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Contributors

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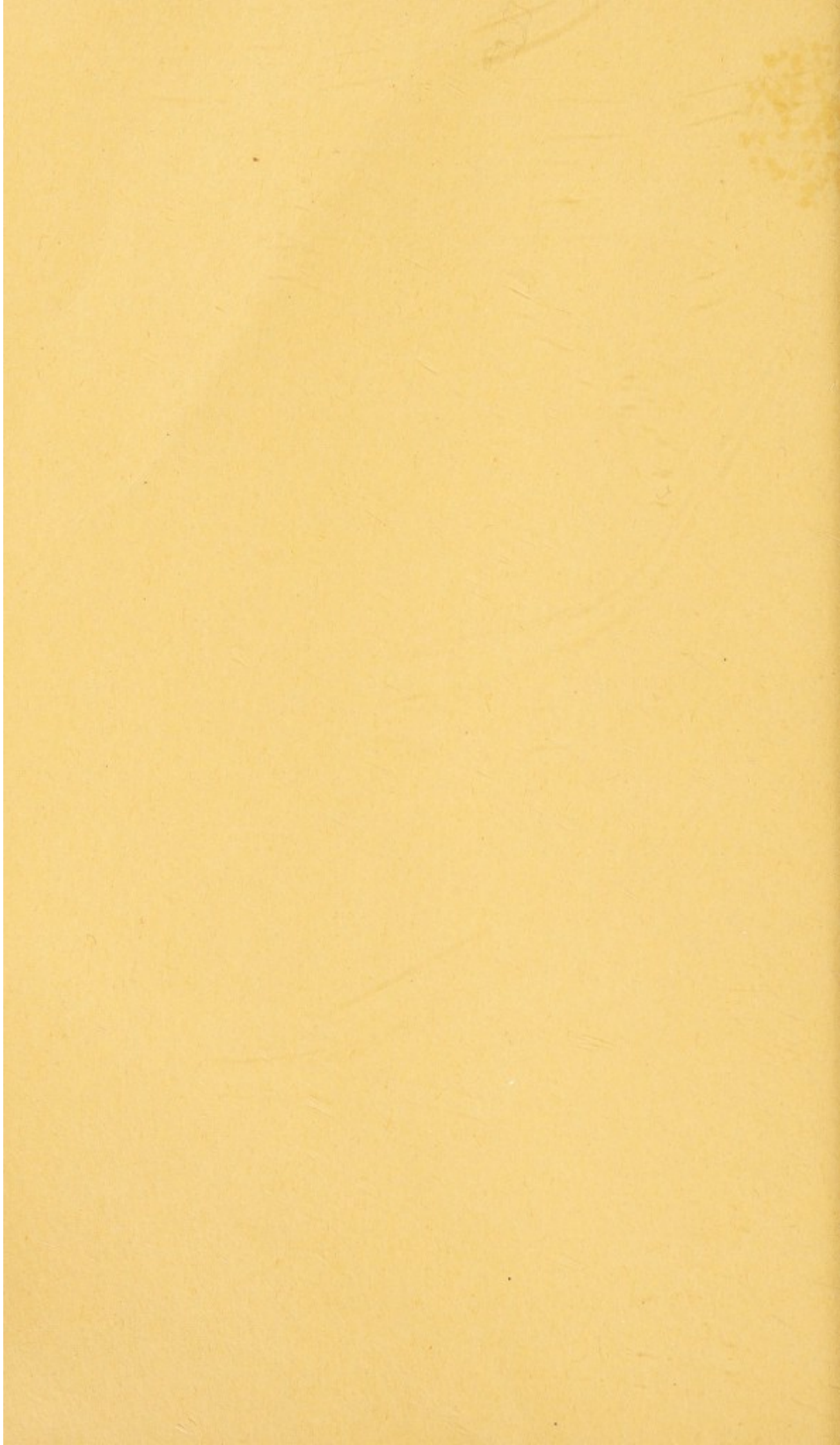
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NORTH RIDING OF YORKSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE

ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER
FOR THE YEAR
1952





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INTRODUCTION.

To the Members of the North Riding Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I beg to submit herewith a formal report on the school health service for the year 1952. In accordance with the wishes of the Ministry of Education, the report is presented rather earlier than in previous years. The report of the divisional medical officer on the service in the area of the Scarborough Divisional Executive is appended. Except where otherwise stated, the figures given in this report do not relate to schools in the Scarborough Division.

Two district medical officers, each having responsibility to the local education authority, to the local health authority and to the local sanitary authority, were appointed during the year. Dr. H. Gray was appointed in May to the vacancy which had existed for over a year in the Bulmer area as a result of the resignation of Dr. Ross-Keyt for health reasons. In September, Dr. F. W. Gavin took over the duties in the Richmond area which had for some months been carried out by Dr. A. Priestman in a temporary capacity. For personal reasons Dr. Doris M. Todd, in October, 1952, resigned her post of assistant school medical officer after having served the Education Committee most conscientiously for many years. Dr. Todd conducted medical inspections at many of the schools in the Bulmer, Richmond and Wensleydale areas. Last November, Dr. Peggy Beynon, formerly assistant school medical officer in Herefordshire, was appointed on a sessional basis for duty in the southern part of the County.

A satisfactory feature of 1952 in regard to staff was the improvement which occurred in the recruitment of dental officers. Miss P. E. Thomas commenced work in South Bank in March, Mr. D. R. Storr in Scarborough in April, while at the end of September, Mr. L. H. Head, an experienced private dental practitioner, took up full-time service in Redcar. Mr. G. Fleming, of York, was appointed on a part-time basis in February, 1952, and has given up to 9 sessions weekly during school terms. Towards the end of the year Miss D. M. Bateman relinquished her sessional work in the school dental service.

An entirely new departure during the year was the appointment of Miss E. M. Watson who had been trained at the Eastman Dental Clinic, London, as oral hygienist. Details of the scope of the work which Miss Watson can properly undertake are given by the Chief Dental Officer in his report.

Consultant advice and treatment continued to be provided to school children by specialists in the employ of the regional hospital boards. A waiting list of children to be seen at eye clinics began to form at the end of 1951, but this, thanks to the co-operation of the consultant ophthalmologists, as well as a more careful screening of children referred, had largely disappeared by the end of 1952. In that part of the Riding which is within the area of the Leeds Regional Hospital Board, consultant psychiatric advice is available to school children to the extent of one session per week. No such provision has, as yet, been made by the Newcastle Board in the northern part of the county. Dr. L. P. Star, the Educational Psychologist commenced duty in September, and has, in addition to his work in relation to the ascertainment and disposal of educationally subnormal pupils, given much help in problems relating to the educational and emotional difficulties of maladjusted children. On pages 28 and 29 I call attention to the limitations which are put on the work in this important field by the absence of the other members of the child guidance team.

The opening of Brompton Hall Residential School for the reception of educationally subnormal pupils marked a very substantial advance in the provision of special educational treatment for children suffering from this particular handicap. Such children receive great benefit from being taught in small classes along with other children of their own educational attainments. The appointment of teaching staff who have a special aptitude and training for this work, along with a careful selection of the children admitted, ensures that at Brompton Hall the children work under the best possible conditions. The care of physically handicapped pupils, both from the health and educational point of view, continued to receive specialist attention at Welburn Hall School throughout the year. In addition the Authority maintained a number of children suffering from various defects at suitable residential special schools provided either by other authorities or voluntary bodies. Special school provision for maladjusted pupils is very restricted so that these children present a special problem. Their difficulties arise very often in the home rather than at school. Many of them, therefore, would receive benefit from a period of residence in a hostel from which they can attend an ordinary school. In a small number of cases, child guidance investigation and treatment is all that is required; in the remainder the necessary re-adjustments are difficult in the absence of a trained social worker.

The importance of the early diagnosis of defects of hearing in school children has been increasingly recognised of late years. In the past a number of children have been regarded to be lacking in intellect when in reality, their lack of progress at school was secondary to an inability to hear properly. In September, 1952, Miss E. Pressick, a nurse with special training and experience in ear work, was appointed to carry out surveys of

North Riding school children using the gramophone audiometer. This apparatus has a set of forty single ear-phones so that that number of children can be tested simultaneously. The results obtained are set out in the body of this report.

It is satisfactory to record that generally favourable reports of the health of the school children have been received from all the assistant school medical officers. There was a very slight increase in the percentage of children who were considered to be of "good" general condition with a corresponding reduction in the percentage assessed as "fair." A relatively small number of children were found to be of "poor" general condition, the percentage being virtually the same as last year.

Although the number of children examined during the year was greater than in 1951, fewer defects requiring active treatment were found.

The continuing importance of immunisation of children against diphtheria has again been emphasised by the occurrence of a localised outbreak in which five non-immunised school children were affected. A small number of school children were reported as suffering from poliomyelitis (infantile paralysis) and these were admitted to hospital and transferred to special units as necessary. The total incidence of measles and whooping cough was similar to that of the previous year.

In my last report I drew attention to the fact that the downward trend in the incidence of verminous conditions among school children in the Riding had been interrupted and pointed out that a fairly marked increase had occurred. During 1952, although no remarkable improvement took place, the position was at least maintained, thanks to the efforts of the school nursing staff. Much more energetic action is required by the medical officers of certain sanitary authorities in dealing with the problem of the other members of affected households but these officers are handicapped by the fact that no powers now available are comparable to those under the former Scabies Order. Children infected with ringworm were less in evidence but more were seen on account of impetigo. The advice and co-operation of the Consultant Dermatologists in the Tees-side area, Dr. A. N. P. Milner and Dr. Gillies Annan was particularly appreciated by the medical staff of the Authority in dealing with children suffering from ringworm.

In his report on page 22, the Chief Dental Officer draws attention to the increased number of extractions carried out during 1952 as compared with the previous years, and points out that this is largely due to an increase in the number of children treated under a general anaesthetic. With regard to conservative dentistry, which is a very important aspect of the school dental service, it is pleasing to note that both the proportion and the gross number of fillings has materially increased. This position in the Scarborough area is particularly satisfactory from this point of view.

The attendances made by children in connection with another preventive aspect of dentistry, namely orthodontics, have again increased ; any member of the Committee, who wishes to see more of this aspect of school dental work, would be welcomed at an appropriate workshop, by the Chief Dental Officer.

During 1952 an extensive programme of school building was in hand, which, when completed, will add no less than twelve new schools to the list of modern schools in the Riding. Further progress was made during the year in improving the general hygiene of school premises in the more rural parts of the Riding, but the difficulties in this particular sphere are considerable.

In conclusion I should like to record my appreciation of the loyal assistance given to me by all the members of the staff of the school health service and to Dr. Cameron who drafted this report ; my thanks for co-operation and valued support are also due to the staff of the Education Department and the head teachers of schools during the year under review.

J. A. FRASER,
School Medical Officer.

County Hall,
Northallerton,
May, 1953.

I. GENERAL STATISTICS.

The Education Committee are responsible for primary and secondary education throughout the administrative county but certain functions relating to primary and secondary education are exercised by the Scarborough Divisional Executive in the area of that division, namely the municipal borough of Scarborough, the urban district of Scalby, and the rural district of Scarborough.

Subject to the general direction of the Committee, the school health service in the Scarborough division is administered by the divisional executive and in this report statistics do not relate to the division unless specially mentioned as including the latter. For a complete picture of the services of the authority this report should be read in conjunction with the divisional school medical officer's report appended hereto.

Population of the administrative county (mid-year 1952)	..	378,000
No. of children on registers, primary schools, January, 1953	..	40,045
No. of primary school or departments, January, 1953	..	356
No. of children on registers, secondary schools, January, 1953	..	11,375
No. of secondary schools, January, 1953		40

(These figures include Scarborough division).

II. STAFF.

(i) MEDICAL STAFF.

The medical staff engaged on administrative or clinical duties in the school health service during the year are named below—

SCHOOL MEDICAL OFFICER, (also County Medical Officer).

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

DEPUTY SCHOOL MEDICAL OFFICER, (also Deputy County Medical Officer).

A. D. C. S. CAMERON, M.B., CH.B., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICERS.

MARGARET D. CAIRNS, M.B., CH.B., D.P.H.

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

DORIS M. TODD, M.B., B.S., M.R.C.S., L.R.C.P. (Resigned 7-10-52).

PEGGY BEYNON, M.R.C.S., L.R.C.P., D.P.H. (Part-time commenced 11-11-52).

ASSISTANT SCHOOL MEDICAL OFFICERS, (also medical officers of health for one or more sanitary district and executive officer for Part III Services under the National Health Service Act, 1946).

W. H. BUTCHER, M.B., D.P.H.
 W. R. M. COUPER, M.B., CH.B., D.P.H.
 J. A. DUNLOP, M.B., CH.B., D.P.H.
 F. W. GAVIN, M.D., D.P.H. (Commenced 1-9-52).
 H. GRAY, M.B., M.D., CH.B., D.P.H. (Commenced 16-5-52).
 H. PATTINSON, M.B., CH.B., D.P.H.
 A. PRIESTMAN, M.B., CH.B., D.P.H. (Resigned 31-8-52).
 J. W. A. RODGERS, M.B., CH.B., D.P.H.
 B. SCHROEDER, M.B., CH.B., D.P.H.
 W. SHARPE, M.B., CH.B., D.P.H., B.SC.

SCARBOROUGH DIVISION.

DIVISIONAL SCHOOL MEDICAL OFFICER, (also medical officer of health for the Borough of Scarborough, Scalby U.D., Scarborough R.D. and executive officer for Part III Services under the National Health Service Act, 1946).

J. STOKOE, M.D., B.S., B.HY., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICERS.

ELIZABETH R. CAMERON, M.B., CH.B., D.P.H.
 *ELIZABETH D. ELLISON, B.A., CH.B. (temporary part-time).
 *SYDNEY E. JACKSON, M.B., CH.B. (temporary part-time).

* With the exception of those whose names are marked with an asterisk all the medical practitioners above named have been approved by the Ministry of Education as certifying officers under the appropriate Regulations.

(ii) DENTAL STAFF.

S. CRAVEN, L.D.S., Chief Dental Officer.
 A. D. CLARK, L.D.S.
 C. E. PLACE, L.D.S.
 L. H. HEAD, L.D.S. (Commenced 29-9-52).
 C. G. LINGFORD, L.D.S., M.R.C.S., L.R.C.P., Dental Anaesthetist.
 MISS P. E. THOMAS, L.D.S. (Commenced 27-3-52).
 R. B. STEEL, L.D.S.
 MISS D. M. BATEMAN, B.CH.D., L.D.S. (Part-time ; Resigned 18-12-52).
 G. FLEMING, L.D.S. (Part-time, commenced 4-2-52).
 MISS E. M. WATSON, Oral Hygienist (Commenced 9-6-52).

SCARBOROUGH DIVISION.

J. C. CARR, L.D.S.
 D. BEWES ATKINSON, L.D.S. (part-time).
 D. R. STORR, L.D.S. (Commenced 7-4-52).

(iii) SPECIALIST OFFICERS. (Part-time).

- * Ophthalmic Surgeons .. J. A. MAGNUS, M.D., F.R.C.S., D.O.M.S.
 B. SHEEHAN, M.B., CH.B., D.O.M.S., B.SC.
 A. E. P. PARKER, F.R.C.S., M.B., B.S.,
 M.R.C.S., L.R.C.P.
 F. S. HUBBERSTY, F.R.C.S., M.B., B.CH.,
 M.R.C.S., L.R.C.P.
 J. S. GOURLAY, M.B., CH.B., L.R.C.P.,
 L.R.C.S., L.R.F.P.S.
 J. ELLISON, M.R.C.S., L.R.C.P.
- * Aural Surgeons .. J. B. T. KESWICK, M.B., CH.B.
 G. L. THOMPSON, M.A., M.B., F.R.C.S.
- * Orthopaedic Surgeon .. H. L. CROCKATT, M.B., CH.B.
- * Psychiatrist .. M. C. GORDON, M.B., CH.B., D.P.M.
- Anaesthetist .. J. S. RUDELL, M.A., M.B., B.A.

*Services of these Consultants are made available by
 Regional Hospital Boards without charge to the Authority.

(iv) EDUCATIONAL PSYCHOLOGIST (Full-time).

L. P. STAR, M.A., PH.D.
 (Commenced 1-9-52).

(v) SPEECH THERAPISTS.

MISS I. M. S. KNIGHT, F.C.S.T.

SCARBOROUGH DIVISION. MISS V. LANG, L.C.S.T.

(vi) LIP READING INSTRUCTOR.

SCARBOROUGH DIVISION R. D. O'BRIEN. (part time).

(vii) SCHOOL NURSES.

The superintendent school nurse is also the superintendent health visitor and non-medical supervisor of midwives. Twenty-nine nurses are employed full-time on school nursing and health visiting. In addition one nurse devotes her whole time to audiometric work.

Superintendent School
 Nurse ..

MISS G. BERRIDGE, S.R.N., S.C.M., A.R.S.I.

Assistant Superintendent
 School Nurse ..

MISS F. S. LEADER, S.R.N., S.C.M., H.V. Certif.

School Nurses ..

Twenty-nine H.V./S.N's (half-time).

A school nursing service equivalent to that of a further 10½ full-time nurses is given by district nurses or combined-duty nurses in the rural areas.

(viii) ORTHOPAEDIC NURSES (Whole-time).

(with clinic and after-	C. CHAPMAN, S.R.N.
care visiting duties)	B. D. ROWELL, S.R.N., S.C.M., Orthop. Certif.

(ix) AUDIOMETRIC NURSE.

E. PRESSICK, S.R.N., S.C.M. (Commenced 1-9-52)

(x) PHYSIOTHERAPISTSCARBOROUGH
DIVISIONMRS. G. M. GREEN, M.S.C.P., M.E., L.E.T.
(part-time).**(xi) DENTAL MECHANICS.**

R. G. HANSOM.
P. A. LAZENBY.
D. L. BAUGH, (Apprentice).
J. D. WADE, (Apprentice).

(xii) DENTAL ATTENDANTS.

MRS. V. E. CRANE.
MRS. M. M. HODGSON.
MRS. R. LAWSON (commenced 9-6-52).
MISS D. MORTON.
MRS. O. NELSON.
MISS M. ROBERTS (resigned 30-4-52).
MISS A. SEATON (commenced 22-5-52).
MRS. H. TYRRELL (commenced 13-10-52).

SCARBOROUGH DIVISION.

MISS N. MALLEN.
MISS B. J. SHAW (commenced 5-3-52).
MRS. N. D. V. STOREY.

(xiii) CLERICAL STAFF.

Chief Clerk	..	H. A. ROEBUCK, D.P.A.
Senior Clerk	..	B. M. MATHISON.

III. MEDICAL INSPECTION OF PUPILS AT PRIMARY AND SECONDARY SCHOOLS.

(i) General.

On 31st December, 1952, there were 356 primary schools or departments in the county including Scarborough. There were 40 secondary schools.

Since 5th July, 1948, the Committee have been responsible for providing education for pupils in hospital schools ; these were previously provided by tuberculosis authorities and the governing bodies of certain long-stay voluntary hospitals.

The hospital schools in the Riding are as follows :—

	Number of Places	Age Range	Number of pupils (January, 1953)
Adela Shaw Orthopaedic Hospital, Kirbymoorside	125	3-16	82
Northallerton Orthopaedic Hospital	100	2-16	49
Thornton Lodge Sanatorium, Aysgarth	40	3-16	13
Poole Sanatorium	58	3-16	29

(ii) School Hygiene.

My report last year contained an outline of the systematic approach which was being made to the rehabilitation of sub-standard schools in the Riding. During 1952, many improvements were carried out at schools where they were most required. The Committee has undertaken an impressive building programme which has already provided, and will provide in future years, many additional school places. Certain assistant school medical officers, however, are concerned at the overcrowding which exists at some of the rural all-age schools. The Minister has intimated that "she will be unable to include in the building programmes any work designed to relieve overcrowding in existing schools, to replace or improve unsatisfactory premises of existing schools, to enable all-age schools to be re-organised, or to meet the wishes of parents for denominational instruction, unless the building of a voluntary school can be justified as meeting the needs of new housing development or the increasing school population." Four of the new secondary schools which are nearing completion will provide for the re-organisation of seventy all-age schools in the Easingwold, Helmsley, Kirbymoorside, Richmond and Whitby areas. There remain, however, over one hundred all-age schools, the re-organisation of which must await the removal of the Minister's embargo; this will necessitate the provision of seven more secondary schools at Bedale, Leyburn, Malton, Pickering, Richmond, Stokesley and Thirsk. Meantime, as has been pointed out in previous reports, difficulties such as overcrowding and restricted hygienic facilities demand special attention from all concerned. For example ventilation should be controlled throughout the year to avoid "stuffiness of classrooms" which one assistant school medical officer encountered during school visits.

(iii) Medical Inspection.

As in 1951 it was not possible in every area to inspect all pupils in the five age groups which the Committee decided should be inspected. Accordingly attention was concentrated on the prescribed age groups (entrants, leavers primary, and leavers secondary), and the 7-8 and 12-13 age groups were inspected if time permitted.

FINDINGS OF MEDICAL INSPECTION.

Diseases and Defects.

Of the 19,628 children seen at periodic medical inspections, 3,356 were found to be suffering from a defect or disease (other than dental diseases and infestation with vermin). This represents 17·10% of all pupils inspected, and is lower than the corresponding figure for the previous year 18·64%. The decrease occurred mainly with respect to the second and third age groups.

The following table shows the number of pupils inspected and the number found to require treatment.

Group	Number of Pupils	
	Inspected	Found to require treatment (excluding dental diseases and infestation with vermin)
Entrants	5,444	1,132 (20·79%)
Second age group	4,430	695 (15·69%)
Third age group	2,817	383 (13·60%)
Total (prescribed groups) ..	12,691	2,210 (17·41%)
Other periodic inspections ..	6,937	1,146 (16·52%)
Grand Total	19,628	3,356 (17·10%)

Table II on page 37 shows details of the conditions found at medical inspections.

General Condition.

Since 1948, the assistant school medical officers have made an assessment of the general condition of each child examined, and have classified them as "good," "fair" or "poor." An assessment of this sort, involving as it does, many different factors, and carried out by several medical officers, only allows of a very broad classification. Small variations in the percentage of children falling into any particular group can, therefore, be disregarded. Nevertheless, it seems significant that during the five years since this classification was adopted, the number of children classified as being of "good" general condition has risen from 21·84 per cent in 1948 to 53·80 per cent in 1952, while the number of children considered to be of "fair" and "poor" general conditions, has fallen from 73·81 per cent to 45·06 per cent and from 4·35 per cent to 1·14 per cent, respectively. These figures taken along with the reports of the assistant school medical officers of the good health of the children throughout the year, can be viewed with some satisfaction. There

are, of course, several reasons for this improvement. The schools meals service, as has been pointed out in previous reports, has undoubtedly played an important part. One of the assistant school medical officers makes the significant comment that many children starting to take school meals were found to dislike meat.

The staff concerned with the preparation and distribution of school meals are to be congratulated in these days when outbreaks of food poisoning are becoming more common, that no incident of this sort was reported during the year in relation to the school population of the Riding.

Milk in Schools.

The county health inspectors, as in previous years, have played an active part in the supervision of school milk supplies. Every effort was made to stop the use of ungraded milk by obtaining alternative pasteurised or tuberculin tested supplies. In the case of small rural schools, however, this was sometimes difficult. Dairymen find it uneconomical to bottle and deliver the small quantities of milk required. These remarks apply especially to tuberculin tested supplies, so much so that the number of schools so supplied was reduced by seventeen, during the year. Fortunately there was a corresponding increase in the number of schools receiving pasteurised milk. In January, 1952, the percentage of schools being supplied with milk other than pasteurised or tuberculin tested was 11.7 per cent. At the end of the year this percentage had fallen slightly to 10.4.

Samples of tuberculin tested supplies were submitted for examination at six monthly intervals. Other supplies were sampled quarterly, excepting those found to be unsatisfactory; these latter were frequently tested until the cause for complaint had been removed.

Grade	No. taken	Methylene Blue Test		Phosphatase test		Biological examination	
		Passed	Failed	Passed	Failed	Tb. Neg	Tb. Pos.
Pasteurised ..	846	762	30	823	14	5	—
Tuberculin Tested	110	5	3	—	—	104	—
Accredited ..	3	—	—	—	—	3	—
Non-designated ..	130	2	—	—	—	125	—

The totals of samples taken do not correspond with the number of reports as certain specimens were not formerly examined because of souring ; in other cases the animals injected died from intercurrent disease.

The importance of the supervision of milk supplies is brought out by the result of two investigations which were carried out during the year. One of the assistant medical officers found that the children attending a rural school in the Riding exhibited a high incidence of cervical adenitis, and that a high proportion of them gave a positive reaction to tuberculin. Although the school was, at the time of this survey being supplied with pasteurised milk, this had not always been so. In any case, it was considered to be wise to take samples of the non-designated milk being sold in the village and, presumably, being consumed by the children in their homes. This was done and living tubercle bacilli were isolated from the milk sample. A clinical examination of the animals in the herd was undertaken by a veterinary officer of the Ministry of Agriculture and Fisheries, and as a result a cow suffering from tuberculosis of the udder was slaughtered. Further reference is made to this matter in the section of the report devoted to Tuberculosis.

The second investigation was undertaken in conjunction with the Director of the Public Health Laboratory Service in Northallerton, and was occasioned by the admission to hospital of a school child who was found to be suffering from undulant fever. This disease, though seldom lethal, can cause prolonged ill-health. The responsible organism is known as *brucella abortus*. This infection is quite often present in milk, but fortunately not all those who consume infected milk develop a clinical attack of undulant fever, though the disease does occur from time to time in susceptible individuals. The child in question had been ill for some time prior to going into hospital and reference to the records showed that *brucella abortus* had been isolated from tuberculin tested milk which had previously been supplied to the school which he attended. The organism was also isolated from milk from another source which the boy had received at home. Although it is only a minority of those who consume the milk who will suffer any ill effects, unpasteurised milk, be it tuberculin tested or non-designated, cannot be regarded as safe milk if pathogenic organisms are present. Unfortunately in a part of the Riding where the examination of samples has shown this infection to be particularly prevalent among dairy herds, pasteurisation of milk is the exception rather than the rule. The attention of the Ministry of Food has been drawn to this position.

On a day in October, 1952, 28,817 pupils were taking school meals compared with a corresponding figure of 27,568 in 1951 and 26,890 in 1950. The extent of the committee's catering activities in 1952 can be seen from the following table.

No of children taking meals and milk at school in October, 1952.

		Meals		Milk
		Free	For payment	
SECONDARY				
Scarborough division	..	205	1,497	1,625
Remainder of Riding	..	681	4,720	5,180
PRIMARY				
Scarborough division	..	330	1,983	3,615
Remainder of Riding	..	2,209	17,192	27,101
Total	..	3,425	25,392	37,521

Cleanliness.

The school nurses were again most active during the year in their important though unpopular task of discovering instances of pediculosis and having the condition rectified. The nurses paid a total of 2,197 visits to schools in the Riding and 156,536 examinations were made, the majority of school children being examined three times during the school year. As in former years the great majority of the children were found at each examination to be completely free from infestation. A number of children, however, were repeatedly found to be infested, and unfortunately the number of these persistent offenders has tended to increase during the last two years.

The cleansing of a child's head has been made much more simple by the introduction of a series of effective and easily used preparations. The child's head can be quickly cleansed. It can, however, just as quickly be re-infested if there is a source of infection at school or in the home. In this connection it is significant that the infestation rate is always highest at the beginning of the school term. The problem is a social one, the solution of which lies outside the school. Although of late years the provisions of Section 54 of the Education Act of 1944 have been increasingly invoked, this step has only been taken when other measures to obtain the co-operation of the child's parents, and in particular the child's mother, have failed. It is often stated that children with verminous conditions of the scalp come from 'problem families.' This is not universally the case. Many otherwise clean and prudent mothers appear to have a 'blind spot' where a few nits in their daughter's hair are concerned. In the way of long term policy the attention of adolescent girls must be focussed on this problem for they will set the standards in coming years. They must not be allowed to reach school-leaving age without having developed an awareness of the value of avoiding infestation of this sort.

Apart from verminous conditions of the scalp, the school nurse also pays attention to the cleanliness of the child's person. With the exception of the occasional occurrence of dirty feet, to which one assistant school medical officer draws attention, I am able to report that a high standard was maintained.

Scabies and Impetigo.

The incidence of scabies and impetigo continued at a low level as compared with the position some years ago, although mild cases of the latter condition were rather more frequently seen.

Ringworm.

Since 1949 the incidence of ringworm both of the head and body, has gradually declined. The condition did not present a problem during 1952. A small epidemic of scalp ringworm did, however, occur in one of the industrial parts of the Riding. It was speedily brought under control, the assistant school medical officer in question receiving the full co-operation of the consultant dermatologists with regard to the treatment of the more severely affected children. In connection with this epidemic, the assistant school medical officer makes the interesting observation, "It is noticeable the number of lesions occurring in the back of the scalp just where the back of a picture house seat touches the hair when the child is well forward in the house and looking up at the screen." As in previous years, full use was made of Wood's light in the diagnosis and follow-up of cases, as well as in the surveillance of contacts. The infecting organism is in most cases *microsporon audouinii* and a majority of the affected children were excluded from school for varying periods.

Clothing and Footwear.

Once again only a small proportion of the school children fell short of the very satisfactory standard maintained throughout the year. A small number were reported as having insufficient clothing and unsatisfactory footwear. Some children were encountered whose outer clothing was satisfactory, but whose underclothes were neglected and in need of repair. The parents of these children seldom attend when the child is being examined medically, so that remedial measures have to be looked for as the result of the school nurse visiting the home. With regard to footwear, a few children were found to be wearing shoes which were too small for them. Hallux valgus and other foot defects quickly arise in this way. The wearing throughout the school day of wellington boots in winter and plimsolls in summer was discouraged.

Following up.

The school nursing service continued to play an important part in the scheme for medical inspection and treatment of the school population.

The school nurses attended inspections in schools and followed up cases in which treatment was advised and in order to encourage and, if necessary, assist parents to obtain proper attention for their children. In this connection 7,114 domiciliary visits were made and details of the defects and visits are shown below.

Condition			No. of defects found for which treatment was considered necessary	No. of home visits by School Nurses
Cleanliness of head	..	..	11	13
Cleanliness of body	..	..	1	4
Nutrition	..	..	36	64
Nose and Throat	..	..	883	1,180
External Eye Disease	..	..	22	27
Ear Disease	..	..	89	134
Heart and Circulation	..	..	55	58
Lungs	..	..	89	104
Nervous System	..	..	21	24
Skin	..	..	30	30
Ringworm	..	..	5	15
Flat Feet	..	..	93	118
Deformities	..	..	155	242
Tuberculosis	..	..	60	78
Speech	..	..	85	144
Vision and Squint	..	..	2,646	4,722
Hearing	..	..	56	69
Miscellaneous	..	..	88	88
Total			4,425	7,114

NOTE—Some of these cases are carried over from 1951 so that the totals do not coincide with those in the table at the end of the report ; the latter apply only to the year 1952.

TREATMENT OF DEFECTS.

Minor Ailments.

School clinic sessions were held four times weekly at Whitby, twice weekly at Carlin How, Redcar, Thornaby, Grangetown, South Bank, and once weekly at Guisborough, Lingdale, Saltburn and New Skelton.

Attendances at Minor Ailment Clinics.

Condition for which children attended the School Clinic				Number of first visits	Number of re-visits
Scabies	..	..	..	18	27
Impetigo	..	..	..	183	465
Ringworm Head	..	..	..	182	611
„ Body	..	..	..	54	74
Verminous conditions	..	..	..	486	1,415
Minor Injuries	..	..	..	1,341	1,180
External Eye Disease	..	..	..	222	293
Ear Discharge and Deafness	..	..	..	351	716
Nose and Throat	..	..	..	149	42
Vision	..	..	..	409	223
Heart and Circulation	..	..	..	1	2
Lungs	..	..	..	6	8
Nervous System	..	..	..	5	—
Tuberculosis	..	..	..	76	41
Skin (Non-Contagious)	..	..	..	649	734
Sores	..	..	..	653	1,750
Other conditions	..	..	..	972	451
Chilblains	..	..	..	41	66
Diphtheria Immunisation	..	..	..	245	21
Total				6,043	8,119

Year	Number of First Visits.	Number of Re-visits.	Total number of Attendances.
1948	9,379	11,084	20,463
1949	9,056	12,869	21,925
1950	7,769	9,728	17,497
1951	6,692	8,162	14,854
1952	6,043	8,119	14,162

It will be seen from the above tables that the total number of attendances at minor ailment clinics has shown a downward trend since 1949, and that the number of first visits has fallen since 1948. There can be little doubt that the inception of the National Health Service Act is the main reason why only two thirds of the children who attended the Committee's clinics in 1948, did so in 1952. Other factors are the improved health of the children with a marked decrease in infective skin conditions. The fall in attendances

has not been uniform throughout the Riding. In one urban area the rise in attendances which was reported last year continued in 1952. At Saltburn where modern, well equipped premises are now available increasing use was made of the clinic. In Eston the clinic was extensively used for diphtheria immunisation injections. In the South of the Riding, it has been considered both by the teachers in the area, as well as the school health staff, that there was a need for minor ailment clinics to be held in the medical inspection rooms of three of the largest schools, in this way a service is provided for two-thirds of the school population in that part of the county. Such a system is already in operation at a county modern school in Whitby. The work carried out by the medical officers at these clinics comprises, to an ever increasing extent, special examinations and consultations with parents. Such special examinations demand more of the medical officers' time, but the continued value of these clinics depends on this type of work.

Consultant sessions were again held in the authority's clinics throughout the year, the specialists being remunerated by the regional hospital boards. Although the pressure on the services of the consultant ophthalmologists has been particularly heavy, children have been seen within a short time of being referred. This is particularly satisfactory as it is of first importance that school children should have the benefit of having any defect of vision fully investigated by a medically qualified expert in this field. The prompt supply of spectacles when ordered has continued to improve and little delay was experienced.

The orthopaedic specialists working in the Authority's clinics also had many children referred to them thus making prompt follow-up of the children by the orthopaedic nurses possible. In this way a really comprehensive service is provided.

With regard to diseases of the ear, nose, and throat, the position is now more satisfactory than it was immediately following the introduction of the National Health Service Act. All the consultants were most co-operative so that operative treatment for tonsils and adenoids was quickly arranged for those children who, after careful assessment, were considered to require it. Consultant advice was readily available for children suffering from otorrhoea or requiring investigation for deafness.

Audiometric Survey.

Last year attention was drawn to the increasing importance of the early ascertainment of quite small degrees of hearing loss in children. A survey by audiometer enables an immediate investigation of the cause of the hearing loss to be made; the institution of remedial measures at an early stage before the child's educational progress has been retarded by his handicap should follow. In view of these considerations, the Committee authorised the purchase of a gramophone audiometer, and a nurse with special experience in this work was appointed to survey the school children in the Riding, using this apparatus.

This nurse commenced on 1st September, 1952, and from that time until the end of the year, tests of hearing were carried out on 5,096 school children aged seven to fifteen years, attending schools in the Tees-side, Scarborough, and Flaxton (York) areas. A second test was given to 836 of these children because of some difficulty with the first, due for instance, to excitement or not being able to write down the numbers heard correctly. Three hundred and six children, or six per cent of those tested were considered to have defective hearing of varying degree. These children were referred to the assistant school medical officers for examination. Where the loss of hearing was due to nothing more serious than wax in the ears, treatment was immediately given. In a few instances it was found that a child's failure in the tests was due to defective intelligence. The remainder of the children were, in conjunction with the family doctor, referred for consultant advice. This reference places a heavy burden on the hospital out-patient clinics and I am grateful to the otologists for their ready co-operation. The numbers are particularly large on Tees-side and here special clinic sessions are to be held for these children. The Committee have authorised the attendance of one of the assistant school medical officers, as well as the audiometric nurse at these clinics to give assistance to the consultant.

The gramophone audiometer makes it possible to test up to forty children at one time. Each child is told to write down certain numbers which are repeated at gradually diminishing volume. To this extent the co-operation of the child is required and the child must be able to understand and write down the spoken word: It is, therefore, not practicable to test children under seven years of age with this apparatus. To make an accurate measurement of the degree of hearing loss at different sound frequencies, a different apparatus (the pure tone audiometer) is required. Using this apparatus the child indicates that it has heard the test sound by some action such as striking the table with a small hammer. Quite young children can quickly be taught to co-operate correctly in this test. Only one child, however, can be tested at a time. At present this apparatus is used by the otologist in his further investigation of the children who have failed the test using the gramophone audiometer.

A fuller report will be made after a year's experience of these tests.

Enlarged Tonsils and Adenoids.

During the year under review 197 pupils received operative treatment for adenoids and chronic tonsillitis, while 208 pupils received other forms of treatment for nose and throat conditions, either through the authority's scheme or otherwise.

Ear Diseases.

Many cases of ear disease or defect were treated at the school clinics and there were 351 first attendances and 716 re-visits for such conditions made in 1952.

Fourteen sessions of a special clinic were held at which a consultant otologist examined or treated 170 pupils. The after-treatment was supervised by the school nurses.

Visual Defects and External Diseases of the Eye.

Over the country as a whole, there has been an increase in the number of children found at periodic and special medical inspections to be suffering from squint, from 31,189 in 1949 to 37,499 in 1951. In the North Riding, as will be seen from the table, there was a fairly marked increase in the number of children recorded as suffering from squint in 1950. In the last two years, however, the numbers have tended to fall.

Year	Requiring Treatment for Squint	Requiring Observation only	Total
1948	129	73	202
1949	160	90	250
1950	188	205	393
1951	219	157	376
1952	170	164	334

Tuberculosis.

During 1952 important additions were made to the administrative measures which are taken to protect school children from tuberculosis. Circular 248, issued by the Ministry of Education on 28th March, 1952, seeks to implement as far as practicable, the recommendations of the Joint Tuberculosis Council which are as follows :—

“ 1. No person with respiratory tuberculosis should be engaged for employment which involves close contact with groups of children unless and until the disease is certified as arrested. Any candidate for such employment should, therefore, not be engaged without a medical examination, including an x-ray examination of the chest.

2. Persons whose employment brings them into close contact with groups of children should have an x-ray examination of the chest annually.

3. If a person while thus employed is found to be suffering from respiratory tuberculosis, such employment should at once cease, and not be resumed until two consecutive medical certificates are given, the first stating that the disease is no longer active, and the second (after a further interval of six months) stating that the improvement in the general and local condition has been maintained—both certificates being based on x-ray and bacteriological, as well as clinical investigation. After resumption of employment similar investigations should be carried out at three monthly intervals for the first year and at six-monthly intervals for the next two years.

4. If any unusually high incidence of respiratory or non-respiratory tuberculosis occurs in an organised group of children, a full investigation of the staff employed should at once be undertaken."

Accordingly the Minister proposes to require that all teachers entering service for the first time as from the summer of 1953, shall undergo an x-ray examination as part of their medical examination. As regards other non-teaching staff, for example, caretakers, a discretion is left to the Authority. In the North Riding an x-ray test is arranged for such employees wherever practicable. Teachers are encouraged to take advantage of the visits of mass radiography units when the opportunity presents. Teachers found to be suffering from pulmonary tuberculosis are suspended from teaching and their return to duty is dependent on their satisfying the requirements set out in recommendation 3. With regard to recommendation 4, reference may be made to two investigations which were carried out in the North Riding during the year, one because of the occurrence of pulmonary tuberculosis in a school child, the other because of a high incidence of enlarged neck glands among the scholars at a rural school. This latter enquiry has already been referred to in regard to the supervision of milk supplies.

Pulmonary Tuberculosis.

During the summer holidays, a senior girl was discovered as a result of attendance at a mass radiography unit which was visiting the district, to be suffering from pulmonary tuberculosis. With the consent of the parents the twelve class mates of this girl were 'patch tested.' Nine of the twelve girls showed a positive reaction to this test. This did not establish that these nine girls were suffering from tuberculosis, but simply indicated that they had developed an immunity reaction to tuberculosis as a result of previous sub-clinical infection. These nine children, as well as all the teaching staff, and the school secretary, had their chests examined radiologically, and found free from active disease. In this investigation there was full co-operation between the head teacher, the chest physician, the assistant school medical officer and the parents. The position was fully explained to the latter so that they were not alarmed, but indeed were reassured by the steps taken, and the results of this survey.

Non-Pulmonary Tuberculosis.

At a rural school attended by some one hundred pupils aged five to eleven years, six cases of tuberculous adenitis appear to have occurred in the last four years. In June, 1952, the consent of the children's parents having been obtained, all the children were 'patch tested' with the following results.

Age Groups.		5-7	7-9	9-11
		years	years	years
Reactors	..	6	14	24
Non-reactors	..	27	11	18
Percentage Positive	..	18%	56%	57%

Among children over eight years, it was found that whereas only 25% of those who had been in attendance at the school for less than three years were positive reactors, the figure was 76% with regard to those who had attended this particular school for over three years. In so far as ungraded milk was supplied to this school prior to 1948, these findings are of particular interest. The school is now supplied with pasteurised milk but as already reported, a sample of ungraded milk being sold in the village was found to contain the tubercle bacillus.

Crippling Defects.

Crippling defects were treated at the Adela Shaw Orthopaedic Hospital, Kirbymoorside.

The following table shows the conditions and numbers of children treated as in-patients during the year.

Condition	No. of Children treated
Deformity of feet	29
Deformity of leg	3
Abnormality of spine	1
Dislocation of hip	3
Infantile hemiplegia	7
Infantile paralysis	12
Rickets	3
Old fractures and injuries	5
Torticollis	6
Spastic paraplegia	1
Spastic diplegia	3
Spastic quadriplegia	1
Scoliosis	1
Perthe's disease	2
Arthritis	1
Osteomyelitis	1
Osteochondritis	2
Exostosis of os calcis	1
Deformity of hip	2
Haemophilia	1
Tuberculosis of knee	5
Tuberculosis of hip	4
Tuberculosis of spine	3

At the following orthopaedic clinics 467 sessions were held as compared with 482 in 1951 ; 713 children made 2,792 attendances as compared with 613 children and 2,278 attendances in the previous year. An orthopaedic surgeon attended at 117 out of the 467 sessions mentioned.

Carlin How	Richmond
Kirbymoorside	Scarborough
Malton	South Bank
Northallerton	Thornaby
Redcar	Whitby
York (rented from the York Education Committee).	

Medical Examination of Entrants to Courses of Training for Teaching.

Ministry of Education Circular No. 249 dated 28th March, 1952, provides that entrants to courses of training for teaching shall be examined by the school medical officer of the area in which they live. This arrangement has the advantage that where applicants are school pupils, the school medical officer has access to the school medical records. In addition the school medical officer is closely in touch with schools and the conditions under which students in training and teachers have to work.

The new procedure was brought into operation as from 1st April, 1952. Although an x-ray examination of the chest is not obligatory in the case of all entrants to courses of training, such an examination has been arranged in many instances. Other entrants were able to provide proof of recent satisfactory examination by mass miniature radiography. During the last three quarters of 1952, nineteen male and eighty-two female candidates were examined by the assistant school medical officers. Of this total of 101, one candidate was found on x-ray examination to be suffering from pulmonary tuberculosis.

THE SCHOOL DENTAL SERVICE.

Report by Mr. S. Craven, L.D.S., Chief Dental Officer.

The appointment during the year 1952 of Mr. Storr to the Scarborough and Pickering areas, together with Mr. Head and Miss Thomas to the Redcar and South Bank areas respectively, provided welcome additions to the school dental service, and as a result there was a proportional overall increase in the return of work for the year. If the relative professional conditions, as between the private practitioner and public dental officer, are maintained as at present, and the authority continues to progress in the establishment and improvement of the dental clinics, there is every prospect of further recruitment to the school dental service. The dental clinics approved or in the course of erection or reconstruction at Thornaby, Ling-

dale, Pickering, Ryedale, Easingwold and Northallerton, will provide better facilities for more extensive dental treatment. These facilities will be appreciated by patient and operator alike, and automatically improve the acceptance rate. The delay in the construction of new premises at Pickering and Richmond is regretted.

The total number of extractions carried out in the Riding (excluding the Scarborough Division) rose from 17,757 for the year 1951 to 22,284 in 1952. This is largely accounted for by the increase of 1,329 in the number of general anaesthetic cases over the previous year. The sessional work devoted to the administration of general anaesthetics by Dr. J. S. Ruddell has helped considerably with this treatment, and also relieved the pressure upon Dr. C. G. Lingford, the full-time dental anaesthetist.

The return of 5,982 fillings for the year 1952 shows an increase of 2,244 when compared with the previous year. The Committee can anticipate still further concentration upon conservative dental treatment with the gradual recruitment of additional dental surgeons ; it is hoped to reduce the proportion of extractions in future years.

When considering the preservation of the teeth, I cannot speak too highly of the work done by Miss E. M. Watson, the oral hygienist recently appointed to the Cleveland district. One is impressed by the high standard of training in oral hygiene that Miss Watson must have received at the Eastman Dental Clinic. The value of this work lies not only in the scaling and cleaning of the teeth of children and welfare of patients, but also in the education and lively interest created among the children in maintaining a clean mouth. Miss Watson has the opportunity of exercising the full scope of her training in the Cleveland area where the demand for her treatment increases daily. Her talks to the children, demonstrations, lectures, the showing of films, and the distribution of pamphlets and posters has a tremendous influence in making a large section of the community more tooth conscious. Most children are very impressionable, and I feel sure that once she has cleaned and polished their teeth to their entire satisfaction and personally supervised each individual in the surgery in the correct method of cleaning the teeth, the majority will be eager to keep it up in future.

All patients requiring scaling and cleaning are referred to Miss Watson by the dental surgeons in their respective areas, and this saves much of the time of the professional staff.

In the statistical tables in the report of the divisional school medical officer for the Scarborough division, it will be seen that the number of pupils inspected rose from 3,818 to 6,478 and the number treated from 998 to 1,797. Fillings of carious teeth were increased from 1,241 to 2,059, a very satisfactory position when one recollects the time consuming nature of conservative work in dentistry. In addition to these figures, the attendances made by pupils for orthodontics or prosthetic treatment rose from 651 to 1,435.

ACCIDENTS TO SCHOOL CHILDREN.

At a time when the prevention of accidents is receiving considerable attention it is worthy of record that one of the assistant school medical officers reports that she has been struck by the frequency that children were found at medical examinations, to have disfiguring, and sometimes disabling, scars from old scalds. Out of a total of twenty-four school children who died in the North Riding during 1951 (the figures for 1952 are not yet available), one-third died as a result of accidents. Three of these were motor vehicle accidents and five resulted from other types of accidents. There is here a fruitful field for prevention.

INFECTIOUS DISEASE

Seven North Riding school children were reported as having contracted poliomyelitis during 1952. Three cases were non-paralytic and four paralytic. There were no deaths. Of the four children who had paralysis at the outset of their illness, two have now no residual paralysis, one still has severe paralysis of the right arm, while the fourth, who was treated for over a month in a respirator, is still in hospital with paralysis of lower limbs and trunk muscles.

Five school children developed diphtheria during the year, in a small outbreak in which 1 adult and 1 pre-school child were also involved. None of the children in question had been immunised. Energetic steps were taken by the local medical officer of health to prevent further spread and with the help of family doctors and the assistant school medical officer, many children in attendance at schools in the area were immunised. Parents should not, however, await the occurrence of a case of diphtheria before having their children immunised. Diphtheria has only become an uncommon disease because of this preventive measure and a failure to secure immunisation in childhood will result in the reappearance of this dangerous disease. Already in the early part of 1953, two unimmunised school children have died from diphtheria.

Notifications were received of the occurrence of scarlet fever in 334 children, measles in 1,874 children, and whooping cough in 335 children. One school was closed during the year by the medical officer of health because of an outbreak of whooping cough and mumps.

PHYSICAL TRAINING.

Steady progress was made during the year under review. An increased number of primary and infant schools are now equipped with agility apparatus. Physical training has become more objective and, therefore, more interesting at these schools.

Cricket coaching courses were conducted at Wrea Head College and these were enthusiastically attended. A short course for selected grammar school boys, terminating with a representative match, was an outstanding feature.

During the Easter vacation a course on physical education was held. It extended over ten days and was well attended in each of its departments.

Secondary and all-age senior schools once more benefitted by the expert coaching scheme of the Football Association. Inter-county football matches were played against County Durham.

As in previous years, swimming formed an important part of the physical training programme. Several swimming galas were held. An extension of bathing facilities in the York area made it possible to arrange swimming lessons for one age group at the Joseph Rowntree secondary modern school. There continues to be, however, a lack of swimming facilities in the county as a whole so that only a small proportion of children are able to benefit from instruction.

The Schools Boxing Association has continued to hold area and county tournaments. Representatives were again sent to the Yorkshire Championship contests.

During the summer holiday of 1952, four hundred and twenty two children from ten schools, along with the school staff, spent one week under canvas at the Committee's camp sites at Bainbridge and Scalby. The light weight camping equipment supplied by the Committee was used by one secondary modern school as well as by the Youth Service.

In addition to these various activities, several schools took part in educational tours both in Britain and on the Continent. A fortnight's cycling tour of Holland and Belgium was undertaken by pupils from a secondary modern school. Other schools made use of the Youth Hostel facilities in Britain and abroad.

WELBURN HALL RESIDENTIAL SPECIAL SCHOOL FOR PHYSICALLY HANDICAPPED CHILDREN.

The Handicapped Pupils and School Health Service Regulations, 1945, contain the following definition :—

“ Physically Handicapped Pupils, that is to say pupils not being pupils suffering solely from a defect of sight or hearing, who, by reason of disease or crippling defect, cannot be satisfactorily educated in an ordinary school or cannot be educated in such a school without detriment to their health or educational development.”

Last year I drew attention to the special provision which the Committee has made at Welburn Hall for the education of physically handicapped pupils and gave an indication of the various types of defect on account of which children were admitted. The table appended to these notes shows the number of children who resided at Welburn Hall during 1952, classified in

broad groups according to their disabilities. The staffing arrangements at the school have continued as set out in my report last year. The increased attention required by children suffering from orthopaedic conditions as well as certain medical ailments, calls for the appointment of a second physiotherapist but to date it has not been possible to obtain a suitable person to fill the vacancy.

In addition to being examined medically before going on holiday and immediately after their return to school, the pupils are examined as a routine once a year. The examining medical officer reports that with physiotherapy, general care, and operative procedures carried out under arrangements with the Adela Shaw Orthopaedic Hospital, a large proportion of the pupils with orthopaedic defects are showing improvement. In particular children suffering from cerebral palsy have shown great improvement as a result of their altered mental outlook consequent upon their being encouraged to do as much as possible for themselves.

The improvement in the general health and in the local chest condition of some of the children in residence at Welburn on account of asthma and bronchiectasis has also been striking. One boy suffering from asthma has been able to take up employment with a farmer near the school.

In conjunction with the Disablement Resettlement Officer every effort is made to place children in suitable employment when they reach school leaving age.

Diagnosis of Cases at Welburn Hall Residential School during the year.

Age Range	Orthopaedic Conditions.								Medical Conditions.					
	Polio-myelitis paralytic		Cere-bral Palsy		Muscu-lar Diseases		Other Con-ditions		Heart		Chest		Other Con-ditions	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G
2-5	1	—	—	2	—	—	—	—	—	—	—	—	—	—
5-10	5	4	6	2	2	1	6	1	—	1	—	1	1	—
10-16	4	6	6	1	2	1	5	5	5	4	6	5	1	2

BROMPTON HALL RESIDENTIAL SPECIAL SCHOOL FOR EDUCATIONALLY SUBNORMAL PUPILS.

The Handicapped Pupils and School Health Service Regulations, 1945 contain the following definition :—

“ 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.

On the 15th February, 1952, the residential special school provided by the Committee for educationally subnormal children was opened at Brompton Hall. The pupils selected for admission were broadly those aged ten to fourteen years whose intelligence quotients were in the range 60 to 75. The school can take ninety five children of both sexes, and on 31st December, 1952, there were sixty seven children on the roll. The teaching staff have special experience of teaching this type of child and the children are taught in small specially planned classes. They are much happier at a school such as Brompton Hall where they compete with others of their own intellectual level and are not disheartened by constantly being excelled by brighter children. Already many of the children admitted have made steady educational progress. The physique of many of the children has improved as a result of regular meals and regular hours. As a result of being encouraged to do as much as they can for themselves they have become more self reliant.

All the children at the school are on the list of a local medical practitioner. Routine medical inspections are arranged by the school medical officer and in addition the children are examined medically before going home on holiday, as well as on their return. Dr. L. P. Star, the Educational Psychologist examines the children from time to time as well and co-operates with the school medical staff in the selection of children suitable for admission.

CHILD GUIDANCE.

As long ago as 1943 it was decided to set up a child guidance service in the North Riding, and the posts of consultant psychiatrist, educational psychologist, psychiatric social worker, and clerk were duly established. It was, however, then impossible to obtain the services either of a suitable educational psychologist or of a psychiatric social worker, and it was not until 1945 that the services of a suitable psychiatrist were obtained. Dr. M. C. Gordon (then Dr. Margaret Campbell) was appointed on the staff of the North Riding Mental Hospital in November, 1945 and, except for a break from June, 1947 to July, 1948, has continued to give valuable help to the school health service ever since. As provided under the National Health Service Act, 1946, however, Dr. Gordon has, since July, 1948, been employed not by the North Riding County Council but by the Leeds Regional Hospital Board. Only one session per week of her time is now allocated to child

guidance work in the North Riding, and clinics are held alternately at York and at Scarborough. There is at present no provision for psychiatric examination and treatment at any other centres within the North Riding administrative area.

The Education Committee is still without a psychiatric social worker, but the post of educational psychologist was readvertised at the beginning of 1952, and this time a number of suitable applications were received. Dr. L. P. Star was appointed, and took up duty on 1st September, 1952. Dr. Star has three main spheres of work. First, he has duties in connection with the selection of children for the secondary stage of education. Secondly he co-operates with the various medical officers in the examination of handicapped children, and advises on all aspects of their education. He advises on the placement of individual pupils in special schools, and on the organization of special classes for backward and educationally retarded children. During the last four months of 1952, he examined and reported on a number of backward children, and also began a preliminary survey of the general problem of backwardness in children in different parts of the Riding.

The main duties of the psychologist, however, are expected to lie in the organization and day-to-day working of the child guidance service, which operates as a unit within the school health service. Here, however, little can be done until further appointments to the child guidance "team" are made. Children may be referred for investigation by assistant school medical officers, family doctors, head teachers, the children's officer, magistrates, probation officers, or direct by their parents. They may be referred because of suspected mental backwardness, specific educational difficulties, abnormally aggressive or abnormally withdrawn behaviour at home or at school, neurotic symptoms of various kinds, anti-social behaviour, bedwetting, truancy, or other symptoms which it is felt may, in the particular cases referred, arise from psychological disturbance or maladjustment. In many cases action of other kinds has been tried but has failed.

Except in the cases of backwardness and specific educational difficulties, which are generally dealt with by the psychologist alone, suitable treatment requires the co-operation of all three members of the child guidance team. The child's home should first be visited by the psychiatric social worker who would carefully record full particulars of the nature of the problem and details of the home background. A confidential school report is also obtained, and a personal call made on the head teacher if necessary. The child is then examined by the psychologist at a convenient centre, and assessments of intelligence and personality made. Where necessary, the child is then examined by the psychiatrist, and suitable treatment instituted. Before, during, and after treatment, constant consultations are held about each case by the members of the team, so that every aspect of the problem may be taken into account. The psychiatric social worker talks to the parent each time her child is seen by the psychiatrist, and liaison is maintained with the child's teachers and others concerned with his welfare.

With a psychiatrist for only one session a week (when probably ten sessions would be required for the County to be covered adequately), and with no psychiatric social worker, this procedure could not be followed during 1952. Dr. Star, however, improvised as well as he could. He first obtained all the information he could about any cases of suspected psychological maladjustment. He then interviewed the parents, acting in place of a psychiatric social worker. He next examined the child and, acting in his normal capacity as a psychologist, assessed intelligence and personality and made a provisional diagnosis of the cause of the disturbance. Where he decided that treatment was necessary, and when it was geographically feasible to do so in the light of Regional Hospital Board boundaries, he then passed on the case either to Dr. Gordon or to a child guidance clinic outside the Riding. Where this was not possible, he undertook some treatment himself as an emergency measure.

A skeleton child guidance service has thus been maintained in the Riding under somewhat considerable difficulties, and, as the influx of cases grows, the position may become untenable. Dr. Star has made a general survey of the Riding from this particular aspect, and once the necessary staff, premises, and equipment become available, a full child guidance service could immediately go into action. Psychological maladjustment which it is the aim of child guidance workers to resolve, is the cause of untold misery in more children than it is always realised and, if untreated, it may often ultimately lead to delinquency or to breakdown in later life. I am therefore of opinion that money spent in extending the child guidance service will, in the long run, save expenditure on mental hospitals and on mental illness at home, and will follow in the best traditions of the preventive health services.

SECTION 57, EDUCATION ACT, 1944.

Section 57 of the Education Act, 1944, requires the Local Education Authority to ascertain those children in their area who, having attained the age of two years, are suffering from disability of mind of such a nature and to such an extent as to render them incapable of benefitting from education at school.

Under sub-section 3 of this Section, the Local Education Authority are required, for the purposes of the Mental Deficiency Act, 1913, to report to the Health Committee any child who, by reason of disability of mind, is found to be ineducable in a Special School.

Under sub-section 4, it is also specified that a child shall be deemed to be ineducable not only if his disability renders him incapable of receiving education, but also if the disability is such as to render it inexpedient, either in his own interests or in the interests of his fellows, that he should be educated in association with other children.

Sub-section 5 likewise requires the Local Education Authority to report to the Health Committee any child in attendance at a maintained school, or at any Special School, who, by reason of a disability of mind, will require supervision after leaving school.

During 1952, a total of 49 children were reported under this Section—31 under sub-section 3, and 1 under sub-section 4, as being ineducable ; and 17 under sub-section 5, as being in need of supervision after leaving school.

The comparable figures for 1951 were 29 under sub-section 3, and 7 under sub-section 5—a total of 36.

SPEECH THERAPY.

During the year Miss I. M. S. Knight undertook this work on Tees-side and in Whitby, while Miss V. Lang worked in Scarborough as well as devoting one day a week to the treatment of children at the Pickering Children's Home, Welburn Hall and the Adela Shaw Orthopaedic Hospital.

As in former years Miss Knight gave speech therapy lessons to children in groups rather than individually, in order that as many children as possible who have defective speech might have the benefit of speech training. Working as she does in a very populous part of the Riding, Miss Knight encountered an ever increasing demand on her services so that difficulty was experienced in overtaking the work. The number of children treated, classified according to their particular speech defect along with the results obtained can be seen from the table.

				Boys	Girls	Total
Stammer	..	..	..	79	33	112
Dyslalia	..	..	..	92	40	132
Sigmatism	..	..	..	13	8	21
Cleft Palate	..	..	..	1	7	8
Spasticity and Crossed Laterality			..	8	5	13
Mutism, etc.	..	..	..	1	1	2
Rhinophonia		..	..	—	1	1
High frequency deafness		..	..	1	—	1
				195	95	290
Discharged—adjustment reached	..		..	12	7	19
Withdrawn—left district			}			
Left school—unsatisfactory attendance				14	8	22
Remaining under treatment	..	..	..	169	80	249
				195	95	290

In addition the speech therapy carried out within the area of the Scarborough Divisional Executive is reported on by Dr. Stokoe, the Divisional School Medical Officer, in his report.

EMPLOYMENT OF SCHOOL CHILDREN.

During the year 481 children were medically examined under the provisions of the bye-laws relating to the employment of children over 13 years of age. All except four were found fit for employment without detriment to their health.

NURSERY SCHOOLS AND CLASSES.

In addition to the nursery school at "Childhaven," Scarborough, and nursery classes in the Scarborough Division on which the Divisional School Medical Officer has reported, three nursery classes were provided at schools in South Bank with places for 95 children in all.

Nursery classes were also held at Scarborough, Hinderwell Infants' School for 30 children, and at Friarage Infants' School for 30 children aged three to five.

HANDICAPPED PUPILS.

Formal ascertainment of handicapped pupils was carried out during the year in accordance with Section 34 of the Act, but placement in special schools was difficult owing to the demand for special educational treatment of this type exceeding the vacancies available.

The number of handicapped pupils formally ascertained during the year was as follows.

	Boys	Girls	Total
Educationally subnormal	39	27	66
Educationally subnormal and physically handicapped	1	—	1
Blind	—	—	—
Partially sighted	3	3	6
Deaf	5	3	8
Partially deaf	1	1	2
Epileptic	2	1	3
Maladjusted	4	1	5
Delicate	5	2	7
Physically handicapped	6	5	11
Aphasia	—	1	1
Total	66	44	110

No special educational treatment was provided in the ordinary primary and secondary schools, save in the case of six partially sighted children who had been provided special apparatus.

The following tables give particulars of pupils maintained in special schools during the year under review and in the preceding year. As the scheme of divisional administration provides that all children found to be suffering from a disability of mind or body in the Scarborough division shall be reported by the Divisional Executive to the County Council, the tables summarise the position in the Administrative County.

Blind.

Name of School	1952		1951	
	Boys	Girls	Boys	Girls
Yorkshire School for the Blind, York	4	1	3	—
Royal Victoria Blind School, Newcastle-on-Tyne ..	1	1	3	2
St Vincent's School, West Derby	—	1	—	—
Blind Sunshine Home, Kingswinford	—	—	—	1
Worcester College for the Blind	1	—	—	—
Total ..	6	3	6	3

Partially Sighted.

Name of School	1952		1951	
	Boys	Girls	Boys	Girls
Yorkshire School for the Blind, York	1	—	2	—
Marclay School for partially sighted girls, Sunninghill ..	—	2	—	—
Sheffield School for the Blind	1	—	2	—
St. Vincent's School, West Derby	1	—	1	—
Royal Normal College for the Blind, Rowton Castle ..	—	1	—	1
Whall Grange Special School, Coventry ..	7	3	3	1
Total ..	10	6	8	2

Deaf.

Name of School	1952		1951	
	Boys	Girls	Boys	Girls
Northern Counties School, Newcastle	—	2	—	2
Yorkshire School for the Deaf, Doncaster	5	9	6	7
St. John's Institution, Boston Spa	—	1	—	1
Middlesbrough Day School for the Deaf	9	8	9	9
Lawns House School, Leeds	2	1	1	1
Claud Maxwell Day Deaf School, Sheffield	1	—	—	—
Total ..	17	21	16	20

Deaf and Educationally Subnormal.

Name of School	1952		1951	
	Boys	Girls	Boys	Girls
Bridge House School, Harewood, Leeds ..	2	—	1	—
Total ..	2	—	1	—

Partially Deaf.

Name of School	1952		1951	
	Boys	Girls	Boys	Girls
Yorkshire School for the Deaf, Doncaster ..	3	—	2	1
St. John's Institution, Boston Spa ..	1	—	1	—
Middlesbrough Day School for the Deaf ..	2	2	2	1
Royal Residential School for the Deaf, Manchester ..	—	2	—	2
Liverpool School for the Partially Deaf, Southport ..	1	—	—	—
Total ..	7	4	5	4

Delicate.

Name of School	1952		1951	
	Boys	Girls	Boys	Girls
Ingleborough Hall School, Clapham ..	—	—	—	1
Fulford Road Day School, York ..	3	4	3	9
The Children's Convalescent Home, West Kirby ..	4	2	5	1
Salters Lane Open Air School, Darlington ..	—	—	—	1
Burrow Hill Residential School, Frimley ..	1	—	—	—
Bradstock Lockett Hospital, Southport ..	1	—	1	1
Welburn Hall ..	4	1	2	3
Total ..	13	7	11	16

Educationally Sub-normal.

Name of School	1952		1951	
	Boys	Girls	Boys	Girls
Brompton Hall ..	40	28	—	—
Meadows House, Southborough ..	1	—	1	—
Dovecot School, Knotty Ash, Liverpool ..	—	2	—	2
Beacon Residential School, Lichfield ..	2	—	2	—
Besford Court, Worcester ..	2	—	1	—
Fulford Road Special Day School, York ..	6	9	7	5
St. Francis School, Birmingham ..	1	3	1	3
Allerton Priory R.C. School, Woolton ..	—	3	—	3
Acklam Road Special Day School, Middlesbrough ..	1	—	1	—
Barnard Special Day School, Darlington ..	1	—	1	—
The Vineyard, Warwick ..	3	—	3	—
Garvald, West Linton, Peeblesshire ..	1	—	1	—
Hoover House, Wentworth ..	—	1	—	—
Total ..	58	46	18	13

Epileptic.

Name of School	1952		1951	
	Boys	Girls	Boys	Girls
Home for Epileptics, Maghull	-	3	2	2
Lingfield Epileptic Colony	2	-	1	-
Total ..	2	3	3	2

Diabetic.

Name of School	1952		1951	
	Boys	Girls	Boys	Girls
St. George's, Kersal, Manchester	-	-	1	-
Total ..	-	-	1	-

Maladjusted.

Name of School	1952		1951	
	Boys	Girls	Boys	Girls
Chaigeley School, Thelwall	2	-	1	-
St. Peter's Boarding School, Horbury	-	1	-	1
Gordon Boys' Home, Woking	1	-	1	-
Oakbank, Ingrow, Keighley	1	-	1	-
Ledston Hall, Allerton Bywater	1	-	-	-
Total ..	5	1	3	1

Physically Handicapped.

Name of School	1952		1951	
	Boys	Girls	Boys	Girls
Welburn Hall	30	26	29	26
Heritage Craft Schools, Chailey	1	-	1	-
Children's Convalescent Home, West Kirby ..	-	-	1	1
Bradstock Lockett Home, Southport ..	-	1	-	1
Horton Lodge Residential School, Rudyard ..	1	-	-	-
Total ..	32	27	31	28

MEDICAL INSPECTION RETURNS

TABLE I.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY & SECONDARY SCHOOLS

A—Periodic Medical Inspections

Number of Inspections in the prescribed Groups :—

Entrants	..	..	..	..	5,444
Second Age Group	..	..	..	..	4,430
Third Age Group	..	..	..	..	2,817
Total	..	..	..	..	12,691

Number of Other Periodic Inspections 6,937

Grand Total 19,628

B—Other Inspections

Number of Special Inspections	..	..	..	3,511
Number of Re-inspections	..	..	..	8,646
Total	..	..	..	12,157

C—Pupils found to require treatment

NUMBER OF INDIVIDUAL PUPILS FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DENTAL DISEASE AND INFESTATION WITH VERMIN)

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
Entrants	40	1,098	1,132
Second Age Group	240	487	695
Third Age Group	163	232	383
Total (prescribed groups)	443	1,817	2,210
Other periodic inspections	363	827	1,146
Grand Total	806	1,644	3,356

TABLE II.

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

Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	No. of defects		No. of defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin	219	88	38	15
Eyes—				
(a) Vision ..	806	953	420	1,203
(b) Squint ..	161	147	9	17
(c) Other ..	110	13	22	11
Ears—				
(a) Hearing ..	43	40	23	37
(b) Otitis Media ..	25	4	9	12
(c) Other ..	38	13	13	18
Nose or Throat ..	744	876	224	326
Speech	52	69	29	48
Cervical Glands ..	17	67	8	8
Heart and Circulation ..	44	120	7	51
Lungs	291	229	30	38
Developmental—				
(a) Hernia ..	13	21	8	6
(b) Other ..	5	3	1	2
Orthopaedic—				
(a) Posture ..	21	41	1	7
(b) Flat Foot ..	101	56	10	24
(c) Other ..	263	186	31	129
Nervous System—				
(a) Epilepsy ..	10	7	5	12
(b) Other ..	52	87	14	26
Psychological—				
(a) Development ..	14	168	13	189
(b) Stability ..	3	2	1	2
Other	554	145	46	217

B—Classification of the General Condition of Pupils inspected during the year in the age groups.

Age Groups	Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Entrants	5,444	2,955	54.28	2,405	44.18	84	1.54
2nd Age Group	4,430	2,325	52.48	2,072	46.77	33	.75
3rd Age Group	2,817	1,682	59.71	1,112	39.47	23	.82
Other Periodic Inspections ..	6,937	3,599	51.88	3,255	49.92	83	1.20
Total	19,628	10,561	53.80	8,844	45.06	223	1.14

TABLE III.
INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorised persons	157,38
(ii) { Heavily infested	51
{ Total number of individual pupils found to be infested	2,95
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	20
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	4

TABLE IV.

Treatment of Pupils attending Maintained Primary and Secondary Schools.

GROUP 1. DISEASES OF THE SKIN (excluding uncleanness for which see Table III).

					Number of cases treated or under treatment during the year	
					by the Authority	otherwise
Ringworm— (i) Scalp	..	..	..	..	182	19
(ii) Body	..	..	..	..	54	—
Scabies	..	..	..	..	18	2
Impetigo	..	..	..	..	183	3
Other skin diseases	..	..	..	..	649	25
Total	..	..	..	..	1,086	49

GROUP 2. EYE DISEASES, DEFECTIVE VISION AND SQUINT.

					Number of cases dealt with	
					by the Authority	otherwise
External and other, excluding errors of refraction and squint					222	7
Errors of refraction (including squint)	..	..	..	..	—	* 1,786
Total	..	..	..	..	222	1,793
Number of pupils for whom spectacles were						
(a) Prescribed	..	..	..	..	—	* 1,233
(b) Obtained	..	..	..	..	—	• —

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

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

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear	—	48
(b) for adenoids and chronic tonsillitis	—	197
(c) for other nose and throat conditions	—	—
Received other forms of treatment	500	59
Total	500	304

GROUP 4. ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases treated	
	by the Authority	otherwise
(a) Number treated as in-patients in hospitals	97	
(b) Number treated otherwise <i>e.g.</i> in clinics or out-patient departments	—	713

GROUP 5. CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	elsewhere
Number of pupils treated at Child Guidance Clinics	—	31

GROUP 6. SPEECH THERAPY.

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists	290	—

GROUP 7. OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	otherwise
Miscellaneous Minor Ailments	3,069	271

TABLE V.
DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers :—						
(a) Periodic age groups	..	..	..	..	..	27,984
(b) Specials	..	..	..	..	..	761
(c) TOTAL (Periodic and Specials)						28,745
(2) Number found to require treatment						
(3) Number referred for treatment	..	..	..	..	..	16,573
(4) Number actually treated	..	..	..	..	..	16,553
(5) Attendances made by pupils for treatment	..	..	..	..	..	13,484
(6) Half days devoted to :						17,149
Inspection	..	..	..	..	..	274
Treatment	..	..	..	..	..	2,411
			Total	..	..	2,685
(7) Fillings :						
Permanent Teeth	..	..	..	..	..	5,069
Temporary Teeth	..	..	..	..	..	913
			Total	..	..	5,982
(8) Number of teeth filled :						
Permanent Teeth	..	..	..	..	..	4,495
Temporary Teeth	..	..	..	..	..	889
			Total	..	..	5,384
(9) Extractions :						
Permanent Teeth	..	..	..	..	..	3,545
Temporary Teeth	..	..	..	..	..	18,739
			Total	..	..	22,284
(10) Administration of general anaesthetics for extractions						
					..	8,019
(11) Other Operations :						
Permanent Teeth	..	..	..	..	..	1,512
Temporary Teeth	..	..	..	..	..	908
			Total	..	..	2,420
Attendances for fitting of dentures and/or orthodontic appliances						
					..	3,637

AVERAGE WEIGHTS.

Boys.

Girls.

Age Groups	No. Weighed	Lbs.	Kilograms	No. Weighed	Lbs.	Kilograms
3-4 years ..	6	34.33	15.57	3	33.33	15.12
4-5 years ..	40	39.77	18.04	43	37.20	16.87
5-6 years ..	1,609	43.48	19.72	1,484	42.08	19.09
6-7 years ..	325	48.40	21.95	270	46.16	20.94
7-8 years ..	648	54.46	24.70	528	52.49	23.81
8-9 years ..	874	58.43	26.50	831	56.97	25.84
9-10 years	261	62.20	28.21	216	61.83	28.05
10-11 years	664	71.06	32.23	532	70.16	31.82
11-12 years	813	78.88	35.78	684	78.65	35.68
12-13 years	773	85.42	38.75	426	87.12	39.52
13-14 years	328	91.88	41.68	326	97.20	44.09
14-15 years	673	105.38	47.80	422	106.63	48.37
15-16 years	325	118.91	53.94	183	113.83	51.63
16-17 years	99	133.15	60.40	16	126.67	57.46
17-18 years	41	142.36	64.57	23	123.17	55.87
18-19 years	22	147.25	66.79	1	120.50	54.66

AVERAGE HEIGHTS.

Boys.

Girls.

Age Groups	No. Measured	Inches	Centi-metres	No. Measured	Inches	Centi-metres
3-4 years ..	6	38.58	97.99	3	38.67	98.22
4-5 years ..	40	40.68	103.38	43	40.17	102.03
5-6 years ..	1,609	43.22	109.77	1,484	42.90	108.97
6-7 years ..	325	45.55	118.24	270	44.97	114.22
7-8 years ..	648	48.37	122.86	528	47.67	121.08
8-9 years ..	874	49.91	126.77	831	49.72	126.31
9-10 years	261	51.43	130.63	216	51.59	131.04
10-11 years	664	54.01	137.19	532	54.14	137.52
11-12 years	813	54.88	139.40	684	55.96	142.14
12-13 years	773	57.36	145.69	426	58.07	147.50
13-14 years	328	59.16	150.27	326	59.80	151.89
14-15 years	673	62.14	157.84	422	61.40	155.96
15-16 years	325	64.63	164.16	183	62.62	159.06
16-17 years	99	67.73	172.03	16	63.78	162.00
17-18 years	41	69.04	175.36	23	63.82	162.10
18-19 years	22	69.18	175.72	1	63.25	160.66

NORTH RIDING OF YORKSHIRE
COUNTY COUNCIL

SCARBOROUGH
DIVISIONAL EXECUTIVE



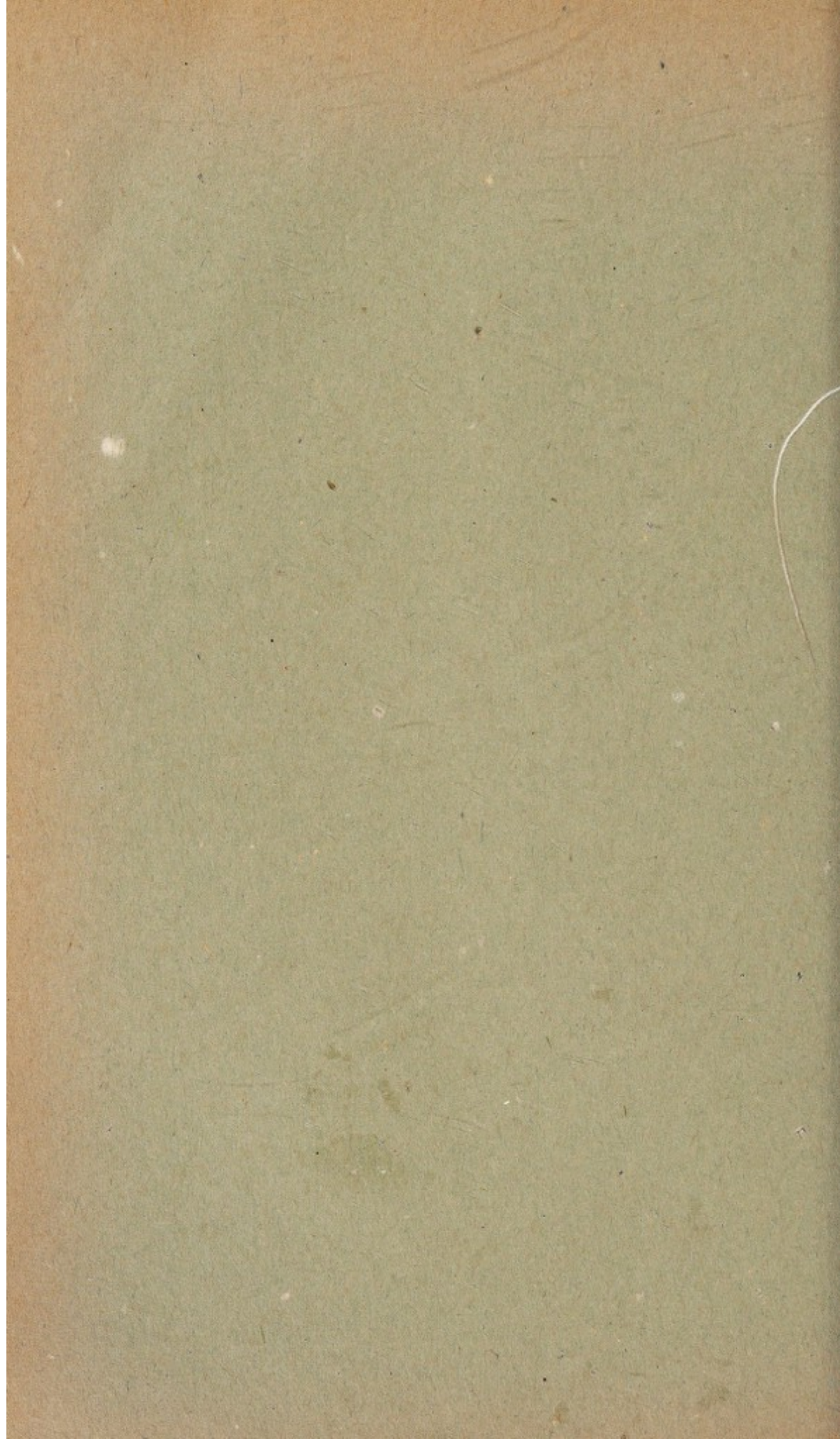
REPORT

OF THE

DIVISIONAL

SCHOOL MEDICAL OFFICER

FOR THE YEAR 1952



NORTH RIDING OF YORKSHIRE
COUNTY COUNCIL

SCARBOROUGH
DIVISIONAL EXECUTIVE



REPORT

OF THE

DIVISIONAL

SCHOOL MEDICAL OFFICER

FOR THE YEAR 1952

The Chairman and Members of Scarborough Divisional Executive.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Annual Report of the Divisional School Medical Officer for the year 1952.

With the appointment of Miss E. L. Nicholls in July our nursing strength returned to full establishment. At the beginning of the year the duties of the three School Nurses and those of the three Health Visitors were amalgamated with the result that each now undertakes the joint duties of School Nurse and Health Visitor in her own particular district in the Borough of Scarborough. In the surrounding areas five Combined Duties Nurses include school nursing in their routine duties.

The high standard of physical fitness among school children of the Divisional area was maintained, for of 4,431 pupils examined in schools only 22 (0.50%) were recorded as being in a poor general condition; 599 (13.52%) were found to require treatment, a figure in keeping with our experiences in recent years, for conditions the most frequently reported of which were visual defects, diseases of the nose and throat and orthopaedic complaints.

Vigilance in the matter of cleanliness is justified, for although the 33 instances of frank infestation are a mere fraction of the total submitting to cleanliness inspections, a focus from which infestation could readily spread clearly exists.

The Local Education Authority's progressive attitude towards the care of handicapped pupils is indicated by their having established in recent months Special Residential Schools at Welburn Hall for physically handicapped pupils, and at Brompton Hall for educationally subnormal children. The Adela Shaw Orthopaedic Hospital for children has been in being for many years and a unit for the special care of children suffering from spastic paraplegia is in the process of being developed. During the year children from your area admitted to these special schools numbered:—

Welburn Hall 10, Brompton Hall 9, Adela Shaw Orthopaedic Hospital 21.

Even minor degrees of impaired hearing may have an important bearing on a child's future; for instance, should a pupil be unable to hear much that his teacher intends him to hear, he soon becomes disinterested and inattentive, consequently his scholastic progress suffers; he may be thought to be backward. By means of the audiometer degrees of impairment of hearing can be determined. Towards the end of the year the opportunity was taken to apply audiometric tests to school children of this Division. Children between the ages of 8-9 years were tested in their classes and those recording a decibel loss of 9 or more in one or both ears were regarded as "failures," i.e. suffering from a significant degree of deafness. Out of 587 children 26 failed the test. Each "failure" was then examined by your medical officers before being referred to the Throat, Nose and Ear Specialist at Scarborough Hospital, whose recommendations will be carried out as they come to hand.

Accounts of the first completed year's work of the Speech Therapy section (after an interval of 4 years) and of the Lip-reading classes appear in the body of the report. It is disappointing to note that both the Speech Therapist and the Lip-reading teacher will relinquish their appointments during 1953, for each report points to ample justification for continuing these important services in this area. Unfortunately, Saturday afternoon was the only time that the Lip-reading teacher could hold classes here and some of the older children found customary Saturday afternoon occupations more attractive.

By the appointment to the staff of the Local Education Authority of an Educational Psychologist, whose services are available in this area too, the recommendations of Dr. Gordon, who conducts the Child Guidance Section, mentioned in last year's report, were partly met. The need for a Psychiatric Social Worker to establish liaison between home and clinic still remains.

An enquiry was undertaken to discover if any significance was attached to the fact that four former pupils of a school had been notified as suffering from pulmonary tuberculosis within a short time of their leaving school. With the helpful co-operation of the Chest Physicians, 39 present and recently left members of the school staff were examined (including X-ray of the chest) at Scarborough Hospital. In no case was evidence of tuberculosis found. In addition 2 teachers who had had chest X-ray examinations shortly beforehand reported negative results and a canteen worker was on sickness absence on account of an illness not tuberculosis. At a specially arranged routine medical inspection of the pupils conducted by your Assistant School Medical Officers no child showed clinical signs indicative of tuberculosis. The Mass Miniature Radiography Unit of Leeds Regional Hospital Board kindly agreed to hold special sessions for the X-ray examination of pupils over the age of 14 years from this school. Only about half the children accepted the offer. For some years only pasteurised milk had been supplied to the school which, judged by previous laboratory reports of samples, gave no grounds for suspicion. So far as it was possible to investigate the matter, no evidence of a source of infection at the school was discovered.

Progress was made in the sphere of premises for school children. In addition to Newby County Primary School opened in 1950 with provision of 320 places, Barrowcliff School providing Infants and Junior Departments accommodating 562 pupils was opened during this year. At Gristhorpe C.E. School mains water supply was laid to the building and proper washing facilities provided; the playground's unpaved surface was properly laid in asphalt. The extension of the main sewer by Scarborough Rural District Council made possible the conversion of the pail closets at East Ayton County School into W.C.s and the provision of a new glazed urinal. This sewer extends to within reach of Cayton School and I am looking forward to the time when the pail closets there can be converted into W.C.s.

With the exception of one rural school, which is provided with tuberculin tested milk, all schools in the Division are supplied with Pasteurised milk.

At three rural schools it is deemed advisable to continue the practice of boiling the water before use.

Finally, Mr. Chairman, I have pleasure in reporting that the satisfactory state of general health of the school children in your area was maintained in 1952.

My thanks are due to the Chairman and members of the Primary Education Committee for their encouragement and support ; to Mr. Nock and his staff for their co-operation ; and to the School Health Department staff, in particular to Mr. J. R. Bassett.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. STOKOE,

Divisional School Medical Officer.

School Clinic,
Old Hospital,
Friars Way,
Scarborough.
April, 1953.

1. GENERAL.

The total number of scholars on the school registers amounted to 7,315, an increase of 277 over last year's figure.

(a)	Number of Primary Schools (excluding Child Haven Nursery School)	22
(b)	Number of Primary School Departments in the Division (excluding Child Haven Nursery School)	28
(c)	Number of pupils on the registers of Primary Schools (excluding Child Haven Nursery School) in September, 1952	4,617
(d)	Number of children in Child Haven Nursery School in September, 1952	45
(e)	Number of children in the Special Class at No. 9 Seamer Road in September, 1952	14
(f)	Number of County Modern Schools in the Division	6
(g)	Number of pupils on the rolls of County Modern Schools in September, 1952	1,727
(h)	Number of Grammar and Technical Schools	3
(i)	Number of pupils on the rolls of Grammar and Technical Schools in September, 1952	912

2. STAFF.

(i) Medical Officers.

J. Stokoe, M.D., B.S., B.Hy., D.P.H., Divisional School Medical Officer.

Elizabeth R. Cameron, M.B., Ch.B., D.P.H., Assistant School Medical Officer.

Elizabeth D. Ellison, B.A., Ch.B., Temporary Assistant School Medical Officer (part time).

Sydney E. Jackson, M.B., Ch.B., Temporary Assistant School Medical Officer (part time).

(ii) Dental Surgeons.

D. Bewes Atkinson, L.D.S., R.C.S., Eng. (part time).

J. C. Carr, L.D.S., R.C.S., Eng.

D. R. Storr, L.D.S. (appointed 7th April, 1952).

(iii) Specialist Officers (part time).

*Ophthalmic Surgeon ... J. Ellison, Esq., M.R.C.S.,
L.R.C.P.

*Orthopaedic Surgeon... H. L. Crockatt, Esq., M.B.,
Ch.B.

*Psychiatrist ... Margaret C. Gordon, M.B.,
Ch.B., D.P.M.

*E. N. T. Surgeon ... G. L. Thompson, Esq., M.A.,
M.B. (Cantab.), F.R.C.S.

*By arrangement with Leeds Regional Hospital Board.

(iv) School Nurses.

Within the Borough of Scarborough, school nursing was carried out by the following six Health Visitors/School Nurses :—

Miss L. Dawson, S.R.N., S.C.M., H.V.Cert.
Mrs. E. Hague, S.R.N., S.C.M., H.V.Cert.
Miss A. Kind, S.R.N., S.C.M., H.V.Cert.
Miss H. Macdonald, S.R.N., S.C.M., H.V.Cert.
Miss B. Merryweather, S.R.N., H.V.Cert.
Miss E. L. Nicholls, S.R.N., S.C.M., H.V.Cert.
(appointed 1st July, 1952).

School nursing in the Scalby Urban District and Scarborough Rural District areas was conducted by five District Nurses, as follows :—

Mrs. M. M. Lowen, S.R.N., S.C.M., Q.N., H.V.Cert.—
Scalby District.
Miss J. S. Smith, S.R.N., S.C.M., H.V.Cert., Q.N.—
Cayton District.
Miss M. Ford, S.R.N., S.C.M., Q.N.—Snainton District.
Miss E. D. Fisher-Brown, S.R.N., S.C.M.—Ayton District.
Miss A. Brown, S.R.N., S.C.M., Q.N.—Cloughton
District.

(v) Orthopaedic Health Visitor.

Miss B. D. Rowell, S.R.N., S.C.M., Orth.Cert. (part time).

(vi) Physiotherapist.

Mrs. G. M. Green, M.S.C.P., M.E., L.E.T. (part time).

(vii) Speech Therapist.

Miss E. V. Lang, L.C.S.T.

(viii) Lip Reading Tutor.

R. D. O'Brien (part time).

(ix) Dental Attendants.

Mrs. N. D. V. Storey.

Miss N. Mallen.

Miss B. J. Shaw (appointed 5th March, 1952).

(x) Clerks.

J. R. Bassett, B.Com.

Miss I. Hobbs (appointed 28th January, 1952).

3. MEDICAL SUPERVISION.

In addition to the prescribed age groups (entrants and leavers of Primary Schools, and leavers of Secondary Schools), the 7-8 and 12-13 year old children were included in routine medical inspections. In all, 4,431 children were medically examined at their own schools ; special medical examinations numbered 830, and re-inspections totalled 1,159. Thus 360 more pupils were medically inspected in schools, and special examinations and re-inspections fell by 138 and 60 respectively compared with last year.

4. FINDINGS AT ROUTINE MEDICAL INSPECTION.

(a) The proportion of children found at routine medical inspection to require treatment was 13.52% as compared with 11.94% in 1951, 13.51% in 1950, and 15.13% in 1949.

Group.	Number of Children	
	Inspected	Found to require treatment (excluding dental disease and infestation with vermin)
Entrants	1,321	200 (15.14%)
Second Age Group	544	56 (10.29%)
Third Age Group	1,021	138 (13.51%)
Total (prescribed groups)	2,886	394 (13.65%)
Other periodic inspections ...	1,545	205 (13.27%)
Grand Total	4,431	599 (13.52%)

The defects found at Routine Medical Inspection are analysed in Table IIA of the Appendix to this report.

(b) General Condition.

Twenty-two pupils (0.50%) were found to be in a poor general state of health ; a lower proportion than in previous years :—1951 = 28 (0.69%); 1950 = 29 (0.65%); 1949 = 52 (1.34%). These findings compare favourably with those of the country as a whole (1951 = 2.9%; 1950 = 3.5%).

(c) Cleanliness.

The 20,893 individual cleanliness inspections by school nurses in schools of our 7,315 school children represents approximately one inspection per child per school term. In 1952 thirty-three children (0.4%) were found to be suffering from frank infestation, whereas in 1950 and 1951 the figures for the country's school population were 7% and 6% respectively.

	Primary	Secondary
Average number of visits per school made during the year by the School Nurses	8	13
Number of school visits by nurses ...	249	115
Number of examinations of pupils in the schools by nurses	14,903	5,990
Number of individual children infested ...	19	14
No. of visits to homes by the School Nurses	60	6

(d) Clothing and Footwear.

Clothing and footwear were reported to be generally satisfactory. The Scarborough Amicable Society afforded assistance during the year to the sum of £266.13s.0d. in the form of grants to needy cases.

5. TREATMENT OF DEFECTS.

(a) Minor Ailments.

The conditions treated and the number of pupils attending Minor Ailments Clinics compared very closely with those of preceding years ; it is interesting to note that no new case of scabies was reported during 1952.

Conditions for which Children attended M.A. Clinic.	No. of first visits	Total Attendances
Scabies	—	5
Impetigo	22	93
Ringworm	1	2
Uncleanliness (including Verminous Conditions)	49	98
Minor Injuries	379	758
External Eye Disease	65	184
Ear Discharge and Deafness	55	273
Nose and Throat	19	28
Vision	16	25
Heart and Circulation	25	43
Lungs	—	—
Nervous System	1	2
Tuberculosis	—	—
Skin (Non-contagious)	394	1459
Other Conditions	318	572
Total ...	1344	3542

(b) Defective Vision.

A resumé of the work done at the ophthalmic clinic during the year is presented in the table which follows :—

Number of sessions (by ophthalmic surgeon)	45	
		Primary Secondary
Number of new cases examined	143	64
Number of re-examinations	113	99
Spectacles prescribed	112	82
Recommended other forms of treatment ...	25	8

(c) **Ear, Nose and Throat.**

Three hundred and ninety school children received operative treatment at Scarborough Hospital during the year, and 35 received other forms of treatment.

Mr. Guy L. Thompson continued with his monthly sessions at the School Clinic, 19 children making 36 attendances.

(d) **Orthopaedic.**

Twenty-one school children residing in the area of the Divisional Executive were treated as in-patients at the Adela Shaw Orthopaedic Hospital, Kirbymoorside, during the year, for the conditions shown in the following table :—

Condition	No. of children treated
Deformities of feet	8
Infantile Paralysis	4
Perthe's Disease	3
T.B. bones or joints	2
Osteomyelitis	1
Scar, right hand	1
Genu valgum	1
Synovitis of knees	1

The orthopaedic surgeons held 22 sessions at the School Clinic, at which 265 children made 460 attendances ; under the direction of the physiotherapist 131 children made 884 attendances at the 125 sessions of the remedial exercises clinic.

(e) **Tuberculosis.**

One school child suffering from glandular tuberculosis, who was duly admitted to hospital, was notified during 1952.

(f) **Ringworm of the Scalp.**

No case of ringworm of the scalp came to the notice of the School Health Service during 1952.

(g) **Artificial Sunlight Treatment.**

With the co-operation of Scarborough Corporation 112 school children completed courses of artificial sunlight treatment at Scarborough Medical Baths, making 1,580 attendances.

(h) **Dental Services.**

Details of the work carried out by the school dentists (two whole-time, one part-time) appear in Table V of the Appendix.

6. PHYSICAL EDUCATION.

Mr. Nock, the Divisional Education Officer, kindly obtained the following report on Physical Education in the Scarborough Division during the year :—

“ The year has been one of steady progress in Physical Education and a more objective and purposeful attitude to the work in its various departments is becoming evident.

The introduction of additional equipment for use in the work of some of the Infant and Primary Schools has considerably enhanced its interest for both pupils and teachers. On the other hand it is regrettable that in the Secondary Schools the necessity for national economy has meant a curtailment in the supply of gymnastic clothing. This will in some measure adversely influence the quality of the work in some schools, but it is hoped that many parents will show sufficient interest and purchase the special clothing which is essential if full value is to be obtained from this activity.

The organising staff conducted a well-attended course of training in Physical Education for teachers, covering the whole range of school life. A number of teachers attended cricket coaching courses at Wrea Head College under the M.C.C. coaching scheme, with the object of becoming national coaches, and showed considerable interest and keenness.

The cricket coaching facilities offered by the Scarborough Cricket Club for specialised coaching on two afternoons a week by the Club professional was again most helpful and instructive. Arrangements were also successfully made for specialist football coaching. The Schools Football and Cricket Leagues were very active throughout the year.

The girls' schools have continued to play inter-school matches in hockey, rounders and netball, and it is pleasing to note the increased enthusiasm for the game of netball. Good use was made of the two grass tennis courts which were marked out at Northstead Playing Field, where, although the ground was somewhat rough, it was possible to teach the fundamentals of the game. It is also encouraging to note that more girls are being trained for the ' field ' events, in the schools' athletic meetings.

Swimming instruction at the North and South Bay pools was again undertaken as in previous years. The examinations for the Divisional Executive's preliminary awards were efficiently carried out by a panel of teacher examiners. The co-operation of the Royal Life Saving Society in the examination of candidates for their awards was also of great assistance. Finally, an interesting and well organised Swimming Gala at the North Bay Pool was held by the Schools Swimming Association.”

7. INFECTIOUS DISEASES.

Although measles was rather prevalent among school children of all ages during 1952, the disease was mild in character ; whooping cough and scarlet fever occurred rather less frequently than last year. Notifications of infectious diseases among children between the ages of 5-14 years (inclusive) in the Divisional Area were as follows :—

Measles	...	...	...	...	...	...	412
Whooping Cough	...	...	...	...	...	...	36
Scarlet Fever	...	...	...	...	...	...	56
Acute Anterior Poliomyelitis	...	...	...	...	...	...	1
Tuberculosis	...	...	...	...	...	...	1

Special Exclusions

Five children were excluded from school on account of contagious skin conditions, and 9 on account of verminous and unclean conditions.

8. SCHOOL MILK AND MEALS.

I am indebted to the Divisional Education Officer for the details included in the following table, which shows the position as at December, 1952 :—

Percentage of children provided with meals in Rural Schools	...	...	...	...	...	...	69.21
Percentage of children provided with meals in Scarborough Schools	...	...	...	...	...	...	50.70
Percentage of children provided with milk in Primary Schools in the Division	...	...	...	...	...	...	78.13
Percentage of children provided with milk in Secondary Schools in the Division	...	...	...	...	...	...	58.41

On occasion a second bottle of milk was recommended by the School Medical Officers.

9. CO-OPERATION WITH OTHER BODIES.

At routine medical inspections 39% of the children were accompanied by their parents.

From Mr. Pateman, the local inspector of the N.S.P.C.C., I have received the following report of the year's work of his department in connection with school children :—

“ There were 64 cases enquired into in the Divisional Area.
No cases were due to drink.

Classification of Cases :—

Neglect	53
Advice sought	7
Ill-treatment	4
	—
Total	64
	—

The above were dealt with as follows :—

Warned by the Officer	48
Advised and helped ...	16
	—
	64
	—

One offender was prosecuted. Two Juvenile Court cases were instituted.

In order to watch the progress and guard against relapse, the Inspector paid 111 visits of supervision and in addition 198 miscellaneous visits were made to officials and others in respect of these cases.”

10. NURSERY CLASSES.

Dr. Cameron prepared the following report on the Nursery School and Classes :—

Childhaven remains our only nursery school for children aged 2-5 and now our only nursery class is at Friarage School admitting children from the age of 3+. The increased requirements of 5 year old children has led to the closing of the other nursery classes so the demand for nursery education remains largely unsatisfied.

Arrangements for medical inspection at the Nursery School comprise a full inspection each term, with frequent follow-up examinations. A school nurse visits the school as often as possible and close liaison is maintained with the parents, whose co-operation is essential if the risk of infectious disease is to be reduced to a minimum. While the majority of children are immunised prior to admission, facilities are offered at the first routine medical inspection to those who have not been protected. Unfortunately, the number of children not immunised on entrance to the Nursery School is increasing. There was no outbreak of serious infectious disease during 1952.

11. HANDICAPPED PUPILS.

Under Section 34 of the Education Act, 1944, ten children were duly ascertained as Handicapped Pupils, viz :—

- 2 Delicate Pupils.
- 1 Maladjusted Pupil.
- 7 Educationally Subnormal Pupils.

Weiburn Hall Special School, established by the North Riding Education Authority, provides residential care and education for physically handicapped children. Similarly, the Education Authority established at Brompton Hall, near Scarborough, a special residential school for educationally subnormal pupils.

During 1952, 16 physically handicapped children and 9 educationally subnormal children, normally resident within the Divisional area, received special educational treatment at the appropriate special school.

Other duly ascertained handicapped pupils were provided with special educational care at residential schools, as follows:—

Name of School	Boys	Girls
BLIND AND PARTIALLY BLIND		
Royal Victoria School for the Blind, Newcastle.	—	1
Sunshine Home Nursery School for Blind Children, Kingswinford ...	—	1
Sheffield School for the Blind, Sheffield	1	—
DEAF AND PARTIALLY DEAF		
Yorkshire School for the Deaf, Doncaster	2	3
Lawns House School, Leeds ...	1	—
Liverpool School for Partially Deaf, Southport	1	—
DEAF AND EDUCATIONALLY SUB-NORMAL		
Bridge House School, Harewood, near Leeds	1	—
EPILEPTIC		
Home for Epileptics, Maghull ...	—	1
MALADJUSTED		
Gordon Boys Home, Woking ...	1	—
Oakbank, Ingrow, Keighley ...	1	—
Ledston Hall, Allerton Bywater ...	1	—
EDUCATIONALLY SUBNORMAL		
Beacon School, Lichfield	1	—

The Special Class for educationally subnormal children continued to satisfy a need in the area by providing accommodation for 25 pupils ; of these seven were admitted during 1952. Eleven pupils were discharged as follows :—

- 8 to Brompton Hall Special School.
- 1 to an ordinary school.
- 2 left town.

12. SECTION 57, EDUCATION ACT, 1944.

Four children were reported to the Local Education Authority as ineducable under section 57(3) of the Education Act, 1944, and two pupils under section 57(5) of the Act, as requiring supervision after leaving school.

13. SPEECH THERAPY.

At the request of the County School Medical Officer, Miss Lang, our Speech Therapist, devoted one day per week to the treatment of children in other parts of the Riding, namely Pickering Children's Home, Welburn Hall and Adela Shaw Orthopaedic Hospital. To avoid, as far as is practicable, children having to travel an appreciable distance to the School Clinic, speech therapy classes were held at Hinderwell and Northstead schools for one session per week each. The remaining sessions were all held at the School Clinic.

Miss Lang kindly prepared the following report on this branch of the work during 1952 —

“ Out of the total of one hundred children who attended for speech therapy in 1952, 34 were discharged—17 as completely cured, 3 as improved and the remaining 14 as defaulting or to leaving the area. The number of cures, is, I think, fairly satisfactory as results in speech therapy are as a rule very slow. I have been interested to note, that almost without exception, those children who have been discharged as cured were either young children of four to seven, or the fourteen and fifteen year olds. This is, I think, due to the fact that all the infants are brought to the Clinic by their mothers, who coming in contact with the speech therapist each week, begin to take a genuine interest in their children's progress and give them a lot of assistance at home in the way of set homework and occasional reminders about faulty articulation. As may be imagined, this assistance between sessions is a big factor in promoting more rapid progress, and the co-operation and aid of parents is invaluable. In the case of the fourteen and fifteen year olds, a growing consciousness of self is probably the reason for increased diligence and good results.

Classes are arranged according to the type of defect, age, and as far as possible, average intelligence. They vary in size from groups of six to individuals, and each group or individual attends for one forty-five minute session per week. The children's ages vary from four to fifteen and the defects include dyslalia, which is the most common, stammering, sigmatism, cleft palate, rhinophonia and high frequency deafness.

The attendances have, on the whole, been good throughout the year, and there have been very few defaulters.”

Statistical Report

No. of children treated throughout the year :—

Stammer	...	...	...	...	...	26
Dyslalia	...	...	...	...	...	45
Sigmatism	...	...	...	...	...	20
Rhinophonia	...	...	...	...	...	5
Cleft Palate	...	...	...	...	...	3
Deafness		...	...	...	...	1
Total						100

No. of children continued from 1951 66

No. of new cases treated in 1952 34

No. of children discharged as :—

Cured	...	...	...	...	...	17
Improved	...	...	...	...	...	3
Defaulted	...	...	...	...	...	6
Left school	...	...	...	...	...	5
Not responding	...	...	...	...	...	3
Total						34

No. of children remaining under treatment,

December 1952 66

14. LIP READING.

Mr. O'Brien continued to hold sessions on Saturday afternoons as a part-time teacher in lip-reading, and prepared the report which follows :—

“ Thirty-eight lip reading sessions for children suffering from some form of hearing loss, were held at the School Clinic during the year 1952. The sessions have been of one hour's duration for children under the age of 13 and of one and a half hour's duration for children over the age of 13.

Junior Class.

Attendance has on the whole been good throughout the year and steady progress has been made. Study has for the most part been concentrated on the accurate and rapid lip reading of numerals and colours, full face, side face, and with group practice. The patients who have attended throughout the year have reached an excellent standard. Much general practice with short stories and simple words has been undertaken and attention has been focused on homophenous consonants and simple words. Distinct advances have been made with certain homophenous consonants (F & V, T.D. & N, P.B. & M).

The year started with 7 pupils on the register. One has ceased to attend for reasons unknown, after a very sketchy attendance since the classes started. Two children have been transferred to the Senior Class and eight new patients have been admitted during the course of the year, bringing the total at the end of the year to twelve. Two patients invited to attend during the last year have not done so to date. Two new patients are expected to join the junior class at the first session of the new year.

Comments.

The class, which it is expected will be fourteen or fifteen strong at the beginning of the new year, is becoming too large for maximum benefit to be gained by all pupils. The main problem is to benefit the infants. These very young children are out of their depth among the 8 to 12 year olds, and it is necessary to devote part of the session specially to them, which means that the bulk of the class is held back. I feel that should the membership of the Junior Class be increased any further, a third session should be introduced for the Infants and backward 8 year-olds.

Senior Class.

Attendance has not been up to the standard of the Junior Class. This, I feel, is due to the attraction offered by the cinema, and to the diminishing control exercised by the parents as their children get older.

Almost the entire field of lip reading theory has been covered, with special attention devoted to numerals, the consonants, long vowels, homophenous words and everyday phrases. Practice has been given at side face, full face and group lip reading, by the introduction of competitive lip reading, the telling of short stories and debate.

The year started with 6 patients on the register and one was transferred to this class from the Junior Class in the first few weeks. Of these seven, four have withdrawn from the sessions during the year, two because of travel difficulties (one is resident in Pickering and the other in Malton), and two for reasons unknown. Four new patients have been admitted during the year, one has now left school. One other patient has been transferred from the Junior Class, bringing the total to date to 7.

Comments.

It is difficult to comment on the gains made by the patients because of the changes and attendance.

However, two of the three patients who have attended throughout the year show marked ability over the newer arrivals, who have benefited so far to varying degrees. As a by-product, group practice has tended to improve speech production in certain cases.

STATISTICAL REPORT

General Information.

	Juniors	Seniors
Number of patients continuing from 1951	7	6
Number of new patients	8	4
Number transferred to Senior Class ...	—	2
	15	12
Number withdrawn due to:—		
Default	1	2
Travel difficulty	—	2
Left school	—	1
Transferred to Senior Class	2	—
	3	5
Number on present register	12	7

Attendance Report

	Possible Attendances	Actual Attendances	Known Sickness
Senior Class	214	135 (63.08%)	2
Junior Class	286	223 (77.98%)	12
	500	358 (71.6%)	14

15. CHILD GUIDANCE.

The following is a summary of the psychiatrist's work :—

Number of sessions held at Scarborough	21
Number of children examined	25
Number of initial examinations of school children	22
Number of re-examinations	38
Number of children ascertained as Maladjusted Pupils within the meaning of the Handicapped Pupils and School Health Service Regulations, 1945	1

In addition to the above, five children from outside the Divisional Area were seen at Scarborough by Dr. Gordon at the request of the County School Medical Officer.

16. CHILD DELINQUENTS.

Medical reports in respect of 68 children due to appear before the Juvenile Court were submitted to the Magistrates.

17. EMPLOYMENT OF SCHOOL CHILDREN.

Under the Employment of Children Bye-Laws 102 school children proposing to undertake juvenile employment were specially examined by your medical officers.

18. PROTECTIVE INNOCULATION.

Twenty five per cent. of the pupils examined at routine medical inspection bore scars of successful vaccination against smallpox.

Approximately 80% of children in the area have been protected against diphtheria; under the Local Health Authority's scheme 71 school children completed initial courses of diphtheria immunisation, a further 335 received reinforcement doses.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1952

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS

A. Periodic Medical Inspections.

Number of Inspections in the prescribed groups:—

Entrants	...	...	...	...	...	...	1321
Second Age Group	...	...	...	...	...	...	544
Third Age Group	...	...	...	...	...	...	1021

Total							2886

Number of other periodic inspections 1545

Grand Total ... 4431

B. Other Inspections.

No. of Special Inspections	...	...	...	...	830
No. of Re-inspections	...	...	...	...	1159

Total					1989

C. Pupils found to require treatment.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with vermin)

GROUP	For defective vision (excluding squint)	For any of the other conditions recorded in Table IIA	Total individual pupils
Entrants	13	190	200
Second Age Group	35	23	56
Third Age Group	38	105	138

Total (prescribed groups)	86	318	394
Other Periodic Inspections ...	69	151	205

GRAND TOTAL	155	469	599

TABLE II

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

DISEASE OR DEFECT	Periodic Inspections		Special Inspections	
	Number of Defects		Number of Defects	
	Requiring Treatment	Requiring Observation but not Treatment	Requiring Treatment	Requiring Observation but not Treatment
Skin	52	46	103	15
Eyes (a) Vision	155	135	84	21
(b) Squint	48	30	7	5
(c) Other	28	25	41	6
Ears (a) Hearing	9	28	24	4
(b) Otitis Media	16	25	7	—
(c) Other	4	11	28	5
Nose and Throat	96	342	83	75
Speech	15	94	16	14
Cervical Glands	7	87	12	6
Heart & Circulation	50	98	45	35
Lungs	2	56	21	11
Developmental				
(a) Hernia	6	22	—	—
(b) Other	1	49	1	6
Orthopaedic				
(a) Posture	9	130	4	14
(b) Flat Foot	31	81	11	22
(c) Other	51	197	28	24
Nervous System				
(a) Epilepsy	—	1	1	1
(b) Other	2	20	1	7
Psychological				
(a) Development	—	75	4	7
(b) Stability	2	145	15	20
Other	13	38	248	119

B. Classification of the General Condition of Pupils inspected during the year in the Age Groups.

Age Groups	Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	%	No.	%	No.	%
Entrants	1321	681	51.56	636	48.14	4	0.30
Second Age Group	544	248	45.59	292	53.68	4	0.73
Third Age Group	1021	789	77.28	227	22.23	5	0.49
Other Periodic Inspections ...	1545	873	56.51	663	42.91	9	0.58
TOTAL	4431	2591	58.47	1818	41.03	22	0.50

TABLE III.

Infestation with Vermin

(1) Total number of examinations in the schools by the school nurses or other authorised persons	20,893
(2) Total number of individual pupils found to be infested	33
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	—
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV

Treatment of Pupils attending maintained Primary and Secondary Schools.

GROUP 1.—Diseases of the Skin (excluding uncleanliness, for which see Table III)

	Number of cases treated or under treatment during the year	
	by the Authority	Otherwise
Ringworm—(i) Scalp	—	—
(ii) Body	1	—
Scabies	—	—
Impetigo	22	—
Other skin diseases	394	—
TOTAL	417	—

GROUP 2.—Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	65*	—
Errors of Refraction (including squint)	—*	419
TOTAL	65	419
No. of pupils for whom spectacles were prescribed	—*	194

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

GROUP 3.—Diseases and Defects of Ear, Nose and Throat

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment:		
(a) for diseases of the ear	—	21
(b) for adenoids and chronic tonsillitis	—	356
(c) for other nose and throat conditions	—	13
Received other forms of treatment	74	35
TOTAL	74	425

GROUP 4.—Orthopaedic and Postural Defects

(a) Number treated as in-patients in hospitals ...	21	
	By the Authority	Other-wise
(b) Number treated otherwise, e.g., in clinics or out-patients departments	—	265

GROUP 5.—Child Guidance Treatment.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	—	25

GROUP 6.—Speech Therapy.

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists	100	—

GROUP 7.—Other Treatment Given.

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments	723	—
(b) U.V.R. Treatment	112	—
TOTAL	835	—

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT
BY THE AUTHORITY

(1) Number of pupils inspected by the Authority's Dental Officers:—						
(a) Periodic age groups	...	...	...	...	...	6104
(b) Specials	...	...	...	...	...	374
Total						6473
(2) Number found to require treatment	...	...	...	...	...	3548
(3) Number referred for treatment	...	...	...	...	...	3548
(4) Number actually treated	...	...	...	...	...	1797
(5) Attendances made by pupils for treatment	...	...	...	...	...	5734
(6) Half days devoted to: Inspection	...	...	...	...	...	53
Treatment	...	...	...	...	...	915
Total						968
(7) Fillings: Permanent Teeth	...	...	...	...	...	1871
Temporary Teeth	...	...	...	...	...	188
Total						2059
(8) Number of teeth filled: Permanent Teeth	...	...	...	...	...	1705
Temporary Teeth	...	...	...	...	...	186
Total						1891
(9) Extractions: Permanent Teeth	...	...	...	...	...	790
Temporary Teeth	...	...	...	...	...	2023
Total						2813
(10) Administration of general anaesthetics for extraction	...	...	...	...	...	1290
(11) Other Operations: Permanent Teeth	...	...	...	...	...	4172
Temporary Teeth	...	...	...	...	...	1170
Total						5342
(12) Orthodontic and Denture Attendances	...	...	...	...	...	1435

AVERAGE HEIGHTS

BOYS

GIRLS

AGE GROUPS	No. measured	Inches	Centi-metres	No. measured	Inches	Centi-metres
2-3 years	11	34.91	88.67	3	35.25	89.53
3-4 "	14	37.51	95.27	17	37.51	95.27
4-5 "	34	40.41	102.64	31	40.84	103.73
5-6 "	359	42.25	107.31	321	42.01	106.70
6-7 "	188	45.19	114.78	195	45.69	116.05
7-8 "	169	47.52	120.70	141	48.19	122.40
8-9 "	112	51.55	130.94	119	50.17	127.43
9-10 "	25	53.37	135.56	15	50.65	128.65
10-11 "	164	54.54	138.53	189	53.54	135.99
11-12 "	66	56.30	143.00	73	56.36	143.15
12-13 "	152	58.09	147.55	109	59.01	149.88
13-14 "	276	59.71	151.66	211	61.00	155.94
14-15 "	345	62.05	157.61	225	62.56	158.90
15-16 "	138	65.91	167.41	87	63.27	160.70
16-17 "	77	68.16	173.13	50	64.20	163.07
17-18 "	48	69.28	175.97	32	64.75	164.46
18-19 "	23	68.05	172.85	34	65.51	166.39

AVERAGE WEIGHTS

BOYS

GIRLS

AGE GROUPS	No. weighed	lbs.	Kilo-grams	No. weighed	lbs.	Kilo-grams
2-3 years	11	30.27	13.73	3	29.08	13.19
3-4 "	14	34.23	15.53	17	34.45	15.63
4-5 "	34	39.15	17.76	31	38.96	17.67
5-6 "	359	42.83	19.43	321	41.24	18.71
6-7 "	188	47.03	21.33	195	47.15	21.39
7-8 "	169	54.02	24.50	141	51.92	23.55
8-9 "	112	61.57	27.93	119	57.98	26.30
9-10 "	25	69.02	31.31	15	62.23	28.23
10-11 "	164	71.00	32.20	189	70.08	31.79
11-12 "	66	79.68	36.14	73	76.91	34.89
12-13 "	152	85.94	38.98	109	91.81	41.64
13-14 "	276	92.38	41.90	211	101.33	45.96
14-15 "	345	103.05	46.74	225	110.19	49.98
15-16 "	138	119.67	54.28	87	115.02	52.17
16-17 "	77	134.99	61.23	50	123.45	55.99
17-18 "	48	140.32	63.65	32	127.28	57.73
18-19 "	23	141.05	63.98	3	130.58	59.23

