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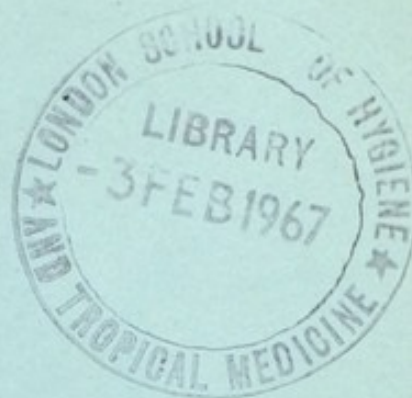
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County Borough of Halifax


EDUCATION COMMITTEE

ANNUAL REPORT

ON THE

SCHOOL HEALTH SERVICE

FOR THE YEAR 1952



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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) [Deceased August 18th].

Emily J. Ruane, M.B., B.Ch., B.A.O.

Part-time Ophthalmic Surgeon :

*Robert W. Greator, 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 Surgeon

Frank H. Richardson, L.D.S., R.C.S.

Dental Attendant :

Anne Murgatroyd.

Nursing Staff :

Dorothy B. Parkinson (Senior Nurse), Mary Denham, Sylvia L. P. Good, Gladys Nelson, Anne Storey.

Orthopædic Staff :

Barbara M. Axson (Supervisor and Organiser of Physical Education), Doreen Greenwood (Junior Assistant), Gregory H. Stewart, Patricia M. Staton, Mavis M. Anderson.

Speech Therapist :

Franklin Brook, L.C.S.T. (Part-time).

Orthoptist :

Dorothy J. Illingworth.

* National Health Service Officers.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Ladies and Gentlemen,

I have the honour to present the Annual Report dealing with the School Health Service for the year 1952.

The basis of school medical work, since its inception, has been the periodic medical inspection of all children in local authority schools. It is the only way to secure a statistical survey of the school population revealing trends in health (or ill-health) which would otherwise escape notice. It also gives the school medical officer an opportunity of diagnosing early defects. It has, however, a more subtle benefit. It brings the school child, the parent, the teacher, the doctor and the school nurse together to consider the health of the child. It must be remembered that medical inspection is not an end in itself. It is of value only in so far as it leads to remedial action. This is not only a matter of medicine or surgery but involves guidance of the parents and the child in the management of common disabilities and the correction of faulty habits. The ideal is to link up the child's health with his environment and mode of life.

The problem of educationally subnormal children is so wide and complex that it cannot be dealt with fully here. Emphasis is still placed on certain factors, for example stigmata, which may be of doubtful value. Even the intelligence tests are not infallible. Nevertheless, by observing these (and other factors) it is possible to arrive at a sufficiently accurate estimate of the child's ability to respond to ordinary education. In respect of this matter information afforded by the teachers is indispensable. Nowadays the "maladjusted" child is much in the news. What does the term "maladjusted" imply? It implies that the psychological make-up of a child may be sufficiently good, but that for some reason or another maladjustment has occurred and calls for readjustment. Often it is of a temporary nature and is easily corrected. Sometimes it is more serious, leading to misbehaviour or resulting in delinquent or neurotic adult life. One of the purposes of child guidance is to deal with individual children who are maladjusted. These children are seldom psychotic. The majority are basically normal. Child guidance work, in my opinion, should not be incorporated with that for mental illness and mental deficiency. It should not be divorced from other aspects of children's work such as speech defects and educational backwardness. The low grade educationally subnormal child is not the type of case to refer to a child guidance clinic.

During the period under review the incidence of infectious diseases—with the exception of measles—was low.

It is impossible to foretell the future of the school health service, but the school medical officer has every reason to be proud of the work that has been done for school children during the past forty years. It may be that, in the years to come, he will be able to play his part in a still greater child health service.

This report, as in past years, has been prepared by Dr. F. Mautner and Dr. E. J. Ruane. I record with great regret the death of Dr. F. Mautner in August 1952. He was appointed Assistant School Medical Officer in March 1946. Although physically never a strong man he always gave of his best to the school children of Halifax. He had a deep and abiding love for children. He looked upon them as his "little friends." Although he knew he was physically a doomed man he continued to work until the day of his death. He was a very quiet, modest and kindly person.

Mr. Louis Trigg retired on 25th April, 1952. Mr. T. K. Boothman took up his duties as Chief Clerk on 1st April, 1952.

I wish to tender my thanks to the staff of the Clerical Department for the assistance they have rendered in the compilation of the statistics, and for the creditable fashion in which they have, each and all, performed their various duties throughout the year.

My thanks are also due to the Clinic Staff for the valuable work they have carried out in the School Clinic and in the schools.

To the teaching staffs in all the schools I wish to express my thanks for their assistance and co-operation. They are not only a valuable source of information but also they are in an exceptionally good position to supplement the doctor's recommendations.

In conclusion I thank the Chairman and Members of the Education Committee for their encouragement and support in all matters pertaining to the welfare of the School Health Service.

I am,

Yours faithfully,

G. C. F. ROE,

Medical Officer of Health.
School Medical Officer.

Health Department,
Powell Street,
Halifax.

11th February, 1953.

CLINICS.

Name	Purpose	Where held	Days	Time—Hours
Inspection	Examination of cases sent by Teachers, School Attendance Officers, etc.	Horton House	Tuesdays to Fridays	2-0 to 4-30 p.m.
Minor Ailments	Treatment of Minor Diseases of Skin, etc.	Horton House	Daily	9-0 a.m. to 12-0 noon 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	Holly House	Daily	9-30 a.m. to 12-0 noon 2-0 to 5-0 p.m.
Ophthalmic	Treatment of Visual Defects	Holly House	Mondays Tuesdays Wednesdays Other days as required	10-0 a.m. to 12-0 noon do. do.
Speech Defects	Speech Training	Akroyd Place School	Tuesdays Wednesdays Thursdays	
Orthopædic		Horton House	Wednesdays	2-30 to 4-30 p.m.
Tonsils and Adenoids	Treatment of Tonsils and Adenoids	As arranged by National Health Service		
Remedial Exercises	Treatment of Deformities	Horton House	Daily	9-0 a.m. to 12-0 noon 2-0 to 5-0 p.m.
		Bermerside	Tuesdays	10-15 a.m. to 12-0 noon
Treatment of Ringworm		Royal Halifax Infirmary	As required	
Employment of School Children	Examinations as to fitness to follow part-time employment	Horton House	Saturdays	9-30 a.m. to 12-0 noon
Ultra Violet Ray Treatment	For treatment of Anæmia, Debility, etc.	Horton House	Mondays Tuesdays Thursdays Fridays	2-0 to 5-0 p.m.
Immunisation against Diphtheria		School premises and Horton House	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.	St. John's Hospital	By Appointment	

ANNUAL REPORT

ON THE SCHOOL HEALTH SERVICE

for the year 1952

Medical Inspections.

There has been no alteration in the general procedure of medical inspections carried out at the various schools within the borough during 1952. A number of new schools, both primary and secondary modern, were opened during the year to cope with the increasing numbers of children of school age, which includes entrants on the one hand and the older children who now have to remain at school until they reach the compulsory school leaving age of 15. Unfortunately, the sudden death of one of the two Assistant School Medical Officers in August, caused a setback to the routine inspection work in the schools, as a successor to the late Dr. F. Mautner was not found until the beginning of 1953.

The response on the part of the parents who are always notified of forthcoming medical inspections in school, was as usual very good. In spite of the fact that so many mothers go to work during school hours, it is certainly most gratifying to see the effort made by these women to be present when their children are being examined at school. This is chiefly the case where nursery and infant children are for examination, when an attendance of mothers at a particular session can be as high as 90%.

The number of parents who attended at routine medical examinations was 2,240.

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

Re-Inspections.

As in the case of routine medical inspections, the number of re-inspections at the schools had of necessity to be curtailed after

the mid-summer holiday. Most of the follow-up cases inspected at school fall into one of three categories: (a) Tonsil and adenoid cases, (b) Orthopædic defects, (c) Visual defects. As usual on these occasions, the headteacher of the school visited readily avails him or herself of the opportunity of bringing special cases to the notice of the school medical officer.

Miscellaneous Examinations.

This group includes boys and girls who wish to deliver newspapers and work in shops out of school hours. A total of 208 children, 49 girls and 159 boys, were examined at the School Clinic. 175 of these were granted certificates for delivery of newspapers; 18 boys were granted a certificate for errands, and 15 girls for stock-room work, during the Christmas period.

Medical Inspections within the School Clinic.

As usual, four afternoon consultation clinics were held each week. This arrangement was still continued after mid-summer, as it was considered to be a necessity.

The total number of clinic sessions held by the doctors during the year 1952 was 164.

The number of new cases seen was 1,565.

Re-examinations numbered 559.

The number of parents who attended was 1,338.

Principal Defects Noted at Medical Inspections.

During the autumn term, 21 cases of ringworm of the body attended the School Clinic for treatment. Nurses visited all schools affected and the cases quickly responded to treatment. There was only one case of ringworm of scalp seen during the year.

Infectious Diseases.

TUBERCULOSIS.

Number	Site	Positive	Negative
27	Pulmonary	4	23
1	Cervical	1	—
—	Bone	—	—
—	Abdomen	—	—

Included in the above numbers are 17 children who showed no clinical or radiological signs of tuberculosis but who showed a positive tuberculin reaction. Four other children showed evidence of Bronchiectasis.

The number of Scarlet Fever cases notified at the School Clinic was 80. This closely approximates the number notified in 1951, which was 77.

No case of Diphtheria has been notified.

Diphtheria Immunisation.

During the year, 375 injections were given to children who were being immunised for the first time, and 492 injections were given as boosting doses. Combined diphtheria and whooping cough injections were given to four children.

Artificial Sunlight Treatment.

This form of treatment is becoming more popular and parents are responding well in bringing their children regularly. During the year 274 children were given 6,751 exposures.

Tonsils and Adenoids.

84 children requiring operation for the removal of tonsils and adenoids were referred to the Royal Halifax Infirmary. 61 of them and 62 outstanding cases from the previous year were admitted for operation.

Psychiatric Treatment.

12 cases were referred to the Psychiatrist during 1952. Of these, seven were victims of parental disharmony, three were referred for bed-wetting, and two were of low mentality. Whenever possible an endeavour is made by ordinary common-sense measures to help parents in dealing with difficult children. It is only in the very serious cases, especially where the parents are suspected to be at fault, that the aid of a psychiatrist is sought.

Physically Handicapped Pupils Examined.

	Boys	Girls	Total
Cripples, Delicate	2	1	3
Epileptic	—	—	—
Blind	—	1	1
Partially-sighted	—	—	—
Deaf	2	—	2
Partially deaf.....	—	—	—
Maladjusted	—	1	1
Totals	4	3	7

Educationally Subnormal Pupils Examined.

	Boys	Girls	Total
To go to Special Day School	15	10	25
To go to Boarding School	—	1	1
To remain at Ordinary School with special educational treatment	6	1	7
To be re-examined	3	1	4
To be reported to the Local Authority under Section 57(3) Education Act 1944	7	9	16
do. do. 57(5) do.	—	1	1
Referred to Psychiatrist	—	2	2
Total	31	25	56

Sincere thanks are offered to the Education Committee, Nursing and School Staffs, and all others who have in many ways contributed to a very successful year's work.

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

APPENDIX A.

BERMERSIDE HOME.

On visiting this residential Special School, situated as it is, in its own delightful grounds, one cannot but feel how fortunate the Authority is in having such a place to offer the delicate children as a temporary home. The 30 beds available to the children are kept occupied all the year round, apart from a week at mid-summer and at Christmas when the children are allowed to join their parents. When a vacancy arises between terms, it is promptly filled from a waiting-list which is kept at the School Clinic. Good food, regular hours and plenty of fresh air, is the order of the day. The improvement seen in some children, even in a matter of weeks, is in some cases incredible. The asthmatic begins to sleep the whole night through, and his absences from school become less and less; the debilitated child gains weight and starts to take a new interest in life in pleasant and happy surroundings. How gratifying this must be to anxious parents, and no less to Matron and her staff, who never cease to give of their best in the interests of the children under their care.

Number of children on register at the beginning of 1952	18
Number of children admitted during the year	42
Number of children discharged during the year.....	41

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

BERMERSIDE OPEN-AIR SCHOOL, No. 7000.

	Total
Number of children on register January 8th, 1952	116
Number of children admitted during the year :	
day pupils 31; residents 39	70
Number of children re-admitted during the year :	
day pupils 6; residents 3	9
Number of children discharged during the year :	
day pupils 43; residents 40	83
Average period of stay : day pupils, 2 years 9 days.	
residents, 8 months.	
day pupils and residents, 1 year 4 months.	

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

APPENDIX B.

DENTAL INSPECTION AND TREATMENT.

Inspection.

During the year a total of 4,395 children were inspected at the routine visits to the schools. Treatment was offered to those for whom the filling of carious permanent teeth was likely to be of lasting value, and to those for whom it was considered inadvisable to defer extractions for any length of time. Of 2,755 children found to require treatment at these inspections this was offered to 1,634, of whom 1,381 accepted and received attention at the clinic.

In addition 2,281 children were inspected at the clinic as special cases. This gives a total of 6,676 inspections during the year, of whom 3,915 were referred for treatment and 3,662 actually treated at the clinic.

Treatment.

Owing to an accident which resulted in a crushed and fractured index finger the Senior Dental Officer was severely handicapped in his work for some time and this has resulted in some reduction in the number of sessions and amount of treatment given compared with last year, as shown in Table V of the last appendix of this report. In spite of this there was very little reduction in the number of special cases treated, 2,281 compared with 2,323. This figure represents in the main children suffering from toothache of carious teeth considered to be the cause of, or delaying the recovery from, some condition receiving medical attention. Included in this number are 101 children referred from the Maternity and Child Welfare Clinic as being under school age and requiring urgent treatment. Any reduction in the number of these special cases is possible only by early treatment of dental defects and, what would be of greater value but so far impossible of achievement, some method by which these defects could be prevented altogether.

Although the cleaning of the teeth is by no means the answer to the problem of dental caries it undoubtedly has considerable value. In spite of the efforts at the clinic, in school and by commercial advertisers to emphasise this value very few children practise any regular and sustained oral hygiene. It is obvious that any true preventive method must not depend on the efforts of parent or child for their efficacy. In this connection it seems probable that the addition of minute quantities of fluorine to a town's water supply brings about an improvement in the resistance of teeth to caries, and its use has been adopted in a number of places especially in the U.S.A. The effect depends upon the fluorine being present in the drinking water in early infancy and childhood whilst the teeth are being formed

and it can delay the onset of caries by as much as two years. This could be of great value and is the first sign of any form of prevention which could be applied quite independently of child or parent. Its effect was first noticed in places which had a natural supply of fluorine in the water and it could be regarded as an extension of a natural process. Its use in this country is looked forward to with considerable hope.

Amongst the children who attended for treatment were some who had sustained damage to their permanent front teeth in accidents of one kind and another. Where the teeth had been knocked out completely or were too badly damaged to respond to treatment they were replaced by small artificial dentures. This year 17 cases were so treated, the youngest being eight years of age.

The re-appointment of Mr. Eaves as Dental Officer to commence duty in January 1953 will afford an opportunity of restoring the emphasis of the work to the routine inspection and treatment which should be the primary aim of the School Dental Service.

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

APPENDIX C.

OPHTHALMIC CLINIC.

Table XI on page 28 gives a detailed list of the number of children who attended the School Eye Clinic during 1952, with a classified list of the conditions found on examination.

Two children had diseases of the Fundus and were transferred to the Royal Halifax Infirmary for treatment. One child had to be transferred to a School for the Blind.

The Orthoptic Clinic is doing very good work under the care of Miss Illingworth. The report from this Clinic is given separately.

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

APPENDIX D.

ORTHOPTIC CLINIC.

Total attendances for year	.....	283
Number of new cases	.....	15
Number of children who attended for occlusion	.....	15
Number of children who attended for binocular training	.....	5
Number of cases discharged	.....	21

Of the 21 cases discharged :

- 4 are completely cured.
- 6 now have visual acuity within the normal limits and are cosmetically very good.
- 2 have improved visual acuity and are cosmetically satisfactory.
- 1 responded to treatment and now requires an operation for a final cure.
- 3 failed to respond to treatment.
- 5 failed to co-operate with treatment (one of these refused treatment altogether).

It has been disappointing to find that almost 25% of the patients referred failed to co-operate, when in each case the prognosis was fairly good.

D. ILLINGWORTH, D.B.O.,
Orthoptist.

APPENDIX E.

ORTHOPÆDIC CLINIC.

During 1952 there was an increased number of treatments necessary and the extra work has been adequately dealt with by our present staff.

The special clinics for children suffering from infantile paralysis and spastic paralysis have continued and increased their scope. The out-patient facilities for the treatment of children with spastic paralysis are adequate, but it is to be hoped that before long there will be a residential school for physically handicapped children.

GEOFFREY HYMAN,

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

APPENDIX F.

REPORT BY THE ORGANISERS OF
PHYSICAL TRAINING.

The year 1952 has been one of good general progress during which the work of previous years has been consolidated.

In the Junior Schools the provision of small apparatus is adequate and it is hoped that all Junior Schools will soon have some form of heaving apparatus.

The need for economy in educational expenditure has restricted the provision of larger apparatus in Infants' Schools so that the requirements will take longer to meet than would otherwise have been the case.

In the Senior Schools there has been a good deal of progress, particularly in games. On the girls' side this has been marked by the excellent attendance at netball rallies and netball classes. A number of girls who have recently left school have been selected for the Junior County Netball Team.

At Clare Hall County Secondary School the provision of changing rooms and showers has proved of great value.

Difficulty has been experienced in obtaining the services of suitably qualified men teachers of physical education and in consequence it has with regret been necessary to employ teachers with no special training in the subject.

Teachers' Courses in Dancing, Swimming, Netball and Cricket have been held during the year.

The Organisers have been invited to address several Parents' Associations. These occasions have provided opportunities for furthering the work.

Swimming.

Last year, for the first time, all schools had a swimming allocation. In spite of this it was not possible to accommodate all Senior scholars. The opening of new schools during the year has increased the problem.

The results in local swimming tests have reached a steady peak and the numbers of successes are closely comparable with those of last year. It is important to note that the standard in the Honours Certificate has been raised and a test in Crawl swimming has been included.

Playing Fields.

The standard of maintenance on school playing fields has improved. The Parks Department have been very co-operative in this respect.

It has been possible to satisfy all requests for football and cricket pitches during the past season from youth and outside organisations, but it is doubtful whether this can be done in future as the demand is increasing.

Out-of-School Activities.

Recreative Evening Classes have been adversely affected by the recent increases in fees. Only three open classes have run this year (Folk Dancing, Men's P.T. and Soccer Coaching), and three P.T. and Swimming Classes for Evening Institute students.

Out-of-School swimming attracted large numbers of children during the summer months.

Play Centres at Ovenden and Ling Bob continued throughout the summer months, but the Northowram Play Centre had to be closed because of the small numbers of children attending.

Conclusion.

The Organisers again wish to acknowledge their indebtedness to Head Teachers and their staffs and to the many others whose co-operation continues to assist them in their work.

B. M. AXSON, M.C.S.P.

A. MORRISON, M.B.E.

APPENDIX G.

QUARRY HOUSE SPECIAL (E.S.N.) SCHOOL,
No. 7001.

19 children, 13 boys and six girls, were admitted to the School during the year, while 25 children, 13 boys and 12 girls, were discharged. Of these, eight children had reached school-leaving age, and one boy left the town. One girl was reported to the Local Authority under Section 57(5) of the Education Act, 1944.

As soon as a backward child has sufficiently improved in his school work, so as to be able to return to an ordinary school, the doctor is always pleased to discharge him from Quarry House and make room for a new entrant. During this year it will be noticed that the number of discharges from the school, apart from those of school-leaving age, is unusually high. Unfortunately only four of these discharged children returned to an ordinary school; 11 were discharged as being ineducable, having been given a trial period at Quarry House. It is hoped that the Public Health Authorities will make an occupational centre available for these less fortunate children as soon as possible.

Inspectors from the Ministry of Education visited the school in March and carried out a general examination.

It is regretted that Miss Bedford, one of the teaching staff, found it necessary to resign during the year, owing to domestic difficulties.

In May, 60 scholars were taken on a day's outing to the Lake District. Unfortunately it rained all day, but in spite of wet overcoats, the children's spirits remained undampened.

Once again sincere gratitude is extended to the headmaster and his staff for the excellent work which continues to be shown at Quarry House School, and to the Education Committee for their co-operation in dealing with the backward children.

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

APPENDIX H.

REPORT OF THE SPEECH THERAPIST

For the Year ending 31st December, 1952.

The Year's Work in Figures.

Patients on roll, January 1st, 1952	55
New cases referred during the year	31
Patients discharged during the year	44
Remaining on roll at end of year :	
(a) receiving treatment	41
(b) awaiting treatment	1
	— 42

Of the 44 cases discharged during the year, 39 had achieved full recovery, four showed a partial improvement, whilst only one had to be discharged showing no improvement.

An analysis of the cases remaining on roll and receiving treatment at the end of the year showed that the majority were either stammerers or children with the more common articulative defects.

Details are as follows :—

Stammering	22
Unintelligible speech	6
Articulative defects	7
Delayed speech	3
Cleft palate speech	2
Voice disorders	1
Language disorders	1

Summary.

On the whole the year has been a satisfactory one. The number of children discharged as fully adjusted (39) is particularly gratifying when it is known that more than half the total number of children under treatment at any one time are Stammerers (or children with equally serious long term disorders).

During the year, the average age of children under treatment fell from $9\frac{1}{2}$ to $8\frac{1}{2}$ years. Now that facilities are available in Halifax for the treatment of pre-school children further reductions in this average age level may be expected. With a few exceptions, better results are obtained from speech therapy at the lower age levels. A child who receives the appropriate treatment early in life is much less likely to suffer from the educational difficulties and emotional repercussions that so often handicap the older speech defective.

Reduced absenteeism and improved parental co-operation have been other satisfactory features noted during the year.

FRANKLIN BROOK,

Licentiate of the College of
Speech Therapists.

APPENDIX I.

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY & SECONDARY SCHOOLS
(Including Special Schools).

YEAR ENDED 31st DECEMBER, 1952.

A.—Periodic Medical Inspections.

(1) Number of Inspections in the Prescribed Groups :

	1952	1951
Entrants	1,777	1,995
Second Age Group	1,042	1,301
Third Age Group	493	1,318
Total	3,312	4,614

(2) Number of other Periodic Inspections

Grand Total	3,312	4,614
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B.—Other Inspections.

Number of Special Inspections	1,679	1,978
Number of Re-Inspections	5,745	8,571
Total	7,424	10,549

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	31	474	502
Second Age Group	77	105	179
Third Age Group	18	24	41
Total (prescribed groups)	126	603	722
Other Periodic Inspections	—	—	—
Grand Total	126	603	722

TABLE II.

A. RETURN OF DEFECTS FOUND BY
MEDICAL INSPECTION IN THE YEAR ENDED
31st DECEMBER, 1952.

Defect Code No.	DEFECT OR DISEASE	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring Treatment	Requiring to be kept under ob- servation but not requiring treatment	Requiring Treatment	Requiring to be kept under ob- servation but not requiring treatment
4	Skin	13	4	189	—
5	Eyes—(a) Vision	126	27	104	1
	(b) Squint	27	7	11	3
	(c) Other	8	1	60	—
6	Ears—(a) Hearing	1	—	9	3
	(b) Otitis				
	Media	3	1	23	—
	(c) Other	1	1	98	—
7	Nose or Throat	144	243	172	9
8	Speech	11	12	28	3
9	Cervical Glands	7	8	15	—
10	Heart & Circulation	17	9	5	—
11	Lungs	15	6	98	4
12	Developmental—				
	(a) Hernia	2	1	—	—
	(b) Other	6	—	264	1
13	Orthopædic—				
	(a) Posture	23	—	9	—
	(b) Flat Foot	81	5	18	—
	(c) Other	85	12	217	—
14	Nervous System—				
	(a) Epilepsy	2	—	6	—
	(b) Other	9	4	71	1
15	Psychological—				
	(a) Dev'lp'm't	1	1	11	—
	(b) Stability	—	—	5	—
16	Other	88	19	307	1

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

Age Groups	No. of Pupils In- spected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	%	No.	%	No.	%
Entrants	1,774	1,127	63.4	641	36.1	9	.5
Second Age Group	1,042	628	60.3	413	39.6	1	.1
Third Age Group	493	312	63.3	180	36.5	1	.2
Other Periodic Ins.	—	—	—	—	—	—	—
Total	3,312	2,067	62.4	1,234	37.3	11	.3

TABLE III.

INFESTATION WITH VERMIN.

	1952	1951
(1) Average number of visits per School made during the year by the school nurses	6	5
(2) Total number of examinations in the schools by school nurses or other authorised persons	31,097	26,514
(3) Number of individual pupils found to be infested	821	798
(4) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	70	37
(5) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—	—

TABLE IV.

**TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING
SPECIAL SCHOOLS).**

**Group I.—Diseases of the Skin
(excluding uncleanness, for which see Table III.)**

Number of cases treated or under treatment during the year :

					1952	1951
					By the Authority	Otherwise
Ringworm—(i)	Scalp	.....	.....	.....	1	1
	(ii) Body	.....	.....	.....	21	—
Scabies	.....	.....	.....	.....	1	—
Impetigo	.....	.....	.....	.....	87	—
Other Skin Diseases	.....	.....	.....	.....	281	6
Total					391	7
						384

Group II.—Eye Diseases, Defective Vision and Squint.

					1952	1951
					By the Authority	Otherwise
Number of cases dealt with :						
External and other, excluding errors of refraction and squint					1,027	—
Errors of refraction (including squint)					766	—
Total					1,793	—
						1,841
Number of pupils for whom spectacles were						
(a)	Prescribed	.....	.....	.....	650	579
(b)	Obtained	.....	.....	.....	637	581
						719
						719

Group III.—Diseases and Defects of Ear, Nose and Throat.

					1952	1951
					By the Authority	Otherwise
Number of cases treated :						
Received operative treatment						
(a)	for diseases of the ear	.....	.....	.....	—	7
(b)	for adenoids and chronic tonsillitis	.....	.....	.....	92	17
(c)	for other nose and throat condi- tions	.....	.....	.....	—	4
Received other forms of treatment					667	—
Total					759	28
						981

Group IV.—Orthopædic and Postural Defects.

	1952		1951
	By the Authority	Otherwise	
(a) Number treated as in-patients in hospitals	12	—	13
(b) Number treated otherwise, e.g., in clinics or out-patient departments	805	—	820

Group V.—Child Guidance Treatment.

	1952		1951
	In the Authority's Child Guidance Clinics	Elsewhere	
Number of cases treated:			
Number of pupils treated at Child Guidance Clinics	12	—	17

Group VI.—Speech Therapy.

	1952		1951
	By the Authority	Otherwise	
Number of cases treated:			
Number of pupils treated by Speech Therapists	86	—	77

Group VII.—Other Treatment Given.

	1952		1951
	By the Authority	Otherwise	
Number of cases treated:			
1. Miscellaneous minor ailments	5,433	39	6,020
2. Ultra Violet Ray	274	—	195
3. Orthoptic	56	—	66
Total	5,763	39	6,281

TABLE V.
DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY THE AUTHORITY.

		1952	1951
(1)	Number of Pupils Inspected by the Authority's Dental Officers :		
	(a) Periodic Age Groups	4,395	4,691
	(b) Specials	2,281	2,323
	(c) Total (Periodic and Specials)	6,676	7,014
(2)	Number found to require treatment	5,036	4,978
(3)	Number referred for treatment	3,915	4,187
(4)	Number actually treated	3,662	3,869
(5)	Attendances made by Pupils for treatment	4,338	4,808
(6)	Half-days devoted to : Inspection	40	44
	Treatment	376	402
	Total	416	446
(7)	Fillings : Permanent Teeth	1,038	1,272
	Temporary Teeth	33	60
	Total	1,071	1,332
(8)	No. of Teeth Filled : Permanent Teeth	980	1,204
	Temporary Teeth.....	30	60
	Total	1,010	1,264
(9)	Extractions : Permanent Teeth	804	754
	Temporary Teeth	3,379	3,866
	Total	4,183	4,620
(10)	Administration of General Anæsthetics for Extraction	—	—
(11)	Other Operations : Permanent Teeth	584	650
	Temporary Teeth	211	95
	Total	795	745

TABLE VI.

PROPORTION OF VACCINATED PUPILS AMONGST
THOSE EXAMINED IN ROUTINE DURING
THE PERIOD 1942 to 1952.

Year	Routine Examinations		Number showing Vaccination Scars	Percentage Un-vaccinated
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
*1950	(a) Boys	2,185	801	63.3
	(b) Girls	2,167	888	59.0
*1951	(a) Boys	2,452	1,215	50.4
	(b) Girls	2,162	1,129	47.7
*1952	(a) Boys	1,706	889	47.9
	(b) Girls	1,606	824	48.7

* Includes Secondary Grammar Schools.

TABLE VII.

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

Age	BOYS				Age	GIRLS			
	Height in Cms.		Weight in Kilos			Height in Cms.		Weight in Kilos	
	1951	1952	1951	1952		1951	1952	1951	1952
3	95.5	99.1	16.3	16.8	3	95.5	96.1	15.7	15.5
4	106.2	102.6	17.6	17.5	4	102.2	99.8	16.5	19.1
5	110.3	109.0	19.8	19.5	5	108.9	108.6	18.2	19.3
6	113.3	117.0	21.7	21.6	6	114.7	111.9	20.8	20.2
7	121.0	122.3	24.4	25.9	7	116.3	118.8	20.7	23.3
8	123.2	126.0	24.2	25.4	8	128.1	122.8	26.5	24.5
9	124.8	127.3	26.1	26.9	9	130.0	128.5	26.7	26.8
10	133.9	137.1	32.2	32.5	10	137.5	136.0	26.4	31.6
11	139.6	139.2	34.6	34.1	11	139.9	141.4	36.5	33.9
12	144.4	139.6	37.7	33.7	12	144.2	144.8	37.4	36.6
13	151.3	154.5	41.5	44.7	13	148.2	151.3	40.0	43.4
14	153.9	158.0	47.4	47.3	14	152.4	152.1	46.2	47.0
15	156.2	158.9	55.9	46.8	15	157.6	157.1	52.5	49.2
16	173.4	—	60.2	—	16	163.2	152.0	59.7	48.6

TABLE VIII.
INVESTIGATION OF INFECTIOUS AND
CONTAGIOUS DISEASES.

School	Disease	Visits Paid	Classes Inspected	Examinations of Pupils
Copley	R	1	2	38
Dean Field	R	3	4	120
Haugh Shaw	R	1	1	18
St. Joseph's	R	1	2	38
J. H. Whitley	R	1	1	37
Crossley and Porter	R	1	2	40
Totals	—	8	12	291
	1951	1	3	67

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.

	1952	1951
1. Half-days on which nurses assisted at School Medical Inspection	243	344
2. Half-days on which nurses assisted at—		
(a) Minor Ailments' Clinic	1,030	1,065
(b) Inspection Clinic	326	320
(c) Ultra-Violet Ray Clinic	323	338
(d) Immunisation Clinic	47	42
3. Half-days devoted to head surveys	231	213
Total examinations of pupils	31,097	26,514
Pupils found with verminous or nitty heads	762	796
4. Half-days on which sulphur baths were given	—	1
Pupils dealt with	—	1
5. Half-days devoted to "following-up"	28	18
Homes visited	51	46
Individual pupils concerned	27	34
6. Half-days devoted to investigating infectious diseases	7	2
Throat Swabs submitted for examination.....	—	4
Classes examined in the course of investigating cases of infectious nature in the schools	12	3

TABLE X.

SCHOOL MEALS SERVICE.

Dinners supplied :

	1952	1951
Primary and Secondary Schools	1,333,212	1,247,043
Special Schools	42,856	37,745
Portions of Milk consumed on School premises	2,186,316	2,014,459
Canteens opened during the year	3	2
Kitchens opened during the year	2	1

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 1952	Total 1951
Boys	131	47	154	26	12	6	376	344
Girls	138	43	157	29	19	4	390	386
Total	269	90	311	55	31	10	766	930

	Boys	Girls	Total 1952	Total 1951
Pupils who attended the Eye Clinic	393	400	793	780
Pupils for whom glasses were pre- scribed	323	327	650	645
Pupils for whom glasses were not advised	48	49	97	107
Suffering from Corneal Opacities	—	1	1	1
„ „ Nystagmus	—	4	4	4
„ „ Ptosis	—	—	—	—
„ „ Lenticular Opacities	—	—	—	6
„ „ Severe Myopia	—	—	—	—
„ „ Congenital Coloboma of Choroid and Iris	1	—	1	—
„ „ Squint	8	4	12	28
„ „ Fundal changes	1	1	2	3

TABLE XII.
ORTHOPÆDIC TREATMENT.

	School Health Service	M and C.W.C.	Total	
			1952	1951
Surgeon's attendances	31	12	43	43
New cases examined	71	78	149	182
Re-Examinations	412	216	628	622
Pupils under treatment on Jan. 1st, 1952	674	487	1,161	1,222
New cases admitted for treatment 1952	131	61	192	259
Discharged, etc., during year	177	75	252	320
Cases remaining under treatment on Dec. 31st, 1952	628	473	1,101	1,161

	School Age	Under School Age	Total	
			1952	1951
Attendances for examination	483	294	777	804
Attendances for remedial exercises	7,941	3,761	11,702	9,976

Cases treated :—

	No. of Cases		Attendances	
	1952	1951	1952	1951
Maternity and Child Welfare.....	548	587	3,761	3,676
School Clinic	669	671	5,734	4,299
Bermerside School	42	29	484	460
Quarry House School	36	23	984	472
Princess Mary High School	30	21	317	357
Technical College	—	—	—	—
Heath School	—	—	—	—
Crossley and Porter School	28	20	422	58
Clare Hall School	—	56	—	654
	<hr/> 1,353	<hr/> 1,407	<hr/> 11,702	<hr/> 9,976

Waiting list, January 1st	1952 3	1951 4
Waiting list, December 31st	—	3
Cases provisionally discharged to report progress at a later date	128	119

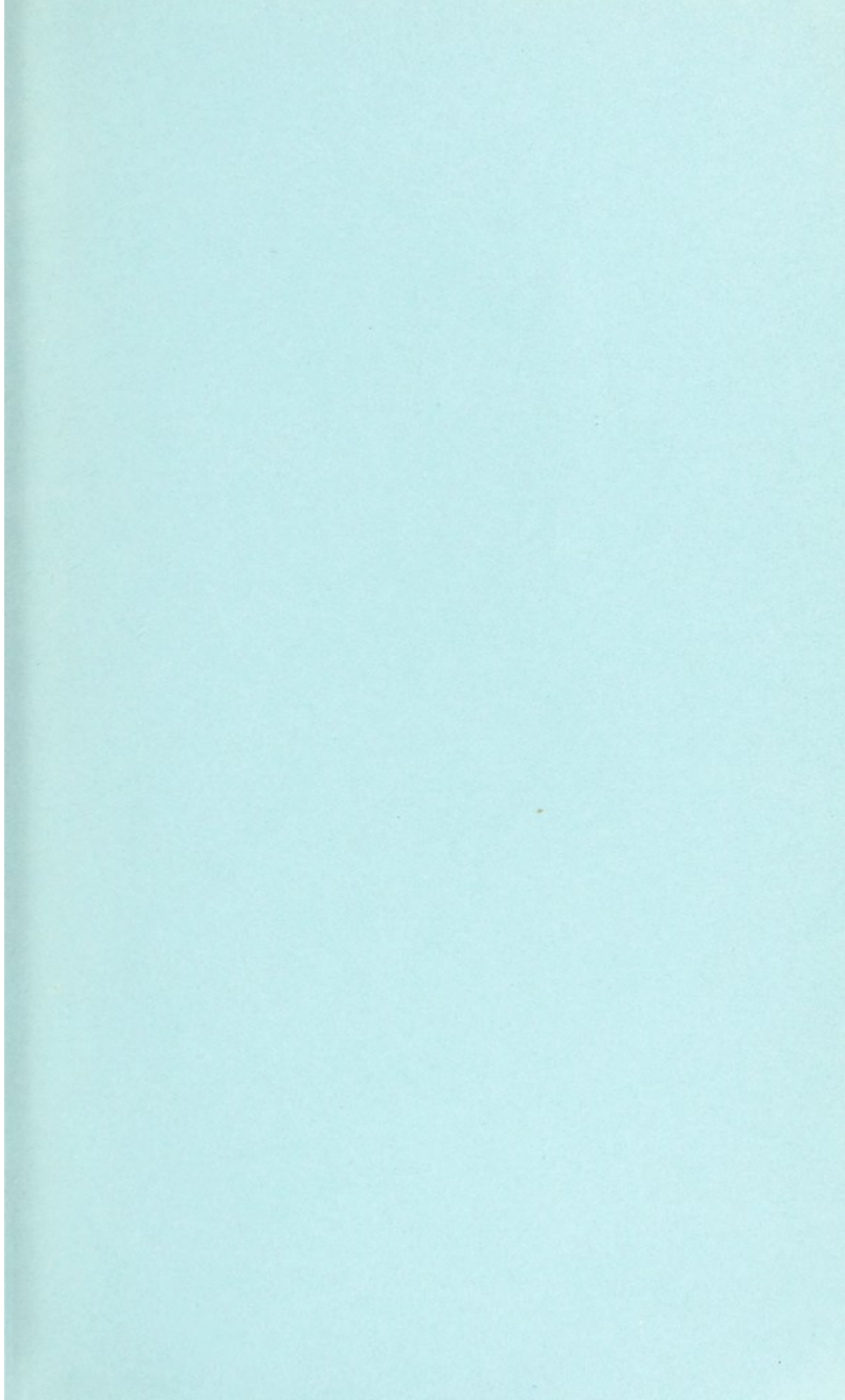
Allocation of Hours.

	1952	1951
School Clinic and Ovenden Clinic.....	2,137	1,946½
Visits to Schools	137	107
M. and C.W. Clinic	1,009	950½
Bermerside School	60	104½
Quarry House School	106	50
Clare Hall School	—	156½
Princess Mary High School	27	34
Technical College	—	—
Swimming Class	133	57½
Crossley and Porter School.....	32	6
Heath School	—	—
Follow-up	224	134
	<hr/> 3,865	<hr/> 3,546½

	1952	1951
No. recommended for Institutional treatment	21	14
No. recommended for appliances	5	12
No. recommended for X-ray treatment	32	37

TABLE XIII.
SWIMMING STATISTICS.

	1948			1949			1950			1951			1952		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
no. of pupils who learnt to swim during season	527	585	1112	620	690	1310	735	649	1384	648	585	1233	637	574	1211
no. of pupils able to swim	1246	1493	2739	1496	1832	3328	1777	1866	3643	2063	2138	4201	2080	2099	4179
no. of pupils who left school (14x) without gaining Elementary certificates	55	31	86	58	75	133	71	61	132	48	51	99	38	44	82
Elementary Certificates	387	423	810	424	520	944	588	495	1083	547	491	1038	428	395	823
Advanced do.	126	103	229	134	166	300	224	173	397	293	255	548	255	209	464
Honours do.	107	38	145	74	73	147	184	73	257	185	123	308	124	98	222



20 MAY 1953