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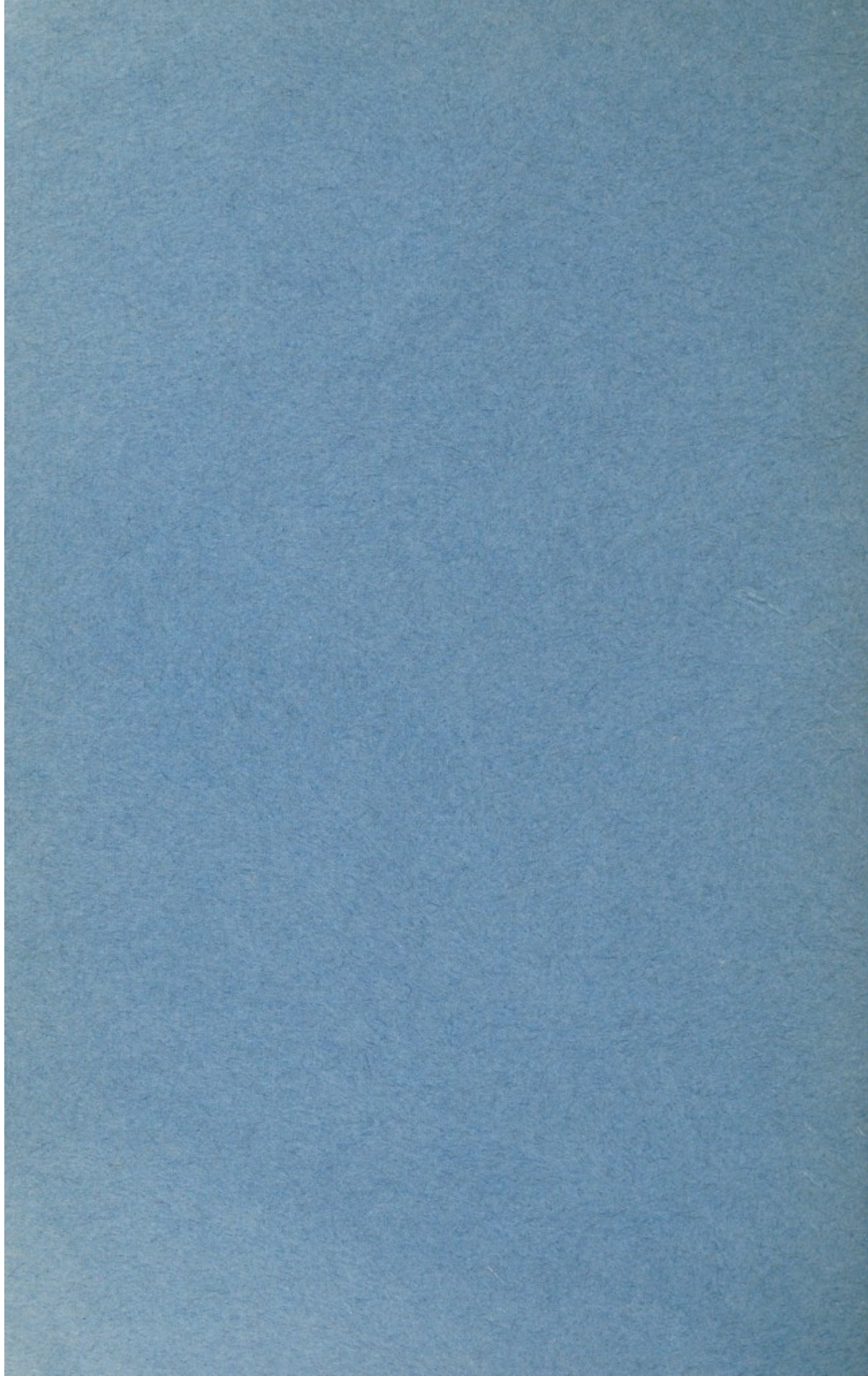
CITY OF OXFORD
EDUCATION COMMITTEE

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REPORT
of the
PRINCIPAL
SCHOOL MEDICAL OFFICER
for the
YEAR 1962





CITY OF OXFORD
EDUCATION COMMITTEE

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STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer

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

Deputy Principal School Medical Officer

G. F. Willson, M. D., D. P. H.

School Medical Officers

J. H. MacDonald Tilley, M. B., B. Ch., D. P. H.

Elizabeth M. Love, M. B., Ch. B., D. R. C. O. G., D. P. H.

H. H. John, M. B., B. Ch., D. R. C. O. G., D. P. H., D. C. H.

Cynthia M. Phillips, B. M., B. Ch., (Part-time)

Margaret Stewart, M. R. C. S., L. R. C. P., (Part-time)

Principal School Dental Officer

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

School Dental Officers

Mrs. M. J. Black, L. D. S., R. C. S., B. D. S. (Part-time)

Mrs. S. Strong, B. D. S. (Part-time)

Superintendent Health Visitor

Miss M. G. Atkinson (a) (b) (c) (d)

Senior Health Visitor

Miss G. Davies (a) (b) (c)

Health Visitors

Miss J. Barnett	(a) (b) (c)	
Miss E. Blackler	(a) (b) (c)	
Miss D. Bree	(a) (b) (c)	
Miss M. Brown	(b) (c) (d)	
Miss N. Crookall	(b) (c)	
Miss B. Goodey	(a) (b) (c)	(commenced 4.9.62)
Miss J. Hayes	(a) (b) (c)	
Mrs. B. Hopkins (Nee Guy)	(a) (b) (c)	
Miss D. Pyle	(a) (c)	
Miss H. Rankin	(a) (b) (c)	
Miss H. L. Robinson	(a) (b) (c)	(commenced 4.9.62)
Miss M. Salmon	(b) (c)	
Miss D. Tattersall	(a) (b) (c)	
Miss M. Willis	(a) (b) (c)	
Miss M. Witten Hannah	(a) (b) (c)	(commenced 4.9.62)

SCHOOL CLINICS

Dental Clinics :-

60 St. Aldate's	By appointment only
Donnington	By appointment only

Remedial Exercise Clinics :-

At selected schools or clinics	Every weekday (by appointment)
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Child Guidance Clinic :-

Northern House, South Parade	By appointment only
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Speech Therapy Clinics :-

At selected schools or clinics	By appointment only
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THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE
LADIES AND GENTLEMEN,

I am writing this introductory letter at the end of February when we are still suffering from the exceptionally severe Arctic weather which commenced before Christmas. It has been a trying time for all, including school teachers and caretakers and it is a great tribute to them that only one school has had to close for a short time. The greatest difficulties arose in the 14 schools with outside sanitary blocks, and it required almost continuous attention to keep a sufficient number of conveniences in working order. Such outside sanitary blocks are obsolete and must be regarded as relics of the past. It is understood that about seven of these schools are due for reconstruction within the next few years whilst the remainder should disappear entirely before very long. Fortunately the health of school children has remained very good indeed throughout this extremely cold period of ten weeks.

The arrangements for routine school medical examinations have continued to run smoothly; the aim being to examine each child as soon as possible after entry to primary school and again after transfer to secondary school. Children found to have defects at these routine examinations will be followed up by the school doctor; children free from defects, will not be examined again unless there is a specific request from parent, teacher or school health visitor. This places a responsibility on teachers for bringing forward children for medical examination; good reasons for doing so being, undue absenteeism, failure to make satisfactory progress, persistent misbehaviour, unnatural lethargy, etc. We are trying to arrange for a school doctor to visit each school each term so that there can be adequate opportunity for consultation between head teachers and school doctors about individual children.

As the result of a request from the Master, it was agreed to provide a school medical service for Magdalen College School. This is a direct grant school of about 450 boys, over half of whom are resident in the City.

The infectious diseases caused no particular problems during the year. There was no case of diphtheria for the fourteenth successive year and no case of poliomyelitis for the fifth year running. The new oral (Sabin) poliomyelitis vaccine was introduced as a booster dose for school children between the ages of 5 and 11. Measles increased in incidence in November and became epidemic by Christmas. Only two cases of whooping cough were notified amongst school children. There were only a very small number of scattered cases of sonne dysentery and one isolated case of food poisoning. Minor outbreaks of winter vomiting disease occurred in a few schools in the autumn. No case of scabies was diagnosed for the first time during post war years.

No case of tuberculosis in a school child was notified and, in fact, there have only been two new cases in the last four years. The acceptance rate for B. C. G. Vaccination reached the satisfactory level of 88%. The initial Heaf test gave a positive result in 12.7% of those tested, a figure which has remained constant for the last three years.

The remedial gymnasts report a deterioration in the standard of school shoes due in the main to subservience to "Dame Fashion". If crippling foot defects are to be avoided in later life, it is essential for the school child to wear a shoe, allowing free movement of all the toes, and bearing some resemblance to the natural shape of the foot. There is much to be said in favour of having regulation shoes as part of the school uniform and in this respect recent arrangements made at Milham Ford and Cheney Girls' Schools are to be commended.

The small expert team of speech therapists at the Churchill Hospital continue to give excellent service. They visit schools and undertake outlying treatment sessions at clinics or schools in addition to treating school children at the Speech Therapy Department.

The special schools have continued their very important work with handicapped children. The Slade Park School undertakes a wide variety of work in rather cramped accommodation and with poor playing field facilities. It is satisfactory to know that the initial steps toward new school buildings were taken during the year. The important link with Rivermead Rehabilitation Centre is being used increasingly for purposes of assessment and training. It is encouraging to learn that children leaving this school generally find and keep employment. The Ormerod School now caters for a miscellaneous collection of severely handicapped children of wide age range and mental ability, which must give rise to many difficulties from the educational point of view. Northern House School has continued its excellent work, in the closest relationship with the Child Guidance Clinic.

The three special classes for partially hearing children at South Oxford Junior, St. Thomas's and St. Ebbe's Schools became fully established with the completion of the acoustically treated classroom at St. Ebbe's.

The Child Guidance Clinic is running very smoothly indeed. Mr. Akhurst returned from his course of training in September. It is satisfactory to be able to report that practically all the children seen by the psychiatrist have had a medical referral, mostly by school doctors. Prior to each referral there is detailed consultation between head teacher, educational psychologist and school doctor. Dr. Ounsted considers that some of the children could, with advantage, be referred at an earlier date, and, in particular, he requests that teachers in infant and junior schools should not delay in drawing the attention of the school doctor to children who are showing signs of maladjustment to their school surroundings.

A summary of the results achieved at the Enuresis Clinic since its establishment in March 1959, shows that out of 135 children who have completed one course of treatment by means of the electric buzzer apparatus, 60 appear to be completely cured whilst many others have been greatly improved. There have been 21 instances of complete failure with this method of treatment, practically all these have occurred in families lacking in interest and understanding.

The Principal School Dental Officer has had the assistance of two part time married women dentists throughout the year. In September one of the new dental auxiliaries joined the staff having completed a two year training course; she has worked under the supervision of the Principal School Dental Officer at the main dental clinic at 60 St. Aldate's. The waiting room at this clinic has been divided to make a second surgery. The present local authority dental team, though relatively small, has shown itself to be nearly adequate for present needs. With the exception of five primary or secondary schools and the special and nursery schools, all schools have had a dental inspection during the year and as a result 87% of all school children had a dental examination. It was found that, of those inspected, only 37% were in need of treatment; this factor, taken in conjunction with the small number of emergency cases, and the very high ratio of 9 : 1 for filled permanent teeth to extracted permanent teeth, all point in the direction indicated in previous reports that the dental health of Oxford's school children is being well catered for by the joint efforts of the general dental practitioners and the school dental service. Oxford is fortunate in having a relatively large number of general dental practitioners who, between them, are undertaking routine dental treatment for about half the children attending maintained schools in the City. As a result there is no need for undue concern at the continued depleted state of the school dental service.

A good deal of thought has been given during the year to the sale of "tuck" in schools and a special report on this important subject with its implications on dental health is included. There is really no need whatsoever for the existence of these tuck shops in day schools. It is hoped that many will disappear and that those that remain will cease to offer dentally harmful foods such as biscuits and sweets and instead will provide such foodstuffs as fruit, nuts and raisins.

Throughout the last two years important discussions have been taking place on the subject of Health Education in schools with particular reference to sex education. A comprehensive report was presented to the Education Committee by the Chief Education Officer and as a result it was decided to appoint a full time Teacher/adviser in Health Education for an experimental period of one year. Dr. Julia Dawkins commenced this appointment at the beginning of 1963 and we are indeed fortunate to have found a doctor with such varied experience in health education work. The post carries great responsibility and also offers a wonderful opportunity for assisting parents and teachers in undertaking a very worthwhile task.

The comprehensive report prepared by the Adviser in Physical Education demonstrates the many and varied activities now available to children. There is the opportunity for every child to achieve some skill and to gain some pleasure and benefit to health from activity of one kind or another. If swimming is again selected for special mention it is only because it is generally accepted as being the most healthy exercise of all. Good and accessible facilities for this sport are sadly lacking in Oxford. There is a great need for a large centrally sited indoor swimming bath as well as a greater number of the small instructional type of bath in the primary schools. With regard to these small baths the important point to remember is that efficient purification of the water is vitally important because they are used by relatively large numbers of young children. The results achieved at New Marston, Wood Farm and Rose Hill Schools where 91% of leavers passed at least the 10 yard swimming test is most encouraging.

Once again, 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 his staff, and to all Head Teachers for their very willing co-operation. As usual, I have been able to rely on my own loyal and hardworking staff. I 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; to both of them great credit is due.

Yours faithfully,

J. F. WARIN.

ROUTINE MEDICAL EXAMINATIONS

	<u>Numbers Examined</u>				
	<u>1959</u>	<u>1960</u>		<u>1961</u>	<u>1962</u>
Entrants	1822	1611	Entrants	1413	1858
Ten Year Olds	1263	931	Eleven Year Olds	1054	1116
Leavers	1226	534			
Other Examinations	613	429	Other Examinations	402	329
Total	4924	3505		2869	3303

Routine examinations continue to be made of entrants to nursery schools and classes, entrants to primary schools and children in their first year at secondary schools. In addition an effort is made to have all schools visited by a school doctor at least once a term in order to supervise individual children of any age known to be suffering from particular disabilities and to examine children who have been brought forward by teachers or parents. There has been no reason to regret the abandonment of the routine school leavers examination in September 1960 in favour of the selective examinations now carried out. More time rather than less is being spent by the doctors at their schools and effectiveness of the work done seems to have undergone significant increase.

General Condition of Children Examined(expressed as a percentage)

	Satisfactory	Unsatisfactory
1959	98.9	1.1
1960	99.0	1.0
1961	99.0	1.0
1962	99.4	0.6

Extension of Service

Magdalen College School is a direct grant school including in its annual intake 11 boys from City schools selected on the results of the 11+ examination. Of the 450 boys attending the school, 58% are resident within the City. During the year an enquiry was received from the Master to see whether the school could be provided with a medical service by the local authority similar to that enjoyed by maintained schools. This is possible under Section 78 of the Education Act, 1944, which states that authorities are empowered to provide such services to independent schools "upon such financial and other terms, if any, as may be determined by agreement between the Authority and the proprietor of the school".

It was agreed by the Education Committee that a service should be so provided and this commenced in the Michaelmas term, 1962, with the routine examination of new entrants.

Numbers examined:

Entrants (all ages)	84
Special examinations	7

Nursery Schools and Nursery Classes in Primary Schools

There are 7 nursery schools, 3 approved nursery classes and 5 infant schools with classes for under fives attached to them, visited at regular intervals by the school health visitors and school medical officers.

DEFECTS OF VISION

Routine Testing

School entrants are tested at the age of five by the school health visitors. Children who cannot be tested with Snellen's charts because they do not know their letters are tested with Sjorgren hand charts. It has, however, been apparent to use, as well as to observers in other authorities, that the Sjorgren charts give an unduly optimistic estimate of the child's visual acuity. This is now recognised by the firm printing the charts and the standard set is being modified to bring in smaller sizes. A table is also being prepared relating the different sizes of hand more accurately to results obtained on the Snellen test. As long as the Sjorgren test detects all children who have impaired visual acuity of significant degree, minor inaccuracies can be overlooked in view of the ease with which young children will undertake the test in comparison with other methods.

Subsequent testing is with Snellen charts at the ages of 8, 11, 13, and 15 years and these are carried out by clerks from the School Health Section. It is thus hoped that no children with developing myopia will remain undetected for long. Altogether 7417 children were examined during the year.

Children whose vision is 6/12 or less in either eye are referred to the Clinic at the Eye Hospital; those whose vision is 6/9 in both eyes are kept under observation and retested.

Tests carried out by Health Visitors

Entrants	1454	Referred special clinic	33
Other age groups	410	Referred special clinic	21

Tests carried out by Clerks

Age	8	9	10	11	12	13	14	15	16	17
Total tested	1031	190	163	1243	280	1217	333	901	56	139
Referred special clinic	38	19	13	86	25	41	24	31	6	5
Observations	100	21	16	82	16	53	18	50	5	7

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.

1067 attendances at this clinic were made by children from maintained schools during the year, and spectacles were prescribed in 531 cases. There is no waiting list, and both new cases and old cases attending for follow-up can be seen without delay. If possible, however, the appointments for grammar school children or for any who are approaching an examination are made to take place in the holidays unless there is a good reason for urgency. This is to avoid inconvenience in school from the blurring of vision which occurs when atropine is applied to the eyes as an aid to refraction.

Testing of Colour Vision

Children having their second routine medical examination (i. e. on entry to secondary school) have their colour vision tested with Ishihara Charts by clerks from the School Health Department. This allows plenty of time for any further investigation which may be necessary in the case of those children who decide upon a career for which normal colour vision is essential. As the Ishihara test is a very sensitive one and may fail children whose defect is extremely slight, all the failures are retested at the Eye Hospital with the Archer Lantern which gives results of more practical significance.

Of 1718 children examined in 1962, 81 boys and 7 girls were found to be colour blind in varying degrees.

DEFECTS OF EAR, NOSE AND THROAT

Audiometry

During 1962 routine testing with the pure tone audiometer was carried out on 2057 school entrants. In addition a further 58 special examinations were performed on children referred by school doctors, head teachers, parents, speech therapists and the educational psychologist.

All the preliminary testing was carried out by Mrs. Shingler, one of the clerks from the School Health Section. Of the 191 children failing the preliminary test, 106 were kept under observation and given a further routine test later while the remaining 85 (i. e. those with apparent hearing loss of significant degree) were re-tested by a medical officer before any were referred to the E. N. T. Department.

Altogether 71 visits were made to 49 schools and a total of 2115 children were examined. Of these 40 were referred to the E. N. T. Department and 24 are being kept under observation by the School Health Department. Of the school entrants who were seen routinely, 1.3% were referred to the E. N. T. Department compared with 22.4% of those examined by special request. The corresponding figures in 1961 were 2.5% and 30% respectively.

11 of the children referred to the Consultant Otolaryngologist have not yet been seen. The recommendations for the remaining 29 children are as follows:-

No treatment or observation only	11
Removal of tonsils and adenoids	7
Removal of adenoids alone	5
Removal of tonsils or adenoids plus myringotomy	3
Politzerisation	1
Polypectomy	1
Myringotomy and politzerisation	1

Our grateful thanks are extended to the Consultant Otolaryngologist, Mr. Gavin Livingstone, and his staff for their unfailing helpfulness in connection with the special clinics for school children.

It is of interest that of children other than school entrants referred for hearing tests the proportion found to have a significant degree of deafness has not shown much change over the years whereas the proportion of entrants similarly affected has tended to diminish. This is illustrated by the following table.

	Percentage of entrants referred to E. N. T. Department	Percentage of other children referred to E. N. T. Department
1956	6	30
1957	4	30
1958	4	24
1959	3	37
1960	3	21
1961	2.5	30
1962	1.3	22.4

Special Clinic at the Radcliffe Infirmary

An E. N. T. clinic is held twice weekly at the Radcliffe Infirmary for the exclusive use of school children from the Oxford region. 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. In the latter case the appropriate general practitioners are informed when the referrals have been arranged. Children who still have a hearing loss after receiving any treatment that may be needed are referred to the Hearing Assessment Clinic run by Mr. Livingstone for further investigation and appraisal.

Attendances of City children at the E. N. T. Clinic

	1959	1960	1961	1962
New Cases	417	374	302	293
Old Cases	334	383	308	267
Number recommended for operative treatment	362	333	239	219
Number recommended for other forms of treatment	106	102	58	55
No treatment advised	225	231	202	209
Discharges	69	94	111	77

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

Tonsils and/or adenoids	276	331	277	211
Other operative treatment	29	22	29	25

EMPLOYMENT OF CHILDREN

Children undertaking part-time employment have to be medically examined in accordance with Bye-Laws made under the Children and Young Persons Act, 1933 (as amended by the Education Act, 1944). Under these Bye-Laws children of compulsory school age are allowed to undertake early morning work for up to one hour besides doing work after school hours. Officers employed by the local authority keep careful watch to ensure that no child is employed on work that might be prejudicial to his health or physical development, or render him unfit to obtain proper benefit from his education. Employment patrols are carried out from time to time in order to detect children who might be engaged in some illicit or unauthorised practice.

More girls now seek employment than in the past but the total number of both boys and girls employed fluctuates a good deal from year to year. The numbers of medical examinations to ascertain fitness for employment carried out in recent years are as follows:-

	<u>Number of Children Examined</u>
1953	238
1954	217
1955	310
1956	321
1957	256
1958	461
1959	325
1960	421
1961	240
1962	255

MEDICAL EXAMINATIONS OF ENTRANTS TO TEACHERS' TRAINING COLLEGES

During the year, 97 entrants to teachers' training colleges and 28 teachers about to take up their duties were medically examined. X-ray examinations were also arranged for 9 other teachers at the request of other local authorities. Sessions were arranged mainly on Monday evenings at the St. Aldate's Clinic and chest x-rays were carried out by the Miniature Camera Unit at the Radcliffe Infirmary.

WORK UNDERTAKEN BY SCHOOL HEALTH VISITORS

The wide range of duties undertaken by the school health visitors is shown by the following record of their work:-

Attendances at schools or clinics:-	1961	1962
Routine medical inspection	332	354
Pre-medical inspection	7	8
Eye testing	105	98
Hygiene inspection	178	172
Hygiene inspection follow-up	33	39
Visits to nursery schools	130	85
Diphtheria immunisation	48	43
Poliomyelitis vaccination	68	42
B. C. G. vaccination	48	27
Talks to school children	18	34
Others (including Enuresis Clinic)	48	
Enuresis Clinic		52
Others		8

Visits (Home)

	First		Re-visits	
	1961	1962	1961	1962
1. Follow-Up ..	155	118	66	74
2. Hygiene	202	90	49	34
3. Others	128	120	23	15
	485	328	138	123

HYGIENE OF SCHOOLS

During the year routine hygiene inspections by the school medical officers were carried out at 62 schools. In the majority of schools the hygienic standards maintained in the toilet accommodation are at least satisfactory and in many schools a high standard is reached. There are, however, always a few schools housed in out-moded buildings, where the accommodation is inadequate in both quantity and quality as judged by present day standards, and where standards of cleanliness fall below those prevailing elsewhere. While these schools await demolition or reconstruction one can only advise that all minor repairs and delapidations are dealt with as promptly as possible and that energetic measures are continually enforced to maintain maximum cleanliness.

Routine inspection of school canteens was again carried out by the Public Health Inspectors and the hygienic standards maintained in them continued to be high.

At the time of writing, February 1963, a period of most exceptionally severe weather appears to be nearing its end. During this period only one school (St. Ebbe's C.E.) had to remain closed for more than a day and this was because of a frozen water main. All other schools have managed to carry on, some under great difficulties because of frozen toilets. Only by repeated thawing out, perhaps several times daily, has it been possible to maintain one or two W.Cs. in a usable condition in each of these schools.

26 of the older schools are particularly vulnerable to frost. Of these, 12 have outside sanitary blocks covered but not heated and 14 have outside sanitary blocks with covering over the W.Cs. only. 7 of the latter are due for improvement (usually by incorporation within the main building) within the next two years or so, while the remaining 7 are in schools which will be discontinued within the next five or six years.

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 the month of September.

Number of Pupils present in school on the day selected:-

A. In Primary Schools (excluding nursery schools)	7576
B. In Secondary Schools	5012
C. In Nursery Schools	312
D. In Day Special Schools	180
Number of schools or departments served	68

	<u>Meals</u>		<u>Milk</u>	
	1961	1962	1961	1962
A. Primary Schools (excluding nursery schools)				
(i) Free	141	144	7,453	7,052
(ii) For payment	3,842	3,592	-	-
Percentage of total	50	49	95	93
B. Secondary Schools				
(i) Free	68	69	3,277	3,271
(ii) For payment	2,671	2,659	-	-
Percentage of total	54	54	65	65
C. Nursery Schools				
(i) Free	10	11	320	304
(ii) For Payment	254	239	-	-
Percentage of total	82	80	99	97
D. Special Schools				
(i) Free	14	14	172	173
(ii) For Payment	171	162	-	-
Percentage of total	96	97	90	96

Percentage of children having school dinners 1957-1962

	1957	1958	1959	1960	1961	1962
A. Primary Schools	51	43	46	49	50	49
B. Secondary Schools	49	49	50	51	54	54
C. Nursery Schools	100	90	89	82	82	80
D. Special Schools	97	98	96	97	96	97

SCHOOL CLINICS

Remedial Exercises

Mrs. Evans, Senior Remedial Gymnast, provides the following report:-

Regular visits were made during the year to 21 different schools and clinics so chosen as to be easily reached from most of the other schools in the City. Two sessions per week were held at both the

Ormerod School and Slade Park School owing to the concentration of cases to be found at them, although this meant that four groups of schools (Blackbird Leys, South Oxford, Wood Farm and Headington) could only be visited on alternate weeks. As in the previous year Miss Melrose continued to do half-time remedial work, the other half being taken up with games teaching.

At all times we endeavour to foster the parents' interest as we feel that if we are to achieve success, remedial treatment must be done over a short period, not longer than three terms, as treatment over a longer period becomes tedious for the child. The parent of each child is given a simple list of exercises and stress is laid on their daily performance. Naturally these exercises are varied in class to obviate boredom in the child and usually a game-like activity is included at the end of the session. Wherever possible children change into light clothing to help us in our observation of the child and to allow for greater freedom of movement.

We again wish to stress the necessity for careful selection of shoes. We are appalled at the deterioration in the standard of school shoes and feel that subservience to fashion is being allowed to create severe foot defects in young children who need a shoe which allows for movement of the toes and for growth of the foot. However we are glad to hear that the Headmistresses of Milham Ford and Cheney Girls' Schools have selected good and suitable shoes as part of the school uniform.

Owing to the poor summer, much of the treatment at the Ormerod School had to take place indoors which was unfortunate particularly for those children with breathing defects. We are very sorry that Miss Weymont, the Nursery Assistant responsible for the daily supervision of the children's treatment, is leaving to take up a nursing career, as her sympathetic understanding of the needs of these children has been much appreciated. We wish her every success in her future career.

We wish to thank the head teachers for their co-operation.

Speech Therapy

The following report has been submitted by Miss C. E. Renfrew, F. C. S. T., Chief Speech Therapist to the United Oxford Hospitals.

The work of the Speech Therapy Department has proceeded along similar lines to that carried out in previous years. The staff has remained the same. Regular clinics have been held once a week at South Oxford, New Marston and Barton Infants' Schools and twice weekly at Slade Park E. S. N. School. During 1962 the clinic was discontinued at Rose Hill and two opened, one at Blackbird Leys and a half-session at Ormerod School.

The numbers have remained fairly steady. Children are referred either direct from the school medical officer or by the head teacher in the first instance. The parents are asked to bring the child referred to an Assessment Clinic held weekly at the Churchill Hospital for a case-history and fairly full assessment of his speech disorder to be made, so that the probable causes may be ascertained and, if necessary, further investigations arranged before treatment begins. As a result of these examinations parents can be advised on how to deal with the problem at home and what regular speech therapy involves. Efforts are made to secure their co-operation. Many parents, of course, are unable to attend but the child is not thereby debarred from having treatment if he can attend a near-by clinic. About half-a-dozen children, whose marked speech defect makes treatment a matter of urgency and yet cannot be brought by parents, are transported to the Churchill by the members of the voluntary car service for whose help we are most grateful.

Miss Ann Wallace, a senior speech therapist on the staff, has for the last two years been doing further studies of the families of present and former cases of severe speech retardation which persists till the child is over seven. She has examined the parents and siblings of these children testing various aspects of their speech, including vocabulary, reading and spelling as well as their ability in various skills thought to be connected with speech, e. g. tongue agility, auditory memory, the ability to synthesise speech sounds, copy rhythms and sing in tune. The findings indicate that most of those children who are particularly slow in developing speech and language have a positive family history.

Miss Coral Waynforth, the junior speech therapist, has been studying the understanding of spoken instructions in children from 3-5 years old. The test she has developed for this purpose has been useful when applied to children with speech defects, and has separated out those with "normal" understanding of speech from others who have special difficulty with the receiving of speech as well as its execution.

The speech therapists all wish to thank the school medical officers and head teachers for their co-operation in so many aspects of the work of their department.

Numbers of Patients

Under weekly treatment, 1st January 1962	69
New cases admitted for regular treatment during 1962	40
Discharged during 1962	68
Under weekly treatment, 31st December 1962	73
Under regular supervision, 1st January 1962	85
Under regular supervision, 31st December 1962	53
Total number of patients examined, treated and reviewed during 1962	194

Reasons for Referral

Articulation defects	75
Retarded speech development	64
Dysarthria (due to cerebral palsy)	4
Nasal speech (including cleft palate)	10
Stammer	38
No speech	3
	<hr/>
	194

Result of Treatment or Disposal

Discharged, speech satisfactory	40
Discharged, speech improved to optimum	19
Discharged, left district	5
Discharged, poor attendance	2
Referred to Child Guidance Clinic	2
Under weekly treatment	73
Having regular supervision	53
	<hr/>
	194

TUBERCULOSIS

Notifications(a) New Cases in Maintained Schools notified in recent years

	1957	1958	1959	1960	1961	1962
Pulmonary Tuberculosis	3	2	1	0	1	0
Non-Pulmonary Tuberculosis	0	1	0	0	0	0

(b) Cases in Maintained Schools on the Notification Register on 31st December, 1962

	1957	1958	1959	1960	1961	1962
Pulmonary Tuberculosis	31	31	32	30	28	23
Non-Pulmonary Tuberculosis	7	6	3	4	5	3

Protection of School Children against Tuberculosis(a) X-ray of Teachers and School Canteen Workers

Compulsory chest x-ray of entrants to Teachers' Training Colleges and on entry to employment with local authorities ensure that teachers beginning work in maintained schools are free from active tuberculosis. During the year 9 nursery students were x-rayed at the beginning of their course and also 22 pre-students i. e. girls who act as general assistants in infant or nursery schools while awaiting places on the nursery students' course.

18 members of the staff of Cheney Girls' School were x-rayed after 15 girls had been found to be Heaf positive out of 56 tested. Both girls and staff all had normal x-rays and shortly afterwards notification was received from the Ministry that the particular batch of P. P. D. used in the testing was faulty in some unspecified way and was to be discarded. It was therefore assumed that the occurrence of false positives had resulted in the unusually high tuberculin positive rate at this school.

As an additional safeguard all canteen workers are x-rayed on their taking up employment with the local authority.

(b) B. C. G. Vaccination

In 1962 the acceptance rate for children in maintained schools who were offered vaccination rose to 88% the highest yet recorded and a welcome improvement over the 65% of 1955 which was the first full year after the scheme was started. Of the children having the initial Heaf test, 12.7% were found to be positive reactors, this figure having shown no significant change during the past three years. The positive reactors were all x-rayed but none was found to have any active lesion.

As stated in last year's report this authority has now withdrawn from the regional scheme for testing British freeze-dried B. C. G. vaccine so that conversion tests were not carried out. This meant two fewer attendances per child, a substantial saving in the time of both children and doctors.

The statistics for the year are as follows:-

Maintained Schools

Number of cards sent	1193
Acceptances	1050
Number of Heaf tests	925
Number of positive reactors	118
Number given B. C. G.	807
Percentage of acceptances	88%
Percentage of positive reactors	12.7%

Independent Schools

Number of schools visited	12
Number given Heaf tests	332
Number of positive reactors	48
Number given B. C. G.	283
Percentage of positive reactors	14.5%

College of Further Education

Number given Heaf tests	17
Number of positive reactors	6
Number given B. C. G.	11
Percentage of positive reactors	35.3%

OTHER INFECTIOUS DISEASES

Notifications

	<u>1957</u>	<u>1958</u>	<u>1959</u>	<u>1960</u>	<u>1961</u>	<u>1962</u>
Diphtheria	0	0	0	0	0	0
Scarlet Fever	23	31	68	84	22	67
Poliomyelitis	2	0	0	0	0	0
Measles	592	71	548	271	676	420
Whooping Cough	109	13	23	25	29	2
Food Poisoning	3	6	4	5	3	2
Dysentery	70	9	28	29	29	13

Diphtheria(a) Incidence

For the fourteenth successive year no case of diphtheria was notified.

(b) Immunisation

Primary immunisation is carried out in infancy with Triple Antigen (combined diphtheria, pertussis and tetanus) and the booster doses given on school entry consist of diphtheria and tetanus combined prophylactic. A course of the latter is also given to any school entrants who may require primary immunisation.

The numbers of school children receiving primary and re-inforcement immunisations in recent years are as follows:-

	<u>Primary</u>	<u>Re-inforcement</u>
1957	140	779
1958	25	654
1959	240	1421
1960	211	962
1961	177	1056
1962	116	968

Scarlet Fever

Cases appeared sporadically throughout the year, October being the month of greatest incidence (21 cases). The disease continued to be extremely mild in nature.

Poliomyelitis(a) Incidence

No case of poliomyelitis occurred for the fifth successive year.

(b) Vaccination

In Oxford City 96% of children and young persons under the age of 19 years have been vaccinated against poliomyelitis. The accompanying table shows the number of doses of vaccine given to school children during the year.

	<u>Sabin (oral)</u>	<u>Salk (injection)</u>
1st dose	73	-
2nd dose	52	-
3rd dose	510	14
4th dose children 5-11 years only	981	11

Oral vaccine became available in March, and was used for the school vaccination sessions during the summer term. In future it is planned to give the oral vaccine during the autumn term, leaving the spring and summer terms for diphtheria-tetanus immunisation. A vaccine which can be given by mouth has proved most popular with all concerned, and practically all parents elected to have courses which had been started with Salk vaccine, completed with Sabin vaccine.

Measles

Only 79 cases were notified in the first six months of the year but epidemic spread became evident during November and December, 339 cases then occurring amongst children under 15. A further 633 cases have been notified during January 1963.

Whooping Cough

Once more there was an extremely low incidence of whooping cough, only 2 cases being notified.

Sonne Dysentery

13 children under 15 years were notified as having dysentery during 1962 and of these 8 were school children. There was no particular focus of cases in any one school or in any particular part of the City. Single cases were reported from 8 different schools.

Food Poisoning

An isolated case of infection with *Salmonella typhi-murium* occurred during the year. The source of infection was not determined.

Other Gastro-Intestinal Infections

A number of outbreaks of diarrhoea and vomiting occurred in various schools during the year. Typical epidemic vomiting disease

occurred at Our Lady's School and St. Andrew's C. E. School in September and a disorder of which the most constant feature was diarrhoea occurred at Wolvercote and other schools towards the end of the year. Cases were for the most part mild and of short duration and no pathogenic organisms were isolated.

Scabies

For the first year since records began no school children were reported as having scabies.

Pediculosis

During the year 15,623 personal hygiene inspections were carried out by the school health visitors and out of 8020 children inspected, 187 were found to have lice or nits in the hair. This represents an incidence of 2.3% compared with 3.5% in 1961 and 1.9% in 1960.

Inspections are concentrated on schools where persistent offenders have been found in the past and although efforts are made to detect and eradicate infestation in family contacts it is notoriously difficult to elicit the co-operation of some members, particularly elder sisters who have left school and who may well provide a reservoir of infection.

DEATHS OF SCHOOL CHILDREN

1. A boy, aged 8 years, died of vagal inhibition due to sudden immersion in cold water after falling from his cycle on a flooded tow path.
2. A girl, aged 10 years, died from cerebral cortical atrophy.
3. A boy, aged 8 years, with dextroposition of the aorta, died from cerebral thrombosis.
4. A girl, aged 6 years who had had an ileostomy for ulcerative colitis, died from septicaemia and bronchopneumonia.
5. A boy, aged 3 years who was a hydrocephalic, died from an acute haemolytic crisis caused by cold agglutins.

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.

One child is at Conover Hall, Shrewsbury, a residential school for blind E. S. N. children and one is at the Birmingham School for the Blind.

(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 their educational development but can be educated by special methods involving the use of sight.

Three children are at ordinary schools.

(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.

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

(d) Partially Hearing Pupils : that is to say, pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

This is a new definition which came into operation in October 1962 and it replaces that formerly given for Partially Deaf Pupils.

One girl is at the Summerfield House, Lower Howsell, Malvern and two boys are at St. John's R. C. Institution for the Deaf at Boston Spa.

21 children attend Partially Hearing Units in the City (8 at St. Thomas' C. E. School, 5 at South Oxford Junior School and 8 at St. Ebbe's C. E. School). 33 children attending ordinary schools include 14 who have been transferred from the Partially Hearing Units. In all, 54 children attending day schools in the City (33 of these live in the City and the remaining 21 are County children) have hearing aids. In addition, 19 children with a hearing loss have been recommended to sit in front of the class.

(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 schools.

8 children are away at residential schools: one at Pitt House School, Chudleigh, Devon; two at Ryton Hall, Wolverhampton; two at Besford Court School, Worcester; two at Wood Eaton Manor School, Oxon., and one at Swaylands School, Tonbridge. In addition one child is in the special adolescent unit at Borocourt Hospital.

At the end of the year 132 children were attending Slade Park Special School for E. S. N. pupils. These included 27 children resident outside the City.

During the year 21 children were examined by the Approved Medical Officers. 8 of these children were reported to the Local Health Authority under Section 57 of the Education Act, one as being unsuitable for education at school and 7 as requiring care or guidance after leaving school.

14 children attended the Training Centre on trial pending a decision on their final placement and of these 9 were aged six years or under.

(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.

No children are at residential schools. Several children suffering from slight or occasional epilepsy attend ordinary 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.

12 children are away at residential schools or hostels - two at Bodicote Lawn Hostel; two at Pottersbury Lodge School, Towcester; two at Swalcliffe Park School, Banbury and one at each of the following - Claysmore School, Blandford; St. Gabriel's School, Sandalford Priory, Newbury; Drayton Manor School, Shelfield-on-Lodden, Hants; Redhill School, East Sutton, Kent; St. Bernardine's College, Buckingham and Salesian College, Longhope, Glos.

Children living in hostels attend the local ordinary schools.

At the end of 1962, 35 children were attending Northern House School, 4 of them being resident in the County. Also 19 children (4 from the City) were attending the special class at the Park Hospital for Children with psychiatric disorders.

The following table shows the number of children who have been away at residential schools or hostels for educationally sub-normal and maladjusted children during the past few years.

	<u>Educationally Subnormal</u>	<u>Maladjusted</u>	<u>Total</u>
1951	22	9	31
1952	23	11	34
1953	16	5	21
1954	13	6	19
1955	12	10	22
1956	10	7	17
1957	12	13	25
1958	10	18	28
1959	4	12	16
1960	4	11	15
1961	4	9	13
1962	8	11	19

(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.

One boy crippled with poliomyelitis is at the Hephaistos School, near Reading and another boy is at Ingfield Manor, Billingham, Sussex, a school for spastic E. S. N. pupils. The boy previously reported as being at the Dame Hannah Rogers School, Ivybridge, Devon, is now at Ponds, an adult training establishment for spastics at Beaconsfield.

(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.

A six year old boy with a severe speech defect thought to have an organic basis is under observation at an ordinary school.

(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.

Four girls are living at Hillaway Homes in Devon and attend ordinary schools. One has a conjunctival allergy to tuberculosis, one suffers from asthma and two are of poor general physical condition. One boy who suffers from asthma is at St. Catherine's, Ventnor.

TEACHING AT HOME OR IN HOSPITAL

One boy physically handicapped following removal of a brain tumour had home teaching until a recurrence of his symptoms resulted in his readmission to hospital. Another boy grossly incapacitated by the effects of spina bifida and hydrocephalus continues to have home teaching.

5 full-time and 2 part-time teachers and a nursery assistant continued to be employed at the Wingfield Hospital School where 63 children (mainly from other authorities) were on roll at the end of the year. In all, 44 City children were taught there during the year.

VOLUNTARY HELP

The work of the British Red Cross Society in assisting handicapped children to have seaside holidays, and in organising social functions where parents and children can meet and discuss their problems is very greatly appreciated.

Our thanks also go to the members of the Women's Voluntary Service who so kindly and readily provide transport for children with a variety of handicaps whenever a request for it is made.

CEREBRAL PALSY

23 City children of school age are known to be suffering from varying degrees and types of cerebral palsy. One severely affected boy who is E. S. N. is at a residential school. In 8 cases the disability is minimal and the children are able to attend full-time at ordinary schools. One child who is partially hearing attends the special class at St. Thomas's C. E. School and one who is educationally subnormal attends the Day Special School at Slade Park. Two City children together with three from Berkshire and one from Oxfordshire attend the Ormerod School and five more who are subnormal attend the Training Centre. One severely subnormal child is in hospital.

CHILD GUIDANCE CLINIC

The following report on the work of the Child Guidance Clinic during 1962 was submitted by the Medical Director of the Clinic, Dr. Christopher Ounsted.

Clinic staff has undergone two changes during the year. The psycho-therapist, Miss Harnett, has retired after lengthy and fruitful service. Mrs. Henty has been appointed in her place with a greatly increased number of sessions. Mrs. Henty will undertake both psychotherapeutic and psychological work.

The new system of referrals is now in full swing and the clinic has excellent close relationships with the School Medical Service. This is proving useful to all concerned.

The number of medical interviews given by the Medical Director and his assistants totalled 518, a figure barely different from that of the previous year. New patients totalled 50.

During the first ten months of the year, Miss Harnett gave 212 interviews in 74 sessions.

During the first part of the year, the psychologists came from the Department of Clinical Psychology at the Warneford and Park Hospitals. We are most grateful to them for the work they have done. Mr. Akhurst returned to us in July and we are now back to normal running.

The Psychiatric Social Worker gave a total of 314 interviews, 242 home visits and 73 school and other visits.

Three children were placed in boarding schools and one child in a hostel for maladjusted children.

There have been a large number of visitors to the clinic this year including Dr. Llewellyn from the Ministry of Education who came down to study our new scheme of integrating medical and educational services at all levels.

The Education Committee have made certain alterations to the clinic premises which have the effect of reducing the size of one very large room and adding a small and comfortable additional room. This has greatly enhanced the usefulness of the clinic.

Some Clinic Statistics

(a) Sex ratio of new cases - Boys 37
Girls 13

(b) Sources of Referral

School Medical Service	39
General Practitioners	7
Miscellaneous	4

It is noteworthy that medical referrals accounted for 94% of the new cases seen during the year. In 1958, of all the children seen that year only 20% were medical referrals. Also during the last three years the number of new cases seen by the psychiatrist has remained between 40 and 50 compared with 87 in 1958 when the majority of referrals were non-medical.

(c) Diagnoses

Behaviour difficulties	34
School refusal	6
Enuresis	2
Backwardness	2
Anxiety state	2
Night terrors	1
Truancy	1
Educational difficulties	1
Mute at school	1

(d) Age at time of referral

14 years and over	9
13 "	7
12 "	1
11 "	4
10 "	6
9 "	4
8 "	5
7 "	6
6 "	5
5 "	1
4 "	1
3 "	1

It is disappointing that so few children are seen in their early years when more, perhaps, could be done to help them. The children who draw attention to themselves by creating a major uproar in school are not necessarily the most seriously disturbed and it is hoped that as all those in close contact with children (especially in schools or child welfare clinics) develop a greater sense of awareness of the types of deviation from the norm which are in greatest need of treatment, most of these children will be referred at an earlier age.

NORTHERN HOUSE SCHOOL

The following report was submitted by Mr. H. L. A. Pearce, the Headmaster:-

The "turnover" of children was greater in 1962 than it has been for a number of years past. Sixteen children were admitted and seventeen left. The admissions were in the following age groups:-

Age 5 years	2
" 6 "	4
" 7 "	1
" 8 "	2
" 9 "	6
" 10 "	1

Of the seventeen leavers, 8 went to Secondary Modern schools, 1 to a Secondary Grammar school, 4 to Primary schools, 3 to boarding schools and one left the district. They had spent the following times at Northern House School -

Less than one year	3
1 to 2 years	5
2 to 3 years	6
3 to 4 years	2
Over 4 years	1

Although Miss Davidson and her colleagues did excellent work, we were extremely pleased to see Mr. Akhurst when he returned from his Course in July and it is a tribute to the co-operation of head teachers that children moved to and from Northern House School with great smoothness during his absence.

In September we welcomed the return of Mrs. F. A. Oxlade after an extremely interesting year's exchange in Los Angeles.

We chose Chessington Zoo for our Summer outing at the end of June and on the way we visited Aston School, Ealing, a new day school for maladjusted children, where both schools had a picnic lunch on the lawn.

The trend, mentioned in last year's report, of retaining an increasing number of children over the age of 11, has continued. This year, we retained 4 boys who should have gone to secondary school in September. We hope that next year we shall be able to make more adequate provision for these children of secondary age.

SLADE PARK SCHOOL

The following report was submitted by Mr. J. Sutherland, the Headmaster:-

The termly average roll of the school in 1962 was 132, which is the highest figure since the school opened in 1952. Of this number, 28 children, occupying 20% of available places, lived in the County areas. A number of these were originally City children who have been re-housed in the County.

An interesting feature, however, of new admissions has been that in terms of I. Q. they seem to have been of general better quality than those admitted in the previous four or five years. This means that we have an opportunity of carrying out more remedial work and, perhaps, to return a larger number of children to the secondary modern schools to complete their school days.

To further this remedial work, application has been made for an extra room and an extra teacher. It is hoped that these will be approved, for at the moment the speech therapist, the educational psychologist and other professional workers, have to use the staff room, to the detriment and interruption of their own work. After all, it is a staff room and teachers at the school should have priority to its use.

The school nurse reports that there has been an improvement in the standard of hygiene, with children becoming more conscious of their own personal cleanliness. Care of teeth and nails in particular has improved.

Another interesting feature of the year has been the development of the contact with the Rivermead Rehabilitation Centre. As will be seen below, most children leaving the school by age are well placed in work by the Youth Employment Officer. But there are a few who, for various reasons - physical, emotional, perhaps even purely educational - cause special concern and who, we feel, will not survive in work without some further training or work experience. Over the year two boys and two girls attended Rivermead on one full day each week for both assessment of the kind of work they should do and some training for it. Three of these continued full time at the Centre on leaving school. Two other pupils will be starting shortly. The number attending will always be small, but the work done will be most valuable from their point of view.

Twenty-two children left school in the year. They are divided as follows:-

Work	10
Residential schools of various kinds	5
Secondary modern school	1
Rivermead Rehabilitation Centre on leaving by age	3
Training Centre	1
Left district	2

The School Club continued to meet twice weekly in the evenings throughout the year and girls and boys leaving school have been encouraged to use the Club facilities. Quite a number in fact do and it has been interesting to see how the pupils about to leave school seek out those who have left to learn of their experience of going to work.

On the sporting side the school won the Southcott Cup in the triangular Athletic Contest between Tesdale School, Abingdon; Central School, Swindon and ourselves. We hope to retain it this year, when it is our turn to act as hosts. In addition some interesting, and at times, exciting football and cricket matches were played with reasonably good results, and a good cross country result was obtained, but in netball our opponents had much the better of things.

Mention of the fact that it is our turn to act as hosts to other schools brings to the fore the lack of physical education facilities. Still no gymnasium and no playing field with accommodation, the result being that we have had to go round and beg the use of these things so as to fulfil our commitments in the Athletic Contest - or else say Oxford could not play its part. People we approached were kind and helpful. Nevertheless it is galling to have to bother others because we have not these things for ourselves.

One bright point in this gloomy side is that the year saw the plan of a new site for the school put on paper. If we are now to be a really effective unit in modern education it is hoped that the new building, modern and spacious, designed for its job, will not be long delayed. Better educational results should accrue. The effect on the children and their parents in terms of human dignity would be enormous.

THE ORMEROD SCHOOL

(a) Report by Dr. Love

There were 32 children on the roll on December 31st 1962, as follows:-

Asthma	6
Recurrent Bronchitis	1
Bronchiectasis	1
Cerebral Palsy	6
Spina bifida	3
Muscular dystrophy	1
Amyotonia congenita	1
Probably myopathy	1
Congenital heart disease	3
Fibrocystic disease	1
Von Willibrands disease (hereditary pseudo- haemophilia)	1
Recent urinary infection	1
Hiatus hernia and oesophageal stricture	1
Brain Damage	1
Delicate	4

During the year there were 7 new admissions; 2 children had congenital heart disease, one of them also having a severe renal defect and the other being a readmission after operation. One child had cerebral palsy, one was still undergoing treatment for tuberculous meningitis at the Osler Hospital, one part-time admission was a boy with a cerebral tumour and two children were classified as delicate.

Details of the 8 children discharged during the year are as follows:-

<u>Condition</u>	<u>Number</u>	<u>Where sent</u>
Asthma	3	To ordinary school
Congenital heart disease	1	Died
Delicate	1	Left school, working as clerk
Cerebral palsy	1	To a residential school for spastics

Mrs. Evans, the remedial gymnast continues to attend every week to supervise remedial exercises which are otherwise carried out daily under the supervision of the Nursery Assistant. In addition, 5 children - 3 with cerebral palsy and 2 with spina bifida - are attending hospital for physiotherapy.

Miss Renfrew is visiting the school weekly to give speech therapy to three children.

(b) Report by Miss K. Smith, Headmistress

The school year has continued much as before with the usual activities. These included a visit to Chessington Zoo by all the school, visits to the Ashmolean Museum and Abingdon, to the Music Festival and to the film "Macbeth" by some of the older children. The usual "Sports Day" and Christmas party were held and the produce from a Harvest Festival service was distributed locally.

During the summer holiday the kitchen was re-painted and it is hoped that non-slip linoleum will be fitted to all bare wooden floors shortly. This will be a great improvement in many ways.

Visitors to the school have been many and varied.

One new feature this year has been the increase of interest in the work of Special Schools. During the year the staffs of the Special Schools have been invited to two Parent-Teacher Associations to form a discussion panel on Special Schools, and one result has been that one or two women's organisations have shown great interest in the provisions made for the handicapped child.

School work continues to be mostly along individual lines as there is great variety and range in age, mental ability and physical handicap.

Children who have left school this year have found employment immediately and seem to be holding it satisfactorily.

There have been two sad occasions this year. In the spring a little boy with congenital heart disease died, and as he had been a pupil at the school for some years, his loss was felt very keenly. Another boy who had attended as a part-time pupil also died in the autumn.

Miss Gillian Weymont, Nursery Nurse Assistant, left the school at the end of the autumn term to take up nursing training at the Radcliffe Infirmary. Her cheerful personality and efficient care will be missed very much by all of us, but we wish her well in her new sphere. Mrs. M. Brough has been appointed to take her place.

I would like to thank Dr. Love for her patient perseverance in dealing with difficult problems and to wish her every happiness in her future life, and also the staff for their loyal help and service during the year. We also appreciate very much the regular and most helpful visits of Alderman Mrs. Prichard, Chairman of the School Managers.

SPECIAL CLASSES FOR PARTIALLY HEARING PUPILS

Mr. A. Chappell, special teacher at the unit based on South Oxford Primary School and having responsibility for the supervision of all the partially hearing children of school age, has provided the following report:-

1962 was note-worthy for the grouping, by age, of hearing impaired children into the three Primary School Units at St. Ebbe's St. Thomas's, and South Oxford. This involved the moving of children who were making poor progress from one Unit to another. However, a Secondary School Unit is now envisaged and this will eventually cater for older children who, probably for intellectual reasons, may never fully "integrate" within schools for hearing children.

At the end of the year, children were distributed amongst the units as follows:-

St. Ebbe's	8, of ages 3-5 years
St. Thomas's	8 children
South Oxford	5 in unit; 3 in the school

In addition, there were 11 post-unit children working in their local primary or secondary school and one boy who left school to take up a trade. He was granted day release for instruction at the College of Further Education. At the end of the year he had settled in well and was making good progress at College, both in work and social life there, and in his job.

Very fair progress has been reported from all the units. The St. Ebbe's classroom has been acoustically treated and fitted with an induction loop. One corner of the room has been partitioned off to make a comparatively quiet cell in which individual teaching with an amplifying unit can be undertaken. The introduction of a teaching assistant to this class has been such a help in allowing the special teacher to devote more time to individual children that a similar appointment is being made at the St. Thomas's Unit. All except one of the children at the St. Ebbe's Unit wear two hearing aids and emphasis is laid upon the development of speech patterns which may already have been established during the baby years at home and while attending the E. N. T. Department at the Radcliffe Infirmary.

At St. Thomas's the children continue to take a full part in the life of the school and the parish. All of them "integrate" with normal classes for some part of the week, especially for "Music and Movement", games and some art. For reasons of internal administration no formal placements of children into the parent school were made.

During the course of the year an amateur group from the University made film sequences of work with deaf children, ranging from consultations at the Radcliffe Infirmary, through the various stages of Unit education to final "integration" within a child's local school. It is hoped to show the film to educational as well as medical bodies and to those interested in the welfare and progress of the deaf in general.

Despite the work that has been done, it is inevitable that children with a hearing loss will rarely progress at the same rate as even the average child in a hearing class. Evening classes have been run and it is hoped that these will go some way towards remedying the deficiencies. Very considerable effort is needed for a deaf child to keep up his academic work and establish a "background" of information. In order to help the integrated deaf children still further, arrangements have now been made for them to receive regular visits from an itinerant teacher who goes over and so consolidates the more important work which they have recently done in the ordinary classes of their respective schools. Eventually, it will become possible for the peripatetic teacher of the deaf to concentrate on speech correction only.

The part which society in general, and teachers in particular, can play in the intellectual and emotional development of the deaf child is a vital one and to further knowledge a short course of lectures will be given at the University Institute of Education in Trinity Term 1963.

ENURESIS CLINIC

Dr. Tilley has provided the following report -

The Consultative Clinic (1958) began as a joint project between the School Health Service and the Paediatrics Department of the Radcliffe Infirmary. From March 1959 free loan of the enuresis alarm was made to Oxford City school children aged 8 years or more, and the clinic is now open to all school children from their seventh birthday who live in the City or its fringe areas, including some who do not attend City schools.

The clinic is held each Friday afternoon. Children in the fringe areas are supervised through the Oxfordshire County Deputy Superintendent of Health Visitors and the Assistant County Nursing Officer, Berkshire. Consultant advice is readily obtainable by means of a regular monthly conference with Dr. Smallpeice.

No child is treated without the consent of the family doctor and the psychiatrist is consulted when the child is known to the Child Guidance Clinic.

Case Management

Treatment follows enquiry into the medical and social factors and a full clinical examination; the latter includes abdominal examination, measurement of blood-pressure, and laboratory investigation of a clean specimen of urine, which are repeated at a second attendance two to four weeks later. Thus child and at least one parent attend on two occasions. If an organic or emotional basis is suspected, the need for consultant care is discussed with the general practitioner.

Successful mechanical treatment depends on efficient servicing of the alarm, parental co-operation, and health visitor support. At the second consultation the parent is provided with an instruction sheet and warned that considerable effort is necessary in the early days. The Health Visitor delivers and demonstrates the machine; she should revisit in the first fortnight.

The aim is to make the child responsible for the management of his machine, so that he should be quite accustomed to its day-time operation before treatment begins. It is vital that the child is wide awake when he goes to the toilet. Usually simple cold sponging of his face is sufficient, but in the case of a few deep sleepers an evening dose of amphetamine has been prescribed by the general practitioner. The equipment is removed promptly after 14 consecutive dry nights.

A vigorous attack is necessary to establish confidence in the mind of both child and parents that the service can be called upon if relapse occurs.

Consultations during the twelve months
ending 31st December 1962

19 children were attending the clinic at the beginning of the year; to these were added 51 new patients and 26 old patients who relapsed. The average of figures for "age at last birthday on first attendance" was just under 9 years (between 8 and 9 years for 1961).

Referrals were	Mar. 59 - Dec. 60 (%)	Jan. - Dec. 61 (%)	Jan. - Dec. 62 (%)
Family doctors direct	40	30	27
Paediatric Department (Dr. Smallpeice)	9	13	21
Child Guidance Clinic (Dr. Ounsted)	6	5	2
School Medical Officers and Health Visitors	45	52	50*

*Some by Health Visitors attached to family doctor practices.

Results for period March 1959 - December 31st 1962

No treatment indicated	53
Discontinued before completing one course of treatment	22
Completed one course of treatment	135
Having treatment for the first time	3
Awaiting machine	1
Investigations incomplete	4
Total	218

Analysis of 75 children who were not treated or who did not complete one course

Spontaneous cures for an average follow-up period of 12 months	30
Spontaneous improvements	3
Relapsed after spontaneous cure or improvement	7
Failure of treatment	18
Referred elsewhere	8
Follow-up of less than three months	8
Left district	1

Analysis of 135 who completed one course of treatment

A cure was defined as not more than 1 wet bed per fortnight on the average, for over three months, and a relapse as 2 or more wet beds per week on the average over the same period, or wet beds on 7 or more consecutive nights.

Cured*	60
Improved	3
Relapsed after cure/improvement	52
Treatment failed	3
Referred elsewhere	2
Follow-up less than 3 months	15
	<hr/>
	135
	<hr/>

*5 followed up for 24 months

3	"	"	"	18	"
42	"	"	"	12	"
10	"	"	"	3-12	"

Comparison with natural rate of cure

Excluding children awaiting or undergoing treatment 210 children showed 30 spontaneous cures and 60 cures after a single treatment i. e. a total recovery rate for the whole range of 43%, which can be compared with a spontaneous recovery rate of about 20% at any age in this range.

Analysis of 59 children who relapsed

16 became dry after being offered or completing a second course of treatment; 17 relapsed after a second treatment. The residue included 8 failures and some who were still under observation/treatment.

Failures

Judging from failure of co-operation by the parents, in investigation and treatment, and from expression of their opinion 18 out of the 21 failures in the primary series occurred in families where there was lack of the insight and energy necessary for success.

Referred Cases

7 children were referred to the Child Psychiatrist and 14 to the Consultant Paediatrician. Among the latter 2 had organic disease of the renal tract.

The Future

It is too early to compare the rate of relapse after 12 months follow up for the seven year olds compared with older children. Selection of cases on other grounds than age is difficult. In whole family problems enuresis may be the proverbial "last straw" and sometimes a large measure of support may be justified, otherwise treatment should be withheld when the parents do not honour a firm undertaking to co-operate. In cases where the child resents his condition or is not clean when sent to school, action outside of the clinic may be necessary.

THE SALE OF TUCK IN SCHOOLS

In last year's annual report, the introductory letter included the following comment relative to the School Dental Service "the consumption of buns, biscuits and sweets at school must have a deleterious effect on the teeth of school children. There is no need whatsoever for anything to be taken between normal meal times with the exception of school milk, but if something must be eaten, then fruit should be chosen".

As a result of this statement the Special Services Sub-Committee decided to circulate a questionnaire to the heads of all schools in order to ascertain the extent to which tuck was being sold. The information obtained is displayed in the following tables.

Table I

The type of tuck sold and the range and number of schools selling tuck

Type of Schools	Biscuits	Sweets	Ice Cream	Fruit	Nuts	Raisins	Potato Puffs/ Crisps	Other Items	*No Tuck Sold
Selective	3**	3	3	1	3	2	1	*** Soft Drinks	1
Sec. Mod.	6	5	1	1	3	1	4	-	3
Full-range	4	-	1	2	3	3	4	-	1
Junior	6	2	-	1	2	2	1	-	4
J. M. & Inf.	6	3	-	1	3	2	2	-	3
Infants	9	2	-	-	2	2	1	-	4
Total	34	15	5	6	16	12	13	1	16

* No tuck sold at any Nursery or Special Schools

** Only cheese biscuits sold at one school

*** One school only

Table II

The times at which tuck is sold at these schools

Type of School	During Mid-morning break	During Dinner hour	During Afternoon break
Selective	4	2	-
Sec. Mod.	6	1	2
Full-range	5	-	1
Junior	7	3	2
J. M & Inf.	5	1	-
Infants	9	-	-
Total	36	7	5

Some heads also sent in the following comments with their returns:-

- (1) If tuck is not sold in schools, the children will bring sweets and snacks for consumption during the mid-morning break. Some children breakfast very early and others cannot eat breakfast.
- (2) If tuck is not sold during the dinner hour, children will go out for tuck and risk the danger of accidents on the roads.
- (3) Ice cream sellers and other vendors of tuck, by stationing themselves outside the school gates during break times and the dinner hour, would cause confusion and the risk of road accidents.
- (4) The profits from tuck shops have been used for providing many items and services which the Authority might not normally be expected to supply.

The above tables were next circulated amongst head teachers together with some comments prepared by the Principal School Medical Officer who pointed out that -

1. School children should have a good breakfast and excuses about a very early breakfast or inability to eat breakfast do not justify the provision of "tuck" at the mid-morning break. Articles such as biscuits are no substitute for a proper breakfast and only detract from a normal healthy appetite for lunch.
2. There is now virtually no malnutrition amongst school children and, in fact, one of the increasing duties of school doctors is to give advice to the parents of fat overweight children, most of whom have reached this unhealthy state by overeating, particularly the sugary type of food.
3. There is no doubt at all that carbohydrate food, particularly biscuits and sweets, is potentially bad for the teeth and this is particularly true if such food is eaten by itself and with no subsequent opportunity for cleaning the teeth. Dental caries has increased a great deal in this country in the postwar years and such increase has been associated with the rapidly increasing consumption of sugary foods. It is illogical to provide a School Dental Service with its preventive outlook and, at the same time, be a party to the wholesale supply of biscuits and sweets in the form of snacks.
4. The comments attributed to some head teachers and referred to in paragraphs (1) (2) (3) which follow the tables given above have some validity but are essentially matters of school discipline. Comment under paragraph (4) draws attention to "many items and services" purchased from the profits of school tuck shops, but to justify this at the expense of children's health does not seem to be either right or sensible. Incidentally it is possible that some of these "items and Services" should really be provided by the Education Committee?

5. It is known that there are parents who would very much prefer their children not to have "school tuck" but find it difficult to refuse the necessary money because their child would then be "odd man out" and would be unhappy and frustrated.
6. The supply of "school tuck" must be a considerable nuisance to teachers.

After time had been allowed for consideration and discussion of the various points raised an approach was made to the local branch of the National Association of Head Teachers which kindly agreed to the presence at their next meeting of the Chief Education Officer and the Principal School Medical Officer. At this meeting there was a very full and useful discussion on all the implications of the sale of tuck in schools and the following report was then referred back to the Special Services Sub-Committee.

"The general feeling of the Heads was that though there may be reasons why the "wholesale supply of biscuits and sweets" could have a deleterious effect on the teeth of children, usually the amount consumed by a child at school, when purchasing School Tuck, was small. Children only buy in small quantities, and these amounts are smaller than they would eat at home while on holiday. In a number of schools the quantity which a child is allowed to purchase is limited. Indeed it has been noticed where School Tuck was sold out towards the end of term and children purchased it elsewhere or brought it from home, the quantity consumed as much greater. Also the type of food brought was of the sweeter kinds of biscuits and chocolate.

Heads feel that they can be relied upon to watch the whole matter carefully and take appropriate action within their own schools to minimise the dangers. The points made by the Principal School Medical Officer have been noted, and they will be borne in mind. It is probable that there will be a change in the type of Tuck sold in schools, the sweeter kinds being superseded by crisps, nuts and fruit etc. In some cases this change has already been made.

It is hoped that we are not contemplating taking away all the small pleasures and temptations of being a child. Parents will still give their children these sweetmeats, if not for eating at school, then, at least, for out of school time, as is shown by the way parents will send their children to school with mid-morning snacks when School Tuck is not available.

Teaching on the care of teeth, and the effect which various foods have on them is done in all schools. We can suggest that certain foods have less ill effects on the teeth than others and by offering for sale the less harmful ones make a contribution to better standards of dental hygiene. "

The Special Services Sub-Committee agreed to take no further action for the time being but to review the position in a year's time after a further questionnaire had been circulated in order to find out what changes in the sale of tuck had been effected.

HEALTH EDUCATION IN SCHOOLS

Important developments took place during the year leading up to the appointment of Dr. Julia Dawkins as Teacher/Adviser in Health Education. The following report is mainly a shortened version of a more comprehensive report submitted to the Education Committee by the Chief Education Officer.

At a meeting of the Maternity, Child Welfare and Home Services Sub-Committee of the Health Committee in October 1960 anxiety was expressed about the increasing number of unmarried mothers of under school leaving age in the City. In the ensuing discussion consideration was given to the role which schools might be expected to play in preparing children for the difficulties and responsibilities accompanying adolescence particularly in view of the increasingly early onset of sexual maturity in girls, and the whole problem was referred to the Education Committee. A special committee was then appointed consisting of -

The Principal School Medical Officer
 The Chief Education Officer
 The Children's Officer
 Social Worker (Oxford Moral Welfare Association)
 The Heads of Nine Representative Schools

This Committee met on a number of occasions, collected information about similar work being done in other parts of the country and assembled a collection of relevant publications and visual aids. In November 1961 a full-time Health Education Lecturer from Hampshire addressed a representative audience of teachers and other interested persons, and a group of primary school heads also met for discussion.

The eventual findings of the special committee may be summarized as follows:-

General Considerations

During the past 20 years there has been a steady lowering of the moral standards of behaviour in society as a whole and the realisation of this calls for a special effort on the part of teachers to ensure that boys and girls are continually given a chance to ask questions freely and to hear people talk authoritatively about the sort of emotional problems which directly affect their daily lives. Sex education should be a continuous process from early childhood and so a parallel effort is needed to make parents more aware of their responsibilities. The ideal solution is for all parents to co-operate in the work being done in the schools so that each knows what the other is attempting to achieve but it must be recognised that some parents are unable or unwilling to make any contribution themselves.

The question was considered as to whether the younger teenage boys and girls can best be brought to discuss these matters seriously and frankly with their own teachers or whether specially qualified and experienced outside persons would be more successful in "drawing them out" and encouraging them to ask questions which may be worrying them but which embarrassment has previously prevented them from asking.

Effective teaching is usually easier if boys and girls are taken in separate groups and some schools are already doing a good deal by arranging regular series of talks to older children by heads or senior members of staff.

The Primary Schools

The heads of primary schools felt that the relevant factual knowledge should be given to children in their last year at the primary school although no teacher should be expected to take the subject beyond the point which he believes appropriate to his class. It was essential to persuade parents to take their share of responsibility in co-operation with the teachers. As regards the school programme, incidental treatment in the curriculum rather than a completely separate scheme of lessons was thought desirable although care must be taken to see that the biological ground work is properly covered and that children acquired a vocabulary which would enable them to talk naturally and sensibly about these things.

The Secondary Schools

Similarly, secondary school heads felt that they should be able to assume that their children had acquired a certain amount of factual knowledge in the primary schools and also that the main responsibility for sex education should rest with the parents. The school curriculum should include not only a carefully prepared course of biology including simple human anatomy, physiology and personal hygiene but also a systematic programme of lectures and discussion groups which should include the meaning and control of emotion and the social implications and adjustments essential for moral healthy living.

Members of the teaching staff can often deal with various aspects of sex education but the assistance of school doctors, health visitors, marriage guidance and moral welfare workers and other suitably qualified people should be sought when necessary. It is the responsibility of each secondary school head to see that a comprehensive programme is arranged for the boys and girls before they leave school but there should be no question of dictating to any head the best method of achieving this purpose. The relative proportions of teachers and outside persons undertaking this work must therefore be expected to vary greatly according to the number of people on the staff who feel competent to undertake it. The heads of all schools should take every opportunity of gaining the co-operation of parents in this work.

Appointment of a Health Education Adviser

The important decision was made to recommend the appointment of a full time worker in Health Education whose duties and responsibilities should be as follows:-

(a) To supplement the teaching and special talks on Health Education which are undertaken as part of the school curriculum in all types of secondary schools. This will be a regular assignment of the work, and the holder of the post will be expected to take a part in teaching or special talks at the request of head teachers.

(b) To advise and assist heads of primary and secondary schools in preparing programmes of lessons or talks on this subject.

(c) To organise courses and conferences for teachers, parents and youth organisations, both separately and together.

(d) To be available to give advice or to speak at meetings of parent-teacher associations, courses or meetings for youth leaders or young people.

(e) To take a leading part in organising some of the special courses now being arranged for school leavers from secondary modern schools.

(f) To visit schools at the request of head teachers as a kind of counsellor to deal with sex education or personal relationship aspects with small groups of older pupils or, if necessary, with individual pupils.

(g) If time permits and requests are forthcoming, to give talks and lectures to training college students in the colleges situated near the City.

No essential qualification was prescribed because success in the post might equally well be achieved with teaching, youth, medical or social science experience and it was hoped that the person appointed would be someone who had through deep reflection on questions of personal morality, achieved a strength of conviction which would influence all his or her work.

In the event the Education Committee decided to appoint Dr. Julia Dawkins to the post of full time Teacher/Adviser in Health Education from January 1st 1963. This is a temporary appointment for one year, at the end of which time, the Committee intend to review the whole question in the light of what may have been achieved. Dr. Dawkins in addition to the more usual types of medical experience has acted as medical adviser to the B. B. C. Programme "Mrs. Dale's Diary" and the American Television programme "Dr. Kildare". She has done work for the Marriage Guidance Council and has also written

articles for various medical journals and health magazines. Her main task will be to survey what is already being done in junior and secondary schools and to report to the Education Committee what can be done by a full time worker to make a comprehensive programme available for boys and girls during the upper junior and secondary years of their education. A programme of visits to representative schools has therefore been arranged so that Dr. Dawkins can co-operate with the heads in planning and carrying out a suitable programme of lessons, special talks, discussion groups and similar activities. She will be available at the City Education Office for consultation by the heads of any schools who require her advice on aspects of Health Education and it is hoped that her advice will be actively sought.

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER -

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

The appointment in September of Miss Liebermann, one of the first group of dental auxiliaries to be trained under the experimental scheme, was an important event for the school dental service this year. She now works under the direction of the Principal Dental Officer, in the second surgery at the St. Aldate's Clinic, except when visiting schools instructing in dental health.

It is obviously far too early to pass judgement on the dental auxiliary experiment as a whole, but, if Miss Liebermann is typical, candidates are evidently most carefully selected prior to a course of training to a high standard of proficiency. In the field in which she is legally permitted to operate, her work is most satisfactory, her relations with the children are excellent and she is certainly capable of dealing with many more patients than it has so far proved possible to pass on to her for treatment. If this problem can be solved, Miss Liebermann's appointment will fully justify itself.

In addition to the main St. Aldate's Clinic, the Donnington centre has been operating throughout the year, with the help of the part-time dental officers. Since February, six weekly clinics have been held there during school terms, an arrangement which it is proposed should continue for the time being.

The published statistics illustrate several points of some significance. With the exception of five small schools (Summertown, St. Joseph's, St. Aloysius, Headington Quarry and Summertown St. Michael's) all the secondary and primary schools are now included in the school dental scheme for regular inspection and treatment and will henceforth be visited for routine dental inspection of the children at least once a year. Schools still outside the scheme will be brought in progressively; probably most of them will be visited during the coming year. Thus one of the tasks laid on the School Dental Service - to inspect the school population at least once a year - is in a fair way to accomplishment.

It will be noted that less than 40% of the children inspected during the year were referred for treatment, which confirms the point made in previous annual reports that the dental health of Oxford's school population is being well cared for by the combined efforts of practitioners in the General Dental Service and the School Service. The point is further underlined by the small number of emergency cases which had to be treated and, above all, by the ratio of filled permanent teeth to extracted permanent teeth, which this year reached the record proportion of 9 : 1.

The very large number of children brought into the scheme during the year has led to a great increase in organising and clerical work, the main burden of which has been borne, with efficiency, tact

and patience by Mrs. Howells, the Senior Dental Attendant. Thanks largely to her efforts, relations with headmasters and school staffs have been cordial and their active co-operation has contributed greatly to making the dental service as effective as possible.

To mention only one problem; failed appointments and unpunctuality of patients attending the clinics for treatment can result in considerable waste of valuable time without the help of the schools, to ensure their arrival on time. In this and in many other ways teachers' goodwill towards the service is very important for its success and their co-operation over the year is much appreciated.

Details of Dental Inspection and Treatment Carried out by
the Authority

(a) Dental and Orthodontic work

I Number of pupils inspected by the Authority's Dental Officers:

i. At Periodic Inspections	12,035		
ii. As Specials	114	Total	12,149

II Number found to require treatment 4,509

III Number offered treatment 4,509

IV Number actually treated 1,931

(b) Dental Work (other than Orthodontics)

I Number of attendances made by pupils
for treatment, (excluding those
recorded at (c) I below)

4,152

II Half days devoted to:

i. Periodic (School) Inspection	71		
ii. Treatment	831	Total	902

III Fillings:

i. Permanent teeth	2,148		
ii. Temporary teeth	1,529	Total	3,677

IV Number of teeth filled:

i. Permanent teeth	2,135		
ii. Temporary teeth	1,521	Total	3,656

V Extractions:

i. Permanent teeth	238		
ii. Temporary teeth	627	Total	865

VI	Administration of general anaesthetics for extraction		4
VII	Number of pupils supplied with artificial teeth		5
VIII	Other operation:		
	i. Permanent teeth	1,486	
	ii. Temporary teeth	494	Total 1,980
(c)	Orthodontics		
	i. Number of attendances made by pupils for orthodontic treatment		78
	ii. Half days devoted to orthodontic treatment		7
	iii. Cases commenced during the year		55
	iv. Cases brought forward from the previous year		6
	v. Cases completed during the year		50
	vi. Cases discontinued during the year		-
	vii. Number of pupils treated by means of appliances		5
	viii. Number of removable appliances fitted		-
	ix. Number of fixed appliances fitted		5

REPORT OF THE ADVISER IN PHYSICAL EDUCATION -

Mr. J. K. D. WHALING

The number of young people leaving school with a sound knowledge of the skills of a number of games and sports is steadily increasing. The outstanding performer is usually welcomed into a team or club but many of the school leavers with average or below average ability have difficulty in finding suitable regular physical activity. Over the past few years however there has been a great increase in the number of people taking part in outdoor activities such as canoeing, camping, mountain walking, rock climbing and sailing, activities which call for a different type of skill. These activities are challenging and rewarding and they can be pursued with pleasure for the greater part of one's life. The opportunity to learn the techniques and skills of outdoor activities is rapidly increasing with the opening of Activity Centres in various parts of the country. For the past 5 years, boys and girls of 14+ years from Oxford secondary schools have attended residential courses at the Central Council of Physical Recreation's National Centres in Snowdonia and in Berkshire. The courses provide a comprehensive scheme of training in outdoor activities including emphasis on self-reliance, comradeship and living in a community. At the present time these courses are arranged by the Chief Education Officer, but it is hoped that with the wide range of facilities now available individual schools will organise their own training schemes to suit their own particular requirements. One of the immediate aims of the recently appointed Youth Sports Committee is to capture and retain the interest of many more school leavers and to implement some of the recommendations of the Albermarle and Wolfenden Reports. Canoeing is becoming popular with young people in Oxford because it combines the creative work of canoe building with the enjoyable activity of paddling the many local waterways. In January, Mr. Oliver Cock, the National Coach to the British Canoe Union, gave a lecture and showed films to many teachers, leaders and canoe enthusiasts at the West Oxford Community Centre.

The cold wet weather during much of the Summer Term curtailed the swimming programme at the outdoor bathing places, but at the three primary schools which have their own instructional pools the water was slightly warmer and approximately 1,000 children received almost daily instruction. This "block" teaching again produced very good results, as the following figures show:-

New Marston C. School

99 of the 111 leavers in July had passed at least the 10 yds. test.

Wood Farm C. School

84 of the 90 leavers in July had passed at least the 10 yds. test.

Rose Hill C. School

61 of the 68 leavers in July had passed at least the 10 yds. test.

In view of the Council's decision not to proceed with the indoor bath at the bottom of Headington Hill, additional facilities for teaching swimming, particularly in primary schools, are urgently needed.

Movement training, which is not only functional, as in games, but expressive of feelings as in dance and drama, is being taught in many primary and secondary schools. In the primary schools we are moving towards the development of the child as a whole being, through the widest possible experience of movement, and the recognition of the need for him to work to his own capacity and towards his own potential. We attach less importance to specific muscular development and to the measurement of individual performance against "standard" scores. The new B.B.C. sound broadcast for junior schools "Music Movement and Mime" is an excellent introduction for children and teachers to the Movement approach and an improvement on the Music and Movement programmes which appeared to cater for the musical rather than the kinaesthetic needs of the children.

It is encouraging to note that the standard of games training in primary schools is steadily improving. The trend in junior games training should be to develop purposeful skills in individual, pair and small group games and the too-long continued practice of one child with one ball should be discouraged. The aim should be to lead to some form of major team games for the more able top class junior children, but it should be remembered that the average player normally prefers smaller group games where he gets more chances.

In the secondary school much of the work should be directed towards the acquisition of skills with a carry-over value into adult life. At this stage, where possible, there should be some choice of activity, particularly for the older children, and increased attention should be directed towards the individual. For the development of fixed skills the "crash" course is the most effective.

There are now three trampolines in the City and the sport of rebound tumbling continues to attract all types of performers. It is interesting to see how quickly the non-gymnastic type of child reaches a fairly high standard of performance. The trampoline gives him more time to do things in the air and he becomes aware of his body movements, and this is of considerable help to him in other gymnastic work.

The second Annual Schools' Gymnastics championships were held at Northway School on 5 and 6 April. 9 schools competed in the girls' programme which was based on movement themes, and the team and individual awards went to Northway School. Teams from

11 schools took part in the boys' voluntary and compulsory box and floor work programme, and whilst the standard has improved, some teachers require more knowledge of competitive Olympic gymnastics. Headington Secondary School again won the team and individual championships. The judges for the competitions included two Olympic gymnasts, a Royal Air Force team member, the President of Cambridge University Gymnastic Club and three County P.E. Organisers. All the schools taking part in these competitions have their own after school gymnastic clubs.

17 schools competed in the City Schools' Athletic championships at Iffley Road and the organisation of the meeting was particularly praiseworthy as only four lanes of the track were available owing to stand building. Three records were broken and our list of records now compares very favourably with National figures. In the County Sports, the two City teams won seven of the nine trophies and once again City children made up the bulk of the team which represented Oxfordshire in the All England Schools' championships at Hull.

138 competitors from 19 schools took part in the three cross country races - 13-15 years, 15-17 years and 17-19 years which were run from the Morris Motors Pavilion over the Shotover course. The section team winners were Bayswater, Southfield and City of Oxford High Schools.

42 young athletes aged 14-19 years attended an Oxfordshire A.A.A. athletic coaching course held on the Iffley Road track during the Easter holidays.

The Junior Inter-Schools' Sports Meeting was held at New Marston Junior School with nearly 600 children from 27 schools taking part.

The Schools' Netball Association continues to develop and the under 15 years league had to be divided into two sections to accommodate 16 schools. There are 9 schools in the under 13 years league. Two representative teams played matches against Leicester and Reading and also took part in the Southern Territory Tournament at Didcot.

The Schools' Cricket League appears to be well established and 9 schools again entered the competition. The County XI was almost entirely composed of City boys and although the match results were not as successful as in the last few years the standard of cricket was high, and the boys played against some of the best cricketing counties in the country including Essex, Hampshire, Lancashire, Surrey and Warwickshire. Three boys were selected to play for the Midlands XI in the English Schools' Cricket Association area match.

The Schools' Basket Ball League, now in its third year, is producing some fine players, who, on leaving school, are able to graduate to the Youth League and eventually to the highly successful Adult League. Girls, too, may be playing basket ball in the very near future. An inaugural meeting of a Women's Section of the National Executive Committee of the Amateur Basket Ball Association was held recently and their recommendations are expected shortly.

Boys and girls from 13 schools took part in the 8th Annual Folk Dance Festival at Bayswater School, and for the first time the dancing had to take place indoors because of rain. During the interval there were demonstrations by the Headington Sword Dance Group and Headington Morris Boys.

During the winter months the weekly evening coaching sessions in rugby football for secondary boys have been well attended at Headington Secondary School. 75 boys played in the County Trial games and matches have now been played against Dorset (won), Hampshire (lost), Hertfordshire (won) and Berkshire (lost). Three Oxford boys have been selected to play for the South in the English Schools' Trial game.

Although the Schools' Football Association's representative team made an early exit from the National Competition, inter-school friendly rivalry flourished and nearly 200 matches were played. For the first time a six-a-side tournament for junior school boys was organised. 32 teams from 19 schools competed on the Wood Farm School pitches and it was such a success that it will become an annual feature.

More than 600 boys and girls entered for the four swimming galas organised by the Schools' Swimming Association. The Divisional Gala (Beds., Berks., Bucks., and Oxon.) was held at Temple Cowley Baths after which 3 Oxford boys and 2 girls were selected to represent the Division in the National championships at Epsom. Miss Bateson, Mrs. Downer and Mr. Dennis ran the life saving classes at Temple Cowley during the two winter terms and at Hinksey Pools during the summer. The Monday evening advanced coaching sessions, which are for pupils who hold the Committee's Proficiency Certificate and who show special promise in swimming and diving, have been well attended and very successful under the direction of Mr. J. Dufty.

An analysis of swimming tests passed in 1962 are shown below:-

	<u>Boys</u>	<u>Girls</u>
Beginners : 10 yards	573	561
Elementary : 25 yards	508	438
Intermediate : 75 yards	309	195
Proficiency (a) 50 yards in clothes		
(b) Recover an object from 4'6" depth by surface dive		
(c) One plain dive	104	54

	<u>Boys</u>	<u>Girls</u>
Advanced : 100 yards - good style		
50 yards front crawl		
50 yards back stroke	21	8
Royal Life Saving Society Awards	22	9
	<hr/>	<hr/>
	1,537	1,265
	<hr/>	<hr/>

Nine refresher courses and meetings were arranged for teachers during the year. All meetings took place after school hours and the number of teachers attending each course is shown in brackets : movement training (65), basket ball (15), dance (28), cricket (13), diving (19), Olympic gymnastics (14), rebound tumbling (trampoline work) (12) and the expired air method of artificial respiration (27).

In co-operation with the Central Council of Physical Recreation, coaching courses for young people were arranged as follows: badminton, dry-skiing, golf, tennis and dancing.

MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1962

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1963, as in Form 7, 7 M. and 11 schools ... 14,008

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A - PERIODIC MEDICAL INSPECTIONS

Age groups inspected (By year of Birth)	No. of pupils inspected	PHYSICAL CONDITION OF PUPILS INSPECTED				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 and later	419	416	99.3	3	0.7	4	35	35
1957	1016	1008	99.2	8	0.8	24	113	123
1956	423	422	99.8	1	0.2	5	62	57
1955	78	77	98.7	1	1.3	2	18	16
1954	32	31	96.9	1	3.1	4	8	10
1953	43	42	97.7	1	2.3	2	10	8
1952	42	42	100			3	8	11
1951	710	708	99.7	2	0.3	76	139	179
1950	406	402	99.01	4	0.99	41	79	109
1949	61	61	100			12	18	25
1948	36	36	100			6	8	11
1947 and earlier	37	37	100			9	9	15
TOTAL	3303	3282	99.4	21	0.6	188	507	599

TABLE B. - OTHER INSPECTIONS

Number of Special Inspections	...	...	...	438
Number of Re-inspections	...	...	...	2,141
			Total	2,579

TABLE C. - INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	15,623
(b) Total number of individual pupils found to be infested	...	...	...	...	187
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	...	30
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	...	1

TABLE D. - SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested? ... Yes
- (b) If so, how soon after entry is this done? ... Same term as admission to infant school
2. If the vision of entrants is not tested, at what age is the first vision test carried out? ...
3. How frequently is vision testing repeated throughout a child's school life? ... Entry, 8 years, 11 yrs., 13 yrs., 15 yrs., & 17 yrs.
4. (a) Is colour vision testing undertaken? ... Yes
- (b) If so, at what age? ... 11 years
- (c) Are both boys and girls tested? ... Yes
5. By whom is vision and colour testing carried out? ... Entrants by Health Visitors; others by School Health Clerks.
6. (a) Is audiometric testing of entrants carried out? ... Yes
- (b) If so, how soon after entry is this done? ... Same term as admission to infant school
7. If the hearing of entrants is not tested, at what age is the first audiometric test carried out? ...
8. By whom is audiometric testing carried out? ... School Health Clerk.

PART II - DEFECTS FOUND BY MEDICAL INSPECTION DURING
THE YEAR

TABLE A. - PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS			
		Entrants	Leavers	Others	Total
4	Skin T	22		54	76
		O 24		11	35
5	Eyes-a. Vision T	33		155	188
		O 20		6	26
	b. Squint T	49		11	60
		O 7		2	9
	c. Other T	4		6	10
		O 9		4	13
6	Ears-a. Hearing T	2		5	7
		O 55		23	78
	b. Otitis Media T	10		5	15
		O 41		6	47
	c. Other T			2	2
		O		2	2
7	Nose and Throat T	25		15	40
		O 183		56	239
8	Speech T	6		1	7
		O 67		9	76
9	Lymphatic Glands T	2			2
		O 90		25	115
10	Heart T				
		O 45		23	68
11	Lungs T	6		9	15
		O 90		28	118
12	Developmental-a. Hernia... .. T	4		3	7
		O 12		1	13
	b. Other T	4		11	15
		O 99		37	136
13	Orthopaedic-a. Posture T	16		65	76
		O 33		40	73
	b. Feet T	40		52	92
		O 102		46	148
	c. Other T	9		24	33
		O 101		50	151
14	Nervous System-a. Epilepsy T	2		2	4
		O 9		8	17
	b. Other T				
		O 11		10	21
15	Psychological-a. Development T				
		O 33		15	48
	b. Stability T	2		1	3
		O 90		40	130
16	Abdomen T	5		1	6
		O 27		9	36
17	Other T	2		35	37
		O 85		57	142

TABLE B. - SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	3	
5	Eyes-a. Vision	4	1
	b. Squint	2	
	c. Other		1
6	Ears-a. Hearing		2
	b. Otitis Media	1	
	c. Other		
7	Nose and Throat	1	2
8	Speech		1
9	Lymphatic Glands		1
10	Heart		
11	Lungs		5
12	Developmental-a. Hernia		
	b. Other		1
13	Orthopaedic-a. Posture	3	
	b. Feet	4	
	c. Other	1	2
14	Nervous System-a. Epilepsy		
	b. Other		1
15	Psychological-a. Development	1	5
	b. Stability	3	16
16	Abdomen	2	2
17	Other	9	16

PART III - TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A. - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	
Errors of refraction (including squint)	1067
Total	1067
Number of pupils for whom spectacles were prescribed	531

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

	Number of cases known to have been dealt with
Received operative treatment -	
(a) for diseases of the ear	15
(b) for adenoids and chronic tonsillitis	211
(c) for other nose and throat conditions	10
Received other forms of treatment	55
Total	291
Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1962	3
(b) in previous years	51

TABLE C. - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	44 approx
(b) Pupils treated at school for postural defects	475
Total	519

TABLE D. - DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm - (a) Scalp	
(b) Body	
Scabies	
Impetigo	
Other skin diseases	
Total	NIL

TABLE E. - CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics ...	209

TABLE F. - SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists ...	194

TABLE G. - OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments ...	
(b) Pupils who received convalescent treatment under School Health Service arrangements	46
(c) Pupils who received B. C. G. vaccination	807
(d) Other than (a), (b) and (c) above	
Please specify:	
Flat Feet	450
Total ...	1,303

