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CITY OF YORK EDUCATION COMMITTEE.

The Medical Inspection of Children in the York Public Elementary Schools.

ANNUAL REPORT

FOR THE YEAR ENDING 31ST DECEMBER, 1913,

BY

EDMUND M. SMITH, M.D. (Edin.), D.P.H. (Camb.),
School Medical Officer and Medical Officer of Health;

AND

E. SCOTT GALBRAITH, L.R.C.P. & S.E., D.P.H. (Lond.),
Assistant School Medical Officer.

Councillor K. E. T. WILKINSON,
Chairman.

J. H. MASON,
Secretary.

EDUCATION OFFICES,
CLIFFORD STREET,
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INDEX.

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CITY OF YORK EDUCATION COMMITTEE.

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Mrs. K. E. T. Wilkinson, St. Mary's House, Marygate, York.
Mr. D. S. Crichton, 26, St. Mary's, York.

STAFF ENGAGED IN MEDICAL INSPECTION AND SCHOOL CLINIC.

School Medical Officer :—

Edmund M. Smith, M.D., D.P.H., M.O.H.

Assistant School Medical Officer :—

E. Scott Galbraith, L.R.C.P. & S. (Edin.) ; L.R.F.P. & S. (Glas.), D.P.H.

Ophthalmic Assistant School Medical Officer :—

Peter Macdonald, M.D.

Dental Assistant School Medical Officer :—

T. E. Constant, M.R.C.S., L.D.S.

School Nurses :—

Miss Annie E. Simpson, C.M.B., H.V. & S.N., Certif. Royal San. Inst.

Miss Margaret Grant, C.M.B., H.V. & S.N., Certif. Royal San. Inst.

Clerk :—

Miss J. Masterman.

Assistant Clerk :—

Miss B. M. Swann.

The Medical Inspection of Children in the York Public Elementary Schools.

ANNUAL REPORT

FOR THE YEAR ENDING 31ST DECEMBER, 1913.

To the Chairman and Members of the York Education Committee.

Mr. Chairman, Ladies and Gentlemen,

We beg to place before you this our Sixth Annual Report on the Medical Inspection of the scholars in the York Elementary Schools for the year ending the 31st December, 1913.

The present report is drawn up and arranged in the form desired by the Board of Education, and on the lines laid down in Circular 596 (paragraph 6), dated 17th August, 1908.

In a circular letter to Local Authorities dated February 12th, 1914, "attention is invited" by the Board "to paragraphs 28 and 29, and to the Appendix J of the Annual Report for 1912 of the Board's Chief Medical Officer as to the form in which the returns of School Medical Officers should, as far as practicable on the present occasion, be furnished. Attention is also directed to paragraph 4 of the Circular 823."

We have endeavoured, and as far as practicable on the present occasion, succeeded in fulfilling the wishes of the Board alluded to in the above letter.

The work of medical inspection is expanding year by year, the requirements of the Board are correspondingly increasing, and unceasing professional skill and energy is now called for in order to keep in line with the exacting details and developments which are necessarily accompanying these requirements.

Throughout the Report will be found various extracts from the Annual Report of the Chief Medical Officer to the Board of Education, and other authoritative sources, and we make no apology for including them, for we are assured that it is your pleasure to obtain through us the most progressive and up-to-date information.

You will observe that a large amount of valuable work is being carried out at the School Clinic, in its various departments. The General and Miscellaneous Treatment Clinics deal with a very considerable number of minor ailments, the majority of which would otherwise go unattended and remain out of school for lengthy periods.

The notorious fact that so many children suffer from caries or decay of the teeth has well warranted the introduction of a Dental Department in the School Clinic.

The details of the work of the Ophthalmic Department will be found at the end of the report, and it will be seen that many children, most of whom were pursuing their school-life oblivious of any defect, have had spectacles prescribed for them.

We beg to gratefully acknowledge the appreciation with which you have received our recommendations, and to thank you for the assistance you have given us in our work throughout the past year, and we sincerely hope that you will have cause to continue to appreciate our future efforts on your behalf.

We are, Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

EDMUND M. SMITH,

School Medical Officer and
Medical Officer of Health

E. SCOTT GALBRAITH,

Assistant School Medical
Officer.

NOTE :—Dr. Galbraith carries out the detailed administration of the work and the bulk of this Report embodies his observations and conclusions, with additional notes by me.—E.M.S.

1. NUMBER OF YORK PUBLIC ELEMENTARY SCHOOLS.

1.—There are now in York twenty-nine Elementary Schools viz., 11 "Provided" and 18 "Non-provided." Included in the "provided," are a "Special" School for mentally deficient boys and an Open-air class for physically defectives.

The numbers of children on the school registers during the year 1913 were as follows :—

Total No. of children on the Registers for the school year ended 30th September, 1913			14,409
Upper Department,	Boys	4,899	
,, ,,	Girls	4,821	
Infants' ,,	Boys	2,395*	
,, ,,	Girls	2,294*	
Average attendance for the school year ended 30th September, 1913 (88%)			12,640

* In these figures are included 1,114 children, (571 boys and 543 girls), under 5 years of age.

ORGANISATION OF THE SCHOOL MEDICAL SERVICE.

2.—CO-RELATION OF THE SCHOOL MEDICAL SERVICE WITH THE PUBLIC HEALTH SERVICE.

In York the Medical Officer of Health is the School Medical Officer. He is responsible to the Local Education Authority in all questions of school hygiene. "The subject of medical inspection and (where it is undertaken) medical and surgical treatment, the sanitation of schools, the provision and management of special schools for defective children, the teaching of hygiene and physical training, the feeding of school children, and certain questions regarding employment, both during and after school life, are so closely related to, and so vitally connected with the physical condition of the child, that it is desirable in all educational areas that they should be referred more or less directly to the School Medical Officer for advice."

The relations which have existed in previous years and were described in our annual reports still obtain, and work satisfactorily. We would particularly draw your attention to Circular 823 issued by the Board and dated August 18th, 1913, and which is reproduced at the end of this report. It summarises the regulations (Circular 792) under which grants will be made by the Board during the financial year ending on the 31st March, 1914.

Infectious fevers occurring amongst the school children are under the direct control of the Health Department, and all cases of Scabies (itch) and other grossly verminous conditions are reported to the Medical Officer of Health who orders disinfection of the homes, bedding, etc., where necessary.

3.—ALTERATION IN THE SCHEDULE OF BOARD OF EDUCATION.

No alterations have been made in the Board's Schedule, but the additions of previous years have been maintained, viz.:

Attention and progress of child	Recorded by the Head Teacher.
Is the child usually clean?	
Home Conditions	Recorded where possible during Medical Inspection.
Occupation of Father	
Occupation (if any) of Mother	

Chest Girth—This is only for use in special cases.

Vaccination Marks—Their number is recorded if observed; no further action whatever is taken.

85·0 per cent. of the children who had been scheduled during the year had well-defined vaccination marks. The corresponding figures for previous years are:—1912, 86·9 per cent.; 1911, 85·3 per cent.; 1910, 90 per cent.

4.—ASSISTANCE GIVEN TO THE SCHOOL MEDICAL OFFICER AND THE ASSISTANT SCHOOL MEDICAL OFFICER, by Nurses, Managers of Schools, Teachers, Attendance Officers, and other persons.

(*a*) *By the School Nurses.*—There are now two whole-time School Nurses attached to the Medical Inspection Department. Both are fully trained, and qualified. Nurse Grant is to be congratulated on having successfully passed and obtained the Health Visitors and School Nurses' Certificate of the Royal Sanitary Institute, at the examination held at Manchester in October. Nurse Simpson qualified similarly during 1909.

The School Nurses have been kept very busy during the year on account of the increased work consequent on the expansion of the Clinic, and the opening of new additional schools. The presence of a nurse at the "General," "Treatment," and "Dental" Clinics is indispensable, and therefore one nurse is always present at these clinics. She helps the Assistant School Medical Officer in the conduct of the General Clinic on Tuesday and Friday mornings throughout the school year. She also sees to it that proper decorum is observed by the children in the waiting-room. She also carries out his instructions at the "Treatment" Clinic where the majority of the minor ailments discovered amongst the children are attended to. Discharging ears, eczema, impetigo, scalp and body ringworm, external eye diseases, etc., are treated at this clinic. The principal difficulty we have to contend with is the irregular

attendance of the patients. As a rule, the children are treated with great liberality, but where the irregularity is such as to considerably interfere with or render futile the treatment given, we have been obliged for obvious reasons to discontinue it. Happily these cases form a minority. The school nurse is also in attendance at the Dental Clinics, and a portion of the afternoons is devoted to the cleansing and disinfection of the instruments used.

The school nurse also assists at the medical inspection of the children in the schools throughout the week.

The duties of "Medical Inspection" and "Clinic" are taken alternately by the school nurses, and, as a rule, at intervals of three months.

Of course, the nurses have a variety of other duties, viz., visiting the homes of the children reported to be away from school on account of illness, "following up" defective children, visiting schools and homes on account of verminous conditions, bathing children under the Children Act, 1908, etc.

A brief tabular statement of the work done during the year by the school nurses will be found under section 7 (*b*).

(*b*) *By Managers of Schools.*—The presence of the School Managers at the medical inspection is always appreciated. Their knowledge of the parents, and their familiarity with home conditions and the homes of the working classes generally is of considerable value. They are thus in a position to advise and to sympathise. Every School Manager is advised as to the date of medical inspection a few days before, and at seven schools a School Manager put in an appearance during the inspection,

(*c*) *By Teachers.*—We are pleased to say that the Head Teachers have invariably given their services during medical inspection, and in so doing have added to the success of the work. Their personal influence with the children and their parents has been helpful in having the physical defects attended to. It must, of course, be remembered that the nett result of medical inspection will be to produce, as far as possible, a very much larger proportion of mentally and physically fit children in the ordinary elementary schools. Being more responsive and receptive such children will be easier to teach, and consequently the work of the teachers will be less laborious and less irksome. The data on the face of the schedule card, with

the exception of the personal history, are filled in by the teachers, and they, as a rule, readily fill in, or help in filling in, any of the data on the other side, viz., height, weight, vision, etc.

(*d*) *By the School Attendance Officers.*—"There are five ways in particular in which a School Attendance Officer can be of great service to the School Medical Officer :—

(1) By notifying to the School Medical Officer all cases of non-notifiable infectious diseases which he meets with in ascertaining the causes of absence from school.

(2) By notifying all cases of blind, deaf, mentally or physically defective, or epileptic children, or children suffering from chorea, tuberculosis, paralysis, mal-nutrition or neglect, etc.

(3) By notifying all cases of children absent from school on medical grounds.

(4) By notifying cases of children who are alleged to be permanently unfitted to attend school.

(5) By ascertaining on visiting the home, to what extent the School Medical Officer's advice or directions in regard to treatment have been followed."

The School Attendance Officers have helped considerably during the year in the work of medical inspection. Lists (*a*) of children who have been excluded from or re-admitted to school from this office are sent to them through the Secretary to the Education Committee ; also, at the same time, are sent lists (*b*) of children excluded from school on account of suspected or actual physical defects or disease who fail to furnish a medical certificate, or who do not attend the Clinic for medical supervision or treatment as required, or whose treatment is obviously being neglected by the parents or guardians.

The following are the numbers of children under each heading who were thus referred to the attendance officers through the Secretary to the Education Committee :—

	(*a*)	(*b*)
Mr. Thorpe	223 ..	75
Mr. Doherty	678 ..	201
Mr. Longstaff	561 ..	116
Mr. Archer	608 ..	180
Mr. Clarkson	664 ..	191

With reference to the (*b*) column of numbers of Clinic "irregulars" and "unsatisfactories," it must be stated that in the majority of these a preliminary visit is paid to the home by the school nurse in order to test the cause of the irregularity. The number of such visits paid by the school nurses are as follows:

Nurse Grant 290 : Nurse Simpson 185.

For the most part these are the needy children, coming from poor and necessitous homes, requiring more care on account of the obvious parental neglect or indifference. Parents are not yet as alive as they should be to the wants and well-being of their children. We think there is an improvement in this respect, but it is not sufficiently marked to emphasise. For instance, parental care and filthy and verminous children are incompatible.

THE CLERICAL WORK OF THE OFFICE OF THE SCHOOL MEDICAL DEPARTMENT.

The work of the clerical staff is still of a voluminous and varied character, and is increasing rapidly with the expansion of the Clinic and the elaboration of medical inspection. Thousands of notices and forms are sent out to the parents of the children throughout the year. The weekly routine work alone has increased considerably. The chief clerk, Miss Masterman, has had a very difficult task to keep pace with the normal work, and even with the help of a part-time clerk the difficulties were scarcely lessened, for co-incident with the latter appointment, the Ophthalmic and Dental Clinics were instituted. In August last, an assistant clerk, Miss Swann, was appointed. Much of the clerical work involves penmanship, but the bulk can be overcome by the quicker method of the typing machine. An application has already been made for a second typing machine, but the Committee have deferred it. This is to be regretted, as delay, inconvenience, and overtime, is involved thereby. We think, at any rate, that the time has arrived when we must ask for a reconsideration of the application, and we hope that the Committee will accede to the request.

OFFICE ACCOMMODATION.

Owing to the expansion of the Clinic, and the advent of the ophthalmic and dental surgeons, the existing accommodation is necessarily cramped. The consideration of the alteration or extension of the premises, and the adequate provision of dental and ophthalmic rooms, one or two more waiting-rooms, a rinsing-room in connection with the dental clinic, lavatory accommodation for parents and children of both sexes, is brought to your notice.

NOTE.—A rinsing-room is one where children may, after having had dental attention, rinse their mouths, rest, and generally compose themselves.

5.—Method adopted for securing the presence of Parents at the Medical Inspection of their Children, and their Co-operation in the subsequent treatment of defects, and a review of such methods.

A few days prior to the inspection of a child a notice of advice is sent to the parents in which they are notified to attend with the child. Over 3,000 such notices were sent during the year, and the total number of parents who attended at the Medical Inspection of the 2,758 children scheduled was 799, or 28·9 per cent. The percentages for previous years were :—1912—29·2, 1911—25·6, 1910—31. Almost invariably it was the mother who attended. In a few instances her place was taken by the father, some other relation, or friend. The presence of the parent at the medical inspection of the child is regarded as being of paramount importance. Any ill-condition or defect found is thus directly brought to the notice of the parent, and is emphasised according to its gravity. Advantage is also taken of his or her presence to point out the necessity, or the urgency, of a particular treatment being carried out. For instance, the lay public are shockingly ignorant as to what constitutes sound dentition, or good vision. A child is often considered, in these respects, to be well as long as he does not complain of toothache, and can read ordinary print. Nevertheless it often happens in cases of this kind that many of the teeth are in a state of advanced decay, and that the vision is defective to the extent of several dioptres, or that blindness may exist in one eye. This state of things, or the occurrence of such coincidences, need not be wondered at when one learns from Tables 8 and 9 that over 80 per cent. of the children about to leave school were suffering from carious teeth, and that about 15 per cent. of these leavers were suffering from imperfect vision, necessitating the application of spectacles. The presence of a parent or guardian at medical inspection is therefore obviously important, and although the advice given at the time in each case is not always followed, or even appreciated, we believe that, in the majority of cases, parents are pleased to learn and take advantage of the information which is given them regarding their child.

In every case of defect an advice notice and a leaflet of instructions are sent to the parent or guardian of the child.

Children suffering from defective teeth or defective vision are requested to attend the clinic after the lapse of at least a month, should the defect not have been attended to by a

private practitioner in the meantime. They are then referred to the Dental Surgeon or the Ophthalmic Surgeon as the case may be.

In many cases the school nurse visits the home and instructs the parents in the manner and necessity of following out the advice given at the medical inspection.

TABULAR STATEMENT OF DEFECTS FOUND AMONGST THE 2,758 CHILDREN MEDICALLY INSPECTED AND SCHEDULED DURING 1913, WITH THE RESULTS OBTAINED BY "FOLLOWING UP," AND BY REFERENCE TO THE DENTAL ASSISTANT SCHOOL MEDICAL OFFICER, AND THE OPHTHALMIC ASSISTANT SCHOOL MEDICAL OFFICER.

	Total.	A.	Per cent.	B.	Per cent.	C.
Defective teeth	1102	400	36·2	690	62·6	12
Defective vision	228	143	62·7	73	32·0	12
Enlarged tonsils and adenoids	215	71	33·0	118	54·8	26
Squint	55	40	72·7	15	27·2	—
Various	98	61	62·2	27	27·5	10

A—Attended to. B—Nothing done. C—Left school, no particulars available.

It is still to be deplored that many parents do not yet appreciate the importance of medical inspection and the bearing which it has on the child, and there is no doubt that they are lacking in their duty when they disregard the findings and advice of the medical inspector. It must be stated that in many cases ignorance is the cause of this lack of duty, but we consider that now-a-days it is inexcusable. Every parent should be full of anxiety for the welfare of his offspring, and should at all times be on the alert and ready to further and improve his prospects and well-being. There is still great difficulty in bringing parents to recognise the dangers attached to such conditions as enlarged tonsils, squint, and defective vision, decaying teeth, etc., and the importance of having them medically or otherwise attended to. On the other hand, we are glad to record that there are many parents who look upon medical inspection in the proper light, and who eagerly seek and accept all the benefits which it gives to their children.

CARE COMMITTEES.

Four schools, namely, Bilton Street, St. Margaret's, Haxby Road and St. Denys', have organised Care Committees, who

give a great deal of valuable voluntary help to children in attendance at these schools, and also to their parents. Their efforts have been mostly on the lines recommended by the Principal Medical Officer to the Board, namely :—

1. Following up medical inspection.
2. The proper administration of the arrangements for the provision of meals.
3. Employment of children (during and after school-life).
4. After-care of the feeble-minded.
5. Work in relation to recreation and play-centres, vacation schools, country holidays, etc.

And in his Report for 1909, pp. 80–87, he gives, besides the "Duties of Care Committees" in detail, a large amount of valuable information, a knowledge of which would seem indispensable to those engaged, or about to engage, in this class of work.

Reports have been received from the Secretaries to the Care Committees of the four above-named schools, and these are now given in extenso, and they will show what practical work is being done, and give a guiding line to other schools who may be about to, and ought to, form Care Committees.

The school bathing mentioned in the report of Bilton Street School Care Committee has been referred to in previous annual reports. A few years ago, the School Managers organised hot baths for the children ; a house was taken approximate to the school building, and this was fitted up with the necessary appliances for hot baths. The services of a male and female attendant were provided, and there is no doubt that in this way the children have benefited considerably.

Report from Bilton Street School Care Committee.

(Mr. Geo. J. Jenkinson, Hon. Sec.)

"During the short time the Care Committee has been in existence it has done good work. The visitors have come into connection with needy families who have been pleased to give information of their circumstances and have appreciated the interest taken in the welfare of their children. Results from such visitations can hardly be measured as yet, but the Committee has every confidence that the maintenance of a bond of connection with the school will have great influence in the future.

Re School Bathing.—Seeing that school baths are now being recommended, mention might be made of the work done here during the past four years. The experiment has proved highly satisfactory, in fact its success has been greater than was ever anticipated. This is how the system is worked. Boys are bathed on Mondays and Wednesdays, and girls on Tuesdays and Thursdays under the supervision of paid attendants. It should be pointed out that no compulsion is exercised because no such stringent measure is necessary. The children are taught to see that the bath is a great treat and privilege, and there is no lack of applicants. That this is so is shewn by the fact that 3,600 baths were taken during the past year. The following regulations are hung in the bath-room and are strictly observed :—

1. In preparing the bath always turn on cold water first.
2. Temperature 90 to 92 deg. Fahr. This must in every case be tested with the thermometer.
3. Great care must be taken that each child is thoroughly dry before dressing.
4. Full time for each bath not to exceed 20 minutes including dressing and undressing.
5. A dry towel to be used for each child."

Report from St. Margaret's School Care Committee.

(Mr. B. Lasker, Secretary).

" The Committee has eleven members, not counting members of the teaching staff of the school, who also frequently attend and take part in the deliberations.

Some 30 or 40 cases were dealt with during the year, some of them requiring considerable attention, owing to the poverty or unsatisfactory nature of the homes of these children.

An " At Home " for mothers of the children attending the school was held during the year, and addressed by the Medical Officer of Health on the work of the School Clinic and School Medical Inspection, and on some of the defects which the Education Authority is now helping parents to combat.

As the machinery gets better known, our visitors find it less difficult than they did at first, to persuade parents to co-operate with the Authority in the proper treatment of such defects as may be found, and a number of instances could be given where the help of the voluntary workers in this connection has been of great benefit to the child.

Now and then the Committee is faced with exceedingly difficult cases, where, under present circumstances, it is almost impossible to do any good. Thus, in one case, two children attend the school from a home which is partly maintained by out-relief entirely insufficient in amount to maintain the family in physical health. It is the case of a family which undoubtedly ought to be provided for in the Workhouse, but it is impossible to persuade them to go there.

In another case, we have children attending the school, who, in spite of every endeavour on the part of the school inspector, teachers, and experienced voluntary visitors, are permanently neglected in their home, and attend the school underfed, dirty, and in rags. We are advised that unless an act of positive cruelty can be proved it is impossible successfully to prosecute the parents for the neglect of their children. In the meantime, our visitors do what they can in cases such as these, by means of advice, and, if necessary, threats.

In another case, the child is frequently kept away from school because a lazy mother requires her for help in the housework, and often when she does attend she is in an unteachable condition. Here, again, it is extremely difficult for voluntary workers to do much good.

While these instances are given to shew the great difficulty of the task before a conscientious Care Committee, it must not be assumed that they prove the uselessness of their work. On the contrary we have found that in the great majority of cases the stimulus applied by a friendly visit—if necessary, by repeated visits—has been of great benefit, and often parents value the help given them by visitors who are better acquainted than they are with the various agencies existing in the city to help them in the way they require.

Our chief difficulty is that there is not at present any system by which we are automatically informed of any cases concerning children at this school in whom it would be desirable for us to take an interest. There is, so far, no definite connecting link between the medical inspection and the school care committee, and as a result we are often for many weeks without new work, when, as a matter of fact, there must be many children in the school who are suffering from some defect which requires attention where we could have helped, at any rate, to stimulate the parents to action.

We are convinced that it will not be possible to place the work of Care Committees in York upon a very satisfactory permanent basis, unless an Organiser is appointed (preferably a lady with the requisite training and experience), who will attend the meetings at least occasionally, recruit voluntary workers, form new Care Committees where most needed, and assist with the more difficult cases, keeping a systematic record and linking up the work of the voluntary organisations to the Education Committee's system of medical inspection and its adjuncts.

As in the previous year, we again organised on the plot of land in front of the Parish Room, an open-air shelter for boys from overcrowded homes, but, owing to certain circumstances, this "night camp" which is very popular among the boys and was a complete success the previous year—was open for only a few weeks during the summer.

In connection with the Care Committee there is a Boot Club, enabling parents to obtain good, solid boots for the children by payment in instalments; this has been of considerable benefit."

Report from St. Denys' School Care Committee.

(Mrs. Davies, Hon. Sec.)

"I do not think there is anything fresh to say as to the year's work of the St. Deny's Care Committee. The work has almost resolved itself into an After-Care Committee, but the members still keep a watch over any specially needy children through the schools, with the help of the Head Teachers who are invaluable members of the Committee. There are still very few members, but very real interest is taken in the children by those who work on the committee.

It has been a great satisfaction that spectacles can now be obtained by those for whom prescriptions are given by the Eye Doctor at the Clinic with at least less delay than previously. The Committee hope that the new arrangement will work even more quickly in the future. The Head Teachers are much helped by the notices which now come to them stating when boys or girls are to attend the Clinic, and those which are sent when a prescription for glasses is given The Committee would be glad if a further notice could be sent to the Head Teachers when glasses are ready, so that they may see that the boys or girls get them. They would also be glad to understand what

is to happen when a "refuses treatment" message is sent back to them on the boys' or girls' card from the Dentist at the Clinic, as they imagine it is generally the child who "refuses treatment" without the parent's knowledge.

The Committee feel that something more might be done to see that parents understand what is being done for their children by the Dentist.

The dinners are still overlooked by one member of the Care Committee, and by a master of the boys' school, with various lady helpers.

A Boot Club still helps the more thrifty children of the school, but hardly touches the most needy for whom it was intended.

A re-union of boys and girls who have left the school during the past three years is being held by invitation of the Care Committee on February 20th in the boys' schoolroom.

It is hoped that the feeling of the warm interest still taken in them by teachers and a few others may at least help the boys and girls in some small way.

The Care Committee touches the lives of quite a number of the children in the schools in many little friendly ways, but there is little work to detail."

N.B.—Parents have every opportunity of knowing the rationale of dental attention. The Assistant School Medical Officer advises parents who are present at Medical Inspection.

No dental treatment is carried out without the knowledge of the parents, who are given an opportunity to attend the Dental Clinic. The School Dentist is at all times willing to assist parents with his advice and explanation. A letter of advice and an explanatory leaflet are sent to the parents of children whose teeth have been observed to be defective—E.S.G.

Report from Haxby Road School Care Committee.
(Mr. W. A. Kay, Secretary).

"The Committee has met four times during the year, twice in the Easter and twice in the Christmas terms. It has chiefly concerned itself with :—

1. Following up Medical Officer's cases, *e.g.*, persuading parents to provide glasses, to have necessary operations for Squint, Adenoids, etc. Visiting homes of "dirty" children. (In one case a cleansing order was secured).
2. Advising parents as to right class of occupation for children leaving school.

3. Distribution of articles of clothing where needed :—
   (a) obtained from other children in school ;
   (b) purchased (2 pairs clogs) ;
   (c) received as gifts from the Yorkshire Needlework Guild per a member of the Committee (parcel of clothing containing 60 articles).
4. Making enquiries as to condition of home *re* free breakfasts, etc."

6.—EXTENT TO WHICH DISTURBANCE OF SCHOOL WAS INVOLVED BY THE MEDICAL INSPECTION.

The accommodation for medical inspection in the majority of the schools is inadequate, with the result that class-rooms have to be used for the purpose. This, obviously, entails an amount of disturbance and disorganisation. It is the non-provided schools which are most wanting in this respect, and in only four of these was the accommodation other than a class-room, viz., The Model, and Bedern Schools (where the Head Teacher's room was used), and a Mission Hall was used in the case of Priory Street and St. Margaret's Schools. It is to be hoped that the question of providing proper and suitable accommodation for the purposes of Medical Inspection in those schools where such provision does not, at present, exist, will receive the attention of School Managers and others responsible.

7.—NUMBER OF VISITS PAID TO THE SCHOOLS AND DEPARTMENTS.

(*a*) *Visits to schools paid by the Assistant School Medical Officer :—*

For the purpose of medical inspection	170
Other visits with reference to physically and mentally defective children	50

(*b*) *Tabular statement of work done by the School Nurses :—*

	Nurse Simpson. Visits.	Nurse Grant. Visits.
AT HOMES.		
Infectious Diseases notified by Head Teachers	810	613
Other Diseases notified by Head Teachers ..	981	534
" Following-up " Defects	171	173
Re Medical History	19	18
Re Domestic Conditions	92	16
Notifications by parents of Ailing Children ..	50	42
Special Clinic cases	252	315
Infectious Cases Convalescent	64	40
AT SCHOOLS.		
Re Medical Inspection	37	18
Assisting School Medical Officer	56 days	50 days
Examining children's heads *re* Ringworm and Verminous conditions	16 ,,	16 ,,
Re Infectious and Contagious Diseases and Ailing Children	107 visits	67 visits
Re Other matters	28 ,,	—

Clinic.		Nurse Simpson.	Nurse Grant.
General		35 days	52½ days
Treatment		6½ ,,	12 ,,
Dental		26 ,,	43½ ,,
Cleansing Station.			
Cleansing Children (Sect. 122) ..	Number	7	4
	Time ..	1 day	1 day
Swabs (from throats of children on account of suspected Diphtheria).			
Number of Swabs taken		12	7

8.—Principle on which Children have been Selected for Inspection.

The requirements of the Board of Education in this respect have been carried out during the year. These requirements are that "beginners" (*i.e.*, those commencing school-life), and "leavers" (*i.e.*, children in their 14th year), be medically inspected and scheduled. In order to more fully carry out these instructions we have medically inspected and scheduled the children in the schools in their 6th, 7th, 13th and 14th years, and all children who had not arrived at the age of 5 years were inspected, but not scheduled.

9.—Average Time per head occupied by Medical Inspection.

Six minutes were allowed for the examination of the upper children, and five for those in the infants' departments, but these periods do not include the weighing, measuring, and vision-testing (Snellen's), which were carried out by the school nurses, under supervision, and immediately prior to the medical inspection.

10.—GENERAL REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

The tables in the Appendix give the facts revealed by medical inspection during the year 1913, and the main facts

(relating to the 2,758 children inspected) are shown and may be here summarised as follows :—

	Percentages. Boys.	Girls.
Children with unclean heads	2·2	22·5
,, ,, ,, bodies	3·5	1·6
Verminous children	3·4	23·0
Ill-clad children	16·6	5·5
Ill-shod ,, ...	12·8	11·0
Ill-nourished children	8·5	8·2
Children with defective teeth	84·3	81·1
,, ,, very defective vision	6·5	7·6
,, ,, enlarged tonsils	6·5	6·9
,, ,, adenoid (high) palates	5·2	5·9
,, ,, squint	2·1	2·0
,, ,, discharging ears (otorrhœa)	0·5	0·3
Stammerers, and children with defective articulation ..	1·9	0·8
Dull and backward children	21·9	21·5
Children with heart disease	0·3	0·3
,, ,, bronchitis and bronchial catarrh	1·5	1·2
,, ,, abnormal nervous conditions	0·5	1·2
,, ,, tuberculosis, including phthisis	0·6	0·3
,, ,, various deformities	2·8	1·9
,, ,, infectious diseases (*in school*)	0·5	0·4
,, ,, contagious diseases (*in school*)	1·4	0·9

A large number of other defects, more or less of a serious nature, but perhaps not of so much immediate importance as those mentioned above, were observed.

The number of dirty heads and bodies, exclusive of vermin, should have been very much less, if not absent, had parents been more alive to their duty in this respect, especially as each parent was advised a few days prior to medical inspection that her child would be seen by the School Medical Officer.

"Adenoid" or "High" Palates are important from the fact that they are, almost invariably, associated with nasal obstruction and adenoids. The condition is, without doubt, congenital, and no amount of operative interference can remove the predisposition which attends this "abnormality." It is obvious that a high palate encroaches upon the nasal cavities, thereby restricting their capacity and usefulness. Proper respiration is indispensable to healthy life, and in order to carry it out satisfactorily it is necessary that the nasal apparatus should be in a healthy condition, that the cavities should be normal in size, and that there should be no obstruction to the air entering the lungs by means of the nostrils. In the normal healthy condition the act of respiration

is performed via the nose. The air, in its passage to the lungs, comes into immediate contact with the lining membrane of the interior of the nose. It is thereby heated sufficiently for entrance into the sensitive air cells of the lungs in which the interchange of oxygen and carbonic acid takes place. A child with nasal obstruction, however caused, whether by restriction of space, adenoids, enlarged tonsils, polypi, etc., becomes a "mouth-breather." This may be termed a vicious acquisition, for mouth-breathing invariably destroys nasal respiration, aids in the growth of adenoids and other obstructions, predisposes the bronchial tubes to chills, and the lungs to pneumonia, etc. Deafness, dullness, headaches, insomnia, and a host of other defective conditions may result from oral respiration.

Squint and Defective Vision are abnormalities which seem to be mostly hereditary, at any rate there is little doubt as to there being an inherited predisposition in such cases.

Discharging ears are a diminishing quantity, never-the-less it is a serious defect which is often attended with grave, if not fatal consequences.

We find that there is still an extraordinary amount of ignorance prevailing as to the influence for evil of most of these ailments of childhood. There is still an amount of parental apathy and indifference which has to be overcome.

There is no doubt that the free meals provided by the Education Committee for necessitous children are proving beneficial both physically and mentally. (*See also table* 5, *page* 82).

A vast amount of good work is being done daily in the Ophthalmic and Dental Clinics. It may be truly said as regards York that there is now no excuse for any Elementary School child being allowed to suffer from a remediable defect.

II.—General View of the Relation of Home Conditions and Social and Industrial Conditions to the Health and Physical Condition of the Children inspected.

The home conditions have an important bearing on the physical and mental condition of the child. Many of the children attending the schools live under conditions inimical to physical, mental, or moral well-being. There are still a large number of ill-ventilated and wretched houses and areas to be cleared away, although improvement works have been

vigorously pursued in this city. Overcrowding exists to a large extent. Large families and small incomes add to the distress. There are few large industrial concerns in York to interest the worker, and the wages are not always attractive and remunerative to heads of families. It is notorious that there exists amongst the working-class women a great amount of extravagance due to a want of knowledge of domestic economy. This is a science which is absolutely essential to the small income, and it is surprising what can be done by those who practice it. The selection and purchase of foodstuffs with economy is an art which requires to be better understood than it is at present.

"Nowadays we feel that if the child comes to school diseased, we must cure him; if dirty, we must wash him; if hungry, we must feed him, in order that we can teach him adequately. But in order that he may remain healthy, clean and well fed, we have to enter the home and train the parents. In the home, however, we meet with new problems. It may be crowded, insanitary, and lacking nourishment, because the weekly wage of the adult members is insufficient for rent, fuel and food. This involves much difficult social re-organisation. And we also find we must go back beyond all these things, and see that the child is well born. It is foolish to start with ruined material if we are to rear strong men and women. And so has risen the present-day interest in eugenics. This problem of being well born has appealed to philosophers and statesmen in all times. The Jews guarded the birthright in ways that are largely responsible for the virile strength of the race. The Spartans secured strong warriors. Plato definitely worked out plans to secure right conditions of birth. The eugenic conscience of the Romans made them the rulers of the world. But the greatest work in this field of eugenics lies in the cultivating of a new conscience. We need a biological conscience. Next to the command 'Multiply!' we must have 'Thou shalt not create the unfit.'"

12.—Review of Methods employed or available for the Treatment of Defects (of Eyesight and Teeth, Nasal Obstruction or Adenoids, Discharging Ears, Pediculosis, Ringworm and other Skin Diseases), including an Account of the action of School Nurses in obtaining or assisting in the Treatment of such Defects.

We are glad to say that the facilities for treatment of defects found amongst the children are considerably enlarged,

and difficulties which stood in the way in previous years have, to some extent, been overcome. At present, there is at the disposal of the children :—

(1) The Ophthalmic Clinic, where all cases of defective vision may receive treatment ;

(2) The Dental Clinic, where defective dentitions are attended to ;

(3) The Treatment Clinic, where all minor ailments receive attention ;

(4) The County Hospital, where all cases of scalp ringworm are sent, and are treated by means of X-rays, and where also all cases other than minor ailments receive treatment when accompanied by the necessary " hospital note " ;

(5) The York Dispensary, the Managers of which have shewn their desire to co-operate in the alleviation of distress amongst the children by presenting to the Education Committee a number of " dispensary notes " for use in suitable cases.

Children suffering from defective vision or defective teeth, whose parents do not obtain the necessary treatment for them, or who fail to bring or send them to the Ophthalmic or Dental Clinics when requested, are visited by the school nurses, who use their persuasive powers.

Children suffering from complaints other than defective teeth or defective vision are given the necessary advice, and notes and leaflets are sent to the parents. In a large number of these cases the services of the school nurse are utilised, and she " follows up " the case, and strives to persuade the parents as to the necessity of obtaining attention for the child. This home visiting on the part of the school nurse, both as regards the defects found during medical inspection or otherwise, and the defects discovered and notified by the Head Teachers, forms a very important part of her work, and it will be seen from a tabular statement under section 7 (*b*) that a considerable number of such visits had been paid during the year.

13.—REVIEW OF ACTION TAKEN TO DETECT AND PREVENT SPREAD OF INFECTIOUS DISEASE.

Cases of infectious disease notifiable under the Infectious Diseases Notification Acts occurring amongst the children are, as a rule, notified directly from the schools to the Medical Officer of Health, who deals with them and their contacts in the usual way. Cases which may be discovered during medical inspection, or otherwise, are excluded from school and notified to the Health Office. In cases of diphtheritic or suspicious sore throat, not already under a doctor, the school nurse takes a swab, and

refers it for bacteriological examination. In the meantime the child is excluded from school. Cases of non-notifiable infectious diseases, viz., measles, whooping-cough, chickenpox, etc., are excluded, and the homes are visited by the school nurses, who distribute appropriate leaflets, and point out to the parents the necessity for obtaining early medical advice. All these children are kept under close observation and are not re-admitted to school until sanction is given by the Health Office in the case of the notifiable diseases, scarlet fever and diphtheria, or, in the case of the other diseases mentioned, until the necessary period of exclusion has expired, and the child is free from infection. Contact cases are dealt with in the manner prescribed in the "Memorandum on Closure of and Exclusion from School," of 1909, and in the Regulations next mentioned.

"*The Regulations regarding Contagious or Communicable Diseases* in the York Public Elementary Schools," compiled by your Medical Officer of Health, and first issued to the Head Teachers by your Committee, in 1906, which have proved so useful in controlling and supervising such cases amongst the school children, were very carefully revised last year—involving, amongst other things, some alterations which will still further reduce the amount of absence from school—and re-issued in the autumn to all the Head Teachers, and, also (largely, as a medium of instruction) to all the assistant teachers. These Regulations follow pretty closely the similar instructions ("Memorandum on Closure of and Exclusion from School"), issued jointly by Dr. Newsholme and Dr. Newman in the year 1909 (E. M. S.).

14.—Review of action taken as regards Blind, Deaf and Mentally and Physically Defective Children under the Elementary Education (Blind and Deaf) Act, 1893, and Elementary Education (Defective and Epileptic Children) Act, 1899.

Blind, deaf, and epileptic children coming within the scope of these Acts, are referred to the Education Committee for institutional treatment. The number of such children sent to suitable institutions during the year was :—

	Boys.	Girls.	Total.
Blind	1	2	3
Deaf	2	2	4
Epileptic	—	—	—

Mentally defective boys, when discovered, were recommended for transference to Holgate Bridge "Special" School. Mentally defective girls still attend the ordinary schools, there not yet being available a "special" school for girls. We are hoping that such a school will be shortly opened in York, and there is no doubt that the transference of such children will be beneficial to themselves and their (at present) normal class-mates.

Physically Defective Children.—At present there is no special provision for physically defectives. We are acquainted with a large number of children who are suffering from physical defects who would be benefited by open-air or residential school-life, and we are hoping that such a school will soon be available. The Castlegate (Temporary) Open-air School for Tuberculous Children, as its name implies, has been instituted for a particular class of physical defect, that is, tuberculosis. It is not, in the ordinary acceptation, an open-air school for children such as described above.

15.—REVIEW OF—

(*a*) Methods and Results of Instruction in Personal Hygiene and Temperance in the Public Elementary Schools in the area.

During the year numerous leaflets on "Personal Cleanliness and Habits," "Clothing and Footgear," "Food and Sleep," "Care of the Teeth," etc., have been distributed among the children, and the teachers were asked to draw the attention of the children to the importance of their contents. Toothbrushes are now supplied to the children at an abnormally low cost. Upon recommendation the Education Committee have purchased a large quantity of toothbrushes by contract. These have been distributed amongst the various schools in the city with instructions to the Head Teachers. In this way the children are able to purchase, at a nominal cost (2d.), a really serviceable brush. Many lessons are given in the schools on personal hygiene, and the importance of cleaning the teeth, and we believe that numbers of children have bought toothbrushes from those supplied to the schools.

(*b*) Methods and Results of Physical and Breathing Exercises in the Schools.

A course of instruction in physical and breathing exercises was given to the teachers in the early months of the year. The

course for the male teachers was given by Mr. F. A. N. Willmot (Physical Instructor at the York Diocesan Training College), and that for the female teachers was given by Miss W. K. Piggott (Instructress of Physical Culture at the York Municipal School). About 12 lectures were given in each case, and these were partly theoretical and partly practical. They were well attended, and from our observations we are confident that considerable benefit has been derived from them by those who attended, and that the children in the schools will benefit accordingly. The Medical Officer to the Board in his Annual Report for 1912, deals very fully with the various forms of physical exercises for scholars.

Physical exercises:—It was arranged that the Assistant School Medical Officer should attend the Sub-Committee supervising this branch of the school work, and his association therewith was further established by the following arrangement made by the Education Committee (February, 1913), viz.:—

"That Dr. Galbraith should forward to the Head Teachers the names of any children, found by him when visiting the schools, who are unfit to undertake the physical exercises, and the Head Teachers will refer to Dr. Galbraith any children about whose fitness for physical exercises there is any doubt. Dr. Galbraith will at any time be pleased to give assistance, and Teachers will consult him about any children for whom certain physical exercises might be unwise or dangerous."

(*c*) Arrangements for Open-air Schools, School Camps, etc.

The characteristic features of open-air education. *

"(1) *Fresh Air and Sunlight.*—It is well known that many of the ordinary class-rooms of Public Elementary Schools do not allow of much fresh air or sunlight. The atmosphere of them not only contains a high proportion of carbonic acid, but it becomes heated, moist, and stagnant—conditions which are probably much more injurious than a high proportion of carbonic acid. An abundance of fresh air leads to aeration and expansion of the lungs and an increased oxygenation of the blood—and these are conditions necessary to health.

(2) *A proper and sufficient Diet.*—Many of the children in need of open-air school treatment are malnourished and debilitated. They need sufficient, suitable, nutritious food, regularly given.

* (Annual Report, 1912, Board of Education).

(3) *REST* is a third requirement. "Rest," wrote John Hilton in 1860, "is the necessary antecedent to the 'healthy accomplishment of both repair and growth,' and he went on to show the therapeutic value of physiological rest—local and general. It would be difficult to exaggerate the physical and mental injury which children suffer from a lack of sufficient sleep and genuine rest. Large numbers of children who require for physical health at least 10 hours' rest at night are, in fact, obtaining much less than that amount, and this one condition is responsible for not a little of their physical unfitness and mental dulness. Further, there are various maladies from which they suffer, and which are being revealed by medical inspection, which call for therapeutic remedy of rest. In brief, a combination of rest, fresh air, and suitable food is the prescription required. Hence it has come to be a rule in open-air schools that 1½ to 2 hours in the middle of the day shall be spent by the children in the horizontal position.

(4) *The Hygienic Way of Life.*—This term is meant to include personal and general hygiene which should be taught and practised as part of the daily rule. It comprises, in addition to nutrition and rest, cleanliness and exercise, the former including spray baths and the latter formal physical training together with games and other recreative exercise.

(5) *Individual Attention.*—In the open-air school it is possible to give each child a larger amount of individual attention than in the ordinary school, an attention which includes both body and mind, and which, however excellent and desirable for all children, is one of the necessities of children who are physically defective, invalided, retarded, or backward.

(6) *Medical Treatment.*—Each child in the open-air school remains for an extended period under medical supervision and observation, which makes practicable its prompt medical treatment whether for adenoids, decayed teeth, anæmia, or tuberculosis.

(7) *Special Educational Methods* have characterised the open-air school, for it has been possible in these institutions to make education more objective, more manual, more the individual expression of the child's capacity for doing and making. Thus the ordinary elementary subjects can be worked out on motor and sensory lines, and physical training, nature study, gardening and handicraft classes can be properly undertaken.

Where these seven points are woven together in a process of education and hygiene, the maximum gain is secured. The process is exemplified in greater or less degree in various types of school.*

The diseases for which children should be sent to open-air schools are various, and, speaking broadly, the type of child who best responds to this kind of treatment is the debilitated, anæmic, and malnourished child—the kind of child who readily falls a victim to tuberculosis and other infective diseases. But much also may be done for the tuberculous child, the nervous and choreic child, and for cases of adenoids, bronchial catarrh, rickets, heart disease in some of its forms, oral sepsis, spinal curvature, etc. Taking the school population as a whole, it is safe to say that not less than 10 per cent. are really in need of some such treatment as the open-air school provides. Excellent though it is, and remarkable as its results have been, it must not be supposed that it is a panacea for all the ills of child-life. Acute disease needs, of course, different kind of treatment.

* "In the establishment of an open-air school special attention should be given to the following considerations :—

The site should be sheltered though fairly open and easily accessible. One acre of land should be available for, say, 50 children. The school premises should consist of (*a*) administrative buildings, (*b*) class-rooms, and (*c*) resting-shed. At Charlottenburg and Shrewsbury House, Woolwich, the buildings are of a temporary nature (Doecker sheds and so on), at Mulhausen, Halifax, and Birmingham they are permanent. In New York, ferry-boats are used. Open-air schools should be inexpensive, and constructed in such a way as to allow of cross-ventilation and the maximum admission of fresh-air with adequate protection against stormy weather. In winter some means of heating is advisable. The class-rooms must be adapted for the various educational methods of the open-air school, including manual work. They should be constructed for 25 pupils. Single desks and chairs may be provided for some of the children and tables and chairs for others.

The special accommodation of an administrative kind which is required is—(*a*) Kitchen, (*b*) Dining-room, (*c*) Doctor's and nurses' room. Every open-air school should be properly fitted with school shower baths. The following numbered articles should be provided for each child :—(*a*) A washable bag. (*b*) Brush and comb. (*c*) Tooth-brush and nail-brush. (*d*) Hand and bath towels. (*e*) Resting-stretcher. (*f*) Blanket or rug and rain cape. (*g*) A pair of clogs.

The special staff desirable is :—

(*a*) A Head Teacher for, say, 120–150 children, as with a larger number the Head Teacher cannot give the individual attention absolutely necessary in these schools. (*b*) A teacher for every 25 children in average attendance (and for 20 in the lowest classes). Teachers should have special knowledge of nature study, manual training, hygiene and physical exercises. (*c*) A fully qualified nurse (if school large enough). (*d*) The necessary assistance for the cooking of meals and bathing, say, 4 women for 120 children."

And there are other limitations, such as the difficulty of harmonising medical care with education methods, the shortness of the period, the frequent disadvantage of home influences at night—what has been described as "reversion ever dragging evolution in the mud"—and the disadvantage to the ailing child of travelling a considerable distance to school. Success depends upon (*a*) the proper selection and classification of the children to be admitted; (*b*) adequate organisation and a suitable staff; (*c*) sufficient and appropriate equipment; (*d*) constant medical supervision; and (*e*) the co-operation of the parents of the child."

The Education Committee are making arrangements for the building of an open-air school. The ground has already been purchased and the plans prepared. It is proposed to make provision for about 250 children, viz., 100 physically defective, and 150 mentally defective children of both sexes.

16.—ACCOUNT OF MISCELLANEOUS WORK.

Pupil teachers examined.—25 pupil teachers were medically examined during the year. Certificates of physical fitness were given in each case.

Seventeen children were sent to industrial and truant schools during 1913. All of these were medically examined prior to their transference from York.

Attendance at the Police Court.—The Assistant School Medical Officer attended at the police court on several occasions, and gave evidence in the case of those children with whom he had come directly in contact.

Bacteriological work done at the Public Health Laboratory.

During the year, 387 swabs taken from the throats of suspected cases of Diphtheria were bacteriologically examined by Dr. Galbraith. Most of these swabs were from school children, and were sent into the laboratory by local general practitioners, by the Fever Hospital, School Nurses and Health Visitors.

Hair examined for suspected Ringworm of the Scalp.

148 microscopical examinations were made at the laboratory of hairs taken from the heads of children who were suspected of suffering from tinea tonsurans. Positive results were obtained in 130 cases, and negative results in 18 cases.

Dr. Galbraith wishes to point out that a considerable amount of time is occupied by him in the bacteriological examination of swabs from suspected throats and the microscopic examination of hairs for suspected ringworm. This work is of the utmost importance and value to the public health and school hygiene; besides time, care and skill are essential in its manipulation, in order to carry out the work satisfactorily.

The minimum charges for such examinations in London and Leeds laboratories are 3s. 6d. per swab and 2s. 6d. per hair specimen, therefore the money value of the laboratory work done during 1913, works out at £86 2s. 6d.

Teaching of Infant Management in the Elementary Schools.—On 8 occasions one of the Health Visitors or School Nurses has attended at the central Domestic Centre, or at one of the elementary schools, and has given a demonstration to the senior girls on the washing and proper dressing and care of infants, *on a live healthy baby*, loaned for the occasion by a mother, who was in each case present and quite proud to be so. This has proved to be the most admirable and vivid way of instructing girls, who already often act as deputy mothers at home, and it is a great pleasure to record their delight in the lessons, and the enthusiasm of the Superintendent of the Domestic Centres, Miss Lucy Dobson, in making the arrangements (E .M. S.)

THE PHYSICAL CONDITION OF THE YORK ELEMENTARY SCHOOL CHILDREN.

THE REVELATIONS OF MEDICAL INSPECTION IN 1913.

TABLE 1.—Gives the Total Number of Children Medically Inspected and Scheduled at the various Schools during the Year.

It will be seen that four age-periods of both sexes are comprised in this table, *i.e.*, "beginners," or those children between five and seven years of age, and "leavers," or those between 12 and 14 years. Hitherto, the requirements of the Board did not include the 12–13 age-period, but it has formed a part of our annual medical inspection during former years, viz., 1909, 1911 and 1912. Henceforward, this age-period becomes obligatory. The number of children inspected and

scheduled during the year amounted to 2,758, or somewhat more than one-fourth of the average attendance at school. The children attending the "Special" School at Holgate Bridge are not included in this total.

28·9 per cent. of the children were accompanied by a parent or guardian, but this percentage varied widely, for example, at St. Paul's Holgate, and South Bank (Temporary), it was over 50, at the Manor School 2, and at St. Wilfrid's 0.

Besides the children included in the above age-periods, all those under five years of age, and special or "non-routine" children were medically inspected, but not scheduled. The numbers of these are mentioned elsewhere in the report. The total number of children medically inspected and scheduled to date is 17,317.

TABLE 2.—Previous Medical History.—This is a very important table of information, for it shows the number of children who have already had the several diseases mentioned.

These diseases are the ordinarily infectious ones so common in children. Few children escape having at least one of them, and, as a rule, one attack confers immunity. It is therefore useful, and during epidemics especially valuable, to be able to separate those children who are susceptible, *i.e.*, who have not already had an attack, from those who are not susceptible, *i.e.*, who have already suffered from the disease. It is highly desirable, therefore, that each school or class should have a register of susceptible and non-susceptible children. Section B shows the percentages of the children who were attacked by the diseases at different age-periods, and it will be readily seen from this portion of the table that of the children inspected :—

62	per cent. had Measles	Before reaching School Age, *i.e.*, 5 years of age.
58	,, ,, ,, Whooping Cough	
33	,, ,, ,, Scarlet Fever	
34	,, ,, ,, Diphtheria	
55	,, ,, ,, Chicken-pox	
27	,, ,, ,, Mumps	

Practically all the deaths from these diseases occur in children under 15 years of age, the most fatal period being what is known as the "pre-school age." The Registrar-General for England and Wales in his Report for 1911, says, "Almost three-fifths of the deaths from Measles in this country occur under two years of age."

"The fatality of Scarlet Fever is greatest in infancy and diminishes rapidly with advancing age."

"Diphtheria: the proportion of deaths occurring at ages over 15 is only 3·5 per cent."

The following information which is of considerable value is taken from the same source, and relates to the year 1911, for England and Wales:—

	Total deaths at all ages.	Percentage of deaths:— under 5 years of age.	under 15 years of age.
Measles	13,128	92·6	99·3
Whooping Cough	7,844	96·6	99·8
Scarlet Fever	1,892	55·5	84·8
Diphtheria	4,898	55·6	96·4
Chickenpox	80	92·5	98·7
Mumps	49	51·0	85·7
German Measles	21	76·1	90·4

From these figures it will readily be seen that as regards the diseases under discussion the most critical years for the child are those preceding school life, or those under five. It does not seem at all wise or good policy to herd all these children together, thereby increasing their chances of infection, and liability to more virulent attack. In last year's Annual Report this subject was treated and emphasised, and reference was made to the "Kindergarten" Schools which exist on the Continent. The introduction of such a system deserves consideration.

TABLE 3.—Attention and Progress of 1,334 children in the upper departments, according to the Head Teachers.

84 per cent. of the boys and 83 per cent. of the girls were marked as having attended very satisfactorily. Of the remainder, 2·5 per cent. of the boys and 4·3 per cent. of the girls were marked as "moderate," and 13·3 per cent. boys and 12·3 per cent. girls were marked as very unsatisfactory school attenders.

The educational progress of the above 1,334 children may be gauged to a certain extent from the following tabular statement, which has been summarised from the figures marked on the Schedule Cards by the Head Teachers.

	BOYS.				GIRLS.			
At Ages:	12 to 13.		13 to 14.		12 to 13.		13 to 14.	
Numbers and Percentages.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.
In Standard 2 ..	3	0·5	2	2·1	10	1·7	—	—
,, ,, 3 ..	29	5·2	5	5·4	27	4·7	5	3·9
,, ,, 4 ..	66	11·9	8	8·8	85	15·0	16	12·5
,, ,, 5 ..	159	28·8	17	18·6	174	30·8	23	18·1
,, ,, 6 ..	201	36·4	20	21·9	185	32·8	40	31·4
,, ,, 7 ..	93	16·8	29	31·8	72	12·7	28	22·0
,, ,, 8 ..	1	0·1	10	10·9	11	1·9	15	11·8
Totals ..	552	—	91	—	564	—	127	—

"A boy or girl of normal intelligence in the thirteenth or fourteenth year of age, free from grave physical defect, not including the ordinary ailments of childhood, should, under ordinary conditions, be in the sixth or seventh standards respectively. If not, the assumption is that their educational progress has been retarded by either mental or physical incapacity. Therefore, taking standard VI. as the proper standard for children in their thirteenth year, and VII. as that for children in their fourteenth year, and avoiding too rigid a line of demarcation, the following data may be deduced from the above tabular statement :—

43 per cent. of the boys and 47 per cent. of the girls appear to be in standards lower than they should be, viz. :—

	Boys.	Girls.
One standard below normal	27 per cent.	28 per cent.
Two standards ,, ,,	11 ,, ,,	14 ,, ,,
Three ,, ,, ,,	5 ,, ,,	4 ,, ,,
Four ,, ,, ,,	0·7 ,, ,,	1 ,, ,,

TABLE 4.—Various General Conditions amongst the Children Medically Inspected and Scheduled.—Most, if not all, of the ill-conditions mentioned in this table are due to indifference, neglect, or inability on the part of the parents to provide for the well-being and comfort of their offspring. No diminution in the number of children with defective clothing and footgear can be recorded. It will be seen that every ninth child was ill-clad, and every eighth child was ill-shod. It is

a point of the highest importance that school children should be well clothed, and that their footgear should be weatherproof, When these are defective, physical and even moral deterioration often result. The child is much more liable to contract chills and catarrhs, and is thereby rendered susceptible to various serious ailments, such as bronchitis, pneumonia, tuberculosis, rheumatism, etc. Parents should be more solicitous for their children. The local authority should not be asked to make them do their duty. It is frequently observed during medical inspection that buttons and braces are lacking. The clothing is checked from falling off the body by pins and string. These are small but by no means unimportant items, for their absence causes the otherwise well-clad child to look more or less sloppy. The careful mother should see to it that, at any rate, when the school doctor is overhauling her child, he should not have cause to remark on evidence of neglect of this kind.

Vermin, Ringworm of the Scalp, and General Bodily Uncleanliness show a diminution which is without doubt due in great measure to the efforts which have been made by the medical staff and to the influence of the Head Teachers.

The Chief Medical Officer of the Board in his Annual Report for 1912 says of *Uncleanliness* :—

" It is unfortunately true that uncleanliness still occupies a large share of the time, thought, and energy of the officers belonging to the school medical service, in practically every area, though it is encouraging to note that throughout the country the returns show a decided and progressive improvement. School medical officers report, what their figures cannot demonstrate, that the grosser forms of uncleanliness are now rare, accompanied with the conditions which prevailed when medical inspection was instituted in 1908.

Experience goes to prove that the extirpation of vermin cannot be secured otherwise than by a comprehensive and thorough policy of inspection, following-up, and cleansing, accompanied when necessary by preventive measures, including the improvement of both personal habit and environment.

The conscience of the parent has still to be aroused in regard to this filthy and unwholesome condition. Its depressive effects on health, temperament, capacity for work, and employment, are matters upon which the parent requires to be educated, though the task seems often hopeless with the present generation

of parents. It may be hoped that children now emerging from school will carry with them into life a new body of ideas on personal hygiene, from which they will no doubt learn to regard uncleanly conditions with abhorrence. Education cannot be said to have achieved any result worthy of the name so long as the child leaves school with the lesson of cleanliness unlearned."

SHOWER BATHS.

"The use and value of the school shower, douche, and spray bath is being increasingly recognised, not only as a means of cleansing a dirty child, but as a means of education and the inculcation of habits of cleanliness.

The advantages to be derived from the provision of school baths may be summarised as follows :—

(*a*) There is the direct physical benefit to the children who are bathed. Not only are they kept in a cleanly condition and so protected from the ailments and defects which arise from a continued want of proper cleanliness, but their whole physique is braced and rendered more alert. A less direct advantage of the same kind is the improvement which follows in the atmosphere of the class-rooms, an improvement from which the teachers as well as the children as a whole benefit.

(*b*) Closely connected with this is the increased ability of the children to profit by the education they receive. This may be compared to the increase in the capacity of the children to profit by the instruction given to them which is effected by the provision of school meals, and which was the object aimed at in the Education (Provision of Meals) Act.

(*c*) There are other advantages of an educational character. The children are trained in habits of personal cleanliness, the bathing being in fact a sort of practical hygiene lesson, and their sense of personal pride in their appearance, which helps to form the broader feeling of self-respect, is fostered in the same kind of way in which it is by physical training.

The Board have recognised these aspects of the school bath, which entitle it to a position in the ordinary school curriculum, by allowing the attendances of children at such baths to be registered and reckoned for grant under the Code in the same way as attendances at an ordinary lesson. In this respect they have drawn a distinction between installations of shower baths and installations of baths and disinfectors for

the cleansing of actively verminous children, which are frequently described as Cleansing Stations. Cleansing of this latter kind is regarded rather as a form of medical treatment and, being only required for exceptional children, as outside the ordinary school curriculum.

Having regard to the great advantages, both direct and indirect, to be obtained from the installation of school baths and to the fact that where a new school is being built, the inclusion of an installation of shower baths adds but little to the total cost of the school, the Board have expressed their willingness to consider, on their merits, proposals from Local Education Authorities for the installation of shower baths of a simple and effective kind where—

(a) The locality in which the school is situated and the type of children who attend it render the provision of school baths desirable ;

(b) Bathing facilities for children attending the school, or group of schools to be served by the proposed school baths, either do not exist or are unsuitable ;

(c) The cost involved by the proposal is not excessive.

NUTRITION AND MAL-NUTRITION.

" In endeavouring to estimate a child's nutrition or mal-nutrition we must think not only of bulk and of weight, but by ratio of stature to weight, of the general appearance and ' substance ' of the body, and of its carriage and bearing ; of the firmness of the tissues ; of the presence of subcutaneous fat ; of the condition and process of development of the muscular system ; of the condition of the skin and the redness of the mucous membranes ; of the nervous and muscular systems as expressed in listlessness or alertness, apathy or keenness ; of the condition of the various systems of the body ; and speaking generally of the relative balance and co-ordination of the functions and powers of digestion, absorption, assimilation of food, and of the excretion of waste products." (*Idem*).

In TABLE 4 it will be noticed that 91·5 per cent. of the children inspected were observed to be well nourished, 7·4 per cent. fairly so, and 0·9 per cent. badly nourished. During the past year an attempt has been made to estimate the nutrition of the children and to mark down the results under these three headings. This will account for the great difference in figures under the " Bad " column as compared with those of previous years.

TABLE 5.—AVERAGE HEIGHTS AND WEIGHTS (English and Metric) of 2,758 York Elementary School Children, compared with those of Great Britain (published by the Anthropometric Committee of the British Association), and also with the figures of Tuxford and Glegg, and those of Greenwood, at various age-periods.

The value of these three comparative sets of figures may be estimated from the numbers of children of both sexes on which each set is based, viz. :—

Anthropometric Committee (1883)	19,000
Tuxford and Glegg	587,000
Greenwood	800,000

The Anthropometric figures differ from those of Tuxford and Glegg, and Greenwood, in so far as that they are not representative of the Elementary School child because they do not include Class V. (*i.e.*, Industrial Classes (sedentary trades), a class which is well represented in the elementary schools of the country, but do include Class I. (professional classes, upper and middle classes), whereas the figures of the other investigators are drawn exclusively from the elementary school population. The York figures compare very favourably with these.

There are several methods in use for the evaluation of a nutritional index by means of a height to weight ratio, but so far they are all open to objection. In some cases the results are apt to be fallacious, and in others tedious and complicated, and it is very doubtful if even then the final figure reached is of the value its working out would warrant. For the present report, therefore, we have refrained from setting forth figures which may be of a questionable value without leading us further towards the truth than those set down in Table 5. Here the weight figures for 1913, although lower in the boys and older girls when compared with those of the British Association, when compared with the two other columns they stand out very favourably. From this fact it may be fairly well concluded that the York elementary school child differs little in nutritional qualities from his fellows throughout the elementary schools in England and Wales.

Sir George Newman in his Annual Report for 1912, says :—

"Among the causes governing the decline in nutritional condition, the following occur in various reports. It will be

observed that several of these 'causes' are mutually inclusive, and are concerned with environment and social status :—

(1.) Food-insufficiency and unsuitability ;
(2.) Bad home surroundings and neglect ;
(3.) Lack of fresh air and sunlight ;
(4.) Unsuitable sleeping arrangements ;
(5.) Insufficient sleep ;
(6.) Employment out of school hours ;
(7.) Want of cleanliness ;
(8.) Unhealthy school conditions ;
(9.) Congenital debility ;
(10.) Disease—(mouth-breathing, decayed teeth, adenoids, bronchitis, suspected tuberculosis, cardiac disease, rheumatism, post exanthematous debility) ;
(11.) Unsuitable attendance of young children in rural areas."

The first ten of these factors play an important part in the life of the children attending the York elementary schools. There may no doubt be other causes militating against the mental and bodily physique of our children but we are firmly convinced that these more or less are in active operation. The children living in the slum districts are necessarily those who suffer most. Their food, if not lacking in quantity, is often of inferior quality, and inefficiently cooked ; it is also wanting in variety. Over-crowding is common, and sometimes of such a character as to be physically and morally dangerous. Fresh-air and sunlight are not superfluities in overcrowded habitations. A small number of York children are employed out of school hours, and these, it may be assumed, suffer intellectually and physically thereby.

"It is now generally agreed that sickness is one important cause of poverty and destitution ; it is further agreed that much of the ill-health and physical inefficiency amongst the adult population is a direct consequence of disease and defects amongst children. It is reasonable, therefore, to conclude that one of the most valuable agencies in the prevention of destitution and poverty is the School Medical Service, whose function it is, in the first instance, to accumulate exact knowledge of the physical condition of school children, the kind and extent of various ailments, their incidence amongst different social classes, and the extent to which they are due to school life or to home conditions."

"It must be admitted, however, that the unnecessarily low standard of health of the community cannot be raised to a

high level merely through the instrumentality of the School Medical Service, and its co-operating agencies. Low wages and bad housing, on the one hand, and the marriage of the unfit on the other, are responsible for much disease and ill-health, which the influence of the school cannot directly prevent." (Health and Physique of School Children, A. Greenwood).

The work of the Education Committee accomplished in the feeding of necessitous children deserves particular mention. It is an effort of the highest importance to check the gross physical and mental debility which exists; 478 children were provided with free breakfasts or dinners throughout the year ending 31st March, 1913, and the total number of meals thus served amounted to 69,885. On all occasions when the feeding centres were visited it was observed that the food provided was nutritious in character, being well supplied with meat and vegetables, ample in quantity, suitably varied, and partaken of by the children with relish. It is certain that such provision must eventually raise the muscular and mental calibre of those to whom it is given, thereby increasing their receptivity for intellectual work during school life and raising their standard of efficiency for whatever avocation may be selected in after years.

TABLE 6.—Shows the number of Girls in the Upper and Infants' Departments respectively whose Hair at the Medical Inspection was found to contain "Nits" (Potential Vermin)—The Ova or Eggs of Lice.

It will be observed that a slight decrease is recorded in this year's figures when compared with those of last year, which were the lowest on record since the institution of medical inspection. In the examination of the school groups it will be seen that this decrease is confined to Micklegate and Walmgate Girls', and Bootham Infants' Departments, whereas in the other departments of these school groups a slight increase obtains. It may be observed that in those departments and districts where the percentage is lower a greater amount of supervision and examination has been carried out. The School Nurses are continually (*i.e.*, throughout the year), going the rounds of the schools, and particular attention is given to those schools and departments which may be suspected of having children in attendance who may be in a verminous condition, and the following table will give an idea of the work done in this connection during the past year. For the most

part the state of the heads examined under Table 5 was found to be of a mild or non-potential character. In some cases the egg-cases only remained, hatching having been accomplished, and the living animal absent, and in the majority of cases the heads were receiving attention. This was the case in 62·6 per cent. of the upper girls, and in 41·9 per cent. of the infant girls. It must be remembered that it is not a very easy matter to get rid of nits without cutting the hairs to which they are attached, and parents are very averse to, and in most cases will not have recourse to, this radical and efficient treatment.

Some of the causes of the continued prevalence of verminous conditions in the schools may be :—

1. The influx of new children (*i.e.*, entrants) many of whom come from verminous and uncleanly homes and surroundings.
2. Some parents have not yet realised the seriousness of these conditions, and are indifferent to or unwilling to further the well-being of the child in this respect.
3. The fact that many of the homes are infested with vermin and the insuperable difficulty of overcoming such a condition.
4. Inadequate cloak-room accommodation, allowing clothing to touch and overlap.
5. Long loose-hanging hair being probably more open to infection than when in plaits.

TABLE 7.—INVESTIGATION THROUGHOUT THE YORK ELEMENTARY SCHOOLS WITH A VIEW TO THE DETECTION OF SCALP RINGWORM AND VERMINOUS CONDITIONS AMONGST THE SCHOLARS.

12,755 children were examined by the School Nurses for the purposes of this table. Many of these children received attention on more than one occasion. For comparison with former years the following figures are given :—

Year.	Percentages of :— Ringworm of the Scalp.	Verminous conditions.
1909	3·0	31·0
1910	0·3	15·4
1911	0·1	9·6
1912	0·09	5·1
1913	0·1	5·8

It will be seen that up to and including 1912 there was a rapid fall in the percentage of scalp ringworm and of verminous conditions in the schools, but that during the year under review these percentages have remained *in statu quo*, as it were, as

compared with the immediately preceding year. The fact that the same children are found again and again in a verminous state must be taken into consideration. There are a variety of difficulties to contend with in dealing with the extremely verminous children. Their homes (and probably the adult and other inmates thereof), are verminous, are situated in slum districts, and many, if not all their playmates are infected with vermin. The parents of these children are uneducated, and ignorant of the comfort to be derived from cleanliness. It is obvious that the cleansing of the child *without the other members of the family undergoing a similar process*, together with the thorough disinfection of the home and its contents, will not readily free the schools from vermin-infected children. Hence much of the failure of Section 122 of the Children Act, 1908.

The schools mostly affected by verminous conditions are here given in the order of the precedence in this respect :—

English Martyrs' Infants', Micklegate Girls', St. Wilfrid's Girls', English Martyrs' Girls', Castlegate Girls', St. Denys' Girls', St. Barnabas, Girls', Micklegate Infants', St. Clement's Infants', Haxby Road Mixed, Scarcroft Road Infants', Bedern Girls', Castlegate Infants', Poppleton Road Infants', Poppleton Road Mixed and St. George's Girls'.

TABLE 8.—**Condition of the Teeth** amongst 1,334 Children (643 Boys and 691 Girls) between 12 and 14 years of age.

	Percentage of Boys.	Percentage of Girls.
With apparently sound or perfect dentitions ..	11·3	13·3
,, 1–4 defective teeth	68·6	67·1
,, over 4 defective teeth	16·0	16·3
,, Enamelless, soft, spongy, rickety teeth ..	4·1	3·3
,, Dirty teeth	60·0	50·9
,, Clean ,, ...	39·9	49·0

It will be seen from this that the dentitions of close on 90 out of every hundred children amongst the " leavers " were more or less defective, and also that over 50 per cent. of the children neglected to cleanse or keep their teeth clean. The Chief Medical Officer to the Board says : " All observation and investigation point in the first place to the important part played by the character of the diet in the production of dental caries. In the second place, it must be remembered that teeth decay because they are not clean. Whilst the most satisfactory cleanser of the teeth should be the food itself, proper use of the toothbrush is, in practice, necessary to assist the more natural processes. Yet it cannot be relied upon either to stop the

process of decay in an affected tooth, or to prevent the spread of disease to other teeth. Sets of teeth in children are occasionally met with which are free from decay, and also clean, and yet which have never been cleaned by any artificial process. Such instances are not cited for the purpose of under-valuing the use of the toothbrush, but to emphasise the point that there are other and more fundamental considerations to which attention should be paid. So deep-rooted, however, are the habits of the people, and so difficult is it to obtain recognition of the importance of preventive measures—appropriate diet and cleansing of the teeth—that it is impossible at present to rely on these methods alone. Active measures must be taken to treat dental disease, particularly at its onset, and thus arrest it and prevent decay. It is now generally recognised that the situation can only be met by the appointment of a dentist or dentists, working for part or whole time, on the staff of the School Medical Officer."

"*The Principles of Conservative Dentistry.*—Speaking generally, they may be said to comprehend all conditions affecting the preservation of the teeth, including an appropriate dietary, that is to say, a dietary, the constituent elements of which do not injure the teeth, yet the consistence and form of which act as a cleansing agent.

The immediate cause of dental disease is the accumulation about the teeth, particularly in the interstices of the teeth, and in the interdental spaces, of fermentable carbohydrate material (sweet and starchy food). The presence of these collections of pultaceous carbohydrates may be due either (*a*) to the unsatisfactory form in which the carbohydrate food is taken, or (*b*) to the absence of some detergent form of fibrous food partaken of at the same time or subsequently, or perhaps more commonly to both these factors operating together. Certain foods act as cleansers to the teeth, among them being fish, meat, bacon, poultry, vegetables, lettuce, cress, celery, stale bread, toast, fruit, butter, dripping, etc. There are, no doubt, various conditions predisposing teeth to the malign influences of the forces and agents immediately producing caries (*e.g.*, heredity, various forms of infantile disease, the condition of the gums, the degree of mastication, salivation, etc.) Such predisposing conditions act, for the most part, in inducing modification in the structure or character of the dentine or enamel, or producing irregularities in the teeth or

in the shape of the mouth which favour the retention of small masses of decomposing foodstuffs about the teeth.

More exactly, conservative dentistry implies :—

(I.) The practice of cleanliness of the mouth by the proper use of the tooth-brush or otherwise. The tooth-brush should be used at least every night and morning.

(II.) The detection of dental disease at the earliest age possible by appropriate dental inspection.

(III.) The arrest of such disease by its prompt treatment, in order to prevent further extension. Such treatment is generally a "stopping" or "filling" of the tooth, but extraction is not necessarily precluded from the practice of conservative dentistry.

(IV.) The re-examination and "following up" of the case at suitable intervals in order to maintain a healthy set of teeth.

An authority which deals with disease in this way will have the satisfaction of treating not only the maximum number of children but of ensuring that in a comparatively few years the ravages of dental disease as known to-day will no longer exist.

Such a consummation cannot, however, be expected without careful organisation and precision in method. There is no room for half measures or for carelessness in the methods of inspection, of recording of results, or of following-up of children once visited. Ample justification for proceeding consistently on the lines here laid down is afforded not only by dental knowledge and experience generally, but also by the particular experience of school dental clinics in England and abroad."

TABLE 9.—**Vision of the Children** between 12 and 14 years of age, who have been medically inspected during the year.

This table gives the results of testing of vision by means of Snellen's Test Types at a distance of 20 feet, at the time of medical inspection in the schools, and the figures in it relate to the "leavers," or those children over 12 years of age. A considerable amount of difficulty was experienced in the examination of the children in the Infants' Departments, for many of them were unacquainted with the capital letters in type. It is highly advisable and essential that children in their sixth year should be educated more fully in this direction, having in view the importance of the early detection of visual defects. It is intended to pay more time and attention to the

examination of these children in future, and it is hoped that a full table of the findings will be found in the annual report for 1914.

The following are the numbers of children at the various age-periods, which have been referred to the Ophthalmic Assistant School Medical Officer on account of defective vision during 1913 :—

* Routine Cases.	Boys.	Girls.	Total.
5–7 years of age	17	12	29
12–14 years of age	81	82	163
* Non-Routine Cases.			
Under 5 years of age	—	1	1
7–12 years of age	53	53	106

* " Routine " cases are those discovered in school during medical inspection.

" Non-Routine " cases are those who have otherwise been discovered, referred by Head Teachers or School Managers, or who have been sent from the County Hospital.

* " In view of the essential relation between eyesight and school work, and of the numerous prejudicial effects of defective vision on the general health and after-career of the child, it would appear that whatever other condition of the child is neglected no parent and no Local Education Authority can well afford to neglect any reasonable steps which are necessary to secure proper eyesight. Speaking generally, what is required is (*a*) adequate examination by appropriate vision tests ; (*b*) early treatment of any defects or errors of vision ; (*c*) the proper and effective following-up of these cases ; and (*d*) the removal of all conditions or habits in school or home injurious to the eyesight."

Amongst the many causes of defective eyesight are the following :—

(1) Heredity :
(2) Early Eye Strain :
(3) Defective Lighting :
(4) General Health and occurrence of certain acute and infectious diseases :
(5) The neglect of the parents to obtain early medical advice in cases of disease or defect.

* " The practical means of prevention and treatment of defective vision are therefore closely associated. There is (*a*) the general health of the child, including in particular nutrition and physical training, (*b*) the proper lighting of the school, (*c*) the use of text types of suitable size and form, and (*d*) the avoidance of near-distance work in young children, and of all forms of visual overstrain brought about by too long use of the eye or by the nature of the task."

* Annual Report, 1912, C.M.O., B. of E.

A few years ago the British Association appointed a Committee to enquire into the influence of school books upon eyesight. This Committee published a report with their conclusions at the meeting held in Dundee in 1912. This report has since been published in pamphlet form. It contains most valuable information particularly interesting to all those who have any connection whatsoever with the education of the young. It is therefore considered advisable that every teacher and assistant teacher should be made acquainted with the contents of this most valuable pamphlet. The report itself is somewhat long to reproduce here. The Committee made the following observations in conclusion :—

"(1) The existence of a very serious amount of visual defect among children of school age is established as a result of official inspection. Some portion of this defect is preventable by greater care in the selection of books.

(2) It is desirable that a standard of book-production should be established, and that the publication of books below standard should cease.

(3) It appears possible that the adoption by local education authorities of a common standard would render unprofitable the publication of books which failed to reach such standard.

(4) It is hoped that this report may assist the responsible authorities in the work of determining the standard of book-production requisite for the protection of the eyesight of children so far as it is influenced by the books which the children are compelled to read in school."

Specimens of type suitable for children at various age-periods are given at the end of the report of the British Association Committee.

The Lighting of the Schoolroom and Defective Vision.

Natural Lighting.—The following "broad conditions have been generally accepted :—

(1) That every desk and every part and corner of a school should be well and sufficiently lighted ;

(2) That the light should be admitted from the left side of the scholars ;

(3) That light should not come directly from the front into the scholars' eyes ;

(4) That all kinds of glazing or obscuring which diminish the light should be avoided, and that there should be sufficient window area of clear glass ;

(5) That the colouring of the walls, ceilings, and fittings should be carefully considered as affecting the light ;

(6) That this point and the size and position of the windows are especially important in their bearing upon the eyesight of the children."*

(* "These and other similar conditions have for some years formed a part of the Board's Building Regulations for Public Elementary Schools.")

(Chief Medical Officer, Board of Education, Report for 1912).

Your School Medical Officers have worked hard to promote improvement in these conditions in the York Elementary Schools, and with considerable success, although there is still more to do.

ARTIFICIAL LIGHTING.—Sir George Newman in his Annual Report gives the chief findings of a Committee of the Illuminating Society appointed for the investigation of natural and artificial lighting in schools. The conclusions arrived at by the members so far have been published, and are as follows :—

"(1) That for ordinary clerical work (reading and writing, etc.), the minimum illumination measured at any desk, where the light is required, should not fall below 2 foot-candles.*

(2) That for special work (art classes, drawing offices, workshops, and stitching with dark materials, etc.), a minimum of 4 foot-candles is desirable.

(3) That for assembly rooms, etc., and for general illumination, a minimum of 1 foot-candle measured on a horizontal plane 3 feet 3 inches from the ground is desirable.

(4) That in view of the general recognition of the prejudicial effect on the eyes of children of fine needlework carried on by artificial light, only coarse work on white material should be executed by artificial light in elementary schools ; the minimum in this case being the same as for (1) above.

(5) That whereas the minimum illumination suggested for reading purposes (namely 2 foot-candles) might be enough in the case of a small class-room, where white chalk is mainly used, and no students are further than 20 feet from the blackboard, a higher value would in general be necessary in the case of larger rooms, and on boards where it is customary to use diagrams in coloured chalk. The committee recommend that an illumination on the blackboard about 60 per cent. in excess of that prevailing in the rest of the room is desirable.

As a rule it would be necessary for the illumination on the blackboard to be carried out by special local lighting from lamps equipped with opaque screens, completely concealing them from the eyes of students. The nature of the surface of the blackboard is also of importance. This should be maintained in a dead black sensibly free from regular reflection, so that the maximum contrast between the white chalk and the blackboard may be available, and so that there may be no glare due to reflection from polished surfaces. The blackboard should be re-painted at regular intervals.

(6) A point of special importance in connection with school-room lighting is the *avoidance of glare* from the sources of light, and the Committee desire to emphasise the value of proper methods of shading. It is a common defect in school-rooms for the bare mantles or filaments to be within the range of vision of students when looking towards the blackboard. The Committee recommend that no lamps should come within the solid angle subtended at the eye by the blackboard and a space of 2 feet above it, unless they are completely screened

from the eye by a shade impervious to light. In general it is desirable that no incandescent surface should be visible to the eyes of students or teachers while carrying on their ordinary work.

Another source of glare is the direct reflection of light from the polished surfaces of the desks or paper. It would be desirable for text-books intended for the use of young children to be printed on matt paper that is sensibly free from prejudicial reflection of this kind.

As a further means of avoiding this defect the Committee advocate the use of shades in which the brightness of the source is spread over a considerable area, and the judicious use of reflection from the walls and ceilings of the room. These should be of such a texture that any considerable regular reflection is avoided, glazed and shining surfaces above the dado being specially objectionable.

(7) *Avoidance of inconvenient shadows.*—In the class-room the lights should be so arranged that *inconvenient shadows* cast by the body on the desk should be as far as possible avoided. The precautions suggested under the previous heading, and particularly the use of light-tinted surroundings which serve to diffuse the light, may be recommended with a view to softening the shadow. The ceilings should be preferably of a warm white colour, and the walls and all woodwork above the dado should be light in tint.

The Committee offer the above tentative suggestions as a preliminary to more detailed recommendations."

"* (NOTE.—The unit of illumination is the amount of illumination afforded by one standard candle at a distance of one foot, and is known as one candle-foot or foot-candle.")

Sir George desires to commend these reports to the attention of Local Education Authorities and their officers.

In previous reports we have referred to the interior decorations of schools and class-rooms, and a colour scheme was suggested. Our suggestions have been adopted by the Education Committee, and we are confident that the physical comfort and well-being of the school children and class teachers will be much improved thereby.

In last year's report attention was directed to *Myopes* or *very short-sighted children*, and a detailed account of a myope class taken from Dr. Kerr's Annual Report to the London County Council for 1909 was given. That there is a sufficient number of myopic children in the York Elementary Schools to form one or more classes of this description will be readily seen from reference to this Table. It therefore seems highly desirable that such class or classes should be formed for these children. They must be regarded as abnormal children requiring special methods of educational treatment, and their removal from the elementary schools and curriculum would unquestionably

benefit them, and would be a progressive step. Forty-two boys and fifty-three girls were found to be suffering from visual defect of such a character as to be termed "bad," and in the majority of these cases it is very doubtful if any power of ophthalmic interference would place them amongst the "moderates."

"It may be noted that the Ophthalmic Assistant School Medical Officer advised the exclusion of two children from school for one year on account of progressive Myopia.

He desires to point out a special way in which his department may be of value to school children who come under his care—this is the advice to parents as to their children's future work. He has seen many parents during the year, and has given advice as to what the children are able to do so far as their eyes are concerned. For instance, he advised a parent that his son would not be able to pass the Railway eyesight test, and therefore it was useless for him to prepare for the examination ; another boy, suffering from a considerable degree of Myopia was advised that it was out of the question for him to become a sailor. Many other such instances might be cited.

The Ophthalmic Assistant School Medical Officer is always glad to advise parents or guardians of children in this way, and their presence at the Ophthalmic Clinic is always welcome."

(P. Macdonald).

Colour of the Hair and Eyes.—This inquiry will become more valuable and interesting as time goes on, and the number of observations increase. The standard colours are those laid down by the Committee of the British Association in 1883. The question of colour of the hair and eyes and racial origin is one which does not seem to have been studied to any extent by School Medical Officers. It is a notorious fact that animals and insects are subject to seasonal and climatic changes of colour. It is a fair presumption that man is so subject, that certain colours predominate in places, and that immigrants in the course of time, say generations, assume the predominant colours of the adopted country more or less in proportion to the climatic difference involved. The tabular statement is based on the figures for 1912 and those for 1913, viz., total of 5,767 (boys 2,906, girls 2,861) children.

The predominating colours are as follows :—

	Percentages.	
	Boys.	Girls.
Brown hair and dark eyes	30·0	27·5
Brown hair and neutral eyes	29·3	26·8
Brown hair and blue eyes	9·6	11·8
Fair hair and neutral eyes	10·3	12·7
Fair hair and blue eyes	5·7	8·6
Brown hair and light eyes	3·2	2·8
Fair hair and dark eyes	3·1	3·6
Dark hair and dark eyes	2·1	0·6
Red hair and neutral eyes	1·6	0·9
Dark hair and neutral eyes	1·2	0·3
Fair hair and light eyes	1·2	2·2

The remaining combinations for both sexes respectively are Red hair and dark eyes 0·6 and 0·7 ; Red hair and blue eyes 0·5 and 0·6 ; Dark hair and light eyes 0·4 and 0·03 ; Red hair and light eyes 0·3 and 0·03 ; Dark hair and blue eyes 0·2 and 0·1 ; Black hair and neutral eyes 0·06 and 0·06 ; Black hair and blue eyes 0·03 and 0 ; Black hair and dark eyes 0·03 and 0·06 per cent. The smallness of the percentages in these combinations is interesting if not remarkable.

COLOUR OF EYES.

	BOYS.					GIRLS.				
	Pure Blue.	Light.	Neutral.	Dark.	Total Boys.	Pure Blue.	Light.	Neutral.	Dark.	Total Girls.
	Percentages.					Percentages.				
Colour of Hair :—										
Fair	5·7	1·2	10·3	3·1	593	8·6	2·2	12·7	3·6	778
Red	0·5	0·3	1·6	0·6	92	0·6	0·03	0·9	0·7	68
Brown	9·6	3·2	29·3	30·0	2,100	11·8	2·8	26·8	27·5	1,975
Dark	0·2	0·4	1·2	2·1	117	0·1	0·03	0·3	0·6	36
Black	0·03	—	0·06	0·03	4	—	—	0·06	0·06	4
Totals ..	469	150	1,239	1,048	2,906	608	147	1,173	933	2,861

TABLE 10.—DISEASES AND ILL-CONDITIONS FOUND AMONGST THE CHILDREN MEDICALLY INSPECTED AND SCHEDULED DURING 1913, WHICH ARE NOT INCLUDED IN ANY OF THE OTHER TABLES.

Taking the various items seriatim it will be seen that dirty heads and bodies are still conspicuous. Absence of parental care is responsible for these ill-conditions.

Nose and Throat.

Adenoid (High) Palates mean restricted nasal cavities, and consequently inefficient breathing capacity; the condition, although suspicious of, is not always co-incident with the presence of adenoids. Often the condition is associated with low mentality.

Enlarged Tonsils may be regarded as being more or less diseased. In the normal condition the tonsil is a minute gland with a very subordinate function, and it is so placed in the pharynx, one on each side, as to be scarcely perceptible. 25 per cent. of the children scheduled had enlarged tonsils, and of these one-fourth were so enlarged as to require operative interference. It is now well recognised that an enlarged tonsil forms a favourite focus for the germs of certain diseases, and is the point of entry to the general system, in the opinion of many, of several grave and often fatal disease germs. Besides, enlarged tonsils often lead to deafness, discharging ears, adenoid growths, nasal discharges, headaches, etc.

External Eye Diseases.

Squint or Strabismus is an affection of the eye-ball which frequently, though indirectly, leads to loss of percipient power in the squinting eye. The longer the remedial measures are delayed the greater are the chances of total blindness. In the large majority of the squints under discussion the abnormal condition was marked, and therefore so obvious as to be conspicuous. They were almost all cases of long standing, some several years. It does indeed seem neglect of parental duty when children are allowed to suffer year after year from a condition which can and should be treated at its onset, and which early treatment, *cæteribus paribus*, would preserve the normal visual power. During the year 55 children amongst those inspected were found to be suffering from squint; 29 of these were referred to the Ophthalmic Assistant School Medical Officer, " 18 of which were subsequently operated on by him

at the York County Hospital. It should be noted that the object of such operations is cosmetic" *(i.e.,* improvement in appearance). (P. Macdoanld). Of the remaining 26, 21 received treatment privately, and 5 still remained to be treated at the time of writing. Twenty-one of the referred cases were under 7 years of age.

Otorrhœa, or "Discharging Ears"—There is a distinct diminution in the percentage number of these cases discovered during the year as compared with that of 1912. Every effort is being made to treat these cases effectively, and numbers of children have been medically attended to at the clinic. This condition is one which parents are apt to regard with indifference. They often think that time will wear it out. Parents cannot very well plead ignorance of the dangers of these discharging ears, for they are continually being reminded of the risks incurred by neglect of medical or surgical attention. Leaflets are distributed, advice notes are sent by post, personal interviews are held, in order to direct and emphasise the attention of parents.

Defective Speech.

Stammering.—29 children of those medically inspected were stammerers. There are many more children thus affected, more or less, amongst the "non-routines." This condition has been referred to in several reports. There is no doubt that there is need here for special treatment in the way of classes or schools for stammerers. The presence of stammerers, or children with defective articulation, cannot be regarded as a healthy environment for the normal child. The habit of stammering is very often an acquired one, and children often lose it when removed to other surroundings. On the other hand there is the danger of the acquired habit becoming a permanent defect handicapping the child's after-school prospects. It would seem, therefore, of the utmost importance that such children should be segregated and placed in an atmosphere conducive to relief and permanent cure, and where they would receive special educational treatment. At the present time there is the danger that normal children may become stammerers by the presence of the latter in the elementary schools. We would, therefore, strongly urge the isolation of stammerers, and children with other grave defects of articulation of speech, from amongst their normal fellows, and the formation of special classes or centres under the direction of *specially-trained teachers*, either at the new Open-air School or at 3 or 4 central schools.

Mental Condition.

As will be seen from the table, there were 228 backward, 62 dull, and 3 mentally defective children amongst those inspected and scheduled. These figures are for the most part taken from the recordings of the Head Teachers on the schedule cards. Previous reference is made to the existence of these conditions under Table 3, "Attention and Progress," and a tabular statement is to be found there relating to children between 12 and 14 years of age.

Tuberculosis in School Children is engaging the serious attention of scientific men at the present time. As was mentioned in last year's report, continental investigators have made the appalling discovery by means of tuberculin injections, vaccinations, and other forms of application, that from 70 to 90 per cent. of school children in Vienna, Paris, Prague and Düsseldorf, have already been attacked by the tubercle bacillus. Disconcerting as these statements must be we can be re-assured and feel more at ease from the fact that the large majority of these children have successfully resisted the attack, and will, without doubt, grow up into healthy and robust manhood and womanhood. Von Behring, of Copenhagen, a great authority on phthisis and tubercular disease, however, considers adult disease to be the result of infant or childhood infection. Sir George Newman in his Annual Report for 1911, says :—

"Followers of Von Behring consider that pulmonary tuberculosis, at all events when it occurs in the adult in the usual more or less chronic form, is always a late manifestation of tuberculous infection acquired during infancy or childhood. If this is true the fact serves still further to emphasise the need for protecting children from infection, whether human or bovine."

According to the figures given in the Annual Report of the Registrar-General of Births and Deaths for England and Wales for the year 1911, the number of persons who died from tubercular disease, including phthisis, was 53,120, and of this number 16·7 per cent. of the deaths occurred under 5 years of age, and 23·1 per cent. of the deaths occurred under 15 years of age.

In York, during the same year, viz., 1911, there occurred from all forms of tuberculosis, 101 deaths, 16, or 15·8 per cent. of which occurred under 5 years of age, and 25, or 24·7 per cent. occurred under 15 years of age.

Amongst the causes of tuberculosis may be mentioned *heredity*. This may be looked upon as the perdominant pre-disposing cause. The child born of tubercular stock comes into being with a system particularly adapted to the harbouring and growth of the tubercle bacillus. The power of resistance is wanting in the body cells, and unless great care is taken in the feeding, the upbringing, and strengthening of such a child, his chances of escaping tubercular disease are very small indeed. There are such other causes, as debilitating diseases mal-nutrition, overcrowding, insanitary home conditions, and direct infection from an existing case, or tuberculous milk, completes the circle.

There is no doubt that the advocacy and adoption of the principle of fresh air has had an important part in the declining tuberculosis death rate. Other factors of importance have been improved sanitation and the opening up of slum and congested areas. There is a large amount of work to be done yet in order to get rid of the various pre-disposing causes, but to our mind the factor which will play the most important part in the prevention of tubercular disease in the adult is the building up of a robust, resistant system in infancy and child-hood. The expansion of feeding centres so as to include all children out of normal physical condition will be a further step in the right direction. Improved housing conditions for the working classes, with careful and adequate sanitary supervision, are necessary items in the elimination of tubercular disease.

Another important point is the education of the masses in such elementary and important subjects as how and where to recognise, to purchase, and to cook food-stuffs *so as to get the best nutritive and money value*. Of course, the fact of direct infection of tuberculosis must not be overlooked, and, acting on the assumption that the chances of infection are inversely as the powers of resistance, it therefore follows that the greater these powers of resistance to attack are, the greater will be the immunity from tubercular disease.

The expectoration of consumptives is especially virulent in the production of phthisis, and the ingestion of infected food-stuffs, viz., milk and flesh of tuberculous animals, is said to be the main cause of tubercular disease, other than phthisis or consumption of the lungs, in the human being.

Five cases of phthisis were discovered amongst the children scheduled, and this is equal to a percentage of 0·18 which compares very favourably with those of other educational areas.

Other forms of tuberculosis were discovered, viz., 4 glandular (cervical), and 4 cases of tabes mesenterica.

It is quite possible that the 23 abscess scars mentioned (mostly about the neck), may have been associated with the work of the tubercle bacillus.

Such conditions as flat chest, hollow chest, and pigeon chest must be looked upon as pre-disposing causes, and it must not be forgotten that bronchial affections, catarrh, and bronchitis are frequently the fore-runners of phthisis.

Provision for the Treatment of Tubercular Children.—In August an Open-air Class was opened in connection with the Tuberculosis Dispensary, and during the past few months there has been an average attendance of about 20. These, for the most part, are children with definite signs of tuberculosis, and have been under the supervision of the Tuberculosis Officer, who prescribes for them, and administers tuberculin to necessary and suitable cases. The Board of Education have since given recognition to this open-air class under the title of "Castlegate Temporary Council School for Tuberculous Children," as a Special School for Physically Defective (Tuberculous) Children. The children now receive three meals per day. The recognised accommodation is 20. In future it will be under the official supervision of the School Medical Officer, and the Assistant School Medical Officer, and the Tuberculosis Officer will co-operate in diagnosis and treatment.

The idea of utilising the old garden at the house attached to Castlegate Council School for the summer months for the open-air teaching of certain tubercular children not well enough to be in school, developed, owing to the fine autumn and to the benefit gained by the children, until at last it was decided to apply for the grant for Special Schools. The windows of one of the large rooms of the house were removed so as to make it a covered open class-room in bad weather, the overgrown trees and shrubbery were thinned, a playground space gravelled, a large open shed erected for outdoor teaching and rest couches provided. Clogs and jerseys are loaned to the children during school hours to keep them warm and dry in the open air. The class has been approved by the Board of Education. (E.M.S.)

We are hoping to have at our disposal in the near future a more capacious open-air school, where there will be accommodation for physically and mentally defective children of both

sexes. In such a school all children will be placed for a time who are in a debilitated condition unfitting them for the full curriculum of the ordinary elementary school.

It is not wise to admit into an ordinary Open-air School for Physically Defective Children any who may have open phthisis, and who may consequently be a source of danger to their class or playmates. "Children suffering from this form of disease should certainly be placed in hygienic surroundings, and should be sent for sanatorium treatment until the disease is cured." ("Medical Inspection of Schools," p. 269, R. H. Hogarth.) Such will be our ultimate plan.

Diseases connected with the Heart and Circulation.—Organic heart disease was found to be present in 9, or 0·3 per cent. of the children scheduled. The heart has been well described as the citadel of life. It is the organ of the body which is in continual motion. The heart of a healthy adult man contracts about 72 times in a minute. The amount of blood expelled from the left side of the heart into the arterial system of the human body at each contraction is about 6 ounces, *i.e.*, $\frac{3}{8}$ lb. It has been calculated that the amount of work done by the heart at each beat is 4·1 foot-pounds. The weight of the blood is at least 1/14th of that of the body. In order that the various tissues (nervous, muscular, bony, fatty, etc.) and organs of the body may maintain good health it is necessary that this volume of blood be kept in continuous motion, that an equilibrium exist between the arterial and venous systems, and that there be no stagnation of the blood. The heart is the organ which has got to do this work, and unless its tissue and valves are sound the work cannot be done satisfactorily. With defective heart valves there is more or less stagnation, *i.e.*, venous congestion and heart weakness. In this condition the heart loses its tone more or less, it very easily becomes over-burdened, and then fails to do its allotted task, and dissolution results.

This brief summary of the heart and its work is here mentioned in order to point out the gravity of disease of this organ.

The child affected with marked heart disease will be a constant source of anxiety and worry to his parents or guardians. He is incapacitated both as regards school work and play. He may be regarded as a hothouse plant requiring constant care and attention. In adult life he is ineligible for very many occupations. He is limited as to toils and pleasures. His food and

drink has to be selected with care and partaken of in moderation. His life may be said to be one of continuous compulsory self-denial.

The following is a tabular statement of the children amongst those scheduled who were found to be suffering from defects of the heart and circulation. :—

	Boys.	Girls.
Mitral Valve Disease	4 (1)	5 (1)
Cardiac Debility	1	2
Intermittent Heart Beat	2	–
Anæmia	2 (1)	2
Total ..	9	9

The figures in parenthesis represent children in the Infant Department, and are included in the larger numbers.

Over 90,000 persons are stated to have died of heart disease of one form or another in England and Wales during 1911, and of these valvular disease accounted for 17,509.

Infectious and Contagious Diseases in the Schools.—Those mentioned under this heading were associated with children who were scheduled and who were actually in attendance at the time of inspection. It is of the utmost importance that these ill-conditions should be excluded from school at once. The most important disease amongst those mentioned is whooping-cough, with which 9 children were found to be affected. This is one of the most fatal diseases of infant life (see Table 2, p. 79). It seems, therefore, incredible that children so suffering should knowingly be sent to school to the great danger of the other children. Parents should be more alive to the realisation of their responsibilities in this direction.

TABLES 11, 12A AND 12B.—THESE TABLES GIVE THE NUMBER OF CHILDREN SUSPECTED TO BE, OR ACTUALLY SUFFERING FROM, THE DISEASES OR CONDITION NAMED, notified by the Head Teachers from the various schools, on Forms A and C, *i.e.*, absentees from, or children sent out of school.

With the exception of the infectious notifiable and non-notifiable diseases, it will be observed that the majority of the

remaining conditions are those usually found in uncleanly surroundings; *e.g.*, impetigo, ringworm, eczema, verminous conditions, scabs, and scabies (itch). These ill-conditions are, as a rule, the associates of uncleanliness, carelessness, indifference and neglect. There is a large increase in the number of cases of impetigo. The following statement shews the number of children (upper and infants), from the three school groups who were suffering from impetigo :—

	Upper.	Infants.	Total.
Micklegate	77	23	100
Walmgate	36	37	73
Bootham	34	28	62

and the schools most affected were :—

Micklegate (upper)	37
Haxby Road ,, ...	20
St. Denys' (infants')	20
Poppleton Road (upper)	18
St. Lawrence's ,, ...	15
St. Denys' ,, ...	12
Castlegate (infants')	11

It is a very contagious disease.

It must here be remarked that some Head Teachers are more alive than others to the contagiousness of impetigo and filth conditions generally, and take a keener interest in the work and success of medical inspection, and are most anxious to eradicate these conditions from their schools. This, to some extent, accounts for the large number of notifications from the schools mentioned.

No cases of impetigo were reported from Priory Street, The Model, The Manor, Clifton, or Heworth Schools.

Impetigo is scarcely ever found amongst children attending the higher-class schools. It is a condition which decreases very slowly in the York Elementary Schools. It is evident from this fact that we have not yet got the hearty co-operation of the parents in our efforts to rid the schools of preventable ill-conditions and diseases. It will, therefore, be necessary for the Education Committee to use more severe measures in the future, and to cause punishment to negligent parents. At present it is obvious that careful parents have cause for complaint against those careless ones.

Tables 12a and 12b contain also an account of the prevalence of the two chief notifiable infectious diseases of childhood, namely, scarlet fever and diphtheria. St. Denys' and Layerthorpe were the only schools which were not affected by these diseases.

THE SCHOOL CLINIC.

A great deal of important work has been carried out at the School Clinic during the year. The School Clinic has undergone a considerable amount of expansion and now consists of several clinics whose use and value may be seen from the following time-table :—

School Clinic Time-Table.

	Mon.	Tues.	Wed.	Thur.	Fri.
	a.m.	a.m.	a.m.	a.m.	a.m.
General Clinic	—	9 30	—	—	9 30
		p.m.			p.m.
*Treatment Clinic	9 15	2 0	9 15	9 15	2 0
*Eye Clinic	9 15	—	9 15	9 15	—
Dental	10 0	—	10 0	10 0	—
					a.m.
Optician attends	—	—	—	—	10 0

* Children in attendance at school MUST be at the Clinic BEFORE 9-30 a.m.

The number of children who attended the "Inspection," and "Miscellaneous Treatment" Clinics during the year, the number of attendances made, and the number of children still in attendance on the 31st December, 1913 :—

	January to Midsummer.		Midsummer to December 31st.	
	1913	1912	1913	1912
Number of children who attended the "Inspection" and "Miscellaneous Treatment" Clinics ..	1,044	1,087	671	823
Number of attendances	2,917	3,669	2,314	3,219
Number of children still attending	93*	146	134†	132

*24 of these } had been re-admitted to school, and were asked to make a
†43 of these } further attendance at Clinic.

The following tabular statement shews the various diseases and defects from which the above children suffered :—

	January—July.			August—December.			136 children were still attending the Clinic on 31st December, 1913, with the undermentioned defects.
	1913.	1912.	1911.	1913.	1912.	1911.	
Scalp Ringworm	95	106	142	87	91	102	24
Body Ringworm	47	48	42	23	24	29	3
Pediculosis (Lice and Nits) ..	74	168	239	60	180	81	8
Impetigo	92	81	112	57	77	57	10
Eczema	124	66	64	101	87	78	20
Contagious Ophthalmia	75	214	325	28	100	583	2
Blepharitis (Sore Eyelids) ..	22	31	41	14	29	39	5
Scabies (Itch)	14	14	15	1	11	8	..
Abscess	21	8	14	7	14	9	1
Otorrhœa (Discharging Ears) ..	56	45	20	48	64	22	17
Debility	12	19	31	19	21	24	6
Defective Vision and Squint ..	87	10	17	89	12	5	..
Various	361	375	276	323	335	251	40
Total defects ..	1,080	1,185	1,338	857	1,045	1,288	136

Scalp Ringworm.

Children found suffering from this disease were, as a rule, referred to the X-ray Surgeon at the County Hospital.

121 new cases of ringworm of the scalp were discovered amongst the children attending the elementary schools, and the total number of cases of *tinea tonsurans* dealt with during the year was 157, as follows :—

Amongst children notified by Head Teachers on Forms A and C	80	
Amongst children medically inspected	6	121
Amongst non-routine children	20	
Amongst children brought to the clinic by parents, etc.	15	
Carried over from 1912		36
Total		157

129 of the above children were re-admitted to school during 1913 as cured, as follows :—

1. After X-ray treatment at County Hospital	63
2. ,, private treatment	28
3. ,, treatment at Clinic	21
4. ,, treatment from other sources	9
5. ,, a " combination " of treatments (2, 3 and 4) ..	8
Total re-admitted to school as cured ..	129

Of the remaining 28 children, no particulars were available in the case of 4 who were said to have left school; and 24 were still in receipt of treatment at the close of the year, 1913. Four of these last were under school age, *i.e.*, 5 years old, and 6 others were re-admitted to school in January, 1914.

The ages of the above 157 children were as follows :—

Age-periods.	No. of Children.
Under 5 years of age	14
5– 6	42
6– 7	31
7– 8	23
8– 9	20
9–10	12
10–11	8
11–12	5
12–13	1
13–14	1
Total ..	157

It is of interest to note from the above statement that 70 per cent. of the children were under eight years of age, and therefore in the Infant Departments, and that 35 per cent. were under six years of age, and therefore presumably commencing school life. It is also evident that a large number of fresh cases of this disease are being introduced into the schools with the beginners. It would therefore seem imperative on the part of teachers to keep a sharp look-out for ringworm when fresh scholars are being admitted to the register. There is no doubt that the detection of these cases, on or before admission, would considerably reduce the number of cases of ringworm amongst the school children, and save the Education Grant, which is otherwise lost.

Children suffering from *Defective Vision and Squint* were referred to the Ophthalmic Assistant School Medical Officer.

Practically all the other diseases and defects mentioned in the tabular statement were treated at the General and Miscellaneous Treatment Clinics.

The amount of work carried out during the year at the School Clinic has been tabulated in statistical form for the Education Committee quarterly.

Some considerable time was spent in conference with representative Head Teachers, and with the Advisory and other Committees, in re-adjusting the general arrangements

of the Clinic so as to reduce to a minimum the amount of absence and of truancy of children from school and to make the clinic work as smoothly and expeditiously, and with as little inconvenience to the teaching staff, as possible ; the re-arrangements thus made were intimated to the Head Teachers and School Managers by your School Medical Officer, through the Education Department, in a circular letter issued in the late autumn. The main points in these re-arrangements and in the circular letter were as follows :—

(*a*) Cards summoning children to the Clinic at specified hours are sent to their Head Teacher, who despatches the card to the Clinic along with the child, receives the card back again from the child on its return and retains the card until its next attendance at the Clinic is due. The card, on its return, bears entries as to the hour at which the child left the Clinic, and as to its fitness to continue in school that day or otherwise. These entries enable the Teacher to check the certainty and punctuality of each child's attendances at the Clinic ;

(*b*) Children not excluded from school for contagious or other special reasons now register their school attendance before going to the Clinic ;

(*c*) If children have attended the Clinic for special inspection, or *inspection and treatment*, intimation is sent to the Head Teachers concerned at the end of each week ;

(*d*) An attempt is being made, in regard to certain of the Clinic sessions, to send for the children in *hourly batches*, so as to minimise the extent of absence from school session. Unless the children thus summoned attend with certainty and punctuality this system is, however, very likely to break down, and it makes considerable demands—as do indeed the other above-mentioned arrangements—upon the careful co-operation of the Teaching Staff.

(*e*) " There is a very important reason for the attendance of *all* children *at the Eye Clinic* promptly at 9-15, viz., that by injecting Homatropin at 9-15 into the eyes of the children whose eyes require minute examination, the Ophthalmic Surgeon is enabled to make that examination before 11 o'clock the same morning, thereby saving absence from school on a second morning ; and, by a subsequent injection of Eserin, the child is also enabled to attend school on the afternoon of the same day, although he may not be able to do any fine work. Some eye and dental cases, however, will not be found capable of returning to school that session or that day with advantage."

(*f*) " The wish has been frequently expressed by Head Teachers that children could be separated at the Clinic waiting-room according to sex, and efforts have been made to do this but without entire success, owing to the fact that numerous cases are brought to the Clinic by parents, or are sent by teachers, on their own initiative, and therefore the children get mixed notwithstanding all our arrangements to the contrary. But the caretaker and the School Nurses are constantly in-and-out of the waiting-room, and, frequently, adults are also

waiting therein, as in other surgical waiting-rooms. It seems impossible to arrange entirely for the separation of the sexes, *but there will be separate sessions of the Dental Clinic for boys, and separate sessions for girls.* In practice, it is impossible to separate the boys and girls at the Eye Clinic, but the whole of the batches of children summoned to that Clinic are kept waiting in the doctor's consultation room, as he is thus enabled to deal with two or more at a time. Being in his presence, the children are, therefore, bound to maintain good behaviour whilst waiting." (E. M. S.)

In March, 1913, we were informed by the Board of Education that they had decided to make a grant of £185 18s. 9d. " for the present year " towards the cost of medical treatment at our School Clinic, and their letter contained the following compliment :—

" This grant represents a maximum assessment under the Regulations and they are glad to have it in their power to recognise to this extent the good work done by the Authority, and the progress which they are making in the development of the School Medical Service."

Non-Routine Children.

During the medical inspection of the children at the schools, a number of non-routine children were brought to the inspecting medical officer by the head teachers, on account of suspected diseases or defect. They are called " non-routine " because they were outside the age-periods which were being inspected and scheduled.

The following is a tabular statement of the non-routine children thus inspected, together with the diseases from which they were found to be suffering :—

	Upper.		Infant.		Totals.
	Boys.	Girls.	Boys.	Girls.	
Total number of children examined ..	194	279	114	86	673
Defective Vision (including Squint) ..	67	71	11	14	163
Defective Teeth	31	37	36	45	149
Enlarged Tonsils	16	40	13	15	84
Adenoids and High Palates	20	39	8	14	81
Discharging Ears	2	6	1	—	9
Defective Hearing	10	24	1	2	37
Heart Disease	—	2	—	—	2
Various	48	104	57	27	236
Total defects	194	323	127	117	761

In all these cases notes of advice and leaflets of instructions were sent to the parents. The children suffering from defective vision were requested to attend a special clinic for further examination. The number of children who attended this special clinic during the year was 75, and of these 73 were referred to the Ophthalmic Assistant School Medical Officer. They are included in the non-routine cases mentioned in the section "Ophthalmic Clinic."

The discharging ears and most of the "various" defects (consisting of eczemas, impetigos, ophthalmias, etc.), were referred to the General and Treatment Clinics where they received medical attention.

Several of the children with enlarged tonsils and adenoids were treated either at the County Hospital or at the Dispensary.

The children with heart disease were receiving medical attention.

OPHTHALMIC CLINIC.

Work done by the Ophthalmic Assistant School Medical Officer (Dr. Peter Macdonald.)

Total number of Ophthalmic Clinics held during 1913 ..	105
Total number of Children seen during the year	353
Total number of Attendances of children during the year ..	883
Number (average) of children who attended each Clinic ..	8·4

Note.—The Ophthalmic Clinic is held on three days in each school week, *i.e.*, Monday, Wednesday, and Thursday mornings, from 9 to 11 a.m.

Number of children with defective vision referred to Dr. Macdonald:—

Routine	180
Non-routine	119
Total ..	299

"Routine" cases are those discovered in school during medical inspection.

"Non-routine" cases are those who have otherwise been discovered, referred by Head Teachers, or School Managers, or who have been sent from the County Hospital.

Number of children for whom spectacles were prescribed ..	199
Number of children who were prescribed for other than spectacles	55
*Number of children who refused treatment	11
*Number of children who accepted treatment but refused to have spectacles	10
Number of children still under treatment 31st Dec., 1913 ..	24
.. ..	299

* At the time of writing the Education Committee had the treatment of these and such-like cases under consideration.

Particulars of the above 299 Cases.

Defects of Vision :—

Hypermetropia (long sight)	64	
Hypermetropic Astigmatism	93	
Mixed Astigmatism	31	
Myopia (short sight)	19	
Myopic Astigmatism	42	
	—	249

In combination with these, were 55 *cases of Strabismus (Squint) :—*

Convergent Strabismus	49	
Alternating ,, ...	4	
Divergent ,, ...	2	
	55	

Defects of Visual Apparatus :—

Nystagmus and Optic Atrophy	1	
Congenital Cataract	1	
Coloboma and Nystagmus	1	
Leucomata of Cornea	2	
Corneal Scarring	1	
Spasm (eye strain)	6	
	—	12

Miscellaneous :—

Refused Ophthalmic interference ..	11	
Convergent Squint	2	
Blind (one eye) amblyopic	1	
Still under treatment on 31st Dec., 1913	24	
	—	38
		299

In addition to the above 299 cases, 39 children who had been referred to the Ophthalmic Assistant School Medical Officer during 1912, and whose treatment had been completed, were re-examined by him during the year—also the treatment of the following 15 cases was commenced in 1912, and in 6 cases, completed during 1913 :—

Hypermetropia	2	6
Hypermetropic Astigmatism	1	
Mixed Astigmatism	2	
Spasm (eye strain)	1	
Refused further treatment		9
		15

Summary of payments made by parents for the spectacles prescribed and ordered during 1913 :—

		£ s. d.	£ s. d.
123	paid in full	21 8 9	
18	paid in full (by instalments) ..	3 9 6	
22	were paying by instalments	1 14 8	
36	(No payments had been made by these up to 31st December, 1913) ..	—	
199			26 12 11
	Amount received during 1913 for spectacles prescribed during 1912, and for renewals		9 16 6
	Total amount received during 1913 =		£36 9 5

During the year prescriptions for spectacles have been issued to the contracting optician (Alexander McNaught Inglis, F.B.O.A., F.I.O.) as follows :—

Sphericals	60
Cylindricals	28
Sphero-Cylindricals	75
Combinations of these	56
Total ..	219

Included in this 219 are 20 pairs of spectacles for children who, for some obvious reasons required a fresh prescription.

The following data describes the lenses ordered, payments made, and the mode of payment adopted :—

78 Spectacles were paid for in full as follows :—

		£ s. d.	£ s. d.
40 pairs of	Syphericals @ 2/6 per pair =	5 0 0	
10 ,,	Cylindricals @ 3/6 ,, ,, =	1 15 0	
28 ,,	Sph.-Cyls. @ 4/6 ,, ,, =	6 6 0	
			13 1 0

37 Combination Spectacles (i.e., a lens of different value for each eye) were paid for in full as follows :—

2 pairs	@ 3/9 per pair =	0 7 6	
1 ,, ...	@ 2/9 ,, ,, =	0 2 9	
3 ,, ...	@ 3/– ,, ,, =	0 9 0	
17 ,, ...	@ 4/– ,, ,, =	3 8 0	
4 ,, ...	@ 4/3 ,, ,, =	0 17 0	
			5 4 3

In 13 cases old frames were adopted, and allowed for by optician, and the payments made in these cases varied from :—

6d. to 3/9—Total amount thus received 1 10 3

In three cases better frames were supplied in deference to the wishes of the parents, and payment in full was made as follows :—

1 paid 7/6 .. .. =	0	7	6
1 ,, 6/– .. .. =	0	6	0
1 ,, 5/9 .. .. =	0	5	9
	0	19	3

In two cases extraordinary spectacles were ordered. (Lenses other than spheres over 8 dioptres, not being covered by the Contract) :—

1 paid 7/6 .. .. =	0	7	6
1 ,, 6/6 .. .. =	0	6	6
	0	14	0
Total payments in full	£21	8	9

Other payments :—

18 paid by instalments	3	9	6
22 were paying by instalments	1	14	8
Amount received for 1912 cases, etc.	9	16	6
Total amount of money received =	£36	9	5

During the past year difficulty has again been experienced in getting parents to apply for the spectacles prescribed for their children and actually prepared for them by the optician, and at one time there were as many as 50 pairs of spectacles unapplied for. This difficulty not only involved cases from whom whole or partial repayment of the cost of the spectacles was expected, but cases also to whom the charge was wholly remitted, and no small amount of persuasion and pressure has had to be used in order to get the glasses into use by the children for whom they were intended. Although the Ophthalmic Clinic set out to recover the whole or part of the low prices (2/6 to 4/– per pair) of the spectacles provided by contract, discussion during the year has tended towards greater leniency, even to remission of such charges throughout the children. The results of such discussion, so far, however, may be briefly summarized as follows :—

(*a*) That the children should not wait for their spectacles even if there be difficulty with the parents as to re-payment ;

(*b*) That the responsible parent should be required to sign the following simple receipt for the spectacles, upon which further proceedings could be based, and that efforts should be made to obtain a small money instalment, at the same time, from non-free cases as an acknowledgment of the debt ;

Copy of receipt.

CITY OF YORK EDUCATION COMMITTEE.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

I agree to pay to the York Education Committee the sum of.....

being the purchase price of the spectacles supplied to my child.....

.....at the School Clinic.

Signed.....

Parent or guardian.

Date.....191

The Assistant Medical Officer of the Board of Education was inclined to consider our previous system too drastic, and the above methods as improvements. Your School Medical Officers are still of opinion that :—

As the spectacles become the property of the children, the parents who *can pay* for them wholly, or almost wholly, should be made to pay ;

That parents who persistently decline to permit their children's eyes to be medically examined, and to apply for and use the glasses prescribed should be prosecuted for neglect under Section 12 of the Children Act, 1908. And that measure should also apply to "young persons" at school-leaving age, about to go into the world to earn their living, *e.g.*, as clerks, dressmakers, etc. Even from the moral point of view we should be firm about this. It is extraordinary, almost incredible, how even parents not poor will persist in neglecting the educational and future commercial welfare of their children in this respect. Deliberate neglect, sheer stupidity, or misappropriation of the household funds on drink, betting, or pleasure, can be the only alternative excuses. (E. M. S.)

As experience had revealed that sometimes the spectacles provided, free or at cost price, had been pawned, the Committee directed the issue of the following circular letter to the pawnbrokers of the City :—

EDUCATION OFFICES,
YORK.

3rd January, 1914.

To Pawnbrokers :—

Dear Sir,

Re SUPPLY OF SPECTACLES TO SCHOOL CHILDREN.

Since September, 1912, my Committee has supplied spectacles to school children. In the majority of cases the spectacles have been purchased by the children, but some have been given. My Committee has reason to believe that some parents have disposed of the spectacles supplied to their children, and that the children have had to suffer in consequence of being deprived of the use of the glasses. To prevent the spectacles being pawned, the glasses are now marked with the Roman numeral III., similar to the sample frame enclosed, and my Committee will be greatly indebted to your firm if you will refuse to take in pledge any of these spectacles which may be offered to you.

Yours faithfully,

(Signed) J. H. MASON,
Secretary.

DENTAL CLINIC.

WORK DONE BY THE DENTAL ASSISTANT SCHOOL MEDICAL OFFICER (Mr. T. E. Constant, M.R.C.S., L.D.S.).

The number of clinics held during the year was 240.

The total number of children referred to the Dental Clinic by the Assistant School Medical Officer was 1,100 (545 boys and 555 girls), and the following is an account of the number of these who attended :—

Routine children (*i.e.*, those who had been medically inspected and scheduled)	1,026
*" Non-routine " children	199
	1,225

(* " Non-routine " cases are those who have otherwise been discovered, referred by Head Teachers, or parents, etc.).

Number of children who were fully treated ..	437	
Number of children partially treated	609	
Number of children inspected only	119	
Number of children who refused treatment ..	60	
Total =		1,225

Dental work done during the year :—

Inspections	1,077
Fillings	807
Dressings	1,103
Regulations	522
Extractions	364

(*Dressings*—This is one of the most important operations in connection with dental work, and includes scaling, " killing " of nerves, all preparations of teeth for filling, and various treatment of the gums).

Toothbrushes.—It was decided to obtain Messrs. G. B. Kent & Sons, Ltd., "School Junior" Toothbrushes at 23/- per gross, and to sell them to the children in the elementary schools at twopence each, the teachers to urge their purchase and explain their proper use. It was decided, at first at any rate, to instruct the children to brush the teeth with plain water, to rely upon thorough mechanical cleansing, not upon the use of chemical substances, and to limit the use of antiseptic powders or pastes to the prescription of the School Dentist in needful cases.

The following is a quotation from a circular letter to Head Teachers *re* the use of Toothbrushes :—

"As efforts are now being made to restore the defective teeth amongst the children, it follows that great efforts should also be made to maintain the hygiene and preservation of the teeth. I am aware that the teachers give many useful lessons upon this point ; such lessons it is now proposed to assist materially by putting on sale in the schools toothbrushes of excellent quality, carefully selected by our Dental Surgeon, and obtained so cheaply in large quantities that they can be sold to the children at 2d. each. It is hoped that the Head Teachers will push the sale of the toothbrushes in schools, *and also give a lesson on the use of the toothbrush in the early part of each term so that all new* pupils will receive such a lesson early in their school career, and also so as to reiterate such much-needed instruction to the older pupils. There is no need for the children ordinarily to use any toothpaste or powder ; brushing with plain warm or cold water is sufficient if done thoroughly. The toothbrushes should be renewed every few months.

Instruction is also much needed on the following points :—Children should accustom themselves to eat bread-crusts, meat, and other *hard* food, rather than so much soft, sweet stuff ; they should masticate thoroughly and not wash down half-chewed food ; and they should eat fewer "sweets," especially towards bedtime." (E. M. S.)

Ages of the children who received dental attention during the year.

Practically all these children were "leavers" (*i.e.*, between 12 and 14 years of age), a few being distributed amongst the "beginners" and "non-routine" children. At the time of writing attention is being directed to children between 5 and 8 years of age, and the inspection of such children is carried out by the Dental Assistant School Medical Officer, and on the school premises.

When our Dental Clinic was started, the School Dentist thought it best to popularise it with the older children first (viz., those of 12 or 13 years of age). After a sufficiently lengthy trial, it was then decided in the autumn to commence to carry out the primary intention of the Clinic and deal mainly

with the children of ages 5 to 8, and to follow them up through school-life, so that they shall leave school with sound dentition—the work carried out to be that of conservative dentistry, with only such extraction work as may be incident thereto. This system involves the visitation of the schools by the Dentist in order to discover the cases requiring such early treatment, and it does not preclude him from dealing with gross and urgent cases amongst the older children.

HOLGATE BRIDGE SPECIAL SCHOOL FOR MENTALLY DEFECTIVE BOYS.

Since the opening of this school in April, 1911, 81 children have been certified under the Mentally Deficient Act of 1899,* and have been admitted to the register of this school. The names of 24 children have since been removed from the school register for the following reasons :—

Transferred to Ordinary Elementary School ..	5
Left school for employment	2
Left York	5
"Ineducable" (Imbecile)	7
Transferred to Blind School	2
Transferred to Epileptic School	1
Sent to Industrial School	1
Arrived at the age limit (16)	1
Total ..	24

The number of children whose names were still on the "Special" School Register on the 31st December, 1913, was 57.

Medical Inspection of the children attending this school was carried out early in the year, and several days were devoted to the work with the object of removing those children who might show evidence of unfitness for inclusion on the register, with the result that 12 names were submitted to the Education Committee for removal from the school register, 5 as being deemed fit for teaching in backward classes in ordinary elementary schools, and 7 as being considered ineducable at Holgate Bridge "Special" School.

An enquiry into the home conditions of the children attending Holgate Bridge "Special" School was made during

* *i.e.*, the Elementary Education (Defective and Epileptic Children) Act, 1899.

the year. Nurse Simpson visited the homes, consulted the parents, made her own observations, and gave a report of her findings. The following conditions were found to exist, which would have a bearing on the mentality of the child:—

Large families ;
Bad Home conditions ;
Overcrowding ;
Poverty and mal-nutrition ;
Accidents before birth ;
Accidents after birth ;
Epilepsy ;
Sub-normal intelligence in parents.

Dinners are served to the children daily, a charge of one penny per child being made, and in necessitous cases they are given free. A great improvement has been noticed in the children since meals have been provided for them on the premises. In most cases their physical and mental appearance has been much improved thereby. The three "Visitors" to the School have taken a keen and kindly interest in the children, their work and progress, and their frequent visits have encouraged the Teaching Staff.

There has been a good deal of controversy between the Education Committee and the Board of Guardians as to the former's alleged responsibility for the education of *imbecile children*, and as to their admission and retention in the special school for mentally defective children, due largely to the Guardians not understanding that the latter school is conducted under a special Act of Parliament (Elementary Education (Defective and Epileptic Children) Act, 1899), which limits the admission of pupils (and the grants in aid), to mentally defective children of educable type only, and strictly excludes merely dull and backward children on the one hand and idiots or imbeciles on the other. Children diagnosed as imbecile—it may be after a period of observation in the special school—cannot be permanently admitted or retained in that school. The same is true of merely dull or backward children. It has certainly been an unsatisfactory state of things that some of the imbecile children should be left in unsatisfactory homes and running about uncontrolled in the streets, but it is hoped that the Mental Deficiency Act of 1913 may lead to an improvement of their lot, and there the matter rests for the present. (E. M. S.)

Dr. Crowley of the Board of Education paid a lengthy visit to the Special School in November, 1913, and made some very helpful suggestions, as a result of which, for instance, we

propose to use the Binet-Simon tests in our studies of the children admitted to this school.

Backward Children and Stammerers.—In our last Annual Report we dealt at length with the question of organising special classes for these cases, and the matter was referred to the officials of the Education Committee, in conjunction with the Head Teachers or Advisory Sub-Committee, to report upon, but pressure of other work has so far prevented anything being achieved beyond some discussion of the details. There are backward classes—Standard O's—in connection with some of the schools, but in others there are difficulties of accommodation, etc. The establishment of the new Open-air School will help in the solution of the problem, as many of these cases could be beneficially dealt with there, but there have been unavoidable delays in connection with the planning of the latter, and so the whole matter of these special classes still remains one for settlement in the future. (E. M. S.)

Epileptics.—In response to a special enquiry from Dr. Crowley, the following information was sent to him as to the known number of Epileptics of school age in York :—

Total epileptics attending the ordinary elementary schools	2
Total epileptics attending the special school for mentally defective children	2
At a residential school (Much Hadham)	1
Not attending any school	2
Total ...	7

WORK DONE UNDER SECTION 122 OF THE CHILDREN ACT, 1908.

As will be seen from the tables, a considerable amount of uncleanliness still exists amongst the children. Various methods have been used in order to overcome this condition, but so far the result has not been as satisfactory as was anticipated. Leaflets on personal hygiene and habits have been distributed amongst the children and sent to the parents, and personal instructions have been given to these both directly and indirectly by the Assistant School Medical Officer. Cleansing notices have been sent to the parents of those children

who were found to be frequently falling into an unclean and verminous state. In all cases where a cleansing notice is served a letter of advice is sent to the Medical Officer of Health, who institutes an inspection of the home and causes disinfection of both home and bedding where necessary.

Number of Cleansing Notices served on parents		67
These were dwelling in 54 houses, of which were :—		
Very filthy	10	
Filthy	12	
Moderately clean ..	32	
Number of children taken to the Disinfecting Station	11	

(Here the children are thoroughly bathed and cleansed by the school nurses, and the clothing is disinfected by the officer in charge of the station).

Number of children cleansed at home	56	
		67
Number of houses where bedding was removed and steam disinfected	27	
Number of houses where bedding was not removed owing to being clean	27	

The above children were distributed amongst 17 schools (26 departments).

Several of the above particulars have been furnished us through the kindness of the Chief Sanitary Inspector (Mr. A. E. Drummond).

Section 122 is largely a failure, as we have said before, because there is as yet no legal provision compelling the cleansing of verminous persons not of school age, but power in that direction is being applied for in the York Corporation Bill in Parliament during the Session of 1914. (E. M. S.)

CITY OF YORK EDUCATION COMMITTEE.

Medical Inspection of Children in the York Public Elementary Schools, 1913.

APPENDIX "A"

(STATISTICAL TABLES).

TABLE 1.

Showing the **Total Number of Children Medically Inspected** at the various age periods at each of the Schools during the year 1913, together with the Number and Percentage of Parents and Guardians present during the Inspection.

SCHOOL GROUPS.	Total Children Inspected.	AGE PERIODS AND SEX (B = boys. G = girls).								Number of Parents present.	
		5–6		6–7		12–13		13–14			
		B.	G.	B.	G.	B.	G.	B.	G.	No.	Percentage.
MICKLEGATE GROUP :—											
Micklegate	78	11	12	6	6	15	24	2	2	20	25·6
Scarcroft Road	226	49	34	2	3	63	55	6	14	49	21·6
English Martyrs' (R.C.)	37	8	9	2	2	9	6	—	1	4	10·8
Poppleton Road	190	25	31	17	15	47	32	12	11	57	30·0
St. Paul's Holgate	97	18	17	12	9	17	22	1	1	49	50·5
St. Clement's	196	40	28	10	11	51	45	6	5	39	19·7
Priory Street	134	20	16	2	11	25	36	11	13	61	45·5
St. Barnabas'	112	29	24	5	8	19	19	3	5	42	37·5
South Bank (Temporary)	54	21	21	8	4	—	—	—	—	31	57·4
BOOTHAM GROUP :—											
Haxby Road	150	24	35	10	8	42	23	3	5	54	36·0
Park Grove	213	60	47	7	7	27	42	13	10	69	32·3
Model	30	—	—	5	—	17	—	8	—	1	3·3
St. Thomas'	70	17	27	2	3	—	17	—	4	34	48·5
St. Wilfrid's (R.C.)	81	18	24	4	6	11	16	—	2	—	—
Bedern	90	—	—	—	3	30	41	7	9	21	23·3
Castlegate	83	34	26	7	2	—	10	—	4	27	32·5
Clifton	8	—	2	—	3	—	2	—	1	2	25·0
Manor	35	—	—	12	—	18	—	5	—	7	2·0
Shipton Street	129	36	27	16	11	—	34	—	5	50	38·7
Brook Street (Temporary)	32	—	—	—	—	29	—	3	—	3	9·3
WALMGATE GROUP :—											
Fishergate	204	57	43	5	11	41	39	1	7	46	22·5
St. Lawrence's	108	23	21	9	10	23	18	4	—	32	29·6
St. George's (R.C.)	93	16	14	8	9	14	18	2	12	15	16·1
St. Denys'	57	10	14	1	—	15	15	1	1	13	22·8
Bilton Street	50	—	—	—	—	24	19	1	6	15	30·0
Layerthorpe	65	20	27	6	12	—	—	—	—	25	38·4
Heworth	62	16	14	5	5	5	13	—	4	25	40·3
St. Margaret's	74	13	19	4	3	10	18	2	5	8	10·8
TOTALS	2,758	565	532	165	162	552	564	·91	127	799	28·9
		1,424				1,334					

A. **TABLE 2.**

The following are the numbers and percentages of school children inspected who were said to have had the undermentioned diseases sometime prior to Medical Inspection, 1913.

Diseases	Measles.	Whooping Cough.	Scarlet Fever.	Diphtheria.	Chickenpox.	Mumps.	Various.	No particulars available.	Total Children Medically Inspected.
Total Numbers	1962	980	197	78	766	332	479	215	2758
Percentage of Children Medically Inspected in 1913	77·1	38·5	7·7	3·0	30·1	13·0	18·8	8·4	
Percentages for 1912	79·9	38·1	7·7	2·8	22·8	15·1	18·8	6·9	3240
Percentages for 1911	71·8	40·7	8·0	3·0	25·4	16·2	14·2	4·8	4152
Percentages for 1910	74·3	34·3	6·3	3·7	24·0	7·6	16·5	5·1	2206

B. 1913.—The following tabular statement shews the percentages of the above children who suffered from the various diseases named during the age-periods as under :—

AGE-PERIODS. Years.	Measles.	Whooping Cough.	Scarlet Fever.	Diphtheria.	Chickenpox	Mumps.
0— 1	4·8	6·2	1·9	1·2	6·6	1·8
1— 3	22·4	24·3	6·5	12·8	15·1	5·4
3— 5	35·1	28·4	24·8	20·5	33·6	20·1
5— 8	19·6	18·3	32·4	19·2	17·2	22·2
8—12	3·1	1·6	18·2	14·1	5·6	19·5
12—14	0·2	—	1·5	1·2	0·5	1·5
Age not stated.	14·5	20·9	14·7	30·7	21·1	29·2

The above figures were supplied by the parents. They must not be regarded as strictly accurate, for in many cases there has been an amount of hesitation in stating the age at which the illness occurred. In future years it is hoped that this defect may disappear, and then the importance of the table will become more marked.

TABLE 3.

Attention and Progress of 643 Boys and 691 Girls between 12 and 14 years of age, as certified on the schedule cards by the Head Teachers.

	BOYS.		GIRLS.	
	Good.	Bad.	Good.	Bad.
Totals	541	102	576	*115
Percentages for 1913	84·1	15·8	83·3	16·6
Percentages for 1912	86·9	13·1	84·0	16·0
Percentages for 1911	93·0	7·0	92·0	8·0
Percentages for 1910	90·9	8·7	94·4	5·6
Percentages for 1909	89·0	11·0	89·9	10·1

* Of the 102 "Bad" boys, 19 were marked as moderate; of the 115 "Bad" girls, 30 were marked as moderate.

SCHOOL GROUPS.	Total Children Medically Inspected.	Clothing: Bad, *i.e.*, Ragged, insufficient or very dirty.		Footgear: Defective,		Condition of the Scalp. Number and percentage of cases of :— Vermin. Nits.		Vermin. Lice.		Impetigo (Dirty or Scabby Head).		Ringworm.		Nutrition. Good.		Fair.		Bad.		General Bodily Uncleanliness as stated by the School Teachers.	
		Totals.	Per Cent.	Totals.	Per Cent.	Totals.	Per Cent.	Totals.	Per Cent.	Totals.	Per Cent.	Totals.	Per Cent.	Totals.	Per Cent.	Totals	Per Cent.	Totals.	Per Cent.	Totals.	Per Cent.
Micklegate Group—																					
Figures for 1913	1,124	120	10·6	105	9·3	97	8·6	10	0·8	9	0·6	3	0·2	1,035	92·0	78	6·0	11	0·9	70	6·2
Figures for 1912 ..	1,280	84	6·5	107	8·3	115	8·9	21	1·6	6	0·4	5	0·3	1,160	90·7	—	—	120	9·3	79	6·1
Figures for 1911 ..	1,602	13	0·8	78	4·8	181	11·2	8	0·4	6	0·3	12	0·7	1,507	94·1	—	—	95	5·9	42	2·5
Figures for 1910 ..	838	7	0·8	22	2·6	135	16·0	17	2·0	6	0·7	11	1·3	774	92·4	—	—	64	7·6	29	3·4
Bootham Group—																					
Figures for 1913	921	91	9·8	81	8·7	124	13·4	14	1·5	6	0·6	3	0·3	862	93·5	54	5·8	5	0·6	44	4·7
Figures for 1912 ..	1,006	48	4·7	88	8·7	104	10·3	13	1·2	8	0·7	9	0·8	894	88·9	—	—	112	11·1	40	3·9
Figures for 1911 ..	1,339	18	1·4	35	2·6	201	15·0	7	0·5	4	0·2	7	0·5	1,258	94·0	—	—	81	6·0	15	1·1
Figures for 1910 ..	633	2	0·3	11	1·7	90	14·2	6	0·9	2	0·3	2	0·3	610	96·4	—	—	23	3·6	5	0·7
Walmgate Group—																					
Figures for 1913	713	95	13·3	144	20·1	94	13·1	4	0·5	6	0·8	3	0·4	629	88·2	73	10·2	11	1·5	36	5·0
Figures for 1912 ..	882	92	10·4	124	14·0	105	11·9	15	1·7	4	0·4	5	0·5	800	90·7	—	—	82	9·3	55	6·2
Figures for 1911 ..	1,211	28	2·3	76	6·2	129	10·6	25	2·0	7	0·5	5	0·4	1,154	95·3	—	—	57	4·7	55	4·4
Figures for 1910 ..	735	20	2·7	29	3·9	112	15·2	31	4·2	4	0·5	5	0·6	693	94·3	—	—	42	5·7	28	3·8
Examined at Clinic 1912 ..	72	1	—	6	—	5	—	2	—	2	—	1	—	—	—	—	—	—	—	9	—
Totals for 1913	2,758	306	11·1	330	11·9	315*	11·4	28	1·0	21†	0·7	9‡	0·3	2,526	91·5	205	7·4	27	0·9	150	5·4
Totals for 1912 ..	3,240	225	6·9	325	10·0	329*	10·1	51	1·5	20†	0·6	20‡	0·6	2,920	90·2	—	—	320	9·8	183	5·6
Totals for 1911 ..	4,152	59	1·4	189	4·5	511	12·5	40	0·9	17	0·4	24	0·5	3,919	94·4	—	—	233	5·6	112	2·6
Totals for 1910 ..	2,206	29	1·3	62	2·8	337	15·2	54	2·4	12	0·5	18	0·8	2,077	94·2	—	—	129	5·8	62	2·8

N.B.—The higher percentages of 1912 and 1913 are probably to be accounted for, to a considerable extent, by the higher standards of estimation more or less unconsciously adopted by the observers.

* 157, or 47 per cent. of these were receiving the necessary attention, or were otherwise non-potential.

† 11, or 55 per cent. of these were receiving the necessary attention.

‡ 6, or 30 " " " " "

1913 * 174, or 55 per cent. of these were receiving the necessary attention, or were otherwise non-potential.

† 5, or 23 per cent. of these were receiving the necessary attention.

‡ 3, or 33 " " " " "

In preceding Reports the columns headed "Nutrition," "Fair" and "Bad" were combined under the one heading, viz., "Mal-nutrition."

For composition of School Groups, see Table 1.

TABLE 5.

Average Heights and Weights (English and Metric) of 2758 children attending the York City Elementary Schools, compared with the averages for Great Britain published by the Anthropometric Committee of the British Association, 1883, and also with the figures of Tuxford & Glegg and Greenwood.

	English System.											
	Height (inches).					Weight (lbs.).						
	British Association.	Tuxford & Glegg.	Greenwood.	York, 6 years, M.I.	York, 1913.	British Association.	Tuxford & Glegg.	Greenwood.	York, 6 years, M.I.	York, 1913.	Number Inspected.	Average Age.
Boys :—												
5– 6	41·03	40·55	40·7	40·7	40·8	39·9	38·7	38·7	38·7	39·1	565	$5\frac{5}{12}$
6– 7	44·00	42·5	42·8	42·7	42·7	44·4	42·6	42·2	43·2	42·3	165	$6\frac{4}{12}$
12–13	54·99	55·05	54·9	54·3	53·9	76·7	72·85	72·7	72·0	72·5	551	$12\frac{5}{12}$
13–14	56·91	56·1	56·1	56·1	55·7	82·6	77·5	77·4	78·2	76·3	91	$13\frac{4}{12}$
Girls :—												
5– 6	40·55	40·4	40·4	40·4	40·5	36·1	37·6	37·7	37·5	38·1	532	$5\frac{5}{12}$
6– 7	42·88	42·36	42·5	42·6	42·9	39·2	40·98	41·2	40·7	41·2	162	$6\frac{5}{12}$
12–13	55·66	54·68	55·5	54·3	53·7	76·4	73·89	73·9	71·6	71·0	564	$12\frac{5}{12}$
13–14	57·77	56·9	56·8	56·7	56·2	87·2	80·0	80·4	79·3	78·5	127	$13\frac{4}{12}$
	* (Millimetres).			Metric System.		* (Kilograms).						
Boys :—												
5– 6	1042	1028	1033	1033	1036	18·1	17·5	17·5	17·5	17·7		
6– 7	1117	1079	1086	1083	1083	20·1	19·3	19·1	19·6	19·1		
12–13	1397	1399	1394	1379	1368	34·7	33·0	32·9	32·6	32·8		
13–14	1444	1424	1424	1424	1415	37·4	35·1	35·1	35·4	34·6		
Girls :—												
5– 6	1121	1026	1026	1026	1028	16·3	17·0	17·1	17·0	17·2		
6– 7	1188	1074	1079	1081	1088	17·7	18·5	18·6	18·4	18·6		
12–13	1412	1386	1394	1379	1365	34·6	33·5	33·5	32·4	32·2		
13–14	1465	1445	1442	1440	1427	39·5	36·2	36·4	35·9	35·6		

* Millimetre = Mm.
1 Millimetre = 1/25 of an inch.

* Kilogram = Kgm.
1 Kilogram = 2·2 lbs. avoirdupois.

TABLE 6.

The following table gives the number of **Girls** (including Infant Girls) who have been medically inspected, and the number and percentage of these **affected with "Nits"** (viz., potential vermin, which are more commonly found among girls on account of their long hair):—

For comparison, the figures for previous years are inserted.

School Groups.	GIRLS.					
	Upper Department.			Infants' Department.		
	Number inspected.	"Nits" (vermin).	Percentage.	Number inspected.	"Nits" (vermin).	Percentage.
Micklegate Group:—						
1913 ..	291	58	19·9	261	47	18·0
Figures for 1912 ..	268	80	29·8	353	59	16·7
Figures for 1911 ..	452	123	27·2	295	58	19·6
Figures for 1910 ..	121	41	33·8	307	109	35·5
Figures for 1909 ..	392	173	44·1	276	105	38·0
Figures for 1908 ..	368	227	61·6	67	29	43·2
Bootham Group:—						
1913 ..	225	82	36·4	231	44	19·0
Figures for 1912 ..	198	45	22·7	288	65	22·5
Figures for 1911 ..	327	124	37·9	326	83	25·2
Figures for 1910 ..	140	41	29·2	177	51	28·8
Figures for 1909 ..	177	88	49·7	187	51	27·2
Figures for 1908 ..	251	172	68·5	45	28	62·2
Walmgate Group:—						
1913 ..	175	42	24·0	202	52	25·7
Figures for 1912 ..	187	62	33·1	217	49	22·5
Figures for 1911 ..	305	66	21·6	323	88	27·4
Figures for 1910 ..	128	33	25·7	264	99	37·5
Figures for 1909 ..	199	130	65·3	218	108	49·5
Figures for 1908 ..	162	128	79·0	49	27	55·5
Examined at Clinic, 1912 ..	6	3	—	28	5	—
Totals for 1913 ..	691	182*	26·3	694	143†	20·6
Totals for 1912 ..	659	190	28·8	886	178	20·0
Totals for 1911 ..	1,084	313	28·8	944	229	23·0
Totals for 1910 ..	389	115	29·5	748	259	34·6
Totals for 1909 ..	768	391	50·9	681	264	38·7
Totals for 1908 ..	781	527	67·4	161	84	52·1

* 114 or 62·6 per cent. of which were receiving the necessary attention or were otherwise non-potential.

† 60 or 41·9 per cent. of which were receiving the necessary attention or were otherwise non-potential.

For composition of School Groups, see Table 1.

TABLE 7.—1913.—Investigation throughout the York Elementary Schools with a view to the detection of Scalp Ringworm and Verminous Conditions amongst the scholars.

TOTALS AND PERCENTAGES.	BOYS (Upper).			BOYS (Infants).			GIRLS (Upper).			GIRLS (Infants).		
	Total examined.	Ring-worm.	Verminous conditions.	Total examined.	Ring-worm.	Verminous conditions.	Total examined.	Ring-worm.	Verminous condition	Total examined.	Ring-worm.	Verminous conditions.
Totals 1913 ..	4,219	3	43	2,069	8	22	4,552	1	507	1,915	6	175
Percentages ..	—	0·07	1·01	—	0·3	1·06	—	0·02	11·1	—	0·3	9·1
Totals for 1912 ...	3,494	3	63	1,812	1	35	4,462	5	405	1,758	2	96
Percentages ...	—	0·08	1·8	—	0·05	1·9	—	0·1	9·0	—	0·1	5·4
Totals for 1911 ...	3,438	5	45	1,534	9	30	3,528	2	631	1,565	2	269
Percentages ...	—	0·1	1·3	—	0·5	1·9	—	0·05	17·8	—	0·1	17·1
Totals for 1910 ...	4,190	5	115	1,427	13	34	4,285	5	1,264	1,689	12	373
Percentages ...	—	0·1	2·7	—	0·9	2·3	—	0·1	29·4	—	0·7	22·0
Totals for 1909 ...	3,659	111	288	1,672	89	188	3,726	83	1,937	1,596	47	894
Percentages ...	—	3·0	7·8	—	5·3	11·2	—	2·2	52·0	—	3·0	56·0

	1913.		1912.		1911.		1910.		1909.	
	Total Cases.	Percentage.	Total cases.	Percentage.	Total cases.	Percentage.	Total cases.	Percentage.	Total cases.	Percentage.
Ringworm	18	0·1	11	0·09	18	0·1	35	0·3	330	3·0
Verminous conditions	747	5·8	599	5·1	975	9·6	1,786	15·4	3,307	31·0
Total No. of children examined ...	12,755		11,526		10,065		11,591		10,653	

TABLE 8.

Condition of the Teeth amongst 1334 children (643 boys and 691 girls), between 12 and 14 years of age.

TOTALS AND PERCENTAGES.	Apparently sound or perfect sets.		BOYS. Defective Teeth. Number of:—							GIRLS. Defective Teeth. Number of:—							Mouth and Teeth.				Teeth.	
																	Clean.		Dirty.		Rickety.	
	Boys	Girls	1	2	3	4	5	6–9	10 & over	1	2	3	4	5	6–9	10 & over	Boys	Girls	Boys	Girls	Boys	Girls
*Totals for 1913 .. Boys 643 ; Girls 691	101	131	109	143	112	77	34	39	1	117	164	109	75	39	32	1	257	339	386	352	27	23
Percentages	15·7	18·9	17·1	22·2	17·4	11·9	5·2	6·0	0·1	16·9	23·7	15·7	10·8	5·6	4·6	0·1	39·9	49·0	60·0	50·9	4·1	3·3
†Totals for 1912 .. .. Boys 692 ; Girls 659	103	107	128	124	129	82	44	50	2	103	160	108	84	38	36	1	284	343	408	316	30	22
Percentages	14·8	16·2	18·4	17·9	18·6	11·8	6·3	7·2	0·2	15·6	24·2	16·3	12·7	5·7	5·4	0·1	38·2	52·1	61·8	47·9	4·6	3·3
‡‡Totals for 1911 .. .. Boys 1141 ; Girls 1084	124	108	172	223	208	147	96	88	5	136	270	183	149	81	96	7	490	627	606	421	45	37
Percentages	10·8	9·9	15·0	19·5	18·2	12·8	8·4	7·7	0·4	12·5	24·9	16·8	13·7	7·4	8·8	0·6	42·9	57·8	53·1	38·8	3·9	3·4

‡‡ In addition to the above figures for 1911, 33 boys and 17 girls had sound sets, but imperfect in number of teeth.
† Included in the above figures for 1912, 25 boys and 18 girls had sound sets, but imperfect in number of teeth.
* Included in the above figures for 1913, 28 boys and 39 girls had sound sets, but imperfect in number of teeth.

TABLE 9.

Result of Vision Testing by means of Snellen's types in the ordinary course of Medical Inspection during 1913 :—1334 children aged 12–14 examined.

		BOYS (643 examined). LEFT EYE.								GIRLS (691 examined). LEFT EYE.							
RIGHT EYE.	Acuity of Vision.	6/60	6/36	6/24	6/18	6/12	6/9	6/6	Total.	6/60	6/36	6/24	6/18	6/12	6/9	6/6	Total.
	6/6	3	1	6	2	1	37	415	465	—	—	1	7	2	67	370	447
	6/9	3	1	—	3	1	59	31	98	6	3	—	5	7	105	22	148
	6/12	1	—	—	—	—	8	1	10	1	—	2	2	3	2	—	10
	6/18	—	3	5	13	3	7	3	34	1	4	7	9	4	4	5	34
	6/24	—	—	3	3	—	—	1	7	1	2	2	7	—	2	1	15
	6/36	1	3	3	2	3	1	7	20	—	5	3	—	1	6	1	16
	6/60	3	1	—	2	—	1	2	9	5	2	1	4	1	3	5	21
		11	9	17	25	8	113	460	643	14	16	16	34	18	189	404	691

The following is a statement of the number and percentage of the above children who had "good," "moderate," and "bad" vision respectively in both eyes :—

		Boys.	Girls.
"Good" Vision	($\frac{6}{6}$ or $\frac{6}{9}$ in both eyes)	.. 542, or 84·2 per cent.	564, or 81·6 per cent.
"Moderate" Vision	($\frac{6}{12}$,, ,,)	.. — ,, — ,,	3, ,, 0·4 ,,
"Bad" Vision	($\frac{6}{18}$ or worse ,, ,,)	.. 42, ,, 6·5 ,,	53, ,, 7·6 ,,

Number of children who have "good" vision in one eye, and "moderate" or "bad" vision in the other eye; also those who have "moderate" vision in one eye, and "bad" in the other :—

	Boys.	Girls.
One eye "good" and the other "moderate"	.. 11, or 1·7 per cent.	11, or 1·5 per cent.
One eye "good" and the other "bad"	.. 41, ,, 6·3 ,,	49, ,, 7·0 ,,
One eye "moderate" and the other "bad"	.. 7, ,, 1·0 ,,	11, ,, 1·5 ,,
Totals	.. 643	691

TABLE 10.

The following **other diseases and conditions** were found to exist among the 2,758 children medically inspected during 1913. The left-hand figures indicate the corresponding numbers on the schedule cards.

		Total Children affected.		Per-centages.
No. 8.	Dirty Heads	210		7·6
	Dirty Bodies	72		2·6
No. 10.	Nose and Throat :			
	Adenoid (High) Palates	155		5·6
	Enlarged Tonsils ..	527		19·1
	Very Enlarged Tonsils	186		6·7
	Adenoids	29		1·0
	Nasal Polypus ..	1		
	Nasal Discharge ..	2		
	Enlarged Neck Glands	30		1·0
No. 11.	External Eye Diseases :			
	Squint	55		1·9
	Ophthalmia	4		
	Blepharitis (inflamed eyelids)	15		0·5
	Phlyctenular Keratitis	2		
	Opacities (corneal) ..	5		0·1
	Cataract (lenticular) ..	3		
	Various	16		
No. 13.	Ear Diseases :			
	Otorrhœa (discharging ears)	12		0·4
	Cerumen (wax) ..	9		
No. 14.	Hearing :			
	Defective Hearing ..	26		0·9
No. 15.	Speech :			
	Lisping	10		
	Stammering	18	39	1·4
	Defective Articulation	11		
No. 16.	Mental Condition :			
	Mentally Defective ..	3		0·1
	Dull	62		2·2
	Backward	228		8·2
No. 17.	Heart and Circulation :			
	Mitral Disease	9		0·3
	Cardiac Debility ..	3		
	Anæmia	4		
	Hæmophilia	1		
No. 18.	Lungs :			
	Bronchitis (sub-acute)	5	38	1·3
	Bronchial Catarrh ..	33		
No. 19.	Nervous System :			
	Neurotic	9		
	Epileptic	15		
	Chorea (St. Vitus' Dance)	1		
	Nystagmus	1	35	1·2
	Infantile Paralysis ..	6		
	Paresis	1		
	Somnambulism ..	1		
	Asthma	1		

		Total Children affected.		Per-centages.
No. 20.	Tuberculosis. (See also section of Report on Tuberculosis)			
	Phthisis	5		
	Glandular	4	13	0·4
	Tabes Mesenterica ..	4		
No. 21.	Rickets :			
	Bowlegged	9		
	Knock-kneed	7		
	Bowed (shins)	5	50	
	Flat Chest	1		
	Hollow Chest	3		
	Pigeon Chest	25		2·3
No. 22.	Other Deformities :			
	Lordosis (Spine) ..	1		
	Talipes	1		
	Kyphosis	1		
	Various	13		
No. 23.	Infectious and Contagious Diseases :			
	Whooping Cough ..	9		
	Scabies (itch)	1		
	Chicken-pox	5	47	1·7
	Impetigo	21		
	Eczema, contagious ..	11		
No. 24.	Other Diseases and Defects :			
	Skin Affections :—			
	Psoriasis	3		
	Keratosis (fish skin) ..	8		
	Icthyosis	1	28	1·0
	Lichen	4		
	Alopecia	6		
	Naevi (" Birth " Marks)	6		
	Scars :—			
	Burn Scars	8		
	Scald Scars	13		
	Accident Scars ..	43		
	Abscess Scars	23		
	Neck Gland Scars ..	22		
	Operation Scars ..	12		
	Thyroiditis (Goitre ?) ..	12		
	Hernia	4		
	Torticollis (wry-neck)	1		
	Alveolar Abscess ..	4		
	Asymmetry of Chest ..	1		
	Heteropia (marked difference in the colour of both eyes)	1		
	Various	61		
	Total ..	2,140		

Table 11.—Cases of Disease notified to the Office by Head Teachers under "The Regulations regarding Contagious Diseases" (per Forms A and C) during the year 1913, and during 1912 and 1911

Disease or Condition.	Absentees notified by Head Teachers.						Suspects sent Home from School by Head Teachers.						Totals.		
	Upper Dept.			Infants' Dept.			Upper Dept.			Infants' Dept.					
	1913	1912	1911	1913	1912	1911	1913	1912	1911	1913	1912	1911	1913	1912	1911
Scarlet Fever	19	24	33	23	16	22	2	14	6	2	4	—	46	58	61
Diphtheria	7	11	7	3	8	3	2	1	—	—	1	—	12	21	10
Sore Throat	95	89	109	35	47	49	19	16	10	7	28	27	156	180	195
Mumps	24	46	209	63	39	322	15	10	74	22	10	155	124	105	760
Measles	10	125	64	105	950	188	2	41	12	2	42	3	119	1,158	267
Whooping Cough	14	7	32	234	53	211	6	—	6	24	9	28	278	69	277
Typhoid Fever	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Chickenpox	38	33	31	299	274	97	7	19	8	25	21	31	369	347	167
Influenza or Cold	42	38	56	81	101	158	1	6	3	1	3	6	125	148	223
Pneumonia	1	—	1	—	3	2	—	—	—	—	—	—	1	3	3
Ophthalmia or Sore Eyes	23	64	205	16	41	143	14	40	144	14	29	120	67	174	612
Blepharitis (sore eye-lids)	2	3	3	1	—	—	3	2	1	—	3	—	6	8	4
Ringworm	51	49	50	60	60	41	15	20	23	16	15	15	142	144	129
"Sore head"															
"Dirty head"															
Impetigo	63	47	30	59	33	39	28	30	28	25	15	26	175	125	123
Eczema															
Head Lice	10	9	3	4	1	3	46	17	11	—	—	8	60	27	25
Body Lice	6	—	—	—	2	1	6	10	10	—	—	1	12	12	12
Scabies (Itch)	3	6	5	—	—	1	—	1	4	—	1	1	3	8	11
Enlarged Glands	13	9	3	14	6	9	—	8	2	5	1	2	32	24	16
Scabs	2	1	6	4	8	2	—	1	2	6	3	5	12	13	15
Phthisis	9	2	1	—	—	2	—	1	—	—	—	—	9	3	3
Various	162	147	173	142	179	139	22	45	45	28	25	44	354	396	401
Not stated	169	132	120	89	91	110	7	4	2	2	1	4	267	228	236
Totals	763	842	1,142	1,232	1,912	1,542	195	286	391	179	211	476	2,369	3,251	3,551

1912:—15 cases of Scarlet Fever, 13 Sore Throat, 53 Mumps, 86 Measles, 24 Whooping Cough, 24 Chickenpox, 22 Influenza or Cold, 8 Ophthalmia, 1 Blepharitis, 11 Ringworm, 2 Dirty Head, 2 Scabies, 3 Enlarged Glands, 1 Scabs, and 2 Phthisis turned out to be some disease or condition different from that suspected or notified by the Head Teachers, but most were worthy of investigation.

1913:—3 cases of Scarlet Fever, 1 Diphtheria, 10 Sore Throat, 24 Mumps, 10 Measles, 27 Whooping Cough, 19 Chickenpox, 14 Cold, 8 Ophthalmia, 1 Blepharitis, 5 Ringworm, 3 Impetigo, 11 Enlarged Glands, and 1 Phthisis turned out to be some disease or condition different from that suspected or notified by the Head Teachers, but most were worthy of investigation.

TABLE 12a.

School Groups chiefly affected by cases of Infectious Disease amongst the Scholars.
First six months—JANUARY to JUNE (inclusive), 1913.

School Groups.	Total cases notified to Medical Officer of Health by Medical Practitioners.				Total cases notified to the Assistant School Medical Officer by Head Teachers under Regulations *re* Contagious Diseases (per Forms A and C).							
	Scarlet Fever.		Diphtheria.		Measles.		Whooping Cough.		Chickenpox.		Impetigo. ("Dirty or Scabby Head.")	
	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants
Micklegate Group :	8	19	5	5	5	77	—	9	23	166	41	11
Bootham Group :	4	5	2	1	3	11	9	118	10	68	17	18
Walmgate Group :	8	5	1	2	1	9	2	63	2	16	16	20
Totals for 1913 ..	20	29	8	8	9	97	11	190	35	250	74	49
Totals for 1912 ..	65	40	10	9	159	950	3	10	30	83	51	25
Totals for 1911 ..	35	22	6	7	7	12	32	217	23	89	46	39
Totals for 1910 ..	25	27	21	8	144	561	4	27	22	53	70	35
Totals for 1909 ..	9	15	9	11	32	37	15	72	38	150	122	51

For composition of School Groups, see Table 1.

TABLE 12b.

School Groups chiefly affected by cases of Infectious Disease amongst the Scholars.

Second six months—JULY to DECEMBER (inclusive), 1913.

SCHOOL GROUPS.	Total cases notified to Medical Officer of Health by Medical Practitioners.				Total cases notified to the Assistant School Medical Officer by Head Teachers under Regulations *re* Contagious Diseases (per Forms A and C).							
	Scarlet Fever.		Diphtheria.		Measles.		Whooping Cough.		Chicken pox.		Impetigo. ("Dirty or Scabby Head.")	
	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants
Micklegate Group:	11	5	6	1	2	4	5	18	7	26	36	12
Bootham Group:	5	8	8	11	1	5	1	18	2	37	17	10
Walmgate Group:	2	4	8	4	—	1	3	32	1	11	20	17
Totals for 1913 ..	18	17	22	16	3	10	9	68	10	74	73	39
Totals for 1912 ..	60	50	14	23*	7	42	4	52	22	212	52	24
Totals for 1911 ..	68	62	6	6	69	179	6	22	16	39	26	37
Totals for 1910 ..	22	24	6	7	9	23	33	245	32	137	31	16
Totals for 1909 ..	25	18	22	5	40	243	2	36	15	26	76	35

For composition of School Groups, see Table 1.

* 12 cases occurred at Shipton Street Infants' School, which was consequently closed for 8 weeks.

CITY OF YORK EDUCATION COMMITTEE.

Statistical Tables as required by the Board of Education.

APPENDIX "B"

TABLE 1.—NUMBER OF CHILDREN INSPECTED 1ST JANUARY, 1913, TO 31ST DECEMBER, 1913.

A.—"CODE" GROUPS.

AGE.	ENTRANTS.						LEAVERS.					GRAND TOTAL.
	3	4	5	6	Other Ages.	Total.	12	13	14	Other Ages.	Total.	
Boys	—	—	565	165	—	730	552	91	—	—	643	1373
Girls	—	—	532	162	—	694	564	127	—	—	691	1385
Totals	—	—	1097	327	—	1424	1116	218	—	—	1334	2758

B. GROUPS OTHER THAN "CODE."

	Intermediate Group.*	Special Cases.	Re-examinations. *i.e.*, Number of children re-examined.
Boys	—	308	73
Girls	—	365	101
Totals	—	673	174

TABLE 2.—RETURN SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED.

Condition.		Entrants.				Leavers.				Intermediate Group.*				Total.				Special Cases.		
		B.	G.	T.	%	B.	G.	T.	%	B.	G.	T.	%	B.	G.	T.	%	B.	G.	T.
Total Inspected.		730	694	1424	—	643	691	1334	—	—	—	—	—	1373	1385	2758	—	308	365	673
CLOTHING.	Satisfactory	629	666	1295	91·0	515	642	1157	86·8	—	—	—	—	1144	1308	2452	89·0	302	361	663
	Unsatisfactory	101	28	129	9·0	128	49	177	13·2	—	—	—	—	229	77	306	11·0	6	4	10
FOOTGEAR.	Satisfactory	626	617	1243	87·3	570	615	1185	88·9	—	—	—	—	1196	1232	2428	88·1	302	361	663
	Unsatisfactory	104	77	181	12·7	73	76	149	11·1	—	—	—	—	177	153	330	11·9	6	4	10
CLEANLINESS OF HEAD.	Clean (*i.e.*, no N. or P.) ..	713	561	1274	89·6	630	511	1141	85·7	—	—	—	—	1343	1072	2415	87·6	306	353	659
	Nits only	10	121	131	9·1	6	178	184	13·7	—	—	—	—	16	299	315	11·4	1	10	11
	Pediculi	7	12	19	1·3	7	2	9	0·6	—	—	—	—	14	14	28	1·0	1	2	3
CLEANLINESS OF BODY.	Clean	714	680	1394	97·9	610	682	1292	96·1	—	—	—	—	1324	1362	2686	96·7	308	365	663
	Dirty	16	14	30	2·1	33	9	42	3·1	—	—	—	—	49	23	72	2·6	—	—	—
	Pediculi present	6	4	10	0·7	10	2	12	0·8	—	—	—	—	16	6	22	0·7	2	4	6
NUTRITION.	Excellent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Normal	664	627	1291	90·7	591	644	1235	92·7	—	—	—	—	1255	1271	2526	91·7	308	360	368
	Below Normal	59	61	120	8·4	45	40	85	6·3	—	—	—	—	104	101	205	7·4	—	5	5
	Bad	7	6	13	0·9	7	7	14	1·0	—	—	—	—	14	13	27	0·9	—	—	—

* State age of intermediate group other than 8 years.

B—boys; G—girls; T—total. Pediculi—living lice.

Table 2.—RETURN SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED—*Continued.*

Condition.		Entrants.				Leavers.				Intermediate Group.*				Total.				Special Cases.		
		B.	G.	T.	%	B.	G.	T.	%	B.	G.	T.	%	B.	G.	T.	%	B.	G.	T.
NOSE AND THROAT.	No Defect	550	478	1028	72·4	477	511	988	74·2	—	—	—	—	1027	989	2016	73·2	272	293	565
	Mouth Breathers	20	28	48	3·3	18	23	41	3·0	—	—	—	—	38	51	89	3·2	12	27	39
	Tonsils : slightly enlarged	130	156	286	20·0	118	123	241	18·0	—	—	—	—	248	279	527	19·1	19	28	47
	Tonsils : much enlarged	45	47	92	6·4	45	49	94	7·0	—	—	—	—	90	96	186	6·7	10	27	37
	Adenoids : slight	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Adenoids : marked	5	13	18	1·2	3	8	11	0·8	—	—	—	—	8	21	29	1·0	7	17	24
EXTERNAL EYE DISEASE.	No Disease	714	685	1399	98·4	634	680	1314	98·7	—	—	—	—	1348	1365	2713	98·6	302	358	660
	Blepharitis	3	5	8	0·5	3	4	7	0·5	—	—	—	—	6	9	15	0·5	5	3	8
	Conjunctivitis	2	—	2	0·1	1	1	2	0·1	—	—	—	—	3	1	4	0·1	—	1	1
	Corneal Opacities	1	2	3	0·2	1	1	2	0·1	—	—	—	—	2	3	5	0·1	1	2	3
	Other diseases	10	2	12	0·8	4	5	9	0·6	—	—	—	—	14	7	21	0·7	—	1	1
EAR DISEASE.	No disease	721	692	1413	99·33	640	685	1325	99·43	—	—	—	—	1361	1377	2738	99·43	302	355	657
	Obstruction R.*	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Obstruction : L.*	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Otorrhœa : R.*	4	1	5	0·3	2	3	5	0·3	—	—	—	—	6	4	10	0·3	3	6	9
	Otorrhœa : L.*	1	—	1	0·07	—	1	1	0·07	—	—	—	—	1	1	2	0·07	3	3	6
	Other diseases	4	1	5	0·3	1	2	3	0·2	—	—	—	—	5	3	8	0·2	—	1	1
TEETH.	Sound	374	358	732	51·5	101	131	232	17·3	—	—	—	—	475	489	964	35·0	241	283	524
	Less than 4 decayed	112	125	237	16·6	364	390	754	56·5	—	—	—	—	476	515	991	35·9	23	23	46
	4 or more decayed	244	211	455	31·9	178	170	348	26·0	—	—	—	—	422	381	803	29·1	44	59	103
	*Sepsis	(Included under two previous headings).								—	—	—	—	—	—	—	—	—	—	—

* State age of intermediate group other than 8 years.

B—boys ; G—girls ; T—total. * R—right ear ; L—left ear.

Table 2.—RETURN SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED—*Continued.*

Condition.		Entrants.				Leavers.				Intermediate Group.*				Total.				Special Cases.		
		B.	G.	T.	%	B.	G.	T.	%	B.	G.	T.	%	B.	G.	T.	%	B.	G.	T.
HEART AND CIRCULATION.	No disease	727	692	1419	99·66	636	684	1320	99·1	—	—	—	—	1363	1376	2739	99·4	308	363	671
	Organic Disease	—	—	—	—	5	4	9	0·6	—	—	—	—	5	4	9	0·3	—	2	2
	Functional Disease ..	—	1	1	0·07	1	1	2	0·1	—	—	—	—	1	2	3	0·1	—	—	—
	Anæmia	1	—	1	0·07	1	2	3	0·2	—	—	—	—	2	2	4	0·1	—	—	—
	Other defect	2	1	3	0·2	—	—	—	—	—	—	—	—	2	1	3	0·1	—	—	—
LUNGS.	No disease	715	679	1394	97·96	635	686	1321	99·13	—	—	—	—	1350	1365	2715	98·53	308	365	673
	†Ch. Bronchitis and Br. Cat.	15	13	28	1·9	6	4	10	0·7	—	—	—	—	21	17	38	1·3	—	—	—
	Tuberculosis	—	1	1	0·07	1	1	2	0·1	—	—	—	—	1	2	3	0·1	—	—	—
	Tuberculosis suspected ..	—	1	1	0·07	1	—	1	0·07	—	—	—	—	1	1	2	0·07	—	—	—
	Other diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
NERVOUS SYSTEM.	No disease	723	684	1407	99·89	638	678	1316	98·83	—	—	—	—	1361	1362	2723	98·87	307	365	672
	Epilepsy : major or minor	4	3	7	0·4	1	7	8	0·5	—	—	—	—	5	10	15	0·5	1	—	1
	Chorea (St. Vitus' Dance) ..	—	—	—	—	—	1	1	0·07	—	—	—	—	—	1	1	0·03	—	—	—
	Other diseases	3	7	10	0·7	4	5	9	0·6	—	—	—	—	7	12	19	0·6	—	—	—
SKIN.	No disease	712	675	1387	97·63	632	670	1302	97·73	—	—	—	—	1344	1345	2689	97·64	302	364	666
	Ringworm : body	1	—	1	0·07	—	—	—	—	—	—	—	—	1	—	1	0·03	—	—	—
	Ringworm : head	1	5	6	0·4	—	—	—	—	—	—	—	—	1	5	6	0·2	—	—	—
	Impetigo (Scab head) ..	8	7	15	1·0	—	6	6	0·4	—	—	—	—	8	13	21	0·7	4	1	5
	Scabies (Itch)	—	—	—	—	—	1	1	0·07	—	—	—	—	—	1	1	0·03	—	—	—
	Other diseases	8	6	14	0·9	11	14	25	1·8	—	—	—	—	19	20	39	1·4	2	—	2

* State age of intermediate group other than 8 years.

† Ch.—chronic. † Br. Cat.—bronchial catarrh.

Table 2.—RETURN SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED—*Continued*

Condition.		Entrants.				Leavers.				Intermediate Group.*				Total.				Special Cases.		
		B.	G.	T.	%	B.	G.	T.	%	B.	G.	T.	%	B.	G.	T.	%	B.	G.	T.
RICKETS.	No disease	711	687	1398	98·3	630	680	1310	98·3	—	—	—	—	1341	1367	2708	98·3	303	357	660
	Slight	6	2	8	0·5	7	3	10	0·7	—	—	—	—	13	5	18	0·6	—	—	—
	Marked	13	5	18	1·2	6	8	14	1·0	—	—	—	—	19	13	32	1·1	5	8	13
DEFORMITIES.	No deformity	709	684	1393	97·9	625	674	1299	97·4	—	—	—	—	1334	1358	2692	97·7	297	347	644
	Deformity present	21	10	31	2·1	18	17	35	2·6	—	—	—	—	39	27	66	2·3	11	18	29
TUBERCULOSIS NON-PULMONARY.	No disease	726	694	1420	99·8	640	689	1329	99·63	—	—	—	—	1370	1383	2753	99·77	308	363	671
	Glandular	—	—	—	—	2	2	4	0·3	—	—	—	—	2	2	4	0·1	—	2	2
	Bones and Joints	—	—	—	—	1	—	1	0·07	—	—	—	—	1	—	1	0·03	—	—	—
	Other forms	4	—	4	0·2	—	—	—	—	—	—	—	—	4	—	4	0·1	—	—	—
SPEECH.	Not defective	713	686	1399	98·4	633	687	1320	99·0	—	—	—	—	1346	1373	2719	98·7	274	346	620
	Defective Articulation	10	8	18	1·2	3	—	3	0·2	—	—	—	—	13	8	21	0·7	18	12	30
	Stammering	7	—	7	0·4	7	4	11	0·8	—	—	—	—	14	4	18	0·6	16	7	23
MENTAL CONDITION.†	Normal	—	—	—	—	501	540	1041	78·1	—	—	—	—	501	540	1041	78·1	284	343	627
	Dull or Backward	—	—	—	—	141	149	290	21·7	—	—	—	—	141	149	290	21·7	18	14	32
	Mentally Defective (All grades)	—	—	—	—	1	2	3	0·2	—	—	—	—	1	2	3	0·2	6	8	14

* State age of intermediate group other than 8 years.

† Percentages calculated on children in upper department only.

B—boys; G—girls; T—total.

Table 2.—RETURN SHOWING THE PHYSICAL CONDITION OF CHILDREN INSPECTED—*Continued.*

Condition.		Entrants.				Leavers.				Intermediate Group.*				Total.				Special Cases.		
		B.	G.	T.	%	B.	G.	T.	%	B.	G.	T.	%	B.	G.	T.	%	B.	G.	T.
VISION.†	6/6 each Eye (Nrml. Vision)	—	—	—	—	415	370	785	58·8	—	—	—	—	415	370	785	58·8	255	296	551
	6/6 R.	—	—	—	—	50	77	127	9·5	—	—	—	—	50	77	127	9·5	1	3	4
	6/6 L.	—	—	—	—	45	34	79	5·9	—	—	—	—	45	34	79	5·9	—	1	1
	6/9 R.	—	—	—	—	98	148	246	18·4	—	—	—	—	98	148	246	18·4	3	9	12
	6/9 L.	—	—	—	—	113	189	302	22·6	—	—	—	—	113	189	302	22·6	5	6	11
	6/12 R.	—	—	—	—	10	10	20	1·4	—	—	—	—	10	10	20	1·4	—	6	6
	6/12 L.	—	—	—	—	8	18	26	1·9	—	—	—	—	8	18	26	1·9	2	6	8
	6/18 R.	—	—	—	—	34	34	68	5·0	—	—	—	—	34	34	68	5·0	8	6	14
	6/18 L.	—	—	—	—	25	34	59	4·4	—	—	—	—	25	34	59	4·4	5	11	16
	6/24 R.	—	—	—	—	7	15	22	1·6	—	—	—	—	7	15	22	1·6	5	8	13
	6/24 L.	—	—	—	—	17	16	33	2·4	—	—	—	—	17	16	33	2·4	11	7	18
	6/36 R.	—	—	—	—	20	16	36	2·6	—	—	—	—	20	16	36	2·6	8	8	16
	6/36 L.	—	—	—	—	9	16	25	1·8	—	—	—	—	9	16	25	1·8	7	15	22
	6/60 R.	—	—	—	—	9	18	27	2·0	—	—	—	—	9	18	27	2·0	14	12	26
	6/60 L.	—	—	—	—	8	8	16	1·1	—	—	—	—	8	8	16	1·1	8	7	15
	6/0 R.	—	—	—	—	—	3	3	0·2	—	—	—	—	—	3	3	0·2	4	7	11
	6/0 L.	—	—	—	—	3	6	9	0·6	—	—	—	—	3	6	9	0·6	6	6	12
SQUINT.		20	20	40	2·8	7	8	15	1·1	—	—	—	—	27	28	55	1·9	25	16	41
HEARING (WHISPER).	20 ft. each Ear (Nrml. Hear'g)	723	686	1409	99·0	637	686	1323	99·1	—	—	—	—	1360	1372	2732	99·0	297	339	636
	20 ft. R.	2	2	4	0·2	2	1	3	0·2	—	—	—	—	4	3	7	0·2	3	6	9
	20 ft. L.	1	2	3	0·2	2	1	3	0·2	—	—	—	—	3	3	6	0·2	4	8	12
	10 ft. R.	2	4	6	0·4	2	2	4	0·3	—	—	—	—	4	6	10	0·3	2	4	6
	10 ft. L.	2	3	5	0·3	1	2	3	0·2	—	—	—	—	3	5	8	0·2	3	2	5
	5 ft. R.	3	2	5	0·3	2	2	4	0·3	—	—	—	—	5	4	9	0·3	4	4	8
	5 ft. L.	4	3	7	0·4	3	2	5	0·3	—	—	—	—	7	5	12	0·4	2	4	6

* State age of intermediate group other than 8 years. † Percentages calculated on children in upper department only.

R—right; L—left.

TABLE 3.—NUMERICAL RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys.	Girls.	Total.
BLIND (including partially blind)		Attending Public Elementary Schools Attending Certified Schools for the Blind Not at School	7	4	11
DEAF AND DUMB (including partially deaf)		Attending Public Elementary Schools Attending Certified Schools for the Deaf Not at School	5	7	12
MENTALLY DEFICIENT.	**Feeble-Minded.**	Attending Public Elementary Schools Attending Certified Schools for Mentally Defective Children Not at School	56	—	56
	Imbeciles.	At School Not at School	6	—	6
	Idiots.				
EPILEPTICS.		Attending Public Elementary Schools Attending Certified Schools for Epileptics Not at School	3 — 2	1 1 —	4 1 2
PHYSICALLY DEFECTIVE.	**Pulmonary Tuberculosis.**	Attending Public Elementary Schools Attending Certified Schools for Physically Defective Children Not at School	5	6	11
	Other forms of Tuberculosis.	Attending Public Elementary Schools Attending Certified Schools for Physically Defective Children Not at School	9	2	11
	Cripples other than Tubercular.	Attending Public Elementary Schools Attending Certified Schools for Physically Defective Children Not at School	0	0	0
DULL OR BACKWARD.*		Retarded 2 Years Retarded 3 Years		No Records. No Records.	

* Judged according to age and standard.

CITY OF YORK EDUCATION COMMITTEE.

Grants for work connected with the School Medical Service during the year ending on March 31st, 1914.

APPENDIX "C."

CIRCULAR 823.

Circular to Local Education Authorities.

BOARD OF EDUCATION,
WHITEHALL, LONDON, S.W.,
18th August, 1913.

GRANTS FOR WORK CONNECTED WITH THE SCHOOL MEDICAL SERVICE DURING THE YEAR ENDING ON THE 31st MARCH, 1914.

Sir,

1. I am directed to enclose, for the information of the Local Education Authority, a copy of the Regulations under which grants will be made by the Board of Education during the financial year ending on the 31st March, 1914, in respect of work connected with the School Medical Service. These regulations take the place of the Regulations issued in April, 1912, under which grants were made during the financial year which ended on the 31st March, 1913, in aid of the medical treatment of children attending Public Elementary Schools and undertakings ancillary to medical treatment.

2. It will be observed that Part I. of the Regulations now issued provides for grants in aid of the expenditure of Local Education Authorities on medical inspection, medical treatment, and work ancillary to medical treatment, in connection with Public Elementary Schools. The Board are glad to be placed for the first time in a position to make a grant in respect of the work of medical inspection, and they trust that the financial assistance thus rendered will encourage Local Education Authorities to improve their School Medical Service in respect both of its scope and efficiency.

3. With regard to the inclusion of medical inspection in the work for which grant will be payable, the Board will take into consideration the completeness and efficiency of the Authority's provision for the medical inspection of the groups of children prescribed by Article 58 (*b*) of the Code of Regulations for Public Elementary Schools. In this connection, I am to invite the careful attention of the Authority to paragraph 3 of Circular 792, which sets out the points which, in the Board's view, are of fundamental importance in any adequate scheme of medical inspection. In particular, the Board desire to emphasise the need of an accurate and comprehensive examination of the individual children submitted for routine medical inspection, and of a careful and effective system of recording the results of the examination.

As regards the salaries paid to the staff of the School Medical Service, the Board are glad to find that in a number of areas the scale of salaries adopted is satisfactory. On the other hand there are many areas in which the salaries at present paid are not, in the Board's opinion, adequate, having regard to the responsible and onerous character of the increasing duties to be performed, and do not offer sufficient inducement to attract and retain the services of capable and experienced officers. The efficiency of the School Medical Service cannot but be affected by this circumstance, which must be regarded as a matter of serious concern to the Authorities and to the Board. In the case of the Medical Officers it is also important that a satisfactory basis of payment

should be adopted ; for example, the method of payment on the basis of the number of children inspected, which obtains in certain areas, cannot be regarded as suitable.

Attention is also specially directed to the last sentence of paragraph 3 of Circular 792 as to the necessity for furnishing the School Medical Officer with suitable office accommodation and for making adequate provision for the clerical work involved in the proper fulfilment of his duties.

4. The Board desire, at the same time, to refer to paragraph 10 of Circular 792 with regard to the Annual Reports of School Medical Officers. Local Education Authorities will realise that under the new conditions as to grant, the need for an accurate, clear, and full statement of the work of the School Medical Service in each area is increased, and that the absence of such a statement may necessitate a considerable amount of correspondence when the Authority's application for grant is being examined. As indicated in paragraph 10 of Circular 792, many of the reports received are found to give the information required by the Board in a clear and comprehensive form. In a large number of cases, however, the requisite information either is not given at all or is presented with insufficient detail and exactness. Further, in the Board's view, the time has now come when these reports should include as far as practicable, a general discussion and exposition of the facts revealed, in order that, by means of co-operation between School Medical Officers of different Authorities, an adequate review of the work of school hygiene throughout the country may be made possible. A proper understanding of the questions raised by school medical work is only feasible if the School Medical Officers themselves are in a position to deal with the matter in a comprehensive and scientific way, and with due consideration of causes and conditions. It is very desirable that the Annual Reports of the School Medical Officers should in every case be printed.

5. The experience of the Board has shown that the present arrangement, under which grant is assessed on the basis of the work done and the payments made during the year ending on the 31st July, is inconvenient, owing to the fact that this period covers portions of two financial years. The Board have accordingly decided to adopt the year ending on the 31st March as the year for all purposes of the School Medical Service, except that the Annual Reports of School Medical Officers will continue to relate to the calendar year. It will be observed from Article 5 of the Regulations that the statement of the Authority's arrangements for their School Medical Service and the estimate of expenditure required in respect of the current year should be made out for the period of twelve months ending on March 31st, 1914. The grant payable during the financial year beginning on April 1st, 1914, will be assessed on the basis of the work done, and the payments made by Local Education Authorities during the period of twelve months ending on March 31st, 1914. It will be understood that the grant payable during the current financial year will be assessed on the basis of the work done during the year which ended on the 31st July, 1913.

6. It has also been found that the existing definition of the last age-group as " all children who are expected to leave school in the year " has led to some difficulties in practice. It has, therefore, been decided to substitute for this definition one founded on an age basis, and to require the inspection of all children between 12 and 13 years of age, together with children over 13 years of age who have not already been examined after reaching the age of 12. This

change should be brought into operation for the year beginning on the 1st April, 1914, in order that any temporal additional burden due to the change may have ceased by the time that the requirement of the inspection of a third age-group referred to in the following paragraph comes into force.

7. In conclusion, I am to say that the Board consider that the time has now come when the work of medical inspection should be consolidated by provision for the routine inspection of an intermediate age-group. They are aware that in a large number of areas provision is already made for the inspection of one or more age-groups, other than those specified in Article 58 (*b*) of the Code. They desire, however, to give ample notice of this extension of the work of medical inspection, in order that as little inconvenience as possible may be caused to Authorities whose provision for medical inspection is at present limited to the two age-groups hitherto prescribed by the code.

Accordingly, they have decided to make no change as regards the year ending on the 31st March, 1915, but for the year beginning on the 1st April, 1915, and subsequent years, it will be required that provision shall be made for the medical inspection of all children between eight and nine years of age, as well as for the group of "entrants" and the group of children between 12 and 13 years of age.

I am, Sir,

Your obedient Servant,

(Signed) L. A. SELBY-BIGGE.