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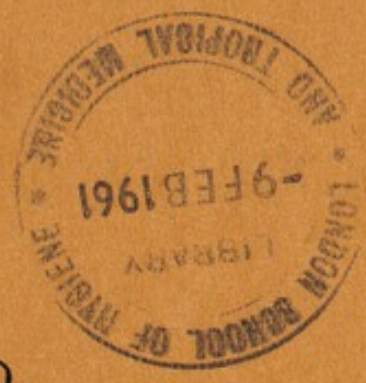
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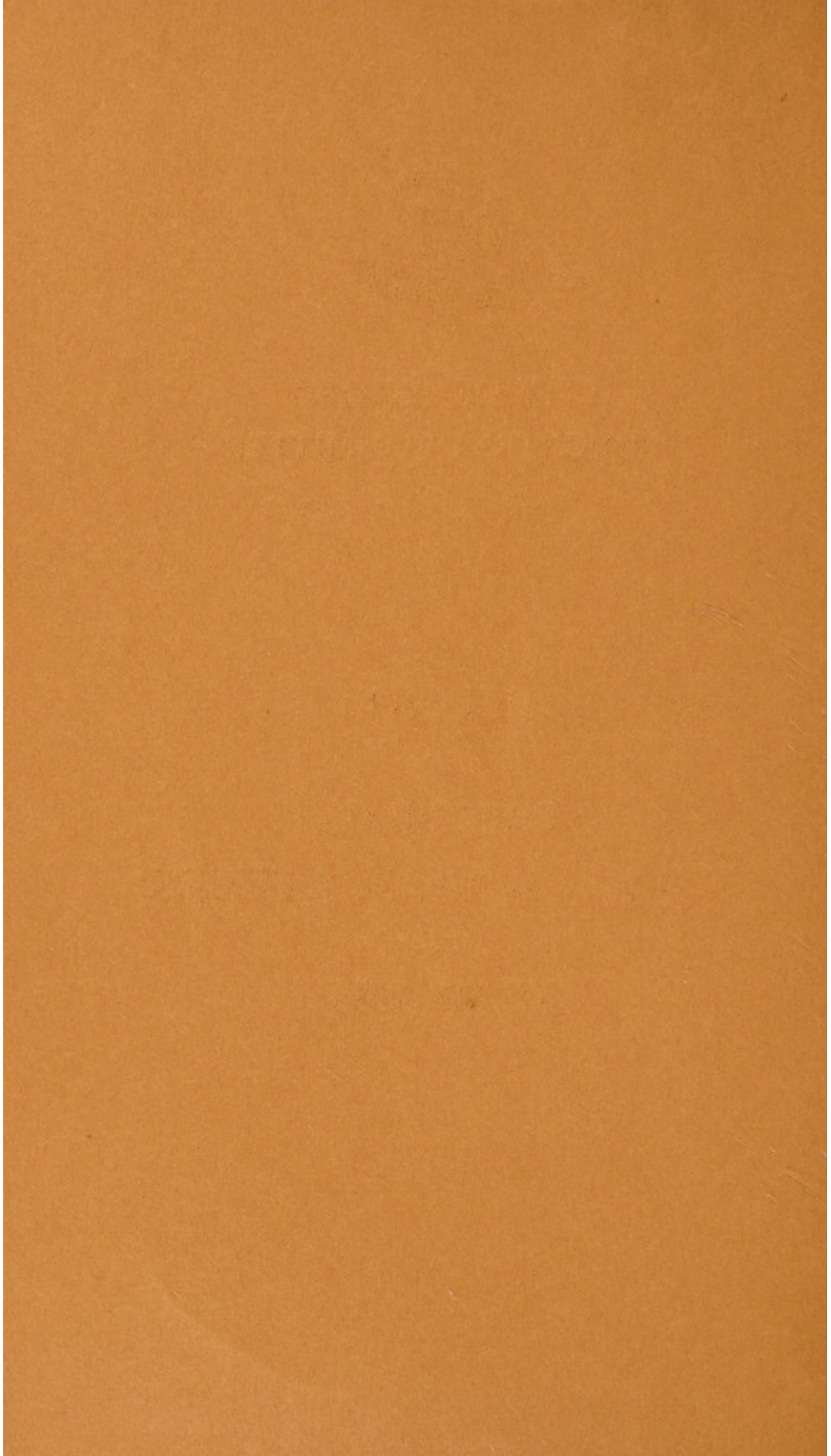
27 MAR 1956



CITY OF OXFORD  
EDUCATION COMMITTEE

REPORT  
*of the*  
PRINCIPAL  
SCHOOL MEDICAL OFFICER  
*for the*  
YEAR 1955








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## TABLE OF CONTENTS

	<i>page</i>
MEMBERS OF THE COMMITTEE .. .. .	4
STAFF .. .. .	4
LIST OF CLINICS .. .. .	6
INTRODUCTORY LETTER .. .. .	7
ROUTINE MEDICAL INSPECTIONS .. .. .	11
GENERAL CONDITION OF CHILDREN EXAMINED .. .. .	11
NURSERY SCHOOLS AND CLASSES .. .. .	11
WORK UNDERTAKEN BY SCHOOL NURSES .. .. .	12
MEDICAL EXAMINATION OF ENTRANTS TO TRAINING COLLEGES .. .. .	12
EMPLOYMENT OF CHILDREN .. .. .	12
SCHOOL MEALS AND MILK .. .. .	13
HYGIENE OF SCHOOLS AND SCHOOL CANTEENS .. .. .	14
INFECTIOUS DISEASES .. .. .	15
TUBERCULOSIS .. .. .	17
RINGWORM .. .. .	19
SCABIES .. .. .	19
PEDICULOSIS .. .. .	20
VISION TESTING AND EYE DEFECTS .. .. .	20
AUDIOMETRY .. .. .	21
EAR, NOSE AND THROAT DEFECTS .. .. .	21
MINOR AILMENT CLINICS .. .. .	22
REMEDIAL EXERCISES .. .. .	24
HANDICAPPED CHILDREN .. .. .	25
DEATHS OF SCHOOL CHILDREN .. .. .	44
HEART DISEASE IN SCHOOL CHILDREN .. .. .	44
DENTAL REPORT .. .. .	46
PHYSICAL EDUCATION ADVISERS' REPORT .. .. .	50
MINISTRY OF EDUCATION MEDICAL INSPECTION RETURNS.. .. .	55

**MEMBERS OF THE EDUCATION COMMITTEE AND THE SPECIAL SERVICES  
SUB-COMMITTEE, 1955-56.**

- \*Councillor K. C. WHEARE, C.M.G., F.B.A., M.A. (Chairman).  
 \*The Right Worshipful the Mayor of Oxford (Vice-Chairman).  
 (Councillor M. A. LOWER, M.A., J.P.).  
 \*The Mayoress of Oxford (Alderman Mrs. F. K. LOWER).  
 \*Alderman Mrs. M. PRICHARD, O.B.E., M.A., J.P. (Chairman of the Special Services  
 Sub-Committee)  
 \*Alderman N. WHATLEY, M.A.  
 Councillor BECKETT, M.A.  
 " FERGUSON  
 \* " FRANKS  
 " Mrs. O. GIBBS  
 \* " GREEN (Vice-Chairman of the Special Services Sub-Committee)  
 " HARRISON  
 \* " KEITH-LUCAS, M.A.  
 " OWEN  
 " PARKER  
 \* " Mrs. REES, J.P.  
 " ROBINSON, M.C., M.A.  
 " Mrs. THOMPSON, M.A.  
 " Mrs. TEAL  
 The Right Rev. THE LORD BISHOP OF DORCHESTER  
 J. R. SARGENT, M.A.  
 \*A. L. W. COMPTON  
 \*Rev. S. C. CROWE  
 Rev. J. L. DAVENPORT.  
 \*C. E. HART  
 C. S. W. KING, M.A.  
 F. C. LAY, M.A.  
 H. LOUKES, M.A.  
 H. V. PILLING, B.Sc.  
 Dr. A. S. RUSSELL, M.A.  
 \*Miss C. V. BUTLER (Co-opted Member of Special Services Sub-Committee)  
 \*Miss R. SPOONER (Co-opted Member of Special Services Sub-Committee)  
 \*Members of the Special Services Sub-Committee

**STAFF OF THE SCHOOL HEALTH SERVICE**

*Principal School Medical Officer:*

J. F. WARIN, M.D., D.P.H.

*Deputy Principal School Medical Officer:*

J. F. SKONE, M.D., D.P.H., D.C.H., D.I.H. (resigned 30.4.55)

G. F. WILLSON, M.D., M.R.C.S., L.R.C.P., D.P.H. (commenced 1.5.55)

*School Medical Officers:*

BERYL G. ANSCOMBE, M.B., Ch.B., D.R.C.O.G. (Leave of absence for one year from  
30.9.55)

ELIZABETH J. COULTER, M.B., Ch.B., D.C.H.

G. F. WILLSON, M.D., M.R.C.S., L.R.C.P., D.P.H. (Deputy from 1.5.55)

CATRIONA DEMPSTER, M.B., Ch.B., D.P.H. (resigned 15.10.55)

W. J. WIGFIELD, M.B., B.Ch., D.P.H. (commenced 18.7.55)

A. JOYCE JENKINS, M.D., M.R.C.S., L.R.C.P., D.P.H., D.C.H. (commenced 1.10.55)

P. K. SYLVESTER, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.R.C.O.G. (commenced  
18.10.55)

*Principal School Dental Officer:*

C. H. I. MILLAR, B.Sc., L.D.S.

*School Dental Officers:*

Mrs. I. B. MANN, L.D.S. (part-time) (resigned 31.12.55)

K. A. ZIEGEL, L.D.S. (commenced 3.1.55, resigned 30.6.55)

*Senior School Nurse:*

Mrs. D. WELLER (a) (b) (c) (d)

*School Nurses:*

Miss G. DAVIES (a) (b) (c)  
 Miss J. BARNETT (a) (b) (c)  
 Miss M. SALMON (a) (b) (c)  
 Miss K. GREGORY (a) (b) (c) (resigned 19.11.55)  
 Miss H. SPICKERNELL (a) (b) (c)  
 Miss K. BAYLIS (a) (b) (c)  
 Miss L. LAWRENCE (a) (b) (c)  
 Miss D. BREE (a) (b) (c)  
 Miss D. PYLE (a) (c)  
 Miss K. HAYES (a) (b) (c)  
 Miss J. JACKSON (a) (b) (c) (resigned 1.3.55)  
 Miss N. CROOKALL (a) (b) (c)  
 Miss E. WATSON (a) (b) (c)  
 Miss B. SPENCE (a) (b) (c) (resigned 31.10.55)  
 Miss E. MAYLAM (a) (b) (c)  
 Mrs. B. POPHAM (a) (b) (c)  
 Mrs. PARSONS (a) (b) (c) (commenced 1.4.55)

(a) State Certified Midwife.

(b) State Registered Nurse.

(c) Health Visitors' Certificate, Royal Sanitary Institute.

(d) State Registered Fever Nurse.

*Remedial Gymnasts:*

Miss M. FLINT (resigned 31.7.55)

Miss C. COWELL (resigned 31.7.55)

Miss J. REVELS (commenced 1.9.55)

*Dental Attendants:*

Miss D. COLE

Miss B. CLUTTERBUCK

Miss M. WALLIS (commenced 3.1.55)

*Nursing Attendants:*

Mrs. F. JACOBS

Mrs. D. BELCHER

*Senior Clerk:*

Miss W. HUNT

*Clerks:*

Miss B. GRANT

Mrs. M. DEXTER

Miss I. HEATH

Miss I. STONE (commenced 1.1.55)



## SCHOOL CLINICS

*Minor Ailment Clinics:*

East Oxford, Cowley Road	Mondays and Wednesdays, 9 a.m.
Bury Knowle, Headington	Mondays and Thursdays, 9 a.m.
Donnington, Henley Avenue	Tuesdays and Fridays, 9 a.m.
60 St. Aldates	Tuesdays and Fridays, 9 a.m.
Barton, Barton Primary School	Mondays, 10.30 a.m.

*Dental Clinics:*

60 St. Aldates	By appointment only
Margaret Road, Headington	" " "
Donnington, Henley Avenue	" " "
East Oxford, Cowley Road	" " "
North Oxford, Summertown Clinic	" " "

*Remedial Exercise Clinics:*

Every weekday (by appointment)

*Child Guidance Clinic:*

Northern House, South Parade	By appointment only
------------------------------	---------------------

*Speech Therapy Clinics:*

60 St. Aldates	By appointment only
Donnington, Henley Avenue	" " "

## THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

LADIES AND GENTLEMEN,

As foreshadowed in last year's report, supervision has been tightened over the part-time employment of older school children. As a result close compliance with the regulations is now the rule and the position can be regarded as satisfactory.

It has been another very quiet year insofar as the infectious diseases are concerned. There was a very low incidence of mild scarlet fever. The number of cases of whooping cough was very small and sonne dysentery was less prevalent. There were five cases of poliomyelitis in school children, each from a different school and apparently quite unconnected. All five cases were relatively mild.

For the seventh successive year no case of diphtheria occurred, a happy state of affairs which can be attributed to the high immunisation rate which has been maintained over this period. Towards the end of the year, plans were being made to combine immunisation against diphtheria with protection against whooping cough in order to reduce the number of injections which are now being given to infants. The new scheme which will come into effect during 1956 will comprise three injections of a combined whooping cough, diphtheria and tetanus vaccine to be given about the age of three to six months, followed by a booster dose of the same vaccine on entry to school. The booster dose against diphtheria which has been given to all ten year old children will not need to be given in future.

Seven new cases of tuberculosis were reported, six of which were pulmonary and of these, four were family contacts of known cases who were already under observation. There was no evidence that any of these cases had resulted from infection in school. As soon as a case is reported, teaching staff are X-rayed and all child contacts have a tuberculin test, the positive reactors also having a chest X-ray. During the last three years practically all teachers, non-teaching assistants, canteen and domestic staffs at maintained and independent schools have been X-rayed. In addition, all new staff before commencing duty in maintained schools have a compulsory X-ray so that it can be stated with some confidence that school children run little, if any, risk of contracting tuberculosis while they are at school in this city. The co-operation shown by all school staff in this matter has been most excellent.

The B.C.G. vaccination scheme had a relatively successful first year and all the arrangements worked well. The response was 65.3% and of the 664 children who were tuberculin tested, only 11.9% were found to be positive compared with 30% for the same age group in 1950; an indication of the striking reduction in the incidence of tuberculosis infection amongst Oxford school children.

The arrangements for vision testing at the Eye Hospital have worked extremely well in the past and only occasionally has it been necessary

for a child to wait for more than a month or two before being seen. During this year, however, the waiting list has slowly, but steadily increased, and although new cases have been seen promptly, re-examination cases were several months behind schedule. At the end of the year the accumulated waiting list was 442, but as a result of discussions which have taken place, arrangements have been made, which it is confidently expected will reduce this waiting list to normal proportions within the next few months.

There has been a further substantial drop in the attendances at minor ailment clinics; the total of new cases being only one-third of those attending in 1949. The fall in subsequent attendances has been partly due to the policy of encouraging the home treatment of warts as outlined in last year's report. After Easter, the school nurses ceased to attend the minor ailment clinics in conformity with the policy of not using these highly trained members of staff for the more routine tasks which can quite adequately be undertaken by those with less training. These clinics are now attended by a nursing assistant.

There has only been one Remedial Gymnast since September, so that the work has been restricted. The importance of the regular practice at home of the prescribed exercises has been stressed to both children and their parents. Towards the end of the year, preliminary consideration was given to the question of the size of school chairs relative to the size of the children. A child sitting well back on the seat of a chair and so making effective use of the back rest, should be able to place both feet flat on the floor. If a child is not able to place his feet comfortably on the floor because the seat of the chair is too high, then there will be a tendency for him to sit on the front of the seat, and so adopt a slouching round-back position which is detrimental to good posture. It is intended to pay more attention to this important point during the next year.

With regard to handicapped children, it is of interest that there are now 14 partially deaf children wearing hearing aids and attending ordinary schools. The question of a special class for some of these children was carefully considered but it was eventually decided that the present number taken in conjunction with their age grouping did not justify a special unit.

The Slade Park School now has a hundred places and each of the five classes has a separate room. A much needed surfaced playground has been provided. The extension of the school has enabled accommodation to be found for children aged 5—7, an arrangement which has been of benefit to the children concerned and has given welcome relief to the nursery and infant schools which had previously looked after these backward and difficult children.

The work of the Child Guidance Clinic has continued along familiar lines but has been handicapped by the absence of the Psychiatric Social Worker on sick leave since June. At the time of writing this report, Dr. Kahan's appointment to a consultant post in child psychiatry in Hampshire has just been announced and he will be leaving the clinic

about Easter, 1956. Dr. Kahan has been psychiatrist to the clinic since November 1947, and has played an important role in the development of the child psychiatric service in this area. He will take with him the good wishes of his colleagues and patients.

The position with regard to children suffering from cerebral palsy (spastic children) is similar to that reported last year. Practically all these children are receiving both adequate education and adequate treatment, and the conclusion reached last year that there is no justification at present for a special unit for Oxford children is still true.

The Speech Therapy Department at the Churchill Hospital has continued to give a very excellent service to school children and the policy of close association between the speech therapists and the schools and clinics undoubtedly gives the best results.

The Open Air School has admitted an increased number of cases of bronchiectasis and the very necessary physical treatment of these children by means of breathing exercises and postural drainage can now be carried out more satisfactorily by virtue of the appointment of a nursery assistant who, in addition to other duties, will supervise such treatment under the general direction of the Remedial Gymnast.

During the year a report was published by the British Council for Rehabilitation dealing with the assessment and employment of young people with heart disease.

..	83.1	16.7	0.2
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There has been no significant change in the general condition of the children examined. This type of assessment is so subjective, being dependent on the differing standards of the examining doctors, that it is satisfactory to record that, on the instructions of the Ministry of Education, this is the last year in which this particular classification will be attempted. In future two categories only will be used and a child's physical condition will be described as either "satisfactory" or "unsatisfactory".

### **Nursery Schools and Nursery Classes in Primary Schools**

There are seven nursery schools and three nursery classes which are visited weekly by a school nurse and monthly by one of the school medical officers. Routine medical examinations at which parents are encouraged to be present are arranged twice a year and 391 such examinations were carried out. Arrangements are made for any defects disclosed in the

At the beginning of the year, there were  $3\frac{1}{2}$  dentists out of the establishment of 5 and the position seemed to be a little brighter. Halfway through the year, however, this number was reduced to  $2\frac{1}{2}$  and by the end of the year to 2. There has been no response at all to repeated advertisements during the year. Of the children inspected, 77% of those in primary schools and 70% of those in secondary schools were found to require treatment. There has been a steady drop in these figures during the last

for a child to wait for more than a month or two before being seen. During this year, however, the waiting list has slowly, but steadily increased, and although new cases have been seen promptly, re-examination cases were several months behind schedule. At the end of the year the accumulated waiting list was 442, but as a result of discussions which have taken place, arrangements have been made, which it is confidently expected will reduce this waiting list to normal proportions within the next few months.

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five years but they are still above the pre-war level. Of those referred for treatment only 52% accepted from primary schools and 44% from secondary schools. The rate of acceptance has been falling in recent years and the figures this year are a new low level. It is hoped that this means that an increasing number of children requiring treatment are obtaining this from their own general dental practitioner, but past experience suggests that a considerable number are probably not getting any dental treatment at all.

The very interesting report of the adviser in physical education will as usual be found at the end of this report.

In conclusion I should like to thank the Chairman and Members of the Special Services Sub-Committee for the interest they have at all times taken in the School Health Service. My thanks are also due to the Chief Education Officer, and all Head Teachers for their very willing co-operation. As usual I have been able to rely on my own loyal and hard working staff and am most grateful to them all. Dr. Willson and Miss Hunt have borne the main burden of the day to day administration of the service and have been largely responsible for the compilation of this report and to both great credit is due.

Yours faithfully,

J. F. WARIN.

## SCHOOL HEALTH SERVICE

### Routine Medical Examinations

Numbers examined:—	1952	1953	1954	1955
Entrants .. ..	1,576	1,634	1,487	1,386
Ten Year Olds ..	1,152	1,222	1,326	1,458
Leavers .. ..	1,191	1,261	1,116	1,043
Other Periodic Examinations	183	148	164	393

The post-war increase in the birth-rate is now seen reflected in the increased numbers of ten year olds being examined.

### General Condition of Children examined (expressed as a percentage)

	<i>Good</i>	<i>Fair</i>	<i>Poor</i>
1949 .. .. .	66.9	32.3	0.9
1950 .. .. .	67.4	31.8	0.8
1951 .. .. .	66.8	32.7	0.5
1952 .. .. .	71.0	28.7	0.3
1953 .. .. .	78.5	21.3	0.2
1954 .. .. .	89.7	10.1	0.2
1955 .. .. .	83.1	16.7	0.2

There has been no significant change in the general condition of the children examined. This type of assessment is so subjective, being dependent on the differing standards of the examining doctors, that it is satisfactory to record that, on the instructions of the Ministry of Education, this is the last year in which this particular classification will be attempted. In future two categories only will be used and a child's physical condition will be described as either "satisfactory" or "unsatisfactory".

### Nursery Schools and Nursery Classes in Primary Schools

There are seven nursery schools and three nursery classes which are visited weekly by a school nurse and monthly by one of the school medical officers. Routine medical examinations at which parents are encouraged to be present are arranged twice a year and 391 such examinations were carried out. Arrangements are made for any defects disclosed in the health of these children to be investigated and treated, if necessary.

During the year tuberculin jelly patch testing was performed at the time of the first routine medical examination on all children entering these nursery schools and classes. Of 188 children so tested, all proved negative.

In previous years it had been necessary to keep some of the seriously backward children aged from five to seven in nursery schools or classes which was disturbing for the younger children and provided difficulties for the teachers. A nursery class for such children was opened at Slade



Park Special School in September, so that it is now no longer necessary for them to stay amongst younger children after reaching the age of five.

### Work undertaken by School Nurses

The wide range of duties undertaken by the school nurses is shown by the following record of their year's work.

#### *Attendances at schools or clinics.*

School medical inspections .. .. .	344
School pre-medical inspections .. .. .	55
Eye testing .. .. .	58
Personal hygiene inspections .. .. .	255
Personal hygiene inspections—follow up .. .. .	59
Visits to nursery schools .. .. .	164
Diphtheria immunisation .. .. .	64
Tuberculin jelly testing .. .. .	32
B.C.G. Vaccination .. .. .	58
Talk to school children .. .. .	1
*Minor ailment .. .. .	111
*Audiometer tests .. .. .	26
Others .. .. .	6

#### *Home Visits.*

	<i>First</i>	<i>Re-visits</i>
1. Follow up visits after medical examinations	226	70
2. Personal hygiene of children .. .. .	170	49
3. Other visits .. .. .	158	10
<b>Total .. .. .</b>	<b>554</b>	<b>129</b>

\* School nurses ceased to attend minor ailment clinics and audiometer sessions after Easter.

### Medical Examination of Entrants to Teachers' Training Colleges

Arrangements were made for the medical examination of 59 entrants to Teachers' Training Colleges and 5 teachers who were about to take up duties in the profession. Six other teachers were X-rayed in Oxford at the request of other local authorities. Sessions were arranged mainly on Saturday mornings at the St. Aldates Clinic and chest X-rays were carried out at the Miniature Camera Unit at the Radcliffe Infirmary.

### Employment of Children

The number of children undertaking part-time employment during the year showed a substantial increase, 310 being examined compared with 217 in 1954. The medical examinations are undertaken in accordance with Bye-Laws made under The Children and Young Persons Act, 1933 (as amended by the Education Act, 1944). The employer should send

details of the child, the occupation in which, and the place at which, he or she is employed and the time at which the employment begins and ends, within four days of the commencement of employment. Within fourteen days from the date that the employment begins, there should be produced to, and endorsed by, the employer a certificate from the School Medical Officer that such employment will not be prejudicial to the health or physical development of the child and will not render him unfit to obtain proper benefit from his education.

During the year all employers in the City were visited and a list made of all those who had employed or were likely to employ children. The employers on this list are now being visited routinely every six months to ensure that the regulations are being observed. The certificates completed by the school medical officers are now taken to the employer concerned instead of being posted so that a further check can be made of the suitability of the proposed employment. Officers of the local authority carry out employment patrols from time to time. On these patrols any child observed working is asked for his employment card and if the latter cannot be produced the employer is visited. In these various ways, it is possible to keep a close check on children doing work out of school hours and close compliance with the regulations now seem to be the rule.

### School Meals and Milk

The following particulars relate to the number of children in attendance and the number of meals provided on a single day in September, 1955.

Number of pupils present in school on the day selected:

A. In Primary Schools (excluding nursery schools)	..	8,924
B. In Secondary Schools	.. .. .	3,874
C. In Nursery Schools	.. .. .	298
D. In Day Special Schools	.. .. .	141
Number of school canteens	.. .. .	52
Number of schools or departments served	.. .. .	68
Number of schools or departments not yet served	.. .. .	—

	<i>Meals</i>		<i>Milk</i>	
	1954	1955	1954	1955
A. Primary Schools (excluding Nursery Schools)				
(i) Free	269	194	8,552	8,212
(ii) For payment	3,491	3,588	—	—
Percentage of total	41	42	93	92
B. Secondary Schools				
(i) Free	125	102	2,224	2,339
(ii) For payment	1,861	1,970	—	—
Percentage of total	53	53	59	60

	<i>Meals</i>		<i>Milk</i>	
	1954	1955	1954	1955
C. Nursery Schools				
(i) Free .. .. .	7	4	293	298
(ii) For payment .. .. .	287	294	—	—
Percentage of total .. .. .	99	100	98	100
D. Special Schools				
(i) Free .. .. .	27	22	128	130
(ii) For payment .. .. .	110	116	—	—
Percentage of total .. .. .	99	97	92	92
Residential Special School				
Number of pupils .. .. .	62			
Number taking milk .. .. .	61			

54 bottles of milk were sent home to children who were ill and usually had milk in school.

The figures show that the number of children for whom it has been thought necessary to provide free dinners has again decreased, a trend which has been constant over the past five years.

Percentage of children having school dinners—1950—1955.

	1950	1951	1952	1953	1954	1955
A. Primary Schools	48	47	47	41	41	42
B. Secondary Schools	54	55	59	49	53	53
C. Nursery Schools	100	100	100	100	99	100
D. Special Schools	100	98	97	95	99	97

Compared with 1950 the only significant change has been the 6% decrease in the number of primary school children having school dinners.

### Hygiene of Schools and School Canteens

During the year, routine hygiene inspections by the school medical officers were carried out at 55 schools and 25 school canteens.

The canteens were, in the main, found to be satisfactory. Standards of cleanliness of premises and staff were high and no case of food poisoning attributable to canteen food was reported. Adequate ventilation in hot weather was difficult to attain in some cases.

A number of improvements in school sanitary arrangements were made during the year and the two new primary schools which were lacking in urinals have had that deficiency repaired. The older schools provide a problem in that expensive structural alterations may be required to raise the level of sanitary accommodation to contemporary standards, but that is no excuse for the dirty, dilapidated, roofless urinals that are still to be found. The provision of adequate wash basins and hot water may take time but there is no reason why soap and clean towels should not always be available. One school was found in which the artificial lighting of the classrooms was totally inadequate.

### Infectious Diseases

Cases notified in school children:—

	1950	1951	1952	1953	1954	1955
Diphtheria ..	Nil.	Nil.	Nil.	Nil.	Nil.	Nil.
Scarlet Fever ..	28	50	77	94	20	15
Poliomyelitis ..	5	1	1	2	Nil.	5
Measles .. ..	423	528	268	941	1	429
Whooping Cough	250	217	14	129	141	27

### Diphtheria

For the seventh successive year no case of diphtheria was notified. The numbers of school children receiving primary and reinforcement immunisations in recent years are as follows:—

	<i>Primary</i>	<i>Re-inforcement</i>
1951	222	1,607
1952	191	1,837
1953	114	1,318
1954	172	1,867
1955	178	1,776

### Scarlet Fever

There was a remarkably low incidence of scarlet fever throughout the year, all the cases being very mild. An attack of this disease now usually means an absence from school of about 3 weeks compared with the 6 or 8 weeks considered necessary 25 years ago when the prevailing strain of streptococcus was more virulent and before chemotherapy and antibiotics were available to reduce the incidence of complications.

### Measles

After the solitary case of the previous year an epidemic of this disease developed in the spring and had attacked 429 school children before the end of the year.

### Whooping Cough

Only 27 cases were recorded during the year.

### Poliomyelitis

Between mid-September and the end of October, 5 cases of poliomyelitis occurred amongst school children and were admitted to the Slade Hospital. Each case was from a different school and the schools were widely dispersed. There were no deaths and all were thought likely to recover almost completely.

The first case was a 12 year old boy from East Oxford C. Secondary School who developed a slight palatal palsy. A week later a girl aged 5 from West Oxford Infant School was affected. On discharge from hospital she still had slight weakness of the left lower limb, but full recovery was expected. No further case occurred until 4 weeks later when a 3 year old girl from Donnington Nursery Class developed a left facial palsy and weakness of the left upper arm. She did well and was expected to recover completely. The last two cases were a boy aged 5 from New Marston C. Infant School and a boy aged 12 from Bayswater C. Secondary School. The latter's illness was non-paralytic but the former developed moderate weakness of the left lower limb and attended the Wingfield-Morris Orthopaedic Hospital for further treatment after discharge from the Slade Hospital.

### **Sonne Dysentery**

During the year, 31 children (27 of them aged under 10) were shown to have been infected with sonne dysentery, and were excluded from school together with 19 home contacts. This compares with 140 cases and 148 contacts who were excluded in 1954. The first small outbreak of 7 cases in mid-May followed closely on an outbreak at Botley Road Day Nursery, 6 of the children being direct contacts of cases there. Owing to prompt exclusion of these children and their home contacts only one other school child (at St. Thomas's Junior Mixed School) became infected.

A solitary case at Temple Cowley School at the end of August was followed by 8 more cases during September which affected Cutteslowe Infant School (3 cases), Summertown Mixed School (2 cases), St. Ebbe's Junior Mixed School (2 cases) and South Oxford Junior Mixed School (1 case).

A further small outbreak started during the second week of December, mainly in North Oxford, and 12 cases had been recorded by the end of the year.

### **Leptospirosis (Weil's Disease)**

This relatively uncommon disease, caused by contact with water contaminated by rats, was more widespread than usual in England last summer probably owing to the fine weather with its associated increased bathing in low-level rivers. One case occurred in early September in a 14 year old boy who had been bathing frequently in the Thames during the summer holidays. He developed the classical signs and symptoms of the disease (except for the absence of jaundice) and was admitted to the Slade Hospital. Agglutination reactions confirmed the diagnosis and his recovery was rapid.

## Tuberculosis

### A. New Cases.

The table below summarizes notifications of tuberculosis in children attending maintained schools in Oxford 1950-55:—

	1950	1951	1952	1953	1954	1955
Pulmonary Tuberculosis ..	8	5	3	8	4	6
Non-Pulmonary Tuberculosis ..	4	2	0	3	2	1

Four of the cases of pulmonary tuberculosis had known family contacts and were actually under observation when infection was first discovered.

One of these cases was a boy, aged 14, who developed bilateral lesions of adult type. 41 school children and staff who had been in contact with him were Mantoux tested and the 5 positives were X-rayed. All were normal.

One case developed a pleural effusion with his primary complex and was under treatment for 6 months before making a good recovery. All the teachers and canteen staff at his school were X-rayed together with 5 Mantoux positive class contacts (out of 39 tested) and 4 other class contacts who were already under observation at the Chest Clinic. All were normal.

One boy who had a positive Mantoux reaction when tested routinely with his age-group preparatory to having B.C.G. was found to have signs of a recent primary complex when X-rayed.

The non-pulmonary case was a boy with cervical adenitis who had but recently arrived from the United States and there is still considerable doubt as to its tuberculous origin.

### B. Cases in maintained schools on the Notification Register:—

	1950	1951	1952	1953	1954	1955
(a) Pulmonary Tuberculosis ..	35	34	32	39	40	24
(b) Non-Pulmonary Tuberculosis	24	26	17	19	14	7

## Protection of School Children against Tuberculosis

Compulsory chest X-rays of entrants to teachers' training colleges and on entry to employment with local authorities ensure that teachers now beginning work in maintained schools are free from active tuberculosis. 1953 saw the start of a voluntary scheme in which a chest X-ray by the Miniature Camera Unit at the Radcliffe Infirmary was to be offered to all teachers and non-teaching assistants in maintained schools. In 1954 the scheme was extended to include teaching, canteen and domestic staff of both maintained and independent schools, a policy which was continued during 1955. The response has been excellent, and during the 3 years under review 849 maintained school staff and 400 independent school staff have been X-rayed. (These numbers exclude new teachers who have been given routine X-rays on entry.)

During 1955, of 96 school staff X-rayed by the Miniature Camera Unit only 1 was recalled to have a large film taken. This was normal.

Now that the great majority of the school staffs have been X-rayed, it is proposed in future to address the chief appeal to staff aged less than 35 (the most vulnerable group) who have not been X-rayed during the previous 3 years and to staff entering service in independent schools. A member of any other group will, of course, be X-rayed on application.

### **B.C.G. Vaccination**

In the Annual Report for 1954 details were given of the administrative arrangements and technique which were to be adopted in implementing the scheme for the B.C.G. vaccination of school children who were approaching their fourteenth birthday. These methods have now been practised for a complete year and it is possible to say that they have proved extremely satisfactory. The initial Mantoux test is carried out on the chosen group early in term so that there is time for the B.C.G. vaccination of the negative reactors and a conversion test 6 weeks after that to be carried out before the end of term. Children whose Mantoux reaction has failed to convert to positive at 6 weeks are tested again at 14 weeks and if still negative are offered re-vaccination with B.C.G.

The following figures summarize the results obtained during the year:—

Forms sent	.. .. .	1036
Consents obtained	.. .. .	676 i.e. 65.3%
{ Number completing 1st Mantoux	.. .. .	664
{ Number Mantoux positive	.. .. .	83 i.e. 11.9%
Number given B.C.G.	.. .. .	581
{ Number completing 2nd Mantoux (at 6 weeks)	.. .. .	568
{ Number Mantoux negative	.. .. .	112 i.e. 19.7%
{ Number completing 3rd Mantoux (at 14 weeks)	.. .. .	98
{ Number Mantoux negative	.. .. .	47 i.e. 8.5% of those have completed all tests at this stage

The number of parents signing the consent forms that are sent out during the term before the tests are due to take place (65.3%) is by no means as high as could be wished. Those not returning the form within the specified period are visited by the school nurses to ensure that failure to reply is not due to oversight and to endeavour to persuade waverers to accept the procedure. The acceptance rate will undoubtedly rise when there has been time for the value of B.C.G. vaccination to be appreciated by the public.

The most noteworthy feature of the results so far obtained has been the extremely low number of children who are Mantoux positive when initially tested. This figure of 11.9% compares with one of 30% when a similar

age group was tested in 1950 and shows that the number of school leavers who have been in contact with tuberculosis has undergone a remarkable diminution.

Some concern was felt in November when the conversion tests carried out 6 weeks after giving B.C.G. showed an abnormally large number of negative reactors, 34.5% compared with the 11.5% previously experienced at this stage. No error in technique was discovered and when the negative reactors were tested again at 14 weeks all but 13.4% were found to have converted. Arrangements are being made by the Ministry of Health to have material from the same batch of Tuberculin P.P.D. as that used in the first conversion test examined against controls.

So far, 47 children (8.7% of those completing the tests) have failed to convert after B.C.G. 24 of these have been vaccinated a second time with the following results:—

- 17 have converted to Mantoux positive.
- 4 remain Mantoux negative (at 14 weeks after B.C.G.).
- 3 have not yet had final Mantoux test.

### Ringworm

The figures below show the numbers of children treated since 1946:—

1946	..	..	91
1947	..	..	57
1948	..	..	55
1949	..	..	36
1950	..	..	20
1951	..	..	16
1952	..	..	10
1953	..	..	7
1954	..	..	5
1955	..	..	2

The steady decrease in the incidence of this disease continues. Of the two cases treated in 1955, one was a relapsed case from the previous year. Both cases are now cured. Treatment has been by Undecylenic Acid Ointment; no case has been sent for X-ray epilation since 1953.

Scabies	1948	1949	1950	1951	1952	1953	1954	1955
Total number of individual school children treated (cases and contacts)	62	54	39	6	21	31	31	22
Total number of families treated	..	..	..	..	8	15	17	12

The incidence of this condition has undergone little change during the past five years. Treatment is undertaken by one of the nursing assistants, whenever possible in the patients' own homes. Donnington Clinic is



used if home conditions are inadequate. Every effort is made to treat the whole family on the same day as only in this way can eradication of the infestation be made certain.

### Pediculosis

During the year, 30,870 personal hygiene inspections were carried out by school nurses and out of 11,850 school children inspected, 103 children (0.87%) were found to have louse infestation of the head. The steady improvement that the yearly figures show is an indication of the painstaking application shown by the school nurses in the tedious work of inspection and of the thoroughness with which discovered cases are treated.

#### *Percentage of School Children Verminous.*

	1950	1951	1952	1953	1954	1955
England & Wales	7	6	5	5	Not available	Not available
Oxford . . . . .	2.03	2.16	1.96	1.56	1.2	0.87

### Vision Testing and Eye Defects

#### *Special Clinic at the Eye Hospital*

The arrangements have continued whereby a special clinic for school children attended by a clerk from the School Health Department is held at the Eye Hospital.

There is no waiting list for examination of new cases, nor for the provision of spectacles. 1,338 attendances were made by children from maintained schools at this clinic during the year, and spectacles were prescribed in 420 cases.

As the year progressed it became apparent that the waiting list of children requiring re-examination was lengthening and that the follow-up examinations of a substantial number of children were several months overdue. By December 148 children had been waiting 4 months or more. As a result of discussions with the staff of the Eye Hospital a number of extra clinics have been arranged and it is hoped that the waiting time will soon be greatly reduced.

#### *Colour Vision.*

Tests for colour vision using the Ishihara Charts continued to be carried out on all children in the 10-11 year age group. Out of 1458 children examined, 36 boys were found to have some degree of colour blindness, mostly slight. In addition to the 10-11 year age group, testing of older children who, for various reasons, had missed the earlier examination disclosed a further 6 boys with defective colour vision.

During the past seven years, 8,979 children between 10 and 11 years

have been tested; and 155 boys and 3 girls have been found to have some degree of colour blindness (the majority being red-green colour blindness). If it is assumed that the sexes were evenly distributed the incidence in boys and girls is 3.45% and 0.07% respectively.

### Audiometry

In 1955 routine testing with the pure tone audiometer was carried out on 1,727 school entrants. Special examinations were also performed on other children referred by school doctors, speech therapist, parents and head teachers. All the tests were carried out by a school doctor assisted by a school nurse or a clerk from the School Health Department and during the year 34 schools were visited and 1,799 children examined.

Of these 152 were referred to the E.N.T. Department either immediately after the first test or after being observed for a period and retested. 19 were thought to have hearing within normal limits, 14 failed their appointments or have left the City, and 7 are still awaiting appointments. In the cases of the remaining 112 children, the following recommendations were made by the Consultant Otolaryngologist:—

Removal of adenoids .. .. .	21
Removal of adenoids and bilateral antrum punctures and washouts	6
Removal of tonsils and adenoids .. .. .	38
Removal of tonsils and adenoids and bilateral antrum punctures and washouts	1
Bilateral antrum punctures and washouts .. .. .	2
Nasal drops and review later .. .. .	3
Wax removed and review later .. .. .	6
Radiological examination .. .. .	4
Eustachian catheterization .. .. .	1
Politzerisation .. .. .	3
No treatment and review .. .. .	27

During the four years that routine audiometry has been performed a total of 5,200 children have been tested, all but 176 of these being school entrants. Of 385 children referred to the E.N.T. Department a definite hearing loss was confirmed in 293. The hearing of the majority of these has been improved by treatment and only 10 children have been designated as permanently partially deaf. Six of them have been issued with hearing aids and the remainder recommended to sit at the front of the class. For only two of these children has it been necessary to provide special teaching, the others being able to profit from the teaching provided in ordinary schools.

### Ear, Nose and Throat Defects

#### *Special Clinic at the Radcliffe Infirmary.*

This clinic is of great value. Close liaison with the School Health Department is maintained by the attendance at the clinic of the Senior

Clerk in the School Health Department who records the results of the surgeon's examination, recommendation and treatment on to the school medical cards. Children may be referred to the clinic by their own general practitioners, by the school medical officers through the general practitioners or, in the case of children failing the audiometric examination, direct to the clinic by the school medical officers.

The routine programme for the removal of tonsils and adenoids in the Department had, unfortunately, to be severely curtailed throughout the autumn owing to the prevalence of poliomyelitis in Oxford.

*Attendances of City Children at the E.N.T. clinic.*

	1952	1953	1954	1955
New cases .. .. .	347	508	445	473
Old cases .. .. .	372	564	679	517
Number recommended for operative treatment	269	423	375	331
Number recommended for other forms of treatment .. .. .	173	321	235	155
No treatment advised .. .. .	277	351	529	515

The number of City children who received operative treatment were as follows:—

Tonsils and adenoids .. .. .	256	388	361	287
Other operative treatment .. .. .	68	80	84	58

### Minor Ailment Clinics

Attendance at these clinics continues to fall steadily. The total of 2,027 first attendances in 1955 is 662 less than in the previous year, less than half the total for 1950 and almost exactly one-third of the total for 1949.

After Easter the school nurses ceased to attend these clinics as it was felt that their time would be more usefully spent on other duties. The clinics are therefore now staffed by a school medical officer, a nursing assistant and a clerk from the School Health Department.

The following table shows the number of children attending the clinics during the year compared with those attending in 1949 and 1954:—

<i>Disease or Defect</i> (1)	1949		1954		1955	
	<i>Number of Attendances</i>		<i>Number of Attendances</i>		<i>Number of Attendances</i>	
	<i>First</i> (2)	<i>Second and Subsequent</i> (3)	<i>First</i> (2)	<i>Second and Subsequent</i> (3)	<i>First</i> (2)	<i>Second and Subsequent</i> (3)
Skin :—						
Ringworm—Head ..	36	475	2	26	2	39
Ringworm—Body ..	17	39	6	5	3	3
Verrucous Head ..	270	143	144	55	103	37
Scabies ..	22	17	20	27	12	14
Impetigo ..	120	138	88	82	45	90
Other Skin Diseases ..	232	218	264	162	139	63
Lung Diseases ..	4	—	2	1	1	—
Heart Diseases ..	2	—	2	—	1	—
Ear Diseases ..	243	165	115	47	58	9
Nose and Throat Diseases ..	235	44	75	6	32	5
Eye Diseases (external and other) ..	619	329	272	115	273	54
Orthopaedic (Posture, Flat Foot and other) ..	244	196	176	9	61	13
Nervous System (Epilepsy or other) ..	1	—	—	—	—	—
Psychological (Development or Stability) ..	12	—	6	—	4	—
Developmental (Hernia or other) ..	9	4	—	—	1	—
Miscellaneous (Minor Injuries, Sores, Chilblains, etc.) ..	4008	4150	1617	3579	1292	1316
TOTAL ..	6074	5918	2689	4114	2027	1643

The following table is an analysis of the large miscellaneous group in the total:—

	<i>First attendances</i>	<i>Subsequent attendances</i>	<i>Total</i>
Minor Injuries .. ..	720	445	1165
Warts .. .. .	225	842	1067
Employment examinations ..	310	—	310
Other examinations .. ..	37	29	66
	<hr/>	<hr/>	<hr/>
	1292	1316	2608
	<hr/>	<hr/>	<hr/>

Compared with 1954 the outstanding change is the reduction by two-thirds in the number of children attending on account of warts. This is largely because of the encouragement of home treatment of warts which followed last year's enquiry into their incidence and the effectiveness of different types of treatment.

### Remedial Exercises

Both Miss Flint and Miss Cowell resigned in July and so far, in spite of repeated advertisement, it has been possible to fill only one of the vacancies. Miss Revels took up her duties as Remedial Gymnast in September but being single handed, she has had to reorganize the remedial classes so as to deal with as many children as possible. Miss Revels reports as follows: "Owing to the staff shortage in September, six of the Remedial Clinics had temporarily to be closed, and so the continuity of treatment in some cases had, unfortunately, to be broken. Any very urgent cases have been treated at the nearest clinics.

The fine, large hall at New Marston C. Primary School was placed at our disposal this year, which enabled many more children to be treated there.

Remedial work at the Open Air School continued throughout the year with some encouraging results. Special attention has been given to the cases of bronchiectasis. Each week the tipping is supervised and the children have been taught the importance of doing this regularly. From January 1956 there will be a nursery assistant at the school who will, under the Gymnast's guidance, supervise the daily tipping and breathing exercises of children for whom these have been prescribed.

The importance of regular home practice is continually stressed. At all the clinics printed sheets of home exercises have been given to the children. Mothers are invited to attend with their children, especially at the first treatment.

Detail of the year's work is shown below in tabular form. Treatment described as refused or incomplete includes those children who have left school or the City before a satisfactory result was obtained. An asterisk marks those clinics which had to be closed in September. Five these of are being re-opened in January and others closed in their stead."

<i>School or Clinic</i>	<i>Number under Treatment Posture Feet</i>		<i>Satisfactory result</i>	<i>Treatment Still on refused or treatment incomplete ment</i>	
Bury Knowle .. ..	33	58	36	4	51
Donnington .. ..	51	86	49	6	82
Rose Hill .. ..	41	41	31	—	51
Barton Infant School ..	12	13	1	2	22
Bayswater Secondary School	19	7	9	—	17
East Oxford .. ..	63	37	35	10	55
New Marston C. School ..	57	30	15	11	61
*Walton Street .. ..	19	15	9	3	22
*South Oxford .. ..	15	17	2	3	27
*West Oxford Girls' and Infant Schools .. ..	6	9	3	—	12
*St. Frideswide's Boys' School	4	6	1	—	9
*Cowley .. ..	21	5	3	5	18
*Summertown .. ..	21	14	10	2	23
*SS. Mary & John School ..	1	2	—	—	3
New Marston C.E. School ..	4	5	—	1	8
	367	345	204	47	461

### Handicapped Children

(a) *Blind Pupils*: that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

Two children are at residential schools: one at Lickey Grange School and one at the Sunshine Home, Abbotskerswell.

One backward child who was, last year, tried for the second time at the Sunshine Home, Leamington Spa, had to be re-admitted to the Occupation Centre. If he makes sufficient progress, an attempt may later be made to have him admitted to Condover Hill. A very real difficulty still exists in finding suitable residential homes to take handicapped children with severe double defects.

(b) *Partially Sighted Pupils*: that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development but can be educated by special methods involving the use of sight.

Two children are at residential schools: one boy at Blatchingdon Court, Brighton, and one girl at the Barclay School, Ascot.

Five children are at ordinary schools, including one girl from the Barclay School who can now be educated in an ordinary school.

One boy was admitted to West Stowell House (Pewsey Hospital, Wiltshire) for investigation of his mental condition and is likely to remain there.

(c) Deaf Pupils: that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

Three children are at residential schools; one at the Royal School for the Deaf, Birmingham; one at the Royal West of England School for the Deaf, Exeter, and one at Donnington Lodge, Newbury.

One girl attends the Occupation Centre as a visitor.

One girl who was placed in this category last year is now known not to be deaf but to suffer from aphasia.

(d) Partially Deaf Pupils: that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

One child is resident at the Royal School for the Deaf, Birmingham.

Twenty-seven children attend ordinary schools. Fourteen of these have been supplied with hearing aids, the remainder sit in the front row of class.

Two boys were resident at Beechcroft School, London, until July when the school was closed permanently. Since no other residential placings were immediately available and it was the wish of the parents that the boys should live at home if possible, arrangements were made for them to be attached to St. Clement's C.E. Mixed School. The Education Department secured the part-time services of Mrs. Marchbanks, a certified teacher of the deaf, who has been able to give them specialised teaching at school for three sessions a week. Twice weekly the boys have attended the Audiology Centre at the Radcliffe Infirmary for further special teaching and instruction in lip-reading, again by Mrs. Marchbanks so that continuity of instruction has been ensured. Improvisation has necessarily had to make up for the lack of proper specialised equipment and for lack of a special class-room and thanks are due to the willing co-operation of all concerned, including the Headmaster, for the way in which difficulties have been overcome. It is not possible to say for how long these arrangements can continue, but for the present they are proving satisfactory.

The possibility of forming a special class to include other partially deaf children was also discussed with the Consultant at the Hearing Assessment Clinic and the Hearing Therapist at the Radcliffe Infirmary. A small group of 7 boys aged between 7 and 10 (including the 2 boys from Beechcroft School) was considered to provide a possible nucleus for such a class but, unfortunately, further investigation showed that the number of younger partially deaf children who were known to the E.N.T. Department would be insufficient to maintain such a class and so the project has, for

the time being, been abandoned. Apart from the two most severely handicapped boys for whom the arrangements already described had to be made, the other five boys are in ordinary classes. All have recently been visited and their respective teachers consider that they are not particularly handicapped by their deafness and that all are benefitting from ordinary class teaching.

(e) Educationally Sub-Normal Pupils: that is to say, pupils who by reason of limited ability or other conditions, resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary school.

12 children are at residential schools; 3 at Wood Eaton Manor School, Oxon; 1 at Besford Court, Worcester; 1 at All Souls, Hillingdon; 3 at St. Thomas More's School, East Allington, Devon; 2 at St. Francis School, Monyhull and 2 at Swaylands School.

9 children are attending special classes in ordinary schools and 11 are attending the Occupation Centre as Visitors.

During the year, 66 children were examined by the Approved Medical Officers, Dr. Skone, Dr. Willson, Dr. Anscombe, Dr. Coulter and Dr. Jenkins; 12 of these children were reported to the Local Health Authority either under Section 57 (3) or 57 (5) of the Education Act, 1944.

#### *Slade Park School.*

A number of improvements were carried out at the school during 1955. A new unit comprising two classrooms and a staff room was opened in September. The spacious classrooms were used, one for housing a class of 8 and 9 year olds and the other for the long awaited infant class of 5 to 7 year olds. The infant class is provided with its own toilet accommodation and with two shower baths. It has french windows opening on to an asphalted playground meant for the sole use of the youngest children. To have a special class for these young backward children is a great asset for the City. Of the 19 children comprising the class in its first term, 2 were drawn from Nursery Schools, 2 from the Occupation Centre, 1 from an independent school and the remainder from ordinary schools. It is staffed by a nursery and infant trained teacher and by a nursery assistant. Provision of the other classroom means that it is now no longer necessary to house a class in the hall. The school now has accommodation for 100 children in 5 classes each with its own room.

An asphalted playground for the older children has also been completed and is marked out for games so that outdoor activities no longer have to be abandoned after wet weather.

In July about 30 children spent an enjoyable week camping at Wytham. Two staff accompanied them and were assisted by four students from Culham Training College. Some school work was done each day but visits to neighbouring places of interest and participation in the cooking and other camp chores provided fresh experiences.



A school club was started early in 1955, the purpose being to meet after school on one evening a week and to participate in various handicrafts, games and country dances. The first term's meetings were quite successful. No meetings were held during the summer and when they were started again in the autumn they unaccountably failed through lack of support and had to be abandoned. A further attempt to rouse enthusiasm for these meetings may be attempted later in the year.

The close contact between the Headmaster, Staff and School Health Department has continued. Regular remedial exercises and speech therapy sessions have been held throughout the year.

Of the 11 children leaving school during the year, all have obtained employment. Out of 8 leaving in July, only one has since found his first job unsuitable and has had to change it for another. As in previous years, the Headmaster has made a particular point of maintaining contact with his old pupils.

(f) Epileptic pupils: that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

There are no children in this category but a number of children suffering from slight or occasional manifestations of epilepsy attend ordinary primary or secondary schools.

(g) Maladjusted pupils: that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

10 children are at residential schools: 2 at Walton Elm School, Dorset, 2 at Redhill School and one at each of the following:—West Preston Manor School; St. Brandon's School, Clevedon; Rostrevor, Northampton; St. Catherine's School, Bristol; Rudolph Memorial School, Dulwich and Bylands School, Basingstoke.

3 children at the Bodicote Lawn Hostel attend ordinary schools.

41 children attend Northern House Day Special School.

## CHILD GUIDANCE SERVICE

**(A) Child Guidance Clinic.** (Report submitted by Dr. R. G. McInnes and Dr. V. L. Kahan).

1955 has been a year during which the activities of the Child Guidance Clinic have continued much as in the previous year. Dr. Kahan has acted as Medical Director, and Dr. R. G. McInnes as Consultant Director, chiefly concerning himself with matters of administration. The practice of holding monthly case reviews under the chairmanship of Dr. McInnes has been continued and has shown an expanding return in interest and influence. Towards the end of 1955 the Paediatric Department of the Radcliffe Infirmary became interested in the educational value of child guidance for its students and arrangements were made for them to attend the didactic case reviews which were already being attended by Maternity and Child Welfare Workers, Head Teachers, and other interested persons by invitation.

There have been no formal changes of staff during the year. Miss S. Friedmann, Ph.D., has continued in her duties as Clinical Psychologist throughout the year, Miss J. H. Pick, Psychiatric Social Worker, unfortunately was taken ill in the early summer and was unable to return to duty for the remainder of the year. Miss A. Wallace, Speech Therapist, has been continuing speech therapy at the clinic, chiefly with children at Northern House School. Miss S. C. Harnett, an experienced and capable worker, was appointed to undertake lay psycho-therapeutic duties with the clinic for one session weekly. She has been an extremely valuable member of the clinic since she started her duties in May.

Dr. Kahan on the last day of 1955 obtained an appointment as Consultant Child Psychiatrist with the South West Metropolitan Regional Hospital Board and will be leaving in the first quarter of 1956.

The sources of referral are always of interest and in 1955 were no less so than in other years. 71 children were referred by the Educational Psychologist. Medical referrals were 40, of which hospital and general practitioners were responsible for 11. The Children's Officer and Courts referred 7. The number referred, 139, is higher than last year, 37 more being referred by the Psychologist and the remainder being spread over the usual referring agencies without changing the past pattern.

It is always difficult to decide which cases shall receive priority in being seen at the Child Guidance Clinic. With the present rate of referral it is impossible for all to be seen each year. For 1955, for example, a waiting list of 76 remains at the end of the year.

During the year 106 cases were closed. This includes 12 cases that were closed before they were actively dealt with by the clinic, leaving 94 cases that were fully investigated. Of these, 18 were diagnostic only, 18 were transferred to other agencies, as being more suitable in the management of the case, 4 left the district, 4 were found not suitable for child guidance

management, and of the remaining 46, 36 were closed improved. 10 cases, however, had to be closed on account of lack of co-operation by the parents. It is always regrettable when a case has to be closed on such an unsatisfactory basis. Nevertheless so varied are the reasons for children being referred, not always with parental co-operation, it is not surprising that among a group of adults with emotional difficulties so intense that their children suffer from them as well, a small proportion of parents are unable to benefit from child guidance management. It is only in cases when a child is either not benefitting or is actually suffering from being kept under clinic treatment or the parents increase in hostility, that the case is closed under the heading of "parents unco-operative".

Of the cases referred it was possible only to see the most urgent. It is interesting to see that behaviour problems are no longer the major cause for referral. Educational difficulties and nervous disorders of a passive type account for 52 and 32 cases each, compared with 31 of behaviour disorder. The fourth category, habit disorders and physical symptoms, accounted for 24 cases.

It has been pointed out in a previous report that the reason given for referral is usually only the presenting aspect of the case, and maladjusted children are usually globally disturbed. There has been a tendency in the past for cases with nuisance value to be referred more frequently, but greater experience among referring agencies is leading to less obvious but very needful cases being discovered and referred instead of waiting for adult patience to be exhausted first.

The age range of cases referred is much the same as in the past. The peak referral is in Year 7, with a plateau from 7—9. This is very similar to the previous year when the peak of referral was Year 6, but the plateau continued up to age 11. It is generally regarded as advantageous for children to be referred as early as possible, so that problems are recognised, treated, and managed while they are relatively fluid. Although it is satisfactory that some clinic cases are recognised as early as 6 years of age, there is still room for improvement.

As clinic referrals, boys continue to outnumber girls in all the age ranges, with the exception that adolescent girls, on the whole, have more difficult problems of adjustment than boys and are seen with relatively greater frequency in the 13 plus age range. Earlier recognition in the first year of school life, and even in infancy, needs to be aimed at, and the present principle of including in the monthly case reviews representatives from the Maternity and Child Welfare Service should help this to come about.

After all the factors in the case were considered with a view to establishing priorities, 50% of the medically referred cases were seen to be urgent, and 36% of the Educational Psychologist's cases. Court cases which always have a high priority, as have also the Children's Officer cases, were all seen within a short time of referral. Other agencies on the whole did not refer cases which showed urgent need for child guidance intervention.

It will be gathered from the preceding paragraphs regarding the need to establish priorities for cases, that there is insufficient staff to deal with the volume of work that requires to be undertaken. Diagnosis, therapy and recording are all having to be dealt with inadequately as a consequence. Better efficiency would be achieved with two more sessions weekly of psychiatric time at full specialist level, and one further session of a play psycho-therapist.

An important aspect of the efficient working of the clinic is the relationship between the Child Guidance Clinic proper and the School Psychological Service. It is through the Psychologist working within the School Psychological Service and in the clinic as Clinical Psychologist, that the needs of the children within the educational field can be properly dealt with, from the viewpoint of assessing children requiring help, following up their progress within the educational system before clinic attendance and helping the teachers to understand the problems of the children under their care so that suitable cases are brought forward and a balance between useful referrals and swamping the clinic with inappropriate ones is achieved.

At present the inroads made on the time that the Psychologist devotes (approximately half time) to the clinic, are such that the preventative and follow-up aspects of her duties are falling behind on account of the volume of urgent psychological and diagnostic work that has to be done. The maintenance of a watching brief on current and former patients, through school visits and the interpretation of the problems of the children concerned, to the teachers, is being inadequately dealt with on account of the pressure of acute needs on the Psychologist's time both within the clinic and the pre-clinic situations. Part-time assistance for four sessions a week from a fully qualified Psychologist is required. This would be spent principally on routine testing, thus leaving the senior Psychologist free and more effective to carry out the more difficult and responsible roles outlined above.

On the social side it is felt that a full time psychiatric social worker requires further assistance of at least one day a week to deal with the volume of work that this clinic does.

The need of increased facilities in the above fields is paralleled by the need for further clerical assistance. The appropriate assessment of cases both open and closed, with follow up enquiry and compilation, is being held up on account of lack of time on the part of the members of the clinic staff. Much useful information which could shed light on many important aspects of child guidance, causative, curative and preventative, is being allowed to slip out of sight, unrecognised. It would indeed be regrettable in view of the large mass of important material that is continuously being added to the records of this clinic, if for the want of clerical assistance no advance is made in this field.

The clinic has continued to work in close conjunction with Northern House School. It has been the portal of entry to the school and the assess-

ing agency, in conjunction with the school staff, to decide when a child was ready to leave Northern House School. In addition, one session a week was devoted to furthering the work done at Northern House School by the staff there. Weekly case conferences on children, re-examination and assessment in rotation, termly case reviews to assess the progress of the children in the school in conjunction with the reports of the teachers, and the compiling of closure reports, have continued throughout the year.

During the year one of the investigating Committees of the Ministry of Education visited Northern House School and clinic with a view to assessing the work done here, with the object of including their findings in a memorandum on the provision required for maladjusted children. The report, published towards the end of the year, shows that the work done here in dealing with maladjusted children on a day basis, in close conjunction with the Child Guidance Clinic is not only almost unique at present but has been accepted by the Committee as one of the most effective ways of dealing with the problem of the treatment and management of juvenile maladjustment.

Fourteen children are receiving boarding education under the Handicapped Pupils Regulations on account of their emotional maladjustment. These children attend the clinic for supervisory interviews during the school holidays, and in many instances are visited at their schools while they are away, by one of the clinic staff.

In addition to the direct measures to deal with the child guidance problem in the city, such as have been described above, lectures to appropriate bodies such as Health Visitors, District Nurses in training, and interested groups of parents, have continued throughout the year.

It can be said that the influence of the Child Guidance Clinic through both its direct and indirect activities with regard to increasing the mental health of children, has been successful.

The value of preventive work early in child management is indisputable and in Oxford we have followed the lead given by the pilot scheme of the L.C.C.

Without exaggerating the advantages that are likely to obtain from counselling anxious and uncertain mothers and reassuring them in the early days of their management of their infants, it is likely that better adjustment between the infant and his mother will lead to less intense difficulties in babyhood and childhood. Even allowing for every factor of improvement in the knowledge and assurance with which children are brought up by their parents, difficulties will occur, for it must be remembered that infancy and childhood are periods of learning with inevitable misjudgments; in fact, some difficulties and periods of maladjustment must be regarded as normal for this time of life.

A new departure was made in the year to try to deal more effectively with the relatively high referring rate. It was decided to maintain a relatively intensive diagnostic service and start a treatment waiting list

as and when it became necessary. This has led to 44 cases awaiting treatment—an unsatisfactory state of affairs. It is always disappointing for a parent, and often for the patient as well, when they have taken steps to attend the clinic, to be told that nothing can be done for the time being and that they will be sent for as soon as possible. A waiting list for treatment of the order given, represents a long waiting time except for the relatively few that will be given priorities.

Through the year the working relationship that has been established between the School Medical Service and the Child Guidance Clinic staff, has continued. All new cases attending the clinic have received a medical examination from a school medical officer, and significant physical findings have been discussed in the case conference that is a normal part of Child Guidance procedure when investigating and assessing new cases.

The figures given show a need for an increase of therapeutic facilities. Although in some regards it is best for the Psychiatrist to do his own therapy, this in practice is frequently not possible. In such cases the expansion of therapeutic services must be arranged through lay workers, both the Psychologist and the Child Psycho-therapist having important roles to play in this regard.

It is a pleasurable duty for the writer to draw attention to the loyal co-operation of the members of the clinic staff during the year. The welfare of the patients has always been their guiding principle, and private considerations have not been allowed to stand in the way of this, and at no time have members of the staff allowed formal office hours to interfere with the carrying out of their duties.

### *Annual Statistics.*

TABLE I

I. *Number of Sessions.*

Psychiatrist—4½.

Psychologist (full time).

Psychiatric Social Worker—full time.  
(sick leave since June 1955)

Play Therapist—1.

II. *Psychiatrist.*

Weekly or fortnightly therapy cases .. .. .	18
Less than fortnightly .. .. .	68
Total number of case interviews.. .. .	474

III. *Psychologist.*

Weekly therapy cases .. .. .	3
Less than weekly therapy cases .. .. .	61
Total number of case interviews.. .. .	396
Total number of children tested in school .. .. .	244
Total number of school visits .. .. .	207
Other visits .. .. .	63
Other interviews .. .. .	11

IV. *Psychiatric Social Worker.*

Weekly or fortnightly therapy cases .. .. .	18
Less than fortnightly therapy cases .. .. .	53
Total number of case interviews.. .. .	196
Total number of home visits .. .. .	205

V. *Play Therapist.*

Weekly therapy cases .. .. .	5
Total number of case interviews.. .. .	68

TABLE II.

I. Current cases at end of 1954 .. .. . 259

II. *Referrals.**Sources:—*

School Medical Officers .. .. .	29
Head Teachers and Educational Psychologist .. .. .	71
Chief Education Officer .. .. .	1
Hospitals and General Practitioners .. .. .	11
Parents .. .. .	11
Courts and Children's Officer .. .. .	7
Transferred from other agencies .. .. .	2
Speech Therapist .. .. .	7

———— 139

*Reasons for referral:—*

Nervous disorders, fears, obsessions .. .. .	32
Habit disorders and physical symptoms .. .. .	24
Behaviour disorders .. .. .	31
Educational difficulties .. .. .	52

———— 139

III. <i>School Placements.</i>							
Northern House School .. .. .	..	..	..	..	..	..	16
Residential School or Hostel .. .. .	..	..	..	..	..	..	14
Transferred to ordinary school from Northern House School .. .. .	..	..	..	..	..	..	13
Transferred to Residential School from Northern House School .. .. .	..	..	..	..	..	..	1
Withdrawn by parents from Northern House School ..							Nil.
IV. <i>Cases closed.</i>							
Diagnostic only .. .. .	..	..	..	..	..	..	18
Improved .. .. .	..	..	..	..	..	..	36
Transferred to other agencies .. .. .	..	..	..	..	..	..	18
Parents unco-operative .. .. .	..	..	..	..	..	..	10
Left the district .. .. .	..	..	..	..	..	..	4
Removed from waiting list .. .. .	..	..	..	..	..	..	12
Not suitable for Child Guidance management ..	..	..	..	..	..	..	4
Transferred to boarding school .. .. .	..	..	..	..	..	..	4
						—	106
V. Waiting list for therapy .. .. .	..	..	..	..	..	..	44
VI. Awaiting investigation .. .. .	..	..	..	..	..	..	76
VII. Total Clinic Case load .. .. .	..	..	..	..	..	..	292
VIII. Total number of open cases .. .. .	..	..	..	..	..	..	216

(B) **School Psychological Service** (Report submitted by Miss Friedmann).

Psychological work in the school and in the clinic are complementary. It may, however, be of interest to review the statistics relating to school psychological work only, in detail, at this stage.

**Total Number of Open Cases.**

For the purpose of the School Psychological Service any child referred to the Psychologist is regarded as an "open" case after the initial diagnostic interview, until he or she leaves school or the district. This means that even if no further action is recommended, indirect enquiries are made from time to time via the Head Teachers, as to the progress of the child. The purpose of this remote supervision is essential to the preventative aspect of the Service. It ensures that any further difficulties can be spotted as early as possible, and that any handicap a child may have is explained to Head Teachers when the child moves into another department. It is considered that the preventative aspect of the School Psychological Service is one of its most important functions.

The total number of open cases does not include numbers on roll at Northern House School. The figures for these are included in the clinic statistics.



## Referrals

The distribution of referrals with regard to age, in 1955, are shown in Table IV. It will be seen that there was a larger number of boys than girls referred in 1955. This is perhaps not surprising since it is generally found that more boys than girls are retarded in reading, and this is one of the most frequent causes for which a child was referred. The age distribution for both boys and girls showed that the most frequent referrals occur between the ages of 7 and 11, i.e. during their primary school years. This feature can be explained by the fact that it is during these years that it is most essential for teachers to spot any difficulty in school work. There is a slight swelling of numbers again at 16. This is largely due to children attending special schools who are re-examined as school leavers.

### Reasons for which referred: Table IV

It will be seen that the largest number of referrals were on account of backwardness. This includes a number of those who were ascertained as educationally subnormal, as well as children of average or above average intelligence who were retarded in one or more school subjects.

### Action recommended

Nearly 40% of all referrals could be dealt with on the basis of advice on educational or general management. Further child guidance clinic investigation was recommended for over 30%. This means that some emotional upset or disturbance was suspected as a major or contributory factor to the difficulty for which the child was referred in over 30% of the cases seen.

In the list of referrals to the Psychologist 47 cases were included which, strictly speaking, come under the head of re-referrals, i.e. children who have already received some form of psychological management but who require further interviews and investigation at a later date. The typical cases are children placed in special schools whose case needs to be reviewed formally when they leave school or who exhibit other difficulties which need to be investigated. This number is deducted from the number of open cases in Table III.

### General Comments

The over-all picture emerging from the figures of the School Psychological Service is that the intention of the Service—that it should be widely used by the schools—is being fulfilled. Over two-thirds of all the referrals come from Head Teachers. A fair proportion of these could be dealt with by the Psychologist on the basis of advice on the educational and general management of the child. Others need further investigation at the Child Guidance Clinic or special schooling which is arranged in

co-operation with the Chief Education Officer, the School Medical Officer and other agencies.

One of the long-standing problems of the Service, the remedial education of children of average intelligence who are retarded in reading, is now on the way to being solved by the Education Committee's proposed establishment of remedial classes.

The main difficulty of the Service at the moment is the bulk of the work confronting the Psychologist. The number of open cases is over 1000. Moreover, there is still a gap between the number of cases referred during the year and those which can be seen during that year. In order not to allow this gap to widen it is often necessary for the Psychologist to give less time than may be desirable to each individual case under consideration. The aspect of the Service which suffers most from this pressure of work is that dealing with follow ups of children on whom advice has been given, in order to judge of its effectiveness in every case, and maintaining close contact with all other agencies who may be dealing with such children. It is not considered that the amount of work is likely to diminish in the future. It is hoped, on the contrary, that those using the Service at present should continue to do so to the widest possible extent.

Additional help in the routine testing of children would certainly assist in allowing the community to use the Service to its fullest extent.

TABLE III

*School Psychological Service*

(excluding Child Guidance Clinic work and excluding children on roll at Northern House School).

I. Total case load at end of 1954 .. .. .	849
II. Referrals to the Psychologist only:—	
Head Teachers .. .. .	270
Parents .. .. .	10
Chief Education Officer .. .. .	37
School Medical Officer .. .. .	27
Speech Therapist .. .. .	9
Children's Officer .. .. .	3
Others .. .. .	11
	— 367
January to March .. .. .	120
March to June .. .. .	87
July to September .. .. .	39
October to December .. .. .	121
	— 367
Referrals previously seen.. .. .	47

III.	Number of cases seen	..	..	..	..	..	266
	(a) at school	..	..	..	..	..	244
	(b) in clinic	..	..	..	..	..	22
	Number of school visits	..	..	..	..	..	207
	January to March	..	..	..	..	..	70
	March to June	..	..	..	..	..	50
	July to September	..	..	..	..	..	28
	October to December	..	..	..	..	..	59
IV.	Total number waiting to be seen	..	..	..	..	..	101
	Children who left school during 1955	..	..	..	..	..	51
	Total number of open cases December, 1955	..	..	..	..	..	1017
	(Case load at end of 1954 plus children seen in 1955, minus school leavers and referrals previously seen).						

TABLE IV

*Distribution of Referrals in 1955.*

		<i>Boys</i>	<i>Girls</i>	<i>Totals</i>
1.	Ages 16 years	15	6	21
	15	6	6	12
	14	9	8	17
	13	10	7	17
	12	15	4	19
	11	26	12	38
	10	30	5	35
	9	34	20	54
	8	39	11	50
	7	45	18	63
	6	18	6	24
	5	6	3	9
	4	1	3	4
	3	2	2	4
	2	0	0	0
	Totals	256	111	367
2.	<i>Reasons for which referred:—</i>			
	Backwardness	..	..	231
	Behaviour difficulties	..	..	40
	Advice	..	..	56
	Review of existing cases	..	..	29
	Speech difficulty	..	..	10
	Other	..	..	1
	Totals	..	..	367

3. *Action recommended:—*

Referral to Child Guidance Clinic .. .. .	81
Special Class .. .. .	29
Day E.S.N. School .. .. .	40
Northern House School .. .. .	16
Residential E.S.N. School .. .. .	2
Residential school for maladjusted children .. .. .	1
Referral to other agencies .. .. .	1
Speech therapy .. .. .	2
Advice only .. .. .	104

276\*

\* In some cases more than one line of action may be recommended for a child.

(h) Physically Handicapped pupils; that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

3 children are in residential schools; 2 at the Lord Mayor Treloar College and one at the Heritage Craft School, Chailey.

3 other physically handicapped children are attending ordinary schools, part-time or full-time. 4 are having home tuition.

*Wingfield-Morris Orthopaedic Hospital School*

As a part of the School Health Service, arrangements are made to include the children attending the Special School at the Wingfield-Morris Orthopaedic Hospital in routine vision and audiometer testing. Visual or hearing defects found in children likely to be discharged within a few weeks are notified to the appropriate local authority for further investigations whilst those found in children likely to be in hospital for a long time are referred either to the Eye Hospital or to the Department of Otolaryngology at the Radcliffe Infirmary.

In the 53 children examined the following defects were found:—

*Vision.*

Number of children with defective vision—4.

Referred to Eye Hospital—3.

Referred to L.E.A.—1.

*Hearing*

Number of children with hearing loss—7.

Referred to E.N.T. Department—5.

Referred to L.E.A.—2.

*Children suffering from Cerebral Palsy*

There are 24 children aged 2 years and over who are known to be suffering from cerebral palsy. 12 of them are at ordinary primary or

secondary schools, 11 who have very little disability attending full time and one severely handicapped boy, attending part-time.

Five children who are educationally subnormal attend the day special school at Slade Park and one child who is deaf attends the Royal School for the Deaf, Birmingham. Two attend the Occupation Centre, one of them having been reported as ineducable under Section 57 (3) of the Education Act, 1944, and the other attending under informal arrangements. One other child was reported as ineducable and was admitted to West Stowell House (Pewsey Hospital, Wiltshire) after being certified as mentally defective. Three are aged less than five years.

#### *Home Teaching*

Four children have received home teaching during the year. Two of these suffer from progressive muscular disease. One has severe multiple congenital deformities and one is convalescent from an infective cerebral thrombosis.

The work of the British Red Cross Society in arranging a summer holiday by the sea for severely physically handicapped children, and in organising social functions where parents and children can meet and discuss their problems, is very greatly appreciated.

(i) Pupils suffering from Speech Defect; that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

#### *Report submitted by Miss J. Mitchell, the Senior Speech Therapist, United Oxford Hospitals*

##### *Number of patients*

Under weekly treatment, 1st January 1955 .. .. .	44
New cases admitted during 1955 .. .. .	46
Discharged during 1955 .. .. .	48
Under weekly treatment, 31st December 1955.. .. .	44
On waiting list, 31st December, 1955 .. .. .	4
Under regular supervision, 1st January 1955 .. .. .	63
Under regular supervision, 31st December 1955 .. .. .	65
Total number of patients examined, treated and reviewed during 1955 .. .. .	157

##### *Reasons for referral*

Dyslalia (Disorder of Articulation or Retarded Speech Development) .. .. .	102
Cerebral palsy or allied conditions .. .. .	6
Stammer .. .. .	41
Cleft palate and allied conditions .. .. .	8

*Result of treatment and disposal*

Discharged, speech normal .. .. .	27
Discharged, speech improved to optimum .. .. .	4
Discharged, lapsed .. .. .	4
Still under treatment weekly .. .. .	44
Still under regular supervision .. .. .	65
Referred to Child Guidance Clinic .. .. .	12
Referred to Oxfordshire County Therapist .. .. .	1

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 157

The year 1955 has shown an increase of twenty-five in the total number of cases examined, treated and reviewed over the previous year. This increase is thought to be due to the close liaison between the Speech Therapy Department and the Oxford City Schools which has been fostered by the system of regular school visiting. During the year, thirty-seven school visits have been made, and the interest shown by Head Teachers and their staffs has been most gratifying.

The success of the system whereby Speech Therapy sessions are held in the minor ailment clinics of the Oxford City School Health Services is noteworthy. Only four cases have lapsed through lack of co-operation on the parents' part. At present, Speech Therapy Clinics are being held in the Barton Primary Schools, New Marston Infant School, Slade Park Special School, and the St. Aldates and Donnington Clinics. Clinics held in the Bury Knowle and Greyfriars centres were discontinued as not now meeting a need.

The co-operation between the Child Guidance Clinic and the Speech Therapy Department continues to be useful. During 1955, twelve children were referred there for further investigation. Whilst it has not been necessary for a speech therapist to attend the Child Guidance Clinic regularly, arrangements have been made for Miss Wallace to treat individual cases when the need has arisen.

The number of cases under regular supervision remains constant. These cases include children requiring only periodic observation for minor developmental speech defects and children whose speech is within the bounds of normal but whose tendency to deteriorate must be watched. It also includes children who, for medical or social reasons, are not ready for direct speech therapy and children who may need a "rest" from treatment. Under this scheme, the opportunity for keeping in touch with the home or school remains open.

In several instances, home visiting has been carried out by a Health Visitor and much valuable information has been provided. This is felt to be a useful relationship, particularly in a household where the Health Visitor is well known. Two cases of serious speech disorder have been referred by Health Visitors to the Speech Therapy Department before the child has reached school age.

The Department has been fortunate in being fully staffed until September 1955 when Miss Renfrew, the Chief Speech Therapist, left Oxford to study in the United States of America for six months.

(j) Delicate pupils: that is to say, pupils not falling under any other category in the Regulation who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

Two children are at residential schools: one at the Pilgrims School, Seaford and the other at the Hillaway Homes, Exmouth.

36 children attended the Open Air School.

#### *Open Air School*

The number of children on roll at the school on December 31st was 36, one more than in the previous year. The number of admissions during the year was 12 compared with 11 in 1954 and 17 in 1953.

#### *Admissions during 1955*

Of the 12 children admitted during the year, 5 had bronchiectasis, 2 were maladjusted (attended until they could be placed in residential schools) and there were single cases of asthma, congenital heart disease, muscular dystrophy, poor nutrition and recurrent upper respiratory infection.

#### *Discharges during 1955*

11 children were discharged during the year.

<i>Condition</i>	<i>Number</i>	<i>Length of stay in terms</i>	<i>Where sent</i>
Primary T.B.	.. 3	15; 8; 5	To ordinary schools
Cerebral Palsy	.. 2	9; 3	1 to special school (E.S.N.) 1 left district
Maladjusted	.. .. 2	1; 1	1 to residential school 1 left district
Recurrent upper respiratory infections	2	5; 3	1 to ordinary school 1 left district
Asthma	.. .. 1	6	To ordinary school
Recurrent bronchitis	1	12	To ordinary school

#### *Children attending the Open Air School on December 31st, 1955*

Asthma	.. .. .	9
Bronchiectasis	.. .. .	8
Poor Nutrition	.. .. .	3
Congenital heart disease	.. .. .	2
Muscular dystrophy	.. .. .	2

Recurrent otorrhoea and deafness	..	..	..	..	2
Recurrent upper respiratory infection	..	..	..	..	2
Convalescent primary T.B.	..	..	..	..	1
Diabetes	..	..	..	..	1
Hypopituitarism	..	..	..	..	1
Multiple neurofibromatosis	..	..	..	..	1
Recurrent urinary infection and poor nutrition	..	..	..	..	1
Severe burns	..	..	..	..	1
Spina bifida	..	..	..	..	1

*Sources from which children were referred:—*

	<i>Total at school</i>	<i>Admissions</i>	<i>Admissions</i>
	<i>Dec. 1955</i>	<i>1955</i>	<i>1954</i>
School Medical Officers	14	1	5
Paediatric Department	18	10	4
General Practitioners ..	3	1	0
Chest Clinic .. ..	1	0	2

*Length of stay of children attending on December 31st, 1955*

Less than 1 year	..	9
1—2 years	..	9
2—3 years	..	9
3—4 years	..	5
4—5 years	..	0
Over 5 years	..	4

Dr. Sylvester who is responsible for the medical supervision of the children attending the Open Air School reports as follows:—"There has been an increase in the number of children with chest disorders admitted to the school this year, particularly children suffering from bronchiectasis. These cases, with the daily tipping and breathing exercises that their care entails, together with the increase in the number of physically handicapped children now attending the school means that more time has to be spent in dealing with the physical needs of the children than in previous years. To minimise the disruption of the ordinary teaching that such supervision entails, a nursery assistant has been appointed as from January 1956. Her duties will be to help look after the children and to assist in the remedial work under the supervision of the School Medical Officer and the Remedial Gymnast.

In addition to the coach service, a taxi service has been instituted this year, for the transport of the more physically handicapped children. A wheelchair has also been acquired for use in the school by suitable cases.

The school carried out as full and normal a programme as possible throughout the year. Domestic Science and Woodwork were studied at the East Oxford Centre by the more senior boys and girls. Swimming was continued during the summer at Temple Cowley Baths. A coach is



employed for transport to and from these activities. Sports Day was held as usual, and a summer outing to Chessington Zoo was held for suitable children, without any ill-effects!

Each child was medically examined at least once each term and classes for remedial exercises were held weekly, at first by Miss Flint, and then, following the summer holidays by Miss Revels.

#### **Deaths of School Children**

Six children of school age died during the year.

A girl, aged 9 years, was reported as having died of acute toxæmia due to acute bronchitis and acute gastro-enteritis. A girl, aged 10 years, was taken ill and died within 24 hours of acute meningococcal meningitis. Three children were drowned. Two of these were boys, aged 7, one of whom was playing on a submerged boat in the river and the other was carried out of his depth while bathing in the river. The third case was a five year old girl who fell into the canal. Severe head injuries caused the death of a 14 year old boy who was struck by a car while cycling.

#### **Heart Disease in School Children**

The recent publication by the British Council for Rehabilitation of a report dealing with the assessment and employment of young people with heart disease prompted a review of all children attending Oxford City schools in whom a cardiac defect has at some time been noted.

In September, when Dr. Wigfield made his survey, the medical records of about 14,000 children were examined. 206 of them referred to cardiac conditions but of these, 150 (mainly functional murmurs) had been diagnosed by the school medical officers as being without prognostic significance although some had been notified to the family doctor concerned for his information. 20 had been found to have congenital heart disease, all but 3 having been previously diagnosed by a consultant. 17 children had developed rheumatic carditis while at school. The remaining 19 children had cardiac murmurs of doubtful aetiology. These were, at the time of the survey, referred to the family doctor for observation or consultant's opinion and will be followed up in the coming year.

The 17 children who had had rheumatic carditis had all attended the Paediatric Department at the Radcliffe Infirmary. After return to school the amount of exercise permitted them had gradually been increased according to the advice of the consultant. At the time of the survey, 7 children had been returned to full activities, 7 were being allowed non-strenuous activities, but not competitive sports and 3 were not being allowed any P.T. or games. (One of these required transport to and from school). 6 of the children (i.e. 0.4 per 1000) appeared to have been left with permanently damaged hearts and at least 2 will have to lead seriously restricted lives. The records also showed that special care was being

taken with these children in the prevention and treatment of dental caries and infections and that appropriate advice was being given to the parents. The homes from which the cases were drawn were scattered over a wide area and bore no relationship to overcrowding or dampness.

Of the 20 children recorded as having congenital heart lesions, 18 had been seen by a consultant at the Paediatric Department and limits of activity prescribed in the majority of cases. Usually this amounted only to the forbidding of competitive games. The records showed that some of the children had been more strictly limited in the past but at the time of the survey only 2 were forbidden all games and P.T. and 5 were forbidden strenuous games. 6 were living completely normal lives and 4 were restricted only by their own shortness of breath. (Of these, 2 were attending the Open Air School and another was a mongol). As with rheumatic children care was being taken to treat infections, dental caries and dental extractions with special precautions. It was thought that 4 of these children (0.3 per 1000) would be forced to lead very restricted working lives and that 7 might have some limitations of activity but should be able to compete in the normal labour market. There was no indication that the increased incidence of rubella in 1940 and 1941 had any bearing on the cases of congenital heart disease under review.

The investigation thus showed that 37 children with organic heart disease were attending Oxford schools and of them, 6 (2 rheumatic and 4 congenital) will probably need to be registered as disabled persons and 4 (all rheumatic) will need mainly sedentary occupations. Almost all the children had been seen by a consultant and there was no evidence of unnecessarily enforced invalidism although the recommended increases in activity for rheumatic children had not always been implemented as quickly as they might have been.

## REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER—

C. H. I. MILLAR, B.Sc., L.D.S.

Once again, the School Dental Service has been restricted by lack of dental officers.

Early in the year, the prospects seemed brighter, with the appointment of a full-time dental officer and the opening of the new clinic at Margaret Road. Unfortunately, the new officer, Mr. Ziegel became liable to National Service on acquiring British nationality and was called up into the Army at the end of June. Mrs. Mann, who has given part-time help for nearly three years, is leaving Oxford, and resigned at the end of the Christmas term. The staff was thereby reduced to two full time officers.

## PRIMARY SCHOOLS

**Inspection and Treatment**

17 schools were visited. Of 2,467 boys and girls examined, 1,744 were found to need dental treatment. 52% of those referred for treatment accepted.

*Particulars of Inspections and Treatment*

## 1. Number of children:—

(a) Inspected	..	..	..	..	..	..	2,467
(b) Found to require treatment	..	..	..	..	..	..	1,744
(c) Actually treated (including special cases)	..	..	..	..	..	..	1,557

## 2. Half days devoted to:—

Inspections: 17. Treatment: 815. Total 832.

## 3. Attendances made for treatment: 4,583.

## 4. Fillings:

Permanent teeth: 2,353. Temporary teeth: 1,391. Total: 3,744.

## 5. Extractions:—

Permanent teeth: 351. Temporary teeth: 1,422. Total: 1,773.  
35 of the 351 permanent teeth mentioned above were extracted for orthodontic purposes.

## 6. Administration of General Anaesthetics: 92.

## 7. Administration of Local Anaesthetics: 1,466.

## 8. Other operations:—

Permanent teeth: 744. Temporary teeth: 977. Total: 1,721.

## 9. Partial dentures fitted: 2.

### Inspection of Primary Schools, 1955

<i>School</i>	<i>No. Insp.</i>	<i>Sound Mouths</i>	<i>Refused</i>	<i>Own Dentist</i>	<i>Acct.</i>	<i>% Accept.</i>
St. Thomas' C.E. .. ..	71	39	2	6	24	75
East Oxford Junior .. ..	310	73	—	131	106	45
New Hinksey C.E. .. ..	165	50	11	39	65	57
South Oxford Infant .. ..	154	79	6	13	56	75
Slade Park .. ..	70	29	6	10	25	51
Iffley C.E. .. ..	80	21	—	34	25	42
Singletree Nursery .. ..	37	13	3	6	15	62
Church Cowley Infant .. ..	65	16	1	22	26	53
West Oxford Girls' .. ..	113	30	3	40	40	48
West Oxford Infant .. ..	71	31	1	21	18	45
St. Frideswide's Boys' .. ..	71	21	5	24	21	42
St. Barnabas' Infant .. ..	139	67	—	19	53	74
Our Lady's R.C. .. ..	226	45	4	88	89	50
St. Ebbe's C.E. .. ..	90	27	4	15	44	70
Headington C. Junior .. ..	368	28	8	202	130	38
Donnington Junior .. ..	284	114	—	75	95	56
Donnington Infant .. ..	153	40	4	34	75	66
	2467	723	58	779	907	52

### SECONDARY SCHOOLS

#### Inspection and Treatment

3 schools were visited. Of 884 boys and girls examined, 616 were found to need dental treatment. 30% had naturally or artificially sound teeth. Of those referred for treatment 44% accepted.

#### Particulars of Inspections and Treatment

1. Number of boys and girls:—

(a) Inspected .. .. .	884
(b) Found to require treatment .. .. .	616
(c) Actually treated .. .. .	475

2. Half-days devoted to:—

Inspections: 5. Treatment: 373. Total: 378.

3. Attendances made for treatment: 2,404.

4. Fillings:—

Permanent teeth: 2,066. Temporary teeth: 0. Total: 2,066.

5. Extractions:—

Permanent teeth: 285. Temporary teeth: 92. Total: 377.

40 of the 285 permanent teeth mentioned above were extracted for orthodontic purposes.

6. Administration of General Anaesthetics: 3.

7. Administration of Local Anaesthetics: 560.

8. Other operations:—

Permanent teeth: 880. Temporary teeth: 0. Total: 880.

9. Partial dentures fitted: 11.

### Inspection of Secondary Schools, 1955

<i>School</i>	<i>No. Insp.</i>	<i>Sound Mouths</i>	<i>Refused</i>	<i>Own Dentist</i>	<i>Accept.</i>	<i>% Accept.</i>
Headington Secondary ..	355	84	21	120	130	48
City of Oxford Boys' ..	314	109	13	104	88	43
South Oxford Secondary ..	215	75	28	56	56	40
	884	268	62	280	274	44

### WINGFIELD-MORRIS ORTHOPAEDIC HOSPITAL

One visit was paid to the Hospital during the year.

#### *Particulars of work*

1. Number of children treated .. .. . 8
2. Number of attendances .. .. . 8
3. Fillings:—  
Permanent teeth: Nil. Deciduous teeth: Nil. Total: Nil.
4. Extractions:—  
Permanent teeth: 3. Deciduous teeth: 7. Total: 10.
5. Other operations:—  
Permanent teeth: Nil. Deciduous teeth: 2. Total: 2.

### ORTHODONTICS

(a) Cases commenced during year .. .. .	70
(b) Cases carried forward from previous year .. .. .	10
(c) Cases completed during the year .. .. .	61
(d) Cases discontinued during the year .. .. .	2
(e) Pupils treated with appliances .. .. .	17
(f) Removable appliances fitted .. .. .	17
(g) Fixed appliances fitted .. .. .	3
(h) Total attendances .. .. .	125

## REVIEW OF DENTAL STATISTICS FOR LAST TEN YEARS

(Figures in brackets refer to secondary school children)

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
1. Number of children inspected .. .. .	11,956 (2333)	11,194 (2304)	10,136 (3156)	5,621 (2163)	4,200 (1803)	1,095 (575)	3,039 (1255)	4,272 (938)	3,768 (1207)	2,467 (884)
2. Number of children found to require treatment .. .. .	7,289 (1474)	6,599 (1424)	6,020 (1955)	3,706 (1414)	2,968 (1220)	973 (521)	2,587 (1071)	3,521 (738)	3,036 (886)	1,744 (616)
3. % of children inspected found to require treatment .. .. .	61 (63)	59 (62)	59 (62)	66 (65)	71 (68)	89 (91)	85 (85)	82.4 (78.7)	80 (75)	77 (70)
4. Number of children treated .. .. .	6,500 (1396)	5,977 (1391)	5,555 (1651)	3,499 (1183)	3,030 (950)	1,219 (455)	1,691 (581)	2,419 (581)	2,253 (537)	1,557 (475)
5. Number of fillings in permanent teeth .. .. .	8,710 (2730)	9,828 (3249)	7,601 (3720)	4,983 (3310)	3,814 (2031)	1,852 (1287)	5,101 (2974)	5,326 (2498)	4,080 (2379)	2,353 (2066)
6. Number of permanent teeth filled .. .. .	—	—	—	—	2,558	1,760	4,716	5,086	3,864	2,104
7. Number of fillings in temporary teeth .. .. .	879 —	1,140 —	992 —	650 (1)	508 (2)	267 —	713 —	1,851 —	1,064 —	1,391 —
8. Number of temporary teeth filled .. .. .	—	—	—	—	508	254	713	1,783	1,019	1,344
9. Average number of fillings per child treated	1.5	1.6	1.5	1.6	1.4	1.7	3.4	2.9	2.3	2.9

REPORT OF THE ADVISER IN PHYSICAL EDUCATION—  
Mr. J. K. D. WHALING

Training courses and meetings to see demonstrations and to discuss recent trends in physical education have been a feature of the year. Attendances by masters and mistresses have been most encouraging and Head Teachers have given great help in making demonstration lessons and discussions in their schools successful and enjoyable.

Fifty boys and girls, in their final year, from Headington, Temple Cowley, East Oxford and South Oxford Secondary Modern Schools visited Bisham Abbey, a National Centre of the Central Council of Physical Recreation, for a residential week-end. The purpose of these visits is not only to give the children an opportunity of expert coaching in sports and games, but also to introduce them to the C.C.P.R., which is a national voluntary organisation whose primary aim is the development of games, sports and other recreative activities amongst people who have left school, through local courses and holiday courses arranged at their National Recreation Centres. A Southfield School boy has been selected by the Area Representatives of the Central Council to attend a week's residential course in Rock Climbing at their Outdoor Activities' Training Centre, Plas-y-Brenim, in Snowdonia.

During the summer term, parties of boys and girls from New Marston, Barton and Headington County Primary Schools and Slade Park School spent periods varying from three days to two weeks in residence at Hill End Camp, Wytham. It is hoped that these visits to Wytham may be continued, as, like the Bisham Abbey Courses, they are of both educational and social value.

Attendances at the outdoor swimming places during the summer were much higher than last year due to the better weather. Owing to the shortage of indoor swimming accommodation in Oxford, only 45 classes of children are able to receive a 20 minutes' lesson per week in Temple Cowley Baths. The number of schools wishing to swim all the year round and to send more classes for instruction is constantly increasing and at present this demand cannot be met. Children learning to swim require regular practice and instruction in reasonably warm water and it is hoped that the plans for the provision of further swimming baths in the City will materialise in the very near future.

### Equipment

Portable apparatus of mat, mattress, bench, box and buck type has been brought up to an adequate scale. Ten primary schools have received a junior size vaulting box and five primary schools are to be fitted with climbing ropes and rope ladders. There is a good supply of small apparatus in all schools.

## Clothing

Many children are now providing their own clothing and shoes for physical education and this interest should be encouraged and fostered in every way. The supply of some clothing and plimsolls to the schools is still required.

## Courses and Meetings for Teachers

### 1. *Physical Education for Masters and Mistresses in Primary Schools.*

Seventy-six masters and mistresses, including ten Head Teachers, attended a meeting at Donnington Junior School where fourth-year boys and girls, using a P.T. vaulting box, demonstrated suitable activities for children of junior school age.

### 2. *Physical Education for Masters in Secondary Schools.*

Two meetings were held at Temple Cowley and Cheney Schools to demonstrate Circuit Training—a form of physical training which has a positive and measurable effect upon the fitness of the individual boy. Twenty-one masters from thirteen schools attended.

### 3. *Physical Education Films.*

Twenty-four masters and mistresses from Primary and Secondary Schools attended two meetings at the Institute of Education to see and discuss recent films and film loops on physical education. Films shown and discussed included physical training, remedial exercises, athletics, rugby football, association football, hockey and basket-ball.

### 4. *Cricket.*

Thirty teachers from fifteen schools took part in a cricket coaching session at Headington Secondary Modern School. It was conducted by Mr. W. Yates, formerly of Lancashire C.C.C. and now Coach at Eton College, who showed M.C.C. films, demonstrated strokes and led a lively discussion.

### 5. *Tennis.*

A six-session course in the coaching and class teaching of tennis held at Bayswater School was attended by eleven masters and mistresses.

### 6. *Athletics.*

Eighteen masters and mistresses from City schools attended a ten-session coaching course held in co-operation with the Oxford University Institute of Education. Five lectures illustrated with models, charts and loop films were held in the Institute during the Spring Term, and these were followed by five practical sessions at Southfield School during the Summer Term. The lecturers were G. H. G. Dyson, A.A.A., Chief National Coach, J. LeMasurier, A.A.A. National Coach, A. W. Selwyn and J. K. D. Whaling, A.A.A. Hon. Senior Coaches.

### 7. *Athletics—Judges' and Officials' Course*

In co-operation with the Oxfordshire Amateur Athletic Association a



course of three sessions was held in the City of Oxford High School. The Syllabus of the A.A.A. Judges' and Officials' Course was followed and on the final evening a number of teachers sat for the qualifying examination.

### **Games.**

#### *Girls*

##### *(a) Hockey*

The Oxfordshire Women's Hockey Association again organised the Inter-School Hockey Tournament in two parts. Seven schools, a smaller number than usual, took part in the Under-15 years' Section, which was held at Milham Ford School. The Senior Section for Grammar School 1st XIs was held at Headington School and fifteen schools from the City and County entered teams.

##### *(b) Netball*

The Annual Netball Rally for schools in the City and County was held at Milham Ford School on 5th March. The matches were arranged in the form of an American Tournament on four courts and twenty-two schools took part.

##### *(c) Tennis*

Full use was made of school and hired courts during the summer term. Tennis is now played in seventeen schools during organised games lessons, and with this interest the standard of play should continue to improve. It is hoped, however, that all those taking part will be encouraged to wear suitable sports clothing when on the tennis courts.

#### *Boys*

##### *(a) Association Football*

The playing pitch surfaces at Cowley Marsh, Manor Road, Oatlands and school fields have been better than for many years, due to long dry spells. Maximum use has been made of all fields for organised games and it has been encouraging to see an increase in the coaching of the basic skills in these lessons. The Oxford Schools' Football Association arranged almost two hundred friendly and competitive games during the year, besides conducting well-attended indoor coaching sessions at Bayswater School on Tuesday evenings throughout the winter months.

##### *(b) Athletics*

In co-operation with the Oxfordshire Amateur Athletic Association, a three-day coaching course was held on the Oxford University Athletic Club Track at Iffley Road during the Easter holidays. Owing to the very large number of applications, entry to the course had to be limited to boys aged 14 years and over. Ten A.A.A. Hon. Senior and Hon. Coaches, together with Representatives of the Central Council of Physical Recreation, arranged a full and interesting programme of track and field events with inter-group competitions on the final afternoon.

Thirteen school teams entered the annual cross-country event which was run over a splendid course in the Barton area.

(c) *Basket Ball*

The interest in Basket Ball continues to grow and plans are now being made to arrange a series of inter-school matches. On leaving school boys are able to join the Youth Training Centre for Basket Ball which is held weekly at Bayswater School. The Centre's team were Southern Area Junior Champions this season. The number of youth clubs playing Basket Ball has increased and two adult classes have been started at Cheney and Bayswater Schools.

(d) *Cricket*

Class coaching in batting, bowling and fielding is included in outdoor physical education lessons during the summer term, and many playground surfaces are more suitable for practising strokes than some grass wickets. The coaching sessions organised by the Oxford Schools' Cricket Association have been well attended and after practical work the boys have been able to see films and film loops of Test cricketers in action. The annual match against Cambridge was played at Southfield School and lost by one wicket.

(e) *Rugby Football*

The standard of rugby football played in secondary modern schools is much improved. In these schools boys enjoy playing rugby and soccer alongside each other during the winter and spring terms, so that after leaving school they can choose which major winter game to play in their leisure time. The City and County Schools combine to play in games which are part of the activities of the English Schools' Rugby Football Union. In the team that represented Oxfordshire against Gloucester at Bayswater School, seven boys were from grammar and eight from modern schools.

Day coaching courses for boys have again been held at Headington School.

*Mixed Activities*

(a) *Athletics*

Once again the City and County championships were held on the O.U.A.C. track under ideal conditions. The standard in the field events, particularly the throwing events, showed a marked improvement at both meetings. Seventeen boys from City Schools represented Oxfordshire in the All-England Schools' Athletic Championships at Belle Vue, Manchester.

Sixteen primary schools took part in a very enjoyable Junior Meeting at Temple Cowley School.

(b) *Swimming*

For the first time, owing to the increased number of entries, three Galas—Junior, Intermediate and Senior, were organised by the Schools' Swim-

ming Association at Temple Cowley Baths. In the English Schools' Swimming Association championships at Lewisham, a Cheney School boy and a Temple Cowley School boy were awarded fourth and fifth places in the Senior and Junior Diving Events.

Coaching sessions at Cowley on Monday evenings conducted by the Schools S.A. continue to be well attended.

Children aged twelve years and over are now able to attend the Royal Life Saving Society Classes on Tuesday evenings at Cowley Baths. This enables children to take the Intermediate Certificate of the Society and to prepare for the Bronze Medallion, which cannot be taken before the age of 14.

Below is an analysis of swimming tests passed in 1955.

					<i>Boys</i>	<i>Girls</i>
10 yards	..	..	..	..	584	528
25 yards	..	..	..	..	417	381
75 yards	..	..	..	..	219	217
Object Diving	..	..	..	..	124	92
200 yards	..	..	..	..	73	35
Two Plain Dives	..	..	..	..	41	10
50 yards front crawl	..	..	..	..	15	7
400 yards	..	..	..	..	90	53
Speed Test	..	..	..	..	3	—
R.L.S.S. Intermediate	..	..	..	..	24	24
R.L.S.S. Bronze Medallion	..	..	..	..	17	21
					—	—
Totals	..	..	..	..	1607	1368
					=====	=====

*(c) Schools' Folk Dance Festival*

Two hundred boys and girls from primary and secondary schools took part in this first Schools' Folk Dance Festival which was held out-of-doors at Temple Cowley School on 30th June. The children wore National costumes and the programme of eighteen dances was thoroughly enjoyed by all present. It is hoped that this Festival will become an annual event.

*(d) Lecture Demonstration of Ballet*

One hundred boys and girls attended the lecture-demonstration of ballet at the Oxford Playhouse arranged by the Educational Performances Society. Miss Felicity Gray outlined the development of the art of ballet and three solo dancers demonstrated the technique of the male and female ballet dancers, the difference between classical and modern ballet, the use of mime and national dancing in modern ballet and towards the end of the instruction danced an excerpt from *The Swan Lake*.

*Physical Recreation in Youth Clubs and Evening Institutes*

Physical Recreation classes in Evening Institutes and Youth Clubs continued as usual throughout the winter months. Youth Service physical

recreation is organised through the Youth Sports Committee which provides facilities for athletics, basket ball, cricket (boys and girls), hockey, netball, rugby football, association football, swimming, tennis and boxing. It is estimated that 40 of the 60 organisations registered with the Youth Committee each take part in at least one of these activities.

Approximately 150 Youth Club members took part in an Inter-Town Sports Day against Cambridge in Oxford. Next summer Oxford will visit Cambridge.

### *Play Centres*

Play centres were held at the following schools:

Barton C. Junior School	(three meetings a week)
St. Michael's C.E. School	(one meeting a week)
Rose Hill C. Junior School	(one meeting a week)
St. Clement's C.E. Infants' School	(one meeting a week)
St. Thomas' C.E. School	(one meeting a week)

The following activities were included in the programme—indoor games, painting, drawing, dancing and handicrafts. The handicrafts in particular have been of a high standard.

Attendances at all Centres have increased.

## MEDICAL INSPECTION RETURNS

YEAR ENDED 31ST DECEMBER, 1955

TABLE I

Medical Inspection of Pupils attending maintained Primary and Secondary Schools  
(including Special Schools)

### A.—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected and Number of Children examined in each

Entrants .. .. .	1,386
Ten Year Olds .. .. .	1,458
Leavers .. .. .	1,043
TOTAL .. .. .	3,887
Additional Periodic Inspections .. .. .	393
GRAND TOTAL .. .. .	<u>4,280</u>

### B.—OTHER INSPECTIONS

Number of Special Inspections .. .. .	2,071
Number of Re-inspections .. .. .	2,779
TOTAL .. .. .	<u>4,850</u>

## 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).

Age Groups Inspected (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA (3)	Total individual pupils (4)
Entrants .. .. .	26	268	239
Ten Year Old .. .. .	185	289	375
Leavers .. .. .	186	103	260
Total .. .. .	397	660	874
Additional Periodic Inspections .. .. .	37	59	88
Grand Total .. .. .	434	719	962

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1955

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 observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
4.	Skin .. .. .	89	41	140	—
5.	Eyes— <i>a.</i> Vision ..	434	7	206	—
	<i>b.</i> Squint ..	42	7	4	—
	<i>c.</i> Other ..	17	1	1	—
6.	Ears— <i>a.</i> Hearing ..	13	38	5	—
	<i>b.</i> Otitis Media ..	19	57	9	—
	<i>c.</i> Other ..	2	3	45	—
7.	Nose or Throat ..	87	198	27	2
8.	Speech .. .. .	29	51	9	—
9.	Cervical Glands ..	—	145	—	1
10.	Heart and Circulation	4	146	1	—
11.	Lungs .. .. .	28	115	1	1
12.	Developmental—				
	<i>a.</i> Hernia .. .. .	5	7	1	—
	<i>b.</i> Other .. .. .	29	114	—	—
13.	Orthopaedic—				
	<i>a.</i> Posture .. .. .	109	63	12	1
	<i>b.</i> Flat foot .. ..	109	74	28	—
	<i>c.</i> Other .. .. .	86	111	26	1
14.	Nervous system—				
	<i>a.</i> Epilepsy .. .. .	2	20	—	1
	<i>b.</i> Other .. .. .	2	21	—	—
15.	Psychological—				
	<i>a.</i> Development ..	3	29	2	—
	<i>b.</i> Stability .. .. .	7	47	4	—
16.	Other .. .. .	37	121	1292	1

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

Age Groups Inspected	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants .. ..	1386	992	71.57	393	28.36	1	0.07
Ten Year Olds ..	1458	1365	92.62	92	6.31	1	0.07
Leavers .. ..	1043	926	88.78	114	10.93	3	0.29
Additional Periodic Inspections	393	273	69.47	118	30.03	2	0.5
Total .. ..	4280	3556	83.1	717	16.7	7	0.2

TABLE III  
Infestation with Vermin

(i) Total number of examinations in the schools by the school nurses or other authorized persons .. .. .	30,870
(ii) Total number of <i>individual</i> pupils found to be infested .. ..	103
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .. .. .	103
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .. .. .	—

TABLE IV  
Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year	
	By the Authority	otherwise
Ringworm— (i) Scalp .. .. .	2	
(ii) Body .. .. .	3	
Scabies .. .. .	12	
Impetigo .. .. .	45	
Other skin diseases .. .. .	139	
<b>TOTAL</b> .. .. .	<b>201</b>	

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with	
	By the Authority	otherwise
External and other, excluding errors of refraction and squint	273	
Errors of refraction (including squint) .. .. .		1,338
<b>TOTAL</b> .. .. .	<b>273</b>	<b>1,338</b>
Number of pupils for whom spectacles were		
(a) Prescribed .. .. .		420
(b) Obtained .. .. .		419

## GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases treated	
	By the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear .. .. .		7
(b) for adenoids and chronic tonsillitis .. .. .		287
(c) for other nose and throat conditions .. .. .		51
Received other forms of treatment .. .. .		155
<b>TOTAL .. .. .</b>		<b>500</b>

## GROUP 4. ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals ..	18	
	By the Authority	otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments .. .. .		approx. 18

## GROUP 5.—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	In the Authority's Child Guidance Clinics	elsewhere
Number of pupils treated at Child Guidance Clinics ..	216	

## GROUP 6.—SPEECH THERAPY

	Number of cases treated	
	By the Authority	otherwise
Number of pupils treated by Speech Therapists .. ..		157

## GROUP 7.—OTHER TREATMENT GIVEN

	Number of cases treated	
	By the Authority	otherwise
(a) Miscellaneous minor ailments .. .. .	1292	
(b) Other than (a) above—		
Remedials—Flat feet .. .. .	345	
Remedials—Posture .. .. .	367	
<b>TOTAL .. .. .</b>	<b>2004</b>	

TABLE V

## Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers:—		
(a) At Periodic Inspections .. .. .	3,351	
(b) At Specials .. .. .	618	
Total (1) .. .. .		3,969
(2) Number found to require treatment .. .. .	2,978	
(3) Number offered treatment .. .. .	2,978	
(4) Number actually treated .. .. .	2,032	
(5) Attendances made by pupils for treatment .. .. .	6987	
(6) Half-days devoted to: Periodic Inspection .. .. .	22	
Treatment .. .. .	1,188	
Total (6) .. .. .		1,210
(7) Fillings: Permanent Teeth .. .. .	4,419	
Temporary Teeth .. .. .	1,391	
Total (7) .. .. .		5,810
(8) Number of teeth filled: Permanent Teeth .. .. .	4,070	
Temporary Teeth .. .. .	1,344	
Total (8) .. .. .		5,414
(9) Extractions: Permanent Teeth .. .. .	630	
Temporary Teeth .. .. .	1,514	
Total (9) .. .. .		2,144
(10) Administration of general anaesthetics for extraction .. .. .		95
(11) Other operations: Permanent Teeth .. .. .	1,624	
Temporary Teeth .. .. .	977	
Total (11) .. .. .		2,601







