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NORTH RIDING OF YORKSHIRE COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1960





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CONTENTS

	<i>Page</i>
BLIND PUPILS	21
CHILD GUIDANCE SERVICE	18
CLINIC SERVICES	42
CLOTHING AND FOOTWEAR	11
CRIPPLED CHILDREN	16
DEAF CHILDREN	21
DELICATE CHILDREN	22
DENTAL SERVICE	34
DIPHTHERIA	28
DIPHTHERIA IMMUNISATION	28
EAR, NOSE AND THROAT DEFECTS AND TREATMENT	13
EYE DEFECTS AND TREATMENT	14
EPILEPTIC CHILDREN	25
GROUP TESTING OF HEARING	13
HANDICAPPED PUPILS	20
HOME VISITING—FOLLOW-UP CASES	10
HYGIENE	33
INFECTIOUS DISEASES	28
INTRODUCTION	4
IMPETIGO	15
MALADJUSTED CHILDREN	25
MEDICAL INSPECTIONS	8
MEDICAL EXAMINATIONS	33
MENTALLY RETARDED CHILDREN	23
MILK IN SCHOOLS	30
MINOR AILMENT CLINICS	11
NEPHRITIS	29
NURSERY SCHOOLS AND CLASSES	33
NUTRITION	9
ORTHOPAEDIC TREATMENT	15
PARTIALLY SIGHTED PUPILS	21
PARTIALLY DEAF PUPILS	22
PHYSICAL EDUCATION	32
POLIOMYELITIS VACCINATION	29
RINGWORM	15
SCABIES	15
SCHOOL MEALS	29
SECTION 57, EDUCATION ACT, 1944	28
SPEECH THERAPY	16
STAFF—LIST OF	5
CHANGE IN	7
STATISTICS—GENERAL	5
TABLES	36
TUBERCULOSIS	29
UNCLEANLINESS	10
WATER SUPPLIES	33

INTRODUCTION

To the Members of the North Riding Education Committee.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

In accordance with my statutory duty, I submit my Annual Report as Principal School Medical Officer, for the calendar year, 1960.

I regret to have to report the sudden death of Drs. Dunlop, Gavin and Pattinson, two of them from coronary thrombosis; I must also mention the resignation of Dr. Cairns who had served the North Riding most conscientiously and competently for over 30 years. She decided that she could not carry out full-time duties any longer. In addition Dr. D. H. S. Griffith left the Riding to become a Lecturer in Public Health at the University of St. Andrew's and Dr. Nettleton resigned to go as Deputy Medical Officer of Health to the County Borough of Barnsley. Dr. Cotton, an Area Medical Officer at Leyburn, also secured a post in Sussex at a better salary. Another doctor, Dr. P. Brodwin, stayed with the North Riding less than a year before going into private practice and accordingly a number of vacancies had to be advertised. I am happy to report that four of the vacancies were filled by experienced medical officers from other authorities and that the other gaps in the service were filled by married medical women and by a retired surgeon.

It has still not been possible to undertake a general scheme of tuberculin testing and B.C.G. vaccination because of the shortage of staff.

The other problems in the School Health Service are common to many education authorities. It is a curious anomaly that auxiliary staff in hospitals are paid more than trained nursing staff and within a limited range the same problem affects education authorities.

The shortage of speech therapists persists although from time to time, a full establishment is nearly reached and then one of the staff leaves to go South or to get married. There is a similar shortage of psychiatric social workers and it has not been possible to fill the two vacancies during the year under review.

I am happy to report that although there is still some throat infection with kidney complications, the position in the Riding is now very much better than it was in 1959. In general, medical practitioners are alert to the possible dangers of this type of throat infection. During 1960 the regulations affecting the sale of milk were materially altered but in my view, as far as practicable, all the milk supplied to schools under the official scheme should be pasteurised. There have been too many cases of infections other than tuberculosis, affecting adults and children, for one to regard anything else than pasteurisation as a suitable safeguard.

Progress has been made in the establishment of special classes in ordinary schools and no doubt a reference will be made to this in the Annual Report of the Chief Education Officer.

In conclusion I wish to emphasise the loyal service given to me and to the Education Committee by all the staff, medical and lay, employed in the School Health Service. I am particularly grateful to my deputy,

Dr. J. T. A. George who drafted this report and to Mr. Mathison, the senior clerk in charge of the School Health Service. The Consultant Psychiatrists to the Child Guidance Service and the full-time staff thereof must also be mentioned because of their particularly difficult task. I also desire to acknowledge the kind co-operation and assistance given by many Head Teachers and the professional help afforded by members of the Education Department.

J. A. FRASER,

Principal School Medical Officer.

29th December, 1961.

GENERAL STATISTICS

The Education Committee is responsible for primary and secondary education throughout the administrative county but certain functions relating to primary and secondary education are exercised by the Scarborough Divisional Executive in the area of that division which consists of the municipal borough of Scarborough, the urban district of Scalby, and the rural district of Scarborough. Subject to the general direction of the Committee, the school health service in the Scarborough division is administered by the divisional executive.

Population in the administrative county (mid year 1960)	....	398,070
Children on registers of primary schools, January, 1961	....	36,593
Primary schools or departments, January, 1961	....	330
Children on registers of secondary schools, January, 1961	....	22,113
Secondary schools, January, 1961	....	55

SCHOOL HEALTH SERVICE STAFF at 31-12-60

MEDICAL

Principal School Medical Officer

*J. A. FRASER, M.B., CH.B., D.P.H.

Deputy Principal School Medical Officer

*J. T. A. GEORGE, M.D., CH.B., D.P.H.

*Medical Officer of Health and Divisional School
Medical Officer*

*W. G. EVANS, M.A., M.B., B.CHIR., D.P.H.

School Medical Officers

*ELIZABETH R. CAMERON, M.B., CH.B., D.P.H.

ELIZABETH D. ELLISON, B.A., CH.B.
(temporary part-time).

S. E. JACKSON, M.B., CH.B.
(temporary part-time).

} Scarborough
Divisional
Executive

*MARGARET D. CAIRNS, M.B., CH.B., D.P.H. (Retired 31-3-60)

J. A. GOWANS, L.R.C.P., L.R.C.S., L.R.F.P. & S.C. (Commenced 4-8-60)

*NOEL HAY, M.B., B.CH., B.A.O.

*L. A. NETTLETON, M.B., CH.B., D.P.H. (Resigned 8-12-60)

*MAVIS B. TAYLOR, M.R.C.S., L.R.C.P.

*MARY TIMPERLEY, M.B., CH.B.

- | | | |
|---|---|---|
| T. P. BINNS, M.R.C.S., L.R.C.P., D.P.H.
(Commenced 1-7-60) | } | Also District
Medical Officers
of Health, and
Assistant County
Medical Officers |
| *P. BRODBIN, L.R.C.P. & S.I., D.P.H.
(Commenced 1/1/60) | | |
| *P. S. R. BURRELL, M.B., CH.B., D.P.H.
(Commenced 19-12-60) | | |
| *J. L. COTTON, M.B., CH.B., D.P.H.
(Resigned 31-10-60) | | |
| *W. R. M. COUPER, M.B., CH.B., D.P.H. | | |
| *J. A. DUNLOP, M.B., CH.B., D.P.H. (Died 14-3-60) | | |
| *F. W. GAVIN, M.D., CH.B., D.P.H. (Died 19-9-60) | | |
| *H. GRAY, M.D., CH.B., D.P.H. | | |
| *J. MCGOVERN, M.B., CH.B., D.P.H. | | |
| *H. PATTINSON, M.B., CH.B., D.P.H. (Died 9-5-60) | | |
| *B. SCHROEDER, M.B., CH.B., D.P.H. | | |
| *Approved by the Ministry of Education for the ascertainment of educationally subnormal children. | | |

Part-time Specialist Officers

Aural Surgeon F. FLEMING, M.B., B.S., D.L.O.
Psychiatrist L. W. ROBINSON, M.B., CH.B., D.P.M.
Dental Anaesthetists

R. D. BELL, M.B., CH.B.
 S. J. HALKETT, L.R.C.S., L.R.C.P.
 R. M. MACKENZIE, M.B., B.S.
 R. W. RUTTER, M.B., CH.B.

In addition the two Regional Hospital Boards at Newcastle and Leeds provide the part-time services of ophthalmic surgeons, orthopaedic surgeons, and aural surgeons, and in the case of the Leeds Board, one psychiatrist, without charge to the Authority.

DENTAL

Principal School Dental Officer

I. J. FAULDS, L.D.S.

School Dental Officers

D. BEWES ATKINSON, L.D.S. (part-time)
 K. CALDER, L.D.S. (part-time)
 MRS. P. CASARTELLI, B.D.S. (part-time)
 A. D. CLARK, L.D.S.
 D. A. CLOUGH, L.D.S.
 MISS S. R. CUMMINS, B.D.S.
 G. FLEMING, L.D.S. (part-time)
 F. D. GODSMARK, L.D.S. (Resigned 10/12/60)
 L. H. HEAD, L.D.S.
 H. C. MORGAN, L.D.S. (part-time)
 J. I. MUNRO, L.D.S. (part-time)
 MISS R. C. NESBITT, B.D.S. (Commenced 1/10/60).
 C. E. PLACE, L.D.S.
 R. B. STEEL, L.D.S.
 MISS J. H. SUTTIE, L.D.S.
 MRS. G. R. WIGIN, L.D.S. (part-time)

Dental Technicians

R. G. HANSOM (Senior Technician, Surgical).

R. MITCHESON (Technician in charge).

I. R. MILNES

Dental Attendants—13 full time, 2 part-time.

NURSING

Superintendent School Nurse

MISS M. N. BRANDISH, S.R.N., S.C.M., H.V. CERT. (Resigned 30/6/60).

Deputy Superintendent School Nurse

MISS E. CHAPMAN, S.R.N., S.C.M., M.T.D., H.V. CERT.

School Nurses

43 Health Visitor/School Nurses (Part-time).

2 School Nurses (full-time).

A school nursing service equivalent to that of a further 5 full-time nurses is given by district nurses or combined-duty nurses in the rural areas.

Orthopaedic Nurses

MISS C. CHAPMAN, S.R.N.

MISS B. D. ROWELL, S.R.N., S.C.M., Orthop. Certif.

Audiometric Nurse—P. FERRIS, S.R.N.

CHILD GUIDANCE

Educational Psychologist

MISS E. M. MILBANKE, M.A.

MR. P. F. WOODMAN, B.A., DIP. ED. PSYCH.

Psychiatric Social Worker

J. G. HAGGETT (Resigned 14/8/60).

SPEECH THERAPY

MRS. A. R. COWELL, L.C.S.T. (part-time).

MISS M. GOUGH, L.C.S.T. (part-time).

MISS A. MAWSON, L.C.S.T.

MISS E. M. TAYLOR, L.C.S.T.

MRS. M. T. M. THORNDIKE, L.C.S.T. (Commenced 22/2/60).

ADMINISTRATIVE STAFF

H. A. ROEBUCK, D.P.A.

B. M. MATHISON.

STAFF

The school health service in the North Riding lost the services of no less than six members of the medical staff in 1960.

Drs. J. A. Dunlop, F. W. Gavin and H. Pattinson, who had given valuable service for many years, all died during the year. Their untimely and unexpected deaths have deprived the authority of much mature experience and knowledge and have saddened their colleagues, lay and medical alike.

In March Dr. Margaret Cairns resigned her full-time post on retirement. She was able to continue for two further months in a part-time capacity and she left the County at the end of May after 30 years loyal service.

Drs. J. L. Cotton and L. A. Nettleton resigned their posts in October and December respectively in order to take up appointments with other authorities.

It was possible during the year to replace some, but not all for the reasons detailed in my report for 1959, of these doctors and accordingly I am able to welcome Drs. T. P. Binns, P. Brodwin, P. S. R. Burrell and J. A. Gowans.

The Principal School Dental Officer, on page 34, reports little change and no improvements in the dental staff during 1960. He notes the resignation of Mr. F. D. Godsmark and the enlistment of Miss R. C. Nesbitt, both full-time officers. There was, in fact, a small net loss in dental time available to the school dental service due to the resignation in March of Mrs. P. Casartelli, a part-time officer for whom no replacement could be found.

The main changes amongst the nursing staff were the resignation of Miss M. N. Brandish, the Superintendent School Nurse, after only 15 months service in the County and the considerable increase, from 34 to 43, in the number of individual nurses devoting part of their time to work in the schools and school clinics.

The authority lost its only psychiatric social worker in August when Mr. J. C. Haggett resigned to take up a more highly paid appointment with a neighbouring authority. In previous reports reference has been made to the fact that suitable people are unwilling in sufficient numbers to undertake training for psychiatric social work because the ultimate remuneration is inadequate. This has meant that recruitment on the standard grades of pay has been virtually impossible. The supply of personnel has been further restricted by the attraction of trained psychiatric social workers into spheres of work dissociated from clinical psychiatry and offering a more lucrative return: it is germane to ask, for example, why welfare officers of the Ministry of Health should be psychiatric social workers. Local education and health authorities clearly cannot perform their statutory duties properly so long as suitable staff is unobtainable.

For the first time for several years it has been possible, following the appointment of Mrs. M. T. M. Thorndike as a full-time therapist, to provide a speech therapy service in the Tees-side area; unfortunately there is work enough in that area for two full-time therapists, so that for the time being only the more urgent cases can receive regular treatment.

MEDICAL INSPECTION OF PUPILS

Regular medical inspection by the school health service staff was carried out in 286 primary and 55 secondary schools and also in the special schools in the Riding. The staff did not inspect those children in the 3 hospital schools which have been the educational responsibility of the Committee since 5th July, 1948.

Number of Children Inspected

Periodic medical inspection was performed on 23,621 school children, 487 fewer than in 1959.

Diseases and Defects

Some 2,780 of the 23,621 children inspected were considered to be suffering from a disease or defect, other than dental diseases or infestation with vermin, requiring treatment. This proportion (11.8%) is very slightly higher than that (11.2%) in 1959. The following table shows the

proportion of children in different age groups considered to need treatment:—

Age Groups Inspected (by year of birth)	Number of Pupils	
	Inspected	Found to require treatment (excluding dental diseases and infestation with vermin)
1956 and later	141	29 (20.6%)
1955	2,330	271 (11.6%)
1954	2,920	368 (12.6%)
1953	1,929	206 (10.7%)
1952	2,794	312 (11.3%)
1951	1,532	188 (12.3%)
1950	1,312	188 (14.3%)
1949	1,690	200 (11.8%)
1948	2,448	277 (11.3%)
1947	2,172	233 (10.7%)
1946	1,600	219 (13.7%)
1945 and earlier	2,753	289 (10.5%)
Total	23,621	2,780 (11.8%)

Further details are given in Part I, Table A and Part II, Table A.

Special Inspections and Re-inspections

There was a slight fall in the number of special inspections and re-inspections in 1960, compared with 1959; the totals were 14,930 and 15,349 respectively.

GENERAL PHYSICAL CONDITION

The following table records the proportions of school children medically inspected whose general condition and state of nutrition was considered to be "satisfactory" or "unsatisfactory."

Year	Number of Pupils Inspected	A Good %	B Fair %	C Poor %
1950	23,593	48.61	49.90	1.49
1951	23,507	51.31	47.65	1.04
1952	24,059	54.66	44.32	1.02
1953	22,423	54.67	44.17	1.16
1954	23,723	56.70	42.59	.71
1955	24,173	58.33	41.14	.53
			satisfactory	unsatisfactory
1956	20,341	—	99.19	.81
1957	26,202	—	99.56	.44
1958	21,309	—	99.45	.55
1959	24,108	—	99.54	.46
1960	23,621	—	99.48	.52

This table is again included in the report, although, as was pointed out in 1958 and 1959, it is meaningless. Its inclusion does, however, serve a purpose which is to warn the student of the fallibility of the national totals for England and Wales.

CLEANLINESS

Cleanliness inspections are performed by the school nurses and, in 1960, 156,901 such examinations were made, 4,627 less than in 1959. Individual children found to be harbouring lice or nits or both numbered in all 2,353, a decrease of 81 as compared with 1959.

It is difficult to say whether the unfortunate trend noted in the last report has continued because fewer examinations have been made and, although more examinations result in the discovery of more infestation, extra examinations do not necessarily reveal a proportionate increase in the number of infestations observed. Inasmuch, however, as the observed infestations for 1960 have decreased by 3.3% and the examinations by 2.8% as compared with 1959, it is probably safe to say that infestation has been at a slightly lower level in the North Riding in 1960 and that the entirely unwelcome trend of 1958 and 1959 (when the infestation rates increased by approximately 50%) has been halted, at least temporarily.

The point has previously been made that infestation is relatively uncommon in boys, so that a rate of about 4% for all pupils suggests a rate approaching 8% for girls.

There was again a satisfactory increase in the number of schools in which no nits or lice were found, the figures for 1957, 1958, 1959 and 1960 being 213, 175, 193 and 202 respectively. On the other hand there was again a far from satisfactory rise in the number of schools in which more than 20% of pupils were found to be infested; 10 in 1958, 12 in 1959, 15 in 1960.

It was necessary in 1960 to issue 14 cleansing notices. In 1958 and 1959, 16 and 29 respectively were issued.

Incidence of Verminous Conditions in Schools, 1960

Percentage of Children Infested			No. of Schools
Nil	....	....	202
Under 1%	....	....	26
1—1.99	....	....	29
2—2.99	....	....	28
3—3.99	....	....	22
4—4.99	....	....	10
5—9.99	....	....	39
10—20	....	....	24
Over 20	....	....	15

There has never been a time when the child population in this county, or for that matter the child population in any other area of the country can be said to have been free from infestation. If lice and nits are looked

for they are found; rising living standards, improved general health and nutrition and better social services have not solved the problem. In England and Wales in 1959 nearly a quarter of a million school children were found to be infested with nits or lice. This represents about 3.2% of the children examined for this purpose, and this proportion would probably have been over 4½% had there been three instead of two head inspections per child during the year. The fact that in the same year the North Riding figure of 4.1% (with nearly three inspections per child) compares favourably with the probable national figures gives no cause for complacency here, because this county has a greater proportion than most of its population living outside industrial areas where infestation is notoriously highest.

Parents who maintain their children's heads in a clean state might reasonably ask when this squalid but relatively simple problem is to be tackled effectually. It cannot be so tackled until the community accepts the principle of limitation of the freedom of the individual when that freedom reacts adversely on others. In other words, the problem will not be solved until there is statutory power to examine and, when necessary compulsorily cleanse adult and infant contacts of children of school age.

CLOTHING AND FOOTWEAR

As in recent years it was unusual in 1960 for children to be presented for medical examination inadequately clad; unheralded visits to schools have confirmed that clothing is generally adequate.

Footwear, however, still presents a problem in too many cases. Parents can no longer claim that suitable socks and shoes are not available in the shops. By no means all that are offered for sale are suitable, but there are shoes of good shape and socks which do not constrict the feet. It remains the duty of parents to see that their children wear socks and shoes which allow the growing foot freedom and comfort.

Following up

If full benefit of the system of medical inspection and treatment of school children is to be gained, it is important that an effective follow-up scheme should be conducted. The school nurses attend inspections in schools and later visit the homes of those children who would benefit from further supervision. These visits naturally take a good deal of time and hence this valuable scheme is readily affected by the availability of school nurses. In 1960, some 5,336 home visits were made as against 3,543 in 1959, and 3,440 in 1958.

TREATMENT OF DEFECTS

Minor Ailments

School clinic sessions were held daily at Pickering and Scarborough, three times weekly at Whitby, Grangetown, New Earswick, twice weekly at Redcar, Thornaby, South Bank and Clifton Without, and once weekly at Lingdale, Guisborough, Loftus, Brotton, Normanby and Saltburn. As well as being used for the supervision and treatment of relatively trivial conditions, the clinics provide suitable centres at which the school medical officers are available for consultation by parents or teachers. Examinations of various kinds are carried out in clinics which are an important part

of the school health service: more and more of the time of the staff at these clinics is given to assessment of handicaps and other special examinations.

The conditions for which the children attended, and the number of visits and re-visits made were as follows:—

Attendances at Minor Ailment Clinics

Condition for which children attended the School Clinic	Number of first visits	Number of re-visits
Scabies	—	—
Impetigo	30	27
Ringworm—Head	39	9
Ringworm—Body	5	11
Verminous conditions	300	122
Minor Injuries	619	265
External Eye Disease	90	55
Ear Discharge and Deafness	86	128
Nose and Throat	8	4
Vision	331	47
Lungs	—	—
Nervous System	—	—
Skin (Non-Contagious)	655	821
Sores	428	157
Other conditions	365	189
Heart and Circulation	6	4
Speech	—	—
Diphtheria Immunisation	66	—
Special Examinations	30	15
Total	3,058	1,854

The downward trend observed since the introduction of the National Health Service Act has therefore continued in 1960 as the following table shows:—

Year	Number of First Visits	Number of Re-visits	Total number of Attendances
1950	9,368	11,957	21,325
1951	8,031	10,428	18,459
1952	7,387	10,317	17,704
1953	7,314	8,678	15,992
1954	7,897	8,356	16,253
1955	6,949	6,958	13,907
1956	5,299	5,468	10,767
1957	4,947	3,994	8,941
1958	4,229	2,852	7,081
1959	3,764	2,456	6,220
1960	3,058	1,854	4,912

There is not necessarily any relationship between the number of children attending minor ailment clinics and the number suffering from minor ailments. It is presumed that children as well as adults are making more and more use of the hospitals and general practitioner services.

Diseases of the Ear, Nose and Throat

Regular surveys of school children in the Riding have been performed by an audiometric nurse, who is employed solely on this work, since 1952. This valuable case-finding and preventive measure was continued in 1960 by Miss Ferris, the present audiometric nurse.

During 1960 some 8,170 tests were made with the puretone audiometer an instrument which permits an accurate assessment of the degree of hearing loss at different sound frequencies. A total of 180 children failed the test, but many of these were found to have a hearing loss of a temporary nature only, due to impacted wax or to some other easily rectifiable cause. Children having more permanent hearing loss were referred, in collaboration with the family doctor, for specialist advice. Consultants at Darlington, Scarborough and York have co-operated in this way. In the Tees-side area many deaf children were seen by Dr. Fleming at one of the clinics already mentioned: those requiring admission to hospital or more detailed examination as out-patients were referred by him to the North Riding Infirmary.

Attendances at Dr. Fleming's clinic in 1960 numbered 266. The source and disposal of the 126 new cases (96 new cases in 1959) were as follows:—

Dr. Fleming — New Cases

Disposal		Source		
		Group test failures	Referred by Medical Officers	Both sources
Referred for Treatment	to hospital	26	19	45
	to minor ailment clinic	19	24	43
Attending own doctor	....	6	4	10
Not requiring treatment	....	44	19	63
Total	....	95	66	161

As in previous years, disease of the ear was a common cause of attendance at minor ailment clinics, although less so than in previous years. In 1960, the number of first visits made for this reason was 86

(102 in 1959). Second visits were considerably fewer, 278 in 1959 and 128 in 1960, a trend which may reflect the increased specificity of the antibiotic drugs.

The number of children who received operative treatment for unhealthy tonsils and/or adenoids fell to 316 in 1960, the corresponding numbers for 1957, 1958, and 1959, being 195, 305, and 373 respectively. A further 44 children, in 1960, were operated upon for other conditions of the ear, nose or throat, and, in addition, some 267 received conservative treatment in hospital or school clinics.

Visual Defects and Diseases of the Eye

Children suspected of having defective eyesight or a squint were again referred in substantial numbers, 3,146 in 1960, to consultant ophthalmologists holding sessions in the Authority's clinics. These sessions were, as previously, organised and administered by the school health service but the specialists were paid by the regional hospital boards. Spectacles were prescribed for approaching two-thirds of the children examined at the sessions including those who attended on account of squint.

The numbers of children seen by school medical officers in the past 10 years with a suspected defect of vision have been as follows:—

Year	School population	Requiring treatment for vision	Requiring observation only	Total
1951	49,603	1,656	2,619	4,275
1952	51,420	1,565	2,312	3,877
1953	52,806	1,261	1,503	2,764
1954	53,766	1,512	1,568	3,080
1955	55,051	1,355	1,758	3,113
1956	55,403	1,093	1,160	2,253
1957	55,838	1,558	1,935	3,493
1958	57,439	1,153	1,712	2,865
1959	58,116	1,836	2,607	4,443
1960	58,706	1,294	1,935	3,229

Experience this year tends to confirm that of previous years which was that there was no evidence to suggest a progressive decline in the proportion of school children with unsatisfactory vision.

In 1960 there was a drop in the number of children suspected of having a defect of vision, but it was not significant statistically. As in previous years about two-fifths of the children examined for this purpose were found to require treatment.

In the same way the problem in relation to squint has been found to be unchanged. If standards of case finding, diagnosis and selection

for treatment have been constant, squint and defective vision severe enough to require treatment have not significantly declined during the past seven years, although there does appear to be a slight improvement over the position in regard to squint of ten years ago.

Figures for squint for the past 10 years are as follows:—

Year	School population	Requiring treatment for squint	Requiring observation only	Total
1951	49,603	231	176	407
1952	51,420	225	199	424
1953	52,806	170	122	292
1954	53,766	155	167	322
1955	55,051	103	170	273
1956	55,403	155	159	314
1957	55,838	150	164	314
1958	57,439	143	169	312
1959	58,116	164	171	335
1960	58,706	156	223	379

Children with eye conditions requiring orthoptic or operative treatment are referred to hospital as routine. In addition to those found to have an error of refraction or a squint 90 children were found to have various disorders of the eye and were treated within the school health service.

Each year for several years past, reports have been received criticizing adversely the quality, strength and appearance of spectacle frames, and 1960 has been no exception; reports have also been received of over zealous and frequently entirely unnecessary prescribing of spectacles by opticians, a practice as often condemned by the medical profession as it has been ignored by the legislature.

DISEASES OF THE SKIN

There were fewer observed cases of transmissible skin disease in 1960 than in recent years. Scabies (31 cases in 1958, 9 in 1959, none in 1960), ringworm (33 in 1958, 78 in 1959, 44 in 1960), and impetigo (52 in 1958, 67 in 1959, 30 in 1960) can all be troublesome in schools and all were encountered less frequently in the schools and minor ailment clinics. It is not known how many cases were treated by family doctors or at hospitals.

ORTHOPAEDIC DEFECTS

Orthopaedic clinics were held regularly in the following places:—

Carlin How	Northallerton	South Bank
Guisborough	Redcar	Thornaby
Kirkbymoorside	Richmond	Whitby
Malton	Saltburn	York (rented from the
Normanby	Scarborough	York Education Committee)

During 1960, 382 sessions were held and 1,016 children made 3,163 attendances. An orthopaedic surgeon attended at 114 (119 in 1959) clinics and the remainder of the sessions were conducted by one or other of the two orthopaedic nurses employed by the Committee.

Cases treated in the Authority's clinics do not represent the total number of orthopaedic cases in the county. Many are treated in hospital as in-patients and out-patients. Little information is sent to school medical officers about the children so treated, except in the case of the Adela Shaw Orthopaedic Hospital, Kirkbymoorside. The following table gives information about children treated in 1960 as in-patients at this specialist hospital.

Condition	No. of Children treated
Deformity of feet	23
Deformity of leg	7
Deformity of hand	1
Deformity of neck	4
Monoplegia	2
Hemiplegia	4
Spastic Paraplegia	5
Infantile paralysis	13
Cerebral palsy	5
Bells Palsy	1
Congenital dislocation of the hip	1
Old fractures and injuries	4
Arthritis	2
Knock Knees	1
Ganglion	2
Dislocated cervical spine	1
Cyst on foot	1
Schlatters Disease	1
Osteomyelitis	1
Exostosis of Femur	1
Rickets	1
Muscular Dystrophy	1
Other conditions	1

SPEECH DEFECTS

For the first time for four years it was possible to recruit a full-time therapist to serve in the Tees-side area. This good fortune was not surprisingly offset by depletions in the staff elsewhere in the Riding and cover, with 5 therapists (whole-time equivalent $3\frac{8}{11}$), was better than ever before, a situation which is unlikely to persist. In the past four years so many cases for treatment had accumulated on Tees-side that it was

possible to treat only the most urgent ones. A second full-time therapist in that area is still acutely needed.

The factual data for the Riding are as follows:—

Total number of treatments	....	....	6,960
Interviews with parents	....	....	560
Cases under treatment at beginning of the year			195
Number of cases admitted	....		425
Cases discharged and withdrawn		....	208
Cases remaining under treatment		....	412

The reasons for cessation of treatment are as follows:—

		Boys	Girls	Total
Discharged adjusted	}	92	55	147
Discharged conditionally				
Left district	....	9	5	14
Left school	....	12	3	15
Poor attendance	....	13	2	15
Attending elsewhere		1	3	4
Refused treatment	....	4	4	8
Deceased	....	—	1	1
Further medical investigation		4	—	4
		135	73	208
Remaining under treatment	....	299	113	412
		434	186	620

The defects from which these children suffered are given in the following table:—

		Boys	Girls	Total
Stammer	....	100	33	133
Dyslalia	....	259	111	370
Dyslalia and Stammer	....	22	6	28
Cleft Palate	....	17	7	24
Cerebral Palsy	....	6	8	14
Partial Deafness	....	7	5	12
Dysphonia	....	8	1	9
Delayed Speech	....	6	10	16
Other Conditions	....	5	3	8
Refusal to speak	....	1	—	1
No defect on examination	....	3	2	5
		434	186	620

THE CHILD GUIDANCE SERVICE

**Report by Miss E. M. Milbanke and Mr. P. F. Woodman,
Educational Psychologists**

This year saw a considerable increase in psychiatric clinics. In the north, Dr. L. W. Robinson held weekly clinics at Guisborough, Redcar, Richmond and Thornaby. From March to November he held a regular clinic at Saltburn, and some families from Whitby were seen there and at Guisborough; by the end of the year a clinic was being held every week in Whitby, fulfilling a long-felt need.

Dr. C. H. Neville-Smith, Consultant in Child Psychiatry of the Leeds Regional Hospital Board, held clinics at Scarborough all day on Wednesdays and occasional sessions at Pickering and Thirsk. From April, newly decorated and well-equipped premises were available at "Grey-stones", Clifton Hospital, York, and a clinic was held there on Tuesday mornings.

Although in a big county area, access to a child guidance clinic will inevitably be difficult for some families who might be helped, it could be claimed that the North Riding was "covered" this year. The main gap for a psychiatric clinic appeared to be at Northallerton itself.

Unfortunately, far from the number of psychiatric social workers expanding to correspond with the development of the clinics, Mr. J. G. Haggett—the only representative of this rare breed—left in August, so for the rest of the year the three posts were all vacant.

The educational psychologists, Miss E. M. Milbanke and Mr. P. F. Woodman, spent a much larger proportion of their time on clinic work. Mr. Woodman was based on Redcar and worked mainly in Cleveland, Tees-side and Whitby.

Altogether 326 new cases were referred this year: 136 of them by head teachers, 74 by school medical officers, 21 by the Children's Officer, 18 by family doctors, 16 by magistrates and probation officers, 16 by speech therapists, 14 by hospitals, 11 by the Secretary for Education, 5 by health visitors, and 4 by other child guidance services.

The problem in about half of these was primarily educational. The other half which needed clinical attention could be classified broadly as in the following table:—

	Boys	Girls	Total
Anxiety	26	22	48
Behaviour Disorder	40	19	59
Physical Symptoms	10	10	20

In the first category are 5 boys and 6 girls suffering from the so-called "school phobia" which has received publicity and seems to be increasing in incidence. The failure to attend school in these cases is due to a fear of separation from home and parents, and it is distinct from simple truancy. More than half of these children were not attending school

at all when they were brought to our notice, but there was one attending absolutely regularly although suffering from considerable stress. With one exception they were of secondary school age. Headteachers and officers of the School Welfare Department co-operated with the clinics and often asked for an opinion on whether a pupil required psychiatric treatment or stern measures.

Among the behaviour disorders are 9 boys and 2 girls who were stealing (half of them were stealing only from their parents), 5 boys and 2 girls who were extremely aggressive and destructive, and 2 boys and 2 girls who wandered.

The physical symptoms (which might well have been termed "Habit Disorder") consist of 18 cases of enuresis and 2 of encopresis; and, as often as it was the main problem, enuresis was mentioned as an additional problem where the main problem places the child in one of the other categories.

The Justices referred 10 boys for psychiatric assessment, and 2 further reports were made for the Juvenile Courts on children already attending the clinic.

At the psychiatric clinics 108 new cases were examined. The accompanying table shows the number in which the action taken was limited to diagnosis and advice, whereas those who had subsequent interviews with the psychiatrist have been added to the treatment list. At the end of the year 10 children were waiting initial examination by the psychiatrist at Scarborough, 4 at Redcar, 4 at Thornaby, 3 at Clifton and 2 at Guisborough.

Cases seen by Psychiatrist

Clinic	Diagnosis only		Treatment		Total
	Boys	Girls	Boys	Girls	
Clifton/Pickering/Thirsk	17	2	6	4	29
Guisborough/Redcar					
Saltburn/Whitby	3	3	22	11	39
Richmond	3	4	10	5	22
Scarborough	10	5	15	10	40
Thornaby	6	—	10	9	25

The educational problems referred to the psychologists numbered 53 boys and 19 girls; among these were 22 children known to have, or suspected of having, defects of sight, hearing or locomotion. Individual examinations were made, and advice given to parents and teachers.

Following a survey and report on a special class in one school which happens to be situated at about the centre of the North Riding, an investigation was made into the need for special educational provision in the secondary modern school.

The pupils who are literally educationally subnormal, yet not of such inferior intelligence that they would benefit from placement in a special school, have their own particular need of special educational treatment. Sometimes they can take a full part in oral lessons, in physical training and in the social life of the school, but long after their contemporaries can read fluently they are still requiring basic instruction. Many of these pupils are dull enough to have difficulty in working with their own age group: others are of normal intelligence but have failed to learn to read perhaps because of gaps in their schooling or many changes of school, more often because of some specific intellectual disability or emotional factor which is blocking their progress.

Surveys were made in the modern schools, at Whitby by Mr. Woodman, and at Northallerton by Miss Milbanke. As group testing was considered too coarse an instrument the pupils selected by their teachers as the most backward were all examined individually—a total of 56 boys and 29 girls.

At the end of the year 17 new cases were awaiting attention by the psychologists, and 12 children being kept under observation were due for examination.

New cases registered in 1960. 215 boys, 111 girls.

Total seen by psychiatrist	....	....	157
Total seen by educational psychologist only	....	....	196
Total seen by psychologist and P.S.W.	....	....	2
Total seen by psychiatric social worker only	....	....	3
Cases open 31/12/60	....	....	221

HANDICAPPED CHILDREN

Ascertainment and placing of handicapped children are duties of the education authority under Section 34 of the Education Act, 1944. It is not always possible to obtain places in suitable schools immediately, for reasons discussed in previous reports.

On the 20th January, 1961, 131 children required places in special schools as against 129 a year previously. Of the 131, 118 were classed "educationally subnormal"; 43 of these children were awaiting residential and 75 day accommodation. Twenty-four of those awaiting day special education were receiving special teaching in a separate building which, while not technically a special school, served only appreciably retarded children. There was thus an aggregate of 94 retarded children who were not receiving the type of education deemed necessary. The parents of 41 of these children had declined places offered and a further 18 were of an age when special schooling was not considered, for one reason or another, to be desirable. Thus, some 35 children (24 in 1959), 22 awaiting boarding and 13 day accommodation, were not admitted to special schools because places were not available.

Of those 13 children whose handicaps were not educational subnormality, and who required education in special schools, 4 were children whose parents had refused places offered to them. It was not possible to obtain places for 9 children, of whom 2 were under the age of five years.

Some of those handicapped pupils for whom a suitable school cannot be arranged received tuition at home; others have continued in their

ordinary schools while receiving as much special attention from their teachers as time has allowed.

The various categories of children requiring special educational treatment, as determined in the Handicapped Pupils and School Health Service Regulations, 1953, are given below and the figures are those for the whole administrative County as are those elsewhere in this report. The scheme of divisional administration provides that all children in the Scarborough division requiring special educational treatment shall be reported by the Divisional Executive to the County Council.

Blind Children

At the end of 1960, 12 children had been ascertained to be blind, that is, requiring education by methods not involving the use of sight. Twelve children were accommodated in special schools, and one child under 5 years of age awaited placement. Two new cases were ascertained during the year. At some time during 1960, 12 blind children were receiving education in residential schools:—

School	Boys	Girls
Royal Victoria Blind School, Newcastle-on-Tyne	1	3
Sunshine Home, Overley Hall	—	1
Sunshine Home, Southerndown	3	—
Sunshine Home, Kingswinford	1	—
Wavertree School for the Blind, Liverpool	1	—
Royal Normal College, Shrewsbury	—	1
Sheffield School for the Blind	1	—
Total	7	5

Partially Sighted Children

Children who had been ascertained as suffering from serious defects of vision but as being capable of receiving education by special methods involving the use of sight, numbered 10 in December, 1960 and 8 of these were placed in special schools; one child had parents who had refused consent to admission to a special boarding school. During 1960, at one time or another, eight children attended special schools as follows:—

School	Boys	Girls
Fulford Road Day School, York	2	—
Exhall Grange, Coventry	5	—
St. Vincents School, West Derby	1	—
Total	8	—

Deaf Children

At the end of the year 34 children were registered as deaf pupils: these children require educational methods suited to persons without naturally acquired speech; 33 were placed in suitable schools in January,

1961 (11 day, 22 boarding) and 1 awaited placement. Two new cases were ascertained during the year. In all, 42 children were accommodated in special schools in 1960 as below:—

School	Boys	Girls
Northern Counties School, Newcastle	3	1
Yorkshire School for the Deaf, Doncaster	12	7
St. John's School, Boston Spa	—	2
Middlesbrough Day School for the Deaf	5	9
Elmete Hall School, Leeds	1	1
Mary Hare Grammar School, Newbury	1	—
Total	22	20

Partially Deaf Children

Fourteen children were ascertained as partially deaf and on the registers in January, 1961. During the year twelve children attended special schools.

School	Boys	Girls
Yorkshire School for the Deaf, Doncaster	—	2
St. John's School, Boston Spa	1	—
Middlesbrough Day School for the Deaf	4	3
Elmete Hall School, Leeds	1	—
Mary Hare Grammar School, Newbury	—	1
Total	6	6

Delicate Children

In general children classed as "delicate" are those for whom special educational treatment would improve health and well-being, but whose disability is of a temporary nature. Three such children, 1 boy and 2 girls, were formally ascertained in 1960 and 6, 4 in day and 2 in boarding schools, were on the register in January, 1961. The following table includes admissions to and discharges from schools during 1960:—

School	Boys	Girls
Netherside Hall School, Skipton-in-Craven	1	—
Northfield Day Open-Air School, York	2	2
Salters Lane Open Air School, Darlington	—	1
Village Home, Barkingside	1	—
St. Vincent's School, St. Leonards-on-Sea	—	2
St. Patrick's Open-air School, Hayling Island	—	1
St. George's, Kersal	1	—
Total	5	6

EDUCATIONALLY SUBNORMAL CHILDREN

Only a minority of those children who by definition, are educationally subnormal require education in a special school. Most are suitable for education by special methods in ordinary schools. Furthermore only a small proportion of those requiring special school provision are ideally placed in a residential school. So far the authority has provided 200 day places for educationally subnormal children, a 100 each at Eston Lowfields School and Kirkleatham Hall School, and 94 residential places at Brompton Hall, near Scarborough. It is understood that a further 50 day and 50 residential places are to be provided in the not too distant future and that there will be further expansion in the provision of special classes in the ordinary schools.

During 1960, some 46 boys and 33 girls were formally ascertained as being educationally subnormal. A considerably larger number of children was given the long examination which necessarily precedes formal ascertainment.

At the end of January, 1961, 310 children (101 boarders, 207 day pupils and 2 home tuition cases) were receiving special educational treatment otherwise than in special classes in ordinary schools (292 in January, 1960), and 118 were awaiting places in special schools (see page 20, under "Handicapped Children"). In all 345 North Riding children attended special schools at some time or another during 1960, as follows:—

School	Boys	Girls
Brompton Hall	68	40
Kirkleatham Hall, Redcar	53	40
Lowfields School, Eston	67	49
Aldwark Manor, Aldwark	4	—
Croome Court, Worcester	2	—
Fulford Road Special Day School, York	5	8
Allerton Priory R.C. School, Woolton	—	2
Hatchford Park School, Cobham	1	—
St. Margaret's School, Stockland	1	—
Greenwood School, Halstead	—	1
Etton Pasture School, East Riding	1	2
Burlam Road Day School, Middlesbrough	1	—
Total	203	142

Special Schools for Educationally Subnormal Children

As stated above the authority has at present 3 special schools for educationally subnormal children, one residential of 94 places and two day of 100 places each. There is greater provision for boys than for girls in all 3 schools. The members of teaching staff have special experience of teaching children of this group who receive their education in small

pecially selected classes. This careful selection of children eliminates the main cause of frustration for children with this particular handicap—hopeless competition with much brighter children.

Routine medical and dental inspections are performed at the schools and the children at the residential school are examined medically before going home on holidays, as well as on their return. The educational psychologists are in close touch with the schools; they advise on educational matters as well as assist the school medical staff in the selection of children for admission. Ancillary services, e.g. physiotherapy, speech therapy, etc., are given as and when necessary and available.

Residential Special School—Brompton Hall

Mr. K. G. Barker, Headmaster, has kindly supplied the following report:—

“During the year 1960—30 children were admitted, and 27 children left. Those leaving were as follows:—

Aged 16 years	....	17	Transferred Eston	
Excluded 57 (3)	....	6	Lowfields School	1
Left District (out of Riding)		3		

Of the 17 age limit leavers, employment returns are as below:—

In regular employment	....	12	(2 labourers, 2 farm workers, 1 tent-maker, 1 machinist, 2 nurserymen, 1 poultry packer, 1 apprentice joiner 1 painter, 1 laundry worker.)
In irregular employment	....	1	
Not yet employed (31/1/61)		3	
No information (moved into West Riding.)	....	1	

Routine medical and dental inspections were carried out under the School Medical and Dental Services, and all pupils were registered as National Health Service patients with the local practitioner. The general health record was good.”

Day Special Schools

Eston Lowfields—

Mr. I. Jarvis, Headmaster, has kindly supplied the following report:—

The school provides special education for 100 educationally sub-normal children. The majority live less than two miles from the school, the others being brought in from outlying areas.

At the beginning of the Autumn Term, 1960, when there were 98 children on roll, pupils were drawn from the following areas:—

South Bank	....	30	Yarm & District	....	6
Grangetown	....	23	Great Ayton & Stokesley		
Eston, Normanby & Teesville		6	area	....	4
Thornaby-on-Tees	....	28	Marton & District	....	1

There were 21 new entrants during the year. The same number left, as follows:—

Reached school-leaving age (16 years)	16	Transferred to other special schools	3
Excluded under Section 57/3 Educ. Act 1944	1	Taken in to the care of the Children's Dept.	1

Records show that a high proportion of leavers obtain suitable employment on leaving school and continue in employment without undue difficulty. It is hoped to make a detailed survey of the position during the coming year when the school will have been in existence for five years.

Kirkleatham Hall

Mr. K. G. Henson, Headmaster, has kindly supplied the following report:—

By December, 1960, Kirkleatham Hall School had 90 children on roll, aged 7 to 15, drawn from an area extending from Lazenby to Port Mulgrave. The school is expected to have 100 on roll by Easter, 1961.

The most pleasing feature of 1960 has been the appointment of a Speech Therapist; of 81 children tested in June, 20 required treatment and 30 had slight speech defects.

Epileptic Children

Three North Riding pupils were placed in a residential special school for epileptics in 1960. Three pupils were ascertained during the year. Altogether 4 children attended the following schools:—

School				Boys	Girls
Lingfield Hospital School	....	....	....	1	—
Sedgwick House School	....	....	....	1	—
Northfield Day School, York	....	....	....	1	1
Total				3	1

Maladjusted Children

Children having emotional instability or psychological disturbance and requiring special educational treatment on this account numbered 6 in January, 1961. Of them, one was in a boarding special school, one was in

an independent school and one was receiving home tuition. In all, during the year, 4 children attended boarding schools as below:—

School	Boys	Girls
Wennington Hall, Hornby	2	—
Rudolph Memorial School, Dulwich	—	1
Eden Grove School, Bolton	1	—
Total	3	1

Physically Handicapped Children

Four boys and two girls were ascertained in 1960 as being physically handicapped. In January, 1961, 43 children were on the registers, 36 of them being accommodated in residential special schools and seven receiving home tuition. Children attended the following schools during 1960:

School	Boys	Girls
Welburn Hall	22	18
St. Monica's Hostel, Kingsdown	—	1
Holly Bank School, Huddersfield	—	1
St. Rose's School, Stroud	—	1
Moor House School, Oxted	1	—
Total	23	21

Welburn Hall Special School.

Welburn Hall, the authority's residential school for physically handicapped children, has continued to benefit this and other authorities. There are 80 places at the school and all, or nearly all, are normally occupied. On 1-12-60 there were resident 78 children, 30 from the North Riding and 48 from elsewhere.

It is possible to have more children registered than there are places in the school because, by the nature of their handicap, many physically affected children must spend long periods in orthopaedic hospitals for operative and other therapy.

The following table classifies broadly into groups according to age and disability all children resident during the year under review: —

Welburn Hall. Defects of Children Attending, 1960.

Age Range	Orthopaedic Conditions								Medical Conditions					
	Polio-myelitis paralytic		Cere-bral Palsy		Muscu-lar Diseases		Other Con-conditions		Heart		Chest		Other Con-conditions	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G
5—9	1	2	1	3	1	1	5	3	—	3	2	1	1	1
10—18	9	10	8	8	7	3	7	2	4	3	7	3	—	1
Total	10	12	9	11	8	4	12	5	4	6	9	4	1	2

General medical supervision of the children at Welburn is carried out by Dr. T. K. Cooke of Kirkbymoorside and orthopaedic supervision by the surgeons at the Adela Shaw Orthopaedic Hospital where children requiring hospital orthopaedic treatment are admitted. Physiotherapy and speech therapy are provided at the school.

Mr. Hywell Williams, Headmaster, has kindly supplied the following report:—

This has been the tenth year in the life of the school. It is, therefore, an appropriate time to review our work—its achievements and failures. Many lessons have been learned—educationally, medically and administratively. But it is worthy of note that very few major deviations from the original concept of the school have been necessary. It has been a period of growth designed to meet the changing trends in the educational treatment of physically handicapped children.

Educationally, the problems are fundamentally those of the ordinary school, although in the handicapped child we see those problems in a more acute form. The experiences of the past ten years have well demonstrated the meaning of the term "Special Educational Treatment" and the importance of the integration of the numerous agencies working in the interests of the handicapped child.

It is easy to be emotional about the handicapped child; it is almost as easy to blind oneself to the handicap. But it is often difficult to educate the child to live with his handicap and develop his potential to the full. This was the challenge when the school opened ten years ago; it is still the challenge today; it will be the challenge in another ten years. I hope we shall meet it with confidence.

SECTION 57, EDUCATION ACT, 1944

On the 1st November, 1960, the existing provisions of Section 57 of the Education Act, 1944 (as amended by Section 8 of the Education (Miscellaneous Provisions) Act, 1948) were amended by Section 11 of the Mental Health Act, 1959 and were replaced by new Sections 57, 57a and 57b. The changes, which were largely based on the recommendation of the Royal Commission on the law relating to Mental Illness and Mental Deficiency, extend the rights of parents, alter legal procedure and simplify some of the administrative arrangements. They also give greater scope for tactics of delay by those few parents who are more interested in challenging the Education Authority than in the welfare of their children.

In all during 1960, 37 children were reported under Section 57 as being "ineducable" or "unsuitable for education within the school system"; in addition the local health authority was notified of 15 children who required "supervision" or who were "deemed to be in need of care or guidance after leaving school".

Comparable figures for 1959 were 25 and 21 respectively.

INFECTIOUS DISEASE

Notifications (corrected) of infectious disease during 1960 in North Riding children aged 5—14 years (inclusive) were as follows:—

Scarlet Fever	....	....	97
Whooping Cough	....	....	142
Poliomyelitis—Paralytic	....	....	—
Non-Paralytic	....	....	1
Measles	....	....	747
Diphtheria	....	....	—
Dysentery	....	....	113
Meningococcal Infection	....	....	3
Acute Pneumonia	....	....	12
Food Poisoning	....	....	6
Tuberculosis—Respiratory	....	....	8
Meninges & C.N.S.	....	....	—
Other	....	....	2
Acute Encephalitis—Infective	....	....	1
Post-Infective	....	....	1
Erysipelas	....	....	2

Diphtheria

There was no reported case of diphtheria in the Riding in 1960. Cases did, however, occur elsewhere in the country and in these outbreaks diphtheria demonstrated yet again that it remains a lethal disease.

The risk of death from this preventable disease persists and, as has been stressed so often before, parental failure to secure protection for children by inoculation is inexcusable.

Diphtheria Immunisation

By the end of 1960, 76,352 children out of an estimated population of 93,500 under 15 years had been inoculated against diphtheria at some time or another. These figures include pre-school children; the corresponding figures for school children only are 55,556 out of a population of

61,200. About 90% of school children therefore have received preventive injections against diphtheria, although only slightly more than one-third have received their injections within the past 5 years. In fact only 22,162 of the 61,200 school children, giving an immunity index of 36.2% for school children, have been recently protected, against indices of 37.1% in 1959, 38.5% in 1958, 44.3% in 1957 and 48.7% in 1956. This fall is still progressing and is to be deplored; it has reached the stage when almost two-thirds of the school children in the Riding are inadequately protected against a preventable lethal disease and a further 10% are entirely unprotected against the disease.

Poliomyelitis

There was one case of non-paralytic poliomyelitis notified and confirmed in 1960.

Poliomyelitis Vaccination

During the year some 77,109 injections of poliomyelitis vaccine were administered in the Riding, a substantial proportion to children of school age.

Acute Nephritis

In the reports for 1957, 1958 and 1959, mention was made of outbreaks of acute nephritis among school children and others in certain areas of the Riding. It was possible in many cases to demonstrate the causal organism and to institute emergency preventive measures.

The problem, happily, was less acute in 1960, and it was necessary to take swabs from only 237 children and contacts, 41 being positive on bacteriological examination.

As in previous years this department has at all times received the willing assistance of Dr. D. J. H. Payne of the Public Health Laboratory Service and of the general practitioners concerned. Parents, teachers and children have also, without exception, been fully co-operative.

Tuberculosis

Eight school children were notified during the year as suffering from pulmonary tuberculosis. In all cases a careful investigation of home and other contacts was made to discover the source of the infection. Tuberculin testing, followed by B.C.G. vaccination in suitable cases, was carried out on school children thought to have been in contact with any known case of pulmonary tuberculosis.

In the report for 1959, attention was drawn to the infection of school children by milk infected with tuberculosis and the need was stressed for a tighter control on the purity of milk supplies in those areas where milk was drunk raw. It is regrettable that there is no evidence, as yet, of the stricter control necessary.

SCHOOL MEALS

On one day in 1960, 33,711 pupils were taking school meals. The following table shows the school population and the numbers of children taking meals in school on similar sample days in the years 1950—1960

inclusive; it also shows the proportion of children taking meals expressed as a percentage of the existing school population:—

Year	School population	School Meals					
		Free		For payment		Total	%
		No.	%	No.	%		
1950	48,087	4,237	8.81	22,653	47.11	26,890	55.92
1951	49,603	3,632	7.32	23,936	48.26	27,568	55.58
1952	51,420	3,425	6.66	25,392	49.38	28,817	56.04
1953	52,806	3,452	6.54	22,458	42.53	25,910	49.07
1954	53,766	3,215	5.98	24,667	45.88	27,882	51.86
1955	55,051	2,867	5.21	26,370	47.90	29,237	53.11
1956	55,403	2,658	4.90	26,524	49.88	29,182	54.78
1957	55,838	2,586	4.63	24,613	44.08	27,199	48.71
1958	56,645	2,646	4.67	27,255	48.12	29,901	52.79
1959	57,682	2,995	5.19	29,066	50.39	32,061	55.58
1960	58,257	3,161	5.25	30,550	52.46	33,711	57.88

MILK IN SCHOOLS

Consumption of Milk.

The table below shows the numbers and percentage of children taking milk at school, on sample days, in the years 1951—1960 inclusive:

Year	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Taking Milk— No. of children	36,557	37,521	39,442	40,859	42,231	42,750	41,571	44,644	45,372	45,071
Proportion of the school population	73.70	72.97	74.69	75.99	76.71	79.15	74.45	78.81	78.66	77.37

Grades of Milk.

The numbers of schools receiving the various types of milk supply, in the years 1953—1960, are as follows:—

		1953	1954	1955	1956	1957	1958	1959	1960
Pasteurised milk	....	292	311	294	341	348	343	341	350
Tuberculin Tested milk	....	57	42	43	44	46	49	50	45
Accredited milk	....	1	—	—	—	—	—	—	—
Non-designated milk	....	25	19	25	25	19	17	13	4
Dried milk	....	5	8	19	7	6	6	4	4
No supply	....	—	—	—	—	—	—	—	—

The figures for 1960 include the four maintained special schools in the Riding, and 31 non-maintained schools. Of the latter, 28 schools received pasteurised milk, 2 T.T. milk and one non-designated milk.

Quality of Milk.

School milk supplies have again been supervised by the county health inspectors who have taken 1,486 samples during visits to schools:—

Grade of Milk	Frequency of sampling	Frequency of Testing		
		Phosphatase	Methylene Blue	Biological
Tuberculin Tested	six monthly	—	—	six monthly
Pasteurised	.... quarterly	quarterly	quarterly	as required
Non-designated	.... quarterly	—	—	quarterly

The results of these tests and biological examinations were as follows:

Grade	No. taken	Methylene Blue Test		Phosphatase test		Biological examination		Brucella abortus	
		Passed	Failed	Passed	Failed	Tb. Neg.	Tb. Pos.	Neg.	Pos.
Pasteurised	.... 1,361	1,166	33	1,344	5	1	—	1	—
Tuberculin Tested	.... 98	12	5	—	—	97	—	97	1
Non-designated	27	—	—	—	—	27	—	25	2

It will be observed that only 5 of 1,349 samples (17 of 1,378 in 1959) failed to pass the phosphatase test. The 5 failures were produced outside the Riding and therefore caused no reflection on the County as a licensing authority. Infection with brucella abortus was again detected (1 in 1959, 6 in 1958) in both tuberculin tested and non-designated milk. Pasteurised milk was naturally free from this important infection.

PHYSICAL EDUCATION

Excellent provision for physical education at both primary and secondary level continues to increase with the opening of new schools. In the secondary schools of the North Riding, half of the men's specialist posts are filled by fully trained teachers, and it would appear that supply is beginning to catch up with demand. The position in regard to the specialist posts for women teachers appears to be worsening as there are now only some twenty per cent of the posts staffed by fully trained teachers as compared with thirty per cent when last year's report was written.

A welcome increase in the facilities for Physical Education has been made by the Eston Urban District Council, which has provided a new Municipal Swimming Bath with two pools, one ideally suited for the teaching of beginners, the other excellent for advanced swimming and diving. Two age groups of secondary children in the Eston area are now receiving instruction in swimming.

Valuable additions to the specialist teaching have been provided by Mr. Ted Lester, the Education Committee's Cricket Coach, who has again visited grammar schools for some three days per week throughout the Summer Term and by various F.A. coaches who under the Football Association Coaching Scheme have made visits, free of charge, to many of the North Riding Secondary Schools.

Much use is made of North Riding schools for school practice purposes, and this year the Fourth Year students from the Carnegie College of Physical Education paid a visit to two of our grammar/modern schools to make a special study of P.E. problems.

The work of the teachers in the schools has been augmented by short residential courses at the Wrea Head College, for the more promising players in hockey and tennis.

In addition to these courses for scholars, the Committee's Organisers of Physical Education have conducted primary school courses at Malton and Redcar, and with the aid of visiting experts, courses in Gymnastics and Cricket have been held for secondary school teachers and also a Folk Dance course for primary school teachers has been held at Thirsk.

The Committee's camp sites at Barmoor Farm, Scalby, Scarborough, at Bainbridge and at Low Dalby, were used by some 16 school parties taking 365 scholars. These semi-permanent camps have served a useful purpose, but more schools are now making independent arrangements and many are developing lightweight camping. Lightweight camping is also being used as a feature of the Expedition Section by those schools

which are offering the Duke of Edinburgh Award Scheme as an out-of-school activity.

As well as the considerable volume of inter-school competitions undertaken by the schools of the Riding, the Schools Athletic Union has again fostered competitions on a county basis in all its major activities and North Riding representative sides have played matches at hockey, tennis, cricket, football, athletics, swimming and boxing.

The North Riding hockey team gained distinction by winning the Yorkshire Schools' Hockey Tournament as well as by defeating Durham in a county match. A team from the Guisborough County Modern School won the Netball Tournament open to all Yorkshire schools.

Individual honours were gained by several scholars. One boy was 'capped' for the Yorkshire 'Under 16' Cricket XI, two cricketers played with the Yorkshire Federation touring side and 5 athletes and 6 swimmers also gained County recognition.

NURSERY SCHOOLS

The Committee is responsible for maintaining a nursery school at Scarborough, providing 44 places, and nursery classes attached to the following schools:—

South Bank, Cromwell Road Infant
South Bank, Princess Street Infant
South Bank, R. C. Infant
Scarborough, Friarage Infant

OTHER MEDICAL EXAMINATIONS

(a) Employment of School Children

During the year 765 children were medically examined under the provisions of the bye-laws relating to the employment of children between 13 years and school leaving age. All but five were found to be fit for employment without detriment to their health. In addition 17 children were examined in connection with their proposed employment in entertainments.

(b) Medical examination of entrants to the teaching profession

The procedure adopted as from the 1st April, 1952 was continued, X-ray examination being used in all cases. During 1960, 87 male and 171 female candidates were examined by the school medical officers.

(c) Superannuation medical examinations

The medical staff of the school health service examined in 1959, 72 candidates for superannuable appointment to the staff of the education authority and 307 non-superannuable candidates employed by the Education Committee.

SCHOOL HYGIENE

The county health inspectors, when visiting schools for milk sampling purposes, write comments in the school log books on any sanitary matters relevant to individual schools. The number of rural schools concerning

which recommendations with regard to the boiling of drinking water were operative during the four quarters of the year were as follows:—

1960	1st quarter	2nd quarter	3rd quarter	4th quarter
No. of Schools	40	40	21	20

SCHOOL DENTAL SERVICE

Report by Mr. I. J. Faulds, Principal School Dental Officer

Little change and no numerical improvement occurred in the establishment of the dental staff during the year. The problem of staff recruitment and the ever increasing rate of dental decay among school children are difficulties that may soon prove insoluble. I note, with regret, the resignation of Mr. F. D. Godsmark this year. For eight years he was a dental officer in the Richmond area; he resigned to enter general dental practice. Although we were fortunate in enlisting Miss R. C. Nesbitt shortly before Mr. Godsmark's departure the changeover involved considerable reorganisation with the accompanying disturbance and break in continuity of routine treatment. Furthermore, some of the part-time dental officers have reduced the number of sessions they were willing to give to us. This, of course, is natural as they become established and can be more gainfully employed in their own practice, but it causes further reorganisation, change and lack of continuity of treatment. Each change requires time for the dental officer to adapt himself to the new clinic, patients and parents, and the young patient on his part has to become accustomed to the new dentist. As I suggested in my report in 1958, continuity of treatment by the same dentist is advantageous for the child and is a most important factor in the efficiency of the School Dental Service. A break in continuity is to be regretted by all and is usually resented by the child. The anxiety one feels at our failure to attract recruits to the service is widespread among all dental officers who are conscious of the increasing average age of those remaining in the service. Even with the recent increase in salary, the award is not high enough to persuade young dentists to make the School Dental Service a career. The training of dental auxiliaries at the General Dental Council's school at New Cross General Hospital, London, has begun. These girls are trained for two years and then, as an experimental scheme, will work doing simple fillings and extractions under the supervision of dental officers in local authority service. As far as I can ascertain, no applicant from the North Riding has been accepted for training. I will be glad to hear from any girl possessing suitable educational qualifications who is interested.

No new clinics were opened this year though some are under consideration. The greatest need is at Malton—alas, still unsatisfied. So far five clinics have been fitted with the latest high speed compressed air turbine units and arrangements are in hand to fit others in the near future.

With three exceptions, every school in the county was inspected in 1960 or in January, 1961. 52,529 children were inspected at school and many of the absentees at the inspection are included in the 2,924 inspected

as 'Specials' (see Table V). Owing to staff changes fewer sessions of treatment were available during the year, with a corresponding reduction in the number of patients actually treated and attendances made, compared with last year. I am glad, however, to report that for the second successive year the number of conservations has exceeded the number of extractions, accompanied, of course, by a reduction in the number of general anaesthetics given.

Of 29,298 children offered treatment, 16,207 actually attended for treatment, making an average of just over two attendances each. 4,906 permanent teeth and 11,415 temporary teeth were extracted, 7,625 general anaesthetics being administered for this purpose. Fillings to the number 15,723 were inserted in permanent teeth and 2,105 in temporary teeth.

The demand for orthodontic treatment continues, 255 new patients being referred to the clinic for treatment. 228 patients were carried forward from 1959 and treatment was completed for 189 children.

Though scarcely within the province of this report it is perhaps of interest that the scheme to encourage three year old children to attend makes progress, though slowly. Attendances have improved by 50% on last year's figures (1959 showed 100% increase on 1958) with a comparable increase in conservations and extractions. What is more important is that a child who has been treated as a 'child under school age' is a better patient as a school child than a school child who makes his or her first attendance at the age of six or more.

The staff in the laboratory consisted at the end of the year of a Senior Technician, Surgical, a Technician-in-Charge and a Dental Technician, the Apprentice Technician having completed his indentures. Details of all work done in the laboratory during the year are as follows: Orthodontic appliances 618, Dentures 398, Crowns 14, Gold Inlays 29, Models cast 2,746. Included in these totals is work done, not only for the Education Committee, but also for expectant and nursing mothers attending the North Riding clinics and for the City of York Education Committee.

It is generally acknowledged now that the continual eating of sweets and snacks between meals is the major cause of dental decay in school children. This unhealthy and ungracious habit is encouraged by advertising in the press and on television and by the sale of sweets and biscuits in schools. At least one education authority is reported to have issued an order that school tuck shops should be closed. I do not consider such an outright ban practicable in all areas but the sale of apples, potato crisps, dried fruit and nuts would do less harm than the sale of biscuits, sweets and the abominable 'lolly'. Our first line of attack on dental decay must be prevention. Foremost is to break the habit of eating between meals, particularly the eating of sweets and biscuits; next must come the fluoridation of water supplies.

Once more I must express my thanks to the members of the dental staff for their co-operation and support throughout the year.

MEDICAL INSPECTION AND TREATMENT

PART I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS

(INCLUDING NURSERY AND SPECIAL SCHOOLS)

Table A—Periodic Medical Inspections

Age Groups Inspected (by year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col 2	No.	% of Col 2
		(3)	(4)	(5)	(6)
1956 and later	141	137	97.16	4	2.84
1955	2,330	2,328	99.91	2	.09
1954	2,920	2,918	99.93	2	.07
1953	1,929	1,928	99.94	1	.06
1952	2,794	2,787	99.75	7	.25
1951	1,532	1,529	99.80	3	.20
1950	1,312	13,07	99.62	5	.38
1949	1,690	1,682	99.53	8	.47
1948	2,448	2,439	99.63	9	.37
1947	2,172	2,147	98.85	25	1.15
1946	1,600	1,577	98.56	23	1.44
1945 and earlier	2,753	2,718	98.73	35	1.27
Total	23,621	23,497	99.48	124	.52

Table B—Pupils found to require treatment at Periodic Medical Inspection

(EXCLUDING DENTAL DISEASE AND INFESTATION WITH VERMIN)

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1956 and later	1	28	29
1955	45	226	271
1954	82	288	368
1953	72	135	206
1952	110	204	312
1951	92	98	188
1950	77	113	188
1949	93	111	200
1948	118	160	277
1947	90	148	233
1946	91	131	219
1945 and earlier	130	164	289
Total	1,001	1,806	2,780

Table C—Other Inspections

Number of Special Inspections	....	7,821
Number of Re-inspections	....	7,109
Total	....	<u>14,930</u>

Table D—Infestation with Vermin

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	....	156,901
(ii) Total number of individual pupils found to be infested	....	2,353
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	....	14
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	....	—

PART II.

Return of Defects found by Medical Inspection during the year.

Table A—Periodic Inspections

Defect or Disease	PERIODIC INSPECTIONS (T—Requiring treatment. O—Requiring observation)							
	Entrants		Leavers		Others		Total	
	T	O	T	O	T	O	T	O
Skin	58	38	75	40	134	74	267	152
Eyes—								
(a) Vision	128	185	221	341	652	590	1,001	1,116
(b) Squint	56	47	14	12	43	91	113	150
(c) Other	14	6	11	16	25	21	50	43
Ears—								
(a) Hearing	14	15	4	17	31	76	49	108
(b) Otitis Media	13	21	6	12	26	40	45	73
(c) Other	3	14	4	3	6	12	13	29
Nose or Throat	142	204	11	27	132	183	285	414
Speech	65	49	10	10	80	30	155	89
Lymphatic Glands	—	37	1	3	5	25	6	65
Heart	15	37	12	27	39	70	66	134
Lungs	19	36	6	27	43	57	68	120
Developmental—								
(a) Hernia	7	5	2	2	10	5	19	9
(b) Other	13	15	12	11	56	51	81	77
Orthopaedic—								
(a) Posture	6	6	5	37	15	25	26	58
(b) Feet	45	68	29	75	108	125	182	268
(c) Other	32	44	23	29	57	79	112	152
Nervous System—								
(a) Epilepsy	5	7	2	5	10	14	17	26
(b) Other	8	4	13	6	33	15	54	25
Psychological								
(a) Developmental	11	16	44	42	108	114	163	172
(b) Stability	1	37	1	43	12	98	14	178
Abdomen	1	5	3	3	7	17	11	25
Other	41	30	21	15	74	61	136	106

Table B. Special Inspections

A—Return of Defects found by Medical Inspection during the year.

B—Special Inspection

Defect or Disease	SPECIAL INSPECTIONS	
	Requiring treatment	Requiring observation
Skin	240	1
Eyes—		
(a) Vision	2357	505
(b) Squint	266	68
(c) Other	36	4
Ears—		
(a) Hearing	243	12
(b) Otitis Media	15	3
(c) Other	22	—
Nose or Throat	18	12
Speech	12	1
Lymphatic Glands	5	3
Heart	2	4
Lungs	16	8
Developmental—		
(a) Hernia	2	—
(b) Other	—	2
Orthopaedic—		
(a) Posture	47	2
(b) Feet	658	2
(c) Other	392	1
Nervous system—		
(a) Epilepsy	5	4
(b) Other	1	—
Psychological—		
(a) Developmental	163	17
(b) Stability	163	1
Abdomen	2	—
Other	414	25

PART III.

Treatment of Pupils attending Maintained and Assisted Primary and Secondary Schools. (Including Nursery and Special Schools)

TABLE A. EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	90
Errors of refraction (including squint)	3,146
Total	3,236
Number of pupils for whom spectacles were prescribed	1,969

TABLE B. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

			Number of cases known to have been treated
Received operative treatment	....	....
(a) for diseases of the ear	....	....	26
(b) for adenoids and chronic tonsillitis	....	....	316
(c) for other nose and throat conditions	....	....	18
Received other forms of treatment	....	....	353
Total	....	....	713

Total No. of pupils in school who are known to have been provided

with hearing aids (a) in 1960 17

(b) in previous years 48

TABLE C. ORTHOPAEDIC AND POSTURAL DEFECTS.

			Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient Departments	....	....	1,016
(b) Pupils treated at school for Postural Defects	....	....	29
Total	....	....	1,045

TABLE D. DISEASES OF THE SKIN (excluding uncleanness for which see Table D of Part I)

			Number of cases known to have been treated
Ringworm—(i) Scalp	....	....	39
(ii) Body	....	....	5
Scabies	....	....	—
Impetigo	....	....	30
Other skin diseases	....	....	655
Total	....	....	729

TABLE E. CHILD GUIDANCE TREATMENT.

Number of pupils treated at Child Guidance Clinics 155

TABLE F. SPEECH THERAPY

Number of pupils treated by Speech Therapists 620

TABLE G. OTHER TREATMENT GIVEN

Pupils with minor ailments 1,477
Pupils who received B.C.G. vaccination (by chest physicians) 81
Nephritis Surveys 41

PART IV.
DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE
AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers:—				
(a) At Periodic Inspections	....	....	....	52,529
(b) As Specials	....	....	....	2,924
Total (1)				55,453
(2) Number found to require treatment	....	....	....	34,736
(3) Number offered treatment	....	....	....	29,298
(4) Number actually treated	....	....	....	16,207
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11 (h)	....	....	....	32,700
(6) Half days devoted to:				
Periodic (School) Inspection	....	....	....	513
Treatment	....	....	....	4,993
Total (6)				5,506
(7) Fillings:				
Permanent Teeth	....	....	....	15,727
Temporary Teeth	....	....	....	2,105
Total (7)				17,832
(8) Number of teeth filled:				
Permanent Teeth	....	....	....	14,027
Temporary Teeth	....	....	....	1,948
Total (8)				15,975
(9) Extractions:				
Permanent Teeth	....	....	....	4,906
Temporary Teeth	....	....	....	11,415
Total (9)				16,321
(10) Administration of general anaesthetics for extractions	....	....	....	7,625
(11) Orthodontics:				
(a) Cases commenced during the year	....	....	....	255
(b) Cases carried forward from previous year	....	....	....	228
(c) Cases completed during the year	....	....	....	189
(d) Cases discontinued during the year	....	....	....	58
(e) Pupils treated with appliances	....	....	....	483
(f) Removable appliances fitted	....	....	....	523
(g) Fixed appliances fitted	....	....	....	3
(h) Total attendances	....	....	....	3,482
(12) Number of pupils supplied with artificial dentures	....	....	....	254
(13) Other operations:				
Permanent teeth	....	....	....	8,451
Temporary teeth	....	....	....	2,175
Total (13)				10,626

Minor Ailments**CLINIC SERVICES**

CLINIC	LOCATION	SESSIONS
Thornaby	.... School Clinic, George Street	.... Tuesday, Friday 9 a.m.
South Bank	.... Albert House, Normanby Road	.... Monday, Friday 9 a.m.
Grangetown	.... Mission Hall, Lee Road	.... Tuesday, Friday 9 a.m.
Grangetown	.... Alderman Wm. Jones County School	.... Monday, 9 a.m.
Normanby	.... Windsor Road	.... Friday, 2 p.m.
Redcar	.... 5, Turner Street, Coatham	.... Monday, Friday 9-30 a.m.
Saltburn	.... The Clinic, Bath Street	.... Wednesday 9-30 a.m.
Guisborough	.... Health Clinic, Park Lane	.... Friday 9 a.m.
Lingdale	.... School Clinic, High Street	.... Wednesday 9-30 a.m.
Whitby	.... School Clinic, Grape Lane	.... Monday, Friday 9 a.m.
Whitby	.... East Whitby School	.... Wednesday 10 a.m.
Clifton	.... Clifton Without Jnr. School	.... Tuesday, Friday 10 a.m.
New Earswick	.... County Junior School	.... Wednesday 11 a.m.
New Earswick	.... Joseph Rowntree C.M. School	.... Tuesday, Friday 10 a.m.
Scarborough	.... Old Hospital, Friars Way	.... Monday-Saturday 9 a.m.
Scarborough	.... Northstead School	.... Wednesday 9-30 a.m.
Scarborough	.... Hinderwell School	.... Thursday 9-30 a.m.
Scarborough	.... Westway, Eastfield	.... Wednesday 9-30 a.m.
Pickering	.... Health Clinic, Train Lane	.... Monday to Friday 9 a.m.
Loftus	.... Zetland School Clinic	.... Friday 10 a.m.
Brotton	.... County Modern School Clinic	.... Friday 10 a.m.

Orthopaedic Clinics

Thornaby	.... School Clinic, George Street	.... Tuesday, Friday 2 p.m.
South Bank	.... Albert House, Normanby Road	.... Tuesday, Friday 10-30 a.m.
Normanby	.... Windsor Road	.... Friday 9-30 a.m.
Redcar	.... 5, Turner Street, Coatham	.... Thursday, 10-30 a.m. (except 4th Thursday in each month).
Carlin How	.... Evening Institute, Brotton Rd.	.... Monday 10-30 a.m.
Guisborough	.... Health Clinic, Park Lane	.... Monday 2 p.m.
Whitby	.... War Memorial Hospital	.... Monday and Wednesday 2 p.m.
Kirkbymoorside	.... Adela Shaw Orthopaedic Hospital	.... 3rd Wednesday in each alternate month 2 p.m.
Malton	.... The Friends' Meeting House	.... 4th Wednesday in each alternate month 2 p.m.
York	.... The School Clinic, Rougier St.	.... 2nd Wednesday in each alternate month 2 p.m.
Northallerton	.... Zetland Street Clinic	.... 2nd Wednesday in each alternate month 10-30 a.m.
Richmond	.... Health Clinic, Quaker Lane	.... 4th Saturday in each month 10-30 a.m.
Scarborough	.... Old Hospital, Friars Way	.... Tuesday, Friday 9 a.m.
Scarborough	.... Westway, Eastfield	.... Alternate Thursdays 2 p.m.

Speech Therapy Clinics

Richmond	.... Health Clinic, Quaker Lane	.... Wednesday, 9 a.m.
Malton	.... Friends' Meeting House	.... Monday 1-30 p.m.

Speech Therapy Clinic—continued

CLINIC	LOCATION	SESSIONS
Pickering	.... Health Clinic, Train Lane	.... Monday, 9 a.m.
Whitby	.... School Clinic, Grape Lane	.... Monday 10 a.m.
Huntington	.... County Junior School	.... Monday, 9-30 a.m.
Scarborough	.... Old Hospital, Friars Way	.... Tuesday to Friday 9-30 a.m.
Scarborough	.... Westway, Eastfield	.... Wednesday 9-30 a.m.
Clifton	.... Clifton without County Junior School	.... Wednesday 9-30 a.m.
Easingwold	.... Grammar and Modern School	.... Tuesday 9-30 a.m.
Thirsk	.... Grammar and Modern School	.... Friday 9-30 a.m.
Northallerton	.... Zetland Street Clinic	.... Thursday 9-30 a.m.
Thornaby	.... School Clinic, George Street	.... Monday, 10 a.m.
Guisborough	.... School Clinic, Park Lane	.... Tuesday, 2 p.m.
Normanby	.... Windsor Road	.... Thursday, 1-0 p.m.
South Bank	.... Albert House, Normanby Road	.... Friday, 10 a.m.
Redcar	.... 5 Turner Street, Coatham	.... Wednesday, 10 a.m.
Saltburn	.... The Clinic, Bath Street	.... Thursday, 10 a.m.

Ophthalmic Clinics

Thornaby	.... School Clinic, George Street	.... Thursday 1-45 p.m.
South Bank	.... Albert House, Normanby Road	.... Tuesday 2 p.m.
Redcar	.... 5, Turner Street, Coatham	.... Friday 1-45 p.m.
Guisborough	.... Health Clinic, Park Lane	.... Monday 2 p.m.
Whitby	.... School Clinic, Grape Lane	.... Friday 11-15 a.m. as required (all day).
Northallerton	.... Zetland Street Clinic	.... Wednesday 10 a.m. as required (all day).
Richmond	.... Health Clinic, Quaker Lane	.... Wednesday 9-45 a.m. as required (all day).
Thirsk	.... Lambert Memorial Hospital	.... Saturday 9-45 a.m.
Malton	.... Malton, Norton and District Hospital	.... As required
Kirkbymoorside	.... Adela Shaw Orthopaedic Hospital „ „
Flaxton	.... 27, High Petergate, York „ „
	.... County Hospital, York „ „
Scarborough	.... Old Hospital, Friars Way	.... Monday 10-30 a.m.
Pickering	.... Health Clinic, Train Lane	.... As required.

Dental Clinics

Thornaby	.... School Clinic, George Street	.... As required
South Bank	.... Albert House, Normanby Road „ „
Redcar	.... 5, Turner Street, Coatham „ „
Saltburn	.... The Clinic, Bath Street „ „
Guisborough	.... Health Clinic, Park Lane „ „
Whitby	.... School Clinic, Grape Lane „ „
Scarborough	.... Old Hospital, Friars Way „ „
Scarborough	.... West Way, Eastfield „ „
New Earswick	.... Jos. Rowntree C.M. School „ „
Northallerton	.... Zetland Street Clinic „ „
Richmond	.... Health Clinic, Quaker Lane „ „
Hipswell	.... Hipswell County Modern School „ „
Ryedale	.... Ryedale C.M. School, Nawton „ „

Dental Clinics—continued

CLINIC	LOCATION	SESSIONS
Pickering	.... Health Centre, Train Lane	.... As required
Lingdale	.... School Clinic, High Street „ „
Easingwold	.... Easingwold Grammar/Modern School „ „
Thirsk	.... Thirsk Grammar/County Modern School „ „
Bedale	.... Bedale County Modern School	
Leyburn	.... Wensleydale County Modern School „ „
Clifton	.... Canon A. R. Lee County Modern School „ „
Brotton	.... Skelton & Brotton County Modern School „ „
Loftus	.... Zetland Junior School, Loftus „ „

Ear, Nose and Throat Clinics

Thornaby	.... School Clinic, George Street	.... Every 4th Wednesday 10 a.m. and every Thursday 9-30 a.m.
Normanby	.... Windsor Road	.... Every 4th Wednesday 10 a.m.
Redcar	.... 5, Turner Street, Coatham	.... Every 4th Wednesday 10 a.m.
Guisborough	.... Health Clinic, Park Lane	.... Every 4th Wednesday 10 a.m. Monday weekly 9-30 a.m.
Scarborough	.... Old Hospital, Friars Way	.... 1st Wednesday in each month 10 a.m.

Artificial Sunlight Clinics

Thornaby	.... Health Centre, Francis Street	.... Tuesday, Thursday 9-30 a.m.
Guisborough	.... Health Clinic, Park Lane	.... Friday 2 p.m.
Whitby	.... District Health Office, Grape Lane	.... Friday 9 a.m.
Richmond	.... Lennox House, Maison Dieu	.... Tuesday, Friday weekly 11 a.m. and 4 p.m.
Scarborough	.... Medical Baths	.... Monday, Thursday, Boys 9 a.m. Girls 9-30 a.m.

Remedial Exercise Clinic

Scarborough	.... Old Hospital, Friars Way	.... Tuesday, Friday 9 a.m.
Scarborough Westway, Eastfield Thursday, 2 p.m.

Skin Clinic

South Bank Albert House, Normanby Road Wednesday 9-30 a.m.
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Child Guidance Clinic

Clifton Greystones, Clifton Hospital Tuesday, a.m.
Scarborough Old Hospital, Friars Way, Wednesday
Thornaby	.... Health Centre, Francis Street	.... Friday, a.m.
Redcar	.... School Clinic, 5 Turner Street	.... Wednesday, p.m.
Guisborough	.... Health Clinic, Park Lane	.... Friday, p.m.
Whitby	.... School Clinic, Grape Lane	.... Wednesday, a.m.
Richmond	.... Health Clinic, Quaker Lane	.... Monday



