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INSTITUTE OF SOCIAL
MEDICINE

10. PARKS ROAD,
OXFORD

County Council of Lincoln — Parts of Lindsey

EDUCATION COMMITTEE



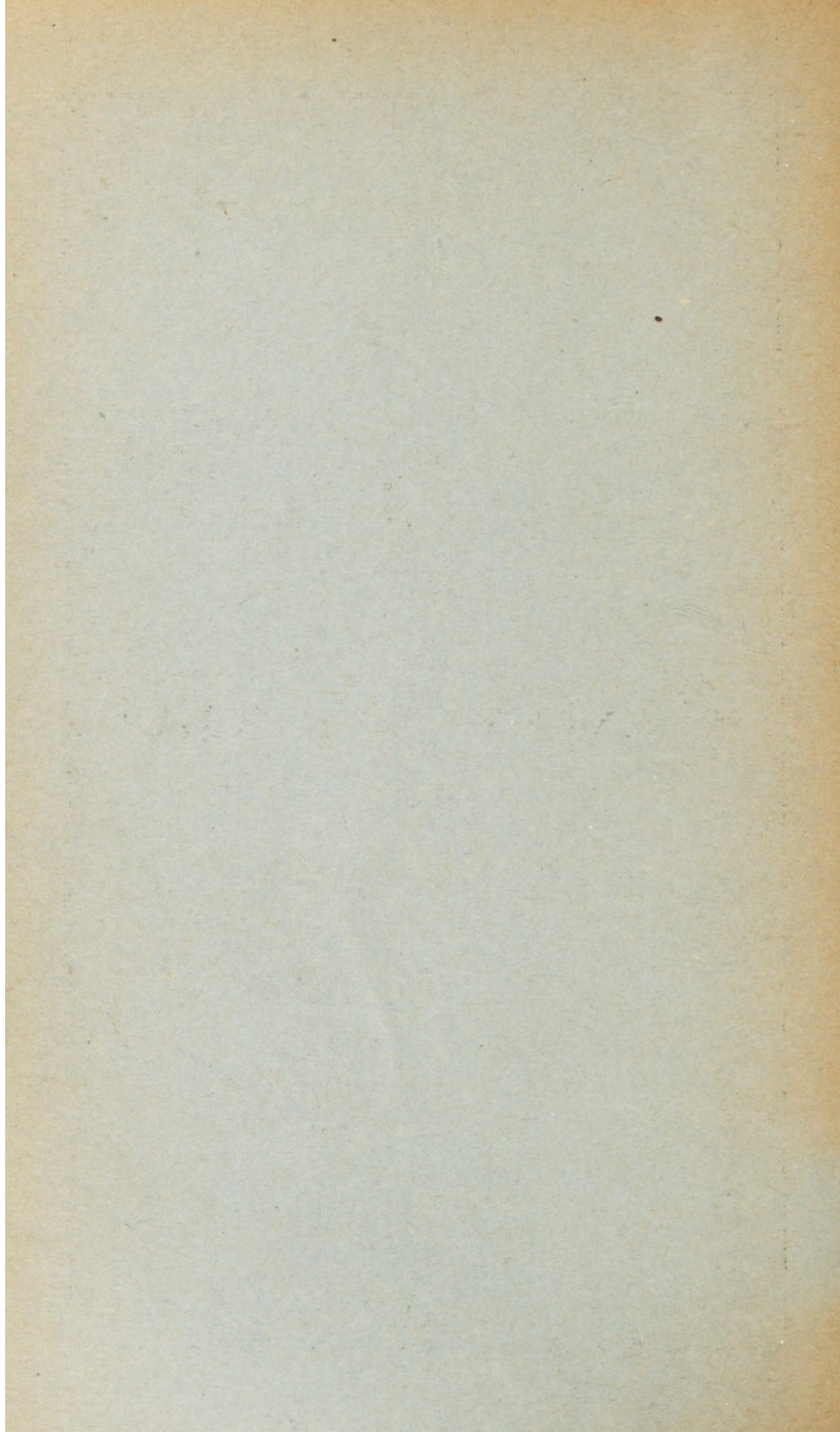
ANNUAL REPORT

OF THE

School Medical Officer

1948

W. S. H. CAMPBELL, O.B.E., M.B., Ch.B., D.P.H.



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STAFF of the SCHOOL HEALTH SERVICE, 1948

A. WHOLE-TIME OFFICERS

School Medical Officer:—

WILFRED S. H. CAMPBELL, O.B.E., M.B., Ch.B., D.P.H.

Deputy School Medical Officer

HERBERT G. H. BUTCHER, B.A., L.R.C.P., M.R.C.S., D.P.H.
(Transferred Regional Hospital Board 4/7/48)

Senior Medical Officer:—

H. HARTLEY DAVIES, M.R.C.S., L.R.C.P., D.C.H.

Assistant School Medical Officers:—

JOHN C. MACARTNEY, M.D., Ch.B., D.P.H.
WILLIAM J. KERRIGAN, M.B., Ch.B., B.A.O., L.M., D.P.H.
CYRIL F. LYNCH, M.B., B.Ch., B.A.O., D.P.H. (Resigned 14/7/48)
IAN McLACHLAN, L.R.C.P. & L.M., L.R.C.S. & L.M., D.P.H.
(Resigned 30/9/48)
SIDNEY CHILDS, M.A., L.R.C.P. & S., M.R.F.P. & S.G., M.B., Ch.B.,
D.P.H., D.P.A., D.T.M. & H. (Appointed 1/11/48).
RALPH J. R. MECREDY, B.A., M.B., B.Ch., B.A.O., D.P.H.
DAVID H. WILLIAMS, M.R.C.S., L.R.C.P., D.P.H.
STANLEY A. O'HAGAN, M.B., B.S., D.P.H.
WILLIAM D. SWINNEY, M.B., Ch.B., D.P.H.
JEAN M. BARROWMAN, M.B., Ch.B.
ISOBEL C. ALLARDYCE, M.B., Ch.B., D.C.H.
ELIZABETH M. MOCKLER, M.B., B.Ch. B.A.O. (Apptd. 4/2/48)
DAISY J. LEE, L.M.S., D.R.C.O.G., D.C.H. (Apptd. 1/7/48)
MARGUERITE J. LUNN, M.B., Ch.B. (Apptd. 26/7/48)

Chief County Dental Officer:—

JOHN D. SYKES, L.D.S.

Assistant County Dental Officers:—

HENRY K. OVEY, L.D.S., R.C.S.
GEORGE H. TAPPER, L.D.S., R.C.S.
FRANK E. PADGETT, L.D.S., R.C.S.
LORNA M. J. EWART, L.D.S. (Apptd. 26/4/48—Resigned 27/12/48)
KATHLEEN N. LAWLOR, B.D.S.I. (Apptd. 3/5/48)
DOUGLAS R. STORR, L.D.S. (Apptd. 1/11/48)

B. PART-TIME OFFICERS

Orthopaedic Surgeons:—

EDWARD J. BILCLIFFE, F.R.C.S.
DAVID F. THOMAS, M.B., B.Ch., B.A.O., F.R.C.S.
SAMUEL M. THOMPSON, M.A., B.Ch., L.R.C.P., F.R.C.S.

Ear, Nose and Throat Surgeons:—

GEOFFREY W. MOREY, M.B., B.S., D.L.O.
 RALPH MORTON, M.B., F.R.C.S.
 JOHN D. O'NEILL, M.B., F.R.F.P.S.
 M. E. SPENCER HARRISON, M.R.C.P., M.B., Ch.B., F.R.C.S.

Ophthalmic Surgeons:—

ARTHUR BRIGGS, M.B., M.R.C.S., D.O.M.S.
 ALLAN H. BRIGGS, M.Sc., M.B., D.O.M.S.
 SEAMUS P. REDMOND, M.B., B.Ch., B.A.O., N.U.I., D.O.M.S.
 WILLIAM G. DAVIDSON, M.B., Ch.B., D.O.M.S.
 CLARENCE F. EMINSON, M.R.C.S., D.O.M.S.
 BASIL F. EMINSON, M.B., B.S., D.O.M.S.
 HAROLD S. VIVIAN, M.B., M.R.C.S., D.O.M.S.

Physicians:—

JAMES W. BROWN, M.D., M.B., B.S., F.R.C.P., M.R.C.S., L.R.C.P.
 (Also in charge of Rheumatism and Heart Clinics)
 CHARLES A. LILLICRAP, M.D., M.B., B.S., M.R.C.P., M.R.C.S.,
 L.R.C.P.
 HERBERT C. BARLOW, M.B., M.R.C.S., L.R.C.P.

Dermatologist:—

ERIC RITTER, M.B., M.R.C.P.

Psychiatrist:—

JOHN F. R. GOODLAD, M.A., M.B., Ch.B., D.P.M.

Educational Psychologist:—

TERENCE W. MOORE, B.A.
 C. H. JACKSON, M.A., Ph.D. (Apptd. July, 1948).

Psychiatric Social Worker:—

Miss CHARLOTTE M. MEYER (Resigned August, 1948).

Speech Therapist:—

Miss B. KAY (Apptd. 9/8/48).

Nursing Staff:—

Superintendent:—Miss DOROTHY F. WOOLSTON, S.R.N., S.C.M.,
 M.R.San.I.
 Deputy Superintendent:—Miss VIOLET MONAGHAN, S.R.N., S.C.M.

*School Nurses:—*Miss D. ATKIN, S.R.N., S.C.M.

„ E. BUCKLEY, S.R.N., S.C.M.
 „ N. BURGUM, S.R.N., S.C.M.
 „ H. CARTER, S.R.N., S.C.M.
 „ S. M. CHALMERS, S.R.N., S.C.M.
 Mrs. N. CHAMBERS, S.R.N., S.C.M.

Nursing Staff—continued.

- Miss E. CLARK, S.R.N., S.C.M.
 „ N. DUFFIL, S.R.N., S.C.M.
 „ G. FAIRHEAD, S.R.N., S.C.M.
 „ N. FOX, S.R.N., S.C.M.
 „ M. FRASER, S.R.N., S.C.M.
 „ G. GILSENAN, S.C.M. (Resigned 5/8/48).
 „ K. M. HARRISON, S.R.N., S.C.M.
 „ J. W. HEDGES, S.R.N., S.C.M. (Apptd. 31/5/48).
 „ G. A. M. HENNESSEY, S.R.N., S.C.M.
 „ F. HUDSON, S.R.N., S.C.M.
 „ E. E. JENKINSON, S.R.N., S.C.M. (Part-time Appointment).
 Mrs. S. I. JEVONS, S.R.N., S.C.M. (Apptd. 16/2/48)
 Miss D. H. LEMAR, S.R.N., S.C.M.
 „ E. M. MAW, S.R.N., S.C.M.
 „ E. R. B. MUIR, S.R.N., S.C.M.
 „ G. OVERTON, S.R.N., S.C.M.
 Mrs. M. PIERONI, S.R.N., S.C.M.
 „ J. M. ROSS, S.R.N., S.C.M.
 „ J. P. SHEPHERD, S.R.N., S.C.M.
 Miss E. N. SMITH, S.R.N., S.C.M.
 „ M. TAYLOR, S.R.N., S.C.M.
 „ L. E. TOWNSHEND, S.R.N., S.C.M.
 Mrs. S. TURNER, S.R.N., S.C.M.
 „ R. M. WARD, S.R.N., S.C.M.
 Miss S. A. WOOLFORD, S.R.N., S.C.M.
 „ C. WRAY, S.R.N., S.C.M.

Orthopaedic Nurses:—Miss B. I. BAUSOR, M.C.S.P.
 „ M. L. PEACOCK, M.C.S.P. (Resigned Sept., 1948).

Infectious Diseases Nurses:—

- Miss W. BURTON, S.R.N., S.R.F.N. (Apptd. 23/8/48).
 Mrs. M. CURRAN, S.R.N., S.R.F.N., S.C.M. (Resigned 12/4/48).
 Miss W. LAWRENCE, S.R.N., S.C.M.
 Mrs. M. MASTIN, S.R.N., S.R.F.N. (Joint appointment with Scunthorpe Corporation).

Dental Attendants:—Miss M. ROBERTS.

- „ J. HOODLESS (Resigned 8/12/48).
 „ M. RICHARDS
 „ N. M. BADLEY

Nursing Staff—continued.

Miss E. BARRETT

,, C. E. DREWERY (Apptd. 20/11/48)

,, M. E. BEVAN (Apptd. 20/12/48)

,, J. SCOTT (Apptd. 12/5/48)

,, J. M. SELLARS (Apptd. 1/11/48—Resigned
11/11/48)*Chief Clerk:*—CHARLES H. SMITH

The staff vacancies at the end of the year were as follows:—

Medical Officers	...	...	1
Dentists	...	...	5
Dental Attendants	...	...	5
Psychiatrist	...	...	1
Educational Psychologist	...		1
Psychiatric Social Worker	...		1
Speech Therapist	...	...	1
School Nurses	...	...	7

Medical

Dr. I. McLachlan resigned on 30th September, on taking up another appointment. He was succeeded by Dr. S. Childs, who commenced duty on 1st November.

Dr. C. F. Lynch also resigned on 14th July prior to taking up another appointment at Dover. His successor, Dr. C. A. McCleary, has been appointed, but is not expected to take up his duties in the Cleethorpes area until 5th February, 1949.

Dr. D. H. Williams has notified his intention of resigning on 23rd February, 1949.

Dental

Miss L. M. J. Ewart commenced duty at Scunthorpe on the 26th April, and resigned to take up a hospital appointment on the 27th December.

Miss K. N. Lawlor, who commenced duty on the 3rd May at Scunthorpe, has also resigned, and will leave on 1st February, 1949. Then, with the exception of Cleethorpes Borough, the whole of the area north of a line drawn roughly from Sutton-on-Sea to East Stockwith will be without any Dental Service under the County Scheme, as it was at the beginning of the year.

Mr. D. R. Storr was appointed to the Skegness Area, and commenced duty on 1st November.

Miss J. Scott was appointed Dental Attendant to Miss Lawlor on 12th May.

Miss J. M. Sellars was appointed Dental Attendant to Mr. Storr on 1st November, but resigned almost immediately for health reasons, and Miss C. Drewery took her place on 20th November.

Miss J. Hoodless, Dental Attendant to Mr. Ovey, resigned in November, but agreed to carry on her work until Miss M. E. Bevan, her appointed successor, was able to commence duty on 20th December.

Nursing

The establishment for Health Visitors, who also act as School Nurses, was at the beginning of the year 36. At that time there were 7 vacancies. When the Council's Health Visiting Service was introduced under the National Health Service Act, 1946, the Minister of Health, in approving the Council's Scheme, indicated that the total establishment should be 55. Actually, at the end of the year, the number employed was still only 29. As the Health Visitors give approximately 40% of their time to school work, there are only the equivalent of 12 whole-time nurses for this Service instead of the 22 necessary if the School Medical Service is to be efficient.

GENERAL STATISTICS

Area of Administrative County	...	...	...	...	961,305 acres
Population at 1931 census	...	...	...	...	263,478
Estimated population—mid-year 1948	...	...	...	...	294,790
Rateable Value at 1/4/48	...	...	...	...	£1,350,434
Estimated product of a penny rate (year ending 31/3/49)	...	...	...	...	£5,395

Schools in area:—

Primary	...	...	...	...	...	281
No. of pupils in attendance...	...	...	...	...	...	30,170
Secondary, Grammar and Technical	...	...	...	...	...	17
No. of pupils in attendance...	...	...	...	...	...	5,376
Secondary Modern	...	...	...	...	...	20
No. of pupils in attendance	...	...	...	...	...	6,534

MEDICAL INSPECTION

The smooth routine of medical inspections was interrupted during the year by the resignations of two of the Assistant School Medical Officers, and another Medical Officer is due to leave in February, 1949. One post was filled after a vacancy of one month, but the post of Assistant School Medical Officer in the Cleethorpes area has been vacant since 14th July, 1948. Despite this, the greater part of the programme for school inspections was completed, there being only 13 schools out of a total of 318 outstanding. This has been due to the ready and active co-operation of Dr. O'Hagan and Dr. Mecredy, who have undertaken medical inspections at schools outside their areas.

The number of children inspected was 10,640, compared with 9,799 in 1947. The former figure is made up as follows:—

Entrants (i.e., pupils in first year of attendance at maintained Primary Schools)	4,514
Second Age Group (i.e., those in their last year of attendance at maintained Primary Schools)	3,362
Third Age Group (i.e., those in their last year of attendance at maintained Secondary Schools)	2,764

In addition to these, there were 24,771 other cases examined. This figure is made up of 662 "special examinations" and 10,104 "re-examinations", together with 2,401 "special examinations" and 11,604 re-examinations" seen on occasions other than at school inspections.

The new main School Medical Record Card has, on the whole, had a favourable reception, but one comment made by Medical Officers is that it tends to increase the time given to each child at examination. However, apart from this, it has proved to be a success, as the School Medical Record Card was one card which badly needed standardising throughout the country. A child may now be transferred from any one school in the South of England to Lindsey with the knowledge that the medical information we have been accustomed to receive about the child will still be received without any break in his medical history due to different methods of recording.

Findings at Medical Inspections

There were 4,514 entrants examined in the prescribed age groups. Of this number, 876 individual pupils were found to be suffering from defects (excluding dental disease and verminous conditions) which required treatment. This represents a defect rate of 19.4%.

In the second age group, 3,362 children were examined with 876 individual defects, a defect rate of 16.2%.

In the final age group there was again a fall in the percentage defects; of 2,764 children examined, 389 showed defects, a defect rate of 14.1%.

(a) Skin Diseases

In routine and special examinations there were 504 skin defects seen. Sixty-nine of these were referred to the skin specialist.

(b) Defective Vision and Squint

The number of cases examined which were found to need treatment for defective vision was 380; this figure represents 3.5% of all age groups examined at routine inspections. In addition, 160 cases were seen at special examinations. There were 57 cases of squint requiring treatment, together with 21 found at special inspections.

(c) Ear Diseases and Defective Hearing

Two hundred and ninety-six children were found to have ear diseases or defective hearing at routine inspections, 117 of whom were referred for treatment. An additional 151 children were found defective at special examinations, 150 of whom were referred for treatment.

(d) Nose and Throat Defects

There were 1,546 children found to be suffering from defects under this heading, of whom 665 were referred for treatment, the remaining children being kept under the observation of the Medical Officer. A further 264 cases were seen at special inspections, of which 255 were referred for treatment. These figures are below those of 1947.

(e) Speech Defects

There were 106 children found to be suffering from speech defects; of these, 42 were referred for treatment.

There is no doubt that more than 42 children could have benefited from treatment if there were a Speech Therapist located in the centre or north of the County.

(f) **Cervical Glands**

At periodic inspections, 58 children were found to require treatment for conditions associated with the cervical glands. A further 246 children were referred for observation. At special inspections, 33 further cases were seen which required treatment, and another 3 were placed under observation.

(g) **Heart and Circulation**

There were 234 children found to have defects requiring treatment under this heading, and a further 88 cases were referred for observation.

(h) **Lungs**

A total of 473 children were seen with defects under this heading, 238 of whom were referred for treatment, whilst the remaining 235 cases were kept under observation.

(i) **Developmental**

Inspections showed that 150 children were examined with developmental defects, of whom 65 were found to require treatment. Seventy-three of the total were cases of hernia.

(j) **Orthopaedic**

There were 979 cases seen with orthopaedic defects, 430 of which required treatment. This figure of 979 is a large increase over those for 1947 and 1946, when 741 cases and 426 cases were seen respectively.

(k) **Nervous System**

There was a satisfactory fall in the number of cases seen under this heading during the year. A total of 56 children were examined with nervous defects, 23 of whom were found to require treatment, compared with figures of 85 seen and 32 requiring treatment in 1947.

(l) **Psychological**

At routine inspections, 124 children were found with psychological defects, of whom 52 required treatment. A further 108 cases were brought up as special examinations, and of these 69 required treatment.

In 1947, a total of 131 defects under this heading were found at all examinations. This year's total figure of 232 shows a very large increase over the 1947 figure.

(m) **Nutrition**

The following table shows the classification of nutritional assessments with the percentages of all children examined at routine inspections:—

Age Groups	No. of Pupils inspected	A (Better than Normal)		B (Normal)		C (Below Normal)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
Entrants ...	4514	1351	29.92	2984	66.11	179	3.97
Second Age Group ...	3362	1061	31.56	2109	62.73	192	5.71
Third Age Group ...	2764	1147	41.50	1511	54.66	106	3.84
Other Periodic Inspections ...	—	—	—	—	—	—	—
TOTAL ...	10640	3559	33.45	6604	62.07	477	4.48

It is again significant that a very considerable increase occurs in the percentage of children leaving school as nutritional grade A (41.50%) as compared with those who enter school as grade A (29.92%).

In these days of stringent rationing, it is good to know that in large parts of the County children can be certain of having a good meal at mid-day, and the above figures appear amply to justify any expenditure towards this end.

(n) **Uncleanliness and Verminous Conditions**

The School Nurses conducted 55,945 examinations during the year. Of this total, 1,749 children were found to be verminous in varying degrees.

Cleansing Notices (Sect. 54(2) Education Act, 1944) were issued in 5 cases only.

A further 4,437 children were examined at home for this condition.

These figures show that 3.1% of children are verminous in varying degrees. On the whole, it may be regarded as very satisfactory and reflects the general state of cleanliness in the County in the very trying and overcrowded conditions which generally prevail.

FOLLOWING UP

School Nurses are responsible for the following up of children found to require treatment. They made 7,552 home visits for this purpose during the year, as compared with 6,255 in the previous year.

MEDICAL TREATMENT

Under the National Health Service Act, 1946, which came into operation on 5th July of this year, school children, in common with other members of the community, are entitled to any form of treatment required, including hospital, domiciliary and specialist treatment.

Hospital treatment is the responsibility of the Regional Hospital Boards and recommendations of the School Medical Officer in this connection are referred to the appropriate Hospital Management Committee.

The Board will also be responsible for the provision of specialist treatment and advice in hospital or at special out-patient clinics.

Spectacles prescribed for school children are now obtained through the Supplementary Ophthalmic Service under the Local Executive Council.

The Minister of Education, in conjunction with the Minister of Health, has recommended that hospitals should supply the School Medical Officer with appropriate information in respect of school children at the termination of treatment in hospital, where such information is desirable or necessary to secure continued medical supervision, special educational treatment or after-care. Negotiations are taking place with the Hospital Authorities with a view to implementing the Minister's recommendation.

The Minor Ailment Clinics are to continue very much as at present. It seems unfortunate that Medical Officers in charge of these clinics are debarred from prescribing for school children under the National Health Service Act. Drugs, etc., supplied at School Clinics must be provided by the Local Education Authority. It is neither practicable nor desirable that every drug that might be needed should be stocked at each of the School Clinics, and it seems unnecessary that a School Medical Officer, in any case where he has not the requisite drug at hand, should have to refer the child concerned to its own doctor.

(a) **Eye Defects**

There were 2,502 cases seen by the Authority's ophthalmic surgeons during 1948. 104 of these were found to have no defect.

The number of children examined (2,502) shows a large increase over last year's figure of 1,757 cases.

The following table shows the number of children for whom spectacles are known to have been obtained:—

Clinic	No. of children for whom spectacles	
	Prescribed	Known to have been obtained
Barton-on-Humber ...	76	72
Brigg ...	81	81
Cleethorpes ...	201	201
Gainsborough ...	95	57
Horncastle ...	139	133
Lincoln ...	55	61
Louth ...	122	107
Market Rasen ...	49	27
Scunthorpe ...	266	121
		(to 4/7/48)
Skegness ...	52	31
Spilsby ...	70	70
TOTALS ...	1,206	961

Thirty-seven children were admitted to hospital for further ophthalmic treatment.

(b) **Ear, Nose and Throat Defects**

The Ear, Nose and Throat Clinics continue to be busy, and the number of operations performed on tonsils and adenoids was nearly double those of 1947. A total of 819 operations for these conditions were performed, together with 26 operations for conditions other than tonsils and adenoids. Three hundred and eighty-eight children received nose and throat treatment other than operative treatment.

(c) **Orthopaedic and Postural Defects**

The 521 cases which attended orthopaedic clinics during the year are sub-divided into the following categories:—

	No. treated in Clinics	No. treated in Hospital
Osteomyelitis	—	1
Rickets	2	—
Spine	—	7
Spinal Curvature	55	—
Club Foot	12	5
Claw Foot	8	1
Flat Foot	169	—
Hammer Toes	—	2
Webbed Fingers	—	5
Torticollis	5	2
Poliomyelitis	34	8
Paralysis	28	3
Tuberculosis	15	15
Other conditions	193	33

Flat foot again predominates, whilst rickets seems to be about to disappear from the list of defects. With the spread of Infant Welfare Clinics throughout the country, it is to be hoped that rickets will completely disappear from the list.

In all, 5,037 attendances were made at the clinics and, in addition, the Orthopaedic Nurses paid 90 domiciliary visits for the purpose of supervision and treatment.

There were 52 appliances supplied up to July, 1948.

(d) **Rheumatism and Heart Diseases**

A summary of the conditions treated at the clinics is as follows:—

	First Attendance	Other Attendances
1. Rheumatic Pains or Arthritis:—		
(a) with heart affection ...	6	32
(b) without heart affection ...	7	20
2. Rheumatic Chorea:—		
(a) with heart affection ...	—	—
(b) without heart affection ...	5	1
3. Rheumatic Carditis:—		
without (1) or (2) above ...	1	8
4. Congenital Heart Disease ...	26	68
5. Functional Heart Disorder ...	33	22
6. No Rheumatism or Disease or Disorder of the Heart ...	14	3

(e) Tuberculosis

During the period from 1st January, 1948, to 4th July, 1948 (inclusive), 46 school children were admitted for investigation under the Tuberculosis Scheme, or treated, at the Council's Sanatorium at Branston, for tuberculosis. Two children suffering from respiratory tuberculosis were treated in two other institutions.

Institutional treatment for non-respiratory disease was available at voluntary or special hospitals under the County Council's Scheme up to 4th July, 1948 (inclusive). As from 5th July, 1948, these facilities were available under the provisions of the National Health Service Act, 1946.

The number of cases under treatment during the above-mentioned period for this form of disease is as follows:—

Children's Hospital, Gringley-on-the-Hill	...	3
Harlow Wood Orthopaedic Hospital	...	6
County Infirmary, Louth	... ..	14
County Infirmary, Brigg	... ..	2
Grimsby and District General Hospital	...	3
Corporation Hospital, Scartho...	... ..	3
Scunthorpe War Memorial Hospital	...	1
Lincoln County Hospital	... ..	3
Brumby Isolation Hospital	... ..	2

(f) Malnutrition

Malnutrition is a defect that does not appear to loom very menacingly in this County. The nutritional table shows that 29% of school entrants were regarded as excellent and 66% were normal. Less than 4% were regarded as being below normal nutrition, and this is a figure about which the Authority can be justly pleased. Cod liver oils, vitamins and other foods are distributed free of cost by the Medical Officers at the School Clinics to all cases regarded as in need of these dietetic additions.

(g) Minor Ailments

Minor Ailment Clinics are held at:—

Lincoln	Spilsby
Gainsborough	Horncastle
Scunthorpe	Louth
Barton-on-Humber	Brigg
Cleethorpes	Skegness
Market Rasen	Coningsby

The Clinic at Coningsby was opened during the year to meet the needs of the local residents who, owing to the lack of public transport, had great difficulty in attending the Clinic at Horncastle.

A total of 1,137 daily school clinics were held during the year, with 15,519 attendances at the Nurses' Clinics and 8,417 attendances at the Doctors' Clinics, making a total of 23,936 attendances for all clinics for the year; the figure for 1947 was 21,193.

DENTAL INSPECTION AND TREATMENT

Mr. J. D. Sykes, Chief County Dental Officer, has submitted the following report:—

“As a result of the three appointments made during the year, the staff situation improved slightly compared with 1947, and the effective strength over the whole year was the equivalent of four-and-a-half officers, giving 82% of their time to the School Dental Service.

“A number of clinics which used to be held regularly for non-school and casual school patients at certain centres have been discontinued, and are now only held when there are sufficient patients to justify them. This has resulted in a considerable saving of clinic time which has been devoted to the School Dental Service. Though the number of officers was better than 1947 by only 29%, the number of sessions spent on school work increased by 64% with an approximately corresponding increase in other figures shown in the statistical table. Of the total school population, 37% were inspected compared with 22% in 1947.

“Under the new arrangement introduced in September, 1947, whereby all children in each school visited are now inspected, a large number have been brought into the scheme who had not previously been offered treatment. It is gratifying, therefore, to be able to record again an improvement in the ratio of fillings to extractions of permanent teeth. The number of teeth filled in 1946 was 2.72, in 1947 it was 3.10, and in 1948 it was 3.26 for each tooth extracted. This figure must be raised considerably, however, before it can be regarded as satisfactory.

“The dental officers carry out routine inspections and treatment in their allotted ‘areas’ only, but emergency and casual cases, i.e., ‘specials’, are directed to them from neighbouring ‘areas’ where there is no dental officer. Nearly one quarter of the children receiving treatment during the year were ‘specials’ and this caused considerable embarrassment to routine work, particularly in Cleethorpes and Scunthorpe.

“The statistical summary Table IV shows that of 9,423 children on routine inspection found to need treatment, 2,819 did not receive it, giving an acceptance rate of 70%. The parents of 985 children promised in writing to make private arrangements for the work to be done, but subsequent re-inspection will show that a regrettably small number have in fact done so. The 450 shown as being absent at the time of treatment are children who, having been inspected, found to need treatment, and, in the majority of cases, accepted, were absent during the period covered by treatment at their particular schools.

“The number found not to require treatment represents 30% of the number seen at routine inspections, and is divided into three classes. Firstly (item 15), those with a dentition complete for appropriate age, in normal articulation, and showing no sign of past or present disease. The majority of this class are under eight years of age, and very few secondary school children qualify for inclusion. Secondly (item 16),

those showing no past or present disease but falling short of the above standard in some other particular and thirdly (item 17), those not requiring treatment by virtue of having had treatment in the past.

"The figures shown as 'other operations' (item 28), needs some explanation. Under 'temporary teeth' are included a large number of operations on carious teeth prepared so as to render the cavity self-cleansing, a simple and useful procedure which has not yet received a simple, acceptable name. The figure under 'permanent teeth' is a high one largely because of the inclusion of two items of treatment. Firstly, scalings: there has been a marked reduction in the incidence of caries during the past decade, but this has been accompanied by an increase in the depositions of gingival calculus associated occasionally in early adolescents with a mild gingivitis, necessitating a large number of minor scaling operations. Secondly, operations connected with the fitting and adjustment of dentures and regulating appliances are included.

"Whilst, owing to shortage of staff, a limiting restriction is still imposed on orthodontic work, more regulating appliances have been made and fitted than in previous years. There is an increasingly insistent demand from parents for this work, which it is not easy to refuse, and it would be unfair to, and demoralizing for, the dental officer to debar him absolutely from orthodontic practice.

"The visit of the dental officer to school, particularly where treatment as well as inspection takes place in the school premises, causes considerable disturbance. The inconvenience to which head teachers and their staffs very often put themselves in order to accommodate the dental officer is fully recognised, and, in conclusion, I would like to record our appreciation of this and other expressions of hospitality."

TABLE IV
DENTAL INSPECTION AND TREATMENT
 (This table is in greater detail than that submitted
 to the Ministry of Education)

(1)	Sessions devoted to inspection	...	...	...	202	
(2)	Sessions devoted to treatment (inclusive of (3) and (4) )	...	...	...	1632	
(3)	Sessions devoted to general anaesthetics as operator				130	
(4)	Sessions devoted to general anaesthetics as anaesthetist	...	...	...	71	
(5)	Total sessions	...	...	...	...	2035
(6)	Routine cases. Treatment complete	...	...	...	5827	
(7)	" " Treatment incomplete	...	...	...	777	
(8)	" " treated	...	...	...	6604	
(9)	" " stated to receive treatment privately	...	...	...	985	
(10)	" " refused treatment...	...	...	...	1336	
(11)	" " absent at time of treatment	...	...	...	450	
(12)	" " persistent refusals not invited	...	...	...	48	
(13)	" " not treated	...	...	...	2819	
(14)	" " Total found to require treatment	...	...	...	9423	
(15)	" " dentition very good	...	...	...	820	
(16)	" " dentition naturally sound	...	...	...	1433	
(17)	" " dentition artificially sound	...	...	...	1866	
(18)	" " found not to require treatment	...	...	...	4119	
(19)	" " Total inspected	...	...	...	13542	
(20)	Specials	...	...	...	2014	
(21)	Total inspected. Routine and Specials	...	...	...	15556	
(22)	Total attendances for treatment. Routine and Specials	...	...	...	12842	
			Temporary	Permanent		
	Treatment of		Teeth	Teeth		
(23)	Extracted—unsaveable	...	8168	1335		
(24)	Extracted—for regulation purposes	...	372	167		
(25)	Fillings inserted	...	452	4975		
(26)	Number of teeth filled	...	—	4358		
(27)	Teeth treated with Silver Nitrate	...	1105	—		
(28)	Other operations	...	652	3146		
	Miscellaneous items of treatment:—					
(29)	Treatment of soft tissues	...	...	171		
(30)	Regulation Appliances fitted	...	...	70		
(31)	Dentures fitted	...	...	24		
(32)	Crowns fitted	...	...	1		
(33)	Administrations of General Anaesthetic	...	2028			

HANDICAPPED PUPILS

An increasing proportion of the time of the medical staff is now being given to the ascertainment of handicapped children. There is a large number of educationally subnormal children in the schools who have still to be specially examined and classified. Head Teachers were asked to return the names of those children who, in their opinion, were two or more years educationally retarded. This has resulted in over 1,200 children being reported. They will now be medically examined and classified as soon as the necessary arrangements can be made.

The following is a summary of particulars relating to ascertained handicapped pupils in the area:—

Category	In special schools on 31/12/48	Attending ordinary schools on 31/12/48	Not attending school on 31/12/48	Cases removed from Register during 1948	New cases taken on Register during 1948	Cases remaining on Register on 31/12/48
Multiple Defects ...	2	13	5	—	14	20
Blind ...	8	—	2	2	4	10
Partially Sighted ...	3	5	—	1	2	8
Deaf ...	17	2	3	—	5	22
Partially Deaf ...	4	4	—	4	2	8
Delicate ...	3	14	1	8	6	18
Educationally Subnormal...	19	241	3	44	172	263
Epileptic ...	4	10	3	5	5	17
Maladjusted	2	16	2	6	13	20
Physically Handicapped...	6	15	12	8	13	33
Speech Defects	—	45	8	6	57	53
Diabetic	—	1	1	—	1	2
TOTALS	68	366	40	84	294	474

SPECIAL EDUCATION

There are no special schools in Lindsey, though there is a great need for them. At present we are able to obtain some vacancies at St. Christopher's School, which has been established by the Lincoln Education Committee. This, however, only takes a very small percentage of our needs. It is contemplated that Seacroft School at Skegness will be opened early in the new year. This will help fulfil the needs of the County, though the demand is such that many more schools of a similar capacity would be needed in order to adequately solve this problem.

There are at present 151 educationally subnormal pupils awaiting vacancies in special schools.

The number of children referred to the local Health Authority during the year as being ineducable was 38. A further 13 were referred as requiring supervision after leaving school.

CHILD GUIDANCE

The Child Guidance Clinic at Lincoln has continued to operate on the lines referred to in previous reports. The help that parents and others concerned with the welfare of "problem children" can obtain through the Child Guidance Service at this Clinic is gradually becoming more widely appreciated.

The opening of a Clinic at Scunthorpe is held up owing to the difficulty of obtaining the necessary staff.

A start has, however, been made at Grimsby, and weekly sessions are now held for Lindsey cases. The services of a Psychiatrist have been made available by the Sheffield Regional Hospital Board. The Educational Psychologist is Dr. C. H. Jackson.

The following report on the work of the Lincoln Child Guidance Clinic for year ended August, 1948, is submitted by Mr. Terence Moore, Educational Psychologist:—

"The year has seen a gradual extension and consolidation of the work of the Child Guidance Clinic, both as a centre of treatment for maladjusted children and help to their parents, and as a meeting ground where parents', teachers' and doctors' viewpoints are discussed and harmonized. The Psychiatrist, Psychologist and Psychiatric Social Worker are the channels through which these contacts are made, and an important element in both diagnosis and treatment is the careful discussion of every case by these three workers, based on their differing experience and sources of information, from which should emerge a common policy designed to give the child his best chance of growing up into a healthy and well-balanced adult.

Staff Changes. We are sorry indeed to lose the services of Miss C. M. Meyer, who has just left to take up a responsible position in the Norfolk County Council Public Health Department after putting in nearly three years of solid and constructive social and remedial work at our Clinic. Miss Meyer will be greatly missed by many parents and children, as well as by her colleagues, who wish her every success in her new post. At the time of writing, she has not been replaced, but it is hoped that another Social Worker may soon be found to supply the essential link with the children's homes.

Thanks are also due to Miss M. Clarke for her efficient secretarial help during the past two years. She has now been transferred to the Education Office, and her place has been taken by Miss M. Winfield.

We shall also miss the presence in our building of Miss Kay, Speech Therapist, but shall look forward to continuing our happy relationship with her in her new capacity at the County Hospital.

It is with deep regret that we announce the recent death of the Clinic Caretaker, Mr. E. E. Mansell, after a brief but painful illness. Mr. Mansell had served the Committee most loyally for a number of years. The sincere condolences of the Staff are extended to his widow and children. His duties are to be taken over by Mr. G. A. Lill.

School Psychological Service

As it is out of the question for every backward child to be examined individually by the Educational Psychologist, it becomes necessary to seek for methods of collective diagnosis of Educational difficulties. This is an experimental field in which exploratory work is being carried out in three directions:—

(i) The collective ascertainment of intelligence, chiefly among backward children, by means of non-verbal intelligence tests. A number of such tests have been tried out on selected groups, with a view to ascertaining which types of test can be most reliably used with the duller children, and the extent to which such children profit from practice. The results will be reported separately when they are available.

(ii) The diagnosis of reading difficulty. Group tests have been devised by the Psychologist for the purpose of picking out those children who are experiencing particular difficulty with one or other of the many elements of the reading process. It is hoped that they will enable teachers, when giving a lesson on any one aspect of reading, to pay special attention to those children who need it most. This is a small contribution to the vexed question of the large class, in which each child has his own peculiar problems.

(iii) The earmarking of maladjusted or unstable children. Only a very small beginning has so far been made on this large subject, and there is no pretence that a visiting Psychologist, seeing a class of children for an hour or two, can judge their personalities more reliably than an experienced teacher, who has known them for months. There are, however, psychological pointers, which as they come to be developed, may be used for the guidance of inexperienced teachers, or those taking over a new school or a class of new entrants, or those with large classes in which the less conspicuously nervous child may easily be passed over; and later perhaps for the selection of children to be followed up after they leave school.

Children's Homes, Horncastle

A number of children at the Homes, presenting the special problems of the parentless or unwanted child, have been the subject of individual study in the course of the year, with the help of the Superintendent and staff.

St. Christopher's School

Close and friendly touch has been maintained with this school for educationally subnormal boys, where it is felt that excellent work is being done. The progress of the Lindsey children there is being watched, and a series of group tests have been administered with the co-operation of the Principal, Mr. T. C. Smith.

Cases dealt with

The number of Lindsey children individually handled (i.e., excluding subjects of group tests only) is 177, referred as in Table I. This is considerably more than the number seen in the first year of the service. The proportion of cases requiring full Child Guidance treatment, as opposed to a simple examination and report, has also risen from 38% to 61%. A rapidly increasing number of examinations are required by the magistrates

of the various *Juvenile Courts*. The responsibility of advising on the disposal of delinquent children is felt as a privilege and an important part of our service.

The number of urgent cases accepted from outside the area officially served by the Clinic has tended to increase. This may be inevitable, but it is unsatisfactory because regular contact, on which the success of treatment usually depends, cannot in fact be maintained at more than about 30 miles distant. The Staff, therefore, welcomes the appointment of Dr. C. H. Jackson as Educational Psychologist to Grimsby and the coastal area of Lindsey, and looks forward to the establishment of a full Child Guidance service throughout the County.

TABLE I
Summary of Lindsey Cases attending Lincoln Child Guidance Clinic

Source	For investigation and report	For Child Guidance
<i>New Cases</i>		
From Head Teachers	11	13
" School Medical Officer	17	13
" Private Doctor	—	1
" Parents and Friends	—	4
" Superintendent, Children's Homes ...	—	3
" Director of Education	—	4
" Juvenile Court	36	—
" Probation Officer	—	1
" Welfare Officer	—	1
" Director of Education, Grimsby ...	2	—
" Director of Education, East Sussex ...	—	1
Total New Cases	66	41
Old Cases brought forward	—	65
Cases re-examined or transferred to Child Guidance	3	2
Total for 1947/48	69	108
Comparative figures for 1946/7	77	84
Total for 1946/47	161	
Comparative figures for 1945/6	63	39
Total for 1945/6	102	

Table II is an attempt to answer the question 'With what type of problem do you have most success?' The difficulties in answering this question are, briefly:—

(a) that the symptoms for which a child is referred may not be his most serious trouble, and that the task of recording every symptom shown would be formidable;

(b) that the criterion of success depends on the fallible judgment of Clinic workers, which has to be based on the reports of parents and teachers—and these vary widely according to the mood and circumstances of the moment;

(c) that treatment varies in duration, intensity and nature with every case; it may be straightforward or handicapped by instability or lack of co-operation from parents, or by prematurely brought to a close by removal of the family or some other cause.

The table shows the number of cases referred for each of four broad classes of symptoms, during the three years of operation of the service; the number of each sort closed with varying degrees of success; and the number remaining open at the present date.

The columns cannot usefully be added, as some children have been included in more than one category. Nor are all cases included in column 1 accounted for in the remaining columns, as some cases have not required treatment and others have been unsuitable for it.

TABLE II

Symptoms for which Referred	Total Cases to Date	CASES CLOSED			Cases Now Open
		Cleared or Greatly Improved	Improved	Not Improved	
(a) General nervousness and fears	26	7	2	1	11
(b) Nervous habits (eating, sleeping and toilet difficulties, stammering, tics, fits, etc.)	31	6	3	7	15
(c) Aggressiveness and behaviour difficulties	74	9	3	3	34
(d) Educational problems	30	3	3	1	9

“Present Position. 53 Lindsey cases stand open at the date of writing, and there is a waiting list of 7.

“Public Relations. In mental, as in physical health, prevention is better than cure, and those working in the field are bound to devote a proportion of their time to prophylactic measures. Education in psychology and mental hygiene, and especially in the sound upbringing of children, is much in the air today, and all members of the Clinic team have been asked from time to time to address groups on these subjects. Talks have been given during the year to various Parent—Teachers’ Associations, to the students of the Training College, to the British Federation of University Women, to various Mothers’ Unions; and a University Sessional course in Psychology was given by the Psychologist for the W.E.A. A public meeting jointly sponsored by the W.E.A. and N.U.T. on January 29th, under the chairmanship of Mr. F. J. Birkbeck, was addressed by Dr. Goodlad and Miss Meyer on ‘Children in Difficulties’. On March 20th, the Clinic Staff entertained a W.E.A. class from Scunthorpe, and showed them the work being done; and on May 31st a demonstration of intelligence testing with a pre-school child was given to a class of Nursery Nurses in training.

The work of the Clinic is being kept in touch and co-ordinated with that of other Clinics and organisations with kindred aims, by visits, conferences and joint representation. The contacts thus formed play a more

important part than is commonly recognised in work of this nature, in which methods and even aims are fluid and need constant rethinking under the stimulation of fresh ideas."

The following report on the work of the Grimsby Child Guidance Clinic is submitted by Dr. C. H. Jackson, Educational Psychologist:—

This Report covers the period July to December, 1948. In most instances combined figures are given for Grimsby and Lindsey cases. It may be assumed that the separate figures are approximately proportional to the number of cases referred by each Authority. In cases where this is not so, separate figures are given. Owing to the relatively small number of referrals, considerable caution should be used in drawing any inferences.

82 cases were referred during this period. 68 of these had been dealt with before the end of the year. 14 cases were on the waiting list.

Obviously most children referred for Child Guidance will be of school age, though older children may be referred. No children above school age were in fact referred. Nor were any pre-school children seen.

In view of the small numbers involved, grouping by yearly intervals would serve little purpose. Accordingly, cases are grouped in Table I according to type of school attended at the time of referral.

TABLE I

				Boys	Girls
Infant School	...	...	...	7	6
Junior School	...	...	...	31	16
Senior School	...	...	...	16	6
				<hr/> 54 <hr/>	<hr/> 28 <hr/>

Four of the children in the Senior School group were attending schools of Secondary Grammar type. Two of these cases were from Private Schools. Private Schools accounted for 7 of the total referrals.

It is apparent that there is a tendency for cases to be referred before transition to the Senior School. This is a step in the right direction. It is hoped that referrals at the Infant School level may increase and pre-school children be referred.

That there are twice as many cases of boys does not necessarily indicate that there are fewer 'problem girls'. It may be that boys tend to show mal-adjustment in less socially acceptable forms than girls, who do not, therefore, bring themselves so readily to notice. That this may well be the case is suggested by the fact that far more children were referred for difficult behaviour than for emotional disturbances.

Cases referred from Grimsby were about three times as frequent as those from Lindsey. The relative school populations are approximately 14,000 and 10,000. Detailed figures in respect of cases referred by each Authority are given in Table II.

TABLE II

	Grimsby	Lindsey
Current cases	15	6
Cases now closed	37	10
Cases waiting initial interview ...	8	6
	<hr/>	<hr/>
	60	22
	<hr/>	<hr/>

Although most references come, as would be expected, through Head Teachers, many come through other sources. Cases have been classified in Table III according to source of referral. Separate figures are given for Grimsby and Lindsey children.

TABLE III

	Grimsby	Lindsey
Head Teachers	22	5
School Medical Officers	8	10
Parents	10	2
Education Authority	12	—
Children's Officer	8	—
Others	—	5
	<hr/>	<hr/>
	60	22
	<hr/>	<hr/>

A high proportion of Lindsey referrals come through the School Medical Service. It is hoped that Head Teachers will become increasingly aware of the facilities offered by the Child Guidance Service. It may be that circulation of a more detailed statement of aims of Child Guidance and notes on selection of suitable cases will help.

Each source of referrals will obviously show a tendency to concentrate on a particular type of problem. The following types of cases are found to predominate in each of the above categories:—

Head Teachers: Children failing to make normal school progress and those showing behaviour difficulties.

School Medical Officers: Delinquent and borderline defective children, children referred as a result of indirect approach by General Practitioners, children referred by Medical Specialists where mental factors might assist in differential diagnosis.

Parents: For educational guidance, emotional problems and habit disorders.

Education Authority: Educational guidance and suitability for various types of education.

Children's Officer: Court cases and maladjusted children in need of care and protection.

Others: Children referred by other Child Guidance Services for follow-up cases where these children have left a district either during, or shortly after, treatment.

Most of those referred for emotional problems and habit disorders have been referred by parents. In those referred from school problems of difficult behaviour predominate.

It would be unprofitable to attempt a detailed classification of the various reasons for which cases are referred. These are therefore analysed into six broad groups in Table IV. The same reason for referral may conceal one or more different symptoms. Examination often discloses that more serious unsuspected causes underlie a problem than those leading to referral. The actual cause for referral often becomes of secondary importance in treatment.

TABLE IV

	No. of Cases			
Behaviour problems	28
Educational guidance	22
Scholastic failure	17
Emotional disturbances	7
Habit disorders	4
Various	4

The small number of cases referred would give little significance to grouping by intelligence quotients in intervals of 5 or 10 I.Q. points. Cases are, therefore, grouped more broadly so as to bring out educational and treatment possibilities. I.Q.'s are calculated on the Revised Stanford-Binet Scale, except in a few cases of deaf or partially-deaf children, or children with very strong verbal disability, where non-linguistic tests have been used. No blind or partially-sighted children were referred. These groupings are shown in Table V.

TABLE V

I.Q. Range	No. of Cases			
Below 50 (Mentally defective)	4
50—69 (Feeble-minded)	10
70—84 (Dull and backward)	11
85—114 (Average)	28
115—129 (Superior: secondary scholarship)	11
130—149 (Very superior: university honours)	2
Above 150 (Exceptional: high university honours)	2

25 cases referred show intelligence quotients below average and 15 above. Whilst it is appreciated that children of poor mental ability find considerable problems of adjustment, bright children may find no fewer problems, though these are of a different nature. Failure in school often gives rise to behaviour problems in the dull child through sense of frustration. Emotional conflicts in the bright child are often projected on to his school work. *It is perhaps significant that a considerable number of bright children referred were found on examination to be working considerably below their capacity.*

Not only are conditions of mental deficiency and feeble-mindedness incurable, but when they are accompanied by behaviour problems, as is only too often the case, they are not suited to psychological treatment. This group is not profitable from the Child Guidance point of view. It is, however, desirable that these children be ascertained and suitable educational treatment arranged. Those in the dull and backward group often cease to be problems to themselves and others when their educational needs are met. In a few fortunate cases this can be arranged in their ordinary schools, but many are urgently in need of Special School provision if, not only these children, but the normal children together with whom they are being educated, are not to suffer educationally and psychologically.

Cases dealt with are classified into treatment and non-treatment cases in Table VI, which also shows a few cases in which parental co-operation was refused. In some of these cases the parents do not appear to have been adequately prepared beforehand, so that it appeared to them that they were required to attend rather than that they were offered help if they cared to seek appointment.

TABLE VI

	No. of Cases
Treatment cases	15
Diagnosis and report	30
Awaiting treatment and/or diagnosis	15
Refused co-operation	8

184 child attendances and 125 parent interviews are recorded in respect of these cases. 79 school visits were made and 28 other visits. In 4 cases home visits were necessary:—

Table VII classifies modes of treatment of cases:—

TABLE VII

	No. of Sessions
Parent guidance interviews	49
Educational work with children	46
Psychological work with children	38
Play therapy group	31

Tables VI and VII may be considered together, since the latter indicates how the waiting-treatment group indicated in Table VI can be prevented from increasing. A good deal of psychological time is obviously being employed in parent interviews. When this side of the work is carried by a Social Worker, there will be more time for psychological work with children. In a few cases psychiatric consultation is necessary before a tentative diagnosis can be made and course of treatment decided upon.

In Table VIII an attempt is made to isolate the outstanding factors of cases referred. These cannot always be isolated, and in some cases two or more factors appear equally strong. The classification is also influenced by the viewpoint of the person making the grouping. With these reservations, Table VIII presents strong factors so far as they can be isolated for most of the cases seen.

TABLE VIII

Strong Factor					No. of Cases
Home	...	...	...	...	29
Heredity	...	...	...	...	14
Educational	...	...	...	...	12
Physical	...	...	...	...	5

Some explanation of these terms may be offered.

Home: implies broken homes, separated parents, maladjusted parents and adverse living conditions.

Heredity: implies that definite evidence for a heredity factor has been found in one or more parent, or in one or more sibling.

Educational: implies inadequate adjustment of child and school task or school-home friction.

Physical: implies the presence of physical illness or disability.

Unfortunately it is not possible to decide whether these figures are significant, as the number of cases dealt with is far too small. Heredity factors appear to play a major part in a higher proportion of cases than would be expected. In Grimsby, by reason of its importance as a deep-fishing port, many fathers are compelled to spend comparatively long periods of absence from home. This feature reflects to a considerable degree in Grimsby cases. Disturbed homes enter as a secondary factor into most cases in which they are not the main determinant. The housing problem also appears as a prominent secondary factor in many cases. It is a critically strong factor in some. Overcrowding necessitates many unsuitable sleeping arrangements and treatment of cases presents extreme difficulties when this environmental factor is a contributory cause to the child's difficulties.

Children suffering from retardation in the basic subjects, who are not child guidance cases, are best dealt with by organisation of remedial teaching groups within their schools. Three such groups have already been organised; two in Junior Schools and one in a Senior School. Altogether some 150 cases are being dealt with in this way. The groups are of recent formation, and it is, therefore, too early to report upon their progress.

Since September, two weekly clinical sessions have been held at Hope Street, Grimsby, Child Welfare Centre, to deal with Grimsby cases. In October two weekly remedial sessions were begun at Macaulay Infants' School, and in December two weekly play group sessions were started at the same school. These sessions are used for treatment cases. In November a weekly clinical session was begun at Queen Street School Clinic, Louth, to deal with Lindsey cases.

It is desired to thank the Medical Officer of Health for Grimsby, the Head Mistress of Macaulay Primary Infants' School and the County Medical Officer of Health, Lincoln, for their generous co-operation which has made this development of the Service possible.

Through the co-operation of the Sheffield Regional Hospital Board, it is hoped that the services of a child psychiatrist will be available for one session weekly from February.

Courses of lectures are being organised at Cleethorpes and Louth in conjunction with University College of Hull, the Home and School Association and Lindsey Rural Community Council, and through these it is hoped to increase general understanding of problems of mental health.

The value of Child Guidance work can be assessed only after follow-up of a large number of treatment cases. Success in all cases is neither expected nor realised, and even apparently successful cases may relapse where the personality has not developed sufficient inherent stability to withstand abnormal stress. A few early cases, however, already show encouraging signs, e.g., in improved adaptation to school tasks, arrest of behaviour which seemed likely to lead to Juvenile Courts, remedial educational cases and easing of domestic situations. In addition to signs of hopeful results in individual cases, the general increased understanding of problems of mental health, which investigation and treatment of individual cases entails, and spread of this understanding in school and home, must in the long run have a definite value as a preventive of mental illness and breakdown."

SPEECH THERAPY

Repeated efforts to fill the full-time appointment of Speech Therapist have failed. We are fortunate in obtaining the services of Miss Kay on a part-time basis.

Miss Kay has submitted the following report:—

"The County Medical Officer referred eighty-seven children, fifty-nine boys and twenty-eight girls for speech therapy during the period August to December, 1948. Fourteen of these did not attend. Of the remaining seventy-three:—

- 35 Dyslalia
- 14 Stammering
- 6 Retarded speech development
- 6 Excessive nasality (five of these were repaired cleft palates)
- 2 Language defects
- 2 Arising from mental deficiency
- 2 Arising from deafness
- 6 Children had more than one defect

Forty of these children are at present receiving weekly treatment. Twenty-one, though not in regular attendance, are under observation. Seven have either lapsed or have not been accepted for treatment. The majority of children under treatment have gross speech defects—twenty have either no speech at all or very little intelligible speech—three children are now speaking normally. The total of attendances made in the five months under review is four hundred and thirty."

INFECTIOUS DISEASES

There were no serious outbreaks of infectious disease in the Administrative County during the year. Measles and whooping-cough accounted for the greater part of the infections, but neither assumed serious proportions.

Summary of School Notifications for 1948.

Month	No. of cases excluded on account of dis- ease in house	Scarlet Fever	Measles	Whooping Cough	Chicken Pox	Mumps	German Measles	Influenza	Impetigo	Ringworm	Scabies	Other Con- di- tions	TOTAL
January ...	84	3	112	129	249	38	5	1	7	8	13	13	578
February...	74	14	172	80	319	94	6	3	13	6	6	8	721
March ...	46	8	63	54	156	39	4	—	—	2	3	3	332
April ...	26	2	50	39	33	47	3	—	8	4	1	4	191
May ...	23	5	87	37	42	104	—	—	6	1	1	3	286
June ...	45	9	150	120	84	204	42	—	11	6	1	8	635
July ...	57	9	200	80	22	166	2	—	3	2	1	8	493
August ...	—	1	—	4	—	—	—	—	1	1	1	—	8
September	19	9	52	35	15	20	1	—	3	1	2	4	142
October ...	54	2	177	31	71	69	4	—	4	1	2	9	370
November	38	10	142	24	53	72	5	—	5	2	1	2	316
December	35	7	200	27	42	55	1	—	1	2	1	5	341
Total	501	79	1405	660	1086	908	73	4	62	36	33	67	4413

Diphtheria Immunisation

As from July 5th, the County Council became responsible for all immunisations of school and pre-school children. The arrangements are that a list of all children who require primary immunisations is obtained for each school. This list is sent to the Assistant School Medical Officer who then does the immunisation on his next routine visit. Secondary inoculations are done at the minor ailment clinics or on a return visit to the school. All parents are informed that they can, if they wish, have their children immunised by their own family doctor.

Immunisation and vaccination of pre-school children are done at the Toddler and Infant Welfare sessions of the clinics. In some of the larger clinics, special sessions are held for immunisations alone, and it appears probable that these special sessions will have to be increased.

Details of school children immunised during the year are given below:—

Districts							No. Immunised before 5th July, 1948
Urban							
Alford	...	...	...	...	...	...	—
Barton-on-Humber	...	...	...	...	...	...	2
Brigg	...	...	...	...	...	...	1
Cleethorpes M.B.	...	...	...	...	...	...	53
Gainsborough	...	...	...	...	...	...	31
Horncastle	...	...	...	...	...	...	—
Louth M.B.	...	...	...	...	...	...	7
Mablethorpe & Sutton	...	...	...	...	...	...	14
Market Rasen	...	...	...	...	...	...	2
Scunthorpe M.B.	...	...	...	...	...	...	308
Skegness	...	...	...	...	...	...	—
Woodhall Spa	...	...	...	...	...	...	—
Rural							
Caistor	...	...	...	...	...	...	30
Brigg	...	...	...	...	...	...	4
Gainsborough	...	...	...	...	...	...	6
Grimsby	...	...	...	...	...	...	22
Horncastle	...	...	...	...	...	...	5
Isle of Axholme	...	...	...	...	...	...	31
Louth	...	...	...	...	...	...	34
Spilsby	...	...	...	...	...	...	4
Welton	...	...	...	...	...	...	44

Since the 5th July, 1948, 100 school children have been immunised.

There were, in addition, 2,583 secondary inoculations given to children who had been previously immunised before reaching school age.

PROVISION OF SCHOOL MEALS

Equipment and accommodation for the provision of school meals is provided by the Education Committee. The cost of supervisors is also defrayed by the Education Committee.

There were 230 school canteens in the Administrative County at the end of 1948. Of these, 192 were at Primary Schools and 38 at Secondary Schools. The average number of meals provided daily was 19,874.

MILK IN SCHOOLS

It is still a matter of great difficulty to obtain suppliers for village schools and very few will supply in bottles with straws; this entails the use of beakers, often in schools with no proper facilities for washing-up. The condition of empty bottles is often such as to discourage suppliers, yet it is not fair to impose on teachers the duty of seeing that all bottles are rinsed immediately after use. The policy of closing small schools probably means that the greater number of scholars in retained schools will make the supply a more attractive economic proposition.

There were 9 schools receiving a supply of Tuberculin Tested milk, 159 Pasteurised or Heat Treated, 31 Accredited and 65 undesignated or ordinary milk, while 16 were still having Full Cream Dried Milk. No complaint of souring was received, and the samples taken indicated a reasonably good standard of cleanliness.

SCHOOL HYGIENE

Reference has been made in previous reports to lowered standards of hygiene, and the increase in scholars due to raising the school leaving age has emphasized the inadequacy of closet accommodation and the number of handbasins. There is hardly a school enjoying the standard of accommodation prescribed in the Regulations.

Pail closets cannot be connected to water closets unless certified as a danger to the health of the children; this means that where supervision and cleanliness are exercised, the possibility of improvement is diminished, the only chance is to have an epidemic of some description which may reasonably be attributed to these conditions.

The pending changes envisaged in the development policy, although not likely to be realised for many years, appear to delay many matters needing urgent attention.

The following is a list of the defects reported to the Director of Education during 1948:—

Lighting	...	...	...	...	5
Ventilation	...	...	...	...	4
Overcrowding	...	...	...	...	4
Cloakroom Accommodation	...	...	...	...	1
Washing Arrangements	...	...	...	...	12
Water Supply	...	...	...	...	5
Sanitary Condition	...	...	...	...	37
Playground	...	...	...	...	24
Cleaning	...	...	...	...	2
Gutters	...	...	...	...	2

General Repairs	...	...	...	17
Decoration	...	...	...	14
Refuse Disposal	...	...	...	6
Heating	...	...	...	11
Damp	...	...	...	5
Drains	...	...	...	5
Electric Light	...	...	...	—
Smoking Chimneys	...	...	...	—
				—
TOTAL...	...	...	...	154
				—

CO-OPERATION OF TEACHERS, PARENTS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES

Teachers

The School Health Service is again indebted to Teachers and Head Teachers for their co-operation during the year. The year has seen no great improvement in general conditions; overcrowding of classes is still prevalent and general sanitary conditions, though improved, still leave a lot to be desired.

Parents

During the year, an average figure of 56% of parents attended at school medical inspections. This is a small increase over last year, and serves as an indication that parents are becoming more conscious of the value of the School Health Service in keeping a watchful eye over the youth of the nation.

School Attendance Officers

Close liaison continues to exist between the School Health Department and the School Attendance Officers.

In cases of delinquents or truants, valuable information can be obtained from these officers, which assists the Medical Officer in his assessment of the case.

Voluntary Bodies

There were 88 cases of neglect referred to the National Society for the Prevention of Cruelty to Children. This Society continues to give valuable aid to the Health Service as a whole.

NURSERY SCHOOLS

The only Nursery School in the Administrative County is at Louth. There are at present 31 registered pupils.

All children attending are examined by the Assistant Maternity and Child Welfare Officer of the area.

JUVENILE EMPLOYMENT

Total number of children examined for employment certificates	...	291
Number of certificates granted	...	274

W. S. H. CAMPBELL,
School Medical Officer.

STATISTICS FOR THE YEAR 1948

(as submitted to the Ministry of Education)

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

A. PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups:—

Entrants	...	...	...	...	...	...	...	4,514
Second Age Group	...	...	...	...	...	...	...	3,362
Third Age Group	...	...	...	...	...	...	...	2,764
TOTAL								10,640
Number of other Periodic Inspections	...	...	...	...	...	...	...	Nil
GRAND TOTAL								10,640

B. OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	...	...	3,063
Number of Re-Inspections	...	...	...	...	...	...	21,708
TOTAL				...	...	...	24,771

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 (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants	39	849	876
Second Age Group	190	384	544
Third Age Group	151	254	389
Total (prescribed groups)	380	1,487	1,809
Other Periodic Inspections	—	—	—
GRAND TOTAL...	380	1,487	1,809

TABLE II

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION
IN THE YEAR ENDED 31st DECEMBER, 1948

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring treatment (2)	Requiring to be kept under observa- tion but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observa- tion but not requiring treatment (5)
4	Skin	60	90	404	2
5	Eyes—(a) Vision	380	311	160	39
	(b) Squint	57	86	21	6
	(c) Other	53	67	203	24
6	Ears—(a) Hearing	32	35	24	1
	(b) Otitis Media	52	43	58	—
	(c) Other	33	101	68	—
7	Nose or Throat	665	881	255	9
8	Speech	27	59	15	5
9	Cervical Glands	58	246	33	3
10	Heart and Circulation	101	85	133	3
11	Lungs	93	234	145	1
12	Developmental—				
	(a) Hernia	34	38	1	—
	(b) Other	24	49	6	2
13	Orthopaedic—				
	(a) Posture	14	63	6	5
	(b) Flat foot	151	186	30	1
	(c) Other	147	297	72	17
14	Nervous system—				
	(a) Epilepsy	4	6	3	3
	(b) Other	6	20	10	4
15	Psychological—				
	(a) Development	43	50	52	38
	(b) Stability	9	22	17	1
16	Other... ..	56	120	717	16

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

Age Groups	No. of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
Entrants	4,514	1,351	29.92	2,984	66.11	179	3.97
Second Age Group	3,362	1,061	31.56	2,109	62.73	192	5.71
Third Age Group	2,764	1,147	41.50	1,511	54.66	106	3.84
Other Periodic Inspections	—	—	—	—	—	—	—
TOTAL	10,640	3,559	33.45	6,604	62.07	477	4.48

TABLE III

GROUP I—MINOR AILMENTS (excluding Uncleanliness, for which see Table V)

(a)							Number of Defects treated, or under treatment during the year
Skin—							
Ringworm—Scalp—							
(i) X-ray treatment							11
(ii) Other treatment							14
Ringworm—Body							24
Scabies							57
Impetigo							193
Other skin diseases							297
Eye Disease							240
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)							
Ear Defects							215
(Treatment for serious diseases of the ear, e.g., operative treatment in hospital—not recorded here)							
Miscellaneous							544
(e.g., minor injuries, bruises, sores, chilblains, etc.).							
TOTAL							*1,595

*In addition, 1,139 defects not classifiable as "Minor Ailments" were also dealt with.

(b) Total number of attendances at Authority's minor ailments clinics	8,417
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GROUP II—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I)

	No. of Defects dealt with
Errors of Refraction (including squint)	1,845
Other defect or disease of the eyes (excluding those recorded in Group I)	211
TOTAL	2,056
No. of Pupils for whom spectacles were	
(a) Prescribed	1,231
(b) Obtained	989

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT

	Total number treated
Received operative treatment—	
(a) for adenoids and chronic tonsillitis	819
(b) for other nose and throat conditions	26
Received other forms of treatment	388
Total	1,233

GROUP IV—ORTHOPAEDIC AND POSTURAL DEFECTS

(a) No. treated as in-patients in hospitals or hospital schools ...	86
(b) No. treated otherwise, e.g., in clinics or out-patient departments ...	507

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY

No. of pupils treated (a) under Child Guidance arrangements ...	129
(b) under Speech Therapy arrangements ...	73

TABLE IV

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers:—

(a) Periodic age groups ...	13,542
(b) Specials ...	2,014
(c) TOTAL (Periodic and Specials) ...	15,556
(2) Number found to require treatment ...	11,437
(3) Number actually treated ...	8,618
(4) Attendances made by pupils for treatment ...	12,842
(5) Half-days devoted to: (a) Inspection ...	202
(b) Treatment ...	1,833
Total (a) and (b) ...	2,035
(6) Fillings: Permanent Teeth ...	4,975
Temporary Teeth ...	452
Total ...	5,427
(7) Extractions: Permanent Teeth ...	1,502
Temporary Teeth ...	8,540
Total ...	10,042
(8) Administration of general anaesthetics for extraction ...	2,028
(9) Other Operations: (a) Permanent Teeth ...	3,440
(b) Temporary Teeth ...	1,757
Total (a) and (b) ...	5,197

TABLE V.

INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorized persons ...	55,945
(ii) Total number of <i>individual</i> pupils found to be infested ...	1,749
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...	5
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ...	—

SCHOOL CLINICS

1. MINOR AILMENTS

Clinic	Address	When Held
Barton-on-Humber Brigg Cleethorpes Coningsby Gainsborough	50, Holydyke, Barton-on-Humber The Cedars, Bigby Road, Brigg St. Hugh's Avenue, Cleethorpes Methodist Schoolroom, Coningsby 1, Popplewells Row, Bridge Street, Gainsborough	Mondays, 10 a.m. Thursdays, 10 a.m. Wednesdays, 10 a.m. Mondays, 2 p.m.
Horncastle Lincoln Louth Market Rasen Scunthorpe Skegness Spilsby	Rolleston House, Horncastle 30, Lindum Road, Lincoln 32, Queen Street, Louth 18, King Street, Market Rasen Parkinson Avenue, Scunthorpe Cecil Avenue, Skegness 2, West End Villas, Spilsby	Tuesdays, 2 p.m. Thursdays, 10 a.m. Fridays, 10 a.m. Wednesdays, 2 p.m. Tuesdays, 10 a.m. Fridays, 10 a.m. Thursdays, 10 a.m. Wednesdays, 10 a.m.

2. EYE

Clinic	Address	When Held
Barton-on-Humber Brigg Cleethorpes Gainsborough	50, Holydyke, Barton-on-Humber The Cedars, Bigby Road, Brigg St. Hugh's Avenue, Cleethorpes 1, Popplewells Row, Bridge Street, Gainsborough	By arrangement on Wednesdays ,, ,, on Mondays ,, ,, on Fridays ,, ,, on Tuesdays
Horncastle Lincoln Louth Market Rasen Scunthorpe	Rolleston House, Horncastle 30, Lindum Road, Lincoln 32, Queen Street, Louth 18, King Street, Market Rasen Parkinson Avenue, Scunthorpe	,, ,, on Fridays ,, ,, on Mondays ,, ,, on Mondays ,, ,, on Thursdays ,, ,, on Wednesdays or Thursdays
Skegness	The Clinic, Cecil Avenue, Skegness	,, ,, on Wednesdays
Spilsby	2, West End Villas, Spilsby	,, ,, on Thursdays

3. ORTHOPAEDIC

Clinic	Address	When Held
Cleethorpes Gainsborough Lincoln Louth Scunthorpe Skegness Spilsby	St. Hugh's Avenue, Cleethorpes 1, Popplewells Row, Bridge Street, Gainsborough 30, Lindum Road, Lincoln 32, Queen Street, Louth Parkinson Avenue, Scunthorpe Cecil Avenue, Skegness 2, West End Villas, Spilsby	1st and 3rd Mondays each month 2-30 p.m. 2nd Tuesday each month 2-30 p.m. 3rd Thursday each month 2-15 p.m. 2nd Thursday each month 2-30 p.m. 1st and 3rd Tuesday each month 2-30 p.m. 1st Thursday each month 2-30 p.m. 3rd Monday each month 2-30 p.m.

4. ARTIFICIAL SUNLIGHT

Clinic	Address	When Held
Cleethorpes	St. Hugh's Avenue, Cleethorpes	Mondays and Thursdays, 10 a.m.
Gainsborough	1, Popplewells Row, Bridge Street, Gainsborough	By arrangement — as necessary
Louth	32, Queen Street, Louth	Tuesdays and Fridays, 2 p.m.
Scunthorpe	Parkinson Avenue, Scunthorpe	Mondays and Thursdays, 10 a.m.
Skegness	Cecil Avenue, Skegness	Mondays and Thursdays, 2 p.m.

5. RHEUMATISM AND HEART

Clinic	Address	When Held
Cleethorpes	St. Hugh's Avenue, Cleethorpes	By arrangement, Fridays 10 a.m.
Gainsborough	1, Popplewells Row, Bridge Street, Gainsborough	By arrangement, Fridays 2 p.m.
Lincoln	30, Lindum Road, Lincoln	By arrangement, Tuesdays, 10 a.m.
Louth	32, Queen Street, Louth	By arrangement, Mondays, 10 a.m.
Scunthorpe	Parkinson Avenue, Scunthorpe	By arrangement—Wednesdays

6. EAR, NOSE AND THROAT

Clinic	Address	When Held
Gainsborough	1, Popplewells Row, Bridge Street, Gainsborough	By arrangement, Wednesdays, 2 p.m.
Grimsby	Grimsby and District Hospital	„ „ Wednesdays, 2 p.m.
Horncastle	Rolleston House, Horncastle	„ „ Tuesdays, a.m.
Lincoln	County Hospital, Lincoln	„ „ Thursdays, 3-30 p.m.
Louth	Louth and District Hospital	„ „ Fridays, 12 noon
Scunthorpe	War Memorial Hospital, Scunthorpe	„ „ Thursdays
Skegness	Cecil Avenue, Skegness	„ „ Wednesdays, 10 a.m.

7. DENTAL

Clinic	Address	When Held
Cleethorpes Gainsborough	St. Hugh's Avenue, Cleethorpes 1, Popplewells Row, Bridge Street, Gainsborough	By arrangement
Lincoln	30, Lindum Road, Lincoln	" "
Louth	32, Queen Street, Louth	" "
Market Rasen	18, King Street, Market Rasen	" "
Scunthorpe	Parkinson Avenue, Scunthorpe	" "
Skegness	Cecil Avenue, Skegness	" "
Spilsby	2, West End Villas, Spilsby	" "

NOTE.—Attendance at all clinics, with the exception of those for Minor Ailments, is by appointment only.

APPENDIX

REPORT ON PHYSICAL TRAINING, 1948

(Included at request of Minister of Education)

This year the vacant posts have been filled, and the organising staff brought up to full complement. In May, Miss M. E. Bewley took up the appointment of Woman Organiser and was followed in September by Miss J. C. Adlard as Assistant Organiser.

Visits to schools have consequently reached a more normal plane and as a result distinct progress has been made in the work in the schools.

The difficulty of the adequate staffing of schools, whilst still remaining in small measure a problem, has been considerably eased during the year. In the Secondary Schools a number of long-standing vacancies on the physical training side have been very satisfactorily filled.

The supply of equipment, too, has improved tremendously, and it is becoming increasingly possible, with the exception of one or two items, to furnish schools with the amount appropriate to their needs.

The Committee's policy of providing and improving facilities has been continued. The renovation of school play-grounds and the laying of concrete areas, where considered necessary, have gone ahead steadily. Playing fields remain a difficulty. Whilst most schools, both primary and secondary have been provided for by some means, the surface conditions of many fields is far from suitable for games and activities. Much work in regard to levelling, etc., is required before real advantage can be derived from them.

A concrete wicket for cricket, the first to be provided by the Committee, was laid this year at Cleethorpes on the Thrunscoc School playing field, and at Coningsby a short strip for practice purposes was laid at the side of the field. It is hoped that in the future, the laying of concrete pitches

will become common practice, as it is agreed that they are the answer to the problem of providing good, true, almost all-weather surfaces for the game for schools. A wicket on an ordinary field is unsatisfactory, and even when a specially laid grass wicket is prepared, it cannot be kept in a fit playing condition to stand up to the amount of use required by schools.

Physical Training in Schools

(a) Primary

The change-over, noted in the report of last year, from the former method of presentation of the lesson, has been continued and particularly in those areas where Teachers' Courses have been held is the modern approach being used with, in some cases, considerable success.

The new method introduces more individual practice and activity with small and improvised apparatus encouraging greater skill on the part of the children who work in their own time.

The feeling of the teachers that the increased freedom either tended to or meant indiscipline or licence is being gradually overcome and from courses and demonstration lessons given in schools by the organisers, the teachers are beginning to appreciate the greater value which can be obtained by encouraging every child to do his utmost according to his own ability and by not having to keep to a class standard. They realise, too, that for this method a higher standard of teaching and a greater appreciation of movement on their part are necessary to avoid slipshod results. Already in some schools, some very good work along the desired lines is apparent.

(b) Secondary

As noted in the opening remarks of this report, staffing difficulties have been largely overcome and the schools are now settling down to good honest work. The Modern School is now finding its feet and the work is being consolidated and developed steadily.

The introduction of a wide range of activities giving opportunity and scope for individual tastes is now an accepted practice, and much splendid work is being done by members of staffs both in and out of hours in the development of these activities.

Games and Out of School Activities

Games rightly continue to play a major part in the life of the schools. With the increase in the supply of equipment and the application of the generous allowance for games and special activities granted by the Education Committee to the schools, great strides have been made. Definite coaching in the various techniques and skills of the particular games has become possible and is now generally a feature of the games lesson. Visits for inter-school games are undertaken quite commonly and are a very valuable means of training.

The practice, commenced last year, of several small schools grouping together for a joint games period has been continued, and is proving a great success. A similar scheme was suggested to the schools for Sports Meetings and during the year several meetings on this basis took place with most encouraging and successful results.

Football

Advantage was taken, as in previous years, of the free coaching scheme of the Football Association by which accredited coaches make a series of visits to instruct at the schools. More than 40 schools received such visits, which were highly appreciated. A few other schools were unfortunate in that the travelling distance and the lack of transport made it impossible for desired visits to be paid.

In addition, visits to schools by prominent members of the Lincoln City F.C. were arranged and did much to stimulate enthusiasm amongst the boys.

Netball

There has been a considerable revival of interest in netball during the year, an increasing number of schools having affiliated to the County Netball Association. Tournaments for schools and clubs were held in Lincoln (2 meetings), Cleethorpes (2) where in December there was a record entry of 33 teams, Spalding (1) and Mablethorpe (1).

Included at the last meeting was a coaching period with a demonstration match which was much appreciated.

It has been particularly pleasing to note the marked improvement in standard in some of the Modern Schools who in the under 15 age group, are holding their own with the Grammar Schools.

Eight Lindsey candidates passed the written part of Part IA of the All England Netball Association Umpires' Test.

Hockey

Hockey is becoming increasingly a school game for Secondary Modern and all-age Primary Schools. To help these schools, lists of practices were given and a healthy and intelligent start is being made. Inter-School matches have already been played including games with the under 15's in the Grammar Schools.

The County Hockey Association arranged a Coaching Day for Schools and Clubs at the Lincoln Training College in October, when Mrs. Cook, Women's Hockey Association Coach, gave instruction. Several Lindsey schools were represented at this meeting.

Another day in October was devoted in Lincoln to a County Tournament for Schools and Clubs, and again a number of Lindsey schools took part.

Tennis

Tennis is fast gaining popularity as a game not exclusively for Grammar Schools, and whenever possible is being taken up on public or private courts. The manufacture by certain firms of a reasonably priced light weight racquet for school use has been of great help.

Cricket

A similar scheme to that of last year for the development and improvement of cricket was submitted by the Lincolnshire County Cricket Club for the consideration of the Education Committee. The scheme was approved

and will be put into operation in 1949. Boys selected by their masters as being suitable for coaching will be instructed by coaches engaged by the Lincolnshire County Cricket Club. Whilst the number chosen will necessarily be small, it is hoped that great benefit will accrue from the scheme and that ultimately the standard of cricket in the County will be improved.

Schools' Sports Associations

The various Associations in the County continued their excellent work of catering for almost all inter-school activities. Thanks are due to all those teachers who give so freely and willingly of their leisure time to this most valuable work.

As the first of what is intended to be an Annual Event, the Lincolnshire County Schools' Sports Association held an Athletics Sports Meeting at the invitation of the Urban District Council at Jubilee Park, Woodhall Spa, in June. Teams from all educational areas in the County competed.

From this meeting the team to represent the County at the English Schools' Inter County Athletics Championships held at Bath in July was selected.

The Inter Grammar Schools' Athletics Meeting was held this year at Winteringham Grammar School, Grimsby.

Swimming

During the summer months swimming instruction was carried on at Scunthorpe, Gainsborough, Louth and Woodhall Spa.

For the Scunthorpe Baths, arrangements were made whereby seven schools outside the Borough were included in the scheme for the first time, and transport was supplied for the journeys. To make this possible, slight restrictions had to be imposed on the number of pupils to be sent by the schools in the Borough.

It is to be regretted that facilities there, as in other parts of the County, are so limited, as opportunity for swimming should be open to all.

At the open air pool in Jubilee Park, Woodhall Spa, where in the previous year only the local school had attended, arrangements were made and transport supplied for an additional five schools to attend. Included in these five was Cagthorpe Secondary Modern School, Horncastle, as the Horncastle bath closed by the Medical Officer of Health the previous year, was still unusable. It is expected that this bath will be fit and open for use in 1949.

The problem of instruction in swimming is an annually recurring one. In the lack of qualified competent paid instructors, the class teachers undertake this work and all, however keen, are not suited to it.

This year, through the goodness and willing co-operation of the Head Masters of the Brumby Secondary Modern and Doncaster Road Boys' Secondary Modern Schools, members of the staffs of those schools, Messrs. Cooper, Todd and Chapman, were freed to share the work of instruction on the boys' side at the Scunthorpe Baths. These teachers willingly gave their services and under rather difficult conditions did excellent work, which was very greatly appreciated.

On the girls' side, Mrs. Wainwright, the woman attendant engaged by the Education Committee, assisted as in previous years, with the instruction of the girls.

At the other baths, frequent help and, in addition at Gainsborough, specially arranged demonstration lessons on both land drill at school and water practice at the baths with classes of children, were given by the Organisers.

It is of interest to note that the Swimming Section of the Scunthorpe Schools' Sports Association held its first Annual Inter Schools' Gala on Saturday, 10th July, when a most successful meeting was staged. The highest praise is due to the teachers who organised the Gala, the success of which must have been a source of great satisfaction to them.

This year, too, saw an increase in the number of individual schools throughout the County that held a swimming gala of their own. Great credit is due to them for undertaking what is, for the first time at least, no simple matter. All of which is further evidence, if it be required, of the enthusiasm with which swimming as a school activity is regarded.

Courses

During the year courses for teachers in physical training, games and dancing were held at Gainsborough in the summer term and at Scunthorpe in the autumn term. Each course was of six weeks' duration and was divided into two, Infants and Primary Teachers' sections. The total numbers attending were 60 at Gainsborough and 111 at Scunthorpe.

During the Courses for Rural School Teachers at Scunthorpe during the spring term and at Cleethorpes and Skegness in the summer term, one session at each was devoted to physical training in the Rural School when demonstration lessons with classes of children followed by discussion periods were given.

The Lincolnshire Physical Education Association

The Association now has just over 250 members, of whom 91 are from Lindsey.

Four one-day courses were held during the year at Grimsby, Spalding, Lincoln, where the Annual General Meeting was also held, and at Grantham with attendances of 27, 94, 46 and 50 respectively. The work at these courses covered selected activities for both schools and youth clubs and coaches of national repute were obtained for the occasions.

Mr. J. P. Crane continues to serve on the Committee.

The Lincolnshire and National Playing Fields Association

With the approval and permission of the Director of Education, Mr. J. P. Crane was elected a member of the Technical Sub-Committee of this Association, whose function it is to assist in the acquiring of playing fields by communities.

Mr. Crane was also selected to represent the Education Committee at the Annual Conference of Affiliated Local Authorities at the Caxton Hall, London, on 28th and 29th September.

Much work has been done and help given to local Committees of Village and Town Playing Field Schemes in Lindsey during the year. This has chiefly taken the form of the inspection of proposed sites, the giving of advice as to lay-out and the drawing up of plans for such fields.

This work is closely related to that of the Education Committee, as such projects almost invariably include the provision of facilities for children, in which case applications for grant are often made to the Education Committee, and delay is avoided as a result of Mr. Crane's previous knowledge of the Scheme.

Recreative Physical Training

(a) Evening Institutes

Classes arranged in connection with Evening Institutes throughout the County during the session September, 1948—March, 1949, numbered twelve for boys and youths and six for girls and women.

In these classes, conducted by teachers competent in this particular work, a variety of healthy activity is made available under good conditions, either in a school hall or gymnasium.

It is rather remarkable that, in the larger towns particularly, more or larger classes are not formed. However, these numbers represent an advance, slight though it may be, on those of the previous year.

(b) The Youth Service

The number of classes, 11 for boys and 12 for girls for P.T., Keep-Fit, Games, Swimming, etc., remains fairly constant. There would appear to be no lessening of interest in certain districts nor any awakening of new interest in others, which would indicate that conditions have found their own level.

Visits to the classes have been made and help given with activities, and there is certainly no lack of enthusiasm on the part of either the leaders or the members of the classes. The leaders are doing very good work in all cases.

During the winter months Training Courses for men and women leaders have been conducted by the Central Council of Physical Recreation at Cleethorpes, and in May at Scunthorpe a Weekend Course in preparation for the opening of the Summer Games Centres was held at the Grammar School.

During the summer the usual Games Centres operated at Scunthorpe, Brigg, Cleethorpes and, for the first time, at Barrow-on-Humber. It was unfortunate that the weather was not always kind, and on many evenings games were not possible, to the intense disappointment of both leaders and players. With the exception of Scunthorpe, all centres are points of attraction for the youth of the district, and an evening spoilt by weather conditions is looked upon as a tragedy. Scunthorpe is a disappointment. Despite good work put in by really keen leaders, the Games Centre does not seem to appeal, judging by the small number of attenders.

Various means have been tried to stimulate interest and increase the numbers to no avail. Yearly the numbers of regular attenders had steadily decreased, till in this year the average figure was approximately 20, very disheartening to the leaders.

The Barrow Centre, in its first year, attracted a small regular attendance, but it is expected that in future years when it gets under way and is more widely known, a bigger attendance will result.

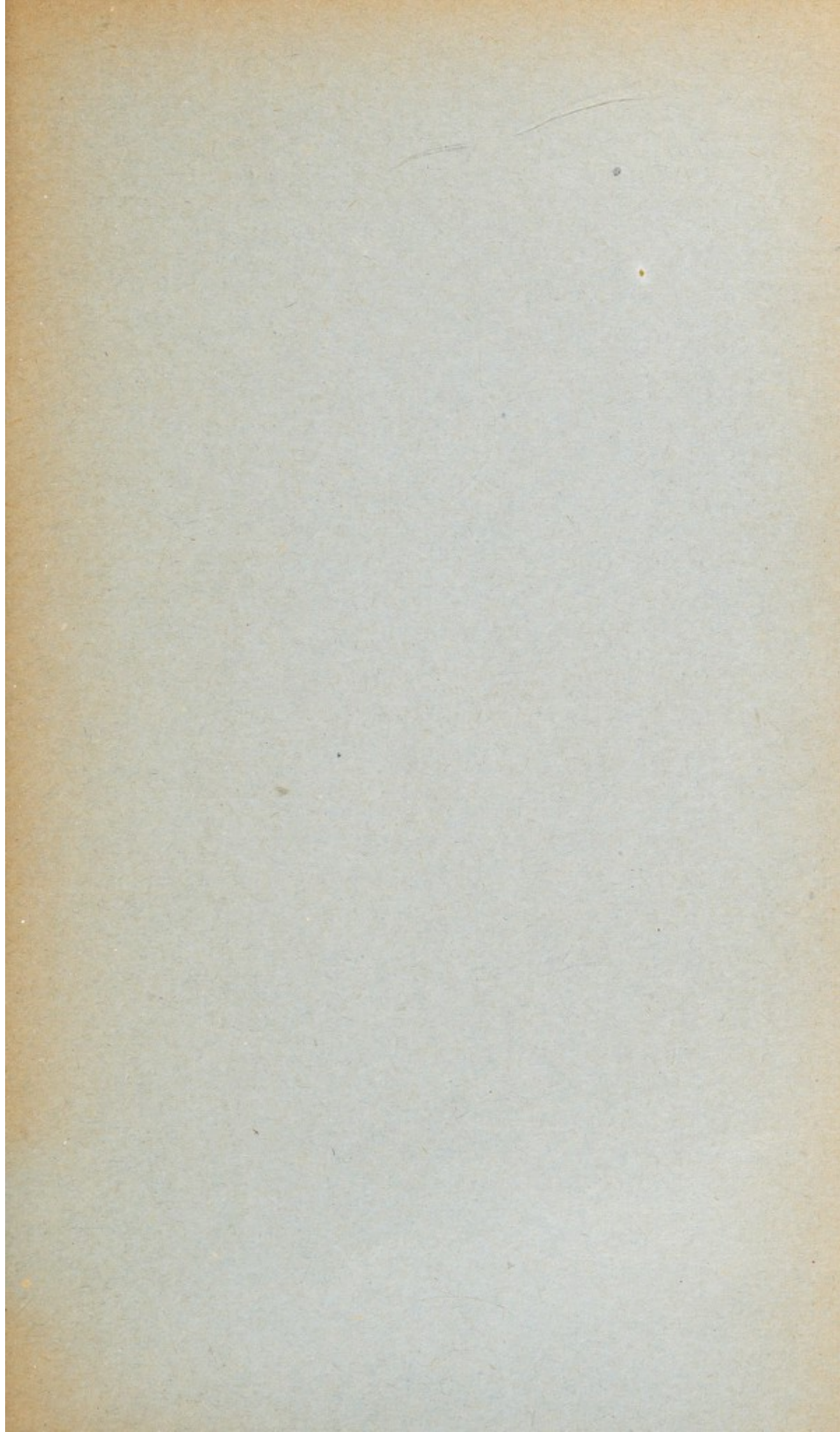
As last year, the Games Centre was wound up by an Inter County Games Rally arranged and conducted by the Central Council of Physical Recreation at Selston, Notts., at the end of September. Teams of boys and girls selected from all the Games Centres represented Lindsey.

An innovation this year, due largely to the extreme keenness shown by the Cleethorpes leaders, has been a Winter Games Centre held indoors at the Wonderland Amusement Hall from 3rd November, 1948, to 23rd February, 1949. The owner of Wonderland generously offered his premises for use in return for payment only for lighting and incidental expenses. The offer was most gratefully accepted, and each Wednesday during this period the hall has been thronged with youngsters waiting their turns to take part in various games, basket ball, netball, badminton, etc. This Centre has in part bridged the gap between the Summer Games Centres, but, more important, has filled an obvious need for opportunity to play games during the winter evenings. It is to be hoped that it will still be available in coming years.

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