i.e., (a) Pupils admitted for the first time to a maintained school, (b) Pupils in their last year of attendance at a maintained Primary school, and (c) Pupils in their last year of attendance at a maintained Secondary school. Parents were notified as usual of the forthcoming examination and there has been a good response on their part.

The number of parents who attended at the routine medical examinations was 2,098.

For the number of children examined at routine medical inspections, see Table I.

## Re-inspections.

Following on the routine examinations, re-inspection visits were paid as usual to the schools at regular intervals. These visits also gave headteachers the chance to bring forward children about whom they needed advice on matters affecting, directly or indirectly, their work at school.

## Medical Inspections within the School Clinic.

As usual, four afternoon sessions were held weekly, two by each doctor. One or other parent usually attends with the child at these Consultation Clinics. The total number of Clinic Sessions held by the doctors during the year 1949 was 161.

The number of new cases was 2,156.

Re-examinations numbered 578.

Number of parents attending was 1,769.

Apart from Consultation Clinics, the doctors also examined a number of boys and girls of school age who wished to engage in part-time employment. The following are the figures regarding the certificates granted :

NEWSPAPER DELIVERY.

| | Boys | Girls |
|---|---|---|
| Full certificate granted ..... ..... | 63 | 8 |
| Restricted certificate ..... ..... ..... | 1 | — |

ENTERTAINMENT.

| | | |
|---|---|---|
| Certificates granted ..... ..... ..... | 3 | 4 |

## Principal Defects noted at Medical Inspections.

As in 1948, no extraordinary prevalence of disease has been noted, but the high incidence of ringworm cases (body and scalp) still prevails.

In former years, hair and scale specimens were sent to the local hospitals for bacteriological examination as the first step in verification of the condition. Now this practice has been discontinued and all suspected cases of ringworm are sent direct to the Royal Halifax Infirmary, where they are dealt with by the Skin Specialist.

The number of cases sent during the year was 62, and of these 55 were diagnosed positive. We find it advisable and worth while to exclude all ringworm cases (body and scalp) from school. A nurse visits the school when a suspect comes to us for treatment, in the hope of tracing the infection.

## Treatment.

As far as possible, treatment is carried out by the doctors themselves at the School Clinic, but the Royal Halifax Infirmary and General Hospital, with their Specialist services, are still at our disposal. A decrease in the number of Scabies cases treated by the nurses at the School Clinic was noted in last year's report. We are pleased to report that the incidence of Scabies in our school-children during this year is lower than in 1948, and much lower than in 1947.

In 1947 there were 142 cases treated at the School Clinic.

In 1948 there were 75 cases treated at the School Clinic.

In 1949 there were only 35 cases treated.

## Infectious Diseases.

There has been a sharp rise in the incidence of Scarlet Fever for for year 1949.

The number of cases notified was 153 as compared with 88 in 1948 and 41 cases in 1947. However, there have been only 3 cases of Diphtheria as compared with 7 cases in 1948 and 25 cases in 1947. There have been only 2 cases of Poliomyelitis reported during the year, one of these being a child attending a private school and the other a child attending school outside the borough.

## Tuberculosis.

| Number | Site | Positive | Negative |
|---|---|---|---|
| 19 | Pulmonary | 3 | 16 |
| 2 | Cervical | 1 | 1 |
| — | Bone | — | — |
| 1 | Abdomen | — | 1 |

## Diphtheria Immunisation.

Regular sessions for immunisation against diphtheria were held as usual at the School Clinic, Horton Street. 352 injections were given to children who were being immunised for the first time, and 424 injections were given as boosting doses.

## Artificial Sunlight Treatment.

Great strides have been made during the year to include as many children as possible in this treatment. Our nurses, although under very adverse conditions, have worked very hard indeed as the following figures will show.

247 children received treatment, and a total of 5,533 exposures were given during the year under review.

## Tonsils and Adenoids.

Owing to the outbreak of Poliomyelitis all over the country during the year, our Tonsil and Adenoid operations were slowed up considerably.

178 children were sent to the General Hospital as compared with 309 children sent in 1948. 136 post-operative cases were seen by the doctors at the School Clinic.

## Psychiatric Treatment.

There were 15 new cases referred to the Psychiatrist; 17 more were still having treatment from the previous year for various functional disorders.

## Handicapped Pupils.

The number of handicapped children who were found to require special educational treatment are as follows:

| Defect | Boys | Girls | Total |
|---|---|---|---|
| Blind | — | — | — |
| Partially sighted | — | — | — |
| Deaf | 1 | 1 | 2 |
| Epileptic | — | — | — |
| Maladjusted | 1 | — | 1 |
| Physically handicapped | — | 1 | 1 |
| Diabetic | — | — | — |

**Educationally Subnormal Pupils.**

| | Boys | Girls | Total |
|---|---|---|---|
| To go to special day school ..... | 11 | 9 | 20 |
| To go to boarding schools ..... | 3 | 2 | 5 |
| To remain at ordinary school with special educational treatment | 17 | 3 | 20 |
| To be re-examined ..... ..... | 6 | 1 | 7 |
| To be referred to the Local Authority ..... ..... | 4 | — | 4 |
| To be referred to the Psychiatrist | — | — | — |

An account of the year's activity for 1949 at Quarry House Special School is given elsewhere in this report.

The activities of Bermerside Open-Air School and Home as described by the Medical Officer in charge are also given under separate heading in this report.

In conclusion, we wish to express our sincere thanks to all who have helped and co-operated with us during the year in the running of our medical service for school children.

F. MAUTNER, M.D. (Prague).

EMILY J. KELLY, M.B., B.Ch., B.A.O.

# APPENDIX A

## BERMERSIDE HOME, No. 29,545.

There is an important item, though not a medical one, to report ; that is, the Home was taken over in April by the Local Authority, and I should like to take the liberty of thanking the Governors of the Trust who administered the Home up to April for the untiring work which they have done in the interest of the inmates of the Home and the town generally.

Fortunately there were, as far as the Home is concerned, only a very few cases of infectious diseases, that is,

1 German Measles,

1 Measles,

1 Mumps.

These 3 cases, after being diagnosed, were removed from the Home either to the Isolation Hospital or, where circumstances permitted, to domiciliary treatment. Further, there were 2 cases of Central Pneumonia who were sent to the General Hospital. The remaining cases of illness were sore throats and feverish colds, and these were treated in the sick bay of the Home.

| | |
|---|---|
| No. on register at the beginning of year ..... | 23 |
| Admitted during the year ..... ..... ..... | 38 |
| Discharged during the year ..... ..... ..... | 41 |
| Average period of stay ..... ..... ..... | 5½ months |
| Average increase in weight ..... ..... ..... | 3.6 kg. |
| Highest gain in weight ..... ..... ..... | 6.6 kg. |
| Average increase in height ..... ..... ..... | 2.54 cm. |
| Highest gain in height ..... ..... ..... | 6.5 cm. |
| Medical Inspections ..... ..... ..... ..... | 30 |
| No. of examinations ..... ..... ..... ..... | 295 |

F. MAUTNER, M.D. (Prague).

## BERMERSIDE OPEN-AIR SCHOOL, No. 29,477

The type of children admitted were exactly the same as in the previous year, namely, delicate children, non-infected T.B. contacts, some rheumatics, mild affections of the heart, bronchitis, asthmatics.

One case of malnutrition was admitted to the school.

| | |
|---|---|
| No. of children on register on January 11th, 1949 | 117 |
| No. of children admitted during the year ..... | 82 |
| No. of children re-admitted during the year ..... | 6 |
| No. of children discharged during the year ..... | 87 |

| | |
|---|---|
| Average period of stay ..... | 1 year, 6 months |
| Average increase of weight ..... | 2.5 kg. |
| Highest gain in weight ..... | 9.7 kg. |
| Average increase in height ..... | 3.5 cm. |
| Highest gain in height ..... | 8.5 cm. |
| Medical Inspections ..... ..... | 29 |
| No. of examinations ..... ..... | 692 |

Average Attendance :

| | | | | | |
|---|---|---|---|---|---|
| 1938 ..... | 83.1 | 1942 ..... | 80.9 | 1946 ..... | 85.7 |
| 1939 ..... | 94.2 | 1943 ..... | 80.7 | 1947 ..... | 82.6 |
| 1940 ..... | 85.1 | 1944 ..... | 80.9 | 1948 ..... | 85.4 |
| 1941 ..... | 83.3 | 1945 ..... | 76.9 | 1949 ..... | 87.2 |

F. MAUTNER, M.D. (Prague).

## APPENDIX B

# DENTAL INSPECTION AND TREATMENT.

### Inspection.

The number of scholars examined at the routine school inspections was 10,282. In addition, 1,936 children were inspected at the clinic as special cases, and there were 322 re-inspections.

### Treatment.

There has again been a rise in the number of children attending for relief of pain, or for urgent treatment of dental conditions suspected of being contributory causes of other forms of ill-health.

The total number of cases in this category treated during the year was 1,936 compared with 1,597 in 1948, and 1,225 in 1947. This is a fundamental part of the School Dental Service and cannot be postponed, nor can the numbers be regulated. With the resignation of the Assistant Dental Officer in August this work takes up a substantial part of the time of the remaining Dental Officer, and must of necessity interfere considerably with the periodic routine inspection, and treatment. By the end of the year the interval between successive routine inspections was about a year, but under present conditions it is unlikely that this interval can be maintained.

During the year, 1,957 permanent teeth and 96 temporary teeth were filled, and 709 permanent and 5,538 temporary teeth were extracted, and there were 1,560 various other operations, such as gum treatments and scalings.

Experience both before and since the passing of the National Health Service Act proves that the dental treatment of school children can be dealt with only by a comprehensive scheme devoted entirely to their needs, constantly in touch with them through the schools, and staffed by men prepared to devote the whole of their time to this most important branch of dentistry.

Our thanks are again expressed for the continued interest and help received from the headteachers and staffs in the schools.

F. H. RICHARDSON, L.D.S., R.C.S. (Eng.).

Senior Dental Officer.

## APPENDIX C

## OPHTHALMIC CLINIC.

The number of children seen during the year at the Ophthalmic Clinic is 828. This is approximately the same as last year and is not likely to vary much from year to year. From the coming into force of the new Health Act until December 31st, 1949, the clinic has been under the Supplementary Ophthalmic Services. From now on, it will be part of the Hospital Services and the Hospitals (in this instance the Royal Halifax Infirmary) will be responsible for all payments for glasses, etc.

Apart from this the clinic is working as it has always done and with a minimum of friction.

Regarding the work done, the Classified tables give a complete picture. The need for an orthoptic department is still great. There is a long waiting list of children needing orthoptic treatment. Up to the present the impossibility of obtaining an orthoptist has been the difficulty. The equipment is there but we have been unable to get an orthoptist to use it.

R. W. GREATOREX, M.B., Ch.B.

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## APPENDIX D

## ORTHOPÆDIC CLINIC.

The number of treatments carried out, and attendances for review, have been fairly well maintained during the year. However, the work in general has been carried out under great difficulties because of the shortage of staff. This has affected the remedial classes as well as the treatment classes at the Clinic. A further outbreak of Infantile Paralysis has also led to extra work at the Clinic. Fortunately, the facilities for swimming instruction have improved and this has helped in the treatment of many conditions, particularly Infantile Paralysis.

GEOFFREY HYMAN,

M.B., Ch.B., F.R.C.S. (Eng.),
L.R.C.P.

## APPENDIX E

# REPORT BY THE ORGANISERS OF PHYSICAL EDUCATION.

### Physical Education.

For the first four months of this year the Authority were without the services of a man Organiser, as Mr. Morrison was unable to take up his appointment before May 1st. The same co-operation between the Organisers, however, continues, so that they are able to go ahead with a common policy and develop the work which has been so successfully built up over the past years.

During the year there has been a large number of visitors to see the work in Physical Education. They have come from many parts of the country, and comprised Students, Training College Lecturers, Organisers, Teachers and representatives of the Medical Profession. The Organisers feel that these visits are very much worth while, both as a stimulus to the work and in providing valuable opportunities for the interchange of ideas.

In the Infant and Primary Schools, very gratifying progress is being made, and the general standard continues to improve. In several more schools, additional equipment such as double ropes, iron stands and individual mats has been introduced. Where this has been done the added interest and improvement in the work is most noticeable.

Though most schools in the area now possess some form of indoor accommodation, a few still have very poor facilities and are unable to take full advantage of modern methods of approach. The Organisers must continue to emphasise the importance and value of having a Hall or Exercise Room for every school.

Two demonstrations of Primary School work have been given. Both were well attended, and it was pleasing to note the presence of Head Teachers as well as assistants at both demonstrations.

In the Senior Schools there is still a shortage of basic apparatus which would greatly assist the continuation of the work well started in the Primary Schools. Few schools have any form of heaving apparatus; vaulting apparatus is short and also such equipment as hurdles for more objective work. A start has already been made to remedy these deficiencies. One school hall is to be fitted with beams and climbing ropes, and it is hoped that by the end of the year, all Senior Schools will have at least one piece of vaulting apparatus.

The Organisers feel that as Primary work is becoming more consolidated, a greater emphasis can now be made on the Senior School work on the lines envisaged in the last report.

## Swimming.

The Organisers have over the past few months concentrated on this subject in an effort to raise the standard which has suffered over the war and immediate post-war years. There has been as a result a marked improvement and a renewed interest.

Since the re-opening of Woodside Baths and the possibility of a further bath at Park Road, it should be possible to take swimming in the Senior Schools to a higher general standard than has formerly been possible with more limited facilities. With this end in view a Swimming Course for Teachers is being run over the winter months where it is hoped to extend the background knowledge of Swimming Strokes and Teaching Methods. The response has been most encouraging and an average attendance of nearly thirty has so far been maintained.

The revival of interest in Life-Saving is noticeable and the number of candidates for R.L.S.S. awards from Senior Schools has shown a marked increase.

A demonstration of Life-Saving Tests at Ovenden School, followed by a discussion, proved a most valuable stimulus to this work.

By arrangements with the Baths Committee, successful candidates in the Bronze Medallion Examinations are to be awarded passes, enabling them to attend the Woodside Baths, free of charge for a period of twelve months. This helpful gesture should prove an added incentive to a most valuable aspect of swimming.

The Organisers feel that some of the most valuable teaching in Swimming can be done in the Primary Schools. Progress in the elementary stages is much more rapid than at a later stage. If the aim of teaching every child to swim before the age of 11 could be realised, it would prove an invaluable basis for more advanced work in the Senior Schools.

## Playing Fields.

The increasing emphasis on such activities as Games, Swimming and Athletics make Playing Field facilities a matter of first importance.

Halifax is to be commended on a progressive policy of acquiring playing spaces in a naturally difficult area. Much of the ground, however, requires improvement and development. This problem is being faced in detail and should be tackled as vigorously as economic limitations will allow.

Cricket squares, concrete practice pitches, and good jumping pits should be a feature of all playing fields, and the special requirements

of level surfaces for Hockey should be considered, as the demand for this game is likely to increase as a result of the raising of the school leaving age.

A Games Course for Women Teachers held early in the year and a subsequent Netball Demonstration have shown their value in the marked improvement and renewed interest in Girls' games.

## Athletics.

The general standard is still improving. Schools are beginning to realise how much teaching of technique and training can be done in the normal P.T. lesson, and it is hoped that this method of systematic build-up will gradually replace the feverish "week's" preparation which at one time preceded the Annual Sports Day.

The Organisers visited a number of individual Schools' Sports and were generally impressed by the efficiency with which they were run.

The Schools' Athletic Association Sports Meeting was a triumph of really sound preparation and organisation and reflects great credit on all those teachers concerned.

## Youth.

Once again, the outstanding performance of the year was the Halifax Youth Team's success at the Inter-Area Youth Sports at Doncaster. Here, for the fourth year in succession, they won the Bradford Shield, this time by a margin of 46 points. Apart from individual successes, sound team work enabled them to win five out of the six relay races.

The training evenings at Spring Hall have proved of great value, and have been well attended. We were fortunate to have Mr. J. Dodd on four occasions and are indebted to him for some useful and spirited coaching.

The playing fields at Cousin Lane, Roils Head, and Savile Park Pitches, and some of the schools' grounds are intensively used, and help to satisfy the demands for Rugby and Association Football, both of which games seem to be flourishing.

It should be emphasised that changing room and showering facilities are also essential if the fullest benefit is to be derived from these games (e.g., Cousin Lane).

## Out-of-School Activities.

Recreative classes have continued throughout the year as in previous years with one or two additions.

Out-of-school swimming for school children was, of course, immensely popular and on some evenings during the exceptionally fine summer, it was difficult to satisfy the demand.

Evening Play Centres were held at Ovenden, Ling Bob, Sunnyside and Northowram. The Organisers would particularly like to commend the work and enthusiasm of Mr. Booth and his helpers at the Ling Bob Play Centre.

The Schoolboys' Boxing Class held at the R.E.S. Gymnasium has been well attended and recently the average attendance has been in the region of sixty.

The Rugby and Association Football training classes are going well. As a result of a demonstration of indoor "Soccer" coaching given by Mr. O'Reilly at Ovenden, the demand for this type of class has increased. A second class is to be formed at Ovenden, and it is hoped to arrange a further class at Northowram early in the next year.

An innovation in the sphere of Recreative Activity was the formation of a Fencing Class. This class meets on Wednesday evenings at Akroyd Place, and is very ably run by Miss Pat North of the Halifax Fencing Club. This is to be run as a succession of courses for novices, and it is hoped will help to popularise Fencing as a sport in the Halifax area.

Other classes which continue to run successfully are Men's and Women's Swimming Classes at Ovenden and Battinson Road, Women's Keep Fit at the Princess Mary High School, and Ballroom Dancing at Battinson Road.

A class formed from the Ladies' Section of the Halifax Harriers meets on Thursday evening, and Basket Ball is played enthusiastically by European Voluntary Workers on Wednesdays. Both of these activities take place at the R.E.S. Gymnasium.

## School Clinic.

The Orthopædic Department of the School Clinic is under the direct supervision of Miss Dudgeon. The staff comprises three full-time Remedial Gymnasts and Physio-therapists. The shortage of these trained specialists throughout the country has affected the Clinic severely in recent years, as on each occasion that a member of staff has left, there has been a long period before a substitute could be obtained.

This year, by the appointment of Miss Staton in September, the staff has been complete for one term. Unfortunately, Mr. Stuart has resigned, as he wishes to gain experience of hospital work before settling to a permanent appointment. He has done extremely good work and it was with regret that his resignation was accepted.

Miss Staton has entered in to the work with enthusiasm. She is co-operating well and has gained the confidence of both parents and children. Miss Foers and Miss Staton are planning to cover as much of the work as possible, but naturally some of it has to be temporarily abandoned.

The important work which is carried into the schools suffers, although many schools are now able to continue with the minimum of help. The staff of Battinson Road Infants' School are actually holding meetings with parents of children with slight defects, and teaching them simple exercises which the children can practise at home.

It has been noticeable that children from schools where Physical Training is well established, respond much more quickly to treatment in the Clinic. As a result, attendance at the Clinic is often shortened by months, thus emphasising the obvious necessity for systematic Physical Training of a high standard and under good conditions.

The high standard of physical skill attained by cripple children in such schools is surprising, and not only benefits them physically, but gives them a confident and happy attitude to life.

The treatment of babies and children under five takes a prominent place in the work of the Clinic, and probably gives the most valuable and lasting results. Miss Dudgeon has long hoped to see the whole scheme completed by being linked with mothers in pre-natal and post-natal training, but this, because of staffing difficulties, has not been possible.

As in past years, many visitors have observed the work of the Clinic. A party of doctors taking a post-graduate course for D.P.H. at Leeds University were amongst the visitors. This is a pleasing innovation, as it indicates a closer co-operation between the Medical and Educational Services in Physical Education.

Orthopædic Surgeons in the Yorkshire area have asked if they might see some of the work in Halifax Schools and Clinic, to observe the link between clinical and normal training. An appropriate demonstration has been arranged and will take place early in the New Year.

## Conclusion.

The Organisers wish to express their thanks to Head Teachers and their staffs, to members of the Education Office staff, and to all others whose co-operation has so much assisted them in their work.

S. DUDGEON,

A. MORRISON.

APPENDIX F

## QUARRY HOUSE SPECIAL (E.S.N.) SCHOOL
## No. 29108.

I beg to submit my report on Quarry House Special (E.S.N.) School for the year 1949.

During the year under review 23 children were admitted to the school (14 boys and 9 girls), while 17 boys and 14 girls were discharged. Twenty of these who had reached school leaving age have taken up industrial and manual work of some kind; some have gone to work in the mill with older brothers and sisters, while others have chosen farming or other outdoor occupations. Sewing seems to be quite a popular career amongst the girls. One child was discharged from Quarry House back to her own school, while 5 boys and 4 girls were referred to the local authority. We have learnt from experience that before sending a child back to his or her ordinary school, it is not sufficient to consider scholastic attainments alone. Having satisfied ourselves that a child should now be able to cope with work in an ordinary school, the next vital question in our opinion must be directed towards the child himself: "Do you want to go back?" The emotional upset incurred in such a transfer very often outweighs the material benefits, and in a very short time the child—often parent and child—are pleading unhappiness and a desire to return to the Special School.

Owing to the very limited accommodation at Quarry House, and the disproportionately large numbers of backward children referred by Head Teachers as possible entrants, one has to be very selective in choosing children for admission to this school. The solution to the problem is, of course, very clear to us all; that is, the provision of more classes for backward children at the ordinary schools, which for the present, owing to the acute shortage of teachers and school space, makes our ambition fall very short of reality.

In November of this year our children excelled themselves in the production of a grand concert in which 73 of the 120 children in the school took part. It was a very ambitious undertaking and included an Operetta in Three Acts (Hansel and Gretel), a Play in Three Acts (Robin Hood), and Czecho-Slovakian Dances. Apart from being a big social success this concert has certainly given a tremendous psychological uplift to the children taking part.

We were very pleased to welcome Mr. Miller as Head Master at the beginning of the year and hope that we may continue to reap the benefit of his good work for a very long time. At this point I would also like to express my appreciation to the other members of the staff for their excellent work at the school, and to the Education Committee for the help and co-operation shown to me during this year.

EMILY J. KELLY, M.B., B.Ch., B.A.O.

APPENDIX G

## SPEECH CLINIC.

### Report for Calendar Year 1949.

In November 1949 the Speech Clinic was moved from the room in Akroyd Place Junior School where it has been held since August 1946 to another room in the same building which had been used as a store room. The new room was adequate in every way except that it needed to be redecorated. This was done during the Christmas holidays and the result is very satisfactory indeed.

The number of children requiring speech treatment continues to increase, and in spite of the large number receiving regular weekly treatment there are still many cases untouched. A full-time Speech Therapist is urgently needed in this town. The numbers treated were as follows:—

**Spring Term, 1949.**

44 children treated weekly at speech clinic.

**Summer Term, 1949.**

39 at speech clinic; 10 at Quarry House.

**Autumn Term, 1949.**

42 at speech clinic (3 of whom came in the last month); 13 at Quarry House.

I have grouped the children for treatment according to their speech defect and age, taking six or seven at a time. I have also insisted most strongly on every child who attends the speech clinic having a daily period, either at home or at school, of *therapeutic relaxation,* as the whole of my work in speech therapy is based on this.

The following is an *analysis of the cases* under treatment during *the Autumn Term.* Some of the headings overlap, as for instance lisping and deafness sometimes go together.

Stammerers, 31.
Organic (cleft palate and other), 3.
Spastic, 2.
Deafness, 3.
Lisp, 5.
Lallers (i.e., baby speech carried to an advanced age), 7.
Dystalics, 9.
Nervous dysphonia, 1.

It is not easy in work of this kind to *assess results,* but one can say wholeheartedly that the children benefit from the treatment. Therapeutic relaxation brings rest and peace to disordered nerves, and builds up bodily health and self-confidence, and working on this basis the therapist can greatly improve the speech of the patient. In some cases the stammering condition is overcome altogether, but for the most part it takes considerable time for the patient to shed old bad habits of speech and form new ones. Also, as a child approaches adolescence, often the stammer temporarily becomes more pronounced. So one can never safely say a stammerer is "cured." But the reports of parents and teachers are invariably gratifying; and to the speech therapist heself the improvement in the children under treatment is clearly visible.

*Stammering* is always *due to nervous disorders,* and though in a school clinic the psychological origin cannot always be determined for lack of data, *the following causes* have come to light in 15 of the 31 cases quoted above.

Difficult birth, 2.
Pre-natal shock, 1.
Brother killed in road accident, 1.
Following serious illness, 1.
Air-raids, 2.
Too carefully brought up (the parents' own diagnosis), 1.
No parents (mother in mental home—father lost at sea), 1.
Unhappy home life due to parental quarrels, 6.

M. MOORE BLAKE, M.A., L.C.S.T.,
Speech Therapist.

**APPENDIX H**

## TABLE I.

## MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS YEAR ENDED 31st DECEMBER, 1949.

### A.—Periodic Medical Inspections.

| | 1949 | 1948 |
|---|---|---|
| (1) Number of Inspections in the Prescribed Groups : | | |
| Entrants | 1,611 | 2,072 |
| Second Age Group | 1,016 | 1,802 |
| Third Age Group | 1,084 | 1,791 |
| Total | 3,711 | 5,665 |
| (2) Number of other Periodic Inspections | — | — |
| Grand Total | 3,711 | 5,665 |

### B.—Other Inspections.

| | | |
|---|---|---|
| Number of Special Inspections | 2,319 | 2,859 |
| Number of Re-Inspections | 10,490 | 9,595 |
| Total | 12,809 | 12,454 |

### C.—Pupils found to require Treatment.

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (excluding Dental Diseases and Infestation with Vermin).

| Group | For defective vision (excluding squint) | For any of the other conditions recorded in Table IIA | Total individual pupils |
|---|---|---|---|
| Entrants | 23 | 424 | 383 |
| Second Age Group | 84 | 121 | 183 |
| Third Age Group | 83 | 104 | 175 |
| Total (prescribed groups) | 190 | 649 | 741 |
| Other Periodic Inspections | — | — | — |
| Grand Total | 190 | 649 | 741 |

# TABLE II.

## A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1949.

| Defect Code No. | DEFECT OR DISEASE | Periodic Inspections | | Special Inspections | |
|---|---|---|---|---|---|
| | | No. of Defects | | No. of Defects | |
| | | Requiring Treatment | Requiring to be kept under observation but not requiring treatment | Requiring Treatment | Requiring to be kept under observation but not requiring treatment |
| 4 | Skin | 29 | 5 | 296 | 2 |
| 5 | Eyes—(a) Vision | 190 | 25 | 150 | 2 |
| | (b) Squint | 30 | 3 | 16 | — |
| | (c) Other | 12 | 5 | 75 | — |
| 6 | Ears—(a) Hearing | 5 | 2 | 26 | 2 |
| | (b) Otitis Media | 4 | 2 | 28 | — |
| | (c) Other | 2 | 1 | 137 | — |
| 7 | Nose and Throat | 100 | 265 | 318 | 37 |
| 8 | Speech | 6 | 4 | 4 | — |
| 9 | Cervical Glands | 7 | 30 | 50 | — |
| 10 | Heat and Circulation | 20 | 21 | 25 | 1 |
| 11 | Lungs | 36 | 21 | 173 | 2 |
| 12 | Developmental— | | | | |
| | (a) Hernia | — | — | 1 | — |
| | (b) Other | 8 | 4 | 279 | 7 |
| 13 | Orthopædic— | | | | |
| | (a) Posture | 14 | 2 | 6 | — |
| | (b) Flat Foot | 176 | 4 | 37 | — |
| | (c) Other | 99 | 10 | 106 | 1 |
| 14 | Nervous System— | | | | |
| | (a) Epilepsy | 3 | 3 | 2 | — |
| | (b) Other | 26 | 5 | 83 | 1 |
| 15 | Psychological— | | | | |
| | (a) Developm't | 2 | 3 | 20 | — |
| | (b) Stability | 4 | 1 | 25 | — |
| 16 | Other | 70 | 24 | 474 | 6 |

## B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

| Age Groups | No. of Pupils Inspected | A. (Good) | | B. (Fair) | | C. (Poor) | |
|---|---|---|---|---|---|---|---|
| | | No. | % | No. | % | No. | % |
| Entrants | 1,611 | 862 | 53.5 | 747 | 46.4 | 2 | .1 |
| Second Age Group | 1,016 | 449 | 44.2 | 567 | 55.8 | — | — |
| Third Age Group | 1,084 | 593 | 54.7 | 491 | 45.3 | — | — |
| Other Periodic Ins. | — | — | — | — | — | — | — |
| Total | 3,711 | 1,904 | 51.31 | 1,805 | 48.64 | 2 | .05 |

## TABLE III.

## INFESTATION WITH VERMIN.

| | | 1949 | 1948 |
|---|---|---|---|
| (1) | Average number of visits per School made during the year by the school nurses | 9 | 7 |
| (2) | Total number of examinations in the schools by school nurses or other auth: orised persons | 40,488 | 38,035 |
| (3) | Number of individual pupils found to be infested | 1,109 | 2,187 |
| (4) | Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) | 71 | 120 |
| (5) | Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) | — | — |

## TABLE IV.

## TREATMENT TABLES.

### Group I.—Minor Ailments

### (excluding uncleanliness, for which see Table III)

(a) Number of Defects treated, or under treatment during the year

| | 1949 | 1948 |
|---|---|---|
| Skin : | | |
| Ringworm—Scalp : | | |
| (i) X-Ray treatment | 13 | 9 |
| (ii) Other treatment | 12 | 10 |
| Ringworm—Body | 37 | 53 |
| Scabies | 35 | 75 |
| Impetigo | 224 | 262 |
| Other Skin Diseases | 208 | 163 |

| | 1949 | 1948 |
|---|---|---|
| Eye Disease (external and other, but excluding errors of refraction, squint and cases admitted to hospital) | 1,204 | 1,589 |
| Ear Defects | 295 | 436 |
| Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.) | 7,260 | 9,294 |
| Total | 9,288 | 11,891 |
| (b) Total number of attendances at Authority's minor ailments clinics | 29,560 | 35,471 |

**Group II.—Defective Vision and Squint (excluding Eye Disease treated as Minor Ailments—Group I).**

| | 1949 | 1948 |
|---|---|---|
| Errors of Refraction (including Squint) | 696 | 787 |
| Other Defect or Disease of the Eyes (excluding those recorded in Group I) | 132 | 135 |
| Total | 828 | 922 |
| Number of Pupils for whom Spectacles were : | | |
| (a) Prescribed | 690 | 783 |
| (b) Obtained | 683 | 579 |

**Group III.—Treatment of Defects of Nose and Throat.**

| | 1949 | 1948 |
|---|---|---|
| Received Operative Treatment : | | |
| (a) for adenoids and chronic tonsillitis | 200 | 312 |
| (b) for other nose and throat conditions | — | 1 |
| (c) received other form of treatment | 436 | 348 |
| Total | 636 | 661 |

**Group IV.—Orthopædic and Postural Defects.**

| | 1949 | 1948 |
|---|---|---|
| (a) Number treated as In-patients in Hospitals or Hospital Schools | 22 | 6 |
| (b) Number treated otherwise, e.g., in Clinics or Out-patient Departments | 935 | 1,122 |

**Group V.—Child Guidance Treatment and Speech Therapy**

| | 1949 | 1948 |
|---|---|---|
| Number of Pupils treated : | | |
| (a) under Child Guidance arrangements | 32 | 40 |
| (b) under Speech Therapy arrangements | 99 | 91 |

## TABLE V.

## DENTAL INSPECTION AND TREATMENT.

| | | 1949 | 1948 |
|---|---|---|---|
| (1) | Number of Pupils Inspected by the Authority's Dental Officers : | | |
| | (a) Periodic Age Groups | 10,282 | 10,902 |
| | (b) Specials | 1,936 | 1,597 |
| | (c) Total (Periodic and Specials) | 12,218 | 12,499 |
| (1a) | Number of Re-inspections | — | 3,447 |
| (2) | Number found to require treatment | 5,861 | 6,200 |
| (3) | Number actually treated | 5,264 | 5,460 |
| (4) | Attendances made by Pupils for treatment | 7,530 | 8,511 |
| (5) | Half-days devoted to : Inspection | 100 | 141 |
| | Treatment | 641 | 744 |
| | Total | 741 | 885 |
| (6) | Fillings : Permanent Teeth | 1,957 | 2,534 |
| | Temporary Teeth | 96 | 131 |
| | Total | 2,053 | 2,665 |
| (7) | Extractions : Permanent Teeth | 709 | 841 |
| | Temporary Teeth | 5,538 | 5,529 |
| | Total | 6,247 | 6,370 |
| (8) | Administration of General Anæsthetics for Extraction | 13 | 14 |
| (9) | Other Operations : Permanent Teeth | 1,456 | 1,979 |
| | Temporary Teeth | 104 | 79 |
| | Total | 1,560 | 2,058 |

## TABLE VI.

## PROPORTION OF VACCINATED PUPILS AMONGST THOSE EXAMINED IN ROUTINE DURING THE PERIOD 1939 to 1949

| Year | | Routine Examinations | Number showing Vaccination Scars | Percentage Un-vaccinated |
|---|---|---|---|---|
| 1939 | (a) Boys | 1,416 | 186 | 86·8 |
| | (b) Girls | 1,470 | 175 | 88·1 |
| 1940 | (a) Boys | 1,488 | 244 | 83·6 |
| | (b) Girls | 1,531 | 230 | 84·9 |
| 1941 | (a) Boys | 1,673 | 301 | 82·0 |
| | (b) Girls | 1,663 | 296 | 82·2 |
| 1942 | (a) Boys | 1,534 | 216 | 85·9 |
| | (b) Girls | 1,665 | 314 | 81·1 |
| 1943 | (a) Boys | 1,704 | 178 | 89·6 |
| | (b) Girls | 1,771 | 221 | 87·5 |
| 1944 | (a) Boys | 1,723 | 247 | 85·7 |
| | (b) Girls | 1,737 | 211 | 87·9 |
| *1945 | (a) Boys | 2,666 | 407 | 84·7 |
| | (b) Girls | 2,344 | 391 | 83·3 |
| *1946 | (a) Boys | 3,203 | 474 | 85·2 |
| | (b) Girls | 2,903 | 462 | 84·1 |
| *1947 | (a) Boys | 1,810 | 289 | 84·0 |
| | (b) Girls | 1,822 | 294 | 83.9 |
| *1948 | (a) Boys | 2,985 | 431 | 85.6 |
| | (b) Girls | 2,680 | 407 | 84·8 |
| *1949 | (a) Boys | 1,980 | 280 | 85·8 |
| | (b) Girls | 1,731 | 301 | 82.5 |

* Includes Secondary Grammar Schools.

## TABLE VIII.

## INVESTIGATION OF INFECTIOUS AND CONTAGIOUS DISEASES.

| School | Disease | Visits Paid | Classes Inspected | Examinations of Pupils |
|---|---|---|---|---|
| Lee Mount ..... ..... | R | 1 | 1 | 38 |
| St. Joseph's ..... ..... | R | 1 | 1 | 38 |
| Clare Hall ..... ..... | Sc | 1 | 1 | 31 |
| Quarry House ..... | R | 1 | 2 | 57 |
| Totals ..... | — | 4 | 5 | 164 |
| | 1948 | 25 | 35 | 1,111 |

S.F.—Scarlet Fever.
D.—Diphtheria.
M.—Measles.
S.P.—Small Pox.
C.P.—Chicken Pox.
R.—Ringworm.
C.J.S.—Conjunctivitis.
Sc.—Scabies.
Wh.C.—Whooping Cough.
Mps.—Mumps.

## TABLE IX.

## WORK OF THE SCHOOL HEALTH NURSING STAFF.

| | | 1949 | 1948 |
|---|---|---|---|
| 1. | Half-days on which nurses assisted at School Medical Inspection | 315 | 407 |
| 2. | Half-days on which nurses assisted at— | | |
| | (a) Minor Ailments' Clinic | 1,290 | 1,206 |
| | (b) Inspection Clinic | 310 | 298 |
| | (c) Ultra-Violet Ray Clinic | 348 | 286 |
| | (d) Immunisation Clinic | 35 | 56 |
| 3. | Half-days devoted to head surveys | 320 | 318 |
| | Total examinations of pupils | 40,488 | 38,035 |
| | Pupils found with verminous or nitty heads | 1,109 | 2,187 |
| 4. | Half-days on which sulphur baths were given | 25 | 38 |
| | Pupils dealt with | 61 | 123 |
| 5. | Half-days devoted to " following-up " | 32 | 38 |
| | Homes visited | 78 | 105 |
| | Individual pupils concerned | 72 | 80 |
| 6. | Half-days devoted to investigating infectious diseases | 4 | 18 |
| | Throat Swabs submitted for examination | 25 | 52 |
| | Classes examined in the course of investigating cases of infectious nature in the schools | 5 | 35 |

## TABLE X.

## PROVISION OF MEALS.

| | 1949 | 1948 |
|---|---|---|
| **Dinners supplied :** | | |
| Primary and Secondary Schools | 1,203,567 | 1,207,366 |
| Special Schools | 35,522 | 40,039 |
| Portions of Milk consumed on School Premises | 2,049,004 | 1,930,848 |
| **Canteens opened during the year** | 3 | 3 |
| **Kitchens opened during the year** | — | 4 |

## TABLE XI.

## OPHTHALMIC TREATMENT.

### Classification of Errors of Refraction.

| | Hyper-metropia | Myopia | Hyper-metropia with Astigma-tism | Myopia with Astigma-tism | Mixed Astigma-tism | Aniso-metro-pia | Total 1949 | Total 1448 |
|---|---|---|---|---|---|---|---|---|
| Boys ..... | 108 | 30 | 139 | 21 | 16 | 2 | 316 | 402 |
| Girls ..... | 110 | 26 | 172 | 30 | 37 | 5 | 380 | 385 |
| Total ..... | 218 | 56 | 311 | 51 | 53 | 7 | 696 | 787 |

| | Boys | Girls | Total 1949 | Total 1948 |
|---|---|---|---|---|
| Pupils who attended the Eye Clinic | 382 | 446 | 828 | 926 |
| Pupils for whom glasses were prescribed ..... ..... ..... | 313 | 377 | 690 | 783 |
| Pupils for whom glasses were not advised ..... ..... ..... ..... | 69 | 69 | 138 | 132 |
| Suffering from Corneal Opacities..... | — | — | — | — |
| ,, Nystagmus ..... | 2 | 4 | 6 | 3 |
| ,, Ptosis ..... ..... | — | — | — | — |
| ,, Lenticular Opacities | 1 | 1 | 2 | — |
| ,, Severe Myopia ..... | — | — | — | — |
| ,, Congenital Coloboma of Choroid and Iris ..... | — | — | — | 1 |
| ,, Squint ..... ..... | 1 | 1 | 2 | 10 |
| ,, Fundal changes ..... | 3 | 2 | 5 | 1 |

## TABLE XII.

## ORTHOPÆDIC TREATMENT.

| | School Health Service | M. and C.W.C. | Total 1949 | Total 1948 |
|---|---|---|---|---|
| Surgeon's attendances | 32 | 11 | 43 | 42 |
| New Cases Examined | 112 | 68 | 180 | 250 |
| Re-Examinations | 486 | 225 | 711 | 713 |
| Pupils under treatment on Jan. 1st, 1949 | 802 | 538 | 1,340 | 1,383 |
| New cases admitted for treatment 1949 | 133 | 66 | 199 | 266 |
| Discharged, etc., during year | 249 | 55 | 304 | 309 |
| Cases remaining under treatment on December 31st, 1949 | 686 | 549 | 1,235 | 1,340 |

| | School Age | Under School Age | Total 1949 | Total 1948 |
|---|---|---|---|---|
| Attendances for examination | 598 | 293 | 891 | 963 |
| Attendances for remedial exercises | 6,799 | 4,471 | 11,270 | 14,182 |

**Cases treated :—**

| | No. of Cases 1949 | No. of Cases 1948 | Attendances 1949 | Attendances 1948 |
|---|---|---|---|---|
| Maternity and Child Welfare | 604 | 636 | 4,471 | 5,286 |
| School Clinic | 720 | 831 | 5,173 | 5,835 |
| Clare Hall School | 81 | 63 | 780 | 1,917 |
| Bermerside School | 36 | 43 | 366 | 793 |
| Quarry House School | 36 | — | 40 | — |
| Princess Mary High School | 62 | 76 | 440 | 351 |
| Technical College | — | — | — | — |
| Heath School | — | — | — | — |
| Crossley and Porter School | — | — | — | — |
| | 1,539 | 1,649 | 11,270 | 14,182 |

| | 1949 | 1948 |
|---|---|---|
| Waiting list, January 1st | 45 | 6 |
| Waiting list, December 31st | 3 | 45 |
| Cases provisionally discharged to report progress at a later date | 163 | 163 |

## Allocation of Hours.

| | 1949 | 1948 |
|---|---|---|
| School Clinic and Ovenden Clinic | 1,862 | 1,836½ |
| Visits to Schools | 55 | 66 |
| M. and C.W. Clinic | 1,103 | 1,061 |
| Bermerside School | 62 | 98 |
| Quarry House School | 12 | — |
| Clare Hall School | 157 | 150 |
| Princess Mary High School | 37 | 65 |
| Technical College | — | — |
| Swimming Class | 36 | 243 |
| Crossley and Porter School | — | — |
| Heath School | — | — |
| Follow up | 125 | 120 |
| | 3,449 | 3,639½ |

| | 1949 | 1948 |
|---|---|---|
| No recommended for operative treatment | 17 | 19 |
| No. recommended for appliances | 18 | 3 |
| No. recommended for X-Ray treatment | 48 | 50 |

## TABLE VII.

## AVERAGE HEIGHTS AND WEIGHTS OF PUPILS SEEN AT ROUTINE INSPECTIONS IN MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

| | BOYS | | | | | GIRLS | | | |
|---|---|---|---|---|---|---|---|---|---|
| Age | Height in Cms. 1949 | 1948 | Weight in Kilos. 1949 | 1948 | Age | Height In Cms. 1949 | 1948 | Weight in Kilos. 1949 | 1948 |
| 2 | 96·3 | 96·3 | 17·0 | 17·0 | 2 | — | — | — | — |
| 3 | 98·3 | 98·2 | 16·8 | 16·4 | 3 | 94·7 | 97·5 | 15·6 | 16·2 |
| 4 | 103·1 | 103·1 | 17·5 | 17·6 | 4 | 103·7 | 101·9 | 17·8 | 17·5 |
| 5 | 108·9 | 109·1 | 19·8 | 19·4 | 5 | 108·6 | 109·0 | 18·6 | 18·8 |
| 6 | 114·6 | 114·0 | 21·5 | 21·3 | 6 | 115·8 | 113·0 | 19·5 | 19·8 |
| 7 | 123·3 | 124·4 | 23·8 | 23·7 | 7 | 122·4 | 121·1 | 24·3 | 24·1 |
| 8 | 126·5 | 126·5 | 26·8 | 26·8 | 8 | 127·7 | 125·1 | 27·6 | 25·8 |
| 9 | 127·7 | 127·7 | 27·8 | 27·7 | 9 | 130·9 | 127·2 | 28·1 | 27·4 |
| 10 | 132·7 | 137·0 | 33·0 | 32·8 | 10 | 136·0 | 135·6 | 32·1 | 29·2 |
| 11 | 138·3 | 140·9 | 33·1 | 34·5 | 11 | 139·1 | 140·6 | 34·3 | 35·2 |
| 12 | 142·6 | 143·5 | 37·9 | 37·1 | 12 | 139·9 | 145·4 | 34·0 | 38·1 |
| 13 | 146·4 | 148·4 | 39·2 | 39·8 | 13 | 147·9 | 148·4 | 39·8 | 40·3 |
| 14 | 155·6 | 151·8 | 44·7 | 41·3 | 14 | 154·4 | 155·5 | 47·6 | 48·5 |
| 15 | 163·6 | 163·4 | 49·4 | 51·0 | 15 | 159·1 | 158·8 | 51·4 | 52·4 |
| 16 | 172·2 | 172·2 | 53·8 | 53·5 | 16 | 161·4 | 162·1 | 56·2 | 54·0 |
| 17 | 175·5 | 176·3 | 64·6 | 65·8 | 17 | 164·9 | 161·0 | 55·2 | 52·8 |
| 18 | 180·4 | 180·4 | 67·7 | 67·7 | 18 | 161·0 | — | 54·5 | — |

# TABLE XIII.

## SWIMMING STATISTICS.

| | 1945 | | | 1946 | | | 1947 | | | 1948 | | | 1949 | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Boys | Girls | Total | Boys | Girls | Total | Boys | Girls | Total | Boys | Girls | Total | Boys | Girls | Total |
| No. of pupils who learnt to swim during season | 292 | 309 | 601 | 327 | 301 | 628 | 502 | 493 | 995 | 527 | 585 | 1112 | 620 | 690 | 1310 |
| No. of pupils able to swim | 884 | 809 | 1693 | 942 | 913 | 1855 | 982 | 1016 | 1998 | 1246 | 1493 | 2739 | 1496 | 1832 | 3328 |
| No. of pupils who left School (14x) without gaining Elementary Certificates | 50 | 73 | 123 | 117 | 55 | 172 | 90 | 114 | 204 | 55 | 31 | 86 | 58 | 75 | 133 |
| Elementary Certificates | 180 | 211 | 391 | 187 | 179 | 366 | 313 | 301 | 614 | 387 | 423 | 810 | 424 | 520 | 944 |
| Advanced do. | 65 | 67 | 132 | 85 | 72 | 157 | 100 | 99 | 199 | 126 | 103 | 229 | 134 | 166 | 300 |
| Honours | 38 | 32 | 70 | 41 | 31 | 72 | 31 | 44 | 75 | 107 | 38 | 145 | 74 | 73 | 147 |