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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, 1914,

BY

EDMUND M. SMITH, M.D. (Edin.), D.P.H. (Camb.),

School Medical Officer and Medical Officer of Health.

Councillor K. E. T. WILKINSON,
Chairman.

J. H. MASON,
Secretary.

EDUCATION OFFICES,
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CITY OF YORK EDUCATION COMMITTEE.

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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.

TEMPORARY ASSISTANT SCHOOL MEDICAL OFFICER since the outbreak of the WAR :—

Norah Kemp, M.B., C.M.

OPHTHALMIC ASSISTANT SCHOOL MEDICAL OFFICER :—

Peter Macdonald, M.D.

DENTAL ASSISTANT SCHOOL MEDICAL OFFICER :—

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

ANNUAL REPORT

FOR THE YEAR ENDING 31ST DECEMBER, 1914.

To the Chairman and Members of the York Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I beg to place before you this the Seventh Annual Report on the Medical Inspection of the Scholars in the York Elementary Schools.

In doing so, I must crave indulgence for any incompleteness and imperfections which it may contain, but for that I must blame the war and its consequent disorganisation. Immediately upon the outbreak of war my Assistant School Medical Officer, Dr. Galbraith, who it appeared had some years before volunteered for medical service in time of war, was called up to serve with the 3rd Battalion Yorkshire Regiment. Since then it has been impossible to obtain any matter from Dr. Galbraith for this Annual Report, as he has been far too busily occupied with the troops.

*Within the following week or two it was arranged that our well-known citizen, Dr. Norah Kemp, should act as temporary part-time Assistant School Medical Officer, until, at any rate, the end of the year. Dr. Kemp has been able to give from two to four hours per day to the routine medical inspections

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COPY OF MINUTE.

* RESOLVED :—That the appointment of Dr. Norah Kemp, No. 120, The Mount, York, to act as Temporary Assistant School Medical Officer, at a salary of £12 12s. per calendar month, as from August 18th, 1914, be confirmed. The appointment will be subject to one month's notice and will be re-considered in January.

at the schools, the special examinations and other work of the School Clinic, supervision of treatment thereat, and the detailed supervision of the children in the special schools. This she has done with such zeal and success that we hope we shall be able to retain her services until the return of Dr. Galbraith.

The work of Medical Inspection is expanding year by year, the requirements of the Board are correspondingly increasing, and unceasing professional skill and energy are now called for in order to keep in line with the exacting details and developments which are necessarily accompanying these requirements. From April 1st, 1915, it is expected that the Board of Education will require the inspection of an intermediate age-period of children, *i.e.*, those between eight and nine years of age. This will involve a marked increase in the work and also in the staff.

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 the children remain out of school for lengthy periods.

On behalf of Dr. Galbraith, Dr. Kemp and myself, I beg gratefully to acknowledge the appreciation with which you have received our recommendations, and to thank you for your support in our work throughout the past year ; I sincerely hope that you will have cause to continue to appreciate our future efforts.

I am, Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

EDMUND M. SMITH,

School Medical Officer and
Medical Officer of Health.

February, 1915.

P.S.—In the absence of Dr. Galbraith the compilation of this Report has fallen entirely upon me. For able assistance I am indebted to the women clerks of both departments, and for most of the Section on the Open-Air Class I am indebted to the Tuberculosis Officer.

1.—*THE ELEMENTARY SCHOOLS NOW COMPRISE :—*

Twelve provided and eighteen non-provided schools, 30 in all, including the two special schools.

The numbers of children on the school registers during the year 1914 were as follows :—

Total No. of children on the Registers for the school year ended 30th September, 1914				14,342
Upper Department,	Boys	4,957		
,, ,,	Girls	4,732		
Infants ,,	Boys	2,433*		
,, ,,	Girls	2,220*		
Average attendance for the school year ended 30th September, 1914 (87·6%)				12,490

* In these figures are included 1,040 children under 5 years of age (539 boys and 501 girls).

ORGANISATION OF THE SCHOOL MEDICAL SERVICE.

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

The Medical Officer of Health is the School Medical Officer recognised by the Board of Education. (He is assisted by one whole time Assistant School Medical Officer, a part time Dental Surgeon, and a part time Ophthalmic Medical Officer.) As far as York is concerned this arrangement, which has obtained since the institution of medical inspection, is working satisfactorily. (See footnote). "In point of fact experience is proving the necessity of this intimate co-operation in every local area. School hygiene cannot be divorced either from home hygiene on the one hand, or from the health conditions of the community on the other."

In England and Wales, there are 317 areas for elementary education, each with a Principal School Medical Officer.

In 162 of these areas there are also 524 Assistant School Medical Officers.

The total number of School Medical Officers and Assistant School Medical Officers, excluding specialists, is 841 (93 being women doctors).

In the 295 areas in which schemes of medical inspection were approved for the year ending March 31st, 1914 :—

244 recognised School Medical Officers were also Medical Officers of Health, 178 being whole-time public officers ;

51 (24 whole-time and 27 part-time) School Medical Officers were not also Medical Officers of Health.

In addition, 578 Medical Practitioners and Specialists are engaged (47 of them whole-time), under the supervision of the School Medical Officers, in treatment of defects discovered in the school inspection work.

A total of 1,419 whole or part time Medical Officers are engaged in the School Medical Service in England and Wales, inclusive of London.

There are also 1,184 School Nurses, 799 being whole-time officers.

The Health Department, Tuberculosis Dispensary, and School Medical Department are in constant touch with each other, and cases and matters of all kinds are referred from one to another according to need, *e.g.*, infectious cases 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 and clothing where necessary.

"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."

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

3.—We still possess the services of our two qualified whole time School Nurses. The work occupies their time and energies to the utmost.

"A School Nurse performs very useful and important functions both in assisting the work of medical inspection and, under medical instruction and supervision, in applying or showing parents how to apply remedies for minor ailments." The duties of a School Nurse are of a varied character and require extensive knowledge and considerable tact, and are chiefly as follows :—

(*a*) The homes of children who are absent from school on account of illness are visited by the nurse, and parents are urged to obtain medical assistance should the illness be of a serious or doubtful type. Parents value these visits and the school nurses are very often requested by them to visit the homes and advise them what course to take.

(*b*) Assisting the School Medical Officer at the routine and Special Medical Inspections at the schools.

(*c*) During the year large numbers of children suffering from "minor" ailments receive medical treatment at the School Clinic. Under the heading "The School Clinic" will be found a tabular statement of work done. This work is carried out by the school nurses alternately, under the direction and supervision of the Assistant School Medical Officer.

(*d*) One of the school nurses attends and assists the School Dentist during his hours of treatment, and cases under the Ophthalmic Surgeon requiring the assistance of the nurse are sent down to the General Clinic and his instructions are carried out. Apparatus used is cleaned and sterilised by the nurses.

(*e*) The work of "following up" children found to be suffering from defects receives close attention, and frequent visits to the homes are paid by the school nurses with the object of urging the parents to carry out the instructions given or sent to them by the School Medical Officers. Many visits are paid to the schools in cases of threatening outbreaks of infectious disease, *i.e.*, Whooping Cough, Measles, Diphtheria, Scarlet Fever, etc.

(*f*) Visiting homes and schools on account of verminous or contagious conditions, and bathing such children under the Children Act, 1908, etc.

A brief tabular statement of the work done during the year by the school nurses is shown under Section 11.

4.—*Managers of Schools.*—The attendance of the School Managers at the medical inspection is specially invited, and welcomed. We are glad to record that during the year several of the lady managers attended and took a great interest in the work, asking questions and giving advice. Their knowledge of the home conditions of the children was in several cases of considerable value to the inspecting Medical Officer, who is glad to have the opportunity here of expressing appreciation and thanks to them for their assistance in this respect.

5.—*Teachers.*—The assistance of the Head Teachers is of the utmost value and to them is due in no small measure the successful progress of medical inspection in the Elementary Schools of the City. Their personal influence with individual children is an important factor in obtaining amelioration of the remediable defects found. As a rule the Head Teachers personally fill in certain particulars on the schedule cards and record the mental condition and standard. The number of

schedule cards thus dealt with by Head Teachers last year amounted to over 2,264. (The Schedule Card is reproduced in the Appendix).

6.—*The School Attendance Officers.*—The Chief Medical Officer of the Board of Education has stated the 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, malnutrition, or neglect, etc. ; (3) By notifying all cases of children absent from school on medical grounds ; (4) By notifying cases of children who are permanently unfitted to attend school ; (5) By ascertaining, on visiting the home, whether attention is being given to any necessary treatment of the child."

The School Attendance Officers continue to be very closely associated with the work of medical inspection in York, and they have rendered valuable assistance. Overlapping of their work and that of the school nurses has been avoided by the weekly lists sent to them from the School Clinic, and also by their periodical visits to the Medical Inspection Office. The weekly lists alluded to contain the names and particulars of (*a*) the children in each attendance officer's district who have been excluded from, or re-admitted to, school, by or through the School Medical Department ; and (*b*) the children excluded from school on account of suspected 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 their 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 during 1914 :—

	(*a*)	(*b*)
*Mr. Thorpe	284 ..	23
Mr. Doherty	1,378 ..	81
Mr. Longstaff	1,357 ..	65
Mr. Archer	1,285 ..	69
Mr. Clarkson	1,258 ..	62
†Mr. Hartley	1,182 ..	..

* From January to May 16th. † From May 16th to December 31st.

The (*b*) column includes almost all the *troublesome* children we have to do with, and many of these have to be referred under this heading several times. As a rule these are the children most in need of Clinic treatment, and their neglect to attend is in great measure due to the ignorance or indifference of the parents. This parental neglect is a most serious thing for the child, because his future well-being is in the balance and is influenced for good or evil by the care and attention which he receives in his tender years, even in small details. In order to carry out the medical treatment of the so-called "minor" complaints—which include external eye diseases, discharging ears (otorrhœa), etc.—with justice to ourselves and the young patients, we must have, of course, the full and hearty co-operation of the parents. The school nurse pays visits to the home before the case is referred to the above officers; such cases are now only rarely referred to them, but all cases requiring pressure should be dealt with by the attendance officers.

7.—*The Clerical Work of the Office of the School Medical Department,* which is situated at No. 24, St. Saviourgate:—

This work, which is of a voluminous and varied character, has increased considerably, and especially since the expansion of the Ophthalmic and Dental Clinics. So important is much of our work that its success depends to a great extent on the despatch with which it is carried out. We now possess two whole-time able women clerks and an office boy, also two type-writing machines.

The Card System is largely employed as being most serviceable and economical, and a complete series of forms and cards is in vogue in the inter-communications between the School Medical Service and the schools, parents, managers, attendance officers, etc.

THE WORK AND METHODS OF MEDICAL INSPECTION OF THE SCHOOL CHILDREN.

8.—During the year the requirements of the Board of Education as to the medical inspection of "entrants" and "leavers" were adhered to, and in order to cover these requirements more fully four age-periods, viz., the sixth, seventh, thirteenth and fourteenth years were medically inspected and scheduled; 1,118 children inspected were between 5 and 7 years of age, and 957 were between 12 and 14 years of age.

Besides these, 189 children under 5 years of age were inspected and scheduled, and the annual inspection of the children in the Special Schools was carried out. All the children not inspected between 12 and 13 were inspected in their fourteenth year.

The number of scholars thus inspected and scheduled was 2,264, this being more than one-sixth of the total average attendance at all ages :—

	Boys.	Girls.	Total.	
"Entrants," *i.e.*, children in their 6th and 7th years	570	548	1,118	2,075
"Leavers," *i.e.*, children in their 13th and 14th years	466	491	957	
Children under 5 years of age	99	90	189	
,, at "Special" School (boys only) ..	58	—	58	
,, at "Open-air" School	27	15	42	

	Years.		
189 children were inspected, at the age period ..	3–5		
785 boys and girls ,, ,, ,, ..	5–6	1,118	2,264
333 ,, ,, ,, ,, ,, ..	6–7		
785 ,, ,, ,, ,, ,, ..	12–13	957	
172 ,, ,, ,, ,, ,, ..	13–14		

		(at 12–14)
Total *Boys* at all the above ages	1,135	466
Total *Girls* ,, ,, ,, ...	1,129	491

Total children inspected each year since Medical Inspection commenced :—

Year 1909	2,939
,, 1910	2,206
,, 1911	4,152
,, 1912	3,240
,, 1913	2,758
,, 1914	2,264

(For particulars, see Table 1 in the Appendix and the Sections on Special Schools).

Besides the above it was the intention to inspect and schedule all children attending school under 5 years of age, but it was found possible to do only 189 of these.

Owing to Dr. Galbraith's absence since the outbreak of war, it has been impossible to carry out the inspection of the "entrants" and "leavers" at the following large schools :—Poppleton Road, Fishergate, Haxby Road, Park Grove, Bedern. Their turn in the year 1915 will come first.

9.—*The Schedule of the Board of Education.*—No alterations have been made in the Board's Schedule, but the following additions are still retained and have proved of considerable value :—

Chest Girth.—This is only noted in special cases ;

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

Colour of Hair and Eyes is also noted.

85·8 per cent. of the children scheduled in 1914 bore well-defined vaccination marks, as compared with 85 per cent. in 1913 and 90 per cent. in 1910.

10.—*Average Time per head occupied by Medical Inspection.*—About five minutes is the time allotted to each inspection by the Doctor, *i.e.*, six children are summoned for each half-hour. The weighing and measuring and vision testing is almost without exception, carried out by the School Nurse previously, under the supervision of the Assistant School Medical Officer ; the time occupied in this work varies from five to fifteen minutes per child.

11.—*Number of Visits paid to the Schools and Departments.*—

Visits to schools paid by the Assistant School Medical Officer :—

For the purpose of medical inspection of scholars ..	186
Special visits in connection with threatened outbreaks of infectious disease, suspicious cases amongst the children, sanitation and equipment of schools, etc.	10

Tabular statement of work done by the School Nurses ;—

At Homes.	Nurse Simpson. Visits.	Nurse Grant. Visits.	Total.
Infectious Diseases notified by Head Teachers ..	1,293	1,900	3,193
Other Diseases notified by Head Teachers ..	1,018	844	1,862
" Following-up " Defects	256	112	368
Re Medical History	9	17	26
Re Domestic Conditions	3	11	14
Notifications by Parents of Ailing Children ..	72	212	284
Special Clinic cases	395	553	948
Infectious Cases Convalescent	84	175	259

At Schools.	Nurse Simpson. Visits.	Nurse Grant. Visits.	Total.
Re Medical Inspection	66	36	102
Assisting School Medical Officer	51 days	27½ days	78½
Examining children's heads *re* Ringworm and Verminous conditions	20 ,,	29½ ,,	49½
Re Infectious and Contagious Diseases and Ailing Children	112 visits	80 visits	192
Open-air School	38 ,,	—	38
Re other matters	60 ,,	36 ,,	96
Clinic.			
General	51 days	37 days	88
Treatment	13 ,,	10½ ,,	23½
Dental	36½ ,,	28½ ,,	65
Cleansing Station.			
Cleansing Children (Sect. 122) Number of children	—	11	11
Time	—	7¼ hours	7¼
Swabs (from throats of children on account of suspected Diphtheria).			
Number of Swabs taken	48	468	516

12.—*Extent to which disturbance of school arrangements was involved by the Medical Inspection.*—During the year Medical Inspection was (with the exception of St. Margaret's School) invariably carried out on the school premises, or within its precincts (*i.e.*, in a building connected with the school, but not used for school purposes). The children attending Priory Street Schools were inspected in a room in the chapel to which the school is attached, and those attending Bilton Street Schools were inspected in the Layerthorpe Junior School, which, although removed from the main building about 100 yards, now forms a part of the school. Some of the children attending St. Lawrence's School were inspected in the adjacent church vestry. The children attending St. Margaret's Schools were inspected in a mission hall, about 200 yards away from the school buildings. With the help and co-operation of the Head Teachers a minimum amount of disturbance was created. As on former occasions the schools to suffer most were the older buildings, where a class room was the only place available.

Weighing Machines are permanently kept at the following schools:—Poppleton Road; Haxby Road; St. Clement's; St. Lawrence's; St. George's; Priory Street; and St. Paul's, Holgate, and at the School Clinic.

Transferable machines are kept for the purpose of medical inspection in the schools of that district at Fishergate, Park Grove and Scarcroft Road. All these machines are of Avery's most approved type, having attached weights sliding on horizontal bars marked with the English and metric systems. There are eleven machines in all.

13.—*Method adopted for securing the presence of Parents at the Medical Inspection of their Children.*—A few days prior to the commencement of Medical Inspection at each school, advice notices are invariably sent to the parents of children coming within the age-periods to be inspected, whose names and addresses are furnished by the Head Teachers.

Total number of advice notices sent	2,500
„ „ parents present at medical inspection ..	737
Percentage of parents present at medical inspection ..	32·5

(For full particulars, see Table 1 in the Appendix).

The percentage varied from 3·2 at Model School to 54·2 at Layerthorpe Infants; the latter was most gratifying and constitutes quite a record for all the schools.

The percentages of parents or guardians who were present at the medical inspection of their children in previous years were as follows:—

1913—28·9; 1912—29·2; 1911—25·6; 1910—31; 1909—33; 1908—20·6.

We are glad to note the increasing interest of the parents of the children in the medical inspection, for we know that the value of the work is considerably enhanced thereby. Direct advice is thus given, and where the existence of an important defect is discovered the value of such personal counsel cannot be gainsaid. No doubt it is not convenient at all times for parents to be present, and, were it not for interference with domestic duties, a larger percentage would probably have been present on these occasions.

The presence of the Head Teacher comes next in importance to that of the parent. He or she, it must not be forgotten, is in *loco parentis* during school hours. His or her usefulness in this direction is unlimited.

The School Nurse invariably attends upon the Assistant School Medical Officer at the medical inspections.

THE PHYSICAL CONDITION OF THE YORK ELEMENTARY SCHOOL CHILDREN.

THE REVELATIONS OF MEDICAL INSPECTION IN 1914.

14.—TABLE 2.—Previous Medical History.—Section A gives the numbers and percentages of the children medically inspected and scheduled who had had the various diseases mentioned in the table prior to inspection.

Section B shows the percentages of the children who were attacked by these diseases at different age-periods. It appears from this section that, of the children inspected,

53 per cent.	had Measles	Before reaching School Age, *i.e.*, 5 years of age.
60 ,, ,,	,, Whooping Cough	
38 ,, ,,	,, Scarlet Fever	
26 ,, ,,	,, Diphtheria	
53 ,, ,,	,, Chicken-pox	
23 ,, ,,	,, Mumps	

This is important, especially when it is remembered that most of the deaths from Measles, Scarlet Fever and Diphtheria, all the deaths from Chicken-pox, and about one-fourth of those from Mumps occur in children under 5 years of age.

15.—TABLE 3.—Briefly summarises the General Educational Attention and Progress of 957 children in the upper departments, according to the observation of the Head Teachers. Latterly it would appear that both boys and girls show a falling off when compared with the previous years. The higher percentage of both sexes in the "bad" column may be more apparent, however, than real, and probably results from the teachers' keener point of view as to what constitutes "good" attention and progress, and from changes in the teaching staff. It is true that when the distribution of these children in school standards is considered, it is found that a very large percentage are behind their proper position in school. We give this Table for what it is worth.

16.—TABLE 4.—This is one of the most important of the Tables, for it shows in its various columns the existence of conditions which are inimical to healthy physical and mental life. But it is difficult to dogmatise about its results for the following various reasons :—

We have to take into consideration that, as the general conditions as to cleanliness, clothing, etc., improve, the standard

of the Observer rises, probably unconsciously. In the last school term, owing to the absence of Dr. Galbraith, we have had an actual change of observer in our temporary Assistant School Medical Officer, Dr. Norah Kemp. Owing to the temporary disorganisation of the work involved at the time of that change, it has been impossible to overtake four big schools attended by large percentages of the better fed and better kept children; thus the averages for the majority of the schools—attended by the poorer and less clean children—have not had the benefit of the reducing effect of the superior children, and, therefore, the percentages come out higher.

As to verminous conditions, three factors maintain their prevalence and the incessant battle therewith, and prevent that more complete reduction thereof so much desired, viz.:—(*a*) Fresh sources of contagion are constantly being imported into the schools by new pupils; (*b*) the inadequacy of some of our school cloak-rooms; (*c*) the absence of power to rid the adult and other non-school members of households of these verminous conditions markedly tend to maintain their prevalence amongst the school children, and their recurrence over and over again amongst the same children.

The above reasons and factors probably also account to some extent for the increase in percentages in Tables 5 and 6.

Verminous Conditions of the Scalp are really on the decline, and, although every seventh child medically inspected had nits in the hair, in 23 per cent. of these cases the nits were no longer potential. Most marked is the great improvement in the prevalence of Ringworm; this to the credit of the School Clinic.

17.—Over 6 per cent. of the children medically inspected appeared to be suffering from *Malnutrition*. We do not wish it to be inferred that, because the figures under this heading are larger than in previous years, the condition is on the increase. Again, the keener standard of the observer may be at fault. The factors which enter into the causation of malnutrition are various, and have been summed up as follows:—

1. Inherent lack of vitality.
2. Insufficient food.
3. Improper food.
4. Mal-assimilation of food—due to disease.
5. Unhealthy home and school conditions.
6. Insufficient sleep.
7. Exhausting work outside school hours.
8. Lack of sunlight and fresh air.

Probably the increasing cost of foodstuffs, etc., contributes no small part in the causation of malnutrition.

Of the diseases consequent upon malnutrition, Rickets is perhaps the most common amongst school children (see notes under Table 10).

TABLE 7. (*Re* Average Heights and Weights) is also a key to the general nourishment of the children in our schools, and, of course, the above 6 per cent. badly nourished ones dilute the figures for the better fed and better kept children. The "Provision of Meals" Sub-committee of the Education Committee is doing an immense work in compensation for this malnutrition. Of that work this Report will speak further on.

18.—The difficult question of providing *Clothing and Footgear* for the poorest children is a constant worry to those who have their interests at heart. There seems to be no power to make such provision, except such as falls to "care" committees, charitable societies and the Poor Law. The only power which Education Authorities seem to possess in the matter is that of prosecuting in extreme cases of neglect. On the whole, conditions as to clothing and footgear are improving, but there is still much to be desired.

In order to draw more attention to this matter a special visit was made to several schools, and the following results were obtained :—

SCHOOL.	Dept.	Average Attendance.	CLOTHING. Unsatisfactory.		FOOTGEAR. Bad.	
Micklegate	Boys'	184	4		6	
,, ...	Girls'	136 } 431	2 }	2·5	14 }	6·2
,, ...	Infants'	111	5		7	
English Martyrs' ..	Mixed	133	2	1·5	3	2·2
St. George's	Boys'	176	—		8	4·5
St. Denys'	Boys'	122 } 222	5 }	10·8	4	1·8
,, ...	Infants'	100 }	19 }			
St. Margaret's	Mixed	181 } 269	5	2·9	13	6·3
,, ...	Infants'	88 }	3		4	
Totals ..	—	1,231	45	3·6	59	4·7

Children with ragged, very dirty, or insufficient clothing or inadequate footgear, must suffer physical discomfort and consequently mental ill-health. They are, therefore, incapable, on this account alone, of taking full advantage of the education provided. Their frequent absences from school in inclement weather, etc., are a continual source of annoyance to teachers, officials and others connected with elementary school life, for they disorganise school attendance, lower the attendance percentage, and, of course, materially affect the School Grant.

Defective Clothing and Footgear, Verminous Conditions, Impetigo, Ringworm and Malnutrition, appear to be very intimately associated. It frequently happens that two or more of these defects are found in the same child. And the home conditions bear a direct relationship to all of them.

19.—TABLE 5.—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.—

We have already referred to this Table above ; 28·6 per cent. of the girls in the upper departments, and 14·7 per cent. of the infant girls, who had nits, were in receipt of treatment, or their condition was of a slight character, and probably no longer potential, for in many cases the ova had hatched. For comparison, the percentages of previous years are given. The assiduity of the Head Teachers and School Nurses would be crowned with more success if parents and others responsible would only give them a helping hand, and if cleanliness throughout the household were more universal.

20.—TABLE 6.—During the year all the children in the schools who had not been medically inspected were examined with a view to *the detection of Ringworm and Verminous Conditions* (*Nits and Lice*). This table gives the result of the investigation, and, for comparison, the results of similar investigations during the previous years are also inserted. It will be seen that the reduction of these contagious conditions progresses

steadily ; in the case of Ringworm remarkably. This will be readily seen in the following graphic statement :—

Year.	Percentages of :— Ringworm.	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
1914	0·03	8·1

It is one of the most regrettable things that that beautiful possession of a girl, her hair, if neglected, may become in time such a frightful mesh of nits, and even of the living lice, that the only practicable cure consists in cutting the hair short, and eradicating the disease by other proper means. Naturally, it is sometimes a difficult matter to persuade parents to take this woefully drastic step ; it is equally difficult to get mother and daughter to persevere in taking steps to prevent a recurrence of the disease.

21.—TABLE 7.—*Average Heights and Weights* of York Elementary School Children compared with the averages for Great Britain, published by the Anthropometric Committee of the British Association, 1883, and other averages at various age-periods. This is now rather an old standard, so that we have also included the averages for York for the past seven years, the extensive observations compiled in 1910 by Drs. Tuxford and Glegg, the School Medical Officers of the Holland and Lindsey divisions of Lincolnshire, and the figures, compiled in 1913 by Mr. Arthur Greenwood, (from 800,000 observations made by School Medical Officers), and published by the London School of Economics.

We have already referred to the association between the unsatisfactory features of this Table and the factor of malnutrition ; congenital debility, adenoids, decayed teeth and other diseases, low wages and bad housing, are other vital factors.

22. Dr. Galbraith has made calculations in previous years on the following lines :—

Year.	Numbers Inspected.	Gross Weight in lbs.		Total deficiency in lbs. from Great Britain weights.	No. of children represented by deficiency.
		York.	Great Britain.		
1914	2,264	...	...	6,328	93 children (42 boys and 51 girls).
1913	2,758	...	...	8,370	118 children (52 boys and 66 girls).
1912	3,240	...	...	10,315	162 children (88 boys and 74 girls).

It must not be thought that the British Association weight standard is an extraordinarily high one. In 12 out of 84 groups of boys inspected, of different age-periods, our average weight was *above* the British Association standard ; in 13 out of 86 groups of girls inspected, of different age-periods, our average weight was *above* the British Association standard. It has not been found possible to particularise any school or class as being either above or below the standard weight.

23. TABLE 8.—In the 957 senior children inspected by the Assistant School Medical Officer during the year 1914, the percentages of defective teeth were roughly about the same as for the previous three years.

The average percentages of children with one, two, or three defective teeth were

51·3 for boys and 56·0 for girls,

as compared with the averages for the whole of the three previous years of

54·7 for boys and 55·5 for girls.

The average percentages in 1914 of children with four or more defective teeth were

30·7 for boys and 25·2 for girls,

as compared with the averages for the whole of the three previous years of

26·6 for boys and 25·1 for girls.

The above figures for 1914, of course, record the results amongst similar new material to that of the previous years, so that the percentages remain pretty well about the same. As time goes on, and the teaching of dental hygiene and the work of the School Clinic becomes more deeply rooted in our educational system, we shall hope that these percentages will materially decline.

Percentages of Children with a Total of One, Two, or Three Defective Teeth :—

Year.		Boys.					Girls.	
1914	...	51·3	...	...	...	...	56·0	
1913	...	56·7					56·3	
1912	...	54·9	Average				56·1	Average
1911	...	52·7	54·7				54·2	55·5

With Four or more Defective Teeth :—

Year.		Boys.					Girls.	
1914	...	30·7	...	...	...	...	25·2	
1913	...	23·2					21·1	
1912	...	25·5	Average				23·9	Average
1911	...	29·3	26·6				30·5	25·1

The average percentage of " Injurious Decay of the Teeth " in the Elementary Schools of England and Wales is stated by the Chief Medical Officer of the Board of Education as about 50.

The one marked feature in Table 8 for 1914 is the very markedly improved percentages of clean mouth and teeth, viz. :—

76·6 for boys and 80·8 for girls,

as compared with the average of

40 for boys and 53 for girls

for the whole of the three previous years.

Mr. Constant has been making a tour of the schools, inspecting the mouths of a large proportion of the children, and his personal observations tend to confirm these figures.

24.—We have good reason to believe that this excellent improvement is the result of the sale of tooth-brushes in the schools, the teaching of dental hygiene in the schools, and the advice given during the routine inspections and at the Clinic by the Dentist, by the Assistant School Medical Officer, and by the School Nurses.

Our Dental Clinic is now busily engaged in the preservation of the teeth of hundreds of children commencing school life. These children will be followed up through school life, so that they shall leave school when the time comes with a sound mouth of teeth. In the meantime a campaign of teaching of dental hygiene must be pursued unremittingly. We must teach parents not to give their children so much soft, fermentable, starchy food, to accustom their children to chew hard food, and to masticate properly. We must teach the children the same things, and also teach them to keep the mouth and teeth clean and sweet.

(See section of the Report on the Dental Clinic).

Since the beginning of the war it has been stated on excellent authority that fully 30 per cent. of the rejections of candidates for the Army are due to defective teeth. This figure, however, represents only a small proportion of the trouble. A far larger number of those who are accepted are afflicted with bad teeth and are compelled to undergo treatment before being allowed to go to the front.

Some idea of the extent of the trouble in London alone may be gleaned from the fact that the two great dental institutions, the Royal Dental Hospital in Leicester Square, and the National Dental Hospital in Great Portland Street, have between them treated upwards of 8,000 soldiers during the past few months, while the total number of attendances at the two buildings closely approaches 20,000.

25.—TABLE 9.—*Vision of the Children* BETWEEN 12 AND 14 YEARS OF AGE who have been medically inspected during the year.

The vision of the children is tested by means of Snellen's Test Types at a distance of 20 feet, and, as far as possible, this test is carried out in the forenoon, advantage thus being taken of the better lighted portion of the day. Artificial light is only used under exceptional circumstances.

The results of the vision testing are fully stated in this table and in the statements underneath.

As will be seen in the table, 78·5 per cent. of the boys, and 75·5 per cent. of the girls, have what is termed "good" vision; 7 per cent. of boys and 8·3 per cent. of girls had defective vision; these were referred for attention at the School Clinic by the Ophthalmic Assistant School Medical Officer. Detailed account of the results of his work is given under the heading "The School Clinic."

The average percentage of "Defects of Vision" in Elementary Schools of England and Wales is stated to be about 10.

26.—The relationship between efficiency of eyesight and efficiency of school work is obvious, and, therefore, attention to defects of vision is a most important part of the school medical service. Markedly defective vision is also not without its bearing upon the general health.

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

(1.) Hereditary conditions;
(2.) Early eye strain;
(3.) Defective lighting of rooms;
(4.) General ill-health and the 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."

*"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."

The following are the numbers of children at the various age-periods who have been referred to the Ophthalmic Assistant School Medical Officer on account of defective vision during 1914:—

†Routine Cases—

	Boys.	Girls.	Total.
5—7 years of age	3	4	7
12—14 years of age	33	38	71

‡Non-Routine Cases—

	Boys.	Girls.	Total.
5—7 years of age	17	9	26
8—14 years of age	51	61	112

In addition to the above, 5 children were examined and treated by him for external eye diseases, and 1 child was also examined for deafness.

27.—The proper access of daylight in school buildings is a matter to which we have devoted considerable attention during the last four years, and extensive improvements have been made in the schools in this respect. There is still need to urge the employment of light colouring for the walls of the class-rooms; there is sometimes a tendency to adopt reddish tints, which absorb the light instead of reflecting it, and make the class-rooms look dull.

In two or three previous reports we have spoken of the desirability of establishing special classes here and there for myopic (very short-sighted) children, but the matter has been crowded out by other urgent work, and the discussion of methods with experts has, for one reason or another, not yet been possible.

* Annnal Report of Chief Medical Officer of Board of Education for 1912.

† "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.

28.—*Colour of the Hair and Eyes.*—These colours were noted in 2,118 children, and the following tabular statement gives the results according to the standards laid down by the Committee of the British Association in 1883 :—

This enquiry may grow more valuable as observations and figures accumulate, and so it is maintained whether it ultimately proves worth while or not.

In the opinion of some past observers, colour of hair and eyes has been believed to be a criterion of racial origin. There has been much reason for such a belief in the past, but now, in view of the free intermarrying of the races comprising the British people, its value is questionable unless carefully considered along with other anthropological characteristics, such as shape of head, height, temperament, etc.

It will be seen that the predominating colours both in boys and in girls are much the same, namely :—

Brown hair and neutral eyes
Brown hair and dark eyes
Brown hair and blue eyes
Fair hair and blue eyes
Fair hair and neutral eyes

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	10·06	2·7	5·9	1·9	219	10·7	3·8	6·0	2·7	248
Red	0·9	0·3	1·6	0·9	41	1·5	0·1	0·09	0·5	25
Brown	11 1	6·0	28·4	25·0	745	14·9	6·9	24·2	22·1	727
Dark	0·5	0·2	1·3	2·2	47	1·1	1·03	0·9	2·2	57
Black	0·09	—	—	—	1	0·5	0·1	—	—	8
Totals ..	240	100	394	319	1,053	307	130	333	295	1,065

In the case of 82 boys and 64 girls the colour of hair and eyes was not noted.

29.—TABLE 10 deals with diseases and conditions most of which are not referred to in the preceding Tables, and gives the percentages of the total number of children inspected which were affected by certain of these conditions.

The following Table compares the principal percentages covered by Table 10 for other than contagious diseases and conditions. As the Chief Medical Officer of the Board of Education says in his Annual Report for 1913, "Such a statement must be used with care and discretion, as it can at most only represent an approximation to accuracy."

PERCENTAGES :—

	CITY OF YORK.		Averages of Board of Education.*
	Year 1914.	Averages of three previous years.	
Malnutrition	6·2	7·8	10
Adenoids, marked	1·8	0·9	3
Tonsils, markedly enlarged	3·7	6·9	
Glands of Neck, enlarged	4·3	1·4	—
External Eye Diseases	1·5	2·0	—
Squint	1·7	1·7	—
Defective Vision	10·0	12·5	10
Otorrhea (Discharging Ears)	1·3	0·6	3
Defective Hearing*	2·2	1·0	5
,, Speech...	2·5	1·3	—
Mentally Dull or Backward	12·8	16·8	—
Mentally Defective	0·3	0·3	—
Heart Disease, Organic	1·7	0·3	1
Anæmia	0·9	0·3	—
Bronchial Diseases	5·5	1·2	—
Nervous ,, ...	1·1	0·8	—
Tuberculosis (all forms)	0·44	0·46	2
Rickets and other Deformities	3·3	2·6	—

* Annual Report, 1913 :—" The following percentages indicate the general position among elementary school children." :—

It will be well to comment upon some of these conditions.

30.—*Adenoids and Enlarged Tonsils* are extremely common in children of school age, and are closely, though not necessarily, associated. They often "run in families," and are most common in cold or damp climates—the damp, impervious sub-soil of the neighbourhood of York may account for their extensive prevalence in this district. They often

* Some cases of Adenoids, involving "throat deafness," are probably included under this heading.

maintain a chronic catarrhal condition, children with adenoids or enlarged tonsils are very prone to contract influenzal colds and such diseases as scarlet fever and diphtheria, and it is then a matter of common observation that they recover much more slowly than the normal child. Enlarged tonsils often follow scarlet fever, quinsy, and rheumatic affections, and may become the portal for the entry of the bacillus tuberculosis into the glands of the neck and other parts of the system. We distribute in the schools, at the Clinic, at the Fever Hospital, etc., large numbers of our leaflets of instruction about these troublesome things. In all marked cases we recommend the parents to apply to their medical practitioners or to the medical charities for the simple operation whereby adenoids or enlarged tonsils can be removed, and the teaching of our leaflet or the persuasion of our Staff is successful with many parents. But these things are practically painless, and for that reason probably, and for sentimental reasons, or from sheer indifference, a large number of parents decline to take the necessary trouble ; and yet there is hardly any limit to the evil results and the permanent damage to health and physique for which adenoids and enlarged tonsils are responsible.

For some time past I have particularly desired that we should have a proper operating room at the Fever Hospital, where we could remove these growths in the numerous cases which we meet with in that institution, because, whilst we have the child there, parents would not have to nerve themselves to send the child specially into a hospital for operation, and many of the parents could, I feel quite sure, be persuaded to permit the Fever Hospital to rid them of these evils before the child's final discharge from hospital. Such operations could not safely be performed in the infectious wards. Sometimes, when we have had an empty ward, we have been able to remove enlarged tonsils or adenoids which were hindering recovery, and the rapidity of the subsequent recovery has then been most striking.

In 1913 and in 1914 there were twice as many marked cases of adenoids and enlarged tonsils amongst girls as amongst boys.

31.—*Adenoids* are disease-growths of the tissues normally present at the back of the nasal cavities, and for that reason are even more damaging than enlarged tonsils, because they block up the normal passage of respiration (the nose), and the consequence is that the child begins to breathe through the

mouth, a source of untold evil. The efforts of the nasal passages to carry out their duties result also in the broadening of the bridge of the nose, which, along with the open mouth, and frequently projecting teeth, produce a stupid expression of face; the apparent stupidity is increased by the "throat deafness" produced by the blocking of the Eustachian tube (leading from the throat to the ear), by the adenoids. Other signs of the disease are snoring, breathlessness, more or less constant nasal and pharyngeal catarrh, cough and asthma, nervous twitchings, night terrors, stammering, headaches, etc. Adenoids often follow malnutrition and other such hindrances to normal growth as measles and rickets. They are often themselves brought about through the habit which some children contract of running about at play with their mouth open, inhaling cold air and irritating dust. If they remain untreated, children are very liable to contract disease of the middle ear and chronic discharge therefrom (otorrhea), the condition known as pigeon-breast and other deformities of the chest, pneumonia and tuberculosis—and, needless to say, such a child becomes mentally dull and educationally deficient.

32.—*Rickets*, of all the diseases resulting from malnutrition, is the one of which we see the most in schools; it is the result of a diet in infancy deficient in animal fat, a diet of insufficient milk, or poor, or actually skimmed or separated milk. Poor or indifferent parents are very apt to feed their babies on skimmed or separated milk because it is cheap. Rickets is amongst the most deplorable results of such semi-starvation, if summer diarrhœa, bronchitis, or other acute affection of childhood has not proved fatal beforehand. This disease has therefore commenced before school days, and we meet with it right away in our infant schools. These children are very liable to bronchial affections, and need a great deal of special care, plenty of food and fresh air, and gentle exercises. The bones, owing to their incomplete development, are soft and flexible and easily deformed or readily broken. If such children are forced to walk too soon, or are allowed to walk too much, to stand too long, or to adopt improper attitudes, such deformities as pigeon-breast, bow-leg, knock-knee, and curvatures of the spine sooner or later result and often lead to permanent deformity, as, although most of these deformities can be cured or improved if treated properly and sufficiently early, the treatment calls for prolonged perseverance and patience; such virtues are by no means universal amongst the parents

of the poorer children, and accommodation in institutions is not always available. Such cases are being systematically treated at the Bradford School Clinic by Swedish massage and exercises, and two specially trained nurses are employed whole-time for this work ; I shall hope to report upon this work at greater length, perhaps, before the issue of the next annual report ; it is a development of the school clinic of incalculable value and importance.

33.—*Curvatures of the Spine,* very seriously disabling deformities if allowed to become chronic, are mostly met with in rapidly growing girls approaching their teens. Girls approaching puberty often grow tall very quickly, and lateral curvature of the spine, in particular, may not only result from rickets, but from debility or malnutrition of the spinal muscles, which are not equal to the demands made upon them by the girl's rapid growth. This debility leads to sprawling, lolling, and other improper attitudes in sitting or standing, and hence curvature of the spine is sooner or later developed. If the girl does a lot of carrying of the baby, or wears heavy clothing suspended from the hips, these also tend to produce this evil consequence of weak spinal muscles. Curvatures of the spine, often of more severe character, are also produced by tuberculosis of the vertebræ of the spine (spinal caries)—here again, prolonged patience and perseverance in treatment are called for. Spinal curvature is usually more or less painful, but unfortunately the pain is often falsely ascribed to rheumatism, or to " growing pains." There is no such thing as pain due to growing ; so-called " growing pains " are due either to spinal weakness, rheumatism, or commencing tuberculosis. A child with commencing tuberculosis of the spine not only complains of pain, but holds the spine stiff, and walks painfully erect.

Grown-up persons sometimes pull or swing children about violently ; hence we may get the nasty accidents known as " separation of the epiphyses " (the growing ends of the bones) or what is called " green-stick fracture," both of which may lead to marked deformity, usually of the shoulder or arm, if not surgically treated properly and immediately.

The form of school seat and desk is a very important one in relation to the production of lateral curvature of the spine. The single seat and desk is the ideal, but is at present

unattainable because of the size of our classes and the limitations of our schools and class-rooms. The ideal single seat is upright, the head and body being kept erect, with the back supported in the lumbar region, the thighs at right angles to the body, the feet flat on the floor, the desk adjustable from the flat to different angles for different purposes. It will probably be a very long time, if ever, before our elementary schools are furnished with single desks. In the meantime, I am glad to say, we have abolished many of the old long desks which made it so impracticable to sort children according to their size and height. Dual desks are rapidly being substituted in all our city elementary schools, and they are pretty near perfection if teachers exercise the selection of children and desks according to the requirements of the physique of the children. The children and the desks can be graded as to size, by grading the desks from side to side of the class-room, care being taken at the same time also to let deaf or short-sighted children be similarly graded to the front of the class.

A great deal can be done by teachers to prevent the production or aggravation of such deformities, and to compensate for imperfect seats and desks, not only by correction by word of mouth, but by giving the children frequent change of occupation, such as the practice of physical exercises, so that the children can have a change of attitude and avoid fatigue in any one position or occupation.

34.—*Rheumatism* is much more common in children than is usually supposed, more particularly of a sub-acute character. Rheumatic fever is not uncommon even in children of from ten to fifteen years of age. Unfortunately, rheumatism is often overlooked, the pains being falsely ascribed to so-called "growing pains." On the other hand, such deformities as commencing spinal curvature and flat foot (which are especially common in rapidly growing girls of thirteen or fourteen years) are often falsely ascribed to rheumatism. Rheumatism is apt to lead to the serious permanent sequel of valvular heart disease.

35.—*Heart disease* in children may be either functional or organic, and organic heart disease is due either to the incomplete development of the heart in infancy, or it has been acquired as the result of scarlet fever, rheumatism, or chorea (St. Vitus's dance). It has been observed that about one per cent. of school children have some form of organic heart disease; marked cases appear undersized, and are poorly nourished, dull or

nervous, the circulation is poor, and they often complain that they cannot keep warm, sometimes they are troubled with fainting attacks or rheumatic symptoms, and they are often irregular in their attendance at school. These children obviously require special attention at school in regard to their fitness for active physical exercises, dancing, running games in the playground, etc. Suspected cases should always be referred by the teachers to the School Medical Officer for his advice as to their curriculum. For these children the open-air school can do a great deal in improving not only their physical condition, but in lifting the depression of spirits which is apt to obtain in such cases. In most of the cases we discovered it was the mitral valve of the heart that was affected. Sometimes the parents were unaware that anything was wrong with the child's heart, the defect not being sufficient to cause marked symptoms. If such children have good luck, and marked care in their early years, they often reach adolescence and become useful citizens, and may even live a fairly long life. The parents are usually informed in such a manner as to avoid anxiety, and the Head Teacher is advised as to the child's condition and special needs.

36.—*Squint or Strabismus*, is an affection of the muscular mechanism of the eye-ball of such a nature that the vision of both eyes is interfered with, and the child either sees two separate objects (using both eyes at the same time) or uses one eye for vision to the exclusion of the other. The latter is the commoner sequence. The one most often in disuse is the squinting eye, and on this account it is on the high road to lose visual power so long as it is uncorrected. If this correction is long delayed the loss of power is so great as to render the eye valueless for purposes of good vision. Squint is often associated with other serious defects of vision, *e.g.*, Astigmatism, Hypermetropia (longsight), etc. It is therefore of the highest importance that squints should receive early attention.

The attention so given invariably involves a careful examination as to the need of glasses, therefore, the cases have been referred to the Ophthalmic Assistant School Medical Officer and by him to the York County Hospital for treatment by operation if necessary. It should be noted that a squinting eye which has become defective through disuse rarely regains good vision even with glasses, except in the case of quite young children 5 to 8 years old, that the value of operation is often mainly to improve the appearance, and that improvement of vision as the result of operation is not common in chronic cases.

It is, at the same time, of great importance to young persons to "have their eyes straight" when they go to seek employment. Operation does not always obviate the necessity for the wearing of glasses, which is usually necessary for the non-squinting eye.

As in other things, we often have to deplore parental neglect of gross cases of this deformity, neglect nearly always based upon mere indifference ("it will pass away in time") or mere sentimental fear of operation.

37 cases of squint were successfully treated or rectified during 1914.

37.—*The chief external diseases of the eye* met with are:—

(*a*) Conjunctivitis (inflammation of the delicate membrane covering the front of the eyeball and the inside of the eyelids) sometimes results from marked defects of vision, and the consequent eye-strain involved by the child making constant efforts to see what it has to see. This condition may become chronic, or the disease may be acute and microbic in origin. Most serious of the microbic varieties is the well-known contagious or epidemic ophthalmia, popularly called "pink eye," of which we had an epidemic, chiefly in the Walmgate district, in 1911–12. We had no epidemics of this disease in 1914.

(*b*) Blepharitis (inflammation of the eyelids). Very common in dirty and neglected children, often becoming chronic, and requiring prolonged efforts to cure. The disease produces thickening of the eyelids, the edges of the lids are often covered with small scabs, the eyelashes are lost; the consequent disfigurement is well known even to the casual observer, and is very ruinous to a successful career in after life.

(*c*) Stye (inflammation of one or more of the sebaceous glands of the eyelids). It is not uncommon, but is usually readily cured.

38.—*Otorrhea, or "Discharging Ears."*—Otorrhea, or discharge consequent upon septic disease (otitis media) of that essential part of the mechanism of hearing, the middle ear, is a frequent sequel of measles, scarlet fever, and such catarrhal conditions as attend upon adenoids and enlarged tonsils. It is very apt to become chronic, for it is only too often treated by parents with indifference, in the "old wife's" belief that "time will wear it out," or that it is unsafe to stop it, whereas it may not only be positively offensive to smell, but assuredly leads to more or less permanent deafness, and the victim is

fortunate if he also escapes the serious sequence of disease of the adjacent mastoid bone or abcess in the adjacent brain. We are constantly endeavouring to counteract these fatal delusions by leaflet of instruction and by personal interviews with parents. Once this disease-discharge is established no effort should be spared to stop it, even if a surgical operation be necessary in the last resort, as is sometimes the case. The cure involves frequent, periodical, persevering syringing (at the School Clinic our nurses are in daily attendance for that purpose) and other medical attention. We are well satisfied with the results in those cases which have attended the "Treatment Clinic" regularly and carried out our instructions. Of course the most troublesome and obstinate cases are in those children who, through their own neglect, or that of their parents, do not take full advantage of the facilities of the Clinic.

During the year 63 children suffering from otorrhea of one or both ears were treated or supervised at the Clinic, and the number of those who were still under treatment at the end of the year amounted to 29.

The cure of chronic discharge, however, does not always result in the restoration of acute hearing.

39.—*Nervous Affections in school children* range from chronic headaches to the more violent forms of epilepsy. Sometimes cases of children physically and mentally incapable of keeping up with the educational pace are met with in school; they suffer from headache and insomnia, and are listless or fidgety, and make grimaces in such work as trying to write. It is very important not to force writing lessons too soon with such cases.

Headaches may also be due to eye-strain, owing to some form of defective vision; ill-ventilated class-rooms are a cause which must not be forgotten, as also insufficient sleep at night. A great many of the elementary school children, especially in the poorer neighbourhoods, do not get sufficient refreshing sleep; either they are kept up too late, or the bedrooms are ill-ventilated, or the house or neighbourhood is noisy, or they are subject to the irritation of vermin. Many of the nervous affections met with in school children are the result of malnutrition, or of some such constant impediment as adenoids. Minor cases of epilepsy and cases of hysteria are sometimes met with.

But the most serious nervous affection met with in school is St. Vitus's dance (chorea). The origin of this disease is somewhat mysterious, although it seems related to rheumatism; by many it is believed to be due to a microbe. "Overstrain" is often a predisposing cause, and the symptoms of chorea may be sometimes summarised as the symptoms of overstrain in excess. The victim cannot co-ordinate his movements properly, and, as is often said, "he cannot keep still." The disease lasts several weeks, sometimes months. The victim is quite unfit to be at school, since the only proper treatment is absolute rest.

40.—*Stammering.*—In our previous Annual Reports we have drawn attention to this distressing nervous defect at length. It is frequently associated with other nervous conditions and with the presence of adenoids. It is an acquired habit; "children, either consciously or unconsciously, are especially prone to imitate any mannerism, whether of speech or behaviour, and on this account peculiarities of voice or enunciation usually run in families, so that they are erroneously supposed to be transmitted, when in reality a little patient correction, or perhaps a different environment, possibly both, before the habit has become chronic, would suffice to check it." "Children, too, have been known to acquire the impediment from the most casual acquaintances or play-fellows." We have strongly urged 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, under the direction of *specially trained teachers*, at three or four of our central schools, but this has not yet been effected, partly because we have heard of success in dealing with this class of case, as also with *mentally dull or backward* children, at Open-air Schools. Unfortunately, our proposed large Open-air School is not yet in being.

Stammering may become a serious handicap for life if not cured in early days, and we do hope that the year 1915 may effect some solution of the problem of amelioration.

41.—*Tuberculosis* in school children is one of the most serious and difficult features of school medical work. The diagnosis is often by no means easy, and satisfactory treatment is sometimes a very difficult matter to arrange for, as it covers a prolonged period and involves the exercise of much patience. Some of the diseases of school children already referred to, such as measles, adenoids, enlarged tonsils, and

rickets, pave the way for attack by the causative organism, the tubercle bacillus, especially if there is the suitable "soil" of inherited predisposition, because in the latter cases there is less constitutional resisting power; if there should be a case of phthisis in the same household the liability to attack is obviously increased, and if there should be poverty, overcrowding and other insanitary home conditions the chances of the child escaping tubercular disease are very small indeed. The factors of poverty, of malnutrition, of unhealthy housing conditions, and inadequate clothing and footwear are therefore inseparably connected with this matter.

The two chief sources from which child tuberculosis may be directly derived are (*a*) the dried infectious sputum of persons suffering from tuberculosis of the lungs (phthisis), especially, of course, in the same household, and (*b*) the milk of cows affected with tuberculosis of the udder, or with advanced generalised tuberculosis. Followers of Von Behring consider that pulmonary tuberculosis (consumption of the lungs, phthisis), at all events when it occurs in the adult in the usual more or less chronic form, is always a late manifestation of tuberculosis infection acquired *during infancy or childhood*. If this be true, the fact serves still further to emphasise the need for protecting children from infection, whether human or bovine.

42.—Cases of Tuberculosis amongst city children between 5 and 15 years of age, which were notified to the Medical Officer of Health during the year 1914, under the "Public Health (Tuberculosis) Regulations, 1912," of the Local Government Board. (See also Appendix B., Table 3) :—

	Males.	Females.	Total.	
Pulmonary (Phthisis, etc.) ...	14	19		33*
Tuberculosis of Neck Glands ...	12	6	18	
,, ,, Hip Joint ...	2	1	3	
,, ,, Other Joints ...	1	2	3	
,, ,, Spine	1	—	1	
,, ,, Other Bones ...	3	1	4	
,, ,, Abdominal Cavity	2	—	2	
,, ,, Skin	—	1	1	
	35	30		32
				65

Of the 65, 42 occurred in children attending school or of school age. Nine cases of Phthisis and 19 cases of Non-Pulmonary Tuberculosis were also notified amongst children under five years of age.

* Four of these cases had also developed other forms of tuberculosis.

This total is equivalent to about 0·45 per cent. of total elementary school children in York, which appears to be our average rate.* Of these total notifications, 13 of the lung cases and 13 of "Other Tubercular" cases were sent into the Medical Officer of Health by the Tuberculosis Officer, and 3 by the Assistant School Medical Officer.

A measure of suspicion, however, must be extended to the following other defects mentioned in the table, viz. :—

Enlarged Neck Glands	Often of tubercular origin.
Neck Gland Scars	

Predisposing factors :—

Asymmetry and other Chest deformities—flat, hollow or pigeon chest, etc.
Bronchitis and Bronchial Catarrh, recurrent.
Enlarged Tonsils.

These defects and conditions are not necessarily tubercular, but they constitute predisposing agents of more or less serious character. Enlarged neck glands are suspicions of latent tubercular foci, that the disease has obtained entrance to the system and may have selected these neck glands for its ambush, and awaits a favourable opportunity to attack the general system ; and chest deformities, as a rule, mean restricted lung and breathing space.

Total children excluded from school attendance during whole or part of year, 34.

Total deaths of children at ages 5—15 in York in 1914 :—

	Total.
Pulmonary Tuberculosis	8
Non-Pulmonary ,, ...	10

43. The following provision has been made for the treatment of tubercular cases occurring amongst city school children :—

(*a*) All child cases are referred to the York Tuberculosis Dispensary as a clearing house, for diagnosis in doubtful cases, for supervision, for the purposes of clinical record, and for tuberculin or other treatment when required. Children of school age, fit or likely to become fit to receive education, even in modified form, are referred to the School Medical Officer for supervision at ordinary school, or for education in the open-air school, etc. The School Medical Officer is, therefore, closely in touch with the Dispensary and correlation between the

* The Board of Education's average percentage for England and Wales is 2 ; the standard of the observers varies very considerably however.

Dispensary and the various institutions for tuberculous children, such as the school clinic, the open-air school, the sanatorium, etc., is being increasingly established.

(*b*) Cases of tubercular disease of the lungs or of other organs, if suitable for open-air treatment, are referred to the open-air ward and shelters for tubercular patients at the Isolation Hospital, Yearsley Bridge.

Twenty-four cases of children of school age were so referred by the Tuberculosis Officer during 1914.

(*c*) Cases requiring surgical treatment are sent into the York County Hospital, at the cost of the Corporation Health Committee.

Ten cases of children of school age were so referred by the Tuberculosis Officer during 1914.

(*d*) Some of these cases will be sent to the Joint Sanatorium of the City of York and the East Riding County Council, about to be established during the year 1915, we hope, at Raywell House, near Cottingham.

(*e*) Other cases are referred, according to their exact condition and needs, to the temporary open-air school at No. 11, Castlegate, where they undoubtedly benefit. Of this school we have more to say presently. Classes in the open air are now conducted at many of our elementary schools, when and where practicable.

(*f*) The provision of meals for necessitous children, which has been generously carried out in the city, has also an important bearing upon the salvation of these children and upon the prevention of the occurrence of new cases of the disease.

44.—We are disappointed that the splendid scheme in hand for a joint school for mentally defective and physically defective and delicate children, to be erected on the charming site at Fulford Field House, has not yet advanced beyond the drafting of the plans (which have been approved by the Board of Education) and of specifications for tenders.

The occupation of Fulford Field House as a billet for troops and other inconvenient consequences of the war are responsible for the delay. We devoutly hope that at least the school for the physically defective may become an accomplished fact during the year 1915.

An absolutely essential feature of open-air school methods is that underfed children, or children who run the risk, owing to

family poverty, of being underfed, be substantially fed at school. In all well-conducted open-air schools three meals a day are given, and most parents pay the charge covering the cost.

In order to get the full value of open-air school life, some of the children who live in unsatisfactory homes should be kept in residence at the school : in other words, a certain portion of an open-air school should be a residential school, otherwise all the good done during the day-time at the school is undone during the night at home.

Such classes or institutions provide not only for tuberculous children, but also for the large number of children who are suffering from ailments which, if neglected, would be likely to increase their susceptibility to tuberculosis. " It is also desirable that these institutions should be utilised, as far as possible, to teach the advisability of the adoption of a practically open-air life in the homes of the children."

THE OCCURRENCE OF INFECTIOUS OR CONTAGIOUS DISEASES AMONGST THE SCHOOL CHILDREN AND THE ACTION TAKEN AS TO DETECTION AND PREVENTION THEREOF.

45.—Cases of infectious disease notifiable under the Infectious Diseases (Notification) Acts, 1889 and 1899, occurring amongst the school children are directly controlled by the Public Health Department, and home contacts are excluded from school by that department. The School Nurse, when necessary, is directed to visit the school and class of the affected children, and note and report to the School Medical Officer any suspicious children she may happen to find. Suspicious " sore throats " are swabbed, and a bacteriological examination of the swab is made at the Health Department or at the Leeds Laboratories. Homes are visited and parents advised as to isolation, and as to the wisdom of obtaining early medical attention. Strict supervision is exercised in all cases of infectious disease, and exclusion from and re-admission to school is carried out with the greatest care.

Cases of the infectious diseases not notifiable by law, viz. :—measles, whooping cough, mumps, chickenpox, ringworm, impetigo, etc., are notified to the School Medical Officer by the Head Teachers under " The Regulations regarding Contagious or Communicable Diseases in the York Public Elementary

Schools," compiled by your Medical Officer of Health in 1906, and revised and re-issued in 1913. All these cases which are not under a medical attendant are then investigated by the School Nurses, who distribute appropriate leaflets and give advice as to isolation, etc., and, if necessary, as to obtaining early medical attention. The cases are kept under observation, and the Head Teachers are advised as to the character of the disease and as to exclusion and re-admission to school.

An important item in this connection is the distribution of our leaflets of instruction and advice on Scarlet Fever, Diphtheria and Sore Throat, etc. These are sent out systematically by the Health Department, but they are also freely distributed by the School Nurses.

46.—TABLE 11.—DISEASES NOTIFIED TO THE OFFICE BY HEAD TEACHERS.—During 1914 a much larger number of children were notified as suffering from infectious diseases (notifiable and non-notifiable). This table gives an account of the absentees from school notified, and suspects sent home, by the Head Teachers. Not only were there more cases to notify in 1914 (mumps, sore throat and influenza being very rife), but the system of notification by the Teachers is becoming a more rooted institution.

47.—TABLES 12A AND 12B contain an account of prevalence of the two chief notifiable infectious diseases of childhood, and also of four "non-notifiable" diseases common during the past year. *Impetigo*, a very contagious disease amongst elementary school children, finds a place in this table. As a rule, it is associated with vermin, uncleanliness, and consequently with parental neglect. It is, therefore, a "filth" disease, and, as a rule, does not occur in well-nourished, well-cared-for children. It is obvious that strong measures should be taken for its banishment from school life; its recurrence in individual children might be dealt with under the Children Act, Section 12, as due to gross neglect. Its extinction is disappointingly slow, because it is so closely associated with the difficulties of the verminous conditions already alluded to under Table 4.

The following tabular statement gives the numbers of school children notified to the Medical Officer of Health (Scarlet Fever and Diphtheria), and to the Assistant School Medical Officer

(Measles, Whooping Cough and Chickenpox), for each of the past six years :—

	Scarlet Fever.	Diphtheria.	Measles.	Whooping Cough.	Chickenpox.	Mumps
1909 ..	67	47	352	125	229	32
1910 ..	98	42	737	309	244	70
1911 ..	187	25	267	277	167	760
1912 ..	215	56	1,158	69	347	105
1913 ..	84	54	119	278	369	124
1914 ..	181	97	664	247	109	755

These figures show a progressively increasing tendency to recurring cycles of prevalence, or closer attention to notification.

48.—*Scarlet Fever*.—During 1914, the prevalence was pretty evenly divided, 72 cases occurring in the first six months, and 109 in the second six months of the year ; 14 " missed " cases of scarlet fever were discovered by the School Nurses.

The schools and departments principally affected were :—

St. Barnabas' Infants' School (Bright Street), 10 cases between February and August, 7 cases in October and November.

St. Barnabas' Upper School (Mixed), 4 cases in October.

Poppleton Road Infants' School, 6 cases in April and May, 6 in October and November ;

Poppleton Road Upper School (Mixed), 15 cases, more particularly between April and July, 7 cases in October and November.

Park Grove Council School, Upper School (Mixed), 7 cases in November.

South Bank Temporary School, between June and December, 11 cases.

Scarlet fever remained more or less prevalent on the West side of the Ouse throughout the year.

49.—*Diphtheria*.—75 of these cases occurred during the first half of the year, and 23 during the second half.

The 51 primary cases at ages 7 to 14 years were distributed amongst 17 " upper " schools. (The Infants' schools affected totalled 14.)

The chief schools affected were Shipton Street Infants' School (23 cases), and St. Wilfrid's Mixed Department (5 cases in February, 1914).

DISTRIBUTION OF THE CASES OF DIPHTHERIA AMONGST CHILDREN.

		Primary cases.	Secondary cases.
7 years of age and under 7	Attending City Public Infants' Schools	36	9
	Not attending School	24	1
		60	10
At ages 7—14	Attending City Public Elementary Schools (Upper Depts.) ..	51	6

Early in the year 1914 we had a third outbreak of *diphtheria in the Shipton Street Area,* the previous outbreaks occurring September—November, 1912, and in November, 1913. The 1914 outbreak commenced during the Xmas holidays; it subsided at the end of January, but simmered until May, 1914. Fourteen cases were discovered and notified by medical practitioners, and eight cases were discovered by our School Nursing Staff, upon making investigations (four being afterwards notified by doctors), which also demonstrated that there was an extraordinary number of sore throats prevalent among the children attending in that neighbourhood. Nearly two hundred primary and secondary swabs were obtained by our Nursing Staff from suspected cases, and from children who had been in contact with diphtheria cases. In eight of these cases the swabs yielded the diphtheria bacillus. Fortunately none of the cases were fatal.

There were numerous cases of sore throat in the schools about the same time, and scores of children with "colds," "influenza," "swollen glands," and other symptoms of sudden illness were investigated by our School Nurses and Health Visitors.

Since the outbreaks care has been taken to make the drainage of the Shipton Street Area beyond reproach. There are very few midden-privies left in the district. On the occasion of which we are now speaking, upon my suggestion, the whole of the sewers and manholes in the neighbourhood were cleansed and flushed, although, with the exception of one or two slight defects, the whole of the sewers were found to be in proper working order. Three street gullies were found to be defective, and the City Surveyor, whose attention I called to

the matter, also decided to abolish the whole of the gullies in the neighbourhood of the very large, almost cesspool type—which had been inserted over twenty years before—and replace them with more limited gullies of recent type. It must also be noted that the neighbourhood at one of the adjacent schools is built upon a very heavy, wet sub-soil.

Considerable difficulty has been experienced in cold winter weather of keeping the corridors and some of the class-rooms warm; the school is unfortunately placed in respect that one important row of class-rooms is open to the north and is level and plumb with the street causeway, and that the two rows of class-rooms and the assembly corridor are all on the same level as the playground, so that the floor of the school is very much subject to draughts. Perhaps the difficulty of warming the school had something to do with the multitude of colds and sore throats met with amongst the children during these outbreaks, the children thus being in a most favourable condition for attack by the diphtheria bacillus, which in some unknown way was imported into the district by some case or cases of diphtheria, possibly from another part of this town, or from another town: there was reason to suspect a certain Xmas party as the probable start of the 1914 outbreak. The heating apparatus of this school has been renewed and extended.

50.—In respect of cases of both scarlet fever and diphtheria the usual distribution of leaflets, investigation of suspects and contacts, warning of Sunday Schools, Bands of Hope, and libraries, etc., were carried out.

Convalescents were excluded from school attendance for at least another month after leaving hospital or sick room, so as to secure their freedom from infection and their full restoration to health, and they were visited by our School Nurses during that month, in order to see that they were keeping well enough to return to school. Some of them were, for special reasons, re-examined and advised by us personally—our endeavour being to secure return to school free from discharges from ears and nose, clear of enlarged tonsils, and of adenoids, etc.—in short, in as perfect health as possible.

51.—*Measles.*—84 per cent. of the cases of measles occurred in the first half of the year, and it will be noticed that the number of cases which were reported was about half as great as in 1912.

The outbreaks occurred mostly in Bootham and Walmgate groups of Infant Schools ; St. Margaret's Infants' School had to be closed in July. Later on, in September, St. Clement's Infants' School was attacked and one class was closed for a month.

52.—*Whooping Cough.*—The number of cases of this disease notified by the Head Teachers during the year was nearly as large as in 1913. 90 per cent. of the notifications were from the Infants' Departments. The Micklegate Ward Schools were those chiefly affected.

Chicken-pox and ophthalmia were not troublesome during 1914, but *Mumps*, a very infectious as well as painful disease, was very rampant during the spring, especially in the Haxby Road (both departments), St. Lawrence (both departments), Park Grove, Shipton Street, St. Barnabas, and English Martyrs' Infant Schools ; the latter was closed for a month in consequence. Altogether 755 cases were notified by the Head Teachers, so that there was some arduous work for the School Nurses in enquiring about them.

There was also a large number of indefinite cases of influenza and sore throat, which were investigated by the School Nurses.

Lists of Schools closed on account of Infectious Disease during 1914 :—

Name of School.	Date closed.	Until.	On account of
	1914		
St. Barnabas' (Bright Street) Infants' School	Dec. 12th	Jan. 11th, 1915	Scarlet Fever, Chickenpox, etc.
English Martyrs' Infants' School	March 28th	April 20th, 1914	Mumps.

On account of Measles :

	Date closed.	Until.
St. Margaret's Infants' School	1914 June 30th	1914 August 10th.
St. Clement's Infants' School, Class V.	Sept. 22nd	Oct. 19th.

53.—CLEANSING NOTICES UNDER SECTION 122 OF THE CHILDREN ACT, 1908.—The following is an account of the work done in this connection :—

Number of cleansing notices served on parents by the Education Department	84
Number of children referred to the Medical Officer of Health by the Assistant School Medical Officer since January 1st, 1914	84
Number of children cleansed at home	73
Number of schools affected	15

The Chief Inspector of Nuisances, Mr. Drummond, has kindly furnished the following data in connection with these cases :—

Number of houses inspected 84, of which were :—	
Very filthy	2
Filthy	14
Moderately clean	68
Number of houses where bedding was removed for steam disinfection	23
Number of houses where bedding was not removed owing to bedding being clean	61

THE "FOLLOWING-UP" AND MEDICAL TREATMENT OF THE PHYSICAL DEFECTS IN THE SCHOOL CHILDREN.

"*FOLLOWING-UP.*"—Whatever *defects* are *discovered upon* medical inspection an advice note is sent to the parents, and verbal efforts of persuasion by the Assistant School Medical Officer, School Nurses, Managers, Care Committees, and others follow. Every case is given ample opportunity to consult its own chosen medical adviser.

Most parents appear to be glad to be informed and they loyally attend to the advice given. Others are careless because they are ignorant, and in order to counteract that ignorance we circulate thousands of leaflets every year. I am sorry to say

that a good many other parents are so indifferent that they will not avail themselves even of free facilities without a good deal of trouble. Failing the above-mentioned efforts of persuasion there are the levers of exclusion from school in suitable cases, the pressure of the Medical or School Attendance Sub-Committees of the Education Committee, and, in the last resort, proceedings in the Police Court under the Cruelty or Neglect Section (Section 12) of the Children Act of 1908.

TABULAR STATEMENT OF DEFECTS FOUND AMONGST THE CHILDREN MEDICALLY INSPECTED AND SCHEDULED DURING 1914, 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	1900	463	24·3	1407*	74·2	30
Defective vision and squint ..	267	78	29·2	189*	70·8	—
Enlarged tonsils and adenoids	443	139	31·3	298	67·4	6
Defective hearing	57	40	70·1	17	29·9	—
External eye disease	45	35	77·7	10	22·3	—
Heart and circulation, diseases of	66	39	59·0	27	41·0	—
Lungs, various affections of ..	145	102	70·3	43	29·7	—
Nervous system, diseases of ..	26	14	53·8	12	46·2	—
Various diseases	58	33	56·8	23	39·8	2

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

* Numbers of these cases will ultimately be treated at the School Clinic.

Ameliorative measures do not necessarily involve the child being excluded from school attendance; there is no need for that unless the child's condition is contagious, or such as to render it absolutely unfit and unable to benefit educationally. Then, exclusion, in such and other cases, forces the parents indirectly to obtain medical treatment. Exclusion is sometimes a useful lever in order to get treatment carried out, because if parents then delay treatment they can be prosecuted for the child's unnecessarily continued non-attendance at school.

Teachers are requested not to wait for the routine inspections before calling the attention of the School Medical Officers to children obviously suffering from such defects as the following, and there has been considerable, sometimes overwhelming, activity on their part in this direction :—

Thin, anæmic, ill-nourished or rickety children ;
Tendencies to deformity of spine or limbs ;
Degrees of deafness and otorrhea ;
Eye-strain, or markedly defective vision ; marked squint ;
Stammering, or other forms of defective speech ;
Occasional epileptic, hysterical or fainting fits ;
St. Vitus' dance (chorea) and similar nervous conditions ;
Signs suspicious of diphtheritic or other paralysis ;
Blueness (cyanosis) or other signs of heart disease or defective circulation ;
Short, rapid breathing, or other signs suggestive of heart disease or asthma ;
Peculiar or persistent cough ;
Marked mouth-breathing (adenoids) ;
Enlarged glands about the neck or angles of the lower jaw ;
Children markedly dull or backward, etc., etc.

Teachers can also greatly help the School Medical Service by forwarding information on points ascertained, or coming to their knowledge, bearing upon the personal or family medical and social history of the children under their care.

REPORTS OF CARE COMMITTEES.

Bilton Street School Care Committee :—

18th February, 1915.

" I have little further to add to the few remarks made on the work of the Care Committee in last year's Report. During the year several informal meetings have been held, and the different cases discussed by the Visitors and Secretary. As before, the Visitors, the Rev. R. G. Pyne and Miss Pyne, have been most assiduous in their visitations, and their enquiries after the welfare of the different children under their supervision have been warmly appreciated. The number of cases under attention is comparatively small, and this seems to be due to the manifestation of a greater interest taken by parents in the future welfare of their children than for some time has been the case. The activity of social and spiritual agencies, and the general desire to ameliorate the lot of the poor and forlorn, would appear to be bearing fruit, judging from this manifest improvement.

*Re School Baths.**—Thanks to the public spirit and personal interest of the Managers, the regular system of bathing continues

to be an interesting feature of the school; the privilege is highly appreciated, and it goes without saying that the advantages are great. During the year no less than 3,454 hot baths have been taken—a striking testimony to the popularity of the institution.

GEO. J. JENKINSON,
Hon. Secretary.

* See Report for 1913 in Annual Report on Medical Inspection of School Children for that year.

St. Deny's School Care Committee :—

"For the past year or more it has really resolved itself into an 'After-Care' Committee. Since the formation of the Clinic and the development of the 'ophthalmic' and 'dental' departments our members have had little to do except 'after-care' work. Occasionally a case of a specially neglected family of a child still at school is looked into, and such a case as that of E.N., who is to be sent into a home for epileptics by the Guardians. There is a long delay in getting the girl in, but one of our Visitors keeps in touch with her and with the Clerk to the Guardians. But really the Committee is doing very little besides 'after-care' work. One of our members is responsible for the visitors who help at the free dinners for our St. Denys' children, and, with the help of the Head Teachers, we send up names of any ill-nourished children they think in actual need of free meals, and try to get such put on the list.

We are very sure of the real value of the Medical Inspection to the boys and girls, in cleanliness and general well-being."

EDITH M. DAVIES,
Hon. Secretary.

Haxby Road Council School Care Committee :—

16th February, 1915.

"The Committee has met four or five times during the year. Its chief energies have been devoted to :—

(1) Persuading parents to secure medical attention to children's defects discovered at the Medical Inspection ;
(2) Collection and distribution of clothing in necessitous cases ;
(3) Securing country holidays for delicate children ;
(4) Recommending children for the free breakfasts."

N.B.—The arrangements for the free meals at White Cross Lodge are in the hands of Miss Matterson (a member of the Committee), who asks for help as required.

W. A. KAY,
Hon. Secretary.

St. Margaret's School Care Committee :—

"Nothing new has taken place in connection with the St. Margaret's School Care Committee during the past year. The usual meetings have been held, and the Headmaster and Teachers of the school have brought various cases forward which they considered would benefit by a call from one of our visitors. The number of cases has been less this year than last. Some of the cases show a decided improvement after the first visit, whilst in others no improvement can be seen after regular visits for months. As the result of a visit to one house where the conditions were filthy, the house was re-papered and white-washed, and the visitor was much impressed with the change.

An 'At Home for Mothers' was held in the Parish Room on May 14th, when about thirty mothers attended and listened to very helpful addresses given by Mrs. Lloyd (a member of the Committee) and Mr. Temple (the Juvenile Advisory Officer).

As in past years a sleeping-out camp was again organised for the older boys from overcrowded homes, and from 10 to 15 boys regularly slept in the tents during the summer months. This camp is greatly appreciated by the boys, and they benefit very much from their changed sleeping accommodation."

F. D. STUART,
Secretary pro. tem.

MEDICAL TREATMENT.—The facilities at the disposal of ailing or defective school children may now be stated as below. No school child should now suffer on account of the difficulty of obtaining medical treatment. Since the expansion of the School Clinic :—

(1) All manner of ailments, such as external eye diseases, contagious skin diseases, ringworm, etc., are treated or supervised at the School Clinic by the Assistant School Medical Officer, assisted by the School Nurses ;

(2) Defects of vision are ameliorated by the Ophthalmic Assistant School Medical Officer ;

(3) Defective dentitions are attended to by the Dental Assistant School Medical Officer ;

(4) Intractable ringworm of the scalp is X-rayed by the specialist at the County Hospital, by arrangement with the Education Committee.
(See section of this Report on "The School Clinic.")

(5) The Tuberculosis Officer examines and treats according to need all cases of suspected, incipient, or advanced cases of tuberculosis sent to him by the School Medical Officers. (See sections on "Tuberculosis" and "Open-Air School").

The York Dispensary, Duncombe Place, is available for the treatment of suitable cases, and the Committee have sometimes been good enough to place a number of "dispensary notes" at the disposal of the School Medical Officers.

The York County Hospital is available for those cases, both medical and surgical, which require "hospital treatment," provided the patient presents the necessary "hospital note."

We regret we are not yet able to record here, as an available means of treatment, the complete Open-air School, which, when opened, will still further extend the chain of media at the disposal of the Education Committee for the amelioration of defects found amongst the children attending their schools. Our organisation will then be one of the most complete in the kingdom.

THE SCHOOL CLINIC.

The School Clinic now forms a well-elaborated and established addendum to Medical Inspection. Indeed, it may be regarded as the centre of the whole system. Besides a General Inspection Clinic for the supervision of children who are unfit to be in attendance at school, and a Treatment Clinic for children suffering from the so-called "minor" ailments (such as external eye diseases, impetigo, "eczema," discharging ears, etc.) there are the Dental and Ophthalmic Departments, and the following time-table gives an idea of the weekly programme :—

School Clinic Time Table.

	Mon.	Tues.	Wed.	Thurs.	Fri.
	a.m.	a.m.	a.m.	a.m.	a.m.
General Inspection Clinic ...	—	9 30	—	—	9 30
		p.m.			p.m.
*Miscellaneous Treatment Clinic ...	9 15	2 0	9 15	9 15	2 0
*Ophthalmic Clinic	9 15	—	9 15	9 15	—
Dental Clinic	10 0	—	10 0	10 0	—
	p.m.		p.m.	p.m.	
	2 0	—	2 0	2 0	—
Optician attends (to fit spectacle frames, etc.)	—	—	—	—	10 0

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

Sessions of Clinics (Inspection, Treatment, Ophthalmic, and Dental) and Attendances in 1914.

	General Inspection.	Miscellaneous Treatment.	Ophthalmic.	Dental.	Totals for:—	
					1914.	1913.
Number of Clinic Sessions held during the year ...	89	204	74	262	629	651
Average attendance per Session	45·7	19·0	8·8	11·9	18·6	13·8
Number of children who attended the Clinic during the year	1,428	236	216	1,515	3,395	3,233
Number of attendances at the Clinic during the year	4,076	3,875	657	3,121	11,729	9,015

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, 1914 :—

	January to Midsummer.		Midsummer to December 31st.		Totals.	
	1914	1913	1914	1913	1914	1913
Number of children who attended the "Inspection" and "Miscellaneous Treatment" Clinics ..	1,179	1,044	958	671	2,137	1,715
Number of attendances	4,344	2,917	3,607	2,314	7,951	5,231
Number of children still attending	88*	—	146†	—	234	—

The increasing utility of the Clinics, as compared with the previous year, is very marked.

1914 { *35 of these } had been re-admitted to school, and were asked to
{ †54 of these } make a further attendance at Clinic.

The following tabular statement classifies the children according to the various diseases and defects from which they were suffering :—

	January —July.	August— December	Children who were still attending the Clinic on 31st December, 1914, with the undermentioned defects.	Totals.		
	1914.	1914.		1914.	1913.	1912.
Scalp Ringworm	73	50	29	123	182	197
Body Ringworm	48	26	6	74	70	72
Pediculosis (Lice and Nits) ..	65	29	1	94	134	348
Impetigo ("Scab-head")	104	106	16	210	149	158
Eczema	164	97	12	261	225	153
Contagious Ophthalmia	43	48	14	91	103	314
Blepharitis ("Sore Eyelids") ..	24	21	7	45	36	60
Scabies (Itch)	5	7	5	12	15	25
Abscess	15	1	1	16	28	22
Otorrhœa (Discharging Ears) ..	48	43	29	91	104	109
Debility	29	17	1	46	31	40
Defective Vision and Squint ..	159	26	..	185	176	22
Various	449	290	37	739	684	710
Total defective Children ..	1,226	761	158	1,987	1,937	2,230

In most of the above cases parents were as usual given reasonable opportunity to obtain treatment from their own medical attendant or other sources, failing which they were requested and persuaded to send their children to the School Clinic.

Non-routine Cases.

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 defects. 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 Schools.		Infant Schools.		Totals.
	Boys.	Girls.	Boys.	Girls.	
Total number of children examined ..	34	38	9	7	88
Defective Vision (including Squint) ..	8	13	1	1	23
Defective Teeth	27	33	7	7	74
Enlarged Tonsils	7	8	1	—	16
Adenoids	5	5	—	1	11
Defective Hearing	4	3	—	—	7
Defective Speech	4	1	3	2	10
Mentally Defective	1	1	1	—	3
Heart Disease	1	3	—	—	4
Various	3	18	4	4	29
Total defects	60	85	17	15	177

In all these cases notes of advice and leaflets of instruction were sent to the parents.

Eleven children with defective vision have already been treated ; the remainder are being sent for to attend the Ophthalmic Clinic in their turn.

The children with defective teeth are also being sent for to attend the Dental Clinic.

The two mentally defective boys were transferred to Holgate Bridge School.

Four children with enlarged tonsils received attention.

Four children with defective hearing received attention.

Cases of adenoids and enlarged tonsils were referred for treatment to their own medical attendants, or to the County Hospital or Dispensary.

Scalp Ringworm (Tinea Tonsuraus).

81 new cases of ringworm of the scalp were discovered amongst the children attending the elementary schools, and the total number of cases dealt with during the year was 111, as follows :—

Amongst children notified by Head Teachers on Forms A and C	40	
Amongst children medically inspected	2	81
Amongst non-routine children	4	
Amongst children brought to the clinic by parents, etc.	35	
Carried over from 1913 (24 children who were still under treatment, and 6 children who were re-admitted to school during January, 1914)		30
Total		111

82 of the above children were re-admitted to school during 1914 as cured, as follows :—

After X-ray treatment at Hospital	42
,, private treatment	18
,, treatment at Clinic	14
,, treatment from other sources	5
,, a " combination " of treatments (2, 3 and 4) ..	3
Total re-admitted to school as cured ..	82

The remaining 29 children were still in receipt of treatment at the close of 1914, 4 of whom were re-admitted to school early in 1915.

The ages of the above 111 children were as follows :—

Age-periods.	No. of Children.
Under 5 years of age	11
5– 6	24
6– 7	23
7– 8	18
8– 9	10
9–10	14
10–11	7
11–12	2
12–13	—
13–14	2
Total ..	111

THE DENTAL CLINIC.

In July, 1912, a well-qualified local Dentist was appointed as Dental Assistant School Medical Officer, "to attend to such cases as have not been dealt with by private practitioners within one or two months after reference of the case to the attention of the parents." He records full notes of the defective conditions, and of the exact character of the treatment carried out, and these records (on the card system) are kept at the School Clinic. A School Nurse is usually in attendance.

It was decided that from the beginning of the new school year, April 1st, 1914, the Dental Clinic should be expanded, so that our School Dentist would give at least fifteen hours per week instead of six, the stipend to be increased accordingly from £100 per annum to £250—the children of five to eight years of age to form the special care of the Dental Clinic in future.

As regards dental treatment, the Board of Education's sanction is given on the understanding that the conditions set out in paragraph 178 of the Annual Report for 1912 of the Board's Chief Medical Officer will be complied with. (This is being done and the Clinic is well equipped.) In this connection the Board observed "that the services of a whole-time dentist could be obtained for a sum not greatly in excess of that which is now being paid for half-time services." Our present enthusiastic Dental Surgeon and his Assistant are, however, giving much more than fifteen hours per week—practically the whole-time services of one man—and, therefore, there does not seem to be any need to alter the present satisfactory arrangement.

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 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 personal 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.

Accordingly, Mr. Constant has inspected the teeth of the young children in all the schools—a total of about 3,872 children (1,896 boys and 1,976 girls)—since March, 1914, and has recorded the results of his inspection by the card system. When his results have been tabulated we may expect some very interesting statistics. In the meantime, Mr. Constant and his Assistant, Mr. Plummer, are steadily carrying out the policy, wisely desired by the Board of Education, of saving the teeth at the critical period of the commencement of eruption of the permanent or second teeth, by the methods of conservative (or preservative) dentistry. Children with defective teeth discovered in the school inspections are persuaded to come to the School Clinic if they do not go to their own dentists, which but few do.

Excellent tooth-brushes are obtained by the Local Education Authority in quantities by contract, and sold to the children at the schools at cost price, viz., 2d. It is then the duty of the teachers to instruct the children in their habitual use, and in the general principles of dental hygiene. 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 Head Teachers have been urged to push the sale of the tooth-brushes in the schools, and also to give a lesson on the use of the tooth-brush 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 tooth-paste or powder; brushing with plain warm or cold water is sufficient if done thoroughly. The teachers have also been requested to urge that the tooth-brushes should be renewed every few months, and to give instruction (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. The insistent teaching of dental hygiene is a very essential corollary of the work of the Dental Clinic—indeed, it must be kept to the front as the first essential.

Work done by the Dental Assistant School Medical Officer (Mr. T. E. Constant, M.R.C.S., L.D.S.) during the year 1914.

The number of Clinics held during the year was 262.

The total number of children referred to the Dental Clinic was 848 (423 boys and 425 girls). The following is an account of the number of those who attended the Clinic :—

Routine children (*i.e.*, those who had been inspected and scheduled by the Dentist at the schools) ..	465
*" Non-routine " children	1,050
	1,515

* " Non-routine " cases are those who have otherwise been discovered, or referred by Head Teachers or brought by parents on their own initiative, etc.

Number of children who were fully treated ..	788
Number of children partially treated	535
Number of children inspected only	16
Number of children who refused treatment ..	176
Total =	1,515

Dental work done during the year :—

Inspections (at Schools and at Clinic)	4,547
Fillings	980
Dressings	1,802
Regulations	1,958
Extractions	175

(*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).

THE OPHTHALMIC CLINIC.

In July, 1912, an expert local Ophthalmic Surgeon was appointed as Ophthalmic Assistant School Medical Officer, to attend to such cases as have not been dealt with by private practitioners, or by the medical charities, within one month after reference of the case to the attention of the parents, and to attend to such cases as cannot be dealt with by the Assistant School Medical Officer. He carries out his work by means of the latest scientific methods, and devotes at least six hours per week to the Committee's Clinic. He is appointed for a term of two years, and paid a retaining fee of ten guineas per annum, plus a uniform fixed fee of five shillings per case examined. The cases of defective vision or other disease of the eye dealt with are those referred to him by the Assistant School Medical Officer. He records full notes of the defective condition, and of

the character of the spectacles or other treatment prescribed, and these records are kept at the Clinic.

The Education Committee has a contract with a competent local optician for the supply of spectacles, as prescribed by the Ophthalmic Surgeon for the elementary school children. The Education Committee pays the contractor for the spectacles on a fixed scale of charges ranging from 2/6 to 4/- per pair. The prescriber always tests the spectacles on the child, after they have been received, and rejects them if unsuitable or imperfect. The spectacles are English made. The prescriptions for spectacles are sent by the Ophthalmic Surgeon, through the School Medical Officer, to the contracting optician, who sends the spectacles, when ready, to the offices of the Clinic, and who himself attends at the Clinic one day a week to take measurements for the frames. The spectacles, if found by the Ophthalmic Assistant Medical Officer to be correct, are paid for by the parents at contract price, either per lump sum or by instalments. The parents in the latter case first sign a receipt for the spectacles. The charges in cases in which parents are unable to pay for spectacles are wholly or partially remitted by the Special Schools and Medical Sub-Committee or its Chairman.

The Ophthalmic Assistant School Medical Officer passes his notes of advice regarding children who do not require spectacles, but only modification of educational methods, to the Head Teachers, via the School Medical Officer.

After a child has received the spectacles required, intimation is sent to the Head Teacher of the school it attends, who is requested to ask his Class Teacher to see that the child always possesses and uses the spectacles when required, and the Head Teacher of each school is requested to personally hold a periodical "spectacles drill." Cases observed in which spectacles are not being used, or in which the spectacles appear to be defective, are reported by the Head Teachers to the School Medical Officer for investigation. The pawnbrokers of the city were last year requested not to receive children's spectacles in pawn.

The Board of Education's sanction to the arrangements for dealing with defects of eyesight is given on the understanding that steps are taken to ensure that children for whom spectacles are prescribed actually obtain them, and afterwards to ascertain whether the spectacles are worn regularly and with satisfactory

results, and that provision is made for the re-examination by the Ophthalmic Surgeon at suitable intervals of all cases which in his opinion require it.

With this object in view, notes are made on a special card index by the Ophthalmic Medical Officer, which secures that all cases of myopia and other conditions in which it is advisable that repeated examination shall be made, are automatically brought before his notice at such intervals as seem best in each case.

In November, 1913, the Education Committee directed that all children should have the spectacles prescribed by the Ophthalmic Surgeon supplied to them immediately they were ready, provided the child's parent or guardian signed an acknowledgment form, the cost of the spectacles being paid in small instalments. This arrangement is working satisfactorily.

Cases of Squint and other cases which need operation are referred by the Ophthalmic Medical Officer to his own care at the York County Hospital.

In March last provision was made in the estimates for the expenditure of a larger amount upon the Ophthalmic Clinic, viz., £150, but our Ophthalmic Assistant School Medical Officer was called upon for local military service in September, and consequently the Ophthalmic Clinic has been somewhat dormant since then, although he has kept pace with the most urgent cases.

As our Optician, Mr. Alexander Inglis, was also called to the Colours at the outbreak of war, his deputy, Miss Cooper, has carried out his work at the School Clinic, with satisfaction to our Ophthalmic Surgeon.

Work performed by the Ophthalmic Assistant School Medical Officer (Dr. Peter Macdonald) during the year 1914.

Total number of Ophthalmic Clinics held	74
Total number of children seen during the year	216
Total number of attendances of children	657
Number (average) of children who attended each Clinic ..	8·8

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

Routine	78
Non-routine	138
Total ..	216

" 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 by the County Hospital.

Number of children for whom spectacles were prescribed ..	157
Number of children who were prescribed for otherwise than by spectacles	31
Number of children who refused treatment	4
Number of children who accepted examination, but refused to have the spectacles	1
Number of children whose present spectacles were found to be correct	12
Child transferred to Blind School	1
Number of children still under treatment 31st Dec., 1914 ..	10
Total ..	216

In addition to the above, five children were examined and treated for external eye disease, and one child was also examined on account of deafness.

Number of cases of Squint examined by Dr. Macdonald during 1914	46
Number of cases in which glasses were prescribed	37
Number of cases in which operation was advised	4

Of the five remaining cases three refused treatment and two were not finished.

Particulars of the above 216 Cases.

Defects of Vision :—

Hypermetropia (long sight)	47	
Hypermetropic Astigmatism	62	
Mixed Astigmatism	36	
Myopia (short sight)	16	
Myopic Astigmatism	31	
	—	192

In combination with these, were 41 *cases of Strabismus (Squint) :—*

Convergent Strabismus	37
Alternating „	1
Divergent „	3
	—
	41
	—

Defects of Visual Apparatus :—

Vitreous Opacity	1
Cataract	1
Leucomata of Cornea	2
Corneal Scarring	3
Spasm (eye strain)	5
	—
	12
	—

Miscellaneous :—

Refused Ophthalmic interference ..	4	
Convergent Strabismus, etc.	6	
Blind (one eye)	3	
Blind (both eyes) (retinitis pigmentosa) ..	1	
Still under treatment on 31st Dec., 1914	10	
	—	24
		216

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	46
Cylindricals	23
Sphero-Cylindricals	57
Combinations of these	45
Total ..	171

	£	s.	d.
The total cost of the above glasses was ...	27	19	3
The total amount recovered from parents was	22	12	6
Amount still owing on 31st December, 1914 ...	5	6	9

Percentage of costs recovered = 80·9.
In 86 cases the spectacles were paid for in full ;
In 41 cases the spectacles were paid for in full by instalments ;
In 25 cases the spectacles were being paid for by instalments ;
In 5 cases the amount was remitted by the Education Committee ;
In 14 cases no attempt at payment had been made up to the 31st December, 1914.

"The Ophthalmic Assistant School Medical Officer is desirous of again taking the opportunity of the Annual Report to point out one special method by which his services may be of value to the children of York, which, not being obvious, needs to have attention called to it repeatedly. This is the advice he can give to parents of children with defective sight as to the future career of these children. He takes every opportunity that arises for doing this, and despite the interference caused by the war during the past twelve months in the work of the Ophthalmic Department of the School Clinic, he has many times been able to advise parents on the choice of employment for their children, so far as the condition of their eyes has a bearing on it, and he has persuaded other parents to promise to come to consult him when the question of the employment of their children arises. Obtaining such

advice is usually a new and unthought-of idea to parents, and they are generally most grateful to receive it. The opportunities for giving it have, up to now, been those only which have been made by the Ophthalmic Assistant School Medical Officer himself as cases of defective vision have come before him. As he considers that this mode of employing his services is an exceedingly valuable one, he wishes to repeat in this report that he will welcome the application of any parent of a child of school age with defective eyesight to consult him upon what employment it is capable of. He also makes the suggestion that in cases of very defective eyesight the teacher should take any opportunity that may arise of urging the parent to obtain such expert advice either at the School Clinic or elsewhere."

(P. Macdonald).

The Board of Education and the arrangements of the School Medical Service and School Clinic :—

"Where, in the Board's opinion, the provision made for the School Medical Service is adequate and its working is efficient, grant will be paid at a rate of one-half of the expenditure ; in other cases the Board may either pay at a lower rate or withhold the grant.

In fixing the rate of grant, the Board will take into consideration the scope, character and efficient working, as ascertained by the Board from reports made by their Medical Officers or otherwise, of the Authority's provision and arrangements :—

(*a*) For the medical inspection of the groups of children prescribed by Article 58 (*b*) of the Code of Regulations for Public Elementary Schools ;

(*b*) for following up cases of defect found in the course of medical inspection ;

(*c*) for securing the medical treatment of cases requiring it ;

(*d*) for co-ordinating the work of the School Medical Service with the work of the Public Health Service in the area ;

(*e*) for rendering the School Medical Service an integral part of the system of Elementary Education in the area."

A letter was received from the Board of Education dated 9th January, 1914 :—"The Board intimated that they had received from Dr. Crowley, one of their Medical Officers, a report on his recent visit to York to inquire into the working of the arrangements made by the Committee in connection with their school medical service. The Board are glad to learn

from his report that the work is being conducted on well-considered lines with satisfactory results, but they would like to have an assurance that the present practice of referring to the School Dentist children who are known as "leavers" will be discontinued, and attention concentrated on the group of children from six to eight years of age. The Board also recommend that the School Dentist should visit the schools and inspect the children. Attention was also drawn to the fact that under the old arrangements for supplying school children with spectacles a large proportion of the children requiring spectacles failed to obtain them." As will have been noted, the above-mentioned requirements of the Board were complied with during the year under review.

It has been decided by the Education Committee to carry out the medical treatment of children attending City Elementary Schools from districts outside the city boundary, for the coming year, after which the matter will be reconsidered.

Grants received or due from the Board of Education :—

(*a*) In respect of Medical Inspection or inspection and treatment :—

	£	s.	d.
For year ending March 31st, 1913	185	18	9
,, ,, ,, 1914	516	12	6
,, ,, ,, 1915	543	10	3

(*b*) In respect of Temporary Special School for Mentally Defective Children :—

	£	s.	d.
For year ending March 31st, 1913	237	8	0
,, ,, ,, 1914	224	9	0
,, ,, ,, 1915	222	17	0

(*c*) In respect of Temporary Open-Air School for Physically Defective Children :—

	£	s.	d.
For year ending March 31st, 1913	—		
,, ,, ,, 1914	—		
,, ,, ,, 1915	65	16	10

Attendances of children at the Medical Inspections and at the School Clinic for treatment are counted as school attendances under the following regulations of the Code :—

"44.—(*h*) Any period during the school hours occupied by the medical *inspection* of scholars who are not excluded from school under Article 53 (*b*), provided that such inspection is conducted under the authority of the Local Education Authority under Section 13 (1) (*b*) of the Education (Administrative Provisions) Act, 1907, in the school premises or (in special

circumstances) in some other place appointed for the purpose by the Local Education Authority with the approval of the Board.

NOTE.—Any place approved for the purposes of Article 44 (*h*) or (*i*) shall be termed an 'approved place.'"

"44.—(*i*) Any period during the school hours occupied by the medical *treatment* of scholars who are not excluded from school under Article 53 (*b*), provided that such treatment is given under the authority of the Local Education Authority and under the supervision of their School Medical Officer in a place approved by the Board, and in accordance with arrangements sanctioned by the Board under Section 13 (1) (*b*) of the Education (Administrative Provisions) Act, 1907.

NOTE.—Any place approved for the purposes of Article 44 (*h*) or (*i*) shall be termed an 'approved place.'"

Attendances under Article 44 (i) at School Clinic :—

"23. (*a*) A Special Register must be kept at each 'approved place' at which scholars are medically treated under the authority of the Local Education Authority.

(*b*) The Special Register must show the time at which each scholar entered and left the 'approved place,' the nature of the treatment, and the name of the person responsible for treatment, who must initial the Register on each day on which scholars are in attendance at the 'approved place.'

(*c*) Any scholar marked absent at any meeting of the school who is found on examination of the Special Register kept at an 'approved place' to have spent so much time in attending the 'approved place' as in itself or with the addition of the time spent in secular instruction at the School would make up the minimum period required for an attendance under Article 43 (*b*) may have the letter T entered inside the mark of absence, thus (T), and an attendance in respect of that period may be reckoned.

All attendances so registered should be added to the total attendances of each child concerned at some time not later than the end of the school year."

These requirements are being systematically complied with per card system and otherwise.

THE SPECIAL SCHOOLS.

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

There are at present :—

Twelve children at Special Schools for the Deaf and Dumb—eight being at the Doncaster School, three at Boston Spa, and one at Birmingham.

Eight children at Special Schools for the Blind—seven of which are at the York Blind School, and one at Sheffield.

Two epileptics, aged six and thirteen years, were certified for Special Schools during the year.

Educable mentally defective boys are received at the temporary special school at Holgate Bridge, York. There is at present no special provision for the education of educable mentally defective girls under the above-mentioned Act, neither is there any special provision for physically defective children other than tubercular or pre-tubercular children, for whose benefit we have a temporary open-air school at No. 11, Castlegate, about which this report deals further presently. We have a number of crippled, delicate and ill-nourished children, for whom a larger open-air school would be a great boon.

The Board of Education has formally approved the plans for the adaptation of Fulford Field House as a school for mentally defective children, with accommodation for 77 boys and 92 girls, and for the erection of an open-air school with accommodation for 90 boys and girls. The two crafts-rooms in the mentally defective school are included in the recognised accommodation on condition that they will be in continuous use by the children who will attend the school.

Application has been made to the Local Government Board for borrowing powers to the amount of £6,868, being the estimated cost of erecting a School for Physically Defective Children (£4,060) and a School for Mentally Defective Children (£2,808) on the Fulford Field House Estate.

The Temporary Special School for Mentally Defective Boys at Holgate Bridge, York.

This school is held in a parochial building belonging to St. Paul's Church. As a temporary building it is fairly suitable, its chief deficiency being in the amount of play-ground accommodation and the want of a garden.

Total boys on register, September 30th, 1914 ...	51	
Number of boys admitted January—December, 1914	5	
Number of boys who were removed from the school register January—December, 1914	15	
Reasons for leaving :—		
Transferred to ordinary elementary schools ...		8
Left school for employment...		1
Left York		1
Arrived at age-limit (16)		1
Transferred to Open-Air School		1
Excluded as idiot or imbecile		0
Sent to Residential Home at Bristol by the York Guardians		3
Total		15

Amongst the boys are 17 stammerers, or with other defective speech ; 5 with defective hearing.

The children have been mentally and physically examined on two separate occasions during the year, and have been found brighter in appearance and manner since their admission to the school. In addition, numerous visits have been paid by the School Medical Officer and the Assistant S.M.O. to see how the school and the meals were being conducted.

Number of boys admitted since the commencement of the School	88		
„ re-admitted	2		
Boys left school in 1912	7		
„ „ „ 1913-14	17	39	
„ „ „ 1914	15		

Close enquiry into the home conditions of the children attending Holgate Bridge " Special " School was made during the year 1913 by School-Nurse Simpson, who visited the homes, made her own observations, and gave a report of her findings. The following points which might have a bearing on the mentality of the child were noted particularly :—large

families ; bad home conditions ; overcrowding ; poverty and malnutrition ; accidents before or after birth ; epilepsy ; sub-normal intelligence in parents.

During 1914 Nurse Simpson visited the homes of the boys who were sick, or for other special reasons.

Detailed records of the mental and physical condition of the children on admission to the school, of the results of the periodical re-examinations, and of the progress of the children in the experience of the Assistant School Medical Officer and of the Head Mistress, are kept systematically.

The question of allowing seven boys aged about 14 to leave the school to go into employment was considered at the end of the year, but the Committee resolved that children should be required to stay until they had reached 16 years of age. Three of these children were only equal to doing work of children of 8, 9 and 10 years respectively. During the year one of the assistant teachers at the school, Miss Winterton, left to be married ; she was succeeded by Mrs. Pawson.

Manual occupations of the younger children : Paper-folding, cutting and mounting ; mass drawing ; mat plaiting ; macrame work ; knitting ; netting ; woollen boas ; scarves ; bead-threading ; ball-making ; kindergarten sewing ; raffia ; plasticine modelling ; felt slipper work ; bootlacing.

Manual occupations of the older children : Bent iron work ; cane basket work ; chair caning ; brush drawing ; boot repairing ; bast weaving and sewing ; tie and belt weaving ; ruler and design drawing ; plasticine modelling ; macrame work ; cardboard modelling ; household employments ; gardening ; knitting and crochet ; chip carving ; pewter relief modelling ; bead-weaving ; rug-making ; light woodwork ; painting.

Notwithstanding the limitations of the school building some excellent tailoring repairs, joinering and other manual instruction is being accomplished. Now that some of the boys are approaching the age of 14, it would appear to be very desirable to direct this manual work for the senior boys into the course of wage-earning trade channels, so that the boys should now be taught not only woodwork, but shoe-making, tailoring and gardening, which are the trades in which these children are being found to prosper most. Here, we are eagerly awaiting our new school at Fulford Field House.

Mid-day dinner is provided at the school, of which 25 avail themselves, and 17 repay a penny towards the cost of each dinner ; the remainder (8) have their meals free of cost, on the recommendations of the School Attendance Officers to the Provision of Meals Sub-Committee. The mid-day dinner at the school saves the risks of return tram journeys between the school sessions, and secures that some of these children, who are very apt to be insufficiently fed at home, if the home be poor or the parents indifferent, do get at least one substantial meal per day.

On the occasions of our recent visits to the school we have found the children being supplied with excellent nourishing meals, of which the following are sample menus :—

(1) Meat, potatoes, and rice pudding.
(2) Meat, potatoes, and tea-cake.
(3) Meat and potato pie, and bread and treacle.

Each teacher takes it in turn, a week at a time, to supervise the dinners, and a charwoman helps the caretaker to wash the crockery and to see that the children wash their hands and faces after dinner. The table is covered with a clean white American cloth, and a few green plants or flowers are placed thereon. No child attending the school is known to come without having had breakfast. When we have been present the meals have been very orderly and the children well behaved. Proper table manners are taught as part of the curriculum.

Another important movement in this school during the past two years has been the arrangement whereby about 35 of the boys receive a warm slipper bath at the school every week, under the supervision of a matronly bath attendant, who is paid for 3 half-days' work per week. The boys enjoy the baths and have greatly improved thereby.

Dull and Backward Children :—

In our previous Annual Reports we have referred at length to the question of organising special classes for these children, but the matter is still in abeyance pending the inauguration of the new open-air school, which it was considered would help in the solution of this difficult problem. There are " backward " classes in connection with some of the larger schools—" Standard O's."

The Mental Deficiency Act of 1913.—During the year the Education Committee has given a good deal of consideration

to the working of this Act, and regulations and other arrangements are being made. A Special Committee of the Corporation, with co-opted members, has been formed to work the Act.

Since January, 1911, the Assistant School Medical Officer has certified 11 children as being imbeciles; of this number, five have been sent to special institutions. The names of about 20 known idiot or imbecile children have been referred to the above-mentioned special committee.

"Under the Mental Deficiency Act, 1913, children can be kept at the special school until the age of 16, when responsibility for their welfare passes from the Education Committee to the local authority under the Act. It may be, in the future, that the local authority may arrange centres of employment for these young people for which their education may definitely prepare them. That, however, is in the future: in the meantime, in order to carry out the Act, a start is being made to ascertain the exact number of mentally defective children in York, both boys and girls, whose ages bring them under the care of the Education Committee. From time to time such children attend the School Clinic for examination—one at a time, as the Board of Education requires a somewhat exhaustive report of their condition to be prepared. It will be some time before any estimate of their number can be arrived at, as the parents do not always comply with the request to bring the children to the Clinic. It is to be regretted that parents of such children should ever be reluctant to send them to the special school, for there the child receives an education suitable to his powers, and one which will develop him in such directions as he is capable of being developed. It will fall to the lot of the School Medical Officer to foreshadow the future in the case of these children so as to acquaint the local authority from time to time with the number of children who will be transferred to their care each year, and the kind of guardianship each is likely to require." (N. Kemp.)

The Temporary Open-Air School for Tubercular and Delicate Children.

The Open-Air Class which has been held in the garden of No. 11, Castlegate, behind the Tuberculosis Dispensary, since August 18th, 1913, has been approved by the Board of Education as from that date, as a special school for 20 physically defective children.

It was commenced in a disused room on the ground floor of the Dispensary premises. The windows were removed from this room, and the walls cleaned and distempered. Lavatory accommodation for girls was obtained by utilising existing facilities in the building, and a temporary lavatory for boys was erected outside the building. The Education Committee provided the Teacher, and after a few months erected an open-air shed in the garden behind the Dispensary.

In this rough wooden shelter (with rain-screen) the children can have their lessons sheltered from excessive sun or rain, but in the open air. Close by, the children have their little allotment gardens. Clogs are lent to them to keep their feet dry, and jerseys to keep the body warm, and although the conditions are not ideal for an open-air school, yet they have been much to the advantage of the children who have been taught there for the weeks or months they required.

In accordance with the wish of the Board of Education, the children now receive three meals per day, per the Provision of Meals Sub-Committee of the Education Committee, and these meals are now also given during the school holidays, so that the children do not lose the improvement gained in the school by insufficient nutrition during the holidays.

In April, 1914, the Committee obtained a grant from the Board of Education in respect of this temporary open-air school of nearly £66.

Meals for the children were commenced in February, 1914. The children use the room mentioned above as a dining-room. The estimated cost of feeding the 24 children is about £150 per annum. The following is the menu :—

Breakfast :— Porridge (every morning) with treacle or sugar ; ½ pint milk ; bread and treacle ; or
½ pint cocoa (half milk and half water) ; bread and treacle ; bread and dripping or margarine.

Dinner :—

MONDAY ...	Hot pot, suet puddings, and bread.
TUESDAY ...	Irish stew with onions ; lentil soup, or vermicelli pudding.
WEDNESDAY	Meat and potato pie with teacakes.
THURSDAY ...	Soup, and rice pudding with fruit.
FRIDAY ...	Boiled fish and white sauce, with bread ; ground rice or sago pudding.

Tea :— Hot milk, or cocoa made with boiled milk ; bread and margarine.

The school commenced with 22 children, and has been reserved for definitely tuberculous cases for the most part.

Great care has been taken to exclude any child suffering from an infectious form of tuberculosis. Fortunately this latter type of case is comparatively rare, as tubercle in childhood is chiefly found involving the lymphatic system of the lungs or body.

The children are given frequent intervals of exercise or rest, and breathing and Swedish exercises are carried out under the supervision of the teacher.

Definite periods of rest after meals are enforced, the children lying on canvas reclining-chairs, wrapped up in warm rugs. Many of the children have feverish temperatures, and the periods of reclining rest are arranged accordingly. Temperatures are taken in the mouth before breakfast and before tea, and are charted.

The school has been carried on throughout the winters, and the children did not complain even on the coldest days. In severe cold, the intervals for work are shortened, and the periods of exercise or organised games increased. Personal cleanliness and tooth-drill are insisted upon.

The children are taught raffia work, etc., and the girls are instructed in sewing.

The school has proved most popular with children and parents alike, and the Medical Officer has to keep a vigilant eye on the bona fides of some of the applicants.

Curriculum of the School.

A.M.	
8 45— 9 15	Toothbrushing and Toilet in preparation for Breakfast. Temperatures taken.
9 15— 9 45	Breakfast.
9 45—10 0	Registration. Breathing Exercises, followed by Hymn or Bible Story.
10 0—11 0	Arithmetic, or Educational Handwork (cardboard or paper models), or Reading (followed by oral or written reproduction).
11 0—11 15	Free Play, or Organised Games.
11 15—12 0	Reading (followed by oral or written reproduction of story read), or Nature Study, or History, or Geography, or Sketching or Painting (from *nature* when practicable).

P.M.	
12 0—12 30	Toilet preparation for Dinner.
12 30— 1 0	Dinner.
1 0— 1 15	Preparation for Rest.
1 30— 1 35	Registration.
1 15— 2 45	Rest.
2 45— 3 0	Free Play, or Organised Games.
3 0— 3 45	Needlework or other forms of Handwork, Raffia, Canework, or Gardening; or Educational Handwork; or Hygiene (simple talks on how to be in good health); or Plastics or other forms of self-expression.
3 45— 4 0	Physical Culture.
4 0— 4 40	Geography, or Reading, or History, or Needlework and other forms of Handwork, or Singing, Games, and Story-telling.
4 40— 4 50	Toilet Preparation for Tea.
4 50— 5 0	Temperatures taken.
5 0— 5 30	Tea.
5 30— 5 45	Prayers, Toothbrushing and Dismissal.

Early in the year 1914 it was necessary, in order to comply with the requirements of the Board of Education, to make some re-arrangement of the medical supervision of the school; prior to that time the school had been almost entirely in the hands of the Tuberculosis Officer, Dr. Bell Ferguson. It was now placed under supervision as follows :—

(1.) The certifying of children into the School and the general supervision of the Class to be carried out by the Assistant School Medical Officer, under the direction of the School Medical Officer.

(2.) Special supervision and treatment as to *tubercular* conditions by the Tuberculosis Officer (Dr. Bell Ferguson). Cases on "general" treatment to be supervised by the Assistant School Medical Officer.

(3.) The School Nurse to visit the Class occasionally, as required by the School Medical Officers.

(4.) In cases of emergency there is the Tuberculosis Nurse at the adjacent Tuberculosis Dispensary premises able to render aid. This nurse carries out the instructions of the Tuberculosis Officer in connection with actual treatment and home supervision, when for any reason the child is confined to bed at home.

A special vote of thanks to Dr. Bell Ferguson for his initiative work was passed by the Education Committee.

A certain number of the scholars are under tuberculin treatment, or are otherwise under the special medical supervision of the Tuberculosis Officer :—*e.g.*, he had 12 of the children under such supervision at the re-opening of the schools in August, 1914. In September, he and the Temporary Assistant School Medical Officer, Dr. Norah Kemp, inspected the children thoroughly, and scheduled their results.

In December, 1914, the school was inspected by Dr. Janet Campbell of the Board of Education.

Numbers of children who have passed through the school between its opening in August, 1913, and December 31st, 1914 :—

	Boys.	Girls.	Total.
Admitted	39	24	63
Discharged	25	11	36

Appended will be found a table giving full particulars of the *progress of the first* 28 *children who were admitted* to the open-air class. These include 18 boys and 10 girls.

The disease affected the cervical glands in seven cases, the lungs in fourteen, the tracheo-bronchial glands in one case, the skin one, hip-joint two; and two cases had also enlarged tonsils and adenoids with great debility. The remaining three cases were two very weakly children (one of whom had lost a father and a sister from consumption), and one badly-nourished child with marked rickets.

Eleven of the cases were treated with Tuberculin at the Dispensary, and 15 on general hygienic measures, including two cases who were sent for operation to the County Hospital.

	Stones.	lbs.	ozs.
Average weight on admission to the School	4	1	0
,, ,, ,, discharge from the School	4	7	0
Average number of attendance (days) 230			

The *average increase* in the boys was 6 lbs. 6 ozs., and in the girls was 6 lbs. 4 ozs.

It may be argued that it is natural for the growing child to increase in weight, but the characteristic of the tuberculous child is *inadequate increase in weight.*

It is instructive to compare the increase of weight in the 12 of the above children who had previously attended the Tuberculosis Dispensary alone, before the opening of the school ; the average increase under these conditions was only 2 lbs. 5 ozs.

The other figures relating to height, measurements of biceps and calf, and especially the improvement in the respiratory excursion of the chest, are also very satisfactory.

With the exception of three cases, the results of examination on discharge showed that the disease was either completely arrested or apparently perfectly quiescent.

(For most of the information contained in this section of the report on the Open-Air School, and for the following deeply interesting Table, I am indebted to the Tuberculosis Officer, Dr. Bell Ferguson.—E.M.S.)

CASTLEGATE OPEN-AIR SCHOOL.

PARTICULARS OF TUBERCULOSIS DISPENSARY PATIENTS ATTENDING OPEN-AIR SCHOOL.

NAME.	Index No.	Age and Sex.	Tuberculosis of —	Treatment. T = Tuberculin. G = General. D = Dental.	HEIGHT. Before O.A. School.	HEIGHT. After O.A. School.	WEIGHT. Before O.A. School.	WEIGHT. After O.A. School.	Period at Tuberculosis Dispensary above.	+ Weight + or —	Period at O.A. School.	Weight + or —	MEASUREMENTS OF CHEST. Before O.A. School. Expiration.	MEASUREMENTS OF CHEST. Before O.A. School. Inspiration.	MEASUREMENTS OF CHEST. After O.A. School. Expiration.	MEASUREMENTS OF CHEST. After O.A. School. Inspiration.	MEASUREMENTS OVER MUSCLES. Biceps. Before O.A. School.	MEASUREMENTS OVER MUSCLES. Biceps. After O.A. School.	MEASUREMENTS OVER MUSCLES. Calf. Before O.A. School.	MEASUREMENTS OVER MUSCLES. Calf. After O.A. School.	No. of Attendances. Actual. Possible.	NOTES ON ADMISSION TO OPEN-AIR SCHOOL.	REMARKS AFTER TREATMENT AT OPEN-AIR SCHOOL.
A.J.	1	12½ M.	Lungs	T.	inches. 53½	inches. 53½	st. lbs. 5 3½	st. lbs. 5 7	weeks. 32	+ ¼ lb.	4 weeks	+ 3½ lbs.	Inches. 26½	Inches. 27	Inches. 28	Inches. 28	Inches. 8	Inches. 8½	Inches. 9½	Inches. 10½	5/5	Had previously been in Isolation.	Definite improvement. Chest condition remained quiet. Transferred to his own school, and attending well.
R.P.	2	8½ M.	Skin Scrophuloderma	T.	47½	50½	4 9	4 10½	29	same	35 weeks	+ 10½ lbs.	24	26½	28	27	8	8½	9	10	5/5		Slow improvement in skin condition. General health excellent. Sent to own school.
S.W.	4	12 M.	Lungs	G. and D.	56½	52½	4 8	4 9	18	+ 3 lbs.	13 weeks	+ 1 lb.	24½	26½	24½	26½	8	8	8½	10	5/5	Home Dispensary fairly well. Had P.T.O. Tuberculin at Dispensary.	Had done very well. Chest quiet. No symptoms.
J.C.	5	9 M.	Lungs	G. and D.	49	52	3 12	4 5½	19	+ 2 lbs.	9 months	+ 7½ lbs.	23½	25½	24	25½	6½	6½	9	9½	5/5	Febrile. Pale, thin, weakly child.	Not much improvement. Temperature very erratic. Poor looker. No definite signs elicited. Home conditions very bad.
J.H.C.	6	8 M.	Lungs	G.	44½	46½	2 13½	3 6	nil	...	48 weeks	+ 6½ lbs.	21½	22½	22½	24	6	6½	8	9	5/5	Very thin. Phthisis. Cyspinal left lung. Mongol Type.	Chest normal. Disease apparently arrested. Looks sturdier in every way.
H.C.	7	10 M.	Tuberculosis Adenitis	T.	53½	55½	4 8½	5 4½	14	+ 4½ lbs.	19 weeks	+ 9½ lbs.	24½	26	24½	25½	7½	8½	8½	11	5/5	Boy really and pale. Anæmic. Small glands both sides of neck.	Was run over in street, and removed to County Hospital. Developed peculiar growth in abdomen. Chyluspot, which was removed. Returned to O.A. Class, and did well.
H.H.	9	7 M.	Lungs	T. and D.	48½	50½	3 3½	3 6½	30	+ 1½ lbs.	32 weeks	+5 lbs.	21½	23	23½	24	5½	6½	6½	8½	5/5	Poor puny boy. Sub-febrile to Febrile. Anæmia.	Boy greatly improved in every way. Anæmia gone. Chest quiet. More sturdy altogether. No symptoms.
J.B.	10	7½ M.	Bronchial Glands	T. (short course) and D.	43½	46	3 3½	3 6½	15	+ ½ lb.	36 weeks	+ 4½ lbs.	21	22½	23½	26½	6	6½	8½	9½	5/5	Very poor. Dilated vessles all over chest. Evidence of bronchial gland infection.	Markedly improved. No symptoms. Returned to own school.
A.G.	11	9 M.	Rickets (Chest)	G.	45½	48½	3 7	3 12½	nil	...	20 weeks	+ 5½ lbs.	21	22	23½	24	6½	7½	8½	9½	5/5	Very poor. Rickesty. Bronchitis.	Great improvement. Chest well. Returned to own School.
C.W.	12	10-6/8 M.	Debility	G.	52	54	3 11½	4 3½	nil	...	23 weeks	+ 5½ lbs.	24½	26	25½	27½	6½	7½	7½	7½	Not attended on account of illness.		Markedly improved. Returned to St. Paul's School.
H.W.	13	8½ F.	Lungs	T.	52½	55	4 6½	4 6½	16	+ 1 lb.	19 weeks	+ 8 lbs.	22	23	24	25½	6½	7	10	11½	5/5	T.B. found in excreta. Loss of Weight, Cough, Night Sweats. Tonsilitis frequently.	Greatly improved. Lost symptoms. Returned to own school. Home conditions very poor.
P.L.	14	6½ F.	Lungs	T.	46½	45½	2 7	3 2½	20	+ 2 lbs.	60 weeks	+ 9½ lbs.	20	20½	20½	21½	5½	6½	8	9	5/5	Rhinorrhœa.	Girl very much improved. No signs of active disease in chest. No symptoms. Breath sounds of left base still rather harsh.
J.H.	15	12 M.	Cervical	T. and D.	54	55½	4 13	5 8½	nil	...	26 weeks	+ 9½ lbs.	25	26½	26½	27½	7½	9	10½	11½	5/5	Right gland discharging. Only 9 months school during life.	Did very well. Glands healed. Left O.A. Class, and is now selling newspapers.
F.S.	16	12 F.	Lungs	G.	57	60½	5 11	6 5½	37	+ 5½ lbs.	9 months	+ 8½ lbs.	23½	26½	25½	27½	7½	8½	11½	11½	5/5	Slight left Scoliosis. Had treatment in O.A. Ward. Very anæmic. Home dreadful.	Very great improvement. Lost symptoms and signs. Left school.
E.M.	17	10 F.	Tuberculosis Adenitis	G.	54	54	3 13½	4 1½	14	+ 1½ lbs.	7 weeks	+ 1½ lbs.	23	25	22½	25	7½	7	9	9½	5/5	Early glands in neck.	Cured. Left York.
A.P.	18	12 F.	Lungs	G.	56½	62	5 7½	6 4	24	+ 2 lbs.	44 weeks.	+ 10 lbs.	24½	26½	27	28½	8	8½	9	11½	5/5	Severe cough and persistent fever. Was in Open-air Wards.	Disease arrested. Left school.
M.C.	19	11½ F.	Hip-joint	G.	53	61	4 4	6 with splint	26	+ 3½ lbs.	35 weeks	...	22½	23½	...	...	7	...	9½	...	5/5	Was previously in County Hospital 16 weeks.	Still in Open-air Class. Great improvement.
R.S.	20	9 F.	Tonsils and Anæmia	G.	46½	50½	3 7½	4 1	...	...	29 weeks	+ 6½ lbs.	23	23½	23	23½	6½	7½	9½	9½	5/5	Profound Anæmia. Huge tonsils (T.B.). Languid. Pallid.	Did not improve till tonsils enucleated. Now a complete difference in appearance—rosy cheeks, and very lively.
M.D.	21	9 F.	Lungs (Post Nasal) Catarrh (Adenoids)	G.	52½	55	4 8½	5 1½	...	...	29 weeks	+ 7½ lbs.	24	25	24½	25½	7½	8½	10½	10½	5/5	Post-Nasal Sepsis. Pale. Chest symptoms and signs. Very nervous.	Had suppurating adenoids removed in County Hospital. Marked improvement. Chest quiet. No longer nervous.
G.A.K.	22	9 M.	Cervical Glands	G.	48½	50½	3 10½	4 2½	56	+ 4 lbs.	32 weeks	+ 6½ lbs.	22	23½	23½	24½	6½	7	9½	10	5/5	Anæmic, weakly boy. Persistent cough, tonsilitis and poor appetite.	Transferred to Open-air Ward.
H.G.	23	7 M.	Abdominal Glands. Lung, right side	G.	47½	49	3 1½	3 10½	...	...	8½ months	+ 9½ lbs.	21½	22½	22½	24½	6	6½	8½	8½	5/5	Poor physique. Abdomen prominent. Cough.	Markedly improved all round. No sign of disease.
G.H.	24	7 M.	Lungs. Slight Cervical Adenitis	G.	46	48	2 13½	3 3½	...	...	24 weeks	+ 3½ lbs.	20½	21	...	...	6½	...	8½	...	5/5	Infection of lower lobe of left lung.	No very definite improvement.
H.C.F.	25	11 M.	Debility Prophylactic	G.	53	56½	5 1	5 9	...	...	33 weeks	+ 8 lbs.	26½	27½	27	29½	7½	8½	10½	10½	5/5		Boy vastly improved all round. Appearance totally altered.
V.B.	26	8 F.	Lungs	G.	50½	53½	3 11½	4 2½	...	...	24 weeks	+ 5½ lbs.	24½	25½	25	24½	6½	7½	8½	8½	5/5	General condition poor. Home conditions bad. Mother (?)—advanced consumption.	Only had 9 months schooling. Greatly improved. Chest condition satisfactory.
G.B.	27	11 M.	Hip	G.	49	50	4 5½ + splint	4 3½ —splint	...	...	30 weeks	...	23	24	24½	25½	8	8	10	10	5/5	In County Hospital 16 weeks. Now wearing Thomas's hip-splint and crutches.	Hip disease apparently cured. Has been without crutches since June 23rd, 1914.
H.L.	28	10-6/8 M.	Neck Glands	T. and D.	56½	58½	5 2½	5 8½	13	+ ½ lb.	22 weeks	+ 6½ lbs.	24½	27½	25½	28½	7	8½	10½	10½	5/5	Gland liquified, and pus aspirated several times. Cured. Re-joined his own school.
R.S.	29	11 F.	Lungs. Early Lupus on neck	T.	55½	56½	4 2	4 10½	4	+ 2 lbs.	30 weeks	+ 8½ lbs.	23½	24	25½	25	8½	8½	9	9½	5/5	Feeble chest. Early Lupus in neck.	
J.W.	31	11 M.	Neck Glands	T.	47½	50½	4 0	4 3	...	...	14 weeks	+ 3 lbs.	...	...	24	25	...	8	...	9½	5/5	Discharging glands in neck.	Did well. Discharge ceased and neck healed.

Weight { + signifies gain. — signifies loss.

THE CARE OF INFANTS UNDER SCHOOL AGE; SCHOOLS FOR MOTHERS, &c.

The Medical Inspection of School Children has rapidly developed to be one of the most beneficent schemes ever instituted for the physique of the future generations. But it has revealed the fact that a considerable proportion of the diseases and defects of school children, and of the adult population, has commenced *before* school age—much of it in the interval between the infant stage and school age—and public health reformers have for some time past been devoting attention to the children comprised in that interval.

At this terrible time, when a great deal of the precious manhood of the nation is being sacrificed to the demon of War, our thoughts may well turn to the consideration of the future welfare of the young and rising generation, and it is vitally necessary to promote the development of the physique of our race. To patch up and develop the physique of grown manhood is often too late. In order to grapple with this matter properly, we have to go back to the very earliest days of life; to the *beginnings* of the new generations.

Quite recently, the Board of Education and the Local Government Board have resolved to come to our aid, and, in order to complete and stimulate schemes for supervising the health and development of children in that interval, have offered to give grants equivalent to half the expenditure incurred by local education and sanitary authorities and by voluntary agencies in carrying out such work. The Board of Education will supervise the educational part of the work, and the Local Government Board will supervise all work in respect of medical and surgical treatment of young children. The two Boards are most desirous that complete facilities should exist in every district whereby, not only all the children under school age should receive skilled medical supervision and assistance, but that, to go further back, the mothers and expectant mothers should also be the care of the State, in those numerous needs so well known to the medical profession and to the intelligent laity. The expectant or nursing mother of the poorer classes is to be able to obtain expert practical instruction and skilled medical and surgical advice and treatment, and she is to be able to obtain similar advice and treatment regarding her baby or the young child who has grown beyond the baby stage, but who is not yet old enough to go to school.

For years past the existing medical charities have, of course, done much in the direction of giving such medical and surgical advice and treatment, amongst their other mass of work, but more minute attention and study is required in connection with this work than is possible in the medical charities or in ordinary general medical practice, and in order to yield the greatest good to the rising generations it is necessary that detailed notes should be made and retained which can follow the child through school life. In this way systematic help will be instituted from the earliest days, even before the commencement of life, and carried on through infancy, and then through school life, on to young manhood and womanhood.

Over a year ago the York Health and Housing Reform Association, apprehending the trend of things, after watching the work of the public health service and the school medical service, resolved to develop the campaign for the preservation of motherhood and of young children, and so instituted the formation of the York Infants' Welfare Association, which has rooms at No. 18, Castlegate and at No. 74, Stamford Street, Leeman Road. This is already a prosperous institution and has increasing claims upon the interest and support of the York public. Here, skilled medical practitioners volunteer their services, with the assistance of a trained superintendent nurse, to help poor mothers in numerous ways in securing their own health and the healthy development of their young children. Practical instruction is given in the care of young children, in domestic and personal hygiene, home nursing, the making of clothing, and the numerous little things which comprise so much of home and family comfort and prosperity. The institution serves as a dispensary for the granting of detailed advice to expectant and nursing mothers, and for the young children. The mothers are visited in a friendly and informal manner at their homes. Half-starved mothers receive a good mid-day dinner. There are sewing meetings, and a thrift club, and other detailed means of help.

A very vital feature of this Association is that it is linked up with the Maternity Hospital, where skilled attention can be given to the various ills of motherhood, with the York Dispensary where actual treatment is carried out, and with the Corporation Health Visitors Staff, who supply a large proportion of the "clients," and keep in touch at various points with all this work. Here, then, we have a great beneficent work going on—what the Local Government Board entitles

"Maternity and Child Welfare Work"—*not a fad*, but already actually grappling, in a practical and sensible manner, with the numerous problems of causation and amelioration of the embryonic or developmental foundations of Infant Mortality to which I have above referred, and with the diseases and faults of development in the young children, the men and women of to-morrow. In a word, this work aims at securing and preserving vigorous and healthy motherhood, vigorous and healthy children and men and women.

Dr. Janet Lane Claypon of the Local Government Board, who visited the city last autumn to investigate the work being carried on in York in this direction, after her enquiries declared it to be so far the most complete scheme she had yet met with in the Kingdom.

Schools for Mothers.—Summary of Circular 852 of Board of Education, dated July, 1914:—

Grants are now obtainable from the year ending March 31st, 1915, for a School for Mothers as an educational institution, co-operating with the Local Education Authority and the Local Sanitary Authority.

The School for Mothers should comprise:—

(*a*) Systematic and practical class instruction in:—

Infant care. Domestic and personal hygiene Home nursing.	Classes to meet not less than half-an-hour at a time and a total of five hours.
Sewing. Cookery.	Classes to meet not less than one hour at a time, and a total of ten hours.

(*b*) Infant Consultations:—

With a responsible Medical Officer at the head, and a responsible trained Nurse-Superintendent.

Consultations to be not less than fortnightly, and (at longer intervals) to cover children up to school age.

(*c*) Home visiting, under the Superintendent, with assistance of nurses or voluntary workers.

"The School must be conducted by a responsible Body of Managers, and a person must be appointed to act as Correspondent on behalf of the Managers."

The Mothers' Welcome is to co-operate with:—

The Medical Officer of Health and his Health Visitors;
The School Medical Service and its School Nurses;
Other similar institutions in the town—through, if necessary, a local representative Committee.

The grant payable for the year ending March 31st, 1915, is to be assessed on the basis of work done during the year ended March 31st, 1914.

The maximum grant will be equal to one-half of the approved expenditure.

Alderman Meyer, Mrs. K. E. T. Wilkinson and Dr. D. Sanderson Long were appointed by the York Education Committee to confer with members of the Corporation Health Committee, the York Dispensary and the York Infants' Welfare Association, with a view to combining to obtain the grants from the Board of Education and the Local Government Board under the respective Regulations of the two Boards *re* "Schools for Mothers" and "Maternity and Child Welfare." This Joint Representative Committee met on September 17th, 1914, at Gray's Court (by kind permission of Mr. and Mrs. Edwin Gray), and instructed Dr. Micklethwait and the Medical Officer of Health to apply to the two Boards for their respective grants.

The York Infants' Welfare Association as the School for Mothers, or Maternity Centre, has consequently received a grant from the Board of Education of £66 16s. 7d.

The following grants have since been received or have been applied for :—

	£	s.	d.
By the Corporation Health Committee (in respect of the work of its Health Visitors from April 1st to September 30th, 1914)	61	7	5
By the York Dispensary (in respect of its work of treatment)			
By the York Maternity Hospital (in respect of its work of treatment)			

By a further circular of the Board of Education (No. 879), dated November 26th, 1914, a grant has been promised towards the cost of working day nurseries, voluntary or otherwise, such nurseries being institutions which receive, for care in the day-time primarily, the infants and children under three years of age (and secondarily, children over three years of age, if urgently required) of mothers who are obliged to go to work during the day-time, and who cannot leave their children to be properly nursed at home. The Medical Officer of Health has to be satisfied with the day nursery and its work, its arrangements for feeding, sleeping, washing, and obtaining fresh air, and the Matron must be a person of some nursing experience. The only institution of this kind in York that I know of is the Crêche established by the private charity of the Sisters of St.

Vincent de Paul in 1896, which can receive fifteen to twenty children, and has for some years done a useful and necessary work. The institution has applied for a grant, with my approval. The first grant will be based upon the year ended March 31st, 1914.

MISCELLANEA.

Provision of Meals for Necessitous Children.

It has been arranged that one or other of your School Medical Officers should, when possible, attend the meetings of the Sub-Committee dealing with this matter, and they occasionally visit the feeding centres. The School Medical Officers from time to time meet with needy, ill-nourished children for whom these meals should be provided, and children whose condition as to nutrition is in any doubt should be referred to them. In this latter respect, the School Medical Officers can be of much service to the Sub-Committee.

Meals were provided at the following centres in 1914, and the average number of children in daily attendance at each centre is given :—

	Breakfasts.	Dinners.
Skeldergate Mission Hall	71	—
White Cross Lodge	45	—
St. Margaret's Parish Room	40	—
The Adult School, Leeman Road	25	—
The Junior School, Layerthorpe	12	—
Central Mission, Swinegate	52	39
St. Wilfrid's School	—	35
St. George's School	—	31
Holgate Bridge School	—	11
	245	116
Total number in attendance	361	

In addition to the children who were fed at the centres, 124 infants received bread and milk at the schools.

During the year ended March 31st, 1914, 49,732 breakfasts and 16,420 dinners had been given, at a total cost of a few shillings over £891, or slightly over the produce of a halfpenny rate. The highest number of children fed on one day was 474. The total cost per meal, including administration, was 3d.; food only, 2d.

In the absence of Dr. Galbraith, I am without any notes as to his opinion of the meals and of the manner in which they were being given, but his verbal observations to me were that

all was going on satisfactorily. Some of the dripping supplied had been rather rancid, and margarine had been substituted. Margarine does not contain such a high percentage of fat as dripping, and is not usually so savoury, but care is needful in obtaining dripping which is not of too composite a character, and which is free from any taint of rancidity.

By the terms of the Elementary Education (Provision of Meals) Act, 1914, meals can now be legally provided during the school holidays and on other days when the school is not open, and the limit of the expenditure to a halfpenny rate is repealed. This is much to the advantage of the poorer children, who often declined in physical condition during the school holidays and lost the ground they had previously gained during the school session when the meals were being given.

Physical Exercises.

It has been arranged for one of your School Medical Officers to attend the meetings of the Sub-Committee concerned with the development of physical exercises in the schools. It has also been arranged that your Assistant School Medical Officer should forward to the Head Teacher the names of any children found by him when visiting the schools to be unfit to undertake the physical exercises, and the Head Teachers are also asked to consult him about any children for whom certain physical exercises might be unwise or dangerous. It is important that this kind of intelligence be as systematic as possible. During the year four boys and one girl, suffering from heart disease, were specially excluded from drill, and instructions were sent to the Head Teachers accordingly.

To encourage the development of athletics a playing field (known as St. Paul's football field) has been secured in the Holgate district for the joint use, for organised games, of the schools in that part of the city, and for the annual school sports and inter-city school contests of the schools of the city, the field to be under the control and direction of the General Committee of the Schools Athletic Association.

Juvenile Employment Bureau.

Arrangements have been made to carry out the request of the Board of Education's Circular No. 813, whereby the Bureau is able to benefit by the records of Medical Inspection, made during their school life, of children about to enter into the world of employment. This arrangement is in systematic and satisfactory operation.

We hoped that the After-Care Committees formed in connection with this work would revive, incorporate and multiply the Care-Committees which have been doing good work in connection with the Medical Inspection of School Children, and some of which have recently declined, to our regret. One Committee at each school should suffice to deal with both classes of "Care" work. There are now 12 After-Care Committees, connected with the various schools, working in co-operation with the bureau.

Child Wage-Earners in York:—

A report showing the extent to which school children are employed in wage-earning occupations in York was submitted to the Education Committee in June, 1914. Compared with 1912 there is an increase in this class of work of 68 per cent. in the case of boys and 9 per cent. in the case of girls. Of the boys 187 work more than 20 hours a week outside school hours, 26 over 30 hours, and one over 40 hours. Of 733 boys and girls engaged on Saturdays 130 work 12 hours or more, 15 work 14 hours, 7 work 15 hours, and one works 16 hours. The boy who puts in 40 hours a week is 12 years old, and one nine-year-old boy puts in between 30 and 40 hours' work a week.

There has been a good deal of controversy during the year about the proposed bye-laws under the Employment of Children Act. Whatever may be said for or against such bye-laws, there is undoubted need, in the opinion of the School Medical Service, for some carefully planned regulation of the employment of children; otherwise, children are exploited, to their excessive fatigue, insufficiency of sleep, arrest of growth, and general physical detriment.

The Cinema Theatre and School Children.

This theme has been a ground of anxiety to which some consideration has been specially given during the past year. The following questions have cropped up in relation thereto, apart from questions connected with what one may term, for the sake of brevity, the higher morals of much that is exhibited at these theatres:—

(*a*) The alleged unsatisfactory ventilation of these theatres, and consequent promotion of disease.

(*b*) The doubtful wisdom of children sitting in such an atmosphere of tobacco smoke.

(*c*) Parents will send children who have been excluded from school attendance, because of infectious disease in the household, to such places as these, with a selfish disregard for the rest of the public which is as amazing as it is dangerous.

(*d*) A great defect of some of these theatres is that there is no provision for access of sunlight in the daytime—germ-destroying, air-purifying sunlight or diffused daylight. This is a fault which it might be difficult to remedy in some cases.

(*e*) The children are kept up until late hours—wide awake, attention and vision both strained, with resultant unfitness for school next morning.

(*f*) The fixed attention upon the screen and its rapid changes of scene tends to produce eyestrain, and has also been said to produce the nervous affection of the eyeball known as nystagmus.

These allegations are sufficient to cause anxiety, but as yet I have not been able to investigate them personally, as I had hoped, as far as that is possible. An attempt by the Education Committee to establish regulations as to the attendance of school children at cinematograph exhibitions met with resistance, and had to be abandoned I understand, because it had been stated in the Higher Courts that there was no legal power to make such regulations. In the interests of the children on the one hand, and of the cinema proprietors on the other, the matter is one for expert investigation by a Government department and for consequent Government regulation if found desirable.

Account of Miscellaneous Work.

Pupil Teachers examined :—

Twenty-four pupil teachers were medically examined during the year by the Assistant School Medical Officer as to their physical fitness for their future career. They all passed the test.

Industrial School Children :—

Twelve boys and girls about to be sent to truant schools or industrial schools were also medically examined by the Assistant School Medical Officer, and all passed the test.

Microscopical Work :—

During the year 1,374 swabs, taken from the throat or nose, of suspected, convalescent or contact cases of diphtheria, were bacteriologically examined—463 by Dr. Galbraith.

Ringworm Hairs : 55 microscopical examinations were made—35 by Dr. Galbraith—of hairs taken from the heads of children suspected to be suffering from ringworm of the scalp, or recovering therefrom.

Teaching of Infant Management in the Elementary Schools :—

On seven occasions one of the Health Visitors has attended at the central Domestic Centre, and has given a demonstration

to the senior girls on the washing and proper dressing and care of infants, on a live and 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 a 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.

Soap for use in Schools :—

Special care was taken in the acceptance of tenders (upon the advice of the Chairman of the Medical Sub-Committee and of the School Medical Officer) to obtain a soap for the use of the children in the lavatories which would not prove irritating to the skin. Our experience for years past has been that many of the carbolic and other soaps greatly advertised for the washing of clothes, etc., have disastrous effects upon the tender skin of children, owing to the amount and the crudeness of the alkali in the soap. This is specially manifest in York, where the water is fairly hard, and it is by no means an uncommon thing to see a certain amount of " eczema " or of roughness or " peeling " of the skin of the face, neck, hands and wrists, which is undoubtedly due to the use of the same soap as is used on the kitchen sink and in the family washing, or in the washing of the school floors. The soap which was selected for the use of the children was a well-known " White Windsor " soap.

THE HYGIENIC ARRANGEMENTS AND EQUIPMENT OF THE SCHOOL BUILDINGS.

The School Medical Officer has attended most of the meetings of the Sites Sub-Committee, with the object of giving every help possible in the improvement of the older schools and in the hygienic designing of new schools, in relation to the health and physique of the children. It is a pleasure to record that numerous works of improvement have been carried out in the older schools during the past two or three years—particularly at Bedern, St. Thomas', English Martyrs', Park Grove, St. Lawrence's, Shipton Street and St. Margaret's Schools—in regard to the lighting and ventilation of class-rooms, cloak-room arrangements, etc.

It is very important that the School Medical Officer should now-a-days be consulted in the planning of new schools, and of alterations in old schools, especially in regard to lighting, ventilation, cloak-rooms and lavatories, and he should be consulted before the draft plans have been completed. Architects are naturally averse to altering their finished plans, yet if the School Medical Officer is not consulted beforehand, incomplete arrangements may be the result, and the School Medical Officer is left in the unsatisfactory and disagreeable position of having to give adverse criticism concerning things which do not comply or sufficiently comply with the essential canons of school hygiene. In all this planning work modern school hygiene should take first place absolutely.

Developments during the year 1914 :—

The *Clifton School* is now to be used for 105 girls only ; accommodation for 40 infants in the adjacent parochial hall has been approved, and a playing field for both girls and infants has been arranged for.

At *St. Thomas's Infants' School* accommodation for 44 children has been provided in the central room. This school has been very greatly improved by extensions and re-adjustment.

Some of the classes in the *Girls' School* are still not correctly lighted, but the school is so cramped in situation that it is difficult to see how this defect could be materially altered. It is a pity that the improvements did not include the under-drawing of the excessively lofty open-gabled roof throughout both departments ; no doubt this would have been expensive, but a great deal of the heating of the school must be wasted in warming this unnecessary roof space. The joint use of the play ground by the two departments must be disadvantageous to the teaching going on.

At *St. Margaret's School* the lavatory provision has been improved.

The ventilation of the central room of *Scarcroft Council Junior Mixed School* has at last been improved by making some of the large windows capable of being opened. This room will probably be largely vacated as a class-room after the new Knavesmire School is completed.

At *Fishergate Council School* some moderate degree of improvement of the lighting of the Infants' Assembly Hall has

been carried out. Last July it was resolved by the Education Committee "that the remaining alterations which the Board of Education recommend to be effected at the Fishergate School, as set out in their letter of the 16th July, 1914, be carried out during the Midsummer holidays in 1915, and that the sum of £70 be allowed in next year's estimates to cover the cost of this work." However, the carrying out of this resolution has now been deferred owing to the war.

Want of cleanliness was observed in the school buildings at *St. Paul's, Holgate, St. Denys' and St. Barnabas', Leeman Road,* and we regret that the latter school still remains in need of improvement, particularly the staircases.

Head Teachers should call the attention of the School Medical Officer or Medical Officer of Health to such defects in the schools as the following :—

Defective lighting of class-rooms (attention has been frequently called to the importance of this matter in relation to the production of eye strain and headaches in both teachers and children) ;

Defective heating and defective ventilation of class-rooms (most important in relation to the production of catarrh, bronchial affections, headaches, infectious disease, etc. Excessive heating and deficient heating are equally injurious) ;

Defective ventilation of cloak-rooms ((*a*) most important in relation to the drying of wet overcoats, etc. ; (*b*) all cloak-rooms ought also to be warmed) ;

Defective lavatories and waterclosets ;

Suspected defects of drainage ;

Inadequate cleansing of class-rooms, cloak-rooms, lavatories, etc. (In this connection there is much room for improvement ; sweeping should always be carried out with moist sawdust, etc., and dusting with damp dusters ; floors, dadoes, seats and desks should be washed frequently).

New Schools.

The building of the new Knavesmire Council School has proceeded with disappointing slowness. The plans were approved for 250 boys, 300 girls, and 250 infants. This will be a fine school when completed, and will relieve Scarcroft Road and St. Clement's Schools and abolish the South Bank Temporary School.

It is a matter for satisfaction that your School Medical Officer has been consulted about several points in the planning and work of construction of this school, so also with the proposed erection of a new Manor School to be erected in Love Lane, Clifton, in place of the old school, which is to be absorbed by the Yorkshire School for the Blind. The new school is to provide for 312 boys.

The proposed construction of the Special School at Fulford Field House has already been referred to under the heading of "Special Schools."

Conclusion.

In a notable and comprehensive survey of national education—with an interesting reference to the physical training side and its effect on the nation's health—submitted to Parliament recently by the President of the Board of Education (Mr. J. A. Pease) he referred to the "great diminution in the number of children attending elementary schools under 5 years of age. In the last ten years there had been a diminution of 280,000 in this respect. Parents were now beginning to understand better how to look after their infants, and they had now 200 schools for mothers, a great number of medical officers who superintended the inspection of babies, and many trained health visitors.

If a child was to develop into a good citizen it was essential that it should enjoy *physical training* and suitable exercise even during school hours. He believed that under the present system of medical inspection, and under the medical treatment which was every day being increased, they were going to secure a much healthier race in the future. A great number of these individuals, when they reached the age of 16, would come under the Insurance Act, on which they would not make many claims before they reached the age of 40, and that would increase the benefits for the older people.

The cost of the medical treatment of the children averaged 2d. a child throughout the whole country. They had made an alteration in the curriculum during the year and issued a new code, which would give to teachers a real chance of developing not only their own peculiar and special abilities, but also those of the children, and the Board would welcome any well-considered experiments in the direction of education suited to the children's surroundings and necessities.

With regard to *school accommodation*, the Board, generally speaking, had found local authorities reasonable and ready to respond to requests to find increased accommodation, and the Board were pressing on the local authorities to seize any opportunities to provide adequate playgrounds, to which he attached great importance, as well as to the organisation of school games, such as cricket, football, etc.

Needlework for future Wives and Mothers. He was doing his best to promote the *teaching of sewing and needlework.* The women inspectors had been increased by 11 ; but there was still room for more, seeing that they had 2,500,000 girls and infants in the elementary schools. The great advantage of women inspectors was that they were able to help very much in the teaching of dressmaking in the schools. He believed it would be a good thing for the country that girls should be able to make their own clothes. Every girl was encouraged to cut out, fix, make and keep in repair the ordinary garments she used. Instead of preparing small samples girls were being taught to do real practical work."

In conclusion, one regrets to feel that there is not much prospect of development of the School Medical Service during the coming year. One most important development has been foreshadowed by the Board of Education for over twelve months past, viz. :—" For the year beginning on the 1st April, 1915, and subsequent years, the Board of Education will require to be satisfied that provision has been made for the medical inspection of all children between 8 and 9 years of age." Whether this will be carried out or not is still a matter of discussion in the York Education Committee, although there can be no question as to the desirability of doing so if it should prove practicable, as there is far too large a gap, between the age of entrance into school life and the age of departure, to be left without medical supervision. Many defects of development may be going on during that interval, unchecked, which it is a pity not to correct for the sake of the future physique.

The proposed Joint School for Mentally Defective and Physically Defective Children—the latter part of which would probably also greatly benefit the backward children and the stammerers—seems doomed to all sorts of delays in its establishment ; delays all the more trying because so many of the local

education and health reformers have been eagerly looking forward to its establishment and the beginning of its successful career. Locally, the postponement of this school over one more summer will not be the least of the regrettable results of this monstrous war which has been imposed upon our nation.

In the meantime, I hope we may see some further development of open-air teaching in the play grounds of all our schools, and in the formation of special classes for backward children, stammerers, and extremely myopic children.

Signed, EDMUND M. SMITH, M.D., D.P.H.,

School Medical Officer.

April, 1915.

CITY OF YORK EDUCATION COMMITTEE.

Medical Inspection of Children in the York Public Elementary Schools, 1914.

APPENDIX "A"

(STATISTICAL TABLES).

TABLE 1. 1914.

Showing the **Total Number of Children Medically Inspected** at the various age periods at each of the Schools during the year 1914, 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.	
		3–4		4–5		5–6		6–7		12–13		13–14			
		B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.	No.	Percentage.
MICKLEGATE GROUP :—															
Micklegate	128	3	1	5	4	21	15	6	2	25	37	7	2	24	18·7
Scarcroft Road	288	4	1	21	22	57	49	15	13	43	51	7	5	135	46·8
English Martyrs' (R.C.)	56	1	2	2	4	8	5	4	8	11	6	3	2	14	25·0
Poppleton Road	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Paul's Holgate ..	63	—	—	—	—	13	9	2	6	11	20	—	2	21	33·3
St. Clement's	240	8	1	17	15	32	36	12	9	55	49	3	3	56	23·3
Priory Street	148	—	—	—	—	12	17	9	10	35	47	5	13	55	37·1
St. Barnabas'	90	—	—	—	—	16	12	8	7	19	15	3	10	18	20·0
South Bank (Temporary)	58	—	—	—	—	25	17	6	10	—	—	—	—	27	46·5
BOOTHAM GROUP :—															
Haxby Road	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Park Grove	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Model	31	—	—	—	—	—	—	—	—	21	—	10	—	1	3·2
St. Thomas'	100	—	—	—	—	23	30	2	12	—	29	—	4	40	40·0
St. Wilfrid's (R.C.) ..	43	—	—	—	—	16	14	3	3	2	1	2	2	—	—
Bedern	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Castlegate	138	6	4	17	14	16	31	16	18	—	10	—	6	53	38·4
Clifton	23	—	—	—	—	4	8	3	1	—	6	—	1	11	47·8
Manor	29	—	—	—	—	—	—	7	—	15	—	7	—	5	17·2
Shipton Street	142	—	—	—	—	47	34	9	13	—	33	—	6	57	40·1
Brook Street (Temporary)	33	—	—	—	—	—	—	—	—	23	—	10	—	7	21·2
WALMGATE GROUP :—															
Fishergate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
St. Lawrence's	211	—	—	—	—	46	37	15	15	39	32	13	14	71	33·6
St. George's (R.C.) ..	92	—	—	—	—	5	5	13	14	23	20	11	1	17	18·4
St. Denys'	80	—	—	—	—	12	18	12	7	16	10	2	3	13	16·2
Bilton Street	52	—	—	—	—	—	—	—	—	21	24	2	5	22	42·3
Layerthorpe	107	3	9	12	13	23	30	8	9	—	—	—	—	58	54·2
Heworth	47	—	—	—	—	13	8	10	2	3	6	2	3	20	42·5
St. Margaret's	65	—	—	—	—	13	8	8	6	15	12	2	1	12	18·4
TOTALS ..	2,264	25	18	74	72	402	383	168	165	377	408	89	83	737	32·5
		189				1,118				957					

A. **TABLE 2. 1914.**

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, 1914.

Diseases	Measles.	Whooping Cough.	Scarlet Fever.	Diphtheria.	Chickenpox.	Mumps.	Various.	No particulars available.	Total Children Medically Inspected.
Total Numbers	1627	782	153	69	623	501	309	203	2264
Percentage of Children Medically Inspected in 1914	78·9	37·9	7·4	3·3	30·2	24·3	14·9	8·9	
Percentages for 1913	77·1	38·5	7·7	3·0	30·1	13·0	18·8	8.4	2758
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. 1914.—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	3·8	7·6	1·9	1·4	4·9	0·7
1— 3	20·4	25·0	11·7	2·8	16·6	3·7
3— 5	28·5	27·1	24·8	21·7	31·3	19·1
5— 8	25·3	17·3	24·8	26·0	21·1	27·7
8—12	3·8	2·5	18·3	21·7	4·8	16·5
12—14	0·2	—	3·9	7·2	0·6	5·3
Age not stated.	17·6	20·2	14·3	18·8	20·3	26·5

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.

TABLE 3. 1914.

Attention and Progress of 466 Boys and 491 Girls between 12 and 14 years of age, as certified on the schedule cards by the Head Teachers.

	BOYS.			GIRLS.		
	Good.	Moderate.	Bad.	Good.	Moderate.	Bad.
Totals	347	54	65	370	52	69
Percentages for 1914 ..	74·4	11·6	13·9	75·3	10·6	14·0
Percentages for 1913	84·1	2·5	13·3	83·3	4·3	12·3
Percentages for 1912	86·9	—	13·1	84·0	—	16·0

TABLE 4.

VARIOUS GENERAL CONDITIONS AMONGST THE CHILDREN MEDICALLY INSPECTED AND SCHEDULED, JANUARY 1ST TO DECEMBER 31ST, 1914.

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.		Condition as to Nutrition. Good.		Moderate. §		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 1914	1,071	97	9·0	79	7·3	109	10·1	17	1·5	9	0·8	1	0·09	934	87·2	73	6·8	64	5·9	52	4·8
Percentages, 1913	—	—	10·6	—	9·3	—	8·6	—	0·8	—	0·6	—	0·2	—	92·0	—	6·0	—	0·9	—	6·2
,, 1912	—	—	6·5	—	8·3	—	8·9	—	1·6	—	0·4	—	0·3	—	90·7	—	—	—	9·3	—	6·1
,, 1911	—	—	0·8	—	4·8	—	11·2	—	0·4	—	0·3	—	0·7	—	94·1	—	—	—	5·9	—	2·5
,, 1910	—	—	0·8	—	2·6	—	16·0	—	2·0	—	0·7	—	1·3	—	92·4	—	—	—	7·6	—	3·4
Botham Group—																					
Figures for 1914	539	46	8·5	50	9·2	88	16·3	14	2·5	4	0·7	1	0·1	475	88·1	13	2·4	51	9·4	33	6·1
Percentages, 1913	—	—	9·8	—	8·7	—	13·4	—	1·5	—	0·6	—	0·3	—	93·5	—	5·8	—	0·6	—	4·7
,, 1912	—	—	4·7	—	8·7	—	10·3	—	1·2	—	0·7	—	0·8	—	88·9	—	—	—	11·1	—	3·9
,, 1911	—	—	1·4	—	2·6	—	15·0	—	0·5	—	0·2	—	0·5	—	94·0	—	—	—	6·0	—	1·1
,, 1910	—	—	0·3	—	1·7	—	14·2	—	0·9	—	0·3	—	0·3	—	96·4	—	—	—	3·6	—	0·7
Walmgate Group—																					
Figures for 1914	654	59	9·0	74	11·3	116	17·7	13	1·9	1	0·1	—	—	612	93·5	16	2·4	26	3·9	69	10·5
Percentages, 1913	—	—	13·3	—	20·1	—	13·1	—	0·5	—	0·8	—	0·4	—	88·2	—	10·2	—	1·5	—	5·0
,, 1912	—	—	10·4	—	14·0	—	11·9	—	1·7	—	0·4	—	0·5	—	90·7	—	—	—	9·3	—	6·2
,, 1911	—	—	2·3	—	6·2	—	10·6	—	2·0	—	0·5	—	0·4	—	95·3	—	—	—	4·7	—	4·4
,, 1910	—	—	2·7	—	3·9	—	15·2	—	4·2	—	0·5	—	0·6	—	94·3	—	—	—	5·7	—	3·8
Totals for 1914	2,264	202	8·8	203	8·9	313*	13·8	44	1·9	14†	0·6	2	0·08	2,021	89·2	102	4·5	141	6·2	154	6·8
Percentages, 1913 ..	—	—	11·1	—	11·9	—	11·4	—	1·0	—	0·7	—	0·3	—	91·5	—	7·4	—	0·9	—	5·4
,, 1912 ..	—	—	6·9	—	10·0	—	10·1	—	1·5	—	0·6	—	0·6	—	90·2	—	—	—	9·8	—	5·6
,, 1911 ..	—	—	1·4	—	4·5	—	12·5	—	0·9	—	0·4	—	0·5	—	94·4	—	—	—	5·6	—	2·6
,, 1910 ..	—	—	1·3	—	2·8	—	15·2	—	2·4	—	0·5	—	0·8	—	94·2	—	—	—	5·8	—	2·8

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

1914 * 23 per cent. of these were receiving the necessary attention, or were otherwise non-potential.

† 35·7 ,, ,, ,, ,, ,, ,,

For composition of School Groups, see Table 1.

TABLE 5. 1914.

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:—						
1914 ..	262	64	24·4	275	53	19·2
Figures for 1913 ..	..	..	19·9	..	..	18·0
,, ,, 1912 ..	..	..	29·8	..	..	16·7
,, ,, 1911 ..	..	..	27·2	..	..	19·6
,, ,, 1910 ..	..	..	33·8	..	..	35·5
,, ,, 1909 ..	..	..	44·1	..	..	38·0
,, ,, 1908 ..	..	..	61·6	..	..	43·2
Bootham Group:—						
1914 ..	98	24	24·4	182	74	40·6
Figures for 1913 ..	..	..	36·4	..	.	19·0
,, ,, 1912 ..	..	..	22·7	..	..	22·5
,, ,, 1911 ..	..	..	37·9	..	..	25·2
,, ,, 1910 ..	..	..	29·2	..	..	28·8
,, ,, 1909 ..	..	..	49·7	..	..	27·2
,, ,, 1908 ..	..	.	68·5	..	..	62·2
Walmgate Group:—						
1914 ..	131	62	47·3	181	63	34·8
Figures for 1913 ..	..	..	24·0	..	..	25·7
,, ,, 1912 ..	..	..	33·1	..	..	22·5
,, ,, 1911 ..	..	..	21·6	..	..	27·4
,, ,, 1910 ..	..	..	25·7	..	..	37·5
,, ,, 1909 ..	.	..	65·3	..	..	49·5
,, ,, 1908 ..	..	..	79·0	..	..	55·5
Totals for 1914 ..	491	150*	30·5	638	190†	29·7
Totals for 1913 ..	691	182*	26·3	694	143†	20·6
Totals for 1912 ..	..	..	28·8	..	..	20·0
Totals for 1911 ..	..	..	28·8	..	..	23·0
Totals for 1910 ..	..	..	29·5	..	..	34·6
Totals for 1909 ..	..	..	50·9	..	..	38·7
Totals for 1908 ..	..	..	67·4	..	..	52·1

1913 { * 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.

1914 { * 43 or 28·6 per cent. of which were receiving the necessary attention or were otherwise non-potential.
† 28 or 14·7 per cent. of which were receiving the necessary attention or were otherwise non-potential.

For composition of School Groups, see Table 1.

TABLE 6.—1914.—Investigation throughout the York Elementary Schools with a view to the detection of Scalp Ringworm, Nits, &c., amongst the scholars.

TOTALS AND PERCENTAGES.	BOYS (Upper).			BOYS (Infants).			GIRLS (Upper).			GIRLS (Infants).		
	Total examined.	Ring-worm.	Nits, &c.	Total examined.	Ring-worm.	Nits, &c.	Total examined.	Ring-worm.	Nits, &c.	Total examined.	Ring-worm.	Nits, &c.
Totals 1914 ...	3,946	—	15	1,958	3	26	4,356	—	740	1,888	1	208
Percentages ...	—	—	0·3	—	0·1	1·3	—	—	16·9	—	0·05	11 0
Percentages for 1913	4,219	—	—	2,069	—	—	4,552	—	—	1,915	—	—
	—	0·07	1·01	—	0·3	1·06	—	0·02	11·1	—	0·3	9·1
Percentages for 1912	3,494	—	—	1,812	—	—	4,462	—	—	1,758	—	—
	—	0·08	1·8	—	0·05	1·9	—	0·1	9·0	—	0·1	5·4
Percentages for 1911	3,438	—	—	1,534	—	—	3,528	—	—	1,565	—	—
	—	0·1	1·3	—	0·5	1·9	—	0·05	17·8	—	0·1	17·1
Percentages for 1910	4,190	—	—	1,427	—	—	4,285	—	—	1,689	—	—
	—	0·1	2·7	—	0·9	2·3	—	0·1	29·4	—	0·7	22·0
Percentages for 1909	3,659	—	—	1,672	—	—	3,726	—	—	1,596	—	—
	—	3·0	7·8	—	5·3	11·2	—	2·2	52·0	—	3·0	56·0

	1914.		Percentages in previous years :—				
	Total Cases.	Percentage.	1913.	1912.	1911.	1910.	1909.
Ringworm	4	0·03	0·1	0·09	0·1	0·3	3·0
Verminous conditions (Nits and Lice)	989	8·1	5·8	5·1	9·6	15·4	31·0
Total No. of children examined ...	12,148		12,755	11,526	10,065	11,591	10,653

TABLE 7.

Average Heights and Weights (English and Metric) of 2264 children attending the York City Elementary Schools, compared with the averages for York for the past seven years, and the averages for Great Britain published by the Anthropometric Committee of the British Association, 1883, also with the figures of Tuxford & Glegg, and Greenwood (see comments on this Table in text of Report).

	English System.											
	Height (inches).					Weight (lbs.).						
	British Association.	Tuxford & Glegg.	Greenwood.	York, 7 years, M.I.	York, 1914.	British Association.	Tuxford & Glegg.	Greenwood.	York, 7 years, M.I.	York, 1914.	Number Inspected.	Average Age.
Boys :—												
5– 6	41·03	40·55	40·7	40·7	41·1	39·9	38·7	38·7	38·7	39·4	402	$5\frac{6}{12}$
6– 7	44·00	42·5	42·8	42·7	42·6	44·4	42·6	42·2	43·0	41·8	168	$6\frac{4}{12}$
12–13	54·99	55·05	54·9	54·2	54·4	76·7	72·85	72·7	72·0	72·2	377	$12\frac{6}{12}$
13–14	56·91	56·1	56·1	56·0	56·1	82·6	77·5	77·4	77·9	77·5	89	$13\frac{3}{12}$
Girls :—												
5– 6	40·55	40·4	40·4	40·4	40·5	36·1	37·6	37·7	37·5	37·6	383	$5\frac{6}{12}$
6– 7	42·88	42·36	42·5	42·6	42·7	39·2	40·98	41·2	40·7	41·4	165	$6\frac{4}{12}$
12–13	55·66	54·68	55·5	54·2	54·8	76·4	73·89	73·9	71·5	71·7	408	$12\frac{6}{12}$
13–14	57·77	56·9	56·8	56·6	58·3	87·2	80·0	80·4	79·1	77·5	83	$13\frac{2}{12}$
	* (Millimetres).			Metric System.		* (Kilograms).						
Boys :—												
5– 6	1042	1028	1033	1033	1042	18·1	17·5	17·5	17·5	17·9		
6– 7	1117	1079	1086	1085	1082	20·1	19·3	19·1	19·5	19·0		
12–13	1397	1399	1394	1377	1382	34·7	33·0	32·9	32·6	32·8		
13–14	1444	1424	1424	1422	1424	37·4	35·1	35·1	35·4	35·2		
Girls :—												
5– 6	1121	1026	1026	1026	1030	16·3	17·0	17·1	17·0	17·0		
6– 7	1188	1074	1079	1082	1085	17·7	18·5	18·6	18·4	18·8		
12–13	1412	1386	1394	1377	1392	34·6	33·5	33·5	32·5	32·5		
13–14	1465	1445	1442	1437	1481	39·5	36·2	36·4	35·9	35·2		

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

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

TABLE 8. 1914.

Condition of the Teeth amongst 957 children (466 boys and 491 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 1914 .. Boys 466 ; Girls 491	69	82	73	95	72	76	40	27	1	79	101	96	60	34	28	2	357	397	109	94	13	9
Percentages, 1914 ..	14·8	16·7	15·6	20·3	15·4	16·3	8·5	5·7	0·2	16·0	20·5	19·5	12·2	6·9	5·7	0·4	76·6	80·8	23·3	19·1	2·7	1·8
Percentages, 1913 ..	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
Percentages, 1912 ..	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
Percentages, 1911 ..	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

* Included in the above figures for 1914, 14 boys and 22 girls had sound sets, but imperfect in number of teeth.

TABLE 9. 1914.

Result of Vision Testing by means of Snellen's types in the ordinary course of Medical Inspection during 1914 :—957 children aged 12–14 examined.

		BOYS (466 examined). LEFT EYE.								GIRLS (491 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	6	—	2	3	6	51	224	292	—	2	2	—	4	49	209	266
	6/9	1	1	5	6	5	78	13	109	2	3	5	9	10	84	29	142
	6/12	2	1	—	3	6	2	1	15	—	4	1	4	4	8	2	23
	6/18	1	1	5	6	1	4	4	22	3	1	3	12	4	3	2	28
	6/24	1	1	1	2	1	—	2	8	—	1	3	5	1	—	1	11
	6/36	—	3	2	1	—	—	1	7	2	4	3	—	—	2	2	13
	6/60	3	5	—	1	—	3	1	13	2	2	—	—	1	1	2	8
		14	12	15	22	19	138	246	466	9	17	17	30	24	147	247	491

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)	.. 366, or 78·5 per cent.	371, or 75·5 per cent.
"Moderate" Vision	($\frac{6}{12}$,, ,,)	.. 6, ,, 1·2 ,,	4, ,, 0·8 ,,
"Bad" Vision	($\frac{6}{18}$ or worse ,, ,,)	.. 33, ,, 7·0 ,,	41, ,, 8·3 ,,

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"	.. 14, or 3·0 per cent.	24, or 4·8 per cent.
One eye "good" and the other "bad"	.. 39, ,, 8·3 ,,	36, ,, 7·3 ,,
One eye "moderate" and the other "bad"	.. 8, ,, 1·7 ,,	15, ,, 3·0 ,,
Totals	.. 466	491

TABLE 10.

The following **other diseases and conditions** were found to exist among the 2,264 children medically inspected during 1914. The left-hand figures indicate the corresponding numbers on the schedule cards.

		Total Children affected.		Per-centages.
No. 8.	Dirty Heads	357		15·7
	Dirty Bodies	203		8·9
No. 10.	NOSE AND THROAT :			
	Adenoid (High) Palates	197		8·7
	Enlarged Tonsils	297		13·1
	Very Enlarged Tonsils	84		3·7
	Adenoids	43		1·8
	Nasal Discharge	4		0·1
	Enlarged Neck Glands	98		4·3
No. 11.	EXTERNAL EYE DISEASES :			
	Squint	40		1·7
	Ophthalmia	5		
	Blepharitis (inflamed eyelids)	22		0·9
	Opacities (corneal)	6		0·2
	Cataract (lenticular)	1		
	Various	5		
No. 13.	EAR DISEASES :			
	Otorrhœa (discharging ears)	31		1·3
	Cerumen (wax)	8		
No. 14.	HEARING :			
	Defective Hearing	50		2·2
No. 15.	SPEECH :			
	Lisping	30		
	Stammering	19	58	2·5
	Defective Articulation	9		
No. 16.	MENTAL CONDITION :			
	Mentally Defective	8		0·3
	Dull	56		2·4
	Backward	234		10·3
No. 17.	HEART AND CIRCULATION :			
	Mitral Disease	34		1·5
	Anæmia	22		
	Various	6		
No. 18.	LUNGS :			
	Bronchitis (sub-acute)	6		
	Bronchial Catarrh	119	125	5·5
	Suspected Tuberculosis	1		
No. 19.	NERVOUS SYSTEM :			
	Neurotic	4		
	Epileptic	7		
	Chorea (St. Vitus' Dance)	2		
	Infantile Paralysis	7	27	1·1
	Paresis	3		
	Asthma	3		
	Severe Headaches	1		

		Total Children affected.		Per-centages
No. 20.	TUBERCULOSIS. (See also section of Report on Tuberculosis)			
	Phthisis	3		
	Glandular	2	6	0·2
	Tabes Mesenterica	1		
No. 21.	RICKETS :			
	Bowlegged	6		
	Knock-kneed	16		
	Flat Chest	1	55	
	Hollow Chest	9		
	Pigeon Chest	23		3·0
No. 22.	OTHER DEFORMITIES :			
	Lordosis (Spine)	1		
	Talipes	5		
	Scoliosis	1		
	Various	6		
No. 23.	INFECTIOUS AND CONTAGIOUS DISEASES :			
	Whooping Cough	16		
	Mumps	1		
	Chicken-pox	1		
	Measles	3	60	2·6
	Impetigo	19		
	Eczema, contagious	20		
No. 24.	OTHER DISEASES AND DEFECTS :			
	Skin Affections :—			
	Keratosis (fish skin)	3		
	Alopecia	1	8	0·3
	Naevi (" Birth " Marks)	4		
	Scars :—			
	Lupus(?) Scar	1		
	Burn Scars	5		
	Scald Scars	6		
	Accident Scars	16		
	Abscess Scars	20		
	Neck Gland Scars	11		
	Operation Scars	3		
	Thyroiditis (Goitre ?)	3		
	Hernia	5		
	Torticollis (wry-neck)	1		
	Alveolar Abscess	2		
	Heteropia (marked difference in the colour of both eyes)	1		
	Various	16		
	TOTAL	2,264		

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 1914, and during 1913 and 1912.

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.					
	1914	1913	1912	1914	1913	1912	1914	1913	1912	1914	1913	1912	1914	1913	1912
Scarlet Fever	37	19	24	17	23	16	7	2	14	—	2	4	61	46	58
Diphtheria	21	7	11	14	3	8	4	2	1	2	—	1	41	12	21
Sore Throat	142	95	89	52	35	47	52	19	16	22	7	28	268	156	180
Mumps	237	24	46	376	63	39	73	15	10	69	22	10	755	124	105
Measles	54	10	125	574	105	950	26	2	41	10	2	42	664	119	1,158
Whooping Cough	27	14	7	195	234	53	—	6	—	25	24	9	247	278	69
Chickenpox	17	38	33	84	299	274	5	7	19	3	25	21	109	369	347
Influenza or Cold	84	42	38	182	81	101	3	1	6	13	1	3	282	125	148
Pneumonia	—	1	—	5	—	3	—	—	—	—	—	—	5	1	3
Ophthalmia or Sore Eyes	15	23	64	20	16	41	2	14	40	7	14	29	44	67	174
Blepharitis (sore eye-lids)	1	2	3	1	1	—	3	3	2	1	—	3	6	6	8
Ringworm	23	51	49	41	60	60	22	15	20	7	16	15	93	142	144
"Sore head" / "Dirty head" / Impetigo / "Eczema"	86	63	47	72	59	33	59	28	30	26	25	15	243	175	125
Head Lice	2	10	9	2	4	1	18	46	17	1	—	—	23	60	27
Body Lice	—	6	—	1	—	2	8	6	10	—	—	—	9	12	12
Scabies (Itch)	1	3	6	1	—	—	—	—	1	—	—	1	2	3	8
Enlarged Glands	23	13	9	38	14	6	3	—	8	5	5	1	69	32	24
Scabs	11	2	1	7	4	8	—	—	1	—	6	3	18	12	13
Phthisis	2	9	2	1	—	—	—	—	1	—	—	—	3	9	3
Various	148	162	147	209	142	179	39	22	45	16	28	25	412	354	396
Not stated	322	169	132	150	89	91	44	7	4	86	2	1	602	267	228
Totals	1,253	763	842	2,042	1,232	1,912	368	195	286	293	179	211	3,956	2,369	3,251

1914:—17 cases of Scarlet Fever, 4 Diphtheria, 33 Sore Throat, 97 Mumps, 80 Measles, 36 Whooping Cough, 25 Chickenpox, 41 Cold, 1 Pneumonia, 6 Ophthalmia, 1 Blepharitis, 16 Ringworm, 14 Impetigo, 30 Enlarged Glands, 2 Scabs 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. 1914.

School Groups chiefly affected by cases of Infectious Disease amongst the Scholars during the first six months (before the annual summer holidays), JANUARY 12th to JULY 10th, 1914.

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.		Mumps.		Impetigo ("Dirty or Scabby Head.")	
	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants
Micklegate Group:	29	32	9	28	12	65	22	123	95	101	40	11
Bootham Group:	6	5	22	24	36	269	4	23	94	216	38	31
Walmgate Group:	3	4	10	3	18	158	—	33	91	100	26	19
Totals for 1914 ..	38	41	41	55	66	492	26	179	280	417	104	61
Totals for 1913 ..	20	29	8	8	9	97	11	190	9	14	74	49
Totals for 1912 ..	65	40	10	9	159	950	3	10	45	36	51	25
Totals for 1911 ..	35	22	6	7	7	12	32	217	253	408	46	39

For composition of School Groups, see Table 1.

TABLE 12b. 1914.

School Groups chiefly affected by cases of Infectious Disease amongst the Scholars during the second six months AUGUST 10th to DECEMBER (inclusive), 1914. (After annual summer holidays).

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.		Mumps.		Impetigo. ("Dirty or Scabby Head.")	
	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants	Upper	Infants
Micklegate Group:	36	25	1	3	6	51	1	8	13	9	21	8
Bootham Group:	3	7	7	8	3	12	—	25	9	10	21	23
Walmgate Group:	4	5	—	1	5	29	—	8	8	9	19	9
Totals for 1914 ..	43	37	8	12	14	92	1	41	30	28	61	40
Totals for 1913 ..	18	17	22	16	3	10	9	68	30	71	73	39
Totals for 1912 ..	60	50	14	23*	7	42	4	52	11	13	52	24
Totals for 1911 ..	68	62	6	6	69	179	6	22	30	69	26	37

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, 1914, TO 31ST DECEMBER, 1914.

A.—"CODE" GROUPS.

AGE :—	ENTRANTS.						LEAVERS.					GRAND TOTAL.
	3	4	5	6	Other Ages.	Total.	12	13	14	Other Ages.	Total.	
Boys	25	74	402	168	—	669	377	89	—	—	466	1135
Girls	18	72	383	165	—	638	408	83	—	—	491	1129
Totals	43	146	785	333	—	1307	785	172	—	—	957	2264

B. GROUPS OTHER THAN "CODE."

	Intermediate Group.	Special Cases.	Re-examinations. *i.e.*, Number of children re-examined.
Boys	—	43	5
Girls	—	45	16
Totals	—	88	21

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.		669	638	1307	—	466	491	957	—	—	—	—	—	1135	1129	2264	—	43	45	88
CLOTHING.	Satisfactory	593	594	1187	90·9	408	467	875	91·5	—	—	—	—	1001	1061	2062	91·1	41	40	81
	Unsatisfactory	76	44	120	9·1	58	24	82	8·5	—	—	—	—	134	68	202	8·9	2	5	7
FOOTGEAR.	Satisfactory	601	590	1191	91·2	421	449	870	91·0	—	—	—	—	1022	1039	2061	91·1	39	34	73
	Unsatisfactory	68	48	116	8·8	45	42	87	9·0	—	—	—	—	113	90	203	8·9	4	11	15
CLEANLINESS OF HEAD.	Clean (*i.e.*, no N. or P.) ..	652	453	1105	84·6	459	343	802	83·9	—	—	—	—	1111	796	1907	84·3	42	23	65
	Nits only	9	159	168	12·8	6	139	145	15·1	—	—	—	—	15	298	313	13·8	—	17	17
	Pediculi	8	26	34	2·6	1	9	10	1·0	—	—	—	—	9	35	44	1·9	1	5	6
CLEANLINESS OF BODY.	Clean	591	594	1185	90·7	410	462	872	91·2	—	—	—	—	1001	1056	2057	91·0	41	37	78
	Dirty	74	44	118	9·0	56	29	85	8·8	—	—	—	—	130	73	203	8·9	2	8	10
	Pediculi present	4	—	4	0·3	—	—	—	—	—	—	—	—	4	—	4	0·1	—	4	4
NUTRITION.	Excellent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Normal	608	581	1189	91·1	399	433	832	87·0	—	—	—	—	1007	1014	2021	89·3	37	40	77
	Below Normal	30	27	57	4·3	24	21	45	4·7	—	—	—	—	54	48	102	4·5	1	1	2
	Bad	31	30	61	4·6	43	37	80	8·3	—	—	—	—	74	67	141	6·2	5	4	9

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	552	500	1052	80·7	392	396	788	82·5	—	—	—	—	944	896	1840	81·4	33	36	69
	Mouth Breathers	33	51	84	6·4	13	30	43	4·4	—	—	—	—	46	81	127	5·6	5	3	8
	Tonsils : slightly enlarged	84	87	171	13·0	61	65	126	13·1	—	—	—	—	145	152	297	13·1	5	6	11
	Tonsils : much enlarged	19	34	53	4·0	9	22	31	3·2	—	—	—	—	28	56	84	3·7	3	2	5
	Adenoids : slight	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Adenoids : marked	14	17	31	2·3	4	8	12	1·2	—	—	—	—	18	25	43	1·8	2	1	3
EXTERNAL EYE DISEASE.	No Disease	658	626	1284	98·5	460	481	941	98·4	—	—	—	—	1118	1107	2225	98·5	43	39	82
	Blepharitis	8	5	13	0·9	4	5	9	0·9	—	—	—	—	12	10	22	0·9	—	2	2
	Conjunctivitis	—	2	2	0·1	—	3	3	0·3	—	—	—	—	—	5	5	0·2	—	—	—
	Corneal Opacities	1	2	3	0·2	2	1	3	0·3	—	—	—	—	3	3	6	0·2	—	3	3
	Other diseases	2	3	5	0·3	—	1	1	0·1	—	—	—	—	2	4	6	0·2	—	1	1
EAR DISEASE.	No disease	657	630	1287	98·7	454	483	937	98·0	—	—	—	—	1111	1113	2224	98·4	43	45	88
	Obstruction : R.	1	2	3	0·2	1	1	2	0·2	—	—	—	—	2	3	5	0·2	—	—	—
	Obstruction : L.	2	—	2	0·1	1	1	2	0·2	—	—	—	—	3	1	4	0·1	—	—	—
	Otorrhœa : R.	3	2	5	0·3	5	2	7	0·7	—	—	—	—	8	4	12	0·5	—	—	—
	Otorrhœa : L.	6	4	10	0·7	5	4	9	0·9	—	—	—	—	11	8	19	0·8	—	—	—
	Other diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TEETH.	Sound	152	137	289	22·1	69	82	151	15·7	—	—	—	—	221	289	440	19·4	9	3	12
	Less than 4 decayed	220	220	440	33·6	240	276	516	53·9	—	—	—	—	460	496	956	42·2	14	21	35
	4 or more decayed	297	281	578	44·2	157	133	290	30·3	—	—	—	—	454	414	868	38·3	20	21	41
	Sepsis	Included in above.								—	—	—	—	Included in above.						

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	656	629	1285	98·43	446	471	917	95·9	—	—	—	—	1102	1100	2202	97·36	42	42	84
	Organic Disease	8	8	16	1·2	12	11	23	2·4	—	—	—	—	20	19	39	1·7	1	3	4
	Functional Disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Anæmia	4	1	5	0·3	8	9	17	1·7	—	—	—	—	12	10	22	0·9	—	—	—
	Other defect	1	—	1	0·07	—	—	—	—	—	—	—	—	1	—	1	0·04	—	—	—
LUNGS.	No disease	613	582	1195	91·56	449	480	929	97·2	—	—	—	—	1062	1062	2124	93·96	42	41	83
	†Ch. Bronchitis and Br. Cat.	52	51	103	7·8	14	8	22	2·2	—	—	—	—	66	59	125	5·5	1	4	5
	Tuberculosis	—	1	1	0·07	1	1	2	0·2	—	—	—	—	1	2	3	0·1	—	—	—
	Tuberculosis suspected ..	—	1	1	0·07	—	—	—	—	—	—	—	—	—	1	1	0·04	—	—	—
	Other diseases	4	3	7	0·5	2	2	4	0·4	—	—	—	—	6	5	11	0·4	—	—	—
NERVOUS SYSTEM.	No disease	664	631	1295	99·23	460	485	945	98·8	—	—	—	—	1124	1116	2240	99·02	43	43	86
	Epilepsy: major or minor	2	—	2	0·1	2	3	5	0·5	—	—	—	—	4	3	7	0·3	—	—	—
	Chorea (St. Vitus' Dance) ..	1	—	1	0·07	1	—	1	0·1	—	—	—	—	2	—	2	0·08	—	—	—
	Other diseases	2	7	9	0·6	3	3	6	0·6	—	—	—	—	5	10	15	0·6	—	2	2
SKIN.	No disease	652	620	1272	97·43	462	482	944	98·7	—	—	—	—	1114	1102	2216	97·98	41	42	83
	Ringworm: body	—	—	—	—	1	—	1	0·1	—	—	—	—	1	—	1	0·04	—	—	—
	Ringworm: head	—	1	1	0·07	1	—	1	0·1	—	—	—	—	1	1	2	0·08	—	—	—
	Impetigo (Scab head) ..	4	5	9	0·6	1	4	5	0·5	—	—	—	—	5	9	14	0·6	—	—	—
	Scabies (Itch)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other diseases	13	12	25	1·9	1	5	6	0·6	—	—	—	—	14	17	31	1·3	2	3	5

† 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	665	635	1300	99·5	464	491	955	99·8	—	—	—	—	1129	1126	2255	99·7	43	41	84
	Slight	4	3	7	0·5	2	—	2	0·2	—	—	—	—	6	3	9	0·3	—	3	3
	Marked	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
DEFORMITIES.	No deformity	642	624	1266	96·9	446	483	929	97·1	—	—	—	—	1088	1107	2195	96·96	40	38	78
	Deformity present	27	14	41	3·1	20	8	28	2·9	—	—	—	—	47	22	69	3·04	3	7	10
TUBERCULOSIS NON-PULMONARY.	No disease	668	638	1306	99·93	465	490	955	99·8	—	—	—	—	1133	1128	2261	99·9	43	45	88
	Glandular	1	—	1	0·07	1	1	2	0·2	—	—	—	—	2	1	3	0·1	—	—	—
	Bones and Joints	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
SPEECH.	Not defective	653	618	1271	97·3	450	485	935	97·8	—	—	—	—	1103	1103	2206	97·5	36	42	78
	Defective Articulation	15	19	34	2·6	2	3	5	0·5	—	—	—	—	17	22	39	1·7	5	1	6
	Stammering	1	1	2	0·1	14	3	17	1·7	—	—	—	—	15	4	19	0·8	2	2	4
MENTAL CONDITION.	Normal	608	590	1198	91·8	365	403	768	80·3	—	—	—	—	973	993	1966	86·9	31	25	56
	Dull or Backward	58	46	104	7·9	101	85	186	19·4	—	—	—	—	159	131	290	12·8	10	19	29
	Mentally Defective (All grades)	3	2	5	0·3	—	3	3	0·3	—	—	—	—	3	5	8	0·3	2	1	3

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)	—	—	—	—	224	209	433	45·2	—	—	—	—	224	209	433	45·2	2	2	4
	6/6 R.	—	—	—	—	68	57	125	13·0	—	—	—	—	68	57	125	13·0	1	—	1
	6/6 L.	—	—	—	—	22	38	60	6·2	—	—	—	—	22	38	60	6·2	—	2	2
	6/9 R.	—	—	—	—	109	142	251	26·2	—	—	—	—	109	142	251	26·2	19	16	35
	6/9 L.	—	—	—	—	138	147	285	29·7	—	—	—	—	138	147	285	29·7	20	16	36
	6/12 R.	—	—	—	—	15	23	38	3·9	—	—	—	—	15	23	38	3·9	2	3	5
	6/12 L.	—	—	—	—	19	24	43	4·4	—	—	—	—	19	24	43	4·4	—	3	3
	6/18 R.	—	—	—	—	22	28	50	5·2	—	—	—	—	22	28	50	5·2	—	1	1
	6/18 L.	—	—	—	—	22	30	52	5·4	—	—	—	—	22	30	52	5·4	2	3	5
	6/24 R.	—	—	—	—	8	11	19	1·9	—	—	—	—	8	11	19	1·9	1	3	4
	6/24 L.	—	—	—	—	15	17	32	3·3	—	—	—	—	15	17	32	3·3	1	1	2
	6/36 R.	—	—	—	—	7	13	20	2·0	—	—	—	—	7	13	20	2·0	—	2	2
	6/36 L.	—	—	—	—	12	17	29	3·0	—	—	—	—	12	17	29	3·0	1	1	2
	6/60 R.	—	—	—	—	11	5	16	1·6	—	—	—	—	11	5	16	1·6	1	2	3
	6/60 L.	—	—	—	—	10	7	17	1·7	—	—	—	—	10	7	17	1·7	—	2	2
	6/0 R.	—	—	—	—	2	3	5	0·5	—	—	—	—	2	3	5	0·5	—	2	2
	6/0 L.	—	—	—	—	4	2	6	0·6	—	—	—	—	4	2	6	0·6	—	1	1
SQUINT.		12	12	24	1·8	9	7	16	1·6	—	—	—	—	21	19	40	1·7	6	2	8
HEARING (WHISPER).	20 ft. each Ear (Nrml. Hear'g)	657	630	1287	98·4	452	475	927	96·8	—	—	—	—	1109	1105	2214	97·7	39	42	81
	20 ft. R.	8	6	14	1·0	5	10	15	1·5	—	—	—	—	13	16	29	1·2	2	1	3
	20 ft. L.	6	4	10	0·7	9	13	22	2·2	—	—	—	—	15	17	32	1·4	2	1	3
	10 ft. R.	3	1	4	0·3	4	3	7	0·7	—	—	—	—	7	4	11	0·4	2	—	2
	10 ft. L.	5	2	7	0·5	2	1	3	0·3	—	—	—	—	7	3	10	0·4	2	—	2
	5 ft. R.	1	1	2	0·1	5	3	8	0·8	—	—	—	—	6	4	10	0·4	—	2	2
	5 ft. L.	1	2	3	0·2	3	2	5	0·5	—	—	—	—	4	4	8	0·3	—	2	2

† 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	102	108	210
		Attending Certified Schools for the Blind	5	3	8
		Not at School	—	—	—
DEAF AND DUMB (including partially deaf)		Attending Public Elementary Schools	30	27	57
		Attending Certified Schools for the Deaf	6	6	12
		Not at School	—	—	—
MENTALLY DEFICIENT.	**Feeble-Minded.**	Attending Public Elementary Schools	—	5	5
		Attending Certified Schools for Mentally Defective Children	51	—	51
		Not at School	—	—	—
	Imbeciles.	At School	—	—	—
		Not at School	6	—	6
	Idiots.		—	—	—
EPILEPTICS.		Attending Public Elementary Schools	4	3	7
		Attending Certified Schools for Epileptics	—	1	1
		Not at School	—	—	—
PHYSICALLY DEFECTIVE.	**Pulmonary Tuberculosis.**	Attending Public Elementary Schools	—	—	—
		Attending Certified Schools for Physically Defective Children	7	3	10
		Not at School	6	7	13
	Other forms of Tuberculosis.	Attending Public Elementary Schools	2	1	3
		Attending Certified Schools for Physically Defective Children	5	3	8
		Not at School	4	4	8
	Cripples other than Tubercular.	Attending Public Elementary Schools	23	31	54
		Attending Certified Schools for Physically Defective Children	0	1	1
		Not at School	3	2	5
DULL OR BACKWARD.*		Retarded 2 Years	83	108	191
		Retarded 3 Years	37	43	80

* Judged according to age and standard.

CITY OF YORK EDUCATION COMMITTEE.

Medical Inspection of Children in the York Public Elementary Schools, 1914.

APPENDIX "C"

CONFIDENTIAL.

City of York Education Committee.

Card—Schedule of Medical Inspection.

To be filled in by Teacher previous to inspection.

I.—NAME .....
(Surname First)

Exact Date of Birth .....

Addresses .....

.....

.....

School and Dept.....

.....

.....

Attention and Progress .....

Is Child usually Clean ? .....

II.—PERSONAL HISTORY : (a) Previous Illnesses of Child—

	0–5.	5–10.	Over 10.	Notes.
Measles				
Whooping Cough				
Scarlet Fever				
Diphtheria				
Chickenpox				
Mumps				
Recent Fits or other Illnesses				

(b) Family Medical History (if exceptional)—Phthisis, &c.

General Observations :

OCCUPATION OF FATHER :

OCCUPATION OF MOTHER :

Home Conditions :

General Condition of Child, &c. :

Directions to Parents. (or action taken	Teachers. after Inspections).
I.	I.
II.	II.
III.	III.
IV.	IV.

Card—Schedule—continued.

The numbers correspond to Schedule of Board of Education.

	Under 7.	7–12.	Over 12.	Notes
1 Date of Inspection				
2 { Standard / Attendance				
3 Age of Child—in years and twelfths				
4 Clothing				
Footwear				
5 Height	ft. ins.	ft. ins.	ft. ins.	
6 Weight	st. lbs.	st. lbs.	st. lbs.	
7 General Nutrition				
8 Cleanliness and Skin { *a* Head / *b* Body				
Colour of Hair				
9 Teeth { Cleanliness / No. decayed				
Nose and Throat { *a* Tonsils / *b* Adenoids / *c* Glands / *d* Nasal discharge				
Eyes—External Disease				
Colour of Eyes				
Vision { *a* R / *b* L				
Ear Disease				
Hearing				
Speech				
Mental Condition				
Heart and Circulation				
Lungs				
Nervous System				
Tuberculosis—glands, bones, lungs				
Rickets				
Deformities, Spine, Limbs, &c.				
Infectious and Contagious Diseases				
Other Diseases and Defects				
Chest Girth				
Vaccination Marks				
Parents present				
Medical Officer's Initials				

LIST OF LEAFLETS ON GENERAL HYGIENE, ETC.—Compiled by the York School Medical Officers and issued by the York Education Committee.

No. 1—"Personal Cleanliness and Habits."

,, 2—"Clothing and Footgear."

,, 3—"Food and Sleep."

,, 4—"Care of the Eyesight."

,, 5—"Hearing and the care of the Ears."

,, 6—"Defective Teeth."

,, 7—"Facts about Adenoids and Enlarged Tonsils and Mouth-breathers."

,, 8—"Facts about Ringworm."

,, 9—"Instructions for Cleansing Verminous Children."

,, 10—"Warning as to the neglect of Children's Health." (Summary of Section 12 of Children Act).